

Vuka! Let's unite towards a TB-free world!

9th SA
TB
Conference
8 - 11 June 2026



Antimycobacterial effect of a new antitubercular drug candidate SQ109 against clinically relevant non-tuberculous mycobacteria

AHRI AFRICA
HEALTH
RESEARCH
INSTITUTE

NIH
National Institutes
of Health



Miss Azwinndini Judicious Nethavhani

Sefako Makgatho Health Sciences University, TB Research Unit, Department of Microbiological Pathology

Supervisors: Dr E Mensah, Dr NA Makhado, Dr G Shikwambane-Ntlemo

Introduction

- Nontuberculous mycobacteria (NTMs) are a diverse group of mycobacterial species that can cause a wide range of infections, particularly in immunocompromised individuals or those with underlying lung conditions. (Griffith et al., 2007)
- Over the past few decades, the clinical isolation of NTMs and the prevalence of NTM-related diseases have increased globally. (Yang et al., 2020)
- In South Africa, where ~8 million people (12.7%) were living with HIV in 2024 and the WHO African Region recorded ~2.62 million TB cases including ~428,000 TB–HIV co-infections, the high burden of mycobacterial disease makes NTM infections an increasing concern. (Statistics South Africa, 2024; WHO, 2025)
- Current treatment are lengthy, toxic, and expensive, with cure rates ranging from 30–90% depending on the species. (Saxena et al., 2021). Therefore, new therapeutic options are urgently needed.
- One such drug candidate is SQ109, developed for TB which showed strong efficacy even against drug-resistant strains. (Imran et al., 2022)
- Its main primary mechanisms in *Mycobacterium tuberculosis* (*Mtb*) is the inhibition of the Mycobacterial membrane protein Large 3 (MmpL3), leading to increased cell wall permeability and bacterial lysis; while also impairing ATP synthesis through membrane disruption, ultimately reducing bacterial viability. (Imran et al., 2022)

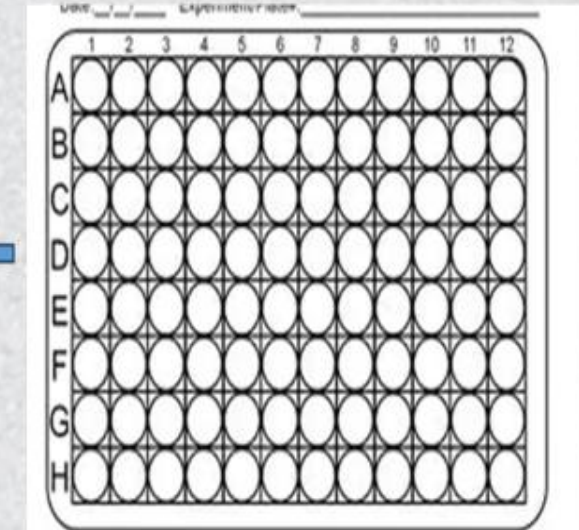
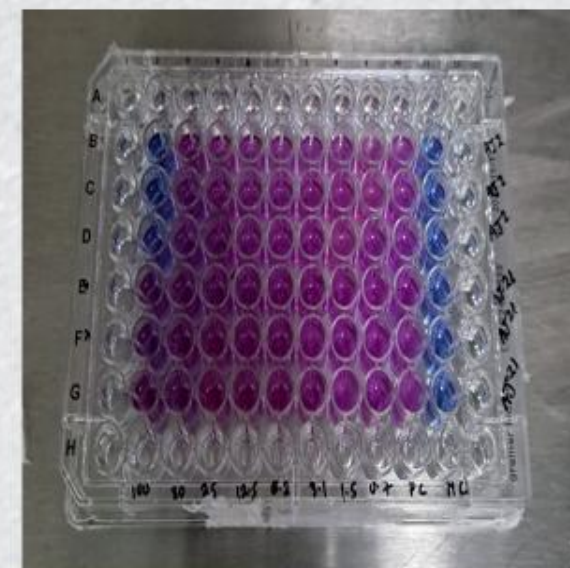
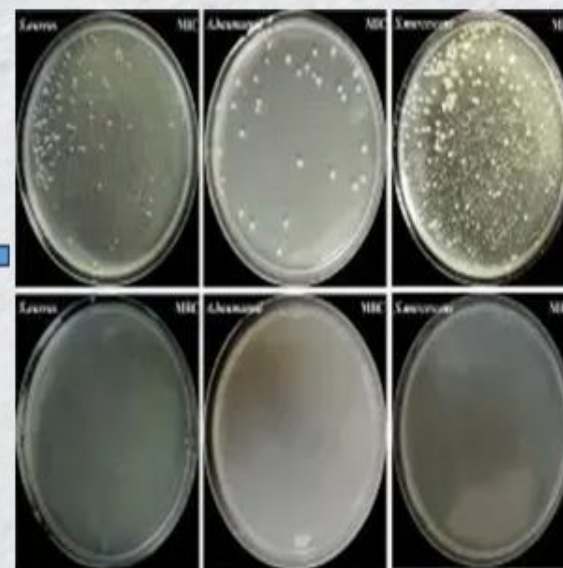
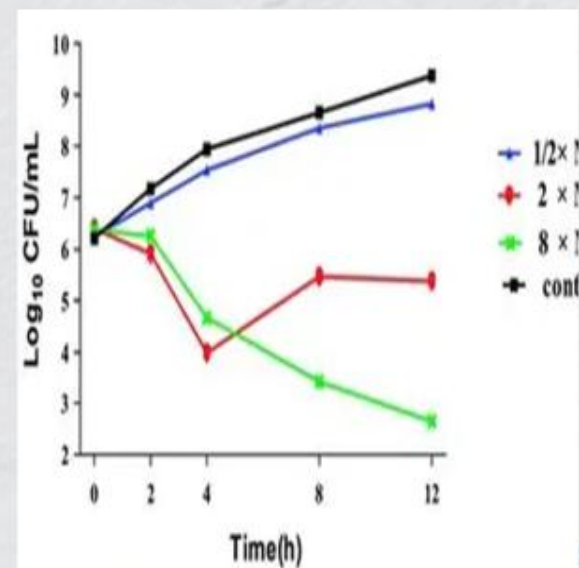
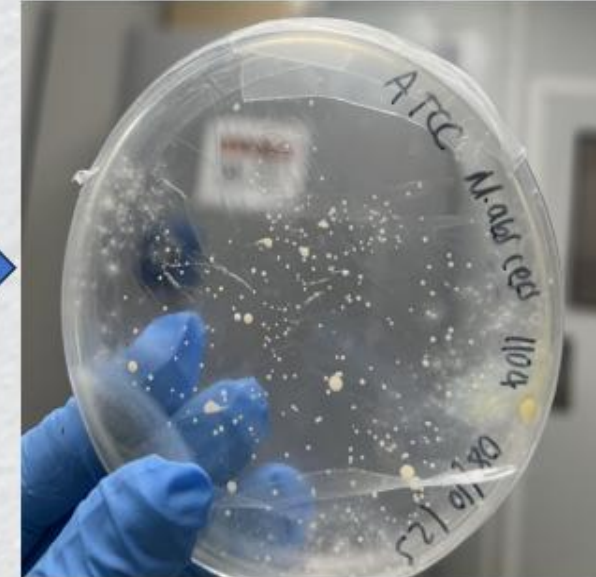
Problem statement

- NTM are inherently resistant to the standard anti-tubercular drugs, and have further, shown resistance to antibacterial drugs. These complicate treatment options for NTM disease, highlighting the urgent need for new therapeutic drugs.
- SQ109, a new TB drug candidate that is currently in Phase IIb clinical trials for TB ,has shown strong activity against drug-resistant *Mtb* and a broad range of other pathogens.
- However, the activity of SQ109 against clinically relevant NTMs such as *Mycobacterium abscessus*, *M. avium* complex (which include *M. avium* and *intracellulare*) , *M. kansasii*, and *M. fortuitum* remains unknown.
- Investigating its efficacy could help fill a critical knowledge gap and support new treatment strategies for NTM infections.

Objectives

- To determine the minimum inhibitory concentration of SQ109 on clinically relevant non-tuberculosis mycobacteria.
- To determine the minimum bactericidal concentration of SQ109 on clinically relevant non-tuberculosis mycobacteria.
- To determine the time-kill kinetics of SQ109 on clinically relevant non-tuberculosis mycobacteria.

Methods



Results

Minimum inhibitory concentration (MIC) of SQ109 against clinically relevant NTMs at concentration ranging from 100 to 0.78 μ M

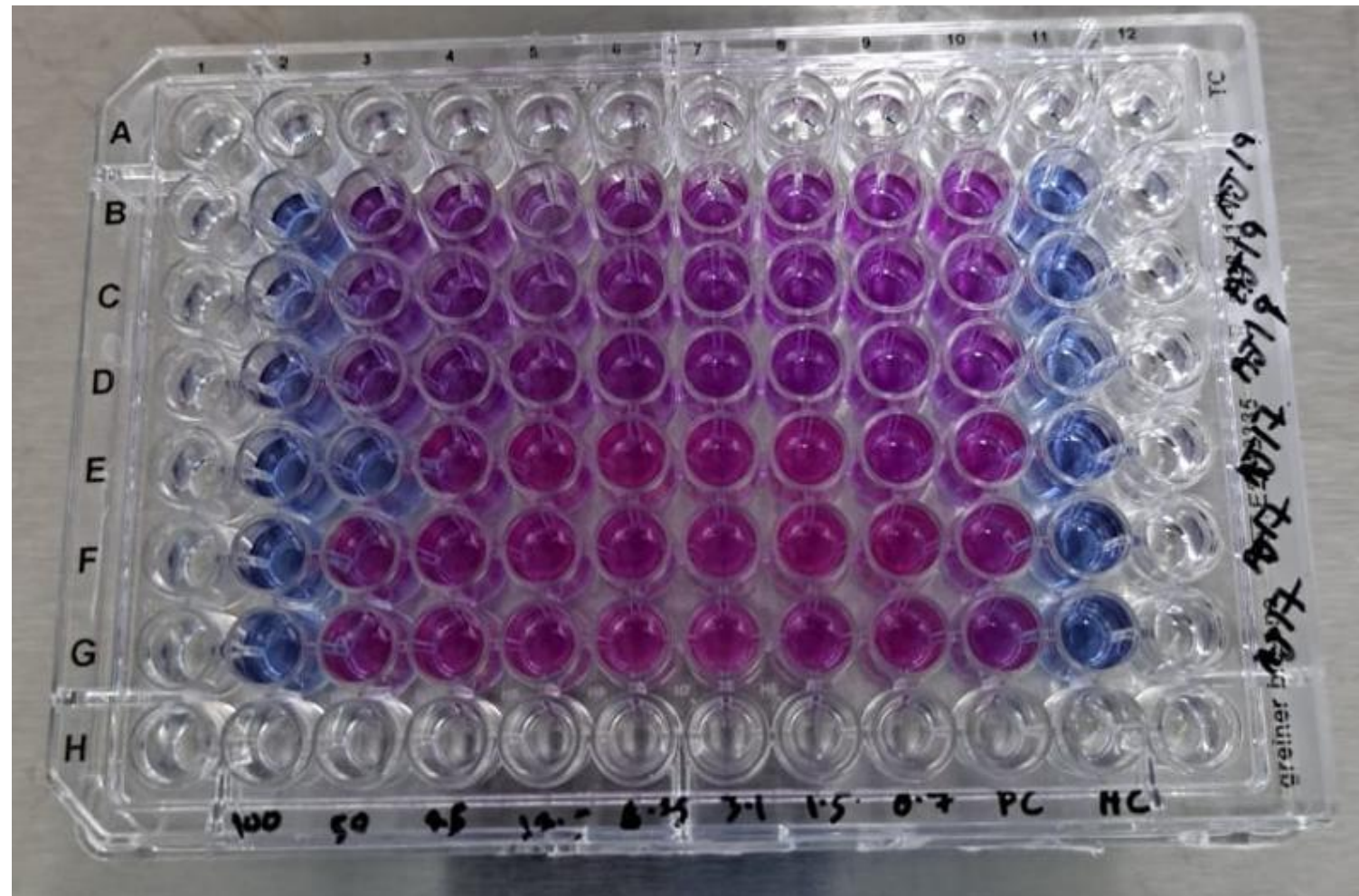


Figure 1: MIC of SQ109 against *M. kansasii* (AJ17) and *M. avium* (AJ19).

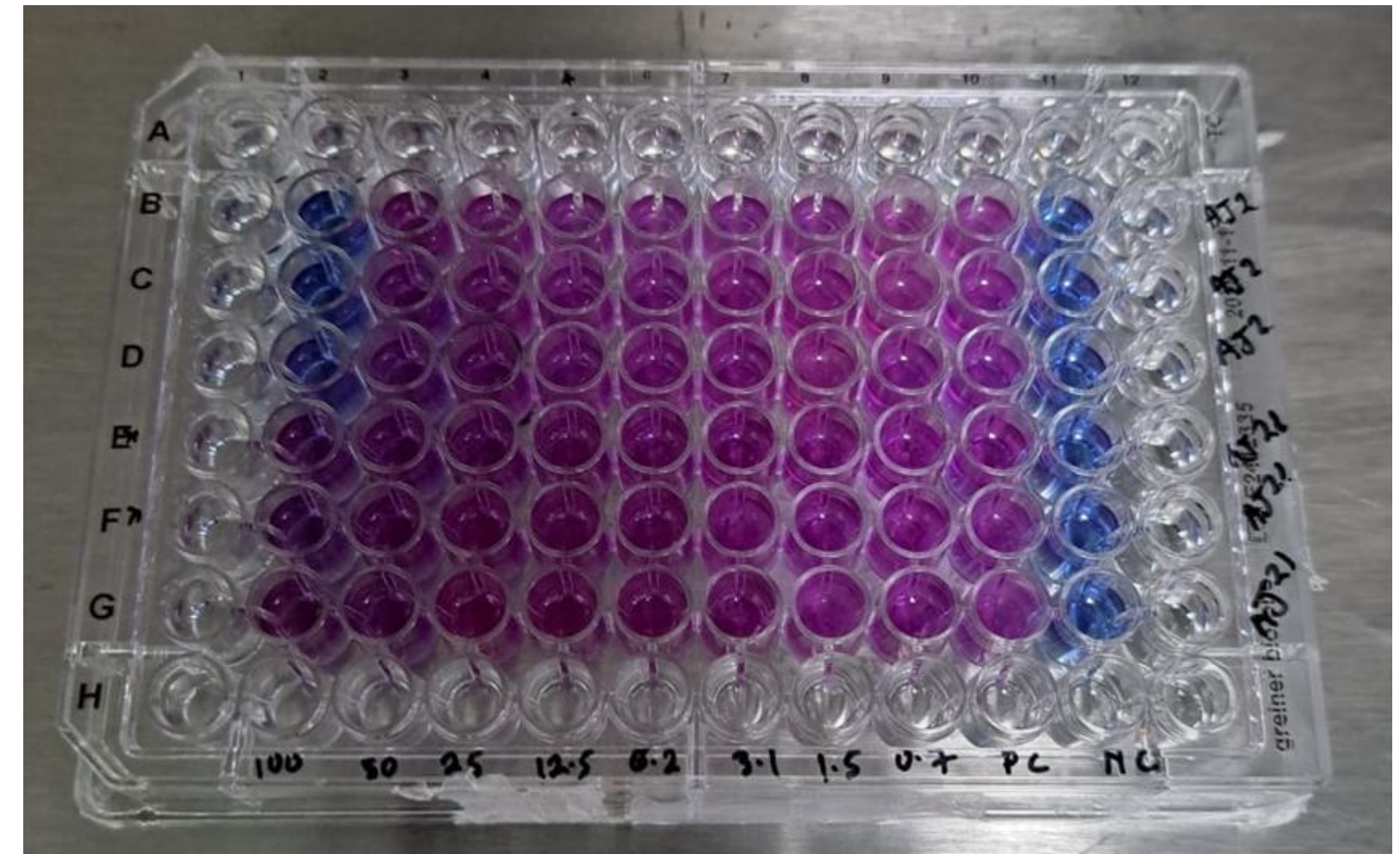


Figure 2: MIC of SQ109 against *M. abscessus* (AJ21) and *M. fortuitum* (AJ2).

Results cont..

Table 1: Minimum inhibitory concentration (MIC) and Minimum bactericidal concentration (MBC) (μM) of SQ109 against slow and fast-growing NTMs

Type of NTM	MIC 1 (μM)	MIC 2 (μM)	MIC 3 (μM)	Median MIC (μM)	Mean $\pm$ SD (MIC)	MBC 1 (μM)	MBC 2 (μM)	MBC 3 (μM)	Mean $\pm$ SD (MBC)
<i>M. avium</i>	50	100	100	100	83.3 $\pm$ 28.9	100	100	100	100 $\pm$ 0.0
<i>M. kansasii</i>	100	100	100	100	100 $\pm$ 0.0	100	100	100	100 $\pm$ 0.0
<i>M. intracellulare</i>	50	100	100	100	83.3 $\pm$ 28.9	50	100	100	83.3 $\pm$ 28.9
<i>M. abscessus</i>	>100	>100	>100	>100	>100	>100	>100	>100	>100
<i>M. fortuitum</i>	100	100	100	100	100 $\pm$ 0.0	>100	>100	>100	>100

Results cont...

Time kill kinetics of SQ109 against *M. fortuitum* and *M. avium*

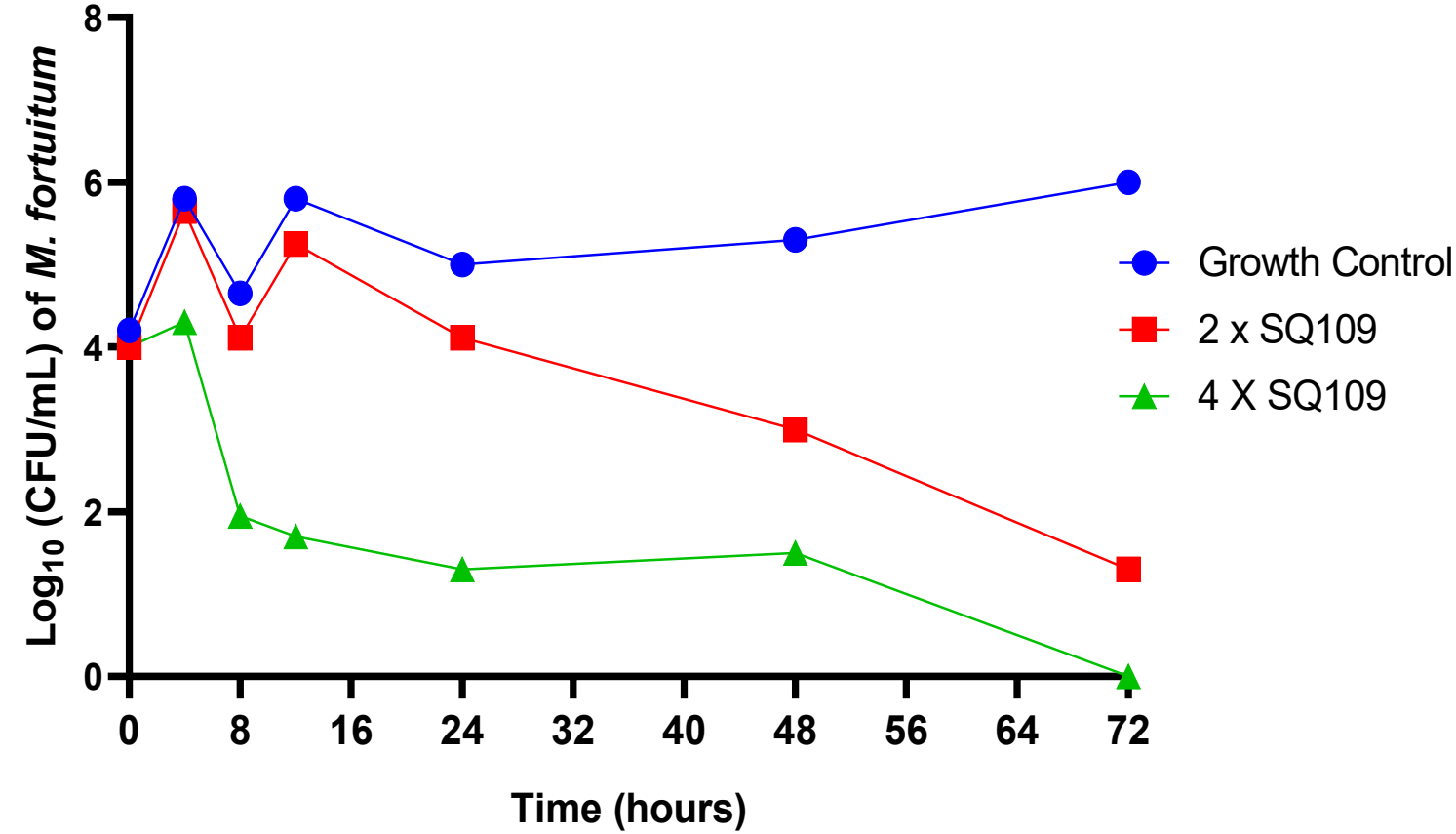


Figure 3: Time kill kinetics of SQ109 against *M. fortuitum*

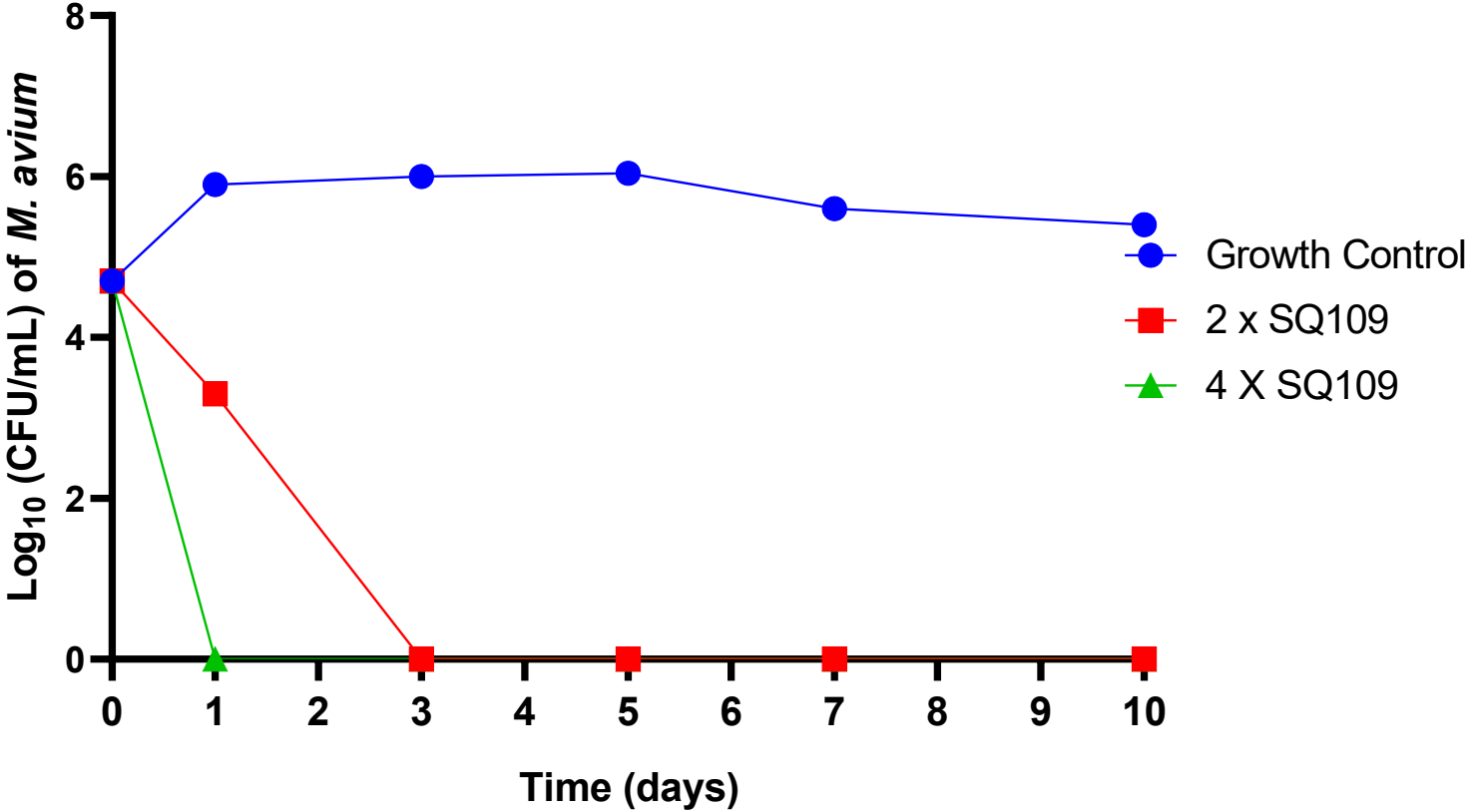


Figure 4 : Time kill kinetics of SQ109 against *M. avium*

Discussion

- SQ109 demonstrated species-specific variation and dose dependent activity against NTMs which is consistent with previous reports highlighting the fact that there is a substantial variation in sensitivity profile within the species. (Goswami et al., 2016)
- Slow-growing NTMs showed MIC and MBC values of 100 μM , whereas fast-growing NTMs were more resistant, with *M. abscessus* identified as the most resistant species to SQ109.
- The high MIC and MBC of SQ109 against treated naïve fast and slow growing NTMs may be due to their efficient efflux pumps and lipid-rich cell walls, contributing to higher drug tolerance. (Rodrigues et al., 2009)
- In contrast, Stampolaki et al., (2023) used newly developed SQ109 analogues to achieve substantially lower MIC values (20 - 44 μM) against *M. abscessus* due to their improved membrane penetration and enhanced inhibition of MmpL3.
- Previous studies in *Mtb* demonstrated that SQ109 enhances the activity of first-line drugs, remaining effective at sub-MIC levels (0.25–0.5 $\times$ MIC) and reducing partner-drug MICs by approximately 4–16 fold, leading to synergistic bactericidal effects .(Sacksteder et al., 2012; Chen et al., 2012)

Discussion cont...

- Bactericidal activity was only observed at 4× MIC for *M. fortuitum*, the 2× MIC concentration did not reach a ≥ 3 -log₁₀ CFU reduction, suggesting that extended incubation time may have resulted in bactericidal activity at this lower dose.
- A previous study by Malwal et al., (2023) demonstrated that SQ109 only partially disrupted the proton-motive force and cell-wall biosynthesis at low concentrations, with these effects intensifying at higher doses.
- This aligns with our results, where increased SQ109 concentrations produced stronger bactericidal activity confirming a clear concentration-dependent effect *in vitro*.

Conclusion

- SQ109 demonstrated potent, species-specific variation and concentration-dependent activity against clinically relevant NTMs, with bactericidal effects observed for *M. avium* and *M. fortuitum* at higher MIC concentration.
- Although overall MIC and MBC values were high, these results indicate that SQ109 may not be a strong standalone agent against NTMs, but it shows clear promise as a valuable combination partner drug.
- Evaluating SQ109 with existing antimycobacterial agents, may enhance bacterial killing, improve treatment efficacy, and help shorten and optimize regimens for difficult NTM infections, especially in high TB/HIV burden settings.

References

- Brown-Elliott, B.A. and Wallace Jr, R.J., 2015. Mycobacterium: clinical and laboratory characteristics of rapidly growing mycobacteria. Manual of clinical microbiology, pp.595-612.
- Griffith, D. E., et al. (2007). "An official ATS/IDSA statement: diagnosis, treatment, and prevention of nontuberculous mycobacterial diseases." Am J Respir Crit Care Med 175(4): 367-416
- Imran, M., et al. (2022). "MmpL3 Inhibition as a Promising Approach to Develop Novel Therapies against Tuberculosis: A Spotlight on SQ109, Clinical Studies, and Patents Literature." Biomedicines 10(11).
- Malwal, S. R., et al. (2023). "Investigation into the Mechanism of Action of the Tuberculosis Drug Candidate SQ109 and Its Metabolites and Analogues in Mycobacteria." J Med Chem 66(11): 7553-7569
- Saxena, S., et al. (2021). "Drug Resistance in Nontuberculous Mycobacteria: Mechanisms and Models." Biology (Basel) 10(2).
- Stampolaki, M., et al. (2023). "Synthesis and Testing of Analogs of the Tuberculosis Drug Candidate SQ109 against Bacteria and Protozoa: Identification of Lead Compounds against Mycobacterium abscessus and Malaria Parasites." ACS Infect Dis 9(2): 342-364.
- Statistics South Africa. 2024. Mid-year population estimates 2024. Pretoria: Statistics South Africa.
- World Health Organization, 2025. Global tuberculosis report 2024. Geneva. World Health Organization.

Thank you

