



# Repurposing of the Tamoxifen Metabolites to Treat Methicillin-Resistant *Staphylococcus epidermidis* and Vancomycin-Resistant *Enterococcus faecalis* Infections

Andrea Miró-Canturri,<sup>a,b</sup> Andrea Vila-Domínguez,<sup>a,b</sup> Marta Caretero-Ledesma,<sup>a,b</sup> Rafael Ayerbe-Algaba,<sup>a,b</sup> Jerónimo Pachón,<sup>b,c</sup> Manuel Enrique Jiménez-Mejías,<sup>a,b,c</sup>  Younes Smani<sup>a,b</sup>

<sup>a</sup>Clinical Unit of Infectious Diseases, Microbiology and Preventive Medicine, Virgen del Rocío University Hospital, Seville, Spain

<sup>b</sup>Institute of Biomedicine of Seville (IBIS), Virgen del Rocío University Hospital/CSIC/University of Seville, Seville, Spain

<sup>c</sup>Department of Medicine, University of Seville, Seville, Spain

Andrea Miró-Canturri and Andrea Vila-Domínguez contributed equally to this article. Author order was determined in order of decreasing seniority.

**ABSTRACT** Repurposing drugs provides a new approach to the fight against multi-drug-resistant (MDR) bacteria. We have reported that three major tamoxifen metabolites, *N*-desmethyltamoxifen (DTAM), 4-hydroxytamoxifen (HTAM), and endoxifen (ENDX), presented bactericidal activity against *Acinetobacter baumannii* and *Escherichia coli*. Here, we aimed to analyze the activity of a mixture of the three tamoxifen metabolites against methicillin-resistant *Staphylococcus epidermidis* (MRSE) and *Enterococcus* species. MRSE ( $n = 17$ ) and *Enterococcus* species (*Enterococcus faecalis*  $n = 8$  and *Enterococcus faecium*  $n = 10$ ) strains were used. MIC of the mixture of DTAM, HTAM, and ENDX and that of vancomycin were determined by microdilution assay. The bactericidal activity of the three metabolites together and of vancomycin against MRSE (SE385 and SE742) and vancomycin-resistant *E. faecalis* (EVR1 and EVR2) strains was determined by time-kill curve assays. Finally, changes in membrane permeability of SE742 and EVR1 strains were analyzed using fluorescence assays. MIC<sub>90</sub> of tamoxifen metabolites was 1 mg/liter for MRSE strains and 2 mg/liter for *E. faecalis* and *E. faecium* strains. In the time-killing assays, tamoxifen metabolites mixture showed bactericidal activity at 4× MIC for MRSE (SE385 and SE742) and at 2× MIC and 4× MIC for *E. faecalis* (EVR1 and EVR2) strains, respectively. SE385 and EVR2 strains treated with the tamoxifen metabolites mixture presented higher membrane permeabilization. Altogether, these results showed that tamoxifen metabolites presented antibacterial activity against MRSE and vancomycin-resistant *E. faecalis*, suggesting that tamoxifen metabolites might increase the arsenal of drug treatments against these bacterial pathogens.

**IMPORTANCE** The development of new antimicrobial therapeutic strategies requires immediate attention to avoid the tens of millions of deaths predicted to occur by 2050 as a result of MDR bacterial infections. In this study, we assessed the antibacterial activity of three major tamoxifen metabolites, *N*-desmethyltamoxifen (DTAM), 4-hydroxytamoxifen (HTAM), and endoxifen (ENDX), against methicillin-resistant *Staphylococcus epidermidis* (MRSE) and *Enterococcus* spp. (*E. faecalis* and *E. faecium*). We found that the tamoxifen metabolites have antibacterial activity against MRSE, *E. faecalis*, and *E. faecium* strains by presenting MIC<sub>90</sub> between 1 and 2 mg/liter and bactericidal activity over 24 h. In addition, this antibacterial activity is paralleled by an increased membrane permeability of these strains. Our results showed that tamoxifen metabolites might be potentially used as a therapeutic alternative when treating MRSE and *E. faecalis* strains in an animal model of infection.

**KEYWORDS** *Enterococcus*, Gram-positive, repurposing, *Staphylococcus*, tamoxifen, antibacterial, metabolite

**Citation** Miró-Canturri A, Vila-Domínguez A, Caretero-Ledesma M, Ayerbe-Algaba R, Pachón J, Jiménez-Mejías ME, Smani Y. 2021. Repurposing of the tamoxifen metabolites to treat methicillin-resistant *Staphylococcus epidermidis* and vancomycin-resistant *Enterococcus faecalis* infections. *Microbiol Spectr* 9:e00403-21. <https://doi.org/10.1128/Spectrum.00403-21>.

**Editor** Kunyan Zhang, University of Calgary

**Copyright** © 2021 Miró-Canturri et al. This is an open-access article distributed under the terms of the [Creative Commons Attribution 4.0 International license](https://creativecommons.org/licenses/by/4.0/).

Address correspondence to Younes Smani, ysmani-ibis@us.es.

**Received** 26 May 2021

**Accepted** 29 September 2021

**Published** 20 October 2021

*Staphylococcus epidermidis* and *Enterococcus* spp. are common health care-associated pathogens in different infections, causing significant morbidity, mortality, and/or health care costs (1–3). Glycopeptides are among the recommended treatments for the infections caused by methicillin-resistant *S. epidermidis* (MRSE) and ampicillin-resistant *Enterococcus* spp. (1, 4). However, the emergence of isolates with reduced susceptibility to vancomycin, teicoplanin, linezolid, and daptomycin have commonly been reported (1, 5–7). Therefore, it is important to increase the arsenal of antimicrobial agents and to find drugs active against MRSE and *Enterococcus* spp. with reduced susceptibility to glycopeptides.

Different approaches can be used to find new antibacterial agents, such as repurposing drugs. Anticancer drugs, such as tamoxifen, have demonstrated antibacterial activity against *Acinetobacter baumannii*, *Escherichia coli*, and *Staphylococcus aureus* (8–10). This antimicrobial activity might result from cytochrome P450-mediated tamoxifen metabolism releasing three major metabolites, *N*-desmethyltamoxifen (DTAM), 4-hydroxytamoxifen (HTAM), and endoxifen (ENDX) (11).

Few studies have investigated the activity of these metabolites against infectious agents (9, 12–15). One of them, HTAM, has been reported to act as a weak base to protect cells and mice against lethal Shiga toxin 1 (STx1) or Shiga toxin 2 (STx2) toxicosis (9) and to be active against *Plasmodium falciparum* and *Cryptococcus neoformans* var. *grubii* (13, 14). HTAM has also presented activity when used in monotherapy against *Mycobacterium tuberculosis* (MIC<sub>50</sub> ~2.5 to 5 mg/liter) and in combination with rifampin, isoniazid and ethambutol being the most active at 10 and 20 mg/liter of HTAM (15). Moreover, the activity of ENDX was studied against *C. neoformans* var. *grubii* with MIC of 4 mg/liter (14).

A previous study from our research group showed that the mixture of DTAM, HTAM, and ENDX exhibited MIC<sub>50</sub> values of 8 and 16 mg/liter against clinical isolates of *A. baumannii* and *E. coli*, respectively (16), whereas their activity against Gram-positive bacteria remains unknown. The objective of this study is to investigate the activity of tamoxifen metabolites against MRSE and *Enterococcus faecalis* with reduced susceptibility to vancomycin.

## RESULTS

**Antimicrobial activity of tamoxifen and tamoxifen metabolites.** Tamoxifen, tamoxifen metabolites, separately and in mixture, and vancomycin were tested against clinical strains of MRSE, *E. faecalis*, and *Enterococcus faecium*. The MIC<sub>50</sub> and MIC<sub>90</sub> values are detailed in Table 1. The MICs of tamoxifen, tamoxifen metabolites mixture, and vancomycin for MRSE strains ranged from 2 to 4 mg/liter, 0.5 to 2 mg/liter, and 0.5 to 4 mg/liter, respectively, while those for *E. faecalis* strains ranged from 2 to >32 mg/liter, 1 to 2 mg/liter, and 1 to 128 mg/liter, respectively, and those for *E. faecium* strains ranged from 2 to 4 mg/liter, 1 to 2 mg/liter, and 0.5 to 1 mg/liter, respectively. The MIC<sub>50</sub> and MIC<sub>90</sub> of tamoxifen were 2 and 4 mg/liter (for MRSE strains), 8 and >32 mg/liter (for *E. faecalis* strains), and 4 mg/liter (for *E. faecium* strains). The MIC<sub>50</sub> and MIC<sub>90</sub> for DTAM, HTAM, and ENDX for the three pathogens ranged from 2 to 32 mg/liter. When these three metabolites were grouped together, their MIC<sub>50</sub> and MIC<sub>90</sub> were 1 and 2 mg/liter, respectively, for MRSE and *E. faecalis* and 1 and 2 mg/liter, respectively,

**TABLE 1** MICs effective for ≥50% and ≥90% of isolates tested (MIC<sub>50</sub> and MIC<sub>90</sub>) of tamoxifen, tamoxifen metabolites, and vancomycin for *S. epidermidis* and *Enterococcus* spp.<sup>a</sup>

Pathogen	n	TAM (mg/liter)		DTAM (mg/liter)		HTAM (mg/liter)		ENDX (mg/liter)		MET (mg/liter)		Vancomycin (mg/liter)	
		MIC <sub>50</sub>	MIC <sub>90</sub>	MIC <sub>50</sub>	MIC <sub>90</sub>	MIC <sub>50</sub>	MIC <sub>90</sub>	MIC <sub>50</sub>	MIC <sub>90</sub>	MIC <sub>50</sub>	MIC <sub>90</sub>	MIC <sub>50</sub>	MIC <sub>90</sub>
<i>S. epidermidis</i>	17	2	4	2	4	8	8	4	8	1	1	2	4
<i>E. faecalis</i>	8	8	>32	4	4	8	32	8	16	2	2	2	128
<i>E. faecium</i>	10	4	4	2	4	8	8	4	8	1	2	1	1

<sup>a</sup>MET: tamoxifen metabolites, 4-hydroxytamoxifen (HTAM), *N*-desmethyltamoxifen (DTAM), endoxifen (ENDX) mixture. TAM, tamoxifen; VAN, vancomycin. *Enterococcus* spp., *E. faecalis* and *E. faecium*.

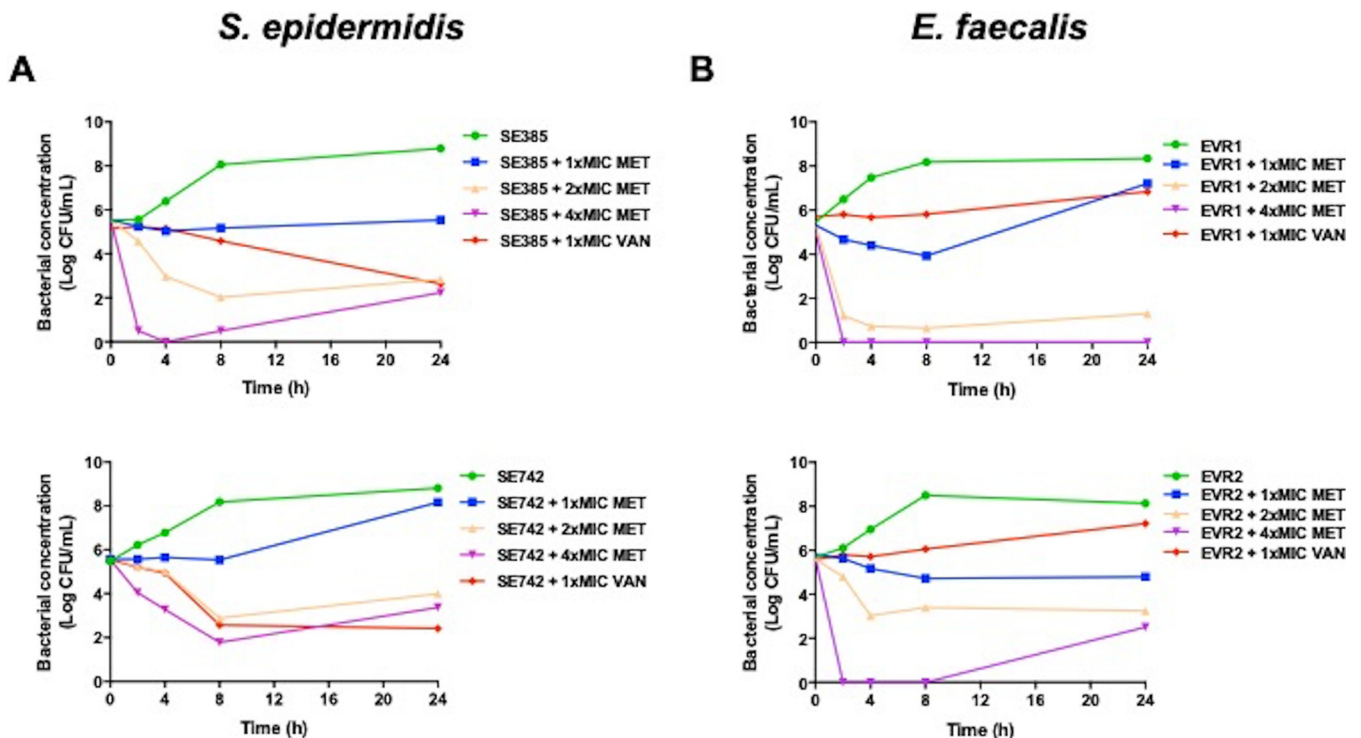
**TABLE 2** Checkerboard analysis of tamoxifen metabolites combinations against *S. epidermidis* SE385 and SE742 strains and *E. faecalis* EVR1 and EVR2 strains<sup>a</sup>

Strain	FICI (DTAM + HTAM)	FICI (DTAM + ENDX)	FICI (HTAM + ENDX)
<i>S. epidermidis</i> SE385	1	0.6	1
<i>S. epidermidis</i> SE742	0.75	0.75	1
<i>E. faecalis</i> EVR1	0.75	0.75	1
<i>E. faecalis</i> EVR2	1	0.75	0.56

<sup>a</sup>FICI, fractional inhibitory concentration index; DTAM, *N*-desmethyltamoxifen; HTAM, 4-hydroxytamoxifen; ENDX, endoxifen.

for *E. faecium*. In the case of vancomycin, the MIC<sub>50</sub> and MIC<sub>90</sub> were 2 and 4 mg/liter (for MRSE strains), 2 and 128 mg/liter (for *E. faecalis* strains), and 1 mg/liter (for *E. faecium* strains). Of note, the checkerboard assay analysis showed that all different combinations between two tamoxifen metabolites have a slight increase in the inhibitory activity from the additive of both tamoxifen metabolites combined, with a fractional inhibitory concentration index (FICI) between 0.56 and 1 (Table 2). These results showed that the mixture of tamoxifen metabolites presented higher antibacterial activity than their prodrug tamoxifen and vancomycin against MRSE and *Enterococcus* species strains.

**Time-kill curves.** Using time-kill assays, we examined the bactericidal activity of tamoxifen metabolites and vancomycin against MRSE SE385 and SE742 strains and vancomycin-resistant *E. faecalis* EVR1 and EVR2 strains (Fig. 1). The MICs and MBCs of tamoxifen metabolites and vancomycin for these strains are summarized in Table 3. Tamoxifen metabolites at 4× MIC showed bactericidal activity for both MRSE strains, whereas at 1× MIC and 2× MIC they were not bactericidal (Fig. 1A). In the case of *E. faecalis* EVR1 and EVR2 strains, tamoxifen metabolites at 2× MIC and 4× MIC showed bactericidal activity for both strains (Fig. 1B). For SE385, SE742, and EVR2 strains, a regrowth has been particularly observed at 24 h in the presence of tamoxifen



**FIG 1** Antibacterial activity of tamoxifen metabolites at different concentrations against *S. epidermidis* and *Enterococcus faecalis* strains. Time-kill curves of *S. epidermidis* SE385 and SE742 strains (A) and *E. faecalis* EVR1 and EVR2 strains (B) in the presence of 1×, 2×, and 4× MIC tamoxifen metabolites and 1× MIC vancomycin for 24 h. MET, tamoxifen metabolites; VAN, vancomycin. Data are represented as mean from two independent experiments.

**TABLE 3** MICs and minimal bactericidal concentrations of tamoxifen metabolites and vancomycin for *S. epidermidis* SE385 and SE742 and *E. faecalis* EVR1 and EVR2 strains<sup>a</sup>

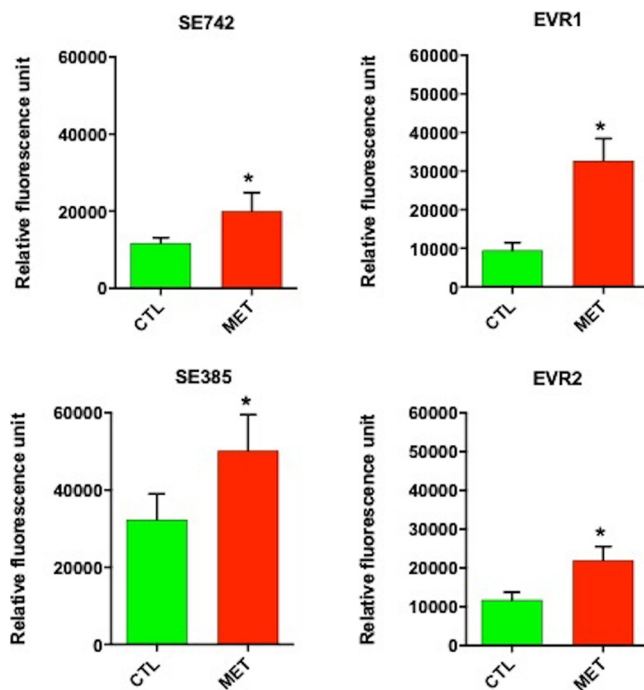
Strain	MET (mg/liter)		VAN (mg/liter)	
	MIC	MBC	MIC	MBC
<i>S. epidermidis</i> SE385	1	2	4	4
<i>S. epidermidis</i> SE742	1	2	4	4
<i>E. faecalis</i> EVR1	2	4	128	>256
<i>E. faecalis</i> EVR2	1	2	128	>256

<sup>a</sup>MET: tamoxifen metabolites 4-hydroxytamoxifen (HTAM), *N*-desmethyltamoxifen (DTAM), endoxifen (ENDX) mixture; MBC, minimal bactericidal concentration.

metabolites at 4× MIC. Finally, vancomycin at 1× MIC was bactericidal against SE385 and SE742 strains but not against EVR1 and EVR2 strains.

**In vitro cytotoxicity of tamoxifen metabolites.** The study of the cytotoxicity of the tamoxifen metabolites was carried out. The percentage of cell viability on the human lung epithelial cells (A549 cells) and murine macrophages (RAW 264.7 cells) incubated for 24 h with the mixture of DTAM, HTAM, and ENDX at decreasing concentrations was determined from 400 to 0 mg/liter. Only at 400 mg/liter did this mixture show reduction in the cell viability below 50%, while the rest of the concentrations showed higher cell viability, between 83% and 100% (Table S1).

**Effect of tamoxifen metabolites on the bacterial cell membrane.** In order to determine the mode of action of tamoxifen metabolites, we examined their effect on the membrane permeability of *S. epidermidis* (SE742 and SE385) and *E. faecalis* (EVR1 and EVR2) strains. The three tamoxifen metabolites mixture at 0.5× MIC significantly increased the membrane permeability of these strains, by 70.22%, 54.97%, 244.61%, and 86.6%, respectively (Fig. 2). This result suggests that tamoxifen metabolites affect the integrity of the bacterial cell wall of MRSE and vancomycin-resistant *E. faecalis*.



**FIG 2** Tamoxifen metabolites effects on the bacterial permeability of *S. epidermidis* and *E. faecalis* strains. The membrane permeabilization of *S. epidermidis* (SE742 and SE385) and *E. faecalis* (EVR1 and EVR2) strains in absence and presence of tamoxifen metabolites (0.5× MIC) incubated for 10 min was quantified by Typhon Scanner. MET, the three tamoxifen metabolites together; CTL, control. \*,  $P < 0.05$ : CTL versus MET.

## DISCUSSION

The present study provides new data highlighting the antibacterial effect of tamoxifen metabolites against Gram-positive bacteria through the increase of bacterial membrane permeability.

The MIC<sub>50</sub> of tamoxifen metabolites was 1 and 2 mg/liter against MRSE and *E. faecalis*, respectively. However, the MIC<sub>50</sub> values obtained against Gram-negative bacteria *A. baumannii* and *E. coli* were 8 and 16 mg/liter, respectively (16). Obvious reasons for this difference could be the structural and molecular differences between the two classes of bacteria (17). Similar differences between Gram-negative and Gram-positive bacteria have been observed with other repurposed drugs, such as the statin (simvastatin), anthelmintics (niclosamide, oxicloznide, and closantel), and anti-inflammatory (celecoxib) drugs (18–20).

The antibacterial activity of tamoxifen metabolites at 4× MIC with MRSE began earlier than that of vancomycin. This result may be related to the ability of tamoxifen metabolites to eliminate staphylococcal biofilms as observed with the tamoxifen analogue, toremifene, compared with the reduced ability of vancomycin to penetrate biofilms (21, 22). In addition to the good antibacterial activity of tamoxifen metabolites at 4× MIC, a regrowth of MRSE strains and *E. faecium* EVR2 strain has been observed at 24 h. The MIC of tamoxifen metabolites for SE385, SE742, and EVR strains in this time-kill condition were 2, 2, and 1 mg/liter, respectively, MICs below the 4× MIC of tamoxifen metabolites concentration. Further investigations, including the determination of tamoxifen metabolites concentration during the time-kill assay, are necessary to better understand the regrowth of these strains in the presence of tamoxifen metabolites.

In this study, we showed that the three tamoxifen metabolites together produced an increase in membrane permeability of MRSE and vancomycin-resistant *E. faecalis* strains. It is known that the mechanism of action of tamoxifen, the prodrug of DTAM, HTAM, and ENDX in fungi, is related to the binding to calmodulin (23, 24). Additionally, Scott et al. showed that HTAM might inhibit the phospholipase D in *Pseudomonas aeruginosa* (25). Future studies on the mechanism of action used by tamoxifen metabolites against Gram-positive bacteria and on their therapeutic efficacy in animal experimental models of infection would be of interest. In addition to being antibacterial against Gram-positive bacteria, tamoxifen and its metabolites would have two properties that are advantageous for the treatment of bacterial infections. First, these drugs have excellent bioavailability and, therefore, can be administered orally (26), and second, they would induce the killing activity of macrophages and neutrophils similarly to that observed against Gram-negative bacteria (8).

In conclusion, these results suggest that tamoxifen metabolites are potential antimicrobial agents for use against MRSE and vancomycin-resistant *E. faecalis*, respectively, and they may, after further development, become a possible option for the treatment of infections by MRSE and vancomycin-resistant *Enterococcus* spp.

## MATERIAL AND METHODS

**Bacterial strains.** Seventeen MRSE and 18 *Enterococcus* species (*E. faecalis* *n* = 8, *E. faecium* *n* = 10) clinical isolates from blood cultures, characterized previously (27, 28), were used in this study. MIC susceptibility breakpoint of vancomycin for both pathogens was determined according to the standard recommendations of the Clinical and Laboratory Standards Institute (CLSI) being susceptible at ≤4 mg/liter and resistant at >4 mg/liter (29).

**Antimicrobial agents and reagents.** Standard laboratory powders of tamoxifen, HTAM, DTAM, ENDX, and vancomycin (Sigma, Spain) were used. The mixture of HTAM, DTAM, and ENDX was dissolved in dimethyl sulfoxide (DMSO) in equal concentrations.

**In vitro susceptibility testing.** MICs of HTAM, DTAM, and ENDX separately and in mixture, tamoxifen, and vancomycin against MRSE and *Enterococcus* species strains were determined in two independent experiments by broth microdilution assay according to CLSI guidelines (29). The initial bacterial inoculum of 5 × 10<sup>5</sup> CFU/ml for each strain cultured in Mueller-Hinton Broth (MHB) (Sigma, Spain) was used in a 96-well plate (Deltalab, Spain) in the presence of HTAM, DTAM, and ENDX separately and in mixture (at same concentration), tamoxifen, and vancomycin and incubated for 24 h at 37°C. *E. faecalis* ATCC 29212 and *S. aureus* ATCC 29213 strains were used as control strains. MIC<sub>50</sub> and MIC<sub>90</sub>, respectively, were determined.

**Checkerboard assay.** The assay was performed on a 96-well plate as described previously (30). The tamoxifen metabolite DTAM (metabolite 1), HTAM (metabolite 2), or ENDX (metabolite 3) was 2-fold serially diluted along the x axis, whereas the corresponding combined tamoxifen metabolite was 2-fold serially diluted along the y axis to create a matrix, where each well consists of a combination of both agents at different concentrations. Bacterial cultures grown overnight were then diluted in saline to 0.5 McFarland turbidity, followed by 1:50 further dilution Mueller-Hinton broth and inoculation on each well to achieve a final concentration of approximately  $5.5 \times 10^5$  CFU/ml. The 96-well plates were then incubated at 37°C for 24 h and examined for visible turbidity. The fractional inhibitory concentration (FIC) of metabolite 1 was calculated by dividing the MIC of metabolite 1 in the presence of metabolite 2 by the MIC of metabolite 1 alone. Similarly, the FIC of metabolite 2 was calculated by dividing the MIC of metabolite 2 in the presence of metabolite 1 by the MIC of metabolite 2 alone. The FIC index was the summation of both FIC values. FIC index values of  $\leq 0.5$ ,  $>0.5$  to 1,  $>1$  to  $<2$ , and  $\geq 2$  were interpreted as synergistic, additive, indifference, and antagonism, respectively (31). The same experiment was performed with the combination of metabolite 1 and metabolite 3 and the combination of metabolite 2 and metabolite 3.

**Time-kill kinetic assays.** Time-kill curves of MRSE SE385 and SE742 strains with a vancomycin MIC of 4 mg/liter and *E. faecalis* EVR1 and EVR2 strains with a vancomycin MIC of 128 mg/liter were performed in duplicate as described previously (29, 30). Initial inoculums of  $5.5 \times 10^5$  CFU/ml were added on 5 ml of MHB in the presence of 1 $\times$ , 2 $\times$ , and 4 $\times$  MIC of HTAM, DTAM, and ENDX mixture and 1 $\times$  MIC of vancomycin. Drug-free broth was evaluated in parallel as a control. Tubes of each condition were incubated at 37°C with shaking (180 rpm), and viable counts were determined by serial dilution at 0, 2, 4, 8, and 24 h. Viable counts were determined by plating 100  $\mu$ l of control, test cultures, or the respective dilutions at the indicated times onto sheep blood agar plates (ThermoFisher, Spain). Plates were incubated for 24 h at 37°C, and after colony counts, the  $\log_{10}$  of viable cells (CFU/ml) was determined. Bactericidal activity was defined as a reduction of  $\geq 3 \log_{10}$  CFU/ml at 24 h with respect to the initial inoculum.

**In vitro toxicity of the tamoxifen metabolites.** Human lung epithelial A549 cells and murine macrophages RAW 264.7 cells were incubated with the mixture of DTAM, HTAM, and ENDX (0, 50, 100, 200, and 400 mg/liter) for 24 h with 5% CO<sub>2</sub> at 37°C. Prior to the evaluation of the tamoxifen metabolites cytotoxicity, A549 and RAW 264.7 cells were washed three times with prewarmed phosphate-buffered saline (PBS) 1 $\times$ . Subsequently, quantitative cytotoxicity was evaluated by measuring the mitochondrial reduction activity using the 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide (MTT) assay as described previously (32). The percentage of cytotoxicity was calculated from the absorbance at 570 nm as follows: (absorbance at 570 nm of treated cells/mean absorbance at 570 nm of untreated cells)  $\times$  100.

**Membrane permeability assays.** Bacterial suspensions (adjusted to optical density at 600 nm of 0.2) of SE742, SE385, EVR1, and EVR2 strains were placed on a 96-well plate, incubated with 0.5 $\times$  MIC of tamoxifen metabolites mixture, and mixed in a solution of phosphate-buffered saline containing ethidium homodimer-1 (EthD-1; 1:500; Invitrogen, Carlsbad, CA, USA). After 10 min of incubation, fluorescence was monitored during 160 min using a Typhoon FLA 9000 laser scanner (GE Healthcare Life Sciences, Marlborough, MA, USA) and quantified with ImageQuant TL software (GE Healthcare Life Sciences, USA). Bacterial counts were obtained at the beginning and end of the experiment to ensure that the metabolite mixture did not present bactericidal activity against *S. epidermidis* and *E. faecalis* strains.

**Statistical analysis.** Group data were presented as means  $\pm$  standard errors of means (SEM). Difference in membrane permeability was assessed by Student's *t* test. The SPSS (version 23.0; SPSS Inc., Armonk, NY, USA) statistical package was used.

## SUPPLEMENTAL MATERIAL

Supplemental material is available online only.

**SUPPLEMENTAL FILE 1**, PDF file, 0.03 MB.

## ACKNOWLEDGMENTS

We thank Diego Garcia Martínez de Artola for the kind gift of the *E. faecalis* EVR1 and EVR2 strains.

This study was supported by the Instituto de Salud Carlos III, Proyectos de Investigación en Salud (grants CP15/00132, PI16/01378, and PI19/01453) and by Plan Nacional de I+D+i 2013–2016 and Instituto de Salud Carlos III, Subdirección General de Redes y Centros de Investigación Cooperativa, Ministerio de Ciencia, Innovación y Universidades, Spanish Network for Research in Infectious Diseases (REIPI RD16/0016/0009), cofinanced by European Development Regional Fund “A way to achieve Europe,” Operative program Intelligent Growth 2014–2020. Younes Smani is supported by the Subprograma Miguel Servet Tipo I from the Ministerio de Economía y Competitividad of Spain (CP15/00132).

Y.S. conceived the study and designed the experiments. A.M.C., A.V.D., M.C.L., and R.A.A. performed experiments and interpreted data. M.E.J.M. and J.P. revised the manuscript and Y.S. wrote the manuscript with the input of all the other authors.

We declare no conflicts of interest.

## REFERENCES

1. Becker K, Heilmann C, Peters G. 2014. Coagulase-negative staphylococci. *Clin Microbiol Rev* 27:870–926. <https://doi.org/10.1128/CMR.00109-13>.
2. Heilmann C, Ziebuhr W, Becker K. 2019. Are coagulase-negative staphylococci virulent? *Clin Microbiol Infect* 25:1071–1080. <https://doi.org/10.1016/j.cmi.2018.11.012>.
3. Chiang HY, Perencevich EN, Nair R, Nelson RE, Samore M, Khader K, Chorazy ML, Herwaldt LA, Blevins A, Ward MA, Schweizer ML. 2017. Incidence and outcomes associated with infections caused by vancomycin-resistant Enterococci in the United States: systematic literature review and meta-analysis. *Infect Control Hosp Epidemiol* 38:203–215. <https://doi.org/10.1017/ice.2016.254>.
4. Girón-González JA, Pérez-Cano R. 2003. Tratamiento de las infecciones por enterococo. *Rev Clin Esp* 203:482–485. [https://doi.org/10.1016/S0014-2565\(03\)71333-2](https://doi.org/10.1016/S0014-2565(03)71333-2).
5. Pfaller MA, Sader HS, Flamm RK, Castanheira M, Smart JI, Mendes RE. 2017. *In vitro* activity of telavancin against clinically important Gram-positive pathogens from 69 U.S. medical centers (2015): potency analysis by U.S. census divisions. *Microb Drug Resist* 23:718–726. <https://doi.org/10.1089/mdr.2017.0022>.
6. Santerre Henriksen A, Smart J, Hamed K. 2018. Comparative activity of ceftobiprole against coagulase-negative staphylococci from BSAC bacteraemia surveillance programme 2013–2015. *Eur J Clin Microbiol Infect Dis* 37:1653–1659. <https://doi.org/10.1007/s10096-018-3295-6>.
7. Levitus M, Rewane A, Perera TB. 2020. Vancomycin-resistant enterococci (VRE). *In StatPearls*. StatPearls Publishing, Treasure Island (FL).
8. Miró-Canturri A, Ayerbe-Algaba R, del Toro R, Mejías ME-J, Pachón J, Smani Y. 2021. Potential tamoxifen repurposing to combat infections by multidrug-resistant Gram-negative bacilli. *Pharmaceuticals* 14:507. <https://doi.org/10.3390/ph14060507>.
9. Selyunin AS, Hutchens S, McHardy SF, Mukhopadhyay S. 2019. Tamoxifen blocks retrograde trafficking of Shiga toxin 1 and 2 and protects against lethal toxicosis. *Life Sci Alliance* 2:e201900439. <https://doi.org/10.26508/lsa.201900439>.
10. Corriden R, Hollands A, Olson J, Derieux J, Lopez J, Chang JT, Gonzalez DJ, Nizet V. 2015. Tamoxifen augments the innate immune function of neutrophils through modulation of intracellular ceramide. *Nat Commun* 6:8369. <https://doi.org/10.1038/ncomms9369>.
11. Klein DJ, Thorn CF, Desta Z, Flockhart DA, Altman RB, Klein TE. 2013. PharmGKB summary: tamoxifen pathway, pharmacokinetics. *Pharmacogenet Genomics* 23:643–647. <https://doi.org/10.1097/FPC.0b013e3283656bc1>.
12. Montoya MC, Krysan DJ. 2018. Repurposing estrogen receptor antagonists for the treatment of infectious disease. *mBio* 9:e02272-18. <https://doi.org/10.1128/mBio.02272-18>.
13. Weinstock A, Gallego-Delgado J, Gomes C, Sherman J, Nikain C, Gonzalez S, Fisher E, Rodriguez A. 2019. Tamoxifen activity against *Plasmodium* *in vitro* and in mice. *Malar J* 18:378. <https://doi.org/10.1186/s12936-019-3012-7>.
14. Butts A, Koselny K, Chabrier-Rosello Y, Semighini CP, Brown JC, Wang X, Annadurai S, DiDone L, Tabroff J, Childers WE, Jr, Abou-Gharbia M, Wellington M, Cardenas ME, Madhani HD, Heitman J, Krysan DJ. 2014. Estrogen receptor antagonists are anti-cryptococcal agents that directly bind EF hand proteins and synergize with fluconazole *in vivo*. *mBio* 5:e00765-13. <https://doi.org/10.1128/mBio.00765-13>.
15. Chen FC, Liao YC, Huang JM, Lin CH, Chen YY, Dou HY, Hsiung CA. 2014. Pros and cons of the tuberculosis drugone approach—an empirical analysis. *PLoS One* 9:e100829. <https://doi.org/10.1371/journal.pone.0100829>.
16. Miró-Canturri A, Ayerbe-Algaba R, Vila-Domínguez A, Jiménez-Mejías ME, Pachón J, Smani Y. 2021. Repurposing of the tamoxifen metabolites to combat infections by multidrug-resistant Gram-negative bacilli. *Antibiotics* 10:336. <https://doi.org/10.3390/antibiotics10030336>.
17. Brown L, Wolf JM, Prados-Rosales R, Casadevall A. 2015. Through the wall: extracellular vesicles in Gram-positive bacteria, mycobacteria and fungi. *Nat Rev Microbiol* 13:620–630. <https://doi.org/10.1038/nrmicro3480>.
18. Thangamani S, Mohammad H, Abushahba MF, Hamed MI, Sobreira TJ, Hedrick VE, Paul LN, Seleem MN. 2015. Exploring simvastatin, an antihyperlipidemic drug, as a potential topical antibacterial agent. *Sci Rep* 5:16407. <https://doi.org/10.1038/srep16407>.
19. Rajamuthiah R, Fuchs BB, Conery AL, Kim W, Jayamani E, Kwon B, Ausubel FM, Mylonakis E. 2015. Repurposing salicylanilide anthelmintic drugs to combat drug resistant *Staphylococcus aureus*. *PLoS One* 10:e0124595. <https://doi.org/10.1371/journal.pone.0124595>.
20. Thangamani S, Younis W, Seleem MN. 2015. Repurposing celecoxib as a topical antimicrobial agent. *Front Microbiol* 6:750. <https://doi.org/10.3389/fmicb.2015.00750>.
21. De Cremer K, Delattin N, De Brucker K, Peeters A, Kucharíková S, Gerits E, Verstraeten N, Michiels J, Van Dijck P, Cammue BPA, Thevissen K. 2014. Oral administration of the broad-spectrum antibiofilm compound toremifene inhibits *Candida albicans* and *Staphylococcus aureus* biofilm formation *in vivo*. *Antimicrob Agents Chemother* 58:7606–7610. <https://doi.org/10.1128/AAC.03869-14>.
22. Sing R, Ray P, Das A, Sharma M. 2010. Penetration of antibiotics through *Staphylococcus aureus* and *Staphylococcus epidermidis* biofilms. *J Antimicrob Chemother* 65:1955–1958. <https://doi.org/10.1093/jac/dkq257>.
23. Dolan K, Montgomery S, Buchheit B, DiDone L, Wellington M, Krysan DJ. 2009. Antifungal activity of tamoxifen: *in vitro* and *in vivo* activities and mechanistic characterization. *Antimicrob Agents Chemother* 53:3337–3346. <https://doi.org/10.1128/AAC.01564-08>.
24. Butts A, Martin JA, DiDone L, Bradley EK, Mutz M, Krysan J. 2015. Structure-activity relationships for the antifungal activity of selective estrogen receptor antagonists related to tamoxifen. *PLoS One* 10:e0125927. <https://doi.org/10.1371/journal.pone.0125927>.
25. Scott SA, Spencer CT, O'Reilly MC, Brown KA, Lavrier RR, Cho C-H, Jung D-I, Larock RC, Brown HA, Lindsley CW. 2015. Discovery of desketoraloxifene analogues as inhibitors of mammalian, *Pseudomonas aeruginosa*, and nape phospholipase d enzymes. *ACS Chem Biol* 10:421–432. <https://doi.org/10.1021/cb500828m>.
26. Morello KC, Wurz GT, DeGregorio MW. 2003. Pharmacokinetics of selective estrogen receptor modulators. *Clin Pharmacokinet* 42:361–372. <https://doi.org/10.2165/00003088-200342040-00004>.
27. Domínguez-Herrera J, Docobo-Pérez F, López-Rojas R, Pichardo C, Ruiz-Valderas R, Lepe JA, Pachón J. 2012. Efficacy of daptomycin versus vancomycin in an experimental model of foreign-body and systemic infection caused by biofilm producers and methicillin-resistant *Staphylococcus epidermidis*. *Antimicrob Agents Chemother* 56:613–617. <https://doi.org/10.1128/AAC.05606-11>.
28. Vila Domínguez A, Ayerbe-Algaba R, Miró Canturri A, Rodríguez-Villodres A, Smani Y. 2020. Antibacterial activity of colloidal silver against Gram-negative and Gram-positive bacteria. *Antibiotics* 9:36. <https://doi.org/10.3390/antibiotics9010036>.
29. Clinical and Laboratory Standards Institute. 2019. Performance standards for antimicrobial susceptibility testing, 29th ed. CLSI, Wayne, PA, USA.
30. Miró-Canturri A, Ayerbe-Algaba R, Villodres AR, Pachón J, Smani Y. 2020. Repositioning rafoxanide to treat Gram-negative bacilli infections. *J Antimicrob Chemother* 75:1895–1905. <https://doi.org/10.1093/jac/dkaa103>.
31. EUCAST. 1998. Methods for the determination of susceptibility of bacteria to antimicrobial agents. Terminology. *Clin Microbiol Infect* 4:291–296. <https://doi.org/10.1111/j.1469-0691.1998.tb00061.x>.
32. Ayerbe-Algaba R, Bayó N, Verdú E, Parra-Millán R, Seco J, Teixidó M, Pachón J, Giralte E, Smani Y. 2021. AOA-2 derivatives as outer membrane protein a inhibitors for treatment of Gram-negative bacilli infections. *Front Microbiol* 12:634323. <https://doi.org/10.3389/fmicb.2021.634323>.