

Beyond phenotype: The genomic heterogeneity of co-infecting Mycobacterium abscessus smooth and rough colony variants in cystic fibrosis patients

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1 **REVISED VERSION**

2	Beyond phenotype: The genomic heterogeneity of co-infecting Mycobacterium				
3	abscessus smooth and rough colony variants in cystic fibrosis patients				
4					
5	Running title: Heterogeneity in M. abscessus infection				
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24 Highlights

25	•	Mycobacterium abscessus is an opportunistic pathogen in cystic fibrosis patients
26	•	Two unrelated CF patients were colonized with two rough/smooth colony variants
27	•	WGS was used to identify the heterogenic isolates and determine resistance profile
28	•	We identify novel SNPs in one patient that could be involved in S to R morphology
29	•	Unexpectedly, one rough M. abscessus clone that did not lose glycopeptidolipids

31 Summary

32 Two unrelated cystic fibrosis patients were co-infected with *Mycobacterium* abscessus smooth and rough phenotypes. Smooth *M. abscessus* is proposed as the 33 34 infecting form, and the subsequent loss of glycopeptidolipids in the host leads to a 35 rough phenotype. Whole-genome sequencing (WGS) diagnosed two different M. abscessus strains in patient N°1 but only one strain in patient N°2. In patient N°1, 36 37 rough isolate had novel mutations potentially involved in smooth-to-rough morphology changes. In patient N°2, four genes were present in only the smooth 38 39 isolate. In addition, we obtained different susceptibility profiles in the four clinical 40 isolates. We revealed a new paradigm describing a cystic fibrosis patient infected with two different clones, including a rough isolate, and identifying a rough M. 41 42 abscessus clone that did not lose glycopeptidolipids. We propose WGS for the identification of heterogenic isolates and genetic determinants of antimicrobial 43 44 resistance, which we believe will positively influence treatment prognosis.

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46 Key words: *Mycobacterium abscessus;* cystic fibrosis; smooth variant; rough variant;
47 Whole genome sequencing

48 **1. INTRODUCTION**

49 Mycobacterium abscessus (Mabs) has emerged as one of the most difficult-to-50 manage opportunistic pathogen responsible for pulmonary infections, especially in 51 cystic fibrosis (CF) patients [1]. *Mabs* exhibits smooth or rough colony morphotypes 52 characterized by the presence or absence of surface-associated glycopeptidolipids 53 (GPL), respectively. Within the GPL locus in Mabs (CIP104536T), the MAB 4099c 54 (msp1), MAB 4098c (msp2), MAB 4097c (gap), MAB 4117c (mmpS4), MAB 4116c (mmpL4a) and MAB 4115c (mmpL4b) genes [2] have shown to play an important 55 56 role in the GPL production. Indels and SNPs in this locus have also been related to 57 the loss of production of GPL leading to rough morphotype in clinical isolates [3]. The 58 rough morphotype is associated with higher virulence and persistent infections [4]. 59 Previous studies have shown a low frequency of this mixed phenotype in Mabs pulmonary infections and more recently seems to become a new concern due to 60 different resistance profiles between isolates [5,6] 61

Here, we describe two cases of respiratory tract co-infection with *Mabs* smooth and rough phenotypes, in two unrelated CF patients. We used whole genome sequencing (WGS) to precisely identify the isolates and describe potential genetic differences associated with the clonality of smooth-to-rough transition.

66

67 2. LABORATORY INVESTIGATIONS

68 **2.1**. *Mabs* isolates.

A sputum sample collected in a 34-year-old CF patient N°1 yielded *Mabs* rough

colonies (P9527) and smooth colonies (P9528) (Figure 1; Supplementary Files). Both

71 isolates exhibited the same antibiotic susceptibility profile except for clarithromycin-

resistance in P9527 and clarithromycin-susceptibility in P9528 (Table 1). Further, a
sputum sample collected in a 25-year-old CF patient N°2, yielded *Mabs* rough
colonies (P9529) and smooth colonies (P9530) (Figure 1). P9529 exhibited a highresistant level to clarithromycin whereas we observed an inducible resistance to
clarithromycin at day 14 in P9530 isolate (Table 1).

77 2.2. Lipid analysis.

Apolar lipids were extracted from smooth and rough colonies of reference *Mabs*CIP104536^T and from our four isolates and analysed by thin-layer chromatography
(TLC) as previously described [3]. Rough P9527 isolate lacked bands corresponding
to GPL whereas this lipid was surprisingly intact in rough P9529 isolate (Figure 2).

82 **2.3. WGS bioinformatic analysis.**

83 Illumina MiSeq sequences (Illumina Inc., San Diego, USA) were obtained in a paired-

84 end strategy, assembled using Spades [8] and annotated using Prokka [9].Genome

85 sequences have been deposited into the EMI database under the following

86 accession numbers: P9527 (ERS3527803), P9528 (ERS3527804), P9529

87 (ERS3527805), and P9530 (ERS3527806). The Roary pipeline

88 (<u>https://usegalaxy.org.au./</u>) generated pangenome using default parameters. *In silico*

89 DNA-DNA hybridization yielded 94.6% identity between P9527 and P9528

⁹⁰ suggesting that patient N°1 was infected by two different *Mabs* clones; and 99.8%

91 identity between P9529 and P9530 suggesting that patient N°2 may be infected by

92 one *Mabs* clone (Table S1). We calculated the single-nucleotide polymorphisms

93 (SNPs) distance of the four genomes identified 21,825/4,162,736-bp SNPs between

94 P9527 and P9528 but 1,313/4,162,736-bp between P9529 and P9530. In order to

95 genotypically associate the possible smooth-to-rough conversion in patient N°2,

96 SNPs were identified manually in the GPL locus using MUSCLE in Unipro UGENE 97 v1·32·0 [10] (Supplementary Files). Although no indels were detected, a comparison between the smooth P9530 and rough P9529 strain identified a discrete amount of 98 nonsynonymous SNP (Table S2) including mmpL4b (A212C), mps1 (C2369G), mps2 99 100 (A1400G, C1534G, G2041C, G6194T, G7534C) and gap (G11A, G50T). Using 101 Phandango online tool [9], four genes were found only in smooth isolates (Figure 102 S1). Nucleotide BLAST alignment showed the following: (1) a hypothetical protein 103 presenting a partial match with MAB 3888 and corresponding to a putative RNA 104 polymerase sigma-70 factor, (2) a PE family immunomodulator, PE5, having a 105 complete match with MAB 0046, (3) a putative PPE family protein, PPE2, showing a 106 complete match with *MAB* 0809c and (4) a hypothetical protein presenting a partial 107 match with MAB 4691c and corresponding to a probable non-ribosomal peptide 108 synthetase PstA (Table S3). Further analysis was performed in another promising 109 area of the pangenome showing a differential pattern between the smooth and rough 110 morphotypes, however any genetic trait linked to a specific phenotype was observed.

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112 **2.4.** Genotypic characterization of *erm (41)* and *rrl* genes.

None of the four clinical isolates had mutations at positions 2058 and 2059 in the *rrl*gene [12]. As for the *erm(41)* gene [13,14], only P9528, which showed a
clarithromycin-sensitive phenotype, carried a non-functional Erm(41) (C28 sequevar),
while the three other isolates clarithromycin-resistant after 14-day incubation, were
identified as T28 sequevar. An additional mutation (V80I) found in all isolates (Table
S5), has been previously associated with clarithromycin resistance in Korea [10].

119 **3. DISCUSSION**

Smooth/rough mixed pulmonary infection are rarely reported in *Mabs* and *M. bolletii*and never for *M. massiliense* [5]. In two CF patients here reported, *Mabs*rough/smooth colony variants were firmly identified by WGS analysis.

123 Smooth non-cording and rough cording morphotype differences rely on the 124 presence/absence of GPL, respectively [12]. In *M. abscessus*, the *msp1*, *msp2*, *qap*, 125 mmpS4, mmpL4a and mmpL4b genes drive GPL production: A CG insertion in msp1 126 arrests transcription of the *msp1-msp2-gap* operon [6]. Additional indels (insertions and deletions) and SNPs in *msp1*, *msp2*, *gap*, *mmpS4*, *mmpL4a* and *mmpL4b* also 127 128 induce loss of production of GPL and a rough morphotype in clinical isolates [7]. 129 Although these previously reported insertions were not found in P9527, this isolate 130 however harboured multiple novel SNPs potentially linked to GPL loss and rough 131 morphology. Moreover, a recent report explained the effect of aminoglycosides in the 132 smooth-to-rough transition in *Mabs* without depletion of GPL, cells exposed to 133 subinhibitory concentrations of amikacin showed a rough phenotype and an 134 increased expression of MAB 3508c, homologous to M. tuberculosis whiB7 135 responsible of mediate antibiotic resistance [13]. Patient N°2 was treated with 136 tobramycin, this may have influence in the smooth-to-rough transition of P9530 strain 137 which did not present any change in the GPL profile. A second GPL-like locus of two 138 non-ribosomal peptide synthase pstA genes (MAB_4690c-MAB_4691c) similar to mps1 and mps2, may be implicated in GPL production and the smooth-to-rough 139 140 transition [6]. Here, we identified four genes specific for the smooth clinical isolates, 141 one of them encoding a hypothetical protein homologous to MAB 4691c, opening the 142 possibility of new markers for the smooth-to-rough transition.

Our genetic analysis suggests colonization by two distinct strains in one patient,
while in the second patient, both the smooth and rough strains were closely related,

145 suggesting morphology conversion. It has been proposed that the smooth-to-rough 146 conversion occurs in the host by clonal diversification. In a follow-up study in patients 147 chronically infected with Mabs, initial isolation of the smooth morphotype and later 148 isolation of the rough morphotype was observed [7]; nevertheless, whether this event 149 could be due to initial colonization with smooth morphotype and a consequent re-150 colonization with a secondary rough strain is not being considered. Despite having 151 multiple ex vivo and in vivo reports that relate the severity of the infection to 152 morphology [14], it is still not clear how this change from a smooth to rough morphology could affect a patient's prognosis. 153

154 *Mabs* is a difficult-to-treat opportunistic pathogen and clarithromycin has been 155 used in monotherapy before description of inducible resistance to macrolides [14]. In 156 addition to acquired macrolide resistance conferred by mutated *rrl* gene encoding the 157 peptidyltransferase domain of the 23S rRNA, inducible resistance to macrolides attributed to erm(41) was described; this methylase is proposed to monomethylate 158 159 adenine at position 2058 in the 23S rRNA, conferring resistance [15]. Loss of function 160 of erm(41) is linked to a clarithromycin-sensitive phenotype, as described for the 161 T28C mutation [16]. Here, we describe a patient coinfected with two different *Mabs* 162 strains, P9527/P9528, each genotype concordant with the clarithromycin-163 resistant/sensitive phenotype, respectively. This diversification can have implications on the susceptibility profile, increasing the difficulty of selecting the proper therapy, 164 165 which could impact the disease outcome. Another unexplored possibility is coinfection by multiple *M. abscessus* complex strains without differences in colony 166 167 morphology that go unnoticed.

We propose systematic WGS to guarantee the identification of different *Mabs*isolates and their antibiotic susceptibility profile, to guide the most appropriate
treatment in CF patients.

Previous studies using *ex vivo* and *in vivo* models suggested that rough morphotype exhibited increased virulence as compared to smooth morphotype,^{8,9} yet these experimental observations poorly translated in clinical observations and the actual characterization of clinical isolates. Such clinical isolates have not been genome sequenced in order to more deeply interpret phenotypic data. Future studies could focus on the influence of Whib7 on phenotype and antibiotic resistance.

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183 Transparency declaration

- 184 MD is a co-founder and shareholder of the start-up Culture-Top that is cited in this
- 185 manuscript. The other authors declare that they have no competing interests.

186 Authors' contributions

- 187 SB and MDr designed the study and drafted and revised the manuscript.
- 188 MRG performed medical examinations.
- 189 AVG, FSS, and JS performed microbiology analyses.

- AVG performed SNP identification on the GPL locus and *erm(41)* and *rrl* genes,
- 191 performed the lipid extraction and analysis, and wrote the paper.
- 192 JS performed the WGS and analyses.
- 193 All authors have read and approved the final manuscript.

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264

- Table 1. Results of broth microdilution susceptibility testing of the two morphotypes of
- each species. Minimum Inhibitory Concentration were interpreted using CLSI M24-2
- 268 recommendations.

	P9527	P9528	P9529	P9530
Amikacin	16 (R)	32 (R)	16 (R)	32 (R)
Clarithromycin (D4)	16 (R)	0.25 (S)	16 (R)	0.5 (S)
Clarithromycin (D14)	>256 (R)	0.5 (S)	>256 (R)	4 (I)
Ofloxacin	16 (R)	16 (R)	8 (R)	>16 (R)
Bactrim	>16 (R)	>16 (R)	>16/304 (R)	32 (R)
Tigecycline	1 (S)	1 (S)	1 (S)	<1 (S)
Doxycycline	>16 (R)	>16 (R)	>16 (R)	>16 (R)

269 S, susceptible; R, resistant; I, intermediate. The results are expressed in $\mu g \cdot mL^{-1}$.

Figure legends:

- Figure 1. Morphologic appearance of four clinical isolates of *M. abscessus* and
- 273 rough (R) and smooth (S) reference strains after 4-day incubation on Middlebrook
- 274 **7H10** agar at 37°C.

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- Figure 2. Lipid profile of four *M. abscessus* isolates, showing the P9527 strain as the
- 277 only one with a deficient glycopeptidolipid (GPL) profile. Equal weights of total lipid
- extracts from the *M. abscessus* smooth (Swt), rough (Rwt), P9527, P9528, P9529
- and P9530 strains were analysed by thin-layer chromatography using
- 280 chloroform/methanol/water (9:10:1, v/v/v). GPLs are indicated with a black box.

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