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1 **Short-form paper** 2 Role of alanine racemase mutations in Mycobacterium tuberculosis D-cycloserine resistance 3 4 Running title: alanine racemase and D-cycloserine 5 6 Yoshio Nakatani^{1,2,3,21}, Helen K. Opel-Reading^{3,21}, Matthias Merker^{4,5,21}, Diana Machado^{6,21}, Sönke Andres^{7,21}, S. 7 Siva Kumar^{8, 21}, Danesh Moradigaravand⁹, Francesc Coll¹⁰, João Perdigão¹¹, Isabel Portugal¹¹, Thomas Schön^{12,13}, 8 Dina Nair⁸, K. R. Uma Devi⁸, Thomas A. Kohl⁴, Patrick Beckert^{4,5}, Taane G. Clark¹⁰, Gugu Maphalala¹⁴, Derrick 9 Khumalo¹⁵, Roland Diel¹⁶, Kadri Klaos¹⁷, Htin Lin Aung^{1,2}, Gregory M. Cook^{1,2}, Julian Parkhill⁹, Sharon J. 10 Peacock^{9,10,18}, Soumya Swaminathan¹⁹, Miguel Viveiros⁶, Stefan Niemann^{4,5}, Kurt L. Krause^{3,22} & Claudio U. 11 Köser^{20,22} 12 13 14 ¹University of Otago, Department of Microbiology and Immunology, Otago School of Medical Sciences, Dunedin, 15 **New Zealand** 16 ²Maurice Wilkins Centre for Molecular Biodiscovery, The University of Auckland, Private Bag, Auckland, New 17 Zealand 18 ³University of Otago, Department of Biochemistry, Otago School of Medical Sciences, Dunedin, New Zealand 19 ⁴Molecular and Experimental Mycobacteriology, Research Center Borstel, Borstel, Germany 20 ⁵German Center for Infection Research, Partner Site Hamburg-Borstel-Lübeck, Germany 21 ⁶Unidade de Microbiologia Médica, Global Health and Tropical Medicine, Instituto de Higiene e Medicina 22 Tropical, Universidade Nova de Lisboa, Lisbon, Portugal; 23 ⁷Division of Mycobacteriology (National Tuberculosis Reference Laboratory), Research Center Borstel, Borstel, 24 Germany 25 ⁸National Institute for Research in Tuberculosis, Chennai, India 26 ⁹Wellcome Trust Sanger Institute, Hinxton, UK 27 ¹⁰London School of Hygiene and Tropical Medicine, London, UK 28 ¹¹Med.ULisboa – Instituto de Investigação do Medicamento, Faculdade de Farmácia, Universidade de Lisboa, 29 Lisbon, Portugal

30	¹² Department of Clinical and Experimental Medicine, Division of Medical Microbiology, Linköping University,
31	Linköping, Sweden
32	¹³ Department of Clinical Microbiology and Infectious Diseases, Kalmar County Hospital, Kalmar, Sweden
33	¹⁴ National Reference Laboratory, Ministry of Health, Mbabane, Swaziland
34	¹⁵ National Tuberculosis Control Program, Ministry of Health, Manzini, Swaziland
35	¹⁶ Institute of Epidemiology, University Hospital Schleswig-Holstein, Campus Kiel, Kiel, Germany
36	¹⁷ Tartu University Hospital, United Laboratories, Mycobacteriology, Tartu, Estonia
37	¹⁸ Department of Medicine, University of Cambridge, Cambridge, UK
38	¹⁹ Department of Health Research and Director General, Indian Council of Medical Research, New Delhi, India
39	²⁰ Department of Genetics, University of Cambridge, Cambridge, UK
40	²¹ These authors contributed equally.
41	²² These authors jointly directed this work. Correspondence should be addressed to K.L.K.
42	(kurt.krause@otago.ac.nz) or C.U.K. (cuk21@cam.ac.uk).
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44	Keywords: Mycobacterium tuberculosis, cycloserine, alanine racemase
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47	Abstract
48	Screening of more than 1,500 drug-resistant strains of <i>Mycobacterium tuberculosis</i> revealed evolutionary
49	patterns characteristic of positive selection for three alanine racemase (Alr) mutations. We investigated these
50	mutations using molecular modeling, in vitro MIC testing, as well as direct measurements of enzymatic activity,
51	which demonstrated that these mutations likely confer resistance to D-cycloserine.
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54	Manuscript
55	In 2015, the Global Drug Facility declared that the cost of D-cycloserine (DCS), a group C drug to treat
56	tuberculosis (TB), would be cut by more than half to as little as \$0.19 per capsule to support the treatment of
57	multidrug-resistant (MDR) and extensively drug-resistant (XDR) TB, which represent a major threat to public
58	health (1). In light of this announcement, a better understanding of the resistance mechanisms to this drug is

required to facilitate phenotypic as well as genotypic drug-susceptibility testing (DST), both in the context of surveillance and individual patient treatment to avoid the severe side-effects of this drug (2, 3).

Studies of the mode of action of DCS in mycobacteria have produced contradictory results, with some studies pointing to alanine racemase (Alr) as the primary target and others supporting D-alanine-D-alanine ligase (DdIA) (4-9). However, molecular data from *Mycobacterium tuberculosis* complex (MTBC) have only implicated the former gene in DCS resistance, which can also be conferred by mutations in alanine dehydrogenase (*ald*) or a permease (*cycA*) (10, 11). Using molecular modeling, we had predicted that the *alr* M319T mutation observed in an XDR strain would likely confer resistance to DCS, which was subsequently confirmed by Desjardins et al. using the unrelated strain TKK_04_0105 (Table S1 (2, 11)). Desjardins et al. described a number of additional *alr* mutations in strains with elevated DCS MICs, including a C to T nucleotide change 8 base pairs upstream of the experimentally confirmed start codon of *alr* (strain TKK_02_0050 in Table S1 (11, 12)). This was notable as Merker et al. had previously reported that, compared with the susceptible, parental *alr* wild-type strain, the acquisition of this mutation during treatment with DCS correlated with DCS resistance, which suggested that *alr* mutations might be both necessary and sufficient to confer DCS resistance (13).

To gain further insights into the impact of *alr* mutations, we first confirmed that the aforementioned *alr* C-8T promoter mutant that evolved during treatment correlated in MICs above the current World Health Organization (WHO)-endorsed critical concentration (CC) of 30 µg/ml using the 1% proportion method on Löwenstein-Jensen (LJ) (strain PBm0 and PBm14 in Table S1; Desjardins et al. and Merker et al. had used 10% as the critical proportion and therefore had not adhered to the current WHO recommendations (11, 13, 14)). Using the same method, we also showed that two strains with *alr* M319T or Y364D mutations from XDR TB patients with a treatment history with DCS had MICs above the CC (Table S1). Moreover, we observed the M319T mutation in three XDR strains (PT1, PT2 and PT5) from Lisbon, Portugal (15). Although no CC exists for MGIT 960, this mutation correlated in an MIC increase from 16 to 64 µg/ml compared with three closely related wild-type control strains (PT3, PT6 and PT7) and one more distantly related control strain (PT4), which supported the role of this mutation in DCS resistance (Figure 1A and Table S1). By contrast, no or minimal MIC increases were recorded when testing these Portuguese strains using Sensititre MycoTB plates (Table S1) (16). Finally, a pre-XDR *alr* R373L mutant from a patient with DCS exposure, which also harbored a deletion in *ald*, tested resistant on LJ using the 1% proportion method (Tables S1 and S2).

To study the importance of the C-8T, M319T, Y364D and R373L mutations from an evolutionary perspective, we screened previously published and unpublished genomes of more than 1,500 MDR strains (mostly from Germany, Eastern Europe, and Swaziland), which identified eight additional strains with mutations at these *alr* positions or codons (Table S1). Interrogating the genomes of these 17 strains in the context of a phylogenetically diverse reference collection that included all major MTBC lineages and species showed that the mutations had either been acquired multiple times independently and/or that different amino acid changes were present at the same codons (Figure 1B). These mutation patterns are typically a signal of positive selection, which could have occurred in response to DCS exposure.

Molecular modeling of these coding mutations supported this hypothesis. Alr functions as a homodimer, aided by the co-factor pyridoxal 5'-phosphate (PLP) to which it is covalently bound. DCS inhibits Alr irreversibly by covalently bonding to PLP (4). We generated and analyzed a model of the complex between the M. tuberculosis Alr and DCS (Alr_{Mtb}-DCS) (Figure S1) (4, 17). Amino acid residues 319 and 364 were located directly in the active site (Figure S1B). M319T was positioned close enough to allow interaction with the DCS moiety, which, given the large change of the character of the side chain, could strongly affect DCS reactivity (Figure S1C). Y364 is involved in the positioning of the phosphate moiety of PLP and thus represents a prominent active site residue in the conserved inner layer of the substrate entrance corridor of Alr (Figure S1B) (17). Mutation to aspartic acid introduced a shorter and negatively charged side chain, which could potentially affect PLP orientation in the active site (Figure S1C). Moreover, it could influence DCS uptake through alteration of the entrance corridor. Interestingly, M319 is located near Y364 and, as a result, it is possible that the M319T mutation could alter the interaction with Y364, thereby affecting DCS inhibition. In contrast, the R373L mutation was not directly located within the active site but near the dimer interface and close to residues M319 and D320, which play an important role in the makeup of the active site (Figure S1B). Consequently, the replacement of arginine with the short and hydrophobic side chain of leucine might disrupt molecular interactions at the dimer interface as well as destabilize the DCS binding site (Figure S1C).

To test these predictions experimentally, we expressed and purified the aforementioned Alr_{Mtb} coding mutants, along with wild-type Alr_{Mtb} , and determined their half maximal inhibitory concentration (IC₅₀) to measure the effectiveness of inhibition by DCS (Figure 2). The IC₅₀ for wild-type Alr_{Mtb} was 26.4 \pm 1.7 μ M, which was in the range previously reported for this compound (18, 19). From our structure-based analysis, we expected the two mutations located in the active site to show the greatest effect on DCS inhibition. Indeed, the

M319T mutant enzyme showed minimal inhibition by DCS, even at 1000 μ M (Figure 2). Thus, the IC₅₀ of this mutant could not be determined. The IC₅₀ of the Y364D mutant showed a 50-fold increase to 1328.0 \pm 340.0 μ M. The R373L mutation, which was not located directly within the active site, also showed a significant increase in resistance to DCS with an IC₅₀ of 712.0 \pm 138.5 μ M (27-fold increase).

Taken together, these data suggested that *alr* mutations likely confer DCS resistance, although allelic exchange experiments are required to formally prove this (particularly for R373L, which coincided with a deletion in *ald* and, consequently, may not be sufficient to confer resistance on its own). Although the relationship between MICs and IC50s can be complex, the observation that MICs increased by only 4-16 fold vs. at least 25-fold increases for IC50s supported the notion that DCS inhibits multiple targets, as noted earlier. This study should be complemented with extensive MIC testing of phylogenetically diverse, pan-susceptible MTBC strains to define the epidemiological cut-off value given that it is unclear based on which evidence the current WHO CC on LJ has been set (3, 14, 20, 21). Moreover, further MIC testing of likely DCS-resistant strains is needed to investigate whether the Sensititre system is less reliable at detecting DCS resistance compared with LJ and MGIT. Finally, the impact of *alr* mutations on resistance on terizidone remains to be investigated.

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Conflicts of interest

K. L. K., Y. N. and H. K. O. R have received funding for alanine racemase related projects from L2 Diagnostics LLC, New Haven, Conn. J. P., S. J. P. and C. U. K. have collaborated with Illumina Inc. on a number of scientific projects. J. P. has received funding for travel and accommodation from Pacific Biosciences Inc. and Illumina Inc. S. J. P. has received funding for travel and accommodation from Illumina Inc. C. U. K. is a consultant for the Foundation for Innovative New Diagnostics. The Bill & Melinda Gates Foundation and Janssen Pharmaceutica covered C. U. K.'s travel and accommodation to present at meetings. The European Society of Mycobacteriology awarded C. U. K. and M. M. the Gertrud Meissner Award, which is sponsored by Hain Lifescience.

Figure 1.

Maximum likelihood tree based on a concatenated sequence alignment of 45,740 variable sites (1,000 resamplings, GTR nucleotide substitution model) showing the *alr* mutants from Table S1 in the context of a globally representative reference collection of 287 MTBC strains. Inset A, a zoomed-in part of the overall tree B, shows the phylogenetic relationship between the three Portuguese M319T mutants (PT1, PT5 and PT2) and the control strains (PT7, PT3, PT6 and PT4) tested in MGIT and Sensititre. The three Indian M319T, R364D and R373G mutants that were tested with the 1% proportion LJ method in this study are underlined. The T-8C, M319T and R364D mutations were homoplastic (i.e. they were acquired multiple times independently) and two different amino acid changes were observed at codon 373 (i.e. R373L, and. R373G). Thus, all mutations show evolutionary patterns of positive selection.

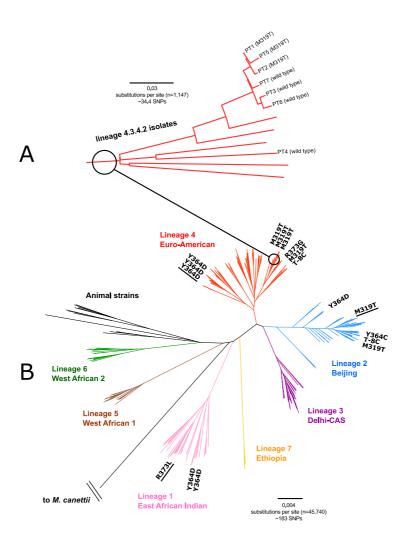
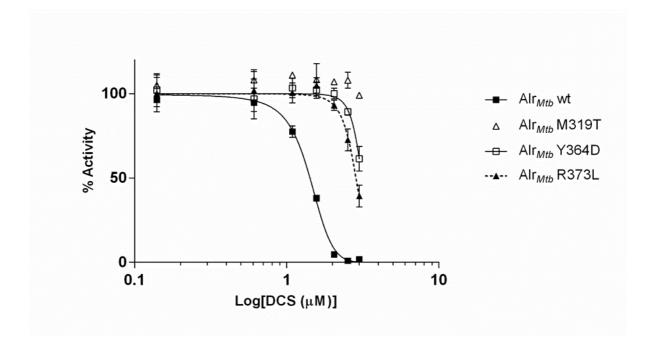


Figure 2. Determination of DCS IC₅₀ for wild-type (wt) Alr_{Mtb} and the M319T, Y364D and R373L mutants. The activity was normalized against a control with no DCS present in the assay mix. The activity assay at each concentration was performed in triplicate, resulting in the error bars, which represent 95% CI. A variable slope model was fitted to determine the IC₅₀ values, which were 26.4 ± 1.7 , 1328.0 ± 340.0 , 712.0 ± 138.5 µM for the wild-type, Y364D, and R373L enzymes, respectively. The inhibition of M319T was too weak to allow for IC₅₀ determination.



169 References

- 170 1. **Stop TB Partnership.** Stop TB Partnership's Global Drug Facility (GDF) achieves historic price reduction
- for MDR-TB drug Cycloserine (24 February 2015).
- http://www.stoptb.org/news/announcements/2015/a15_006.asp. (accessed
- 173 9.3.2016).
- 174 2. Köser CU, Bryant JM, Becq J, Török ME, Ellington MJ, Marti-Renom MA, Carmichael AJ, Parkhill J,
- Smith GP, Peacock SJ. 2013. Whole-genome sequencing for rapid susceptibility testing of M.
- 176 *tuberculosis*. N Engl J Med **369:**290-292.
- 3. Schön T, Miotto P, Köser CU, Viveiros M, Böttger E, Cambau E. 2017. Mycobacterium tuberculosis
- drug-resistance testing: challenges, recent developments and perspectives. Clin Microbiol Infect
- **179 23:**154-160.
- 180 4. Fenn TD, Stamper GF, Morollo AA, Ringe D. 2003. A side reaction of alanine racemase: transamination
- of cycloserine. Biochemistry **42:**5775-5783.
- 182 5. Milligan DL, Tran SL, Strych U, Cook GM, Krause KL. 2007. The alanine racemase of Mycobacterium
- smegmatis is essential for growth in the absence of D-alanine. J Bacteriol 189:8381-8386.
- 184 6. Awasthy D, Bharath S, Subbulakshmi V, Sharma U. 2012. Alanine racemase mutants of Mycobacterium
- tuberculosis require D-alanine for growth and are defective for survival in macrophages and mice.
- 186 Microbiology **158**:319-327.
- 7. Prosser GA, de Carvalho LP. 2013. Metabolomics reveal D-alanine:D-alanine ligase As the target of D-
- cycloserine in *Mycobacterium tuberculosis*. ACS Med Chem Lett **4**:1233-1237.
- 189 8. Halouska S, Fenton RJ, Zinniel DK, Marshall DD, Barletta RG, Powers R. 2014. Metabolomics analysis
- identifies D-alanine-D-alanine ligase as the primary lethal target of D-cycloserine in mycobacteria. J
- 191 Proteome Res **13:**1065-1076.
- 192 9. Marshall DD, Halouska S, Zinniel DK, Fenton RJ, Kenealy K, Chahal HK, Rathnaiah G, Barletta RG,
- 193 Powers R. 2017. Assessment of metabolic changes in *Mycobacterium smegmatis* wild-type and alr
- mutant strains: evidence of a new pathway of D-alanine biosynthesis. J Proteome Res **16**:1270-1279.
- 195 10. Chen JM, Uplekar S, Gordon SV, Cole ST. 2012. A point mutation in *cycA* partially contributes to the D-
- cycloserine resistance trait of *Mycobacterium bovis* BCG vaccine strains. PLoS One **7**:e43467.

197 11. Desjardins CA, Cohen KA, Munsamy V, Abeel T, Maharaj K, Walker BJ, Shea TP, Almeida DV, Manson 198 AL, Salazar A, Padayatchi N, O'Donnell MR, Mlisana KP, Wortman J, Birren BW, Grosset J, Earl AM, 199 **Pym AS.** 2016. Genomic and functional analyses of *Mycobacterium tuberculosis* strains implicate *ald* in 200 D-cycloserine resistance. Nat Genet 48:544-551. 201 Strych U, Penland RL, Jimenez M, Krause KL, Benedik MJ. 2001. Characterization of the alanine 12. 202 racemases from two mycobacteria. FEMS Microbiol Lett 196:93-98. 203 13. Merker M, Kohl TA, Roetzer A, Truebe L, Richter E, Rüsch-Gerdes S, Fattorini L, Oggioni MR, Cox H, 204 Varaine F, Niemann S. 2013. Whole genome sequencing reveals complex evolution patterns of 205 multidrug-resistant Mycobacterium tuberculosis Beijing strains in patients. PLoS One 8:e82551. 206 14. World Health Organization. Companion handbook to the WHO guidelines for the programmatic 207 management of (2014)drug-resistant tuberculosis 208 http://appswhoint/iris/bitstream/10665/130918/1/9789241548809 engpdf?ua 209 =1&ua=1 (accessed 1382015). 210 Perdigão J, Silva H, Machado D, Macedo R, Maltez F, Silva C, Jordao L, Couto I, Mallard K, Coll F, Hill-15. 211 Cawthorne GA, McNerney R, Pain A, Clark TG, Viveiros M, Portugal I. 2014. Unraveling Mycobacterium 212 tuberculosis genomic diversity and evolution in Lisbon, Portugal, a highly drug resistant setting. BMC 213 Genomics 15:991. 214 16. Heysell SK, Pholwat S, Mpagama SG, Pazia SJ, Kumburu H, Ndusilo N, Gratz J, Houpt ER, Kibiki GS. 215 2015. Sensititre MycoTB plate compared to Bactec MGIT 960 for first- and second-line antituberculosis 216 drug susceptibility testing in Tanzania: a call to operationalize MICs. Antimicrob Agents Chemother 217 **59:**7104-7108. 218 17. LeMagueres P, Im H, Ebalunode J, Strych U, Benedik MJ, Briggs JM, Kohn H, Krause KL. 2005. The 1.9 Å 219 crystal structure of alanine racemase from Mycobacterium tuberculosis contains a conserved entryway 220 into the active site. Biochemistry 44:1471-1481. 221 18. Kim MG, Strych U, Krause K, Benedik M, Kohn H. 2003. N(2)-substituted D,L-cycloserine derivatives: 222 synthesis and evaluation as alanine racemase inhibitors. J Antibiot (Tokyo) 56:160-168. 223 19. Anthony KG, Strych U, Yeung KR, Shoen CS, Perez O, Krause KL, Cynamon MH, Aristoff PA, Koski RA. 224 2011. New classes of alanine racemase inhibitors identified by high-throughput screening show

antimicrobial activity against Mycobacterium tuberculosis. PLoS One 6:e20374.

225

226 20. Ängeby K, Juréen P, Kahlmeter G, Hoffner SE, Schön T. 2012. Challenging a dogma: antimicrobial susceptibility testing breakpoints for *Mycobacterium tuberculosis*. Bull World Health Organ 90:693-698.
228 21. Köser CU, Feuerriegel S, Summers DK, Archer JA, Niemann S. 2012. Importance of the genetic diversity within the *Mycobacterium tuberculosis* complex for the development of novel antibiotics and diagnostic tests of drug resistance. Antimicrob Agents Chemother 56:6080-6087.