# **Research highlights**

- Bile protects various pathogenic fungi from antifungals
- Bile lipids increase antifungal trapping efficiency of conjugated bile salts
- Polyunsaturated fatty acids mediate azole resistance of conjugated bile salts
- Pathogen elimination from biliary system depends on antifungals not trapped in bile

1	Lipid components of bile increase the protective effect of conjugated bile salts
2	against antifungal drugs
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#### 22 Abstract

23 Fungi and bacteria are able to persist in the human gall bladder. Previous studies have shown 24 that bile protects C. albicans in this cryptic host niche from antifungals, providing a reservoir 25 for re-colonization of the intestine after discontinuation of antifungal therapy. Bile and conjugated bile salts trap antifungals in micelles, thereby reducing their bioavailability and 26 possibly promoting the development of drug resistance. Here we show that the protective 27 effect of bile and conjugated bile salts is not limited to C. albicans, but also observed with 28 29 other fungi. Interestingly, bile, but not conjugated bile salts conferred resistance of C. 30 albicans against fluconazole. Similarly, only bile conferred resistance of Aspergillus terreus against voriconazole. To investigate this higher potency of bile in mediating antifungal 31 32 protection we aimed in a step-wise reconstitution of bile from conjugated bile salts. While 33 phospholipids and saturated fatty acids increased the ability of conjugated bile salts to protect 34 from amphotericin B, both failed to protect from azoles. In contrast, when conjugated bile 35 salts were supplemented with polyunsaturated fatty acids, resistance against azoles increased 36 and the critical micelle concentration of conjugated bile salts decreased to the level of bile. We conclude that polyunsaturated fatty acids are vital in the formation of mixed micelles that 37 38 exhibit a high potential to trap antifungals. Since bile-mediated protection depicts a general problem in biliary tract infections, reconstituted synthetic bile should be used to investigate 39 40 drug efficacy in the biliary system.

#### 42 **1. Introduction**

In liver transplant recipients biliary tract infections comprise one of the major complications 43 that increase mortality rates and may inforce the requirement for re-transplantation (Moreno 44 45 and Berenguer, 2006). About 50% of liver transplant recipients encounter at least one episode of viral, bacterial or fungal infection with Escherichia coli and Klebsiella pneumonia as the 46 main bacterial infections followed by fungi such as Candida or Aspergillus species 47 (Chiereghin et al., 2017). Furthermore, it has been shown that the bacterium Listeria 48 49 monocytogenes freely replicates in bile implying that the gall bladder acts as a source for 50 excretion of these bacteria (Hardy et al., 2004). In addition, gall bladder provides a reservoir for Salmonella enterica serovar Typhi even after antibiotic therapy causing severe chronic 51 52 infections frequently accompanied by the development of gall stones (Gonzalez-Escobedo et 53 al., 2011).

54 In a murine model of disseminated candidiasis we have previously shown that Candida 55 albicans uses the gall bladder as a cryptic reservoir under antifungal therapy (Jacobsen et al., 56 2014). Subsequent investigations revealed that bile conferred resistance against commonly used antifungals such as the echinocandin caspofungin and the polyene macrolide 57 58 amphotericin B (Jacobsen et al., 2014). As underlying mechanism of protection we found that antifungals are trapped in micelles that are formed by conjugated bile salts (Hsieh et al., 59 60 2017). The resulting reduction in the bioavailability of drugs in the biliary system and 61 possibly also in the intestine might thereby not only prevent the clearance of pathogens from these host niches, but might also lead to the development of drug resistant strains. 62 Accordingly, a recent study revealed the emergence of echinocandin resistant Candida 63 64 species in liver transplant recipients after treatment with caspofungin (Prigent et al., 2017). Resistant strains were mainly isolated from the digestive system implying that a reduced 65 66 bioavailability of drugs might have caused this emergence (Prigent et al., 2017). Furthermore,

case studies indicate that also other fungi and especially *Aspergillus* species are able to cause
severe cholangitis (Erdman et al., 2002; Garcia-Ruiz et al., 1998). Therefore, it appears of
high importance to clear pathogenic microorganisms residing in the biliary system. However,
this requires the application of drugs that are not trapped in micelles.

Antifungal protection is strictly dependent on a concentration of conjugated bile salts that is 71 72 above their specific critical micelle concentration (CMC). In this respect, taurocholate displays a higher CMC value at physiological conditions than taurodeoxycholate and, 73 accordingly, higher concentrations of taurocholate are required to confer resistance. 74 75 However, while both conjugated bile salts effectively protect against caspofungin and amphotericin B, neither of both compounds protected C. albicans against the azole 76 77 fluconazole (Hsieh et al., 2017). On the contrary, bile strongly reduced the *in vitro* sensitivity 78 of C. albicans against fluconazole and enabled persistence in the gall bladder under 79 fluconazole treatment in a murine model of systemic candidiasis (Jacobsen et al., 2014). 80 Since even high concentrations of taurodeoxycholate were not able to confer fluconazole 81 resistance this increased protective effect of bile might be linked to a lower CMC value of bile accompanied by an increased ability to trap antifungals. It has been speculated that the 82 more complex composition of bile including fatty acids and phospholipids leads to mixed 83 micelles that allow a more effective trapping of antifungals (Hsieh et al., 2017). 84

To address this question, we studied the *in vitro* resistance of several fungal species in the presence and absence of conjugated bile salts to confirm a general mechanism of bile mediated antifungal protection. Subsequently, we analysed the effect of different fatty acid and lipid components either alone or in combination with conjugated bile salts on antifungal protection with a focus on azole resistance.

#### 91 **2.** Material and Methods

#### 92 **2.1 Strains and culture conditions**

C. albicans (SC5314), S. cerevisiae (ATCC 9763) and C. neoformans (H99 and 1841) were 93 94 pre-cultivated overnight in 20 ml YPD media (per litre: 10 g yeast extract, 20 g peptone, and 95 20 g glucose) at 30°C and yeast cells were harvested by centrifugation at 4000  $\times$  g. After washing cells twice in phosphate-buffered saline (PBS) cells were suspended and adjusted to 96 selected cell densities in either YPD or MOPS-buffered RPMI 1640 medium (Sigma) 97 98 containing 2% glucose (per litre: 10.4 g RPMI 1640, 34.53 g MOPS, 20 g glucose; pH 6.8; subsequently defined as RPMI medium). To obtain conidia suspension of A. fumigatus 99 100 (CBS144-89) and A. terreus (SBUG844), conidia were plated on 50 mM glucose Aspergillus 101 minimal media with nitrate as nitrogen source and 2% agar (Gressler et al., 2011). Plates were incubated at 37°C for 3-4 days (A. fumigatus) or 5-6 days (A. terreus). Conidia were 102 103 harvested in 10 ml sterile PBS and filtered through a 40 µm cell-strainer. After a washing step 104 in PBS, conidia were diluted to defined concentrations in RPMI medium and used for drug 105 resistance analyses.

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## 107 2.2 Preparation of antifungals for sensitivity analyses

Stock solutions of caspofungin (5 mg/ml; Cancidas, Merck, Germany) and flucytosine (10 mg/ml) were prepared in PBS and filter sterilized. Stock solutions of amphotericin B (4 mg/ml) and voriconazole (16 mg/ml) were prepared in DMSO. Fluconazole at 2 mg/ml was purchased from B. Braun, Germany. All drugs were diluted in the respective media used for resistance analyses. Controls were prepared according to the solvents used for stock solutions of the respective antifungals.

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#### 115 **2.3 Preparation of bile solution and lipid solubilisation in conjugated bile salt**

116 Crude porcine bile extract (Sigma, B8631) was solved in either YPD or RPMI medium to give a final concentration of 12.5% (w/v). Insoluble components were removed by 117 118 centrifugation at  $12000 \times g$ . The supernatant was filter sterilised and stored at 4°C in the dark. Sodium taurodeoxycholate hydrate (Sigma, T0875) and taurocholic acid sodium salt hydrate 119 (Sigma, T4409) were dissolved at 100 mg/ml in either YPD or RPMI medium, filtered 120 121 sterilised and used as stock solutions. The following saturated fatty acids were used for preparing mixtures with conjugated bile salt: C3 (propionic acid sodium salts, Applichem, 122 A1931), C4 (sodium butyrate, Aldrich, 303410), C8 (sodium caprylate, Fluka, 71339), C10 123 124 (sodium decanoate Fluka, 21490), C14 (myristic acid sodium salt, Fluka, 70140) and C16 125 (sodium palmitate, Fluka, 76165). Media containing 10 mg/ml taurocholate were 126 supplemented with the indicated amounts of fatty acids. To solubilise C14 and C16, mixtures 127 were heated to 65°C for 30-60 min. As a source of phospholipids a soy refined lecithin (Mp 128 Biomedicals, LLC) was added at indicated concentrations. As sources of polyunsaturated fatty acids arachidonic acid (Sigma, 10931) and conjugated linolenic acid (Sigma, O5507) 129 130 were used that were added to YPD or RPMI media containing 10 mg/ml sodium taurocholate. For preparation of reconstituted synthetic bile (RSB) the following components were mixed 131 (per ml of RPMI medium): 30 mg sodium taurocholate, 30 mg sodium taurodeoxycholate, 5 132 mg lecithin, 10 mg C14, 2.5 mg arachidonic acid and 2.5 mg conjugated linolenic acid 133 generating an 80 mg/ml RSB stock. Stocks of an equal mixture of tauro- and 134 135 taurodeoxycholate (60 mg/ml in total) or RSB lacking phospholipids and saturated fatty acids 136 (65 mg/ml solubilised solids) were also prepared.

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## 138 2.4 Drug resistance analyses

Antifungal drug resistance or toxicity of saturated fatty acids was tested virtually as described
previously (Hsieh et al., 2017). In brief, dilutions of bile and mixtures of conjugated bile salts

141 and lipids either with or without antifungals were prepared in either YPD or RPMI medium and transferred to 96-well plates. Fungal yeast cells or conidia were pre-diluted in the 142 respective growth medium and added to a final concentration of  $4 \times 10^4$  yeasts or  $1 \times 10^5$ 143 conidia resulting in 200 µl supplemented medium. Plates were sealed with transparent gas 144 permeable moisture barrier seal (4titude) and incubated at 37°C except for C. neoformans 145 146 species that were incubated at 30°C. Plates were rotated every 15 min prior to interval readings of the optical density at 600 nm ( $OD_{600}$ ). Final end point measurements of plates 147 were performed at the indicated time points. Results were either shown as  $OD_{600}$  readings or 148 149 in percentage of residual growth when normalised against control groups without antifungal 150 treatment. All growth tests were performed in three parallel wells with at least one 151 independent biological replication. Data were analysed by using Microsoft Excel or 152 GraphPad Prism software.

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## 154 **2.5 Determination of critical micelle concentrations (CMC) and rhodamine 6G influx**

### 155 analyses

Critical micelle concentration (CMC) was determined as described previously (Hsieh et al., 156 2017) by measuring the change of absorbance of eosin Y at 542 nm using a microplate reader 157 (Multiskan<sup>TM</sup> Go, Thermo). Bile, conjugated bile salts and mixtures of conjugated bile salts 158 containing different lipid compositions were tested in serial dilutions and data were analysed 159 160 using Microsoft Excel software by plotting the absorbance values against the logarithmic concentration of the solubilising agent. For rhodamine 6G (R6G) influx assays C. albicans 161 yeast cells were incubated at 30°C in RPMI medium in the presence of 1 µM R6G and 1 162 mg/ml of either bile, conjugated bile salts or mixtures of conjugated bile salts and lipids. 163 Aliquots of cells were harvested at different time points and washed twice in 50 mM HEPES 164 buffer pH 7.0. R6G fluorescence was measured in a microplate reader (Fluostar Omega plate 165

reader, BMG Labtech) at 545 nm excitation and 590 nm emission. Fluorescence wasnormalised against the cell density at 600 nm.

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## 169 **2.6 Statistical analyses**

All bar diagrams show mean values + standard deviation (SD). All experiments were
performed in biological duplicates or triplicates with three wells inoculated in parallel.
Comparisons between multiple groups were analysed by one-way analysis of variance
(ANOVA) followed by Tukey's multiple comparison test using GraphPad Prism (GraphPad
Software).

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176 **3. Results** 

## 177 **3.1** Taurocholate confers amphotericin B resistance in a variety of fungal species

We first studied whether drug resistance mediated by conjugated bile salt is limited to C. 178 179 albicans or depicts a general mechanism of protection in fungi against antifungals. Therefore, 180 we selected the non-pathogenic ascomycete yeast Saccharomyces cerevisiae and its pathogenic relative *Candida glabrata*, the filamentous ascomycetes *Aspergillus fumigatus* 181 and Aspergillus terreus as well as the basidiomycete Cryptococcus neoformans var. grubii 182 H99 (serotype A) and C. neoformans 1841 (serotype D) for protection analyses against 183 amphotericin B. A concentration of 25 mg/ml taurocholate was tested first for its toxicity, but 184 185 was well tolerated by all strains, except for the C. neoformans isolates that revealed a slight, but significant reduction in growth rate (Fig.1). Subsequently, we determined amphotericin B 186 concentrations that suppress growth of the respective species. S. cerevisiae and C. glabrata 187 showed no growth at 0.5 µg/ml, the two *Aspergillus* species did not proliferate at 1 µg/ml and 188 the two C. neoformans strains did not grow in the presence of 2 µg/ml of amphotericin B 189 (Fig.1). The combination of taurocholate with the respective amphotericin B concentration 190

restored growth of all fungal strains (Fig.1) indicating that conjugated bile salts mediatefungal protection that is not limited to *C. albicans*.

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## 194 **3.2** Bile, but not its conjugated bile salts protect from azoles

Next, we investigated the efficacy of bile and conjugated bile salts to protect from azoles. 195 196 While a first-line treatment of C. albicans infections recommends the use of echinocandins, fluconazole is still used in clinically stable patients with no previous exposure to azoles 197 198 (Calandra et al., 2016). Voriconazole is one of the azoles of choice in prophylactic and acute 199 therapy of A. terreus infections (Karthaus, 2011; Vehreschild et al., 2007). The use of azoles 200 in the treatment of A. terreus infections is of special importance since most A. terreus strains 201 exhibit a natural resistance against amphotericin B (MIC  $\geq 1$  mg/l), although the molecular 202 basis for this is not yet well understood (Pastor and Guarro, 2014). Growth of C. albicans was inhibited at 0.125 µg/ml fluconazole and A. terreus was sensitive against voriconazole at 203 a concentration of 0.25 µg/ml. Both, C. albicans and A. terreus tolerated bile, 204 205 taurodeoxycholate and taurocholate (Fig. 2), but only bile conferred resistance against 206 fluconazole for C. albicans and voriconazole in case of A. terreus. Taurocholate and taurodeoxycholate did not show a protective effect (Fig. 2). Therefore, protection against 207 208 azoles appears specifically mediated by bile and - although a larger number of species and azoles need to be tested - this protection seems largely independent from the type of azole 209 210 and the fungal species.

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# 212 **3.3** Phospholipids in conjugated bile salt-mediated antifungal protection

Lecithin (diacylphosphatidylcholine) is the major phospholipid in bile (Hay and Carey,
1990). In a previous study we showed that an ethylacetate fraction of bile, mainly containing
the lipid fraction of bile was by itself not sufficient for antifungal protection (Hsieh et al.,

216 2017). However, since phospholipids consist of a hydrophilic, zwitterionic phosphocholine 217 head group and hydrophobic tails from the long fatty acyl chains (Hay and Carey, 1990), the 218 phospholipid lecithin is likely to form mixed micelles with conjugated bile salts, which may 219 increase the potency to encapsulate drugs. To test this assumption, we first analysed the effect of various lecithin concentrations on enhancement of the protective effect of taurocholate 220 221 against caspofungin and amphotericin B (Fig. 3A). Here, we used a sub-protective concentration of 10 mg/ml of taurocholate at which C. albicans was sensitive against 2 µg/ml 222 caspofungin and 4 µg/ml amphotericin B. Similarly, the phospholipid lecithin alone, in a 223 224 concentration of up to 10 mM, was not protective. However, 2.5 mM of lecithin enhanced the 225 protective effect of taurocholate and mediated caspofungin and amphotericin B resistance 226 (Fig. 3A). Subsequently, the addition of phospholipids on fluconazole protection was 227 analysed, whereby the protective effect with either taurocholate, taurodeoxycholate or bile was tested (Fig. 3B). Similar to bile, lecithin inhibited the hyphae inducing effect of 228 229 taurocholate and taurodeoxycholate in RPMI medium (Hsieh et al., 2017). While this resulted 230 in higher growth rates in the absence of drugs, up to 25 mM lecithin did not confer resistance against the azole. When we analysed the effect of the phospholipid lecithin on the critical 231 concentration of taurocholate required to form micelles, the CMC value of taurocholate in the 232 presence of lecithin did not significantly decrease in comparison to taurocholate alone (Fig. 233 4). Therefore, we conclude that phospholipids are not facilitating micelle formation, but can 234 235 enhance the protective effect of conjugated bile salts by forming mixed micelles. However, this combination does not protect from azoles and is not sufficient to resemble the protective 236 effect of bile. 237

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## 239 **3.4 Role of saturated fatty acids in antifungal protection**

240 The major proportion of free fatty acids in bile consists of saturated fatty acids (Chatterjee et al., 2007). Therefore, we investigated a possible contribution of saturated fatty acids towards 241 antifungal protection. First, we studied growth of C. albicans in the presence of varying 242 concentrations (range 0.1 - 3.2 mM) of saturated fatty acids of different chain length by 243 simultaneously applying a fixed sub-protective concentration of 10 mg/ml taurocholate. As 244 245 shown previously (Otzen et al., 2013), octanoic (C8) and decanoic (C10) acid exhibited a toxic effect towards C. albicans, which was not relieved by the presence of taurocholate. 246 Propionate (C3) and butyrate (C4) were well tolerated in the concentrations applied, but due 247 to their high water solubility are unlikely to contribute to micelle formation. No growth 248 249 defect was observed by the addition of myristic (C14) and palmitic (C16) acid (Fig 5A). 250 However, despite the presence of 10 mg/ml taurocholate, palmitic acid was not well 251 solubilised and produced solid particles in the growth media at 37°C. Therefore, we investigated antifungal protection by the combination of myristic acid with taurocholate (Fig. 252 253 **5B**). Indeed, when myristic acid exceeded a concentration of 0.8 mM (> 0.18 mg/ml) this 254 mixture conferred resistance against caspofungin and amphotericin B. However, as with 255 phospholipids, myristic acid did not confer resistance against fluconazole (not shown). Furthermore, similar to lecithin, a determination of the CMC value of taurocholate revealed 256 257 that myristic acid did not significantly reduce the concentration of taurocholate required to form micelles (Fig. 4). Therefore, similar to phospholipids, saturated fatty acids reduce the 258 259 concentration of taurocholate required to confer resistance against amphotericin B and 260 caspofungin, but are not sufficient for protecting against azoles.

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# 262 **3.5 Unsaturated fatty acids in antifungal protection**

263 Besides phospholipids and saturated fatty acids bile contains a significant proportion of 264 unsaturated fatty acids, which is in agreement with a special importance of bile salts in 265 solubilisation and uptake of essential fatty acids such as linolenic and arachidonic acid 266 (Mullins et al., 1998). Fractionation of bile identified unsaturated fatty acids as playing a 267 major role in repression of cholera toxin production in Vibrio cholera (Chatterjee et al., 2007; 268 Plecha and Withey, 2015) and either bile, arachidonic or linoleic acid were shown to be effective in inhibiting binding of cholera toxin and Escherichia coli enterotoxin to the cell 269 270 surface receptor GM1 (Chatterjee and Chowdhury, 2008). Therefore, we tested the effect of the polyunsaturated fatty acids arachidonic (20:4) and conjugated linolenic acid (18:3) on 271 their protection from antifungals. A mixture of arachidonic and linolenic acid at a 272 273 concentration of 0.2 or 0.8 mM of each compound was well tolerated by C. albicans, but 274 failed to confer resistance against either amphotericin B (2 µg/ml, Fig. 6A) or fluconazole (in 275 a range of  $0.5 - 2 \mu g/ml$ , not shown). When added at concentrations above 0.8 mM, 276 arachidonic acid, but not linolenic acid, inhibited growth of C. albicans. However, when combined with taurocholate even 1.6 mM of arachidonic acid was well tolerated. 277 278 Furthermore, the mixture of arachidonic acid and linolenic acid (0.2 mM each) in 279 combination with TC conferred resistance against amphotericin B and was also protective against up to 1 µg/ml fluconazole when polyunsaturated fatty acids were added with TC in a 280 concentration of 0.8 mM of each unsaturated fatty acid (Fig. 6A and 6B). A single species of 281 these polyunsaturated fatty acids was also able to confer resistance in a concentration 282 dependent manner when combined with taurocholate. In these analyses, arachidonic acid 283 284 showed a higher protective effect compared to linolenic acid. (Fig. 6C). In conclusion, while 285 we cannot exclude an increased drug resistance by cell-wall reprogramming due to changes in the carbon source composition in the medium (Ene et al., 2012), mixed micelles formed 286 287 from unsaturated fatty acids and conjugated bile salts increase the capability of taurocholate to encapsulate azole drugs. The results were further confirmed by investigating the effect of 288 these polyunsaturated fatty acids on protection of A. terreus against voriconazole. While 289

growth of *A. terreus* was slightly inhibited by a mixture taurocholate containing 0.8 mM of each unsaturated fatty acid, a protection against 0.25 and 0.5  $\mu$ g/ml of voriconazole was observed (**Fig. 6D**). Unexpectedly, while neither phospholipids nor saturated fatty acids significantly decreased the CMC value, a significant decrease in the concentration of taurocholate required to form micelles was observed in the presence of the polyunsaturated fatty acids (**Fig. 4**). Therefore, these unsaturated fatty acids significantly contribute to the efficiency of bile to confer resistance against azole drugs.

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#### 298 **3.6 Protective effect of reconstituted synthetic bile**

299 Since all, phospholipids, saturated and unsaturated fatty acids showed some contribution in 300 enhancement of antifungal protection by conjugated bile salts, we aimed in the reconstitution 301 of a synthetic bile consisting of a mixture of taurocholate and taurodeoxycholate (30 mg/ml 302 each), lecithin (5 mg/ml), myristic acid (10 mg/ml), arachidonic acid (2.5 mg/ml) and 303 linolenic acid (2.5 mg/ml), resulting in a total of 80 mg solubilised solids in 1 ml of water. 304 This mixture was compared to the protective effect of a mixture of taurocholate and taurodeoxycholate (30 mg/ml each) containing 2.5 mg/ml of each of the polyunsaturated fatty 305 306 acids arachidonic and linolenic acid, resulting in a total of 65 mg/ml solubilised solids. These 307 mixtures were compared with bile and a mixture of taurocholate and taurodeoxycholate for 308 their concentration dependent protective effect against azoles and the highly water soluble 309 antimetabolite flucytosine. Mixtures were adjusted in media to give a final concentration of 310 10, 5, 2.5 and 0 mg/ml of total solubilised solids and 0.5 µg/ml of fluconazole was added to test resistance of C. albicans. While bile produced the highest cell density after 24 h of 311 incubation, the complete mixture of all types of fatty acids with conjugated bile salts 312 (reconstituted synthetic bile, RSB) as well as the polyunsaturated fatty acids in combination 313 with conjugated bile salts were protective, but with slightly higher efficacy of the latter 314

315 mixture compared to RSB (Fig. 7A). A mixture of the two conjugated bile salts alone did not protect against fluconazole in any of the concentrations tested. Similar to fluconazole 316 resistance mediated towards C. albicans, the mixtures also conferred resistance of A. terreus 317 318 against voriconazole with a comparable efficiency of all formulations except for the mixture only containing taurocholate and taurodeoxycholate that was not protective (Fig. 7B). This 319 320 implied that polyunsaturated fatty acids added as additives are sufficient for the protective effect, whereas saturated fatty acids and phospholipids are mainly dispensable. Indeed, a 321 322 determination of CMC values revealed that a mixture of arachidonic and linoleic acid in 323 combination with unconjugated bile salts showed the same value as that determined for bile (Fig. 7C). In summary, these results indicate that reduction of the CMC by addition of 324 325 polyunsaturated fatty acids appears as the main driving force to enhance the protection of 326 conjugated bile salts against azoles. In contrast, when the same mixtures were tested for protection of C. albicans from flucytosine no protection was observed (Fig. 7D). Thus, 327 328 similar to bile, mixed micelles of polyunsaturated fatty acids with conjugated bile salts are 329 not able to inactivate small highly water soluble molecules.

We finally compared bile, a mixture of conjugated bile salts and conjugated bile salts containing solubilised polyunsaturated fatty acids for inhibiting the influx of the model drug rhodamine 6G from *C. albicans* cells, which was measured by the time dependent increase of cellular fluorescence. Both, bile and conjugated bile salts with polyunsaturated fatty acids inhibited drug influx to a similar extent (**Fig. 7E**). This further confirms the essential contribution of polyunsaturated fatty acids to the high efficiency of bile to protect from antifungals.

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338 **4. Discussion** 

339 Previous studies have shown that C. albicans persists under antifungal therapy in the gall bladder of mice (Jacobsen et al., 2014). This protection is mediated by bile and conjugated 340 bile salts that trap antifungals in micelles (Hsieh et al., 2017). However, it remained unclear, 341 342 by which mechanism bile, but not conjugated bile salts can protect from azoles. Here, we discovered that polyunsaturated fatty acids, which are normal constituents of bile are 343 344 responsible for mediating this higher protective efficiency of bile compared to conjugated bile salts. Moreover, we also found that antifungal protection is not limited to C. albicans, but 345 346 also protects other pathogenic fungi, and probably pathogenic microorganisms in general from therapeutic drugs. In this respect, a preliminary analysis revealed that bile and 347 reconstituted bile containing polyunsaturated fatty acids conferred increased resistance of E. 348 349 coli against kanamycin, whereby ampicillin remained active (data not shown).

350 The increase of the protective effect of polyunsaturated fatty acids and especially that of arachidonic acid was surprising, taking into account previous investigations that revealed 351 increased antifungal drug sensitivity of C. albicans when cultivated in presence of 352 353 arachidonic acid (Ells et al., 2009; Mishra et al., 2014). Incorporation of arachidonic acid into the fungal cell membrane provokes an increase in the production of ergosterol and is 354 355 accompanied by increased membrane fluidity. Although arachidonic acid does not reduce cell 356 viability, this membrane modulation appears to increase susceptibility against antifungals 357 (Ells et al., 2009). Integration of polyunsaturated fatty acids also occurs when C. albicans is 358 grown in bile as confirmed by analyses of bile-grown C. albicans. Under these conditions cell 359 membranes revealed an integration of arachidonic and linolenic acid (data not shown). Furthermore, in agreement with previous studies, neither of these polyunsaturated fatty acids 360 361 protected against antifungals (Fig. 6A) when used in the absence of conjugated bile salts.

The capacity of conjugated bile salts to solubilise polyunsaturated fatty acids is larger than that for monounsaturated or saturated fatty acids (Smith and Lough, 1976). Thereby, 364 compared to monounsaturated or saturated fatty acids, polyunsaturated fatty acids efficiently
365 lower the CMC value of glycodeoxycholate (Freeman, 1969). Therefore it can be concluded
366 that arachidonic and linolenic acid increase the efficiency of conjugated bile salts to form
367 micelles, which is obviously accompanied by a greater capability to trap antifungals in these
368 mixed micelles as shown by the reduction of the bioavailability of azole drugs and the high
369 efficiency in preventing rhodamine 6G influx.

Orthotopic liver transplantation produces a significant risk factor for patients to acquire 370 invasive fungal infections with Aspergillus and Candida species as main causative agents 371 372 (Pacholczyk et al., 2011; Salavert, 2008). Prophylactic therapy in these patients with polyene 373 macrolides, echinocandins or azoles may decrease the risk for invasive fungal infections as 374 these antifungals may prevent fungal dissemination and establishment of disease outside of 375 the biliary system (Liu et al., 2011). However, our study indicates that these drugs appear ineffective in clearing infections that persist within the gall bladder, biliary duct or even in 376 377 the intestine, as bile efficiently reduces their bioavailability.

In conclusion, it should be considered to test the efficacy of antifungals in the presence of bile or a mixture of polyunsaturated fatty acids with conjugated bile salts. Drugs that remain active under these conditions as shown here for flucytosine might act as more suitable compounds for prophylactic therapy in high risk patients.

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Figure 1: Analysis of amphotericin B sensitivity of various fungal species in the presence 472 473 of conjugated bile salts. (A) Resistance of C. glabrata and S. cerevisiae against 0.5 µg/ml amphotericin B. Cells were incubated at 37°C in RPMI medium with or without 25 mg/ml 474 475 taurocholate (TC). End point OD<sub>600</sub> was taken for C. glabrata after 20 h and for S. cerevisiae after 45 h. (B) Resistance of A. fumigatus and A. terreus against 1.0 µg/ml amphotericin B. 476 Cells were incubated at 37°C in RPMI medium with or without 25 mg/ml TC. End point 477 OD<sub>600</sub> was taken after 20 h. (C) Resistance of C. neoformans strain H99 and 1841 against 2.0 478 479 µg/ml amphotericin B. Cells were incubated at 30°C in YPD medium with or without 25 480 mg/ml TC and end points were measured after 20 h. (C). The bar diagrams show mean + SD 481 from three independent experiments in technical duplicates. Data were analysed by ANOVA followed by Tukey's multiple comparison (\*\*\*p < 0.005). Taurocholate confers resistance 482 483 against amphotericin B in all species tested.

484

Figure 2: Protection of bile and conjugated bile salts against azoles. Fungi were incubated 485 at 37°C in RPMI medium supplemented with either 25 mg/ml taurocholate (TC), 12.5 mg/ml 486 taurodeoxycholate (TDC) or 12.5 mg/ml bile and  $OD_{600}$  was taken after 20 h of growth. (A) 487 Resistance of C. albicans against various concentrations of fluconazole. (B) Resistance of A. 488 489 *terreus* against various concentrations of voriconazole. Results are shown as mean + SD from three independent experiments in technical duplicates. Statistical analyses were performed by 490 ANOVA followed by Tukey's multiple comparison (\*\*\*p < 0.005). Only bile confers 491 492 resistance against azole treatment.

493

494 Figure 3: Analysis of the effect of phospholipids on antifungal resistance. (A) YPD

495 medium was supplemented with various concentrations of phospholipids (PL, lecithin) with or without 10 mg/ml taurocholate (TC, sub-protective at this concentration) and resistance of 496 C. albicans against amphotericin B (AMB; 4 µg/ml) and caspofungin (CAS; 2 µg/ml) was 497 498 studied. Growth was evaluated after 20 h incubation at 37°C. Addition of phospholipids (in 499 the form of lecithin) increased the efficacy of TC to protect from both drugs. (B) Protective 500 effect of 25 mM PLs with or without 12.5 mg/ml TC or taurodeoxycholate (TDC) on C. albicans cultivated in the presence of various fluconazole concentrations. PLs do not mediate 501 502 fluconazole resistance. Data are shown as mean + SD from three independent experiments in 503 technical triplicates. Statistical analyses were performed by ANOVA followed by Tukey's 504 multiple comparison (\*\*\*p < 0.005; NS = not significant).

505

Figure 4: Effects of lipid components on critical micelle concentrations of taurocholate. Taurocholate (10 mg/ml; TC) was mixed with either 10 mM phospholipids (PL), 1.6 mM myristic acid (C14) or an equal mixture of arachidonic (AA; 0.2 or 0.8 mM) and conjugated linolenic acid (CLA; 0.2 or 0.8 mM). The critical micelle concentration (CMC) was determined from serial dilutions in the presence of Eosin Y. Data represent mean + SD from two independent experiments. (\*\*\*P < 0.005, NS = not significant). Statistical significance was calculated by ANOVA followed by Tukey's multiple comparison.

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Figure 5: Role of saturated fatty acids in antifungal protection. C3 = propionic acid, C4 =butyric acid, C8 = caprylic acid, C10 = decanoic acid, C14 = myristic acid, C16 = palmiticacid. In all analyses YPD medium supplemented with 10 mg/ml taurocholate (TC) was used.*C. albicans*cells were grown at 37°C and optical density (OD<sub>600</sub>) was determined after 20 h.(A) Effect of various fatty acids in combination with TC on growth of*C. albicans*. C8 andC10 provoke toxic effects that are not compensated by TC. (B) Protective effect of different 520 C14 concentrations in presence of TC on caspofungin (CAS; 2  $\mu$ g/ml) and amphotericin B 521 (AMB; 4 $\mu$ g/ml) resistance. At least 0.8 mM myristic acid are required for increasing the 522 protective effect of TC. Bar diagrams show mean values + SD from three independent assays 523 measured in duplicates. Data were analysed by ANOVA followed by Tukey's multiple 524 comparison (\*\*\*p < 0.005).

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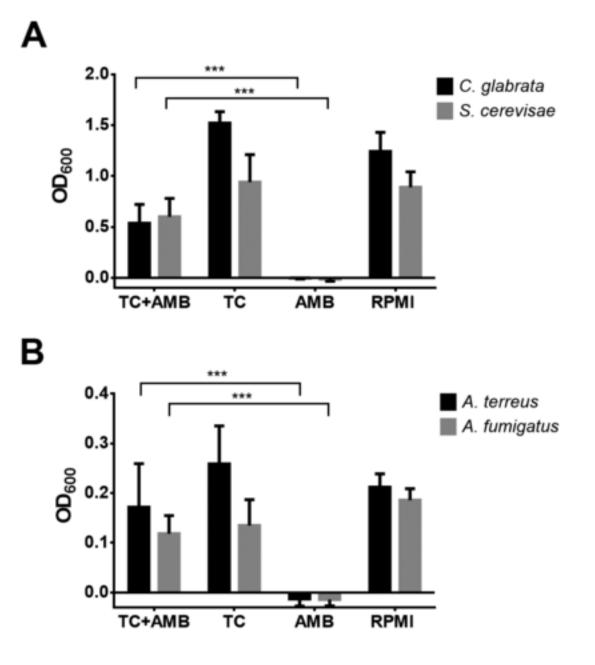
Figure 6: Contribution of polyunsaturated fatty acids on antifungal protection of 526 527 conjugated bile salts. Analyses on *C. albicans* were performed in YPD medium. Resistance of A. terreus was tested in RPMI medium. Taurocholate (TC) was used in a concentration of 528 529 10 mg/ml. (A) Sensitivity of C. albicans against amphotericin B (AMB; 2 µg/ml). 530 Arachidonic acid (AA; 0.2 mM; 0.06 mg/ml) and conjugated linolenic acid (CLA; 0.2 mM; 531 0.056 mg/ml) were added in equal concentration. (B) Fluconazole protection of C. albicans by addition of equal amounts of AA (0.8 mM; 0.244 mg/ml) and CLA (0.8 mM; 0.222 mg/ml) 532 to TC containing media. (C) Protection of C. albicans against fluconazole (1 µg/ml) by 533 534 addition of different concentrations of either AA or CLA. (**D**). Voriconazole protection of A. terreus by addition of equal amounts of AA (0.8 mM; 0.244 mg/ml) and CLA (0.8 mM; 0.222 535 mg/ml) to TC containing media. Data were statistically analysed by ANOVA followed by 536 537 Tukey's multiple comparison (\*\*\*p < 0.005, \*\*p < 0.01). Data represent mean values + SD from three individual replicates in technical triplicates. 538

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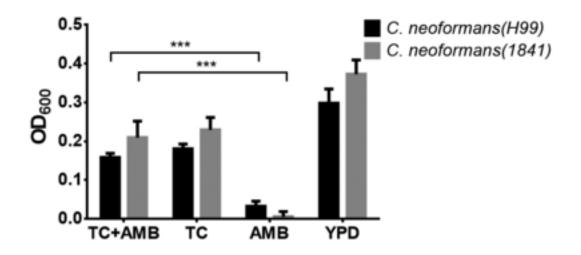
Figure 7: Antifungal protection by reconstituted bile formulations. RSB = reconstituted
synthetic bile ( 30 mg/ml taurocholate (TC), 30 mg/ml taurodeoxycholate (TDC), 5 mg/ml
lecithin, 10 mg/ml myristic acid, 2.5/ml mg arachidonic acid (AA) and 2.5 mg/ml conjugated
linolenic acid (CLA)); TDC + TC = 30 mg/ml of each compound; TDC + TC + AA + CLA =
30 mg/ml of each conjugated bile salt with 2.5 mg/ml of each polyunsaturated fatty acid. All

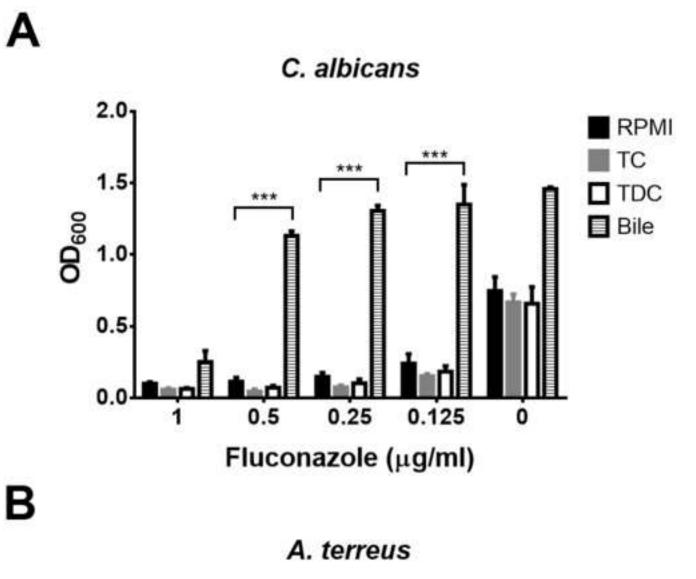
545 solutions were diluted to the respective concentration of solubilised solids as indicated on the x-axis of the respective panels. (A) Comparison of C. albicans fluconazole (0.5  $\mu$ g/ml) 546 protection. Bile supports growth at a significantly higher level than RSB and the TDC + TC 547 =AA + CLA mixtures. Only the mixture of TDC + TC does not protect. (**B**) Voriconazole (1) 548 549  $\mu$ g/ml) protection of A. terreus. TDC + TC are not protective. No significant difference in the 550 protection efficacy is observed with the other mixtures compared to bile. (C) Comparison of critical micelle concentrations of bile, TDC + TC and TDC +TC + AA +CLA. (D) Protection 551 552 of *C. albicans* against flucytosine (4 µg/ml). No protective effect is observed. (E) Rhodamine 6G (R6G) influx assay of C. albicans cultivated in the presence of 1 µM R6G in RPMI 553 554 medium supplemented with 1 mg/ml of bile or reconstituted bile formulations. RPMI 555 medium with R6G but without other supplements served as control. All data represent mean 556 values + SD from at least two independent experiments and measured from technical duplicates. Statistical analyses were performed by ANOVA followed by Tukey's multiple 557 comparison (\*\*\*p < 0.005, \*\*p < 0.01, NS, = not significant). 558

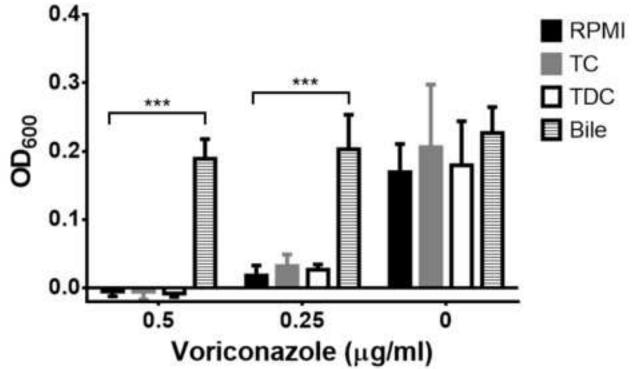
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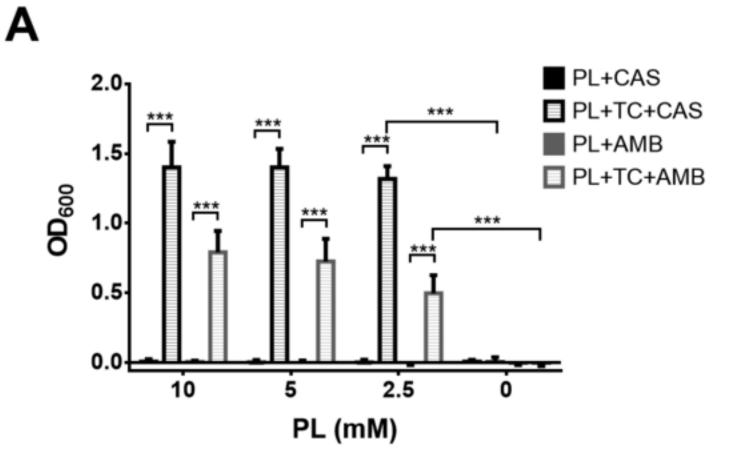


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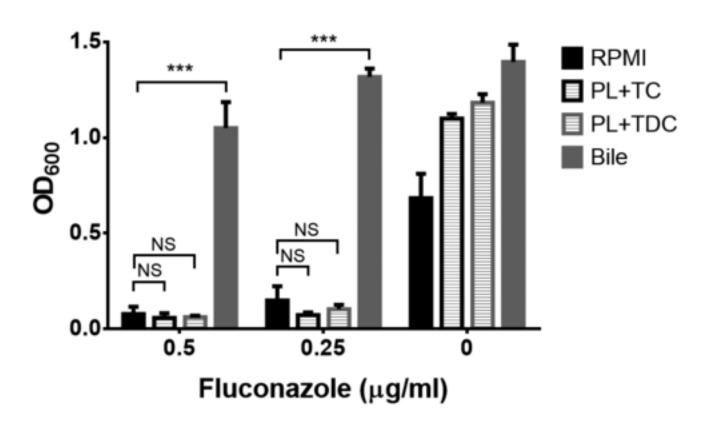












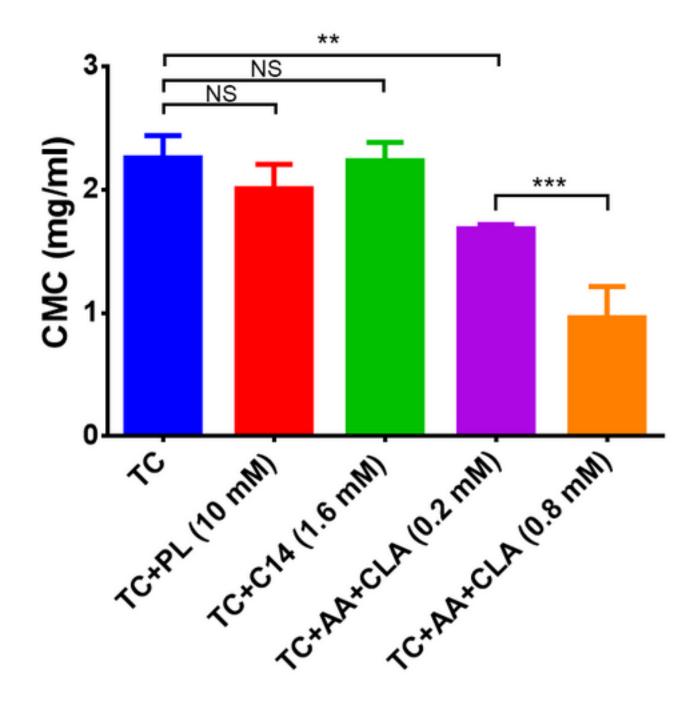
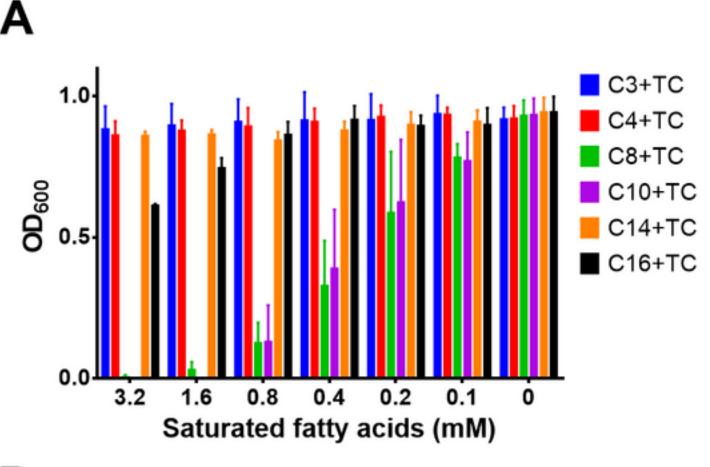


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