# Within-host evolution of *Staphylococcus aureus* stringent response imparts a fitness advantage under nutrient stress

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## Invasive MRSA infections are a healthcare threat



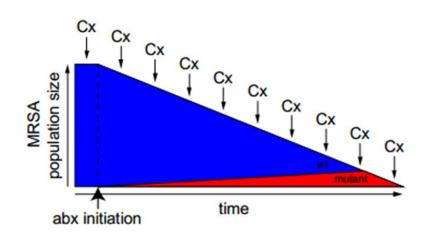
Persistent MRSA bacteremia is common despite appropriate antibiotic selection (Paul 2010, Hawkins 2007, Leibovici 1998) Persistent MRSA bacteremia is associated with a higher mortality:

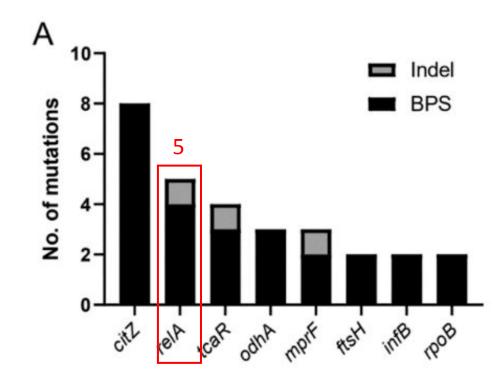
- 45% for persisters (>7 days) vs 9% for non-persisters (≤3 days) (Yoon 2010)
- 54% for persisters (>7 days) vs 31% for non-persisters (<3 days) (Hawkins 2007)</li>

. There is great interest in understanding the mechanism(s) underlying persistent clinical infections.

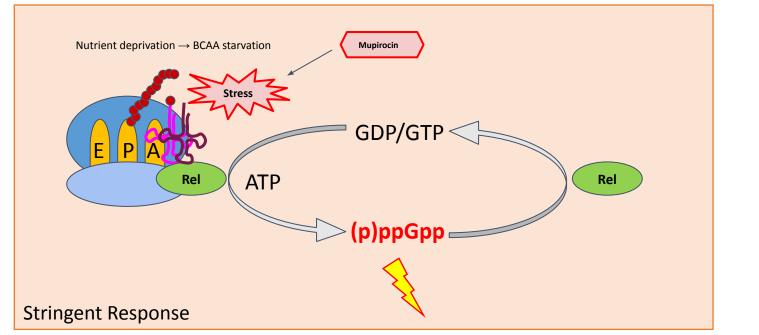
A forward genetic screen to characterize within-host evolution of *S. aureus* 

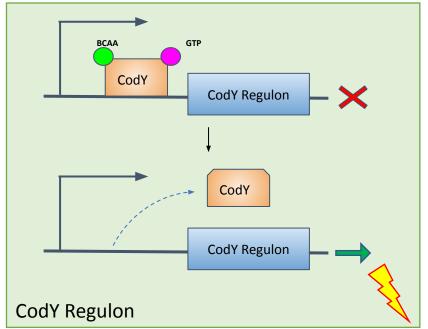
Whole-genome sequenced 206 serially positive MRSA blood cultures from 20 patients with persistent clinical infections to identify evidence of within-host evolution.





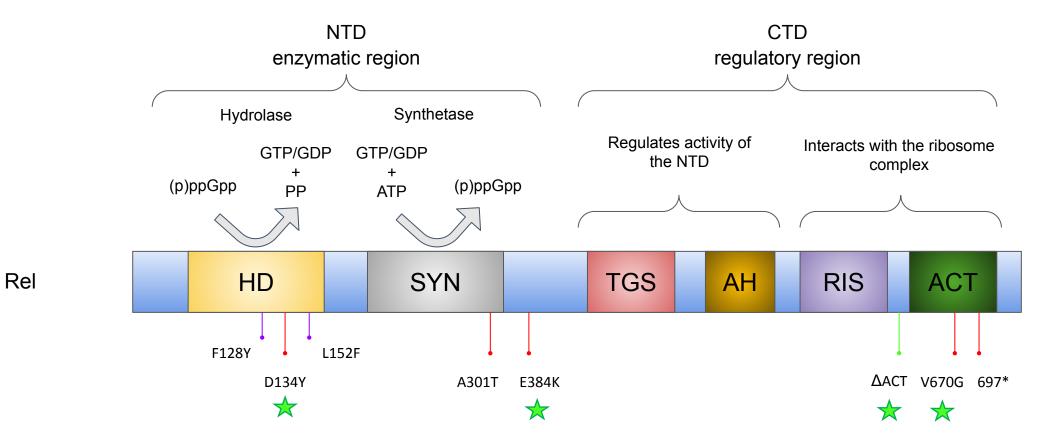
#### The stringent response is a conserved bacterial stress response







## Rel, the central regulator of the stringent response

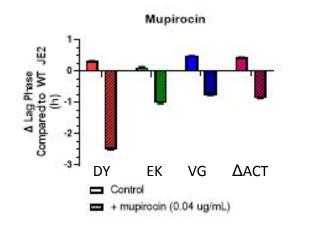


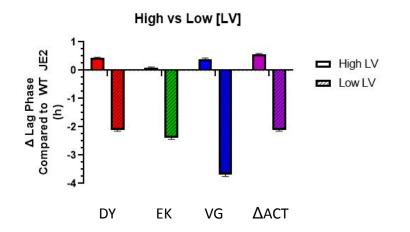
Previously identified clinical *Rel* mutations in persistent Gram(+) infections, found to impart multidrug tolerance

Our newly identified clinical Rel mutations

What role do our mutations play in persistent clinical infections?

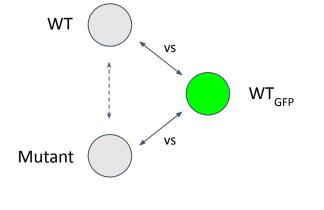
#### Clinical Rel mutations alter growth



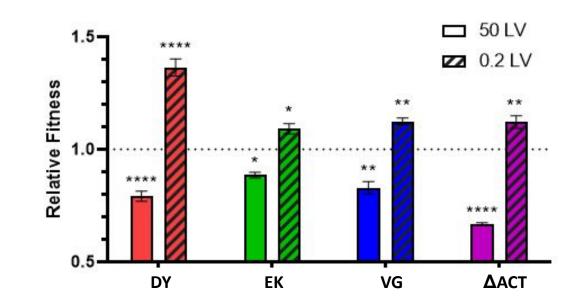


Clinical *Rel* mutations result in an abnormal stringent response phenotype and alter bacterial growth kinetics.

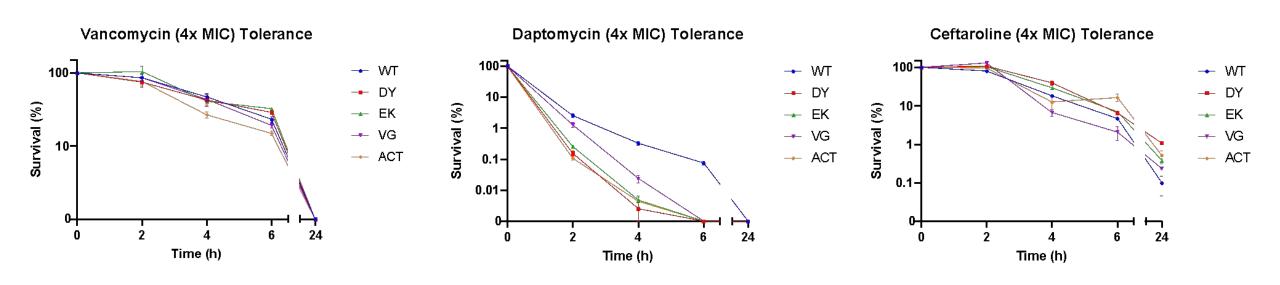
Clinical *Rel* mutations have increased fitness under stringent conditions



 $W = \ln\left(\frac{N_{\rm f}^{\rm dark}}{N_{\rm i}^{\rm dark}}\right) / \ln\left(\frac{N_{\rm f}^{\rm bright}}{N_{\rm i}^{\rm bright}}\right)$ 



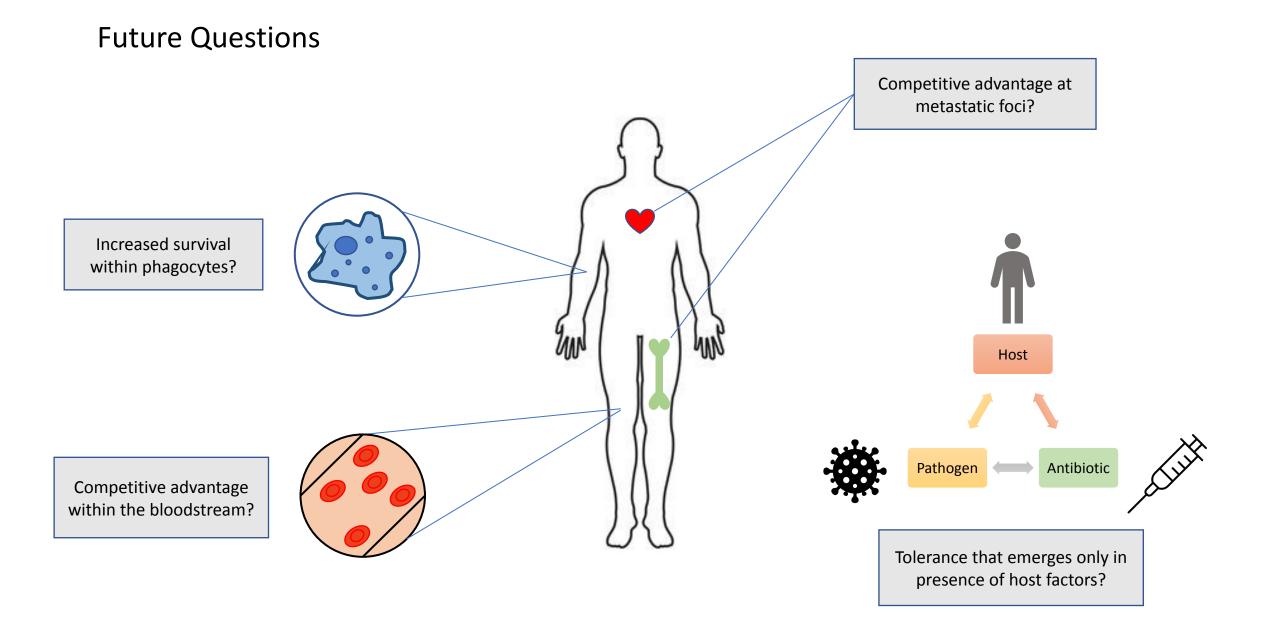
Clinical *Rel* mutations do not impart multidrug tolerance



#### Conclusions

- 1. Within-host evolution of the stringent response occurs during persistent MRSA bacteremia.
- 2. We have identified several novel mutations localized throughout the different domains of Rel.
- 3. Our *Rel* mutations impart a competitive fitness advantage under nutrient limiting conditions.
- 4. Our *Rel* mutations results in a diverse tolerance phenotype, *not* multidrug tolerance.

• Our clinical *Rel* mutations highlight the diverse roles the stringent response plays in host-pathogen interactions.



#### Acknowledgements

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John Barnard

Harrison Lab

Urish Lab Nguyen Lab Van Tyne Lab Dimitrov Lab

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Department of Medicine University of Pittsburgh

**Division of Infectious Diseases** 



NIH Nation

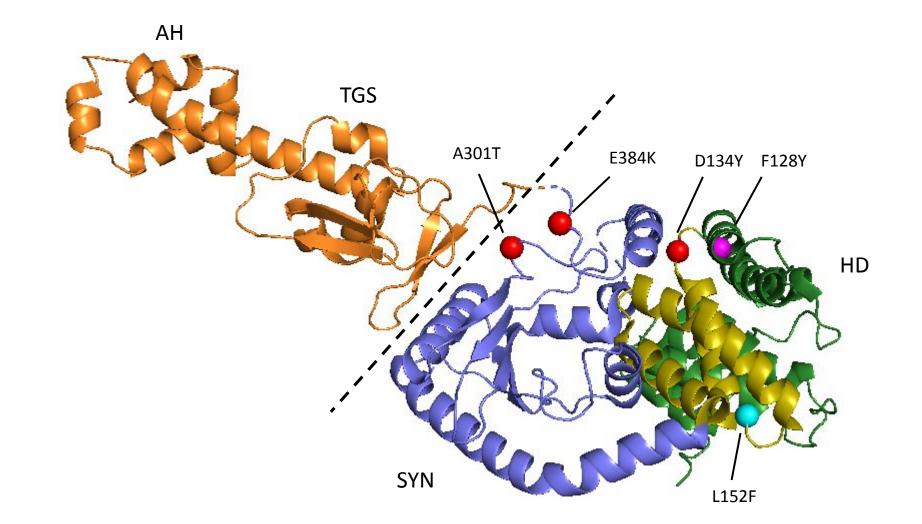
National Institutes of Health Turning Discovery Into Health

T32 Mentors

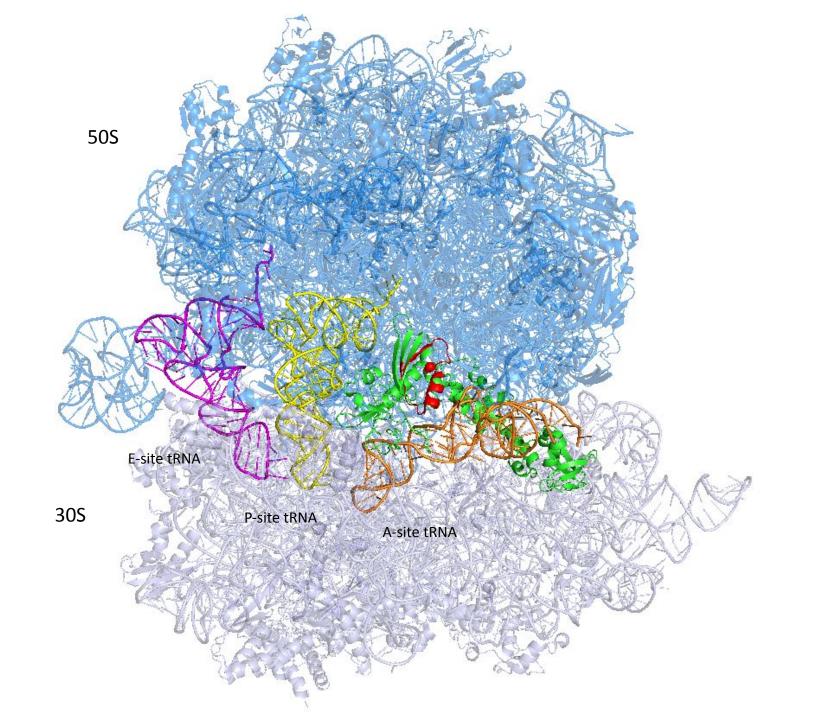
Lee Harrison Nicolas Sluis-Cremer

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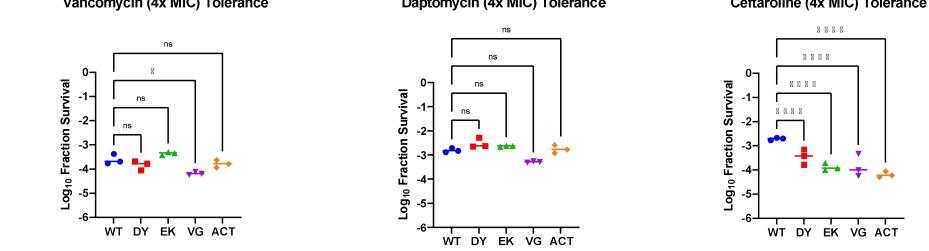


Pausch 2020 PDB 6YXA



Pausch 2020 PDB 6HTQ

SaRel BsRel EfRel	10D 1 MNNEYPYSADEVLHK 1 MANEQVLTAEQVIDK 1 MTKEEILTGPGVIKL	20L AKSYLSADEYEY ARSYLSDEHIAF VSQYMGPEHVAF	30K 40K VLKSYHIAYEAHKGQFRK VEKAYLYAEDAHREQYRK VEKACEYATAAHDGQFRK	50Y 601 NGLPYIMHPIQVAGILTEN SGEPYIIHPIQVAGILVDI SGEPYIIHPIQVAGILADI	70T 801 IRLDGPTIVAGFLHDVIED EMDPSTIAGGFLHDVVED KMDPHTVATGFLHDVVED	90V I TPYTFEDVKEMFNEE TDVTLDDLKEAFSEE TEITLEDLREEFGDD	100R 110K /ARIVDGVTKLKKVKYRS /AMLVDGVTKLGKIKYKS /AMLVDGVTKLGKIKYKS	120Q 130 KEEQQAENHRKLFIAI QEEQQAENHRKMFVAN HEEQLAENHRKMLLAN	A 140V AKDVRVILVKLADRLHNMR 150 IAQDIRVILIKLADRLHNMR 150 IAQDLRVIMVKLADRLHNMR 150
<b>SaRel</b> BsRel EfRel	151 TLKHLPQEKORRISN	ETLE IFAPLAHR	I GISKIKWELEDTALRYLI	VPOOYYR I VNI MKKKRAFE	220T 230D REAYIETAIDRIRTEMDRM RELYVDEVVNEVKKRVEEV REKYVSGTVEDIRIATEEL	NIKADESGREKHIYSI	LYRKMVL ONKOENELYDL	LAVRIEVNSIKDCYAV	LGIIHTCWKPMPGREKDYL 300
<b>SaRel</b> BsRel EfRel	310S 301 AMPKQNLYQSLHTTV 301 AMPKPNMYQSLHTTV 301 AMPKANMYQSLHTTV	320G VGPNGDPLEIQI IGPKGDPLEVQI IGPAGNPVEIQI	330F 340V RTFDMHEIAEHGVAAHWA RTFEMHEIAEYGVAAHWA RTQEMHEIAEFGVAAHWA	350K 360Q YKEGKKVSEKDQTYQNKL YKEGK-AANEGA <u>T</u> FEKKL YKEGKNEKVEPDGMTKQL	370A 380Q WUKELAEADHTSSDAQEFI WFREILEFQNESTDAEEFI WFHEILELQDESYDASEFI	390L METLKYDLQSDKVYAF MESLKIDLFSDMVYVF MEGVKGDIFSDKVYVF	400P 410G TPASDVIELPYGAVPID TPKGDVIELPSGSVPID TPKGDVTELPKGSGPLD	420I 430 FAYAIHSEVGNKMIGA FSYRIHSEIGNKTIGA FAYSIHTDIGNKTTGA	DG 4401 KVNGKIVPIDYILQTGDIV 450 KVNGKMVTLDHKLRTGDIV 449 KVNGKMVQLDYKLKNGDII 450
<b>SaRel</b> BsRel EfRel	460G 451 EIRTSKHSYGPSRDW 450 EILTSKHSYGPSQDW 451 EIMTSPNSFGPSRDW	470K LKIVKSSSAKGK VKLAQTSQAKHK LKLVATSK <mark>A</mark> RNK	480S 490N IKSFFKKODRSSNIEKGRI IROFFKKORREENVEKGRI IKRFFKAODREENVIKGH	500A 510E MMVEAEIKEQGFRVEDIL LVEKEIKNLDFELKDVL SVVKCITDLGFTPKDIL	520V 530E EKNIQVVNEKYNFANEDDI PENIQKVADKFNFSNEEDI KNKLQEALDRFNYQTEDDI	540G LFAAVGEGGVTSLQIV MYAAVGYNGITALQVA LYAAVGYGEVSPLTMA	550K 557- VNKLTERORILDKO ANRLTEKERKORDOEEQE ANRLTEKERKEQKIEQOK	566E 571 RALNEAQEVTKSLPIK KIVQEVTGEPKPYPQG QEAEEIMNQPKKEPDK	5I 586V DNIITDSGVYVEGLENVLI 596 RKR EAGVRVKGIDNLLV 597 MKVRHEGGVVIQGVENLLI 600
<b>SaRel</b> BsRel EfRel	606P 597 KLSKCCNPIPGDDIV 598 RLSKCCNPVPGDDIV 601 RISRCCNPIPGDDIV	616K GYTTKGHGTKVH GFTTKGRGVSVH GYTTKGRGTSTH	626D 634- R TDCPN I KNE TERL REDCPNVKTN EAQERL RRDCPNVQPDKPNVAERL	642W 650Q N <mark>VEW</mark> VKSKDA TQKYQ PVEWEHESQVQKRKEYN EVEWEDTSNT RKEYD/	660A 670V VDLEVTAYDRNGLLNEVLG /EIEILGYDRRGLLNEVLG ADLEIYGYNRSGLLNDVLG	680N AVSSTAGNLIKVSGR AVNETKTNISSVSGK TVNALTKNLNSVEAR	690I 700V SDIDKNAIINISVMVKNV SDRNKVATIHMAIFIQNI INKDKMATIHLTVGIQNL	710R 720 NDVYRVVEKTKOLGDV NHLHKVVERTKOTRDT SHLKSTVDKTKAVPDV	DD YYTYTRVWN 729 YSVRRVMN 734 YSVRRTNG 737



Vancomycin (4x MIC) Tolerance

Daptomycin (4x MIC) Tolerance

Ceftaroline (4x MIC) Tolerance