Factors influencing tissue cyst yield in a murine model of chronic toxoplasmosis

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Running Title: Factors affecting *T. gondii* tissue cyst yield

Abstract

Recent advances into the unique biology of Toxoplasma tissue cysts and the

bradyzoites they house necessitates optimization of tissue cyst recovery from infected

mouse brains. Here, we present data from 68 tissue cyst purifications of Type II ME49

tissue cysts in CBA/J mice performed over a period of two years. The effects if infecting

with both tissue culture tachyzoites as well as *ex vivo* tissue cysts were assessed.

Significant mortality was restricted to tachyzoite infections with female mice being more

susceptible. Infection with tissue cysts was associated with both lower overall

symptomology and mortality exhibiting no sex bias. Cumulatively, host sex did not

impact overall tissue cyst yields, although, tachyzoite initiated infections generated

significantly higher yields compared to tissue cyst-initiated infections. Notably, serial

passage of tissue cysts was accompanied with a decreasing trend for subsequent cyst

recovery. The time of tissue cyst harvest, a potential reflection of bradyzoite

physiological state, had no significant impact on subsequent cyst yield at the selected

time points. In aggregate, the data reveal the considerable heterogeneity associated

with tissue cyst yield making the design of adequately powered experiments critical.

This is particularly the case for drug studies where overall tissue cyst burden currently

serves as the primary and often sole metric of efficacy, as the data presented here

demonstrate that cyst recovery between preparations of untreated animals can mirror

the reported effects of drug treatment.

Introduction

Toxoplasma gondii is an important opportunistic infection in the context of HIV-AIDS

and other immunosuppressive conditions (1, 2). Transmission of the parasite is

mediated by two distinct encysted forms, the oocysts, shed at the end of the sexual

cycle in the feces of the definitive feline host (3, 4) and the tissue cysts formed with the

establishment of the chronic infection in all vertebrate hosts (5). The tropism of tissue

cysts to the central nervous system and muscle provides a mechanism of transmission

in the act of carnivory (6, 7). Indeed, consumption of raw or undercooked meat

contaminated with tissue cysts serves as a primary mechanism for transmission to

humans contributing to *Toxoplasma gondii* being a significant agent of food-borne

infection (6-8).

Despite their central role in transmission, little is known about the basic biology of

the tissue cyst (5). What is known is that the tissue cyst represents a genetically clonal

though physiologically heterogenous community of slow growing bradyzoite forms of the

parasite (5). Bradyzoites were long viewed to be dormant forms, a position that was

challenged by our work demonstrating that tissue cysts derived from infected mouse

brains contain bradyzoites exhibiting metabolic activity including the capacity to

replicate by endodyogeny (9). This critical finding has triggered a renewed interest in

bradyzoite biology as it provides a window into potential drug treatment for a form that

remains refractory to currently approved drugs (10).

The development of new treatments targeting encysted bradyzoites will be

fundamentally dependent on efficient means to generate tissue cysts in vivo for further

functional analyses (10-13). Here we build on our earlier work (9, 14) to identify factors

influencing tissue cyst yields from infected brains in a murine model of experimental

toxoplasmosis. In seeking to optimize the parameters contributing to tissue cyst

recovery from the infected brain, we assess the effect of sex, infection source , the

consequence of serial passage of tissue cysts between mice, and the effect of the

relative time of harvest on subsequent cyst yield. Additionally, tissue cyst yields were

assessed based on the mean recovery per infected animal while also considering per

capita yields accounting for animals succumbing to infection prior to harvesting. This

latter category proved to represent a significant proportion of animals infected with

tissue culture derived tachyzoites.

The data presented herein indicate that tissue cyst yields are impacted by

multiple factors necessitating consideration particularly in the interpretation of outcomes

of drug studies. Drug efficacy is currently evaluated exclusively based on tissue cyst

recovery which has a sensitivity limited to under two orders of magnitude. Thus, even

the most effective experimental drugs which reduce recovery by between 80-90% (10-

13, 15, 16), fall within the range of cyst recovery in the absence of any drug treatment

(5, 9) (and data presented in this study). We therefore need to reassess overall

approaches to understanding the chronic infection and focus at the level of encysted

bradyzoites, appreciating the heterogeneity of activity within the tissue cyst.

Development of these methods, several of which are currently underway in our

laboratory will greatly benefit from the optimization of tissue cyst yield, considering the

factors investigated here and other factors that remain to be identified.

Materials and Methods

 Parasite Line

All infections using both tachyzoites and *ex vivo* brain derived tissue cysts utilized a

derivative of Type II ME49 parasites with a deletion of the HXGPRT (TGME49_200320)

gene (17). This line was generated using CRISPR-CAS9 mediated deletion of the gene

(18, 19) followed by selection with 6-Thioxanthine (6TX) (17). Selection of the targeting

sgRNA sequences followed published sequences targeting this gene (20). Specifically

TgHXGRPT(Exon2, +strand): ATGGTCTCCACCAGTGCTCC; TgHXGPRT (Exon3, -

strand): GACAAAATCCTCCTCCCTGG and TgHXGPRT (Exon5, +strand):

CTTCTTCGAGCACTTGTCC were introduced into the pSAG1::CAS(-GFP::sgUPRT)

plasmid (18, 19) to generate 3 distinct mutagenesis plasmids that were co-transfected

into Type II ME49 parasites. Initial enrichment for transfected parasites was achieved

using flow cytometry (21) prior to selection with 6-TX at 80mg/ml in αMEM with 7%

dialyzed FBS. Following drug selection, cloning and confirmation of the mutation,

parasites were maintained by serial passage in HFF cells grown in bicarbonate buffered

αMEM supplemented with 7% heat inactivated FBS, 50mM glutamine and 25mM

Penicillin/Streptomycin at 37°C in 5% CO_2. This derivative exhibited identical growth

characteristics and *in vitro* switching in response to pH8.2/ambient CO_2 incubation to

wild type ME49 parasites obtained from the AIDS Resource Center (data not shown).

Mouse infection model

Both male and female CBA/J mice (strain #00065, The Jackson Laboratory, Bar Harbor

Maine) were used in these studies. Mice were procured at age 4-6 weeks and

habituated in the animal facility for a minimum of 1 week and were provided with

standard chow (Teklad 2918 irradiated 18%CP rodent diet, Envigo, Indianapolis, IN)

and water *ad libitum* during the course of these studies.   Mice were infected with

Toxoplasma by intraperitoneal (i.p.) injection typically within 2.5 weeks of receipt from

the vendor. Infection with cell culture derived tachyzoites was performed using syringe

passaged parasites recovered in PBS and kept on ice. At least two independent counts

were used to establish the number of tachyzoites in the seed stock. Innocula containing

100 tachyzoites/ 200μl per mouse (500 tachyzoites/ml) diluted into serum free OptiMEM

(Gibco). The inoculating suspension was maintained on ice and 200μl injected i.p. per

mouse. Prior to injection mice were mildly anesthetized with 30% isoflurane in

propylene glycol using a drop jar method (22).

Infection of animals with brain derived tissue cysts was performed by diluting a

reserved volume of brain homogenate obtained in the course of purification of brain

derived tissue cysts. Brain homogenate corresponding to 20 cysts diluted to 200μl using

OptiMEM were used as the innoculum. Quantification of tissue cyst burdens within

brain homogenates was established as previously described below (14).

In this study, in addition to tracking the tissue cyst burden from tachyzoite

initiated (T) infection, we monitored the effect of serial passage of tissue cysts on the

overall tissue cyst burden. Accordingly, the first cycle of infection initiated from tissue

cysts (bradyzoites) generated from a tachyzoite-initiated infection represented the B1

inoculum. Subsequent serial passage of tissue cysts from B1 initiated infections were

designated B2, followed by B3 and B4 (Figure 1A,B).

Following infection, mice were monitored daily for the development of symptoms

with the monitoring increased to at least twice daily once animals became symptomatic.

The progression of the infection was monitored using a body score index rubric (Figure

1 C). Notably, this rubric, which reflects the typical progression of symptoms, does not

always follow the exact progression, but does provide a framework to standardize the

severity of symptoms based on physical observation. As symptoms progressed,

supportive treatment was limited to the provision of a gel-based diet (DietGel 76A, Clear

H_2O, Westbrook, Maine) and wet chow on the cage floor. Sub dermal saline injections

for animals presenting as dehydrated was provided as additional supportive. No

additional interventions were provided to symptomatic animals as the administration of

either anti-toxoplasma treatments or anti-inflammatory drugs would alter the

progression to the encysted state. All studies involving the use of animals and

biohazards were approved by the Institutional Animal Care and Use Committee

(IACUC) and Institutional Biosafety (IBC) Committees respectively at the University of

Kentucky.

Tissue Cyst Purification and Quantification

Tissue cyst purifications were performed using a modified Percoll gradient method (9,

14) based on the classic Cornelison protocol (23). Of note, all tissue cyst yields reported

in this work were generated from Percoll gradients loaded with the brain homogenates

from 2 brains of animals of the same sex. While mixed sex gradients were run, these

data are excluded from the current analysis. Additionally, tissue cysts recovered from

running single brain gradients using a modified protocol (14) are not reported here as

prior work has demonstrated that recovery of cysts from two brain gradients is optimal

with significantly lower yields when processing single brain gradients (14).

Quantification of cyst burdens was established by the summation of the relative cyst

numbers detected in Percoll fractions as previously described (9, 14). A mean yield per

mouse was calculated from the total yield of a Percoll gradient, resulting in a single data

point from a two-brain preparation.

Quantification of the distribution of tissue cysts within the Percoll gradients was

normalized relative to the location of the erythrocytes within the gradients, which was

assigned fraction 0. This permits the normalization of distribution of tissue cysts

accounting for potential variation in the establishment of the gradients.

Statistical Analysis

Mouse mortality for each sex following either tachyzoite-initiated or tissue cyst-

initiated infection was evaluated using a Kaplan-Meier estimator.   Additionally, a

graphical representation of disease progression is based on body score index data

rubric over the first 28 days of infection was plotted as stacked graph.

The distribution of the data related to tissue cyst yield accumulated over the

course of this study was found to be non-parametric. We therefore performed statistical

analyses with both the raw data and following a logN- transformation (Ln-transform) of

the data. The former data are presented in the form of a scatter plot presenting all data

points while the Ln-transformed data are presented as box and whisker plots. All

statistical analyses were performed using GraphPad Prism with the specific tests

applied indicated within the figure legends.

Results

Generation of a Type II ME49ΔHXGPRT line

The generation of a Type II ME49DHXGPRT line for use in this study was

undertaken to establish the characteristics of what constitutes a parental (WT) line for

subsequent studies targeting specific genes that are ongoing and beyond the scope of

the current study. The targeted disruption of the hypoxanthine-xanthine guanine

phosphoribosyl transferase gene (TgME49_200320) has been demonstrated to have no

impact on growth both in culture and *in vivo* (acute infection) (17, 20, 24). Loss of

TgHXGPRT can be positively selected for using the subversive substrate 6-thioxanthine

(6-TX) (17, 24). Importantly, restoration of activity in ΔTgHXGPRT lines allows for

positive selection using a combination of mycophenolic acid and xanthine (MPA-X)

providing a marker for positive selection in subsequent gene targeting/ complementation

studies (Fig. 2A.) (17, 24).

To disrupt the HXGPRT locus in the prototypical cyst forming Type II ME49

parasites a shotgun CRISPR-Cas9 strategy (18, 19) was employed as described in the

materials and methods. Drug selected parasites were cloned by limiting dilution and the

disruption of the gene confirmed by PCR amplification of the locus and sequencing

across the mutation lesion (Figure. 2BC). Importantly infectivity and growth

characteristics assessed by both replication assays at 24 hours post infection and

plaque assays were identical to those of the parental WT ME49 line (data not shown).

In addition, the selected clonal TgME49ΔHXGPRT line exhibited identical rates of stage

conversion relative to wild type ME49 (data not shown). Finally, this line exhibits no

significant difference in the capacity to establish both an acute and chronic infection in

mice as detailed extensively below. For these reasons we designate the

TgME49ΔHXGPRT parasites, used exclusively in this study as wild type (WT).

Differential effects of tachyzoite versus tissue cyst infections on mortality

Reports in the literature and our prior experience reveal a considerable

heterogeneity in the mortality caused by ME49 tachyzoites during the course of the

acute infection (9, 25). These can range from LD_{50} values of 100 to 10^4 parasites (i.p.),

with enhanced virulence selected for by passage in culture. Acute virulence is

additionally impacted by mouse genetics which directly or indirectly affect the overall

cyst burden (26). In this regard, the CBA/J mouse presents an optimal balance of

survival during the acute infection and tissue cyst yields in the brain (9, 26). The

recovery of tissue cysts however is inherently highly variable (9, 25) and influenced by

a number of factors as discussed below.

In our earlier studies we used female mice exclusively and did not differentiate

between tachyzoite or tissue cyst-initiated infections (9). Here, we examined the effect

of sex as a variable, as well as the effect of the inoculum on overall survival during the

progression of the acute phase and entry into the early chronic phase (days 0-28).

Animals were monitored daily and at least twice daily once symptomatic. A body score

index, assessing both the physical condition of the animal and its level of activity, was

used to assess the progression of the infection (Fig. 1C). Infection with tachyzoites

resulted in significant mortality in mice of both sexes, with female mice exhibiting

significantly greater levels of mortality compared to males (Fig. 3A). Notably disease

progression following tachyzoite infection was rapid with fewer animals surviving despite

supportive treatment detailed in the materials and methods (Fig. 3B).

In contrast, relatively low mortality was observed for both sexes with tissue cyst (

initiated infections (Figure. 3C). This low incidence of mortality was mirrored by the low

overall symptomology as well as temporal delay in the onset of symptoms (Figure 3D).

This finding is meaningful in light of the fact that 20 tissue cysts likely possess in excess

of 10^5 parasites (9), a number at least 3 orders of magnitude greater than those causing

significant mortality with tachyzoite infections.

Additional symptomology observed in *T. gondii* infected animals.

While the disease progression rubric follows the course of symptomatic disease

and recovery during the acute phase and into the chronic infection (Fig. 1C), there were

additional adverse events that occurred both during the acute (weeks 1-3) and deep into

the chronic infection. The most prevalent of these was the development of a head tilt

resulting in animals leaning to one side, sometimes to the extent they exhibited difficulty

in lifting their head to feed or drink despite the fact that they often appeared as alert and

healthy (Fig. 4). The presentation of head tilts appeared spontaneously with mild head

tilts resolving or becoming moderate and severe. Affected animals tended to move in a

circular pattern in the direction of the head tilt (clockwise if tilted to the right and

counterclockwise when tilted to the left) and varying degrees of a loss of proprioception

(Supplemental Data 1). Supportive care was provided, however in most cases animals

exhibiting more severe head tilts needed to be euthanized due to their inability to

access food or water. During the studies reported here, head tilts (both resolving and

progressing) were observed in roughly 20% of animals suggesting they were being

triggered by the infection. Among these close to 12% presented with mild or moderate

head tilts (13.75% male and 6.25% female) that did not necessitate euthanasia, and 8%

(8.75% male and 6.25% female) of animals, with severe head tilts necessitating

euthanasia. Notably, there was no observable pattern among the cohorts of infected

mice correlating with the development of a head tilt that would be predictive in any way.

Consistent with emerging reports (27), infected mice presented with observed

seizures both during the acute and chronic phases of infection.   In several instances

observed seizure were severe enough to warrant euthanasia. It is possible that

otherwise healthy looking infected animals that were found dead during the routine daily

inspections had succumbed to a seizure. Finally, we observed multiple instances of

penile prolapse in male animals which in several instances did not resolve resulting in

difficulty with urination and infections necessitating premature euthanasia. With recent

reports suggesting colonization of the rodent male genital tract in toxoplasma infections

(28, 29), it is conceivable that these symptoms may be connected indirectly with

infection.

Effect of mouse sex and infection type on tissue cyst recovery

The effect of a mouse's sex on the acute infection, its immune responses to that

infection, and other aspects of the chronic infection have been investigated (30-35).

Less has been done to establish if the sex of the host animal impacts the recovery of

tissue cysts for infections initiated with either tachyzoites or tissue cysts. While sex

based differences have been described (30-35), the overall recovery of tissue cysts

from infected from male vs female mice infected with either tachyzoites and tissue cysts

showed no difference (Fig. 5A,A'). We therefore examined how the inoculum type

affected the overall recovery of tissue cysts at multiple time points of harvest. The

results clearly indicate that tachyzoite initiated infections consistently generate higher

tissue cyst burdens than infections initiated with tissue cysts (Fig. 5B,B'). Of note the

lower number of tachyzoite-initiated cyst purifications meeting the criteria for inclusion (2

animals of the same sex- see materials and methods) was due to the high overall

mortality associated with tachyzoite infections that precluded an accurate quantification

of tissue cysts.

Effect of serial tissue cyst passage on subsequent cyst yields.

In light of the lower mortality associated with tissue cyst initiated infections we

examined whether serial passage of tissue cysts represented a potential means to

mitigate tachyzoite associated mortality (Fig. 6A,A'). The segregation of data based on

bradyzoite passage number (B1,B2, B3,B4) confirmed not only the lower cyst

recoveries compared to tachyzoite infections but also a trend of diminishing cyst yields.

(Fig. 6A,A'). In light of the trend of lower yields with passage, a limited analysis was

performed to assess the consequence of infection with cysts following 3 serial passages

though mice (B3). The resulting yield for B4 cysts in the low 100's, close to the level of

detection precluded further serial passages (Fig. 6A,A',B). Together these results

suggest that serial passage within CBA/J mice, while exhibiting low overall mortality

needs to be balanced with the diminishing yields as quantified on a per mouse infected

basis (Fig. 6B).

Effect of time of harvest on subsequent tissue cyst burden

Contrary to long standing dogma, the chronic infection is considerably more

dynamic than previously thought (5, 9). Our earlier work (5, 9) suggested that the

physical properties of tissue cysts varied, defined by the distribution of their density in

Percoll gradients at their times of harvest and is supported in the current data (Fig. 7).

These shifts may reflect cyclical changes in the physical properties of the tissue cysts

associated with patterns of replication hinted at by the dynamic nature of TgIMC3

(TgME49_244030) labeling, a marker for both active/recent replication (9, 36) and the

time since a specific bradyzoite last replicated (9). Such episodic events can result in

significant changes on the overall packing density, established by quantifying the actual

number of bradyzoites within tissue cysts thereby impacting their density in the

gradients (9).

TgIMC3 intensity is as a surrogate for the birth-dating of individual bradyzoites

that can serve as an indicator of active growth or relative dormancy (9). As such, the

proportion of "younger" and more active bradyzoites relative to their inactive peers

within the same tissue cyst can potentially impact their capacity to establish a

subsequent infections and thereby the overall cyst yield. We therefore reexamined the

data for both tachyzoite and bradyzoite-initiated infections resolving whether the time

tissue cysts were harvested affected the overall tissue cyst yield in the subsequent

infection cycle. What is clear is that while bradyzoite initiated infections as a whole

typically yield lower cyst recovery compared to tachyzoite (Fig. 5B,B'), the time of

harvest did not significantly impact the subsequent recovery of tissue cysts in

subsequent purifications (Fig 8A,A'). Interestingly, infection with tissue cysts recovered

at Week 4, a time point earlier in the chronic phase where active replication is projected

to be most pronounced (9), produced a large range of subsequent cyst yields. This

broad range however was not found to be statistically significant relative to Week 5

initiated cysts, when the lowest metabolic activity is expected (9) and Week 6 cysts

where activity is projected to be on an upward trajectory in the cycle (9). Interestingly,

tissue cyst yields following infections with B2 and B3 tissue cysts at all "ages" had no

impact on subsequent yield but trended lower than recovery following infection with B1

cysts (Fig. 6B).

Discussion

Bradyzoite within tissue cysts are arguably the most clinically relevant form in

reactivated disease upon immune suppression (10, 37, 38). Despite its central role in

the pathogenesis, little is known about the biology of the bradyzoite and the community

of bradyzoites that represent each individual tissue cyst (5). Notably, while bradyzoites

within a tissue cyst are genetically clonal, they represent a physiologically diverse

population that varies from cyst to cyst even within the same animal (5, 9). As such, a

bradyzoite retains a level of plasticity, permitting it to remain in this state, dedifferentiate

into a tachyzoite during recrudescence or enter the sexual cycle in the feline gut (39). It

is tempting to speculate that the heterogeneity inherent within the genetically clonal

tissue cyst is central to the survival of the organism.

The variable effect of infection in the murine model has been well documented

with both parasite effectors and host factors engaged in a complex interplay defining

susceptibility and resistance (26, 32, 38, 40-42). Beyond the inherent variability

observed with the cyst burden, differences with regard to parasite lines and mouse

backgrounds (26), and differences with regard to the sensitivity of approaches used to

quantify the cyst burden present vastly different numbers as summarized in a

comprehensive review on the topic (25). These differences with the lack of

standardization complicate comparisons across studies, which is becoming increasingly

important with the renewed focus on the chronic infection. In the context of cyst

formation and yield, the pairing of Type II ME49 parasites (and its derivatives, like the

ΔHXGPRT line used here) and CBA/J mice is recognized as providing the optimal

balance assuring reproducibly high tissue cyst yields (25). We have therefore used this

specific pairing but found in the course of the studies presented that establishing the

conditions for high tissue cyst yields is considerably more nuanced.

While there is no argument with regard to lethality of the mouse hypervirulent

Type I strains (RH, GT1), there is considerable variation in the observed LD_{50} values

dependent on the passage history of the parasite and the mouse background used in

infection (25). Indeed, *in vitro* passage of ME49 in tissue culture selects for mouse

hypervirulence resulting in a 2 order of magnitude or greater reduction in the LD_{50} value

(from $10e^4$ to 100 or fewer organisms) (26, 43, 44). This is observed to be the case with

the lab adapted ME49, and ME49ΔHXGPRT used here.   Tachyzoite initiated infections

resulted in considerable mortality upon infection with 100 tachyzoites, with a statistically

different susceptibility profile for male vs female animals (Fig. 3A). As such, female mice

tended to get sicker earlier and succumb at higher rates relative to males in response to

i.p. injection with 100 ME49 tachyzoites during the acute infection (Fig. 3B). Recent

work from the Knoll laboratory examining the transcriptional responses within the host

during the progression of the chronic infection highlights clear differences between the

responses between the sexes (44), despite the overall response profile based on

several other criteria being fairly similar. Of note, similar to this study, they used CBA/J

mice (albeit of different ages than used here) of both sexes and Type II ME49 parasites

maintained in tissue culture. Yet, infection doses of 10^4 allowed for survival in the acute

phase and establishment of the chronic infection (44), highlighting the importance of

empirically establishing the specific tachyzoite infection regimen, as sex, the age of the

mice as well as additional factors impact the outcome of the acute infection that

precedes and is essential to the establishment of the chronic infection being

interrogated here.

In a previous study, using exclusively female mice, we established that infection

with 20 *ex-vivo* tissue cysts i.p. from infected brain homogenates reproducibly

generated robust cyst yields (9). Extending these findings we confirmed that infection

with tissue cysts of animals of both sexes is associated with very low mortality or

symptomology (Fig. 3C.D.). Despite the absence of overt symptoms during the course

of the infection, tissue cysts were recoverable from the brains of infected animals, of

both sexes with no sex bias related to yield (Fig. 5A,A'). Differences in overall yield were

observed when comparing tachyzoite initiated vs tissue cyst initiate infections (Fig. 5B).

One aspect of the toxoplasma infection, that has not been reported on

previously, is the development of a head tilt which in severe cases necessitates

euthanasia of the affected mouse (Fig. 4). Examination of available literature indicates

that infection-associated head tilts in mice have been noted with bacterial infections of

the inner ear (45, 46).

Direct brain/CNS involvement is noted in the case of a murine *Plasmodium*

berghei study where it may be linked to intra-cerebral hemorrhages (47). Cerebral

hemorrhages are also associated with increased rodent head tilts in an ischemia

reperfusion injury model, independent of an infection being present (48, 49). Finally,

dysregulation of inflammatory responses resulting in intracerebral inflammatory foci and

linked to interferon gamma signaling in a model for autoimmune encephalomyelitis is

also associated with increased incidence of a head tilt (50, 51). Further indication for an

association between an aberrant inflammatory response is evident from head-tilt mice

encoding specific mutation in Nox3, the NADPH oxidase involved in inflammation (52).

Finally, the absence of any reports regarding the development of head-tilts in the *T.*

gondii murine infection may further indicate differential susceptibility of different mouse

strains, whereby the CBA/J animals used here are predisposed to developing this

condition.

The recovery of tissue cysts following infection with either tachyzoites of

encysted bradyzoites exhibited no sex specific differences (Fig 5A,A') suggesting that

the differences seen following tachyzoite infection were likely due to differences in the

host response as opposed to factors intrinsic to the parasite. The more aggressive host

response in tachyzoites paradoxically resulted in significantly higher tissue cyst

recovery in surviving mice (Fig 3A,B and Fig 6B) compared to the cumulative recovery

following cyst infection where lower symptomology and mortality was observed (Fig.

3C,D and Fig. 6). This finding would suggest that maintenance of the infection by serial

passage of brain derived *ex vivo* tissue cysts would effectively get around the issue of

tachyzoite infection associated mortality which precludes cyst recovery. Unfortunately,

our data establish that serial passage of tissue cysts results in a progressive trend

toward reduction in overall recovery of cysts (Fig. 6). This indicates the need to re-

initiate an infection cycle with tachyzoites, despite high mortality, to sustain cyst

numbers for downstream analysis. The trend of decreasing cyst yields is not observed

in a ME49 line maintained in the Wilson laboratory by serial passage over multiple years

in mice (43). A key difference in that maintenance protocol is the "re-charging" of that

line in out bred Swiss Webster animals (43) wherein presumed epigenetic changes are

reinstituted to permit the restoration of high cyst yields upon return to infections in

inbred mice.

Our prior and ongoing analysis of bradyzoite replication within tissue cysts points

to largely asynchronous growth that broadly follows a cyclical pattern at least during the

first 8 weeks of infection (9). The inner membrane complex protein TgIMC3 (36) serves

as a reporter for both parasite birth-dating as well as their relative age based on the

intensity of labeling (9). Thus, early in the chronic phase, at week 3 post infection

(TgIMC3 high) parasites are in a higher state of metabolic activity associated with

extensive replication, both recent and active (9). At week 5 post infection this activity is

universally low (9), recovering to an intermediate level at week 8 (9). We reasoned

therefore that infection of mice with more "active' cysts could result in overall higher cyst

yields. This however was not found to be the case (Fig. 8). Rather, for bradyzoite

initiated infections, the passage cycle (B1,B2,B3) (Fig. 6, 8) appeared to be a primary

determinant of subsequent cyst recovery suggesting that the apparent reprogramming

by continuous maintenance in a given mouse background (CBA/J in this case) is a key

determinant for tissue cyst initiated infections.

Insights into the physiology of bradyzoites is derived primarily from *in vitro*

studies using stress-induced stage conversion (53-56). These studies while important

in addressing the machinery of stage conversion do not provide meaningful insights into

the actual biology of bradyzoites *in vivo*. What limited studies reveal is that despite

being genetically clonal, individual tissue cysts exhibit considerable physiological

heterogeneity with regard to the resident bradyzoites (5, 9). Our development of

imaging based approaches to quantify bradyzoite numbers within *ex vivo* purified cysts

revealed the scope of heterogeneity (5, 9), a feature that is reinforced by ongoing

studies with the development of imaging based quantitative physiological readouts,

including quantification of, mitochondrial morphology and activity (57), amylopectin and

replication potential (Patwardhan and Sinai, unpublished). These tools are revealing

insights into bradyzoite physiology that will inform drug discovery and development

against this currently intractable life cycle stage.

A fundamental limitation in the evaluation of potential drugs effective in the

chronic infection is the fact that efficacy measured by the apparent reduction in cyst

burdens following treatment are presented in percentage terms (10, 12, 13, 15, 16, 58).

While this level of sensitivity represents the currently acceptable norm, they fail to

address the mechanistic basis for drug susceptibility or resistance. Initiating

investigation at the level of resident bradyzoites with an appreciation for their

heterogeneity will lead to more meaningful insights into the biology of the recalcitrant life

cycle stage.

Our findings that variations in cyst yield analogous to what is reported for drug

treatment (Fig. 5,6,8) is influenced by nature of the initial inoculum, passage and other

yet to be determined factors highlights the inefficiency and potential inaccuracy of using

the recovery of tissue cysts as the sole metric of drug effectiveness. These issues can

be compounded further when using solely the cyst burden to assign functional attributes

to mutations in mutant parasite lines (56, 59, 60). As with studies on drug efficacy, the

experimental design has to be sufficiently powered to account for the inherent variability

in cyst recovery with wild type or parental parasites. As the field continues to recognize

that tissue cysts and the bradyzoites they house are not dormant entities, directed

physiologic, metabolomic and transcriptomic studies which will depend on being able to

recover high cyst numbers for analysis will become increasingly critical. Our objective

in compiling the data in the current study is to highlight factors driving cyst yield all of

which are subject to further refinement. We hope this work will encourage further

studies in the field aimed at optimizing the recovery of tissue cysts to promote

meaningful in-depth studies into this critical and fascinating life cycle stage of the

parasite.

Acknowledgements

The authors would like to acknowledge the assistance of Dr. Heather Bush and

the Biostatistics, Epidemiology and Research Design (BERD) Core at the University of

Kentucky for guidance with the statistical analysis of these data. The authors wish to

thank the vivarium staff of the Department of Laboratory Animal Research for their

support and assistance during the course of these studies. We thank Dr. Aashutosh

Tripathi for his feedback regarding this manuscript. This work is supported by grants

from the US National Institutes of Health RO1AI145335 and R21 AI150631 awarded to

A.P.S..

Figure Legends

Figure 1A. Schematic of the infection model initiated with tissue culture derived

tachyzoites or tissue cysts harvested from infected mouse brains. Purified tissue cysts

were either used for serial passage in CBA/J mice, analyzed by immunofluorescence

microscopy (IFA) or used in other applications (purification of RNA for transcriptomic

studies). **B**. Sequential passage of tissue cysts derived from an initial tachyzoite (T)

infection to establish the 1st (B1), 2nd (B2), 3rd (B3) and 4th (B4) passage. Passages

were performed using cysts harvested in Weeks 4,5 or 6 post infection.

C. Color coded body score index based on symptomology associated with the

progression of the chronic infection used to stage disease progression.

Figure 2A. **Generation of the ME49ΔTgHXGPRT line**

Nucleotide scavenging pathway identifying the basis for the positive and negative

selection associated with HXGPRT (HX) KO parasites. Parasites expressing HXGPRT

are susceptible to 6-ThioXanthine (6-TX) but resistant to Mycophenolic Acid (MPA) +

Xanthine. In contrast ΔHXGPRT parasites are resistant to 6-TX and sensitive to MPA-

Xanthine. **B**. Schematic depicting the genomic locus encoding HXGPRT identifying the

location of the PAM sites targeted with specific CRISPR-Cas9 constructs. **C**. Schematic

of the genomic organization of the ΔHXGPRT locus with the sequence dendogram

confirming the fusion of exons 2 and 5 due to the deletion of the intervening introns and

exons resulting in the KO phenotype.

Figure 3. Effect of mouse sex on progression through the acute infection and

establishment of the chronic infection. **A.** Infection of male (blue, N= 56) and female

(pink, N= 44) mice with 100 tissue culture derived tachyzoites injected i.p. reveal female

mice are significantly more susceptible to infection noted by earlier and more extensive

mortality compared to infection of male mice. (Log-rank P value = 0.0031 (**)).

B. Progression of disease symptomology based on a color coded body score index

described in Figure 1C. **C**. Low overall mortality was observed following infection of both

male (blue, N=63) or female (pink, N=56) mice with 20 *ex vivo* tissue cysts in brain

homogenate. The differences in mortality between male and female mice was not

statistically significant. **D**. Low mortality was associated with overall low symptomology

scored using a body score index in Figure 1C.

Figure 4.   Spectrum of head-tilt presentations in *Toxoplasma* infected mice. A

mild head tilt which either spontaneously resolves or progresses to moderate head tilt to

a severe head tilt phenotype affecting motility, proprioception and balance. Video

recording of motility by head tilt presenting animals is provided in the Supplemental

Data.

Figure 5A. Mouse sex does not impact overall tissue cyst recovery based on yields

from both male (38 preps) and female (29 preps) mice infected by either tachyzoites or

tissue cysts.   **A'.** In light of the non parametric distribution of the data statistical analysis

was performed on logN -transformed data. These analyses confirm the absence of any

statistically relevant differences in tissue cyst recovery as a result of mouse sex. **B.**

Tissue cyst recovery as a function of infection with tissue culture derived tachyzoites

(Tachy) compared to tissue cysts (Cyst) exposes a significant difference in cyst

recovery (Unpaired t test, 2 tailed: P value < 0.0001, ****). **B'.** Analysis of logN

transformed data confirms the significant differences in cyst yields between tachyzoite

and cyst initiated infections (Unpaired t test, 2 tailed: P value= 0.0001, ***).

Figure 6. Tissue cyst recovery following serial passage of ex vivo tissue cysts

reveals a pattern of diminishing returns. **A**. Segregation of cyst yield data from all

tissue cyst initiated infections based in passage number confirms the differences in cyst

yield are modest between tachyzoite (T) and the first tissue cyst cycle (B1) (One way

ANOVA Tukey's multiple comparisons test P value= 0.035, *). Significant differences

are found between tachyzoite (T) and the second (B2) (One way ANOVA Tukey's

multiple comparisons test P value < 0.0001, ****) and third (B3) (P value = 0.0003, ***)

cycles. The single data point for B4 precludes statistical analysis. There was not

statistical difference (ns) among the bradyzoite initiated infections (B1, B2, B3, B4). **A'**

LogN transformed data reveals no statistical difference between tachyzoite-initiated and

B1 cyst initiated infections on subsequent yield. Significant differences in cyst yield were

observed when comparing tachyzoite initiated infections with second (One way ANOVA

with Tukey's multiple comparison test P value = 0.0002, ***) and third cycle (B3) cyst

infections (P value = 0.0002, ***). Additionally, statistically significant differences were

noted between B1 and B3 initiated infections (P value= 0.036, *). **B**. Table indicating the

actual recovery of tissue cysts as a function of total animals infected based on infection

(Tachyzoite (T) vs cyst (B1, B2, B3, B4). Each prep included uses 2 mice of the same

sex. Specific details regarding inclusion criteria are described in the text.

Figure 7. The physical characteristics of tissue cysts as a function of the time of

harvest post infection reveal a dynamic distribution in Percoll gradients. The mean

distribution for the proportion of tissue cysts detected in individual fractions were plotted

for each time point (Week 3 n=10, Week 4 n= 23, Week 5 n=13, Week 6 m=13, Week

n=9, Week 8 n= 4). The gray shading in the graphs defines the fraction(s) within which

the median cyst distributions were recorded. Gradient fractions at the interface of the

90% and 40% Percoll steps representing the fraction concentrated in mouse RBC

served as Fraction 0. Tissue cyst distribution in the roughly 1ml fractions (collected a

from the 40% step through the brain homogenate overlaid on the 20% Percoll step were

plotted as percentage of the total recovered cysts.

Figure 8.

A. **Infection with tissue cysts harvested at Weeks 4, 5 and 6** along with the specific

serial passage number (B1, B2, B3, B4) exhibit no differences in sub-subsequent cyst

yields despite marked differences in their distributions within Percoll gradients. **A'** LogN

transformed data confirms the lack of differences in subsequent cyst recovery as a

function of the time of harvest of the infecting tissue cysts.

Supplemental Data 1:

SD1: Video: Presentation of mild, moderate and severe head-tilt in *T. gondii*

infected mice:

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751

Troublefield et al. 2022   **Figure 1**

Troublefield et al. 2022   **Figure 2**

A. Tachyzoite Infection

Probability of Survival

Male: N=56
Female: N=44
Log-rank P value = .0031 **

Days

B.

% Mice Per Stage

Days

C. Cyst Infection

Probability of Survival

Male: N=63
Female: N=56

Days

D.

% Mice Per Stage

Days

Troublefield et al. 2022   **Figure 3**

Head Tilt associated with *T. gondii* Infection

Mild

Moderate

Severe

Troublefield et al. 2022   **Figure 4**

Troublefield et al. 2022   **Figure 5**

A.

A'.

B.

	T	B1	B2	B3	B4
Total mice harvested	16	34	50	28	2
Total mice infected	65	44	62	34	2
Total harvested (%)	24.6%	77.3%	79.4%	82.4%	100%
Mean Cysts per mouse harvested	5091	2863	1178	1040	225
Mean Cysts per mouse infected	1803	2163	931	828	225

Troublefield et al. 2022   **Figure 6**

Troublefield et al. 2022   **Figure 7**

A.

A'.

Troublefield et al. 2022   **Figure 8**