1   **Transposon-sequencing across multiple *Mycobacterium abscessus* isolates reveals significant**

2   **functional genomic diversity among strains**

3
4   **Chidiebere Akusobi[1], Sanjeevani Choudhery[2], Bouchra S. Benghomari[3], Ian D. Wolf[1], Shreya**
5   **Singhvi[4], Thomas R. Ioerger[2], Eric J. Rubin[1]**
6
7
8   [1]Department of Immunology and Infectious Diseases, Harvard T.H. Chan School of Public Health,
9   Boston, MA 02115, USA
10
11   [2]Department of Computer Science and Engineering, Texas A&M University, College Station, Texas 77843,

12   [3]Department of Biology, Northeastern University, Boston, MA 02115 USA

13   [4]Department of Molecular and Cell Biology, University of California, Berkeley, Berkeley, CA 94720 USA

Abstract

Mycobacterium abscessus (Mab) is a clinically significant pathogen and a highly genetically diverse species due to its large accessory genome. The functional consequence of this diversity remains unknown mainly because, to date, functional genomic studies in *Mab* have been primarily performed on reference strains. Given the growing public health threat of *Mab* infections, understanding the functional genomic differences among *Mab* clinical isolates can provide more insight into how its genetic diversity influences gene essentiality, clinically relevant phenotypes, and importantly, potential drug targets. To determine the functional genomic diversity among *Mab* strains, we conducted transposon-sequencing (TnSeq) on 21 genetically diverse clinical isolates, including 15 *M. abscessus subsp. abscessus* isolates and 6 *M. abscessus subsp. massiliense* isolates, cataloging all the essential and non-essential genes in each strain. Pan-genome analysis revealed a core set of 3845 genes and a large accessory genome of 11,507. We identified 259 core essential genes across the 21 clinical isolates and 425 differentially required genes, representing ~10% of the *Mab* core genome. We also identified genes whose requirements were sub-species, lineage, and isolate-specific. Finally, by correlating TnSeq profiles, we identified 19 previously uncharacterized genetic networks in *Mab*. Altogether, we find that *Mab* clinical isolates are not only genetically diverse but functionally diverse as well.

Introduction

Mycobacterium abscessus (Mab) has emerged in recent years as a growing threat to public health due to the rise of *Mab* infections worldwide (1). *Mab* causes a wide range of infections including 80% of pulmonary infections from rapidly growing mycobacteria (2,3). Treating *Mab* infections is difficult due to *Mab's* high level of intrinsic resistance to many antibiotics, including most of the cornerstones of tuberculosis treatment (4–7). Importantly, treating *Mab* requires identifying the subspecies of the clinical isolate, which influences antibiotic treatment based on the presence of *erm*, a gene that confers inducible macrolide resistance (8,9).

Mab is divided into three subspecies: *abscessus, bolletii,* and *massiliense* (10,11). Notably, most *massiliense* isolates lack an active *erm* gene (8,9). Whole-genome sequencing of *Mab* clinical isolates revealed that *Mab* has a large, open pan-genome, with isolates sharing ~75% of their genome in what is known as the 'core genome' (12,13). The remaining 25% of gene content is in the 'accessory genome' defined as genes present in some clinical isolates but not all. Most accessory genome content comprises plasmids, prophages, and genomic islands acquired by horizontal gene transfer (HGT) (14). Unlike *Mycobacterium tuberculosis (Mtb),* which evolves clonally likely due to its facultative intracellular lifestyle (15), the primary driver of *Mab* evolution is recombination and HGT (12,16,17). As a result, compared to TB, *Mab* clinical isolates have larger accessory genomes, which are significant contributors to the genetic diversity present in this species.

While *Mab* clinical isolates have large accessory genomes, the functional consequence of this diversity remains unknown. Previous studies have shown that accessory gene content impacts genetic networks, generating new phenotypes, gene dependencies, and redundancies within strains (18–20). Variation in accessory genomes likely generates functional genomic and phenotypic differences between isolates. The functional differences between isolates can be understood through genetic screens using CRISPRi and transposon-sequencing (TnSeq) libraries. TnSeq and the subsequent identification of essential genes have typically been conducted in lab-adapted reference strains. However, in recent years, groups have performed TnSeq on clinical isolates of pathogens, including *S. enterica, S. pneumoniae, S. aureus,* and

M. tuberculosis. These studies identified genes that were differentially essential among clinical isolates

and that these differences influenced clinically relevant phenotypes (19, 21–24).

For *Mab*, the majority of TnSeq studies published to date have used the lab-adapted reference strain,

ATCC 19977 (25–27). One TnSeq study was conducted on a *massiliense* clinical isolate; however, the

transposon library was not dense enough to quantify genetic requirement (28). Currently, there are no

published studies investigating the functional diversity of *Mab* clinical isolates. To accomplish this, we

conducted TnSeq on 21 *Mab* strains, generating triplicate libraries for 15 *abscessus* isolates and 6 single

libraries of the *massiliense* isolates. Across the 21 strains, we identified 425 genes, representing ~15% of

the *Mab* core genome, as differentially required among isolates. We also identified genes whose

differences in genetic requirements were sub-species, lineage, and isolate-specific. Finally, we identified

pairs of genes whose genetic requirements were correlated, revealing previously undescribed genetic

networks in *Mab*. Overall, we find that the genetic diversity in *Mab* clinical isolates is matched with

significant functional genomic diversity as well.

Results

Characterization of *Mab* clinical isolates

Our lab obtained 25 *Mab* clinical isolates previously collected from patients in Taiwan and locally at

Brigham and Women's Hospital (BWH) (Supplemental Table 1). The clinical isolates represented a

convenient sample of isolates to functionally characterize, given that they were isolated from multiple

sites of infection, included both smooth and rough colony-morphology variants, and comprised both

abscessus and *massiliense* subspecies. We passaged the clinical isolates only once to decrease

selection of mutants under *in vitro* growth conditions. We then determined the genetic diversity of our

clinical isolates through whole genome sequencing (WGS), followed by *de novo assembly* using ABySS

(29) and annotation of the genomes using RAST (see Methods)*.* The average number of nucleotides in

the assemblies was 5103719 bp. Summary statistics of the WGS data are presented in Supplemental

Table 2. A phylogeny of the 25 clinical isolates and five reference strains is shown in Figure 1A. The tree

was generated using genome-wide SNP data while excluding SNPs from regions that showed evidence

of a high degree of recombination, as determined by Gubbins (30). To put these isolates into a broader

genomic context, they were incorporated into a global phylogeny constructed from 307 *Mab* isolates from

Bryant *et al.* (11) using TNT (31). The resulting tree recapitulated the three subspecies of *Mab*, with our

clinical isolates distributed across the entire tree (Figure 1B). About 60% of our isolates fell into clusters

previously defined as dominant circulating clones (specifically *abscessus* DCC1 and *massiliense* DCC3)

and are listed in Supplemental Table 1 (32).

Analysis of *Mab* core and accessory genome content

Next, we identified the clinical isolates' core and accessory genome content using the Ptolemy pan-

genome analysis software program (33). From our panel of *Mab* clinical isolates, we identified 15,352

gene clusters representing distinct open reading frames (ORFs) (Supplemental Table 3). Of these, ~25%

of the gene clusters were in the core genome, defined as present in at least 95% of the 30 isolates. The

remaining ~75% of gene clusters, or 11,507 ORFs, were in the accessory genome (Figure 2A). The

annotated genomes contained ~5200 genes, with accessory genes ranging from 997 to 1688*.* On

average, the core genome comprised 75.6% of the total gene content in each strain, while the accessory

genome accounted for 24.4%. These values are consistent with results published from previous studies

(13,34). As expected, isolates more distantly related to the reference ATCC 19977 strain generally shared

less accessory genome content (Figure 2B). The diversity of the accessory genome was remarkable, as

evidenced by the number of isolates that contained distinct ORFs not present in any other isolates (Figure

2C). Of the 11,507 accessory genes identified, nearly 64% (n = 7361) were present in only one strain.

The remaining 4147 genes were present in multiple (2-28) isolates. Of these, 1114 were monophyletic

genes, meaning they were either inserted or deleted at one evolutionary time point and subsequently

inherited by all the strains on that branch of the phylogenetic tree. The remaining 3210 accessory genes

were polyphyletic. A subset of the monophyletic genes was sub-species specific and present in only

abscessus, massiliense, or *boletti* isolates (Figure 2D).

Transposon-sequencing of multiple *Mab* clinical isolates

Given the large genomic diversity present in *Mab*, we performed TnSeq across multiple clinical isolates to

characterize the species' functional diversity. The goal was to identify genes that were differentially

required among the isolates to better understand the functional diversity in *Mab.* Specifically, we sought

to identify a core set of essential genes in *Mab* clinical isolates and genes whose essentiality was sub-

species or lineage-specific. To do this, we selected 21 isolates for TnSeq, which spanned the

phylogenetic tree of *Mab*, including 15 *subsp. abscessus* and 6 *subsp. massiliense.* We then generated

libraries in triplicate for the *abscessus* subsp. isolates, and single replicate libraries for the *massiliense*

subsp. isolates. A schematic of the TnSeq experiment is presented in Supplemental Figure 1A. The

transduction efficiency of the clinical isolates varied greatly, with the highest efficiencies observed in the

two reference strains: ATCC 19977 and *massiliense* CCUG 48898 (hereafter referred to as *massiliense*)

(Supplemental Figure 1B). After transduction, >150,000 independent mutants were harvested from each

replicate, and sequencing libraries were prepared for next-generation sequencing. Of note, *subsp. bolletii*

libraries were not generated in this study due to the absence of clinical isolates in the lab.

Sequencing revealed that nearly all the transposon libraries were well-saturated, with a median saturation

of 59.5% ('TA' dinucleotide sites containing a transposon insertion). This range of saturation spanned

20% to 70.3% (Supplemental Figure 1C). Libraries with less than 33% saturation were excluded from

further analysis. Previous TnSeq studies demonstrated that downstream analyses of gene essentiality

performed well on libraries with saturation between 30%-80%. This analysis is also supported by the

sensitivity analyses for HMM, resampling, and ANOVA presented in the Supplemental Materials. The

summary statistics for each library are presented in Supplemental Table 4. To assess the reproducibility

of our replicates, we compared the mean number of insertions in each gene between pairs of replicate

libraries for each strain. We found that most replicates were well correlated with a median Pearson r^2

value of 0.88 (Supplemental Table 5).

HMM reveals essential genes in *Mab* clinical isolates

Using the Hidden Markov Model (HMM) algorithm (35), we determined the essentiality of genes in each

isolate. The genes were categorized as essential, non-essential, growth defect, or growth advantage.

Essential genes have no insertions in all or most of their TA sites. Genes classified as 'growth defect' are

not essential, but their disruption causes growth impairment, resulting in suppressed transposon insertion

counts. Conversely, when disrupted, genes classified as 'growth advantage' cause a fitness benefit

relative to wild type, resulting in increased insertion counts. The essential genes of the reference strain,

ATCC 19977, have been previously reported (25,27). We compared our predicted essential or growth-

defect genes for ATCC 19977 to those in Rifat *et al.* (25) and found an overlap of 393 genes, showing

high concordance between these two studies of *Mab* essentials (Supplemental Figure 2A). We also

compared our predicted *Mab* essentials and growth-defect genes with those from the related

mycobacterium *M. tuberculosis* (*Mtb* strain H37Rv) (36). There were 403 essential genes in common

among 2278 genes with mutual orthologs, demonstrating substantial conservation between the two

mycobacterial species (Supplemental Table 6). In total, there were 353 essential genes in the intersection

of all 3 datasets (Supplemental Figure 2A). These genes were significantly enriched in key cellular

pathways such as protein translation, amino acid metabolism, nucleotide metabolism, cell-cycle control,

and cell wall synthesis (Supplemental Figure 2B). We then used the HMM to determine essential genes

in all the clinical isolates. The essentiality call for each gene is listed in Supplemental Table 7. The

average number of essential (ES) genes across the clinical isolates was 345, with a range of 281–391.

The combined number of essential and growth-defect (ES+GD) genes (avg ~423) is consistent with

essentiality analyses of other mycobacteria, where essential genes typically represent 10-15% of the

genome (27). There were 259 pan-essential genes that were ES or GD across all 21 Mab isolates. These

genes are listed in Supplemental Table 7. Chi-squared analysis was used to identify 17 clade-specific

essential genes (Supplemental Figure 4), such as *mqo* (MAB_3159c, malate:quinone oxidoreductase),

which is only essential in subsp. *massiliense*.

ANOVA identifies additional differentially required genes

Next, we identified differentially required genes, defined as genes whose disruption causes varying

degrees of growth defect in isolates. Traditionally, the 'resampling' method from TRANSIT is used to

identify differentially required genes between two strains (35). We performed resampling between each

clinical isolate and the reference ATCC 19977 strain, and the conditionally essential genes are listed in

Supplemental Table 8. Resampling between pairs of isolates showed greater similarity (fewer

conditionally essential genes) in comparisons within the same subspecies than those between

subspecies (Supplemental Figure 5). These results gave us further confidence that our libraries were of

sufficient quality for further analyses.

To compare the transposon insertion counts across all strains simultaneously, we used ANOVA, which

identified 425 genes in the pan-genome (with adjusted P-value<0.05) that were differentially required

across all 21 clinical isolates (Supplemental Table 9). For each gene, the log2-fold-change (LFC) of the

insertion counts in each isolate was calculated relative to the grand mean across all isolates. These LFCs

are depicted in a heatmap (Figure 3). Hierarchical clustering of the isolates revealed that the *massiliense*

isolates (T36, T49, T52, BWH-D, BWH-F, massiliense) and the *abscessus* subspecies group together

(Figure 3). Thus, the phylogenetic tree generated from TnSeq data roughly recapitulates the phylogeny

generated from SNP differences (Figure 1A). The 425 differentially required genes represent 11% of the

Mab core genome. Furthermore, 337 of these genes are non-essential in the reference ATCC 19977

genome (Figure 3B). These data reinforce the concept that genes can be differentially required based on

genetic background (24).

Gene essentiality varies by lineage and strain

To better understand the variance in the ANOVA data set, we used principal component analysis (PCA)

to group the significant genes. The analysis showed principal components (PC) 1 & 2 explain ~40% of the

variation in the data (Figure 4A). When the isolates are clustered into three groups, they do so primarily

by phylogenetic relationship, where cluster 1 is a sub-lineage of the *abscessus* subspecies, cluster 2 has

the *abscessus* subspecies that are more closely related to the reference ATCC 19977 strain, and cluster

3 contains the *massiliense* subspecies. PCs 1 and 2 represent lineage-specific differences in gene

requirement, while when PCs 3 and 4 are plotted, the phylogenetic clustering collapses (Figure 4B). The

Mab phylogenetic tree is color-coded with the three corresponding clusters (Figure 4C). This analysis

demonstrates that closely related isolates share genetic requirements and suggests a shared

evolutionary origin of how these requirements arose.

The variation in PCs 1 and 2 only explains ~40% of the variation in the dataset, corresponding to lineage-

specific variation. In contrast, PCs 3-19 explain the remaining ~60% of the variation and likely represent

strain-specific variation or noise (Figure 4D). The top 10 genes contributing to the variance in PCs 1 and

2 are plotted in Figure 4E. The genes in PC 1 separate the two subspecies, while those in PC 2 separate

Cluster 1 strains (T35, T37, T50, and T56) from the rest of the clinical isolates (Figure 4E).

Identification of genes with lineage-specific essentiality

Next, we examined genes that exhibited lineage-specific differences in genetic requirement. We first

identified genes that separated the reference strain from the clinical isolates. Two genes were the

strongest differentiators: *MAB_4502c*, which encodes phosphoenolpyruvate carboxykinase (*pckA*), and

MAB_1327, which encodes ferredoxin *(fdxC)* (Figure 5A). The reference strain requires *pckA* less than

the clinical isolates, a difference that could be explained by laboratory adaptation of the reference strain.

Next, we analyzed the contributing genes in PC 1 that separate the two subspecies of *Mab abscessus* vs.

massiliense. The top 4 genes are depicted in Figure 5B, while the top 20 genes that separate the

subspecies are listed in Supplemental Table 10. We next inspected genes that separated strains in

Cluster 1 (T35, T37, T50, and T56) from the rest of the clinical isolates (Figure 5C). The top 20 genes

contributing to the variation in this cluster are listed in Supplemental Table 11.

The genes uniquely required in Cluster 1 can be split into three groups depending on how many strains

share the level of gene requirement. For group 1, all four strains in the cluster share the same

requirement for three genes in an operon, *MAB_2724c-MAB_2726c* (hypothetical genes of unknown

function). Group 2 genes are shared only by T35, T37, and T56, which are more related to each other

than T50. Finally, group 3 comprises genes shared by the two most closely related strains, T35 and T56.

These data reveal genetic requirements emerging within a lineage. As strains diverge, their genomes

change in genetic sequence and function, and genes that are otherwise dispensable in one strain can

become more required in another. This is best illustrated by genes *MAB_4950c* and *MAB_1055c*, which

are most strongly required in the two phylogenetically related isolates, T35 and T56 (Figure 5C).

Correlated transposon insertion counts reveal functional genetic networks

To extract functional inferences from our TnSeq dataset, we looked for pairs of genes with correlated

transposon insertion counts, which could reveal hidden functional genetic networks. To conduct this

analysis, we selected the 751 unique ORFs with the most variability based on ANOVA (p-adj < 0.05) and

other filters (see Methods). Of the 282,000 potential gene pairings, only 10,198 were significantly

correlated, representing 3.6% of total potential pairs (Supplemental Table 12). In Figure 6A, we show

three examples of gene pairs that are positively correlated. Pair 1 is genes *MAB_2725c x MAB_2726c*,

whose insertion counts were correlated with an r^2 of 0.92. The following two pairs, *MAB_2725c x*

MAB_3333 and *MAB_3246c x MAB_3333,* also have statistically significant correlated insertion counts.

All these genes are correlated with each other and ostensibly form a network.

Based on these pairwise gene correlations, we performed network analysis with Cytoscape to turn these

pairwise correlations into a network of interconnected genes. The network was organized into 19 clusters

based on a greedy community identification algorithm (see Methods), so related genes with similar

transposon insertion profiles were clustered. This analysis identified 19 clusters containing at least five

genes (Supplemental Table 13). The genes profiled in Figure 6A are members of cluster 7 and are

starred in the network (Figure 6B). Cluster 7 is comprised of 13 genes and includes the previously

highlighted operon *MAB_2724c – MAB_2726* as well as 10 other genes, including *ruvA* and *ruvB*, which

both encode Holliday junction ATP-dependent DNA helicases, and *MAB_3246c*, which encodes *smc*,

segregation and condensation protein (Figure 6B)*.* The complete network analysis with a few of the

clusters highlighted is depicted in Figure 6C. Importantly, only comparative analysis of TnSeq data could

reveal these genetic networks across multiple genetically diverse strains.

Genes involved in central carbon metabolism are differentially required among clinical isolates

Resampling analysis unveiled several differentially required genes involved in carbon metabolism among

the clinical isolates compared to the reference strain (Figure 7A). As noted above, *pckA* is more required

in clinical isolates than ATCC 19977. Other examples include *mqo* (malate:quinone oxidoreductase),

which is most required in T50 and BWH-F, and *pgi* (glucose-6-phosphate isomerase), which is most

required in T35 and T56. To validate these differences, we employed CRISPRi/Cas9 to repress *pckA*,

which is more required in nearly all the clinical isolates and is dispensable in ATCC 19977. We found that

when *pckA* is repressed in ATCC 19977, there was no difference in CFUs between induction and non-

induction plates as predicted by the TnSeq data (Figure 7B). However, when we repressed the enzyme in

T35 and T45, we observed a 10X to 100X decrease in CFUs, indicating that *pckA* is more required in

these clinical isolates. Notably, *pckA* was significantly more repressed in the reference strain than in the

clinical isolates (Supplemental Figure 6A). The lack of reduction in CFUs in the reference strain despite

stronger knockdown further supports *pckA's* dispensability in ATCC 19977 relative to the tested clinical

isolates.

We also repressed *sdhB*, which was predicted to be required in ATCC 19977 and less required in the

T49. Repressing *sdhB* in ATCC 19977 led to a 100X fold decrease in CFUs. However, when *sdhB* was

repressed in T49, there was no difference in CFUs, confirming that *sdhB* is less required in T49 (Figure

7B). These differences in CFUs were observed with similar levels of *sdhB* knockdown (Supplemental

Figure 6B). Altogether, these knockdown experiments validate our genetic requirement data and

corroborate the functional differences in carbon metabolism between the clinical isolates.

Discussion

While several groups have described the genomic diversity of *Mab* clinical isolates (13,16,17), to date, no studies have interrogated the functional consequence of this diversity. To investigate the functional diversity and genetic requirements of *Mab*, we performed TnSeq on 21 *Mab* clinical isolates spanning both the *abscessus* and *massiliense* sub-species. Among the 21 isolates, we identified 425 genes, or ~11% of the *Mab* core genome as being differentially required among the isolates. This includes non-essential genes in the reference strain that became either fully essential or more required in some clinical isolates.

Applying TnSeq to a genetically diverse group of isolates enabled us to uncover functional differences among core and accessory genes. Using PCA and network analysis, we identified significant clusters of genes whose insertion patterns were correlated and whose functional requirements varied with phylogenetic position, either subspecies or lineage-specific. This data implied that *Mab* isolates have evolved to require a distinct subset of genes. Given that our genetic screen was conducted under *in vitro* conditions, passaging our transposon mutant libraries through more environmental or disease-relevant conditions would reveal additional variability in genetic requirement. Recently, Sullivan *et al.* passaged a transposon mutant library of clinical isolate T35 on an *in vitro* lung model and identified key genes responsible for establishing lung infection (37).

We also identified differences in gene requirement that were lineage-specific. Strains T35, T37, T50, and T56 represent one distinct lineage of the *abscessus* sub-species with genetic requirements unique to these strains. Notably, the operon *MAB_2724c-MAB_2726c* was uniquely required in this lineage and contributed 20% of the variance separating this sub-lineage from all the other clinical isolates. All three genes in the operon are annotated as hypothetical proteins (orthologous to Rv1479-81 in *Mtb*), and future studies are needed to understand why this operon is uniquely required in this subset of strains.

Interestingly, our study identified functional differences between the reference strain and the clinical isolates in genes related to carbon metabolism. Specifically, the gene *MAB_4502c* encodes the enzyme

phosphoenolpyruvate carboxykinase, *pckA*, and is more required in nearly clinical isolates than the

reference strain. *pckA* catalyzes the conversion of oxaloacetate to phosphoenolpyruvate, the first

committed step of gluconeogenesis. The reduced requirement for *pckA* in ATCC 19977 is likely a

consequence of the reference strain passaged on rich media and adapting to ample carbon sources for

70+ years (38).

This study raises an open question: what role does the accessory genome play in driving variability in

genetic requirements among *Mab* strains? *Mab* is well-known to have a large accessory genome, which

we confirmed using pan-genome analysis. Gene acquisition and gene loss through plasmid transfer,

phage integration, duplication, or large-scale deletion likely influences genetic requirement and functional

differences between strains. More work is needed to untangle the effects of these accessory genes'

presence and absence on the core genome's essentiality. Nevertheless, this TnSeq dataset offers

valuable insight into variable functionality among *Mab* strains and provides a foundation for future study of

the biological and clinical consequences of genetic diversity of *Mab* clinical isolates.

Methods

Bacterial strains and culture conditions: *Mab* clinical strains were isolated from patients in Taiwan (T) and Brigham and Women's Hospital (BWH), Boston, MA. Clinical isolates were streaked from patient stabs; single colonies were picked, cultured, and frozen for future use. Strains with transformed CRISPRi/Cas9 vectors to knockdown central carbon metabolism genes were built as described in (27). All strains were grown shaking at 37°C in liquid 7H9 media consisting of Middlebrook 7H9 salts with 0.2% glycerol, 0.85 g/L NaCl, and OADC (oleic acid, 5 g/L albumin, 2 g/L dextrose, 0.003 g/L catalase), and 0.05% Tween80. All *Mab* strains were plated on Middlebrook 7H10 agar supplemented with 10% OADC and 0.05% Tween80. Kanamycin 100 μg/ml was used for selection. All CRISPRi/Cas9 plasmids were induced with 500 ng/μl ATc.

Whole Genome Sequencing of *Mab* Clinical Isolates: Genomic DNA from late-log phase cultures were extracted via a bead-beating and phenol-chloroform protocol described in Akusobi *et al.* (27), using an Illumina Rapid HiSeq 2500 instrument with 125+125 bp paired-end reads.

Genome Assembly: Genome sequences for each isolate were assembled *de novo* from .fastq files using ABySS (v2.0) with default parameters (29). The assemblies had a mean total length of 5.14 Mbp (range: 4.86-5.54 Mbp) (Supplemental Table 2). To assemble core genomes, the contigs were mapped onto the *M. abscessus* ATCC 19977 (NC_010397.1) reference genome using Blastn and concatenated in syntenic order. The final genome length and depth of coverage are shown in Supplemental Table 2. To distinguish among *Mab* subspecies, the pattern of nucleotide substitutions was examined in *hsp65/groEL2* and rRNA (internal-spacer) loci (39).

Genome Alignment and Annotation: Genome alignments were made using MUMMER v3.23 (40). To identify SNPs and indels, regions with genetic variation were aligned using the Needleman-Wunsch algorithm (41). For core genomes, the coordinates of open reading frames (ORFs) were adjusted for each isolate using a whole-genome alignment to the reference genome. Genes whose start or end coordinates were deleted in a clinical isolate were removed from the annotation. To produce unbiased annotations of

each clinical isolate, we ran RAST (PATRIC CLI v1.039) on the contigs generated by ABySS (42). These

annotations contain all predicted ORFs on all contigs.

Phylogenetic Analysis: An alignment of all the core genomes was first generated to construct a

phylogenetic tree incorporating all the *Mab* clinical isolates and reference strains. The included reference

strains are listed in Supplemental Table 2, with sequencing data for *M. abscessus* str. K21 kindly

provided by M. Gengenbacher. For all isolates, regions with insertions or deletions were filtered out, along

with sites exhibiting low coverage (<10x), heterogeneity (<70% base-call purity), or repetition (where an

overlapping window of 35 bp matches with at least 33/35 bp elsewhere in the genome). Finally, the

remaining list of SNPs was extracted and used as input to RAxML (43) to generate the maximum

likelihood phylogenetic tree, rooted using *M. bolletii* str. FLAC003 as an outgroup. Gubbins (30) was used

to identify and filter out genomic regions (at least 500 SNPs) potentially affected by recombination,

totaling <15% of the genome.

Pan-Genome Analysis: The pan-genome analysis was performed on 30 Mab strains (25 clinical isolates

and 5 reference strains) using Ptolemy v1.0 (33) to determine mappings of orthologs among ORFs based

on homology and synteny. ABySS assemblies were input for each isolate and the ORFs from the RAST

annotation. The output was used to generate a spreadsheet with all "pan-ORFs" (15,352 ortholog

clusters) as rows and individual ORF IDs in columns. This data is provided in Supplemental Table 3,

which also contains a count of how many of the 30 strains had a copy of each pan-ORF, which was used

to differentiate core genes (genes with orthologs in >95% of isolates) from accessory genes (present in 1-

28 isolates).

Generation of Transposon Libraries: High-density transposon libraries of selected *Mab* clinical isolates

were generated using the ɸMycoMarT7 phage described in Akusobi *et al.* (25–27). Libraries were

generated in biological triplicate for 15 clinical isolates, while single replicate libraries were generated for

6 isolates (see Supplemental Table 4). K21 was a generous gift from Thomas Dick, Meridian Health,

Hackensack, NJ.

Libraries were selected for 4 days on 7H10 agar supplemented with 10% OADC, 0.5% glycerol, 0.05%

Tween80, and 100 µg/ml kanamycin. Libraries of >150,000 mutants were harvested and stored in 7H9 +

10% glycerol at -80°C for future use. Transposon-sequencing libraries were prepared following the

protocol described in (44). The TnSeq samples were sequenced on an Illumina Rapid HiSeq 2500

instrument with 125+125 bp paired-end reads.

TnSeq Analysis: The .fastq files obtained from sequencing were pre-processed using TPP in Transit

(35). The reads were then mapped to the syntenic versions of each genome (aligned to ATCC 19977)

and the raw Abyss assemblies (all contigs) of each isolate. The median library saturation was 58.4%

(19.0-72.6%) (Supplemental Table 4). BWH-B-2, BWH-C-1, and all T44 strains were excluded from

further analyses due to low saturation or total insertion count.

The Hidden Markov Model (HMM) in Transit was run to identify essential and non-essential genes in each

isolate (Supplemental Table 7). Furthermore, the genes were evaluated by a confidence score based on

the consistency of the insertion statistics with the posterior distribution of the called essentiality state (see

Supplemental Material). Low-confidence genes (<0.20) were filtered out of the analyses. The 'resampling'

method in Transit was used to identify conditionally essential genes in each isolate relative to ATCC

19977. p-values were adjusted for multiple tests using the Benjamini-Hochberg procedure (45) for an

FDR of 5%. Significant genes are those with P-adj < 0.05 (Supplemental Table 8). ANOVA analysis was

then applied to the pan-ORFs to identify genes with significant variability of insertion counts across

strains. The normalized counts at each TA site for each gene were tabulated and averaged at the strain

level, excluding genes with mean < 20. Then one-way ANOVA was used to calculate the F-statistic and

P-value, adjusted for multiple testing as above.

Genetic Interactions and Network Analysis: A correlation analysis of mean transposon insertion counts

was performed for gene pairs across all *Mab* strains. Genes with significant variability by ANOVA (P-adj <

0.05) and insertion count < 20 or Z-max > 8 (used to filter out outliers) were selected, resulting in 751

varying genes. A Pearson correlation coefficient was calculated for gene pairs that were jointly present in

at least 10 strains. This analysis identified 10,198 pairs of genes with a correlation of > 0.7 and adjusted

p-value < 0.05. A network diagram based on these correlations was generated in Cytoscape v3.9.1 using

the Edge-weighted Spring-embedded Layout.

To extract clusters of genes with similar TnSeq profiles, a network community analysis was performed

based on a greedy algorithm. The degree of each gene was calculated, reflecting the number of genes

correlated to it with cc > 0.7. The gene with the highest degree represented the most "central" gene in the

network and was required to be present in at least 15 strains. We extracted the cluster of genes

connected to the most central gene as the first cluster. To extract subsequent clusters, we identified the

next most central gene whose neighbors did not overlap more than 20% with genes in previously selected

clusters. The process was iterated until clusters contained fewer than 5 genes.

RNA Extraction and RT-PCR: For each strain, cultures were grown in biological triplicate to mid-log

phase, diluted back in +/-500 ng/ml ATc, and grown for 18 hr to achieve target knockdown. Afterward, 2

OD_{600} equivalents of cells from each culture were harvested by centrifugation, resuspended in TRIzol

(Thermo Fisher), and lysed by bead beating (Lysing Matrix B, MP Biomedicals). RNA extraction and

subsequent RT-PCR experiments were performed as described by Akusobi et al. (27).

References

1. Baldwin SL, Larsen SE, Ordway D, Cassell G, Coler RN. The complexities and challenges of
preventing and treating nontuberculous mycobacterial diseases. PLoS Negl Trop Dis [Internet]. 2019
Feb 14 [cited 2020 May 3];13(2). Available from:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6375572/

2. Adjemian J, Olivier KN, Seitz AE, Falkinham JO, Holland SM, Prevots DR. Spatial clusters of
nontuberculous mycobacterial lung disease in the United States. Am J Respir Crit Care Med. 2012
Sep 15;186(6):553–8.

3. Lee MR, Sheng WH, Hung CC, Yu CJ, Lee LN, Hsueh PR. Mycobacterium abscessus Complex
Infections in Humans. Emerg Infect Dis. 2015 Sep;21(9):1638–46.

4. Nessar R, Cambau E, Reyrat JM, Murray A, Gicquel B. Mycobacterium abscessus: a new antibiotic
nightmare. J Antimicrob Chemother. 2012 Apr;67(4):810–8.

5. Pang H, Li G, Wan L, Jiang Y, Liu H, Zhao X, et al. In vitro drug susceptibility of 40 international
reference rapidly growing mycobacteria to 20 antimicrobial agents. Int J Clin Exp Med.
2015;8(9):15423–31.

6. Nash KA, Brown-Elliott BA, Wallace RJ. A Novel Gene, erm(41), Confers Inducible Macrolide
Resistance to Clinical Isolates of Mycobacterium abscessus but Is Absent from Mycobacterium
chelonae. Antimicrob Agents Chemother. 2009 Apr;53(4):1367–76.

7. Hurst-Hess K, Rudra P, Ghosh P. Mycobacterium abscessus WhiB7 Regulates a Species-Specific
Repertoire of Genes To Confer Extreme Antibiotic Resistance. Antimicrob Agents Chemother
[Internet]. 2017 Nov 1 [cited 2020 May 27];61(11). Available from:
https://aac.asm.org/content/61/11/e01347-17

8. Koh WJ, Stout JE, Yew WW. Advances in the management of pulmonary disease due to
Mycobacterium abscessus complex. Int J Tuberc Lung Dis Off J Int Union Tuberc Lung Dis. 2014
Oct;18(10):1141–8.

9. Koh WJ, Jeong BH, Kim SY, Jeon K, Park KU, Jhun BW, et al. Mycobacterial Characteristics and
Treatment Outcomes in Mycobacterium abscessus Lung Disease. Clin Infect Dis Off Publ Infect Dis
Soc Am. 2017 Feb 1;64(3):309–16.

10. Tortoli E, Kohl TA, Brown-Elliott BA, Trovato A, Leão SC, Garcia MJ, et al. Emended description of
Mycobacterium abscessus, Mycobacterium abscessus subsp. abscessus and
Mycobacteriumabscessus subsp. bolletii and designation of Mycobacteriumabscessus subsp.
massiliense comb. Nov. Int J Syst Evol Microbiol. 2016 Nov;66(11):4471–9.

11. Bryant JM, Grogono DM, Rodriguez-Rincon D, Everall I, Brown KP, Moreno P, et al. Emergence and
spread of a human-transmissible multidrug-resistant nontuberculous mycobacterium. Science. 2016
Nov 11;354(6313):751–7.

12. Wee WY, Dutta A, Choo SW. Comparative genome analyses of mycobacteria give better insights into
their evolution. PLoS ONE [Internet]. 2017 Mar 14 [cited 2020 May 3];12(3). Available from:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5349653/

13. Choo SW, Wee WY, Ngeow YF, Mitchell W, Tan JL, Wong GJ, et al. Genomic reconnaissance of
clinical isolates of emerging human pathogen Mycobacterium abscessus reveals high evolutionary
potential. Sci Rep. 2014 Feb 11;4(1):4061.

14. Ripoll F, Pasek S, Schenowitz C, Dossat C, Barbe V, Rottman M, et al. Non mycobacterial virulence
genes in the genome of the emerging pathogen Mycobacterium abscessus. PloS One. 2009 Jun
19;4(6):e5660.

15. Gagneux S. Ecology and evolution of Mycobacterium tuberculosis. Nat Rev Microbiol.
2018;16(4):202–13.

16. Tan JL, Ng KP, Ong CS, Ngeow YF. Genomic Comparisons Reveal Microevolutionary Differences in
Mycobacterium abscessus Subspecies. Front Microbiol [Internet]. 2017 [cited 2020 May 3];8.
Available from: https://www.frontiersin.org/articles/10.3389/fmicb.2017.02042/full

17. Sapriel G, Konjek J, Orgeur M, Bouri L, Frézal L, Roux AL, et al. Genome-wide mosaicism within
Mycobacterium abscessus: evolutionary and epidemiological implications. BMC Genomics. 2016 Feb
17;17:118.

18. Brockhurst MA, Harrison E, Hall JPJ, Richards T, McNally A, MacLean C. The Ecology and Evolution
of Pangenomes. Curr Biol. 2019 Oct 21;29(20):R1094–103.

19. Rosconi F, Rudmann E, Li J, Surujon D, Anthony J, Frank M, et al. A bacterial pan-genome makes
gene essentiality strain-dependent and evolvable. Nat Microbiol. 2022 Oct;7(10):1580–92.

20. Rousset F, Cabezas-Caballero J, Piastra-Facon F, Fernández-Rodríguez J, Clermont O, Denamur E,
et al. The impact of genetic diversity on gene essentiality within the Escherichia coli species. Nat
Microbiol. 2021 Mar;6(3):301–12.

21. Opijnen T van, Dedrick S, Bento J. Strain Dependent Genetic Networks for Antibiotic-Sensitivity in a
Bacterial Pathogen with a Large Pan-Genome. PLOS Pathog. 2016 Sep 8;12(9):e1005869.

22. Coe KA, Lee W, Stone MC, Komazin-Meredith G, Meredith TC, Grad YH, et al. Multi-strain Tn-Seq
reveals common daptomycin resistance determinants in Staphylococcus aureus. Peschel A, editor.
PLOS Pathog. 2019 Nov 18;15(11):e1007862.

23. Karlinsey JE, Stepien TA, Mayho M, Singletary LA, Bingham-Ramos LK, Brehm MA, et al. Genome-
wide Analysis of Salmonella enterica serovar Typhi in Humanized Mice Reveals Key Virulence
Features. Cell Host Microbe. 2019 Sep 11;26(3):426-434.e6.

24. Allison F. Carey, Rock JM, Krieger IV, Chase MR, Fernandez-Suarez M, Gagneux S, et al. TnSeq of
Mycobacterium tuberculosis clinical isolates reveals strain-specific antibiotic liabilities. PLOS Pathog.
2018 Mar 5;14(3):e1006939.

25. Rifat D, Chen L, Kreiswirth BN, Nuermberger EL. Genome-Wide Essentiality Analysis of
Mycobacterium abscessus by Saturated Transposon Mutagenesis and Deep Sequencing. mBio.
2021 Jun 15;e0104921.

26. Foreman M, Gershoni M, Barkan D. A Simplified and Efficient Method for Himar-1 Transposon
Sequencing in Bacteria, Demonstrated by Creation and Analysis of a Saturated Transposon-Mutant
Library in Mycobacterium abscessus. mSystems [Internet]. 2020 Oct 27 [cited 2021 Mar 7];5(5).
Available from: https://msystems.asm.org/content/5/5/e00976-20

27. Akusobi C, Benghomari BS, Zhu J, Wolf ID, Singhvi S, Dulberger CL, et al. Transposon mutagenesis
in Mycobacterium abscessus identifies an essential penicillin-binding protein involved in septal
peptidoglycan synthesis and antibiotic sensitivity. eLife. 2022 Jun 6;11:e71947.

28. Laencina L, Dubois V, Le Moigne V, Viljoen A, Majlessi L, Pritchard J, et al. Identification of genes
required for Mycobacterium abscessus growth in vivo with a prominent role of the ESX-4 locus. Proc
Natl Acad Sci U S A. 2018 30;115(5):E1002–11.

29. Jackman SD, Vandervalk BP, Mohamadi H, Chu J, Yeo S, Hammond SA, et al. ABySS 2.0:
resource-efficient assembly of large genomes using a Bloom filter. Genome Res. 2017
May;27(5):768–77.

30. Croucher NJ, Page AJ, Connor TR, Delaney AJ, Keane JA, Bentley SD, et al. Rapid phylogenetic
analysis of large samples of recombinant bacterial whole genome sequences using Gubbins. Nucleic
Acids Res. 2015 Feb 18;43(3):e15.

31. Goloboff PA, Farris JS, Nixon KC. TNT, a free program for phylogenetic analysis. Cladistics.
2008;24(5):774–86.

32. Ruis C, Bryant JM, Bell SC, Thomson R, Davidson RM, Hasan NA, et al. Dissemination of
Mycobacterium abscessus via global transmission networks. Nat Microbiol. 2021 Oct;6(10):1279–88.

33. Salazar AN, Abeel T. Approximate, simultaneous comparison of microbial genome architectures via
syntenic anchoring of quiver representations. Bioinformatics. 2018 Sep 1;34(17):i732–42.

34. Davidson RM. A Closer Look at the Genomic Variation of Geographically Diverse Mycobacterium
abscessus Clones That Cause Human Infection and Disease. Front Microbiol [Internet]. 2018 [cited
2020 May 3];9. Available from: https://www.frontiersin.org/articles/10.3389/fmicb.2018.02988/full#B15

35. DeJesus MA, Ambadipudi C, Baker R, Sassetti C, Ioerger TR. TRANSIT--A Software Tool for Himar1
TnSeq Analysis. PLoS Comput Biol. 2015 Oct;11(10):e1004401.

36. DeJesus MA, Gerrick ER, Xu W, Park SW, Long JE, Boutte CC, et al. Comprehensive Essentiality
Analysis of the Mycobacterium tuberculosis Genome via Saturating Transposon Mutagenesis. mBio.
2017 Jan 17;8(1):e02133-16.

37. Sullivan MR, McGowen K, Liu Q, Akusobi C, Young DC, Mayfield JA, et al. Biotin-dependent cell
envelope remodelling is required for Mycobacterium abscessus survival in lung infection. Nat
Microbiol. 2023 Jan 19;1–17.

38. Moore M, Frerichs JB. An unusual acid-fast infection of the knee with subcutaneous, abscess-like
lesions of the gluteal region; report of a case with a study of the organism, Mycobacterium
abscessus, n. sp. J Invest Dermatol. 1953 Feb;20(2):133–69.

39. Nakanaga K, Sekizuka T, Fukano H, Sakakibara Y, Takeuchi F, Wada S, et al. Discrimination of
Mycobacterium abscessus subsp. massiliense from Mycobacterium abscessus subsp. abscessus in
Clinical Isolates by Multiplex PCR. J Clin Microbiol. 2014 Jan;52(1):251–9.

40. Kurtz S, Phillippy A, Delcher AL, Smoot M, Shumway M, Antonescu C, et al. Versatile and open
software for comparing large genomes. Genome Biol. 2004;9.

41. Needleman SB, Wunsch CD. A general method applicable to the search for similarities in the amino
acid sequence of two proteins. J Mol Biol. 1970 Mar 28;48(3):443–53.

42. Brettin T, Davis JJ, Disz T, Edwards RA, Gerdes S, Olsen GJ, et al. RASTtk: a modular and
extensible implementation of the RAST algorithm for building custom annotation pipelines and
annotating batches of genomes. Sci Rep. 2015 Feb 10;5:8365.

43. Stamatakis A. RAxML version 8: a tool for phylogenetic analysis and post-analysis of large
phylogenies. Bioinformatics. 2014 May 1;30(9):1312–3.

44. Long JE, DeJesus M, Ward D, Baker RE, Ioerger T, Sassetti CM. Identifying essential genes in
Mycobacterium tuberculosis by global phenotypic profiling. Methods Mol Biol Clifton NJ.
2015;1279:79–95.

45. Benjamini Y, Hochberg Y. Controlling the False Discovery Rate: A Practical and Powerful Approach
to Multiple Testing. J R Stat Soc Ser B Methodol. 1995;57(1):289–300.

Figures and Legends

A

B

547
Figure 1: Phylogenetic Relationship of *Mab* Clinical Isolates. (A) Phylogenetic tree of 25 Mab
clinical isolates and 5 reference strains. The tree is generated based on genome-wide SNPs, using
Gubbins to filter out genomic regions potentially affected by recombination. Strains with transposon
mutant libraries are marked with an '*' **(B)** Global phylogenetic tree of *Mab* clinical isolates using genomes
of 307 clinical isolates from Bryant *et al.*, 2016. Strains in the lab are labeled with an arrow. Red arrows
indicate strains that have transposon-mutant libraries.
554
555

556
Figure 2: *Mab* has a large accessory genome. **(A)** Flower Pot diagram showing the breakdown of core
and accessory genes in lab *Mab* clinical isolates. The outer leaflets represent the number of accessory
genes in each clinical isolate. Strains are arranged counterclockwise based on the degree of similarity to
the reference strain by core genome. **(B)** (*left*) Breakdown of accessory genome content in each clinical
isolate. (*right*) Percentage of accessory gene content shared by the reference strain. **(C)** Number of ORFs
present in the clinical isolates **(D)** Categorization of ORFs in the pan-genome.

A

Heatmap of Differentially Required Genes Identified by ANOVA

Figure 3: Summary of ANOVA results. (A) Heatmap depicting the log-2-fold-change (LFC) of insertion counts for the 425 differentially required genes in all isolates. (B) Essentiality category of the differentially essential genes in the ATCC 19977 reference strain.

567
568 **Figure 4: Principal Component Analysis of ANOVA Hits. (A)** Principal components (PC) 1 & 2 of
569 differentially required genes by ANOVA. **(B)** PC 3 & 4 **(C)** Phylogenetic tree of *Mab* clinical isolates
570 shaded with rectangles highlighting clusters. **(D)** Percentage of variance explained by each of the
571 principal components. **(E)** Plot depicting the top 10 contributing genes to the variance of PC 1 & 2.

572
573 **Figure 5: Sub-species and lineage-specific gene requirement (A)** Genes specific to the reference
574 ATCC 19977 strain **(B)** Subspecies-specific genes that separate *abscessus* and *massiliense* subspecies.
575 **(C)** (*left*) Genes that are differentially required in cluster 1. (*right*) Schematized phylogenetic relationship
576 of strains in cluster 1.

577
Figure 6: Network analysis of differentially required genes. (A) Correlation of transposon insertions
between 3 gene pairs **(B)** Cluster 7 depicting 13 genes that are correlated with each other. Genes marked
with blue stars are shown in panel A. **(C)** Network analysis depicting five additional clusters of 19
identified. Cluster 7 is highlighted by a dashed circle.

582
Figure 7: **Genetic requirement differences in carbon metabolism genes among clinical isolates. (A)**
584 Schematic of genes in central carbon metabolism in *Mab*. All heatmaps showcase log-2-fold-change
585 (LFC) relative to the reference strain. Genes with significant differences in LFC are highlighted with an "*"
586 indicating a p-adj < 0.05. **(B)** CFU assay of *pckA* or *sdhB* clinical isolate knockdowns.

587
588 **Supplemental Figure 1: Summary of TnSeq data. (A)** Schematic of TnSeq experiment. **(B)**
589 Transduction efficiency (CFU/PFU) of *Mab* clinical isolates. (**C**) Percent saturation of TnSeq libraries. The
590 dotted line demarcates 30% library saturation used as a threshold for study inclusion.

A.

B.

591
592 **Supplemental Figure 2: Comparison of *M. tuberculosis* and *M. abscessus* essential genes. (A)**
593 Overlap of conserved essential genes between *Mtb* and *Mab*. **(B)** Enriched COG pathways of shared
594 essential genes between *Mtb* and *Mab*. Pathways demarcated with an "*" indicate p-adj < 0.05.

Supplemental Figure 3: Summary of gene essentiality category across *Mab* clinical isolates.

A.

597
598
Supplemental Figure 4: Analysis of shared essential genes in *Mab* clinical isolates. Analysis of
clade-specific essentials in *Mab* clinical isolates. The HMM calls of the clade-specific genes across all
21 *Mab* isolates (ignoring genes with low-confidence calls, marked with an asterisk). The phylogeny of the
21 isolates is depicted above with the *massiliense* clade (includes all *massiliense* isolates) in yellow, the
abscessus clade 1 in blue, and *abscessus* clade 2 in green. The highlighted gray genes are seen in
Figure 5, depicting lineage-specific gene essentiality.

A

608 **Supplemental Figure 5: Pairwise Resampling Heatmap Matrix.** Each number in comparison
609 represents the differentially required genes between two clinical isolates. Top left corner represents
610 subsp. *massiliense – massiliense* comparisons. Bottom right comparisons represent subsp. *abscessus –*
611 *abscessus* comparisons with strains more closely related to the ATCC 19977 reference strain.

613
614
615
616 **Supplemental Figure 6: Fold Repression of *pckA* and *sdhB*. (A).** Fold repression of *pckA* as
617 measured by RT-qPCR. "*" signifies $p < 0.05$ by student's t-test. **(B)** Fold repression of *sdhB* as measured
618 by RT-qPCR.