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Metabolic specialization drives reduced pathogenicity in *Pseudomonas aeruginosa* CF clinical isolates

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Abstract

Metabolism provides the foundation for all cellular functions. During persistent infections, in

adapted pathogenic bacteria metabolism functions radically differently compared with more

naïve strains. Whether this is simply a necessary accommodation to the persistence

phenotype or if metabolism plays a direct role in achieving persistence in the host is still

unclear. Here, we characterize a convergent shift in metabolic function(s) linked with the

persistence phenotype during *Pseudomonas aeruginosa* colonization in the airways of people

with cystic fibrosis. We show that clinically-relevant mutations in the key metabolic enzyme,

pyruvate dehydrogenase, lead to a host-specialized metabolism together with a lower

virulence and immune response recruitment. These changes in infection phenotype are

mediated by impaired type III secretion system activity and by secretion of the antioxidant

metabolite, pyruvate, respectively. Our results show how metabolic adaptations directly

impinge on persistence and pathogenicity in this organism.

Introduction

Difficult to treat bacterial infections are increasing around the world [1]. While antibiotic

resistance is a major cause of treatment failure, other less characterized mechanisms rooted

in the complexity of the host-pathogen interactions are also substantial contributors to

persistence [2]. Genetic variants with high tolerance to stresses, host and immune evasion

capabilities and low virulence are often specifically selected for in persistent infections since

they provide higher within-host fitness [3,4]. In people with cystic fibrosis (pwCF), for example,

opportunistic pathogens such as *Pseudomonas aeruginosa* colonize the airways and establish

persistent infections lasting for more than 30 years. During the infection, they differentiate

into heterogeneous populations specifically evolved for the host microenvironment [5–7].

Surprisingly, antibiotic resistance is not the initial driver of persistence since bacteria retain

antibiotic susceptibility for years after colonization [8]. Seemingly, these populations use

mechanisms of persistence such as biofilm formation, loss of flagella and virulence factors,

growth rate reduction, immune escape, and metabolic specialization to hide from the

immune system and withstand the antibiotic treatment [2]. These mechanisms usually fall

below the detection radar since, in simple laboratory conditions, without the intrinsic

complexity of the host environment and its interactions with the bacteria, no assumptions on the persistence of such populations can be made. However, these mechanisms are relevant for the overall persistence of the infecting population, possibly being the main drivers of the initial host colonization before the insurgence of antibiotic resistance.

One hypothesis is that metabolic specialization strongly influences the host-pathogen interactions and leads to persistence [9,10]. Metabolism of bacterial pathogens is, indeed, a central process involved both in cell duplication and in virulence. In many infections, the nutrient composition of the host microenvironment provides an environmental cue for bacterial pathogens to activate their virulence repertoire [10]. Abnormalities in calcium homeostasis, nutrient limitation or change in pH can for example trigger the type III secretion system (T3SS) cascade in several bacterial species, activating the secretion of virulence effectors promoting colonization of the host [11–14]. In *P. aeruginosa*, the T3SS has a key role during infection, since through its injectosome and secreted factors, it subverts the host cell machinery influencing both invasion, growth, and host immune response [11,15,16]. Similarly, metabolism-dependent processes such as biofilm production and mucoidy provide shielding from antibiotics and immune cells and are generally associated with worse prognoses [17–19]. Furthermore, crosstalk between bacteria and immune cells through exchange of bacterial and host metabolites has additionally revealed the importance of metabolism in determining the outcome of an infection [20–22]. Importantly, metabolism is not a static function; it dynamically changes to support cell growth and virulence specifically for each host and type of infection. Clinical strains of *P. aeruginosa* that infect pwCF, have been shown to modify their metabolic preference to accommodate the specific nutrient composition of the airways [23,24]. Auxotrophy, specialized assimilation of carbon sources, secretion of high value metabolites and differential oxygen requirements of adapted clinical strains ensure appropriate functionality of the cell and support the phenotype requirements in the host [9]. However, it is still unclear if and how metabolic specialization directly contribute(s) to persistence [23,25]. Furthermore, the specific selective forces (for example antibiotic treatment or the immune system) leading to metabolic specialization still remain uncharacterized. Few examples of laboratory studies in *P. aeruginosa* and *Escherichia coli* have suggested the involvement of specific metabolic mutations with changes in antibiotic susceptibility and virulence [26–30]. However, limited knowledge is available on their relevance and purpose in clinical isolates of

P. aeruginosa during an infection. Moreover, the extent to which metabolic specialization *per*
se provides a specific fitness advantage or if it is merely a downstream effect of
accommodating other essential phenotypes still remains unknown. For example, it has been
shown that overexpression of multidrug efflux pumps causing antibiotic resistance, can lead
to rewired metabolism to compensate for its fitness cost [31]. However, if such mechanism is
generalizable and if it specifically contributes to persistence is still undisclosed. Importantly,
previous metabolic characterizations of clinical strains were carried out only on a limited
number of isolates and/or on bacterial cultures at one specific growth phase (exponential or
stationary phase) lacking the dynamicity of metabolic processes. Because of technical
challenges related to the complexity of dynamic metabolomic analysis and its interpretation,
large scale analyses of populations of clinical isolates that account for the inherent dynamicity
of metabolism have so far been lacking. Moreover, the effect of metabolic specialization on
the host-pathogen interactions remains unclear, limiting the understanding of its contribution
to persistence [2,32]. It is, therefore, crucial to systematically identify and characterize new
mechanisms of metabolic specialization to build a comprehensive understanding of the
contribution of metabolism to persistence. Such efforts will provide new understanding of
treatment failure and unravel new pathogen vulnerabilities and therapeutic options, which
are currently overshadowed by the focus on increasing antibiotic resistance.

Here, we identify and characterize molecular mechanisms of metabolic specialization
occurring in clinical strains of *P. aeruginosa* during persistence in pwCF, which have an impact
on the relationship between the host and the pathogen and, therefore, persistence. By
analyzing in detail, the metabolic and proteomic profiles of clinical strains from pwCF at
different stages of within-host evolution, we identified distinct metabolic configurations
characterized by CF-specific nutrient assimilation and secretion patterns. This was caused by
metabolic mutation and changes in proteome allocation. Additionally, we characterized a
specific mechanism of metabolic specialization involving the pyruvate dehydrogenase
complex (PDHc), which is essential for the processive flux of pyruvate through central carbon
metabolism. Surprisingly, recombinant strains containing single mutations in the PDHc show
decreased infection capabilities and immunogenicity in an Air-Liquid Interface (ALI) infection
model system. These strains display a chronic infection phenotype and an increased secretion
of pyruvate, which is an important scavenger of reactive oxygen species (ROS) and has known

anti-inflammatory properties [33–35]. Importantly, these mutations are widespread in clinical

isolates of *P. aeruginosa* from different patients and infection scenarios. This suggests that

metabolic specialization might be specifically selected for during the early stages of an

infection by limiting host-dependent inflammation. Altogether these results provide a

rationale for metabolic specialization during CF airway infections.

Results

Strain collection for metabolomic analyses

To identify molecular mechanisms of metabolic specialisation which modify the interactions

between the host and the pathogen occurring during the infection of pwCF, we selected from

our longitudinal collection of 474 *P. aeruginosa* clinical strains [36] pairs of early (*_E; first *P.*

aeruginosa isolated from the person) and late (*_L) clinical isolates, longitudinally isolated

from eight different pwCF (Fig. 1a). To increase the odds of selecting strains presenting

undisclosed mechanisms of metabolic specialization, we used growth rate as a proxy for

within-host evolution. Previous studies have, indeed, shown that slow growth is an important

phenotype associated with adaptive evolution to the CF airways, appearing within the first 2-

3 years of the infection [8]. The genome of each isolate had been previously sequenced and

their genotype determined [36]. Specifically, each pair of early and late clinical isolates are

phylogenetically related, and belong to the same "clone type" (defined as genomes sharing

more than 10,000 SNPs) (Fig. 1a). Each pwCF was colonized by a distinct clone type with

evolutionary histories spanning between 1.4 and 7 years (Table S1). This strategy allowed us

to investigate metabolic adaptations in a diverse collection of 16 clinical strains belonging to

8 distinct clone types. When grown in Synthetic Cystic Fibrosis Medium 2 (SCFM2) (which has

been formulated to resemble the CF mucus composition [37]), early isolates showed a high

growth rate, comparable to the reference strain, PAO1. Conversely, late isolates showed a

2.2- to 5.1-fold reduction in growth rate, in addition to a lower maximal optical density (paired

t test, P = 0.002) (Fig. 1a-b). Moreover, some late isolates were unable to grow in minimal

medium in presence of single carbon sources such as glucose, lactate or succinate, indicative

of a metabolic constraint such as auxotrophy [38] (Fig. 1c).

Within-host evolution selects for specialized metabotypes

To evaluate the degree of metabolic specialization in the clinical isolates, dynamic exo-

metabolomics was performed on cells growing in SCFM2 (Supplementary Data 1). This

approach allows for analysis of the assimilation and secretion patterns of specific metabolites

during the growth of each isolate, providing a dynamic snapshot of their metabolic activity.

PCA of the extracellular metabolomes revealed the presence of three distinct specialized

metabolic configurations in late strains, hereafter defined as "adapted metabotypes" (DK15

and DK55 metabotype 1; DK12 metabotype 2; DK03, DK13 and DK36 metabotype 3). These

metabotypes separate the late isolates from each respective early isolate and from the rest

of the non-adapted metabotypes, hereafter defined as "naïve metabotypes" (Fig. 2a). Note

that whereas PCA emphasizes the largest differences in the metabolomic profiles, the

hierarchical cluster analysis (HCA) clearly separates the early strains from the late strains,

indicating a certain degree of metabolic specialization in all late isolates (Fig. 2b). Indeed, both

the hierarchy of assimilation (metabolite half-lives, OD_{50}) which represents the order of

assimilation of the available carbon sources, and the secretion of metabolites differ between

early and late isolates (Fig. 2c-d). Specifically, adapted metabotype 1 is associated with

reduced assimilation of Lys, Gly, Ile, Leu, Phe, Thr, Tyr and Val, and secretion of pyruvate by

strain DK55 late; metabotype 2 shows increased assimilation of glucose, Ala, Asp, Glu, Gly,

Pro, Ser, Arg and His, and secretion of a high amount of pyruvate; and metabotype 3 shows

increased assimilation of glucose and lactate, differential assimilation of Ala, Asp, Glu, His and

Pro and secretion of pyruvate by strain DK36 late (Fig. 2c-d). Late DK13, DK36 and DK41 strains

secrete a low amount of formate whereas all late isolates secrete acetate, albeit at different

concentrations and with different growth-dependent profiles (Fig. 2d). Unsurprisingly, the net

balance between assimilated and secreted metabolites (total mM) varies between early and

late strains (Fig. 2e), which positively correlates with the lower biomass of the late isolates

(Pearson's r = 0.9; P = 0.0023) (Fig. 1b and 2e). In other words, a high percentage of

assimilated carbon sources are catabolized in the late isolates and secreted back into the

culture medium, thus limiting their availability for biomass production. This suggests either a

specific metabolic configuration for the late isolates - the objective of which is not biomass

accumulation - or an apparent inefficient metabolism.

Changes in proteome allocation supports the metabolic specialization of clinical isolates

To test the hypothesis that the observed metabolic specialization is partially rooted in changes in expression of proteins involved in cellular metabolism, we analysed the proteome of each clinical strains. To this end, we performed whole cell proteomics to compare protein expression profiles between PAO1, early, and late strains (comparisons being early *vs* PAO1, late *vs* PAO1 and late *vs* early). This allowed us to evaluate proteome changes in the clinical isolates relative to a laboratory reference strain (early *vs* PAO1, late *vs* PAO1) and to identify in the clinical isolates possible molecular mechanism(s) underpinning the metabolic specialization we observed (late *vs* early). Of the 2061 proteins identified, 740 were differentially expressed in at least one comparison (early *vs* PAO1 or late *vs* early) (Supplementary Data 2). Similar to the metabolomic analysis, PCA readily separated the proteome of the late isolates from that of the early isolates, suggesting that changes in metabolite profiles might be rooted in the proteome (Fig. 3a, b). Most of the early and some of the late proteomes colocalized with the reference strain PAO1, indicating little or no changes in proteome allocation (Fig. 3a, b). However, the proteome of the late isolates of lineages DK12, DK17, DK36, and DK55 separated from the respective early strains to form a cluster of adapted proteomes (Fig. 3a, b). Notably, the DK03 strains formed an independent cluster, indicative of a lineage specific proteomic signature (Fig. 1a and 3a, b).

A similar relationship between the proteomes is obtained through HCA, specifically when considering the 235 differentially expressed proteins (late *vs* early comparison) belonging to the Clusters of Orthologous Groups (COG) categories involved in metabolism (Fig. 3c). The adapted metabotypes DK12, DK36 and DK55 and DK17 (cluster B) separate from the naïve metabotypes (cluster A) supporting our hypothesis that metabolic specialization is likely rooted in changes in expression of proteins involved in cellular metabolism (Fig. 3c). Notably, cluster B is characterized by a higher number of differentially expressed proteins in the categories of amino acids and lipid metabolism, and energy production and conversion relative to cluster A (Fig. 3d and Fig. S1a). Similarly, several categories of proteins involved in the metabolism of amino acids, fatty acids, and sugars are statistically enriched in naïve and adapted clone types (Fig. S1b) providing a molecular explanation for the altered hierarchy of assimilation of the carbon sources and the reduced growth rate of the late adapted metabotypes (Fig. 2c, d).

Although late strains of DK12, DK36, DK55 belong to different metabotypes, their proteomes

move in the same direction (Fig. 3a-c). This indicates that largely similar proteomes can

sustain distinct metabolic configurations which ultimately depend on the metabolic fluxes

thorough specific pathways and on their regulation. We note that, in the case of strain DK17_L

(cluster B) (Fig. 3a-c), although our metabolomic analysis did not detect any major metabolic

rewiring (Fig. 2a, b), its proteome reorganization could be related to other metabolic

processes which were not analysed in our study.

Interestingly, several enzymes belonging to the Entner-Doudoroff/Embden-Meyerhof-

Parnas/Pentose Phosphate (EDEMP), and tricarboxylic acid (TCA) cycle pathways are up-

regulated in the early and late strains relative to PAO1, indicating that enzymes involved in

central carbon metabolism converge to a configuration that is optimal for exploiting the

airway's resources (Fig. 3e and S2). For example, our metabolomic data show that several late

strains (belonging to metabotypes 2 and 3) exhibit increased glucose assimilation, which is in

agreement with the increased expression of pathways involved in glucose assimilation

(enzymes 3, 11, 12, 18) (Fig. 3e). Similarly, fumarate hydratase (enzyme 33) together with the

enzymes involved in Trp, Phe and Tyr catabolism (enzymes 65 and 66) shows increased

expression, likely to better accommodate the increased assimilation of amino acids

catabolized through the TCA cycle (Fig. 3e). This result is corroborated by the changes in

expression (both increased and decreased) in late *vs* early strains of several enzymes involved

in amino acid, glucose, and lactate catabolism, and of their respective transporters (Fig. 3e).

This proteome configuration supports the hypothesis that overflow of amino acids through

central carbon metabolism might be the cause of increased pyruvate secretion in the late

strains of DK12, DK36 and DK55 (Fig. 2d and 3e).

Changes in virulence traits during within patient evolution

To evaluate the relationship between metabolic specialization and virulence, we analysed

which differentially expressed proteins were enriched when comparing late *vs* early isolates.

Interestingly, most of the changes (based on their KEGG and GO categories) are directed

towards adaptation to the infection environment, redox balance and virulence (Fig. 4a and

S1b). For example, most of the lineages show expression changes in phenazine biosynthesis

(KEGG) and secondary metabolite(s) biosynthetic process (GO), both of which are deeply

involved in redox-balance, cell homeostasis, metabolism and virulence [39,40].

Several changes in protein expression are already apparent in early strains relative to PAO1

indicating a different response of clinical strains to the airway-like conditions accompanying

growth in SCFM2 (Fig. 4a). Specifically, early strains show increased expression of proteins

involved in alginate production, hydrogen cyanide (HCN), phenazine biosynthesis and PQS

(the _Pseudomonas_ _q_uinolone _s_ignal), and decreased expression of proteins involved in flagella

biogenesis, lipopolysaccharide (LPS) O-antigen metabolism and pyoverdine production, which

are all hallmarks of an acute infection phenotype (Fig. 4b). Early stage colonization and acute

infection are thought to require expression of several virulence factors promoting host tissue

injury and immune response impairment [41]. By contrast, the adapted metabotypes - and

specifically strains belonging to cluster B (DK12, DK17, DK36 and DK55) - show convergent up-

regulation of proteins related to alginate, phenazine, PQS and the type VI secretion system

(T6SS), suggesting that metabolism plays an active role in regulating virulence and the chronic

infection phenotype (Fig. 4c and S3). Reduced virulence and cytotoxicity is advantageous for

long-term infection and the establishment of a persistent infection [42]. Interestingly, the DK12

late strain also shows lower expression (-3-fold) of the type III secretion system (T3SS) toxin,

ExoT, which is known to play a role in preventing phagocytosis, in the induction of cytoskeletal

reorganization, and in host cell apoptosis [15]. Overall, the identified pattern of proteomic

changes suggests that the early isolates manifest reduced immunogenicity relative to PAO1,

with an even greater reduction being associated with the late isolates. This is consistent with

their persistence during CF airway infections [42].

aceE and aceF mutations leads to metabolic specialization and impaired virulence

From the previously published genome sequences [36], we searched for mutations in the

genome of each clinical isolate which might explain the secretion of pyruvate and the

metabolic specialization of late isolates. In particular, we focused on those genes encoding

the phospho_enol_pyruvate-pyruvate-oxaloacetate node (Fig. 3e), since such mutations might

be expected to lead to elevated pyruvate secretion. This led to the identification of mutations

in genes encoding the pyruvate dehydrogenase complex (PDHc), _aceE_ and _aceF_, in late strains

of DK12 and DK36, respectively. The PDHc catalyses the conversion of pyruvate to acetyl-CoA, connecting sugar metabolism with the TCA cycle (Fig. 3e). Interestingly, the *aceE* and *aceF* genes are candidate pathoadaptive genes, suggesting positive selection for such mutations in pwCF [36]. In our strain collection of 474 isolates from 34 pwCF [36], we identified the presence of 18 different *aceE/aceF* mutations (4 indels and 14 SNPs, of which 3 were silent) in 18 separate lineages. These lineages were present in more than half of the patients, supporting the hypothesis that modulation of the PDHc might be selected for during airway infections (Fig. S4). Moreover, *in-situ* expression of the *aceE* and *aceF* genes is reduced in sputum samples collected from chronically infected pwCF [36,43]. This suggests an undescribed role of the PDHc activity which connects central carbon metabolism and pathogenicity during infection.

The DK12_L and DK36_L strains contained a +TCCC duplication at position 813 in *aceF*, and a T→C transition at position 551 in *aceE*, respectively (Fig 5a). To evaluate the contribution of these mutations to the bacterial phenotype, independent of the underlying historical contingency of the clinical strains, we generated recombinant PAO1 derivative strains containing the same mutations. The *aceF* mutation leads to a frameshift starting from Lys 273, whereas the *aceE* mutation leads to a Phe→Ser amino acid change. The recombinant *aceE* and *aceF* mutant strains show reduced growth rate (Fig. 5b) and increased secretion of pyruvate (maximal pyruvate accumulation by the *aceE* mutant was 0.5 mM, whereas for *aceF*, the value was 13 mM) (Fig. 5c). By comparison, maximal pyruvate accumulation by the DK12_L and DK36_L late strains was 8.5 mM and 4.6 mM, respectively (Fig. 2d). The PAO1-derived *aceE* mutant strain clearly has a milder phenotype (a smaller reduction in growth rate and lower pyruvate secretion) compared with the *aceF* mutant strain, suggesting partial functionality of the PDHc. Indeed, we were able to fully restore the growth phenotype of the *aceE* strain by supplementing the bacterial culture with acetate (to replenish the pool of acetyl-CoA), whereas this only partially restored growth in the *aceF* mutant strain (Fig. 5b). These data confirm that the frameshift in *aceF* has a much greater impact on PDHc activity than the SNP in *aceE*. Surprisingly, phenotypes such as biofilm formation, motility, redox susceptibility, pyoverdine production, and antibiotic susceptibility showed no statistical difference between the PAO1 wild-type strain and the *aceE* and *aceF* mutant strains, except for a slight decrease in twitching motility and mildly increased tobramycin susceptibility (Fig. S5).

To characterize the effect of the *aceE* and *aceF* mutations more broadly, we performed whole

cell proteomics on the *aceE* and *aceF* recombinant strains (and on the PAO1 progenitor) in

presence and absence of acetate. In total, we quantified 3246 proteins and identified 449 as

differentially expressed in at least one comparison of either mutant *vs* wild-type strain or of

mutant strain in presence *vs* absence of acetate (Supplementary Data 3). In the absence of

acetate, the proteome of the *aceE* and *aceF* mutant strains was clearly different compared

with that of PAO1 (Fig. 5d). PC1, which encompasses >50% of the variance in the dataset,

separated the *aceF* strain proteome from that of PAO1, whereas the proteome of the *aceE*

mutant was more similar to that of PAO1, separating along PC2 (accounting for just 20% of

the total variance in the dataset, Fig. 5d). As previously noted, supplementation of the growth

medium with acetate benefited both the *aceE* and *aceF* strains, with both proteomes moving

closer to that of PAO1 (Fig. 5d). This effect was greater in the *aceF* mutant strain, where

growth in acetate decreased the number of up-regulated proteins (cf. PAO1) by more than

half (from 301 to 126) (Fig. 5e). Unsurprisingly, the expression of several enzymes involved in

pyruvate and acetyl-CoA metabolism (e.g., lactate dehydrogenase (41), acetyl-coenzyme A

synthetase (6), citrate synthase (28)) return to wild-type levels following the addition of

acetate (Fig. 5f and S6a). Similarly, for the clinical isolates DK12_L and DK36_L, the categories

of proteins involved in amino acid/lipid metabolism and energy conversion presented the

largest number of differentially expressed proteins (Fig. S6b). Moreover, proteins involved in

terpene, propionate, isoprenoid and branched-chain amino acid metabolism (all of which are

directly connected to pyruvate and acetyl-CoA metabolism) were statistically enriched in the

PAO1-derived *aceF* mutant, indicating a reorganization of both central and peripherical

pathways to cope with reduced synthesis of acetyl-CoA (Fig. S6c). The PAO1-derived *aceE*

mutant strain also shows an extreme down-regulation of the oxygen-sensing transcriptional

regulator Dnr, which is known to be required for denitrification but also regulates acetate

metabolism and the T6SS [44–46]. This mirrors the down-regulation seen specifically for cluster B

of the clinical isolates (Fig. 3c), which may suggest a role for Dnr down-regulation in metabolic

specialization (Fig. S6d).

Importantly, the *aceE* and *aceF* mutant strains show increased expression of proteins involved

in alginate production and T6SS, as well as decreased expression of proteins involved in the

T3SS, including the secreted factor ExoT (in strains *aceF* and DK12_L) (Fig. 5g and

Supplementary Data 3). This indicates that the *aceE* and *aceF* mutations contribute to the

expression profile of virulence determinants shown by the late clinical isolates of DK12 and

DK36 (Fig. 4, 5g and Supplementary Data 3).

Pyruvate dehydrogenase mutations modulate pathogenicity in ALI culture infections

To test whether the secretion of pyruvate and the reduced expression of virulence

determinants in the PAO1-derived *aceF* and *aceE* mutant strains lead to reduced infectivity,

we performed host-bacteria infections using an ALI infection model system. This model

system is composed of mucociliated differentiated airway epithelial cells which represent the

airways and provides insights into the host response including epithelial damage and

recruitment of the immune system. Overall, the *aceF* mutant strain displayed a broad

suppression of virulence, including reduced epithelium damage and innate immune

recognition during the infection (Fig. 6). The transepithelial electrical resistance (TEER) which

quantifies the integrity and permeability of the epithelial layer, LDH release which quantifies

the epithelium cellular damage, and the bacterial count which quantifies the growth and

penetration of the bacteria through the epithelium to the basolateral side of the ALI

transwells, all showed reduced values after 14 h of infection by the *aceF* mutant, compared

with the PAO1 reference strain (Fig. 6a). This is in line with the behaviour of a *ΔpscC* mutant

strain defective in T3SS, which also shows severely reduced virulence (Fig. 6a). By contrast,

the *aceE* strain elicited epithelial damage similar to PAO1, indicating that the mutation does

not influence bacterial penetration (Fig. 6a). This is consistent with the proteomic analysis

showing no significant differential expression in this strain for proteins involved in T3SS which

is the leading cause of epithelial damage (Fig. 5g). However, both the *aceE* and *aceF* strain

together with the *ΔpscC* mutant strain elicit lower interleukin 8 (IL-8) release, a cytokine that

is secreted by epithelial cells and is necessary for the recruitment of the immune system at

the site of infection (Fig. 6b). Such reduced recognition from the epithelial layer of the *aceE*

and *aceF* strains might depend on the secretion of bacterial pyruvate, which is known to

mediate the inflammatory response in both the epithelium and the immune cells [34,35,47]. These

results are corroborated by confocal microscopy data, which show a similar colonization

profile on the airway epithelium of the PAO1 and *aceE* strains, and of the *aceF* and *ΔpscC*

respectively. It is worth noting that nuclei shedding, seen as nuclei (in blue) being pushed to

the apical side of the epithelium (in red), was observed only for PAO1 and not for the *aceE*

mutant strain (Fig. 6c), which may suggest a slight reduction in the aggressiveness of the

infection. This mechanism of reduced cellular damage and reduced immunogenicity seems

not to depend on the growth defect associated with the *aceF* strain, since the *ΔpscC* strain

shows comparable aggressiveness to the *aceF* mutant strain but a wild type-like growth rate.

Importantly in our longitudinal collection of clinical *P. aeruginosa* strains, 18 different lineages

(specific clone types obtained from different pwCF; 89 isolates) harboured mutations in the

aceE and *aceF* genes and/or additional mutations in T3SS genes [36]. In 9 lineages, PDHc

mutations are present alone or anticipate additional T3SS mutations. In 7 lineages, T3SS

mutations precede PDHc mutation or both systems are mutated at the same time (4 lineages)

already in the first isolate of the lineage (Fig. S7). Altogether these results suggest a role for

the *aceE* and *aceF* mutations prior to those affecting the T3SS. Moreover, they provide direct

evidence of the contribution of metabolism to bacterial virulence and to the persistence

phenotype.

Discussion

Metabolism constitutes a central process which is specifically regulated and optimized

according to the nutritional resources available and the phenotypic requirements of the cell.

Several studies have shown that metabolic specialization occurs in clinical isolates of *P.*

aeruginosa [5,9,23,24,48]. However, little is known about whether this metabolic specialization is

simply an accommodation for other significant fitness gains, i.e. metabolic compensation for

phenotypes with high fitness cost, or whether it is specifically selected to enable increased

persistence in the host.

By analysing a range of longitudinal clinical isolates of *P. aeruginosa*, we found that all

infection lineages underwent a substantial metabolic rewiring. This includes CF-specific

patterns of carbon source (amino acids, sugars and organic acids) assimilation and

fermentation (acetate secretion). These metabolic changes, in turn, are associated with

changes in proteome allocation potentially driven by mutations in metabolic genes. Adapted

strains harbouring mutations in genes (*aceE* and *aceF*) encoding the PDHc are characterized

by a chronic-like phenotype (T3SS down-regulation, up-regulation of the T6SS, phenazines,

the alginate biosynthetic pathway, and slow growth) suggesting that these mutations confer

a selective advantages in the host [4]. Moreover, adapted strains secrete large amounts of

pyruvate, which is an important mediator of inflammation in the host [34]. Reconstitution of

clinical *aceE* and *aceF* mutations in a defined laboratory strain (PAO1) revealed that these

mutations elicit reduced stimulation of the immune system and reduced epithelial layer

penetration when compared with the isogenic wild-type progenitor strain (PAO1), which

exhibits a highly virulent phenotype similar to that associated with acute infection. These

findings are consistent with the notion that strains with reduced virulence are selected during

within-patient evolution in pwCF to reduce host tissue damage and limit the activity of the

immune system [49]. Such reduced aggressiveness in the *aceF* mutant strain appears to be

mediated by lower expression of the T3SS effector, ExoT, which induces apoptosis in host cells

[15,16]. This is consistent with previous studies showing that mutations in the PDHc-encoding

genes lead to repression of T3SS in *P. aeruginosa* [30,50]. Mutations in the enzyme *iso*citrate

lyase, involved in the glyoxylate shunt of the TCA cycle, have also been associated with

reduced T3SS activity, suggestive of a direct correlation of metabolism to virulence [28]. This is

the case for the DK15 late isolate in our collection, which shows reduced expression of

*iso*citrate lyase together with suppression of the ExoT exotoxin. Importantly, *aceE* and *aceF*

mutations mostly precede mutations in the T3SS-encoding genes, indicating a fundamental

and broader role of the PDHc mutations during evolution in the host. Moreover, the diversity

of *aceE* and *aceF* mutations indicate that the activity of the PDHc can be fine-tuned

accordingly to the specific host environment and consequently lead to different infection

outcomes. Indeed, while the *aceE* mutant strain (carrying just a SNP) shows comparable

aggressiveness to PAO1 but reduced recruitment of the immune system (IL-8 secretion), the

aceF mutant strain (carrying a frameshifting indel) combines the effect of the reduced

aggressiveness and that of the reduced immune recruitment.

It is worth noting that pyruvate, in addition to its crucial role as intermediate of central carbon

metabolism, is a potent scavenger of ROS which use has been suggested as an anti-

inflammatory treatment in several diseases [33,47]. Due to the sustained activation of neutrophils

and other defects in the homeostatic processes of pulmonary epithelia in CF airways, an

abnormal flux of ROS is present which can be alleviated by the bacterial pyruvate secretion [51].

It has been shown that treatment of human lung epithelial cells with pyruvate reduces the

inflammatory response by reducing the production of IL-8 [52,53]. It induces a potent shutdown of the response to LPS in dendritic cells [54] and reduces alveolar tissue destruction in a COPD model system [55]. Similarly, inhibition of the PDHc and redirection of the pyruvate flux has been suggested both as a potential anti-inflammation therapy for chronic metabolic diseases [56] and as a cancer treatment [57]. Moreover, fine-tuning of the flux through the mitochondrial PDHc in macrophages and dendritic cells is key for regulating their polarization and thus the balancing between pro- and anti-inflammatory responses [35,58]. LPS-induced polarization of macrophages is prevented by pharmacological inhibition of pyruvate import into the mitochondria [59]. Moreover, flux through the PDHc controls the production of the antibacterial immunometabolite itaconate by macrophages [60–63].

The metabolic specialization and specifically the PDHc dysregulation seen in the clinical isolates may, therefore, serve as a mechanism for ensuring active pyruvate secretion and suppression of the immune system by a mechanism of cross-feeding. The evolutionary benefit of such a mechanism of host-pathogen crosstalk during persistent infections may explain why, in many cases, ROS produced in the CF airways appear to select for metabolic specialization in *P. aeruginosa* [64]. Moreover, the consequent phenotypic change of metabolically adapted strains limits epithelial damage to avoid any further inflammation. Indeed, changes in T3SS, T6SS, phenazines, alginate biosynthesis, and growth physiology are all hallmarks of a transition from an acute (high virulence) to a chronic (low virulence) phenotype which are specifically selected for during colonization of pwCF [4,49]. These combined mechanisms of cross-feeding and reduced virulence in turn promote persistence in the host by a change in the infection microenvironment which can benefit the entire population of infecting bacteria. Moreover, they can provide a rationale for the broad accumulation and maintenance of PDHc mutations in *P. aeruginosa* clinical CF isolates and the reduced expression of the PDHc in sputum samples [36,43]. This suggests a highly complex and near universal role of the pyruvate node in regulation of both host and pathogen (and their respective functions *in vivo*) through a conserved central metabolite. Such a mechanism might be engaged years before the development of antibiotic resistance, because of its high relevance for the establishment of a chronic phenotype.

The mechanism of metabolic specialization presented here is only one of many different mechanisms that *P. aeruginosa* might use for long-term survival in the host. However, the

connection between metabolic behaviours and virulence phenotype (acute or chronic) are
still poorly characterized, limiting our capacity to design treatments that counteract such
processes. While our work focuses on a limited collection of clinical strains, a systematic
analysis of the heterogeneous populations infecting pwCF is necessary to fully evaluate the
role of metabolic specialization in persistence. Designing new methods e.g. for high-
throughput metabolomics analyses under *in vivo* like conditions, such as those recreated by
ALI or organoid cultures [65] which go beyond the limitation of laboratory conditions, will allow
the characterization of new persistence mechanisms by clarifying the relationship between
the host, the pathogen and other microbial species of the host microbiota. Still, it is important
to note that the pyruvate secretion and the associated phenotypic changes described here
might be beneficial not only for the PDHc mutated population but also for other nearby "wild-
type" cells, since they alleviate the airway inflammation and limit the recruitment of the
immune system. Importantly, metabolic specialization might be equally relevant in other
persistent infections such as those caused by *Escherichia coli*, *Staphylococcus aureus* and
Mycobacterium tuberculosis which are similarly threatening and difficult to tackle [2]. Finally,
understanding specific mechanisms linking metabolism, energy balance and virulence, and
most importantly how the relationship between the host and the pathogen changes during
an infection, could provide new opportunities for more efficient and/or complimentary
treatments, beyond the classical antibiotic treatment, which are greatly needed.

Methods

Strains and media

The collection of clinical isolates used in this study is a subset of the collection published in
Marvig et al., (2015) and Bartell et al., (2019) [8,36]. The local ethics committee at the Capital
Region of Denmark (Region Hovedstaden) approved the use of the stored *P. aeruginosa*
isolates (registration number H-21078844). For information about specific clinical isolates,
see Table S1.

For construction of *aceE, aceF* and *ΔpscC* mutant strains, derivatives of pACRISPR were

constructed with the Uracil Specific Excision Reagent (USER) cloning [66]. The plasmids and

primers used are listed in Table S1 and S2 respectively. Target DNA fragments were amplified

from gDNA of clinical strains DK12 Late and DK36 Late using the Phusion U polymerase kit

(Thermo Fisher Scientific, USA). For the *ΔpscC* mutant strain primers were designed to create

matching short overlaps between the DNA fragments that should be stitched together in the

final plasmid. The resulting products were treated with FastDigest DpnI enzyme (Thermo

Fisher Scientific, USA) and ligated with the USER® Enzyme (New England Biolabs, USA). PCR

was performed on random *E. coli* DH5alpha colonies using OneTaq® 2X Master Mix (New

England Biolabs, USA) to confirm the correct insertions and further sequenced with Sanger

method (Eurofins Scientific, Luxembourg). *aceE, aceF* and *ΔpscC* mutations in the genome of

P. aeruginosa PAO1 were introduced using the previously developed CRISPR-Cas9 system and

following the indicated protocol [67] with the addition of 0.2% arabinose in the growth medium

during transformation. To confirm the presence of desired mutations, PCR fragment of the

genome around the mutations was amplified and sequenced with Sanger sequencing

(Eurofins Scientific, Luxembourg). To perform confocal microscopy analyses, strains were

tagged with GFP using four parental mating using a mini Tn7 delivery-method [68] but for strains

aceE and *aceF* with the additional supplementation of 5 mM acetate to ensure growth of

PDHc dysregulated target strains. Transformants were identified by green fluorescence and

validated by comparing growth rate to the untagged target strain.

Bacteria were grown in Synthetic Cystic Fibrosis Media 2 (SCFM2) [69]. To reduce viscosity and

allow for HPLC analysis, DNA and mucins were excluded [70]. Cultures were grown at 37 °C and

250 rpm.

Dynamic exo-metabolomics analyses

Sampling of supernatants was performed in 96-well deep well plates (Cat. No. 0030502302;

Eppendorf, Hamburg, Germany) with an air:liquid ratio of 1:1 using a high-throughput

dilution-based growth method as previously described [71]. Immediately before sampling, OD_{600}

of the cultures were measured in a Synergy™ MX microtiter plate reader (BioTek Instruments

Inc., Winooski, VT, USA). Supernatants were stored at -80 °C until HPLC-analysis. For organic

acids and sugars (glucose, lactate, formate, acetate and pyruvate), a Dionex Ultimate 3000 system (Thermo Scientific,Waltham, United States) with a HPx87H ion exclusion column (125-0140, Aminex, Dublin, Ireland), equipped with a guard column (125-0129, BioRad, Hercules, California, United States) and guard column holder (125-0131, BioRad, Hercules, California, United States) was used. Samples were injected with an injection volume of 20 μL and eluted, using a 5 mM H_2SO_4 mobile phase, at an isocratic flow of 0.6 mL min^{-1} at 45 °C for 30 min. Pyruvate was analysed by UV detection at a wavelength of 210 nm, using a System Gold 166 UV-detector (Beckman Coulter, Brea, United States), while the rest of the metabolites were analysed by RI detection, using a Smartline RI detector 2300 (KNAUER Wissenschaftliche Geräte, Berlin, Germany). For amino acids (aspartic acid, glutamic acid, serine, histidine, glycine, threonine, arginine, alanine, tyrosine, valine, phenylalanine, isoleucine, leucine, lysine and proline), 20 μL of the thawed sample was diluted 1:10 by mixing with 80 μL Ultrapure MilliQ water and 100 μL of internal standard (20 μg/mL 2-aminobutyric acid and sarcosine) before injection of 56.5 μL into the instrument. Prior to injection into the column, derivatization of amino acids was performed in the HPLC-instrument by automatic mixing with the following eluents: (i) 0.5% (v/v) 3-mercaptopropionic acid in borate buffer 0.4 M at pH 10.2; (ii) 120 mM iodoacetic acid in 140 mM NaOH; (iii) OPA reagent (10 mg/mL *o*-phtalaldehyde and 3-mercaptopropionic acid in 0.4 M borate buffer); (iv) FMOC reagent (2.5 mg/mL 9-fluorenylmethyl chloroformate in acetonitrile); and (v) buffer A (40 mM Na_2HPO_4, 0.02% (w/v) NaN_3 at pH = 7). Following derivatization, the samples were separated isocratically on a Dionex Ultimater 3000 HPLC with fluorescence detector (Thermo Scientific, Waltham, United States) through a Gemini C18 column (00F-4439-E0, Phenomenex, Værløse, Denmark) equipped with a SecurityGuard Gemini C18 guard column (AJ0-7597, Phenomenex, Værløse, Denmark) with 5 mM H_2SO_4 at a flowrate of 1 mL min^{-1} at 37 °C for 31 min. Amino acids were detected using an UltiMate™ 3000 Fluorescence variable wavelength UV detector (FLD-3400RS, Waltham, Massachusetts, United States).

Proteomic analyses

To maintain a 1:1 air:liquid ratio, as in the metabolomic analysis, 25 mL SCFM2 cultures were inoculated from ON cultures in 50 mL Falcon tubes at OD_{600} of 0.05 and then incubated in an orbital shaker at 37 °C and 250 rpm until sampling by centrifugation at mid-exponential phase.

Five biological replicates were analysed for PAO1 and the clinical isolates while three biological replicates for the PAO1 derivative strains *aceE* and *aceF* both in presence and absence of 5 mM acetate. Pellets were washed twice with PBS and stored at -80C until protein extraction. No specific preparation or enrichments were performed to identify secreted proteins. For experiment with clinical isolates, protein extraction was done in Lysis buffer A (100 mM Tris, 50 mM NaCl, 1 mM tris(2-carboxyethyl)phosphine (TCEP), 10% glycerol, pH = 7.5) with *cOmplete Mini protease inhibitor* (Roche) by sonication at amplitude 10 for 3x 10s cycles with 20s cooling between, followed by acetone precipitation and resuspension in Lysis buffer B (6 M Guanidinium hydrochloride, 5 mM TCEP, 10 mM chloroacetamide, 100 mM Tris–HCl, pH = 8.5). For experiment with PAO1 derivative mutant strains, protein extraction was done in Lysis buffer B by bead beating with 3-mm zirconium oxide beads at 99 °C for 5 min. in a Tissuelyzer (Retsch, MM 400) at 25 Hz, then boiled, still at 99 °C, in heat block (Eppendorf Thermomixer C) for 10 min. while shaking/mixing at 2000 rpm. In both cases, protein concentrations were determined by micro BCA^{TM} Protein Assay Kit (Thermo Scientific, prod #23235) and 100 μg protein was used for trypsin digest in Trypsin/Lys-C Buffer (0.1 μg/μL trypsin, 50 mM Ammonium Bicarbonate). The reaction was stopped by addition of 10 μL 10% TFA and samples were desalted by stagetipping with C18 filter plugs (Solaμ HRP 2 mg/1 ml 96 well plate, Thermo Scientific). Peptide samples were stored in 40 μL of 0.1% Formic acid at 4 °C until LC-MS analysis.

For the experiment with clinical isolates, LC-MS/MS was carried out using a CapLC system (Thermo Fisher Scientific Inc., Waltham, USA) coupled to an Orbitrap Q-exactive HF-X mass spectrometer (Thermo Fisher Scientific Inc., Waltham, USA). The first samples were captured at a flow of 10 μL/min on a precolumn (μ-pre-column C18 PepMap 100, 5 μm, 100 Å) and then at a flow of 1.2 μL/min. Peptides were separated on a 15 cm C18 easy spray column (PepMap RSLC C18 2 μm, 100Å, 150 μmx15cm). The applied gradient went from 4% acetonitrile in water to 76% over a total of 60 minutes. MS-level scans were performed with Orbitrap resolution set to 60,000; AGC Target 3.0e6; maximum injection time 50 ms; intensity threshold 5.0e3; dynamic exclusion 25 sec. Data dependent MS2 selection was performed in Top 20 Speed mode with HCD collision energy set to 28% (AGC target 1.0e4, maximum injection time 22 ms, Isolation window 1.2 m/z). For the experiment with the *aceE* and *aceF* mutant strains, peptides were loaded onto a 2 cm C18 trap column (ThermoFisher 164946), connected in-line

to a 15 cm C18 reverse-phase analytical column (Thermo EasySpray ES904) using 100% Buffer A (0.1% Formic acid in water) at 750bar, using the Thermo EasyLC 1200 HPLC system, and the column oven operating at 30 °C. Peptides were eluted over a 70 minute gradient ranging from 10% to 60% of 80% acetonitrile, 0.1% formic acid at 250 nL/min, and the Orbitrap Exploris instrument (Thermo Fisher Scientific) was run in DIA mode with FAIMS Pro[TM] Interface (ThermoFisher Scientific) with CV of -45 V. Full MS spectra were collected at a resolution of 120,000, with an AGC target of 300% or maximum injection time set to 'auto' and a scan range of 400–1000 m/z. The MS2 spectra were obtained in DIA mode in the orbitrap operating at a resolution of 60.000, with an AGC target 1000% or maximum injection time set to 'auto', and a normalised HCD collision energy of 32. The isolation window was set to 6 m/z with a 1 m/z overlap and window placement on. Each DIA experiment covered a range of 200 m/z resulting in three DIA experiments (400-600 m/z, 600-800 m/z and 800-1000 m/z). Between the DIA experiments a full MS scan is performed. MS performance was verified for consistency by running complex cell lysate quality control standards, and chromatography was monitored to check for reproducibility.

Phenotypic characterizations

Growth curves were performed by inoculating 1 μL of ON culture in 149 μL of media, using 96-well microtiter plates (Cat. No. 650001; Greiner Bio-One, Kremsmünster, Austria), covered with plate seals (Ref. 4306311, Thermo Fisher Scientific, United Kingdom) and incubated at 37 °C and 250 rpm in a BioTek ELx808 Absorbance Microtiter Reader (BioTek Instruments Inc., Winooski, VT, USA) for 24 - 48 hours. Antibiotic MICs were determined by microdilution. ON cultures were standardized to OD_{600} = 0.5 and diluted 1:2500 to reach 5x 10^5 CFU/mL in fresh SCFM2 media (LB for Azithromycin). Growth assays were performed at increasing antibiotic concentrations and MIC determined based on final OD. Resistance to oxidative stress was measured as the diameter of clearance zones around diffusion disks saturated with 5 μL of fresh 30% H_2O_2 after 24 hours incubation at 37 °C on LB agar plates cast with 3 mL overlay agar containing 100 μL of LB ON culture standardized to OD_{600} = 1. Pyoverdine production was measured as the fluorescence at 400/460 nm excitation/emission on a Synergy H1 Hybrid Multi-Mode Reader (BioTek Instruments, Winooski, VT, USA) of supernatants normalized against OD_{600} of ON cultures in King's B medium. Biofilm formation assay was done as

previously described for NUNC peg lids [8] (NUNC cat no. 445497). Motility was measured as

the diameter of the motility zone around single colonies deposited in middle layer of 0.3%

(swimming), surface layer of 0.6% (swarming) or bottom layer of 1.5% (twitching) LB agar

motility plates, after incubation at 37 °C for 24 - 48 hours. For PAO1 wt and *aceEF* mutant

strains, pyruvate secretion was determined from supernatants of samples taken after 0, 4, 8

and 24 hours of growth in SCFM2. Supernatants were stored at -80C and analysed by the HPLC

method also used for exo-metabolomics.

Infection of ALI cultures

For the Air-Liquid Interface (ALI) infections the BCi-NS1.1 cells were used [72]. Cells were

cultured in Pneumacult-Ex Plus medium (STEMCELL Technologies, 05040) supplemented with

Pneumacult-Ex 50x supplement (STEMCELL Technologies, 05008), 96 ng/mL hydrocortisone

(STEMCELL Technologies, 07925) and 10 μM Y-27632 ROCK inhibitor (Bio-Techne #1254/10)

in a 37 °C, 5% CO_2 humidified incubator. Following expansion, 1.5 x 10^5 cells were seeded onto

6.5-diameter-size transwells with 0.4 μm pore polyester membrane inserts (Corning

Incorporated, 3470) previously coated with human type I collagen (Gibco, A1048301). ALI was

established once cells reached full confluency by removing media from the apical chamber

and replacing media in the basolateral chamber with Pneumacult-ALI maintenance medium

(STEMCELL Technologies, 05001). Pneumacult-ALI maintenance medium was supplemented

with Pneumacult-ALI 10x supplement (STEMCELL Technologies, 05003), Pneumacult-ALI

maintenance supplement (STEMCELL Technologies, 05006), 480 ng/mL hydrocortisone and 4

μg/mL heparin (STEMCELL Technologies, 07980). ALI cultures were grown in a 37 °C, 5% CO_2

humidified incubator for 30 days, with media replacement every 2-3 days. Epithelial

polarization was monitored by measurements of the transepithelial electrical resistance

(TEER) using a chopstick electrode (STX2; World Precision Instruments). Following 15 days

under ALI conditions, the apical surface was washed with PBS every media change to remove

accumulated mucus. Biological replicates of bacterial strains were obtained from single

colonies on LB agar plates grown ON as precultures in LB and then diluted to an OD_{600} of 0.05

before sampling at mid-exponential phase by centrifugation, washing with PBS and

resuspending in PBS at a density of 10^5 CFU/mL. Fully-differentiated BCi-NS1.1 cells were

inoculated with 10^3 CFU from the apical side, diluted in 10 μL PBS. Control wells were

incubated with bacteria-free PBS. Cells were incubated for 14 hours at 37 °C, followed by

addition of 200 μL PBS to the apical side and measurement of the TEER. CFUs were

determined by platting 10 μL of 6-fold serial dilutions on LB-agar plates in technical triplicates

both for the initial inoculum, as well as for the apical and basolateral solutions following TEER-

measurements. The basolateral media was also used for measurements of LDH and IL-8

release in technical triplicates, using the Invitrogen™ CyQUANT™ LDH Cytotoxicity Assay Kit

(Invitrogen, C20301) and Human IL-8/CXCL8 DuoSet ELISA Kit (R&D Systems, DY208)

according to the manufacturer´s instructions. BCi-NS1.1 cells on transwell inserts were rinsed

once with PBS and fixed by adding 4% (wt/vol) paraformaldehyde (PFA) to both apical and

basolateral chambers for 20 min at 4 °C. After washing, cells were permeabilized and blocked

for 1 hour with a buffer containing 3% BSA, 1% Saponin and 1% Triton X-100 in PBS. Cells were

stained on the apical side with Phalloidin-AF488 (Invitrogen, 65-0863-14) and TO-PRO3

(Biolegend, 304008) diluted in a staining buffer (3% BSA and 1% Saponin in PBS) at a 1:500

dilution for 2 hours at room temperature. Transwells were removed from their supports with

a scalpel and mounted on glass slides with VECTASHIELD® Antifade Mounting Medium (VWR,

VECTH-1000). Images were acquired with a Carl Zeiss LSM 510 Confocal Laser Scanning

Microscope (40× magnification, 1.3 oil) and analysed using the ImageJ software.

Data analysis

(*74*)For exometabolomics, all chromatograms were analysed and used to construct standard

curves constructed for absolute quantification of concentrations for all 20 metabolites, using

software Chromeleon v7.2.9. All other analysis of exo-metabolomic data was done in JMP Pro

15.0. To compare between different strains and media batch-effects, OD_{600} was normalized

against final OD_{600} of that strain in the experiment and concentrations were normalized

against specific concentrations in SCFM2 controls for each batch. Missing values were

replaced with 20% of lowest value detected for any metabolite in any sample. Principal

component analysis (PCA) and hierarchical cluster analysis (HCA) were done on $C_{metabolite}$ of all

quantified metabolites for 16 samples (8 time-points from biological duplicates) of each

strain. PCA was done on covariance using JMP Pro 15.0 software. HCA was performed using

the "average" clustering method and "correlation" for distance using the R package pvclust

2.2. Reliability of the clusters were analysed by 10,000 bootstraps. Metabolite half-life (OD_{50}),

defined as the normalized OD_{600}-value, where 50% of the starting concentration of a

metabolite is present, was calculated from the sigmoidal mechanistic growth model

(Equation: $a(1 - bExp(-cx))$ where a = asymptote, b = scale and c = rate) [73]. Differences of

metabolic preferences between metabotypes were analysed by comparing the assimilation

and secretion profiles between strains using OD_{50} values. The net balance of carbon sources

assimilated during the growth was calculated by summing the amount (mM concentration)

of assimilated metabolites and subtracting the secreted ones. Metabolomics data are

enclosed in Supplementary Data 1.

For the experiment with clinical isolates, proteomic raw files were analysed using Proteome

discoverer 2.4 software with the following settings: Fixed modifications: Carbamidomethyl (C)

and Variable modifications: oxidation of methionine residues. First search mass tolerance 20

ppm and a MS/MS tolerance of 20 ppm. Trypsin as enzyme and allowing one missed cleavage.

FDR was set at 0.1%. The Match between runs window was set to 0.7 min. Quantification was

only based on unique peptides and normalization between samples was based on total

peptide amount. For the experiment with mutant strains, raw files were analyzed using

Spectronaut^{TM} (version 16.2). Dynamic modifications were set as Oxidation (M) and Acetyl on

protein N-termini. Cysteine carbamidomethyl was set as a static modification. All results were

filtered to a 1% FDR, and protein quantitation done on the MS1 level. The data was

normalized by RT dependent local regression model [74] and protein groups were inferred by

IDPicker. In both cases, spectra were matched against the *Pseudomonas aeruginosa* PAO1

reference proteome (UniProt Proteome ID UP000002438). In both experiments, any protein

that was not quantified in at least 3 of 5 or 2 of 3 biological replicates for all strains were

excluded from the analysis. Using JMP Pro 15.0, abundances were normalized by Log_2-

transformation and biological replicates used for missing value imputation. PCA Wide was

done on correlations using JMP Pro 15.0 and HCA was performed on mean Log_2(abundance)

and Log_2(Fold change) for the relevant comparisons. HCA was performed using the "average"

clustering method and "correlation" for distance using the R package pvclust 2.2. Reliability

of the clusters were analysed by 10,000 bootstraps. Differential expression was determined

by two-way ANOVA with Tukey's multiple comparisons test, using GraphPad Prism 9.3.1, and

defined as those protein-comparisons where Adjusted *P* value ≤ 0.05 and Log_2(Fold Change)

≥ |0.6|. Enrichment analysis was done using the DAVID Functional Annotation Bioinformatics

Microarray Analysis tool from lists of Locus Tags of proteins that were differentially expressed,

separated into lists of upregulated and downregulated proteins respectively, for each of the

relevant strain-comparisons. The reference genome was set as *Pseudomonas aeruginosa*.

Proteomics data are enclosed in Supplementary data 2 and 3.

Growth rates and maxOD were calculated in JMP Pro 15.0. Blanks were first subtracted from

OD_{600}-measurements and values converted to cm^{-1} (using Greiner dimensions for pathlength).

The stationary phase was excluded, and growth rates were calculated by fitting the

Exponential 3P model to the exponential phase ($r^2 > 0.99$). Mean ± sd was calculated from

biological replicates. GraphPad Prism 9.3.1 was used for statistical analysis of biofilm

formation, motility, redox sensitivity, pyoverdine production and MICs (See Figure S5 for

details), as well as for ALI infection experiments. ALI data are represented as mean ± SEM.

Replicates represent independent experiments performed with cells from different passages.

Statistical comparisons were calculated using Two-Way ANOVA for TEER and CFU

measurements and One-Way ANOVA for LDH and IL-8 measurements. Statistical significance

was considered for *p*-value < 0.05. All figures were finalized in Adobe Illustrator Artwork 27.0.

Data availability

The authors declare that all data necessary for supporting the findings of this study are

enclosed in this paper (Supplementary Data 1-3). All genomic data is publicly available

through the SRA database and has been published previously by Marvig et al., (2015) [36].

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York, USA).

Author contributions

BHP, SM and RLR designed the project. BHP, FBS and IP performed the experiments and verified the data. HKJ provided the strains and the clinical data. MW enabled the proteomic analyses. BHP and RLR wrote the first draft of the paper, which after review by all authors, was revised according to the co-authors' suggestions. All authors approved the final version of the manuscript.

Competing interests

The authors declare no competing interests.

Figures and figure legends

Figure 1: Collection of *Pseudomonas aeruginosa* clinical strains. a) Growth rate (hour^{-1}) of early (circles), late (triangles) and PAO1 (square) strains coloured by their clone type. The fold change of growth rate from early to late is shown as bar chart on the right y axis and as number value at the base of each bar. b) The maximal optical density (maxOD) of all isolates, grouped by early *vs* late comparison. Statistical significance was calculated by Unpaired Welch t-test and indicated as *** ($p < 0.001$). c) Growth rate (hour^{-1}) of each strain in M9 minimal media containing 20 mM of a single carbon source glucose (Glu), lactate (Lac) or succinate (Suc).

Figure 2: Exo-metabolomics analysis reveals adapted metabotypes. a) PCA showing separation of strains based on their time-resolved exo-metabolomes. Strains are shown as circles (early), triangles (late) and square (PAO1), with dashed arrows indicating most notable trajectories from early to late, coloured by clone type. b) HCA of the exo-metabolomics data, showing a general separation between early and late strains. Branches for early isolates are indicated in blue, late isolates in red and PAO1 in black. Gray values within the branches represent the % of bootstrap values for 10,000 replicates. c) Assimilation hierarchies of the analysed metabolites. Each symbol represents the half-life (OD_{50}) of a specific metabolite while each line connects the same metabolite for each pair of early and late isolates. d) Secretion plots showing variations in the concentration of acetate, pyruvate and formate (mM) relative to normalized growth (OD_{600}). Shaded areas indicate the 95% confidence intervals. e) Table showing the total amount (mM) of carbon sources assimilated for each strain. Secreted metabolites were subtracted from the total to account for their excretion in the medium. Clone types are separated by grey boxes with "E" indicating early and "L" indicating late isolate.

Figure 3: Proteome composition changes support metabolism specialization. a) PCA showing separation of strains based on their mid-exponential proteomes. Strains are shown as circles (early), triangles (late) and square (PAO1), with dashed arrows indicating most notable trajectories from early to late, coloured by clone type. b) HCA of the proteomic data containing 2061 proteins identified, showing a general separation between early and late strains. Branches for early isolates are indicated in blue, late isolates in red and PAO1 in black.

Gray values within the branches represent the % of bootstrap values for 10,000 replicates. c) HCA of the 235 differentially expressed proteins when comparing late *vs* early strains within the COG categories related to metabolism. Proteomes are represented by dashed lines for "cluster A" and continuous lines for "cluster B". Gray values within the branches represent the % of bootstrap values for 10,000 replicates. d) Parallel plots of the number of differentially expressed (DE) proteins within the COG categories related to metabolism in cluster A (Blue, shaded) and B (red, transparent). e) Metabolic maps showing the differences between early clinical strains *vs* PAO1 (left) and late *vs* early clinical strains (right) in pathways related to the catabolism of nutrients present in SCFM2 through central carbon metabolism. Arrows represent individual metabolite-conversions coloured by their pathway. Reactions are coloured if the underlining enzyme is differentially expressed in more than one clone type – either with dashed (downregulated) or full (upregulated) lines, or both. Enzymes responsible for each reaction are indicated by numbered circles. For details on individual enzymes, see Figure S2. Transporters are shown at the bottom as arrows crossing bacterial cell membrane with their specific transported metabolites. Asp, Glu and acetate are labelled with * to indicate that they are represented in two places on the map, due to their involvement in different parts of central carbon metabolism.

Figure 4: Expression of virulence factors differs in clinical strains *vs* PAO1. a) Enrichment analysis for KEGG and GO terms by the specific comparisons (Early *vs* PAO1; Late *vs* PAO1; Late *vs* Early). Icons represent individual lineages and are coloured by fold-enrichment. b) Differential expression of virulence factors in early clinical strains *vs* PAO1. Only differentially expressed proteins are represented and are coloured by clone type. c) HCA of differentially expressed proteins of virulence factors in late *vs* early clinical strains.

Figure 5: *aceE* and *aceF* mutations cause metabolic specialization. a) Schematic of the *aceE* and *aceF* genes including location and type of mutation found in the DK36 (*aceE*) and DK12 (*aceF*) late strains. b) Growth rate (hour^{-1}) in SCFM2 (blue) and SCFM2 supplemented with 5 mM acetate (red) for PAO1, *aceE* and *aceF* mutant strains, and DK12 and DK36 late clinical isolates. Bars indicate mean ± SEM, with icons representing biological replicates. Statistical significance is assessed by two-tailed unpaired parametric Welch t-test and indicated as * ($p < 0.05$), ** ($p < 0.01$) or **** ($p < 0.0001$). c) Pyruvate secretion (mM) for PAO1 wt (yellow),

aceE (cyan) and *aceF* (magenta) mutant strains over 24 hours. Icons represent biological

replicates. d) PCA and HCA of whole-cell proteomics for PAO1 wt and *aceE* and *aceF* mutant

strains. Filled icons indicate without (-) and unfilled icons indicate with (+) 5 mM acetate. e)

Number of differentially expressed proteins for mutant strain *vs* PAO1 wt comparisons: in

orange in absence of acetate (+/- mutation) and in green in presence of acetate (+/- mutation

(ace)). In purple the number of differentially expressed proteins for either the PAO1 wt or the

aceE or *aceF* mutant strain in presence *vs* absence of acetate (+/- acetate). f) Metabolic map

of enzymes related to pyruvate and acetyl-CoA metabolism for mutant strains *vs* PAO1 in

absence (left) or presence (right) of acetate. Reactions are coloured by their pathway if the

underlining enzyme is differentially expressed (dashed if downregulated or continuous if

upregulated). Enzymes responsible for each reaction are indicated by numbered circles. For

details on individual enzymes, see Figure S6. g) Differentially expressed proteins involved in

virulence in *aceE* and *aceF* mutant strains *vs* PAO1 in absence of acetate. Icons indicate

specific proteins that are upregulated (red plus) or downregulated (blue circle).

Figure 6: Aggressiveness of *aceE* and *aceF* strains in Air-Liquid Interface airway infections. a) Mean ± SEM of Transepithelial Electrical Resistance (TEER) ($\Omega \cdot cm^2$), LDH release and Colony Forming Units (CFU) in the apical and basolateral ALI compartments after 14 hours of infection in fully differentiated BCi-NS1.1 cells. b) IL-8 release into the basolateral media indicating immunogenicity caused by the invading bacteria. Icons represent each biological replicates. Mock represents un-infected control cells. Statistical significance was determined by Two-Way ANOVA for TEER and CFU measurements and One-Way ANOVA for LDH and IL-8 measurements and indicated as * ($p < 0.05$), ** ($p < 0.01$), *** ($p < 0.001$) and **** ($p < 0.0001$). c) Confocal images of ALI transwells following infection with *P. aeruginosa* in green (GFP), epithelium in red (Phalloidin) and nuclei in blue (To-pro). Scale bar = 40 μm.

Figure S1: a) Number of differentially expressed proteins (top) and Log_2(Fold change) of individual differentially expressed proteins in late vs. early clinical isolates, separated by lineage and on the x-axis by COG categories. b) Complete enrichment analysis showing fold-enrichments separated by comparison and lineage on x-axis and by KEGG and GO terms on y-axis.

Figure S2: a) Metabolic map in the same style as Fig. 3E for late clinical strains vs PAO1. b) Table of genes/Locus Tags of all metabolic enzymes included in the map. c-d) Bar charts showing Log_2(Fold change) of all differentially expressed proteins highlighted on the metabolic maps. Icons coloured by lineage and separated into three comparisons on x-axis (Early vs PAO1; Late vs Early; Late vs PAO1). Panel c contains metabolic enzymes and panel d contains transporters.

Figure S3: a) Hierarchical cluster analysis in the same style as Fig. 4C, showing differential expression in late vs early clinical strains for several more virulence categories. b) The Log_2(Fold change) of differentially expressed proteins in late vs early clinical strains separated into the relevant virulence categories and further separated into the two main clusters from

panel a. Icons are coloured by lineage and lines depict the difference in mean Log_2(Fold

change) between the two clusters.

Figure S4: Schematic of all 18 unique mutations observed for *aceE* (top) and *aceF* (bottom) in

our collection of clinical isolates of *P. aeruginosa*. Grey lines indicate mutation site and letters

indicate nucleotide-sequence coloured by type of mutation.

Figure S5: a) Potential for biofilm formation (surface attachment) of PAO1 wt (blue), as well

as *aceE* (red) and *aceF* (green) mutant strains and DK12 & DK36 late clinical strains after 24

and 48 hours respectively. For the clinical isolates, strain is indicated on the x-axes and

incubation time is indicated as blue (24 hours) and red (48 hours). Attachment is measured

as the ratio of surface-attached cells (OD_{590}) to total number of cells (OD_{600}) after incubation.

For PAO1 wt and *aceE* and *aceF* mutants, all strains were compared by One-Way ANOVA. For

clinical isolates, each strain was compared to itself after 24 and 48 hours of incubation

respectively, using two-tailed unpaired parametric Welch t-test. Significance is indicated as

'ns' ($p > 0.05$), * ($p < 0.05$), ** ($p < 0.01$), *** ($p < 0.001$). Same colouring and statistical analysis

for PAO1 and mutant strains in panel b-d. b) Motility measured as the diameter (mm) of the

zone of growth in motility plates (LB agar). Swimming motility was clearly visible after 24

hours of incubation. Swarming and twitching plates required 48 hours of incubation. c) Redox

sensitivity measured as the diameter of the clearance zone (mm) on bacterial lawns (LB agar)

of each strain from H_2O_2 diffusion disks after 24 hours. d) Pyoverdine production measured

as relative fluorescence (F/OD_{600}) of each strain after 24 hours of growth in King's B medium.

For panel a-d, icons indicate biological replicates and bars represent the mean ± SEM. e) MICs

of PAO1 wt and *aceE* and *aceF* mutant strains. Each cell represents the maxOD of growth

curves under the given condition, following the colour gradient to the right of each heatmap.

The MIC is the concentration where no growth is observed (white). Each heat map shows the

MIC for all three strains for a given antibiotic (Ceftazidime, Meropenem, Piperacillin,

Azithromycin, Chloramphenicol, Ciprofloxacin and Tobramycin). Concentrations (μg/mL)

increase 2-fold downward on the vertical axis and the specific strain is given on the horizontal

axis. Azithromycin MICs were determined in LB, while all other MICs were determined in

SCFM2. Piperacillin was used in combination with the β-lactamase inhibitor Tazobactam.

Figure S6: a) Metabolic map in the same style as Fig. 3E for *aceF* mutant strain vs PAO1

reference in SCFM2 in absence (left) and presence (right) of acetate. b) Parallel plot showing

the number of differentially expressed proteins, separated by metabolic COG categories, in

aceE (cyan) and *aceF* (magenta) mutant strains vs PAO1. c) Enrichment analysis showing fold

enrichment on x-axis separated by KEGG and GO terms on y-axis for *aceE* (left) and *aceF* (right)

mutant strains vs PAO1. d) The -Log2(Fold change) of the Dnr transcriptional regulator in late

vs early clinical isolates (Same holds for late strains vs PAO1) for lineages in Cluster A (left)

and B (middle), as well as in the *aceE* mutant strain (right) when compared to PAO1 wt in

SCFM2 in absence (+/- mutation) and presence (Ace) of acetate or when compared to itself in

presence of acetate (+/- Acetate).

Figure S7: Longitudinal collection of *P. aeruginosa* clinical isolates from CF airways. Icons

indicate isolates carrying mutations in genes encoding PDHc (red squares) and/or T3SS

(purple triangles) proteins, as well as isolates with no mutations in either (grey dots). Isolates

are separated by Clone Type and further separated by patient-specific lineages within Clone

Types (A, B, C). The x-axis shows the length of infection (years) since the first isolate of the

given lineage.

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