Functional genomics reveals strain-specific genetic requirements conferring hypoxic

growth in *Mycobacterium intracellulare*

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Abstract

Mycobacterium intracellulare is a major etiological agent of the recently expanding

Mycobacterium avium–intracellulare complex pulmonary disease (MAC-PD).

Therapeutic regimens that include a combination of macrolides and antituberculous

drugs have been implemented with limited success. To identify novel targets for drug

development that accommodate the genomic diversity of *M. avium–intracellulare*, we

subjected eight clinical MAC-PD isolates and the type strain ATCC13950 to genome-

wide profiling to comprehensively identify universally essential functions by transposon

sequencing (TnSeq). Among these strains, we identified 131 shared essential or growth-

defect-associated genes by TnSeq. Unlike the type strain, the clinical strains showed

increased requirements for genes involved in gluconeogenesis and the type VII

secretion system under standard growth conditions, the same genes required for hypoxic

pellicle-type biofilm formation in ATCC13950. Consistent with the central role of

hypoxia in the evolution of *M. intracellulare*, the clinical MAC-PD strains showed more

rapid adaptation to hypoxic growth than the type strain. Importantly, the increased

requirements of hypoxic fitness genes were confirmed in a mouse lung infection model.

These findings confirm the concordant genetic requirements under hypoxic conditions

in vitro and hypoxia-related conditions *in vivo*, and highlight the importance of using

clinical strains and host-relevant growth conditions to identify high-value targets for

drug development.

Introduction

In contrast to the ongoing decline in the rate of tuberculosis, *Mycobacterium avium–*

intracellulare complex pulmonary disease (MAC-PD) is increasing in many parts of the

world[1,2]. The standard therapy for MAC-PD involves multidrug chemotherapy that

includes clarithromycin and several antituberculous drugs. Unfortunately, treatment

failure is common, resulting in relapse, disease progression, and death[3]. Therefore, it is

critical to investigate the bacterial physiological characteristics that underlie the ability

of MAC-PD strains to establish and maintain chronic drug-recalcitrant infections.

Recent advances in comparative genomics have revealed major differences in

the genomic features of reference type strains and circulating pathogenic clinical

isolates. Extensive genomic diversity has been recognized across clinical isolates of

nontuberculous mycobacteria (NTM). *Mycobacterium avium* has been divided into four

subspecies including subspecies, *avium*, *hominissuis*, *silvaticum*, and *paratuberculosis* [4].

Whereas *M. intracellulare* has been divided into two subgroups, typical *M.*

intracellulare (TMI) and *M. paraintracellulare–M. indicus pranii* (MP-MIP), with

currently two additional distinguished subspecies, *yongonense*, and *chimaera*[5,6]. Despite

the increasing number of sequenced MAC-PD strains, the molecular genetic

mechanisms that underlie their virulence and pathogenesis are still poorly understood.

The burgeoning field of functional genomics has allowed the rapid assessment

of molecular aspects of organisms on a genome-wide scale. Transposon (Tn) sequencing

(TnSeq) is a functional genomic approach that combines saturation-level transposon-

insertion mutagenesis with next-generation sequencing (NGS) to comprehensively

evaluate the fitness costs associated with gene inactivation in bacteria. Over the last

decade, TnSeq has been applied to numerous bacterial species using various

approaches[7]. Whereas initial studies applied TnSeq to reference strains, recent

approaches have included the comparative assessment of representative clinical strains

to better understand the fundamental aspects of pathogen biology[8,9]. We have previously

used TnSeq to globally characterize the genes that are essential for growth versus those

that are essential for hypoxic pellicle formation in the *M. intracellulare* type strain

ATCC13950[10]. However, given the recent expansion of MAC-PD and the well-

recognized high levels of genomic diversity in this complex of bacteria, data obtained

from the study of a decades-old reference strain is not expected to represent the

diversity of extant clinical isolates. ATCC13950 was originally isolated from the

abdominal lymph node of the 34-month-old female[11]. Even though the etiological

bacterial species are the same, the clinical manifestation of infant lymphadenitis differs

markedly from MAC-PD, which often occurs in middle-aged and elderly female

patients with no predisposing immunological disorder. So far, there are a total of two

reports on TnSeq that compare genetic requirements between clinical mycobacterial

strains and the type strains in *M. tuberculosis*[8] and *M. abscessus*[9]. They reported the

diversity of genetic requirements among strains including the type strain such as *M.*

tuberculosis H37Rv and *M. abscessus* ATCC19977. Therefore, it is essential to

investigate a collection of strains that captures the diversity of recent clinical MAC-PD

strains in order to define key molecular aspects of their pathogenesis and virulence.

90   In this study, we used TnSeq to analyze a set of recently isolated clinical *M.*

intracellulare strains with diverse genotypes. We integrated the gene essentiality data

for these strains and the type strain to identify the common essential and growth-defect-

associated genes that represent the genomic diversity of this group of pathogens. We

also identified the greater requirements of genes involved in gluconeogenesis, the type

VII secretion system, and cysteine desulfurase in the clinical MAC-PD strains than in

the type strain. Furthermore, the requirement for these genes was confirmed in a mouse

lung infection model. The profiles of genetic requirements in clinical MAC-PD strains

suggest the mechanism of hypoxic adaptation in NTM in terms of promising drug

targets, especially for strains that cause clinical MAC-PD.

Results

Common essential and growth-defect-associated genes representing the genomic

diversity of *M. intracellulare* strains

To obtain comprehensive information on the genome-wide gene essentiality of *M.*

intracellulare, we included nine representative strains of *M. intracellulare* with diverse

genotypes for TnSeq *in vitro* in this study (Fig. 1a, b, Supplementary Fig. 1,

Supplementary Table 1). We used TRANSIT[12] to obtain 2–6 million reads of Tn

insertions. The average number of Tn insertion reads was > 50 at Tn-inserted TA sites,

which confirmed the TnSeq data (Supplementary Table 2). The numbers of essential

genes in the clinical MAC-PD strains, calculated with the hidden Markov model

(HMM; a transition probability model), tended to be smaller than that in ATCC13950

(Supplementary Table 3). In total, 131 genes were identified as essential or growth-

defect-associated with the HMM analysis across all *M. intracellulare* strains, including

the eight MAC-PD clinical strains and ATCC13950 (Fig. 2a, Supplementary Table 4).

The genes identified as universal essential or growth-defect-associated were involved in

fundamental functions, such as glyoxylate metabolism, purine/pyrimidine metabolism,

amino acid synthesis, lipid biosynthesis, arabinogalactan/peptidoglycan biosynthesis,

porphyrin metabolism, DNA replication, transcription, amino acid tRNA ligases,

ribosomal proteins, general secretion proteins, components of iron–sulfur cluster

assembly, some ABC transporters, and the type VII secretion system. The genes

identified corresponded to the genes that encode conventional and under-development

drug targets, such as those encoding gyrase, arabinosyltransferase, enoyl-(acyl-carrier-

protein) reductase, alanine racemase, DNA-directed RNA polymerase, malate

synthase[13] and F_0F_1 ATP synthase (Fig. 2b). These data suggest that the set of universal

essential or growth-defect-associated genes identified with the HMM analysis of *M.*

intracellulare strains with diverse genotypes has potential utility as antibiotic drug

targets.

The sharing of strain-dependent and accessory essential and growth-defect-

associated genes with genes required for hypoxic pellicle formation in the type

strain ATCC13950

By comparative genomic analysis, we have revealed 3,153 core genes among

55 *M. intracellulare* strains including those used in this study[5] (Supplementary Fig. 1).

Of these core genes, 439 genes were classified as strain-dependent essential or growth-

defect-associated with the HMM analysis (Supplementary Table 5). And among 5,824

accessory genes, 222 genes were classified as essential or growth-defect-associated with

the HMM analysis. The proportion of these strain-dependent and accessory essential or

growth-defect-associated genes was comparable to the similar analysis of *Streptococcus*

pneumoniae[14]. Of note, 17 (3.8%) of strain-dependent essential or growth-defect-

associated genes and 14 (6.3%) of accessory essential or growth-defect-associated genes

were also included in the 175 genes required for hypoxic pellicle formation in

ATCC13950 reported in our previous study[10] (Supplementary Table 6). Gene set

enrichment analysis (GSEA)[15] showed that 9.1% (16 out of 175) genes were hit as core

enrichment (Supplementary Table 6). Of them, 4 genes were hit commonly as genes

showing increased genetic requirements analyzed by resampling plus HMM analyses

including genes of phosphoenolpyruvate carboxykinase *pckA* (OCU_RS48660), type

VII secretion-associated serine protease *mycP5* (OCU_RS38275), type VII secretion

protein eccC5 (OCU_RS38345) and glycine cleavage system amino-methyltransferase

gcvT (OCU_RS35955).

Partial overlap of the genes showing increased genetic requirements in clinical

MAC-PD strains with those required for hypoxic pellicle formation in the type

strain ATCC13950

The profiles of genetic requirements in each bacterial strain reflect the adaptation to

the environment in which each strain lives. When the strains are placed in a special

environment, they can adapt to the situation by altering the profiles of genetic

requirements, resulting in the remodeling of metabolic pathways. The sharing of strain-

dependent and accessory essential or growth-defect-associated genes with genes

required for hypoxic pellicle formation in ATCC13950 prompts us to consider that the

profiles of genetic requirements in clinical MAC-PD strains may be associated with the

genes required for hypoxic pellicle formation in ATCC13950. To clarify this, we

compared the genetic requirements of the clinical MAC-PD strains with that in

ATCC13950 by integrating the HMM analysis with the resampling analysis, a method

of calculating the number of significantly altered Tn insertion reads (a gene-based

permutation model). With this integrating analysis, 121 genes in the clinical MAC-PD

strains were shown to have significantly fewer Tn insertions than ATCC13950 (Fig. 3,

Supplementary Tables 7, 8). Of these, nine genes were identified in 3–5 clinical MAC-

PD strains. These included genes encoding phosphatases (OCU_RS30185,

OCU_RS35795), cysteine desulfurase (*csd* [OCU_RS40305]), methyl transferase

(OCU_RS41540), a hypothetical protein (OCU_RS47290), type VII secretion

components (*mycP5* [OCU_RS38275], *eccC5* [OCU_RS38345]), a glycine cleavage

system aminomethyltransferase (*gcvT* [OCU_RS35955]), and phosphoenolpyruvate

carboxykinase (*pckA* [OCU_RS48660]) (Figs 3, 4). The genes involved in

gluconeogenesis (such as *pckA*), the glycine cleavage system, and the type VII secretion

system were also identified as required for hypoxic pellicle formation in ATCC13950 in

our previous study[9]. The Tn insertion reads were significantly reduced in the pathways

of gluconeogenesis, including in fructose-1,6-bisphosphatase (*glpX*),

phosphoenolpyruvate carboxykinase (*pckA*), and pyruvate carboxylase (*pca*), but were

significantly increased in those of glycolysis, including in pyruvate kinase (*pykA*) and

pyruvate dehydrogenase (*aceE*, *lpdC*), suggesting that carbohydrate metabolism was

metabolically remodeled in the clinical MAC-PD strains, which mimics the metabolism

observed during hypoxic pellicle formation in ATCC13950 (Fig. 5).

Minor role of gene duplication on reduced genetic requirements in clinical MAC-

PD strains

On the other hand, 162 genes were detected with significantly more Tn insertions in

the clinical MAC-PD strains than in ATCC13950 (Fig. 3). Of these, 12 genes were

identified in more than seven strains. The increased Tn insertion reads in the genes

encoding superoxide dismutase (OCU_RS25945) and pyruvate dehydrogenase (*aceE*

[OCU_RS35720]) in the clinical MAC-PD strains suggest the inessentiality of the

detoxification of oxygen radicals and glycolysis metabolism in these strains (Figs 3–5).

These genes also included those encoding amidohydrolases (OCU_RS34400,

OCU_RS34425, OCU_RS34445), some transcription factors (OCU_RS28440,

OCU_RS30230), a CoA transferase (OCU_RS34390), and some predicted transporters

(OCU_RS28435, OCU_RS39950, OCU_RS39955, OCU_RS44685). Furthermore, the

increase in Tn insertion reads in predicted multidrug-resistant genes, such as those

encoding the DrrAB-ABC transporter complex (OCU_RS39950, OCU_RS39955)[16] and

a putative lipoprotein LpqB (OCU_RS44685), encoded by the two-component system

mtrAB operon[17-18], in the clinical MAC-PD strains were found.

In order to investigate the effect of gene duplication on the change of genetic

requirements between strains, we conducted blast search for the 162 genes showing

increased Tn insertion reads in the clinical MAC-PD strains compared to ATCC13950.

We found that M019 has duplicate genes of OCU_RS44705 coding

adenosylhomocysteinase (LOCUS_42940: ahcY_1, LOCUS_21000: ahcY_2).

However, there were no duplicate genes found in the remaining 161 genes. These data

suggest that gene duplication has minor effects on the change of genetic requirements

between strains. Rather, sequence differences and accessory genes may play a key role

in determining the difference of genetic requirements.

Identification of genes in the clinical MAC-PD strains required for mouse lung

infection

Hypoxia is the major environmental condition in natural water[19], biofilms[20], and

infections in humans and animals characterized by caseous granuloma lesions[21]. The

impact of hypoxia on mycobacteria under various ecological circumstances implies that

the genes required for pathogenesis of MAC-PD may be in some degrees, overlapped

with the genes with increased requirements in the clinical MAC-PD strains compared to

ATCC13950, and also with the genes required for hypoxic pellicle formation in

ATCC13950. To identify genes required for *in vivo* infection of clinical MAC-PD

strains, we performed TnSeq in mice infected intratracheally with the Tn mutant library

strains of M.i.198 or M.i.27, which we had demonstrated to be virulent in mice (Fig. 1b,

Supplementary Fig. 3)[22]. (It is impossible to perform TnSeq in mouse lungs infected

with ATCC13950 because ATCC13950 is eliminated within 4 weeks of infection[22].) The

time course of the changes in the bacterial burden showed a pattern similar to those of

the wild-type strains M.i.198 and M.i.27, respectively, except that it was not possible to

harvest sufficient colonies (as few as 10^4/mouse) in the few mice infected with the

M.i.27 Tn mutant strain in Week 8 and Week 16 (Supplementary Fig. 3b,

Supplementary Table 9). With a resampling analysis, 629 and 512 genes were shown to

be required for *in vivo* infection with transposon mutant library strains M.i.27 and

M.i.198, respectively, at least at one time point between Day 1 and Week 16 of infection

(Fig. 6a, Supplementary Fig. 3c, d, Supplementary Tables 10, 11). Of these genes, 72

(11.9%) and 50 (9.76%) in M.i.27 and M.i.198, respectively, were also required for

hypoxic pellicle formation in ATCC13950. Forty-one genes also required for hypoxic

pellicle formation in ATCC13950 were identified in both M.i.27 and M.i.198, and

included genes associated with succinate production (multifunctional 2-oxoglutarate

metabolism enzyme) and the glyoxylate cycle (isocitrate lyase), cysteine and

methionine synthesis (thiosulfate sulfurtransferase [CysA], 5-methyltetrahydrofolate-

homocysteine methyltransferase [MetH]), the serine/threonine-protein kinase PknG

system, proteasome subunits (PrcA, PrcB), DNA repair UvrC, secretion protein EspR,

cell-wall synthesis proteins (such as phosphatidylinositol [polyprenol-phosphate-

mannose-dependent alpha-[1-2]-phosphatidylinositol pentamannoside

mannosyltransferase], peptidoglycan (penicillin-binding protein A pbpA), and L,D-

transpeptidase 2), putative membrane proteins and transporters (such as the MmpL

family, transport accessory protein MmpS3, transport protein MmpL11, vitamin B_{12}

transport ATP-binding protein BacA, ABC transporter substrate-binding protein, and

ABC transporter permease), and mammalian cell entry (Mce) proteins

(OCU_RS48855–48875) (Supplementary Table 12).

At all timepoints from Day1 to Week 16, there were 74 and 99 genes were

shown to be required for lung infection with M.i.27 and M.i.198, respectively. Of them,

21 (28.3%) and 12 (12.1%) genes belonged to the genes involved in hypoxic pellicle

formation in the type strain. At timepoints throughout Week 4 to Week 16 except for

Day1, there were 121 and 172 genes were shown to be required for lung infection with

M.i.27 and M.i.198, respectively. Of them, 21 (23.1%) and 30 (18.0%) genes belonged

to genes involved in hypoxic pellicle formation in the type strain. These hypoxic

pellicle-associated genes detected both in M.i.27 and M.i.198 encoded methionine

synthesis (MetH), acyl-CoA dehydrogenase, isocitrate lyase, MMPL family transporter

(MmpL11) (from Day1 to Week 16), additionally multifunctional oxoglutarate

decarboxylase/dehydrogenase, proteasome subunits (PrcA, PrcB), ABC transporter

ATP-binding protein/permease, lipase chaperone (from Week 4 to Week 16) (new

Supplementary Tables 13, 14).

The genes only identified in M.i.27 that were also required for hypoxic pellicle

formation in ATCC13950 included genes associated with gluconeogenesis (*pckA*, *glpX*),

the glycine cleavage system (*gcvT*), the type VII secretion system (*eccD5, espG5,*

eccC5 [OCU_RS38280-OCU_RS38285-OCU_RS38345], *eccC3* [OCU_RS48145]),

and D-inositol 3-phosphate glycosyltransferase (Supplementary Table 12). These three

systems, gluconeogenesis, the glycine cleavage system, and the type VII secretion

system, also showed increased genetic requirements in 3–5 clinical MAC-PD strains

than in ATCC13950 (Figs 3, 6). Although M.i.27 was excluded as a relevant strain

showing increased genetic requirements of these three metabolic systems, the increase

in genetic requirements for infection *in vivo* suggests a positive relationship between

hypoxic growth *in vitro* and bacterial growth *in vivo*. In contrast, M.i.198 already

showed increased genetic requirements in these three metabolic systems under aerobic

conditions *in vitro*, so the genes associated with these three systems were not identified

as having fewer Tn insertion reads during infection *in vivo*. Genes only identified in

M.i.198 and required for hypoxic pellicle formation in ATCC13950 included genes

associated with succinate synthesis (2-oxoglutarate oxidoreductase subunit KorA) or

encoding the HTH-type transcriptional repressor KstR and menaquinone reductase

(Supplementary Table 12). As increased genetic requirements in 3–5 clinical strains

(excluding M.i.198) compared with ATCC13950, an increased requirement for the RNA

methyltransferase OCU_RS41540 was identified in M.i.198 during infection *in vivo*.

These *in vivo* TnSeq data suggest that, despite the differences in the profiles of the

genes required for *in vivo* infection between strains, increase of genetic requirements for

hypoxic growth in part contribute to the pathogenesis *in vivo*.

We have performed a statistical enrichment analysis of gene sets by GSEA[15] to

investigate whether the genes required for growth of M.i.27 and M.i.198 in mouse lungs

overlap the gene sets required for hypoxic pellicle formation in ATCC13950 as well as

the gene sets showing increased genetic requirements observed in the clinical MAC-PD

strains listed in Fig 3. Of these gene sets including a total of 180 genes, 54% (98 genes)

and 40% (73 genes) were listed as enriched in genes required for mouse infection in

M.i.27 and M.i.198, respectively ($P < 0.01$ in M.i.27 and $P = 0.016$ in M.i.198)

(Supplementary Fig. 4, Supplementary Table 15). The enriched genes both in M.i.27

and M.i.198 included genes encoding fructose -1,6-bisphosphatase (*glpX*), a type VII

secretion protein (*eccC5*), glycine cleavage system aminomethyltransferase (*gcvT*),

some phosphatase (OCU_RS30185) and a hypothetical protein (OCU_RS47290) (Fig.

6). The enriched genes only in M.i.27 included genes of phosphoenolpyruvate

carboxylinase (*pckA*), cysteine desulfurase (*csd*) and the ESX-5 type VII secretion

component serine protease (*mycP5*). The enriched genes only in M.i.198 included genes

encoding some phosphatase (OCU_RS35975) and class I SAM-dependent RNA

methyltransferase (OCU_RS41540). Similarly, 40-50% of the genes required for

ATCC13950's hypoxic pellicle formation and strain-dependent/accessory essential

genes are significantly enriched individually with the genes required for *in vivo* bacterial

growth (Supplementary Figs. 5, 6, Supplementary Tables 16, 17). These data suggest the

sharing of the hypoxia-adaptation pathways between *in vitro* hypoxic pellicle formation

and *in vivo* bacterial growth.

Effects of knockdown of universal essential or growth-defect-associate genes in

clinical MAC-PD strains

To facilitate the functional analysis of the TnSeq-hit genes, it is necessary to construct

the genetically-engineered strains. Still now, there are very few reports of gene

engineering of MAC strains and none of them has been accompanied by the follow-up

studies[23-28]. Moreover, no attempts have been reported to construct the knockdown

strains in MAC strains. With an intention to evaluate the effect of suppressing TnSeq-hit

genes on bacterial growth, we used the pRH2052/pRH2521 clustered regularly

interspaced short palindromic repeats interference (CRISPR-i) plasmids to construct

knockdown strains where the expression of the target gene is suppressed[29-31]. Of the

nine *M. intracellulare* strains analyzed in this study, seven could be transformed with

the vectors for single guide RNA (sgRNA) expression and dCas9 expression. However,

the other two strains, M001 and MOTT64, could not be transformed with these

CRISPR-i vectors. To confirm the gene essentiality detected with the HMM analysis,

we evaluated the consequent growth inhibition in the knockdown strains of

representative universal essential or growth-defect-associated genes, including *glcB*,

inhA, *gyrB*, and *embB*. The knockdown strains showed growth suppression with

comparative growth rates of knockdown strains to vector control strains that do not

express single sgRNA reaching 10^{-1} to 10^{-4} (Fig. 7a).

Differential effects of knockdown of accessory/strain-dependent essential or

growth-defect-associated genes among clinical MAC-PD strains

As representative accessory and strain-dependent essential or growth-defect-associated genes, we evaluated the 9 genes showing reduced Tn insertion reads in the 3–5 clinical MAC-PD strains as listed in Fig. 3, as well as *glpX*, a gene of gluconeogenesis where four MAC-PD strains showed reduced Tn insertion reads in a resampling analysis (Fig. 5b). The growth was suppressed in the *pckA*-knockdown strains in M.i.198 and M003, in the *glpX*-knockdown strain in M003, and in the cysteine desulfurase gene (*csd*)-knockdown strains in M.i.198 and M003, with comparative growth rates of knockdown strains to vector control strains reaching 10^{-2} to 10^{-4} (Fig. 7b). The growth tended to be suppressed in the type VII secretion protein gene (*eccC5*)-knockdown strain in M003 and in the type VII secretion-associated serine protease mycosin gene (*mycP5*)-knockdown strain in M003, with comparative growth rates of knockdown strains to vector control strains reaching less than 10^{-1}. By contrast, the growth was not suppressed in these knockdown strains in ATCC13950, with comparative growth rates of knockdown strains to vector control strains not reaching 10^{-1}, which was consistent to the inessentiality of these genes under aerobic conditions in ATCC13950. As for M.i.198 and M003, the consistency between TnSeq data and CRISPR-i data was

supported by a correlation between the growth suppression of the knockdown strains

and the fitness costs evaluated by a resampling analysis (Supplementary Table 18).

In contrast to the cases of M.i.198 and M003, the growth of knockdown strains

of the accessory and strain-dependent essential genes was not effectively suppressed in

the other MAC-PD strains despite being positively detected in TnSeq (Fig. 7b,

Supplementary Fig. 7). Although the gene expression levels were not suppressed to <

1% as reported in *M. tuberculosis* (Mtb)[32], the suppression of gene expression was

confirmed to approximately 20-70% in the knockdown strains of these accessory and

strain-dependent essential or growth-defect-associate genes, as well as universal

essential or growth-defect-associated genes such as *glcB*, *inhA*, *gyrB*, and *embB*

(Supplementary Fig. 8). The possible reason may be explained by the recently revealed

bypass mechanism of gene essentiality in strain-dependent/accessory essential or

growth-defect-associated genes, where gene essentiality can be bypassed by several

mechanisms including the composition of the accessory genome and pathway

rewiring[14].

To be summarized, we could validate the universal essential or growth-defect-

associated genes by the CRISPR-i system in the *M. intracellulare* strains used in this

study. And, although not successful with all strains, we could validate the accessory and

strain-dependent essential or growth-defect-associated genes, especially genes of

gluconeogenesis, type VII secretion components and iron-sulfur cluster assembly in

several MAC-PD strains like M.i.198 and M003.

Preferential hypoxic adaptation of clinical MAC-PD strains evaluated with

bacterial growth kinetics

The metabolic remodeling, such as the increased genetic requirements of

gluconeogenesis and the type VII secretion system, and the overlap of the genes

required for mouse lung infection and those required for hypoxic pellicle formation

involved by these metabolic pathways suggest the preferential adaptation of the clinical

MAC-PD strains to hypoxic conditions. To confirm this, we investigated the growth

kinetics of each strain under aerobic and hypoxic conditions. In terms of growth

kinetics, most of the clinical MAC-PD strains (except M001) entered logarithmic (log)

phase earlier than ATCC13950 under 5% oxygen (Fig. 8a, 8b, Supplementary Table 19).

However, under aerobic conditions, the clinical MAC-PD strains entered log phase at a

similar time to ATCC13950. The growth rate at mid-log point (midpoint) was

significantly reduced under hypoxic conditions in a total of 5 clinical MAC-PD strains

(M.i.198, M.i.27, M003, M019 and M021) compared to aerobic conditions (Fig. 8a, 8b,

Supplementary Table 19). The growth rate at midpoint under hypoxic conditions was

significantly lower in these 5 clinical MAC-PD strains than in ATCC13950. By contrast,

the growth rate at midpoint was significantly increased under hypoxic conditions

compared to aerobic conditions in ATCC13950. And there was no significant change in

the growth rate between aerobic and hypoxic conditions in the rest 3 clinical MAC-PD

strains (M018, M001 and MOTT64).

The pattern of hypoxic adaptation not simply determined by genotypes

Since ATCC13950 and M018 are phylogenetically neighbors within the same TMI

group each other, there may be a claim that the growth phenotypes of a longer lag phase

compared to other strains under hypoxic conditions might be determined simply by the

genotypes. To examine this, we performed hypoxic growth assay for additional two

strains (M005, M016) phylogenetically more closely related to ATCC13950

(Supplementary Fig. 1, Supplementary Table 1). The result showed different growth

pattern under hypoxia; M005 reached midpoint later than ATCC13950, by contrast

M016 reached midpoint three-quarters earlier than ATCC13950 (Supplementary Fig. 9).

These data suggest that genotypes seem to have some impact on bacterial growth

pattern under hypoxia; however, since there was a significant difference in the timing of

hypoxic adaptation among ATCC13950 and its neighbor strains, bacterial growth

pattern under hypoxia seems to be determined by multiple factors other than genotypes

such as strain-specific profiles of genetic requirements and unproven regulatory

systems.

In summary, the data of more rapid adaptation to hypoxia followed by reduced

growth rate once adapted indicate the greater metabolic advantage on continuous

logarithmic bacterial growth under hypoxic conditions in the clinical MAC-PD strains

than in ATCC13950. Because the profiles of genetic requirements reflect the adaptation

to the environment in which bacteria habits, it is reasonable to assume that the increase

of genetic requirements in hypoxia-related genes such as gluconeogenesis (*pckA, glpX*),

type VII secretion system (*mycP5, eccC5*) and cysteine desulfurase (*csd*) play an

important role on the growth under hypoxia-relevant conditions *in vivo*.

Discussion

In this study, using TnSeq of nine genetically diverse *M. intracellulare* strains, we have

identified 131 shared essential and growth-defect-associated genes with an HMM

analysis. The genes identified are promising drug targets, representing the genomic

diversity of the clinical MAC-PD strains and reflecting the actual clinical situation. The

strategy of narrowing the essential genes of bacteria is a useful approach for refining the

database of drug targets. We have also demonstrated an overview of the differences in

genetic requirements for hypoxic growth between the ATCC type strain and the clinical

M. intracellulare strains responsible for MAC-PD, with the evidence of earlier entry to

log phase followed by slower growth rate observed in most of these clinical strains

compared to ATCC13950. This is the first study to demonstrate the positive relationship

between the profiles of increased genetic requirements for hypoxic metabolic

remodeling and the phenotypes advantageous for bacterial survival under hypoxic

conditions.

In this study, 121 genes were detected as significantly reduced Tn insertion in the

clinical MAC-PD strains compared to ATCC13950, which was higher than the case of

Mtb showing 10–50 genes with altered Tn insertion reads detected by a resampling

analysis[8]. This may reflect the genomic diversity of *M. intracellulare* compared with

that of Mtb. The proportion of accessory genes is larger in NTM than in Mtb[33]. In a

clinical trial of phage therapy for *M. abscessus* infection, the number of accessory genes

was shown to decrease with the loss of virulence in *M. abscessus* during the course of

therapy[34], suggesting some role for accessory genes for its clinical pathogenesis. Our

data of the overlap of the accessory essential or growth-defect-associated genes such as

pckA and *mycP5* (Supplementary Table 7) with genes required for mouse lung infection

(Fig. 6b, Supplementary Fig. 3) supports the idea that accessory genes (non-core genes)

may encode functions required for bacterial survival, especially under nonoptimal

conditions, such as hypoxia and during the infection of human and animal bodies.

Our TnSeq data are consistent with metabolomic data that have shown the

importance of the gluconeogenic carbon flow of TCA cycle intermediates for bacterial

growth under hypoxic conditions in terms of the essentiality of PckA and the reverse

TCA cycle[35–38]. Gluconeogenesis is essential for bacterial growth when fatty acids are

used as a major nutrient[37]. PckA catalyzes the conversion of the metabolites derived

from the TCA cycle to the metabolites of gluconeogenesis[36]. The reaction catalyzed by

PckA is essential for bacterial growth when the available nutrients are predominantly

fatty acids[39,40]. The main nutrients for mycobacteria inside hypoxic granulomas in an

infected human or mouse body are lipids, such as fatty acids and cholesterol, rather than

carbohydrates[37,41]. In the present study, *M. intracellulare* grew under 5% oxygen,

whereas Mtb stops growing under 1% oxygen and enters a dormant state[36]. The

depletion of phosphoenolpyruvate in the *pckA* deletion mutant of Mtb reduced the

phosphoenolpyruvate–carbon flux essential for bacterial growth and drug sensitivity[36].

The present study supports the idea that PckA is essential for the microaerobic growth

of mycobacteria. Our TnSeq data imply the preferential adaptation of the clinical MAC-

PD strains for circumstances *in vivo*, which are characterized by hypoxia.

On the other hand, such metabolic shift towards gluconeogenesis and reverse TCA

cycle can also be observed under reactive nitrogen species and *in vivo* infection as well.

This suggests that the metabolic shift observed under hypoxia is a general stress

response rather than being specific to hypoxia due to the nature of the

provided/available carbon source[42]. Several factors other than hypoxia can be estimated

to be related to the change of the genetic requirements in the clinical MAC-PD strains

such as host-related factors and general stress conditions (i.e. nutrition of abundant fatty

acids and less carbohydrates, low pH circumstances)[37,39-41]. Except for our data of the

profile of genes required for hypoxic pellicle formation in *M. intracellulare*[10], no

fundamental genome-wide data are available on the change of the genetic requirements

in response to each stress factor in non-tuberculous mycobacteria. Further studies are

needed to discriminate which factors are specifically involved in the increased

requirements of each gene. Although of interest, it is beyond the scope of the current

study.

As in the *glpX*-knockdown strains, *csd* knockdown caused growth suppression in

several MAC-PD strains. This type II Csd is involved in the biosynthesis of the iron–

sulfur clusters of the SUF machinery. Compared with the type I cysteine desulfurase

IscS, the SUF machinery is active under oxidative-stress and iron-limiting conditions[50].

Representatives of iron–sulfur cluster proteins include components of the electron-

transport system, such as NADH dehydrogenase I (Nuo) and succinate dehydrogenase

(Sdh), which are components of respiratory complexes I and II, respectively. Under

hypoxic conditions, the non-proton-translocating type II NADH dehydrogenase Ndh is

upregulated, and cytochrome *bd* oxidase (CydAB) and the proton-pumping type I

NADH dehydrogenase (Nuo) are downregulated[42]. In the reverse TCA cycle on the

same reaction pathway as Sdh, fumarate reductase (Fnr) is also an iron–sulfur cluster

protein that produces succinate, and is a proposed alternative electron acceptor under

hypoxic conditions[38,51]. The increased essentiality of the *csd* gene observed in the

clinical MAC-PD strains seems to reflect the switching of the electron-transport system

to less-energy-efficient respiration to support preferential hypoxic survival, including *in*

vivo.

About 10% of the genes required for mouse infection are also required for hypoxic

pellicle formation. The genes showing increased genetic requirements in the clinical

MAC-PD strains, such as *pckA* and genes encoding the ESX-5 type VII secretion

system, including *eccC5* and *mycP5*, also showed increased genetic requirements in

mouse infections. In a TnSeq study of mice infected intravenously with *M. avium*, the

genes of the ESX-5 type VII secretion system were required for infection of the liver

and spleen[43]. The ESX-5 type VII secretion system is involved in the transport of fatty

acids and the virulence of mycobacteria[44,45]. These similarities in the profiles of genetic

requirements prompt us to propose some role of biofilm formation in mycobacterial

pathogenesis in animals and humans. In the present study, we shed light on the impact

of hypoxia on biofilm formation, the acquisition of virulence, and the *in vivo*

pathogenesis of NTM in terms of global genetic requirements. Although the

morphologies of the pellicle and macroscopic lesions (including cavitation and nodular

bronchiectasis) are not similar, monitoring the expression of the genes identified in this

study may provide clues to the mechanism of biofilm formation *in vivo*.

The data of validation of the universal essential or growth-defect associated genes

by the CRISPR-i system was overall acceptable in the clinically MAC-PD strains whose

knockdown strains could be constructed (Fig. 7a). However, we have encountered the

difficulties of validating the TnSeq-hit genes by CRISPR-i experiment, especially

accessory and strain-dependent essential or growth-defect-associated genes in the

MAC-PD strains other than M.i.198 or M003 (Fig. 7b, Supplementary Fig. 7). We found

the lower efficiency of the suppression of gene expression by CRISPR-i in *M.*

intracellulre than in Mtb that is reported to be suppressed to 6% under 10 ng/ml

anhydrotetracycline (aTc) and by < 1% under 100 ng/ml aTc in the knockdown strains,

compared to strains expressing scrambled single guide RNAs (sgRNA)[32]. However,

because the levels of knockdown efficiency were comparable between strain-

dependent/accessory essential genes and universally essential genes (Supplementary

Fig. 8), the low efficiency of knockdown does not seem to explain the reason of the

discrepancy between TnSeq and CRISPR-i results. Although it is difficult to find the

clear definitive reason for this phenomenon only from the current study, the possible

reason may be speculated by the bypass mechanism of gene essentiality which is

characteristically observed in strain-dependent/accessory essential or growth-defect-

associated genes. According to the publication by Rosconi[14] reporting the 'forced-

evolution experiments' of 36 clinical *Streptococcus pneumoniae* strains., gene

essentiality can be bypassed by several mechanisms including the composition of the

accessory genome and pathway rewiring, They recovered successfully knockout

mutants from transformation experiments in strain-dependent/accessory essential genes

such as cytidine monophosphate kinase, a folate pathway enzyme formate

tetrahydrofolate ligase and an undecaprenyl phosphate-biosynthesis pathway enzyme

farnesyl-diphosphate synthase. The bypassing of gene essentiality could be suggested

by observing suppressor mutations and synthetic lethality in knockout strains. By

contrast, universal essential genes were reported to fulfill the three categories including

high levels of conservation within and often across species, limited genetic diversity,

and high and stable expression levels. Consequently, universal essential genes were

estimated to be rigid, largely immutable key components to an organism's survival. The

knockout recovery of the universal essential genes was reported to fail as shown by no

colonies or only appearance of merodiploids. Taking into consideration such bypass

mechanism of gene essentiality, the inconsistent effect of gene silencing of strain-

dependent/accessory essential genes on bacterial growth may reflect some kinds of

pathway rewiring that helps the bacteria grow under suppression of the target gene

expression. Nevertheless, our study has opened the avenue for functional analysis of

NTM that leads to the development of novel drugs targeting universal and

accessory/strain-dependent essential metabolic pathways, especially by making use of

M.i.198 and M003 as optimal NTM strains for gene manipulation.

In this study, we revealed the pattern of hypoxic adaptation characteristic to the

clinical MAC-PD strains by the growth curve analysis: an early entry to log phase

followed by a reduced growth rate (Fig. 8). This pattern implicates the continuous impact

on the infected hosts during logarithmic bacterial growth, which may be involved in the

persistent and steadily progressive illness for years in humans[3]. The advantage of slow

growth in mycobacteria may be inferred by the role of a histone-like nucleoid protein,

mycobacterial DNA-binding protein 1 (MDP1), also designated HupB[46-48]. The

expression of MDP1 is enhanced in the stationary phase, resulting in reduced growth

speed and long-term survival with increased resistance to reactive oxygen species

(ROS)[46-48]. The reduced growth rate after entry to log phase may allow long-term survival

of mycobacteria under ROS-rich circumstances inside host cells. The pattern of hypoxic

adaptation as observed in the clinical MAC-PD strains may enhance pathogenesis by

extending the period of the repeated process of bacterial invasion and replication in

infected macrophages.

Contrary to our expectation, not all clinical strains showed rapid adaptation from

aerobic to hypoxic conditions relative to ATCC13950. The two strains belonging to the

MP-MIP subgroup, MOTT64 and M001 showed similar time at midpoint under aerobic

conditions. However, the time at midpoint was significantly different between MOTT64

and M001 under hypoxia, the latter showing great delay of timing of entry to

logarithmic phase. In contrast to the majority of the clinical strains that showed slow

growth at midpoint under hypoxia, neither strain showed such phenomenon. These data

suggest that some, but not a major proportion of, clinical *M. intracellulare* strains do not

have an advantageous phenotype for continuous logarithmic growth under hypoxia. In

Mtb, the adaptation to hypoxia is considered to be necessary for clinical pathogenesis

because the conditions *in vivo*, such as inside macrophages or granulomas, are

hypoxic[42,49]. Our inability to construct knockdown strains in M001 and MOTT64

prevented us from clarifying the factors that discriminate against the pattern of hypoxic

adaptation. Although the implication in clinical situations has not been proven, strains

without slow growth under hypoxia may have different (possibly strain-specific)

mechanisms of hypoxic adaptation corresponding to their growth phenotypes under

hypoxia. Nevertheless, because we have shown that most of the *M. intracellulare* strains

with different genotypes showed preferential adaptation to hypoxia in this study, our

results largely reflect the clinical situation of the etiological agents of MAC-PD. A

possible strategy for identifying factors that confer clinical pathogenesis will be to focus

on the major clinical strains that show preferential hypoxic adaptation.

We tried to use inhibitors of phosphoenolpyruvate carboxykinase to confirm the

increased essentiality of the *pckA* gene. However, we detected no positive effect because

millimolar 3-mercaptopicolinic acid is required to show the effect of inhibition, even in

eukaryotic cells, which have no cell wall[52]. Moreover, 3-alkyl-1,8-dibenzylxanthine[53]

also only effectively inhibits PckA in eukaryotic cells. However, PckA has been

proposed as a drug target for Mtb[54], so our TnSeq data seem to be consistent with

studies directed towards antimycobacterial drug discovery.

We found the difference in capacity of transformation between strains belonging to

the same genomic *M. paraintracellulare-M. indicus pranii* (MP-MIP) subgroup.

Although the direct mechanism determining the competency for foreign DNA has not

been elucidated in *M. intracellulare* and other NTM species, several studies on general

bacteria suggest the difficulties of introducing foreign DNA into clinical strains

compared to the laboratory strains. As suggested in *Staphylococcus aureus*[55], some

clinical strains develop elimination systems of foreign nucleic acids such as a type III-

like restriction endonuclease. As suggested in gran-negative bacteria[56], there may be

some difference in cell surface structures between strains, resulting in the necessity of

polymyxin B nonapeptide targeting cell membrane for transforming clinical strains. The

efficiency of eliminating foreign DNA may be attributed to various kinds of strain-

specific factors including restriction endonuclease, natural CRISPR-interference system

and cell wall structures rather than a simple genotype factor.

There may be a claim that the saturation of Tn insertion in most of each replicate

were 50-60% in our libraries. However, our method of constructing Tn mutant libraries

is in accordance with the previous studies of "high-density" transposon libraries[9]

because the saturation of the Tn mutant libraries by combining replicates are 62-79% as

follows: ATCC13950: 67.6%, M001: 72.9%, M003: 63.0%, M018: 62.4%, M019:

74.5%, M.i.27: 76.6%, M.i.198: 68.0%, MOTT64: 77.6%, M021: 79.9%. That is, we

predicted gene essentiality from the Tn mutant libraries with 62-79% saturation in each

strain. However, there is non-permissive sequence pattern in mariner transposon

mutagenesis and using more than 10 replicates of Tn mutant libraries is reported to be a

more accurate method[57,58]. The issue of high probability of judging nonessential region

as mistakenly as "essential" are mainly found in small ORFs (2-9 TA sits) rather than

larger ORFs (TA sites > = 10))[57]. There are 4136 (6.43% of total ORFs) nonpermissive

TA sites in ATCC13950, which is less than in *M. tuberculosis* H37Rv (9% of total

ORFs)[57] and in *M. abscessus* ATCC19977 (8.1% of total ORFs)[58]. As for small ORFs

(2-9 TA sites), there are nonpermissive TA sites in 41 genes (ORFs) of common

essential or growth-defect- associated (1.35% of a total of 3021 larger ORFs in

ATCC13950). With respect to the covering of non-permissive sites, our TnSeq data may

need to be improved to classify quite accurately the gene essentiality particularly on the

nonstructural small regulatory genes including small RNAs, although the study by

DeJesus shows the comparable number of essential genes in large genes possessing

more than 10 TA sites between 2 and 14 TnSeq datasets, most of which seem to be

structural genes[57].

We have provided the data suggesting the preferential hypoxic adaptation in clinical

strains compared to the ATCC type strain by the growth assay of individual strains. To

strengthen our claim, several experiments are suggested including mixed culture

experiments of clinical and reference strains under hypoxia. However, co-culture

conditions introduce additional variables, including inter-strain competition or synergy,

which can obscure the specific contributions of hypoxic adaptation in each strain.

Therefore, we took the current approach using monoculture growth curves under

defined oxygen conditions, which offers a clearer interpretation of strain-specific

hypoxic responses. Furthermore, one of the limitations of this study is the lack of

validation of TnSeq results with individual gene knockouts. Contrary to the case of Mtb,

the technique of constructing knockout mutants of slow-growing NTM including *M.*

intracellulare has not been established long time. We have just recently succeeded in

constructing the vector plasmids for making knockout mutants of *M intracellulare*[59].

Growth assay of individual knockout strains of genes showing increased genetic

requirements such as *pckA*, *glpX*, *csd*, *eccC5* and *mycP5* in the clinical strains is

suggested to provide the direct involvement of these genes on the preferential hypoxic

adaptation in clinical strains. We have a future plan to construct knockout mutants of

these genes to confirm the involvement of these genes on preferential hypoxic

adaptation.

In summary, we have identified 131 universal essential and growth-defect-

associated genes that cover the genomic diversity of *M. intracellulare* strains

responsible for MAC-PD, which narrowed down the drug targets against MAC-PD.

Furthermore, we have demonstrated preferential adaptation to hypoxia in clinical NTM

strains compared with the type strain in terms of the increased genetic requirements for

hypoxic growth, such as those encoding phosphoenolpyruvate carboxykinase, the ESX-

5 type VII secretion system, and cysteine desulfurase. These genes were shown to have

a significant impact on infection *in vivo* by increasing their genetic requirements. Our

data highlight the importance of using clinical strains and hypoxic conditions in

experimental research, and provide fundamental resources for developing novel drugs

directed towards nontuberculous mycobacterial strains that cause severe clinical

diseases.

Methods

Bacterial strains and phages used to prepare Tn mutants

A total of eleven strains were used in this study, including nine clinical strains isolated

from patients with MAC-PD in Japan (M.i.198, M.i.27, M018, M003, M019, M021,

M001, M005, M016)[22], *M. intracellulare* genovar *paraintracellulare* type strain

MOTT64 isolated from MAC-PD in South Korea[60]and the *M. intracellulare* type strain

ATCC13950 (Fig. 1, Supplementary Table 1). All eleven clinical strains from MAC-PD

patients in Japan were isolated from sputum[5,22]. Sputum samples were treated by the

standard method for clinical isolation of mycobacteria with 0.5% (w/v) N-acetyl-L-

cysteine and 2% (w/v) sodium hydroxide and plated on 7H10/OADC agar. Single

colonies were picked up for use in experiments as isolated strains. Of these strains,

ATCC13950, M.i.198, M.i.27, M018, M005 and M016 belong to the typical *M.*

intracellulare (TMI) genotype and M001, M003, M019, M021 and MOTT64 belong to

the *M. paraintracellulare-M. indicus pranii* (MP-MIP) genotype (Fig. 1, Supplementary

Table 1). The Tn mutant libraries were constructed using glucose as a carbon source

under aerobic conditions according to the transduction method used for ATCC13950[10],

except that a higher concentration of kanamycin (100 μg/ml) was used to select the

transposon mutants than was used for ATCC13950 (25 μg/ml). In brief, a hundred

milliliter of the bacteria were cultured aerobically in Middlebrook 7H9 medium (Difco

Laboratories, Detroit, MI, USA) containing 0.2% glycerol, 0.1% Tween 80 (MP

Biochemicals, Illkrich, France), and 10% Middlebrook albumin–dextrose–catalase

(7H9/ADC/Tween 80) until mid-log phase (optical density at a wavelength of 600 nm

[OD_{600}] of approximately 0.4–0.6). After harvesting the bacteria, 10 mL of high-titer

mycobacteriophage phAE180[61] was transduced into the bacteria 1-day at 37°C for

inserting Tn and plated on Middlebrook 7H10 solid medium supplemented with 10%

oleic acid-albumin-dextrose-catalase (Becton Dickinson and Co., Sparks, MD)

(7H10/OADC) agar plates containing kanamycin. After 2 or 3 week-cultivation at 37°C

aerobically, the colonies were harvested *en masse* and used as Tn mutant libraries. The

kanamycin-resistant colonies ($> 1 \times 10^5$) were harvested and evenly resuspended in

7H9/ADC medium containing 20% glycerol, aliquoted, and stored at −80 °C until

further use.

Next-generation sequencing and TnSeq analysis

DNA libraries were prepared as reported previously[62]. The TnSeq libraries were

sequenced with the NextSeq 500 System, 150-bp single-end run (Illumina, San Diego,

CA, USA). The sequence reads were analyzed as previously described[10]. Genetic

requirements were calculated, and gene essentiality was predicted by resampling and

HMM analyses using TRANSIT, respectively[12]. First, an HMM analysis was conducted

to calculate the fluctuation of the number of Tn insertion reads individually for each

strain. HMM method can categorize the gene essentiality throughout the genome

including "Essential", "Growth-defect", "Non-essential" and "Growth-advantage".

"Essential" genes are defined as no insertions in all or most of their TA sites. "Non-

essential" genes are defined as regions that have usual read counts. "Growth-defect"

genes are defined as regions that have unusually low read counts. "Growth-advantage"

genes are defined as regions that have unusually high low read counts. Universal

essential and growth-defect-associated genes were identified as the genes classified as

"Essential" and "Growth-defect" with an HMM analysis in all 9 subject strains

(Supplementary Table 4). Next, a resampling analysis was conducted to calculate the

difference of the number of Tn insertion reads between each clinical strain and

ATCC13950 (Supplementary Table 8). By comparing the data obtained by HMM and

resampling analyses, we summarized the difference of genetic requirements between the

clinical MAC-PD strains and ATCC13950. To compare the genetic requirements of the

clinical MAC-PD strains and ATCC13950, the annotation for the clinical MAC-PD

strains was adapted from that of ATCC13950 by adjusting the START and END

coordinates of each open reading frame (ORF) in the clinical MAC-PD strains

according to their alignment with the corresponding ORFs of ATCC13950. The number

of Tn insertion in our datasets varied between 1.3 to 5.8 million among strains. To

reduce the variation in the Tn insertion across strains, we adopt a non-linear

normalization method, Beta-Geometric correction (BGC). BGC normalizes the datasets

to fit an "ideal" geometric distribution with a variable probability parameter ρ[12], and

BGC improves resampling by reducing the skew. On TRANSIT software, we set the

replicate option as Sum to combine read counts. And we normalized the datasets by

BGC and performed resampling analysis by using normalized datasets to compare the

genetic requirements between strains. The function of TnSeq-hit genes was categorized

according to the Kyoto Encyclopedia of Genes and Genomes (KEGG) database.

Animals

Female C57BL/6JJcl mice were purchased from CLEA Japan (Tokyo, Japan). Six-

week-old mice were used for the infection experiment (Supplementary Fig. 3). All the

mice were kept under specific-pathogen-free conditions in the animal facility of Niigata

University Graduate School of Medicine, according to the institutional guidelines for

animal experiments. The mice were housed (four per cage) under a 12-h/12-h light/dark

cycle. Food and water were available *ad libitum*. Kanamycin was added to the drinking

water to a final concentration of 100 μg/ml to maintain the mice's resistance to the Tn

mutant strains. Euthanasia was conducted with an intraperitoneal injection of a

combined anesthetic (15 μg of medetomidine, 80 μg of midazolam, and 100 μg of

butorphanol), followed by cervical dislocation.

Mouse TnSeq experiment

The protocol was based on our previous mouse lung infection experiment[22]. Twenty

mice each were used for the Tn mutant strains M.i.198 and M.i.27. The mice were

injected intratracheally with 3.25×10^8 and 5.93×10^7 CFUs of the Tn mutant strains,

respectively. The infected lungs were expected to be harvested from five mice at day 1,

week 4, week 8, and week 16 after infection. However, the lungs were harvested from

only four mice infected with the M.i.27 Tn mutant strains in week 8 because we

experienced difficulties with sampling, and the lungs were harvested from only three,

one, and two mice infected with M.i.198 Tn mutant strains in week 8, week 12, and

week 16, respectively, because morbidity was high in the mice infected with M.i.198.

The harvested lungs were homogenized in 4.5 ml of distilled water with the

gentleMACS™ Tissue Dissociator (Miltenyi Biotec, Bergish Gladbach, Germany) and

the homogenates were plated on 7H10/OADC agar plates and cultured for 3 weeks. The

colonies were harvested *en masse* for TnSeq.

Gene set enrichment analysis

To investigate the overlap of the gene sets required for growth in mouse lungs with

those required for hypoxic pellicle formation observed in ATCC13950 and those

showing increased genetic requirements observed in the clinical MAC-PD strains, a

statistical enrichment of gene sets was performed by GSEA 4.3.2[15]. Parameters set for

GSEA were as follows: permutations = 1,000, permutation type: gene_set, enrichment

statistic: weighted, metric for ranking genes: Signal2Noise, max size: 500, min size: 15.

Construction and growth assay of knockdown strains

Knockdown strains were constructed with the CRISPR-dCas9-mediated RNA

interference system, as reported previously[29]. Gene-specific 20-nt sequences were

selected as protospacers for incorporation into the sgRNAs (Supplementary Table 20).

pRH2502 (a vector expressing an inactivated version of the *cas9* DNA sequence) and

pRH2521 (an sgRNA-expressing vector whose expression is regulated by the TetR-

regulated smyc promotor P_{myc1}tetO) were introduced into the bacteria to obtain colonies

of the knockdown strains. For selection, 25 μg/ml kanamycin and 50 μg/ml hygromycin

were used for ATCC13950, and 100 μg/ml kanamycin and 50 μg/ml hygromycin were

used for the clinical strains. The growth assay of the knockdown strains was performed

in 7H9/ADC broth containing the above-mentioned concentrations of kanamycin and

hygromycin under aerobic conditions at 37 °C with humidification (APM-30D

incubator, Astec, Tokyo, Japan). During the assay, the cultures were supplemented with

anhydrotetracycline (aTc) to a final concentration of 50 ng/ml (as a concentration that is

not toxic to ATCC13950 and M.i.27) or 200 ng/ml (for the other clinical strains). aTc

was added repeatedly every 48 h to maintain the induction of dCas9 and sgRNAs in

experiments that extended beyond 48 h[29]. An aliquot (4 μl) of the culture and its diluents

were streaked onto 7H10/OADC agar plates containing kanamycin and hygromycin,

and the CFUs were counted. Growth inhibition was evaluated as the ratio of the CFUs

of knockdown strains compared with those of the vector control strains lacking the

guide RNA sequence. To confirm the downregulation of gene expression in the

knockdown strains, quantitative reverse transcription PCR (qRT-PCR) was performed.

Bacteria were cultured in 10 ml of 7H9/ADC/Tween 80 containing kanamycin and

hygromycin until mid-log phase (OD_{600} approximately 0.4–0.6). The cultures were

supplemented with aTc every 48 h, as in the growth assay for the knockdown strains.

One day after the second addition of aTc, RNA was extracted by bead-beating six times

at 5000 rpm for 30 s with cooling (Micro Smash MS 100R Cell Disruptor; Tomy Seiko,

Tokyo, Japan) and cDNA was synthesized with the Direct-zol™ RNA Miniprep (Zymo

Research, Orange, CA, USA) and ReverTra Ace qPCR RT Master Mix with gDNA

Remover (Toyobo, Osaka, Japan). qRT-PCR was performed with the CFX Connect

Real-time PCR Detection System (Bio-Rad, Hercules, CA, USA), according to the

manufacturer's instructions. The data were normalized to the expression of *sigA*.

Comparison of growth curves under aerobic and hypoxic conditions

First, we precultured the bacteria in 7H9/ADC broth until the bacteria reached early log-

phase (OD_{600} approximately 0.1–0.3). Next, the bacterial cultures were diluted with new

7H9/ADC broth (final OD_{600} 0.003) for the aerobic and hypoxic growth assay. Bacterial

cells were grown statically in 96-well plates containing 250 μl of 7H9/ADC broth in

each well under aerobic conditions or 5% oxygen at 37 °C with humidification (APM-

30D incubator, Astec, Tokyo, Japan). The culture was sampled every 1–3 days. At

sampling, the culture was mixed by pipetting 50 times. An aliquot (4 μl) of the culture

and its diluents were streaked onto 7H10/OADC agar and the CFUs counted. The

growth curve was fitted to the logistic 4P model with the JMP software (SAS Institute

Inc., Cary, NC, USA) to calculate the inflection point (midpoint) and growth rate at

midpoint in the log growth phase. Entry into the log phase was evaluated from the

timing of the inflection point on the growth curve.

Statistical analyses

The cut-off of fold-change (log_2FC) to compare genetic requirements by TnSeq

resampling analysis was set as adjusted *P*-values less than 0.05. Pearson's correlation

test was performed between the fitness costs (log_2FC calculated by the resampling

assay), efficiency of knockdown (assessed by qRT-PCR) and growth suppression in the

knockdown strains. Statistical analyses of the growth curves were performed using a 4-

parameter logistic model (logistic 4P model), Wilcoxon two-sample test, and a one-way

analysis of variance (ANOVA) followed by Steel's multiple comparisons test using the

JMP software program (SAS Institute Inc., Cary, NC, USA). Data are presented as the

mean ± SD. Statistical significance was set as P values less than 0.05.

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Author contributions

Y.T. conceived, designed and performed the experiments. Y.O., A.N., and S.M.

contributed reagents or materials. Y. Morishige., Y. Minato, and A.D.B. contributed

analytical tools. Y. Morishige., Y. Minato, A.D.B., and S.M. provided critical suggestions

throughout the preparation of the manuscript. Y.T. wrote the manuscript. All authors read

and approved the final manuscript.

1007

1008   **Availability of data and materials**

1009   The datasets used or analyzed in this study are available from the corresponding author

1010   upon reasonable request.

1011

Declarations

Ethics approval and consent to participate

All experimental protocols were approved by the Institutional Review Board of Niigata

University (approval numbers: 2019-0020 for the use of human tissue samples and

SA00506 for experiments on live vertebrates). All experiments on humans and human

samples were conducted in accordance with relevant guidelines and regulations. Informed

consent was obtained from all patients. All experiments on animals were conducted in

accordance with the relevant guidelines and regulations, and the study complied with the

ARRIVE guidelines.

Consent for publication

According to the protocols approved by the Institutional Review Board of Niigata

University mentioned above, consent for publication was obtained from the patients

enrolled in this study.

Competing interests

The authors declare that they have no competing interests.

1027

Fig. 1 Phylogenetic tree of the *M. intracellulare* strains and strategy of the TnSeq

analyses in this study. a Phylogenetic tree of the *M. intracellulare* strains used in this

study. The tree was generated based on average nucleotide identity (ANI) with the

neighbor-joining method. TMI: typical *M. intracellulare*; MP-MIP: *M.*

paraintracellulare–M. indicus pranii. The detail of phylogenetic tree is shown in

Supplementary Fig. 1. **b** Strategy of the procedure of TnSeq analyses.

1034

Fig. 2 Identification of the essential and growth-defect-associated genes across

genetically diverse nine **M. intracellulare strains used in this study. a** Functional

categories of 131 genes identified as universal essential or growth-defect-associated with

an HMM analysis. The genes were categorized according to the Kyoto Encyclopedia of

Genes and Genomes (KEGG) database. **b** Universal essential or growth-defect-associated

genes corresponding to the genes of existing antituberculous drug targets. **c** The number

of the essential or growth-defect-associated genes in the accessory genes, and the number

of strain-dependent essential or growth-defect-associated genes in the core genes.

1043

Fig. 3 Detection of genes showing increased or reduced genetic requirements in the

clinical *M. intracellulare* strains. Left panel shows the genes identified as having fewer

Tn insertion reads than the type strain ATCC13950. The fold changes in the number of

Tn insertion reads calculated by a resampling analysis are represented by the color scale.

Red squares indicate genes required for hypoxic pellicle formation in ATCC13950[10].

*Genes identified with a combination of resampling and HMM analyses. †Genes

identified only with resampling analysis. Right panel shows the genes identified as having

more Tn insertion reads than the type strain ATCC13950. NH: no homolog with

ATCC13950, NS: no significant increase in Tn insertion reads by a resampling analysis

(adjusted $P < 0.05$).

1054

Fig. 4 Overview of the differences in genetic requirements between the clinical *M.

intracellulare strains and ATCC13950, drawn with Cytoscape[63].** Each central node

represents the functional category of genes, assigned with a KEGG pathway analysis.

Each peripheral node represents the genes showing significant changes in the number of

Tn insertion reads. The size of each node represents the number of strains identified. Each

edge represents a strain identified as showing significant changes in the number of Tn

insertion reads. The thickness of each edge represents the adjusted P value. The color

scale of each edge represents the fold change in the number of Tn insertion reads

calculated by a resampling analysis. The graphical organization was referenced to the

previous publication by Carey, *et al*[8].

1065

Fig. 5 Preferential genetic requirements for gluconeogenesis in the clinical *M.*

***intracellulare* strains inferred from the TnSeq results. a** Carbohydrate pathway

showing the changes in Tn insertion reads. Genes identified with the resampling

analysis are framed by squares. The essentiality of gluconeogenesis-related genes (*pckA,*

glpX) was higher and that of glycolysis-related genes (*aceE, lpdC*) was lower in the

clinical *M. intracellulare* strains compared with those in ATCC13950. **b** Data on genetic

requirements calculated with a resampling analysis in the clinical *M. intracellulare*

strains compared with ATCC13950. Red indicates a reduction in Tn insertion reads in

the clinical *M. intracellulare* strains. Blue indicates an increase of Tn insertion reads in

the clinical *M. intracellulare* strains. Asterisks indicate statistical significance of $\log_2$

fold changes ($\log_2$FCs). The graphical organization was referenced to the previous

publication by Carey, *et al*[8].

1078

Fig. 6 Detection of genes required for mouse lung infection in the clinical *M.*

***intracellulare* strains. a** Consistency between the genes required for infection in mouse

lungs and the 175 genes required for hypoxic pellicle formation in ATCC13950. **b**

Changes in the requirements for genes with increased genetic requirements observed in

the clinical *M. intracellulare* strains after the infection of mouse lungs. Highlighted

genes are also required for hypoxic pellicle formation by ATCC13950.

Genetic requirements of the strain itself: genetic requirements compared with that of

ATCC13950. Genetic requirements in mouse lungs: changes in the genetic requirements

in the infected mouse lungs compared with those before infection. Gene set enrichment

analysis: The genes listed as core enrichment are shown as "Yes" and the genes not

listed as core enrichment are shown as "No."

1090

Fig. 7 Evaluation of the effect of the suppression of TnSeq-hit genes on the

bacterial growth using the CRISPR-i system. Open bar: day 3; closed bar: day 7. **a**

Comparative growth rates of the knockdown strains relative to those of the vector

control strains in the representative universal essential or growth-defect-associated

genes: *glcB, inhA*, *gyrB* and *embB*. **b** Comparative growth rates of the knockdown

strains relative to those of the vector control strains in the representative accessory and

strain-dependent essential or growth-defect-associated genes: *pckA*, *glpX*, *csd* and ESX-

5 type VII secretion components. Data are shown as the means ± SD of triplicate

experiments. Data from one experiment representative of two independent experiments

(*N* = 2) are shown.

1101

Fig. 8 Comparison of the timing of entry into logarithmic growth and logarithmic

growth rate by the clinical *M. intracellulare* strains and ATCC13950. a

Representative data on the growth curves of each strain under aerobic and 5% oxygen

conditions. The assay was performed three times in 96-well plates containing 250 μl of

broth medium per well, in triplicate. Data are represented as CFUs in 4 μl sample at

each timepoint. Data on the growth curves are the means of three biological replicates

from one experiment. Data from one experiment representative of three independent

experiments (*N* = 3) are shown. **b** Time at the inflection point (midpoint) on the sigmoid

growth curve. *significantly earlier than an aerobic culture of ATCC13950;

#significantly earlier than a hypoxic culture of ATCC13950; †significantly later than an

aerobic culture of ATCC13950; ‡significantly later than a hypoxic culture of

ATCC13950. **c** Growth rate at midpoint of the growth curve in each strain.

#significantly slower than a hypoxic culture of ATCC13950; †significantly slower than

an aerobic culture of the corresponding strain; ‡significantly faster than an aerobic

culture of ATCC13950. Open bars: aerobic; closed bars: 5% O_2. Data are shown as the

means ± SD of triplicate experiments. Data from one experiment representative of three

independent experiments ($N = 3$) are shown.

1119

a

b

1. Detection of shared essential (ES) or growth-defect –associated (GD) genes among study strains by the Hidden Markov Model (HMM) analysis

2. Detection of altered genetic requirements in clinical MAC-PD strains compared to ATCC13950 by the resampling analysis

3. Detection of genes required for mouse lung infection

a

Not included in pathway (3 genes)

Signaling and cellular processes (10 genes)

Genetic information processing (39 genes)

Metabolism (79 genes)

Metabolism: glyoxylate, purine/pyrimidine, amino acid, lipid, arabinogalactan/peptidoglycan, porphyrin

Genetic information processing: DNA replication, transcription, amino acid tRNA ligases, ribosomal proteins, general Sec proteins

Signaling and cellular processes: ABC transporter, type VII secretion system, iron-sulfur cluster assembly

Not Included in Pathway: hypothetical proteins

b

Gene locus	gene	function	target drug
OCU_RS25020, OCU_RS25025	*gyrB, gyrA*	DNA topoisomerase subunit B, intein-containing DNA gyrase subunit A	fluoroquinolones
OCU_RS26150	*embB*	arabinosyltransferase	ethambutol
OCU_RS40185	*inhA*	enoyl[acyl-carrier-protein] reductase FabI	isoniazid/ethionamid
OCU_RS45570	*alr*	alanine racemase	cycloserine
OCU_RS46225	*rpoC*	DNA-directed RNA polymerase subunit beta'	rifampicin
OCU_RS38100	*glcB*	malate synthase G	malate synthase inhibitors
OCU_RS32840, OCU_RS32845, OCU_RS32850	*atpA, atpG, atpB*	F_0F_1 ATP synthase subunit alpha, gamma, beta	bedaquiline

c

Legend:
- Universal essential or growth-defect-associated genes
- Strain-dependent essential or growth-defect-associated genes
- Accessory essential or growth-defect-associated genes
- Non-essential genes

Fig. 2

Fig. 3

Tn decrease in clinical strains

A total of 121 genes were detected as significantly reduced Tn in clinical MAC-PD strains compared to ATCC13950. Of those, 9 genes were commonly hit in 3 to 5 clinical strains.

Tn increase in clinical strains

A total of 162 genes were detected as significantly increased Tn insertion compared to ATCC13950. Of those, 12 genes were commonly hit in more than 7 clinical MAC-PD strains.

OCU_RS30185 Ppx/GppA family phosphatase

OCU_RS35795 Bifunctional RNaseH/acid phosphatase

OCU_RS35955 Glycine cleavage system amino-methyltransferase *gcvT*

OCU_RS38275 Type VII secretion-associated serine protease mycosin *mycP5*

OCU_RS38345 Type VII secretion protein *eccC5*

OCU_RS40305 Cysteine desulfurase *csd*

OCU_RS41540 Class I SAM-dependent RNA methyltransferase

OCU_RS47290 Hypothetical protein

OCU_RS48660 Phosphoenolpyruvate carboxykinase *pckA*

OCU_RS25945 Superoxide dismutase [Mn]

OCU_RS28435 RND family transporter

OCU_RS28440 TetR/AcrR transcriptional regulator

OCU_RS30230 Response regulator transcription factor

OCU_RS34390 CoA transferase

OCU_RS34400 amidohydrolase

OCU_RS34425 amidohydrolase

OCU_RS34445 amidohydrolase

OCU_RS35720 Pyruvate dehydrogenase (acetyl-transferring)

OCU_RS39950 daunorubicin resistance protein DrrA family ABC transporter ATP-binding protein

OCU_RS39955 ABC transporter

OCU_RS44685 MtrAB system accessory protein *lpqB*

log$_2$ (fold-change)

-6.42   0   +11.14

Fig. 4

Fig 5.

a

M.i.27
629 required genes in mouse lungs

M.i.198
512 required genes in mouse lungs

72 genes (11.4%) corresponding to the 175 genes required for hypoxic pellicle formation

50 genes (9.76%) corresponding to the 175 genes required for hypoxic pellicle formation

72 genes

50 genes

31 genes

41 genes

9 genes

41 genes commonly detected in M.i.27 and M.i.198 as corresponding genes required for hypoxic pellicle formation

b

Locus_tag	Gene annotation	Genetic require-ments of strain itself	M.i.27 Genetic require-ments in mouse lungs	Gene set enrichi-ment analysis	Genetic require-ments of strain itself	M.i.198 Genetic require-ments in mouse lungs	Gene set enrichi-ment analysis
OCU_RS48660	Phoshoenolpyruvate carboxykinase PckA	NC	UP	Yes	UP	NC	No
OCU_RS30540	Fructose-1,6-bisphosphatase GlpX	NC	UP	Yes	NC	NC	Yes
OCU_RS40305	Cysteine desulfurase Csd	NC	UP	Yes	UP	NC	No
OCU_RS38345	TypeVII secretion protein EccC5	NC	UP	Yes	UP	NC	Yes
OCU_RS38275	TypeVII serine protease MycP5	NC	UP	Yes	UP	NC	No
OCU_RS35955	Glycine cleavage system aminomethyltransferase GcvT	NC	UP	Yes	UP	NC	Yes
OCU_RS30185	Ppx/GppA family phosphatase	NC	NC	Yes	NC	NC	Yes
OCU_RS35795	Bifunctional RNaseH/acid phosphatase	NC	NC	No	NC	NC	Yes
OCU_RS41540	Class I SAM-dependent RNA methyltransferase	UP	NC	No	NC	UP	Yes
OCU_RS47290	Hypothetical protein	UP	NC	Yes	NC	NC	Yes

Fig. 6

Fig. 7

Fig. 8