1 **Plasmin-Mediated Processing of Clumping Factor A Impacts Bacterial**,
2 **Aggregation and Abscess Formation during *Staphylococcus aureus* Infection**
3

4 Mary B. Turley[1,2,3], Zhicheng Hu[4], Ross W. Ward[5], Ed C. Lavelle[5], Tao Jin[4,6], Joan A.
5 Geoghegan[1,2,3].
6
[1]Department of Microbiology, Moyne Institute of Preventive Medicine, School of
Genetics and Microbiology, Trinity College Dublin, Dublin, Ireland.
[2]Department of Microbes, Infection and Microbiomes, College of Medicine and Health,
University of Birmingham, Birmingham, United Kingdom.
[3]Institute of Microbiology and Infection, University of Birmingham, Birmingham, United
Kingdom.
[4]Department of Rheumatology and Inflammation Research, Institute of Medicine,
Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden.
[5]Adjuvant Research Group, School of Biochemistry and Immunology, Trinity
Biomedical Sciences Institute, Trinity College Dublin, Dublin, Ireland.
[6]Department of Rheumatology, Sahlgrenska University Hospital, Gothenburg,
Sweden.
19
20 *Corresponding author: Joan A. Geoghegan. Mailing address: Department of
21 Microbes, Infections and Microbiomes, College of Medicine and Health, University of
22 Birmingham. E-mail: j.geoghegan@bham.ac.uk.
23
24

Abstract

The interface between pathogenic bacteria and the host plays a critical role during the progression of infection. Bacterial surface components, such as the *Staphylococcus aureus* cell wall-anchored protein clumping factor A (ClfA), interact with host factors to promote pathogenesis. ClfA promotes bacterial aggregation in plasma by binding to fibrinogen. Here, we show that the host serine endopeptidase plasmin cleaves ClfA, disrupting its interaction with fibrinogen and promoting bloodstream survival and virulence in *S. aureus*. We found that plasmin cleaves ClfA between residues Arg214 and Ala215. Cleavage occurs in human serum regardless of whether plasmin becomes activated by host tissue-plasminogen activator or by the activity of the *S. aureus* enzyme staphylokinase. Expressing a plasmin-resistant form of ClfA, and a truncated form that mimics the plasmin-cleaved product on the bacterial cell surface, revealed that following cleavage ClfA cannot mediate aggregation of *S. aureus* in fibrinogen. While truncated ClfA on the cell surface cannot bind to fibrinogen, it promotes the establishment of renal abscesses *in vivo*. Collectively, our findings suggest that activation of plasmin during infection leads to site-specific processing of ClfA, and this not only abrogates fibrinogen binding but also facilitates enhanced *S. aureus* persistence in the host. Thus, we demonstrate that proteolytic processing by plasmin is a mechanism for modulating the host-pathogen interaction during infection.

Introduction

Staphylococcus aureus bacteraemia is among the most common and serious bacterial infections affecting the global population (1). S. aureus was the leading bacterial cause of death in 135 countries in 2019 (2), and more than 300,000 people die each year as a direct result of S. aureus bacteraemia (3). Complications arise when S. aureus evades host immune defences and disseminates to organs and tissues giving rise to metastatic infections such as infective endocarditis, septic arthritis, and infections associated with implanted medical devices. These infections increase morbidity and mortality, often requiring prolonged treatment and, in some cases, surgical intervention.

One of the key virulence factors of S. aureus is clumping factor A (ClfA), a cell wall-anchored microbial surface component recognising matrix molecules (MSCRAMM) protein that plays a central role during bacteraemia, septic arthritis and infective endocarditis through fibrinogen-dependent and independent mechanisms (4-10). ClfA binds to fibrinogen, a glycoprotein present in blood plasma, promoting the aggregation of S. aureus in plasma. However, fibrinogen also functions in host defense by activating neutrophils and macrophages, as well as trapping bacteria in matrices and inhibiting dissemination (11-15). Fibrinogen-deficient mice have reduced ability to clear S. aureus from the peritoneal cavity following infection and disruption of this S. aureus-fibrinogen interaction inhibits dissemination from the peritoneum during acute infection (16).

ClfA binds to the extreme C-terminus of the gamma chain of fibrinogen. The C-terminal residues of the gamma chain bind in a trench formed between the separately folded adjacent immunoglobulin G-like domains N2 and N3 domains by the 'dock, lock, and latch' mechanism (17-19). Docking of the peptide induces a conformational change in the flexible extension at the C-terminus of the ClfA N3 domain, which redirects to cover the bound fibrinogen peptide locking it in place. In doing so it forms an β-strand which is complementary to a β-sheet in the N2 domain. The D domain of fibrinogen establishes further interactions with another site on the surface of the ClfA N3 domain (20). The overall stability of the ClfA-fibrinogen complex is enhanced by shear stress (21). ClfA has also been reported to bind to the host protein factor I, facilitating cleavage of complement opsonin C3b into iC3b to inhibit

opsonophagocytosis (10, 22). However, no studies have yet detailed the specific
mechanism or binding site involved.

There is growing evidence that host-derived proteases can alter the *S. aureus*
cell surface, potentially impacting its interactions with the host during infection (23-25).
The host serine protease plasmin is particularly relevant in the context of infection due
to its activation at sites of tissue damage and inflammation (26, 27). Notably, *S. aureus*
produces staphylokinase (Sak), a secreted protein that activates host plasminogen to
its proteolytically active form, plasmin (28). This interaction suggests a potential
mechanism by which *S. aureus* may exploit the host fibrinolytic system to remodel its
own cell surface. This study set out to determine if ClfA is susceptible to plasmin and
whether plasmin can modulate the biological activity of ClfA.

Materials and Methods

Reagents, Strains, Media, and Growth Conditions. All strains and plasmids used in this study are listed in Table 1. If not specified otherwise, *S. aureus* strains were cultured on tryptic soy agar (TSA) plates for isolation of individual colonies or for liquid cultures in either tryptic soy broth (TSB) (Difco) at 37°C with shaking (200 rpm). *Escherichia coli* strains were grown at 37°C on lysogeny Agar (LA) or in lysogeny Broth (LB) with shaking (200 rpm) for liquid cultures. Where appropriate, antibiotics were incorporated into media; chloramphenicol (Cm,10 µg/mL), erythromycin (Em, 10 µg/mL), ampicillin (Amp, 100 µg/mL); anhydrotetracycline (Atc, 1 ng/mL) (Sigma).

Plasmin treatment Bacteria were grown to stationary phase, then pelleted by centrifugation (7 min, 8000 x *g*), washed with an equal volume of PBS once and pelleted again. Samples were then resuspended in 1 mL PBS and the OD_{600} was read. Bacteria were adjusted to a desired OD_{600} for the assay. Human derived plasmin (Sigma) was then added to the sample to a final concentration of 0.075 U/mL and incubated at 37°C for 1 h in a water bath. Samples were then washed with an equal volume of PBS three times before a final reconstitution to original volume. The protease inhibitor alpha-2-Macroglobulin (α2M, Sigma) was added where indicated at a concentration of 10x that of plasmin used. Recombinant proteins were typically diluted to a concentration of 5 µM in sterile PBS to which plasmin was added to a final concentration of 0.075 U/mL and incubated at 37°C for 1 h in a water bath.

Preparation of murine blood and serum. Whole blood was collected from female C57BL6/JCR mice and was allowed to clot overnight at 4°C. Serum was then harvested from clotted blood by centrifugation at 1100 x g for 11 min. To catalyse the activation of plasminogen to plasmin in human serum, 40% serum was incubated with tissue plasminogen activator (DiaPharma, 25 ug/mL) and *S. aureus* supernatant for 20 min at 37°C before being used in the treatment of recombinant proteins as outlined above.

SDS-PAGE and Western immunoblotting. Cell wall extracts were carried out as described by O'Halloran et al., 2015 (29)**.** Briefly, bacteria grown to exponential phase (OD600 = 0.35 – 0.5) or stationary phase (overnight culture) were pelleted and washed

with PBS, then adjusted to an OD600 = 10. Bacteria were then incubated with or

without plasmin (0.075 U/mL) in a 37°C waterbath for 1 h before being centrifuged and

resuspended in 250 µL extraction solution (30% w/v Raffinose, 50 mM Tris-HCL, 20

mM MgCl2, pH 7.5, 50 µl/ml complete protease inhibitor [Roche], lysostaphin 10 U/ml)

for 8 min at 37°C. Protoplasts were removed by centrifugation at 15000 x *g* for 5

minutes.

Protein samples were separated by polyacrylamide gel electrophoresis (7.5%,

10% or 12.5%). Gels were either stained using Instant Blue (Expedeon) or Gel code

(ThermoFisher Scientific) or transferred to nitrocellulose (GE Healthcare) or

polyvinylidene difluoride (PVDF, Roche) filters for western immunoblotting.

Filters were blocked with 10% (w/v) skimmed milk (Marvel) and then probed

with the indicated antibodies**.** Reactive bands were developed using LumiGLO

Reagent and peroxide detection solution (Cell signalling Technology) and imaged

using the ImageQuant TL (GE Healthcare).

DNA manipulation

Isolation of DNA. Genomic DNA was isolated using the PureElute Bacterial

genomic DNA Purification kit (Edge Biosystems), with the addition of lysostaphin (100

µg/ml) to the cell lysis buffer to digest *S. aureus* cell wall peptidoglycan to improve

DNA extraction. Plasmid DNA was isolated using Wizard® Plus SVMiniprep kit

(Promega) or Qiagen® Plasmid plus Midi-kit

Plasmid construction. Plasmids were constructed by inverse PCR or via sequence

and ligase independent cloning (51).Plasmids pQE30::ClfA^R40-559* and

pRMC2::ClfA^R were constructed by sequence and ligase independent cloning (31)

where vectors were amplified by Velocity PCR and the insert was amplified from a

region of DNA commercially synthesised as a gBlock (IDT). Primers used in this study

are listed in Table 2. Plasmids pQE30::ClfAΔ40-214_cSt and pRMC2::ClfAΔ40-214

were generated by inverse PCR. Inverse PCR products were treated with DpnI and

blunt-end ligation was carried out using the LigaFast® Rapid RNA ligation system

(Promega). Chemically competent *E. coli* (32) XL-1 Blue were transformed with the

ligation products. Plasmids were then isolated and used to transform *E. coli* Topp3 for

protein purification or IM08B (33) for transformation of *S aureus* made

electrocompetent as described previously (34). Colony PCRs were carried out to

screen for transformants using Phire Hot Start DNA Polymerase (Sigma) as per the
manufacturer's instructions.

Expression, purification, and modification of recombinant proteins. Briefly, *E.*
coli Topp3 carrying plasmids was grown to an OD600 = 0.4 - 0.8, before isopropyl β-
D-1-thiogalactopyranoside (IPTG, 1 mM) was added to induce protein expression.
Growth was continued for 3 h before cell sedimentation was carried out. The pellet
was resuspended in 25 mL Imidazole Buffer (40 mM Tris-HCL, 1 M NaCl, 0.1 M
imidazole, pH 7.9) with an EDTA-free protease inhibitor. Bacteria were then lysed
using a French Press at 1500 psi before centrifuging the lysates at 18,000 x *g* for 20
mins at 4°C. DNase (1 mg/mL) was added to the supernatant before filtration through
a 0.45 μm filter (Whatman). Proteins were purified with an N-terminal hexa-histidine
(His) affinity tag and a C-terminal Strep-tag II affinity tag for purification via nickel
affinity chromatography (5 mL HiTrap affinity column; GE Healthcare) and Strep-
Tactin affinity chromatography (Strep-Spin Protein Miniprep kit; Zymo Research)
respectively. Protein concentrations were determined by measuring the absorbance
at 280 nm using a Nanodrop spectrophotometer and calculations according to Beer-
Lambert Law.

N-terminal sequencing. Samples sent for N-terminal sequencing were first incubated
with plasmin (0.075 U/mL) as outlined above prior to purification of the digested
product by Strep-Tactin affinity chromatography. Purified samples were then
subjected to SDS-PAGE, transferred to PVDF membrane and stained with Ponceau
S (ThermoScientific). N-terminal sequencing was performed by Edman degradation at
Alta Bioscience, Redditch, UK.

Synthetic peptide cleavage. Synthetic peptides used in this study were commercially
synthesised by AltaBioscience (Redditch, UK). Peptide size and purity was confirmed
by mass spectrometry at AltaBioscience. All peptides were dissolved in molecular
grade water to a concentration of 150 μM. As the peptides were 5/6-FAM labelled they
were protected from light when in use and stored at -20°C. Synthetic peptides were
diluted to a concentration of 37.5 μM in molecular grade water, then incubated with
human plasmin (0.075 U/mL) at 37°C for 30 min in a water bath. Reaction products

were separated by agarose gel electrophoresis (4% w/v) and gel images were
captured under UV light.

Bacterial clumping in fibrinogen. Bacteria were grown to stationary phase, then
pelleted by centrifugation (8000 x *g,* 7 min). Cells were washed with PBS and then
adjusted to OD600 of 1.5 in 1 ml PBS. Purified human fibrinogen depleted of
plasminogen, von Willebrand Factor and fibronectin (Enzyme Research Labs) or
murine fibrinogen (Innovative Research) was added to the tube to a final concentration
of 18.4 µg/mL and left to stand at 37°C. After incubation for 1 h 45 min, the top 0.5 ml
was removed from the tube, diluted 1:2 in PBS for OD600 measurements (Genesys
10 UV, Thermo Spectronic) and computed as a percentage of the starting OD600
where (100/T0_OD600)*T105_OD600. For every *S. aureus* strain, there was a
fibrinogen deficient control. In cases where plasmin treated bacteria were included, on
adjustment to an OD600 1.5 the bacteria were incubated with plasmin (0.075 U/mL)
for 1 h at 37°C. Following three washes in PBS, the bacteria were resuspended to the
original volume in BHI and made up to a final volume of 1 mL with PBS. Fibrinogen
(18.4 ug/mL) was then added, and the protocol proceeded as outlined above. In each
case for plasmin-treatment, a no plasmin control for each strain was included.

***Ex vivo* whole blood survival assay.** The quantification of survival of *S. aureus* in
human blood was performed according to the protocol previously described in
Zapotoczna et al., 2018 (35). Briefly, *S. aureus* was grown overnight in RPMI then
adjusted to 2×10^4 cfu/mL. 25 µL was added to 475 µL of freshly drawn EDTA-treated
blood obtained from human volunteers. Immediately following inversion, 100 µl of each
sample was added to 900 µl ice-cold endotoxin free water. This was the T0 sample.
The tubes were then incubated at 37°C on a 360° rotation wheel and after 3 h, serial
dilutions were made to quantify CFU/ml. In parallel, bacteria was incubated in serum
derived from the same donor. Percentage survival was calculated using the following
formula (T3 mean cfu/ml)/(T0 cfu/ml)*100.

Mouse model of *S. aureus* bloodstream infection. Female NMRI, aged 9-10 weeks,
were obtained from Envigo (Venray, Netherlands) and housed at the animal facility at
the University of Gothenburg. Mice were maintained under standard temperature and
light conditions, with unrestricted access to laboratory chow and water. *S. aureus*

strains were cultured for 24 hours on horse blood agar plates and then preserved according to established protocols (37). Before each experiment, the bacterial solutions were thawed, washed, and adjusted to the desired concentration. To investigate the clinical relevance of ClfA plasmin cleavage, we used a well-established *S. aureus* sepsis mouse model (38). NMRI mice (10 per group) were intravenously (i.v.) injected via the tail vein with 200 µl of PBS containing 75 ng/ml anhydrotetracycline and the respective *S. aureus* strain Newman *clfA5* expressing pRMC2 variants: ClfA, ClfA^R or ClfA$_{\Delta 40\text{-}214}$ (6×10^6 colony-forming units [CFU]/mouse). Expression of ClfA was induced via an intraperitoneal injection of inducer anhydrotetracycline (5 µg/mouse) on Day 0, 1 h before infection and 1h post-infection. The mice were monitored individually two times daily by an observer (Z.H). The blood samples were collected on both day 3 and day 10 for subsequent Interleukin 6 (IL-6) level analysis. Surviving mice were sacrificed on day 10, the blood, kidneys and livers were aseptically collected.

Quantification of bacterial load in kidneys and livers. Kidneys and livers were collected aseptically, and kidney abscess scores were assessed by two investigators (T.J. and Z. H.) in a blinded manner (39). The scoring system used ranged from 0 to 3 (0 indicates healthy kidneys; 1, 1–2 small abscesses in the kidneys without structure changes; 2, >2 abscesses, but <75% kidney tissue involved; and 3, large amounts of abscess with >75% kidney tissue involved). The kidneys and livers were homogenized and plated on horse blood agar plates to quantify the CFU counts.

Quantification of Interleukin 6 using enzyme-linked immunosorbent assay. The levels of Interleukin 6 (IL6) in the blood of NMRI mice infected with S. aureus were measured on day 3 and 10 post-infection using a DuoSet ELISA kit (R&D Systems, Abingdon, UK) according to the manufacturer's instructions.

Ethical Approval. Our research complies with all relevant ethical regulations. Informed consent was obtained from all adult participants. Ethical approval for the collection and use of human blood samples from adult volunteers was obtained from the Trinity College Dublin Faculty of Health Sciences Ethics Committee, Ireland (reference 2020111) and through the Human Biomaterials Resource Centre, University of Birmingham, United Kingdom (reference 25/NW/0013). Personal information such as sex and age were not recorded. All participants were over the age of 18 and provided written informed consent. Participants did not receive

compensation for their participation. For animal studies conducted in Trinity College
Dublin, C57BL/6 mice were bred in-house in the Comparative Medicine Unit, as per
College and The Health Products Regulatory Authority (HPRA) welfare guidelines. All
animal studies were approved by the TCD Animal Research Ethics Committee (Ethical
Approval Number 091210) and HPRA license AE191364/P079. For mouse work, the
study was approved by the Gothenburg Ethics Committee of Animal Research (Ethical
Approval Number 5.8.18-02443/2021), and all procedures adhered to established
guidelines for animal experimentation.
264
Statistical analysis. Statistical analysis was performed using GraphPad Prism
(GraphPad Software, Inc, USA; version 8.0.2.263 and version 10). Unless stated
otherwise, the data presented in this study show mean ± standard deviations of at
least three independent experiments. Statistically significant differences were
calculated by using methods as indicated in the figure legends. P values of less than
0.05 were considered significant with *, **, *** and **** representing P values of <0.05,
<0.01, <0.001 and <0.0001 respectively. P values of >0.05 represents non-significant
values (ns). For experiments with blood or serum, samples from different donors were
used for each of the biological replicates.
274
275

Results

ClfA is cleaved by plasmin. To determine if cell wall-anchored ClfA was susceptible to plasmin-mediated proteolytic processing in *S. aureus*, bacteria were grown to stationary phase, washed and incubated with plasmin. Cell wall-associated proteins were solubilised from the cell wall using lysostaphin during protoplast formation. Probing cell wall extracts of wild-type *S. aureus* Newman with anti-ClfA IgG in a western blot revealed a ca. 170 kDa immunoreactive band corresponding to full length ClfA (**Fig. 1A**). Incubation with plasmin resulted in the appearance of a ca. 130 kDa band in addition to the ca. 170 kDa band indicating that cell-wall anchored ClfA had been cleaved by plasmin. The broad-spectrum protease inhibitor alpha-2-macroglobulin prevented the activity of plasmin as only the band corresponding to full-length ClfA was detected (**Fig. 1A**). As a control, cell wall extracts were prepared from a mutant deficient in ClfA (Newman *clfA5*). The absence of immunoreactive bands confirmed the specificity of the anti-ClfA IgG (**Fig. 1A**). These results suggested that ClfA on the surface of *S. aureus* Newman can be cleaved by purified plasmin.

To explore plasmin cleavage further, three methicillin-resistant *S. aureus* (MRSA) isolates were incubated with plasmin and the integrity of ClfA in cell wall extracts was examined. For each of the isolates, ClfA was cleaved by plasmin as indicated by the disappearance of the ca. 170 kDa band corresponding to full-length ClfA and the appearance of a ca. 130 kDa immunoreactive band following plasmin treatment (**Fig. 1B**). A weak immunoreactive band migrating around 130 kDa was detected in cell wall extracts from LAC that had not been incubated with plasmin. This was likely due to the activity of the *S. aureus* extracellular protease aureolysin that cleaves at the junction of N2 and N3 of ClfA (40). In summary, these findings demonstrate that plasmin cleaves ClfA on the surface of *S. aureus*.

Recognition by an antibody specific for ClfA domains N1N2N3 (**Fig. 1**) suggested that ClfA undergoes cleavage towards the N-terminus, leaving a portion of the N1N2N3 domains intact and anchored to the cell wall. To examine this further, a recombinant protein corresponding to the N1N2N3 domains of ClfA with an N-terminal hexahistidine tag and a C-terminal Strep-tagII was purified from *E. coli* (ClfA$_{40-559^*}$). ClfA$_{40-559^*}$ migrates aberrantly with an apparent molecular mass of ca. 95 kDa (**Fig. 2A**) due to the presence of the elongated unfolded N1 region (41). Incubation of ClfA$_{40-559^*}$ with plasmin resulted in the conversion of the ca. 95 kDa band to a single product of ca. 43 kDa. The remainder of the protein could not be detected (**FIG. 2A, B**)

suggesting that it was digested into smaller fragments. $ClfA_{40-559*}$ remained mostly intact when the protease activity of plasmin was inhibited by alpha-2-macroglobulin (**FIG. 2A, B**) confirming that cleavage of $ClfA_{40-559*}$ was due to the proteolytic activity of plasmin.

To determine if the single band remaining following plasmin treatment retained the N-terminal and/or C-terminal tags, the same samples were probed with anti-His IgG to detect the N-terminal hexa-histidine tag (**FIG. 2C**) or anti-Strep tagII IgG to detect the C-terminal strep tag (**Fig. 2D**). While a band corresponding to full-length $ClfA_{40-559*}$ was detected in samples without plasmin or when plasmin was inhibited with alpha-2-macroglobulin, using anti-His IgG, no band was detected after the addition of plasmin (**FIG. 2C**). These data suggest that the hexa-histidine tag, and therefore the N-terminal region of the recombinant protein, is removed by plasmin cleavage. In contrast, the plasmin-cleaved product reacted with anti-Strep tag II IgG (**FIG. 2D**) indicating that the C-terminus of the protein was intact. Other bands detected in lanes 1 and 3 (**FIG. 2B, D**) are likely to be ClfA breakdown product(s) that were already in the sample or formed during the incubation process.

To elucidate if ClfA can be cleaved by activated plasmin in human serum, $ClfA_{40-559*}$ was incubated in serum with or without added tissue plasminogen activator (tPA) which catalyses activation of the zymogen plasminogen (**Fig. 2E**) or with concentrated culture supernatants containing the secreted *S. aureus* plasminogen activating-enzyme Sak (**Fig. 2F**). Full length $ClfA_{40-559*}$ was detected following incubation in serum, but only a band corresponding to cleaved ClfA was detected when plasmin was activated (**Fig. 2E**). The addition of alpha-2-macroglobulin protected full-length ClfA from cleavage. The presence of some truncated protein in the absence of tPA or when plasmin activity was inhibited by alpha-2-macroglobulin indicates that this species was present in the protein preparation at the onset of the experiment or developed independently of plasmin activation. No immunoreactive bands were detected in serum only controls confirming the specificity of the polyclonal antibody for ClfA. Full length $ClfA_{40-559*}$ was detected following incubation in serum treated with concentrated supernatants from an *S. aureus* mutant deficient in *sak* (LAC* *sak*::Tn) but not when ClfA was incubated with supernatants from wild-type LAC* (**Fig. 2F**), indicating that plasmin was activated by Sak and cleaved ClfA (**Fig. 2F**). Taken together, these findings indicate that purified human plasmin, or plasmin activated by the host or bacterium during infection is capable of cleaving ClfA.

Plasmin cleaves ClfA between residues 214 and 215. To identify the plasmin cleavage site, ClfA$_{40-559*}$ was incubated with plasmin and the cleaved protein was purified by Strep-Tactin affinity chromatography. The 7 most N-terminal amino-acids of the cleaved product were identified using Edman degradation, revealing that plasmin cleaves the peptide bond after Arg$_{214}$, towards the end of the N1 domain (**Fig. 3A**). To verify the plasmin cleavage site experimentally, an 11-mer fluorescein labelled peptide comprising ClfA residues 211-221, was incubated with plasmin and analysed by agarose gel electrophoresis. The 11-mer peptide was chosen based on the evidence from N-terminal sequencing that plasmin would cleave between residues 214 and 215 resulting in a clear size shift from a fluorescein-labelled 11-mer peptide to a fluorescein-labelled 4-mer. In agreement with this, the 11-mer peptide (WT) underwent complete conversion to a smaller truncate following plasmin treatment (**Fig. 3B**). Next a series of peptides where amino-acids 211-216 were individually substituted with serine were tested for susceptibility to plasmin cleavage (**Fig. 3B**). Only the R214S substitution affected cleavage with this peptide undergoing partial truncation following plasmin treatment underscoring the importance of residue Arg214 for plasmin recognition and/or cleavage. A scrambled version of the 11-mer peptide (S^c) and peptide where the entire plasmin-cleavage site and surrounding residues were substituted (amino-acids 211-214, WT^R) remained intact post-incubation with plasmin. Similarly, recombinant ClfA$_{40-559*}$ harbouring amino-acid substitutions of residues 211-214 (ClfA$^R_{40-559*}$) was resistant to plasmin cleavage (**Fig. 3C**). Overall, these data indicate that substitution of residues 211-214 prevents the cleavage of ClfA by plasmin and that R214 is particularly important for optimal cleavage by plasmin. Failure of plasmin to cleave the scrambled peptide indicates that the order of the residues is critical for plasmin to cleave this sequence.

Plasmin cleavage disrupts the fibrinogen binding activity of ClfA. ClfA binds to fibrinogen in human plasma which facilitates clumping of *S. aureus* by way of the formation of fibrinogen bridges between bacteria (4, 42). The ability of ClfA to interact with fibrinogen was studied by incubating *S. aureus* in a solution of fibrinogen and monitoring the optical density at 600 nm of the suspension as the bacteria clump. A suspension of *S. aureus* expressing full-length ClfA (*S. aureus* ClfA$^+$) treated with plasmin to promote processing of ClfA prior to incubation with fibrinogen, underwent

significantly less clumping than untreated bacteria (**Fig. 4A**). Conversely, bacteria expressing ClfA carrying amino-acid substitutions in residues 211-214 that render the protein resistant to plasmin cleavage (*S. aureus* ClfA^R) did not change clumping phenotype following plasmin treatment (**Fig. 4B**). Together these results demonstrate that the cleavage of ClfA by plasmin reduces the protein's ability to interact with soluble fibrinogen and promote clumping.

Next the ability of *S. aureus* expressing a ClfA truncate that mimics the plasmin-cleaved state, (*S. aureus* ClfA$^{\Delta40\text{-}214}$), was tested for its ability to clump in a solution of fibrinogen (**Fig. 4C**). *S. aureus* ClfA$^{\Delta40\text{-}214}$ lost the ability to clump (**Fig. 4C**) while *S. aureus* ClfA$^+$ (**Fig. 4D**) and *S. aureus* ClfA^R (**Fig. 4E**) incubated under the same conditions clumped in a solution of fibrinogen. *S. aureus* ClfA$^-$ did not clump demonstrating that clumping activity is mediated solely by ClfA under the conditions used here (**Fig. 4F**). Together these results suggest that removal of residues 40-214 either by treatment with plasminogen or genetically, renders ClfA incapable of binding to soluble fibrinogen and promoting clumping of *S. aureus*.

Truncation of ClfA increases kidney abscess formation by *S. aureus*. ClfA promotes renal abscess formation in murine infection models (4, 44-46). Having shown that the plasmin-cleaved form of ClfA interacts poorly with soluble fibrinogen (**Fig. 4**), we sought to determine how this might impact *S. aureus* infection in a mouse model. ClfA was not susceptible to cleavage by mouse plasmin in serum (data not shown) so the effect of plasmin on the activity of ClfA *in vivo* was examined using the *S. aureus* expressing full-length ClfA and its variants. *S. aureus* ClfA$^{\Delta40\text{-}214}$ resulted in more severe abscess formation (**Fig. 5A**) and a higher bacterial load (**Fig. 5B**) in the infected mouse kidneys compared to *S. aureus* ClfA or *S. aureus* ClfA^R, indicating that the ability of *S. aureus* to disseminate to the kidney and establish renal abscesses is enhanced when residues 40-214 are missing from ClfA. There was no difference in bacterial load in the liver following infection with any of the strains (**Fig. 5C**). Comparing the survival of mice challenged with *S. aureus* expressing ClfA, ClfA^R and ClfA$^{\Delta40\text{-}214}$ indicated that there were no significant differences in the survival rates of mice infected with any of the three strains over 10 (**Fig. 5D**). Together these data indicate that removal of residues 40-214 and therefore inactivation of the fibrinogen binding function of ClfA enhances the ability of *S. aureus* to form abscesses in mouse kidneys but does not increase progression to lethal infection.

Discussion

This study shows that cleavage of ClfA by plasmin results in a pronounced loss of bacterial clumping in fibrinogen, reduced survival of *S. aureus* in human blood and increased abscess formation in the kidney. We pinpointed the plasmin cleavage site to between residues R_{214} and A_{215} in ClfA and demonstrated that the activity of plasmin leads to the formation of a stable truncate of ClfA on the cell surface lacking residues 40-214. Substantial evidence supports fibrinogen binding to bacteria conferring protective benefits to the host while conversely, other studies find it can drive pathogenesis. Such contradictions likely reflect model-dependent factors. In the context of this study, loss of fibrinogen binding resulted in impaired bacterial killing, enhanced dissemination and increased abscess formation. This agrees with recent findings showing that mice expressing a fibrinogen truncate lacking the ClfA binding domain, demonstrate delayed bacterial killing and increased dissemination from the peritoneal cavity (16).

The proteolytic cleavage of cell wall-anchored proteins in *S. aureus* has been described previously. In some instances, surface-exposed cell wall-anchored proteins are completely degraded by proteases, such as FnBPA and FnBPB. However, in other cases, cleavage at specific sites by bacterial or host proteases serves as a post-translational modification that modulates protein function. For example, ClfB loses its ability to bind fibrinogen following cleavage by aureolysin and SasG no longer inhibits bacterial clumping following proteolytic processing by trypsin. In this study, we demonstrate that removal of residues 40-214 from the mature ClfA protein abolishes its ability to interact with soluble fibrinogen. This finding was unexpected, as the canonical fibrinogen binding domain of ClfA is thought to reside entirely within the N2 and N3 domains (residues 229–545). Interestingly, the loss of fibrinogen binding in the Δ40–214 ClfA variant mirrors the behaviour of ClfB, where cleavage by aureolysin outside of the minimal fibrinogen-binding domain similarly results in a complete loss of function. These observations suggest that the ClfA-fibrinogen interaction is more complex than previously appreciated. While residues 229-545 are sufficient to support recombinant protein binding to a peptide derived from fibrinogen, they are clearly not sufficient to promote bacterial interactions with fibrinogen and fibrin in the bloodstream. Elucidating the structure of the entire ClfA protein in complex with fibrinogen would reveal the full binding interface and uncover how ClfA engages

fibrinogen/fibrin. This new finding highlights the drawbacks of studying host-pathogen interactions using recombinant bacterial adhesin domains *in vitro* and indicates that the interaction between ClfA and fibrinogen, and likely other MSCRAMMs and their ligands, is far more complex than the dock, lock and latch mechanism encapsulates and best studied using whole bacteria expressing the protein of interest.

Plasmin cleaved ClfA at the carboxyl terminus of arginine, consistent with its known substrate specificity. Proteolytic processing of ClfA results in the release of residues N-terminal of A_{215}, yet the corresponding fragment (the majority of domain N1) is undetectable by SDS-PAGE suggesting it undergoes rapid secondary degradation. Recombinant N1N2N3 domains of MSCRAMMs often resolve into a single proteolytically stable fragment corresponding to N2N3, even in the absence of added protease (65). This pattern of selective degradation of the N1 domain, has been seen for several MSCRAMMs and is likely driven by intrinsic disorder within N1 and trace protease contamination during recombinant protein preparation (65). Our *in vivo* experiments were conducted exclusively with truncated ClfA variants, confirming that the observed phenotypes stem from loss of ClfA function rather than activity of the released fragment. However other future studies should investigate if the released portion, or peptides derived from it, have biological activity.

Funding information

M.B.T. was supported by a Postgraduate Ussher Fellowship Award from Trinity College Dublin. J.A.G. is supported by a Royal Society Wolfson Fellowship (Award 193002). This work was also supported by the University of Birmingham. Z.H. and T.J. are supported by Swedish Medical Research Council 2024-02667 and the Swedish state under the agreement between the Swedish Government and the county councils ALFGBG-1005076. E.C.L. and R.W.W. received support from Science Foundation Ireland Frontiers for the Future award 19/FFP/6484. R.W.W. received support from the Irish Research Council GOIPG/2019/4236. The funders were not involved with the design of this study, collection or analysis of data, decision to publish or preparation of the manuscript.

Acknowledgements

We thank Deirdre Muldowney and Kevin Lyons for technical assistance.

Conflict of Interest

The authors declare there are no conflicts of interest of a financial or any other nature.

References

1. Tong SYC, Davis JS, Eichenberger E, Holland TL, Fowler VG. *Staphylococcus aureus* Infections: Epidemiology, Pathophysiology, Clinical Manifestations, and Management. Clinical microbiology reviews. 2015;28(3):603-61.

2. Naghavi M, Vollset SE, Ikuta KS, Swetschinski LR, Gray AP, Wool EE, et al. Global burden of bacterial antimicrobial resistance 1990–2021: a systematic analysis with forecasts to 2050. The Lancet. 2024;404(10459):1199-226.

3. Bai AD, Lo CKL, Komorowski AS, Suresh M, Guo K, Garg A, et al. *Staphylococcus aureus* bacteraemia mortality: a systematic review and meta-analysis. Clinical Microbiology and Infection. 2022;28(8):1076-84.

4. McAdow M, Kim HK, DeDent AC, Hendrickx APA, Schneewind O, Missiakas DM. Preventing *Staphylococcus aureus* Sepsis through the Inhibition of Its Agglutination in Blood. PLoS pathogens. 2011;7(10):e1002307.

5. Vilacosta I, Graupner C, San Román JA, Sarriá C, Ronderos R, Fernández C, et al. Risk of embolization after institution of antibiotic therapy for infective endocarditis. J Am Coll Cardiol. 2002;39(9):1489-95.

6. Nappi F, Spadaccio C, Moon MR. A management framework for left sided endocarditis: a narrative review. Ann Transl Med. 2020;8(23):1627.

7. Avtaar Singh SS, Costantino MF, D'Addeo G, Cardinale D, Fiorilli R, Nappi F. A narrative review of diagnosis of infective endocarditis-imaging methods and comparison. Ann Transl Med. 2020;8(23):1621.

8. Nappi F, Martuscelli G, Bellomo F, Avtaar Singh SS, Moon MR. Infective Endocarditis in High-Income Countries. Metabolites. 2022;12(8).

9. Moreillon P, Entenza JM, Francioli P, McDevitt D, Foster TJ, François P, et al. Role of *Staphylococcus aureus* coagulase and clumping factor in pathogenesis of experimental endocarditis. Infection and immunity. 1995;63(12):4738-43.

10. Hair PS, Echague CG, Sholl AM, Watkins JA, Geoghegan JA, Foster TJ, et al. Clumping factor A interaction with complement factor I increases C3b cleavage on the bacterial surface of *Staphylococcus aureus* and decreases complement-mediated phagocytosis. Infection and immunity. 2010;78(4):1717-27.

11. Macrae FL, Duval C, Papareddy P, Baker SR, Yuldasheva N, Kearney KJ, et al. A fibrin biofilm covers blood clots and protects from microbial invasion. The Journal of Clinical Investigation. 2018;128(8):3356-68.

12. Negrón O, Flick MJ. Does fibrinogen serve the host or the microbe in
Staphylococcus infection? Current Opinion in Hematology. 2019;26(1531-7048
(Electronic)):343-8.

13. Forsyth CB, Solovjov DA, Ugarova TP, Plow EF. Integrin αMβ2-Mediated Cell
Migration to Fibrinogen and Its Recognition Peptides. Journal of Experimental
Medicine. 2001;193(10):1123-34.

14. Rubel C, Fernández GC, Rosa FA, Gómez S, Bompadre MB, Coso OA, et al.
Soluble Fibrinogen Modulates Neutrophil Functionality Through the Activation of an
Extracellular Signal-Regulated Kinase-Dependent Pathway1. The Journal of
Immunology. 2002;168(7):3527-35.

15. Smiley ST, King JA, Hancock WW. Fibrinogen Stimulates Macrophage Chemokine
Secretion Through Toll-Like Receptor 41. The Journal of Immunology.
2001;167(5):2887-94.

16. Negrón O, Hur WS, Prasad J, Paul DS, Rowe SE, Degen JL, et al. Fibrin(ogen)
engagement of S. aureus promotes the host antimicrobial response and suppression
of microbe dissemination following peritoneal infection. PLoS pathogens.
2022;18(1):e1010227.

17. McDevitt D, Nanavaty T, House-Pompeo K, Bell E, Turner N, McIntire L, et al.
Characterization of the interaction between the *Staphylococcus aureus* clumping
factor (ClfA) and fibrinogen. Eur J Biochem. 1997;247(1):416-24.

18. Ganesh VK, Rivera JJ, Smeds E, Ko Y-P, Bowden MG, Wann ER, et al. A
structural model of the *Staphylococcus aureus* ClfA-fibrinogen interaction opens new
avenues for the design of anti-staphylococcal therapeutics. PLoS pathogens.
2008;4(11):e1000226-e.

19. Ponnuraj K, Bowden MG, Davis S, Gurusiddappa S, Moore D, Choe D, et al. A
"dock, lock, and latch" Structural Model for a Staphylococcal Adhesin Binding to
Fibrinogen. Cell. 2003;115(2):217-28.

20. Ganesh VK, Liang X, Geoghegan JA, Cohen ALV, Venugopalan N, Foster TJ, et
al. Lessons from the Crystal Structure of the *S. aureus* Surface Protein Clumping
Factor A in Complex With Tefibazumab, an Inhibiting Monoclonal Antibody.
EBioMedicine. 2016;13:328-38.

21. Herman-Bausier P, Labate C, Towell AM, Derclaye S, Geoghegan JA, Dufrêne
YF. *Staphylococcus aureus* clumping factor A is a force-sensitive molecular switch

that activates bacterial adhesion. Proceedings of the National Academy of Sciences

of the United States of America. 2018;115(21):5564-9.

22. Hair PS, Ward MD, Semmes OJ, Foster TJ, Cunnion KM. *Staphylococcus aureus*

clumping factor A binds to complement regulator factor I and increases factor I

cleavage of C3b. The Journal of infectious diseases. 2008;198(1):125-33.

23. Geoghegan JA, Monk IR, O'Gara JP, Foster TJ. Subdomains N2N3 of fibronectin

binding protein A mediate *Staphylococcus aureus* biofilm formation and adherence to

fibrinogen using distinct mechanisms. Journal of bacteriology. 2013;195(11):2675-83.

24. Hildén P, Savolainen K, Tyynelä J, Vuento M, Kuusela P. Purification and

characterisation of a plasmin-sensitive surface protein of *Staphylococcus aureus*. Eur

J Biochem. 1996;236(3):904-10.

25. Crosby Heidi A, Keim K, Kwiecinski Jakub M, Langouët-Astrié Christophe J,

Oshima K, LaRivière Wells B, et al. Host-derived protease promotes aggregation of

Staphylococcus aureus by cleaving the surface protein SasG. mBio.

2024;15(4):e03483-23.

26. Baker SK, Strickland S. A critical role for plasminogen in inflammation. Journal of

Experimental Medicine. 2020;217(4).

27. Vago JP, Zaidan I, Perucci LO, Brito LF, Teixeira LCR, Silva CMS, et al. Plasmin

and plasminogen prevent sepsis severity by reducing neutrophil extracellular traps

and systemic inflammation. JCI Insight. 2023;8(8).

28. Bokarewa MI, Jin T, Tarkowski A. *Staphylococcus aureus*: Staphylokinase. The

International Journal of Biochemistry & Cell Biology. 2006;38(4):504-9.

29. O'Halloran Dara P, Wynne K, Geoghegan Joan A. Protein A Is Released into the

Staphylococcus aureus Culture Supernatant with an Unprocessed Sorting Signal.

Infection and immunity. 2015;83(4):1598-609.

31. Li MZ, Elledge SJ. SLIC: a method for sequence- and ligation-independent cloning.

Methods Mol Biol. 2012;852:51-9.

32. Dagert M, Ehrlich SD. Prolonged incubation in calcium chloride improves the

competence of *Escherichia coli* cells. Gene. 1979;6(1):23-8.

33. Monk IR, Tree JJ, Howden BP, Stinear TP, Foster TJ. Complete Bypass of

Restriction Systems for Major *Staphylococcus aureus* Lineages. mBio.

2015;6(3):e00308-15.

34. Löfblom J, Kronqvist N, Uhlén M, Ståhl S, Wernérus H. Optimization of
electroporation-mediated transformation: *Staphylococcus carnosus* as model
organism. Journal of applied microbiology. 2007;102(3):736-47.

35. Zapotoczna M, Riboldi GP, Moustafa AM, Dickson E, Narechania A, Morrissey JA,
et al. Mobile-Genetic-Element-Encoded Hypertolerance to Copper Protects
Staphylococcus aureus from Killing by Host Phagocytes. mBio. 2018;9(5).

36. Mohammad M, Nguyen M-T, Engdahl C, Na M, Jarneborn A, Hu Z, et al. The YIN
and YANG of lipoproteins in developing and preventing infectious arthritis by
Staphylococcus aureus. PLoS pathogens. 2019;15(6):e1007877.

37. Jin T. Exploring the role of bacterial virulence factors and host elements in septic
arthritis: insights from animal models for innovative therapies. Frontiers in
microbiology. 2024;Volume 15 - 2024.

38. Ali A, Welin A, Schwarze J-C, Svensson MND, Na M, Jarneborn A, et al. CTLA4
Immunoglobulin but Not Anti–Tumor Necrosis Factor Therapy Promotes
Staphylococcal Septic Arthritis in Mice. The Journal of infectious diseases.
2015;212(8):1308-16.

39. McAleese FM, Walsh EJ, Sieprawska M, Potempa J, Foster TJ. Loss of Clumping
Factor B Fibrinogen Binding Activity by *Staphylococcus aureus* Involves Cessation of
Transcription, Shedding and Cleavage by Metalloprotease*. Journal of Biological
Chemistry. 2001;276(32):29969-78.

40. Perkins S, Walsh EJ, Deivanayagam CCS, Narayana SVL, Foster TJ, Höök M.
Structural Organization of the Fibrinogen-binding Region of the Clumping Factor B
MSCRAMM of *Staphylococcus aureus*. Journal of Biological Chemistry.
2001;276(48):44721-8.

41. Higgins J, Loughman A, Van Kessel KPM, Van Strijp JAG, Foster TJ. Clumping
factor A of *Staphylococcus aureus* inhibits phagocytosis by human polymorphonuclear
leucocytes. FEMS microbiology letters. 2006;258(2):290-6.

42. Tkaczyk C, Hamilton MM, Sadowska A, Shi Y, Chang CS, Chowdhury P, et al.
Targeting Alpha Toxin and ClfA with a Multimechanistic Monoclonal-Antibody-Based
Approach for Prophylaxis of Serious *Staphylococcus aureus* Disease. mBio.
2016;7(3):10.1128/mbio.00528-16.

43. Flick MJ, Du X, Prasad JM, Raghu H, Palumbo JS, Smeds E, et al. Genetic
elimination of the binding motif on fibrinogen for the *S. aureus* virulence factor ClfA
improves host survival in septicemia. Blood. 2013;121(10):1783-94.

44. Malachowa N, Kobayashi SD, Porter AR, Braughton KR, Scott DP, Gardner DJ,

et al. Contribution of *Staphylococcus aureus* Coagulases and Clumping Factor A to

Abscess Formation in a Rabbit Model of Skin and Soft Tissue Infection. PloS one.

2016;11(1932-6203 (Electronic)).

45. Cheng AG, Kim Hk Fau - Burts ML, Burts Ml Fau - Krausz T, Krausz T Fau -

Schneewind O, Schneewind O Fau - Missiakas DM, Missiakas DM. Genetic

requirements for *Staphylococcus aureus* abscess formation and persistence in host

tissues. PNAS. 2009;115(1530-6860 (Electronic)):5564-9.

46. Karlsson A, Saravia-Otten P, Tegmark K, Morfeldt E, Arvidson S. Decreased

Amounts of Cell Wall-Associated Protein A and Fibronectin-Binding Proteins in

Staphylococcus aureus sarA Mutants due to Up-Regulation of Extracellular Proteases.

Infection and immunity. 2001;69(8):4742-8.

47. Savolainen K, Paulin L, Westerlund-Wikström B, Foster TJ, Korhonen TK, Kuusela

P. Expression of *pls*, a gene closely associated with the mecA gene of methicillin-

resistant *Staphylococcus aureus*, prevents bacterial adhesion in vitro. Infection and

immunity. 2001;69(5):3013-20.

48. Crosby HA, Schlievert PM, Merriman JA, King JM, Salgado-Pabón W, Horswill

AR. The *Staphylococcus aureus* Global Regulator MgrA Modulates Clumping and

Virulence by Controlling Surface Protein Expression. PLoS pathogens.

2016;12(5):e1005604.

49. Prasad JM, Negrón O, Du X, Mullins ES, Palumbo JS, Gilbertie JM, et al. Host

fibrinogen drives antimicrobial function in *Staphylococcus aureus* peritonitis through

bacterial-mediated prothrombin activation. Proceedings of the National Academy of

Sciences. 2021;118(1):e2009837118.

50. Ko YP, Flick MJ. Fibrinogen Is at the Interface of Host Defense and Pathogen

Virulence in *Staphylococcus aureus* Infection. 2016(1098-9064 (Electronic)).

51. Sully EK, Malachowa N, Elmore BO, Alexander SM, Femling JK, Gray BM, et al.

Selective Chemical Inhibition of agr Quorum Sensing in *Staphylococcus aureus*

Promotes Host Defense with Minimal Impact on Resistance. PLoS pathogens.

2014;10(6):e1004174.

52. Josefsson E, Higgins J, Foster TJ, Tarkowski A. Fibrinogen Binding Sites P336

and Y338 of Clumping Factor A Are Crucial for *Staphylococcus aureus* Virulence. PloS

one. 2008;3(5):e2206.

53. Peetermans M, Vanassche T, Liesenborghs L, Claes J, Vande Velde G, Kwiecinksi

J, et al. Plasminogen activation by staphylokinase enhances local spreading of S.

aureus in skin infections. BMC microbiology. 2014;14:310-.

54. Kwiecinski J, Jacobsson G, Karlsson M, Zhu X, Wang W, Bremell T, et al.

Staphylokinase Promotes the Establishment of *Staphylococcus aureus* Skin Infections

While Decreasing Disease Severity. The Journal of infectious diseases.

2013;208(6):990-9.

55. Cheng Y, De Bank PA, Bolhuis A. An in vitro and ex vivo wound infection model

to test topical and systemic treatment with antibiotics. Journal of applied microbiology.

2022;133(5):2993-3006.

56. Loughman A, Fitzgerald JR, Brennan MP, Higgins J, Downer R, Cox D, et al. Roles

for fibrinogen, immunoglobulin and complement in platelet activation promoted by

Staphylococcus aureus clumping factor A. Molecular microbiology. 2005;57(3):804-

18.

57. Panizzi P, Nahrendorf M, Figueiredo J-L, Panizzi J, Marinelli B, Iwamoto Y, et al.

In vivo detection of *Staphylococcus aureus* endocarditis by targeting pathogen-

specific prothrombin activation. Nature Medicine. 2011;17(9):1142-6.

58. Palmqvist N, Josefsson E, Tarkowski A. Clumping factor A-mediated virulence

during *Staphylococcus aureus* infection is retained despite fibrinogen depletion.

Microbes Infect. 2004;6(2):196-201.

59. Claes J, Liesenborghs L, Peetermans M, Veloso TR, Missiakas D, Schneewind O,

et al. Clumping factor A, von Willebrand factor-binding protein and von Willebrand

factor anchor *Staphylococcus aureus* to the vessel wall. J Thromb Haemost.

2017;15(5):1009-19.

60. Claes J, Ditkowski B, Liesenborghs L, Veloso TR, Entenza JM, Moreillon P, et al.

Assessment of the Dual Role of Clumping Factor A in *S. aureus* Adhesion to

Endothelium in Absence and Presence of Plasma. Thromb Haemost.

2018;118(7):1230-41.

61. Ashraf S, Cheng J, Zhao X. Clumping factor A of *Staphylococcus aureus* interacts

with AnnexinA2 on mammary epithelial cells. Scientific Reports. 2017;7(1):40608.

62. Kielian T, Hickey WF. Proinflammatory Cytokine, Chemokine, and Cellular

Adhesion Molecule Expression during the Acute Phase of Experimental Brain Abscess

Development. The American Journal of Pathology. 2000;157(2):647-58.

63.   Geoghegan JA, Ganesh VK, Smeds E, Liang X, Höök M, Foster TJ. Molecular
Characterization of the Interaction of Staphylococcal Microbial Surface Components
Recognizing Adhesive Matrix Molecules (MSCRAMM) ClfA and Fbl with Fibrinogen *.
Journal of Biological Chemistry. 2010;285(9):6208-16.

64.   Hervio LS, Coombs GS, Bergstrom RC, Trivedi K, Corey DR, Madison EL.
Negative selectivity and the evolution of protease cascades: the specificity of plasmin
for peptide and protein substrates. Chemistry & biology. 2000;7(6):443-52.

65.   Barbu EM, Ganesh VK, Gurusiddappa S, Mackenzie RC, Foster TJ, Sudhof
TC, et al. β-Neurexin Is a Ligand for the *Staphylococcus aureus* MSCRAMM SdrC.
PLoS pathogens. 2010;6(1):e1000726.

66.   O'Neill E, Pozzi C, Houston P, Humphreys H, Robinson DA, Loughman A, et
al. A novel *Staphylococcus aureus* biofilm phenotype mediated by the fibronectin-
binding proteins, FnBPA and FnBPB. Journal of bacteriology. 2008;190(11):3835-50.

67.   Duthie Es Fau, Lorenz LL. Staphylococcal coagulase; mode of action and
antigenicity. (0022-1287 (Print)).

68.   Fitzgerald JR, Loughman A, Keane F, Brennan M, Knobel M, Higgins J, et al.
Fibronectin-binding proteins of *Staphylococcus aureus* mediate activation of human
platelets via fibrinogen and fibronectin bridges to integrin GPIIb/IIIa and IgG binding to
the FcγRIIa receptor. Molecular microbiology. 2006;59(1):212-30.

69.   Boles BR, Thoendel M, Roth AJ, Horswill AR. Identification of Genes Involved
in Polysaccharide-Independent *Staphylococcus aureus* Biofilm Formation. PloS one.
2010;5(4):e10146.

70.   Pietrocola G, Nobile G, Rindi S, Speziale P. *Staphylococcus aureus*
Manipulates Innate Immunity through Own and Host-Expressed Proteases. Frontiers
in cellular and infection microbiology. 2017;7:166.

71.   Corrigan RM, Miajlovic H, Foster TJ. Surface proteins that promote adherence
of *Staphylococcus aureus* to human desquamated nasal epithelial cells. BMC
microbiology. 2009;9:22.

72.   McCormack N, Foster TJ, Geoghegan JA. A short sequence within subdomain
N1 of region A of the *Staphylococcus aureus* MSCRAMM clumping factor A is required
for export and surface display. Microbiology (Reading, England). 2014;160(4):659-70.

FIG. 1. Cell wall-associated ClfA is cleaved by plasmin. Stationary phase cultures of *S. aureus* strains Newman, Newman clfA5, BH1CC, LAC and 14-2533T were adjusted to an OD_{600} = 10 and incubated at 37°C for 1 h with and without plasmin (± P, 0.075 U/ml) and alpha-2 macroglobulin (+ α2M, 1 mg/ml) before cell wall proteins were extracted and separated by SDS-PAGE and probed with anti-ClfA A domain polyclonal IgG (1:1000) in a western blot. Bound primary antibodies was detected with protein A peroxidase (1:500). Blots presented are representative of two independent experiments.

FIG. 2. The ClfA N1N2N3 domains are cleaved by plasmin. ClfA40-559* (5 µM)

was incubated in PBS with or without added human plasmin (± P, 0.07 U/mL) and

alpha-2 macroglobulin (+ α2M, 1 mg/ml), where indicated, at 37°C for 1 h (A-D).

Alternatively, ClfA40-559* (5 µM) was incubated in human serum (40%) that was pre-

treated with either E) tissue plasminogen activator (± tPA, 25 µg/mL) or F)

concentrated supernatants (s/n) from *S. aureus* strain LAC* or its *sak* deficient mutant

(*sak*::Tn) for 20 min at 37°C. Serum only controls did not include ClfA40-559*.

Samples were separated by SDS-PAGE and either stained with SimplyBlue

Coomassie stain (A) or probed in a western immunoblot with anti-ClfA IgG (1:1000; B,

E, F), anti-His 7E8 IgG (1:1000; C) or anti-Strep Tag II IgG-HRP (1:2500; D). Bound

anti-ClfA IgG was detected with protein A peroxidase (1:500) and bound anti-His IgG

was detected with HRP conjugated rabbit anti-mouse IgG (1:2500). Blots represent

two independent experiments.

741
FIG. 3. Plasmin cleaves ClfA between residues 214 and 215. A) Domain
organisation of ClfA. The amino acid coordinates of ClfA signal peptide (S), N1N2N3
domains, SD repeat and wall (W) and membranes-spanning (M) regions are shown.
The 7 most N-terminal amino-acids of the plasmin-cleaved product identified using
Edman degradation are indicated. Sequence identity is indicated in green with red
arrows highlighting matches to the ClfA sequence. Arg214 predicted to be cleaved by
plasmin is underlined (R). B) A fluorescently-labelled 11-mer peptide (WT)
encompassing the region around the proposed cleavage site at Arg214 (residues 211-
221) or variants P211S, R212S, M213S, R214S, A215S and R216S harbouring single
amino-acid substitutions with serine (37.5 µM) were incubated in the absence (-) or
presence (+) of plasmin (0.075 U/mL) for 30 min at 37°C. Peptide S^c was a scrambled
version of the WT peptide and WT^R a peptide with four substitutions (P211A, R212S,
M213A, R214S). Samples were analysed by agarose (4% w/v) gel electrophoresis.
Gels represent three independent experiments. C) Recombinant ClfA40-559* and
ClfA^{R}40-559* (5 µM) were incubated with or without plasmin (± P, 0.075 U/mL) at 37°C
for 1 h and analysed by SDS-PAGE. Gels were stained with Instant Blue Coomassie
stain. The gel image presented is representative of two independent experiments.
759

763
FIG. 4. Plasmin cleavage disrupts ClfA-mediated clumping in fibrinogen.
Stationary phase cultures of *S. aureus* ClfA$^+$(A) and ClfA^R (B) were adjusted to OD_{600}
= 1.5 in PBS and incubated in the absence and presence of plasmin (± P, 0.075 U/mL)
for 1 h at 37°C. Bacteria were washed and incubated statically at 37°C for 105 min in
the presence of fibrinogen (18.4 μg/mL). *S. aureus* ClfA$^{Δ40-214}$ (C) ClfA$^+$ (D) ClfA^R (E)
and ClfA$^-$ (F) were incubated in PBS with (+) and without (-) fibrinogen (18.4 μg/mL)
for 105 min at 37°C. The OD_{600} after 105 min is expressed as a percentage of the
original input OD_{600} at 0 h. Each symbol represents the % of input OD_{600} from a single
matched experiment and the bars represent the mean value for each condition from
four independent experiments. Error bars represent standard deviation, and statistical
significance was determined by an unpaired student t-test. *, $P < 0.05$; **, $P < 0.01$;
***, $P < 0.001$; ns, non-significant.
776

778
**FIG. 5. Truncation of ClfA increases renal/kidney abscess formation by *S.*
aureus. *S. aureus* ClfA⁺, ClfAᴿ and ClfAᐞ⁴⁰⁻²¹⁴ were intravenously administered to
NMRI mice (10 per group) via the tail vein with 200 µl of PBS containing 75 ng/ml
anhydrotetracycline. Expression of ClfA was induced via an intraperitoneal injection of
inducer anhydrotetracycline (5 µg/mouse) on Day 0, 1 h before infection and 1h post-
infection. Kidneys and livers were collected aseptically, and kidney abscess scores
(A) were assessed in a blinded manner; 0 represented healthy kidneys; 1 indicated
one to two small abscesses without structural changes; 2 denoted more than two
abscesses affecting less than 75% of the kidney tissue; and 3 indicated extensive
abscess formation involving more than 75% of the tissue. Bacterial load in the kidney
(B) and liver (C) were quantified by homogenising the organs and culturing on horse
blood agar. (D) Mouse survival after infection. Percent survival of mice (n = 20 per
group) after infection with 6 x 10⁶ CFU/mouse. The dashed line colour pairs to symbol
colour for strains in panel A-C. Error bars represent 95% confidence intervals and
statistical significance was determined by one-way Anova multiple comparisons with
the Kruskal-Wallis post test. *P < 0.05; **, P < 0.01. P > 0.05, non-significant.
795
796

 Table 1. Strains and plasmids used in this study

Strains	Description	Reference or source
Staphylococcus aureus		
BH1CC	Clinically isolated MRSA; CC8	66
Newman	MSSA; CC8	67
Newman _clfA5_	Derivative of Newman deficient in ClfA, frameshift mutation	68
S. aureus ClfA$^+$	Newman _clfA5_ (pRMC2::_clfA_)	This study
S. aureus ClfA^R	Newman _clfA5_ (pRMC2::_clfA_^{R})	This study
S. aureus ClfA$^{\Delta 40\text{-}214}$	Newman _clfA5_ (pRMC2::_clfA_$_{\Delta 40\text{-}214}$)	This study
S. aureus ClfA$^-$	Newman _clfA5_ (pRMC2)	This study
LAC*	Clincally isolated MRSA; CC8, Em sensitive	69
LAC* _sak_::tn	Derivative of LAC* defective in _sak_. _sak_::Tn Em^R	70
14-2533T	Clinically isolated MRSA; CC22	35
Escherichia coli		
XL-1-Blue	Cloning host. _recA1 endA1 gyr96 thi-1 hsdR17 suppe44 relA1 lac_	Stratagene
Topp3	Deficient in protease or expression of recombinant proteins [F'proAB+ lacqZΔM15 Tn10 (Tet^R) (Kan^R)]	Stratagene
IM30B	Plasmid propagation. SA30BΩPN25-_hsdS_ (CC8-1)	33
IM08B	Plasmid propagation. SA30BΩPN25-_hsdS_ (CC30-1)	33
Plasmids		
pQE30::_clfA_40-559	PQE30 derivative encoding the full-length A region (domains N123) of ClfA (residues 40-559). Amp^R	O'Connell et al., 1998

pQE30::*clfA*40-559*	pQE30::ClfA40-559 derivative with C-terminal Strep tag II and linker DNA. Amp^R	This study
pQE30::*clfA*^{R}40-559*	PQE30:: ClfA40-559* encoding DNA with residues 211-214 substituted with AlaSerAlaSer. Amp^R	This study
pRMC2	Tetracycline-inducible expression vector derived from pALC2073 encoding -10 box of tetR promoter. Cm^R	71
pRMC2::*clfA*	pRMC2 containing full-length *clfA* gene from strain Newman. Cm^R	72
pRMC2::*clfA*^{R}	pRMC2::*clfA* with DNA encoding residues 211-214 of ClfA substituted for AlaSerAlaSer. Cm^R	This study
pRMC2::*clfA*$^{\Delta 40-214}$	pRMC2::*clfA* lacking DNA encoding residues 40-214 of ClfA. Cm^R	This study

798 CC = Clonal complex; Tn = Transposon; ^{R} = resistant; Em = erythromycin; Cm =
799 chloramphenicol; Amp = Ampicillin
800
801

Table 2. Primers used in this study

Primer	Description	Sequence
Plasmid construction & mutagenesis		
cSt_F	Inverse PCR for inclusion of C-terminal Strep-Tag II on pQE30::ClfA40-559	*GCTGCTTGGTCTCATC CTCAATTTGAAAAATAA AAGCTTAATTAGCTGAG CTTG
cSt_R	Inverse PCR for inclusion of C-terminal Strep-Tag II on pQE30::ClfA40-559	*CTCTGGAATTGGTTCA ATTTC
cSt screen_F	Amplification of 166 bp region within cSt	ATAATTTGGCGCTCTAT G
cSt_screen_R	Amplification of 166 bp region within cSt	ATCAACAGGAGTCCAA GCTC
cStSLIC_F	PCR to delete a 547 bp region of ClfA N1N2 from plasmid pCF-40 cSt	ACCCTGAAAATGTTAAA AAGACAGG
cStSLIC_R	PCR to delete a 547 bp region of ClfA N1N2 from plasmid pCF-40 cSt	GTTGAAACATTTTCCGC ATTTGTA
ASAS_F	Amplification of a 547 bp region of ClfA N1N2 containing $Ala_{211}SerAlaSer_{214}$ mutation.	CTACAAATGCGGAAAA TGTTTCAAC
ASAS_R	Amplification of a 547 bp region of ClfA N1N2 containing $Ala_{211}SerAlaSer_{214}$ mutation.	CCTGTCTTTTTAACATTT TCAGGGT
214_F	Inverse PCR for removal of a 522 bp region of ClfA N1 on pQE30::ClfA40-559*	*GCATTTAGTTTAGCGG CAG
214_R	Inverse PCR for removal of a 522 bp region of ClfA N1 on pQE30::ClfA40-559*	*TGCATCTGCTTCTTTAC TGC
pQE30 MCS_F	Amplification of cloned sequence within pQE30 MCS. Screening primer.	GAGCGGATAACAATTAT AATAG

Primer	Description	Sequence
pQE30_MCS_R	Amplification of cloned sequence within pQE30 MCS. Screening primer.	CCGAGCGTTCTGAACAAATC
pRMC2 MCS_F	Amplification of cloned sequence within pRMC2 MCS. Screening primer.	ATTCAGGCTGCGCAAC
pRMC2 MCS_R	Amplification of cloned sequence within pRMC2 MCS. Screening primer.	TTGTTGACATATATCATTG

803   * = 5' phosphorylation; F = forward; R = reverse