Full Title: *Candida albicans* white and opaque cells exhibit distinct spectra of organ colonization in mouse models of infection

Short Title: *C. albicans* white and opaque cells exhibit distinct spectra of organ colonization

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Abstract

Candida albicans, a species of fungi, can thrive in diverse niches of its

mammalian hosts; it is a normal resident of the GI tract and mucosal surfaces but it

can also enter the bloodstream and colonize internal organs causing serious

disease. The ability of *C. albicans* to thrive in these different host environments has

been attributed, at least in part, to its ability to assume different morphological

forms. In this work, we examine one such morphological change known as white-

opaque switching. White cells are the default state of *C. albicans*, and most animal

studies have been carried out exclusively with white cells. Here, we compared the

proliferation of white and opaque cells in two murine models of infection and also

monitored, using specially constructed strains, switching between the two states in

the host. We found that white cells outcompeted opaque cells in many niches;

however, we show for the first time that in some organs (specifically, the heart and

spleen), opaque cells competed favorably with white cells and, when injected on

their own, could colonize these organs. In environments where the introduced white

cells outcompeted the introduced opaque cells, we observed high rates of opaque-

to-white switching. We did not observe white-to-opaque switching in any of the

niches we examined.

Introduction

Candida albicans is a source of serious fungal infections in the United

States; it is the fourth most commonly cultured microbe from blood (Pfaller and

Diekema, 2007). Unlike other major fungal pathogens, *C. albicans* is also a part of

the normal human microbiome, particularly in the gastrointestinal tract, skin, oral

cavity, and other mucosal surfaces (Odds, 1988). As a pathogen, *C. albicans* poses

health risks, particularly for people whose immune system is suppressed, who have

surgeries, implanted medical devices, or who have been treated with long courses

of antibiotics. The attributable mortality from *C. albicans* bloodstream infections in

adults is at least 15% and has been reported to be as high as 40% (Zaoutis et al.,

2005).

While some human fungal pathogens exist primarily as budding yeast cells

(for example, *Cryptococcus neoformans* (Buchanan, 1998)) or filamentous hyphal

structures (for example, *Aspergillus* spp. (Baker and Bennett, 2007)), *C. albicans*

alternates between these and other morphologies, often in response to specific

environmental cues. In this paper, we explore the switch *C. albicans* makes from its

normal, round-to-oval yeast cell morphology (white) to an elongated, mating

competent cell type termed opaque (for reviews see Lohse and Johnson, 2009; Soll

et al., 2009). White-opaque switching is unusual in that it is a heritable change, one

that occurs without a change in the DNA sequence of the genome. In standard

laboratory media, switching occurs rarely, approximately once every 10^4 cell

divisions (Slutsky et al., 1987; Soll et al., 1993); therefore, each cell type is

accurately maintained across many cycles of cell division. Approximately one-sixth

of all genes (of ~6000 total) are differentially regulated (at least two-fold) between

the two cell types (Lan et al., 2002; Tuch et al., 2010). These expression

differences involve many types of genes, including those responsible for the ability

of opaque cells (but not white cells) to mate, consistent with the observation that

opaque cells are specialized for mating (Miller and Johnson, 2002; Tsong et al.,

2003). The complete set of differentially regulated genes also encodes a variety of

metabolic enzymes, suggesting that white and opaque cells are each 'metabolically

specialized' to thrive in specific niches (reviewed in Huang, 2012; Lohse and

Johnson, 2009; Morschhäuser, 2010; Soll, 2014, 1992, 2004). Supporting this

hypothesis, environmental factors such as temperature, carbon source, and oxygen

can significantly alter the switching rate between cell-types (Ene et al., 2016; Huang

et al., 2009, 2010; Rikkerink et al., 1988). Another difference between white and

opaque cells lies in their recognition by macrophages and neutrophils, indicating

that the white-opaque switch may play a role in evading the host innate immune

system response and in colonizing internal environments (Geiger et al., 2004;

Kolotila and Diamond, 1990; Kvaal et al., 1999, 1997; Lohse and Johnson, 2008;

Sasse et al., 2013). Taken as a group, these observations point to the hypothesis

that white-opaque switching evolved during *C. albicans*' long association with its

warm-blooded host and plays a crucial role in the pathogen-host relationship.

Consistent with this hypothesis, deletion of the master regulator of white-opaque

switching (Wor1) impairs the ability of *C. albicans* to survive in a mouse

gastrointestinal model of colonization (Pande et al., 2013). Although not all clinically

isolated strains of *C. albicans* readily undergo white-opaque switching, many do so.

Even "non-switching" clinical strains can be converted to switching strains by simple

mutation, indicating that the complex mechanism underlying switching and the

specification of the two cell types are deeply conserved traits. Also consistent with

this hypothesis is the observation that two pathogenic fungi closely related to *C.*

albicans (*Candida dubliniensis* and *Candida tropicalis*) also undergo white-opaque

switching (Porman et al., 2013; Pujol et al., 2004).

To systematically investigate the behavior of white and opaque cells *in vivo*,

genetically identical strains of white and opaque cells were tagged with spectrally

distinct fluorophores and co-inoculated into rodent models of infection and

colonization. Historically, these animal models have been optimized for white cells,

and in this study, we varied the dosage and timing to better capture the behavior of

opaque cells. We found, using variations of the tail-vein injection model (Odds et

al., 2000), that both white and opaque cells are capable of disseminating from the

bloodstream into multiple organs; in some organs, white cells significantly

outcompete opaque cells, but in others, they are roughly equivalent. In gut models

of colonization (Rosenbach et al., 2010), with and without antibiotic treatment, long-

term colonization by cells introduced as opaque cells depends on their switching to

white cells.

82 Results:

83 Fluorescent markers enable unbiased comparison of
84 white and opaque cells *in vivo*

In order to develop a quantitative, reproducible approach to observe the

relative colonization of white and opaque cells *in vivo*, we constructed fluorescently

tagged white and opaque strains of *C. albicans*. These strains were matched

genetically, except for a single locus where the Tef2 protein was C-terminally

tagged with either GFP or mCherry, two spectrally distinct fluorophores. We

employed experiments with a plate reader to validate that tagging white and opaque

cells with fluorophores did not affect their growth (Figure S1, Materials and

Methods, Dataset 1). These strains were then introduced together (in 50:50 mixes)

to mice via tail-vein injection or oral gavage; after the mice were sacrificed, *C.*

albicans cells were harvested and immediately plated at 25°C. After seven days of

growth, we scored colonies (based on their colony morphology) as white or opaque

to determine the state of each cell at the point the mice were sacrificed. (At 25°C on

plates, very little switching occurs, so the appearance of a given colony reflected

the identity of the single cell that produced it.) Using a fluorescent

stereomicroscope, we also determined whether each colony expressed GFP or

mCherry. In this way, we were able to determine whether a given cell was injected

as a white or opaque cell and whether it remained as the same cell type or

underwent a switch to the other cell type. We validated this approach by plating

mixtures of white and opaque cells with known ratios; we were able to recover the

expected ratio of colonies on plates (Figure S2, Materials and Methods, Dataset 2).

Hence, this approach offers several advantages when compared with previous

studies: 1) it does not require the use of auxotrophies or drug resistance markers

that have been shown to affect *C. albicans* behavior *in vivo* (Bain et al., 2001; Lay

et al., 1998)*,* 2) it does not require the use of strains that are artificially "locked" in

one cell-type or another, for example by deleting or overexpressing the master

regulator Wor1 (Huang et al., 2006; Pande et al., 2013; Zordan et al., 2006), and 3)

it does not require any downstream processing, such as qPCR, which can introduce

errors through amplification. Finally, because white and opaque cells were injected

together, this approach enabled us to directly compare colonization, proliferation,

and switching of white and opaque cells *in vivo*.

To test whether the fluorophores introduced any bias *in vivo*, the tail veins of

four Balb/C mice (18-20g) were injected with $2.2*10^6$ white cells, half of which were

tagged with GFP and the other half with mCherry. The mice were sacrificed after 24

hours and the fungal burden in five organs (the kidney, liver, spleen, heart, and

brain) was analyzed (Figure 1a). Across all five organs, the distributions of mCherry

and GFP-tagged colonies were not significantly different (p-values all >0.05,

Wilcoxon matched-pairs signed rank test, Figure 1, Dataset 3), indicating that the

fluorophores themselves introduce little or no bias *in vivo*.

Opaque cells can disseminate from the bloodstream into many organs

To compare the relative colonization of white and opaque cells in a systemic

model of infection, white-mCherry and opaque-GFP cells were co-injected (at a

50:50 ratio) into the tail vein of four mice each at two inocula: $8*10^5$ and $1.6*10^6$

cells (Figure 2a). After 24 hours, the mice were euthanized and their organs

harvested and processed. Both white and opaque cells were present in all five

organs (as indicated by the colony counts) and were at a higher density in the mice

with the higher inoculum (Figure 2, Dataset 4). A comparison of the white and

opaque cells across the five organs showed different distributions depending on the

organ (Figure 2, Dataset 4. The most pronounced difference was observed in the

kidney, where white cells greatly outnumbered opaque cells in every mouse

examined (p-value = 0.0078, Wilcoxon matched-pairs signed rank test, Figure 2b,

Dataset 4). Of the white cells recovered from the kidney, 70% had been injected as

white cells; the remaining 30% had been initially injected as opaque cells but had

switched to white cells. The situation in the heart and spleen was different; here,

opaque cells outnumbered white cells (p-value 0.0156, Wilcoxon matched-pairs

signed rank test, Figure 2d, 2e Dataset 4). In the heart, virtually none of the cells

had switched in either direction; in the spleen, a small fraction of the white cells

recovered had been injected as opaque cells. Finally, in the liver and brain, both

white and opaque cells were recovered with a slight preference for white cells

(Figure 2c, 2f). Because of significant mouse-to-mouse variation (particularly in the

liver), we do not feel confident that this preference is biologically meaningful even

though it is statistically significant (p-values =0.0078, Wilcoxon matched-pairs

signed rank test, Figure 2c, 2f, Dataset 4). Rather, we view the colonization of white

and opaque cells in these organs as roughly equivalent. We do note that, of the

white cells recovered from the brain, a significant fraction had been initially injected

as opaque cells.

As described above, our observations document a significant level of

opaque-to-white switching that occurred *in vivo*. We do not know when, during the

course of the infection, this switching occurred; however, we suspect it happened

after the injected cells entered the different organs. Had the opaque cells switched

in the bloodstream immediately following injection, we would have expected to

observe similar opaque-to-white switching patterns across all organs tested, and

this was not the case. Finally, we note that we did not observe any opaque-

mCherry colonies (in any organ, in any mouse, and at any inoculum, >1000 colony-

forming units visually inspected), indicating that stable switching from white cells to

opaque cells must be rare, below the detection limit of the mouse models we

examined.

To test whether the colonization by opaque cells was dependent on co-

injection with white cells, we injected the tail veins of four additional mice with a

50:50 mixture of opaque-mCherry and opaque-GFP inoculum ($1.6*10^6$ cells) and

measured colonization in the kidney, spleen, liver, brain, and heart (Figure S3,

Dataset 4). We observed opaque cell colonization of all five organs (Figure S3,

Dataset 4), indicating that a large white cell population was not needed to "aid" the

opaque cells in colonization.

Taken together, these results show that opaque cells are capable of

efficiently colonizing and proliferating in numerous niches *in vivo*, and in some

cases (heart and spleen) somewhat better than white cells. However, opaque cells

are severely outcompeted by white cells in the kidney, the organ that is typically

used to assess systemic fungal infection in murine models.

174 *C. albicans* cells that persist for long times during
175 systemic infection are predominantly white

In the previous experiments, we used a relatively large inocula of *C. albicans*

and sacrificed the mice after 24 hours. In the next set of experiments, we compared

white and opaque cells in a longer-term infection model initiated with a lower

inoculum. This model is the standard systemic model of fungal infection (Noble et

al., 2010; Odds et al., 2000; Perez et al., 2013). Seven mice were infected with

$5*10^5$ cells containing an approximately equal number of white-mCherry and

opaque-GFP cells. Mice were sacrificed upon signs of sickness (occurring between

7 and 14 days after injection) and fungal burden was assessed across the five

organs as described above (Figure 3a). In this experiment, *C. albicans* cells were

recovered reproducibly only from the kidney; either the *Candida* cells were cleared

from the other organs or the inoculum was sufficiently low that *Candida* did not

efficiently disseminate to the other organs.

Consistent with the previous experiments, cells recovered from the kidney

were overwhelmingly white. In several mice, a significant portion of the white cells

isolated from the kidney had been initially injected as opaque cells indicating

significant opaque-to-white switching *in vivo* (0-58% of cells, depending on the

mouse, Figure 3b, 3c, Dataset 5). We also performed an experiment with an

inoculum comprised only of opaque cells, half of which were marked with GFP and

half of which were marked with mCherry ($6.2 * 10^5$ cells). Both populations were

recovered from the kidney, and most recovered cells had switched from opaque-to-

white (Figure S4). We did observe an unanticipated outcome of this experiment.

Rather than an equal ratio of the two strains (as was present in the inoculum), the

majority of cells in each individual mouse expressed either GFP or mCherry. We

speculate that this observation reflects the stochastic nature of white-opaque

switching: there would be a strong bias towards colonization by whichever

fluorescent strain switched first.

Consistent with this interpretation is an additional control experiment: mice

injected with an inoculum containing an equal number of white-GFP and white-

mCherry cells ($5*10^5$ cells total) resulted in approximately equal numbers of GFP

and mCherry-expressing white cells in the kidneys of three of four mice (Figure S5).

Opaque cells switch to white cells in a intestinal colonization model

To investigate how white and opaque cells compare in GI tract colonization, we utilized the standard intestinal colonization model (Pande et al., 2013; Perez et al., 2013; Rosenbach et al., 2010). Here, we introduced an inoculum comprised of an equal ratio of white and opaque cells by oral gavage ($5*10^7$ cells total per mouse, n=8 mice, Figure 4a). Colonization was monitored by collecting fecal pellets at various time points post-inoculation. We observed that nearly all the introduced opaque cells had switched to white cells within 24 hours and remained white until the mice were sacrificed after 17 days (Figure 4b). All cells injected as white cells remained as white cells throughout the experiment; we did not observe any instance of white-to-opaque switching (>3500 colony-forming units observed). We note that these results mirror, at least superficially, those observed in the kidney following tail-vein injection infections described above. Moreover, they are consistent with results from the oropharyngeal candidiasis model, where introduced opaque cells were either cleared from the oropharynx or switched rapidly to white cells (Solis et al., 2018).

The standard intestinal colonization model employed above involves a 4-day antibiotic treatment of the mice preceding the *C. albicans* inoculation. To compare white and opaque cells in the GI tract in the presence of an intact mouse microbiota, we inoculated non-antibiotic treated mice with an equal number of white and opaque cells via oral gavage ($1*10^8$ cells total per mouse, n=4 mice, Figure 4c) and then tracked white and opaque cells during the infection through fecal pellets. As expected, we found that significantly fewer *C. albicans* cells colonized the GI

tract when an intact microbiota was present (Figure 4d, ~100-1000 times fewer than

in the standard model described above and in Figure 4a) and that the few cells that

did colonize the GI tract were almost exclusively white cells that had been injected

as white cells. We did not observe long-term survival of any cells that were

introduced as opaque cells. These results indicate that opaque cells are out-

competed by white cells in the murine gut colonization model and that this trend is

more pronounced in the untreated mice than in the antibiotic-treated mice.

237   **Discussion**

White and opaque cells are distinct, heritable cell types of *C. albicans*

produced from the same genome. White cells and opaque cells differ in many

characteristics and are believed to be specialized for different niches in their

mammalian hosts (reviewed in Huang, 2012; Lohse and Johnson, 2009;

Morschhäuser, 2010; Soll, 2014, 1992, 2004). We used variations on two murine

models of *C. albicans* infection combined with isogenic fluorescent reporter strains

to directly compare the fate of white and opaque cells *in vivo* and to also monitor

switching between the two cell types in the host.

Many published experiments have monitored the fate of *C. albicans* white

cells in murine models of infection, and our results with white cells are entirely

consistent with this large body of data. While most of the experiments in the

literature have utilized SC5314-derived strains, which are a/α and therefore remain

locked as white cells, we used mating type **a** derivatives of SC5314, which have the

ability to undergo white-opaque switching. Despite this difference, white **a** cells, in

our experiments, behaved similarly to white a/α cells in the published literature. In a

sense, we treated white cells as a control to understand the fate of genetically

identical opaque cells. We also note that one of our observations with opaque cells,

namely that opaque cells are deficient in colonizing the kidney relative to white

cells, is consistent with a previous report (Kvaal et al., 1997).

To gain a better understanding of opaque cells *in vivo*, we examined four

organs in addition to the kidney. Because the standard animal models of *C.*

albicans infection have been optimized to study white cells (predominantly a/α

cells), we also varied the dosage, timing and antibiotic treatments in these models

to increase the chances of observing opaque cell behavior *in vivo*. Finally, although

our *Candida* strains had been genetically altered to express different fluorescent

proteins, they represent normal switching strains rather than strains locked in one

form or the other. We show that during systemic infection initiated by tail-vein

injection, opaque cells can disseminate into the bloodstream and colonize all five of

the organs we monitored. However, the pattern of colonization across organs differs

significantly from that of white cells. For example, when injected in equal numbers,

white cells greatly predominated in the kidney with a substantial fraction of the white

cells having initially been injected as opaque cells and undergone opaque-to-white

switching. In contrast, opaque cells outnumbered white cells in the heart and

spleen, perhaps our most significant observation. Roughly equivalent colonization

of the two cell types was observed in the liver and brain.

In the mouse GI model, white cells out-numbered opaque cells at every time

point in every mouse. All of the cells we examined that had been introduced as

opaque cells and subsequently recovered in the GI model had switched to the white

cell type, further supporting the advantage of white cells for this model in wild-type

cells.

278   Finally, we observed evidence of wide-spread opaque-to-white switching in

both murine models. In the GI model, extensive opaque-to-white switching occurred

early (day 1) in the colonization process. In the systemic model, we recovered white

cells that had initially been injected as opaque cells from the kidney, liver, spleen,

brain and heart (Figure 2, Figure S3). Although we do not know exactly when these

cells switched, the results suggest that it generally occurred after opaque cells had

colonized the organ in question (see results section). If this model is correct, then

switching rates must differ from organ to organ ranging from little or none occurring

in the heart to extensive switching in the brain and kidney. This conclusion is

consistent with a number of *in vitro* studies showing that both switching rates and

relative growth rates of white and opaque cells differ across media conditions (Ene

et al., 2016).

290   Since its discovery in 1987 by Soll and colleagues, white-opaque switching

has been extensively studied by numerous laboratories. However, the selective

pressure that has preserved white-opaque switching across a clade of species (*C.*

albicans, C. dubliniensis, and *C. tropicalis*) representing 50 million years of

evolutionary time is not understood. White and opaque cells differ in their

appearance, their mating ability, their recognition by macrophages, and their growth

on different laboratory media. Yet, the extensive gene expression changes between

the two cell types suggest that these phenotypic differences constitute only a

subset of the total range of differences. In this paper, we have documented several

additional phenotypic differences; specifically, differences in organ colonization. In

particular, we show for the first time that opaque cells out compete white cells in

two organs, the heart and spleen. It also appears that opaque-to-white switching

occurs at significantly different rates in different organs. These observations

strongly support the hypothesis that white and opaque cells are specialized to

"match" different niches in the host. It is now possible to test this hypothesis

explicitly by analyzing colonization by white and opaque cells in which different

"opaque-specific" and "white-specific" genes have been deleted.

Materials and Methods

Plasmid construction

Plasmids for GFP or mCherry tagging of *TEF2* were constructed as follows.

The last 500 bp of the *TEF2* open reading frame (ORF) (excluding the stop codon)

were PCR amplified with a 5' SphI site and a 3' linker for either GFP or mCherry.

The 500bp immediately 3' of the *TEF2* ORF was PCR amplified between NotI and

AatII sites. *C. albicans* optimized GFP (Cormack et al., 1997) was PCR amplified

with a 5' 3x Gly linker and a 3' XhoI site. *C. albicans* optimized mCherry (Lohse and

Johnson, 2016) was PCR amplified with a 5' GRRIPGLIN linker and a 3' XhoI site.

We then merged the two *TEF2* fragments and either GFP or mCherry into one

fragment during a second round of PCR. This resulted in a SphI-end of TEF2 ORF-

GFP-XhoI-NotI-TEF2 3' flank-AatII fragment and a SphI-end of *TEF2* ORF-

mCherry-XhoI-NotI-TEF2 3' flank-AatII fragment that were digested with SphI and

AatII and ligated into pUC19 (NEB) to form pMBL183 and pMBL184. Following

sequencing, the plasmids were then digested with XhoI and NotI and ligated with

the similarly digested SAT1 flipper cassette from pSFS2A (Reuss et al., 2004) to

form pMBL187 and pMBL188. Both plasmids were digested with SphI and AatII

prior to transformation into *C. albicans.*

C. albicans Strain construction

MLY612/613 are derived from the switching-capable AHY135 background

(Hernday et al., 2013), a strain where the *HIS1* and *LEU2* markers were added

back to RZY47 (Zordan et al., 2006). The untagged strains MLY537 (white) and

MLY589 (opaque) are stocks of AHY135 (white) and its opaque equivalent,

AHY136, respectively. AHY135 was transformed with linearized pMBL187 or

pMBL188 and selected for growth on Yeast Extract Peptone Dextrose (YEPD)

supplemented with 200 μg/ml nourseothricin (clonNAT, WERNER BioAgents, Jena,

Germany). Insertion was verified by colony PCR against the 5' and 3' flanks. The

SAT1 marker was then recycled by growth in Yeast Extract Peptone (YEP) media

lacking dextrose that was supplemented with 2% Maltose for 6-24 hours at 30°C.

Cells were then plated on YEPD supplemented with 25 μg/ml nourseothricin and

grown for 24 hours at 30°C. Loss of the *SAT1* cassette was then verified by a

second round of colony PCR against the 5' and 3' flanks. The strain genotypes are

listed in detail in Table S1.

MLY612/613 were grown on synthetic complete media supplemented with

2% glucose and 100 μg/ml uridine (SD+AA+Uri) at room temperature

(approximately 22°C) and examined for opaque sectors, which were then isolated

to make opaque glycerol stocks (MLY629/642).

Table S1: *C. albicans* strains used in this study

Strain Number	Common Name	Strain Genotype
MLY537 (AHY135)	Untagged White	WHITE MATa/a C.m. *LEU2*/*leu2Δ* C.d.*HIS1*/*his1Δ* *URA3*/*ura3Δ*::imm^{434} *IRO1*/*iro1Δ*::imm^{434}
MLY589 (AHY136)	Untagged Opaque	OPAQUE MATa/a C.m. *LEU2*/*leu2Δ* C.d.*HIS1*/*his1Δ* *URA3*/*ura3Δ*::imm^{434} *IRO1*/*iro1Δ*::imm^{434}
MLY612	White-GFP	WHITE MATa/a C.m. *LEU2*/*leu2Δ* C.d.*HIS1*/*his1Δ* *URA3*/*ura3Δ*::imm^{434} *IRO1*/*iro1Δ*::imm^{434} *TEF2-GFP*/*TEF2*
MLY613	White-mCherry	WHITE MATa/a C.m. *LEU2*/*leu2Δ* C.d.*HIS1*/*his1Δ* *URA3*/*ura3Δ*::imm^{434} *IRO1*/*iro1Δ*::imm^{434} *TEF2-mCherry*/*TEF2*
MLY629	Opaque-GFP	OPAQUE MATa/a C.m. *LEU2*/*leu2Δ* C.d.*HIS1*/*his1Δ* *URA3*/*ura3Δ*::imm^{434} *IRO1*/*iro1Δ*::imm^{434} *TEF2-GFP*/*TEF2*
MLY642	Opaque-mCherry	OPAQUE MATa/a C.m. *LEU2*/*leu2Δ* C.d.*HIS1*/*his1Δ* *URA3*/*ura3Δ*::imm^{434} *IRO1*/*iro1Δ*::imm^{434} *TEF2-mCherry*/*TEF2*

Growth Rate Data Acquisition and Assay

SD+AA+Uri overnight cultures (25°C) of GFP-tagged, mCherry-tagged, and untagged white and opaque cells were started from white or opaque colonies without visible sectors. The following morning, the overnight cultures were diluted to a density of OD_{600} = 0.01 in 100 µl of SD+AA+Uri. Growth curve assays were performed on a Tecan Spark 10M at a temperature of 25°C. Absorbance was measured for each well every 15 min for 47.25 hours (190 cycles); the plate was shaken continuously between reads. This setup allowed cells to recover from the dilution, enter log phase growth, and to eventually reach saturation. Three biological replicates (each originating from separate overnight cultures) were tested for each sample. Additionally, three technical replicates from each biological replicate were tested yielding a total of nine wells for each of the six strains tested. As a control, uninoculated (blank) wells were also included.

357   At each time point, the background-subtracted absorbance was calculated by

358 subtracting the average absorbance of 24 blank wells from the absorbance of each

359 well. For the plots in Figure S1, the natural log of the average background-

360 subtracted absorbance for each set of three technical replicates is plotted. The

361 specific growth rates (1/hr) in Dataset 1 were estimated for each well as the

362 maximum slope of a smooth fit to the background-subtracted data. An R script

363 found the maximum value for a fixed time window in every well that met the

364 following three criteria. First, the time window had to be 4 hours long (thus,

365 including 17 total measurements), second, the correlation coefficient (R^2) of the fit

366 had to be at least 0.98, third, the background-subtracted absorbance value had to

367 be at least 0.15 for each of the measurements in the time window. The average and

368 individual specific growth rates for each strain are tabulated in Dataset 1.

369   To complete our analysis, we used Welch's *t*-test (unpaired and two tailed) to

370 compare the growth rates of the three opaque strains with each other and of the

371 three white strains with each other. These values are also included in Dataset 1, we

372 note that none of the p-values for these comparisons was less than 0.1.

Plating Assay Validation

374   SD+AA+Uri overnight cultures were started from two independent white

375 (MLY613) and opaque colonies (MLY629). The overnight cultures were diluted to

376 an OD_{600} = 0.5 in SD+AA+Uri before being loaded into a BD Accuri C6 Plus flow

377 cytometer (BD Biosciences) to measure cell number and fluorescence. A blue (488

378 nm) laser was used to excite GFP and emission was detected using a 533/30 nm

bandpass filter. The GFP expression of these MLY613 and MLY629 diluted cultures

were measured to determine a gate where more than 99% of MLY629 (opaque-

GFP) cells were above the GFP threshold and more than 99% of MLY613 (white-

mCherry) cells were below the GFP threshold. The cell counts from these

measurements were used to create mixtures of white-opaque populations, diluted

10-fold in SD+AA+Uri from the initial stocks, where the fraction of white cells in

each population (ranging from 0-100%) were known. The fraction of white cells in

these mixtures were then measured by flow cytometry (measuring the proportion of

the cells that are below the previously established GFP threshold) and by plating

(measuring the proportion of the resulting colonies that are white). Plating was on

SD+AA+Uri at 25°C and colony morphology was scored after 3 days growth; only

colonies that were completely white or opaque were counted. We note that the cells

had to be diluted before plating so that only ~100 colonies would grow on each

plate (making the colonies on the plate easy to score as either white or opaque).

The correlation between the fraction of white cells as determined by plating and

cytometry are shown in Figure S2. The linear regression of these data, calculated in

Graphpad Prism 8, showed that the data fit the line *y=1.0182x-3.548* with a

correlation coefficient (R^2)=0.9949. The raw data underlying the correlation are

included in Dataset 2.

398 Gastrointestinal Tract Colonization Model

The procedure used was essentially as described previously (Perez et al.,

2013, Rosenbach et al., 2010; White et al., 2007). In brief, female Swiss Webster

mice (6 weeks old, 18–20 g) were housed two per cage and treated with antibiotics

(tetracycline [1 mg/ml]), streptomycin [2 mg/ml], and gentamycin [0.1 mg/ml]) added

to their drinking water throughout the experiment, beginning 4 days before

inoculation. In one experiment, as indicated, mice were not treated with antibiotics

prior to inoculation or for the duration of the experiment.

Prior to inoculation, *C. albicans* strains were grown for 18 h at 25°C in

SD+AA+Uri liquid medium, washed twice with PBS, and counted in a

hemocytometer. Mice were orally inoculated, with either $5*10^7$ or $1*10^8$ *C. albicans*

cells (in a 0.1 or 0.2 ml volume) as indicated, by gavage using a feeding needle.

Colonization was monitored through the collection of fecal pellets (produced at the

time of collection) at various days post-inoculation and at the end of the experiment

when the mice were sacrificed.

Fecal pellets were weighed and suspended in sterile PBS. The fecal

homogenates were serially diluted and 100 µl was plated onto SD medium

containing ampicillin (50 mg/ml) and gentamycin (15 mg/ml). The antibiotics were

used to prevent the growth of any contaminating bacteria. Colony forming units

were determined per gram of feces. All mice were sacrificed by CO_2 euthanasia

followed by cervical dislocation.

This study was carried out in strict accordance with the recommendations in

the Guide for the Care and Use of Laboratory Animals of the National Institutes of

Health. The protocol was approved by the Office of Ethics and Compliance:

Institutional Animal Care and Use Program (Protocol number AN169466-02a). All

efforts were made to minimize suffering.

A summary of mouse experiments is tabulated in Table S2.

Systemic Infection Model

426 Female BALB/c mice (6 weeks old, 18–20 g) were infected with the *C.*

albicans inoculum via tail vein injection. Saturated *C. albicans* cultures were grown

at 25°C for 18 hours in SD+AA+Uri liquid medium. Cells were washed twice with

sterile saline, counted in a hemocytometer and the specified inoculum was injected

via tail vein in a 0.1 ml volume. Signs of infection were monitored twice per day

throughout the experimental time course. In some experiments, mice were

sacrificed after 24 hours. In other experiments, mice were sacrificed upon signs of

illness (including inability to ambulate, staggered gait, hypothermia or significant

weight loss). All mice were sacrificed by CO_2 euthanasia followed by cervical

dislocation.

436 This study was carried out in strict accordance with the recommendations in

437 the Guide for the Care and Use of Laboratory Animals of the National Institutes of

438 Health. The protocol was approved by the Office of Ethics and Compliance:

439 Institutional Animal Care and Use Program (Protocol number AN169466-02a). All

440 efforts were made to minimize suffering.

441 A summary of mouse experiments is tabulated in Table S2.

Table S2: Summary of *in vivo* experiments conducted in this work

Inoculum Strain 1	Inoculum Strain 2	Infection Type (Figure #)	Total Inoculum	Duration	Number of Mice	Samples Harvested
White-GFP	White-mCherry	Systemic (Figure 1)	2.2×10^6	24 hours	4	5 Organs
White-mCherry	Opaque-GFP	Systemic (Figure 2)	8.0×10^5, 1.6×10^6	24 hours	8 (4 Each Inoculum)	5 Organs
Opaque-GFP	Opaque-mCherry	Systemic (Figure S3)	1.6×10^6	24 hours	4	5 Organs

White-mCherry	Opaque-GFP	Systemic (Figure 3)	5.0×10^5	Variable (Onset of Sickness)	7	Kidneys
Opaque-GFP	Opaque-mCherry	Systemic (Figure S4)	6.2×10^5	Variable (Onset of Sickness)	8	Kidneys
White-GFP	White-mCherry	Systemic (Figure S5)	5.0×10^5	Variable (Onset of Sickness)	4	Kidneys
White-mCherry	Opaque-GFP	Intestinal Colonization (Figure 4B)	5.0×10^7	17 days	8	Fecal Pellets
White-mCherry	Opaque-GFP	Intestinal Colonization, No Antibiotic (Figure 4D)	1.0×10^8	7 days	4	Fecal Pellets

Organ Processing and Visualization

After dissection, organs were harvested, flash frozen, and placed in a -80° C

freezer. Organs were thawed on ice, homogenized in 1 ml PBS, serially diluted in

PBS, and plated onto SD medium containing ampicillin (50 mg/ml) and gentamycin

(15 mg/ml). The antibiotics were used to prevent the growth of any contaminating

bacteria. Colonies were visualized for fluorescence using a Leica

stereomicroscope. Colony forming units were determined per gram of organ.

Animal Model Data Analysis

The colony forming units per organ are tabulated in Datasets 3-6. The raw

data were normalized to the inoculum such that the inoculum was always 50:50

(this is why some of the numbers are not whole numbers). These normalized colony

counts were plotted in all figures and were used to determine whether or not there

were statistical differences between different distributions. First, we tested whether

or not there were statistical differences between cells that were injected as white

and cells that were injected as opaque. In other words, irrespective of whether the

cell types switched to another cell-type after they were injected, we tested whether

or not there was a difference in their initial colonization. These two distributions

(normalized colony counts of cell that were injected white and normalized colony

counts of cells that were injected opaque) were compared with a non-parametric

test, the Wilcoxon matched-pairs signed rank test, to generate p-values and

determine significance. Next, we tested whether or not there were statistical

differences between the stability of the cell types. In other words, we compared two

distributions (normalized colony counts of cells that were injected white and

remained white and normalized colony counts of cells that were injected opaque

and remained opaque) using the same non-parametric statistical test (Wilcoxon

matched-pairs signed rank test) used above. The statistical analysis was conducted

independently for each experiment and for each organ with GraphPad Prism 7.

The raw data, normalized data and p-values are reported in Datasets 3-6.

Acknowledgements

We thank the Preclinical Therapeutic Core Facility, and especially Donghui

Wang for help with tail-vein injections and oral gavage, respectively. We thank

Naomi Ziv for the R script that was used to analyze the plate reader data in Figure

S1 and Dataset 1. We thank the Li Lab for use of the Leica stereomicroscope and

members of the Johnson lab for discussion.

Figure Legends

Figure 1 Legend: The use of fluorescent reporters does not influence *C.*

albicans* activity *in vivo. (a) Using a flowchart, the experimental setup, cell type,

and potential fluorescence phenotypes for each strain are tabulated. In this case,

white cells expressing GFP and mCherry were co-injected into the tail-veins of 4

mice. Five organs, the kidney, liver, heart, spleen and brain, were processed to

measure white and opaque cell colonization as well as white-opaque switching. The

mechanistic interpretation of each phenotype; in other words, whether or not it

indicates cell-type switching, is also indicated. The colony-forming units of white

cells expressing GFP (yellow) and the colony-forming units of white cells

expressing mCherry (red) are plotted for each mouse for the (b) kidney, (c) liver, (d)

heart, (e) spleen and (f) brain. (g) The mean percentage (from n=4 mice) of total

cells that are white cells expressing GFP (yellow) and white cells expressing

mCherry (red) are plotted per organ as a horizontal bar graph. The raw data for this

experiment is available in Dataset 3.

Figure 2 Legend: Opaque cells can colonize multiple organs but white cells

are preferred in the kidney. (a) Using a flowchart, the experimental setup, cell

type, and potential fluorescence phenotypes for each strain are tabulated. In this

case, white cells expressing mCherry and opaque cells expressing GFP were co-

injected into the tail-veins of 8 mice. Five organs, the kidney, liver, heart, spleen

and brain, were processed to measure white and opaque cell colonization as well

as white-opaque switching. The mechanistic interpretation of each phenotype; in

other words, whether or not it indicates cell-type switching, is also indicated. The

colony-forming units of cells that remained white (i.e. white cells expressing

mCherry, red), that remained opaque (i.e. opaque cells expressing GFP, blue), and

that switched from opaque-to-white (i.e. white cells expressing GFP, dashed pink)

are plotted for each mouse for the (b) kidney, (c) liver, (d) heart, (e) spleen and (f)

brain. The left side of each horizontal bar graph refers to cells that were white at the

end of the experiment while the right side of each horizontal bar graph refers to

cells that were opaque at the end of the experiment. The four mice that received the

lower inoculums are indicated in each panel. (g) The mean percentage of total cells

that remained white (i.e. white cells expressing mCherry, red), that remained

opaque (i.e. opaque cells expressing GFP, blue), and that switched from opaque-

to-white (i.e. white cells expressing GFP, dashed pink) are plotted per organ as a

horizontal bar graph. The left side of the horizontal bar graph refers to cells that

were white at the end of the experiment while the right side refers to cells that were

opaque at the end of the experiment. The raw data for this experiment is available

in Dataset 4.

Figure 3 Legend: White cells are preferred in the kidney in long-term

infections. (a) Using a flowchart, the experimental setup, cell type, and potential

fluorescence phenotypes for each strain are tabulated. In this case, white cells

expressing mCherry and opaque cells expressing GFP were co-injected into the

tail-veins of 7 mice. Once the mice became ill, the kidney was processed to

measure white and opaque cell colonization as well as white-opaque switching. The

mechanistic interpretation of each phenotype; in other words, whether or not it

indicates cell-type switching, is also indicated. (b) The number of colony-forming

units of cells that remained white (i.e. white cells expressing mCherry, red), that

remained opaque (i.e. opaque cells expressing GFP, blue), and that switched from

opaque-to-white (i.e. white cells expressing GFP, dashed pink) are plotted per

mouse as a horizontal bar graph. The left side of the horizontal bar graph refers to

cells that were white at the end of the experiment while the right side refers to cells

that were opaque at the end of the experiment. (c) The percentage of total cells that

remained white (i.e. white cells expressing mCherry, red), that remained opaque

(i.e. opaque cells expressing GFP, blue), and that switched from opaque-to-white

(i.e. white cells expressing GFP, dashed pink) are plotted for each mouse as a

horizontal bar graph. The left side of the horizontal bar graph refers to cells that

were white at the end of the experiment while the right side refers to cells that were

opaque at the end of the experiment. The raw data for this experiment is available

in Dataset 5.

Figure 4: White cells are preferred in a intestinal colonization model of

infection. (a) Using a flowchart, the experimental setup, cell type, and potential

fluorescence phenotypes for each strain are tabulated. In this case, white cells

expressing mCherry and opaque cells expressing GFP were inoculated into 8 mice

via oral gavage. Fecal pellets were processed to measure white and opaque cell

colonization as well as white-opaque switching. The mechanistic interpretation of

each phenotype; in other words, whether or not it indicates cell-type switching, is

also indicated. (b) The colony-forming units of white cells expressing GFP (meaning

they underwent opaque-to-white switching, blue circles) and the colony-forming

units of white cells expressing mCherry (red squares) are plotted for each mouse

over the course of the 17-day experiment. The raw data from this figure is available

in Dataset 6. (c) Using a flowchart, the experimental setup, cell type, and potential

fluorescence phenotypes for each strain are tabulated. In this case, white cells

expressing mCherry and opaque cells expressing GFP were inoculated into 4 mice

via oral gavage. Unlike the experiment in panels a-b, these mice were not treated

with antibiotics prior to the inoculation. Fecal pellets were processed to measure

white and opaque cell colonization as well as white-opaque switching. The

mechanistic interpretation of each phenotype; in other words, whether or not it

indicates cell-type switching, is also indicated. (d) The colony-forming units of white

cells expressing GFP (meaning they underwent opaque-to-white switching, blue

circles) and the colony-forming units of white cells expressing mCherry (red

squares) are plotted for each mouse over the course of the seven-day experiment.

The raw data from this Figure is available in Dataset 6.

Supporting Information Captions

Figure S1: Fluorescently tagging white and opaque cells does not impact

their growth rate. (a) White cells without a fluorescent tag (grey), white cells

expressing GFP (green), and white cells expressing mCherry (red) were grown in

SD+AA+Uri at 25°C. (b) Opaque cells without a fluorescent tag (grey), opaque cells

expressing GFP (green), and opaque cells expressing mCherry (red) were grown in

SD+AA+Uri at 25°C. In both panels the natural logarithm of the background

subtracted absorbance at 600 nm, averaged from three technical replicates, is

plotted as a function of time for the three biological replicates of each strain.

Figure S2: Flow cytometry shows that our plating assay accurately captures

the distribution of co-cultured white and opaque cells. Opaque-GFP and white-

mCherry cultures were independently grown. The cell density and fraction of the

population expressing GFP (that is, opaque cells) or not expressing GFP (that is,

white cells) were independently measured using a flow cytometer. The white and

opaque cultures were then mixed at different ratios and the fraction of the

population not expressing GFP (that is, white cells) was determined for each

mixture using a flow cytometer. The mixtures were then plated and subsequently

scored for colony phenotype. The proportion of the culture that did not express GFP

(that is, white cells) was compared to the proportion of white colonies. The linear

regression is indicated in grey.

Figure S3, This data is related to Figure 2: Opaque cells can colonize organs

without being co-injected with white cells. (a) Using a flowchart, the

experimental setup, cell type, and potential fluorescence phenotypes for each strain

are tabulated. In this case, opaque cells expressing mCherry and opaque cells

expressing GFP were co-injected into the tail-veins of 4 mice. Five organs, the

kidney, liver, heart, spleen and brain, were processed to measure white and

opaque cell colonization as well as white-opaque switching. The mechanistic

interpretation of each phenotype; in other words, whether or not it indicates cell-

type switching, is also indicated. The colony-forming units of cells that remained

opaque (i.e. opaque cells expressing mCherry (light blue) or GFP (blue)) and of

cells that switched from opaque-to-white (i.e. white cells expressing GFP (dashed

pink) or mCherry (dashed orange)) are plotted for each mouse for the (b) kidney, (c)

liver, (d) heart, (e) spleen and (f) brain. The left side of each horizontal bar graph

refers to cells that were white at the end of the experiment while the right side of

each horizontal bar graph refers to cells that were opaque at the end of the

experiment. (g) The mean percentage of total cells that remained opaque (i.e.

opaque cells expressing mCherry (light blue) or GFP (blue)) or that switched from

opaque-to-white (i.e. white cells expressing GFP (dashed pink) or mCherry (dashed

orange)) are plotted per organ as a horizontal bar graph. The left side of the

horizontal bar graph refers to cells that were white at the end of the experiment

while the right side of the horizontal bar graph refers to cells that were opaque at

the end of the experiment. The raw data for this experiment is available in Dataset

4.

Figure S4, This figure is related to Figure 3: Opaque cells switch to white cells

in the kidney. (a) Using a flowchart, the experimental setup, cell type, and

potential fluorescence phenotypes for each strain are tabulated. In this case,

opaque cells expressing mCherry and opaque cells expressing GFP were co-

injected into the tail-veins of 8 mice. Upon the onset of illness, the kidney was

processed to measure opaque cell colonization as well as opaque-to-white

switching. The mechanistic interpretation of each phenotype; in other words,

whether or not it indicates cell-type switching, is also indicated. (b) The colony-

forming units of cells that remained opaque (i.e. opaque cells expressing mCherry

(light blue) or GFP (blue)) and of cells that switched from opaque-to-white (i.e. white

cells expressing GFP (dashed pink) or mCherry (dashed orange)) are plotted per

mouse as a horizontal bar graph. The left side of the horizontal bar graph refers to

cells that were white at the end of the experiment while the right side of the

horizontal bar graph refers to cells that were opaque at the end of the experiment.

(c) The percentage of total cells that remained opaque (i.e. opaque cells expressing

mCherry (light blue) or GFP (blue)) or that switched from opaque-to-white (i.e. white

cells expressing GFP (dashed pink) or mCherry (dashed orange)) are plotted for

each mouse as a horizontal bar graph. The left side of the horizontal bar graph

refers to cells that were white at the end of the experiment while the right side of the

horizontal bar graph refers to cells that were opaque at the end of the experiment.

The raw data for this experiment is available in Dataset 5.

Figure S5, related to Figure 3: White cells are stable in the kidney. (a) Using a

flowchart, the experimental setup, cell type, and potential fluorescence phenotypes

for each strain are tabulated. In this case, white cells expressing mCherry and white

cells expressing GFP were co-injected into the tail-veins of 4 mice. Upon the onset

of illness, the kidney was processed to measure white cell colonization as well as

white-opaque switching. The mechanistic interpretation of each phenotype; in other

words, whether or not it indicates cell-type switching, is also indicated. (b) The

colony-forming units of white cells expressing GFP (yellow) and the colony-forming

units of white cells expressing mCherry (red) are plotted per mouse as a horizontal

bar graph. The left side of the horizontal bar graph refers to cells that were white at

the end of the experiment while the right side of the horizontal bar graph refers to

cells that were opaque at the end of the experiment. (c) The percentage of total

cells that remained white (i.e. white cells expressing mCherry (red) or GFP (yellow))

are plotted for each mouse as a horizontal bar graph. The left side of the horizontal

bar graph refers to cells that were white at the end of the experiment while the right

side of the horizontal bar graph refers to cells that were opaque at the end of the

experiment. The raw data for this experiment is available in Dataset 5.

Dataset 1: Raw data and statistical analysis of data plotted in Figure S1.

Dataset 2: Raw data for Figure S2.

Dataset 3: Raw data, normalized data, and statistical analysis of data plotted

in Figure 1.

Dataset 4: Raw data, normalized data, and statistical analysis of data plotted

in Figures 2 and S3.

Dataset 5: Raw data, normalized data, and statistical analysis of data plotted

in Figures 3, S4 and S5.

Dataset 6: Raw data, normalized data, and statistical analysis of data plotted

in Figure 4.

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A.

Strains	*in vivo* Model	Sample Collection	Quantification Interpretation (colony phenotype, marker)
White-mCherry Opaque-GFP	GI Tract Colonization 8 mice 5 x 10⁷ CFU	17 day assay, feces collected during experiment	White, mCherry: Entered White, Stayed White White, GFP: Entered Opaque, Switched to White Opaque, mCherry: Entered White, Switched to Opaque Opaque, GFP: Entered Opaque, Stayed Opaque

■ Remained White (mCherry)　● Injected as Opaque, Switched to White (GFP)

B. With Antibiotics

D. Without Antibiotics

C.

Strains	*in vivo* Model	Sample Collection	Quantification Interpretation (colony phenotype, marker)
White-mCherry Opaque-GFP	antibiotic-free GI Tract Colonization 4 mice 1 x 10⁸ CFU	7 day assay, feces collected during experiment	White, mCherry: Entered White, Stayed White White, GFP: Entered Opaque, Switched to White Opaque, mCherry: Entered White, Switched to Opaque Opaque, GFP: Entered Opaque, Stayed Opaque