1   Biofilm-associated Mycobacterium abscessus cells have altered antibiotic tolerance and surface

2   glycolipids in Artificial Cystic Fibrosis Sputum Media.

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Abstract

Mycobacterium abscessus (*Mab*) is a biofilm-forming, multi-drug resistant, non-tuberculous

mycobacterial (NTM) pathogen increasingly found in Cystic Fibrosis patients. Antibiotic

treatment for these infections is often unsuccessful, partly due to Mab's high intrinsic antibiotic

resistance. It is not clear whether antibiotic tolerance caused by biofilm formation also

contributes to poor treatment outcomes. We studied the surface glycolipids and antibiotic

tolerance of *Mab* biofilms grown in Artificial Cystic Fibrosis Sputum media in order to determine

how they are affected by nutrient conditions that closely mimic infection. We found that *Mab*

biofilms grown in ACFS display more of the virulence lipid trehalose dimycolate than biofilms

grown in standard lab media. Biofilms in ACFS media also afford more protection against

clinically important antibiotics than biofilms grown in lab media. These results indicate that *Mab*

cell physiology in biofilms depends on environmental factors, and that nutrient conditions found

within Cystic Fibrosis infections could contribute to both increased virulence and antibiotic

tolerance.

Introduction

Infections caused by Non-Tuberculous Mycobacteria (NTM) are on the rise across the globe (1-

3). *Mycobacterium abscessus* (*Mab*) is a highly antibiotic-resistant NTM that causes soft tissue

infections and is an increasingly common respiratory pathogen in Cystic Fibrosis (CF) patients

(4-6). While most NTM infections are believed to be contracted through environmental

exposure, *Mab* has recently been shown to be transmitted between CF patients, probably by

fomites (7). Unfortunately, *Mab* infections in CF patients are very difficult to treat, and there are

no standardized treatment regimens. Treatment usually involves some combination of

clarithromycin, amikacin, imipenem, cefoxitin and/ or linezolid (8). Infection clearance after up to

3 years of antibiotic treatment is achieved in only 10-55% of patients (8). This level of treatment

failure is likely partly due to intrinsic antibiotic resistance (9-11); however, antibiotic tolerance

may also play a role (12), though the environmental conditions that may induce tolerance in this

organism are poorly understood.

The pathophysiology of *Mab* infection in the CF lung has scarcely been studied, but one

pathology study of explanted lungs from CF patients showed *Mab* aggregates that appear to be

forming a biofilm around the alveoli (13). Biofilms are bacterial communities that, in many

species are held together by exopolysaccharides (14). Mycobacterial biofilms appear to depend

on surface glycolipids (15) and free mycolic acids (16, 17), though many questions remain about

the composition of the matrix in mycobacterial biofilms. Because bacteria growing in biofilms are

notoriously tolerant to antibiotics (18), this mode of growth during infection may contribute to the

treatment recalcitrance of *Mab*. While we currently lack a comprehensive model of the chemical

and genetic basis of *Mab* biofilm formation, it is clear that surface glycolipids are important.

Glycopeptidolipids, which are found on the outer leaflet of the mycobacterial outer membrane,

have been shown to affect biofilm structure (19) and are thought to modulate the course of

infection (20, 21). Trehalose mycolates, which are known to contribute to virulence in *Mtb* (22)

are also found on the surface of some *Mab* strains, though their contribution to biofilm formation

and virulence in *Mab* has not been studied.

Mab has two genetic isoforms: the wild-type "smooth" strains, which produce abundant GPLs

and have less trehalose mycolates; and spontaneous "rough" mutants, which have genetic

lesions in the GPL loci, and display little or no GPLs but have higher levels of trehalose

mycolates (23, 24). The smooth strains form more robust biofilms and it is thought that this form

could contribute to colonization at infection sites (24), which is likely helped by the GPLs, which

mask other cell surface molecules that activate innate immunity (21). The rough mutants cause

more inflammation (21), are more virulent, and are thought to promote more tissue invasion

(24). Rough mutants are more frequently isolated after a persistent infection has been

established for a long period, in both CF and non-CF patients (25, 26).

The smooth and rough genetic variants represent two phenotypic extremes of *M. abscessus*

physiology. However, the rough variants only form in some infections, and it is thought that most

infections are established by smooth strains (24). Smooth strains are known to form biofilms *in*

vitro (12, 19) and are thought to also form biofilms during infection (13). Antibiotic-recalcitrant

Mab infections are likely to involve mature biofilms growing in complex nutrient environments.

However, the *in vitro Mab* biofilm studies have been done on immature biofilms in simple

nutrient environments (12, 19): in these conditions there are modest differences in antibiotic

tolerance between biofilm-associated and planktonic cells (19). Thus, it is not clear to what

extent biofilms contribute to antibiotic tolerance during infection.

In this work, we sought to determine how biofilm formation, surface glycolipids and antibiotic

tolerance are affected by media conditions in a *Mab* smooth strain, ATCC19977. We find that

the cell surface physiology of *Mab* in Artificial Cystic Fibrosis Sputum (ACFS) media is very

different from that observed in either minimal HdB media or in the typical mycobacterial growth

media, 7H9. While smooth *Mab* makes GPLs in all these media types, it displays more

trehalose mycolates in the ACFS media. We also observe more relative antibiotic tolerance in

biofilm-associated than planktonic cells in the ACFS media.

Results

To determine how different nutrient conditions affect basic cell physiology, we measured growth

rate and microscopically examined *Mab* in three different media. *Mab* grows fastest in 7H9

media (Fig 1AB), even though the Artificial Cystic Fibrosis Sputum (ACFS) media is richer(27).

We imaged cells using phase microscopy and observed that cell lengths were longer in ACFS

media (Fig. 1CD). We stained cells in log phase in each media with both NADA, a fluorophore-

conjugated D-alanine (28) that is integrated into peptidoglycan, and FM4-64, which is thought

to primarily stain the inner membrane. Although growth rates were more similar in HdB and

ACFS media, cell surface staining was more similar in HdB and 7H9. The NADA staining was

consistent with studies performed in other mycobacterial cells: brighter staining at the septa and

poles where new peptidoglycan is inserted (29). FM4-64 stained most cells in these media types

dimly, but a subset stained more brightly. Staining of cells in ACFS media was dim and

consistent (Fig. 1DE). We observed in the phase images that cells growing in ACFS appear to

be encased in translucent sheaths, which may impede access of the stains (Fig. 1D). These

data show that *Mab* is physiologically different in typical lab media than in media that mimics the

conditions in lungs of Cystic Fibrosis patients.

In order to study the physiology of biofilms, we sought to develop a method to separate biofilm

and planktonic cells from the same culture well: this allows us to control internally for nutrient

depletion in the media, which also impacts cell physiology and antibiotic tolerance. Tissue-

treated plates allowed cells to aggregate at the bottom of each well, while the planktonic cells

remained in the clear media in the upper half of the well. We pipetted off all the clear media on

the top of each well to isolate planktonic cells. We resuspended the surface-associated cells on

the bottom of the plate in 7H9 with tween80, a non-ionic detergent, which broke apart cell

clumps. To determine whether 7H9 + tween80 was sufficient to break apart clumps or whether

sonication was necessary, we compared the colony forming units (CFU) produced from biofilm

resuspensions with and without sonication (Fig. S1). Sonication did not change the CFU counts,

so we conclude that resuspension in 7H9 + tween80 alone is sufficient to break apart smooth

Mab biofilms. Therefore, we used that method for biofilm enumeration in subsequent

experiments.

We next analyzed how the three media types affect biofilm development and morphology. We

grew *Mab* in the three different media types over time and monitored biofilm development by

CFU assay and photography. Biofilms growing in all media types reach maximal cell density by

day 6, though cell density increases more slowly in the HdB minimal media (Fig. 2). Biofilms in

ACFS are three-dimensional and wrinkled, similar to the cording seen in mycobacterial colonies

and pellicle biofilms. We see no cording in biofilms grown in HdB or 7H9, and the surface of

those biofilms looks dry and flat. We never observed thick pellicles in the media conditions we

tested, but in 7H9 and HdB media we observed small floating islands of thin, translucent, waxy-

looking pellicle (Fig. 2). From these data we conclude that biofilm morphology was affected by

media condition.

To probe the physiological differences between biofilm and planktonic cells in our assay, we

tested the ability of biofilm and planktonic cells to transcriptionally and translationally respond to

induction of an inducible reporter. We transformed *Mab* with a plasmid that expresses Tag-RFP

under the control of a constitutive P_{GroEL} promoter, and expresses eGFP under control of an

inducible $P_{nitrile}$ promoter. We allowed biofilms of this culture to mature for 6 days, then induced

them with isovaleronitrile, which should induce expression of eGFP. After 24 hours of induction,

we resuspended and fixed cells from the planktonic and biofilm populations in each media type,

and visualized the cells by fluorescence microscopy (Fig. 3A). We found that in all media

conditions, cells in biofilm were less likely than planktonic cells to express significant eGFP

upon induction, compared to the constitutive Tag-RFP (Fig. 3B). This shows that biofilm cells

are either less permeable to the inducer, or are less transcriptionally and translationally active

than planktonic cells in the same culture well, or both. These data also validate our method of

separating planktonic cells from biofilm cells, by showing separated cell types are

physiologically distinct in all three media types.

We hypothesized that the difference in biofilm structure and texture might be due to differences

in various glycolipids produced during biofilm development in the different media types. We

extracted surface glycolipids from mature biofilms grown in all three media conditions and

separated them by thin layer chromatography (TLC). TLC analysis showed that GPLs are

present in all conditions, as expected for smooth *Mab* strains (Fig. 4A,C). However, we

observed two major lipid species found in the ACFS biofilms that were not present in either the

planktonic cultures nor in biofilms grown in HdB or 7H9 (Fig. 4AB,D). Based on previous GPL

analysis (24), the purple spot near the top (Fig. 4A, spot b) is an unidentified wax, while the

dark purple spot at the bottom (Fig. 4A, spot d) is trehalose dimycolate (TDM). We observe a

statistically significant increase in the wax species in ACFS (Fig. 4B). The levels of GPLs

appear to be similar on the TLC, and we don't see significant differences by quantifying the

spots (Fig. 4A,C). The purple TDM spot, d, looks significantly brighter in the TLC, but because it

overlaps with lower GPL species, we were not able to show a significant difference by

quantification (Fig. 4A,D). These data show that media conditions affect the surface glycolipid

expression of *Mab* and that biofilms in ACFS media have higher levels of wax and TDM, a

glycolipid that is a virulence factor in *Mtb* infections (22).

To best study the antibiotic tolerance of *Mab* biofilms, we worked to identify the stage of biofilm

development that provided the most tolerance for biofilm cells compared to planktonic cells. For

these and all subsequent biofilm experiments, we compared survival of biofilm and planktonic

cells from the same well of a 24-well plate for each replicate. We incubated *Mab* in ACFS media

for 3, 6 or 11 days, then treated each well with two clinical drugs, clarithromycin and imipenem.

We then measured survival over time and found that the tolerance of all cells increased in older

biofilms, likely due to nutrient depletion of the media (Fig. 5A). 6-day old biofilms had higher

tolerance compared to the planktonic cells in the same well at both 24 and 48 hours of

treatment (Fig. 5B). From this, we conclude that at 6 days the biofilms in our assays are mature

enough to substantially protect cells against antibiotics. Based on these results, we conducted

all subsequent biofilm assays with 6 day old biofilms.

In order to determine how media type affects the tolerance of *Mab* biofilms to clinically used

antibiotics, we treated 6-day old biofilms grown in different media types with varying

concentrations of the clinically used antibiotics amikacin, clarithromycin and cefoxitin, and then

plated both the biofilm and planktonic cells at 48 hours after treatment. We found that amikacin

consistently killed planktonic cells at nearly an order of magnitude more than the biofilm cells

from the same well, across media types. With clarithromycin and cefoxitin treatment, however,

we saw much more variability in antibiotic tolerance across media types. With both these

antibiotics, biofilm cells were only slightly more tolerant than planktonic cells in both 7H9 and

HdB, while biofilm cells were much more tolerant in ACFS. Clarithromycin was the only drug

that was able to kill biofilm cells at concentrations below 50 µg/ml, and this only occurred in

ACFS media (Fig. 6). These data indicate that media conditions have a substantial impact on

aspects of biofilm physiology that control antibiotic tolerance. More specifically, these data show

that the biofilm itself yields more protection against clarithromycin and cefoxitin in ACFS media,

while tolerance is due to non-biofilm causes in 7H9 and HdB media.

Discussion

Bacterial physiology is enormously plastic. Bacterial cell size, shape, growth rates, surface

properties and gene expression all change profoundly even between different lab media

conditions (30-32). This plasticity makes it very difficult to determine the physiological state of a

pathogen during infection. In this study, we sought to physiologically profile the emerging

pathogen *M. abscessus* in two standard lab growth medias and one media designed to mimic

the nutrient conditions in the lungs of Cystic Fibrosis patients (ACFS). We find that, compared to

standard lab medias, ACFS media induces profound physiological changes in *Mab*, both in

planktonic (Fig.1) and biofilm states (Fig.4, Fig.6).

Bacterial biofilms are complex structures which, on the macro scale, vary physiologically

according to developmental stage (33), surface type (34) and nutrient conditions (35). On the

microscopic scale, there is also heterogeneity within a single biofilm: cells in different places

within the biofilm express different surface factors and have different gene expression profiles

(36-38). Thus, it is not meaningful to merely compare the phenotypes of "biofilm" and

"planktonic" cells from a given species, as there is enormous phenotypic variety within each of

these categories. In this work, we profiled some of the phenotypic diversity possible in *Mab*

biofilms in order to assess the extent to which *in vitro* biofilm experiments might be relevant to

the physiology of *Mab* biofilms within the lungs of CF patients. Our results show that *Mab*

biofilms in ACFS media have important physiological differences from biofilms in the standard

mycobacterial lab medias HdB and 7H9 (Fig. 2, Fig.4, Fig.6). The fact that such differences can

be seen even between *in vitro* media conditions shows that *Mab* biofilm physiology is

responsive to environmental conditions. We hypothesize that *Mab* physiology in HdB and 7H9

media is unlikely to represent its physiology during infection.

While all experiments herein were performed with the smooth *Mab*, which produces

glycopeptidolipids (GPLs), we observed differences in the appearance of the biofilms that

formed in the different media types. The biofilms in both HdB and 7H9 appeared dry, flat and

flaky, while the biofilms that formed in the ACFS media looked wet and appeared to form cords

at early stages and tendrils later on (Fig. 2). These differences could be merely due to the

chemical and viscosity differences between the media types, or they could be due to changes in

Mab cell physiology in the different media types. We profiled the surface glycolipids and

antibiotic sensitivity of cells in these different biofilms, and found that cells in ACFS biofilms are

physiologically distinct: they display more trehalose dimycolate and a non-polar wax species

than biofilms in 7H9 and HdB (Fig. 4) and they exhibit more relative antibiotic tolerance

compared to planktonic cells (Fig. 6).

Because nutrient availability affects the physiology of cells within a biofilm, we sought to develop

methods that would allow us to disentangle responses to nutrients from responses to biofilm

formation. Other groups solved this problem by moving biofilms to fresh media each day (12,

19). We assumed that nutrients would not be unlimited during infection, and so worked to

assess biofilm physiology in nutrient-limited culture. First, we profiled the development of *Mab*

biofilms in the three media types to identify the time at which nutrients became limiting in each

media type. The number of cells in the biofilm peaked by 6 days of static incubation in closed

culture wells in all three media types (Fig. 2), so we did subsequent assays on 6-day old

biofilms. In order to control for the well-known effects of nutrient limitation on antibiotic tolerance

(39), we compared biofilm and planktonic cells from the same culture wells. These cells are

sharing the same depleted nutrients, so differences in physiology should be due to association

with the biofilm. We found that association with biofilms is protective against amikacin treatment

in all media types, but that sensitivity to clarithromycin and cefoxitin was variable (Fig.6). While

we observed considerable antibiotic tolerance in 7H9 and HdB against clarithromycin and

cefoxitin, the degree of tolerance does not differ very much between the planktonic and biofilm

associated cells (Fig. 6B,C). This implies that antibiotic tolerance in these media conditions is

due to some other environmental factor, such as nutrient depletion, rather than due to the

protection of the biofilm itself.

A previous study examined the antibiotic tolerance of smooth *Mab* biofilms in nutrient-replete

7H9 and found only three to four-fold increases in tolerance due to biofilm association (19). Our

results imply that this modest degree of antibiotic tolerance afforded by biofilm association may

be a function of the culture conditions. Our data show that mature biofilms grown in ACFS

media afford considerable protection against three clinical antibiotics from different classes.

These results imply that the formation of biofilms during infection in CF patients may contribute

to antibiotic tolerance and the difficulty of clearing *Mab* infections. Thus, treatments that could

help disrupt *Mab* biofilms or prevent their establishment could help clear these infections more

quickly. A deeper understanding of the chemistry and genetics of biofilm formation in *M.*

abscessus will be needed in order to determine the role of biofilms in infection and treatment

recalcitrance and to develop better treatment protocols.

Materials and Methods

Media and culture conditions. All *M. abscessus* ATCC19977 cultures were started in 7H9

(Becton-Dickinson, Frankin Lakes, NJ) media with 5 g/l bovine serum albumin, 2g/l dextrose,

0.85 g/l NaCl, 0.003 g/l catalase, 0.2% glycerol and 0.05% Tween80 and shaken overnight at

37C until in log phase. All *Mab* CFUs were performed by plating serial dilutions on LB Lennox

agar. Three media types varying in nutrient richness were used for all biofilm assays: tween80

was not added to any media for biofilm assay. Hartmans de Bont (HdB) Minimal Media was

made as described (40) 7H9 for biofilms was made as above, without the tween80. Artificial

Cystic Fibrosis Sputum (ACFS) media was made as described (41), except amino acids were

added separately, amino acids stocks for ACFS media were prepared as previously described

(27).

Biofilm assays. Log-phase *Mab* cultures in 7H9 were inoculated into tissue-culture treated 24-

well plates with 2mL of the appropriate media to a final optical density of 0.02. Prior to

incubation, each plate was covered with a Breathe-Easy sealing membrane (Electron

Microscope Sciences)to avoid allow air exchange but reduce evaporation. Standing biofilm

plates were incubated at 37C. The Breathe-Easy membrane was removed after biofilm

development in order to add antibiotics at the indicated time points and concentrations. The

biofilm plates were then re-sealed and incubated again at 37C for 24 or 48 hours. For each data

point, cells from three independent wells were used to calculate CFUs. Media was extracted

from each well without disturbing the biofilm, and plated for CFUs in assays which examined

planktonic cells. The remaining biofilm was re-suspended in 7H9 + tween80 and serial dilutions

were plated and incubated at 37°C for 4 days. Serial dilutions were done in 96-well plates in

7H9 + tween80 and plated on plain LB Agar plates.

Glycolipid extractions and Thin layer chromatography. Mature biofilms were grown in all 3

medias as previously mentioned. GPLs were extracted as described (31) and spotted on TLC

Silica Gel 60 plates (Millipore Sigma). In short, biofilms were isolated and centrifuged. Pellets

were resuspended for lipid extraction in 10mL Choloform/Methanol (2:1). Extractions were done

twice at room temperature for 24 hours and then centrifuged at 5000rpm for 30 minutes to

collect organic supernatant. Organic samples (Lipids) were evaporated with nitrogen and

resuspended in 1mL Chloroform/methanol (2:1) and treated with equal volume 0.2M NaOH (in

methanol). Lipids were incubated at 37C for 30 minutes and then neutralized with a few drops of

glacial acetic acid. Solvents were evaporated and the lipids were resuspended with

Choloroform/Methanol/Water (4:2:1). Samples were then centrifuged at 5000 rpm for 10

minutes to collect the organic layer. The solvent was evaporated and the remaining lipids were

resuspended in 100uL of Chloroform/methanol (2:1) and spotted. TLCs were developed in

Chloroform/Methanol/Water (100:14:0.8) as described (24). Plates were visualized with 10%

Sulfuric Acid (in ethanol) and baked for 20 minutes at 120C. The intensity of spots and the

intensity of all the spots in a lane (all in triplicates) were analyzed and quantified using ImageJ

software.

Microscopy. Mab cells were resuspended as above, then fixed with 4% paraformaldehyde in

PBS at room temperature for 2 hours. Cells were immobilized on agarose pads and imaged

using a Nikon Ti-2 widefield epifluorescence microscope with a Photometrics Prime 95B camera

and a Plan Apo 100X, 1.45 NA objective. Green fluorescent images were taken using a 96362

filter cube and red fluorescent images were taken using a 96365 filter cube. Images were

captured using NIS Elements software and analyzed using FIJI and MicrobeJ (42).

References

1.   **World Health Organization**. 2016. Global Tuberculosis Report.

2.   **Brode SK**, **Daley CL**, **Marras TK**. 2014. The epidemiologic relationship between

tuberculosis and non-tuberculous mycobacterial disease: a systematic review. int j

tuberc lung dis **18**:1370–1377.

3.   **Stout JE**, **Koh W-J**, **Yew WW**. 2016. Update on pulmonary disease due to non-

tuberculous mycobacteria. International Journal of Infectious Diseases **45**:123–134.

4.   **Cystic Fibrosis Foundation**. 2017. 2016 Patient Registry Annual Data Report 1–

94.

5.   **Bar-On O**, **Mussaffi H**, **Mei-Zahav M**, **Prais D**, **Steuer G**, **Stafler P**, **Hananya S**,

Blau H. 2015. Increasing nontuberculous mycobacteria infection in cystic fibrosis.

Journal of Cystic Fibrosis **14**:53–62.

6.   **Esther CR Jr**, **Esserman DA**, **Gilligan P**, **Kerr A**, **Noone PG**. 2010. Chronic

Mycobacterium abscessus infection and lung function decline in cystic fibrosis.

Journal of Cystic Fibrosis **9**:117–123.

7.   **Bryant JM**, **Grogono DM**, **Rodriguez-Rincon D**, **Everall I**, **Brown KP**, **Moreno P**,

Verma D, **Hill E**, **Drijkoningen J**, **Gilligan P**, **Esther CR**, **Noone PG**, **Giddings O**,

Bell SC, **Thomson R**, **Wainwright CE**, **Coulter C**, **Pandey S**, **Wood ME**,

Stockwell RE, **Ramsay KA**, **Sherrard LJ**, **Kidd TJ**, **Jabbour N**, **Johnson GR**,

Knibbs LD, **Morawska L**, **Sly PD**, **Jones A**, **Bilton D**, **Laurenson I**, **Ruddy M**,

Bourke S, **Bowler ICJW**, **Chapman SJ**, **Clayton A**, **Cullen M**, **Dempsey O**,

Denton M, **Desai M**, **Drew RJ**, **Edenborough F**, **Evans J**, **Folb J**, **Daniels T**,

Humphrey H, **Isalska B**, **Jensen-Fangel S**, **Jönsson B**, **Jones AM**, **Katzenstein**

TL, **Lillebaek T**, **MacGregor G**, **Mayell S**, **Millar M**, **Modha D**, **Nash EF**, **O'Brien**

C, **O'Brien D**, **Ohri C**, **Pao CS**, **Peckham D**, **Perrin F**, **Perry A**, **Pressler T**, **Prtak**

L, **Qvist T**, **Robb A**, **Rodgers H**, **Schaffer K**, **Shafi N**, **van Ingen J**, **Walshaw M**,

Watson D, **West N**, **Whitehouse J**, **Haworth CS**, **Harris SR**, **Ordway D**, **Parkhill**

J, **Floto RA**. 2016. Emergence and spread of a human-transmissible multidrug-

resistant nontuberculous mycobacterium. Science **354**:751–757.

8.   **DaCosta A**, **Jordan CL**, **Giddings O**, **Lin F-C**, **Gilligan P**, **Esther CR Jr**. 2017.

Outcomes associated with antibiotic regimens for treatment of Mycobacterium

abscessus in cystic fibrosis patients. Journal of Cystic Fibrosis 1–5.

9.   **Rominski A**, **Selchow P**, **Becker K**, **Brülle JK**, **Dal Molin M**, **Sander P**. 2017.

331   Elucidation of Mycobacterium abscessus aminoglycoside and capreomycin

332   resistance by targeted deletion of three putative resistance genes. Journal of

333   Antimicrobial Chemotherapy 1–10.

334   10.   **Rominski A**, **Roditscheff A**, **Selchow P**, **Böttger EC**, **Sander P**. 2017. Intrinsic

335   rifamycin resistance of Mycobacterium abscessusis mediated by ADP-

336   ribosyltransferase MAB_0591. Journal of Antimicrobial Chemotherapy **72**:376–384.

337   11.   **Hurst-Hess K**, **Rudra P**, **Ghosh P**. 2017. Mycobacterium abscessus WhiB7

338   Regulates a Species-Specific Repertoire of Genes To Confer Extreme Antibiotic

339   Resistance. Antimicrobial Agents and Chemotherapy **61**:e01347–17–11.

340   12.   **Greendyke R**, **Byrd TF**. 2008. Differential Antibiotic Susceptibility of

341   Mycobacterium abscessus Variants in Biofilms and Macrophages Compared to

342   That of Planktonic Bacteria. Antimicrobial Agents and Chemotherapy **52**:2019–

343   2026.

344   13.   **Qvist T**, **Eickhardt S**, **Kragh K**, **Andersen C**, **Iverson M**, **Høiby N**, **Bjarnsholt T**.

345   2015. Chronic pulmonary disease with Mycobacterium abscessus complex is a

346   biofilm infection. Eur Respiratory Soc. **46**:1823–1826.

347   14.   **Flemming HC**, **Neu TR**, **Wozniak DJ**. 2007. The EPS Matrix: The "House of

348   Biofilm Cells." J Bacteriol **189**:7945–7947.

349   15.   **Recht J**, **Martínez A**, **Torello S**, **Kolter R**. 2000. Genetic analysis of sliding motility

350   in Mycobacterium smegmatis. J Bacteriol **182**:4348–4351.

351   16.   **Ojha A**, **Anand M**, **Bhatt A**, **Kremer L**, **Jacobs WR Jr.**, **Hatfull GF**. 2005. GroEL1:

352   A Dedicated Chaperone Involved in Mycolic Acid Biosynthesis during Biofilm

Formation in Mycobacteria. Cell **123**:861–873.

17.   **Ojha AK**, **Baughn AD**, **Sambandan D**, **Hsu T**, **Trivelli X**, **Guérardel Y**, **Alahari A**,

Kremer L, **Jacobs WR Jr.**, **Hatfull GF**. 2008. Growth of Mycobacterium

tuberculosisbiofilms containing free mycolic acids and harbouring drug-tolerant

bacteria. Mol Microbiol **69**:164–174.

18.   **Stewart P**. 2015. Antimicrobial tolerance in biofilms. Microbiology Spectrum

doi:10.1128/microbiolspec.MB-0010-2014.

19.   **Clary G**, **Sasindran SJ**, **Nesbitt N**, **Mason L**, **Cole S**, **Azad A**, **McCoy K**,

Schlesinger LS, **Hall-Stoodley L**. 2018. Mycobacterium abscessusSmooth and

Rough Morphotypes Form Antimicrobial-Tolerant Biofilm Phenotypes but Are Killed

by Acetic Acid. Antimicrobial Agents and Chemotherapy **62**:e01782–17–17.

20.   **Gutiérrez AV**, **Viljoen A**, **Ghigo E**, **Herrmann J-L**, **Kremer L**. 2018.

Glycopeptidolipids, a Double-Edged Sword of the Mycobacterium abscessus

Complex. Front Microbiol **9**:E943–8.

21.   **Davidson LB**, **Nessar R**, **Kempaiah P**, **Perkins DJ**, **Byrd TF**. 2011.

Mycobacterium abscessus Glycopeptidolipid Prevents Respiratory Epithelial TLR2

Signaling as Measured by HβD2 Gene Expression and IL-8 Release. PLoS ONE

6:e29148–8.

22.   **Hunter RL**, **Olsen MR**, **Jagannath C**, **Actor JK**. 2006. Multiple roles of cord factor

in the pathogenesis of primary, secondary, and cavitary tuberculosis, including a

revised description of the pathology of secondary disease. Ann Clin Lab Sci

36:371–386.

23.   **Byrd TF**, **Lyons CR**. 1999. Preliminary characterization of a Mycobacterium

abscessus mutant in human and murine models of infection. Infection and immunity

67:4700–4707.

24.   **Howard ST**. 2006. Spontaneous reversion of Mycobacterium abscessus from a

smooth to a rough morphotype is associated with reduced expression of

glycopeptidolipid and reacquisition of an invasive phenotype. Microbiology

(Reading, Engl) **152**:1581–1590.

25.   **Kreutzfeldt KM**, **McAdam PR**, **Claxton P**, **Holmes A**, **Seagar AL**, **Laurenson IF**,

Fitzgerald JR. 2013. Molecular Longitudinal Tracking of Mycobacterium abscessus

spp. during Chronic Infection of the Human Lung. PLoS ONE **8**:e63237–9.

26.   **Park IK**, **Hsu AP**, **Tettelin H**, **Shallom SJ**, **Drake SK**, **Ding L**, **Wu U-I**, **Adamo N**,

Prevots DR, **Olivier KN**, **Holland SM**, **Sampaio EP**, **Zelazny AM**. 2015. Clonal

Diversification and Changes in Lipid Traits and Colony Morphology in

Mycobacterium abscessus Clinical Isolates. J Clin Microbiol, 6 ed. **53**:3438–3447.

27.   **Palmer KL**, **Aye LM**, **Whiteley M**. 2007. Nutritional Cues Control Pseudomonas

aeruginosa Multicellular Behavior in Cystic Fibrosis Sputum. J Bacteriol **189**:8079–

8087.

28.   **Kuru E**, **Hughes HV**, **Brown PJ**, **Hall E**, **Tekkam S**, **Cava F**, **de Pedro MA**, **Brun**

YV, **VanNieuwenhze MS**. 2012. In Situ Probing of Newly Synthesized

Peptidoglycan in Live Bacteria with Fluorescent D-Amino Acids. Angew Chem Int

Ed **51**:12519–12523.

29.   **Aldridge BB**, **Fernandez-Suarez M**, **Heller D**, **Ambravaneswaran V**, **Irimia D**,

Toner M, **Fortune SM**. 2012. Asymmetry and Aging of Mycobacterial Cells Lead to

Variable Growth and Antibiotic Susceptibility. Science **335**:100–104.

30.   **Schaechter M**, **Microbiology OM**, **1958**. 1958. Dependency on Medium and

Temperature of Cell Size and Chemical Composition during Balanced Growth of

Salmonella typhimurium. J Gen Microbiol **19**:592–606.

31.   **Ojha AK**, **Varma S**, **Chatterji D**, **(null)**. 2002. Synthesis of an unusual polar

glycopeptidolipid in glucose-limited culture of Mycobacterium smegmatis.

Microbiology **148**:3039–3048.

32.   **Blair JMA**, **Richmond GE**, **Bailey AM**, **Ivens A**, **Piddock LJV**. 2013. Choice of

Bacterial Growth Medium Alters the Transcriptome and Phenotype of Salmonella

enterica Serovar Typhimurium. PLoS ONE **8**:e63912–8.

33.   **Kostakioti M**, **Hadjifrangiskou M**, **Hultgren SJ**. 2013. Bacterial Biofilms:

Development, Dispersal, and Therapeutic Strategies in the Dawn of the

Postantibiotic Era. Cold Spring Harb Perspect Med **3**:a010306–a010306.

34.   **Landry RM**, **An D**, **Hupp JT**, **Singh PK**, **Parsek MR**. 2006. Mucin-Pseudomonas

aeruginosa interactions promote biofilm formation and antibiotic resistance. Mol

Microbiol **59**:142–151.

35.   **Jackson LMD**, **Kroukamp O**, **Wolfaardt GM**. 2015. Effect of carbon on whole-

biofilm metabolic response to high doses of streptomycin. Front Microbiol **6**:1114–

14.

36.   **Serra DO**, **Richter AM**, **Klauck G**, **Mika F**, **Hengge R**. 2013. Microanatomy at

Cellular Resolution and Spatial Order of Physiological Differentiation in a Bacterial

Biofilm. mBio **4**:e00103–13–e00103–13.

37.   **Besharova O**, **Suchanek VM**, **Hartmann R**, **Drescher K**, **Sourjik V**. 2016.

421   Diversification of Gene Expression during Formation of Static Submerged Biofilms

422   by Escherichia coli. Front Microbiol **7**:717–17.

423   38.   **Williamson KS**, **Richards LA**, **Perez-Osorio AC**, **Pitts B**, **McInnerney K**, **Stewart**

424   **PS**, **Franklin MJ**. 2012. Heterogeneity in Pseudomonas aeruginosa Biofilms

425   Includes Expression of Ribosome Hibernation Factors in the Antibiotic-Tolerant

426   Subpopulation and Hypoxia-Induced Stress Response in the Metabolically Active

427   Population. J Bacteriol **194**:2062–2073.

428   39.   **Xie Z**, **Siddiqi N**, **Rubin EJ**. 2005. Differential Antibiotic Susceptibilities of Starved

429   Mycobacterium tuberculosis Isolates. Antimicrobial Agents and Chemotherapy

430   **49**:4778–4780.

431   40.   **Hartmans S**, **De Bont JAM**. 1992. The genus *Mycobacterium*— nonmedical , 2nd

432   ed. Springer-Verlag New York Inc., New York, NY.

433   41.   **Sriramulu DD**. 2005. Microcolony formation: a novel biofilm model of

434   Pseudomonas aeruginosa for the cystic fibrosis lung. Journal of Medical

435   Microbiology **54**:667–676.

436   42.   **Ducret A**, **Quardokus EM**, **Brun YV**. 2016. MicrobeJ, a tool for high throughput

437   bacterial cell detection and quantitative analysis. Nature Microbiology **1**:1–7

Figures and Figure Legends

Figure 1. The physiology of *Mab* planktonic cells varies according to media type. A)
Colony forming units over time in the three growth media. B) Maximum doubling times during
log. phase growth, calculated from data in (A). C) Quantification of cell lengths of *Mab* cells in
log. phase, in the three media types. At least 300 cells from two biological replicates were
imaged by phase microscopy and cell lengths were calculated using MicrobeJ. D) Micrographs
of log phase cells stained with the fluorescent D-amino acid NADA and the membrane stain
FM4-64. E) Quantification of the average fluorescent intensity for at least 300 cells from two
biological replicates, stained with NADA and FM4-64, as in (D).

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Figure 2. The development and macroscopic structure of *Mab* biofilms in different media.
Colony forming units for biofilm-associated cells in standing culture over time. Images of
corresponding biofilms taken at 6 days.

A. Micrographs of Live/Dead reporter in ACFS

B. Percent induced in ACFS, 7H9 and HdB

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464 **Figure 3. Cells in *Mab* biofilms are less responsive to a transcriptional inducer.** (A)
465 Micrographs of *Mab* cells carrying the pDE43-MEK-Nit-live/dead vector from biofilms grown for
466 6 days in ACFS, then induced with 10^{-6} isovaleronitrile for one day before fixation and imaging.

Living cells that retain the vector show constitutive Tag-RFP signal, inducible cells also show eGFP signal. (B) Percentage of cells with average red signal intensities above 400 that also have average green signal intensities above 100 in each condition. At least 100 cells each from three independent biological replicates were quantified for each condition. P-value of biofilm vs. planktonic for ACFS, 7H9 and HdB medias are 0.0152, 0.0271 and 0.0007 respectively. P-values were calculated using an unpaired t-test statistical analysis. (* P≤ 0.05, ** P ≤ 0.01, n.s. P > 0.05.)

Figure 4. Lipid profiles of mature biofilms. (A) Thin Layer Chromatography (TLC) of glycolipid extracts from mature biofilms in Hdb, 7H9 and ACFS. Extraction from planktonic cells grown in 7H9 + Tween80 was used as a control sample. Black arrows indicate lipid species prominent in ACFS: b, a wax, and d, trehalose dimycolate (TDM). (B, C, D) Quantification of spot intensity over lane intensity for each media. P-values for spot b between ACFS vs. Hdb and ACFS vs. 7H9 were 0.0115 and 0.0123 respectively. P-values were calculated using a multiple t-test statistical analysis. (* P≤ 0.05, ** P ≤ 0.01, n.s. P > 0.05.)

A. Biofilm maturity affects antibiotic tolerance

B. Percent killing at 48 hours in ACFS

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Figure 5. Antibiotic tolerance increases as ACFS biofilms mature. (A) Relative CFUs from
biofilms, and planktonic cells from same well, grown for 3, 6 and 11 days in ACFS. Cultures

were treated with clarithromycin (20ug/mL) and imipenem (15ug/mL) for 48 hours, and CFUs
were measured at 0, 24 and 48 hours. (B) Percent killing from 48-hour CFU time points
(triplicate wells). P-values between biofilm and planktonic cells are (); for 3, 6, and 11 days
respectively. P-value for biofilms between 3 and 11 days is 0.011. P-values were measured by
multiple t-test statistical analysis. (* P≤ 0.05, ** P ≤ 0.01, n.s. P > 0.05.)

Figure 6. Antibiotic sensitivity across 3 medias. (A, B, C) CFUs of mature biofilms and
planktonic cells after 48 hours of treatment with a range of antibiotic concentrations in 3 medias.
Asterisks represent significance as measured by a multiple t-test statistical analysis; * P ≤ 0.05,
** P ≤ 0.01, n.s. P > 0.05. (D) LD90 graph (lethal dose for 90% killing) compares antibiotic
susceptibility between medias for both biofilm and planktonic cells. Bars with hatched lines

499 indicate that we were unable to observe killing of 90% of the population at any concentration
500 used, so the LD90 is above 200 <u>µg/mL.</u>
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503 **Supplemental Figure**

505   **Supplemental Figure 1. Mab Biofilm Sonication.** CFUs of mature biofilms after

506   re-suspension and sonication. Planktonic cells were used as a control. Levels of

507   sonication represent numbers on the amplitude control knob of a Microson Ultra

508   Sonic Cell Disruptor XL.