Host porphobilinogen deaminase deficiency confers malaria

resistance in *Plasmodium chabaudi* but not in *Plasmodium falciparum*

or *Plasmodium berghei* during intraerythrocytic growth

Cilly Bernardette Schnider[1,2,a]

Bernardette.schnider@gmail.com

Hao Yang[1]

Hao.yang@anu.edu.au

Lora Starrs[1]

Lora.starrs@anu.edu.au

Anna Ehmann[1,b]

Anna.ehmann@mater.uq.edu.au

Farid Rahimi[3]

farid.rahimi@anu.edu.au

Elena Di Pierro[4]

Elena.dipiero@unimi.it

Giovanna Graziadei[4]

Giovanna.graziadei@yahoo.it

Kathryn Matthews[5]

Kat.matthews@deakin.edu.au

Tania De Koning-Ward[5]

Tania.dekoning-ward@deakin.edu.au

Denis C. Bauer[6]

Denis.bauer@csiro.au

Simon J. Foote[1]

Simon.foote@anu.edu.au

Brendan J. McMorran[1,c]

Corresponding author

Brendan.mcmorran@anu.edu.au

Gaetan Burgio[1,c]

Corresponding author

Gaetan.burgio@anu.edu.au

[1] Department of Immunology and Infectious Disease, John Curtin School of Medical Research, The Australian National University, Canberra, ACT 2601, Australia.

[2] Department of Biomedical Sciences Faculty of Medicine and Health Sciences, Macquarie University, NSW 2109 Australia.

[3] Research School of Biology, The Australian National University, Canberra, ACT

2601, Australia.

[4] Fondazione IRCCS Ca' Granda - Ospedale Maggiore Policlinico, Rare Diseases

Center, Internal Medicine Unit, Department of Medicine and Medical Specialties, Via

Francesco Sforza, 35, 20122 Milan, Italy.

[5] School of Medicine, Deakin University, Warn Ponds, VIC 3216, Australia

[6] Health and Biosecurity, CSIRO, Sydney, NSW 2113, Australia.

[a] Current address: Institute of Cell Biology, University of Bern, Bern, Switzerland.

[b] Current address: Mater Research, University of Queensland, South Brisbane

, QLD 4101, Australia

[c] Contributed equally to this work

ABSTRACT

Background: The selective pressure imparted by intraerythrocytic infection with

Plasmodium parasites, the causative agents of malaria has led to many mutations in

erythrocytic genes that confer host resistance. Identification and characterization of

mutations affecting host resistance to *Plasmodium* infection enables a deeper

understanding of host–pathogen interactions and potentially new ways by which to

prevent infection.

Methods: Using ENU-induced mutagenesis, and screening for erythrocyte

abnormalities and resistance to *Plasmodium chabaudi* infection, we identified a novel

nonsense mutation in the gene encoding porphobilinogen deaminase (PBGD) in mice.

Results: Heterozygote *Pbgd* mice exhibited microcytosis and 25% reduction in

cellular PBGD activity, but were healthy otherwise. When challenged with blood-

stage *P. chabaudi*, the heterozygotes were significantly protected against infection,

showed reduced parasite growth, and had a survival advantage. The mutation did not

affect erythrocyte susceptibility to parasite invasion. Instead, the mechanism of

underlying resistance to infection involved intraerythrocytic parasite death and

reduced propagation of viable parasites. This was not observed when *P. falciparum*

was cultured in erythrocytes from patients with acute intermittent porphyria (AIP),

who have low PBGD levels or with *P. berghei* infection in *Pbgd* deficient mice.

Furthermore, the growth capacity of PBGD-null *P. falciparum* and *P. berghei*

parasites, which grew at the same rate as their wild-type counterparts in normal

erythrocytes, was not reduced in the AIP erythrocytes or *Pbgd*-deficient mice.

Conclusions: Our results suggest that PBGD deficiency confers resistance to

infection with *P. chabaudi* during the blood-stage of infection and erythrocytic or

parasite PBGD is likely to be dispensable for parasite maturation.

Keywords: Plasmodium, host, porphobilinogen deaminase, porphyria, erythrocytes, N-ethyl-N-nitrosourea

BACKGROUND

Symptomatic and lethal stages of malaria occur when *Plasmodium* parasites invade and replicate within erythrocytes. The ongoing relationship between parasite and host, spanning primordial vertebrates and human evolutionary history, has exerted significant selective pressures on human populations. This has manifested as polymorphisms and mutations that produce altered erythrocytic proteins, many of which are associated with host resistance to infection. These include hemoglobinopathies and deficiencies in cytoskeletal proteins or enzymes that are highly expressed in erythrocytes; they act either directly by impeding parasite invasion or growth, or indirectly on host immune responses and parasite clearance [1-4]. By virtue of its parasitic lifestyle during the blood-stage of the disease, *Plasmodium* scavenges erythrocyte enzymes, including protein kinases, cellular redox regulators, and those involved in heme biosynthesis [5-9]. Depriving parasites of such host enzymes may also contribute also to resistance to *Plasmodium* infection and facilitate identifying novel antimalarial therapeutics as reported in model systems [10, 11].

Heme is an essential cofactor in many proteins and enzymes, for example in hemoglobin as a carrier of oxygen and carbon dioxide. The canonical heme biosynthetic pathway uses eight enzymes, which catalyze conversion of glycine and succinyl-CoA into protoporphyrin, and subsequent Fe^{2+} incorporation. Heme biosynthesis is essential in humans and deficiency of any of the synthetic enzymes is lethal. However, mutations that depress enzyme production or activity are known and cause porphyria. Characteristic symptoms of porphyria may include mild to severe

skin photosensitivity, liver malfunction and neurological problems, and are caused by

build-up of toxic porphyrin precursors and their derivatives. Specific symptoms and

disease severity depend on the composition and levels of these molecules, which in

turn are determined by enzyme activity and responsible mutations.

Plasmodium has a canonical heme biosynthesis pathway [12]. Interestingly,

essentiality of the pathway differs depending on the parasite life-cycle stage. *P.*

berghei made genetically deficient in either the first (δ-aminolevulinic acid synthase;

ALAS) or last (ferrochelatase; FC) enzyme of the pathway are not viable in the

mosquito stages, but propagate in the mouse bloodstream and cause symptoms that

are indistinguishable from those by wild-type parasites [12, 13]. Similarly, the growth

of *P. falciparum* cultured in human erythrocytes is not affected by deletion of FC, or

two other pathway enzymes, porphobilinogen deaminase (PBGD) and

coproporphyrinogen oxidase [12, 14]. These enzyme-deficient parasite lines may

acquire heme directly from the degradation of host hemoglobin, based on the

observation that no heme is synthesized in FC-deficient *P. falciparum* [12].

Additional parasite heme-acquisition mechanisms involving co-opting of the host

heme-biosynthetic enzymes that participate in *de novo* synthesis have also been

reported [5, 9, 15]. Even though heme biosynthesis is restricted to erythroid

progenitors, mature erythrocytes contain detectable amounts of active enzymes [16-

18], including PBGD, which is biosynthetically active in mature erythrocytes [14].

Previously, we showed that the growth of both *P. chabaudi* and *P. falciparum* was

significantly perturbed in mouse and human erythrocytes with reduced levels of FC

(erythropoietic protoporphyric erythrocytes). In contrast, *P. falciparum* grew

normally in X-linked dominant protoporphyric erythrocytes, which have normal

levels of FC, but elevated porphyrin precursors. Collectively, this indicated that,

rather than any non-specific effects caused by FC insufficiency affecting on the

parasite, *Plasmodium* has a specific requirement for host FC to sustain its

intraerythrocytic growth in erythrocytes [19]. However, here we provide evidence

that *Plasmodium* do not rely on erythrocytic PBGD to grow. We found that PBGD

insufficiency, both in mice carrying a novel mutation in the gene encoding *Pbgd*, and

in human erythrocytes from acute intermittent porphyria (AIP) patients, does not

result in impaired parasite growth.

METHODS

Ethics statement

Blood sampling and experimental procedures involving patients were performed in

accordance with the 1983 revision of the Declaration of Helsinki. The study was

approved by the Ethical Committee of Fondazione IRCCS Ca' Granda, Ospedale

Maggiore Policlinico, Milan, Italy (Project Number 246_2015) and The Australian

National University Human Research Ethics Committee (2014/765).

All procedures involving animals conformed to the *Australian code of practice for the*

care and use of animals for scientific purposes by the Australian National Health and

Medical Research Council and were approved by Macquarie University Animal

Ethics Committee (Project Numbers: ARA 2012/017 and 2012/019), the Australian

National University Animal Experimentation Ethics Committee (2014/53) and

Deakin University animal ethics committee (Project Number G37-2013).

Animals

Mice were bred and housed under specific pathogen-free conditions. Mice were

housed under controlled temperature (21°C) with a 12:12 h light–dark cycle and fed a

diet of Rat and Mouse Premium Breeder chow (Gordons Specialty Feeds, Glen

Forest, WA, Australia). Seven-week-old SJL/J male mice were injected

intraperitoneally (IP) with 150 mg/kg of *N*-ethyl-*N*-nitrosourea (ENU) at one-week

intervals. Mutagenized G0 mice were crossed with background SJL/J mice. G1s were

bled after seven weeks for blood analysis. The G1 58155 founder displayed a mean

corpuscular volume that was two standard deviations smaller than average; it was

crossed with SJL/J and resulting G2s were used in further experiments. For each

experimental procedure, heterozygous $Pbgd^{MRI58155}$ mice were compared to their wild-

type littermates and housed together, up to five animals per cage (Green Line IVC,

Tecniplast, PA). Sample sizes were chosen based on statistical power calculations to

limit the number of animals used. For generating *P. berghei Pbgd*-knockout parasites,

6–8-week-old Balb/c mice were used.

Mouse phenotyping

Complete blood cell counts were obtained using an ADVIA® 2120 hematology

system. Erythroid progenitors were examined by staining the bone-marrow-derived

cells from mutant and wild-type mice with anti-TER119 and anti-CD44

(eBioscience). Cells were analyzed on a BD FACSARIA™-II flow cytometer,

recording 10,000 events per sample. Populations were gated as described [20].

Cytokine Flexset assays (BD Bioscience) were used to measure plasma cytokine

concentrations according to the manufacturer's instructions.

Erythrocyte life span was determined by following intravenous administration of 1

mg of NHS-biotin-ester dissolved in 0.9% (w/v) saline, and blood sampling by tail-

snipping each day for seven days, and staining with anti-TER119 and anti-CD71

(eBioscience). Cells were suspended in phosphate-buffered saline (PBS; 10 mM

sodium phosphate, 2.7 mM KCl, 140 mM NaCl, pH 7.4) containing 1% (w/v) BSA

solution containing 10^8 counting beads/µL, and the number of TER119$^+$ CD71$^−$ cells

calculated per bead.

Hepatic and splenic iron levels were measured in tissues dried at 45 °C for 48 h and

then digested in a 10% hydrochloric acid/10% trichloroacetic acid (TCA) solution for

48 h at 65 °C. Samples were centrifuged (10000×g for 5 min); 200 µL of supernatant

was added to 1 mL of 1,10-phenanthroline monohydrate solution and incubated for

15 min at ~23 °C. After incubation, absorbance was measured at $\lambda = 508$ nm.

Erythrocytic osmotic fragility was determined by incubating blood samples diluted

1:100 in NaCl solutions ranging from 0 to 160 mM. After 30 min at 37 °C, samples

were centrifuged and absorbance of the supernatant measured at $\lambda = 545$ nm.

Percentage lysis was calculated by comparison to 100% lysis in pure water.

Whole-exome sequencing

DNA from two phenodeviant MRI58155 mice was isolated using a Qiagen DNeasy

Blood and Tissue Kit (Hilden, Germany). DNA ($\geq$10 µg) was prepared for paired-end

genomic library sequencing using a kit from Illumina (San Diego, CA). Exomes were

enriched using the Agilent SureSelect kit. Samples were sequenced using a Hiseq

2000 platform. Variants were identified and filtered as described [21]. Briefly, we

mapped the short sequence tags (reads) on the mouse genome (mm10/NCBI38) using

BWA V0.61 [22] and BOWTIE2 [23]. Nucleotide variants were identified using

SAMTOOLS V0.1.19 [24] and GATK [25]. Through our variant-filtration process,

we retained those variants that are "common" and "private" to the two mutants, and

not shared by other SJL/J mice or previously sequenced ENU-mutant mice.

Remaining variants were annotated using ANNOVAR [26].

PBGD assay

Whole-blood samples were collected by cardiac puncture, erythrocytes purified and duplicate samples from five wild-type and five heterozygous mice were analyzed for PBGD activity. Whole blood samples were centrifuged at $1500 \times g$ for 10 min. The plasma and buffy coat were removed. To obtain hemolysates, erythrocytes were washed thrice in PBS then diluted 50-fold in the assay buffer (50 mM Tris containing 0.2% Triton X-100, 20 mM citric acid, pH 8.2), incubated at 56 °C for 15 min, and finally cooled on ice. Aliquots (125 µL) of the hemolysates were mixed with 245 µL assay buffer containing 175 µM porphobilinogen (Sigma Aldrich, Castle Hill, Australia) and incubated at 37 °C for 60 min. The reaction was terminated by adding 375 µL 12.5% TCA, and oxidation of uroporphyrinogen III (URO III) to URO I was allowed to occur for 30 min at ~23 °C. After centrifugation ($1000 \times g$, 5 min), 200 µL of clarified supernatant was transferred to brown glass vials, stored at 4 °C, and subjected to ultrahigh-performance liquid chromatography (UHPLC) within 72 h. Samples from each mouse were assayed and analyzed twice in separate reactions. The UHPLC system consisted of a Dionex UltiMate™ 3000 in line with a fluorescence FLD-3400 detector. A Hypersil Gold C18 column (1.9 µm particle size, 50 × 2.1 mm internal diameter; Thermo Fisher Scientific, Australia) was used for elution. The mobile phase consisted of 9% (v/v) acetonitrile in 1 M ammonium acetate–acetic acid buffer, pH 5.16 (solvent A), and 10% acetonitrile (v/v) in methanol (solvent B) [27-29]. The elution program was 0% B (100% A) for initial 2 min, 0% B (100% A) to 10% B (90% A) for 2–6 min, 10% B (90% A) to 90% B (10% A) for 1 min, and isocratic 90% B for further 2 min. The flow rate was set at 0.8 mL/min and column temperature at 35 °C. Eluents were detected at $\lambda_{ex} = 404$ nm and $\lambda_{em} = 618$ nm. To

quantify standards, a solution containing 50 nmol/L URO I in 12.5% TCA was

prepared using a 1-mM stock solution dissolved in 1 M HCl (Sigma Aldrich). The

concentration of the standard was calculated using absorbance at $\lambda = 405$ nm and $\varepsilon =$

505×10^3 L cm^{-1} mol^{-1} [29]. Standard curves were generated by varying the injection

volume and integrating the corresponding peaks.

***P. falciparum* culture**

P. falciparum was cultured in O$^+$ human erythrocytes at 2.5% hematocrit according to

a previously described method [30]. The cell-culture medium (CCM) comprised of

RPMI 1640 supplemented with 8.8 mM D-glucose, 22 mM HEPES, 208 nM

hypoxanthine (Sigma-Aldrich, Missouri, US), 46.1 nM gentamicin, 2.1 g/L

AlbuMAX® I, 2.8 mM L-glutamine (Life Technologies, Australia), and 4.2% (v/v)

O$^+$ human serum. Cultures were maintained in flasks filled with

$1\%O_2/3\%CO_2/96\%N_2$ gas mix, and kept in an orbitally shaking incubator at 50 rpm at

37°C. Culture parasitemias were maintained at between 0.5% and 10%, and checked

every one to two days by visualizing Giemsa-stained thin blood smear by

microscopy. CCM was changed every one to two days by pelleting infected cells at

500x*g* for 5 minutes and suspending them in fresh CCM. Human erythrocytes and

sera were provided by the Australian Red Cross Blood Service. Blood was washed

thrice using CCM that lacked hypoxanthine, AlbuMAX® I, and human serum, and

centrifuged at 2800 RPM for 5 minutes after each wash. The *P. falciparum* strain 3D7

was donated by R. Anders (La Trobe University, Melbourne, Australia). The Pf*Pbgd*-

KO and 3D7 wild-type parental lines were gifts from Professor Daniel E. Goldberg,

Washington University School of Medicine, St. Louis, MO.

TUNEL staining and immunofluorescence

Deoxyuridine triphosphate nick-end labeling by the terminal deoxynucleotidyl transferase (TUNEL) labels degraded or sheared DNA, revealing parasite apoptosis or necrosis. TUNEL and cell staining for immunofluorescence microscopy were performed on blood smears from mice infected with *P. chabaudi* infected mice as described [31], but with some modifications. Mouse blood samples were fixed for at least 24 h in Cytofix solution (BD Biosciences) diluted fourfold in PBS. Slides coated with polyethylenimine (0.1% v/v in PBS) were smeared with fixed blood and stained overnight in the reaction mix from the Apo BrdU TUNEL Assay Kit (Molecular Probes, Eugene, OR). TUNEL-labeled DNA was detected using a biotinylated anti-BrdU antibody and streptavidin-Alexa Fluor 594 conjugate (ThermoFisher Scientific, Australia). At least 100 infected cells were counted on each slide. After staining, slides were mounted in SlowFade™ Gold Antifade Mountant with DAPI (ThermoFisher Scientific, Australia) and glass coverslips (#1 from Menzel-Gläser). Slides were examined at room temperature using an inverted Axio Observer fluorescence microscope or a LSM 800 confocal microscope with Airyscan, both using 630× magnification and coupled to a Axiocam 503 monochrome cameras (Zeiss, Australia). All acquired images were acquired and processed by using the Zeiss Zen lite microscope software (Zeiss, Australia).

Immunoblotting

For the mouse studies, proteins were extracted by homogenization of collected tissues and cells in denaturing sodium dodecyl sulfate (SDS) sample buffer (ThermoFisher Scientific, Australia) and clarified by centrifugation. Human erythrocyte membranes were prepared by lysis of uninfected cells in ice-cold 2.5 mM PBS (pH 7.4)

containing cOmplete™ Protease Inhibitors (Roche, Australia), followed by

centrifugation (12,000×g, 10 min) and washing in the same buffer. Purified parasite

samples were prepared from *P. falciparum* cultured in normal erythrocytes and

enriched by Percoll density-gradient centrifugation [32]. Parasitized cells were

washed in PBS, treated with 0.15% saponin (10× parasite pellet volume) for 10 min,

and the released parasites then washed twice in cold PBS containing protease

inhibitors and lysed in RIPA lysis buffer (Sigma Aldrich, Australia). Soluble and

insoluble fractions of the parasite lysate were recovered after centrifugation

(12,000×g, 10 min) and analyzed separately. The later fraction consisted mostly of

insoluble hemazoin. All samples were mixed with denaturing SDS sample buffer and

subjected to SDS-PAGE using 8% gradient gels [33]. Gels were blotted onto

membranes. The antibodies used for immunoblotting experiments included rabbit

anti-human PBGD IgG from Sigma Aldrich (HPA006114) or from Fitzgerald

Industries International (70R-3343) for the murine tissue sample studies, and mouse

anti-human PBGD IgG$_1$ monoclonal antibody from Santa Cruz Biotechnology (sc-

271585) and an *N*-terminal Ank-1 ''p89'' antibody (kindly provided by Connie

Birkenmeier, Jackson Laboratory, USA) for human and *P. falciparum* cell studies.

Following blotting with HRP-conjugated secondary antibodies (Sigma Aldrich),

protein bands were visualized by imaging chemiluminescent (SuperSignal West Pico

Substrate, ThermoFisher Scientific).

Generation of PbA_pbgd parasite knockout.

PBGD *P. falciparum* 3D7 sequence was blasted to *P. berghei* ANKA (PbA) genome

to retrieve the targeted sequence.   To generate the *Pbgd* targeting plasmid,

p35/EF5′.K$^+$GFP.CAM3′ was modified [34] by replacing the K$^+$GFP sequence with

firefly luciferase, yielding the vector p35/EF5´.FF.CAM3´. The 500 bp 5´ flanking

sequence of *PbA_pbgd* (PbANKA_060800) was amplified by PCR using the primers

PbA_060800/5´FIF   (5´-gacccgcggGATCATTATGGCAAATATTCTGCC)   and

PbA_060800/5´FIR   (5´   gacctgcagTATTGCTATAACTATATTATTCAGTTA),

digested with *Sac*II and *Pst*I enzymes and cloned into the corresponding sites of

p35/EF5´.FF.CAM3´ to generate p35/5´Fl/EF5´.FF.CAM3´. For the 3' homology

arm, the 3´ flanking sequence of *PbA_pbgd* was amplified by PCR using the primers

PbA_060800/3´FIF   (5´-gacgatatcGGATGAGGCAGCTTTATATTACA)   and

PbA_060800/3´FIR   (5´gacgaattcGTTCAAATCGCGTATTTGAATGTGATGTG),

digested with *Eco*RV and *Eco*RI and cloned into the corresponding sites of

p35/5´Fl/EF5´.FF.CAM3´ to generate p35/5+3´Fl/EF5´.FF.CAM3´. The plasmid

vector (1 μg) was then linearized with *Sac*II/*Eco*RI and transfected into PbANKA

parasites using previously established methods [35]. The transfected parasites were

inoculated into a BALB/c naïve mouse by intravenous inoculation and selected for by

administering pyrimethamine into the mouse's drinking water (0.07 mg/mL) for six

days. Parasite DNA was extracted and a PCR was conducted to check for successful

integration   using   the   following   primers   PbA_060800_int_F   (5´-

ATCCGAGCAATATTATCGACAG), hDHFR_R_int (5´-GATGCAGTTTAGCGA-

ACCAAC),   CAM3'_F_int   (5´-GTAAAGGGTTAATTCTTATATGGTC)   and

Pb060800_int_R (5´-CCATTTTCTCAATACTTACATAG) (Supplementary Figure

3). The *PbA_pbgd* parasite was single cloned into 6-8 weeks old BALB/c mice by

limiting dilution and verified by PCR according to the procedure described previously

[36].

***P. chabaudi* and *P.berghei* infections**

Infection experiments used the rodent parasite *P. chabaudi adami* DS (408XZ) and *P.*

berghei ANKA. Parasite stocks were prepared by passage through resistant C57BL/6

(*P. chabaudi*) or BALB/c (*P. berghei*) mice as described previously [37].

Experimental mice were infected by IP injection with a dose of 1×10^4 parasitized

erythrocytes. Blood-stage parasitemia was determined by microscopically examining

thin blood smears obtained by tail bleeding (1 µL per day from days seven to 14 after

infection) and staining with 10% Giemsa solution. Percentages of infected

erythrocytes were calculated from a minimum of 1,000 erythrocytes counted.

Study subjects

We studied erythrocytes obtained from seven Italian Caucasian AIP patients recruited

at the Department of General Medicine, Fondazione IRCC Ca' Granda, Ospedale

Maggiore Policlinico, Milan, Italy. All patients had a confirmed biochemical and

genetic diagnosis: three patients were asymptomatic carriers and four experienced

typical acute attacks. (Table S1).

Collection and preparation of purified erythrocytes

Blood from patients with AIP and Italian healthy control subjects was collected by

venepuncture into 5-mL tubes containing EDTA. Blood was shipped at 4°C within

seven days of collection from the Ospedale Maggiore Policlinico, Milan, Italy to The

Australian National University, Canberra, Australia. To purify erythrocytes, samples

were centrifuged (170×*g*, 13 min), and plasma and white-cell fractions removed. The

remaining erythrocytes were washed twice in RPMI. Erythrocytes were stored at 4°C

for up to one further week before being infected with parasites. Matched normal

control samples were shipped, purified, and stored similarly to experimental samples.

P. falciparum **growth-inhibition assays**

For growth assays, parasites were propagated in normal erythrocytes (from the

Australian Red Cross Blood Service), purified using Percoll density-gradient

centrifugation [32], and then added to test erythrocytes at a final parasitemia of ~1%.

Parasitemias and parasite development stages were determined after culturing for up

to 72 h using Giemsa-stained thin blood smears. Growth assays were conducted in

duplicate or triplicate for each patient sample unless indicated otherwise. At least

1000 cells were counted on each slide. In some experiments, parasite growth was

quantified by flow cytometry after staining culture samples (fixed in Cytofix solution)

with 5 μg/mL Hoechst 33342 for 5 min. Fluorescence signals were measured using an

LSR Fortessa cell analyzer (BD Biosciences). At least 100,000 events were recorded

per sample. BD FACS software was used to process and analyze the data.

Statistical analysis

For malaria survival, statistical significance was determined using the Mantel–Cox

test. For other results, two-tailed Students *t*-test was used. A P <0.05 was considered

significant

RESULTS

Through out large-scale ENU mutagenesis screen for abnormal red blood cell count, we discovered the $Pbgd^{MRI58155}$ mice displaying microcytosis, accompanied by moderately elevated reticulocyte counts, reduced hematocrit and total hemoglobin, but with normal mean erythrocytic hemoglobin levels. We confirmed that the phenotype was heritable after crossing the G1 animal with SJL/J mice and observing that the G1 microcytosis phenotype was passed on to approximately half the offspring. Intercrossing two affected G2 mice produced the wild-type phenotype in approximately one third of the progeny and the G1 founder phenotype in the other two thirds (Table S2). Collectively this indicated a fully penetrant dominant inheritance of the microcytotic phenotype (i.e., heterozygous for the MRI58155 allele) but embryonic lethality in homozygotes.

Whole-exome sequencing of two heterozygous G3 mice and subsequent segregation analysis of mutations in candidate genes identified a single base substitution (A to G) in chromosome 9 (Chr9 44341074, mm10), which is located in the murine $Pbgd$ gene (NM_013551). This mutation, designated $Pbgd^{MRI58155}$, is predicted to disrupt splicing of exon 6 and results in a truncated protein comprising 90 amino acids; this protein lacks all conserved residues and domains required for catalytic function of PBGD (Figure 1A).

The mutation completely segregated with the microcytic phenotype over more than 10 generations of breeding. Compared to wild-type mice, reduced amounts of PBGD were observed in immunoblots of proteins extracted from spleen, liver, bone marrow, and erythrocytes from heterozygous mice; furthermore the truncated protein encoded by $Pbgd^{MRI58155}$ was not detectable (Figure S1A and S1B). PBGD activity was significantly lower in heterozygous than in wild-type erythrocytes (30.5 ± 2.2 versus

39.5 ± 3.5 nkat/L; p = 0.048, (Figure 1B). Urine from heterozygous mice appeared

slightly pink. The heterozygous mice exhibited also modest splenomegaly, but normal

liver size, and normal iron content in both organs; serum cytokine levels were also

similar to those in wild-type mice (Tables S3 and S4). Erythrocyte life span (Figure

S2A) and osmotic fragility (Figure S2B) were unaffected by the mutation. In addition,

production of erythroid progenitors was also unaffected (Figure S2C).

To further investigate if the *Pbgd^{MRI58155}* mutation affects the host response to

malarial infection, cohorts of heterozygous and wild-type mice were inoculated with

P. chabaudi adami DS, which is typically lethal to this parental mouse strain (SJL/J).

We observed a significantly altered course of infection in heterozygotes compared to

wild-type mice. Parasitemias were lower than in wild-type mice between days seven

and 10 in female mice (Figure 2A), and days nine and 10 in male mice (Figure 2B). A

modest but significant survival advantage was observed for female heterozygotes (p =

0.00016); 90% of these animals survived for at least one day longer than their wild-

type littermates, although 11 of 12 heterozygous mice eventually succumbed (Figure

2C). Two of 21 heterozygous male mice survived the infection, although this was not

statistically significant (Figure 2D).

We investigated whether the reduced parasitemia observed in the heterozygous mice

was due to compromised merozoite capacity to invade erythrocytes. To assess

merozoite invasion, we used an *in vivo* erythrocyte-tracking assay (IVET) [37], in

which mixtures of distinctly labeled heterozygous and wild-type erythrocytes were

transfused into recipient wild-type mice infected with *P. chabaudi*, and the

percentages of transferred erythrocytes that became infected determined. Following

injection of the labeled erythrocytes into the recipient at the point of parasite

schizogony, the proportion of newly infected erythrocytes measured during the next

30 min to 20 h were similar between the two donor types. After 39 h, the percentage

of infected cells had increased, reflecting a second schizogony and infection cycle,

but were still similar comparing wild-type and heterozygous cells (Figure 2E).

Overall, no significant differences were observed between heterozygous and wild-

type cells at any of the tested time points. These results indicate that the heterozygous

erythrocytes' susceptibility to merozoite invasion is equal to their wild-type

counterparts. We then investigated if the ability of the *P. chabaudi* parasites to grow

within erythrocytes was affected by PBGD insufficiency. Thus, we determined the

numbers of dead or dying intraerythrocytic *P. chabaudi* in infected heterozygous or

wild-type mice using TUNEL [31]. The mean percentages ($\pm$ SEM) of TUNEL-

labeled parasites measured in samples collected 8 and 9 days after infection were 9.0

$\pm$ 1.0 and 12.6 $\pm$ 1.2 in wild-type mice and 10.4 $\pm$ 1.4 and 15.8 $\pm$ 1.7 in heterozygous

mice; the heterozygous values were significantly greater than those of the wild-type

mice at both time points (p <0.05; Figure 2F). This finding suggests that in

heterozygous erythrocytes, a greater proportion of parasites are dying, in turn

reducing production of new, viable parasites and explaining the observed reduced

parasitemia and relatively better survival.

PBGD deficiency in humans can manifest as AIP (MIM 176000). AIP is

characterized by occasional, acute episodes of gastrointestinal and neuropathic

symptoms; between episodes, the patient is healthy. Acute attacks result from high

urinary excretion of the heme precursors, especially δ-aminolevulinic acid and

porphobilinogen [38]. We obtained blood samples from seven AIP patients, all with

confirmed *PBGD* gene mutations and reduced PBGD activity except for the patient

476 A. Four patients reported a typical history of episodes of acute symptoms with

477 elevated urinary δ-aminolevulinic acid and porphobilinogen levels but were not

478 symptomatic at the time of blood collection (Table 1 and Table S1).

481 Erythrocytes isolated from these AIP samples and from healthy individuals, all shipped

482 from Italy (hemochromatosis (HC) Italy, n = 2), and from the Australian Red Cross

483 Blood Service (HC Australia, n = 1), were infected with growth-stage-synchronized *P.*

484 *falciparum* (pigmented trophozoites and schizonts). Cultures were incubated for up to

485 72 h and sampled at different time points to count the number of parasitized cells,

486 determine parasite development stages, and compare parasite propagation and their

487 intraerythrocytic development, over time. Following the first 24 h of culturing, when

488 parasite had egressed from donor erythrocytes and invaded the surrounding test cells,

489 we observed no differences in parasitemia fold-change (Figure 3A Normal ARC and

490 Normal Italy). After 72 h, while parasites had replicated in test erythrocytes and

491 undergone a further cycle of schizogony and cell invasion but the number of parasitized

492 erythrocytes in the HC and AIP samples were in similar proportion to 3D7 *P.*

493 *falciparum* samples. Collectively, these results indicate that the *P. falciparum* could

494 normally infect the AIP erythrocytes and establish within them without their

495 intraerythrocytic growth being affected. A *P. falciparum* clone carrying a genetic

496 disruption of the parasite *Pbgd* homolog (PF3D7_1209600) was shown previously to

497 grow as well as its wild-type parent strain (3D7) in normal human erythrocytes [14].

498 We obtained these lines (designated here as Pf*Pbgd*-KO and 3D7) and compared their

499 growth characteristics using the same parasite-culturing approach described above.

500 Two normal erythrocyte samples (HC Australia and HC Italy) and six AIP erythrocyte

501 samples (from AIP patients with mutation types A, B, C, and D) were tested. Both

502   parasite lines cultured in the HC erythrocytes established similar parasitemia levels and

503   increased more than six-fold after 72 h. When the two lines were cultured in AIP

504   erythrocytes, the growth of Pf*Pbgd*-KO parasites was comparable to the 3D7 parasites

505   (Figure 3A).

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Given the intraerythrocytic growth defect seen in *P. chabaudi* infection, we

investigated whether the intraerythrocytic maturation of the parasite during *P. berghei*

infection was also affected. We generated a homologue Pbgd-deficient parasite in *P.*

berghei ANKA (PbA_060800) (Figure S2). Similarly to the *P. falciparum* ortholog,

the parasite developed normally along the erythrocytic stage of parasitic maturation

during *P. berghei* infection (Figure 3B) (named thereafter PbA_pbgd). We examined

whether PbA_pbgd erythrocytic maturation is affected in *Pbgd*$^{MRI58155/+}$ mice. We

noted comparable parasitemia in Pb_ANKA infection between wild-type or

Pbgd$^{MRI58155/+}$ mice. However we observed a slight difference in parasitemia between

PbA_Pbgd and Pb_ANKA in SJL/J background at day 11 days after inoculation.

Importantly we noted no differences in parasitemia between PbA_Pbgd and

Pb_ANKA in *Pbgd*$^{MRI58155/+}$ mouse during the course of the infection but a slight

increase in survival for these mice at day 17 post-inoculation. Therefore, while

deletion of parasite *Pbgd* gene did not affect its ability to grow in normal

erythrocytes, which confirms a previous study [14], as is consistent with the *P.*

falciparum results above, the growth of *P. chabaudi* in contrast was perturbed in host

erythrocytes. Together this might indicate that while the requirement of host PBGD

of *Plasmodium* is not formally ruled out, these results might suggest that the

resistance to *P. chabaudi* infection in PBGD deplete mice could be also due to an

effect not directly linked to PBGD deficiency.

DISCUSSION

Here, we describe the identification and characterization of an ENU-induced mutation in the murine *Pbgd* gene (*Pbgd^{MRI58155}*). Mice heterozygous for this mutation display a relatively normal phenotype, distinguished by microcytosis and a modest, but significant decrease in erythrocytic PBGD activity, although they exhibited no overt symptoms characteristic symptoms of AIP. Previous studies showed that a profound deficiency of PBGD in mice is necessary in mice to mimic human AIP [39]. The protein expressed by the *Pbgd^{MRI58155}* allele is predicted to be truncated and completely inactive, and consistent with this prediction, we could never obtained homozygous pups. However, rather than the predicted 50% reduction in enzyme activity, heterozygotes retained ~75% of normal enzyme activity in their blood. Possibly a partially functional protein is expressed by the mutant allele, or expression by the wild-type allele is compensatorily increased. The most prominent consequence of the *Pbgd^{MRI58155}* mutation, and indeed the phenotypic basis of its identity, was a modest microcytic anemia, although erythrocyte number and erythrocytic hemoglobin concentrations were normal. Reduced biosynthesis of heme in erythroid progenitors can often lead to generation of microcytic anemia, although this is not characteristic of human AIP, and is not a reported effect for the *Pbgd*-null or hypomorphic mutations [39]. However, microcytic erythrocytes have been observed in cats with *Pbgd* mutations displaying AIP symptoms [40]. Overall, the *Pbgd^{MRI58155}* allele results in a phenotype consistent with a mild, asymptomatic form of AIP.

We used the *Pbgd^{MRI58155}* mouse line, as well as erythrocytes from AIP patients with PBGD deficiency to investigate potential dependence of *Plasmodium* on the host enzyme for its growth and survival. These studies were motivated by previous observations that other host heme biosynthetic enzymes are co-opted by the parasite

and that they may be potential antimalarial therapeutic targets [5, 9, 11, 15, 19]. We

found that *P. chabaudi* growth was modestly perturbed in mice but not in *P. berghei*

infected mice and human erythrocytes with reduced PBGD levels. This was

evidenced by reduced parasite propagation, increased intraerythrocytic parasite death,

and modest but significant protection against *P. chabaudi* infection in the

Pbgd^{*MRI58155*} mutant mice. Our experiments using mice and analysis of parasite

development in the AIP erythrocytes demonstrated that invasion of mutant

erythrocytes by wild-type merozoites was not inhibited. We also excluded other

possible indirect effects of the enzyme deficiency in the mouse, including their

cellular hemoglobin levels, relevant indices of which were relatively normal. We

therefore propose that the reason parasite *P. chabaudi* growth was impaired in mutant

mice is because that *Plasmodium* has a certain requirement for host PBGD. This

hypothesis was not supported by our observation that parasites lacking their own

version of *Pbgd* grew similarly to wild-type counterparts in AIP erythrocytes with the

Pbgd hypomorphic mouse mutation. It is possible the parasite requires a certain

threshold level of enzyme to grow, a proportion of which is likely contributed from

by erythrocytes; the parasitic growth defect is only manifested in host cells with

highly reduced PBGD levels, which was not observed in our AIP samples and *Pbgd*-

deficient mouse line. It is also possible that the parasite requires precursors of the

heme biosynthetic pathway, which may be produced by infected host cells [14].

CONCLUSIONS

Our data indicate that *Plasmodium berghei* or *Plasmodium falciparum* but not

Plasmodium chabaudi do not require erythrocytic PBGD for its growth and

propagation in erythrocytes and the parasite PBGD homolog is dispensable

compatible with the possibility that the resistance to *P. chabaudi* of PBGD deplete

mice erythrocytes is probably not due to the direct effect of Pbgd mutation. However

our data does not exclude the possibility of a requirement of the host PBGD to the

parasite as the depleted host PBGD possessed a sufficient enzyme activity to

compensate the loss of parasite PBGD. An interesting investigation to further explore

this question would be to test specific small-molecule inhibitors for PBGD, which

have been developed [41] but would require the synthesis of these as they are

unfortunately currently unavailable to test. This would then elucidate the role of host

PBGD during malaria infection and whether our hypothesis of a certain requirement

of the enzyme by the parasite can be confirmed.

LIST OF ABBREVIATIONS

AIP: acute intermediate porphyria

CCM: cell-culture medium

ENU: N-ethyl-N-Nitrosourea

FC: Ferrochelatase

HC: Hemochromatosis

IP: intraperitoneally

Pb_A: *Plasmodium berghei* ANKA

PBGD: porphobilinogen deaminase

PBS: phosphate-buffered saline

RBC(s): erythrocyte(s)

SDS: sodium dodecyl sulfate

TCA: trichloroacetic acid

UHPLC: ultrahigh-performance liquid chromatography

URO: uroporphyrinogen

TUNEL: Terminal deoxynucleotidyl transferase dUTP nick-end labeling

DECLARATIONS
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Ethics approval and consent to participate:

Blood sampling and experimental procedures involving patients were performed in

accordance with the 1983 revision of the Declaration of Helsinki. The study was

approved by the Ethical Committee of Fondazione IRCCS Ca' Granda, Ospedale

Maggiore Policlinico, Milan, Italy (Project Number 246_2015) and The Australian

National University Human Research Ethics Committee (2014/765).

All procedures involving animals conformed to the *Australian code of practice for the*

care and use of animals for scientific purposes by the Australian National Health and

Medical Research Council and were approved by the Macquarie University Animal

Ethics Committee (Project Numbers: ARA 2012/017 and 2012/019), the Australian

National University Animal Experimentation Ethics Committee (2014/53) and

Deakin University animal ethics committee (Project Number G37-2013).

Consent for publication:

Not applicable

Availability of data and materials:

All data generated or analyzed during this study are included in this published article

and its supplementary information files.

Competing interests.

The authors declare that they have no competing interest to disclose.

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Author Contributions

CBS, HY, LS, AE, TKW, FR, and BJM performed experiments and DCB analyzed the exome sequencing data. The project was conceived by BJM, GB and SJF and experiments were designed by CBS, HY, BJM and GB. The blood samples, and the genetic and biochemical analysis of the AIP patients were provided and performed by EDP and GG. The paper was written and the figures were prepared by CBS, EDP, GG, GB and BJM. All authors read and approved the final manuscript.

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FIGURES LEGENDS:

Figure 1. Analysis of the *Pbgd*[MRI58155] mutation.

Schematic of the full-length 361 residue murine Pbgd protein, including locations of the

three domains and active site residues, R^{25} and S^{28} (sulfate-binding), D^{99} (catalytic), S^{147},

R^{150} and R^{173} (pyrrole-cofactor-interacting) and C^{261} (pyrrole-cofactor-binding), based on

a solved human Pbgd crystal structure; Gill et al 2009). The predicted 90 residue

Hmbs[MRI58155] protein is shown below. Its lacks the sequences containing the catalytic

domain and cofactor binding sites (**A**). Measurement of Pbgd enzyme activity in whole

blood samples from WT and Het mice using HPLC. Data represent the mean (box) and

values from four mice per group, each assayed two times. * $P < 0.05$, calculated using a

two-tailed *t*-test assuming equal variance (**B**).

Figure 2: Mice with the *Pbgd*[MRI58155] mutation display an increased resistance to

infection with *P. chabaudi*. *Pbgd*[MRI58155] heterozygotes (Het) and wild-type littermates

(WT) were infected with *P. chabaudi* (1×10^4 parasites; 13-21 mice per group) and

analyzed for percentage of circulating infected erythrocytes (% parasitemia, in females

(**A)** and males (**B**), as well as survival in females (**C**) and males (**D**). Eight WT mice

infected with *P. chabaudi* were injected intravenously with differently labelled WT and

Het blood (day eight post-inoculation) and % parasitemia was determined in each labeled

cell type at various time points (**E**). Proportions of TUNEL-labeled parasite-infected

erythrocytes in WT and Het mice (five per group) infected with *P. chabaudi* (**F**). Error

bars represent SEM. * $p < 0.05$, ** $p < 0.01$, calculated using a two-tailed *t*-test assuming

equal variance. Log-rank (Mantel-Cox test) for differences in survival yielded P - 0.0016

(female group) and $P = 0.16$ (male).

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Figure 3. *Plasmodium growth in erythrocytes from individuals with AIP individuals*

and in PBGD-deficient mice.

The seven AIP patient samples assayed for P. falciparum growth. Comparison of *Pbgd*

knockout *P. falciparum* (Pf_Pbgd KO) with parental wild-type (WT) growth in AIP and

normal erythrocytes (RBCs) with the four different AIP B samples assayed in duplicate at

24 h, and once at 48 h and 72 h (**A**). Comparison of *Pbgd*-knockout *P. berghei*

(PbA_Pbgd KO) and parental wild-type (WT) growth in infected WT and *Pbgd*[MRI58155]

heterozygous mice (**B**) The four different AIP B samples were assayed in duplicate at 24

h, and once at 48 h and 72 h. *Pbgd*[MRI58155] heterozygotes (Het) and wild-type littermates

(WT) were infected with *P. berghei ANKA* ($1x10^4$ parasites; 8 to 15 mice per group) All

other samples samples were assayed in duplicate or triplicate. * $p < 0.05$, ** $p < 0.01$, ***

$p < 0.001$, **** $p < 0.0001$ calculated using a two-tailed *t*-test assuming equal variance.

849 **TABLES:**
850
851 **Table 1. AIP patient samples assayed for *P.falciparum* growth assays.**
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AIP type	PBGD mutation (*PBGD* ID, or novel)	PBGD protein defect (predicted % normal cellular PBGD activity)	Number of patient samples
AIP A	c.[498+93_1086+211del3137];[=] (novel)	p.(Arg167_Ter362del) (50%)	1
AIP B	c.[913-1 G>C];[=] (novel)	p.(His305_Ter362del) (50%)	4
AIP C	c.[580C>T];[=] (H971935)	p.(Gln194Ter) (50%)	1
AIP D	c.[760_763delCTGAinsTCG];[=] (novel)	p.(Leu254Serfster11) (50%)	1

854
855 The AIP C mutation (H971935) has been previously described [42].

Figure S1: Immunoblot analysis of Pbgd protein expression in various tissues from

Pbgd$^{+/+}$ (WT) and Pbgd$^{MRI58155/+}$ (Het) mice, using a rabbit anti-human PBGD antibody

(Sigma Aldrich) (**A**) and a goat anti-human antibody (**B**). The full-length Pbgd protein is

detected at approximately 39 kD. Analyzed tissues included whole blood (WB), bone

marrow (BM), spleen (Sp), liver (Lv), and red blood cells (RBC) fractionated into

hemoglobin-depleted cell lysate (Lys) and cell membrane (Memb)

Figure S2: Hematological analysis of the *Pbgd*^{MRI58155} mouse line.

A Comparison of erythrocyte life span, **B** osmotic strength, and **C** bone-marrow erythroid

progenitor cells in *Pbgd*^{MRI58155} heterozygotes (Het, n = 6 to 9 mice) and wild-type

littermates (WT, n = 6 to 7 mice). Error bars represent SEM. No significant differences

were observed between groups using the two-tailed Student's *t*-test assuming equal

variance.

Figure S3: Generation of *Pbgd P. berghei* knockout.

A For targeted gene deletion of the PbANKA_060800, fragments of the 5' UTR and 3'

UTR, which would serve as targeting regions to drive integration into the endogenous

locus, were PCR-amplified from *P. berghei* ANKA genomic DNA and cloned into the

p35/EF5'.Fluc.CAM3' vector. Position of oligonucleotides used for PCR analysis are

shown. **B** Representation of a gel electrophoresis on the genomic integration of the

targeting construct using specific primers spanning the locus.

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Figure 1

A

B

Figure 1. Analysis of the *Pbgd*[MRI58155] mutation.

Schematic of the full-length 361 residue murine Pbgd protein, including locations of the three domains and active site residues, R^{25} and S^{28} (sulfate-binding), D^{99} (catalytic), S^{147}, R^{150} and R^{173} (pyrrole-cofactor-interacting) and C^{261} (pyrrole-cofactor-binding), based on a solved human Pbgd crystal structure; Gill et al 2009). The predicted 90 residue Hmbs[MRI58155] protein is shown below. Its lacks the sequences containing the catalytic domain and cofactor binding sites (**A**). Measurement of Pbgd enzyme activity in whole blood samples from WT and Het mice using HPLC. Data represent the mean (box) and values from four mice per group, each assayed two times. * P < 0.05, calculated using a two-tailed *t*-test assuming equal variance (**B**).

Figure 2

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Figure 3

Figure 3. *Plasmodium growth in erythrocytes from individuals with AIP individuals and in PBGD-deficient mice.*
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