

Heterogeneous expression of Pil3 pilus is critical for *Streptococcus gallolyticus* translocation across polarized colonic epithelial monolayers

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Running title: Pil3 heterogeneity critical for Sgg gut translocation

Keywords: Pil3 pilus, *S. gallolyticus*, colon, translocation

ABSTRACT

Streptococcus gallolyticus subspecies gallolyticus (*Sgg*) is an opportunistic pathogen responsible for septicaemia and endocarditis in elderly persons. *Sgg* is also a commensal of the human gastrointestinal tract. Here we demonstrate that *Sgg* strain UCN34 translocates across tight intestinal barriers *in vitro* in a Pil3-dependent manner. Confocal images of UCN34 passage across human colonic cells reveals that *Sgg* utilizes a paracellular pathway. Pil3 was previously shown to be expressed heterogeneously and WT UCN34 consists of about 90% of Pil3_{low} and 10% of Pil3_{high} cells. We found that both the $\Delta pil3$ mutant and the Pil3+ overexpressing variant could not translocate across Caco-2 and T84 barriers. Interestingly, combining live $\Delta pil3$ mutant cells with fixed Pil3+ variants in a 10:1 ratio (mimicking UCN34 WT population) allowed efficient translocation of the $\Delta pil3$ mutant. These experiments demonstrate that heterogeneous expression of Pil3 plays a key role in optimal translocation of *Sgg* across the intestinal barrier.

ABSTRACT IMPORTANCE

Streptococcus gallolyticus subsp. gallolyticus (*Sgg*) is an opportunistic pathogen responsible for septicemia and infective endocarditis in elderly persons. *Sgg* is a commensal of the rumen of herbivores and transmission to humans most probably occurs through the oral route. In this work, we have studied how this bacterium crosses the intestinal barrier using well-known *in vitro* models. Confocal microscopy images revealed that *Sgg* UCN34 can traverse the epithelial monolayer in between adjacent cells. We next showed that passage of *Sgg* from the apical to the basolateral compartment is dependent on the heterogenous expression of the Pil3 pilus at the bacterial surface. We hypothesize that Pil3_{high} cocci adhere firmly to epithelial cells to activate transient opening of tight junctions thereby allowing the traversal of Pil3_{low} bacteria.

1 INTRODUCTION

2
3 *Streptococcus gallolyticus* subsp. *gallolyticus* (*Sgg*), formerly known as *S. bovis* biotype I,
4 is an emerging opportunistic pathogen responsible for septicemia and infective endocarditis in
5 elderly and immunocompromised individuals (1, 2). This Gram-positive coccus is one of the few
6 intestinal bacteria that have been consistently linked to colorectal cancer (CRC) over the last 40
7 years (3) and a recent study confirms this suspicion (4). Whether *Sgg* is a driver and/or
8 passenger of CRC is the subject of recent studies and evidence for both models have been
9 obtained experimentally (5–10).

10 The first complete *S. gallolyticus* genome obtained was that of strain UCN34, isolated
11 from a patient suffering from endocarditis and later diagnosed for colon cancer, provided
12 important insights on the adaptation and virulence strategies developed by this bacterium (11).
13 We previously showed that the Pil1 pilus is important for binding to collagen through the pilus
14 associated adhesin Pil1A as well as colonization of heart valves in a rat model of experimental
15 endocarditis (12). We also showed that the Pil3 pilus is important for colonization of the host
16 colon via attachment to the intestinal mucus covering colonic cells (13, 14).

17 Pil1 and Pil3 are both expressed heterogeneously in the UCN34 population, with a
18 majority of cells weakly piliated and a minority highly piliated, through a mechanism combining
19 phase variation and attenuation (15).

20 In this report we investigated how *Sgg* adheres to and translocates across tight epithelial
21 barriers in the absence of a secreted mucus layer. We demonstrate a key role of the Pil3 pilus in
22 this process and visualized *Sgg* passage through a paracellular pathway. Our results indicate
23 that in the UCN34 WT *Sgg* population, the highly piliated bacteria activate opening of the tight
24 junctions to allow paracellular crossing of Pil3_{low} expressing bacteria. This demonstrates the
25 functional relevance of Pil3 heterogeneity by a very unique mechanism.

26

27 **RESULTS**

28 **The Sgg Pil3 pilus enhances adherence to human colonic cells**

29 Streptococcal pili have been implicated both in adherence to eukaryotic cells as well as in
30 bacterial translocation across host epithelial barriers (16, 17). We previously showed that the
31 Sgg Pil3 pilus strongly contributes to bacterial attachment to human mucus-producing cells
32 HT29-MTX (13). Therefore, we wondered whether Pil3 could also play a role in bacterial
33 translocation. However, HT29-MTX cells were not able to form tight epithelial barriers on
34 Transwell filters. We therefore tested two other well-studied human colonic cell lines Caco-2 and
35 T84, which are both able to form tightly polarized epithelial monolayers *in vitro* (18).

36 We first compared adherence of *Sgg* UCN34 (WT), a highly Pil3 piliated variant (Pil3+) and a
37 deletion mutant ($\Delta pil3$) to Caco-2 cells at different time points. As shown in Fig. 1, higher Pil3
38 expression levels led to increased bacterial adhesion to Caco-2 cells as compared to the WT
39 while bacterial adherence in the absence of Pil3 was decreased at 6h post-infection. Very similar
40 results were observed in T84 cells (**Fig. S2 A**). It is worth noting that *Sgg* strain UCN34, which
41 displays intermediate adherence, is composed of a heterogeneous population with
42 approximately 10-20% highly expressing Pil3 pilus (Pil3^{high}) and 80-90% weakly piliated (Pil3^{low}).
43 Taken together, these results indicate that the Pil3 pilus also contributes to *Sgg* adhesion to
44 human colonic epithelial cells. We next investigated *Sgg* translocation in these model cell lines.

45 ***S. gallolyticus* translocates across colonic epithelial barriers**

46 In order to study translocation of *Sgg*, we first established an *in vitro* model of polarized cells
47 using human colonic Caco-2 and T84 cell lines (**Fig. S1 and S2**). In particular, the T84 cell line
48 has been widely used because of its ability to form a tall columnar epithelial monolayer and to
49 develop tight intercellular junctions when grown on a permeable support, with the basolateral

50 surface attached to the support and the apical surface exposed. Both cell lines were cultured on
51 Transwell inserts for 3 to 21 days which allowed their polarization and differentiation. On these
52 filters, fully differentiated Caco-2 and T84 cells expressed well-organized cell-to-cell junctions,
53 forming a cell monolayer mimicking the intestinal epithelial barrier. Integrity of the epithelial
54 barrier was monitored over time using two complementary methods: transepithelial electrical
55 resistance (TER) of the monolayers and permeability to 4 kDa FITC-Dextran molecular ruler
56 (**Fig. S1**). After 11 days in culture, the Caco-2 and T84 monolayers were already impermeable to
57 the 4 kDa dextran molecules and reached a TER of approximately 300 and 2500 Ω cm²,
58 respectively (**Fig. S1**). The capacity of *Sgg* UCN34 to translocate across the impermeable Caco-
59 2 and T84 barriers was assessed at days 7, 14, and 21 and although translocation of UCN34
60 WT increased with cell differentiation (data not shown), day 14 was chosen as the time point
61 giving the most consistent results. In order to demonstrate that bacterial translocation is an
62 active process, cell monolayers were apically infected with *Sgg* UCN34 by inverting the transwell
63 (lower chamber of the transwell insert) and translocated bacteria were recovered in the upper
64 chamber at 2, 4, and 6 h post- infection (**Fig. 2A**). The rate of translocation increased over time
65 with a maximum translocation of about 10% in Caco-2 (**Fig. 2B**) and 12% in T84 monolayers
66 (**Fig. S2B**) at 6h post-infection. The effect of *Sgg* on epithelial barrier function was also
67 assessed by measuring the TER following infection. TER values remained stable upon infection
68 and were comparable to non-infected control monolayers, indicating no major disruption of the
69 epithelial barrier by *Sgg* UCN34 (**Fig. S1C and Fig. S2D**). In order to visualize bacteria during
70 the translocation process, confocal imaging was carried out on infected Caco-2 cells grown on
71 filters at 6 h post-infection. Caco-2 cells were stained with E-cadherin which localizes at
72 epithelial junctions, actin was stained with phalloidin to visualize the cytoskeleton and bacteria
73 were labeled using a specific polyclonal antibody directed against strain UCN34. During
74 translocation *Sgg* UCN34 was found primarily close to E-cadherin, at epithelial junctions
75 between adjacent cells (**Fig. 2C**). These images suggest that UCN34 uses a paracellular route

76 with a transient opening of cell junctions, as suggested by a previous study (3). Cell monolayers
77 were considered well polarized, as demonstrated by the specific accumulation of actin close to
78 the apical membrane of the cells. No intracellular *Sgg* UCN34 could be detected inside Caco-2
79 cells (data not shown). Thus, these results strongly suggest that *Sgg* UCN34 is able to
80 translocate epithelial barriers of human intestinal cells through a process involving a transient
81 and subtle opening of tight junctions.

82 **Pil3 pilus heterogeneity in *Sgg* is required for efficient bacterial translocation**

83 To gain further mechanistic insights about *Sgg* translocation across epithelial barriers, we
84 analyzed the possible contribution of the Pil3 pilus in this process. Caco-2 (**Fig. 3A**) and also
85 T84 (**Fig. S2B**) monolayers of cells were infected with *Sgg* UCN34 (WT), a Pil3⁺ variant and the
86 $\Delta pil3$ mutant for 2, 4, and 6h. WT *Sgg* was able to translocate these barriers at a rate of 5-10%.
87 In contrast, the otherwise isogenic Pil3⁺ variant and $\Delta pil3$ mutant were significantly impaired by
88 about 5-fold in this process as compared to WT UCN34. These results demonstrate that: i) the
89 Pil3 pilus is essential for *Sgg* translocation across intestinal barriers as the $\Delta pil3$ mutant is
90 unable to translocate and more surprisingly ii) that Pil3 pilus heterogeneity is also functionally
91 important since a highly expressing Pil3⁺ variant cannot translocate these cell monolayers. We
92 hypothesize that increased adherence of the Pil3⁺ variant at the apical surface of the cells
93 impaired bacterial translocation. Hence, it appears that a delicate balance in Pil3 expression is
94 important for efficient *Sgg* translocation. To test this hypothesis, we artificially mimicked the
95 expression levels of the Pil3 pilus in the natural *Sgg* UCN34 population (around 90% of Pil3_{low}
96 and 10% of Pil3_{high}). To achieve this, we mixed the $\Delta pil3$ mutant with PFA killed Pil3⁺ variant in a
97 proportion of 9:1, respectively. We then infected Caco-2 monolayers with this mixture and
98 observed the capacity of the live $\Delta pil3$ mutant to translocate (**Fig. 3B**). Interestingly, the
99 presence of fixed Pil3⁺ bacteria allowed the $\Delta pil3$ mutant to cross the Caco-2 monolayer with the
100 same efficiency as *Sgg* UCN34. These data demonstrate that heterogeneous expression of Pil3

101 in *Sgg* is crucial for efficient translocation across intestinal barriers. Furthermore, blocking
102 experiments were carried out in this experimental setting using specific antibodies against Pil3
103 (**Fig. 3C**). First, we showed that the addition of antibodies against both Pil3 subunits impaired
104 translocation of the $\Delta pil3$ mutant in the presence of PFA killed Pil3+ variant cells (**Fig. 3C**). The
105 Pil3 pilus is composed of a putative tip-located Pil3A adhesin and of a major Pil3B pilin subunit
106 constituting the backbone of the Pil3 filamentous structure. In order to demonstrate the specific
107 role of the Pil3A adhesin in *Sgg* translocation, antibodies against Pil3A were tested in the same
108 experimental setting and were shown to be sufficient to block translocation of the $\Delta pil3$ mutant
109 with PFA killed Pil3+ cells (**Fig. 3D**). As a control, we used a similar type of antibody raised
110 against Pil1 that did not prevent translocation of live $\Delta pil3$ mutant cells in the presence of PFA
111 killed Pil3+ bacteria. Altogether, these results demonstrate that heterogeneous expression of the
112 Pil3 pilus in the *Sgg* UCN34 is critical for its ability to translocate efficiently across tight epithelial
113 barriers, and that the paracellular opening process depends on Pil3A adhesin interaction with
114 one or several as yet unknown host cell receptor(s).

115

116 **DISCUSSION**

117 *S. gallolyticus subsp. gallolyticus* (*Sgg*) belongs to the *Streptococcus bovis/ Streptococcus*
118 *equinus* complex, a diverse group of streptococci that are commensals of the gut, opportunistic
119 pathogens and used in dairy product fermentation. *Sgg* is described as a weak colonizer of the
120 the gastrointestinal tract with a fecal carriage of about 2.5 to 15%. It is believed that under
121 certain specific physiological conditions such as development of colon malignancies, *Sgg* is able
122 to overgrow by benefiting from specific tumoral nutrients and outcompeting closely related
123 microbiota gut commensals (7, 8). This increase in *Sgg* load and the changes in the gut
124 intestinal barrier resulting from tumor development are suspected to favor *Sgg* translocation
125 across the tight intestinal barrier, which in turn can lead to invasive infections such as septicemia
126 and infective endocarditis (19, 20).

127 In this work, we investigated the ability of *S. gallolyticus subsp. gallolyticus* strain UCN34 to
128 translocate across intestinal barriers using Caco-2 and T84, two widely used model cell lines
129 derived from human colon adenocarcinoma. Our results are in perfect agreement with a
130 previous report by Boleij et al. showing that *Sgg* UCN34 could efficiently translocate across
131 polarized Caco-2 cells while the closely related non-pathogenic *S. gallolyticus subsp.*
132 *macedonicus* (*Sgm*) was not able to do so (3). Since *Sgm* does not possess any pili, we
133 hypothesized that that the Pil3 pilus could be involved in translocation. Pili have long been
134 considered important players in bacterial attachment to host tissues and their role in
135 translocation across intestinal epithelia was elucidated for GBS (17).

136 Here, we demonstrate that translocation of *Sgg* UCN34 across polarized intestinal cells is a Pil3-
137 dependent process. Indeed, the $\Delta pil3$ mutant was unable to translocate across Caco-2 and T84
138 monolayers. Expression of Pil3 in WT UCN34 is known to be heterogeneous at the population
139 level, with a majority of cells weakly piliated (90%) and a minority highly piliated (10%).
140 Interestingly we found that a Pil3+ variant homogeneously expressing high levels of Pil3 pilus is

141 unable to translocate intestinal barriers. This result suggested that heterogeneous expression of
142 Pil3 plays a key role in the translocation process. We were able to mimic this heterogeneity *in*
143 *vitro* by mixing live $\Delta pil3$ mutant cells with the PFA-killed Pil3+ variant. Both the $\Delta pil3$ and Pil3+
144 variants were unable to translocate the intestinal barrier alone. Strikingly, when combined in a
145 proportion similar to that found in the UCN34 WT population, about 9 $\Delta pil3$ for 1 Pil3+, we found
146 that the presence of Pil3+ variant cells allowed translocation of the $\Delta pil3$ mutant. Based on these
147 results we propose the following model to explain crossing of epithelial junctions by *Sgg*. Highly
148 pilated Pil3 bacteria in the UCN34 population interact with an unknown cell surface receptor, or
149 a component of the tight junctions, likely through the Pil3A adhesin, activating signaling
150 pathway(s) involved in regulation of epithelial cell junctions. This then leads to opening of cell
151 junctions allowing loosely bound bacteria with low Pil3 levels to pass in between adjacent cells.
152 This translocation occurs without major disruption of the epithelial junctions. As shown for Pil1,
153 this heterogeneity of Pil3 pilus expression can also mitigate host immune responses allowing
154 *Sgg* to more efficiently evade host intestinal immune defenses in the lamina propria and later in
155 the blood. Future studies will be aimed at investigating the identity of the Pil3A receptor on
156 polarized cell monolayers.

157

158 MATERIAL AND METHODS

159 *Cell cultures and bacterial strains*

160 Caco-2 and T84 cells were routinely grown in Dulbecco's Modified Eagle Medium (DMEM
161 GlutaMAX, pyruvate and 4.5 g/L D-glucose) supplemented with 10% heat-inactivated fetal
162 bovine serum (FBS). To obtain polarized Caco-2 and T84 monolayers, cells were trypsinized
163 and seeded on inverted 12 mm polycarbonate, 3 μm -pore, tissue culture inserts (Transwell
164 permeable support, Corning) at a density of 10^6 cells/cm². After incubation for 6 h at 37°C,
165 transwell inserts were placed back into the wells and supplemented with fresh media every two
166 days for 14 days. Trans Epithelial Resistance (TER) was measured with an Ohmmeter (Millicell-
167 ERS, Millipore) and paracellular permeability was measured using the nonionic macromolecular
168 tracer FITC-Dextran 4000 Da (Sigma). The cell medium in both compartments was removed.
169 The lower compartment (corresponding to the apical surface of the epithelium) was replaced
170 with RPMI without phenol red (Invitrogen) supplemented with FITC-dextran 4000 (5 mg/ml) and
171 the upper compartment (i.e. basolateral side) with RPMI without phenol red. After incubation for
172 1 h, the upper compartment was sampled and absorbance at 490 nm measured. *S. gallolyticus*
173 strains were grown at 37°C in Todd-Hewitt (TH) broth in standing filled flasks.

174 *Adherence assays*

175 Caco-2 and T84 cells were seeded at 3×10^5 cells ml⁻¹ in 24-well plates and incubated at 37°C
176 in 5% CO₂ until 100% confluence. Overnight cultures of *S. gallolyticus* strains were washed
177 once in PBS and resuspended in DMEM medium prior to infecting cells at a MOI of 10 bacteria
178 per cell. Bacteria added to confluent monolayers were centrifuged at 500 RPM $\approx 90g$ to
179 synchronize infections. After 2, 4, 6 h of incubation at 37°C under 5% CO₂ atmosphere,
180 monolayers were washed 4 times to remove non-adherent bacteria, cells were then lysed in cold
181 water and plated to count cell-associated bacteria. The percentage of adherence was calculated

182 as follows: (CFU on plate count / CFU in inoculum) X100. Assays were performed in triplicate
183 and were repeated in at least 3 independent experiments.

184 *Bacterial translocation assays*

185 Overnight cultures of *S. gallolyticus* were washed in PBS and resuspended at 1×10^8 CFU/ml in
186 pre-warmed DMEM. Cell monolayers were washed with DMEM and inverted in 6-well plates. 50
187 μ L of *Sgg* inoculum was then added to the apical side of the cells and incubated for 1h at 37°C
188 in 5% CO₂ atmosphere. The transwell inserts were placed back into the corresponding wells
189 and fresh culture media was added to both compartments. At each time point of infection, the
190 medium from the upper compartment was recovered for CFU determination and replaced by
191 fresh media to prevent bacterial planktonic growth. For the preparation of the artificial mixture,
192 *Sgg* Pil3+ cells were washed in PBS and fixed with 4% PFA for 20 min. Following fixation,
193 bacteria were washed 4 times in DMEM. We verified that no CFU could be recovered after this
194 treatment. Live $\Delta pil3$ mutant cells were then added to the PFA killed Pil3+ variant, a ratio of 9:1.
195 For the blocking experiments with antibodies directed against Pil3, a combination of antibodies
196 directed against the C- and N-terminal domains of Pil3A were added to the fixed Pil3+ variant
197 and preincubated for 30 min at room temperature. This mixture was then added to the live $\Delta pil3$
198 mutant for cell monolayer infection as indicated above.

199 *Confocal microscopy*

200 At 6 h post-infection, cell monolayers were washed once with PBS and then fixed with PFA 4%
201 for 10 min at room temperature. Monolayers were then washed three times with PBS and
202 subsequently quenched with Glycine 0.1M. For confocal microscopy, cells were permeabilized in
203 PBS-Triton-X100 0.2% for 10 min at 4°C. Cell monolayers were then incubated with anti-UCN34
204 polyclonal antibody at a 1:200 dilution (Covalab, France), to specifically label *S. gallolyticus*,
205 followed by incubation with secondary DyLight-488 conjugated goat anti-rabbit antibody (1:200).
206 In addition, the adherens junction protein E-cadherin was stained using an anti-E-cadherin

207 HECD-1 monoclonal antibody (Invitrogen) at 1:100 with subsequent incubation with the
208 secondary DyLight594 conjugated anti-mouse antibody (1:100). Finally, Hoechst 33342 (1:2000)
209 was added to visualize cell nuclei and Alexa Fluor 647 phalloidin (1:50) to detect the actin
210 cytoskeleton. Samples were mounted using ProLong Gold Antifade reagent and Z-stacks of 300
211 nm step size were acquired using a Leica TCS SP5 confocal microscope with a 63x oil objective.
212 Immunofluorescence images were analyzed using the Fiji software.

213

214

215 **Acknowledgments**

216

217 We sincerely thank Tarek Msadek for the critical reading of the manuscript. This work was
218 supported by the French Government's "Investissement d'Avenir" program Laboratoire
219 d'Excellence "Integrative Biology of Emerging Infectious Diseases" Grant ANR-10-LABX-62-
220 IBEID. Mariana Martins was funded by the PPU program and the ARC foundation.

REFERENCES

1. Vogkou CT, Vlachogiannis NI, Palaiodimos L, Kousoulis AA. 2016. The causative agents in infective endocarditis: a systematic review comprising 33,214 cases. *Eur J Clin Microbiol Infect Dis Off Publ Eur Soc Clin Microbiol* 35:1227–1245.
2. Hoen B, Chirouze C, Cabell CH, Selton-Suty C, Duchêne F, Olaison L, Miro JM, Habib G, Abrutyn E, Eykyn S, Bernard Y, Marco F, Corey GR, International Collaboration on Endocarditis Study Group. 2005. Emergence of endocarditis due to group D streptococci: findings derived from the merged database of the International Collaboration on Endocarditis. *Eur J Clin Microbiol Infect Dis Off Publ Eur Soc Clin Microbiol* 24:12–16.
3. Boleij A, Muytjens CMJ, Bukhari SI, Cayet N, Glaser P, Hermans PWM, Swinkels DW, Bolhuis A, Tjalsma H. 2011. Novel clues on the specific association of *Streptococcus gallolyticus* subsp *gallolyticus* with colorectal cancer. *J Infect Dis* 203:1101–1109.
4. Kwong TNY, Wang X, Nakatsu G, Chow TC, Tipoe T, Dai RZW, Tsoi KKK, Wong MCS, Tse G, Chan MTV, Chan FKL, Ng SC, Wu JCY, Wu WKK, Yu J, Sung JJY, Wong SH. 2018. Association Between Bacteremia From Specific Microbes and Subsequent Diagnosis of Colorectal Cancer. *Gastroenterology* 155:383-390.e8.
5. Kumar R, Herold JL, Schady D, Davis J, Kopetz S, Martinez-Moczygemba M, Murray BE, Han F, Li Y, Callaway E, Chapkin RS, Dashwood W-M, Dashwood RH, Berry T, Mackenzie C, Xu Y. 2017. *Streptococcus gallolyticus* subsp. *gallolyticus* promotes colorectal tumor development. *PLoS Pathog* 13:e1006440.
6. Kumar R, Herold JL, Taylor J, Xu J, Xu Y. 2018. Variations among *Streptococcus gallolyticus* subsp. *gallolyticus* strains in connection with colorectal cancer. *Sci Rep* 8:1514.
7. Aymeric L, Donnadieu F, Mulet C, du Merle L, Nigro G, Saffarian A, Bérard M, Poyart C, Robine S, Regnault B, Trieu-Cuot P, Sansonetti PJ, Dramsi S. 2018. Colorectal cancer specific conditions promote *Streptococcus gallolyticus* gut colonization. *Proc Natl Acad Sci U S A* 115:E283–E291.
8. Boleij A, Dutilh BE, Kortman GAM, Roelofs R, Laarakkers CM, Engelke UF, Tjalsma H. 2012. Bacterial responses to a simulated colon tumor microenvironment. *Mol Cell Proteomics MCP* 11:851–862.
9. Abdulmir AS, Hafidh RR, Abu Bakar F. 2011. The association of *Streptococcus bovis/gallolyticus* with colorectal tumors: the nature and the underlying mechanisms of its etiological role. *J Exp Clin Cancer Res CR* 30:11.
10. Zhang Y, Weng Y, Gan H, Zhao X, Zhi F. 2018. *Streptococcus gallolyticus* conspires myeloid cells to promote tumorigenesis of inflammatory bowel disease. *Biochem Biophys Res Commun* 506:907–911.
11. Rusniok C, Couve E, Da Cunha V, El Gana R, Zidane N, Bouchier C, Poyart C, Leclercq R, Trieu-Cuot P, Glaser P. 2010. Genome Sequence of *Streptococcus gallolyticus*: Insights into Its Adaptation to the Bovine Rumen and Its Ability To Cause Endocarditis. *J Bacteriol* 192:2266–2276.

12. Danne C, Entenza JM, Mallet A, Briandet R, Débarbouillé M, Nato F, Glaser P, Jouvion G, Moreillon P, Trieu-Cuot P, Dramsi S. 2011. Molecular characterization of a *Streptococcus gallolyticus* genomic island encoding a pilus involved in endocarditis. *J Infect Dis* 204:1960–1970.
13. Martins M, Aymeric L, du Merle L, Danne C, Robbe-Masselot C, Trieu-Cuot P, Sansonetti P, Dramsi S. 2015. *Streptococcus gallolyticus* Pil3 Pilus Is Required for Adhesion to Colonic Mucus and for Colonization of Mouse Distal Colon. *J Infect Dis* 212:1646–1655.
14. Martins M, Porrini C, du Merle L, Danne C, Robbe-Masselot C, Trieu-Cuot P, Dramsi S. 2016. The Pil3 pilus of *Streptococcus gallolyticus* binds to intestinal mucins and to fibrinogen. *Gut Microbes* 7:526–532.
15. Danne C, Dubrac S, Trieu-Cuot P, Dramsi S. 2014. Single Cell Stochastic Regulation of Pilus Phase Variation by an Attenuation-like Mechanism. *PLoS Pathog* 10:e1003860.
16. Soriani M, Santi I, Taddei A, Rappuoli R, Grandi G, Telford JL. 2006. Group B *Streptococcus* crosses human epithelial cells by a paracellular route. *J Infect Dis* 193:241–250.
17. Pezzicoli A, Santi I, Lauer P, Rosini R, Rinaudo D, Grandi G, Telford JL, Soriani M. 2008. Pilus backbone contributes to group B *Streptococcus* paracellular translocation through epithelial cells. *J Infect Dis* 198:890–898.
18. Dharmasathaphorn K, Madara JL. 1990. Established intestinal cell lines as model systems for electrolyte transport studies. *Methods Enzymol* 192:354–389.
19. Boleij A, Tjalsma H. 2013. The itinerary of *Streptococcus gallolyticus* infection in patients with colonic malignant disease. *Lancet Infect Dis* 13:719–724.
20. Pasquereau-Kotula E, Martins M, Aymeric L, Dramsi S. 2018. Significance of *Streptococcus gallolyticus* subsp. *gallolyticus* Association With Colorectal Cancer. *Front Microbiol* 9:614.

FIGURE LEGENDS

Fig. 1- Role of Pil3 pilus in the adherence of *Sgg* UCN34 to human colorectal cancer cells Caco-2. Adherence is presented as percentage of bacterial inoculum after 4h and 6h at 37°C at a multiplicity of infection of 10 bacteria per cell. Planktonic growth of the various *Sgg* strains in this cell medium was monitored and did not change during the infection period.

Fig. 2- Translocation of *Sgg* UCN34 across Caco-2 cells. A- Schematic representation of the infection process using inverted transwell system. The transwell inserts were washed, inverted and incubated for about 1h to allow bacterial attachment to the cells. Then the inserts were placed back into a new 6 well plate. At each time point of infection, the medium for the upper compartment was completely recovered for CFU quantification and replaced by fresh medium. B- Translocation of *Sgg* UCN34 across Caco-2 monolayer. Cells were infected for 2, 4 and 6 h with a multiplicity of infection of 10 bacteria per cell. Translocation values are relative to the inoculum and represent 5 independent experiments performed in duplicate. C- Visualization of *Sgg* UCN34 translocation using confocal microscopy. After 6 h of infection, Caco-2 monolayer were fixed, permeabilized and stained with a monoclonal antibody against E-cadherin (in red), A547 conjugated-phalloidin to visualize actin (purple), and Hoescht 33342 to reveal cells nuclei (cyan). Bacteria were detected with a specific polyclonal antibody raised against the whole bacterium (green). The upper panels show an YX view of the filter, whereas the lower panels show an YZ view. The arrows are pointing to UCN34. In the upper panels the scale bar represents 10 μm and in the yz planes 5 μm . Right panel: representative image from another independent experiment. The scale bar corresponds to 10 μm .

Fig 3. Bacterial translocation across Caco-2 monolayer is dependent on Pil3 pilus heterogeneous expression. A- UCN34, Pil3+ and $\Delta pil3$ translocation across Caco-2 monolayer

after 2 h, 4 h and 6 h of infection. B- translocation of a mix of 10:1 $\Delta pil3$ and fixed killed Pil3+ as compared to WT UCN34 and $\Delta pil3$ alone. C- inhibition of translocation with antibodies against Pil3. D- inhibition of translocation with specific antibodies directed against Pil3A adhesin but not with control antibodies directed against Pil1. Results are means \pm SD from 5 independent experiments performed in duplicate. Asterisks represent statistical differences relative to WT strain UCN34 with * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$ using two-way ANOVA with Bonferroni's post-test in GraphPad Prism version 5.

Supplementary Figures Legend

Fig. S1. Monitoring the epithelial integrity of Caco-2 monolayer. A- Permeability of the monolayer to 4 kDa- FITC fluorescent dextran added in the upper compartment at 5 mg/ml for 1h. B- Measurement of transepithelial resistance (TER) after various days of culture. C- Measurement of the TER at the beginning of infection (NI) and after 6h of infection with *Sgg* UCN34. Results are means \pm SD from 3 independent experiments performed in duplicate.

Fig. S2. Adhesion and translocation of *Sgg* across T84 epithelial monolayer. Adherence of UCN34, Pil3+ and $\Delta pil3$ is presented as percentage of bacterial inoculum after 4h and 6h at 37°C at a multiplicity of infection of 10 bacteria per cell. B- UCN34, Pil3+ and $\Delta pil3$ translocation across T84 monolayer after 2 h, 4 h and 6 h of infection. C- Monitoring of the epithelial integrity of T84 monolayers by permeability to 4 kDa FITC dextran and measurement of transepithelial resistance (TER) after various days of culture. D- Measurement of the TER at the beginning of infection (NI) and after 6h of infection with *Sgg* UCN34. Results are means \pm SD from 3 independent experiments performed in duplicate. Note that the transepithelial resistance of T84 cells is 10-fold higher than in Caco-2 cells reaching 3,000 ohms per square centimeter after 11 days of culture.

Figure 1

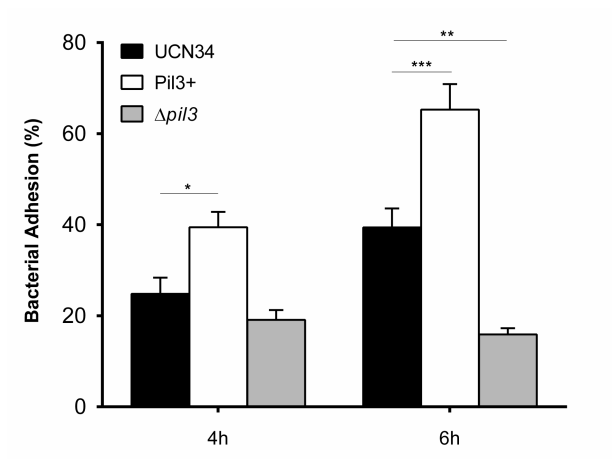


Figure 3

