1	Title: Identification of scavenger receptor B1 as the airway microfold cell receptor for
2	Mycobacterium tuberculosis
3	Authors: Haaris S. Khan ¹ , Vidhya R. Nair ¹ , Cody R. Ruhl ¹ , Samuel Alvarez-Arguedas ¹ , Jorge L.
4	Galvan Resendiz ¹ , Luis H. Franco ¹ *, Linzhang Huang ² , Philip W. Shaul ² , Ron B. Mitchell ³ and
5	Michael U. Shiloh ^{1,4**} .
6	Affiliations:
7	¹ Department of Internal Medicine, University of Texas Southwestern Medical Center, Dallas, TX.
8	² Center for Pulmonary and Vascular Biology, Department of Pediatrics, University of Texas
9	Southwestern Medical Center, Dallas, TX.
10	³ Department of Otolaryngology, University of Texas Southwestern Medical Center, Dallas, TX.
11	⁴ Department of Microbiology, University of Texas Southwestern Medical Center, Dallas, TX.
12	*Present address: Luis H. Franco, Federal University of Minas Gerais, Belo Horizonte, Minas
13	Gerais, Brazil
14	**Correspondence to: Michael.Shiloh@UTSouthwestern.edu
15	Abstract: Mycobacterium tuberculosis (Mtb) can enter the body through multiple routes,
16	including via specialized transcytotic cells called microfold cells (M cell). However, the
17	mechanistic basis for M cell entry remains undefined. Here, we show that M cell transcytosis
18	depends on the Mtb Type VII secretion machine and its major virulence factor EsxA. We identify
19	scavenger receptor B1 (SR-B1) as an EsxA receptor on airway M cells. SR-B1 is required for Mtb
20	binding to and translocation across M cells in mouse and human tissue. Together, our data
21	demonstrate a previously undescribed role for Mtb EsxA in mucosal invasion and identify SR-B1
22	as the airway M cell receptor for Mtb.

23 Running title: SR-B1 is an airway M cell receptor for Mtb EsxA

Introduction 24

Mycobacterium tuberculosis (Mtb), the causative agent of tuberculosis (TB), latently 25 infects roughly one-third of the world's population and causes 1-2 million deaths per year. The 26 current paradigm of acute infection is that after an actively infected person aerosolizes infectious 27 28 Mtb-containing particles, a naïve individual inhales the bacteria that then traverse the respiratory tree to ultimately be phagocytosed by alveolar macrophages (Churchvard et al., 2017; Cohen et 29 al., 2018). While this model can account for pulmonary TB, it is insufficient to explain some 30 31 extrapulmonary forms of TB initiated by oropharyngeal infection and lacking evidence of concurrent pulmonary disease. For example, a disease known as tuberculous cervical 32 lymphadenopathy, or scrofula, represents 10% of all new cases of TB, and frequently manifests 33 without lung involvement (Fontanilla et al., 2011). Because the oropharynx and upper airway 34 lymphatics drain to the cervical lymph nodes, while the lower airway lymphatics drain to the 35 mediastinal lymph nodes, infection of the cervical lymph nodes by Mtb may not involve the lower 36 airways. Indeed, in the infamous "Lübeck Disaster" where hundreds of infants and children were 37 accidentally orally administered Mtb instead of the attenuated BCG vaccine, the majority 38 39 developed lymphatic and oropharyngeal TB rather than pulmonary TB (Fox et al., 2016), highlighting how inoculation via the oropharyngeal route can cause extrapulmonary disease. 40

41 One potential explanation for the development of lymphatic TB centers upon the mucosa-42 associated lymphoid tissue (MALT) (Brandtzaeg et al., 2008). Specialized epithelial cells known as M cells overlie the MALT and are able to translocate luminal material to basolateral antigen 43 presenting cells located immediately beneath the M cell (Kimura, 2018). In this way, M cells can 44

45 initiate an immune response to pathogens or material found within the lumen (Nakamura et al.,46 2018).

Since their initial discovery overlying Peyer's patches of the gastrointestinal tract. M cells 47 have been identified at other mucosal sites. Within the respiratory tract, M cells have been found 48 in the upper and lower airways of both mice and humans (Fujimura, 2000; Kim et al., 2011; Kimura 49 50 et al., 2019). M cells express a number of pattern recognition receptors (PRRs) (Mabbott et al., 2013). The majority of these M cell receptors have been identified on gastrointestinal M cells, 51 while receptor expression by airway microfold cells is less will understood. Some PRRs on 52 gastrointestinal M cells function in bacterial recognition and translocation. For example, the 53 cellular prion protein (PrP(C)), a receptor for Brucella abortus, is necessary for B. abortus 54 translocation (Nakato et al., 2012). Similarly, glycoprotein 2 (GP2) expressed on the apical surface 55 of gastrointestinal M cells recognizes FimH, a component of the type I pili found on both 56 commensal and pathogenic bacteria (Hase et al., 2009). Loss of either the host receptor GP2 or the 57 58 bacterial ligand FimH diminishes bacterial translocation through M cells, reducing the immune response to these antigens and bacteria within Peyer's patches (Hase et al., 2009). 59

We previously demonstrated that Mtb uses airway M cells as a portal of entry to initiate 60 61 infection (Nair et al., 2016). We hypothesized that Mtb may produce a bacterial effector to mediate this process, and that, similar to receptors for Gram-negative bacteria in the gastrointestinal tract 62 63 (Hase et al., 2009), airway M cells may also encode an Mtb receptor. Here we show that Mtb 64 requires the type VII secretion system for translocation in vitro and in vivo. The type VII secretion system effector EsxA is sufficient to mediate this process in vitro through binding to scavenger 65 receptor class B type I (SR-B1). SR-B1 is enriched on mouse and human M cells both in vitro and 66 67 in vivo. Loss of SR-B1 reduces EsxA and Mtb binding to M cells, and prevents Mtb translocation

68	through M cells in vitro. Using a newly developed explanted human adenoid model, we
69	demonstrate robust expression of SR-B1 on primary human M cells. Finally, we show that Mtb
70	infects primary human M cells on adenoids in a type VII secretion system dependent manner.
71	Taken together, our findings indicate that the interaction of Mtb EsxA with M cell SR-B1 allows
72	Mtb to traverse the airway mucosa to initiate infection.
73	
74	Results
75	The Mtb type VII secretion system mediates Mtb binding to and translocation through M
76	cells in vitro
77	Mtb encodes several protein secretion systems important for bacterial virulence (Feltcher
78	et al., 2010). One of the type VII secretion systems (T7SS) of Mtb, contained within the region of
79	difference 1 (RD1) locus of Mtb (Behr et al., 1999), secretes virulence factors including EsxA and
80	EsxB (CFP-10) (Stanley et al., 2003) (Fig. 1A). We hypothesized that the Mtb T7SS might
81	facilitate M cell translocation because the T7SS machine interacts directly with eukaryotic
82	membranes (Augenstreich et al., 2017), EsxA can be identified on the mycobacterial cell surface
83	(Kinhikar et al., 2010), and EsxA may directly bind several cell surface receptors (Kinhikar et al.,
84	2010; Sreejit et al., 2014). To test if the Mtb T7SS was required for bacterial binding to and
85	translocation across M cells, we used a human airway M cell transwell model we developed
86	previously (Nair et al., 2016). Such transwells combine 16-HBE cells (Cozens et al., 1994) in the
87	apical compartment of a transwell and Raji B cells in the basolateral compartment in order to
88	mimic the organization of MALT and to enhance M cell formation (Kerneis et al., 1997; Nair et
89	al., 2016). HBE cells cultured alone form a homogenous, polarized monolayer (hereafter called
90	"control") while coculture with Raji B cells induces some HBE cells to differentiate into M cells

91 (hereafter called "HBE/Raji B") (Nair et al., 2016). We used the Mtb∆eccD1 strain, which lacks the inner membrane pore required for assembly of and protein secretion by the T7SS (Fig. 1A) 92 (Abdallah et al., 2007). To test if the Mtb T7SS was necessary for M cell binding, we incubated 93 transwells with either mCherry expressing wild-type Mtb (WT Mtb) or mCherry expressing 94 MtbAeccD1 at 4°C to prevent bacterial entry or translocation and analyzed surface binding by 95 96 confocal microscopy and quantification of colony-forming units (CFU) (Fig. 1B-D). Consistent with our prior data (Nair et al., 2016), significantly more WT Mtb bound HBE/Raji B transwells 97 98 (containing M cells) than control transwells by both microscopy (Fig. 1B,C) and CFU (Fig. 1D). 99 However, binding was greatly reduced for the Mtb∆eccD1 strain (Fig. 1B-D).

100 To test if the Mtb T7SS is necessary to facilitate mycobacterial translocation across M cells, we infected the apical chamber of transwells with either WT Mtb or MtbAeccD1 and 101 measured translocation to the basal compartment. As we reported previously(Nair et al., 2016), 102 103 WT Mtb translocated across HBE/Raji B transwells to a greater extent than control transwells, while the translocation of the Mtb $\triangle eccD1$ strain was significantly reduced (Fig. 1E). Importantly, 104 the transepithelial electrical resistance (TEER), a measure of epithelial monolayer integrity 105 (Srinivasan et al., 2015), was stable during the experiment (Fig. 1F). To further verify that Mtb 106 T7SS is required for bacterial translocation across M cells in vitro, we also utilized an established 107 108 model of M cell differentiation where Caco-2 cells, a human colonic epithelial cell line, are 109 cultured with Raji B transwells to induce M cell differentiation (Nair et al., 2016). Similar to HBE/Raji B transwells, we observed that Mtb translocated across Caco-2/Raji B transwells in a 110 111 T7SS dependent manner (Fig. 1G). Taken together, these data show that the Mtb T7SS is necessary for both binding to and translocation across M cells in vitro. 112

- 113
- EsxA is sufficient to mediate binding to and translocation across M cells in vitro

114	Two of the most abundant T7SS secreted proteins are EsxA and EsxB; therefore, we
115	hypothesized that one of these proteins might mediate Mtb binding and translocation. We
116	conjugated recombinant EsxA, EsxB, or glycine (as a control) to fluorescent beads, added the
117	beads to the apical chamber of transwells, and quantified bead translocation to the basal
118	compartment by flow cytometry. EsxA-beads but not control beads translocated across HBE/Raji
119	B transwells (Fig. 2A) without disrupting the epithelial monolayer (Fig. 2B). EsxA-beads, but not
120	EsxB-beads or control beads, also translocated across Caco-2/Raji B transwells (Fig. 2C).
121	To test if the ability of EsxA to mediate translocation was due to direct EsxA binding to M
122	cells, we incubated transwells with recombinant EsxA and performed immunofluorescence
123	microscopy using antibodies against EsxA and a1,2-fucose (NKM 16-2-4; a marker for M cells
124	(Nair et al., 2016; Nochi et al., 2007)) (Fig. 2D). While both groups of transwells had equal number
125	of nuclei per field (Fig. 2E), HBE/Raji B transwells had more NKM 16-2-4 positive M cells
126	compared to control transwells (Fig. 2F). We detected robust EsxA binding to M cells on HBE/Raji
127	B transwells (Fig. 2D,G-H). Similar results were observed using an antibody against Sialyl Lewis ^A
128	(SLA), a different M cell marker (Giannasca et al., 1999; Nair et al., 2016) (Supp. Fig. 1). Taken
129	together, these data demonstrate that EsxA directly binds the M cell surface and is sufficient to

130 mediate translocation across M cells when conjugated to inert beads.

131 Scavenger receptor class B type 1 binds EsxA and is expressed on M cells in vitro

Because EsxA bound directly to the surface of M cells, we hypothesized that EsxA may engage a cell surface receptor. To affinity purify cell surface binding proteins we performed a modified co-immunoprecipitation experiment using either EsxA or transferrin crosslinked to the TriCEPS reagent, a molecule that allows for the covalent cross-linking of a ligand and its receptor

(Tremblay and Hill, 2017). We used Caco-2 cells for this experiment as they have been used 136 extensively as a model for M cells in vitro (Tyrer et al., 2006) and because Caco-2/Raji B 137 transwells behaved similarly to HBE/Raji B transwells in Mtb and EsxA translocation (Fig. 1E.G 138 and Fig. 2A,C). Using this approach, we identified the interaction between transferrin (TRFE) and 139 the transferrin receptor (TFR1) (Fig. 3A, blue peptides), proving the validity of this system. When 140 141 cells were treated with EsxA, peptides for two proteins, apolipoprotein E (ApoE) and scavenger receptor class B type I (SR-B1) were enriched (Fig. 3A, red peptides). Because ApoE is a soluble 142 protein (Huang and Mahley, 2014) while SR-B1 is a known cell surface molecule, we focused on 143 144 SR-B1. For further verification, we performed a co-immunoprecipitation/biotin transfer experiment without the TriCEPS reagent. After incubation with biotinylated EsxA, completion of 145 the biotin transfer assay, and subsequent immunoprecipitation with streptavidin-coated beads, 146 western blotting with an anti-SR-B1 antibody detected a 130 kD band likely reflecting a heavily 147 glycosylated SR-B1 isoform (Zanoni et al., 2016), along with a fainter band at approximately 55 148 kD consistent with the non-glycosylated SR-B1 protein (Fig. 3B). 149

We next determined if SR-B1 expression is specific for M cells or ubiquitously expressed by epithelial cells. We quantified colocalization of SR-B1 and NKM 16-2-4 by immunofluorescence microscopy in control and HBE/Raji B transwells (Fig. 3C-F). While there was no difference in the number of nuclei per field on the transwells (Fig. 3C), SR-B1 expression was higher on HBE/Raji B transwells (Fig. 3C,E) and the majority of the SR-B1 positive cells were M cells (Fig. 3C,F). Taken together, we identify SR-B1 as a candidate EsxA receptor expressed on M cells in vitro.

157 Genetic disruption of SR-B1 limits EsxA binding to M cells

158	We next investigated whether SR-B1 is required for EsxA binding to M cells. We
159	transduced HBE cells with non-targeting (NT) or SR-B1 shRNA and observed a robust knock-
160	down of SR-B1 in HBE cells transduced with the SR-B1 shRNA as compared to the NT shRNA
161	(Fig. 4A). HBE/Raji B transwells constructed from these cells had a similar number of M cells
162	comparing NT and SR-B1 shRNA transwells (Fig. 4B,C) and SR-B1 shRNA transwells showed a
163	reduction in SR-B1 expression by immunofluorescence microscopy (Fig. 4B,D). Loss of SR-B1
164	reduced the number of EsxA positive cells on HBE/Raji B SR-B1 shRNA transwells (Fig. 4B,E).
165	Additionally in HBE/RajiB NT shRNA transwells, the majority of EsxA positive cells were SR-
166	B1 positive (Fig. 4B,F), suggesting that EsxA preferentially bound SR-B1 expressing M cells.
167	Taken together, we identify SR-B1 as necessary for EsxA binding to M cells.

168

Genetic disruption of SR-B1 reduces both Mtb binding to and translocation across M cells

To determine the role of SR-B1 in Mtb binding to M cells, we incubated HBE/Raji B 169 transwells expressing NT or SR-B1 shRNAs with mCherry Mtb at 4°C for 1 hr and analyzed 170 171 binding by confocal microscopy and CFU (Fig. 4G-I). Loss of SR-B1 greatly reduced the number of bacteria bound to the HBE/Raii B transwells as determined by confocal microscopy (Fig. 4G,H) 172 and by quantification of CFU (Fig. 4I). To determine the role of SR-B1 in Mtb translocation by M 173 cells, we infected HBE/Raji B transwells expressing NT or SR-B1 shRNAs with Mtb in the apical 174 compartment and measured translocation to the basal compartment. As expected from the reduced 175 bacterial binding (Fig. 4G-I), loss of SR-B1 also greatly reduced Mtb translocation in the HBE/Raji 176 B transwells at 37°C (Fig. 4J) with no impact on the TEER (Fig. 4K). The reduced ability of Mtb 177 to translocate across HBE/Raji B transwells expressing SR-B1 shRNA was not due to any intrinsic 178 179 defect in translocation caused by SR-B1 deficiency as another airway pathogen, Pseudomonas aeruginosa, was able to translocate equally across NT and SR-B1 shRNA HBE/Raji B transwells 180

(Fig. 4L). Of note, *P. aeruginosa* does not encode a T7SS or EsxA homologue, suggesting that its
 translocation across M cells depends on unique bacterial and host factors. We thus conclude that
 SR-B1 is essential for the binding and translocation of Mtb via M cells in a process requiring the
 effector EsxA.

185

The Mtb type VII secretion system is necessary for Mtb translocation in mice

M cells are found in the upper and lower airways of mice and humans (Fujimura, 2000; 186 Mutoh et al., 2016; Nair et al., 2016; Teitelbaum et al., 1999). We therefore determined if SR-B1 187 was expressed preferentially by primary M cells as compared to other epithelial cells using 188 189 immunofluorescence microscopy. Mouse nasal-associated lymphoid tissue (NALT), a region enriched for M cells (Mutoh et al., 2016; Nair et al., 2016; Park et al., 2003), demonstrated robust 190 191 SR-B1 staining on the surface of NKM 16-2-4 positive cells (Fig. 5A). Importantly, we did not observe SR-B1⁺/NKM 16-2-4⁻ cells, demonstrating that SR-B1 is specific for M cells in the NALT 192 epithelia in vivo. 193

We and others previously demonstrated that NALT and airway M cells are a portal of entry 194 195 for Mtb in mice (Nair et al., 2016; Teitelbaum et al., 1999). To determine if the Mtb T7SS is 196 necessary for bacterial translocation in vivo, we performed NALT infections (Nair et al., 2016) with Mtb $\Delta eccD1$ or Mtb $\Delta esxA$. In both Mtb mutant strains the T7SS machine fails to assemble 197 (Abdallah et al., 2007) thereby preventing T7SS-dependent virulence factor secretion. We infected 198 mice intranasally with WT Mtb, MtbAeccD1 (Fig. 5B), or MtbAesxA (Fig. 5C) and enumerated 199 200 CFU from draining cervical lymph nodes 7 days post-infection (Nair et al., 2016). Both the MtbAeccD1 and MtbAesxA strains had 1.0-1.5 log fewer bacteria compared to WT Mtb in the 201 cervical lymph nodes. This degree of attenuation was not observed when we infected mice 202

intranasally with a Cor deficient strain of Mtb (Mtbcor::Tn7) that is also attenuated in vivo 203 (Zacharia et al., 2013) (Supp. Fig. 2). Taken together, these data demonstrate that the lower CFU 204 recovered from cervical lymph nodes of mice infected with T7SS mutant Mtb strains may be due 205 to reduced translocation across M cells. 206

207

Human adenoid M cells express SR-B1

Because TB is a human disease, we tested if primary human M cells can serve as a portal 208 of entry for Mtb. The human adenoid is a MALT structure that contains M cells interspersed among 209 the overlying epithelial cells (Fujimura, 2000). We first demonstrated that human adenoids contain 210 SR-B1 positive M cells by immunofluorescence microscopy (Fig. 5D), similar to our observations 211 from mouse NALT. We confirmed the presence of M cells in human adenoids by flow cytometry 212 213 (Supp. Fig. 3 for gating strategy) and observed that approximately 10% of the adenoid cells were EpCAM⁺/NKM⁻ epithelial cells, while about 1% of the cells were EpCAM⁺/NKM⁺ double positive 214 M cells (Fig. 5E). When we analyzed SR-B1 expression using flow cytometry, we observed that 215 approximately 20% of primary human M cells (marked as EpCAM⁺/NKM⁺ cells) were SR-B1 216 positive as compared to less than 2% of the other epithelial cells (EpCAM+/NKM⁻) (Fig. 5F). 217 verifying our observation that SR-B1 is expressed predominately by M cells in vivo. 218

Human adenoid M cells are a portal of entry for Mtb 219

To determine if primary human M cells can be a route of entry for Mtb, we infected human 220 221 adenoids with GFP+ Mtb and quantified the number of GFP⁺ Mtb EpCAM⁺/NKM⁺ M cells versus GFP⁺ Mtb EpCAM⁺/NKM⁻ epithelial cells by flow cytometry (Fig. 5G, Supp. Fig. 4 for gating 222 strategy). The number of GFP⁺ Mtb containing EpCAM⁺/NKM⁺ M cells cells ranged from 0.1-8% 223 while we were unable to identify any GFP⁺ Mtb containing EpCAM⁺/NKM⁻ epithelial cells, 224

suggesting that M cells were a preferred route of entry for Mtb in adenoids. Finally, we determined the role of the Mtb T7SS in Mtb entry into adenoid M cells. We infected adenoids with GFP⁺ WT Mtb or GFP⁺ Mtb Δ *eccD1* and observed more GFP⁺/EpCAM⁺/NKM⁺ cells after infection with WT Mtb as compared to Mtb Δ *eccD1* (Fig. 5H). Taken together, we conclude that Mtb can enter via mouse NALT and human adenoid M cells in a T7SS dependent manner.

230 Discussion

In this work, we used in vitro and in vivo M cell models to demonstrate a mucosal 231 232 interaction between Mtb EsxA and the cell surface protein SR-B1. EsxA, a protein secreted through the T7SS, bound M cells in vitro, was sufficient to mediate M cell translocation by inert 233 beads and was necessary for Mtb translocation in vitro. Furthermore, the T7SS was necessary for 234 235 Mtb translocation in a mouse mucosal infection model. Primary human airway M cells internalized Mtb in a T7SS dependent manner, indicating that this process is relevant for human disease. 236 Finally, SR-B1 was enriched on M cells and served as a receptor for Mtb EsxA to mediate Mtb 237 translocation. Together, our data demonstrate a previously undescribed role for Mtb EsxA in 238 mucosal invasion and identify SR-B1 as the airway M cell receptor for Mtb. 239

EsxA has previously been implicated as a secreted pore-forming molecule (Smith et al., 240 2008), though this activity has recently been questioned (Conrad et al., 2017). In our experiments 241 utilizing recombinant EsxA we also did not observe pore formation or epithelial damage. This 242 could be due to the relatively short amount of time we incubated EsxA with our transwells for 243 binding or translocation experiments. Alternatively, the pore forming properties of EsxA may only 244 occur when the protein is in low pH conditions, such as in the lysosome. Thus, EsxA may directly 245 246 interact with M cell SR-B1 in a cell contact dependent manner (Conrad et al., 2017), leading to SR-B1 receptor mediated internalization similar to its function in both hepatitis C virus and 247

248*Plasmodium vivax* uptake (Heo et al., 2006; Manzoni et al., 2017). Though SR-B1 has not been249previously identified as an EsxA receptor, prior studies have found other host proteins that interact250with EsxA, including laminin (Kinhikar et al., 2010), β 2 microglobulin (Sreejit et al., 2014), and251TLR-2 (Pathak et al., 2007). We did not identify these proteins in our affinity purification assay, a252discrepancy possibly related to the cell types used for binding experiments.

253 In mice, we observed that Mtb lacking the T7SS had a greatly reduced ability to disseminate from mouse NALT to the cervical lymph nodes, potentially due to a reduced ability 254 to translocate across M cells. A possible alternate interpretation for this result centers on the 255 256 observation that T7SS deficient strains of Mtb are attenuated in vivo and in macrophages (Stanley et al., 2003). Thus, the reduced CFU recovered from draining lymph nodes could represent a 257 macrophage survival defect for the T7SS deficient strains. However, when we used a different 258 attenuated Mtb strain for NALT infection, we observed normal dissemination to the draining 259 lymph nodes. We therefore propose that the reduced CFU recovered from cervical lymph nodes 260 of mice infected with T7SS-deficient Mtb is not simply due to an attenuation defect within 261 macrophages. Consistent with this interpretation, the markedly reduced translocation of T7SS-262 deficient Mtb across M cells in vitro and into explanted human adenoids ex vivo, in the absence 263 264 of an innate immune response and over a very short time course, indicates that the T7SS is required for translocation across M cells. 265

SR-B1 has been well characterized as a high-density lipoprotein receptor involved in cholesterol uptake (Shen et al., 2018). It has also been shown that SR-B1 binds several bacterial molecules, including lipopolysacharide and lipoteicheic acid produced by Gram-negative and Gram-positive bacteria respectively (Bocharov et al., 2004). Although direct interaction of EsxA and SR-B1 has not previously been shown, SR-B1 has been reported as a receptor for mycobacteria

271 (Philips et al., 2005; Schafer et al., 2009), primarily in macrophages (Stamm et al., 2015). However, when SR-B1^{-/-} mice were infected with Mtb via the aerosol route, there was no 272 difference in bacterial replication, granuloma size, cytokine secretion, or survival within the first 273 four months post-infection compared to wild-type mice (Schafer et al., 2009). Based on our current 274 data and previous results showing improved mouse survival during aerosol Mtb infection when M 275 276 cells are reduced (Nair et al., 2016), we predict that loss of M cell SR-B1 should reduce bacterial dissemination from the airway and enhance mouse survival. SR-B1^{-/-} mice experience defective 277 intrauterine and post-natal development and as a result are not born at normal Mendellian ratios 278 279 (Santander et al., 2013). In addition, they manifest increased serum HDL, cardiovascular defects and altered adrenal hormones (Trigatti et al., 1999), making them incompatible with such a study. 280 Likewise, mice expressing an M-cell specific Cre have not been reported, preventing analysis of 281 SR-B1 function exclusively in M cells. 282

Adenoid M cells may serve as a portal of entry for Mtb, with significant implications for 283 Mtb pathogenesis in humans. Because respiratory MALT is more abundant in children than adults 284 (Tschernig and Pabst, 2000) and M cells are a key component of MALT (Corr et al., 2008), we 285 propose that the increased incidence of extrapulmonary TB in children (Yang et al., 2004) is due 286 287 to M cell mediated translocation. Interestingly, there was significant variation in M cell entry in human adenoids, which could relate to polymorphisms in SR-B1 or differences in SR-B1 288 expression by M cells. We speculate that M cell invasion may be a common phenomenon for other 289 290 pathogens that invade via the airway, including Bacillus anthracis, Streptococcus pneumonia or Streptococcus pyogenes, and such pathogens may also utilize M cell receptors for entry. 291

In conclusion, we demonstrate that M cells are a portal of entry for Mtb in vitro, in mouse NALT, and in human adenoids. Utilizing mouse models and in vitro models, we identify EsxA

294	and SR-B1 as a molecular synapse required for Mtb translocation across M cells in vitro and in
295	vivo in both mice and humans. A greater understanding of the role of airway M cells in the context
296	of infection by Mtb or other respiratory pathogens will yield insight into novel pathways with
297	potential for new vaccine candidates or therapeutics.

298

299 Materials and Methods:

Bacterial strains and Media

301 *M. tuberculosis* Erdman, *M. tuberculosis* Erdman $\Delta eccD1$ (Stanley et al., 2003), *M.* 302 *tuberculosis* Erdman $\Delta esxA$ (Stanley et al., 2003), *M. tuberculosis* Erdman *cor:Tn7* (Zacharia et 303 al., 2013) were grown in Middlebrook 7H9 medium or on Middlebrook 7H11 plates supplemented 304 with 10% oleic acid-albumin-dextrose-catalase. Tween 80 (Fisher T164-500) was added to liquid 305 medium to a final concentration of 0.05%.

306 Cell culture

The human colorectal adenocarcinoma cell line Caco-2 (HTB-37) and human Burkitt 307 lymphoma cell line Raji B (CCL-86) were obtained from ATCC (Manassas, VA, USA). 308 16HBE14o- cells (Forbes et al., 2003) were provided by Dieter Gruenert (University of California, 309 310 San Francisco). Caco-2 or HBE cells were grown in DMEM (Gibco 11965092) supplemented with 20% fetal bovine serum (Gibco 26140079), 50 units/mL penicillin (Gibco 15140122), 50 µg/mL 311 streptomycin (Gibco 15140122), 2 mM L-glutamine (Gibco 25030081), 1% sodium pyruvate 312 313 (Gibco 11360070), 1% non-essential amino acids (Gibco 11140050), and 1 mM HEPES (Hyclone SH30237.01). Raji B cells were grown in DMEM supplemented with 20% FBS and 2 mM L-314 315 glutamine. In order to generate stable knock-down lines of SR-B1, HBE cells were transduced 316 with lentivirus containing the appropriate shRNA cloned into pLKO.1 (Addgene 10878) as

described previously (Huang et al., 2019). Transduced cells were selected with puromycin (Sigma Aldrich P8833-10MG) and surviving cells were maintained in puromycin for three additional
 passages.

Tissue bilayer model

 3×10^5 Caco-2 or HBE cells in 1 mL of media were plated in the upper chamber of a 3 μ m 321 transwell insert (Corning 3462). For Raji B treated transwells, 5 x 10⁵ Raji B cells in 2 mL of 322 media were added to the basal compartment, thereby inducing some of the overlying epithelial 323 cells to differentiate into M cells. For control transwells, 2 mL of media alone were added to the 324 basal chamber, leading to little to no M cell differentiation. 1 mL of media in the upper chamber 325 and 1 mL of media in the bottom chamber were aspirated daily and replaced with 1 mL of fresh 326 media. The transwells were maintained at 37°C for 2 weeks or until the transepithelial electrical 327 resistance was greater than 350Ω . 72 hours prior to infection, transwells were cultured in media 328 lacking antibiotics. Transwell media was changed approximately 2 hours prior to infection. 329

In vitro Mtb infection

Liquid cultures of Mtb were grown until mid-log phase, washed three times with PBS, and centrifuged and sonicated to remove clumps. Bacteria were then resuspended in DMEM + 20% fetal bovine serum. For translocation assays, bacterial inoculum was added to the upper chamber of the transwell at a MOI of 5:1 and media from the basal compartment was sampled after 60 minutes. The samples were then plated on 7H11 agar plates and maintained in a 37°C incubator for 3 weeks to allow for colony formation.

337 **Protein expression and purification**

338 gBlocks (IDT) encoding Mtb EsxA or EsxB were first cloned into the pENTR entry vector 339 (Thermo K240020) then subcloned into the pDest17 destination vector (Thermo 11803012;

Thermo 11791020) using Gateway cloning (Invitrogen) per the manufacturer's protocol. The 340 resulting vectors were cloned into the BL21 strain of E. coli (NEB C2527I) for protein expression. 341 1 L of bacterial culture was grown to an OD600 of 0.6, induced with 1 mM IPTG (Promega V3955) 342 at 37°C for 3 hours, and centrifuged at 3500 rpm for 15 minutes at 4°C to yield a bacterial pellet. 343 The bacterial pellet was then resuspended in 15 mL of resuspension buffer (50 mM sodium 344 345 phosphate, 500 mM NaCl, pH 7.4) with one tablet of EDTA-free protease inhibitor (Roche 11836170001). Bacteria were lysed by sonication and centrifuged at 11200 rpm for 15 minutes at 346 4°C. The resulting pellet was resuspended in 20 mL of 8 M urea in resuspension buffer and 347 incubated for 2 hours at room temperature with gentle agitation. The protein slurry was again 348 centrifuged at 11200 rpm for 15 minutes at 4°C and the resulting supernatant was incubated with 349 cobalt TALON affinity resin (Clontech 635503) for 2 hours at room temperature. Resin was 350 washed with 8 M urea in resuspension buffer and EsxA or EsxB was eluted with 150 mM 351 imidazole and 8 M urea in resuspension buffer. The eluate was dialyzed overnight using a Slide-352 a-Lyzer dialysis cassette (Thermo 66203) against 10 mM ammonium bicarbonate. The dialyzed 353 sample was again incubated with cobalt TALON affinity resin for 2 hours at room temperature. 354 Resin was subsequently washed with 10 mM Tris-HCl pH 8.0, 0.5% ASB-14 (Sigma A1346-1G) 355 356 in 10 mM Tris-HCl pH 8.0, and 10 mM Tris-HCl pH 8.0. EsxA or EsxB was eluted with 150 mM imidazole in PBS, dialyzed overnight against PBS, and stored at 4°C. 357

358

Tissue bilayer immunofluorescence microscopy

In order to image binding of Mtb to transwells, mCherry Mtb was grown until mid-log phase, washed, and centrifuged and sonicated to remove clumps. The bacterial inoculum was added to the upper chamber of the transwell at a MOI of 5:1 for 2 hours at 4°C with gentle agitation every 15 minutes. Transwells were gently washed and fixed with 4% paraformaldehyde in PBS at

4°C for one hour. Transwell inserts were stained with DAPI (Thermo D1306), excised using a 363 blade, mounted on microscope slides using Prolong Gold antifade reagent (Invitrogen P36390) 364 and imaged using an AxioImager MN microscope (Zeiss). In order to image binding of EsxA to 365 transwells, EsxA was expressed and purified as described above. EsxA was then biotinylated by 366 the Sulfo-SBED reagent (Thermo 33033) per manufacturer's instructions and excess reagent was 367 368 removed using PD-10 desalting columns (GE Healthcare 17-0851-01). Transwells were then incubated with 1.5 µM EsxA in HBSS for 2 hours at 4°C with gentle agitation, washed, and 369 exposed to UV light for 30 minutes at room temperature to allow for cross-linking. Transwells 370 371 were then fixed with 4% paraformaldehyde in PBS for 15 minutes at room temperature, blocked with 10% donkey serum (Sigma D9663-10ML) in PBS for three hours at room temperature, and 372 incubated with a 1:100 dilution of rabbit anti-SR-B1 antibody (Abcam 52629) in 2% donkey serum 373 in PBS overnight at 4°C. The following day, transwells were washed and incubated with a 1:100 374 dilution of PE-conjugated rat NKM 16-2-4 (Miltenyi 130-102-150), a 1:500 dilution of an 375 AlexaFluor 647 conjugated donkey-anti-rabbit secondary antibody (Thermo A-31573), and a 376 1:500 dilution of AlexaFluor 488 conjugated streptavidin (Jackson 016-540-084) for 1 hour at 377 room temperature. Transwells were then washed, stained with DAPI, excised with a blade, 378 379 mounted, and imaged as described above.

380

0 Microsphere conjugation and translocation

Microspheres were conjugated to protein as per instructions (Polylink 24350-1). Briefly, 12.5 mg of microspheres were centrifuged and washed twice in coupling buffer. Microspheres were then incubated with an EDAC/coupling buffer solution to activate the microspheres. 200 µg of protein is added to the beads, thereby allowing for covalent binding of the protein to the microspheres. Microspheres are then washed twice with PBS and stored at 4°C. In order to test the

ability of these beads to translocate in the tissue bilayer assay, beads were diluted to a MOI of 5:1
in DMEM + 20% fetal bovine serum and added to the apical chamber of transwells. Media from
the basal compartment was sampled after 60 minutes and the number of beads present in the sample
was analyzed by flow cytometry using an LSR II flow cytometer (BD).

390

391 TriCEPS screen

For initial conjugation of TriCEPS to protein, EsxA or transferrin (300 µg) dissolved in 392 150 µL 25 mM HEPES pH 8.2 buffer was added to 1.5 µL of the TriCEPS reagent (Dualsystems 393 394 Biotech) and incubated at 20°C for 90 minutes with gentle agitation. During this time, $6 \ge 10^8$ Caco-2 cells were detached from tissue culture plates using 10 mM EDTA in PBS. Cells were split 395 into three aliquots, cooled to 4°C, and pelleted. Each pellet was resuspended in PBS pH 6.5 and 396 sodium metaperiodate was added to a final concentration of 1.5 mM in order to gently oxidize the 397 cell surface. Cells were then incubated with sodium metaperiodate in the dark for 15 minutes at 398 4°C. Cells were washed twice with PBS pH 6.5 and split into two new aliquots. TriCEPS coupled 399 EsxA was added to one aliquot and TriCEPS coupled transferrin was added to the other aliquot 400 and incubated for 90 minutes at 4°C with gentle agitation. Samples were then washed, lysed via 401 402 sonication, and digested with trypsin. The TriCEPS reagent:ligand:receptor complex was then affinity purified and peptides were identified using LC-MS analysis. 403

404 **Immunoprecipitation**

EsxA was expressed and purified as described above. EsxA or PBS alone was then biotinylated by the Sulfo-SBED reagent (Thermo 33033) according to the manufacturer instructions and excess reagent was removed using PD-10 columns (GE Healthcare 17-0851-01). 1×10^7 HBE cells were detached from tissue culture plates using 10 mM EDTA in PBS. Cells

were washed, resuspended in HBSS, and incubated with 1.5 μM EsxA or with PBS alone for 2
hours at 4°C with gentle agitation. Cells were then washed and exposed to UV light for 30 minutes
at room temperature to allow for covalent cross-linking. Cells were lysed with RIPA buffer and
lysate was incubated with streptavidin-conjugated magnetic beads (Thermo 88816). Proteins were
eluted by boiling and analyzed by SDS-PAGE followed by Western blotting with rabbit anti-SRB1 antibody (Abcam 52629).

415

Mouse NALT/human adenoid immunofluorescence

Mouse NALT sections were obtained as previously described (Nair et al., 2016). Briefly, 416 mouse NALT (after decalcification) and human adenoid specimens were embedded in paraffin, 417 sectioned (5 µm), and mounted on glass slides. Slides were deparaffinized using xylene and ethanol 418 washes followed by heat mediated antigen-retrieval in 10 mM sodium citrate (pH 6.0). 419 Endogenous peroxidase activity was quenched and slides were blocked in 10% donkey serum in 420 PBS for three hours at room temperature. Slides were washed with PBS and incubated with a 1:100 421 dilution of mouse NKM 16-2-4 and rabbit anti-SR-B1 in 2% donkey serum in PBS overnight at 422 4°C. Slides were then washed with PBS and incubated with a 1:500 dilution of AlexaFluor 568 423 conjugated goat-anti-mouse secondary antibody (Thermo A-11004) or with HRP conjugated 424 425 donkey-anti-rabbit secondary antibody (Thermo A16023) in 2% donkey serum in PBS for 1 hour at room temperature. Slides were then washed with PBS and incubated with Cy5 tyramide (Perkin 426 427 Elmer SAT705A001EA) for 8 minutes. Slides were then washed with PBS, incubated with DAPI, 428 washed with PBS, mounted in Prolong Gold antifade reagent, and imaged using an AxioImager MN microscope (Zeiss). 429

430 Mouse intranasal infection

Mtb Erdman and all mutants were grown in 7H9 and 0.05% Tween-80 until mid-log phase. 431 Cultures were washed three times with PBS, centrifuged to remove clumps, and sonicated to yield 432 a single-cell suspension. Bacteria were resuspended to yield a final concentration of 1 x 10^8 433 bacteria in 10 µL PBS. BALB/c mice obtained from The Jackson Laboratory were infected with 434 $10 \,\mu\text{L}$ of the bacterial suspension intranasally. NALT from 3-5 mice were collected, homogenized, 435 436 and plated on 7H11 (Difco 283810) plates supplemented with 10% OADC to enumerate the number of bacteria deposited on Day 0. Mice were sacrificed on Day 7 post-infection and cervical 437 lymph nodes were collected, homogenized, and plated on 7H11 plates. Plates were incubated in a 438 439 37°C incubator for 3 weeks to allow for colony formation.

440

Adenoid culture and infection

Adenoid samples were obtained from children undergoing elective adenoidectomy for 441 obstructive sleep apnea. Excised adenoids were immediately placed in DMEM, subsequently 442 dissected into 3-4 pieces depending on the size of the adenoid, weighed, and mounted in a 2% agar 443 pad such that only the mucosal surface was exposed. The adenoid pieces were then incubated 444 overnight at 37°C in DMEM supplemented with 20% fetal bovine serum, 2 mM L-glutamine, 1% 445 sodium pyruvate, 1% non-essential amino acids, 1 mM HEPES, 50 ug/mL kanamycin, and 50 446 447 ug/mL ampicillin to kill commensal bacteria. The following morning, liquid cultures of GFP Mtb (Kanamycin-resistant) grown to mid-log phase were washed three times with PBS and centrifuged 448 and sonicated to remove clumps. Bacteria were then diluted to 1 x 10⁷ bacteria/mL and 1 mL of 449 450 inoculum was added to the adenoid and incubated at 37°C for 1 hour. Adenoids were then washed, minced into small pieces, and pushed through a 100 µm nylon cell strainer (Corning 431752). Cells 451 452 were centrifuged, washed in ACK (Ammonium-Chloride-Potassium) lysis buffer (Gibco A10492-453 01), and then resuspended in FACS buffer (PBS + 2% FBS). Cells were stained with a 1:100

454	dilution of mouse anti-EpCAM Brilliant Violet 421 (Biolegend 324219), mouse PE-NKM-16-2-4
455	(Miltenyi 130-102-150), or rabbit anti-SR-B1 in FACS buffer, washed, and then incubated with a
456	1:500 dilution of AlexaFluor 488 conjugated donkey-anti-rabbit secondary antibody (Thermo
457	R37118). Cells were washed and fixed in 4% paraformaldehyde for one hour followed by counting
458	on an LSRII flow cytometer and analyzed using FlowJo software.

459 **Statistical analysis**

460 Statistical analysis was performed using GraphPad Prism. For in vitro transwell infections 461 to determine bacterial binding or translocation, two-tailed unpaired Student's t-test was performed. 462 For in vitro determination of antibody staining, two-tailed unpaired Student's t-test was performed. 463 For in vivo adenoid infections or receptor expression, the paired non-parametric Wilcoxon 464 matched pairs signed rank test was performed. For in vivo mouse infections and determination of 465 CFU, the non-parametric Mann-Whitney U test was performed.

466 Ethics statement

Human adenoids were obtained from children undergoing elective adenoidectomy for sleep 467 apnea after informed consent was obtained from parents or guardians. This study was reviewed by 468 the University of Texas Southwestern Institutional Review Board (protocol STU 062016-087). 469 470 Animal experiments were reviewed and approved by the Institutional Animal Care and Use Committee at the University of Texas Southwestern (protocol 2017-101836) and followed the 471 472 eighth edition of the Guide for the Care and Use of Laboratory Animals. The University of Texas 473 Southwestern is accredited by the American Association for Accreditation of Laboratory Animal 474 Care (AAALAC).

475

476 Figure legends

477 Fig. 1 – Mtb T7SS is necessary to mediate binding and translocation across M cells

(A) Model of Mtb T7SS. (B,C) Control and HBE/RajiB transwells were incubated with Mtb strains 478 at 4°C for 1 hr and binding was analyzed by confocal microscopy (B) with quantification of 479 bacterial area (C). Scale bar, 20 µm. (D) Control and HBE/RajiB transwells were incubated with 480 Mtb strains at 4°C for 1 hr and lysed to determine binding by quantifying bacterial CFU and 481 482 comparing with the initial inoculum. (E) Control and HBE/RajiB transwells were incubated with Mtb strains at 37°C for 1 hr and bacterial translocation was determined by quantifying bacterial 483 CFU from the basal compartment and comparing with the inoculum. (F) TEER measurements 484 from transwells from (E). (G) Caco-2/Raji B transwells were infected as described in E. 485 Experiments shown are representative of at least 3 independent experiments. **p<0.01, 486 ***p<0.001 as determined by Student's t-test. 487

488

489 Fig. 2 – Mtb EsxA is sufficient to mediate binding and translocation across M cells

(A) Control and HBE/RajiB transwells were incubated with fluorescent beads coated with EsxA, 490 EsxB, or glycine. Translocation was determined by comparing the number of beads in the basal 491 compartment with the inoculum. (B) TEER measurements from transwells from (A). (C) Caco-492 493 2/Raji B transwells were treated as described in A. (D) Control and HBE/RajiB transwells were incubated with biotinylated EsxA and stained with NKM 16-2-4 (red) and Alexa Fluor 488 494 495 conjugated streptavidin (green). Scale bar, 30 µm. (E-G) Quantification of nuclei (E), NKM 16-496 $2-4^+$ cells (F), and EsxA⁺ (G) cells from the transwells described in (D). (H) Quantification of NKM 16-2-4 staining on EsxA⁺ cells from the HBE/Raji B transwells described in (D). 497 498 Experiments shown are representative of at least 3 independent experiments. *p<0.05, **p<0.01, 499 ***p<0.001 as determined by Student's t-test.

500

501 Fig. 3 – SR-B1 is the M cell EsxA receptor

(A) Volcano plot displaying peptides enriched when Caco-2 cells were treated either with 502 transferrin (blue dots on left) or EsxA (red dots on right). (B) Western blot using an anti-SR-B1 503 antibody of proteins enriched after HBE cells were incubated with biotinylated EsxA or control. 504 505 (C) Control and HBE/RajiB transwells were stained with NKM 16-2-4 and an anti-SR-B1 antibody and analyzed by confocal microscopy. Arrows denote examples of double positive cells. Scale bar, 506 40 μ m. (D,E) Quantification of the number of nuclei (D) or SR-B1⁺ cells (E) from the transwells 507 described in (C). (F) Quantification of NKM 16-2-4 staining on SR-B1⁺ cells from the HBE/Raji 508 B transwells described in (C). Experiments shown are representative of at least 3 independent 509 experiments. ***p<0.001 as determined by Student's t-test. 510

511

512 Fig. 4 – Loss of SR-B1 reduces EsxA binding and Mtb translocation through M cells

(A) Western blot of SR-B1 (top) or beta-actin (bottom) of shRNA expressing HBE cells. (B) 513 HBE/RajiB transwells with shRNA expressing HBE cells were incubated with biotinylated EsxA 514 and stained with NKM 16-2-4 (red), anti-SR-B1 (cyan), and Alexa Fluor 488 conjugated 515 516 streptavidin (green). Arrows denote examples of triple positive cells. Scale bar, 40 µm. (C-E) Quantification of the number of NKM⁺ (C), SR-B1⁺ cells (D) and EsxA⁺ cells (E) on transwells 517 described from (B). (F) Quantification of SR-B1 staining on EsxA⁺ cells from HBE NT 518 519 shRNA/Raji B transwells described in (B). (G,H) HBE/RajiB transwells with shRNA expressing HBE cells were incubated with mCherry Mtb and Mtb binding was analyzed by confocal 520 521 microscopy (G) with quantification of bacterial staining (H). Scale bar, 10 μ m. (I) HBE/RajiB 522 transwells with shRNA expressing HBE cells were incubated with Mtb strains at 4°C and lysed to

523	determine binding by quantifying bacterial CFU and comparing with the initial inoculum. (J)
524	HBE/RajiB transwells with shRNA expressing HBE cells were incubated with Mtb strains at 37°C
525	and bacterial translocation was determined by quantifying bacterial CFU from the basal
526	compartment and comparing with the inoculum. (K) TEER of the transwells from (J). (L)
527	HBE/RajiB transwells with shRNA expressing HBE cells were incubated with Pseudomonas
528	aeruginosa at 37°C and bacterial translocation was determined by quantifying bacterial CFU from
529	the basal compartment and comparing with the inoculum. Experiments shown are representative
530	of at least 3 independent experiments. **p<0.01, ***p<0.001 as determined by Student's t-test.

531

Fig. 5 – The Mtb type VII secretion system is necessary for Mtb translocation in mice and humans

(A) Mouse NALT sections were stained with NKM 16-2-4 and anti-SR-B1 antibodies and 534 analyzed by confocal microscopy. Scale bar, top, 15 µm, bottom, 5 µm. (B,C) Mice were 535 intranasally infected with either WT Mtb, MtbAeccD1 (B), or MtbAesxA (C). CFU was 536 determined in the NALT on day 0 (left) or in the cervical lymph nodes on day 7 (right). Symbols 537 represent CFU from individual animals (n=8-10 per strain). ***p<0.001 compared to WT by 538 539 Mann-Whitney U test. (D) Human adenoid sections were stained with NKM 16-2-4 and anti-SR-B1 antibodies and analyzed by confocal microscopy. Scale bar, top, 15 µm, bottom, 5 µm. (E) 540 Human adenoids were disaggregated, stained with NKM 16-2-4 and anti-EpCAM antibodies, and 541 542 analyzed by flow cytometry. (F) Human adenoids were treated as in (E), stained with anti-SR-B1 or control IgG antibodies and analyzed by flow cytometry. Symbols represent adenoids from 543 individual donor (F-H). **p<0.01, Wilcoxon matched pairs signed rank test. (G) Human adenoids 544 were infected with GFP⁺ Mtb, disaggregated, immunostained and analyzed by flow cytometry to 545

546	determine the proportion of GFP ⁺ Mtb containing NKM ⁺ /EpCAM ⁺ and NKM ⁻ /EpCAM ⁺ cells.
547	*p<0.05, Wilcoxon matched pairs signed rank test. (H) Human adenoids were infected with GFP ⁺
548	Mtb or GFP ⁺ MtbΔeccD1. The percentage of GFP ⁺ Mtb containing NKM ⁺ /EpCAM ⁺ double
549	positive cells was determined by flow cytometry. The Wilcoxon matched pairs signed rank test
550	was used for comparison.
551	
552	Supplemental Fig. 1 – Recombinant EsxA and SR-B1 colocalize with the M cell marker Sialyl
553	Lewis ^A on Raji B treated transwells
554	(A) HBE/Raji B or control transwells were incubated with biotinylated EsxA and stained with anti-
555	Sialyl Lewis ^A (red), anti-SR-B1 (cyan), and Alexa Fluor 488 conjugated streptavidin (green). Scale
556	bar, 30 µm. (B-E) Multiple images of the transwells described in (A) were taken and the number
557	of nuclei (B), SLA ⁺ (C), EsxA ⁺ (D), and SR-B1 ⁺ (E) cells was determined using ImageJ. (F-H)
558	Expression of SLA on $EsxA^+$ cells (F), of SR-B1 on $EsxA^+$ cells (G), and the expression of SLA
559	on SR-B1 ⁺ cells (H) on HBE/Raji B transwells was determined by ImageJ.
560	*p<0.05,**p<0.01,***p<0.001 as determined by Student's t-test.
561	
562	Supplemental Fig. 2 – Mtbcor::Tn7 does not display a translocation defect following a mouse
563	intranasal infection
564	Mice were intranasally infected with either WT Mtb or Mtbcor::Tn7. CFU was determined in the
565	NALT on day 0 (left) or in the cervical lymph nodes on day 7 (right). Symbols represent CFU
566	from individual animals (n=8 per strain).
567	

568 Supplemental Fig. 3 – Adenoid gating strategy to determine SR-B1 positive cells

569	(A-C) Gating strategy for unstained cells. Debris was excluded using FSC-A and SSC-A to yield
570	the live cell population (A). Single cells were identified using the FSC-A and FSC-W (B) and
571	singlets were identified using SSC-A and SSC-W (C). Gates for stained samples were established
572	using unstained samples. (D-F) Adenoids were stained with mouse BV421 conjugated anti-
573	EpCAM, mouse PE conjugated NKM 16-2-4, and a rabbit IgG followed by a donkey-anti-rabbit
574	488 conjugated antibody. Using the gating strategy described in (A-C), NKM ⁺ /EpCAM ⁺ cells
575	(highlighted in red) and NKM ⁺ /EpCAM ⁺ cells (highlighted in blue) were analyzed for fluorescence
576	in the green channel. (G-I) Adenoids were stained with mouse BV421 conjugated anti-EpCAM,
577	mouse PE conjugated NKM 16-2-4, and rabbit anti-SR-B1 followed by a donkey-anti-rabbit 488
578	conjugated antibody. Using the gating strategy described in (A-C), NKM ⁺ /EpCAM ⁺ cells
579	(highlighted in red) and NKM ⁺ /EpCAM ⁺ cells (highlighted in blue) were analyzed for fluorescence
580	in the green channel.

581

582 Supplemental Fig. 4 – Adenoid gating strategy to determine GFP+ Mtb containing cells

(A-C) Gating strategy for unstained cells. Debris was excluded using FSC-A and SSC-A to yield 583 the live cell population (A). Single cells were identified using the FSC-A and FSC-W (B) and 584 singlets were identified using SSC-A and SSC-W (C). Gates for stained samples were established 585 using unstained samples. (D-F) Adenoids were infected with a vehicle control, disaggregated, and 586 stained with mouse BV421 conjugated anti-EpCAM and mouse PE conjugated NKM 16-2-4. 587 588 Using the gating strategy described in (A-C), NKM⁺/EpCAM⁺ cells (highlighted in red) and NKM⁻ /EpCAM⁺ cells (highlighted in blue) were analyzed for fluorescence in the green channel. (G-I) 589 Adenoids were infected with GFP Mtb, disaggregated, and stained with mouse BV421 conjugated 590 591 anti-EpCAM and mouse PE conjugated NKM 16-2-4. Using the gating strategy described in (A-

- 592 C), NKM⁺/EpCAM⁺ cells (highlighted in red) and NKM⁻/EpCAM⁺ cells (highlighted in blue) were
 593 analyzed for fluorescence in the green channel.
- 594
- 595 **References:**
- Abdallah, A.M., N.C. Gey van Pittius, P.A. Champion, J. Cox, J. Luirink, C.M. Vandenbroucke Grauls, B.J. Appelmelk, and W. Bitter. 2007. Type VII secretion--mycobacteria show the way.
 Nat Rev Microbiol 5:883-891.
- Augenstreich, J., A. Arbues, R. Simeone, E. Haanappel, A. Wegener, F. Sayes, F. Le Chevalier,
 C. Chalut, W. Malaga, C. Guilhot, R. Brosch, and C. Astarie-Dequeker. 2017. ESX-1 and
 phthiocerol dimycocerosates of Mycobacterium tuberculosis act in concert to cause
 phagosomal rupture and host cell apoptosis. *Cell Microbiol* 19:
- Behr, M.A., M.A. Wilson, W.P. Gill, H. Salamon, G.K. Schoolnik, S. Rane, and P.M. Small. 1999.
 Comparative genomics of BCG vaccines by whole-genome DNA microarray. *Science* 284:1520-1523.
- Bocharov, A.V., I.N. Baranova, T.G. Vishnyakova, A.T. Remaley, G. Csako, F. Thomas, A.P.
 Patterson, and T.L. Eggerman. 2004. Targeting of scavenger receptor class B type I by
 synthetic amphipathic alpha-helical-containing peptides blocks lipopolysaccharide (LPS)
 uptake and LPS-induced pro-inflammatory cytokine responses in THP-1 monocyte cells. *J Biol Chem* 279:36072-36082.
- Brandtzaeg, P., H. Kiyono, R. Pabst, and M.W. Russell. 2008. Terminology: nomenclature of
 mucosa-associated lymphoid tissue. *Mucosal Immunol* 1:31-37.

613	Churchyard, G., P. Kim, N.S. Shah, R. Rustomjee, N. Gandhi, B. Mathema, D. Dowdy, A. Kasmar,
614	and V. Cardenas. 2017. What We Know About Tuberculosis Transmission: An Overview. J
615	Infect Dis 216:S629-S635.

- 616 Cohen, S.B., B.H. Gern, J.L. Delahaye, K.N. Adams, C.R. Plumlee, J.K. Winkler, D.R. Sherman,
- M.Y. Gerner, and K.B. Urdahl. 2018. Alveolar Macrophages Provide an Early Mycobacterium
 tuberculosis Niche and Initiate Dissemination. *Cell Host Microbe* 24:439-446 e434.
- Conrad, W.H., M.M. Osman, J.K. Shanahan, F. Chu, K.K. Takaki, J. Cameron, D. Hopkinson Woolley, R. Brosch, and L. Ramakrishnan. 2017. Mycobacterial ESX-1 secretion system
 mediates host cell lysis through bacterium contact-dependent gross membrane disruptions.
- 622 *Proc Natl Acad Sci U S A* 114:1371-1376.
- Corr, S.C., C.C. Gahan, and C. Hill. 2008. M-cells: origin, morphology and role in mucosal
 immunity and microbial pathogenesis. *FEMS Immunol Med Microbiol* 52:2-12.
- Cozens, A.L., M.J. Yezzi, K. Kunzelmann, T. Ohrui, L. Chin, K. Eng, W.E. Finkbeiner, J.H.
 Widdicombe, and D.C. Gruenert. 1994. CFTR expression and chloride secretion in polarized
 immortal human bronchial epithelial cells. *Am J Respir Cell Mol Biol* 10:38-47.
- Feltcher, M.E., J.T. Sullivan, and M. Braunstein. 2010. Protein export systems of Mycobacterium
 tuberculosis: novel targets for drug development? *Future Microbiol* 5:1581-1597.
- Fontanilla, J.M., A. Barnes, and C.F. von Reyn. 2011. Current diagnosis and management of
 peripheral tuberculous lymphadenitis. *Clin Infect Dis* 53:555-562.
- Forbes, B., A. Shah, G.P. Martin, and A.B. Lansley. 2003. The human bronchial epithelial cell line
 16HBE140- as a model system of the airways for studying drug transport. *Int J Pharm*257:161-167.

- Fox, G.J., M. Orlova, and E. Schurr. 2016. Tuberculosis in Newborns: The Lessons of the "Lubeck
 Disaster" (1929-1933). *PLoS Pathog* 12:e1005271.
- Fujimura, Y. 2000. Evidence of M cells as portals of entry for antigens in the nasopharyngeal
 lymphoid tissue of humans. *Virchows Arch* 436:560-566.
- Giannasca, P.J., K.T. Giannasca, A.M. Leichtner, and M.R. Neutra. 1999. Human intestinal M
 cells display the sialyl Lewis A antigen. *Infect Immun* 67:946-953.
- Hase, K., K. Kawano, T. Nochi, G.S. Pontes, S. Fukuda, M. Ebisawa, K. Kadokura, T. Tobe, Y.
- 642 Fujimura, S. Kawano, A. Yabashi, S. Waguri, G. Nakato, S. Kimura, T. Murakami, M. Iimura,
- 643 K. Hamura, S. Fukuoka, A.W. Lowe, K. Itoh, H. Kiyono, and H. Ohno. 2009. Uptake through
- 644 glycoprotein 2 of FimH(+) bacteria by M cells initiates mucosal immune response. *Nature*645 462:226-230.
- Heo, T.H., S.M. Lee, B. Bartosch, F.L. Cosset, and C.Y. Kang. 2006. Hepatitis C virus E2 links
 soluble human CD81 and SR-B1 protein. *Virus Res* 121:58-64.
- Huang, L., K.L. Chambliss, X. Gao, I.S. Yuhanna, E. Behling-Kelly, S. Bergaya, M. Ahmed, P.
- 649 Michaely, K. Luby-Phelps, A. Darehshouri, L. Xu, E.A. Fisher, W.P. Ge, C. Mineo, and P.W.
- 650 Shaul. 2019. SR-B1 drives endothelial cell LDL transcytosis via DOCK4 to promote 651 atherosclerosis. *Nature* 569:565-569.
- Huang, Y., and R.W. Mahley. 2014. Apolipoprotein E: structure and function in lipid metabolism,
 neurobiology, and Alzheimer's diseases. *Neurobiol Dis* 72 Pt A:3-12.
- Kerneis, S., A. Bogdanova, J.P. Kraehenbuhl, and E. Pringault. 1997. Conversion by Peyer's patch
 lymphocytes of human enterocytes into M cells that transport bacteria. *Science* 277:949-952.
- Kim, D.Y., A. Sato, S. Fukuyama, H. Sagara, T. Nagatake, I.G. Kong, K. Goda, T. Nochi, J.
 Kunisawa, S. Sato, Y. Yokota, C.H. Lee, and H. Kiyono. 2011. The airway antigen sampling

658	system: respiratory M cells as an alternative gateway for inhaled antigens. J Immunol
659	186:4253-4262.

- Kimura, S. 2018. Molecular insights into the mechanisms of M-cell differentiation and transcytosis
 in the mucosa-associated lymphoid tissues. *Anat Sci Int* 93:23-34.
- 662 Kimura, S., M. Mutoh, M. Hisamoto, H. Saito, S. Takahashi, T. Asakura, M. Ishii, Y. Nakamura,
- J. Iida, K. Hase, and T. Iwanaga. 2019. Airway M Cells Arise in the Lower Airway Due to
- RANKL Signaling and Reside in the Bronchiolar Epithelium Associated With iBALT in
 Murine Models of Respiratory Disease. *Front Immunol* 10:1323.
- Kinhikar, A.G., I. Verma, D. Chandra, K.K. Singh, K. Weldingh, P. Andersen, T. Hsu, W.R.
 Jacobs, Jr., and S. Laal. 2010. Potential role for ESAT6 in dissemination of M. tuberculosis
 via human lung epithelial cells. *Mol Microbiol* 75:92-106.
- Mabbott, N.A., D.S. Donaldson, H. Ohno, I.R. Williams, and A. Mahajan. 2013. Microfold (M)
 cells: important immunosurveillance posts in the intestinal epithelium. *Mucosal Immunol* 6:666-677.
- Manzoni, G., C. Marinach, S. Topcu, S. Briquet, M. Grand, M. Tolle, M. Gransagne, J. Lescar, C.
 Andolina, J.F. Franetich, M.B. Zeisel, T. Huby, E. Rubinstein, G. Snounou, D. Mazier, F.
 Nosten, T.F. Baumert, and O. Silvie. 2017. Plasmodium P36 determines host cell receptor
 usage during sporozoite invasion. *Elife* 6:
- Mutoh, M., S. Kimura, H. Takahashi-Iwanaga, M. Hisamoto, T. Iwanaga, and J. Iida. 2016.
 RANKL regulates differentiation of microfold cells in mouse nasopharynx-associated
 lymphoid tissue (NALT). *Cell Tissue Res* 364:175-184.

- Nair, V.R., L.H. Franco, V.M. Zacharia, H.S. Khan, C.E. Stamm, W. You, D.K. Marciano, H.
 Yagita, B. Levine, and M.U. Shiloh. 2016. Microfold Cells Actively Translocate
 Mycobacterium tuberculosis to Initiate Infection. *Cell Rep* 16:1253-1258.
- Nakamura, Y., S. Kimura, and K. Hase. 2018. M cell-dependent antigen uptake on follicle associated epithelium for mucosal immune surveillance. *Inflamm Regen* 38:15.
- Nakato, G., K. Hase, M. Suzuki, M. Kimura, M. Ato, M. Hanazato, M. Tobiume, M. Horiuchi, R.
 Atarashi, N. Nishida, M. Watarai, K. Imaoka, and H. Ohno. 2012. Cutting Edge: Brucella
 abortus exploits a cellular prion protein on intestinal M cells as an invasive receptor. *J Immunol* 189:1540-1544.
- Nochi, T., Y. Yuki, A. Matsumura, M. Mejima, K. Terahara, D.Y. Kim, S. Fukuyama, K. Iwatsuki Horimoto, Y. Kawaoka, T. Kohda, S. Kozaki, O. Igarashi, and H. Kiyono. 2007. A novel M
 cell-specific carbohydrate-targeted mucosal vaccine effectively induces antigen-specific
 immune responses. *J Exp Med* 204:2789-2796.
- Park, H.S., K.P. Francis, J. Yu, and P.P. Cleary. 2003. Membranous cells in nasal-associated
 lymphoid tissue: a portal of entry for the respiratory mucosal pathogen group A streptococcus.
 J Immunol 171:2532-2537.
- Pathak, S.K., S. Basu, K.K. Basu, A. Banerjee, S. Pathak, A. Bhattacharyya, T. Kaisho, M. Kundu,
 and J. Basu. 2007. Direct extracellular interaction between the early secreted antigen ESAT6 of Mycobacterium tuberculosis and TLR2 inhibits TLR signaling in macrophages. *Nat Immunol* 8:610-618.
- Philips, J.A., E.J. Rubin, and N. Perrimon. 2005. Drosophila RNAi screen reveals CD36 family
 member required for mycobacterial infection. *Science* 309:1251-1253.

- Santander, N.G., S. Contreras-Duarte, M.F. Awad, C. Lizama, I. Passalacqua, A. Rigotti, and D.
 Busso. 2013. Developmental abnormalities in mouse embryos lacking the HDL receptor SR BI. *Hum Mol Genet* 22:1086-1096.
- Schafer, G., R. Guler, G. Murray, F. Brombacher, and G.D. Brown. 2009. The role of scavenger
 receptor B1 in infection with Mycobacterium tuberculosis in a murine model. *PLoS One* 4:e8448.
- Shen, W.J., S. Azhar, and F.B. Kraemer. 2018. SR-B1: A Unique Multifunctional Receptor for
 Cholesterol Influx and Efflux. *Annu Rev Physiol* 80:95-116.
- Smith, J., J. Manoranjan, M. Pan, A. Bohsali, J. Xu, J. Liu, K.L. McDonald, A. Szyk, N. LaRonde LeBlanc, and L.Y. Gao. 2008. Evidence for pore formation in host cell membranes by ESX 1-secreted ESAT-6 and its role in Mycobacterium marinum escape from the vacuole. *Infect*
- 712 *Immun* 76:5478-5487.
- Sreejit, G., A. Ahmed, N. Parveen, V. Jha, V.L. Valluri, S. Ghosh, and S. Mukhopadhyay. 2014.
 The ESAT-6 protein of Mycobacterium tuberculosis interacts with beta-2-microglobulin
 (beta2M) affecting antigen presentation function of macrophage. *PLoS Pathog* 10:e1004446.
- Srinivasan, B., A.R. Kolli, M.B. Esch, H.E. Abaci, M.L. Shuler, and J.J. Hickman. 2015. TEER
 measurement techniques for in vitro barrier model systems. *J Lab Autom* 20:107-126.
- Stamm, C.E., A.C. Collins, and M.U. Shiloh. 2015. Sensing of Mycobacterium tuberculosis and
 consequences to both host and bacillus. *Immunol Rev* 264:204-219.
- Stanley, S.A., S. Raghavan, W.W. Hwang, and J.S. Cox. 2003. Acute infection and macrophage
 subversion by Mycobacterium tuberculosis require a specialized secretion system. *Proc Natl*
- 722 *Acad Sci USA* 100:13001-13006.

723	Teitelbaum, R., W. Schubert, L. Gunther, Y. Kress, F. Macaluso, J.W. Pollard, D.N. McMurray,
724	and B.R. Bloom. 1999. The M cell as a portal of entry to the lung for the bacterial pathogen
725	Mycobacterium tuberculosis. Immunity 10:641-650.
726	Tremblay, T.L., and J.J. Hill. 2017. Biotin-transfer from a trifunctional crosslinker for
727	identification of cell surface receptors of soluble protein ligands. Sci Rep 7:46574.
728	Trigatti, B., H. Rayburn, M. Vinals, A. Braun, H. Miettinen, M. Penman, M. Hertz, M. Schrenzel,
729	L. Amigo, A. Rigotti, and M. Krieger. 1999. Influence of the high density lipoprotein receptor
730	SR-BI on reproductive and cardiovascular pathophysiology. Proc Natl Acad Sci U S A
731	96:9322-9327.
732	Tschernig, T., and R. Pabst. 2000. Bronchus-associated lymphoid tissue (BALT) is not present in
733	the normal adult lung but in different diseases. Pathobiology 68:1-8.
734	Tyrer, P., A.R. Foxwell, A.W. Cripps, M.A. Apicella, and J.M. Kyd. 2006. Microbial pattern
735	recognition receptors mediate M-cell uptake of a gram-negative bacterium. Infect Immun
736	74:625-631.
737	Yang, Z., Y. Kong, F. Wilson, B. Foxman, A.H. Fowler, C.F. Marrs, M.D. Cave, and J.H. Bates.
738	2004. Identification of risk factors for extrapulmonary tuberculosis. Clin Infect Dis 38:199-

739 205.

Zacharia, V.M., P.S. Manzanillo, V.R. Nair, D.K. Marciano, L.N. Kinch, N.V. Grishin, J.S. Cox,
 and M.U. Shiloh. 2013. cor, a novel carbon monoxide resistance gene, is essential for
 Mycobacterium tuberculosis pathogenesis. *MBio* 4:e00721-00713.

Zanoni, P., S.A. Khetarpal, D.B. Larach, W.F. Hancock-Cerutti, J.S. Millar, M. Cuchel, S.
DerOhannessian, A. Kontush, P. Surendran, D. Saleheen, S. Trompet, J.W. Jukema, A. De
Craen, P. Deloukas, N. Sattar, I. Ford, C. Packard, A. Majumder, D.S. Alam, E. Di

746	Angelantonio, G. Abecasis, R. Chowdhury, J. Erdmann, B.G. Nordestgaard, S.F. Nielsen, A.
747	Tybjaerg-Hansen, R.F. Schmidt, K. Kuulasmaa, D.J. Liu, M. Perola, S. Blankenberg, V.
748	Salomaa, S. Mannisto, P. Amouyel, D. Arveiler, J. Ferrieres, M. Muller-Nurasyid, M.
749	Ferrario, F. Kee, C.J. Willer, N. Samani, H. Schunkert, A.S. Butterworth, J.M. Howson, G.M.
750	Peloso, N.O. Stitziel, J. Danesh, S. Kathiresan, D.J. Rader, C.H.D.E. Consortium, C.A.E.
751	Consortium, and C. Global Lipids Genetics. 2016. Rare variant in scavenger receptor BI raises
752	HDL cholesterol and increases risk of coronary heart disease. Science 351:1166-1171.
753	Acknowledgments: We thank Beth Levine and members of the Shiloh Lab for constructive
754	feedback on the manuscript. This work is supported by the Burroughs Wellcome Fund 1017894
755	(MUS), Welch Foundation I-1964-20180324 (MUS), NIH U01 AI125939-04 (MUS), NIH U19
756	AI142784-01 (MUS), NIH 5T32AI005284-40 (HSK), and NIH R01 HL131597-03 (PWS).
757	Authors contributions: Conceptualization, H.S.K, V.R.N., M.U.S.; Formal analysis, H.S.K,
758	V.R.N., M.U.S.; Funding acquisition, M.U.S.; Investigation, H.S.K., V.R.N., C.R.R., S.A.A.,
759	J.L.G.R., L.H.F.; Project administration, H.S.K., M.U.S.; Resources, L.H., P.W.S., R.M.;
760	Supervision, M.U.S.; Visualization, H.S.K.; Writing – original draft, H.S.K., M.U.S.; Writing –
761	review & editing, All authors.
762	Competing interests: The authors declare that they have no competing interests.
763	Data and materials availability: All material is available upon request. All data is available in
764	the manuscript or the supplementary materials.











Figure 5





Supplemental Figure 2





bioRxiv preprint doi: https://doi.org/10.1101/807222; this version posted October 16, 2019. The syright holder for this preprint (whigh a not re 3 certified by peer review) is the author/funder, who has granted bioRxiv a license to display the populat preprint of the made valuable grant a CC-BY 4.0 International license.

bioRxiv preprint doi: https://doi.org/10.1101/807222; this version posted October 16, 2019. The copyright holder for this preprint (which was not certified by peer review) is the author/funder, who has granted bioRxiv a license to display the source of the previous of the author/funder, who has granted bioRxiv a license to display the source of the previous of the author/funder of the author of the author

