

BashTheBug: a crowd of volunteers reproducibly and accurately measure the minimum inhibitory concentrations of 13 antitubercular drugs from photographs of 96-well broth microdilution plates.

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Figure S1: Thank you to all the volunteers who contributed one or more classifications to this manuscript. There are the 5,810 usernames of all the volunteers in this montage – volunteers who did not register or sign in are not included.

UKMYC5 plate design

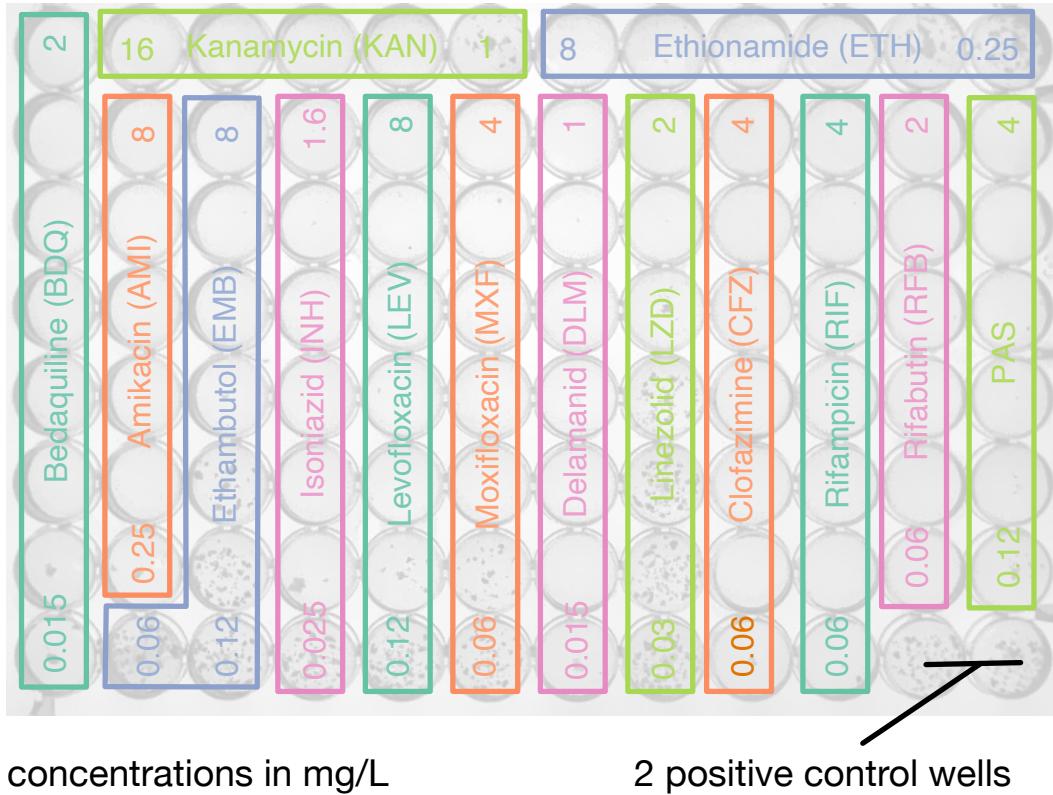


Figure S2: The UKMYC5 plate contains 14 different anti-TB drugs. A previous study² showed that *para*-aminosalicylic acid (PAS) performed poorly and it has been removed from the subsequent UKMYC6 plate design. We have therefore excluded this drug from all analyses. Each drug was contained in 5, 6, 7 or 8 wells with each well having double the concentration of drug as the one before. The concentration of the first and last well in each drug series is labelled (mg/L). Two wells contain no drug and are therefore positive control wells.

Table S1: List of strains and their repeats tested by laboratory.

EQA strain	Vial	Replicate	Lab	A	B	C	D	E	G	H
WHO-1	CRY-19	0001	Y	Y	Y	Y	Y	Y	Y	Y
		0002	Y	Y	Y	Y	Y	Y	Y	Y
	CRY-7	0001	Y	Y	Y	Y	-	Y	Y	
		0002	Y	Y	Y	Y	-	Y	Y	
WHO-10	CRY-18	0001	Y	Y	Y	-	-	Y	Y	
		0002	Y	Y	Y	-	-	Y	Y	
	CRY-16	0001	Y	Y	Y	Y	Y	Y	Y	Y
		0002	Y	Y	Y	Y	Y	Y	Y	Y
WHO-12	CRY-13	0001	Y	Y	Y	-	Y	Y	Y	
		0002	Y	Y	Y	-	Y	Y	Y	
	CRY-8	0001	Y	Y	Y	Y	Y	Y	Y	Y
		0002	Y	Y	Y	Y	Y	Y	Y	Y
WHO-13	CRY-10	0001	Y	Y	Y	-	Y	Y	Y	
		0002	Y	Y	Y	-	Y	Y	Y	
	CRY-5	0001	Y	-	Y	Y	Y	Y	Y	
		0002	Y	-	Y	Y	Y	Y	Y	
WHO-14	CRY-29	0001	Y	Y	Y	-	Y	Y	Y	
		0002	Y	Y	Y	-	Y	Y	Y	
	CRY-6	0001	Y	Y	Y	Y	Y	Y	Y	
		0002	Y	Y	Y	Y	Y	Y	Y	
WHO-15	CRY-2	0001	Y	Y	Y	Y	Y	Y	Y	
		0002	Y	Y	Y	Y	Y	Y	Y	
	CRY-25	0001	Y	Y	Y	-	Y	Y	Y	
		0002	Y	Y	Y	-	Y	Y	Y	
WHO-16	CRY-12	0001	Y	Y	Y	Y	Y	Y	Y	
		0002	Y	Y	Y	Y	Y	Y	Y	
	CRY-24	0001	Y	Y	Y	-	Y	Y	Y	
		0002	Y	Y	Y	-	Y	Y	Y	
WHO-17	CRY-14	0001	Y	Y	Y	Y	-	Y	Y	
		0002	Y	Y	Y	Y	-	Y	Y	
WHO-18	CRY-20	0001	Y	Y	Y	Y	Y	Y	Y	
		0002	Y	Y	Y	Y	Y	Y	Y	
WHO-19	CRY-23	0001	Y	Y	Y	Y	Y	Y	Y	
		0002	Y	Y	Y	Y	-	-	Y	

Continued on next page

Table S1: List of strains and their repeats tested by laboratory.

EQA strain	Vial	Replicate	Lab	A	B	C	D	E	G	H
WHO-2	CRY-26	0001	Y	Y	Y	Y	Y	Y	Y	Y
		0002	Y	Y	Y	Y	Y	Y	Y	Y
WHO-3	CRY-30	0001	Y	Y	Y	-	Y	Y	Y	
		0002	Y	Y	Y	-	Y	Y	Y	
CRY-4		0001	Y	Y	Y	Y	Y	Y	Y	Y
		0002	Y	Y	Y	Y	Y	Y	Y	Y
WHO-4	CRY-22	0001	Y	-	Y	-	Y	Y	Y	Y
		0002	Y	-	Y	-	Y	Y	Y	Y
CRY-9		0001	Y	-	Y	Y	Y	Y	Y	Y
		0002	Y	-	Y	Y	Y	Y	Y	Y
WHO-5	CRY-15	0001	-	Y	Y	Y	Y	Y	Y	Y
		0002	-	Y	Y	Y	Y	Y	Y	Y
CRY-21		0001	Y	Y	Y	-	Y	-	Y	
		0002	Y	Y	Y	-	Y	Y	Y	
WHO-6	CRY-11	0001	Y	Y	Y	-	Y	Y	Y	
		0002	Y	Y	Y	-	Y	Y	Y	
CRY-3		0001	Y	Y	Y	-	Y	Y	Y	
		0002	Y	Y	Y	-	Y	Y	Y	
H37rv		0001	Y	Y	Y	Y	Y	Y	Y	Y
		0002	Y	Y	Y	Y	Y	Y	Y	Y
		0003	Y	Y	Y	Y	Y	Y	Y	Y
		0004	Y	Y	Y	Y	Y	Y	Y	Y
		0005	Y	Y	Y	Y	Y	Y	Y	Y
		0006	Y	Y	Y	Y	Y	Y	Y	Y
		0007	Y	Y	Y	Y	Y	Y	Y	Y
		0008	Y	Y	Y	Y	Y	Y	Y	Y
		0009	Y	Y	Y	Y	Y	Y	Y	Y
		0010	Y	Y	Y	Y	Y	Y	Y	Y
WHO-7	CRY-1	0001	Y	Y	Y	Y	-	Y	Y	
		0002	Y	Y	Y	Y	-	Y	Y	
CRY-17		0001	Y	Y	Y	-	Y	Y	Y	
		0002	Y	Y	Y	-	Y	Y	Y	
WHO-8	CRY-27	0001	Y	Y	Y	Y	Y	Y	Y	
		0002	Y	Y	Y	Y	Y	Y	Y	

Continued on next page

Table S1: List of strains and their repeats tested by laboratory.

EQA strain	Vial	Replicate	Lab	A	B	C	D	E	G	H
WHO-9	CRY-28	0001		Y	Y	Y	Y	Y	Y	Y
		0002		Y	Y	Y	Y	Y	Y	Y

Classifications performed by volunteers	Number of drug images	Proportion of drug images
$n \leq 14$	0	0.0
15	26	0.1
16	3131	7.2
17	34943	80.0
18	1863	4.3
19	941	2.2
20	614	1.4
21 or 22	754	1.7
23, 24 or 25	730	1.7
$25 < n < 29$	408	0.9
$30 < n < 39$	106	0.2
$40 < n < 49$	22	0.1
$50 < n < 74$	20	0.0
$75 < n < 99$	30	0.1
$100 < n < 149$	36	0.1
$150 < n < 199$	28	0.1
$200 < n < 299$	11	0.0
$300 < n < 499$	8	0.0

Table S2: The number of classifications performed for each drug image. The retirement limit on the Zooniverse platform was set to 17, however, a subset of images received many more classifications.

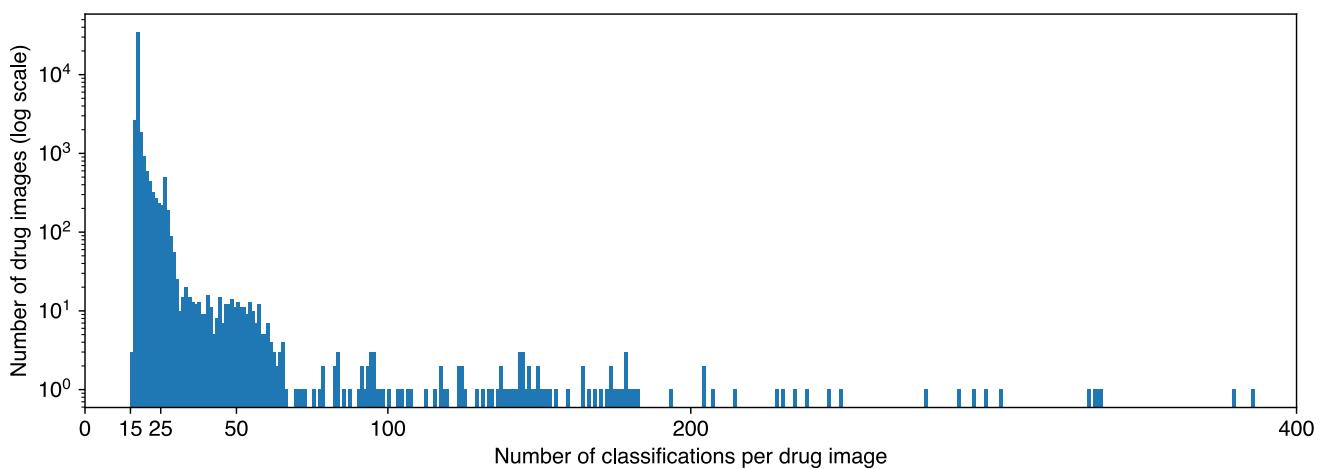


Figure S3: Although the retirement limit within the Zooniverse platform was set to 17, over 1,800 images received more classifications than this and a small number were only classified 15 or 16 times.

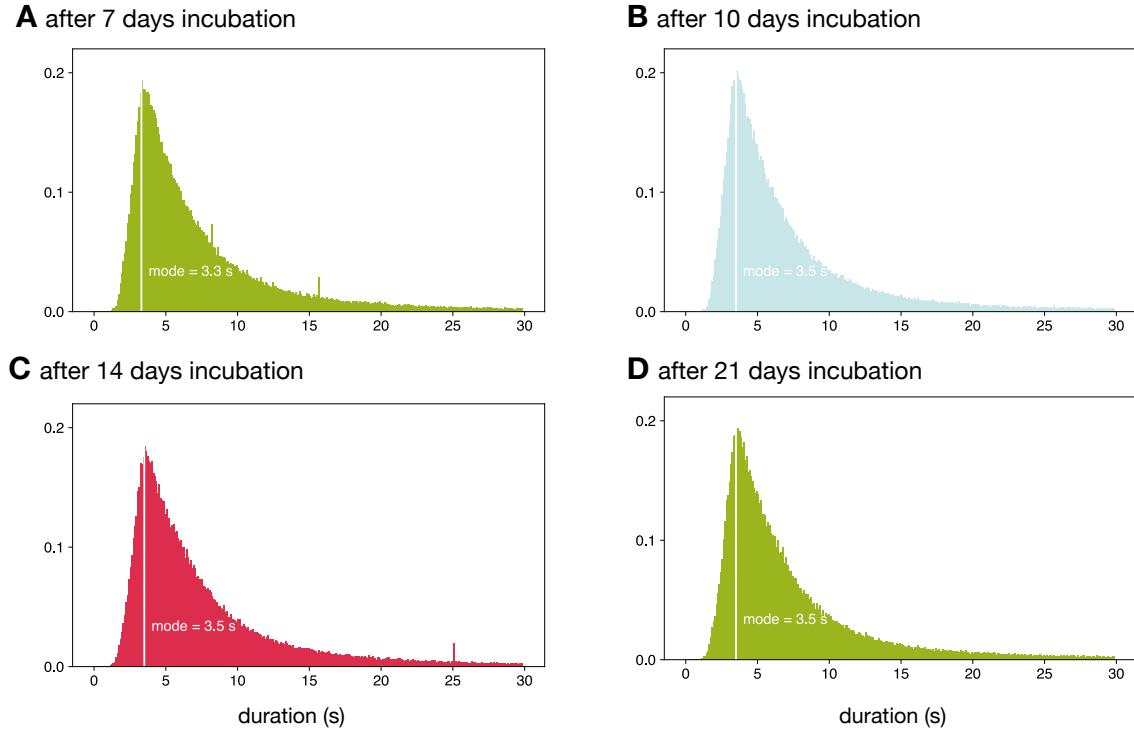


Figure S4: The time spent by volunteers on each classification varied with a mode of 3.5 seconds. Since one would expect different amounts of bacterial growth on the microdilution plates after (A) 7, (B) 10, (C) 14 and (D) 21 days the distributions of these were examined separately. All were, however, similar indicating that this did not have a significant effect.

Reading day	Reference dataset	Measurements	Classifications	Essential agreement	Exact agreement
7	Expert+AMyGDA	5598	80197	85.2 %	68.7 %
	Expert	12502	160102	81.7 %	59.9 %
10	Expert+AMyGDA	5662	85912	86.1 %	73.1 %
	Expert	12474	177315	82.7 %	63.2 %
14	Expert+AMyGDA	6205	112163	86.4 %	74.6 %
	Expert	12488	206353	83.3 %	65.3 %
21	Expert+AMyGDA	6394	106144	88.2 %	78.9 %
	Expert	12474	186624	85.8 %	71.1 %

Table S3: Individual volunteers only agree with the Expert+AMyGDA reference dataset in 60-70% of drug images. The exact and essential agreement between individual volunteers and the reference Expert+AMyGDA dataset improves with the length of incubation. The Expert dataset is shown for comparison.

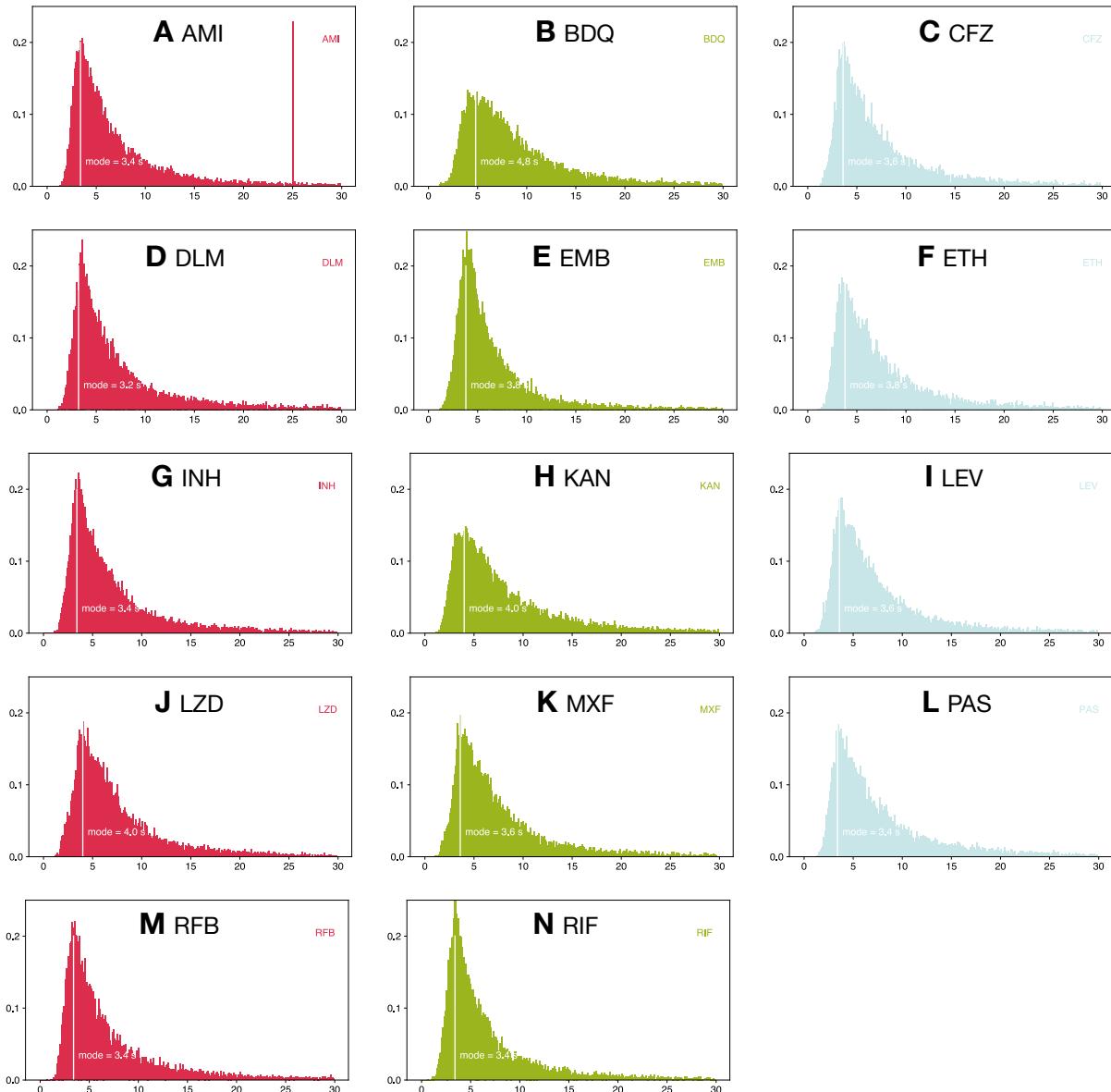


Figure S5: The time spent by volunteers on each classification varied depending on the drug being considered. The drug the volunteers spent the longest on (bedaquiline, mode 4.8 s) was also one of those with the largest number (8) of wells. As measured by its mode of 3.2 s, the volunteers spent the least time classifying delamanid.

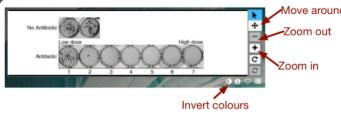
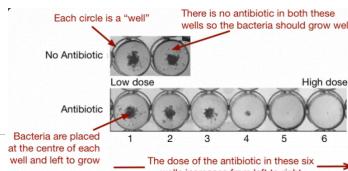


Welcome to Bash the Bug!

We need you to help us identify which antibiotics are effective against Tuberculosis!

Read this tutorial for a quick explanation of what to do.

[Continue](#)



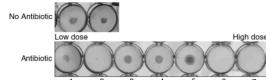
What am I looking at?

Each image shows a series of circular 'wells'.

The top two wells contain No Antibiotic. We include these so you can see how well the bacteria grows in the absence of any antibiotic.

Below these two wells you'll see a series of five to ten wells. Each of these wells contains an increasing dose of antibiotic as we move from left to right.

[Continue](#)



Option 2

If there is something unusual that doesn't make sense; in these cases, please select "Cannot classify".

This includes:

- Growth in one of the wells that looks very different to all the others (could be contamination)
- Inconsistent growth e.g. the bacteria grows in a well with a high dose of antibiotic but isn't growing in the low dose wells (this probably means something is wrong with the plate again). The above example shows this
- You can't decide if there is growth or not. The bacteria just might not grow that well which can make it hard to tell if there is growth, or it is something else, like an air bubble

[Continue](#)



Option 3

The second option is for cases where there is "No Growth in wells 1-6" (as illustrated in the image above). This is presumably because the antibiotic is effective at killing the bacteria at all doses.

Sometimes it can look as if there is 'something' in the wells, but you won't be sure if it is growth or not. Here, the two No Antibiotic wells are useful as these give you an idea of what growth looks like for this bacteria. If what you see is very different and much, much smaller, it is probably some sediment or something else: you can assume it isn't bacterial growth. For examples of common artefacts consult the Field Guide, accessed by the tab on the right of the page.

[Continue](#)

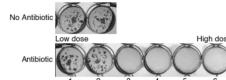


How do I make the image bigger?

If the wells are too small, you can zoom into the image using the "+" button to the right of the image. Alternatively, many browsers let you enlarge a web page if you press Ctrl (CMD on a Mac) and "+".

The small half-moon symbol below the image lets you invert the colours, which some people find helpful.

[Continue](#)



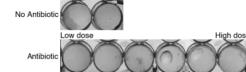
Options 4-8

These options are for cases where as the dose of antibiotic is increased, a point is reached where it is enough to prevent the bacteria growing. In other words, as we move along the wells from left to right, the bacteria will perhaps grow in the first few, but after a particular well there will be no growth; select the option with the number of the first well where there is no bacterial growth. I'd say this is the third well in the example above.

Sometimes the bacteria grow less and less well as the dose of antibiotic increases until we reach a "No Growth" well, sometimes the growth looks pretty similar and suddenly the bacteria stop growing.

If the bacteria start growing again at higher doses of Antibiotic that indicates

[Continue](#)



What do you need me to do?

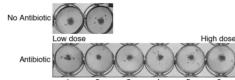
You'll be asked a multiple-choice question. For an image like the one above with six wells, the question has nine options, and you only need to pick one option. We will go through each of the possible options now.

Option 1

If you can't see any bacterial growth in one or both of the No Antibiotic wells (as illustrated in the image above) this indicates there is a problem with the plate.

For cases such as this, pick : "No Growth in either of the "No Antibiotic" wells"

[Continue](#)



Option 9

Lastly, choose this if there is "Growth in all wells 1-6" (as illustrated in the image above). In this case, the antibiotic isn't effective at any of the doses used, and so the bacteria grows in all the wells.

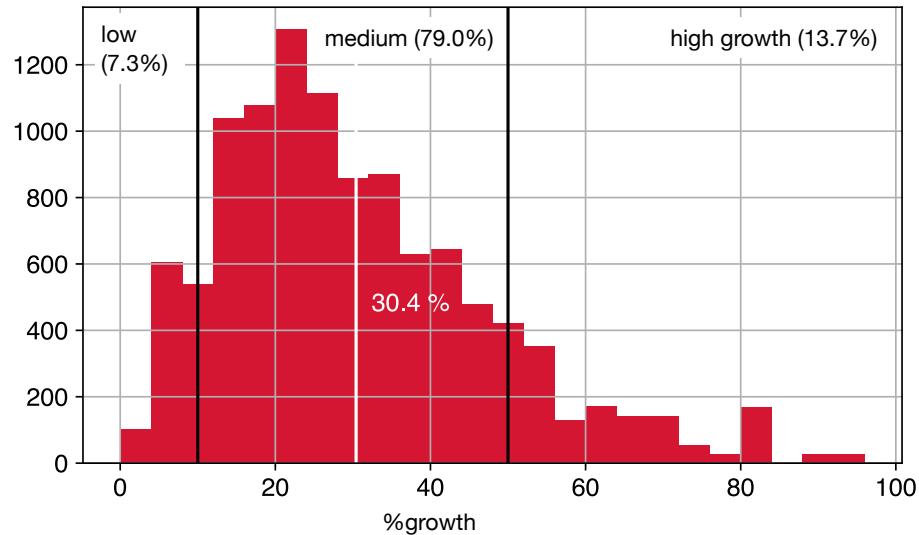
As before if you are unsure whether there is bacterial growth in a well, compare to how the bacteria has grown in the two No Antibiotic wells.

[Let's go!](#)



Figure S6: Every new user is shown this tutorial when they first join the BashTheBug Zooniverse project. It uses example images to explain the task and then each of the options that they can choose to classify a drug image.

A growth in positive control wells for **Expert+AMyGDA** dataset



B growth in positive control wells for **Expert** dataset

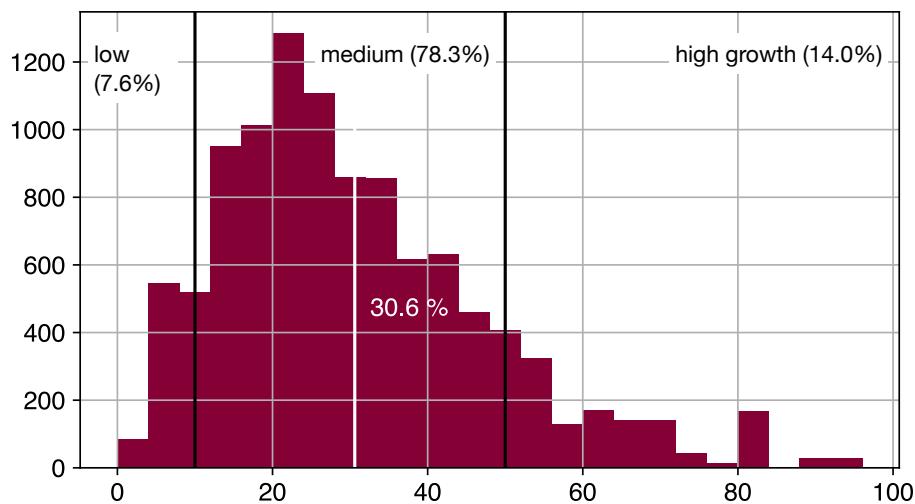
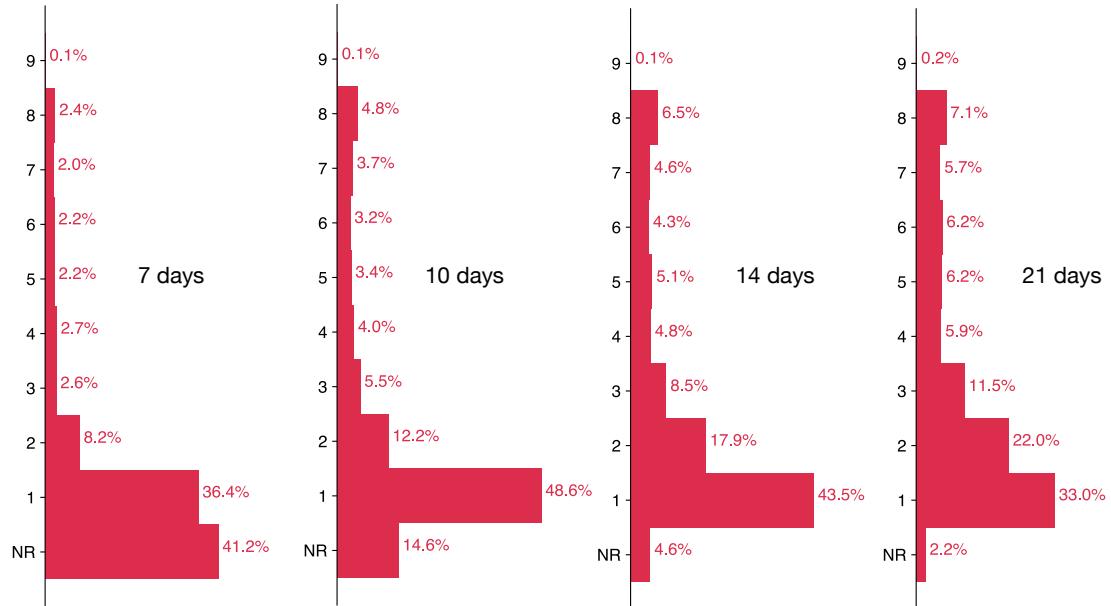


Figure S7: The Expert+AMyGDA consensus dataset has the same distribution of bacterial growth in the positive control wells as the Expert dataset after 14 days incubation. (**A**) The distribution of the mean positive control well growth, as measured by AMyGDA, for the Expert+AMyGDA dataset. The dataset is arbitrarily split into three categories: low (< 10%), medium ($10 \leq \text{growth} < 50\%$) and high ($\geq 50\%$) growth. The proportions of the dataset in each category are labelled. (**B**) The distribution of the mean positive control well growth, as measured by AMyGDA, for the Expert dataset. There are around twice as many plates in this dataset (Table S3).

Dilution	Agreement
NR	$43.9 \pm 0.6 \%$
1	$76.3 \pm 0.4 \%$
2	$43.5 \pm 0.5 \%$
3	$29.1 \pm 0.6 \%$
4	$31.4 \pm 0.8 \%$
5	$29.9 \pm 0.8 \%$
6	$31.6 \pm 0.8 \%$
7	$39.3 \pm 1.0 \%$
8	$52.6 \pm 1.0 \%$
9	$16.1 \pm 2.6 \%$

Table S4: The Expert and AMyGDA MICs are more likely to concur at smaller dilutions.

A Expert+AMyGDA dataset



B Expert dataset

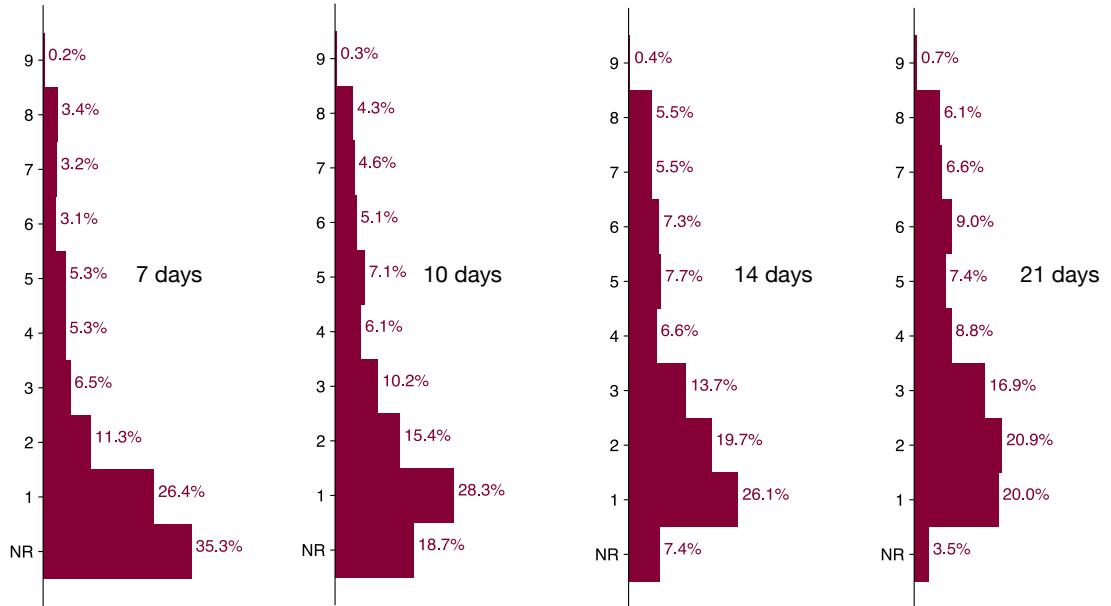


Figure S8: The Expert+AMyGDA dataset has a greater proportion of drug images with low dilutions compared to the Expert dataset. The growth of the bacteria is also evident as the number of days the sample was incubated for is increased.

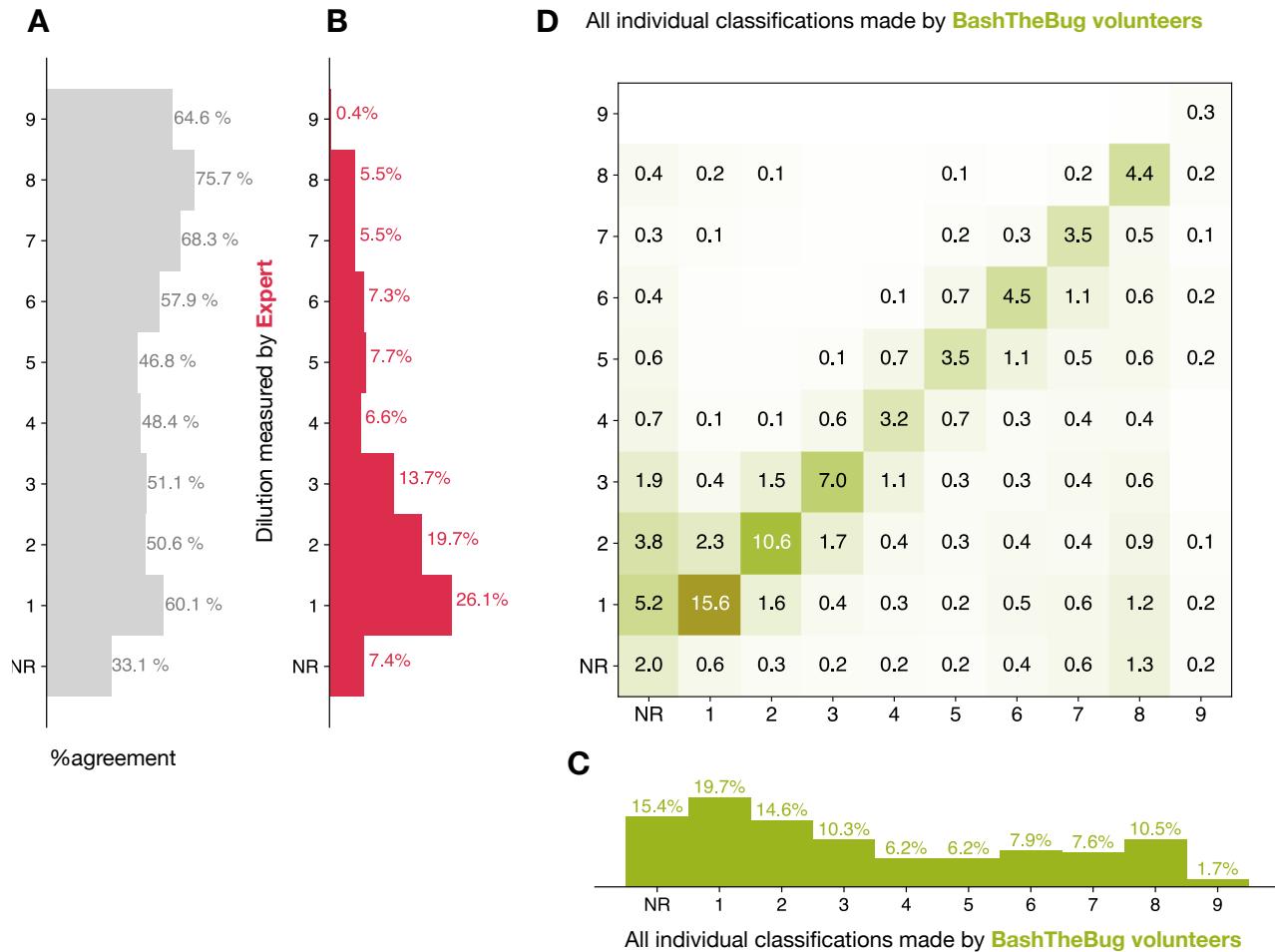
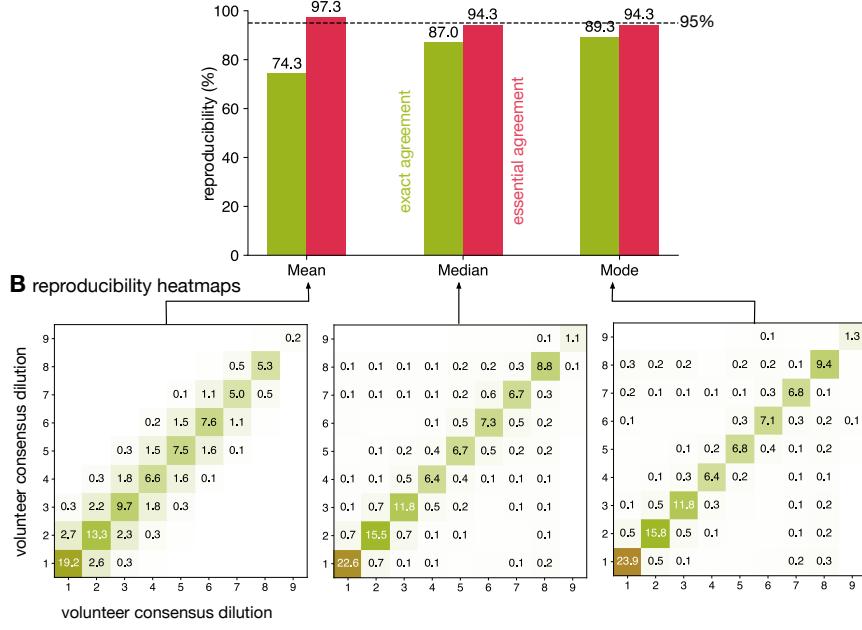
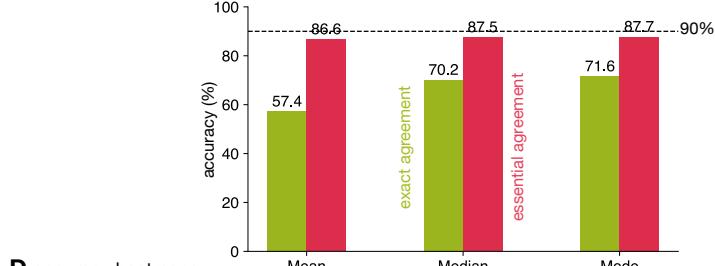


Figure S9: Heatmap showing how all the individual BashTheBug classifications ($n=214,164$) compare to the set of dilutions where the measurement made by the laboratory scientist using the Thermo Fisher Vizion instrument and a mirrored box after 14 days incubation concur ($n=9,402$) **(A)** The probability that a single volunteer exactly agrees with the Expert dataset varies with the dilution. The distribution of all MIC dilutions after 14 days incubation read by **(B)** laboratory scientists and **(C)** BashTheBug volunteers . NR includes both plates that could not be read due to issues with the control wells and problems with individual drugs such as skip wells. **(D)** A heatmap showing how for each set of images assessed by the laboratory scientist has having a specific dilution as the MIC, the classifications made by BashTheBug volunteers varied considerably. It is normalised so that each row sums to 100 % and only cells with $> 0.1 \%$ are labelled.

A reproducibility after 14 days incubation using n=17 classifications



C accuracy after 14 days incubation using n=17 classifications



D accuracy heatmaps

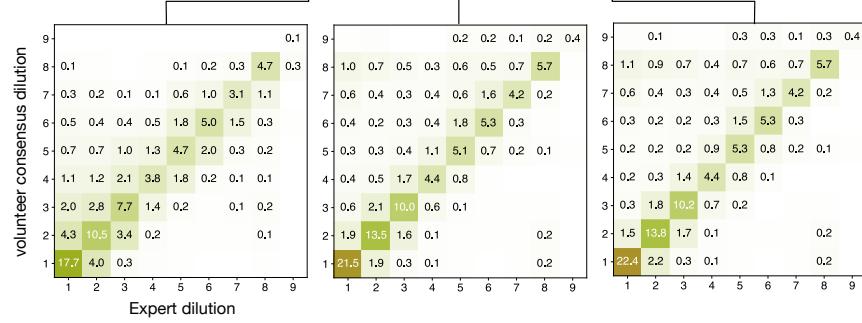
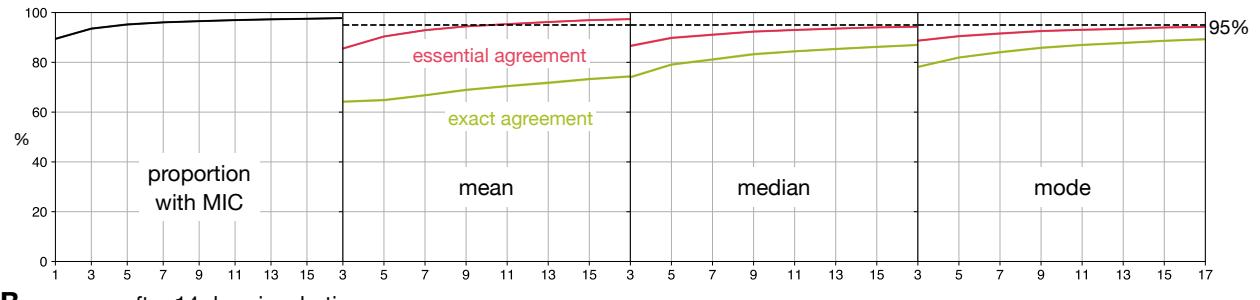


Figure S10: Taking the mean of 17 classifications is $\geq 95\%$ reproducible whilst none of the methods reach have an essential agreement for accuracy of $\geq 90\%$ when using the Expert dataset. **(A)** Only calculating the mean of 17 classifications achieves an essential agreement $\geq 95\%$ for reproducibility¹, followed by the median and then the mode. There is no specified threshold for exact agreement; the trend is reversed with the mode performing best, followed by the median and then the mean. **(B)** Heatmaps of the consensus formed via the mean, median or mode after 14 days incubation. Each consensus dilution is a different selection, with replacement, of the original classifications. Drug images from the larger Expert dataset are included. **(C)** The essential agreement between a consensus dilution formed from 17 classifications using the median or mode and the consensus Expert dilution is $\geq 90\%$, which is the required threshold¹. **(D)** The heatmaps clearly show how the volunteer consensus dilution is likely to be the same or greater than the Expert consensus.

Reading day	<i>n</i>	Prop. with MIC (%)	Exact Agreement (%)			Essential Agreement (%)		
			Mean	Median	Mode	Mean	Median	Mode
7	1	62.6 ± 0.1	68.6 ± 0.1	68.6 ± 0.1	68.6 ± 0.1	82.6 ± 0.1	82.6 ± 0.1	82.6 ± 0.1
	3	69.3 ± 0.1	61.7 ± 0.1	71.6 ± 0.1	75.2 ± 0.1	84.3 ± 0.1	86.0 ± 0.1	86.9 ± 0.1
	5	71.8 ± 0.1	63.3 ± 0.1	76.9 ± 0.1	79.4 ± 0.1	89.5 ± 0.1	89.5 ± 0.1	89.1 ± 0.1
	7	73.3 ± 0.1	65.5 ± 0.1	79.2 ± 0.1	82.1 ± 0.1	92.5 ± 0.1	91.0 ± 0.1	90.8 ± 0.1
	9	74.4 ± 0.1	67.7 ± 0.1	81.5 ± 0.1	84.1 ± 0.1	94.0 ± 0.1	92.2 ± 0.1	91.7 ± 0.1
	11	75.2 ± 0.1	69.8 ± 0.1	82.8 ± 0.1	85.4 ± 0.1	95.2 ± 0.1	93.0 ± 0.1	92.6 ± 0.1
	13	75.8 ± 0.1	71.6 ± 0.1	84.2 ± 0.1	86.7 ± 0.1	96.1 ± 0.1	93.6 ± 0.1	93.2 ± 0.1
	15	76.2 ± 0.1	72.6 ± 0.1	85.1 ± 0.1	87.8 ± 0.1	96.7 ± 0.1	94.2 ± 0.1	93.7 ± 0.1
	17	76.4 ± 0.1	73.6 ± 0.1	85.4 ± 0.1	87.9 ± 0.1	97.2 ± 0.1	94.3 ± 0.1	93.8 ± 0.1
10	1	75.5 ± 0.1	68.7 ± 0.1	68.7 ± 0.1	68.7 ± 0.1	82.9 ± 0.1	82.9 ± 0.1	82.9 ± 0.1
	3	82.1 ± 0.1	62.5 ± 0.1	72.1 ± 0.1	75.8 ± 0.1	84.9 ± 0.1	85.9 ± 0.1	87.4 ± 0.1
	5	85.3 ± 0.1	63.7 ± 0.1	77.3 ± 0.1	79.8 ± 0.1	89.9 ± 0.1	89.4 ± 0.1	89.6 ± 0.1
	7	86.6 ± 0.1	66.1 ± 0.1	79.4 ± 0.1	82.4 ± 0.1	92.7 ± 0.1	90.7 ± 0.1	90.8 ± 0.1
	9	87.5 ± 0.1	68.2 ± 0.1	81.5 ± 0.1	84.2 ± 0.1	94.1 ± 0.1	91.8 ± 0.1	91.7 ± 0.1
	11	88.2 ± 0.1	70.1 ± 0.1	82.9 ± 0.1	85.4 ± 0.1	95.3 ± 0.1	92.6 ± 0.1	92.3 ± 0.1
	13	88.7 ± 0.1	71.8 ± 0.1	84.1 ± 0.1	86.5 ± 0.1	96.1 ± 0.1	93.2 ± 0.1	93.0 ± 0.1
	15	89.1 ± 0.1	73.1 ± 0.1	84.9 ± 0.1	87.3 ± 0.1	96.8 ± 0.1	93.6 ± 0.1	93.3 ± 0.1
	17	89.9 ± 0.1	74.0 ± 0.1	85.5 ± 0.1	88.0 ± 0.1	97.2 ± 0.1	93.9 ± 0.1	93.7 ± 0.1
14	1	76.5 ± 0.1	70.4 ± 0.1	70.4 ± 0.1	70.4 ± 0.1	83.2 ± 0.1	83.2 ± 0.1	83.2 ± 0.1
	3	83.9 ± 0.1	63.9 ± 0.1	73.8 ± 0.1	77.9 ± 0.1	85.2 ± 0.1	86.4 ± 0.1	88.4 ± 0.1
	5	87.0 ± 0.1	64.5 ± 0.1	78.8 ± 0.1	81.7 ± 0.1	90.0 ± 0.1	89.7 ± 0.1	90.4 ± 0.1
	7	88.7 ± 0.1	66.5 ± 0.1	80.9 ± 0.1	84.0 ± 0.1	92.6 ± 0.1	90.9 ± 0.1	91.5 ± 0.1
	9	89.8 ± 0.1	68.4 ± 0.1	82.9 ± 0.1	85.5 ± 0.1	94.2 ± 0.1	92.0 ± 0.1	92.2 ± 0.1
	11	90.3 ± 0.1	70.1 ± 0.1	84.3 ± 0.1	87.0 ± 0.1	95.3 ± 0.1	92.9 ± 0.1	93.0 ± 0.1
	13	91.0 ± 0.1	71.6 ± 0.1	85.1 ± 0.1	87.7 ± 0.1	96.1 ± 0.1	93.4 ± 0.1	93.4 ± 0.1
	15	91.2 ± 0.1	72.9 ± 0.1	86.0 ± 0.1	88.4 ± 0.1	96.8 ± 0.1	93.8 ± 0.1	93.8 ± 0.1
	17	92.0 ± 0.1	74.3 ± 0.1	86.9 ± 0.1	89.2 ± 0.1	97.2 ± 0.1	94.2 ± 0.1	94.1 ± 0.1
21	1	79.5 ± 0.1	74.1 ± 0.1	74.1 ± 0.1	74.1 ± 0.1	85.2 ± 0.1	85.2 ± 0.1	85.2 ± 0.1
	3	86.3 ± 0.1	68.0 ± 0.1	77.4 ± 0.1	81.4 ± 0.1	87.0 ± 0.1	88.0 ± 0.1	90.1 ± 0.1
	5	89.0 ± 0.1	68.6 ± 0.1	82.3 ± 0.1	85.0 ± 0.1	91.8 ± 0.1	91.1 ± 0.1	91.9 ± 0.1
	7	90.5 ± 0.1	70.7 ± 0.1	84.2 ± 0.1	87.0 ± 0.1	93.9 ± 0.1	92.1 ± 0.1	92.8 ± 0.1
	9	91.5 ± 0.1	72.4 ± 0.1	85.7 ± 0.1	88.1 ± 0.1	95.1 ± 0.1	93.1 ± 0.1	93.4 ± 0.1
	11	92.0 ± 0.1	73.7 ± 0.1	87.0 ± 0.1	89.3 ± 0.1	96.2 ± 0.1	93.7 ± 0.1	94.0 ± 0.1
	13	92.4 ± 0.1	75.0 ± 0.1	87.8 ± 0.1	90.1 ± 0.1	96.7 ± 0.1	94.2 ± 0.1	94.4 ± 0.1
	15	92.7 ± 0.1	76.1 ± 0.1	88.4 ± 0.1	90.5 ± 0.1	97.4 ± 0.1	94.6 ± 0.1	94.6 ± 0.1
	17	93.3 ± 0.1	77.3 ± 0.1	88.9 ± 0.1	91.2 ± 0.1	97.7 ± 0.1	94.9 ± 0.1	95.0 ± 0.1

Table S5: The effect on reproducibility of varying the number of days incubated, the number of classifications, *n*, and the consensus method.

A reproducibility after 14 days incubation



B accuracy after 14 days incubation

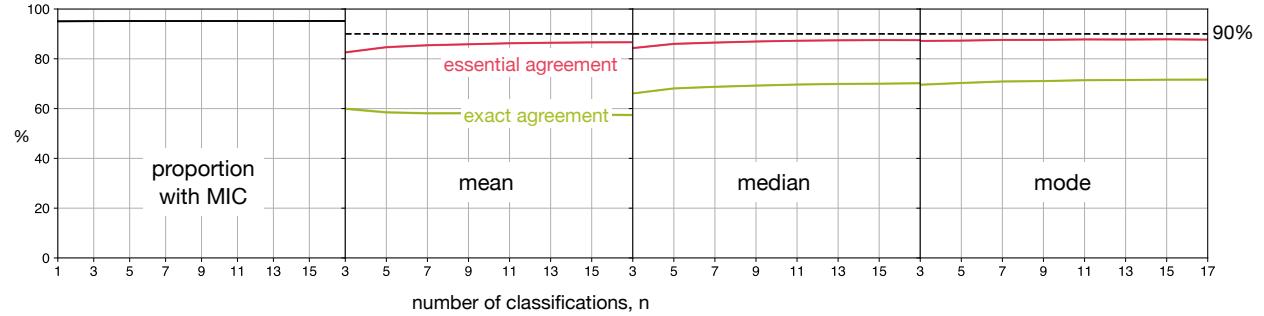
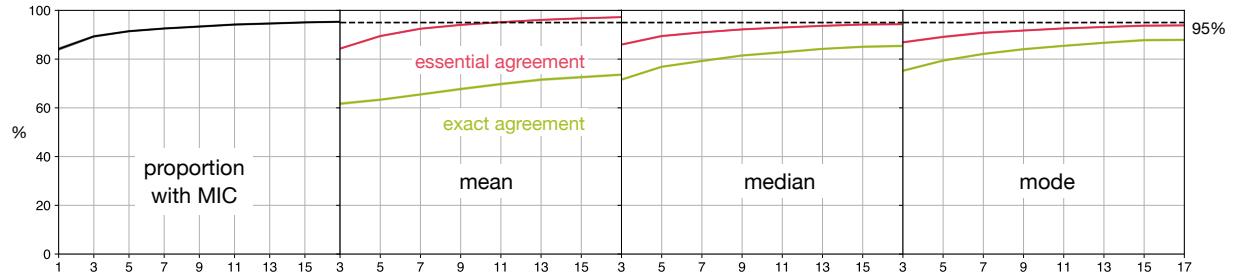


Figure S11: Reducing the number of classifications, n , used to build the consensus dilution decreases the reproducibility and accuracy of the consensus measurement. **(A)** The consensus dilution becomes less reproducible as the number of classifications is reduced, as measured by both the exact and essential agreements. **(B)** Likewise, the consensus dilution becomes less accurate as the number of classifications is decreased, however the highest level of exact agreement using the mean is obtained when $n = 3$ and the mode, and to a lesser extent the median, are relatively insensitive to the number of classifications. These data are all with respect to the Expert dataset.

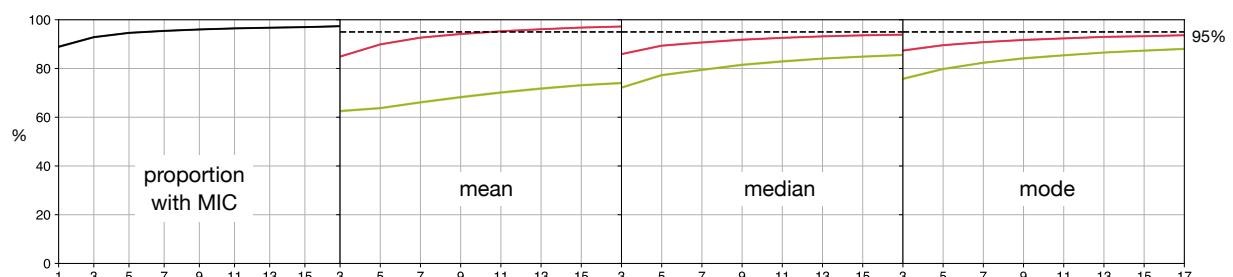
Reading day	n	Prop. with MIC (%)	Exact Agreement (%)			Essential Agreement (%)		
			Mean	Median	Mode	Mean	Median	Mode
7	3	78.0 ± 0.1	67.6 ± 0.2	69.1 ± 0.2	74.0 ± 0.2	84.0 ± 0.1	85.8 ± 0.1	89.4 ± 0.1
	5	78.5 ± 0.1	67.3 ± 0.1	70.1 ± 0.1	73.5 ± 0.1	86.5 ± 0.1	87.3 ± 0.1	89.2 ± 0.1
	7	78.9 ± 0.1	67.9 ± 0.2	70.3 ± 0.1	73.7 ± 0.1	87.4 ± 0.1	87.6 ± 0.1	89.2 ± 0.1
	9	78.9 ± 0.1	68.7 ± 0.1	70.6 ± 0.1	73.7 ± 0.1	87.6 ± 0.1	88.0 ± 0.1	89.2 ± 0.1
	11	79.2 ± 0.1	69.1 ± 0.2	70.8 ± 0.1	73.8 ± 0.1	88.4 ± 0.1	88.3 ± 0.1	89.2 ± 0.1
	13	79.2 ± 0.1	69.0 ± 0.1	70.7 ± 0.1	73.6 ± 0.1	88.6 ± 0.1	88.3 ± 0.1	89.1 ± 0.1
	15	79.2 ± 0.1	68.8 ± 0.2	70.6 ± 0.1	73.5 ± 0.1	88.7 ± 0.1	88.3 ± 0.1	89.1 ± 0.1
	17	79.4 ± 0.1	68.9 ± 0.1	71.6 ± 0.1	74.5 ± 0.1	88.3 ± 0.1	88.4 ± 0.1	89.1 ± 0.1
10	3	91.7 ± 0.1	70.3 ± 0.1	73.4 ± 0.1	78.5 ± 0.1	84.0 ± 0.1	86.7 ± 0.1	90.4 ± 0.1
	5	92.0 ± 0.1	69.3 ± 0.1	75.0 ± 0.1	78.4 ± 0.1	86.3 ± 0.1	88.4 ± 0.1	90.4 ± 0.1
	7	92.0 ± 0.1	69.6 ± 0.1	75.4 ± 0.1	78.7 ± 0.1	87.3 ± 0.1	88.9 ± 0.1	90.5 ± 0.1
	9	92.1 ± 0.1	70.1 ± 0.1	75.5 ± 0.1	78.7 ± 0.1	87.4 ± 0.1	89.2 ± 0.1	90.5 ± 0.1
	11	92.2 ± 0.1	70.1 ± 0.1	75.8 ± 0.1	78.9 ± 0.1	87.9 ± 0.1	89.5 ± 0.1	90.6 ± 0.1
	13	92.2 ± 0.1	70.0 ± 0.1	75.9 ± 0.1	78.7 ± 0.1	88.3 ± 0.1	89.7 ± 0.1	90.5 ± 0.1
	15	92.1 ± 0.1	69.8 ± 0.1	75.9 ± 0.1	78.9 ± 0.1	88.4 ± 0.1	89.8 ± 0.1	90.6 ± 0.1
	17	92.5 ± 0.1	69.6 ± 0.1	75.9 ± 0.1	78.7 ± 0.1	88.0 ± 0.1	89.5 ± 0.1	90.3 ± 0.1
14	3	97.1 ± 0.1	69.9 ± 0.1	74.5 ± 0.1	80.0 ± 0.1	83.6 ± 0.1	86.7 ± 0.1	90.6 ± 0.1
	5	97.2 ± 0.1	68.4 ± 0.1	76.4 ± 0.1	80.1 ± 0.1	86.3 ± 0.1	88.6 ± 0.1	90.7 ± 0.1
	7	97.3 ± 0.1	68.1 ± 0.1	76.9 ± 0.1	80.5 ± 0.1	87.0 ± 0.1	89.0 ± 0.1	90.9 ± 0.1
	9	97.3 ± 0.1	68.6 ± 0.1	77.2 ± 0.1	80.5 ± 0.1	87.5 ± 0.1	89.6 ± 0.1	90.9 ± 0.1
	11	97.3 ± 0.1	68.9 ± 0.1	77.7 ± 0.1	80.9 ± 0.1	87.9 ± 0.1	89.9 ± 0.1	91.1 ± 0.1
	13	97.4 ± 0.1	68.7 ± 0.1	77.9 ± 0.1	80.9 ± 0.1	88.3 ± 0.1	90.1 ± 0.1	91.1 ± 0.1
	15	97.4 ± 0.1	68.5 ± 0.1	78.0 ± 0.1	80.9 ± 0.1	88.4 ± 0.1	90.2 ± 0.1	91.1 ± 0.1
	17	97.4 ± 0.1	68.4 ± 0.1	78.1 ± 0.1	80.9 ± 0.1	88.5 ± 0.1	90.2 ± 0.1	91.0 ± 0.1
21	3	98.9 ± 0.1	74.3 ± 0.1	79.3 ± 0.1	84.0 ± 0.1	86.3 ± 0.1	89.0 ± 0.1	92.3 ± 0.1
	5	99.0 ± 0.1	73.1 ± 0.1	81.3 ± 0.1	84.5 ± 0.1	88.8 ± 0.1	90.7 ± 0.1	92.5 ± 0.1
	7	99.0 ± 0.1	73.4 ± 0.1	81.9 ± 0.1	85.1 ± 0.1	89.6 ± 0.1	91.4 ± 0.1	92.9 ± 0.1
	9	99.0 ± 0.1	73.7 ± 0.1	82.4 ± 0.1	85.2 ± 0.1	89.8 ± 0.1	91.7 ± 0.1	92.9 ± 0.1
	11	99.0 ± 0.1	73.5 ± 0.1	82.7 ± 0.1	85.5 ± 0.1	90.2 ± 0.1	92.1 ± 0.1	93.1 ± 0.1
	13	99.0 ± 0.1	73.8 ± 0.1	83.0 ± 0.1	85.6 ± 0.1	90.5 ± 0.1	92.4 ± 0.1	93.2 ± 0.1
	15	99.0 ± 0.1	73.5 ± 0.1	83.2 ± 0.1	85.6 ± 0.1	90.6 ± 0.1	92.5 ± 0.1	93.2 ± 0.1
	17	99.0 ± 0.1	73.3 ± 0.1	83.2 ± 0.1	85.6 ± 0.1	90.6 ± 0.1	92.6 ± 0.1	93.3 ± 0.1

Table S6: The effect on accuracy of varying the number of days incubated, the number of classifications, n , and the consensus method.

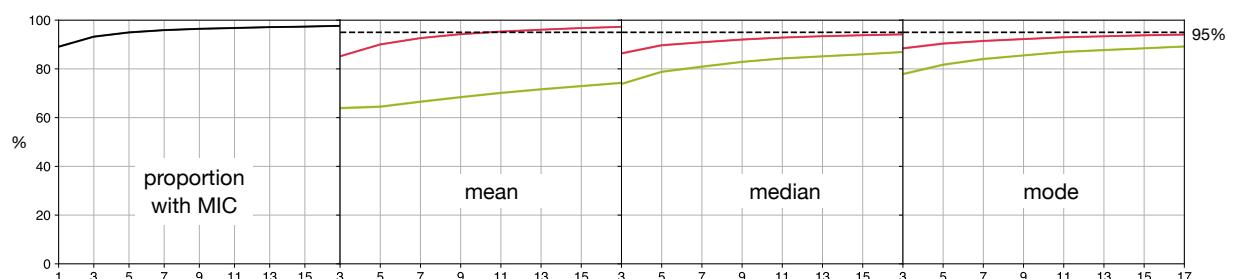
A reproducibility after 7 days incubation



B 10 days



C 14 days



D 21 days

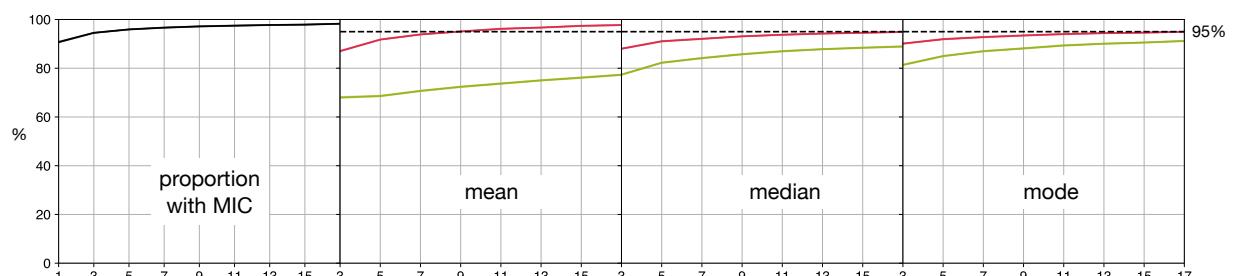
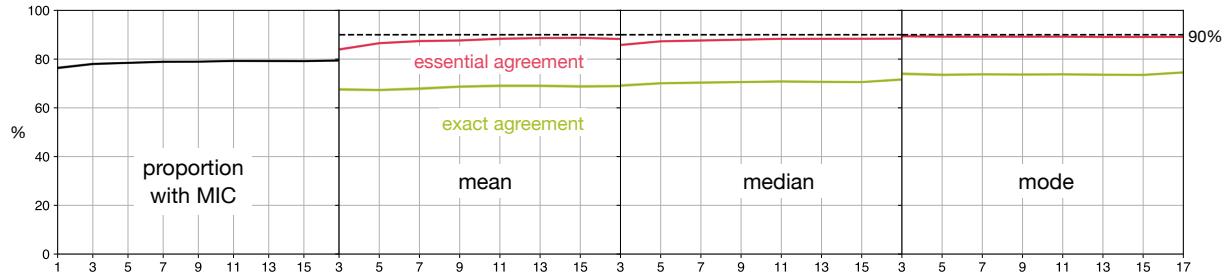
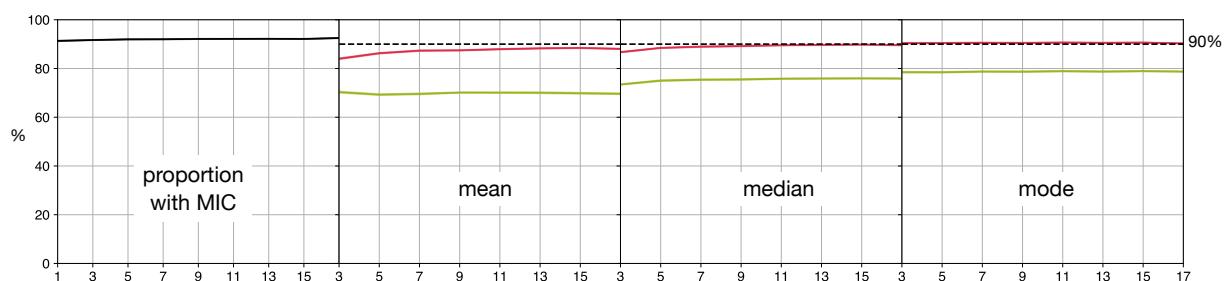


Figure S12: Altering the number of days incubation does not markedly affect the observed trends in reproducibility. Shown are results for the Expert+AMyGDA dataset after **(A)** 7, **(B)** 10, **(C)** 14 and **(D)** 21 days of incubation. A previous study² showed that optimal results were achieved after 14 days incubation.

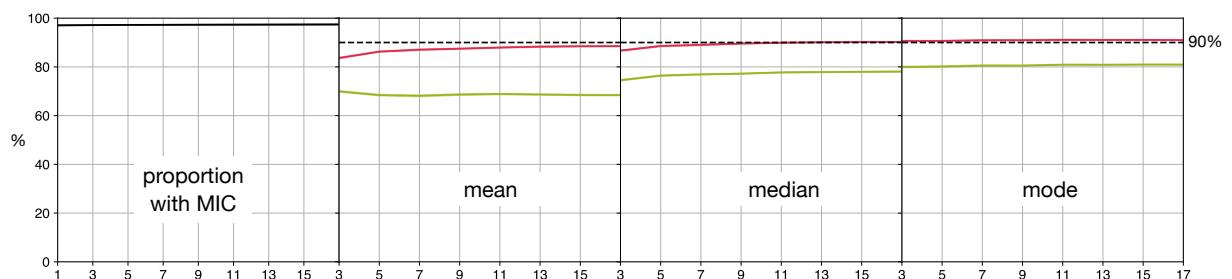
A accuracy after 7 days incubation



B 10 days



C 14 days



D 21 days

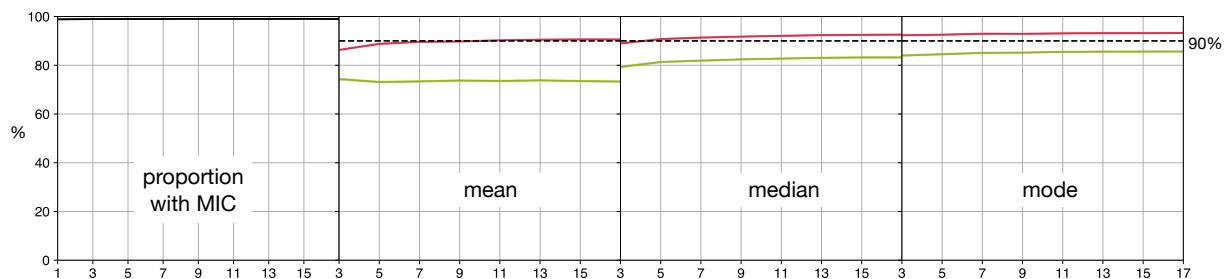
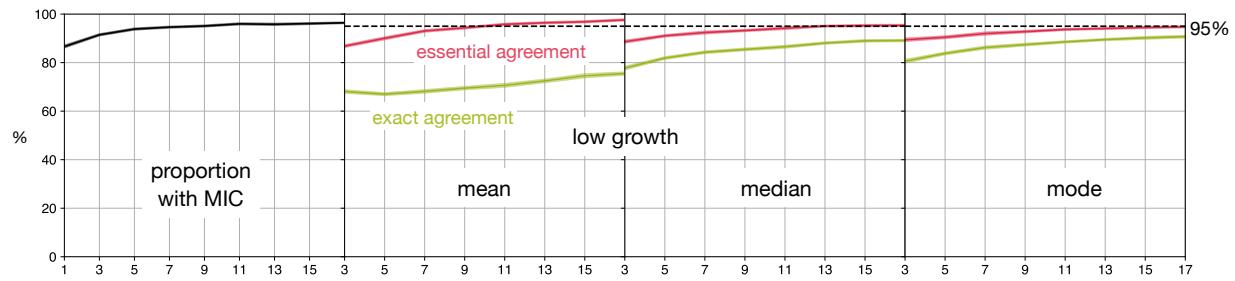
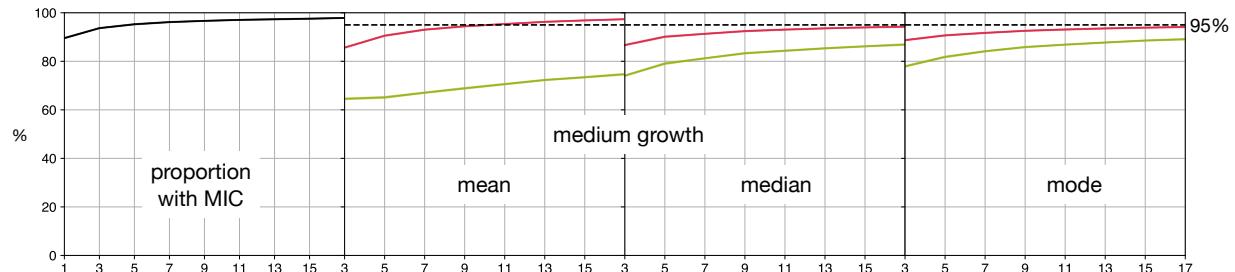


Figure S13: Altering the number of days incubation does not markedly affect the observed trends in accuracy. Shown are results for the Expert+AMyGDA dataset after **(A)** 7, **(B)** 10, **(C)** 14 and **(D)** 21 days of incubation. A previous study² showed that optimal results were achieved after 14 days incubation.

A reproducibility after 14 days incubation for plates with $\leq 10\%$ growth in the control wells



B .. and for plates with $10\% < \text{growth} \leq 50\%$ in the control wells



C .. and for plates with growth $> 50\%$ in the control wells

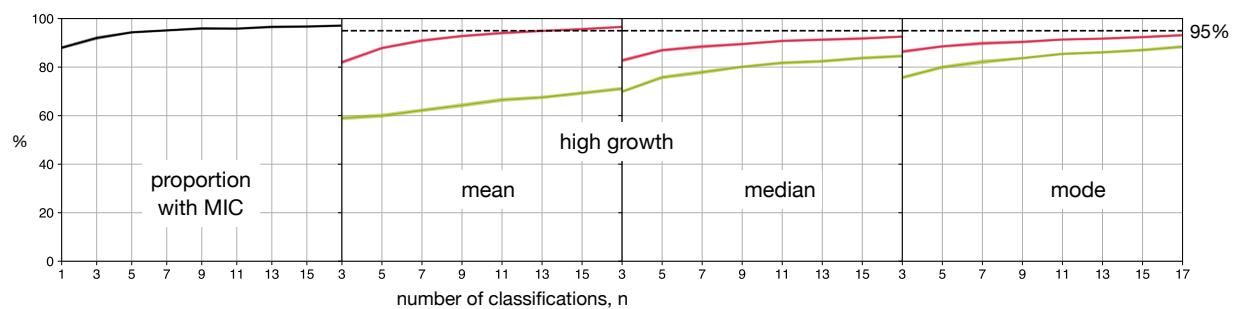
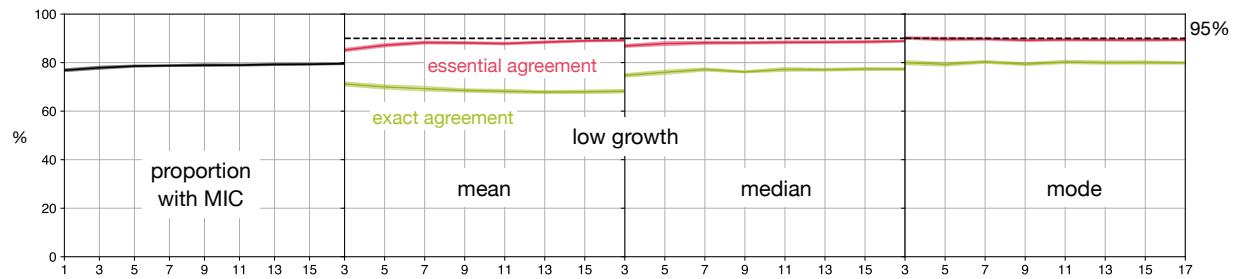
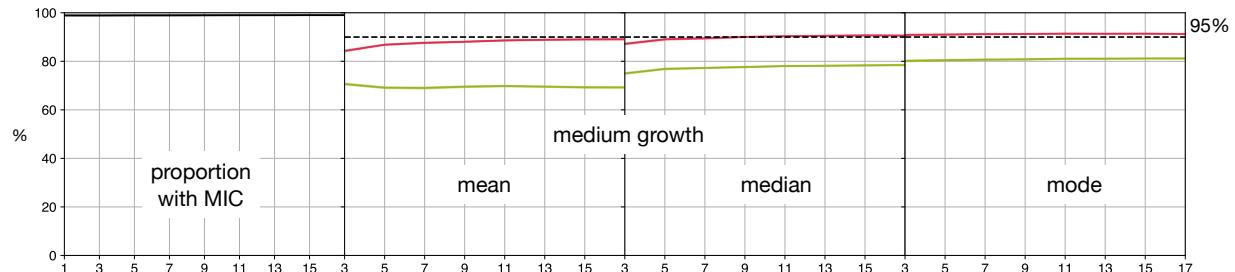


Figure S14: Segmenting the drug images by the mean amount of growth in the positive control wells (Fig. S7) does not markedly affect the reproducibility of the three consensus methods. The plates are split into those with (A) low ($\leq 10\%$) growth, (B) medium ($10\% < \text{growth} \leq 50\%$) growth and (C) high ($> 50\%$) growth. The drug images from the Expert+AMyGDA dataset were used and the proportion with MIC is the proportion of consensus readings that are a definite numerical minimum inhibitory concentration.

A accuracy after 14 days incubation for plates with $\leq 10\%$ growth in the control wells



B .. and for plates with $10\% < \text{growth} \leq 50\%$ in the control wells



C .. and for plates with growth $> 50\%$ in the control wells

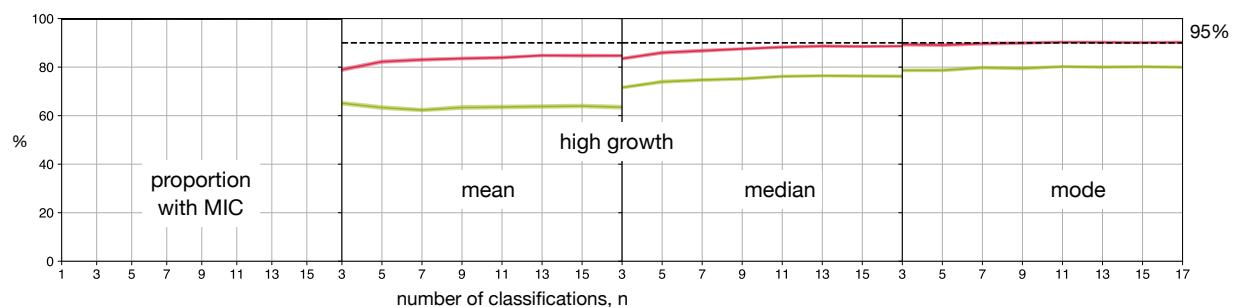


Figure S15: Segmenting the drug images by the mean amount of growth in the positive control wells (Fig. S7) does not markedly affect the accuracy of the three consensus methods. The plates are split into those with (A) low ($\leq 10\%$) growth, (B) medium ($10\% < \text{growth} \leq 50\%$) growth and (C) high ($> 50\%$) growth. The drug images from the Expert+AMyGDA dataset were used and the proportion with MIC is the proportion of consensus readings that are a definite numerical minimum inhibitory concentration.

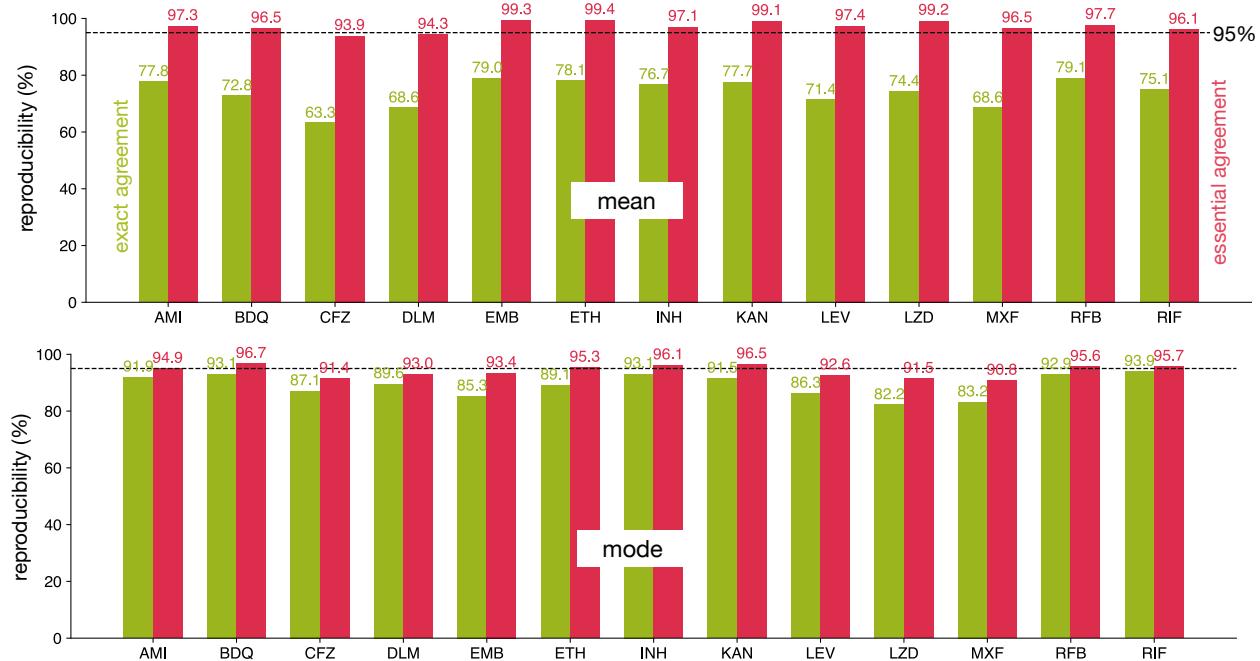
Reading day	<i>n</i>	Average	Prop. with	Exact Agreement (%)			Essential Agreement (%)		
		<i>n</i>	MIC (%)	Mean	Median	Mode	Mean	Median	Mode
14	3	3.0	95.1	81.4	79.1	81.7	92.6	89.3	90.4
	5	3.9	96.6	79.0	82.7	84.4	93.1	91.4	91.6
	7	4.7	97.1	80.0	83.6	85.7	94.4	92.1	92.1
	9	5.6	97.4	80.8	84.6	86.6	95.3	92.8	92.7
	11	6.5	97.6	82.0	85.5	87.3	96.1	93.3	93.1
	13	7.3	97.8	82.8	86.1	88.0	96.6	93.7	93.4
	15	8.2	98.0	83.3	86.6	88.5	96.9	93.9	93.7
	17	8.8	98.2	84.5	87.6	89.4	97.3	94.4	94.1

Table S7: The effect on reproducibility of dynamically retiring images if the first three classifications are identical and continuing the remainder until they have accrued *n* classifications.

Reading day	<i>n</i>	Average	Prop. with	Exact Agreement (%)			Essential Agreement (%)		
		<i>n</i>	MIC (%)	Mean	Median	Mode	Mean	Median	Mode
14	3	3.0	97.2	69.9	74.5	80.0	83.6	86.7	90.6
	5	3.8	96.9	74.4	77.7	80.2	88.1	89.2	90.6
	7	4.6	97.0	74.1	77.8	80.4	88.5	89.5	90.7
	9	5.4	97.0	74.2	77.9	80.4	88.6	89.8	90.7
	11	6.2	97.0	74.4	78.2	80.6	88.9	90.0	90.8
	13	7.0	97.1	74.4	78.3	80.5	89.1	90.1	90.8
	15	7.8	97.1	74.2	78.3	80.6	89.1	90.2	90.8
	17	8.4	97.1	74.8	78.8	80.9	89.4	90.3	90.9

Table S8: The effect on accuracy of dynamically retiring images if the first three classifications are identical and continuing the remainder until they have accrued *n* classifications.

A reproducibility after 14 days incubation and n=17 classifications



B accuracy after 14 days incubation and n=17 classifications

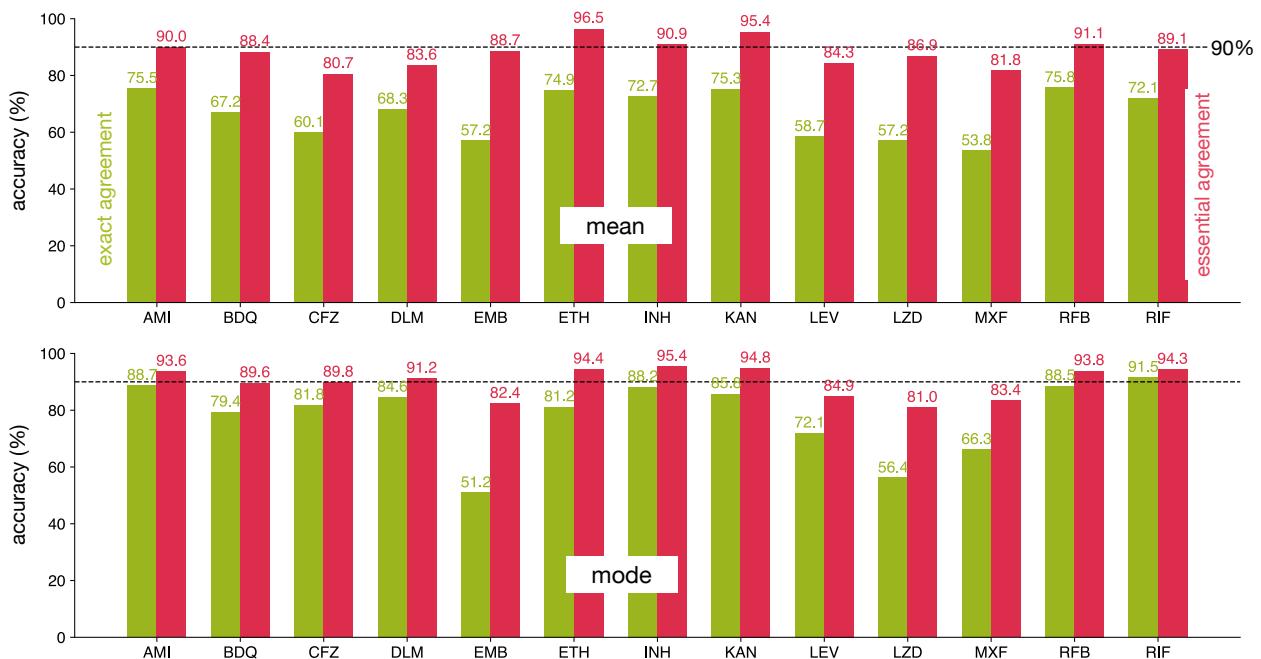


Figure S16: The reproducibility and accuracy after 14 days incubation of the 13 antibiotics on the UKMYC5 plate. A total of 17 classifications were used for each measurement and either the mean or mode was used to obtain a consensus reading of the (A) reproducibility and (B) accuracy. The essential agreement is drawn in red and the required thresholds are 95% and 90% for the reproducibility and accuracy, respectively¹. The exact agreement is drawn in green and no threshold is defined. The drug abbreviations are defined in Fig. S2. The dataset used was Expert+AMyGDA.

Dilution	Agreement
NR	$20.0 \pm 0.1 \%$
1	$83.9 \pm 0.1 \%$
2	$72.0 \pm 0.1 \%$
3	$66.6 \pm 0.1 \%$
4	$48.2 \pm 0.1 \%$
5	$53.4 \pm 0.1 \%$
6	$52.6 \pm 0.1 \%$
7	$42.8 \pm 0.1 \%$
8	$46.7 \pm 0.1 \%$
9	$21.1 \pm 0.2 \%$

Table S9: The Expert and BashTheBug MICs are more likely to concur at smaller dilutions. The BashTheBug consensus measurement was built by taking the median of 17 classifications and rounding up if a non-integer was returned.

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References

1. International Organization for Standardization (2007) ISO 20776-2: Clinical laboratory testing and in vitro diagnostic test systems. Technical report, International Standards Organization.
2. Rancoita PMV, Cugnata F, Gibertoni Cruz AL, Borroni E, Hoosdally SJ, Walker TM, Grazian C, Davies TJ, Peto TEA, Crook DW, Fowler PW, Cirillo DM, Crook DW, Peto TEA, Walker AS, Hoosdally SJ, Gibertoni Cruz AL, Grazian C, Walker TM, Fowler PW, Wilson D, Clifton D, Iqbal Z, Hunt M, Smith EG, Rathod P, Jarrett L, Matias D, Cirillo DM, Borroni E, Battaglia S, Chiacchiaretta M, De Filippo M, Cabibbe A, Tahseen S, Mistry N, Nilgiriwala K, Chitalia V, Ganesan N, Papewar A, Rodrigues C, Kambli P, Surve U, Khot R, Niemann S, Kohl T, Merker M, Hoffmann H, Lehmann S, Plesnik S, Ismail N, Omar SV, Joseph L, Marubini E, Thwaites G, Thuy Thuong TN, Ngoc NH, Srinivasan V, Moore D, Coronel J, Solano W, He G, Zhu B, Zhou Y, Ma A, Yu P, Schito M, Claxton P, Laurenson I (2018) *Antimicrobial Agents and Chemotherapy* 62:e00344–18.