

INVESTIGATIONS INTO SIGMA FACTOR C REGULATION AND COENZYME B₁₂
SYNTHESIS IN MYCOBACTERIUM TUBERCULOSIS

by

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(Under the Direction of Russell Karls)

ABSTRACT

Tuberculosis (TB) is one of the oldest and most-deadly human diseases. The main etiological agent, *Mycobacterium tuberculosis*, caused approximately 10.4 million new infections and 1.6 million deaths in 2016. The World Health Organization estimates that 1/3 of the world population harbors a latent TB infection. This pathogen can survive asymptomatically in the host for decades, but the extent of its metabolic activity during such latent infections is unclear. To respire and metabolize in host cells, *M. tuberculosis* must acquire essential metals and acquire or synthesize enzyme cofactors. Herein we explore control of the copper-acquisition sigma factor, SigC, by copper. We also interrogate genes predicted to function in the synthesis of co-enzyme B₁₂ (Co-B₁₂) in *M. tuberculosis*.

Copper is a cofactor of electron-transfer enzymes, including a Zn/Cu-dependent superoxide dismutase, and a type a/a3 respiratory complex in *M. tuberculosis*. Intracellular free copper levels are nearly undetectable; therefore, pathogenic bacteria have evolved mechanisms to scavenge this essential metal. The *sigC* gene enables growth in copper-starved medium and upregulates expression of *ctpB* and the *PPE1-nrp* operon.

Here, we demonstrate *sigC* is absolutely required for growth in copper-chelated medium and that copper destabilizes SigC in *M. tuberculosis*. This supports a model in which SigC is post-translationally regulated by copper levels.

In *M. tuberculosis*, Co-B₁₂ functions in methionine synthesis, fatty-acid metabolism, and ribonucleotide reduction. To understand the role of Co-B₁₂ in *M. tuberculosis*, we assessed predicted Co-B₁₂ biosynthetic genes from *M. tuberculosis* in *Salmonella* Typhimurium Co-B₁₂ synthesis pathway mutants. Results indicate that 16 genes functionally complement late-cobalt insertion specific Co-B₁₂ biosynthetic genes from *S. Typhimurium*. These data suggest that *M. tuberculosis* may synthesize Co-B₁₂ in low oxygen environments in its host. Hypoxic *in vitro* cultivation of *M. tuberculosis* did not result in detectable Co-B₁₂ synthesis, suggesting that other signals or factors may be required. This body of work expands the knowledge base of mechanisms for survival and metabolism by *M. tuberculosis*, and informs future research to target critical components in the development of effective antibiotics and vaccines.

INDEX WORDS: *Mycobacterium tuberculosis*, Sigma Factor, SigC, Copper, Metal Acquisition, Chelator, Coenzyme B₁₂, Metabolism, Gene Regulation

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DEDICATION

This work is dedicated to my family and friends, past and present.

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CHAPTER 1

INTRODUCTION

Despite the long history of tuberculosis disease (TB) in humans and efforts to eradicate it, *Mycobacterium tuberculosis* remains a leading cause of morbidity and mortality by a single etiological agent (1). According to the 2017 World Health Organizations (WHO) Tuberculosis World Report, 10.4 million people developed TB disease and 1.6 million deaths from the disease occurred in 2016 (1). Among new infections, 3.5% of cases were multidrug-resistant TB (MDR-TB), with 9% of these being extensively drug-resistant (XDR-TB) (1). The widely-used TB vaccine, bacille Calmette-Guérin (BCG), is a live-attenuated strain of *Mycobacterium bovis* developed post World War I by Albert Calmette and Camille Guérin (2). While this vaccine provides protection against disseminating forms of TB, such as meningitis, in young children, its efficacy in adults is low (2). Given the global health threat of TB and the rise in MDR-TB incidence, continued study of this pathogen is imperative. A better understanding of *M. tuberculosis* physiology and metabolism within the human host will lead to more rational and hypothesis-driven drug and vaccine design.

Sigma factor C (SigC) is one of 13 identified sigma factors in *M. tuberculosis*. This transcription initiation factor is necessary for *M. tuberculosis* virulence in both murine and guinea pig infection models (3, 4). SigC promoter binding sites were identified upstream of *ctpB*, which encodes a putative metal-binding P-type ATPase, as well as upstream of the *PPE1-nrp* operon (5, 6). The *Mycobacterium marinum* homolog

of this operon is predicted to encode proteins that produce a metal chelator (7). There is no identified anti-sigma factor for SigC (8). Two promoter regions have been located upstream of *sigC*, which is transcribed at high levels; however, *sigC* is not auto-regulated (9, 10). Understanding the mechanism of regulation for SigC in relation to metal availability is the first focus of this dissertation.

Many eukaryotic and prokaryotic organisms, including *M. tuberculosis*, utilize cobalamin, also known as Co-enzyme B₁₂ or Co-B₁₂, as a cofactor for three main types of enzymes: corrinoid dehalogenases, methyltransferases, and isomerases (11). In *M. tuberculosis*, there are three Co-B₁₂-dependent enzymes: a methionine synthase (MetH), methylmalonyl-CoA mutase (MutAB), and a class II ribonucleotide reductase (NrdZ). Additionally, the *M. tuberculosis* genome encodes homologs to many of the Co-B₁₂ biosynthetic enzymes characterized in other organisms. Despite this, there is limited evidence suggesting that *M. tuberculosis* and other TB-causing mycobacteria synthesize Co-B₁₂ *in vitro* (12–14). Examining the function of predicted Co-B₁₂ biosynthetic genes and the production of Co-B₁₂ in *M. tuberculosis* is the second focus of this dissertation.

CHAPTER 2

LITERATURE REVIEW

2.1. MYCOBACTERIUM TUBERCULOSIS

History and Taxonomy

Mycobacterium tuberculosis is an intracellular human pathogen and the main causative agent of tuberculosis (TB) disease in humans. It is in the family of Mycobacteriaceae and the order Actinobacteria. Phylogenetic analysis supports origination of *M. tuberculosis* in East Africa about 70,000 years ago and co-evolution of this pathogen with humans (15). Written accounts of TB disease in ancient Egyptian, Indian, and Chinese date back about 5,000 years. Evidence of TB disease has been found in mummified human remains from ancient Egypt and from ancient Peru (2, 16). In the 1800s, the high prevalence of TB in Europe led to glamorization of the outward appearances caused by the disease such as red lips, glassy eyes, and thin bodies (2).

It was not until 1865 that TB was shown to be caused by infection. Jean-Antoine Villemin transferred fluid from a TB victim to a rabbit, and showed evidence of disease transmission (2). Nearly 20 years later, in 1882, Robert Koch was the first to culture *M. tuberculosis* on solid medium. Subsequently, in 1890, he reported the potential of the protein mixture tuberculin derived from the bacteria for prevention and diagnosis of TB disease (17). Work on tuberculin by Clemens Freiherr von Pirquet and Charles Mantoux

established a test for infection based on the immune response to the *M. tuberculosis* antigens (2). In the 1930s, Florence Seibert developed the purified protein derivative (PPD) skin test for *M. tuberculosis* diagnosis. This diagnostic test is nearly identical to the PPD diagnostic used today (2).

Epidemiology

Tuberculosis is the leading cause of death in humans from a single infectious agent world-wide and approximately 1/3 of the human population is latently infected with the etiological agent. About 20 countries, mainly in Sub-Saharan Africa and Asia account for 90% of the global TB burden (1). For 2016, 4.1% of new cases and 19% of previously-treated TB cases were rifampicin-resistant TB (RR-TB) or rifampicin and isoniazid-resistant TB (MDR-TB). Of these, 6.2% were considered extensively drug resistant (XDR-TB) meaning that the *M. tuberculosis* isolate was resistant to rifampicin, isoniazid, fluoroquinolones, and at least one second-line injectable, such as kanamycin, capreomycin, or amikacin (1).

While the majority of human TB cases are caused by *M. tuberculosis*, there are 9 mycobacterial species that currently make up the *M. tuberculosis* complex (MTC). These bacteria cause TB, or TB-like disease in mammals. The MTC includes human pathogens: *M. tuberculosis*, *M. africanum*, and *M. canettii*; the Bovidae family pathogens: *M. bovis*, *M. caprae*, *M. mungi*, and *M. orygis*; the rodent pathogen *M. microti*; and the pinniped pathogen *M. pinnipedii* (18). The most-common zoonotic source of human TB is from cattle infected with *M. bovis*; Approximately 1-2% of TB cases annually in the US result from *M. bovis* infection (19). Globally there were 147,000 reported cases and 12,500

deaths related to zoonotic TB in 2016. Unfortunately, with limitations of diagnostic and reporting methods the actual burden of zoonotic TB is thought to be much higher (20).

Cell Wall

The rod-like *M. tuberculosis* bacilli are identified clinically by Ziehl-Neelsen acid-fast staining of the thick lipid-rich cell wall. The cell wall of *M. tuberculosis* consists of lipid/glycolipid/peptidoglycan matrices featuring an outer membrane which includes 70-90 carbon-length mycolic acids covalently anchored to the arabinogalactan matrix that is attached to the peptidoglycan layer, which is bound to the cytoplasmic membrane (21). The surface lipids of *M. tuberculosis* provide a hydrophobic barrier that protects against polar antibiotics, antimicrobial peptides, reactive oxygen and nitrogen radicals generated by innate and adaptive host immune systems, other toxic molecules, and mechanical damage. The outer leaflet of the outer membrane includes multiple types of glycolipids including trehalose-glycolipids, phenolic-glycolipids, lipomannan and lipoarabinomannan (22). Also present are virulence-associated lipids, phthiocerol dimycocerosates (PDIMs), that consist of 28 carbon-length fatty acids derived from branched methylmalonyl units (22). Within the *M. tuberculosis* genome, a 50-kb region encompassing 13 genes has been shown to be required for PDIM synthesis (23). It has also been shown that PDIM lipids aid in protection against reactive nitrogen intermediates and are major contributors to virulence (24–26). Synthesis of PDIM lipids also function as a means for dissipating build-up of propionyl-CoA. When *M. tuberculosis* utilizes odd carbon-length fatty acids, such as those derived from cholesterol as a carbon source, propionyl-CoA is generated (27). Build-up of propionyl-CoA can lead

to blockage of gluconeogenesis and depletion of TCA-cycle intermediates (28, 29). One way *M. tuberculosis* assimilates excess propionyl-CoA is through conversion into methylmalonyl-CoA by the Co-B₁₂-dependent methylmalonyl-CoA mutase. The molecule can then be used as a precursor for cell wall lipid synthesis (30).

Growth Requirements

The *M. tuberculosis* bacilli are non-motile and non-sporulating (31, 32). The doubling time of *M. tuberculosis* ranges from 12-48 hours depending on growth conditions and carbon source availability. Studies have shown that during infection, *M. tuberculosis* utilizes glycerol, fatty acids, and cholesterol as carbon sources (30, 33, 34). This dynamic range allows *M. tuberculosis* to survive in multiple niches within the host including inside of the macrophages, granulomas, and adipose tissue (35). During initial infection, these bacteria respire aerobically; however, the bacilli will respire and persist in microaerophilic/hypoxic environments, such as within tubercles (aka granulomas) generated by host immune responses to wall in infection centers (36, 37). The Wayne culture method is an established model for inducing *M. tuberculosis* dormancy by allowing the bacteria to grow and deplete the oxygen in a sealed vessel with a fixed head-space to culture-volume ratio (36). When cultured using the Wayne method, *M. tuberculosis* will reach a state of non-replicating persistence, which is proposed to model aspects of latent *M. tuberculosis* infection. The DosRST regulatory system controls gene expression leading to non-replicating persistence. As the bacteria sense a reduction in oxygen levels, the DosRST system upregulates genes involved in nitrate reduction, fatty-acid metabolism, and DNA repair (38, 39). This system also helps the bacteria emerge

from a dormant state and re-establish growth upon sensing an oxygenated environment (38, 40). The DosRST regulon has also been shown to be required for *M. tuberculosis* survival in mouse and guinea pig infection models (41). Another culture method to produce a microaerophilic environment is static culture of *M. tuberculosis* in minimal media to form a pellicle of growth at the aerobic/liquid interface (42–44). When grown as a pellicle, *M. tuberculosis* is physiologically distinct from *M. tuberculosis* grown in shaking cultures; pellicle cultures produce more mycolic acids and express more immunogenic surface antigens (44, 45). Both Wayne cultures and pellicle cultures of *M. tuberculosis* exhibit phenotypic antibiotic tolerance that is not evident in shaking cultures (36, 44, 46). This antibiotic tolerance is a characteristic of *M. tuberculosis* infection and has been demonstrated in a humanized mouse model (46).

Infection and Immunology

Most *M. tuberculosis* infections are thought to begin when aerosolized bacilli are inhaled into the lungs. In humans, active respiratory infection is characterized by symptoms including fever, coughing, sneezing, hemoptysis, atrophy, and fatigue (47). After the bacilli are phagocytosed by alveolar macrophages, they enter a phagosome. Bacteria-containing phagosomes typically fuse with lysosomes which contain caustic molecules to degrade the foreign bodies within the fused organelles. *M. tuberculosis* can inhibit phago-lysosomal fusion to minimize exposure to damaging molecules (48). The *M. tuberculosis* bacilli encode a protein tyrosine phosphatase (PtpA) which exclude the vesicular proton ATPase from the phagosomal membrane, thereby blocking acidification within the phagosome (49, 50). There are five type VII secretion systems encoded by *M.*

tuberculosis, named ESX-1 through ESX-5 (51). The action of the ESX-1 secretion system allows *M. tuberculosis* to release virulence factors and bacterial products from the phagosome into the cytosol (52, 53). The secreted effector proteins of the ESX-3 secretion system are involved in *M. tuberculosis* virulence and iron acquisition (54).

Through secretion of effector proteins, *M. tuberculosis* can alter cytokine activation and other signaling pathways more favorable for the bacilli. These bacteria exploit anti-apoptotic pathways to promote necrotic cell death and facilitate bacilli spreading (55, 56). Positive-disease outcome is reliant on immune activation through IL-12 and IFN- γ , and the CD4⁺ T-cell response (56). The *M. tuberculosis* infection spreads to the lung parenchyma through migration of infected macrophages or by direct infection of epithelial cells. Infected macrophages and dendritic cells migrate to the lymph nodes for T-cell priming (57, 58). The *M. tuberculosis* bacilli are capable of infection and survival in a variety of tissue types including alveolar epithelial cells and adipose tissues (35, 59). Approximately 15-20% of TB cases are extra-pulmonary, which includes infection in the brain, meninges, spinal cord, urogenital tract and others tissues. In many cases, extra-pulmonary infection presents with no apparent lung pathology (60, 61).

In 90% of cases, the innate and/or adaptive immune responses are capable of controlling *M. tuberculosis* infections through killing the bacteria or halting the infection through granuloma formation resulting latent tuberculosis infection (LTBI) (56). Dynamic immune cell aggregates, known as granulomas, and possibly adipose cells may serve as reservoirs for *M. tuberculosis* bacilli during LTBI (35). Once LTBI is established, an infected person is not contagious and no longer manifests disease symptoms. It is estimated that 2 billion people have established LTBI (1). Individuals

with LTBI are at risk for reactivation of active TB disease. This return to active infection typically coincides with a weakening of the host immune system that can result from outside factors such as infections with HIV, development of autoimmune diseases, or administration of corticosteroids (62, 63).

Granulomas are hallmarks of both active and latent TB infection in humans. There are three broad categories of granulomas (64, 65). Solid granulomas are intact bodies encased in fibrous tissues containing central macrophages, with surrounding dendritic cells, and T and B lymphocytes. Necrotic granulomas are also intact, but have diffuse and hypoxic centers (64). Finally, caseous granulomas have liquefied centers and higher oxygen content, but with decomposition of central structures. The amount and type of granulomas present during active and latent infections vary and will change throughout the course of infection (65).

Diagnosis

For patients presenting with symptoms of active TB disease, the WHO recommends a series of diagnostic assays. These include smear microscopy with acid-fast staining, sputum culturing, growth-based drug susceptibility tests, and the Xpert® MTB/RIF detection and drug-susceptibility assay (Cepheid Inc., Sunnyvale, CA) (1). The Xpert® and the recently-developed Xpert® Ultra tests are nucleic acid amplification-based point-of-care (POC) diagnostics that use Real-Time PCR technology in a cartridge system to detect *M. tuberculosis* DNA in un-processed sputum samples in approximately 2 hours. These assays use multiple probes to amplify the core region of the *M. tuberculosis* RNA polymerase gene *rpoB*. The *rpoB* gene is associated with >95% of

rifampicin-resistant strains and because the majority of rifampicin-resistant strains are also resistant to isoniazid, this diagnostic can be used as an indicator for MDR-TB (1). Mutations in *rpoB* will inhibit DNA hybridization to one or more probes; thus allowing for POC detection of *M. tuberculosis* DNA and allowing health-care workers to choose appropriate antibiotic therapy. The Xpert® and Xpert® Ultra tests have between 81 and 88% sensitivity for detection of *M. tuberculosis* and resistance (66, 67). Although Xpert® and Xpert® Ultra provide a POC diagnostic, the lack of 100% sensitivity and specificity mean that accurate diagnosis still requires the long-term growth-based detection assays. There are currently many molecular and non-molecular diagnostic tools being developed and evaluated to bypass wait time of culture-based diagnostic techniques (1).

The tuberculin skin test (TST) and interferon gamma release assays (IGRAs) are the standard tests for *M. tuberculosis* exposure and LTBI; however, there are major drawbacks to both due to the non-specific nature of the tests. The TST developed in the 1930s relies on a delayed hypersensitivity response to complex mixture of mycobacterial antigens. In general, a bolus of antigens is injected intradermally and the induration caused by an immune response to the antigens is measured after 48-72 hours. Due to the non-specific nature of the TST antigens, exposure to non-tuberculous mycobacteria, as well as vaccination with BCG, can result in false-positive test results (47). Additionally, some people who have been exposed to *M. tuberculosis* will remain TST negative. Interferon-gamma-release assays (IGRAs) are more sensitive for detecting *M. tuberculosis* exposure because they rely on stimulation of immune cells by the *M. tuberculosis*-specific antigens ESAT-6, CFP-10, and TB7.7 (68). These assays also have greater specificity than TST because they include internal controls for measuring positive

and negative responses to the antigens not present in the BCG vaccine strain. Some of the drawbacks to IGRAs are the need for whole blood samples to run the test, specialized equipment, and high costs.

Treatment and Vaccination

Due to the ability of *M. tuberculosis* to persist within the host and present phenotypic drug resistance, even treatment for drug-susceptible strains of *M. tuberculosis* requires long-term use of multiple antibiotics. The CDC/WHO-recommended treatment regimen for *M. tuberculosis* infection is 2 months of daily or 2-3 times per week doses of rifampicin (RIF), isoniazid (INH), pyrazinamide (PZA), ethambutol (EMB) therapy, followed by a 4 month continuation phase of daily or 2-3 times weekly administration of RIF and INH (69). For individuals with RR-TB or MDR-TB, the current WHO-recommended treatment program consists of 4-6 months of combination therapy with kanamycin, moxifloxacin, prothionamide, clofazimine, INH, PZA, and EMB; followed by 5 months of treatment with moxifloxacin, clofazimine, PZA, and EMB (70). In cases of XDR-TB, other antibiotics including linezolid, streptomycin, and cycloserine will be incorporated into the treatment regimen (70).

There are 17 drugs in various stages of clinical trials for use as anti-TB therapy. These include some repurposed drugs and some novel compounds. Of note are two antibiotics, Bedaquiline and Delamanid, which have received accelerated approval and are currently in use in many countries for treatment of MDR/XDR-TB (1). Unfortunately, as is the case with many antibiotics, resistance to both of these antibiotics have already been identified (71).

Many factors can alter and/or extend the treatment of TB including HIV co-infection and other health conditions, such as reduced liver and renal function which limit drug processing (69). Additionally, because the majority of infected individuals are in low-income socioeconomic situations, lack of access to proper healthcare creates roadblocks to successful treatment. These blocks include reduced access to antibiotics, lack of transportation to clinics, and lack of patient compliance.

The only vaccine against *M. tuberculosis* infection approved globally is bacille Calmette-Guérin (BCG), a live-attenuated strain of *Mycobacterium bovis* (1). This vaccine is protective against disseminated TB in infants, but has limited efficacy in protecting against pulmonary TB disease in adolescents and adults (72–74). There are currently 12 vaccine candidates in the pipeline at various phases of clinical trials; these candidate vaccines represent a wide range of platforms, including adenoviral vectors, live-attenuated strains, non-tuberculous mycobacteria, and subunit vaccines (1). It will cost an estimated \$52 billion dollars over the next five years to implement the TB treatment and prevention strategies currently available (1). With a global financial burden of this magnitude, it is imperative to continue research on this pathogen to develop better diagnostics, treatments, and preventatives.

2.2 SIGMA FACTOR C

The Sigma Factor Subunit

Bacteria possess a multi-subunit RNA polymerase (RNAP) for transcription. Core RNAP must associate with a subunit known as a sigma factor to form a RNAP

holoenzyme capable of sequence-specific DNA recognition and transcription initiation (75). Bacteria produce multiple sigma factors. Each forms a unique RNAP holoenzyme which recognizes a different DNA sequence (promoter) to direct transcription of the unique set of genes that comprise the regulon of the sigma factor. After transcription initiates, the sigma factor dissociates from the core RNAP. There are two categories of sigma factors: the sigma-70 family which phylogenetically cluster with sigma-70 (RpoD) from *Escherichia coli* and the sigma-54 family which cluster with *E. coli* sigma-54 (RpoN) (75). In *M. tuberculosis* strain H37Rv, 13 sigma-70 family members have been annotated (76). The sigma-54 family is not found in Actinomycetes (77, 78).

Members of the sigma-70 family contain one to four conserved regions connected by flexible linkers. At the amino terminus is region 1 which can be further divided into sub-regions 1.1 and 1.2. Region 1.1 often functions to block DNA binding by free sigma factors (79, 80). Region 2 contains four sub-regions. Of these, region 2.2 is involved in RNAP binding. Region 2.3 functions in melting the DNA strands to form a transcription bubble for transcription initiation, while region 2.4 functions in recognition of the -10 promoter element located approximately 10 bp upstream from the transcription start site (79, 81). Region 3 is made up of sub-regions 3.0, 3.1, and 3.2. Region 3.1 is thought to help with recognition of the extended -10 promoter element (82). Region 4 has a major RNAP-binding determinant and is divided into sub-regions 4.1 and 4.2. Region 4.2 has been implicated in -35 promoter element recognition and in binding transcriptional activators (75, 83).

The sigma-70 family has also been subdivided into four groups based on structure and purpose. Group 1 includes the primary sigma factors responsible for transcription of

essential genes. Group 1 sigma factors contain all four regions. In *M. tuberculosis*, group 1 is represented by SigA, which is responsible for transcribing housekeeping genes under low-stress conditions (84). Group 2 sigma factors are primary-like sigma factors that play a role in stress responses. Group 2 sigma factors are only present in some bacteria. In *M. tuberculosis*, group 2 is represented by SigB which is a general stress response sigma factor that is controlled from multiple promoters specific to SigF, SigE, SigH, or SigL (9, 85, 86). Group 3 consists of alternative sigma factors. These sigma factors lack region 1 and may be required for heat-shock response or motility (75). No mode of motility has been defined for *M. tuberculosis* (87–89). In *M. tuberculosis*, SigF is considered a group 3 sigma factor that functions in stress response (10, 87–89). Group 4 is the largest group and may control production of proteins with extra-cytoplasmic function (ECF). Members of group 4 sigma factors only have conserved regions 2 and 4. The stress responses defined for ECF sigma factors vary widely. These include: oxidative stress, heat shock, surface stress, metal concentrations, and virulence (3, 4, 90–92). In *M. tuberculosis*, group 4 sigma factors are represented by the following: SigC, SigD, SigE, SigG, SigH, SigI, SigJ, SigK, SigL, and SigM (78).

The ECF Sigma Factors of *M. tuberculosis*

With 10 ECF sigma factors, *M. tuberculosis* has one of the highest alternative sigma factor to mega-base pair ratios of any obligate pathogen (78). Using a sigma factor inducible-expression system in BCG, chromatin immunoprecipitation assays were performed to identify promoters for the *M. tuberculosis* ECF sigma factors (5). Additionally, many studies have attempted to characterize the role in survival and

pathogenesis for these ECF sigma factors. The complexity of gene regulatory networks and the wide range of possible growth conditions leave many unanswered questions about the roles for each ECF sigma factor in *M. tuberculosis*.

Sigma Factor D

Sigma factor D is important in virulence and is upregulated during starvation (93). It has also been shown to regulate genes involved in heat shock, oxygen-sensing, and INH response (93). Mouse infection models demonstrate slight attenuation of an *M. tuberculosis* strain lacking an intact *sigD* gene (93).

Sigma Factor E

Sigma factor E is known to be important for *M. tuberculosis* survival in macrophages, as well as for full virulence in a BALB/c mouse infection model (85, 94) . It is also one of only two ECF sigma factors to be conserved in the degenerate genome of *Mycobacterium leprae*. Expression of *sigE* is increased due to stresses such as heat-shock, sodium dodecyl sulfate- or vancomycin-induced surface damage, and oxidative stress. There are multiple promoters for *sigE*; one of which is Sig^H-dependent and is induced in response to heat-shock and oxidative stress (85, 89, 94, 95).

Sigma Factor G

The sigma factor G gene, *sigG*, is transcribed from two promoters, and is part of a methylglyoxal detoxification regulon (96). Deletion of *sigG* from *M. tuberculosis* strain

CDC1551 impairs ability to infect macrophages; however, there is no reduction in infectivity when *sigG* is deleted from *M. tuberculosis* strain H37Rv (96, 97).

Sigma Factor H

Sigma Factor H is part of a stress response network that also includes SigE and SigB. Additionally, SigH regulates genes involved in DNA repair, stress response and thiol metabolism (9, 98). Deletion of *sigH* does not inhibit bacterial burdens in the lungs of C57BL/6 mice, but it does result in reduced lung pathology and increased mouse survival (98).

Sigma Factors I and J

Genes encoding sigma factors SigI and SigJ are both highly expressed during stationary phase, and it has been shown that SigJ regulates expression of SigI (99, 100). Sigma factor J is involved in H₂O₂ stress response and SigI is involved in cold-shock response (99, 101).

Sigma Factor K

The ECF sigma factor SigK is conserved in MTC mycobacteria, but absent in nontuberculous mycobacteria. It is known that SigK controls expression of *sigK*, the SigK anti-sigma factor gene *rskA*, and the genes encoding antigenic proteins Mpt70, Mpt80, and DipZ (5, 84, 102). The role for SigK in *M. tuberculosis* pathogenesis has not been established.

Sigma Factor L

Sigma Factor L is known to transcribe genes involved in polyketide synthesis as well as secreted and membrane proteins (103). There is increased survival in mice infected with *M. tuberculosis* lacking *sigL*; however, bacterial loads in the lungs and spleen are comparable to wild-type (95, 103).

Sigma Factor M

The sigma factor SigM has been shown to positively regulate expression of the Esx-secreted proteins EsxU, EsxT, EsxE, and EsxF (104, 105). Additionally, it is a negative regulator of many virulence-associated polyketide synthesis genes (105). In both mouse and guinea pig infection models, deletion of *sigM* does not result in a loss of virulence for *M. tuberculosis* (4, 92). This may be due to down-regulation of known virulence determinants.

Sigma Factor C

Sigma factor C is present in all tuberculous mycobacteria, and is one of only two group 4 sigma factors encoded in the pathogen *Mycobacterium leprae* (106). Non-pathogenic mycobacteria, such as *M. smegmatis*, do not have a SigC homolog (107). In *M. tuberculosis*, transcription of *sigC* was elevated relative to *sigA* during exponential growth and reduced during stationary phase and after exposure to different stressors, such as heat shock or oxidative stress (89). In *M. tuberculosis*, *sigC* is not required for growth in complex media; however, there is a significant growth defect of *M. tuberculosis* strain Erdman Δ *sigC* relative to parent strain Erdman when grown in chemically-defined Sauton

medium after serial passaging (6). *In vivo*, *sigC* is required for *M. tuberculosis* lethality in DBA/2 mice and in SCID mice (3, 6). Deletion of *sigC* from *M. tuberculosis* also results in attenuation of virulence and reduced numbers of lung and spleen granulomas in infected guinea pigs (4).

Chromosome-immunoprecipitation assays identified a SigC-RNAP binding site in the *Rv95-PPE1* intergenic region and another upstream of the *ctpB* in BCG (5). The *sigC* gene in BCG is identical to *M. tuberculosis sigC*. Microarray studies with *M. tuberculosis* demonstrate that short-term (4-hour) artificial induction of *sigC* expressed from a tetracycline-inducible promoter in complex media result in elevated transcription of genes in the *PPE1-nrp* operon and *ctpB*; each of these genes has been proposed to function in copper uptake (6). After 48-hour *sigC* induction, these same genes were transcribed at higher levels, but copper-toxicity response genes were also elevated (6). Microarray studies in Sauton medium indicated elevated transcription of the *PPE1-nrp* operon in *M. tuberculosis* strain Erdman relative to *M. tuberculosis* Erdman Δ *sigC* (6). A growth defect of the *M. tuberculosis* Erdman Δ *sigC* strain in Sauton medium is reversed by copper sulfate supplementation (6). Restoration of growth is not detected in the mutant when supplemented with either zinc sulfate or calcium chloride (6). These data suggest that SigC may play a role in the regulation of copper uptake.

The mechanism for SigC regulation is currently poorly understood. While many sigma factors are controlled post-transcriptionally by a cognate anti-sigma factor encoded in the same operon, no anti-sigma factor gene is co-transcribed in an operon with *sigC*. In fact, *sigC* is monocistronic and located within a cluster of predicted coenzyme Co-B₁₂ synthesis genes. However, *in silico* analysis identified two potential anti-sigma factor

genes not located in operons encoding a sigma factor. The first, *Rv0093*, located in a possible operon divergently-transcribed from the *PPE1-nrp* operon contains a Zn-finger binding motif characteristic of anti-sigma factors that function in response to redox stress (8, 108). The second candidate is SirR, which is similar to the anti-SigE factor RseA from *E.coli* (8). *In vitro* co-expression and immunoprecipitation of the predicted anti-sigma factor binding region of SigC with the predicted sigma-binding region of Rv0093 or SirR failed to show an interaction between SigC and either protein (8). Three amino acid residues (R178, I181, and V185) in region 4.2 of *E. coli* SigE have been found to be required for binding of RseA; substitution of any of these amino acids to glycine or alanine resulted in no interaction of SigE and RseA (109). Amino acid sequence alignment indicates that *M. tuberculosis* SigC has arginine, leucine and alanine at these respective positions (8). Additional studies have shown at least two promoters upstream of *sigC*, one of which is recognized by SigA (10). Deletion of *sigC* does not affect transcription from these promoters indicating that *sigC* transcription is not autoregulated (10). Additional studies examining post-translational SigC stability may lead to understanding of the mechanism of SigC regulation.

2.3 COPPER IN *M. TUBERCULOSIS*

Copper Toxicity Response

During phagosome activation, metal ion pumps increase intraphagosomal metal concentrations; free copper ion concentration inside of the macrophage phagosome can be as high as 400 μ M during initial *M. tuberculosis* infection (110). In *M. tuberculosis*, there are multiple systems to overcome copper toxicity. The RicR regulon is controlled

by the regulated-in-copper protein RicR that de-represses transcription of metallothionein (*mymT*), multi-copper oxidase (*Rv0846*), and membrane lipoprotein (*lpqS*) genes in the presence of copper (111). The copper-sensitive-operon repressor CsoR de-represses transcription of copper-efflux P-type ATPase gene *ctpV* in response to elevated copper levels in *M. tuberculosis* (112). This system works in conjunction with the outer membrane channel protein MctB; loss of either *ctpV* or *mctB* in *M. tuberculosis* results in increased copper sensitivity and reduced virulence in guinea pigs (112–114).

Copper-Dependent Enzymes in *M. tuberculosis*

Although *M. tuberculosis* and other bacteria are susceptible to copper toxicity, *M. tuberculosis* encodes Cu-dependent enzymes, including: Zn/Cu superoxide dismutase (SodC) and cytochrome C oxidase (CtaD) of the aa₃-type respiration complex. SodC is localized to the periplasm and functions during initial infection to protect against reactive oxygen radicals (115, 116). The aa₃-type super complex provides the most energy-efficient terminal oxidase in the presence of oxygen. During chronic infection, the high-affinity, low-efficiency ubiquinol oxidase is upregulated in *M. tuberculosis* (37). The need for alternate respiration mechanisms in chronic infections may be due to a lack of oxygen or copper ions to support respiration by the aa₃-type complex. The estimated concentration of free copper ions in the blood and blood plasma is 1 µg/g; however, in normal human cells not primed against infectious agents, intracellular free copper is nearly undetectable (117, 118). In the cell, copper is bound within chaperone proteins, storage molecules, and copper-cofactored enzymes (119). During LTBI, *M. tuberculosis* must compete with the host for this limited supply to meet its copper needs.

2.4 COBALAMIN

History and Structure

Interest in adenosylcobalamin or coenzyme B₁₂ (Co-B₁₂) began in the 1920s when Murphy and Minot discovered that crude liver extracts worked as a cure for pernicious anemia (120). Twenty years later, Co-B₁₂ was isolated from the extracts and assigned the name vitamin B₁₂. In 1948, Dorothy Hodgkins used X-ray crystallography to determine the structure of vitamin B₁₂ (cyanocobalamin), which has a cyano group replacing the upper adenosyl ligand to the central cobalt atom (121). In nature, cobalamins are highly-complex molecules derived from the macrocyclic intermediate uroporphyrinogen III (122). Coenzyme B₁₂ has a corrin ring which chelates a central cobalt atom. Linked to the cobalt atom is a variable upper axial ligand. Upper axial ligands reported include an adenosyl (AdoCbl), methyl (MeCbl), hydroxyl (OHCbl), or glutathionyl (GSCbl) group (123, 124). Commercially prepared vitamin B₁₂ has a cyano group as the upper axial ligand. The coenzymatic forms include adenosylcobalamin and co(I)balamin, which has no upper ligand (11, 125). The final cobamide molecule has a lower ligand that can form a coordination bond with the cobalt ion of the corrin ring and is attached to the corrin macrocycle via a structure known as the nucleotide loop. The structure of coenzyme B₁₂ contains the lower axial ligand 5, 6 dimethylbenzimidazole (DMB); however, organisms can also incorporate other bases like adenine and phenolics (126).

Co-B₁₂ Dependent Enzymes

Co-B₁₂ functions as an enzyme cofactor for a variety of cellular processes. The three main categories of Co-B₁₂-dependent enzymes are corrinoid dehalogenases, methyltransferases, and isomerases. In *M. tuberculosis*, the Co-B₁₂-dependent enzymes identified are methionine synthase (MetH), methylmalonyl CoA mutase (MutAB), and ribonucleotide reductase (NrdZ) (127). The Co-B₁₂-dependent methionine synthase, MetH, is a methyltransferase that uses Co-B₁₂ to facilitate the transfer a methyl group from 5-methyltetrahydrofolate to homocysteine to generate methionine (128). The genome of *M. tuberculosis* strain H37Rv encodes the genes for a functional MetH protein, as well as a Co-B₁₂-independent methionine synthase MetE, which catalyzes direct transfer of a methyl group from a triglutamate derivative of 5-methyltetrahydrofolate (129). In *M. tuberculosis* strain CDC1551, the gene encoding MetH has a loss-of-function C-terminal deletion and is a methionine auxotroph in the presence of Co-B₁₂ due to a Co-B₁₂ riboswitch regulating *M. tuberculosis metE* translation (13). In *M. tuberculosis*, *metE* is one of two genes under control of a Co-B₁₂ riboswitch. The other gene is *PPE2*, which may play a role in cobalt transport (13, 130).

Methylmalonyl-CoA mutase (MutAB) is a Co-B₁₂-dependent enzyme involved in the methylmalonyl pathway for propionyl-CoA assimilation. MutAB uses AdoCbl as cofactor to interconvert (R)-methylmalonyl-CoA and succinyl-CoA (11, 131). In *M. tuberculosis*, MutAB is a heterodimer encoded by two genes, *mutA* (*Rv1492*) and *mutB* (*Rv1493*). When these genes are deleted from *M. tuberculosis*, the organism is incapable of surviving *in vitro* on odd-carbon length fatty acids when the 2-methylcitric acid cycle is chemically blocked with 3-nitropropionate (14, 29).

Ribonucleotide reductases (RNR) function in DNA synthesis to reduce ribonucleotides to 2-deoxyribonucleotides. There are four classes of RNRs. The class II enzymes use Co-B₁₂ as a cofactor for reducing activity (132). *M. tuberculosis* encodes two RNRs: a class I oxygen-dependent enzyme, made of the subunits NrdE and NrdF2, and a class II enzyme (NrdZ) which uses AdoCbl in conjunction with a protein thiol radical to reduce ribonucleotides to deoxyribonucleotides (133). The presence of *nrdZ* in mycobacteria is not consistent with the typical phylogenetic distribution, indicating that *nrdZ* was likely inherited through horizontal gene transfer (127).

Defined Co-B₁₂ Biosynthetic Pathways

Although a large number of organisms use Co-B₁₂-dependent enzymes, synthesis of the cobamides is exclusive to bacteria and archaea (134). *De novo* generation of cobamides requires approximately 30 enzymes. The Co-B₁₂ biosynthetic pathway has been well characterized for some species such as *Salmonella enterica* subsp *enterica* serovar Typhimurium (*S. Typhimurium*) and *Pseudomonas denitrificans* (134). Various organisms are also capable of transporting cobamides and incomplete corrinoids into the cell for use (135–137). Many bacteria and archaea encode systems for removing and remodeling the lower ligand base of cobamides (138–140).

Pathways for Co-B₁₂ synthesis in *S. Typhimurium* and *P. denitrificans* differ in the timing of the central cobalt atom insertion into the corrin ring. The assembly of the corrin ring structure is sometimes referred to as the anaerobic or aerobic synthesis route and correlates with early or late cobalt insertion by *S. Typhimurium* or *P. denitrificans*, respectively (122, 141). Typically, genes annotated as aerobic cobyric acid synthesis

genes have the prefix *cob*, and genes annotated as anaerobic synthesis genes have the prefix *cbi* (141). Genes involved in nucleotide loop assembly and attachment are also typically annotated with *cob* prefixes (122). In the early-insertion pathway, cobalt is inserted into the tetrapyrrole ring in the second step of synthesis following the conversion from the precursor uroporphyrinogen III to precorrin 2. In *S. Typhimurium*, cobalt insertion is catalyzed by the sirohydrochlorin cobaltochelatase CbiK or by the multifunctional siroheme synthase CysG (142). Another cobaltochelatase is used by some anaerobic Co-B₁₂ producers including *Bacillus megaterium* and *Mycobacterium avium* subsp. *paratuberculosis* is CbiX (141, 143). The *M. tuberculosis* genome encodes the *cbiX* homolog *Rv0259c*. During aerobic Co-B₁₂ synthesis, cobalt is added to the ring structure as one of the last steps of adenosyl-cobinamide-phosphate (AdoCbl-P) synthesis. Aerobic cobalt insertion commonly occurs through the trimeric cobaltochelatase enzyme encoded by *cobN*, *cobS*, and *cobT* (144). The *M. tuberculosis* genome encodes a *cobN* (*Rv2062*) homolog and *Rv2850*, which is annotated to encode a magnesium chelatase that may function as a cobalt chelatase for late cobalt insertion similar to other aerobic producers (76, 130). Genome sequencing of 200 *M. tuberculosis* clinical isolates showed 17 with functional mutations in *cobN* (15). Given the presence of both early-cobalt and late-cobalt insertion pathway gene homologs, it is still unclear which mechanism is used by *M. tuberculosis* to produce Co-B₁₂. In the late stages of Co-B₁₂ synthesis, the lower ligand base is joined with adenosylcobamide (AdoCbl-P) to yield adenosylcobalamin (Co-B₁₂) , or another complete cobamide such as pseudocobalamin, containing an adenosine in both the upper and lower ligand positions.

Biosynthesis and Transport of Co-B₁₂ in *M. tuberculosis*

Despite appearing to have a complete set of genes for Co-B₁₂ synthesis, *M. tuberculosis* fails to produce Co-B₁₂ under most conditions assayed (6, 13, 14, 29). One study from the 1970s reported results of a *Lactobacillus leichmannii*-feeding assay that showed *Mycobacterium smegmatis*, *Mycobacterium phlei* and *Mycobacterium bovis* BCG (BCG) each produced detectable Co-B₁₂ when cultured in stationary Roux bottles in Sauton medium supplemented with CoCl₂ and KCN (12). This specific growth technique and bioassay has never been replicated for *M. tuberculosis*. Other studies examining synthesis of Co-B₁₂ in *M. tuberculosis* using shaking cultures in the complex medium Middlebrook 7H9 or in minimal Sauton medium supplemented with varying carbon sources have repeatedly demonstrated that *M. tuberculosis* does not produce Co-B₁₂ under such conditions (6, 14, 29).

It has been demonstrated that deleting *metE* from *M. tuberculosis* H37Rv is only possible if the bacteria are supplied exogenous Co-B₁₂ (13). A study assessing the function the Co-B₁₂-dependent methylmalonyl pathway showed that *M. tuberculosis* H37Rv is a Co-B₁₂ auxotroph when the Co-B₁₂-independent pathway for propionyl-CoA assimilation through the 2-methylcitric acid cycle pathway is blocked by addition of 3-nitropropionate (3NP) (14). This finding implies that under standard *in vitro* shaking conditions, *M. tuberculosis* does not synthesize Co-B₁₂. Additional work identified Rv1819c as the probable Co-B₁₂/corrinoid transporter for *M. tuberculosis* (137). That study demonstrated that *M. tuberculosis* was incapable of surviving *in vitro* after Rv1819c was deleted and the Co-B₁₂-independent pathway for propionyl-CoA utilization was blocked by 3NP, even when exogenous Co-B₁₂ was provided (137). Taken together,

these studies demonstrate that under *in vitro* aerobic conditions *M. tuberculosis* bacilli are unable to generate Co-B₁₂. Regardless of *in vitro* growth studies, the presence of predicted homologs for all steps of the Co-B₁₂ synthesis pathway in the *M. tuberculosis* genome implies that it is capable of producing the molecule under as-yet unidentified environmental conditions. Characterization of Co-B₁₂ synthesis in mycobacteria, as well as assessment of predicted *M. tuberculosis* Co-B₁₂ synthesis genes should help to elucidate the environmental conditions and host niches in which *M. tuberculosis* bacilli produce functional Co-B₁₂.

CHAPTER 3

REGULATION OF MYCOBACTERIUM TUBERCULOSIS SIGMA FACTOR C BY
COPPER¹

¹ Samantha L. Tucker, Frederick D. Quinn, Russell K. Karls. To be submitted to *Journal of Bacteriology*.

ABSTRACT

One of the most successful pathogens, *Mycobacterium tuberculosis* is capable of persisting as a latent infection in humans for decades or actively replicating and causing tuberculosis (TB) disease. As an obligate pathogen, the species must acquire nutrients and minerals from various environments in its host. While too much copper is toxic to bacteria, this metal functions in key processes that include superoxide radical detoxification and aerobic respiration in *M. tuberculosis*. Sigma factor C (SigC) functions in copper acquisition by this pathogen through directing transcription of *ctpB* and the 6-gene *PPE1-nrp* operon that are predicted to encode a cytoplasmic copper import pump and enzymes that synthesize a copper chelator, respectively. While the *sigC* gene is transcribed at high levels under multiple conditions, it is not auto-regulated. SigC function is only required when copper is scarce.

In the present study, we demonstrate that *sigC* enables *M. tuberculosis* to effectively compete with the copper-specific chelator tetrathiomolybdate (TTM) for trace amounts of copper. Next, post-transcriptional *sigC* levels were monitored by quantitative immunoblot analyses. Induced expression of *sigC* controlled from a tetracycline-inducible promoter in *M. tuberculosis* resulted in greater detection of the protein in copper-chelated versus copper-supplemented medium. Following 24-hour *sigC* induction in copper-chelated medium, addition of copper ions and chloramphenicol resulted in a greater reduction of SigC levels than with either copper or the protein synthesis inhibitor alone after 4 hour incubation, which suggests that copper leads to degradation of SigC rather than a reduction in new synthesis of the protein. As cysteine residues can function in copper-binding, mutants of *M. tuberculosis* with alanine substitutions in the Cys-Gly-

Cys sequence located in the turn portion of the helix-turn-helix DNA-binding region 4.2 of SigC reduced growth in copper-chelated media, implicating this domain in SigC function. The data support a model in which SigC functions in a low-copper environment to direct transcription of copper-uptake genes; when ample copper is acquired and aerobic respiration is restored, SigC is unfolded, possibly due to direct binding of copper ions, and degraded.

INTRODUCTION

Mycobacterium tuberculosis is the etiological agent of tuberculosis (TB), which results in 1-2 million deaths annually (1). The live-attenuated *Mycobacterium bovis* strain bacille Calmette-Guérin (BCG) administered at birth is effective in preventing disseminated disease in young children, but has variable efficacy against pulmonary TB disease in adults (73). Incidence of multi-drug resistant TB is increasing, which is making this disease more difficult and expensive to treat. An estimated one third of all humans harbor latent *M. tuberculosis* infection and are at risk for developing active TB disease (1). The threat of re-activated disease increases with immune-compromising events such as HIV co-infection or immunosuppressive drug therapy. To develop better vaccines and to identify antibiotic targets against *M. tuberculosis*, it is imperative to understand the adaptive physiology of this pathogen.

Metal ion overloading in phagocytic cells is a host defense mechanism against microbes (110, 145). In response to *M. tuberculosis* infection, the concentrations of free copper inside of macrophage phagosomes can reach 400 μ M (110). Multiple systems exist in *M. tuberculosis* to respond to toxic copper levels. The repressor protein RicR

controls multiple genes in response to elevated amounts of copper. These loci include *mymT* encoding a cysteine-rich copper-storage protein metallothionein, *Rv0846* which encodes a putative multi-copper oxidase, and *lpqS* encoding a membrane lipoprotein predicted to function in copper efflux (111). A second copper-responsive repressor, CsoR, de-represses transcription of its own operon which includes *ctpV* encoding a copper-exporting P-type ATPase (112, 146). This system works in conjunction with the outer membrane channel protein MctB. Loss of either *ctpV* or *mctB* in *M. tuberculosis* results in increased copper sensitivity and reduced virulence in guinea pigs (114).

Although protection from copper toxicity is essential for survival of *M. tuberculosis*, this metal is required by various enzymes including Zn/Cu superoxide dismutase (SodC) and cytochrome C oxidase (CtaD) as part of the aa₃-type respiratory complex. SodC functions during initial infection to help mitigate oxidative damage from superoxide radicals (115, 116). The aa₃-type complex provides the most energy-efficient terminal oxidase for aerobic respiration (37). During chronic lung infection, the high-affinity/low-energy ubiquinol oxidase is induced in *M. tuberculosis* (37). The upregulation of this alternative respiratory system may be due to hypoxia or a lack of available copper ions during latent infection. The estimated normal concentration of free copper ions in the human body is 1.6 μM ; however, intracellular free copper is virtually undetectable (117, 118). During infection, *M. tuberculosis* must compete with the host to meet its copper needs.

A copper-specific uptake system has yet to be proven in bacterial pathogens including *M. tuberculosis*; however, this species encodes a predicted P-type ATPase, CtpB, that has a Cu⁺-binding signature (113). Reduced transcription of *ctpB* in response to a high level

(0.5 mM) of copper chloride in *M. tuberculosis* is the opposite of what would be expected for a copper-efflux pump (113). In vivo chromosome-immunoprecipitation/DNA microarray studies in BCG revealed primary binding sites for SigC upstream of *ctpB* and the *PPE1-nrp* operon (5). Transcription of *ctpB* *in vitro* was only detected when RNA polymerase (RNAP) holoenzyme was reconstituted from core RNAP and sigma factor C (SigC), but not with any of the other *M. tuberculosis* sigma factors (5). Transcriptional studies demonstrated that forced expression of *sigC* in either *M. tuberculosis* or BCG resulted in increased transcription of *ctpB* and genes in the *PPE1-nrp* operon in complex medium (Middlebrook 7H9 broth) (6). In chemically-defined Sauton medium, transcription of this operon was upregulated in a wild-type *M. tuberculosis* strain relative to a mutant deleted for *sigC* (6). Components of the homologous *Mycobacterium marinum* *nrp* operon have been proposed to function in the synthesis of a zinc chelator (7). Serial passage of a *M. tuberculosis* *sigC* mutant resulted in growth impairment relative to its parent strain in Sauton medium, but no growth defect was evident when the mutant was cultured in 7H9 broth (6). Addition of copper sulfate to Sauton medium reversed the growth defect of the mutant to near wild-type levels (6). In contrast, addition of zinc sulfate, another metal not part of Sauton medium, did not improve growth of the *sigC* mutant (6).

SigC has been shown to be important for virulence in both murine and guinea pig *M. tuberculosis* infection models; however, this protein was not required for replication in macrophages (3, 4). Regulation of SigC is unclear. An anti-sigma factor for SigC has not been identified and SigC does not transcribe its own gene (8, 10). Under standard *in vitro*

culture conditions, *sigC* is transcribed at high levels and not induced *in vitro* by heat shock, surfactants, cold shock, or low aeration (89).

The relationship between copper availability and growth of a *sigC* deletion mutant, as well as SigC-directed transcription of the metal-transport gene *ctpB* and the predicted metal chelator-synthesis operon *PPE1-nrp* demonstrate SigC function in copper acquisition. The lack of a known regulatory mechanism for SigC, led us to hypothesize that SigC is regulated by copper. This work investigates the effects of copper on SigC protein stability and function. The results indicate a need for SigC under copper-chelated conditions. The protein is degraded in *M. tuberculosis* if ample copper is available. A Cys-Gly-Cys motif in region 4.2 of SigC is required for full function of the protein in copper-starved conditions.

METHODS

Bacterial Strains

All strains and plasmids used in these studies are listed in Table 3.1. Mycobacterial strains examined include: *Mycobacterium tuberculosis* strain Erdman, a *sigC* internal deletion mutant of strain Erdman ($\Delta sigC$), the mutant complemented with *sigC* on a chromosome-integrating plasmid ($\Delta sigC::sigC$), derivatives of Erdman or $\Delta sigC$ carrying replicating plasmid pSR173 encoding myc-tagged SigC expressed from a tetracycline-inducible promoter or those transformed with pSR173 derivatives encoding site-directed alanine-replacement mutations in SigC are indicated (Table 3.1). For mutagenesis to encode alanine residues in SigC at positions 156, 157, and/or 158, a

region of *sigC* incorporating the mutations was obtained by PCR of pSR173 template using forward primer P1502 (encodes an *NsiI* restriction site) paired separately with different 5' phosphorylated reverse primers (P1498, P1499, P1500, or P1501). Each PCR product was digested with *NsiI* and ligated with *NsiI/PvuII*-digested pSR173 vector. Competent *E. coli* TAM1 cells (Active Motif) were transformed with the ligated DNA selecting for resistance to hygromycin [0.1 mg/ml]. Plasmids were screened by restriction analysis and *sigC* regions confirmed by DNA sequencing (Genewiz). An empty vector control plasmid, pSLT37, was created by digesting pSR173 with *PacI* and *NsiI*, blunting the DNA ends and self-ligating the vector band to remove *sigC*. Each *sigC*-mutated plasmid was electroporated into the *M. tuberculosis* strain $\Delta sigC$.

For growth studies, strains were cultured at 37°C in Sauton medium supplemented with 0.025% Tylaxopol (SMT) (147). When required for plasmid maintenance, hygromycin or kanamycin was added to a final concentration of 50 µg/ml or 20 µg/ml, respectively. For studies monitoring growth by optical densities, bacteria were cultured with shaking (70 rpm) at 37°C and sub-cultured to OD₆₀₀ = 0.01. Chemicals used in growth experiments included the following: Ammonium tetrathiomolybdate (TTM) was used at concentrations of 5 or 10 µM, as indicated. Copper sulfate was added at a final concentration of 10 or 40 µM, as indicated. Chloramphenicol was used at 50 µg/ml. Anhydrous tetracycline (aTc) was used at 1 µg/ml. Assays were performed in triplicate and three independent experiments were performed. Two-way ANOVA was used to determine statistical significance.

AlamarBlue® Cell Viability Assay

AlamarBlue® (Invitrogen) assay was used to monitor metabolic activity of *M. tuberculosis* strains cultured in the presence or absence of copper chelator (TTM or bathocuprionedisulfonic acid, BCS) copper sulfate, and/or sodium ascorbate. For each assay, bacteria were grown until turbid in SMT and subcultured to $OD_{600} = 0.02$, and then diluted 5-fold with SMT. For each condition, 0.1 ml aliquots of diluted bacteria were seeded in triplicate wells of 96-well plates containing 0.1 ml of SMT with varying concentrations of additives. The final concentrations of TTM or BCS ranged from 0 to 500 μ M. The final concentrations of copper sulfate ranged from 0 to 250 μ M. The final concentration of aTc was 10 ng/ml. For sodium ascorbate, final concentrations ranged from 0 to 1 mM. Zinc sulfate was used at a final concentration of 10 μ M. Plates were incubated stationary for 7 days at 37°C. Following incubation, 20 μ l AlamarBlue reagent and 20 μ l 2.5% Tyloxapol were added to a set of positive control wells seeded with *M. tuberculosis* Erdman in SMT. Plates were incubated at 37°C until color conversion of the positive control wells from blue to pink/purple, typically 24 hours. Then, the same volumes of AlamarBlue and 2.5% Tyloxapol were added to the remaining wells and plates were incubated at 37°C up to 96 hours for color conversion. These assays were also performed as described above in the absence of bacteria.

Preparation of Protein Lysates and Immunoblots

To monitor levels of myc-SigC in *M. tuberculosis* Erdman/pSR173 (Table 3.1), bacteria were cultured in SMT as described above. Cultures were induced at an $OD_{600} = 0.6$ with 1 μ g/ml anhydrous tetracycline and supplemented with 5 μ M TTM, 10 μ M

copper sulfate, or both, and then incubated an additional 24 hours. For measuring myc-SigC stability, cultures were grown to $OD_{600} = 0.6$ prior to addition of 1 $\mu\text{g/ml}$ aTc and 10 μM TTM. After 24-hour incubation, 40 μM copper sulfate and/or 50 $\mu\text{g/ml}$ chloramphenicol was added and cultures incubated 4 hours. Cells were harvested by centrifugation (1200 x g, 5 minutes, at 4°C). Pellets were washed once with sterile PBS and re-suspended in 1 ml PBS containing 2 mM EDTA, 1 mM PMSF, and 10% of a mini cOmpleteTM protease inhibitor (Roche). Cells were disrupted with 0.1-mm diameter zirconia/silica beads in a BeadBeater (BioSpec Products) for two 40-second cycles at 4800 rpm with chilling on ice ≥ 2 minutes between cycles. Cell debris was removed by centrifugation (8,000 x g, 10 minutes) and supernatants filtered through 0.22 μm PVDF membranes and stored at -80°C. Prior to analysis, thawed lysates (~0.2 ml) were concentrated to ~75 μl by vacuum centrifugation in a SpeedVac (Savant). Protein concentrations were determined by Pierce BCA Protein Assay (Thermo Scientific). Equal amounts of protein (30 mg) were heated (99°C, 10 minutes) in 1X SDS loading buffer (60 mM Tris-HCl--pH 6.85, 10% glycerol; 2% SDS, 0.05 bromophenol blue, 1.25 % β -mercaptoethanol) and resolved on NuPAGE 4-12% Bis/Tris gels (Invitrogen). Proteins were transferred to nitrocellulose membranes (Bio-Rad). Membranes were blocked with Blocking Reagent (BioRad) at 3% (w/v) in 1X TBS with 0.001% Tween 20 (TBST) for 1 hour at room temperature with rocking. For immunoblot analyses, primary antibodies used were either 1:4000 dilution of mouse clone 9E10 monoclonal antibody against c-myc (Sigma-Aldrich) or 1:20,000 dilution of mouse monoclonal antibody against the β -subunit of *E. coli* RNA polymerase (Neoclone); the diluent used was 1% Blocking Reagent in 1X TBST. Membranes were incubated with primary antibody overnight with

rocking at 4°C. Membranes were washed 3 times in 1X TBST and incubated with rocking for 2 hours at room temperature with secondary goat anti-mouse-HRP antibody (Jackson Laboratory) at 1:10,000 dilution in 1% Blocking Reagent in 1X TBST. Membranes were then washed 3 times with 1X TBST and secondary antibodies were detected with Luminata Classico HRP substrate (Millipore) and imaged on a ChemiDocTM XRS+ Molecular Imager® (BioRad). For densitometry analysis, pixel intensities of myc-SigC bands were determined with BioRad ImageLab software (BioRad). Pixel intensities of myc-SigC bands were normalized to those measured for RNAP-β in the same sample. Each condition was tested in triplicate, and each experiment was performed independently three times. Statistical significance between groups was determined using a one-way ANOVA.

RESULTS

Chelation of Cu(I) or Cu(II) Inhibits Growth of a *M. tuberculosis sigC* Mutant.

To examine the effects of copper starvation on a *M. tuberculosis* mutant containing an internal deletion in *sigC*, growth of the mutant (*M.tbΔsigC*), parent *M. tuberculosis* Erdman, and complemented mutant (*M.tbΔsigC::sigC*) strains were examined. Strains were cultured in Sauton medium (SMT) containing 5 μM of the copper chelator ammonium tetrathiomolybdate (TTM). Additionally, growth of the mutant was examined in SMT containing both 5 μM TTM and 10 μM copper sulfate. Results show that the parent and complemented *sigC* mutant grew in the presence of TTM; however, the *sigC* mutant failed to grow when the chelator was present unless copper sulfate was

also added (Figure 3.1). The *sigC* mutant was also able to grow in SMT medium without additional copper if the chelator was absent (Figure 3.7). Note that although the SMT recipe lacks any copper-containing ingredients, trace amounts are likely present. Together, these data indicate *M. tuberculosis* SigC function is likely only needed under conditions in which copper levels are extremely low.

AlamarBlue assays were performed to further explore conditions in which *sigC* is required for copper acquisition by *M. tuberculosis*. The *sigC* mutant and parent strain were seeded into wells of 96-well plates containing SMT and increasing amounts of either TTM or a Cu(I)-specific chelator bathocuprionedisulfonic acid (BCS) and incubated for 7 days at 37°C before addition of AlamarBlue and further incubation to allow time for the indicator dye to be converted from blue to pink by metabolic activity of the bacteria. Results indicate that in this timeframe, strain Erdman grew well in the presence of up to 8 µM TTM, but the *sigC* mutant did not grow at the lowest level of TTM tested, 2 µM, or at any higher concentration (Figure 4.2A). In the presence of BCS, the *sigC* mutant grew at levels up to 8 µM, while the parent strain was uninhibited even at 500 µM (Figure 3.2B). We next examined whether the growth inhibition of the *sigC* mutant was reversible by copper supplementation. The mutant was cultured in SMT medium containing chelator (10 µM TTM or 15 µM BCS) and copper sulfate ranging from 2 to 250 µM (Figure 3.2C). Addition of 2 to 31 µM copper sulfate restored growth in the presence of TTM, but at higher concentrations growth inhibition was observed, suggesting the metal may be reaching toxic levels (Figure 3.2C). Addition of 2-250 µM of copper sulfate reversed the growth inhibition by BCS (Figure 3.2C). As the *sigC* mutant grew well in the presence of 2-4 µM BCS (Figure 3.2B), we examined whether

addition of a reductant would increase the inhibitory effect of BCS. The reductant sodium ascorbate was added in a range from 4 μ M to 1 mM to wells containing the *sigC* mutant in SMT with either 1 or 2 μ M BCS. Addition of the reductant at any of the tested concentrations blocked growth of the *sigC* mutant (Figure 3.2D). There was no effect of the various additives in SMT on the Alamar Blue reagent, except for slight color conversion at 1 mM sodium ascorbate (Figure 3.8). Together, these data indicate that in SMT medium Cu(II) is better utilized for growth by the *sigC* mutant than is Cu(I).

Copper Availability Alters Detectable myc-SigC Levels.

To determine if copper effects the levels of SigC in *M. tuberculosis*, plasmid pSR173 encoding myc-tagged SigC under control of a tetracycline-inducible promoter was used (5). Strain Erdman carrying plasmid pSR173 was subcultured into SMT medium alone and with either 5 μ M TTM or 10 μ M copper sulfate, or both chemicals. Production of myc-SigC was induced in all cultures for 24 hours by addition of 1 μ g/ml aTc. Cell lysates of *M. tuberculosis* were prepared and equal protein loads resolved by SDS-PAGE. Quantitative immunoblot analysis was used to compare myc-SigC levels under each condition. Levels of the protein were normalized to a cytoplasmic control protein, the beta subunit of RNA polymerase (RNAP- β). Results indicated no significant difference in detectable myc-SigC from cultures containing 10 μ M copper sulfate relative to that detected in SMT alone (Figure 3.3). Addition of 5 μ M TTM significantly increased myc-SigC levels 1.7-fold compared to the SMT cultures and 2.7-fold relative to cultures containing copper sulfate (Figure 3.3). Addition of both TTM and copper sulfate

resulted in a 2.3-fold decrease in the amount of detectable myc-SigC relative to the amount of myc-SigC detected in the SMT control. (Figure 3.3).

To assess whether copper impacts production or stability of SigC, expression of myc-SigC in Erdman/pSR173 was induced with 1 $\mu\text{g/ml}$ aTc for 24 hours in the presence of 10 μM TTM and then incubated for 4 hours following addition of nothing or 40 μM copper sulfate alone or with 50 $\mu\text{g/ml}$ protein synthesis inhibitor chloramphenicol. Addition of copper sulfate alone or in conjunction with chloramphenicol resulted in significant reduction of detectable myc-SigC (Figure 3.4). For copper sulfate, there was a 1.3-fold decrease in detectable myc-SigC, and a greater decline of 2.7 fold occurred in the presence of both copper sulfate and chloramphenicol (Figure 3. 4). There was no significant difference in detectable myc-SigC levels in cultures containing TTM or TTM with chloramphenicol (Figure 3.4). This suggests that the addition of copper leads to degradation of myc-SigC rather than inhibition of protein new synthesis.

The Cys-Gly-Cys Motif of SigC Contributes to Function

As it was reported that a cysteine-rich domain with C-X-C motifs functions in sensing of copper by sigma factor CorE in *Myxococcus xanthus* (148, 149), we examined the *M. tuberculosis* SigC sequence and identified a Cys-Gly-Cys motif (amino acids 156-158) in the turn of the helix-turn-helix DNA binding motif found in sigma factor region 4.2 (Figure 3.5A). To determine if this motif contributes to SigC function, derivatives of plasmid pSR173 were created to encode myc-SigC with alanine mutations at individual positions of the C-G-C motif or replacing both cysteine residues to create these four motif lesions: A-G-C, C-A-C, C-G-A, and A-G-A. Each of these plasmids, pSR173, and a

control plasmid lacking *sigC* were separately introduced into *M.tbΔsigC* and growth assessed by AlamarBlue assay in SMT cultures. As expected, all strains grew in SMT lacking chelator (Figure 3.5B, Row 1). In the presence of 5 μ M TTM, the strain encoding wild-type SigC (C-G-C) grew, but none of the strains with SigC mutations converted the indicator dye from blue to pink (Figure 3.5B, Row 2). In TTM-containing cultures in which SigC was induced with 10 ng/ml aTc, each of the C-G-C motif mutants showed some metabolic conversion of the indicator dye, but not to the same extent as wild-type, indicative of partial SigC function (Figure 3.5B, Row 3). Supplementation of SMT + 5 μ M TTM cultures with 10 μ M copper sulfate resulted in comparable growth (similar color conversion) as wildtype for all SigC mutants, including the empty vector control (Figure 3.5B, Row 4). This was consistent with earlier results in which the growth defect of *M.tbΔsigC* in SMT + TTM was reversible by copper sulfate addition (Figure 3.2A). To determine if TTM is specific for copper, the strains were assayed in SMT + 5 μ M TTM + 10 μ M zinc sulfate. While the strain encoding wild-type SigC grew under this condition, all strains lacking SigC or with C-G-C mutations failed to grow (Figure 3.5B, Row 5). These data indicate that zinc cannot reverse the growth defect of a *sigC* mutant caused by copper chelation (compare to Figure 3.6B, Row 2). Taken together, these results indicate that each of the residues in the C-G-C motif are required for full function of SigC in copper acquisition by *M. tuberculosis*.

DISCUSSION

SigC is a known virulence determinant of *M. tuberculosis* involved in copper acquisition in low-copper conditions (4, 6). SigC promoter sites have been identified in

the regions upstream of *ctpB* and the *PPE1-nrp* operon (5). A growth defect develops in the *sigC* deletion mutant *M.tbΔsigC* after multiple passages in the chemically-defined SMT medium prepared without copper contamination (6). Chelation of copper with TTM in SMT medium consistently results in a complete absence of growth of *M.tbΔsigC* (Figure 3.1). The same defect does not occur in the parental strain or the complemented mutant. Addition of 10 μM copper sulfate reversed the growth defect caused by the presence of 5 μM TTM for *M.tbΔsigC* in SMT medium (Figure 3.1). These results confirm the role for *sigC* in copper acquisition by *M. tuberculosis* when levels of the metal are extremely low.

For *M. tuberculosis* to survive inside a host, it must effectively compete with host storage systems to acquire copper. We observed that strain Erdman grew in SMT containing up to 8 μM TTM or up to 500 μM BCS, but the *sigC* mutant did not grow in the presence of 2 μM TTM or 16 μM BCS (Figure 3.2). Addition of 2 μM copper sulfate to cultures of the *sigC* mutant containing 10 μM TTM or 15 μM BCS restored growth. This result combined with the observation that addition of sodium ascorbate to SMT cultures with only 1 μM BCS blocked *M.tbΔsigC* growth (Figure 3.2), suggests that the mutant is unable to effectively compete for Cu(I). Taken together, these data support a role for SigC in acquiring Cu(I).

Regulation of SigC at the protein levels was unclear. A common mechanism for control of secondary sigma factors is by an anti-sigma factor encoded in the same operon; however, *sigC* is monocistronic and an anti-sigma factor for SigC has not been confirmed. The *sigC* gene has been reported to be transcribed at high levels under multiple *in vitro* growth conditions (89). Transcript mapping identified at least two

promoters upstream of *sigC*, but neither required SigC, suggesting that this gene is not autoregulated (8, 10). Crystallographic analysis of intact SigC protein was not reported due to difficulties with protein solubility (8, 150). Structural analysis of sigma factor regions 2 and 4 of SigC purified separately, led investigators to conclude that these regions likely interact in the absence of core RNA polymerase (8). Immunoblot assays showed a significant decrease in the amount of detectable myc-SigC from induced *M. tuberculosis* cultures containing 10 μ M copper sulfate compared to cultures containing 5 μ M TTM (Figure 3.3). These results indicate that SigC protein levels are reduced when ample copper is present. When copper sulfate and the protein synthesis inhibitor chloramphenicol were added to cultures containing high levels of myc-SigC, there was a significant 2.7-fold decrease in the amount of detectable myc-SigC within 4 hours (Figure 3.4); however there was no decrease in the amount of detectable SigC following a 4 hour incubation with only chloramphenicol (Figure 3.4). Taken together, these results suggest that the presence of free copper ions lead to degradation of SigC protein, rather than prevention of new protein synthesis. The instability of SigC in the presence of Cu(II) ions would also explain the difficulties of SigC purification. When expressed in *E. coli*, the protein must be purified from inclusion bodies under denaturing conditions and refolded in buffer containing EDTA, reducing agent, and zinc sulfate (8, 150, 151).

The CorE protein of *Myxococcus xanthus* was identified as a sigma factor that is activated by binding Cu(II) and inhibited by Cu(I). In response to Cu(II), CorE functions to upregulate copper toxicity-response genes including *cuoB* encoding a multicopper oxidase as well as *copA* and *copB* encoding P-type ATPases (149). The activity of CorE-dependent genes is reduced if Cu(II) is chelated by TTM, but addition of Cu(I) chelators

BCA or BCS increase activity of the sigma factor (149). *In vitro* EMSA indicate that CorE requires Cu(II) and BCS to stably bind to the *copB* promoter (149). Sequence alignments of myxobacteria CorE-like sigma factors showed multiple cysteine residues including C-X-C motifs required for activity (148).

Within the turn of the helix-turn-helix motif in region 4.2 of *M. tuberculosis* SigC is a C-G-C sequence (8). As SigC functions in copper acquisition, we hypothesized that the C-G-C region might function in copper sensing. Site-directed mutagenesis of this motif impaired the ability of SigC to effectively compete with TTM for copper unless protein levels were artificially induced (Figure 3.5). While this data indicates that the C-G-C motif is required for SigC function, it remains to be determined if this is due to reduced SigC stability, reduced binding to core RNAP, or reduced binding of SigC-RNAP to the *PPE1* promoter.

These data along with results of previous studies of SigC-mediated transcription support a model for SigC regulation (Figure 3.6). In an environment with ample free copper, the metal ions enter the periplasm through outer membrane porins and *M. tuberculosis* maintains redox balance through efficient respiration by a copper-dependent aa3-type super-complex. Under this condition, SigC function is not necessary, and the ample copper levels lead to protein degradation. However, in an environment with extremely-low available free copper, the bacteria are unable to acquire sufficient amounts of the metal by diffusion to efficiently respire, which creates more reduced conditions within the cell. The bacteria respond by increasing surface lipids, such as phthiocerol dimycocerosates (PDIMs), to dump electrons and partially restore redox balance to the TCA cycle (152). This increase in surface lipids may cover the porins and further limit

copper acquisition. The lack of available copper allows SigC to stabilize and direct transcription of the *PPE1-nrp* operon and *ctpB* gene to produce a copper chelator and a copper-importing ATPase. This would enable the bacteria to efficiently acquire copper from its surroundings and transport it into the cytoplasm, where the metal replenishes the cofactor need of the aa3-type super complex, which regains function to efficiently transfers electrons to oxygen and restore redox balance, resulting in oxidation of Cu(I) ions to Cu(II). Increased copper concentrations will again lead to degradation of SigC to prevent additional copper import. Additional studies to elucidate the interaction between SigC and copper to further support this model are in progress.

Table 3.1 Plasmids and strains used in this study

Plasmid	Key Features	Source/Reference
pGS1551sigC	L5att/int, aph, oriE, <i>M. tuberculosis</i> sigC with native promoter	(6)
pSR173	hyg, P _{smyc-tetO} :myc-sigC, oriE, oriM, tetR	(153)
pSLT37	pSR173 without sigC	This study
pRK140	pSR173 with sigC (C156A)	This study
pRK141	pSR173 with sigC (G157A)	This study
pRK142	pSR173 with sigC (C158A)	This study
pRK143	pSR173 with sigC (C156A/C158A)	This study
Strain	Key features	Source/Reference
<i>M.tb</i>	<i>M. tuberculosis</i> Erdman-CDC	Tuberculosis/Myco-bacteriology Branch, CDC
<i>M.tb</i> ΔsigC	<i>M. tuberculosis</i> Erdman ΔsigC	(6)
<i>M.tb</i> ΔsigC::sigC	ΔsigC/pGS1551sigC	(6)
<i>M.tb</i> /pSR173	Erdman/pSR173	(6)
<i>M.tb</i> ΔsigC/pSR173	<i>M.tb</i> ΔsigC/pSR173	This study
<i>M.tb</i> ΔsigC/pSLT37	<i>M.tb</i> ΔsigC/pSLT37	This study
<i>M.tb</i> ΔsigC/pRK140	<i>M.tb</i> ΔsigC/pRK140	This study
<i>M.tb</i> ΔsigC/pRK141	<i>M.tb</i> ΔsigC/pRK141	This study
<i>M.tb</i> ΔsigC/pRK142	<i>M.tb</i> ΔsigC/pRK142	This study
<i>M.tb</i> ΔsigC/pRK143	<i>M.tb</i> ΔsigC/pRK143	This study

Table 3.2 Primers used in this study

Primer	Sequence
P1498	5'-TGCTCGGGCTGTCCTATGCGGACGCCGCGGCGGTGGCAGGCTGC CCGGTGGGCACCATCCGA-3'
P1499	5'-CTGCTCGGGCTGTCCTATGCGGACGCCGCGGCGGTGTGCGCATGC CCGGTGGGCACCATCCGA-3'
P1500	5'-CTGCTCGGGCTGTCCTATGCGGACGCCGCGGCGGTGTGCGGCG CACCGGTGGGCACCATCCGA-3'
P1501	5'-TGCTCGGGCTGTCCTATGCGGACGCCGCGGCGGTGGCAGGCGCA CCGGTGGGCACCATCCGA-3'
P1502	5'-ACCATGCATCTAGCCGGTGAGGTCGTCGGGCTCCGCGTCGGCAAGCA GCGCATCGCGCGCTCGAGCGACACGGGATCGGATGGTGCCACCGG-3'

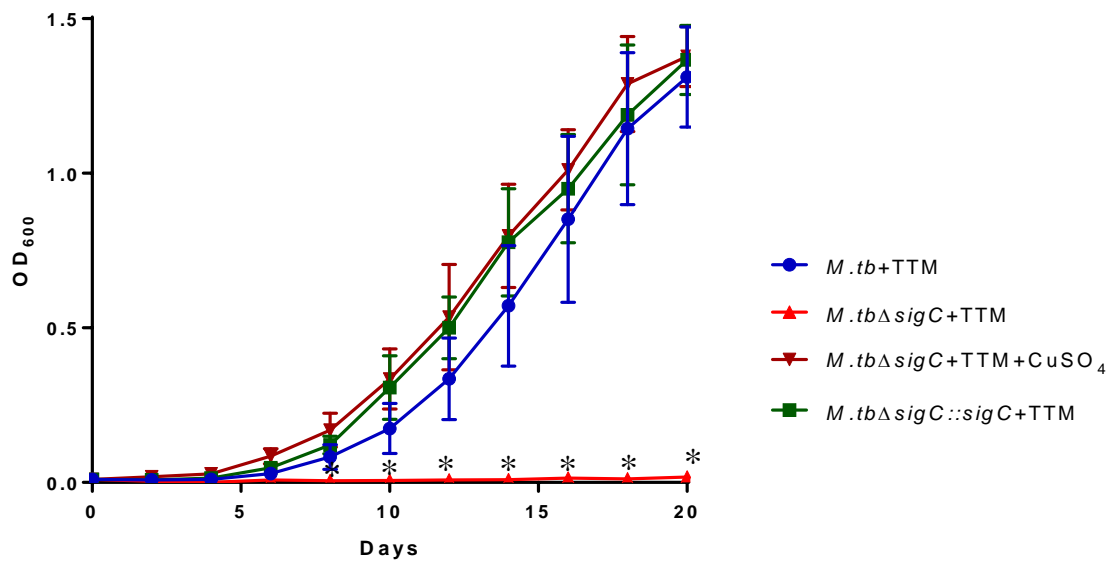


Figure 3.1 Examination of the growth requirement for *sigC* by *M. tuberculosis* in copper-depleted medium. Growth of *M. tuberculosis* strain Erdman (*M.tb*), the *sigC* deletion mutant (*M.tb*Δ*sigC*), and the complemented strain *M.tb*Δ*sigC*::*sigC* cultured in SMT with 5 μM TTM +/-10 μM copper sulfate was monitored by absorbance. Results shown are the average of three experiments, each with three biological replicates per condition. (*) The statistical significance between *M.tb*Δ*sigC* cultured in 5 μM TTM alone versus all other tested strains and conditions was determined using a two-way ANOVA, (p <0.0001).

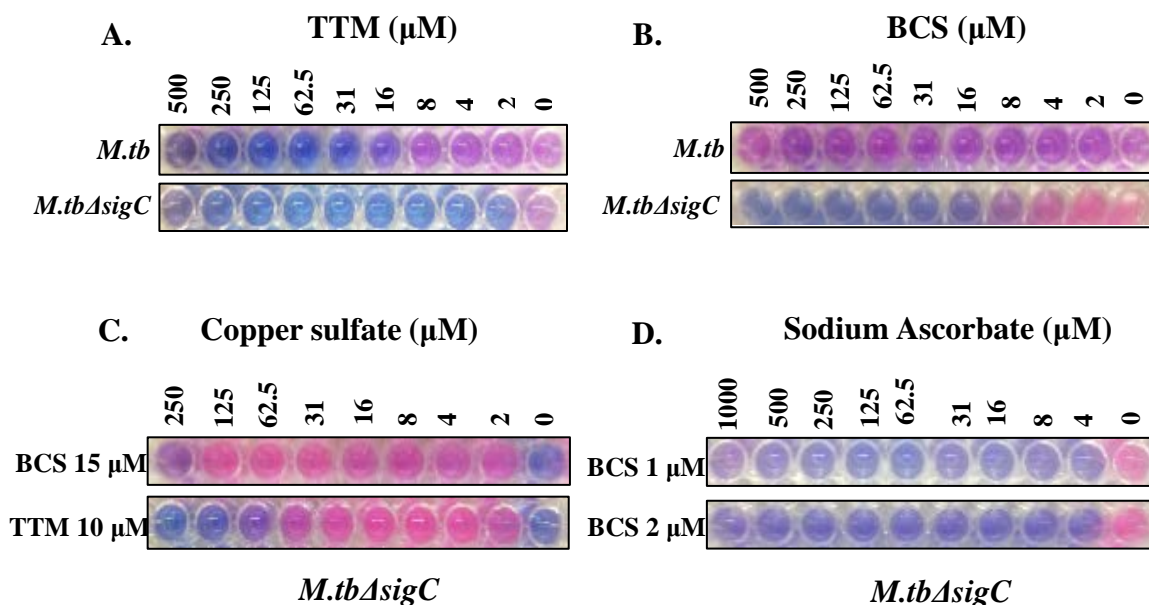


Figure 3.2 Examination of the effects of copper chelators, copper ions, and reductant on growth of *M. tuberculosis* strains. AlamarBlue assays were performed for both *M.tb* and *M.tbΔsigC* grown in SMT with copper chelator alone or in conjunction with copper sulfate or sodium ascorbate. Bacteria were seeded at a 1:5 dilution from cultures diluted to an $OD_{600} = 0.02$ in 96-well plates and incubated at 37°C for 7 days prior to AlamarBlue addition. The plate photos shown were taken 96 hours after addition of the indicator dye. Growth of *M.tb* and *M.tbΔsigC* was examined over a range of concentrations of copper-chelator TTM (A) or BCS (B). Growth of *M.tbΔsigC* was examined in medium with varying concentrations of copper sulfate in the presence of either 15 μM BCS or 10 μM TTM (C). Growth of *M.tbΔsigC* with varying concentrations of sodium ascorbate and either 1 or 2 μM BCS (D).

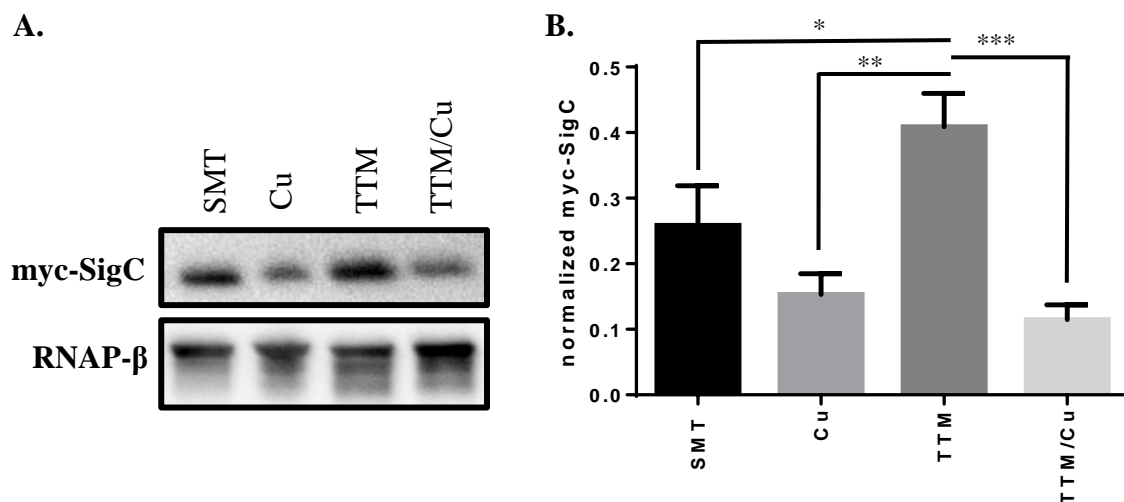


Figure 3.3 Examination of the effects of copper on myc-SigC stability. Strain *M.tb*/pSR173 was grown at 37°C to OD₆₀₀ ≈0.6 in SMT with hygromycin [50 µg/ml]. Expression of myc-SigC was induced by addition of aTc [1 µg/ml]. At the time of induction, 5 µM TTM and/or 10 µM copper sulfate was added to replicate cultures. After 24-hour incubation at 37°C, cells were harvested and lysed. Proteins were resolved by SDS-PAGE and transferred to nitrocellulose membranes. Immunoblotting and densitometry were performed to quantify amounts of detectable myc-SigC relative to RNA polymerase β subunit (RNAP-β) using antibodies to each protein. Representative immunoblots for both proteins are shown for the indicated growth condition (A). Densitometry analysis of myc-SigC normalized to RNAP-β. Results shown represent the mean of three independent experiments with each condition assessed with 3 biological replicates (n=9) (B). One-way ANOVA was used to determine statistical significance (*p=0.0082, **p=0.0018, ***p<0.0001).

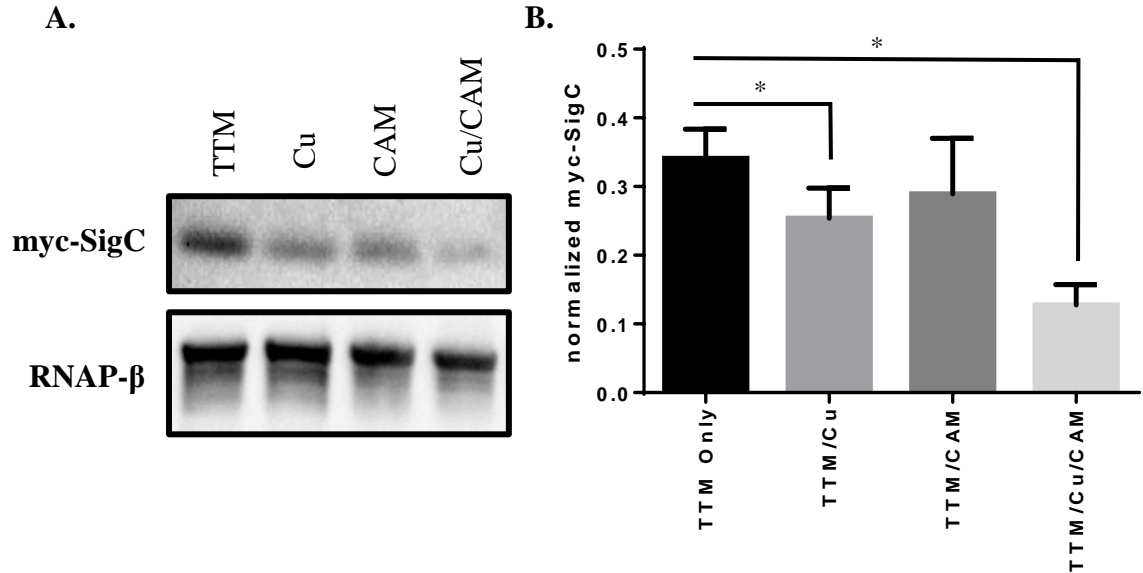


Figure 3.4 Quantification of the effects of copper on *in vivo* myc-SigC levels. Strain *M.tb*/pSR173 was grown at 37°C to OD₆₀₀ ≈0.6 in SMT with hygromycin [50 µg/ml]. Expression of myc-SigC was induced by addition of aTc [1 µg/ml]. At the time of induction, 10 µM TTM was added to the cultures. After 24-hour incubation at 37°C, 10 µM copper sulfate (Cu) and/or 50 µg/ml chloramphenicol (CAM) was added and cultures incubated 4 hours. Cells were harvested and lysates separated by SDS-PAGE. Immunoblotting and densitometry were performed to quantify myc-SigC and RNAP-β (A). Levels of myc-SigC were normalized to RNAP-β. Results shown represent the mean of three independent experiments with each condition assayed with 3 biological replicates (n=9) (B). One-way ANOVA was used to determine statistical significance (*p≤ 0.006).

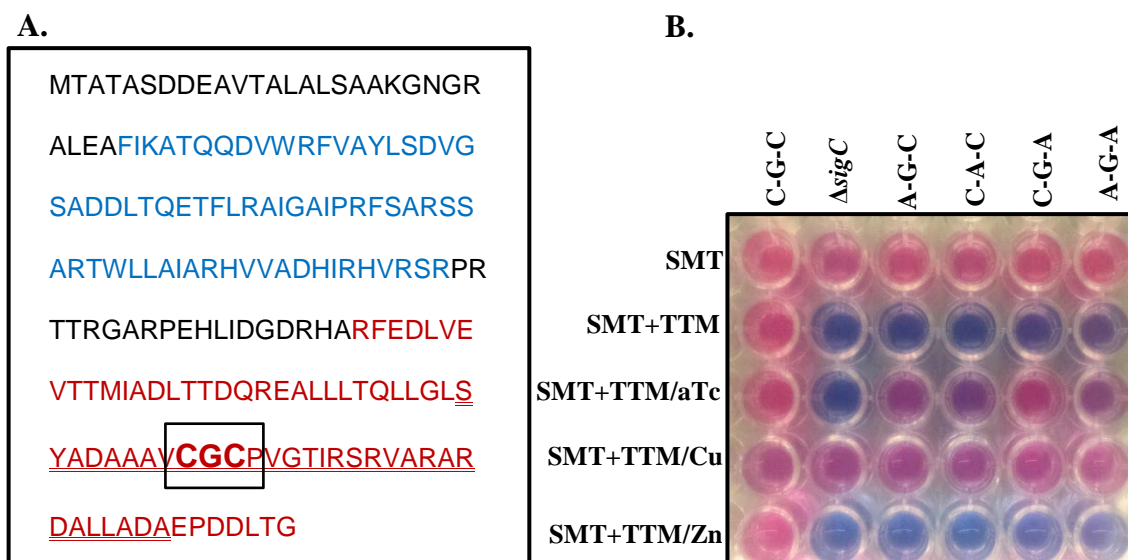


Figure 3.5 Examination of the C-G-C motif in SigC for function in copper acquisition. Depicted in panel A is the amino acid sequence of *M. tuberculosis* SigC, with sigma factor region 2 shown in blue, and region 4 in red. Region 4.2 (underlined) contains a helix-turn-helix motif (the turn portion of the motif is boxed) for DNA recognition of the -35 element of a promoter (8, 90). A C-G-C sequence (emboldened) is located within this motif. Panel B: The importance of the C-G-C motif for SigC activity was evaluated by Alamar Blue cell viability assay with *M.tb* $\Delta sigC$ strains carrying plasmids encoding myc-tagged SigC with the wildtype motif (C-G-C) or with individual residues changed to alanine or a plasmid deleted for *sigC* ($\Delta sigC$) downstream from an anhydrotetracycline (aTc)-inducible promoter. Bacteria were seeded at a 1:5 dilution from cultures diluted to an OD₆₀₀ = 0.02 in SMT medium alone or with 5 μ M TTM, 10 ng/ml aTc, 10 μ M copper sulfate, 10 μ M zinc sulfate in 96-well plates and incubated at 37°C for 7 days prior to addition of AlamarBlue and incubation 4 more days to allow metabolic activity to reduce the indicator dye from blue to pink. Results are representative of assays performed on a minimum of 3 biological replicates assayed twice.

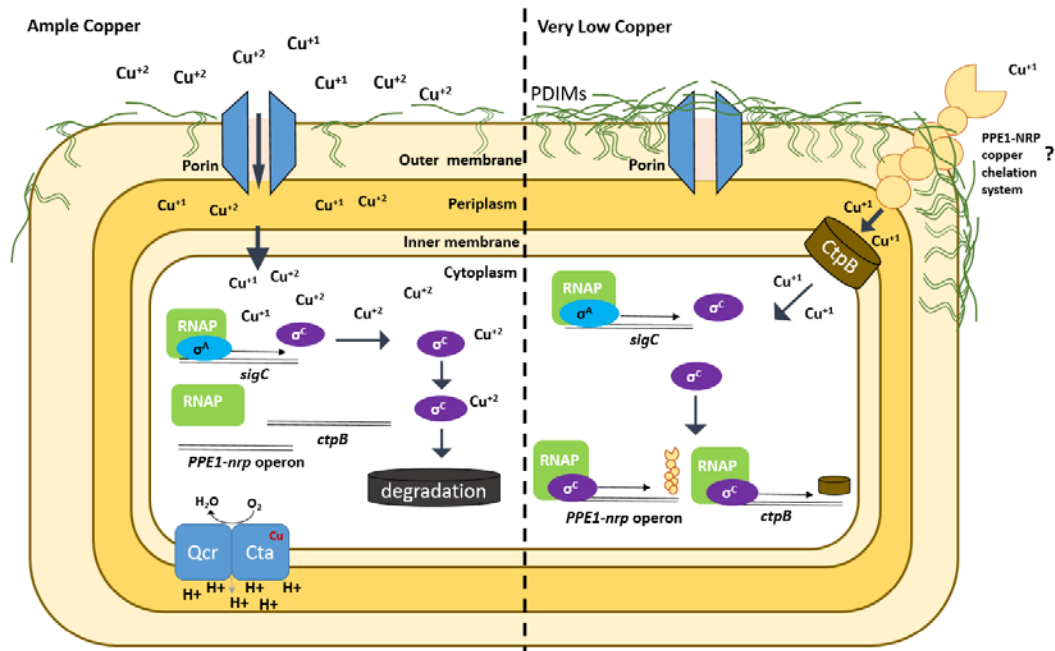


Figure 3.6 Model for SigC regulation in *M. tuberculosis*. Depicted is the proposed regulatory mechanism for SigC in *M. tuberculosis*. The *sigC* gene is transcribed by SigA (σ^A) under multiple conditions at a high level. Under conditions where ample free copper is available, Cu(II) enters the bacteria by diffusion through outer membrane porins, enters the cytoplasm by an unknown copper transporter. Under this condition, the bacteria are able to support aerobic respiration through the copper-dependent CtaCDE type aa3-oxidase. The Cu(II) levels build and lead to degradation of SigC (σ^C). However, under very low copper conditions, respiration is reduced, leading to synthesis of long outer membrane lipids (such a PDIMs) to help utilize electrons generated by metabolic activity of the TCA cycle. These lipids likely block the porins and limit passive copper uptake. The cytoplasm becomes more reduced and the lack of Cu(II) allows SigC to stabilize and direct transcription of the *PPE1-nrp* operon and *ctpB* to chelate and transport captured copper into the cells. As copper levels increase, respiration is restored and the redox level becomes more oxidizing, causing Cu(I) to oxidize to Cu(II) which destabilizes SigC to stop expression of the copper-uptake genes.

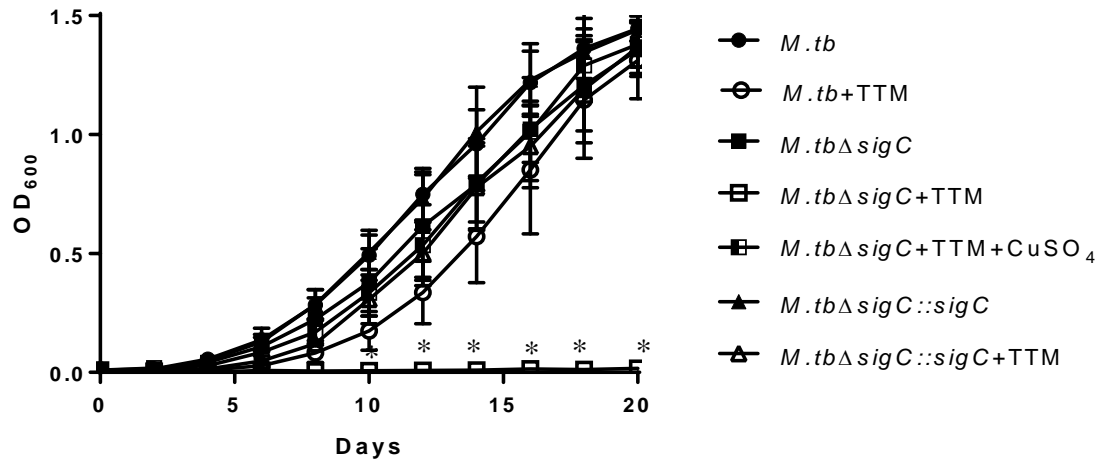


Figure 3.7 Growth of *M. tuberculosis* strains in the presence or absence of copper and copper chelator. *M. tuberculosis* strain Erdman (*M.tb*), the *sigC* deletion mutant (*M.tb*Δ*sigC*), and complemented mutant (*M.tb*Δ*sigC*::*sigC*) were cultured in SMT with or without 5 μM TTM with 10 μM CuSO₄, as indicated. The optical density (OD₆₀₀) results shown are the average of three experiments, each with three biological replicates per condition. (*) The statistical significance between *M.tb*Δ*sigC* cultures containing 5 μM TTM and all other strains and conditions was determined using a two-way ANOVA, (p <0.0001).

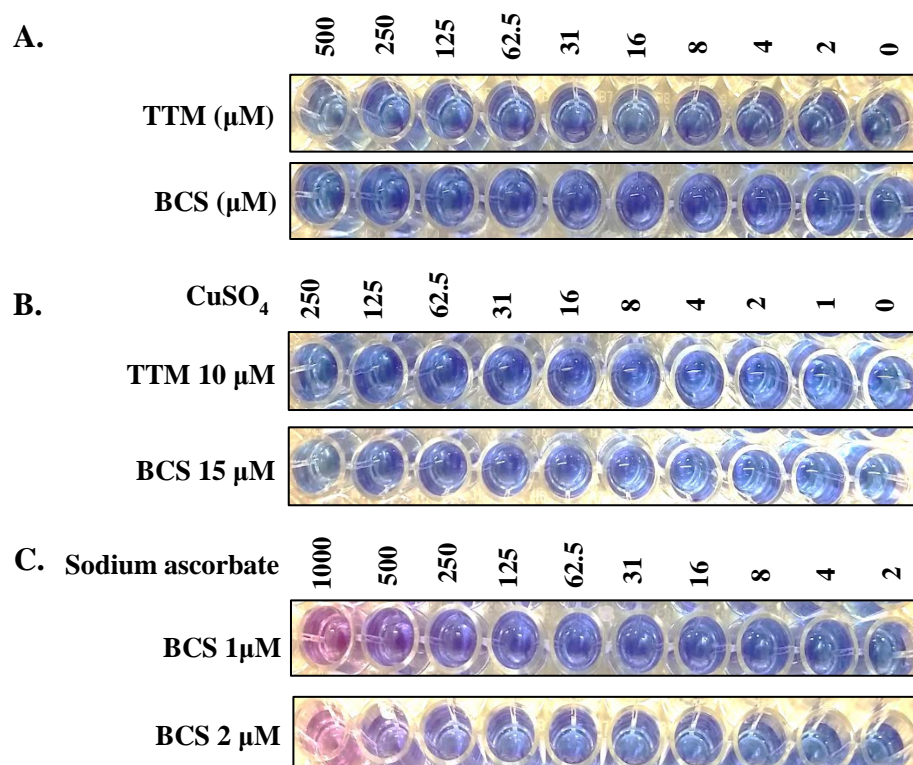


Figure 3.8 The effects of various media supplementation on Alamar Blue reagent color conversion. AlamarBlue assays were performed for SMT containing copper chelator alone or in conjunction with copper sulfate or sodium ascorbate. Media with additives were incubated for 7 days at 37°C prior to AlamarBlue addition. The plate photos shown were taken 96 hours after addition of the indicator dye. (A) SMT containing a range of concentrations of copper-chelator TTM or BCS. (B) Medium with varying concentrations of copper sulfate in the presence of either 15 μM BCS or 10 μM TTM. (C) Medium with varying concentrations of sodium ascorbate and either 1 μM or 2 μM BCS.

CHAPTER 4

MYCOBACTERIUM TUBERCULOSIS ENCODES GENES WITH FUNCTIONS IN COENZYME B₁₂ SYNTHESIS¹

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ABSTRACT

The obligate human pathogen *Mycobacterium tuberculosis* is found in diverse host niches. Over the course of active, latent, and reactive infections, the bacilli experience environments that vary in acidity, toxicity, oxygen content, and nutrient availability. For adaptive survival, *M. tuberculosis* has evolved mechanisms to tailor its metabolism to maximize persistence within the host. Coenzyme B₁₂ (Co-B₁₂) represents an important cofactor for fatty acid metabolism, methionine synthesis, and DNA synthesis in *M. tuberculosis*. While the *M. tuberculosis* genome encodes homologs of many identified Co-B₁₂ biosynthetic genes, *in vitro* production of the coenzyme has not been reported in over 40 years. However, transcriptional and proteomic data indicate the expression of some Co-B₁₂ biosynthetic genes during human infection and under specific *in vitro* culture conditions. To assess the capacity of *M. tuberculosis* to synthesize Co-B₁₂, predicted Co-B₁₂ biosynthetic genes from this pathogen were expressed in *Salmonella Typhimurium* Co-B₁₂ auxotrophs containing specific blocks in the pathway. Results indicate that *M. tuberculosis* gene *Rv0259c* restores Co-B₁₂ synthesis to a *S. Typhimurium cbiK* mutant defective in the early-cobalt insertion step of the pathway conserved in microbes that produce Co-B₁₂ anaerobically. This result suggested that *M. tuberculosis* may synthesize Co-B₁₂ under hypoxic conditions. However, growth of the bacteria by the Wayne hypoxic method or in stationary pellicle cultures did not result in lysates that supported growth of a *S. Typhimurium* B₁₂ auxotroph. Importantly, 16 of the 19 *M. tuberculosis* genes introduced into *S. Typhimurium* mutants with blocks at different steps of the Co-B₁₂ pathway restored production of the coenzyme. Taken together, the conservation of such a large number of genes functional in anaerobic Co-B₁₂

synthesis strongly supports the hypothesis that *M. tuberculosis* produces this co-enzyme in hypoxic niches within its human host.

INTRODUCTION

Mycobacterium tuberculosis is the leading cause of death by a single infectious agent world-wide (1). There were an estimated 10.4 million new cases of tuberculosis disease (TB) and 1.6 million deaths in 2016 (1). Of the reported cases in 2016, 3.5% were multi-drug resistant strains of *M. tuberculosis* (1). The live, attenuated *M. bovis* bacille Calmette-Guérin vaccine is largely ineffective at preventing pulmonary TB in adults (1). A better understanding of *M. tuberculosis* physiology, metabolism, and replication within the host will aid the development of new vaccines and antibiotics.

Adenosylcobalamin, also known as co-enzyme B₁₂ (Co-B₁₂, B₁₂), is a complex tetrapyrrole with a cobalt center that functions as a cofactor for multiple enzymes. Co-enzymatic forms include adenosylcobalamin, which contain an adenosyl group as the upper axial ligand to cobalt (Figure 4.1), and cob(I)alamin, which lacks an upper cobalt ligand (11). Other cobalamins have an upper methyl, hydroxyl, or glutathionyl moiety (134, 154). Commonly-known vitamin B₁₂ contains a cyano-group as the upper axial ligand. Co-enzyme B₁₂ molecules have a lower ligand that can coordinate with the cobalt ion and is linked to the corrin macrocycle via a nucleotide loop. Cobalamins have 5, 6 - dimethylbenzimidazole (DMB) as the lower ligand (Figure 4.1). Only bacteria and archaea are known to synthesize Co-B₁₂; however, many organisms, including humans synthesize enzymes requiring cobalamins as cofactor (11).

The *M. tuberculosis* genome encodes three Co-B₁₂-dependent enzymes: methionine synthase (MetH), methylmalonyl-CoA mutase (MutAB), and a class II ribonucleotide reductase (NrdZ). Two B₁₂-responsive riboswitches were identified in the *M. tuberculosis* genome (141, 155). One was shown to control production of the Co-B₁₂-independent methionine synthase MetE, and the other is located upstream of the *PPE2-cobQ1-cobU* operon, which encodes two Co-B₁₂ biosynthetic gene homologs (155, 156). Recent reports have indicated that *M. tuberculosis* does not produce Co-B₁₂ under standard *in vitro* growth conditions or during macrophage infection (14, 29, 156, 157). However, it has been demonstrated that this pathogen is able to convert and utilize cobalamin and other cobamides imported by a B₁₂ transporter, Rv1819c (137).

Homologs to many Co-B₁₂ biosynthetic pathway genes are predicted in *M. tuberculosis*, but function of these genes has not been confirmed (158). Transcription studies showed increased expression of a predicted Co-B₁₂ synthesis *cobI* homolog in the distal lung of a human with TB relative to *in vitro* culture of the bacteria (159). Proteomic analyses revealed that when *M. tuberculosis* is cultured stationary as a pellicles in minimal medium, two predicted Co-B₁₂ biosynthetic pathway proteins, CobD and CobB, were detected in culture filtrates (160). Wayne and Hayes reported that slow depletion of available oxygen by growth of *M. tuberculosis* in sealed cultures induces a state of non-replicating persistence (NRP) (36). Transcriptional analyses of bacteria in this model revealed many genes altered in response to oxygen depletion (38). One of the genes upregulated by hypoxia is *nrdZ*, which encodes a class II Co-B₁₂-dependent ribonucleotide reductase, NrdZ (38, 161). Together, these examples support the

possibility that *M. tuberculosis* may require and produce Co-B₁₂ in hypoxic environments within the host.

Biosynthesis of Co-B₁₂ can require up to 30 enzymes, and variations exist across species (141). Of the organisms studied in detail, Co-B₁₂ synthesis follows one of two general pathways (141). These pathways differ in the timing of cobalt atom insertion, mechanism for ring contraction, and the presence of oxygen-instable intermediates (134, 162, 163). An organism which typifies the early-cobalt insertion pathway is the anaerobically producing *Salmonella enterica* ssp. *enterica* serovar Typhimurium (*S. Typhimurium*) (142). The functions of many *S. Typhimurium* Co-B₁₂ synthesis enzymes have been defined genetically, biochemically, or both (134, 164, 165). Deletions of individual Co-B₁₂ biosynthetic genes in *S. Typhimurium* have also been used for assessment of genes from other prokaryotes for function in Co-B₁₂ synthesis (166, 167).

In the present study, we utilize *S. Typhimurium* Co-B₁₂ auxotrophic strains with mutations in specific Co-B₁₂ biosynthetic pathway genes to assess *M. tuberculosis* genes predicted to function in different steps of the pathway. We also directly assay for Co-B₁₂ production by *M. tuberculosis* grown as pellicle cultures and in the Wayne hypoxic model. Results indicate that 16 *M. tuberculosis* genes restored Co-B₁₂ biosynthesis to *S. Typhimurium* mutants blocked at different steps in the pathway. While Co-B₁₂ was not detected in extracts from *M. tuberculosis* cultures, the observation that numerous intact *M. tuberculosis* genes are functional in Co-B₁₂ biosynthesis supports the hypothesis that this pathogen synthesizes the cofactor in host environments that have not yet been suitably replicated *in vitro*.

METHODS

Bacterial Strains

Strains used in this study are indicated in Table 4.1. All *E. coli* and *S. Typhimurium* strains were maintained in Luria Bertani (LB) broth, or on LB agar grown aerobically at 37°C. Cultures were supplemented with carbenicillin [50 µg/ml] when required. Unless otherwise indicated, the *S. Typhimurium* strains used in this study were previously created in the laboratory of Dr. Jorge Escalante using the methods of Datsenko and Wanner (Table 4.2) (168).

For *M. tuberculosis* strains grown as pellicles, bacteria were first cultured on solid Lowenstein-Jensen Media (BD BBL™) and incubated at 37°C for 21-28 days. Colonies were then suspended in 1 ml Sauton medium (147). To inoculate pellicle cultures, 0.1 ml of the suspended bacteria was added to each non-vented T-175 flask containing 75-100 ml of Sauton medium supplemented with 5 µM cobalt chloride, 3.5 µM zinc sulfate, and 10 µM potassium cyanide. Cultures were incubated at 37°C stationary until a solid bacterial layer covered the surface or maintained for as long as 12 months. For Wayne cultures, *M. tuberculosis* bacteria were inoculated to an OD₆₀₀ = 0.02 into 20 ml of Dubos broth base (42) supplemented with 5 µM cobalt chloride and 1 µg/ml methylene blue (redox indicator) in 30 ml rubber-stoppered crimp-top vials containing a flea magnet, sealed, and incubated at 37°C with slow stirring.

Construction of Plasmids

Plasmid derivatives of pBAD-TOPO (Invitrogen) encoding predicted *M. tuberculosis* Co-B₁₂ biosynthesis pathway genes under the control of an arabinose-inducible promoter are listed in Table 4.2. To construct these plasmids, genes were PCR amplified from *M. tuberculosis* strain H37Rv genomic DNA with *Pfu*-Ultra II Hotstart Master Mix (Agilent) using the primers listed in Table 4.4. After adding phosphates to the 5' ends with T4 polynucleotide kinase (New England Biolabs), the PCR products were ligated into pBAD-TOPO vector that had been digested with *Nco*I and *Pme*I and DNA ends blunted with T4 DNA polymerase and dNTPs (New England Biolabs). Ligated DNAs were introduced into chemically-competent *E. coli* TAM1 cells (Active Motif) selecting for resistance to carbenicillin [50 µg/ml]. Plasmids were confirmed by PCR and DNA sequencing.

Transformation of *S. Typhimurium* Mutants

Each *S. Typhimurium* strain was grown to an OD₆₀₀ = 0.4-0.6 in LB broth. For each electroporation, 1 ml of culture was collected by centrifugation (10,000 x g, 2 min.) Supernatant was decanted and the pellet was washed with 1 ml cold, sterile dH₂O twice. Following the second wash, the cells were suspended in 0.1 ml of cold sterile dH₂O and transferred to a pre-chilled 2-mm electroporation cuvette (Bio-Rad). Approximately 20-50 ng of plasmid DNA was added to the cells. The samples were pulsed at 2.5 kV, 200 Ω, and 25 µF using a GenePulser XcellTM electroporator (Bio-Rad). Cells were recovered in

1 ml of LB broth at 37°C for 1 hour with shaking and then plated onto LB agar plates containing carbenicillin [50 µg/ml].

Assay for *M. tuberculosis* Co-B₁₂ Gene Function

Salmonella Typhimurium strains with specific Co-B₁₂ biosynthetic gene mutations, and the corresponding strain encoding a predicted *M. tuberculosis* Co-B₁₂ gene on a pBAD-TOPO plasmid were grown overnight shaking at 37°C in LB broth. When required, carbenicillin [50 µg/ml] was added. Bacteria were pelleted (10,000 x g, 2 min.) and washed twice with 0.9% NaCl. Following the second wash, the supernatant was discarded and cells streaked on modified Vogel-Bonner agar plates (169) containing trace metal solution (170), 0.2% arabinose (v/v), and +/- 1 µg/ml cyanocobalamin. When required, 1 mM of L-glutamine (Gibco™), and 100 µM of 5, 6 dimethylbenzimidazole (DMB) were also added. Galactose at 0.2% (v/v) served as a carbon source. Cultures were grown in GasPak™ containers with a fresh GasPak™ EZ Anaerobe Container System pouch (BD) at 37°C for 72 hours, followed by aerobic incubation at 37°C for 24 hours. All strains were assayed a minimum of three times in duplicate.

Preparation of Cell Extracts from *M. tuberculosis* Cultures

The pellicles of *M. tuberculosis* bacteria from static cultures were drained of liquid and washed with 0.1 M sodium phosphate buffer (pH 7.0). Cells were lysed in extraction buffer (0.1 M Na₂HPO₄, pH adjusted to 4.5 with acetic acid; 0.005% KCN) with a tissue

homogenizer. The lysates were transferred into glass screw-capped tubes and incubated for 30 minutes at 90°C in a water bath prior to removal from the biolevel-3 laboratory. With the caps tightened, the lysates were autoclaved for 30 min, cooled to room temperature, and transferred into 1.5 ml tubes and clarified by centrifugation (10,000 x g, 5 min). The supernatants were filtered through 0.22 µM PVDF membranes, concentrated to approximately 50 µl in a SpeedVac (ThermoSavant), and stored at -20°C until assayed.

From Wayne cultures (36), the mycobacterial cells were harvested by centrifugation (3000 x g, 5 min), washed once with an equal volume 0.1 M sodium phosphate buffer (pH 7.0), re-suspended in extraction buffer (0.1 M Na₂HPO₄, pH adjusted to 4.5 with acetic acid; 0.005% KCN) and disrupted with 0.1 mm diameter zirconia/silica beads in a Bead Beater (BioSpec Products) with three 40-second cycles at 4800 rpm. The lysates were transferred into glass screw-capped tubes and incubated for 30 minutes at 90°C in a water. With the caps tightened, the lysates were then autoclaved for 30 min, cooled to room temperature, and transferred into 1.5 ml tubes and clarified by centrifugation (10,000 x g, 5 min). The supernatants were filtered through 0.22 µM PVDF membranes, concentrated to approximately 50 µl in a SpeedVac and stored at -20°C until assayed.

Assay for Detection of B₁₂

Salmonella Typhimurium strain JE212 was cultured overnight in LB medium at 37°C with shaking (180 rpm). Culture aliquots (1 ml ea.) were transferred into 1.5 ml tubes and collected by centrifugation (10,000 x g, 5 min). Pellets were washed twice with

1 ml 0.9% NaCl and cells suspended in 1 ml of 0.9% NaCl. For each assay plate, 0.2 ml cells were mixed with 3 ml molten (56°C) 0.6% noble agar, and poured onto Vogel-Bonner minimal medium agar plates (169) supplemented with 11 mM glucose and 0.1 mM histidine. After agar solidification, 5 µl of each mycobacterial lysate and 2 µl cyanocobalamin (100 µg/ml) were spotted on the plates. Plates were incubated at room temperature for approximately 15 min (to allow the liquid to be absorbed) and then incubated inverted 12-18 hours at 37°C. Growth of *S. Typhimurium* JE212 in spotted areas indicates the presence of B₁₂.

RESULTS AND DISCUSSION

We recently reported that under aerobic culture conditions in Middlebrook 7H9 media only nontuberculous mycobacteria synthesize Co-B₁₂ (6). That study also demonstrated that *cobK* and *cobU* from *M. tuberculosis* can restore Co-B₁₂ synthesis to *Mycobacterium smegmatis* mutants lacking the respective homolog. Here we explore the hypothesis that *M. tuberculosis* produces the coenzyme by a process comparable to anaerobic producers exemplified by *S. Typhimurium*. The genome of *M. tuberculosis* encodes homologs to many genes that function in the *S. Typhimurium* Co-B₁₂ synthesis pathway (Figure 4.1; Table 4.3, Columns 1-3). To ascertain whether these *M. tuberculosis* genes function in Co-B₁₂ synthesis, each gene was PCR-amplified from *M. tuberculosis* genomic DNA with the indicated primers (Table 4.4) and cloned in plasmid pBAD-TOPO for arabinose-inducible expression in *S. Typhimurium* strains. Relevant features of the plasmids generated are indicated in Table 4.2. Strains generated after introduction of the plasmids into auxotrophic *S. Typhimurium* Co-B₁₂ biosynthetic

pathway mutants are listed in Table 4.1. The parent, auxotrophic *S. Typhimurium* B₁₂ pathway mutants, and the mutants after genetic complementation with *M. tuberculosis* genes were assayed for growth on Vogel-Bonner minimal medium agar supplemented with 0.2% arabinose. Results of functional complementation at individual steps in the biosynthetic pathway are detailed below and a summary of the results is provided in Table 4.3 and Figure 4.3.

Functional Complementation of *S. Typhimurium* Co-B₁₂ Pathway Mutants with *M. tuberculosis* Genes

Rv2847 / S. Typhimurium cysG

The first part of the Co-B₁₂ synthesis pathway converts uroporphyrinogen III to cob(II)yrinic acid a,c-diamide (Figure 4.1). In this stage, methylation of various porphyrin ring carbon atoms facilitate ring reduction/loss of C-20 and the insertion of the central cobalt atom. The first committed step in Co-B₁₂ synthesis is the conversion of uroporphyrinogen III to precorrin-2 (sirohydrochlorin) (Figure 4.1). For this step, many aerobic Co-B₁₂ producers use a homolog to the SAM-dependent methyltransferase encoded by *cobA* in *P. denitrificans* (171). However, *S. Typhimurium* utilizes the siroheme synthase encoded by *cysG* (172). The encoded CysG protein is a fusion of uroporphyrinogen-III methyltransferase and precorrin-2 dehydrogenase/ferrochelatase (134). In the *M. tuberculosis* H37Rv Mycobrowser database (158), two potential siroheme synthase/uroporphyrin III C-methyltransferases are encoded by *Rv0511*

(annotated as *hemD*) and *Rv2847* (annotated as *cysG*). The predicted sizes of Rv0511 (565 AA) and Rv2847 (405 AA) are more similar to *S. Typhimurium* CysG (457 AA) than to *P. denitrificans* CobA (280 AA). The encoded amino acid sequence of Rv2847 has 32% identity and 48% similarity spanning 95% of *S. Typhimurium* CysG (Table 4.3). In *M. tuberculosis*, *Rv2847* is located in an operon with other predicted Co-B₁₂ biosynthetic genes; therefore, *Rv2847* was examined to determine if it could substitute for *S. Typhimurium* *cysG* to enable conversion of uroporphyrinogen III to sirohydrochlorin. Arabinose-induced expression of *M. tuberculosis* *Rv2847* in *S. Typhimurium* *cysG* mutant strain JE9734 resulted in growth on Vogel-Bonner plates (Figure 4.2, Table 4.3). This complementation result, combined with the homology between Rv2847 and *S. Typhimurium* CysG supports *M. tuberculosis* *Rv2847* encoding a C-2 and C-7 uroporphyrinogen-III methyltransferase and its annotation as *cysG*.

Rv0259c / *S. Typhimurium* *cbiK*

Timing of cobalt insertion into the tetrapyrrole ring is one of the major differences between aerobic and anaerobic Co-B₁₂ production. In aerobic synthesis, cobalt is inserted into a nearly complete precorrin ring, whereas in the anaerobic pathway, cobalt insertion occurs immediately after the action of CysG (142). In *S. Typhimurium*, the sirohydrochlorin cobaltochelatase encoded by *cbiK* inserts cobalt as the second step in Co-B₁₂ ring synthesis to produce cobalt-sirohydrochlorin (Figure 4.1). While the *M. tuberculosis* genome does not encode a CbiK homolog, it has *Rv0259c* which encodes a protein with 23% identity/41% similarity to CbiX, a sirohydrochlorin cobaltochelatase from *Bacillus megaterium* which synthesizes Co-B₁₂ anaerobically (173, 174). To

determine if *Rv0259c* functions in early cobalt insertion, it was expressed from an arabinose-inducible promoter in the *S. Typhimurium* *cbiK* mutant JE13809. Arabinose-induced expression of *Rv0259c* resulted in growth of the strain when cultured anaerobically on Vogel-Bonner agar (Figure 4.2). This suggests that *M. tuberculosis* may follow an early-cobalt insertion pathway. The non-tuberculous mycobacterial species *Mycobacterium avium subsp. paratuberculosis* also encodes a CbiX homolog. We have previously reported that this species synthesizes Co-B₁₂ aerobically (6). Interestingly, Cossu and colleagues reported that *cbiX* and other anoxically-induced metabolic genes are upregulated in this bovine intestinal pathogen when exposed to acid-nitrosative multi-stress which suggests *M. avium subsp. paratuberculosis* may also have capacity for anaerobic Co-B₁₂ synthesis (175). Together, these data support the annotation of *Rv0259c* as CbiX.

Rv2066 / S. Typhimurium cbiL/cbiH

C-20 methylation of cobalt-sirohydrochlorin to cobalt-factor III in *S. Typhimurium* is catalyzed by CbiL (Figure 4.1). The N-terminus of *M. tuberculosis* *Rv2066* has 48% similarity to *S. Typhimurium* CbiL (Table 4.3). The C-terminal *Rv2066* region has 53% similarity to *S. Typhimurium* CbiH (Table 4.3), which catalyzes the methylation of cobalt factor III to cobalt-precorrin-4 (Figure 4.1). Both *S. Typhimurium* strains JE8238 ($\Delta cbiL32$) and JE8239 ($\Delta cbiH29$) were transformed with plasmid pSC3 encoding *M. tuberculosis* *Rv2066*. In both cases, arabinose-induced expression of *M. tuberculosis* *Rv2066* resulted in growth of the complemented *cbiL* and *cbiH* mutants (Figure 4.2). Interestingly, *cobI* from the aerobic Co-B₁₂ producer *P. denitrificans* was

reported not to functionally complement a *S. Typhimurium cbiL* mutant despite having 20-40% AA identity (176). Thus, our data further supports the hypothesis that *M. tuberculosis* utilizes an early-cobalt insertion pathway for Co-B₁₂ synthesis and indicates that *Rv2066* encodes a bi-functional enzyme with both CbiL and CbiH activities.

Rv2071c / *S. Typhimurium cbiF*

The next step in early-cobalt Co-B₁₂ synthesis is C-11 methylation. This process is catalyzed by either the precorrin-4 C-11 methyltransferase CobM in aerobic Co-B₁₂ producers to yield precorrin-5 or by the cobalt-precorrin-4 C-11 methyltransferase CbiF in *S. Typhimurium* resulting in cobalt-precorrin-5A (134). The *M. tuberculosis* *Rv2071c* (annotated as CobM) protein has 65% similarity/45% identity to *S. Typhimurium* CbiF (Table 4.3). Expression of *Rv2071c* in the *S. Typhimurium cbiF*-defective strain JE8235 resulted in restoration of growth of the mutant in the absence of Co-B₁₂ (Figure 4.2). Thus, *M. tuberculosis* is capable of completing the first 5 steps in anaerobic-type early-cobalt Co-B₁₂ synthesis.

Rv2068c / *S. Typhimurium cbiG* and *Rv2067c* / *S. Typhimurium cbiD*

The next two steps in Co-B₁₂ synthesis are catalyzed by enzymes CbiG and CbiD in *S. Typhimurium* (Figure 4.1). Conversion of cobalt-precorrin-5A to cobalt-precorrin-5B in *S. Typhimurium* utilizes CbiG to open a 6-membered delta-lactone ring and eliminate acetaldehyde to yield cobalt-precorrin-5B (163, 177). Methylation of cobalt-precorrin-5B at C-1 is catalyzed by SAM-dependent methyltransferase CbiD to produce cobalt-precorrin-6A (163). In the aerobic late-cobalt insertion pathway, C-1 methylation

is catalyzed by CobF which facilitates removal of the extruded methylated C-20 group as acetic acid prior to C-1 methylation (163). Although non-tuberculous mycobacteria produce Co-B₁₂ and encode a *cobF* homolog, *M. tuberculosis* lacks homologs of either *cobF* or *cbiD*. It has been hypothesized that the lack of a *cobF* or *cbiD* homolog underlies the inability of *M. tuberculosis* to produce Co-B₁₂ (178); however we have shown previously that expression of *cobF* from *M. smegmatis* or *M. marinum* in *M. tuberculosis* does not result in aerobic Co-B₁₂ synthesis. Downstream and divergently-transcribed from *M. tuberculosis* *Rv2066/cobI* is *Rv2067c*, predicted to encode a SAM-dependent methyltransferase that could serve as a nonorthologous replacement for *cobF* (179). Transcription of *Rv2067c* was upregulated in human clinical lung granulomas relative to *in vitro* cultured *M. tuberculosis* bacteria (159). Upstream of *Rv2067c* is *blaC*, which encodes a beta-lactamase (158). The genomic proximity of genes encoding both a putative methyltransferase and a known ring-breaking enzyme (albeit, not a delta-lactonase) to *Rv2066* led us to entertain the possibility that *M. tuberculosis* may have evolved a novel process to convert cobalt-precorrin-5A to cobalt-precorrin-6A. We first assessed whether *S. Typhimurium* strain JE7859 lacking *cbiD* could be functionally complemented with *M. tuberculosis* *Rv2067c*. Unfortunately, an answer could not be obtained due to JE7859 continuing to grow in the absence of Co-B₁₂ (Figure 4.2). This indicates that in *S. Typhimurium* another enzyme can provide the function of CbiD. Conditions in which JE7859 fails to grow in the absence of B₁₂ must first be identified before assessment of *Rv2067* in the Co-B₁₂ synthesis can be determined (Figure 4.2). We next co-expressed *blaC* and *Rv2067c* in the *cbiG*-deficient *S. Typhimurium* strain JE8236. Expression of *blaC* and *Rv2067c* from an arabinose-inducible promoter was not

sufficient to support growth of JE8236 on minimal medium, indicating that these genes do not complement function of *cbiG* (Figure 4.2). Even in known Co-B₁₂ producing organisms, not all mechanisms have been fully established (134, 141). Thus, it is possible that *M. tuberculosis* may use an undefined gene to provide this function.

Rv2070c / *S. Typhimurium* *cbiJ*

Cobalt-precorrin-6X reductase, CbiJ, in *S. Typhimurium* requires NADPH for reduction to cobalt-precorrin-6B (162). Organisms following the late-cobalt insertion pathway use a homolog, CobK to perform a similar reduction of precorrin-6A to precorrin-6B (176). Expression of *M. tuberculosis* *Rv2070c* (annotated as *cobK*) in the *cbiJ*-deficient Co-B₁₂ auxotrophic *S. Typhimurium* strain JE8237 restored growth of the mutant on Vogel-Bonner agar (Figure 4.2). We have previously reported that this gene can also substitute for *M. smegmatis* *cobK* in aerobic Co-B₁₂ synthesis.

Rv2072c / *S. Typhimurium* *cbiE/T*

In *S. Typhimurium*, conversion from cobalt-precorrin-6B to cobalt-precorrin-8 is catalyzed by two enzymes: a cobalt-precorrin-6B C-5 methyltransferase, CbiE, and a cobalt-precorrin-6B-decarboxylating C-15 methyltransferase, CbiT. However, another early-cobalt inserting organism, *Bacillus megaterium*, uses the fusion enzyme CbiET for this conversion (163). Late-cobalt inserters also utilize a fusion enzyme, CobL, for precorrin C-5 and C-15 methylation and decarboxylation of the acetate attached to C-12 (180). The *M. tuberculosis* genome encodes a *cobL* homolog, *Rv2072c*. The C-terminus of *Rv2072c* shares 43% similarity and 28% identity with *S. Typhimurium* CbiE (Table

4.3). The N-terminus shares 44% similarity and 28% identity with *S. Typhimurium* CbiT (Table 4.3). Co-B₁₂ auxotrophic *S. Typhimurium* strains lacking either *cbiE* or *cbiT* grew on Vogel-Bonner agar in the absence of Co-B₁₂ when *M. tuberculosis* Rv2072c was introduced and expressed from an arabinose-inducible promoter (Figure 4.2). This suggests that *M. tuberculosis* Rv2072c functions as a CbiET fusion enzyme.

Rv2065c / *S. Typhimurium* *cbiC*

Conversion of cobalt-precorrin-8 to cobyrinic acid is catalyzed by the cobalt-precorrin methylmutase CbiC in *S. Typhimurium* (163). Efforts to assess if the *cbiC* homolog *Rv2065* (annotated as *cobH*) can substitute for a *S. Typhimurium* *cbiC* mutant were initiated; however, multiple attempts to create a pBAD-TOPO derivative encoding *M. tuberculosis* Rv2065 resulted in plasmids with deletions. This suggests that leaky expression of *M. tuberculosis* Rv2065 in the pBAD-TOPO vector is toxic to *E. coli*. For this reason, it was not possible to test if Rv2065 can substitute for *S. Typhimurium* *cbiC* in B₁₂ synthesis.

Rv2848c / *S. Typhimurium* *cbiA*

Conversion of cobyrinic acid to cob(II)yrinic acid a,c-diamide is catalyzed by the cobyrinic acid a,c-diamide synthase CbiA in *S. Typhimurium* (181). This enzyme functions to add glutamine-derived amides to the cobyrinic acid molecule (134, 182). Expression of the *cbiA* homolog *Rv2848c* (annotated as *cobB*) in the *S. Typhimurium* *cbiA* mutant JE21352 restored Co-B₁₂ synthesis to the mutant when both 0.2% arabinose and 1 mM glutamine was added to the Vogel-Bonner plates (Figure 4.2).

Rv2062c (cobN)-Rv2850c / no S. Typhimurium homolog

In aerobic, late-cobalt, Co-B₁₂ synthesis, hydrogenobyirinic acid a,c-diamide would be converted to cob(II)byirinic acid a,c-diamide by insertion of the cobalt atom by cobaltochelataase complex CobNST complex (183). Analysis of over 200 clinical isolates from *M. tuberculosis* revealed polymorphisms in the *cobN* homolog (*Rv2062c*), many of which may alter protein function (15, 127). In *M. tuberculosis*, no CobST complex has been identified; however, a predicted magnesium chelatase, *Rv2850c* has been suggested to function with *Rv2062c* (179). These enzymes are characteristic of the late-cobalt insertion pathway; therefore, it was not possible to test *Rv2062c* and *Rv2850c* function in *S. Typhimurium* B₁₂ pathway mutants. The presence of clinical isolates with functional mutations in *cobN*, coupled with evidence presented above that *Rv0259c* encodes sirohydrochlorin cobaltochelataase function suggests that *M. tuberculosis* may only synthesize Co-B₁₂ by an early-cobalt insertion pathway.

Rv0306 / S. Typhimurium fldA

Once cobalt is inserted into the corrin ring structure, the pathways in early-cobalt and late-cobalt inserting organisms follow a similar mechanisms for ligand attachment (Figure 4.1). In *S. Typhimurium*, *fldA* encodes flavodoxin I, which reduces cob(II)yrinic acid a,c-diamide to cob(I)yrinic acid a,c-diamide (184). Other organisms, such as *Sinorhizobium meloti*, and *Rhodobacter capsulatus* utilize the NAD(P)H –flavin oxidoreductase BluB for this function (185, 186). *M. tuberculosis* *Rv0306* encodes a homolog with 45% similarity and 33% identity to *bluB* from *R. capsulatus*. As *fldA* is an

essential gene in *S. Typhimurium*, it was not possible to assess whether a *M. tuberculosis* homolog, *Rv0306*, could restore Co-B₁₂ synthesis to an *fldA* mutant.

Rv2849c / *S. Typhimurium cobA*

In both early- and late-cobalt insertion pathways, attachment of the nucleotide loop will not occur without adenosylation at the upper axial position of the cobalt atom in the planar corrin ring of cob(I)yrinic acid *a,c*-diamide to produce adenosylcobyrinic acid *a,c*-diamide (187, 188). This reaction is catalyzed by the ATP-dependent adenosyltransferase CobA in *S. Typhimurium* (189), which is annotated in late-cobalt cobalamin producers as CobO. The *M. tuberculosis cobA* homolog *Rv2849c* (annotated as *cobO*) is predicted to encode a protein with 39% identity and >50% similarity to *S. Typhimurium* CobA and to CobO from *P. denitrificans* (Table 4.3). Expression of *Rv2849c* in *S. Typhimurium cobA* deletion mutant JE1293 restored growth on Vogel-Bonner medium, which supports *Rv2849c* as an adenosyl transferase functioning in Co-B₁₂ synthesis (Figure 4.2).

Rv0255c / *S. Typhimurium cbiP*

Amidation of the *b*, *d*, *e*, and *g* side chains of adenosylcobyrinic acid *a,c*-diamide to generate adenosylcobyrinic acid is catalyzed by the cobyrinic acid synthase CbiP in *S. Typhimurium* or CobQ in late-cobalt Co-B₁₂ producers (181, 182, 190). The *Rv0255c* (annotated as *cobQ1*) gene in *M. tuberculosis* encodes a homolog with 56% similarity/43% identity (Table 4.3). An *S. Typhimurium cbiP* -defective mutant, JE588,

regained the ability to grow on B₁₂-deficient medium after transformation with a plasmid expressing *Rv0255c* from an arabinose-inducible promoter (Figure 4.2).

Rv2231c / *S. Typhimurium cobD*

The L-threonine-*O*-3-phosphate decarboxylase, CobD, in *S. Typhimurium* is responsible for generating (R)-1-amino-2-propanol-*O*-2 phosphate (191). This product is then attached to the *f* side chain of adenosylcobyrinic acid. In *M. tuberculosis*, the *Rv2231c* gene (annotated as *cobC*) encodes a homolog with 31% identity and 44% similarity to *S. Typhimurium* CobD (Table 4.3). Growth of a *S. Typhimurium cobD* mutant in Vogel-Bonner medium occurred after complementation with a plasmid encoding *Rv2231c* in the presence of arabinose (Figure 4.2).

Rv2236c / *S. Typhimurium cbiB*

Attachment of (R)-1-amino-2-propanol-*O*-2 phosphate to adenosylcobyrinic acid to generate adenosylcobinamide-phosphate is catalyzed in *S. Typhimurium* by the synthetase CbiB (192). The *M. tuberculosis* gene *Rv2236c* (annotated as *cobD*) is predicted to encode a homolog with 36% identity and 50% similarity to CbiB (Table 4.3). Expression of *Rv2236c* from an arabinose inducible promoter restored growth of an *S. Typhimurium cbiB* mutant on Vogel-Bonner agar (Figure 4.2).

Rv0254c / *S. Typhimurium cobU*

Conversion of adenosylcobinamide-phosphate to adenosyl-GDP-cobinamide is catalyzed by a multifunctional adenosylcobinamide kinase/adenosylcobinamide-

phosphate guanylyltransferase labeled CobU in early-cobalt or CobP in late-cobalt Co-B₁₂ producers (134, 193). Our previous studies have shown that *M. tuberculosis* Rv0254c can restore Co-B₁₂ synthesis to a *cobU* mutant of the soil saprophyte *M. smegmatis* (6). The Rv0254c sequence from *M. tuberculosis* has 54% similarity with its *S. Typhimurium* CobU homolog (Table 4.3). Arabinose-induced expression of *M. tuberculosis* Rv0254c in a *S. Typhimurium cobU* mutant restored growth of the mutant on Vogel-Bonner medium (Figure 4.2).

Rv2207 / S. Typhimurium cobT

In *S. Typhimurium*, a nicotinate mononucleotide (NaMN):5,6-dimethylbenzimidazole phosphoribosyltransferase, CobT, adds a 5'-phosphoribosyl group onto aromatic ring structures in preparation for attachment of the lower ligand to the corrin ring (194). The lower ligand, 5, 6-dimethylbenzimidazole, is attached to adenosyl-GDP-cobinamide to produce adenosylcobalamin; however, CobT from other organisms is capable of phosphoribosylating adenine and other aromatic ring structures such as phenol and *p*-cresol, which can also be attached to the adenosyl-GDP-cobinamide (195, 196). CobT from *M. tuberculosis* shares 50% similarity and 35% identity with CobT of *S. Typhimurium*. When *M. tuberculosis cobT* homolog Rv2207 was expressed from an arabinose-inducible promoter in *S. Typhimurium cobT* mutant JE2423, the mutant regained the ability to grow on Vogel-Bonner agar indicating that Rv2207 functions in Co-B₁₂ synthesis (Figure 4.2).

Rv2208 / S. Typhimurium cobS

Condensation of α -DMB-ribose-5'-phosphate with adenosyl-GDP-cobinamide is catalyzed by the adenosylcobalamin-5' synthase CobS in *S. Typhimurium* (197). The product of this reaction is adenosylcobalamin-phosphate. CobS from *M. tuberculosis* shares 45% similarity and 30% identity with CobS from *S. Typhimurium*. Expression of the *M. tuberculosis cobS* homolog *Rv2208* in an *S. Typhimurium cobS* mutant restored growth of the mutant on Vogel-Bonner medium supplemented with 100 μ M DMB and 0.2% arabinose; this supports that *M. tuberculosis Rv2208* encodes an adenosylcobalamin-5' synthase that functions in Co-B₁₂ synthesis (Figure 4.2).

Rv2228 / S. Typhimurium cobC

In *S. Typhimurium*, the *cobC* gene encodes a phosphatase that functions in the final step of Co-B₁₂ synthesis to cleave the phosphate from adenosylcobalamin-phosphate creating adenosylcobalamin (197). In *M. tuberculosis*, this function is carried out by the bi-functional enzyme *Rv2228*, which possesses a C-terminal RNase HI domain and an N-terminal ribazole-phosphatase domain (198). The N-terminal ribazole-phosphatase domain of *Rv2228* shares 43% similarity and 27% identity with CobC of *S. Typhimurium*. We attempted to confirm this result by genetic complementation of a *S. Typhimurium cobC* mutant with *Rv2228*, but were unable to create culture conditions that prevented growth of the *cobC* mutant (Figure 4.2).

Assessment of Co-B₁₂ Synthesis by *M. tuberculosis*

Transcriptional analysis and proteomic studies reported that some predicted Co-B₁₂ biosynthetic pathway genes or proteins from *M. tuberculosis* were upregulated in pellicle cultures and in human distal lung infections (159, 160). To test the hypothesis that *M. tuberculosis* synthesizes Co-B₁₂ under hypoxic or microaerophilic environments, the presence of Co-B₁₂ in cell lysates from *M. tuberculosis* cultured as stationary pellicles or in the Wayne hypoxic model was evaluated using the *S. Typhimurium* B₁₂ auxotrophic strain JE212 (199, 200). As detailed in the Methods, lysates prepared from *M. tuberculosis* cultures were spotted onto Vogel-Bonner agar plates previously overlaid with JE212 in top agar (6). As a positive control, cyanocobalamin was spotted on each plate. After overnight incubation, growth of JE212 in spotted areas indicates the presence of B₁₂. Using this method, growth was detected where cyanocobalamin was spotted, but not in areas spotted with lysates from the *M. tuberculosis* pellicle cultures or from the Wayne cultures (Figure 4.3). These negative results indicate that the bacteria are not producing Co-B₁₂ under these growth conditions. As these growth conditions are crude approximations for complex microenvironments that *M. tuberculosis* bacilli encounter inside the host, additional nutritional factors or signals required to induce Co-B₁₂ synthesis are likely lacking. It remains unclear where in the host these bacteria require B₁₂. Now that we have defined several *M. tuberculosis* genes with roles in Co-B₁₂ synthesis, infection studies with pathway mutants should aid in identifying host niches where the mutants fail to persist compared to wild type.

Concluding Remarks

The results of the studies presented show that multiple *M. tuberculosis* genes can substitute for known genes in the *S. Typhimurium* Co-B₁₂ biosynthetic pathway. Of most importance, *cysG* and *Rv0259c* from *M. tuberculosis* encode functions more characteristic of anaerobic corrin ring synthesis; both function in early-cobalt insertion (Figure 4.2 and Table 4.3). The gut pathogen and Co-B₁₂ producing species *M. avium* subsp. *paratuberculosis* encodes an *Rv0259c* homolog, *cbiX*, which is upregulated along with homologs to *cbiA* and *cobT* under anaerobic stress (175). This suggests that *M. tuberculosis* may also be capable of Co-B₁₂ synthesis under some type of hypoxic condition. In a laboratory setting, *M. tuberculosis* can be gradually depleted of oxygen using the Wayne culture method (36); however, this creates non-replicating persistent cultures with very low metabolic requirements (36). Transcriptome analysis of *M. tuberculosis* Wayne cultures showed upregulation of the Co-B₁₂-dependent ribonucleotide reductase gene *nrdZ*, but did not show upregulation of any predicted Co-B₁₂ biosynthetic genes (38). Direct assessment of Wayne-cultured *M. tuberculosis* did not yield Co-B₁₂ detectable via an *S. Typhimurium* B₁₂ auxotroph feeding assay (Figure 4.3). This suggests that *M. tuberculosis* does not require Co-B₁₂ under these *in vitro* specific culture conditions. Although proteomic data from *M. tuberculosis* pellicle cultures show CobB and CobD (38), we were unable to detect Co-B₁₂ in cell lysates from pellicle-grown *M. tuberculosis*.

In conclusion, we interrogated predicted Co-B₁₂ genes from *M. tuberculosis* using a library of *S. Typhimurium* Co-B₁₂ biosynthetic pathway mutants and identified 16 *M. tuberculosis* genes that can overcome different Co-B₁₂ pathway blocks. Importantly, the

results indicate that *M. tuberculosis* has the potential to perform early-cobalt insertion which is more characteristic of anaerobic Co-B₁₂-producing organisms. Additional investigation to identify niches in the host that induce *M. tuberculosis* Co-B₁₂ synthesis is ongoing and will help determine if this pathogen is indeed capable of complete *de novo* synthesis of the co-enzyme.

Table 4.1 Strains used in this study

Strain	Genotype/relevant characteristics	Source
<i>S. Typhimurium</i>		
TR6583	<i>metE205, ara-9</i>	J. Escalante Laboratory Collection (201)
Derivatives of TR6583		
JE212	<i>metE205, ara-9, Δ299(hisG-cob)</i>	J. Escalante Laboratory Collection (200)
JE9734	<i>metE205, ara-9, cysG::cat</i>	J. Escalante Laboratory Collection
JE13809	<i>metE205, ara-9, ΔcbiK31</i>	J. Escalante Laboratory Collection
JE8238	<i>metE205, ara-9, ΔcbiL32</i>	J. Escalante Laboratory Collection
JE8239	<i>metE205, ara-9, ΔcbiH29</i>	J. Escalante Laboratory Collection
JE8235	<i>metE205, ara-9, ΔcbiF27</i>	J. Escalante Laboratory Collection
JE7859	<i>metE205, ara-9, ΔcbiD24</i>	J. Escalante Laboratory Collection
JE8237	<i>metE205, ara-9, ΔcbiJ30</i>	J. Escalante Laboratory Collection
JE8241	<i>metE205, ara-9, ΔcbiE25</i>	J. Escalante Laboratory Collection
JE8242	<i>metE205, ara-9, ΔcbiT26</i>	J. Escalante Laboratory Collection
JE8240	<i>metE205, ara-9, ΔcbiC23</i>	J. Escalante Laboratory Collection
JE21352	<i>metE205, ara-9, ΔcbiA7::cat+</i>	J. Escalante Laboratory Collection
JE8236	<i>metE205, ara-9, ΔcbiG28</i>	J. Escalante Laboratory Collection
JE1293	<i>metE205, ara-9, cobA366::Tn10d(cat+)</i>	J. Escalante Laboratory Collection (189)
JE588	<i>metE205, ara-9, ΔcbiP236::Tn10d(Tc)</i>	J. Escalante Laboratory Collection (200, 202)

JE2216	<i>metE205, ara-9, cobD1302::Tn10d(Cm)</i>	J. Escalante Laboratory Collection (203, 204)
JE8185	<i>metE205, ara-9, ΔcbiB1309</i>	J. Escalante Laboratory Collection (192)
JE4732	<i>metE205 ara-9 Δcob272 (ΔcobUST/pJO30 cobST + cat)</i>	J. Escalante Laboratory Collection (205)
JE2423	<i>metE205 ara-9 cobT109::MudJ recA1</i>	J. Escalante Laboratory Collection (194)
JE2848	<i>metE205 ara-9 ΔcobS1313</i>	J. Escalante Laboratory Collection (197)
JE2718	<i>metE205 ara-9 ΔcobC1151</i>	J. Escalante Laboratory Collection (197)
KQ900	JE9734 + pSC1 (<i>Rv2487c</i>)	This study
KQ901	JE13809 + pSC2 (<i>Rv0259</i>)	This study
KQ902	JE8238 + pSC3 (<i>Rv2066</i>)	This study
KQ903	JE8239 + pSC3 (<i>Rv2066</i>)	This study
KQ904	JE8235 + pSC4 (<i>Rv2071cc</i>)	This study
KQ905	JE7859 + pSC5 (<i>Rv2067c</i>)	This study
KQ907	JE8237 + pSC7 (<i>Rv2070c</i>)	This study
KQ908	JE8241 + pSC8 (<i>Rv2072c</i>)	This study
KQ909	JE8242 + pSC8 (<i>Rv2072c</i>)	This study
KQ911	JE21352 + pSC10 (<i>Rv2848c</i>)	This study
KQ913	JE1293 + pAR21 (<i>Rv2849c</i>)	This study
KQ914	JE588 + pAR30 (<i>Rv0255c</i>)	This study
KQ915	JE2216 + pAR20 (<i>Rv2236c</i>)	This study
KQ916	JE8185 + pAR23 (<i>Rv2231c</i>)	This study

KQ917	JE4732 + pAR32 (<i>Rv0254c</i>)	This study
KQ918	JE2423 + pAR24 (<i>Rv2207</i>)	This study
KQ919	JE2848 + pAR26 (<i>Rv2208</i>)	This study
KQ920	JE2718 + pAR29 (<i>Rv2228</i>)	This study
<i>M. tuberculosis</i>		
Erdman	<i>M. tuberculosis</i> strain Erdman	Tuberculosis/Mycobacteriology Branch, CDC

Table 4.2 Plasmids used in this Study

Plasmid	Key features	Source
pBAD-TOPO	Arabinose-inducible expression vector, <i>araC</i> , <i>bla</i> , pBR322 <i>ori</i>	Invitrogen
pSC1	pBAD-TOPO + <i>Rv2847c</i>	This study
pSC2	pBAD-TOPO + <i>Rv0259</i>	This study
pSC3	pBAD-TOPO + <i>Rv2066</i>	This study
pSC4	pBAD-TOPO + <i>Rv2071c</i>	This study
pSLT36	pBAD-TOPO+ <i>Rv2068c+Rv2067c</i>	This study
pSC5	pBAD-TOPO + <i>Rv2067c</i>	This study
pSC7	pBAD-TOPO + <i>Rv2070c</i>	This study
pSC8	pBAD-TOPO + <i>Rv2072c</i>	This study
pSC10	pBAD-TOPO + <i>Rv2848c</i>	This study
pAR21	pBAD-TOPO + <i>Rv2849c</i>	This study
pAR30	pBAD-TOPO + <i>Rv0255c</i>	This study
pAR20	pBAD-TOPO + <i>Rv2331c</i>	This study
pAR23	pBAD-TOPO + <i>Rv2236c</i>	This study
pAR32	pBAD-TOPO + <i>Rv0254c</i>	This study
pAR24	pBAD-TOPO + <i>Rv2207</i>	This study
pAR26	pBAD-TOPO + <i>Rv2208</i>	This study
pAR29	pBAD-TOPO + <i>Rv2228</i>	This study

Table 4.3 Comparison of Co-B₁₂ biosynthetic enzymes of *S. Typhimurium* and predicted homologs or non-orthologous replacements from *M. tuberculosis*

<i>S. Typhimurium</i> enzyme	<i>M. tuberculosis</i> enzyme	Percent Similarity/Identity	Functional Complement
CysG	Rv2847c/CysG	48/32	yes
CbiK	Rv0259/CbiX	Non-orthologous	yes
CbiL	Rv2066/CobI	48/28	yes
CbiH	Rv2066/CobI	53/38	yes
CbiF	Rv2071c/CobM	65/45	yes
CbiG	Rv2068c/BlaC	Non-orthologous	no
CbiD	Rv2067c	Non-orthologous	unable to inhibit mutant growth
CbiJ	Rv2070c/CobK	44/27	yes
CbiE	Rv2072c/CobL	43/28	yes
CbiT	Rv2072c/CobL	44/28	yes
CbiC	Rv2065/CobH	49/33	unable to generate plasmid
CbiA	Rv2848c/CobB	51/35	no
FldA	Rv0306/BluB	Non-orthologous	
CobA (btuR)	Rv2849c/CobO	56/39	yes
CbiP	Rv0255c/CobQ1	56/43	yes
CobD	Rv2231c/CobC	44/31	yes
CbiB	Rv2236c/CobD	50/36	yes
CobU	Rv0254c/CobU	54/39	yes
CobT	Rv2207/CobT	50/35	yes
CobS	Rv2208/CobS	45/30	yes
CobC	Rv2228	43/27	Previously characterized(198)

Table 4.4 Primers used in this study

P2071	5'-GTGACCGAGAACCCCTATCTGGTCG-3'
P2072	5'-TTACGAATTGTTTAAACCCCGAACGCCGCT-3'
P2073	5'-ATGAACCTGATCTTGACGGCCAC-3'
P2074	5'-TCAAAGATCAAGCGTTACTGGTGTCTGGCGTGCCATG-3'
P2075	5'-ATGTCAGCTCGGGGCACGCTG-3'
P2076	5'-TCAGTCAGAGTGGCGGCTCGACTTTGTC-3'
P2077	5'-GTGGCCGGGACCCGTGAC-3'
P2078	5'-CTAAGGCCGCAATCGCCGGTATCC-3'
P2079	5'-ATGACGGTCTATTTTCATCGGAGCGGGC-3'
P2080	5'-TCACTGTGCATACCGACCGTGCCG-3'
P2081	5'-GTGACCGACGATCATCCGCGC-3'
P2082	5'-CTATCAGAGGCGGGCAGAGCTACC-3'
P2083	5'-GTGACACGGGTGTTGTTGCTCGGC-3'
P2084	5'-TCACCGGCTAGGCAGACCG-3'
P2328	5'-ATGATAATCGTTGTCTGGGATCGGCGC-3'
P2086	5'-TCATCGCTTGGTCACCGACCACTG-3'
P2087	5'-GTGCTGGACTACCTACGCGACGCC-3'
P2088	5'-TCATTCTCGGTCGCTGGCTATCGCATTGAC-3'
P2327	5'-ATGCGAGTATCTGCGGTGGCCGTCGC-3'
P1833	5'-TTACGCTCGTGGAGTATTGCAGGC-3'
P1828	5'-CTCTGGATTCTTGCCCCGCAC-3'
P1829	5'-TCATCGGCGTCCTCCACG-3'
P1830	5'-CCGCAGGGCAATCCGCTC-3'

P1831	5'-TCACCACTCGATGCCCTTCTG-3'
P1832	5'-CGAGTATCCGCAGTGGCCG-3'
P1833	5'-TTACGCTCGTGGAGTATTGCAGGC-3'
P1834	5'-TTTGCATGCACTTGGCAGACCAGGGCC-3'
P1835	5'-CTACGGACGACGGCGGTAAACCAACATCACGG-3'
P1836	5'-ATCGGATTCGCGCCGGTGTCGAC-3'
P1837	5'-TCACGGTGAGACTGCCGG-3'
P1838	5'-ATGCGTTCTCTTGCAACAGCTTTCGCATTTCGC-3'
P1839	5'-CTAAAGCCGGGCCAAGCC-3'
P1927	5'-AAAGTTGTCATCGAAGCCGACGGC-3'
P1921	5'-CTATAGATAGCCTGTCTGATTCACCAATCGCACC-3'
P1922	5'-ATGAGATCACTAGCAACAGCTTTCGCATTTCGCAACG-3'
P1925	5'-CTAAAGCCAGGACAAGCCCGCAAGCGTCACG-3'
P1926	5'-GTGATAGGATTCGCGCCGGTGTCGAC-3'
P1935	5'-ATGTCGGGTCTGCTGGTCGC-3'
P1936	5'-TCATGGAGCACCCGGAGCGAGAAAGGGC-3'
P1937	5'-GTGCGGATCGGGCTCGTGC-3'
P1938	5'-CTAACGAGCAGATAGACGTTCGCGGGCGCAG-3'
P1939	5'-CGGATACTGGTCACTGGCGGC-3'
P1940	5'-TCACAGCTTGAGCACACGTCCG-3'
P1843	5'-GCAACTCTCTACTGTTTCTCCATACCCG-3'
P1844	5'-CTGCGTTCTGATTTAATCTGTATCAGGCTG-3'
P2357	5'-TTATAAGCGACCGTCAACCTGCTGC-3'

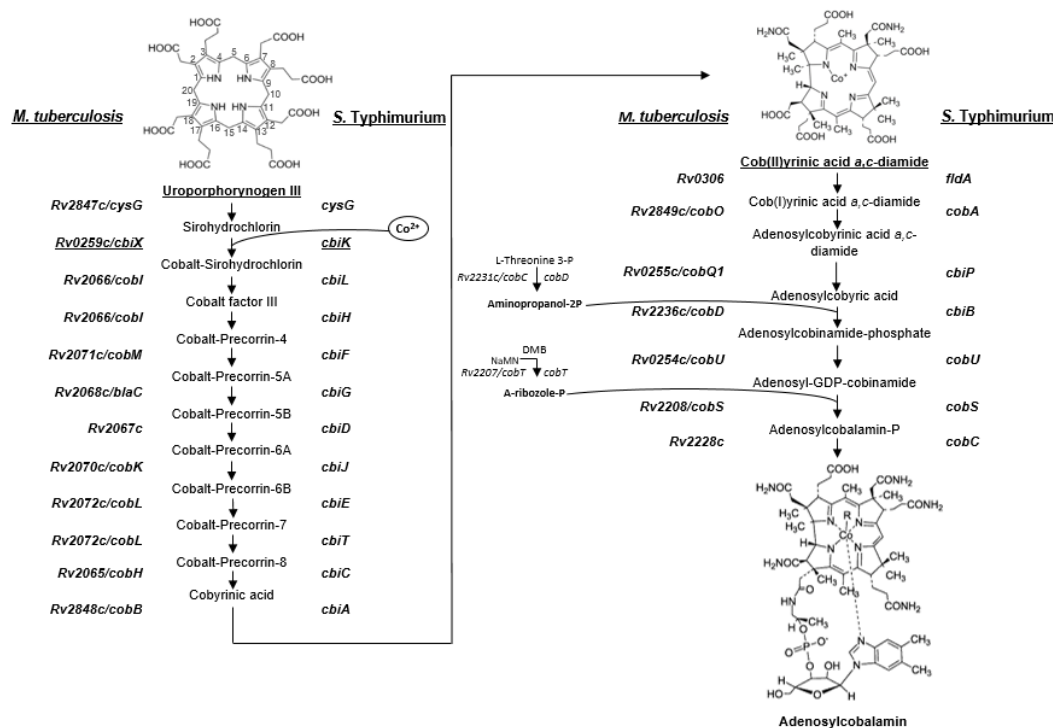


Figure 4.1: The *S. Typhimurium* Co-enzyme B₁₂ pathway and *M. tuberculosis* genes with potential to function at different steps. Depicted is the Co-B₁₂ biosynthetic pathway of *S. Typhimurium* indicating the genes encoding enzyme that function at each step. Also shown are predicted homologs or nonorthologous replacements in *M. tuberculosis* strain H37Rv as annotated in Mycobrowser²⁹ that may function at each step. Genes from *M. tuberculosis* that do not have *S. Typhimurium* homologs are underlined. The pathway begins with uroporphyrinogen III, the last precursor shared with the heme and siroheme biosynthetic pathways; the carbon atoms of the macrocycle are numbered 1-20. Methylation of various carbon atoms is required for the insertion of the central cobalt atom and removal of C-20 and reduction of the macrocycle ring. Pathway steps after intermediate cob(II)yrinic acid a,c-diamide function to add an adenosyl group as the upper axial cobalt ligand and 5, 6-dimethylbenzimidazole as the lower axial ligand which is also attached to the macrocycle by a ribonucleotide loop to produce adenosylcobalamin. The upper ligand (R) can be removed or replaced to the form required for specific Co-B₁₂-dependent enzymes.

<i>M.tb</i>	<i>S. en</i>	Parent	Mutant	Mutant/ <i>M.tb</i> homolog	<i>M.tb</i>	<i>S. en</i>	Parent	Mutant	Mutant/ <i>M.tb</i> homolog
<i>Rv2487c</i>	<i>cysG</i>				<i>Rv2848c</i>	<i>cbiA</i>			
<i>Rv0259c</i>	<i>cbiK</i>				<i>Rv2849c</i>	<i>cobA</i>			
<i>Rv2066</i>	<i>cbiL</i>				<i>Rv0255c</i>	<i>cbiP</i>			
<i>Rv2066</i>	<i>cbiH</i>				<i>Rv2236c</i>	<i>cbiB</i>			
<i>Rv2071c</i>	<i>cbiF</i>				<i>Rv2231c</i>	<i>cobD</i>			
<i>Rv2068c</i>	<i>cbiG</i>				<i>Rv0254c</i>	<i>cobU</i>			
<i>Rv2067c</i>	<i>cbiD</i>				<i>Rv2207</i>	<i>cobT</i>			
<i>Rv2070c</i>	<i>cbiJ</i>				<i>Rv2208</i>	<i>cobS</i>			
<i>Rv2072c</i>	<i>cbiE</i>				<i>Rv2228c</i>	<i>cobC</i>			
<i>Rv2972c</i>	<i>cbiT</i>								

Figure 4.2: Functional complementation assays of *S. Typhimurium* Co-B₁₂ synthesis pathway mutants with *M. tuberculosis* gene homologs or nonorthologous replacements. Predicted Co-B₁₂ synthesis genes from *M. tuberculosis* (*M.tb*) were expressed on plasmids from an arabinose-inducible promoter in *S. Typhimurium* (*S.en*) Co-B₁₂ auxotrophic mutants with deletions in specific Co-B₁₂ biosynthetic genes. For each assay, the *S. Typhimurium* parent strain (JE6583), the mutant strain lacking the indicated gene, and the mutant strain expressing the indicated *M. tuberculosis* gene were patched on Vogel-Bonner agar plates supplemented with 0.2% arabinose and incubated anaerobically at 37°C for 48 hours. For *S. Typhimurium* *cbiD* and *cobC* mutants (highlighted in red), no condition resulted in loss of mutant growth; therefore, complementation conclusions could not be made.

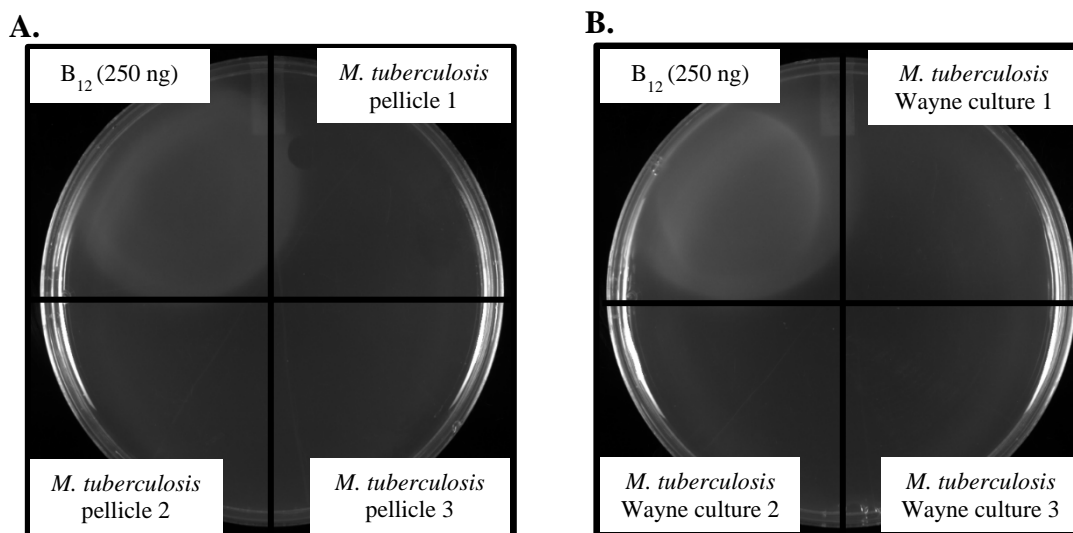


Figure 4.3: Assay for Co-B₁₂ production by *M. tuberculosis* harvested from long-term pellicle or Wayne cultures. The *S. Typhimurium* B₁₂ auxotrophic strain JE212 was overlaid onto Vogel-Bonner minimal medium agar and spotted with 250 ng cyanocobalamin (B₁₂) or 5 μ l of cell lysate from *M. tuberculosis* cultures grown as stationary pellicles or as hypoxic Wayne cultures. Zones with JE212 growth indicate the presence of B₁₂. A: Assays from *M. tuberculosis* harvested approximately 1 year after inoculation of stationary pellicle cultures in Sauton medium supplemented with 5 μ M cobalt chloride and 10 μ M potassium cyanide. B: Assay of *M. tuberculosis* cells harvested from 1 year old Wayne cultures previously inoculated and sealed within stoppered vials with a 1:2 air headspace-to-liquid ratio containing Dubos medium supplemented with 5 μ M cobalt chloride. Images are representative of three independent assays, each performed in duplicate.

CHAPTER 5

CONCLUSIONS

Currently tuberculous (TB) results in more human deaths annually than any other disease caused by a single infectious agent (1). The success of *M. tuberculosis* is largely attributable to its ability to adapt to different environments in the host. This pathogen can survive in a number of host niches including within macrophages, granulomas, and adipose tissues. In response to changing environments, *M. tuberculosis* alters its metal transport systems, cellular respiration, carbon source utilization, and other metabolic processes. This work examined two systems, copper homeostasis and Co-B₁₂ synthesis, which are likely important for *M. tuberculosis* survival within specific host niches.

Beginning with copper homeostasis, *M. tuberculosis* utilizes two copper-sensing repressor proteins in response to copper toxicity; CsoR, which controls production of the copper-efflux pump *ctpV*, and RicR that regulates synthesis of a multicopper oxidase and a metallothionein (112, 111). While high amounts of copper are toxic to the bacilli, *M. tuberculosis* encodes at least two copper-dependent enzymes, the Zn/Cu superoxide dismutase SodC, and cytochrome C oxidase CtaD of the aa3-type respiration complex (115, 37). SodC functions alongside other superoxide dismutases, like the iron-cofactored SodA, and functions early in infection to protect the bacilli against extracellular and periplasmic superoxides (115, 206). The aa3-type respiration complex is the most energy efficient mechanism for cellular respiration for *M. tuberculosis*, but an alternative, yet less efficient copper-independent b/d ubiquinol oxidase system also exists in *M.*

tuberculosis (37). Transcription of *ctaD* is downregulated during chronic infection in a mouse model (37). This downregulation is coupled with increased b/d ubiquinol oxidase transcription; however, *in vitro* exposure to nitric oxide or hypoxia in complex medium does not result in transcriptional changes to *ctaD* (37). This suggests that host-specific conditions, such as the possible lack of copper ions result in changes to respiratory mechanisms in *M. tuberculosis*.

Previous research has demonstrated that RNA transcription sigma factor C (SigC) is necessary for full virulence of *M. tuberculosis* in both mice and guinea pig infection models (4, 3). Our laboratory has also shown that SigC is required for growth of *M. tuberculosis* in media lacking copper (6). Additionally, forced over-production of SigC results in transcription of *ctpB*, encoding a P1B-type ATPase with a copper-binding motif, and the *PPE1-nrp* operon, which is predicted to function in synthesis of a metal chelation system (6). Lastly, in a defined Sauton medium lacking copper ions, loss of *sigC* results in increased transcription of the copper-independent cytochrome b/d ubiquinol oxidase system (6). These data lead to the hypothesis that SigC may be functioning in copper homeostasis in *M. tuberculosis*.

Chapter 3 of this dissertation investigated the role of copper on SigC regulation in *M. tuberculosis*. We first confirmed the necessity of SigC for growth of *M. tuberculosis* strain Erdman in chemically-defined Sauton medium (SMT) in the presence of the copper-specific chelator ammonium tetrathiomolybdate (TTM). An *M. tuberculosis* derivative lacking functional SigC (*M. tbΔsigC*) did not grow when 5 μ M TTM was added to SMT. Growth of this mutant was restored when 10 μ M copper sulfate was added in conjunction with TTM. This result confirmed the previous observation that SigC

is necessary for copper import under copper-limited conditions. Next, Alamar Blue assays showed that copper chelation by either TTM or the copper(I) chelator bathocuproinedisulfonic acid (BCS) reduced the viability of *M. tb*Δ*sigC* compared to strain Erdman. The defect of the mutant was absent when copper sulfate was added in conjunction with either chelator. Lastly, addition of a reductant, sodium ascorbate, rendered the mutant more sensitive to BCS. These data support that SigC function is required for copper acquisition when the levels of the free metal are extremely low.

While the hallmark of latent infection is the granuloma, and bacilli reside there (207, 159), *M. tuberculosis* can also infect other cell types and will persist in phenotypically healthy tissue within the host (208–210). Extra-pulmonary reactive disease can occur in regions such as the brain, skin, and internal organs (210, 35, 69). PCR of normal-appearing tissues have been shown to be positive for *M. tuberculosis* DNA (210). One identified non-pulmonary reservoir for the bacilli is adipose tissue (35). Copper overloading in the phagolysosome is a known host defense mechanism (145) and *M. tuberculosis* has multiple systems to combat copper toxicity (112, 111); however, in a resting eukaryotic cell, free copper ions are nearly undetectable (118). During a latent infection, where *M. tuberculosis* persists within resting cells such as adipose tissue, it may need to scavenge copper from the host to meet its needs. In this setting, *M. tuberculosis* may utilize the metal-chelator predicted to be encoded by the *PPE1-nrp* operon (7), as well as the metal-binding CtpB (113) to scavenge copper from the host. Transcription of these genomic targets is regulated by SigC in relationship to copper availability, and SigC is required for full virulence in both mouse and guinea pig

infection models (4, 6). These findings add support to the hypothesis that SigC is required to maintain a low level of available copper in *M. tuberculosis*.

To further characterize the relationship between SigC and copper homeostasis, the post-transcriptional effects of copper ions on myc-tagged SigC were analyzed. Immunoblot analysis of an *M. tuberculosis* strain encoding myc-tagged SigC expressed from a tetracycline-inducible promoter was used to examine stability of the protein under different copper conditions. Detectable myc-SigC was significantly decreased by 2.7-fold when the bacteria were cultured in SMT in the presence of 10 μ M copper sulfate versus 5 μ M TTM. This suggests that chelation of copper ions from the medium results in more available SigC protein. The detrimental effects of copper ions on SigC were then shown using the protein synthesis inhibitor chloramphenicol, which allowed for measurement of total protein loss. To cultures in which myc-tagged SigC expression was induced with tetracycline for 24 hours in the presence of TTM, copper sulfate with or without chloramphenicol was added. After 4 hours, a significant reduction in myc-SigC was measured in cultures containing copper sulfate, and an even greater reduction in myc-SigC was measured in cultures containing both copper sulfate and chloramphenicol. No significant change in myc-SigC detection occurred due to chloramphenicol alone, which suggests that the reduction in myc-SigC abundance was due to copper ions increasing degradation of the protein in *M. tuberculosis*, rather than blocking transcription or translation of new myc-SigC protein.

These experiments provide insight into a possible regulatory mechanism for SigC. The promoter upstream of *sigC* is recognized by the *M. tuberculosis* primary sigma factor, SigA; therefore, *sigC* is transcribed at high levels when SigA is active (89), and no

anti-sigma factor system has been identified for SigC (8). It is also known that tetracycline-induced myc-tagged SigC expression leads to upregulation of copper-toxicity response genes after 48 hours in a complex medium (6). Given the toxic effects of copper-overloading, an alternative system for SigC regulation must exist. The data presented here suggests that SigC protein degradation may be regulated by copper concentration. SigC produced in the presence of a chelator remains detectable after incubation with the protein synthesis inhibitor chloramphenicol, but is lost when incubated with copper ions and chloramphenicol. This leads to a model where in copper-limited conditions, SigC is present and able to initiate transcription of the target sequences; however, once copper concentrations are sufficient, SigC is degraded. Further work is required to identify the specific mechanism for this process.

Studies in *Myxococcus xanthus* have identified a copper-binding sigma factor, CorE, which contains a C-X-C motif as part of a cysteine-rich domain required for metal binding and function (148). SigC contains a C-G-C motif in the helix-turn-helix domain of region 4.2 (8). Alamar Blue assays were used to examine the viability of *M. tuberculosis* strains containing single amino acid mutations in this motif. Changing of any of these residues to alanine reduced viability of the bacteria in SMT medium containing TTM. This suggests a role for the C-G-C motif in SigC function. Future work, including metal-binding analysis and *in vitro* transcription analysis in the presence of copper will better determine the role of this region in SigC function and metal-sensing.

In summary, this work suggests a regulatory mechanism for *M. tuberculosis* SigC by copper. SigC is required for *M. tuberculosis* growth in copper-chelated conditions and the C-G-C motif is important for SigC function. In *M. tuberculosis*, SigC is stably

detected when copper is chelated from the media, but is degraded when copper ions are present. These data support a model in which SigC is stabilized in low-copper conditions, such as those found in steady-state eukaryotic cells, where *M. tuberculosis* will persist during a latent infection (210, 35). In this setting, SigC is available to initiate transcription of copper acquisition genes, for scavenging copper from the environment. The cytoplasmic copper pools will increase, as will copper-dependent aerobic respiration. Once enough copper ions enter the cytoplasm, SigC will be degraded to stop copper import. Future work investigating the role of SigC during chronic or latent infections, and the direct effects of copper ions on SigC folding and function will better characterize the role of SigC in copper import. Additional work to clarify the functions of the *PPE1-nrp* operon, and *ctpB* will solidify the role of this copper-acquisition mechanism in *M. tuberculosis*.

Chapter 4 of this dissertation focuses on co-enzyme B₁₂ (Co-B₁₂) synthesis in *M. tuberculosis*. Co-B₁₂ is a necessary cofactor for the following *M. tuberculosis* enzymes: methionine synthase, MetH; methylmalonyl-coA mutase, MutAB; and a class III ribonucleotide reductase, NrdZ (127). Despite encoding homologs for many Co-B₁₂ biosynthetic genes, production of this co-enzyme has not been demonstrated for *M. tuberculosis* or any of the other closely-related tuberculous mycobacteria (6). In contrast, Co-B₁₂ is readily produced by and detected in cell lysates of non-tuberculous mycobacteria such as *M. smegmatis* and *M. marinum*. Although there is limited evidence demonstrating production of the cofactor by *M. tuberculosis*, mRNA transcripts and/or peptide signatures of predicted Co-B₁₂ biosynthetic pathway proteins have been detected in samples taken from distal lung infections of humans with TB and from the culture

filtrates from *M. tuberculosis* grown as stationary pellicles (211, 159). This suggests that *M. tuberculosis* may only synthesize the co-enzyme under specific conditions.

The Co-B₁₂ biosynthetic pathway requires up to 30 enzymes, and varies across organisms. There are two archetypal pathways for Co-B₁₂ synthesis. First, the early-cobalt insertion pathway is found in organisms such as *Salmonella* Typhimurium, which inserts cobalt in the second step of corrin-ring synthesis prior to modification and ring contraction of the tetrapyrrole (134). Second is the late-cobalt insertion pathway, characteristic of Co-B₁₂-producing organisms, like *Pseudomonas denitrificans*, which inserts cobalt as one of the last steps for corrin-ring synthesis (134). The genome of *M. tuberculosis* encodes annotated homologs to known Co-B₁₂ biosynthetic genes (158). There is redundancy in the naming of Co-B₁₂ biosynthetic enzymes between the pathways, and many of the enzymes from the two pathways are not mutually exclusive, even though the naming suggests otherwise (141). Therefore, enzymes annotated as late-insertion enzymes may share high similarity and identity to enzymes in the early-insertion pathway (141).

Previous work in our laboratory has shown that two genes from *M. tuberculosis* complement the function of annotated Co-B₁₂ biosynthetic homologs from the aerobic Co-B₁₂ producer *M. smegmatis*. The genes analyzed are annotated as *cobK* and *cobU* in both mycobacterial species and their predicted functions are not exclusive to either Co-B₁₂ biosynthetic pathway (134, 155). The *M. tuberculosis* genome also encodes genes whose enzymes are predicted to function exclusively in the early-insertion pathway, such as a predicted homolog to the sirohydrochlorin-cobaltochelatase CbiX, responsible for inserting cobalt in the second step of corrin-ring synthesis (173). A homolog to this

enzyme is also present in the bovine intestinal pathogen *Mycobacterium avium* subsp. *paratuberculosis* and is upregulated along with other Co-B₁₂ biosynthetic genes during nitrosative multi-stress (175). Hypoxyprobe (pimonidazole hydrochloride) staining of tissues from *M. tuberculosis* infected animals has confirmed hypoxic conditions within granulomas (64). Additionally, when a non-replicating persistent state is induced through oxygen depletion using the Wayne culture technique in *M. tuberculosis*, there is upregulation of the Co-B₁₂ dependent ribonucleotide reductase NrdZ (161). It is also known that during infection *M. tuberculosis* uses fatty acids and cholesterol as a carbon source and, when required uses the Co-B₁₂ dependent methylmalonyl-CoA mutase to assimilate propionate into succinate (29). Lastly, a screen of over 200 clinical isolates showed 17 strains with loss-of-function mutations in *cobN*, which is used by aerobic organisms for late-cobalt insertion, but found very few isolates with mutations in other Co-B₁₂ biosynthetic genes (15). This information leads to the hypothesis that *M. tuberculosis* requires Co-B₁₂ under hypoxic, fatty acid-rich conditions, such as those found in the granuloma and that the predicted Co-B₁₂ biosynthetic genes of *M. tuberculosis* function through an early-cobalt insertion mechanism that is likely active when the bacteria are in this specific hypoxic niche.

Because the conditions found within the host are not easily replicated *in vitro*, and no tuberculous mycobacterial species has been shown to synthesize the cofactor aerobically, we first aimed to demonstrate that *M. tuberculosis* encodes genes whose enzymes function to synthesize Co-B₁₂ through an early-cobalt-insertion mechanism, which is more characteristic of anaerobic-producing organisms. To assess the function of predicted Co-B₁₂ biosynthetic genes from *M. tuberculosis*, we assayed *S. Typhimurium*

B₁₂ auxotrophic mutants with specific blocks in the Co-B₁₂ biosynthetic pathway. Each predicted *M. tuberculosis* homolog was expressed from an arabinose-inducible promoter in the corresponding *S. Typhimurium* mutant strain. Function was assessed by growing the strains on minimal Vogel-Bonner agar supplemented with arabinose. Growth of an *S. Typhimurium* mutant strain expressing a Co-B₁₂ gene from *M. tuberculosis* indicated function of that specific gene in the Co-B₁₂ biosynthetic pathway. Of the 19 genes tested using this approach, 16 functioned in Co-B₁₂ synthesis. This included *Rv0259c* encoding the predicted sirohydrochlorin-cobaltochelatase, which suggests that *M. tuberculosis* is capable of performing early-cobalt insertion typically utilized by bacteria that can grow anaerobically. For two of the genes, no conditions tested resulted in B₁₂ auxotrophy of the corresponding *S. Typhimurium* mutant. Additionally, for one of the *M. tuberculosis* genes, *Rv2065*, multiple attempts were made to synthesize the arabinose-inducible expression plasmid; however, all resulted in candidates with mutations, which suggests that leaky expression of this gene is toxic in *E. coli*. Homologs to some Co-B₁₂ biosynthetic genes have yet to be identified, such as an equivalent to *S. Typhimurium cbiG*; however, these results indicate that the *M. tuberculosis* genome encodes many of the genes necessary for Co-B₁₂ synthesis. While enzyme function is not a direct indication of cofactor production, the large number of enzymes with conserved functions suggests that *M. tuberculosis* requires these mechanisms within some niche, and that there may be tight regulation of Co-B₁₂ synthesis by this organism. Continuing research to identify and assign a function to the remaining genes involved in Co-B₁₂ synthesis, and to examine cofactor production by other mycobacterial strains, such as the progenitor

strain to all tuberculous mycobacteria, *M. canettii*, will further elucidate the exact mechanism of Co-B₁₂ synthesis in *M. tuberculosis*.

To further examine Co-B₁₂ synthesis, *M. tuberculosis* was grown in conditions that have previously led to increased transcription of mRNA or production of proteins predicted to be involved in Co-B₁₂ biosynthesis by *M. tuberculosis* (159, 160). Bacteria were grown as stationary pellicles or forced into non-replicating persistence through slow oxygen depletion using the Wayne culture method (36). Cell extracts prepared from both types of cultures were assayed for Co-B₁₂ production using an *S. Typhimurium* B₁₂ auxotroph feeding assay, but the results did not demonstrate the presence of Co-B₁₂. It is possible that unidentified environmental factors are required for *M. tuberculosis* Co-B₁₂ synthesis. For the Wayne cultures it is also possible that the low culture density and the cessation of bacterial replication resulted in an amount of Co-B₁₂ that was below the limit of detection for the *S. Typhimurium* feeding assay.

In summary, these data demonstrate that *M. tuberculosis* encodes multiple genes functional in the Co-B₁₂ biosynthetic pathway. Specifically, *Rv0259c* encodes a functional sirohydrochlorin-cobaltochelatase, which is common among anaerobic Co-B₁₂ producing organisms, and is also present in the related pathogen *M. avium* subsp. *paratuberculosis* and is active during nitrosative stress (175). It is unlikely that the *M. tuberculosis* genome would maintain so many intact genes for an unused pathway. In fact, the only Co-B₁₂ related gene that appears to be accumulating loss-of-function mutations in clinical isolates is *cobN*, which is responsible for aerobic cobalt insertion (15). This suggests that *M. tuberculosis* does not require Co-B₁₂ synthesis under aerobic conditions, but has retained the means to synthesize the cofactor in hypoxic

environments, such as within the granuloma. It is in these hypoxic environments where *M. tuberculosis* may use the Co-B₁₂ dependent ribonucleotide reductase NrdZ to replace the oxygen-dependent ribonucleotide reductase encoded by *nrdAB nrdEF* (179, 212, 213). In this environment, the main carbon sources available are cholesterol and other fatty acids; therefore, *M. tuberculosis* may also require Co-B₁₂ as a cofactor for methylmalonyl-CoA mutase for assimilation of propionate into succinate (29, 14, 33). Additional experiments to identify and replicate the conditions necessary for *M. tuberculosis* synthesis of Co-B₁₂ are needed to elucidate the complete pathway.

In conclusion, this body of work highlights two systems that have helped *M. tuberculosis* to become one of the world's most successful human pathogens. Chapter 3 showed that *M. tuberculosis* SigC is required under copper-limited conditions and levels of the protein are post-translationally impacted by copper availability. This adaptation may lead to better survival in the host where copper ion levels are highly variable depending on the specific niche. In a setting with little or no free copper ions, SigC is available to transcribe targets with roles in copper acquisition, which will allow for more efficient cellular respiration through copper-dependent mechanisms. When copper levels are sufficient, SigC will be degraded to prevent additional copper from entering the cell, and causing toxicity. In chapter 4, it was demonstrated that *M. tuberculosis* has genes which encode products functional in the early cobalt-insertion pathway for co-enzyme B₁₂ synthesis, exemplified by *S. Typhimurium*. Specifically, *M. tuberculosis* encodes genes specific to this pathway and required for anaerobic corrin ring synthesis. This supports the potential for *M. tuberculosis* to synthesize this important cofactor in extremely low oxygen environments, such as within hypoxic granulomas. It is in this

setting where *M. tuberculosis* may need Co-B₁₂ dependent enzymes, such as the oxygen-independent ribonucleotide reductase for genome repair and replication. Through the evolution of novel mechanisms such as those described here that *M. tuberculosis* has remained such a global health threat. Elucidation of unique components of metabolic pathways and nutrient-acquisition systems can ultimately lead to targeted vaccines and better antibiotics to aid in the eradication of tuberculosis.

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