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Involvement of Signal Peptidase I in Streptococcus sanguinis Biofilm Formation

Jessica Aynapudi Virginia Commonwealth University

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INVOLVEMENT OF SIGNAL PEPTIDASE I IN *STREPTOCOCCUS SANGUINIS* **BIOFILM FORMATION**

A thesis submitted in partial fulfillment of the requirements for the degree of Master of

Science at Virginia Commonwealth University School of Medicine

By

JESSICA AYNAPUDI

B.S., University of Texas at Austin, 2008

Director: PING XU, PH.D.

Professor, VCU School of Dentistry

Virginia Commonwealth University

Richmond Virginia

June 2016

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Abstract

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Biofilm accounts for 65%-80% of microbial infections in humans. Considerable evidence links biofilm formation to oral disease and consequently systemic infections. Eradication of biofilmassociated infections is important. *Streptococcus sanguinis*, a Gram-positive bacterium, is one of the most abundant species in oral biofilm. It contributes to biofilm development in oral cavities and is one of the recognized causes of infective endocarditis. To study and identify biofilm genes in *S. sanguinis*, biofilm formation of 51 mutants was compared with the wild type SK36 strain using crystal violet (CV) staining in a microtiter plate. Confocal laser scanning microscopy (CLSM) and image analysis was done to compare biofilm formation by the mutant to the wild type SK36 strain. A biofilm mutant XG2_0351, encoding a type I signal peptidase (SPase I), was further investigated. SPase I cleaves proteins that are transported through secretory machinery and is necessary for the release of translocated preproteins from a cytoplasmic site of synthesis to extracytoplasmic/membrane destinations. *S. sanguinis*, like many Gram-positive bacteria, has multiple SPases I. The objective of this project is to investigate the distinctive role that SPase I plays in biofilm formation in *S. sanguinis*. Using a plate reader, the growth curves of the wild type strain SK36 and XG2_0351 were compared. The scanning electron microscope (SEM) was utilized to compare the cell surface morphologies. Coomassie staining was done to narrow the list of potential substrates of XG2_0351. CV staining and CLSM images indicated phenotypic differences between the SPase I mutant and SK36. The growth curves of XG2_0351 and SK36 showed no significant difference although SEM illustrated a difference in the cell surface morphologies. Coomassie staining illustrated a number of substrates that were present in SK36 but not XG2_0351. In addition bioinformatics was used to understand the gene function. In conclusion, XG2_0351 reduces biofilm formation in *S. sanguinis* but further research is necessary to elucidate the specific proteins that are involved. Clarifying the

role that SPase I plays in reduced biofilm formation in *S. sanguinis* will give a better understanding of the biofilm formation mechanism.

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INTRODUCTION

The highly developed oral microbiome is a diverse environment that is largely influenced by oral streptococci (Kreth, Merritt, & Qi, 2009). *Streptococcus sanguinis*, a gram-positive bacterium, is a known pioneer colonizer on freshly cleaned tooth surfaces and one of the abundant species in oral biofilm (Ge et al., 2008; Jenkinson & Lamont, 2005). As most members of the viridans group, *S. sanguinis* oxidizes hemoglobin in erythrocytes by secretion of H2O² and produces alpha-hemolysis on blood agar (Barnard & Stinson, 1996; Xu et al., 2007). Through a variety of mechanisms, normal inhabitant *streptococci* form dental plaque which is involved in the development of caries. To initially colonize the tooth surface and form dental plaque, streptococci serve as a tether for the attachment of other microorganisms to a salivary glycoprotein-coated surface (Kolenbrander & London, 1993; Xu et al., 2007). One of these microorganisms is *S. mutans*, whose overgrowth is often associated with the development of dental caries (Kreth, Merritt, Shi, & Qi, 2005; Loesche, 1986). The shift from a healthy to cariogenic streptococcal environment is caused by coexistence and competition of interspecies interactions in a microbial community. Steering the outcome of interactions between species are determining environment conditions, such as nutritional availability, cell density, and pH (Kreth et al., 2005). Significantly higher number of *S. sanguinis* is reported in healthy subjects whereas there is almost no detectable level in those subjects with caries. An inverse relationship between commensal and pathogenic streptococci exists where a high levels *S. sanguinis* correlated with subsequent delayed acquisition of *S. mutans* (Caufield et al., 2000; Kreth et al., 2005). Through a well-regulated production of chemicals, such as H2O² by *S. sanguinis* and mutacins by *S. mutans* these interspecies interactions are mediated (Kreth et al., 2005). Thus we can presume that the ability of *S. sanguinis* to interfere with the colonization of *S. mutans* on a tooth may be

beneficial for oral health (Caufield et al., 2000; Xu et al., 2007). Although *S. sanguinis* is a member of the normal flora in the oral cavity and is considered benign, it has the potential to be pathogenic in patients through bacteremia (Ge et al., 2008; Turner, Das, Kanamoto, Munro, & Kitten, 2009; Xu et al., 2007). This opportunistic pathogen infection could lead to infective endocarditis or cause fatality in patients who are neutropenic (Bochud, Calandra, & Francioli, 1994; Ge et al., 2008; Xu et al., 2007).

Biofilm

Biofilm is an accumulation of microorganisms embedded in a protective extracellular polymeric matrix that adheres to biotic or abiotic surfaces in nature (Hall, McGillicuddy, & Kaplan, 2014). This accumulation of either a single or multiple species lives in a nutrientsufficient ecosystem as a sessile microbial community. Biofilm exhibits a distinct physiologically altered pattern when compared to the gene expression and protein production of planktonic cells (Costerton, Stewart, & Greenberg, 1999; Donlan, 2002; Hall et al., 2014). Furthermore, an extracellular polymeric substance (EPS) matrix is produced to differentiate the biofilm-associated cells from the suspended planktonic cells (Donlan, 2000). The composition and structure of the polysaccharides in the EPS matrix determine their primary conformation. Usually the EPS in not uniform but varies spatially and temporally (Donlan & Costerton, 2002; Leriche, Sibille, & Carpentier, 2000). It is possible that the high level of hydration of the EPS prevents desiccation in some natural biofilms. The EPS can also impede the mass transport of antibiotics through the biofilm, which may promote their antimicrobial resistance properties (Donlan, 2000; Donlan, 2002). The formation of biofilm occurs in five major stages: initial attachment, irreversible attachment, maturation I, maturation II and dispersal.

Microbial surface components mediate attachment through surface proteins by recognizing adhesive matrix molecules (MSCRAMMs) (Foster, Geoghegan, Ganesh, & Hook, 2014; Lister & Horswill, 2014). Initially, bacteria adhered to the surface begin to multiply and differentiate, strengthening the attachment (Lister & Horswill, 2014). The maturation process occurs through the up-regulation of virulence factors, secretion of extra-cellular polymers, consumption of soluble nutrients, and recruitment of other bacterial species (Hall et al., 2014). When a biofilm is fully established it has a defined structure where the environment is conducive for the exchange of genetic material between cells (Donlan, 2002). Biofilm growth is an important advantage for bacteria because it provides a defense system against immune defenses such as macrophages.

This can result in "frustrated phagocytosis" (Lister & Horswill, 2014; Scherr, Heim, Morrison, & Kielian, 2014). Biofilms demonstrate quorum sensing, which is cell-to-cell signaling that plays a role in cell attachment and detachment (Donlan, 2000). The cells of a biofilm may disperse by detachment caused by nutrient levels or quorum sensing, shearing of biofilm aggregates because of flow effects, or shedding of daughter cells from actively growing cells (Donlan, 2002). Eventually, individual cells from the original biofilm can disperse to start infection at new sights or mediate an acute infection (Costerton et al., 1999; Lister & Horswill, 2014).

According to estimates by the U.S. Centers for Disease Control and Prevention and the National Institutes of Health, biofilm accounts for 65%-80% of microbial infections in human beings (Donlan, 2002; Hall et al., 2014). Infections that are biofilm-based have been discovered in almost all tissues of the human body (Hall et al., 2014). Many studies have shown that there is considerable evidence linking biofilm formation in the oral cavity to oral disease and consequently systemic infections. These systemic conditions include cardiovascular disease, diabetes mellitus, preterm or low birth weights, rheumatoid arthritis, and infective endocarditis

(Hall et al., 2014; Seymour, Ford, Cullinan, Leishman, & Yamazaki, 2007). Biofilm growth has the ability to use a variety of defense mechanisms against infection so treatment and eradication of biofilm-associated infections are problematic and difficult (Hall et al., 2014). Cells in a biofilm show increased tolerance to antibiotics through different mechanisms. The biofilm matrix blocks access to actively growing cells by decreasing the antibiotic diffusion rates or physiologically dormant persister cells which are inherently resistant to antibiotics (de la Fuente-Nunez, Reffuveille, Fernandez, & Hancock, 2013; Lister & Horswill, 2014; Singh, Ray, Das, & Sharma, 2009)

Infective Endocarditis

Infective endocarditis (IE) is a potentially life-threatening microbial infection of the heart valves or endocardium (Cahill & Prendergast, 2015; Hoen & Duval, 2013; Selton-Suty et al., 2012). This disease has an estimated annual incidence of 3 to 9 cases per 100,000 people in industrialized countries (Hoen & Duval, 2013; Selton-Suty et al., 2012). In 2016, there are many emerging treatments and therapies for endocarditis but the 1-year mortality rate remains at 30% (Cahill & Prendergast, 2015). If not treated, IE can result in severe complications such as congestive heart failure and can become fatal.

Patients with prosthetic valves, intracardiac devices, unrepaired cyanotic congenital heart diseases, or a family history of IE have the highest rates of this illness. However, 50% of incidences of IE develop in patients with no known history of valve disease. There are several other risk factors for IE such as chronic rheumatic heart disease, hemodialysis, diabetes, HIV, and intravenous drug use (Hoen & Duval, 2013). In the United States, more than one third of the cases of IE are reported to be health care-associated. When several predisposing factors are

associated with age, the increased number of cases of IE among persons 65 years of age or older is clear (Hoen & Duval, 2013; Selton-Suty et al., 2012).

Together, streptococci and staphylococci account for 80% of cases of IE. The proportions vary with regards to the source of infection, patient age, coexisting conditions, and valve (native vs. prosthetic) (Hoen & Duval, 2013). Recent studies have shown that staphylococci, specifically *S. aureus*, have surpassed streptococci as the most common cause of IE. IE by the streptococcal oral viridians group remain the most common in low-income countries (Cahill & Prendergast, 2016; Yew & Murdoch, 2012). Although *S. sanguinis* has no direct role in oral disease, it is often implicated as the most common streptococci isolated from patients (Mylonakis & Calderwood, 2001).

Pathogenesis of Infective Endocarditis

Conventional IE results when there is colonization of damaged valvular endothelium by circulating bacteria with specific adherence properties. Lesions that cause endothelial damage may be the result of turbulent blood, catheters, electrodes, or by repeated intravenous-drug use (Hoen & Duval, 2013). Certain types of congenital or acquired heart disease cause turbulent blood flow, traumatizing the endothelium and causing the deposition of fibrin and platelets on the damaged endocardium or endothelial surface. IE results when microbes invade the bloodstream and colonize this damaged site. Microbial organisms cause IE when they disseminate into the bloodstream and the intricately composed biofilm within the gingival tissue niche is disrupted. A disturbance of the delicate barrier between the oral biofilm and host tissues may cause periodontitis, gingivitis, pulpal or root canal infections. There is a heightened risk of bacteremia when an increase of inflammation results from oral procedures and even routine oral

procedures such as brushing, flossing, and chewing (Parahitiyawa, Jin, Leung, Yam, & Samaranayake, 2009).

IE clinical manifestations can vary dramatically depending on the specific case. In 80% of cases fever is a prevalent symptom (Hoen & Duval, 2013; Selton-Suty et al., 2012). Also, a new murmur and worsening of a known murmur are reported. Less common signs are splenomegaly, splinter hemorrhages, Janeway's lesions, Roth's spots, conjunctival hemorrhage, sepsis, meningitis, unexplained heart failure, septic pulmonary emboli, stroke, acute peripheral arterial occlusion, and renal failure (Hoen & Duval, 2013; Richet et al., 2008). The most severe extracardiac problems of infective endocarditis are cerebral complications (Hoen & Duval, 2013; Sonneville et al., 2011; Thuny et al., 2007).

Diagnostic methods for IE generally rely on clinical, microbiologic, and echocardiographic findings. To identify the causative microorganism, three sets of blood cultures are performed and the pathogen is identified in 90% of cases. Transthoracic echocardiography is performed to diagnose valvular lesions (Hoen & Duval, 2013). The polymerase chain reaction can be utilized to identify unculturable organisms in excised vegetations or systemic emboli (Beynon, Bahl, & Prendergast, 2006; Mylonakis & Calderwood, 2001). Appropriate treatment for patients with IE revolves around prolonged bactericidal antibiotic treatment to eradicate the causative pathogen and possible surgery to remove the infected material (Hoen & Duval, 2013).

If there is no need for cardiac surgery, effective treatment for IE using antimicrobial agents begins in the hospital. Often this treatment is completed on an outpatient basis once the fever has resolved and follow-up blood cultures are negative. For common causes of IE, prolonged administration of a bactericidal antimicrobial agent or combination is currently recommended (Mylonakis & Calderwood, 2001). Granted, it is advised to use combination therapy over

monotherapy to reduce the potential for resistance development and to provide a concerted antimicrobial effect (Cahill & Prendergast, 2016). There is a high frequency of adverse events in patients who are being treated for IE so therapy revision is important (Mylonakis & Calderwood, 2001). The antimicrobial regimen can be modified depending on resistance patterns, severity of infection, presence or absence of prosthetic material, and culture results (Cahill & Prendergast, 2016). The minimal inhibitory concentration (MIC) of penicillin is necessary to determine the optimal therapy for streptococcal infection. Antibiotic therapy for IE caused by some microorganisms is frequently unsuccessful, and surgery is generally recommended (Mylonakis & Calderwood, 2001).

IE presents many challenges because it is heterogeneous and complex by nature. Even though there have been many advances in diagnostic procedures, antimicrobial treatments, and cardiovascular imaging it remains a serious threat to many lives (Cahill & Prendergast, 2015). As of 2015, IE has an incidence of 3 to 10 per 100,000 and has an in-hospitality of 20% (Cahill $\&$ Prendergast, 2015; Cahill & Prendergast, 2016). Therefore, it is imperative to study the causative agents and virulence factors of IE.

Importance of Signal Peptidase I

Almost one-third of all proteins need to be translocated through or into the cytoplasmic membrane because they function outside of the cytosol (Auclair, Bhanu, & Kendall, 2012). These preproteins are directed to the Sec- or Tat-translocation pathway by the signal sequence, an amino-terminal extension. In prokaryotes, signal peptidases (SPases) are classified into three groups: SPase I, II, and IV. SPase II and IV are necessary for cleaving signal peptides from lipoproteins and prepilin proteins, respectively. SPase I produces mature non-lipoproteins that

are then transported in bacteria by the general secretion (Sec) pathway. However there is recent evidence that indicates that SPase I can also be transported by means of the twin arginine translocation (Tat) pathway (Auclair et al., 2012; Luke, Handford, Palmer, & Sargent, 2009). SPase I is essential to the cell for the release of translocated preproteins from the membrane when they are transported from a site of cytoplasmic synthesis to extracytoplasmic locations (Auclair et al., 2012; du Plessis, Nouwen, & Driessen, 2011). The protein extracytoplasmic location and specific secretion pathway destination are determined by the signal peptide which marks the protein with a zipcode. The signal peptidase enzyme has the responsibility of cleaving the signal peptide from the preprotein once the majority of it is translocated. This enzymatic action allows the protein to release from the membrane and correctly fold into a mature protein. SPase enzymes are critical for cell survival because without them, accumulation of preproteins at the membrane would occur and have a deleterious effect on the growth of the cell (Dalbey & Wickner, 1985; Auclair et al., 2012). Bacterial species such as *E. coli* have only one essential SPase I enzyme whiles others such as *B. subtilis* have multiple enzymes (Auclair et al., 2012; Meijer et al., 1995; Tjalsma et al., 1997; Tjalsma et al., 1998). *S. sanguinis* possesses two SPase I enzymes: XG2_0351 AND XG2_0849. The bacterial SPase I belongs to a unique group of serine endoproteases, which use a Ser-Lys catalytic dyad instead of the standard Ser-His-Asp triad utilized by eukaryotes. This distinctive feature makes SPase I a desirable antimicrobial target (Rawlings & Barrett, 1993; Auclair et al., 2012).

Purpose of Study

Identifying which genes in *S. sanguinis* can cause biofilm formation and their mechanisms is an important step in being able to effectively prevent and treat systemic infections that originate in the oral cavity. In this study we attempted to elucidate the role that SPases I plays in biofilm formation in *S. sanguinis* when a paralogue is available. In the future, *S. sanguinis* will be used as a model for further study of biofilm genes in other types of bacteria.

Genome-wide deletion mutants of *S. sangunis* strain SK36 have been constructed in our laboratory. The comprehensive library of deletion mutants of SK36 provided the unique opportunity to apply a systems biology approach to investigate the effect of genetic mutations on biofilm formation.

This study involved the observation of phenotypic characteristics of biofilm formation by the non-essential deletion mutants and the wild type of *S. sanguinis* SK36 using crystal violet staining and confocal laser scanning microscopy. Cell morphologies for selected mutant XG2_0351 and SK36 were compared through visualization by scanning electron microscopy. To compare the growth between SK36 and XG2_0351 the growth curves were examined using a plate reader. Computational prediction data was used to gain more knowledge about gene interactions and functional similarities to other species. Finally, coomassie staining was done to narrow the list of potential substrates of XG2_0351 involved in biofilm formation.

METHODS AND MATERIALS

Bacterial strain and mutants

S. sanguinis strain SK36 that was used in this study (Table 1) was isolated from human dental plaque (Kilian, Mikkelsen, & Henrichsen, 1989). Single gene deletion mutants for the SK36 strain were previously constructed using a recombinant PCR method (Figure 1). Utilizing the complete *S. sanguinis* SK36 genome sequence, three sets of primers (F1/R1, F2/R2, and F3/R3) were designed. Primers were constructed to amplify a linear DNA fragment containing a kanamycin resistance cassette flanked by upstream and downstream sequences of the targeted gene. The 5' ends of the F2 and R2 of primers of the kanamycin cassette were created to complement the sequences of DNA that flank the target gene (Xu et al., 2011). The linear recombinant PCR amplicons containing the kanamycin cassette (Turner, Das, Kanamoto, Munro, & Kitten, 2009) flanked by *S. sanguinis* DNA were transformed into competent *S. sanguinis* cells and integrated into the *S. sanguinis* genome via double crossover recombination (Ge et al., 2008). A genome-wide mutant library containing 2,048 deletion mutants was constructed using a 96 well high-throughput format (Chen et al., 2011; Xu et al., 2007). To determine putative gene functions proteins were searched against the previously annotated genome (Ge et al., 2008; Xu et al., 2007). Genes of SK36 are referred to as "SSA" followed by the corresponding gene number while mutants are indicated by "XG2" followed by the gene number.

Table 1. Bacterial strains used in study.

Table 1.

Figure 1. Schematic representation of the insertion of kanamycin (Km) resistance gene cassette into SK36 chromosome to construct single gene deletion mutants.

Figure 1.

Crystal Violet Assay

To study and identify biofilm genes in *S. sanguinis*, 51 mutants were compared with the wild type SK36 strain using the microtiter dish biofilm formation assay. Using preliminary data from our lab (Table 2), the set of 51 mutants were tested for biofilm formation using the O'Toole method to observe bacterial adherence to an abiotic surface (O'Toole, 2011). This method was also used to test the downstream gene of XG2_0351, as well as its paralogue: XG2_0849. SK36 and mutants were grown anaerobically in BHI and BHI supplemented with kanamycin respectively, and incubated at 37**°**C for 16 hours. A multichannel pipette was used to inoculate a 96-well plate with 99 µl of biofilm medium supplemented with 1% sucrose and 1 µl of overnight culture of SK36 of each mutant for 8 repeats. One column of 8 wells was loaded with medium alone as a negative control. The total bacterial growth was determined by measuring the absorbance at 450 nm with a Synergy H1 Hybrid Reactor (BioTek, VT, USA) microplate reader. We decanted the media and then removed the remaining planktonic cells by gently rinsing with 200 µl of distilled H2O. 50 µl of 0.4% (wt/vol) crystal violet (CV) solution was added to each well and was left for 15 minutes to dry. Wells were rinsed three times with 200 μ l of distilled H₂O and air-dried. The CV was solubilized by 200 µl of 33% acetic acid. After 30 minutes, 100 µl from each well was transferred to a new plate and the absorbance at 600 nm was measured by a Synergy H1 Hybrid Reactor (BioTek, VT, USA) microplate reader. The results from microtiter staining were statistically analyzed by ANOVA. The significance was set as P-value <0.05 (Ge et al., 2008).

Confocal Laser Scanning Microscopy (CLSM) and Image Analysis

Confocal laser scanning microscopy and image analysis was used to further study and identify biofilm genes in *S. sanguinis*. Six wells in a 12 well-plate were filled with 1000 µl of biofilm medium supplemented with 1% sucrose and inoculated with 10 µl of overnight culture. The first column contained SK36 and the second contained a mutant for 3 repeats each. Overnight biofilms were rinsed 1 time with 1000 µl of PBS to remove the unattached bacteria. For 15 minutes, biofilms were labeled using live staining. This was done with $1.5 \mu M$ SYTO9 (a green fluorescent dye that can cross intact membranes). Afterwards the wells were rinsed with 1000 µl of PBS to remove the remaining dye. The biofilms were viewed through a 10x dry lens with a Zeiss LSM 710 confocal laser scanning microscope. Green fluorescence was imaged and an image stack of 1 randomly chosen spot was collected for each sample. The computer program ImageJ analyzed CLSM images. Image stacks were converted to individual Tiff images for the front, middle, and side of each sample. The image stacks of biofilm grown by the mutant were compared to growth by the wild type by using the T-test. This method was also used to test the downstream gene of XG2_0351, as well as its paralogue: XG2_0849.

Confocal Laser Scanning Microscopy and Scanning Electronic Microscopy were performed at the VCU Department of Anatomy and Neurobiology Microscopy Facility, supported in part, by funding from NIH-NCI Cancer Center Support Grant P30 CA016059.

Examination of Mutant Growth in vitro

This experiment was done to elucidate and compare growth rates of SK36 and XG2_0351. The wild type and mutant were inoculated individually and then measured for three trials concurrently using a Synergy H1 Hybrid Reactor (BioTek, VT, USA) microplate reader for 14- 16 hours.

Elucidated Gene Functions using Clusters of Orthologous Groups

Using PubMed (http://www.ncbi.nlm.nih.gov/pubmed), we searched for mutant genes that are organized into operons (Table 3). Uniprot (http://www.uniprot.org/) was utilized to search clusters of orthologous groups (COGs) (Table 3).

STRING Analysis and Gene Co-occurrence Network

The STRING database (http://string-db.org/) provided a way to visualize and predict proteinprotein interactions of XG2_0351 through bioinformatics data (Figure 7A). The co-occurrence network shows the relationship between XG2_0351 with other bacterial species (Figure 7B).

Scanning Electron Microscopy (SEM) Analysis of *S. sanguinis* **WT and Mutant Cells**

The cell morphologies of *S. sanguinis* SK36 and selected mutant XG2_0351 were examined using SEM (Figure 5). The two samples were deposited onto a 0.1 μm disposable Millipore filter to remove medium. Samples were fixed using 2% glutaraldehyde in 0.1 M sodium cacodylate buffer (pH 7.4) for 30 min, followed by 1% osmium tetroxide in 0.1 M sodium cacodylate buffer (pH 7.4). The samples embedded in the filters were then dehydrated in ethanol followed by phosphate-buffered saline (PBS) and allowed to air-dry. The filters were sectioned and mounted

onto stubs and coated with gold for three minutes (EMS– 550 Automated Sputter Coater, Electron Microscopy Sciences, Hatfield, PA). Micrographs were taken at 15,000× total magnification using a Zeiss EVO 50 XVP scanning electron microscope (Carl Zeiss, Peabody, MA).

Coomassie Staining

This staining assay was done to elucidate which proteins XG2_0351 is targeting (Figure 11). We inoculated the stocked strain into 5 ml medium (e.g. BHI) in a 15 ml round-bottom tube. After this we prepared 3 round-bottom tubes of 15 ml containing 5 ml medium, and then incubated them in an anaerobic jar at 37 °C for overnight. Then we transferred 50 μl overnight bacterial culture into each of 3 pre-incubated conical tubes and incubated at the same condition as previously stated to mid log-phase (about 4 hours). All of the following steps were done at 4 °C. Bacterial cells were centrifuged for 10 min at 4,000 rpm using Sorvall Legend RT centrifuge (MN, USA). Following this we added 10 μl protease inhibitor cocktail (Sigma P8430) and DNase (1 μ g/ml) to 1 ml non-denaturing lysis buffer (PBS, EDTA=5 mM, pH = 7.4) to 10⁶ cells in mid log-phase bacterial culture. We re-suspended the pellets by pipetting up and down several times. The suspension was transferred into the 2 ml Lysing Matrix B Beads. Cells were disrupted in the Fast Prep 24 for 30s at level 4. Then we sonicated for short pulses (5-10 sec) with pauses (10-30 sec) to re-establish a low temperature. We centrifuged for 10s at maximum speed and transferred supernatant into a new tube. Then we determined the volume of the supernatant and quantitated the protein in sample using Pierce BCA Protein Assay kit (Cat #23227, IL, USA). 15 µg of protein were loaded into each well and stained with Coomassie

Brilliant Blue R-250 solution (Bio-Rad, USA) for 4 hours. Finally, we washed with washing buffer (50 % methanol, 10% acetic acid, 40% distilled water) until bands were visible.

RESULTS

We compared 51 mutants to SK36 using crystal violet staining to determine if there is a statistically significant difference in biofilm formation (Figure 2). Using the ANOVA statistical test, we determined t-test with p-values <0.05 were statistically different. We found that 41 mutants formed biofilms that were statistically significant when compared to SK36. Using a multiple comparison method known as Dunnett's test, we found that XG2_0351 has a p value <.0001 when compared to SK36. 25 mutants that showed less biofilm formation than SK36 were viewed via CLSM. Using CLSM, z-stacks were created by stacking successive slices, which were then processed into a 3D image using ImageJ software (Figure 3). The z-stack for XG2_0351 showed effectively no biofilm formation and therefore, was much thinner than SK36. The downstream mutant, XG2_0350 was tested to rule out the possibility of the polar effect (Figure 8). XG2_0351 was selected for further investigation based on phenotypic differences with SK36 that were determined by CV staining and CLSM.

SEM was used to visualize the morphological differences between SK36 and type I signal peptidase mutant XG2_0351 (Figure 5). Biofilm did not form during CV staining or CLSM, XG2_0351 showed growth in SEM images. Although, the mutant chains were much shorter in length and had a different shape than SK36. To gain more insight into the growth differences we looked at the growth curves by using a plate reader (Figure 6). Three separate repetitive trials showed that the growth rate of SK36 and XG2_0351 are not significantly different.

Through computational prediction methods, the STRING database predicted that this signal peptidase I protein interacts with signal recognition particles and several ribosomal proteins (Figure 7A). Gene co-occurrence showed that SPase I shares many similarities with the

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Firmicutes phylum (Figure 7B). CLSM was utilized to visualize XG2_0849, the paralogue of XG2_0351, for biofilm formation (Figure 9). The mutant showed a slight difference in biofilm formation when compared to SK36 but lacked the dramatically decreased effect seen by XG2_0351. Finally, the coomassie assay was done to see the concentrations of proteins that are in SK36 but missing in XG2_0351 (Figure 11). Nine substrates of SPase I mutant, XG2_0351, that were previously shown through CV staining and confocal imaging to exhibit reduced biofilm formation, were absent in XG2_0351 in comparison to wild type.

Table 2. Gene annotation of biofilm mutants

Table 2.

Table 3. Biofilm mutants with COG function, operon, and paralogue.

Table 3.

Table 4. Potential targets for SPase I.

Table 4.

Table 5. Potential targets for SPase I that affect biofilm formation

Table 5.

Figure 2. Crystal violet assay of 51 biofilm mutants. Yellow star signifies selected mutant, XG2_0351. Panel 1 of each plate contains the blank. Panel 2 of each plate contains SK36. Panels 3-12 of each plate contain the mutants.

Figure 3. Biofilm imaging by confocal laser scanning microscopy (CLSM) of 24 mutants that have shown to affect biofilm formation through preliminary data. Each WT and mutant was repeated 3 times each (A-C).

SK36-B

0036-C

Figure 4. Biofilm imaging by confocal laser scanning microscopy (CLSM) of mutant selected for further study, XG2_0351. This mutant is one of two type I signal peptidases in *S. sanguinis*.

Figure 5. Comparison of (A) SK36 and (B) XG2_0351 morphologies using scanning electron microscopy at 600 nm with 15 min intervals.

Figure 5.

Figure 6. Three trials comparing the growth of SK36 with XG2_0351 using the plate reader.

Figure 6.

Figure 7. (A) STRING analysis of protein-protein interactions of XG2_0351 and (B) gene cooccurrence network.

Figure 7.

GENE COOCCURRENCE

Similarity Scale

no similarity detectable

100% sequence conservation.

the color denotes, for each gene of interest, the similarity of its best hit in a given STRING genome. Similarities in these presence/absence profiles can predict interactions.

Clade Coverage

for groups of genomes that are collapsed in the phylogenetic tree, two distinct colors indicate the lowest and highest similarity observed within that clade.

highest similarity

lowest

similarity

Figure 8. Biofilm imaging using confocal laser scanning microscopy (CLSM) of downstream mutant, XG2_0350.

Figure 9. Biofilm imaging using confocal laser scanning microscopy (CLSM) of SPase I paralog, XG2_0849.

Figure 10. Quantitative data for confocal images. Relative intensity of biofilm formation was measured for SK36, XG2_0351, XG2_0350, and XG2_0849.

Figure 11. Whole protein extraction from bacterial strains SK36 and mutant sample were separated by SDS-PAGE and stained with coomassie blue. The arrows indicate possible proteins that have been shown to reduce biofilm formation by confocal imaging.

Figure 11.

L $0351-A$ 0351-B 0351-C **SK36**

DISCUSSION

Oral biofilm formation in streptococci has shown to be involved in a variety of microbial infections in the human body, through recruiting diverse bacterial species to site of infection and displaying an effective defense system against host immune defenses (Hall, McGillicuddy et al. 2014). Biofilm formation involves numerous stages, namely attachment, maturation, and dispersion (Lister, Horswill 2014, Foster, Geoghegan et al. 2014). *Streptococcus sanguinis* has been shown to be involved in biofilm formation (Xu, Alves et al. 2007, Kolenbrander, London 1993). Investigating the *S. sanguinis* genes involved in biofilm formation will be indispensable in uncovering potential drug targets against diverse bacterial infections that involve biofilm formation in the oral cavity.

A set of 51 non-essential genes (Table 2) was screened previously in our lab for the ability to affect biofilm formation using microtiter assay as described by O'Toole (O'Toole 2011). This constituted the starting point for the project of studying *S. sanguinis* genes involved in biofilm formation. Bioinformatically, we identified for every biofilm related gene functions using clusters of orthologous groups (COGs) annotations (Table 3), as described by Uniprot, as well as operon (and genetic neighbors) and the presence/absence of paralogues (using BLAST with identity >70% and E-value cutoff 10^{-7}) (Table 3). On the wet lab level, we ran a microtiter assay with crystal violet (CV) staining to confirm the previous findings, which concurred to a high degree to the previous findings. Out of 51 mutants, 25 mutants that exhibited a reduced biofilm formation as shown by CV staining (Figure 2) were further investigated using confocal laser scanning microscopy (CLSM). The CLSM images, obtained in triplicates from every mutant, showed variant patterns in biofilm reduction (Figure 3).

Mutant XG2_0351 was selected for further study in this project based upon results that were obtained through crystal violet staining and CLSM images (Figure 4). The biofilm formation of XG2_0351 showed significant reduction in biofilm formation, as compared to SK36 through CV staining, which was later

conclusively ascertained through CLSM. Contrasting greatly with the biofilm formed by SK36, there was essentially no biofilm formation observed in either experiment when the XG2_0351 gene was knocked out. Downstream mutant, XG2_0350, was visualized using CLSM to eliminate the possibility of the polar effect (Figure 8). Consequently, XG2_0351, one of two signal peptidase I (SPase I) enzymes in *S. sanguinis*, was selected for investigation in this project because of considerable phenotypic differences from SK36, in terms of biofilm formation, and also because little information is known about the role that type I signal peptidase plays in biofilm formation in this bacterium. Furthermore, even less is known about how SPase I affects biofilm in a bacterium with multiple SPase I enzymes.

To further investigate the phenotypic role of XG2_0351 gene on biofilm formation, we used SEM to visualize the morphological differences in growth between the SK36 and SPase I mutant, XG2_0351. The images (Figure 5) show that the XG2_0351 chains are shorter in length and remain stunted in growth in comparison to the long chains formed by the wild type. In bacteria, the cell wall bears the stress and helps maintain the shape, and is important for cell viability. The scaffold of the cell wall consists of the cross-linker polymer peptidoglycan. Studies have demonstrated that there is a relationship between peptidoglycan synthesis, bacterial growth, and cell shape (Scheffers, Pinho 2005). Mutants that lack one or several enzymes involved in the synthesis of peptidoglycan or other cell wall components display changes in cell shape. Molecular analyses of another member of viridans, *S. gordonii*, showed that some genes required for biofilm formation are involved in peptidoglycan biosynthesis (Loo, Corliss et al. 2000). Therefore, we can conclude that in SK36 the SPase I is necessary to cleave proteins which are crucial to maintain cell shape and cell wall, possibly through peptidoglycan synthesis.

To gain additional information about the growth disparities between SK36 and XG2_0351, comparison of growth curves between wild type and XG2_0351 using a plate reader (Figure 6). The exponential (logarithmic) portions of the resulting growth curves are useful for determining growth rates. Although the SEM

pictures depict phenotypic differences in morphology between SK36 and mutant, the growth curves show no substantial difference in rate of growth. The OD values remain comparable for both which means that this SPase I has demonstrated no substantial role in cell growth. In many bacteria that have been analyzed so far, type I signal peptidase has been proven to be essential for cell viability (Sharma, Pradhan et al. 2005, Paetzel, Karla et al. 2002, Date 1983, Klug, Jager et al. 1997). For example, *E. coli* strain IT41 possesses a mutated leader peptidase gene, which has a drastically reduced growth rate. The growth rate was reduced because *E. coli* only has one SPase I (Sharma, Pradhan et al. 2005, Inada, Court et al. 1989). In contrast to these findings, *S. sanguinis* does not show a diminished growth rate when this SPase I is knocked out.

Defining the link between XG2_0351 and biofilm formation on a molecular level demands characterizing the mechanism of action in details, including substrates of XG2_0351. This is a challenging task given the fact that *S. sanguinis* possesses two type I signal peptidases, namely XG2_0351 and XG2_0849, which may share the same pool of substrates. This led to further examination of bacteria that have multiple SPases I, a common feature of gram-positive bacteria (Bonnemain, Raynaud et al. 2004). In *E. coli* the SPase I is essential for cell viability but *S. sanguinis* has proven to sustain life even without this enzyme as seen in knockout experiments and growth curves (Figure 6). XG2_0351 is not essential because the other SPase I in *S. sanguinis*, XG2 0849, functionally compensates with respect to cell viability when XG2 0351 is absent. Some other types of bacteria that share this characteristic with *S. sanguinis* are *Streptomyces, S. lividans, L. monocytogenes, and B. japonicum* (Bonnemain, Raynaud et al. 2004).

The largest number of type I signal peptidases in one single species thus far have been found in grampositive eubacterium *Bacillus subtilis*. Five genes that specify type I signal peptidases present on the *B. subtilis* chromosome. Studies have shown that these enzymes, denoted as SipS, SipT, SipU, SipV, and SipW, have different but overlapping substrate specificities (Sharma, Pradhan et al. 2005). There are two main advantages of having multiple SPase I encoding genes in *B. subtilis*. First there is a broader substrate specificity or

preference and secondly, a modulation of activity in response to high demands on the secretion machinery (Bron, Bolhuis et al. 1998, Bolhuis, Sorokin et al. 1996). Unlike the SPase I in *E. coli*, SipS was not essential for viability of the cell nor for protein secretion. Although in the absence of SipS, the rate of processing of several preproteins was reduced (Bolhuis, Sorokin et al. 1996). These sip genes are not essential individually but a specific combination of mutations in these genes is lethal (Bron, Bolhuis et al. 1998). It will be intriguing to discover if the same scenario will occur in *S. sanguinis* once both SPase I genes are knocked out.

To gain further clues regarding the molecular mechanism of action of XG2_0351, we searched XG2_0351 in the STRING database for protein-protein interaction networks from known metabolic pathways, protein complexes, signal transduction pathways, and other carefully selected databases (Figure 7A). The information obtained is from experimental data, computational prediction methods, and public text collections. Knowledge of protein-protein interactions is essential to understand cellular processes at the system-level. The protein-protein interaction network of XG2_0351 visualized by STRING revealed that this SPase I protein interacts with several ribosomal proteins. Ribosomal subunits that are involved in the cellular process of translation are composed of these proteins and rRNA. This SPase I also interacts with SRPR and SRP54 proteins which are signal recognition particles involved in targeting and inserting nascent membrane proteins into the cytoplasm. One or more SRP protein in conjunction with SRP RNA contributes to the binding and release of signal peptide. Then the SPase I proteolytically cleaves them from translocated precursor proteins from the extracytoplasmic site of the membrane (Auclair, Bhanu et al. 2012, du Plessis, Nouwen et al. 2011).

Gene co-occurrence visually displayed the gene families whose occurrence patterns across genomes show similarities (Figure 7B). For each gene of interest, the color indicates the similarity of its best hit in a given STRING genome. The similarities in these presence/absence profiles can predict interactions. Two distinct colors indicate the lowest and highest similarity observed within that clade. The highest similarities are in Firmicutes, which mostly have gram-positive cell wall structure. *Listeria monocytogenes*, a member of
Firmicutes, has three contiguous SPase I genes called SipX, SipY and SipZ. The major SPase I of *L. monocytogenes* is SipZ because the amounts of extracellular virulence factors such as listeriolysin O, phosphatidylcholine C, and zinc metalloproteinase were significantly decreased upon inactivation. For the majority of Sec-secreted exoproteins identified, the three SPases I were found to function redundantly. This became clear when protein secretion was not affected by the inactivation of only one or two of the SPases I. Since the SipZ of *L. monocytogenes* applies only to a small subset of the secreted exoproteins, the concept of minor and major SPases appears to be relative, not absolute (Bonnemain, Raynaud et al. 2004, Renier, Chafsey et al. 2015). In order to compare the type I signal peptidases in *S. sanguinis,* CLSM images of XG2_0351 paralogue, XG2_0849, were compared to images of SK36.

In order to investigate the potential role of the other SPase I, XG2_0849, in biofilm formation, we compared the biofilm formation between *S. sanguinis* wild type and XG2_0849 using confocal microscopy (Figure 9). The CLSM image of XG2_0849 showed a slight difference when assessed against SK36 but not as drastically as XG2_0351. There is a possibility that XG2_0351 is responsible for cleaving more biofilm related proteins than XG2_0849. The quantitative data obtained by measuring the relative intensities of confocal images (Figure 10) clearly illustrated that XG2_0351 biofilm is ten-fold decreased when compared to SK36, whereas the downstream mutant (XG2_0350) and parlogue (XG2_0849) were not significantly different from the wild type. In *S. sanguinis*, XG2_0351 appears to be the major SPase I when biofilm formation is concerned. This scenario was shown to occur in *P. aeruginosa*, which has two noncontiguous SPases I. PA1302 is involved with quorum-sensing cascade and includes the suppression of virulence factor secretion and virulenceassociated phenotypes, while LepB is the primary SPase (Waite, Rose et al. 2012).

Finally, to narrow the list of potential substrates of XG2_0351 involved in biofilm formation, we extracted whole cell proteins from *S. sanguinis* wild type and compared it to that from XG2_0351 (Figure 11). The amount of protein extracted from wild type was almost two-fold the amount extracted from XG2_0351. We

further separated the extracted proteins by SDS-PAGE and stained with Coomassie-Brilliant Blue. Nine substrates of SPase I enzyme, XG2_0351, which were previously shown through CV staining (Figure 2) and confocal imaging (Figure 3) to exhibit reduced biofilm formation, were absent in XG2_0351 mutant in comparison to wild type. These may provide clues about molecular mechanism adopted by XG2_0351 to affect biofilm formation and provide a potential drug target with promising impact on reducing biofilm formation.

Further study is necessary to claim that XG2_0351 is to *S. sanguinis* what SipZ is to *L. monocytogenes*. The predominance of one SPase I over another is a bacterium is dependent on more than biofilm formation factors. The major SPase I is essential for efficient protein secretion which is contingent upon the availability of SPases, the production levels of secreted proteins, and substrate specificity or substrate preference of the different type I SPases (Bolhuis, Sorokin et al. 1996). Coomassie blue staining was done to measure the levels of proteins in SK36 and XG2_0351.

This study indicates that type I signal peptidase mutant, XG2_0351, causes a decrease in biofilm formation when compared to SK36. This SPase I performs a more critical role in biofilm formation than XG2_0849. Gene 0351 is possibly necessary for functions that include but are not limited to cell-wall metabolism, collagen-binding, iron transportation, and antibiotic resistance (Table 5 & Figure 11). These contribute to the successful formation of biofilm in *S. sanguinis*. Future studies may further the investigation by creating a double knockout mutant of both XG2_0351 and XG2_0849 and measuring cell viability. Pulse-chase protein radiolabeling would give a deeper understanding of the activity of proteins over a prolonged period of time. Mass spectrometry could be utilized to reveal which proteins are missing in XG2_0351 and therefore, which proteins are affecting biofilm formation in *S. sanguinis*.

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