

ORCA - Online Research @ Cardiff

This is an Open Access document downloaded from ORCA, Cardiff University's institutional repository:https://orca.cardiff.ac.uk/id/eprint/180583/

This is the author's version of a work that was submitted to / accepted for publication.

Citation for final published version:

Massic, Lauryn, Doorley, Laura, Jones, Sarah, Richardson, Irene, Siao, Danielle, Siao, Lauren, Dykema, Philip, Hua, Chi, Schneider, Emily, Cuomo, Christina, Rogers, P., van Hooser, Stephanie, Parker, Josie, Kelly, Steven, Hess, David, Rybak, Jeffrey and Pandori, Mark 2025. Acquired amphotericin B resistance attributed to a mutated ERG3 in Candidozyma auris. Antimicrobial Agents and Chemotherapy

Publishers page:

Please note:

Changes made as a result of publishing processes such as copy-editing, formatting and page numbers may not be reflected in this version. For the definitive version of this publication, please refer to the published source. You are advised to consult the publisher's version if you wish to cite this paper.

This version is being made available in accordance with publisher policies. See http://orca.cf.ac.uk/policies.html for usage policies. Copyright and moral rights for publications made available in ORCA are retained by the copyright holders.



1 Acquired Amphotericin B Resistance Attributed to a Mutated ERG3 in Candidozyma auris

- 2 Lauryn Massic^{1,2}, Laura A Doorley³, Sarah J Jones³, Irene Richardson¹, Danielle Denise Siao¹,
- 3 Lauren Siao¹, Philip Dykema⁴, Chi Hua⁴, Emily Schneider⁴, Christina A. Cuomo^{5,6}, P. David
- 4 Rogers³, Stephanie Van Hooser¹, Josie E Parker⁷, Steven L Kelly⁸, David Hess^{1,2}, Jeffrey M
- 5 Rybak^{3*} and Mark Pandori^{1,2}
- 6 Nevada State Public Health Laboratory, Reno, Nevada, USA
- ² University of Nevada Reno School of Medicine, Nevada, USA
- 8 ³ St. Jude Children's Research Hospital, Memphis, Tennessee, USA
- 9 ⁴ Washington State Department of Health, Shoreline, Washington, USA
- ⁵ Brown University Division of Biology and Medicine, Providence, Rhode Island, USA
- 11 ⁶ Broad Institute, Cambridge, Massachusetts, USA
- ⁷ Cardiff University Schools of Biosciences, Cardiff, Wales, UK
- ⁸ Swansea University Medicine Health and Life Science, Swansea, Wales, UK
- * co-corresponding authors

15 Abstract

- First identified in 2009, Candidozyma auris (formerly Candida auris) is an emerging multidrug
- 17 resistant fungus that can cause invasive infections with a crude mortality rate ranging from 30-
- 18 60%. Currently, 30-50% of *C. auris* isolates are intrinsically resistant to amphotericin B. In this
- work, we characterized a clinical case of acquired amphotericin B resistance using whole
- 20 genome sequencing, a large-scale phenotypic screen, comprehensive sterol profiling, and
- 21 genotypic reversion using CRISPR. Data obtained in this work provides evidence that a deletion
- resulting in a frameshift in *ERG3* significantly contributes to the observed resistant phenotype,

and a non-sense mutation in *ERG4* may more modestly contribute to resistance. Characterization of this isolate also revealed a fitness cost is associated with the abrogation of ergosterol production and its replacement with other late-stage sterols. This article presents a clinical case description of amphotericin B resistance from a frameshift mutation in *ERG3* in *C. auris* and marks an advancement in the understanding of antifungal resistance in this fungal pathogen.

Introduction

- In 2019, the Centers for Disease Control and Prevention (CDC) designated *Candidozyma auris* (previously known as *Candida auris*) as an urgent antimicrobial threat making it the first fungal pathogen to be raised to this level of concern (1, 2). This is attributed to the multidrug resistant characteristics of *C. auris*, its capacity to spread easily in health care facilities, and its potential to cause invasive candidiasis especially among patients with weakened immune systems (3-6). Out of the three primary antifungal classes approved for the treatment of *Candida* infections, approximately 80-93% of *C. auris* isolates are resistant to fluconazole (triazole drug class), 35-50% display resistance to amphotericin B (polyene drug class), and 5-7% show resistance to the echinocandin antifungals (7-9).

 Amphotericin B is frequently utilized due to its broad-spectrum of activity and success in treating systemic fungal infections (10). First isolated from *Streptomyces nodosus* in 1953, amphotericin B disrupts fungal membrane permeability via ergosterol binding and has been
- observed to additionally enact oxidative damage (11, 12).

 At the time of manuscript preparation, there are no clinical amphotericin B susceptibility

 breakpoints set forth by the Clinical Laboratory Standards Institute (CLSI) for *C. auris* (13),
- largely due to limited clinical outcome data and variability in *in vitro* minimum inhibitory

45 concentration (MIC) determinations across testing methodologies. However, the CDC has established tentative amphotericin B MIC breakpoint for C. auris at 2 mg/L. Though, up to a 46 third of C. auris isolates from the United States have MICs of 1 mg/L thus caution is urged for 47 C. auris amphotericin B MIC interpretation (13-16). 48 Even though amphotericin B has been used in clinical practice since the 1950s very few 49 instances of drug resistance have been documented. Previously, acquired cases of amphotericin 50 B resistance in *Candida spp.* have been shown to be associated with mutations in the genes 51 encoding the ergosterol biosynthesis pathway (8). In C. auris, the only established mechanism of 52 clinically acquired amphotericin B resistance is attributed to an indel in ERG6 (17). Additionally, 53 a nonsense mutation in ERG3 has once been associated with amphotericin B resistance in a 54 single clinical isolate but has yet to be tested/confirmed (18). Other mechanisms of amphotericin 55 B resistance have been identified in vitro. Amphotericin B resistance can be induced by culturing 56 C. auris in the presence of sub-lethal doses of amphotericin B (19). In other Candida spp., 57 58 mutations in ERG2, ERG3, ERG4, ERG5, ERG6, and ERG11 have been found to be associated with reduced susceptibility to amphoteric B (8, 10, 20-22). 59 60 Here, we present a case of acquired clinical amphotericin B resistance which is attributed to mutations of the C. auris ERG3 and ERG4 genes causing a premature stop codon in the C-5 61 sterol desaturase and delta (24 (24(1)))-sterol reductase, respectively. We further investigated 62 63 this isolate through a phenotypic screen, Cas9 mediated genetic repair, and sterol profiling. Our results support a causal link between the ERG3 mutation and much of the amphotericin B 64 resistance phenotype. 65

Methods

- 67 *Collection, Culturing, and Confirmation of Specimens*
- The first isolate (LNV001) from a patient was collected from the bronchial lavage in July 2022
- while the second isolate (LNV002) from the same patient was collected from the urine in
- September 2022. Both samples were initially grown in Salt Sabouraund Dulcitol broth at 38 °C at
- 71 250 rpm for 24- 48 hours. From culture, a 10 µL loop was used to streak culture on
- 72 CHROMagarTM Candida (CHROMagarTM, Paris, France) where it was grown for 24-48 hours at
- 73 36 °C. Plates displayed a pinkish purplish growth and were confirmed as C. auris by matrix-
- assisted laser desorption ionization–time of flight mass spectrometry (MALDI-ToF) with
- reference library MALDI Biotyper CA library (version 2022) (Bruker, Billerica, MA).
- 76 *DNA Extraction*
- 77 Clinical isolates underwent bead-beating (FastPrep-24, MP Biomedicals, Irvine, CA) for 4 cycles
- at 6.0 m/sec for 30 seconds with 5-minute pauses in between. Then genomic DNA (gDNA) from
- 79 isolates was isolated using PureFood Pathogen Kit on the Maxwell RSC (Promega, Madison,
- 80 WI) per manufacturer's protocol.
- 81 Library Prep and Whole Genome Sequencing
- 82 Extracted gDNA was library prepped using DNA Prep Kit (Illumina, San Diego, CA) per
- 83 manufacturer's recommended protocol utilizing a STARlet automated liquid handler (Hamilton
- 84 Company, Reno, NV). Paired-end sequencing (2x151bp) was performed using NovaSeq 6000
- 85 (Illumina, San Diego, CA) with a read depth of 94x and 123x and a genome length of 12288577
- and 12267689 for isolates LNV001 (SRR23958537) and LNV002 (SRR23109153), respectively.
- 87 Bioinformatic Analysis

The open-source software TheiaEuk was used to perform the *de novo* assembly, quality assessment, and genomic characterization of fungal genomes (23). Using the generated FASTa files, species taxon identification and clade typing was performed by Genomic Approximation Method for Bacterial Identification and Tracking (GAMBIT) (24). kSNP3 identified core genome single nucleotide polymorphisms (SNPs) between the two isolates with confirmation and gene identification performed by Snippy to the *C. auris* clade III reference strain B11221 (GCA_0022775015.1) (25, 26).

Phenotypic Screens

Growth Curve: C. auris isolates were grown on CHROMagar plates at 36 °C for 48 hours and then a single colony was isolated and regrown for purity for another 48 hours at 36 °C. The high-throughput phenotypic screen was performed utilizing Biolog PM1 and PM2a phenotypic microarray plates (Biolog, Inc., Hayward, CA) per manufacturer's protocol for Saccharomyces cerevisiae. Absorbance was taken every 6-8 hours for 72 hours. Graphs were designed in R studio with package growthcurver (27). Significance was determined by a student's T-test of growth rate with Bonferroni method to adjust for a large data set.

Dilution Spot: Single C. auris colonies from respective isolates were grown on CHROMagar

plates for mass growth at 36 °C for 48 hours. Both isolates were standardized by absorbance in RPMI broth. Ten-fold dilution series was performed to gain a final dilution of 10⁻⁴. Dilution spots were plated on RPMI agar and checked on every 24 hours for 72 hours. In Figure 1, the lines in the background of each image are the overhead lights.

Sterol Analysis

OD₅₉₀. Cultures were grown for 18 hours at 35 °C, 170 rpm. Cells were then harvested and split into two samples, to enable determination of dry weight and extraction of sterols. An internal standard of 10 µg of cholestanol was added to each sample and sterols were extracted as previously described (28). Briefly, lipids were saponified using alcoholic KOH and nonsaponifiable lipids extracted with hexane. Dried samples were derivatized by the addition of 0.1 mL BSTFA TMCS (99:1, Sigma) and 0.3 mL anhydrous pyridine (Sigma) and heating at 80 °C for 2 hours. TMS-derivatized sterols were analyzed and identified using gas chromatographymass spectrometry (GC/MS) (Thermo 1300 GC coupled to a Thermo ISQ mass spectrometer, Thermo Scientific) and Xcalibur software (Thermo Scientific). The retention times and fragmentation spectra for known standards were used to identify sterols. Sterol composition was calculated from peak areas, as a mean of 3 replicates and the relative quantity of sterols present was determined using a standard curve of the internal standard (cholestanol) and lanosterol and the dry weight of the samples. EPIC Mediated ERG3 and ERG4 Modification in C. auris Isolate LNV002 EPIC Components: Episomal Plasmid Induced Cas9 (EPIC) mediated transformation of C. auris was performed as previously described (29). Briefly, guide sequence primers targeting ERG3 and ERG4 were ligated into pJMR19 following LguI (Thermo Scientific TM) digestion as previously described. Transformation repair templates were amplified from gBlock sequences (Integrated DNA Technologies) by PCR using Phusion Green master mix manufacturer's instructions

(Thermo Scientific, Waltham, MA, USA) followed by subsequent QIAquick PCR purification

(Qiagen). All strains, primers, and templates are listed in **Supplemental Table 1**.

Overnight cultures of C. auris strains were used to inoculate 20 mL MOPS buffered RPMI to 0.1

109

110

111

112

113

114

115

116

117

118

119

120

121

122

123

124

125

126

127

128

129

C. auris Transformation: C. auris was cultured overnight to an OD₆₀₀ of 1.8-2.2 and 131 transformation reactions were assembled with salmon sperm DNA (Invitrogen), pJMR19, repair 132 template DNA, and TE-LiAC + 55% PEG. EPIC positive transformants were selected by growth 133 on nourseothricin (200 mg/L) supplemented YPD agar plates (29). Single colonies were patched 134 onto YPD for screening. DNA isolation was achieved via treatment with a DNA extraction 135 buffer consisting of 10 mM Tris pH 8.0, 2 mM EDTA, 0.2% Triton X-100, 200 ug/mL 136 Proteinase K. ERG3 and ERG4 PCR amplification and subsequent Sanger sequencing (Hartwell 137 Center, St. Jude Children's Research Hospital) was used to screen positive transformants. 138 139 Sequenced transformants were then replica plated for plasmid ejection as previously described and proper ERG3, ERG4 sequence retention was confirmed with a second Sanger sequencing run 140 (17, 30).141 Antifungal Susceptibility Testing 142 Minimum inhibitory concentrations (MIC) for amphotericin B (Sigma-Aldrich) were determined 143 by broth microdilution (BMD) in accordance with the M27-A4 from the Clinical Laboratory 144 Standards Institute (CLSI) with considerations recommended by the CDC (16, 31). 145 Amphotericin B MIC by E-test (BioMérieux, Marcy-l'Étoile, France) was determined per 146 manufacturer's instructions with CDC recommendations implemented. All susceptibility testing 147 was performed in biological triplicate and determined visually for growth inhibition at 24 hours. 148 149 **Results** Patient Case Description 150 Consecutive C. auris isolates were collected over a two-month span in the summer of 2022 from 151

a 76-year old female. Two isolates over the course of these two months were collected from the

patient from the bronchial lavage and urine, respectively (**Table 1**). The initial isolate, LNV001 presented with a minimum inhibitory concentration (MIC) value of 0.19 mg/L yielding susceptibility to amphotericin B while the latter isolate, LNV002 presented with a >32 mg/L MIC value yielding high resistance to amphotericin B (**Figure 1,2**). MIC values were determined by Etest.

Whole Genome Sequencing

153

154

155

156

157

158

159

160

161

162

163

164

165

166

167

168

169

170

171

172

173

174

175

The two isolates underwent paired-end sequencing on the NovaSeq 6000. Sequences were de novo assembled and quality checked by the bioinformatic workflow TheiaEuk (23). Confirmation of the respective isolates as C. auris was performed using GAMBIT which further described each isolate as a member of Clade III (24). The sequences of the two isolates were genetically discordant from each other by nine sequence differences in coding regions determined by the bioinformatic workflow Snippy (Table 2)(26). Both isolates were resistant to fluconazole with a MIC value of >256 mg/L and each was found to possess a mutation encoding the VF125AL amino acid substitution in sterol 14α-demethylase encoded by ERG11 which has been previously established to confer clinical fluconazole resistance and has exclusively been observed in Clade III isolates (7, 8). When these two isolates compared to the Clade III reference isolate, LNV001 and LNV002 were 35 and 41 SNPs different in the core genome. Between the amphotericin B susceptible and resistant isolates, the mutations of greatest interest to public health are the ten base pair deletion causing a frameshift at amino acid 71 leading to a premature stop codon at amino acid 132 in the C-5 sterol desaturase gene, ERG3, and the nonsense mutation causing a premature stop codon at amino acid 106 in the delta (24 (24(1)))-sterol reductase gene, ERG4. Since amphotericin B is hypothesized to exert antifungal activity through direct interaction with ergosterol we focused on ERG3 and ERG4 of the ergosterol biosynthesis

pathway. When comparing the *ERG3* allele to a group of 44 isolates across Clades I-VI with 25 of the isolates presenting with MIC values at or slightly above the amphotericin B breakpoint, we found that none of these isolates had an *ERG3* allele different from the respective clade reference strain (32).

EPIC Mediated Reversion of ERG3 and ERG4 to Wildtype

176

177

178

179

180

181

182

183

184

185

186

187

188

189

190

191

192

193

194

195

196

197

198

To identify the influence of each mutated gene on the amphotericin B resistance, we utilized the EPIC genetic manipulation system to revert the Erg3 and Erg4 sequences to wildtype (matching LNV001 and the B11221 reference) in LNV002 (29). While we were able to generate two independent ERG3^{WT} single reversions in LNV002, we were unable to generate ERG4^{WT} single reversions in LNV002 after multiple transformations. However, once ERG3 had been reverted to wildtype, we were able to generate two independent ERG3^{WT}, ERG4^{WT} double correction strains. When testing amphotericin B susceptibility using the diffusion test strip (E-test, bioMérieux) method, as recommended by the CDC, the ERG3WT reversion in LNV002 resulted in dramatically increased amphotericin B susceptibility with a MIC shift from >32 mg/L to 0.38 mg/L (**Figure 2A**). However, the additional reversion of *ERG4* to the wildtype allele (in strain LNV002 ERG3^{WT}, ERG4^{WT}) did not further increase amphotericin B susceptibility. By comparison, when testing amphotericin B MIC using the broth microdilution method, reversion of the ERG3 gene to the wildtype sequence resulted in a more modest decrease in amphotericin B MIC, and correction of both ERG3 and ERG4 to the wildtype allele resulted in a further onedilution decrease in amphotericin B MIC (Figure 2B).

Absence of Ergosterol

We sought to determine if LNV002 produced ergosterol via sterol profiling because of the predicted interaction between amphotericin B and ergosterol. TMS-derivatized sterols in

biological triplicate were analyzed and identified using GC/MS and Xcalibur software. The sterol profile of the susceptible LNV001 isolate largely consists of ergosterol and lanosterol (Table 3, Supplemental Figure 1). The sterol profile of the resistant isolate (LNV002) is mainly composed of ergosta-7,22,24(28)-trienol, episterol, and lanosterol. Ergosterol was not detectable in the resistant isolate. LNV002 ERG3^{WT} (LNV002 ERG3c 39B; CRISPR repaired to ERG3^{WT}) has a sterol profile that largely consisted of ergosta-5,7,22,24(28)-tetraenol, lanesterol, and 14methyl fecosterol with a notable absence of detectable ergosterol. While LNV002 ERG3^{WT}, ERG4^{WT} (LNV002 ERG3c 39B ERG4c 7A; CRISPR repaired to ERG3^{WT} and ERG4^{WT}) is mainly composed of ergosterol and lanosterol. Fitness Cost Associated with Amphotericin B Non-Susceptibility Amphotericin B resistance has been observed rarely for most Candida species (33). Evidence suggests that this is due to severe fitness defects caused by mutations in the ergosterol biosynthesis pathway (34). Since LNV002 had mutations in the ergosterol biosynthesis pathway, we hypothesized that there could be a fitness cost associated with ERG3 and ERG4 mutations in C. auris. To test this, we performed growth assays over 72 hours on 190 different carbon sources. We determined fitness differences between LNV001 and LNV002 as described in the materials and methods (Supplemental Table 2). Fourteen carbon sources were determined to be statistically significant for fitness defects in isolate LNV002. Carbon sources β-D-Allose, Phenylethylamine, Xylitol, α-Keto-Glutaric Acid, Glycyl-L Glutamic Acid, and Glycl-L-Aspartic Acid are associated with the highest fitness defects (Figure 3). In general, this experiment concluded that there is a fitness cost associated with the nine coding mutations present in the resistant isolate when utilizing certain carbon sources for energy.

Discussion

199

200

201

202

203

204

205

206

207

208

209

210

211

212

213

214

215

216

217

218

219

220

Amphotericin B is Critical to Managing this Public Health Threat

Over 90% of *C. auris* clinical isolates demonstrate resistance to fluconazole increasing our dependence on echinocandins and amphotericin B as the recommended frontline therapy for the treatment of invasive candidiasis and infections caused by *C. auris* specifically (16, 35). In 2021, the CDC noted that the number of echinocandin-resistant *C. auris* infections have tripled since 2020, leaving amphotericin B as a last resort to potentially treat these cases (3). Even though it has been observed that approximately 30% of *C. auris* isolates are resistant to amphotericin B, this agent remains a crucial drug in the antifungal armamentarium due to its broad-spectrum antifungal activity (10). *C. auris* is an emerging public health threat, and understanding its genetic basis of resistance is crucial for effective infection prevention and control.

Interpretation of CRISPR Results

From a clinical case, we isolated a pair of patient isolates, one susceptible and one resistant to amphotericin B collected within two months of each other. Between both isolates, a narrow list of non-synonymous mutations was revealed. Due to the involvement of ergosterol in the mechanism of action of amphotericin B, we focused our efforts on mutations present in genes which are predicted to play a role in the ergosterol biosynthesis pathway, *ERG3* and *ERG4*.

Correction of the *ERG3* frameshift mutation (*ERG3*^{G71fs..P132*) in LNV002 restored clinical amphotericin B susceptibility, thus demonstrating a documented case of acquired amphotericin B resistance resulting from a deleterious *ERG3* mutation in a clinical *C. auris* isolate. The restored LNV002_*ERG3*^{WT} strain was found to possess a MIC value below the current determination of clinical resistance set by the CDC of 2 mg/L. When *ERG3* and *ERG4* were both restored to the wildtype sequence in LNV002, the MICs remained relatively unchanged from that of the}

individual LNV002 ERG3WT strain, leaving only a small susceptibility difference persisting between LNV002 ERG3^{WT}, ERG4^{WT} and that of LNV001. It remains possible that one of the other identified mutations observed in LNV002 may modestly contribute to amphotericin B resistance and account for the 0.5 to 1-dilution difference in MIC not attributable to mutations in ERG3 or ERG4. One mutation of note that we speculate as a potential gene modifier candidate is gene locus CJI97 002218, an ortholog to ADR1, a transcriptional regulator in C. albicans. It has been found that ADR1 has undergone transcriptional rewiring from S. cerevisiae where now it directs the regulation of the ergosterol biosynthesis pathway in C. albicans (36). It is plausible that ADR1 in C. auris could also contribute to the regulation of the ergosterol biosynthesis pathway, making this missense mutation a primary candidate for the difference in MIC between the LNV002 ERG3^{WT}, ERG4^{WT} corrected strains and the susceptible isolate LNV001. Additionally, it is notable that amphotericin B MIC values for the isolates and strains in this study varied by susceptibility testing method used, particularly in the amphotericin B-resistant isolate LNV002 (>32 versus 2 mg/L). Similar variation in C. auris amphotericin B MIC values by testing method has previously been reported, with higher MIC values obtained when using diffusion test strips (37). Microbroth dilution determines MIC by complete inhibition of visible growth in RPMI broth while E-test diffusion strips determine MIC by an ellipse on solid RPMI media and where visible fungal colonies contact the testing strip. The Etest methodology can be difficult to read and may be discerned subjectively. For example, while the LNV002 growth shown in the Figure 2 is small, actual inspection reveals that there are colonies contacting the testing strip up the gradient length above the 32 mark and thus the MIC is reported as >32mg/L. Specifically for amphotericin B, the dynamic testing range for microbroth dilutions has been observed to be highly condensed which contributes to challenges in determining clinical

244

245

246

247

248

249

250

251

252

253

254

255

256

257

258

259

260

261

262

263

264

265

resistance in *C. auris* where a large proportion of amphotericin B MIC are within one dilution of the CDC tentative clinical breakpoint. Nevertheless, both microbroth dilution and E-test diffusion strip derived amphotericin B MIC determine LNV002 to exhibit clinical amphotericin B resistance and further demonstrated a consistent restoration of amphotericin B susceptibility upon *ERG3* mutation correction.

It is also notable that within the boundaries of our methods, the generation of a LNV002_*ERG4*^{WT} independent strain was not found to be possible. Therefore, we hypothesize that the *ERG3* mutation may have occurred prior to the *ERG4* mutation with the subsequent deleterious *ERG4* mutation potentially compensating fitness loss associated with amphotericin B resistance. Further elucidation into the role of *ERG4* in this process will require additional study.

Replacement of Ergosterol

In fungal cell membranes, ergosterol is a vital component responsible for membrane fluidity regulation, making the ergosterol biosynthesis pathway an attractive target for conventional antifungal use and drug development. In *C. albicans* and *S. cerevisiae* the loss of function of lanosterol 14α-demethylase and C-5 sterol desaturase (*ERG11* and *ERG3*) have been associated with acquired amphotericin B resistance and for the exchange of ergosterol for other sterols such as lanosterol, eburicol, and 4,14-dimethyl-zymosterol in the cell membrane (38, 39). The resistant isolate described here does not produce ergosterol and showed enrichment of lanosterol, episterol, and late-stage sterols such as ergosta-7,22,24(28)-trienol. This altered membrane composition which likely leads to amphotericin B resistance is consistent with a loss of function of *ERG3* and *ERG4* based on their function in ergosterol biosynthesis. The loss of detectable ergosterol, while still uncommon, has been observed before in *C. auris*. In another amphotericin B resistant isolates that had a premature stop codon in *ERG6*, ergosterol was notably absent with

cholesta-type and early sterols comprising the sterol profile (17). We hypothesize that LNV002 is able to survive because late-stage sterols such as ergosta-7,22,24(28)-trienol and episterol are proposed to be able to stabilize the cell membrane in the absence of ergosterol. Additionally, the VF125AL amino acid substitution in lanosterol 14α-demethylase may be compensatory in nature, in order to support a truncated, non-functional C-5 sterol desaturase. However, determining the validity of this hypothesis is beyond the scope of this paper.

In the CRISPR repaired isolates, LNV002_ERG3^{WT} and LNV002_ERG3^{WT}, ERG4^{WT}, susceptibility to amphotericin B was restored. LNV002_ERG3^{WT} was mainly composed of the late stage sterol Ergosta-5,7,22,24(28)-tetraenol with no detectable ergosterol. Since susceptibility is restored even though ergosterol is absent, amphotericin B seems to be able to interact with this late stage sterol and exert its antifungal properties.

Fitness Cost Identified with Amphotericin B Resistant Isolate

Amphotericin B resistance is rarely observed for most *Candida spp*. This may be due to the fitness defects of mutations in the ergosterol biosynthesis pathway (34). In characterizing this resistant phenotype, a comparison between the susceptible and resistant isolates supplemented with 190 different carbon sources revealed a statistically significant fitness defect present on a few of these sources. This data may indicate a narrow fitness cost for combinatorial mutations in *ERG3* and *ERG4* in this isolate. Conversely, it is possible that among the other seven mutations detected by whole genome sequencing there are one or more modifiers that alleviate the fitness cost associated with perturbation of the ergosterol biosynthesis pathway. Furthermore, epigenetic mechanisms may contribute to amphotericin B resistance and potentially could compensate for this fitness cost.

Conclusion

C. auris is spreading broadly and the initially identified four major clades are no longer endemic solely to the area in which they were initially associated (40). The spread of this agent is resulting in extensive morbidity and mortality to patients in health care facilities across the world. Antifungal drug resistance will continue to evolve and spread unless we can identify and implement effective infection control mechanisms. With only three primary anti-fungal drug classes available to treat fungal infections in the U.S. and the multi-drug resistant characteristics of C. auris, the emphasis on anti-microbial stewardship and along with the development of novel antifungals are more essential than ever to combat this pathogen.

This article characterizes a clinical case description of C. auris amphotericin B resistance resulting from a frameshift mutation in ERG3. In some outbreaks, one third of C. auris isolates demonstrate amphotericin B resistance that is often attributed to an unidentified mechanism (9). This finding represents a significant advancement in understanding antifungal resistance in C. auris and the knowledge generated can be used to design diagnostic tests to combat antifungal drug failure.

Acknowledgments

This research was supported in part by ALSAC and the National Cancer Institute grant P30 CA021765, by NIH NIAID grant R01 AI169066 awarded to P.D.R. and C.A.C, by NIAID grant U19AI110818 to the Broad Institute (C.A.C.), by the St. Jude Children's Research Hospital Children's Infection Defense Center grant (J.M.R.) and the Society of Infectious Diseases Pharmacists Young Investigator Research Award granted to J.M.R.. This publication was supported by the Nevada State Department of Health and Human Services through Grant # 5

NU50CK000560-05-00 from Epidemiology and Laboratory Capacity for Infectious Diseases

(ELC). Its contents are solely the responsibility of the authors and do not necessarily represent
the official views of the Department nor Epidemiology and Laboratory Capacity for Infectious
Diseases (ELC).

- 339 1. @CDCgov. 2019 Antibiotic Resistance Threats Report | CDC. 2022 2022-07-
- 340 15T02:03:14Z [cited; Available from: https://www.cdc.gov/drugresistance/biggest-threats.html
- Liu F, Hu Z-D, Zhao X-M, Zhao W-N, Feng Z-X, Yurkov A, et al. Phylogenomic
- analysis of the <i>Candida auris- Candida haemuli</i> clade and related taxa in the <i>
- Metschnikowiaceae, </i>
 i> and proposal of thirteen new genera, fifty-five new combinations and
- nine new species. Persoonia Molecular Phylogeny and Evolution of Fungi. 2024 2024-06-
- 345 30;52(1):22-43.
- 346 3. @CDCgov. Increasing Threat of Spread of Antimicrobial-resistant Fungus in Healthcare
- 347 Facilities | CDC Online Newsroom | CDC. 2023 2023-03-20T09:01:41Z.
- 348 4. Spivak ES, Hanson KE. Candida auris: an Emerging Fungal Pathogen. Journal of Clinical
- 349 Microbiology. 2018 Feb;56(2):10.
- 350 5. Jeffery-Smith A, Taori SK, Schelenz S, Jeffery K, Johnson EM, Borman A, et al.
- Candida auris: a Review of the Literature. Clinical Microbiology Reviews. 2018 Jan;31(1):18.
- 352 6. Jacobs SE, Jacobs JL, Dennis EK, Taimur S, Rana M, Patel D, et al. <i>Candida
- auris</i> Pan-Drug-Resistant to Four Classes of Antifungal Agents. Antimicrobial Agents and
- 354 Chemotherapy. 2022 Jul;66(7).
- Chow NA, Munoz JF, Gade L, Berkow EL, Li X, Welsh RM, et al. Tracing the
- 356 Evolutionary History and Global Expansion of Candida auris Using Population Genomic
- 357 Analyses. Mbio. 2020 Mar-Apr;11(2):15.
- 8. Rybak JM, Cuomo CA, Rogers PD. The molecular and genetic basis of antifungal
- resistance in the emerging fungal pathogen Candida auris. Current Opinion in Microbiology.
- 360 2022 Dec;70:8.
- 361 9. Lockhart SR, Etienne KA, Vallabhaneni S, Farooqi J, Chowdhary A, Govender NP, et al.
- 362 Simultaneous Emergence of Multidrug-Resistant Candida auris on 3 Continents Confirmed by
- Whole-Genome Sequencing and Epidemiological Analyses. Clinical Infectious Diseases. 2017
- 364 Jan;64(2):134-40.
- 365 10. Carolus H, Pierson S, Lagrou K, Van Dijck P. Amphotericin B and Other Polyenes-
- Discovery, Clinical Use, Mode of Action and Drug Resistance. Journal of Fungi. 2020
- 367 Dec;6(4):21.
- 368 11. Dutcher J. The discovery and development of amphotericin B. Diseases of the chest.
- 369 1968 1968 Oct;54.
- 370 12. Mesa-Arango A, Scorzoni L, Zaragoza O. It only takes one to do many jobs:
- Amphotericin B as antifungal and immunomodulatory drug. Frontiers in microbiology. 2012
- 372 08/08/2012;3.
- 373 13. @CLSI LabNews. AST News Update June 2022: Hot Topic. 2022 [cited; Available
- from: https://clsi.org/about/blog/ast-news-update-june-2022-hot-topic/
- 375 14. Jacobs SE, Jacobs JL, Dennis EK, Taimur S, Rana M, Patel D, et al. Candida auris: Pan-
- 376 Drug-Resistant to Four Classes of Antifungal Agents. Antimicrobial Agents and Chemotherapy.
- 377 2022 Jul;66(7).
- 378 15. Arendrup MC, Prakash A, Meletiadis J, Sharma C, Chowdhary A. Comparison of
- 379 EUCAST and CLSI Reference Microdilution MICs of Eight Antifungal Compounds for
- 380 <i>Candida auris</i> and Associated Tentative Epidemiological Cutoff Values. Antimicrobial
- 381 Agents and Chemotherapy. 2017 Jun;61(6).

- 382 16. @CDC. Antifungal Susceptibility Testing and Interpretation | Candida auris | Fungal
- Diseases | CDC. 2023 2020-05-29 [cited; Available from: https://www.cdc.gov/fungal/candida-
- 384 <u>auris/c-auris-antifungal.html#print</u>
- 385 17. Rybak JM, Barker KS, Muñoz JF, Parker JE, Ahmad S, Mokaddas E, et al. In vivo
- emergence of high-level resistance during treatment reveals the first identified mechanism of
- amphotericin B resistance in Candida auris. Clinical microbiology and infection : the official
- publication of the European Society of Clinical Microbiology and Infectious Diseases. 2022
- 389 2022 Jun;28(6).
- 390 18. Ben Abid F, Salah H, Sundararaju S, Dalil L, Abdelwahab AH, Salameh S, et al.
- 391 Molecular characterization of Candida auris outbreak isolates in Qatar from patients with
- 392 COVID-19 reveals the emergence of isolates resistant to three classes of antifungal drugs.
- 393 Clinical Microbiology and Infection. 2023 2023-08-01;29(8):1083.e1-.e7.
- 394 19. Carolus H, Pierson S, Munoz JF, Subotic A, Cruz RB, Cuomo CA, et al. Genome-Wide
- 395 Analysis of Experimentally Evolved Candida auris Reveals Multiple Novel Mechanisms of
- 396 Multidrug Resistance. Mbio. 2021 Mar-Apr;12(2):19.
- 397 20. Kannan A, Asner SA, Trachsel E, Kelly S, Parker J, Sanglard D. Comparative Genomics
- for the Elucidation of Multidrug Resistance in Candida lusitaniae. mBio. 2019 12/24/2019;10(6).
- 399 21. Ahmad S, Joseph L, Parker JE, Asadzadeh M, Kelly SL, Meis JF, et al. ERG6 and ERG2
- 400 Are Major Targets Conferring Reduced Susceptibility to Amphotericin B in Clinical Candida
- glabrata Isolates in Kuwait. Antimicrobial agents and chemotherapy. 2019 01/29/2019;63(2).
- 402 22. Rybak JM, Dickens CM, Parker JE, Caudle KE, Manigaba K, Whaley SG, et al. Loss of
- 403 C-5 Sterol Desaturase Activity Results in Increased Resistance to Azole and Echinocandin
- 404 Antifungals in a Clinical Isolate of Candida parapsilosis. Antimicrobial agents and
- 405 chemotherapy. 2017 08/24/2017;61(9).
- 406 23. Ambrosio FJ, Scribner MR, Wright SM, Otieno JR, Doughty EL, Gorzalski A, et al.
- 407 TheiaEuk: a species-agnostic bioinformatics workflow for fungal genomic characterization.
- 408 Frontiers in public health. 2023 08/01/2023;11.
- 409 24. Lumpe J, Gumbleton L, Gorzalski A, Libuit K, Varghese V, Lloyd T, et al. GAMBIT
- 410 (Genomic Approximation Method for Bacterial Identification and Tracking): A methodology to
- 411 rapidly leverage whole genome sequencing of bacterial isolates for clinical identification. PLOS
- 412 ONE. 2023 2023-02-16;18(2):e0277575.
- 413 25. Gardner SN, Slezak T, Hall BG. kSNP3.0: SNP detection and phylogenetic analysis of
- genomes without genome alignment or reference genome. Bioinformatics. 2015
- 415 Sep;31(17):2877-8.
- 416 26. Seemann T. Snippy: Rapid haploid variant calling and core genome alignment. 2015
- 417 [cited; Available from: https://github.com/tseemann/snippy
- 418 27. Sprouffske K, Wagner A. Growthcurver: an R package for obtaining interpretable metrics
- from microbial growth curves. BMC Bioinformatics. 2016 2016-04-19;17(1).
- 420 28. Rybak JM, Xie J, Martin-Vicente A, Guruceaga X, Thorn HI, Nywening AV, et al. A
- 421 secondary mechanism of action for triazole antifungals in Aspergillus fumigatus mediated by
- 422 hmg1. Nature Communications. 2024 2024-04-29;15(1).
- 29. Doorley LA, Meza-Perez V, Jones SJ, Rybak JM. A Candida auris-optimized Episomal
- Plasmid Induced Cas9-editing system reveals the direct impact of the S639F encoding FKS1
- 425 mutation, 2025.
- 426 30. Lombardi L, Oliveira-Pacheco J, Butler G. Plasmid-Based CRISPR-Cas9 Gene Editing in
- 427 Multiple Candida Species. mSphere. 2019 2019-04-24;4(2).

- 31. CLSI. Reference Method for Broth Dilution Antifungal Susceptibility Testing of Yeasts. 428
- 429 4th ed. Clinical and Laboratory Standards Institute, 950 West Valley Road, Suite 2500, Wayne,
- Pennsylvania 19087 USA; 2017. 430
- 431 Escandón P, Instituto Nacional de Salud B, Colombia, Chow NA, Mycotic Diseases
- Branch CfDCaP, Atlanta, Georgia, Caceres DH, Mycotic Diseases Branch CfDCaP, Atlanta, 432
- Georgia, et al. Molecular Epidemiology of Candida auris in Colombia Reveals a Highly Related, 433
- Countrywide Colonization With Regional Patterns in Amphotericin B Resistance. Clinical 434
- Infectious Diseases. 2019;68(1):15-21. 435
- Arendrup MC, Patterson TF. Multidrug-Resistant Candida: Epidemiology, Molecular 436
- Mechanisms, and Treatment. The Journal of infectious diseases. 2017 08/15/2017;216(suppl 3). 437
- Carolus H, Sofras D, Boccarella G, Sephton-Clark P, Biriukov V, Cauldron NC, et al. 438 34.
- Acquired amphotericin B resistance leads to fitness trade-offs that can be mitigated by 439
- compensatory evolution in Candida auris. Nature Microbiology. 2024 2024-11-20. 440
- Pappas PG, Kauffman CA, Andes DR, Clancy CJ, Marr KA, Ostrosky-Zeichner L, et al. 441 35.
- Clinical Practice Guideline for the Management of Candidiasis: 2016 Update by the Infectious 442
- Diseases Society of America. Clinical Infectious Diseases. 2016 2016-02-15;62(4):e1-e50. 443
- Shrivastava M, Kouyoumdjian GS, Kirbizakis E, Ruiz D, Henry M, Vincent AT, et al. 444 36.
- The Adr1 transcription factor directs regulation of the ergosterol pathway and azole resistance in 445 Candida albicans. 2023 2023-10-04.
- 446
- 447 37. Arendrup MC, Lockhart SR, Wiederhold N. Candida auris MIC testing by EUCAST and
- clinical and laboratory standards institute broth microdilution, and gradient diffusion strips; to be 448
- or not to be amphotericin B resistant? Clinical microbiology and infection: the official 449
- publication of the European Society of Clinical Microbiology and Infectious Diseases. 2025 450
- 2025 Jan; 31(1). 451
- Vincent BM, Lancaster AK, Scherz-Shouval R, Whitesell L, Lindquist S. Fitness Trade-452 38.
- 453 offs Restrict the Evolution of Resistance to Amphotericin B. PLoS Biology. 2013 2013-10-
- 29;11(10):e1001692. 454
- Sanglard D, Ischer FO, Parkinson T, Falconer D, Bille J. Candida albicans Mutations in 455
- the Ergosterol Biosynthetic Pathway and Resistance to Several Antifungal Agents. Antimicrobial 456
- Agents and Chemotherapy. 2003 2003-08-01;47(8):2404-12. 457
- Rhodes J, Fisher MC. Global epidemiology of emerging Candida auris. Current Opinion 40. 458
- in Microbiology. 2019 2019-12-01;52:84-9. 459
- 460 Table 1 - Case Study of Acquired Amphotericin B Resistance in C. auris.

Isolate ID	Collection Date	Isolation Site	Amphotericin B MIC	Number of Coding	
			(mg/L)	Mutations	
LNV001	July 2022	Bronchial Lavage	0.19	9	
LNV002	September 2022	Urine	>32		

C. auris isolates were collected over a two-month span. Whole genome sequencing was performed on both isolates, revealing nine sequence differences that result in coding changes between the genomes. MIC values determined by Etest.

Table 2: SNPs Differences Between LNV001 and LNV002 in Coding Regions

Protein (Gene)	Predicted Ortholog	Gene Locus	Mutation	Mutation Type	
C-5 sterol desaturase (ERG3)	C-5 sterol desaturase (<i>ERG3</i>)	CJI97_003811	G71fs -> P132*	Frameshift/Stop	
Delta (24 (24(1)))-sterol reductase (<i>ERG4</i>)	Delta (24 (24(1)))-sterol reductase (<i>ERG4</i>)	CJI97_002908	L106*	Stop	
1-phosphatidylinositol 4-kinase	1-phosphatidylinositol 4-kinase	CJI97_001150	N126D	Missense	
Retromer subunit VPS35	Retromer subunit VPS35	CJI97_003028	1175V	Missense	
Uncharacterized protein	Major Facilitator Superfamily	CJI97_000798	F232S	Missense	
Uncharacterized protein	Mediator of RNA polymerase II transcription subunit 5	CJI97_002146	F275fs	Frameshift	
Uncharacterized protein	Selenoprotein O	CJI97_002594	R243fs	Frameshift	
Uncharacterized protein	STE3	CJI97_005168	A178V	Missense	
Uncharacterized protein	Transcriptional regulator ADR1	CJI97_002218	E41Q	Missense	

Nine coding regions have been identified to possess mutations from the former susceptible isolate. *ERG3* and *ERG4* which are hypothesized to be responsible for the resistant phenotype are bolded. Gene loci are from the clade III reference strain B11221.

	Percentage of Total Sterol							
	LNV001(S) LNV002(R)		LNV002 <i>ERG3</i> c 39B		LNV002 <i>ERG3</i> c 39B <i>ERG4</i> c 7A			
Sterol	Mean	±st.dev.	Mean	±st.dev.	Mean	±st.dev.	Mean	±st.dev.
Ergosta- 5,8,22,24(28)- tetraenol	0.3	0.1					0.8	0.6
Ergosta-5,8,22-trienol	0.1	0.0			0.6	0.2	0.4	0.1
Ergosta-8,22,24(28)- trienol			1.5	0.0				
Zymosterol	0.3	0.0					0.3	0.2
Ergosterol	45.2	6.4					62.8	2.8
Ergosta-7,22-dienol	0.6	0.1					0.6	0.1
unidentified			1.1	0.1				
Ergosta- 5,7,22,24(28)- tetraenol					49.2	3.1	1.6	0.2
4,14-dimethyl zymosterol	0.3	0.1	2.8	1.0			1.1	0.1
Fecosterol (Ergosta- 8,24(28)-dienol)			0.4	0.3				
Ergosta-7,22,24(28)- trienol			53.7	8.6				
14-methyl fecosterol	2.0	0.5	3.2	1.0	11.1	0.5	4.9	0.4
Ergosta-5,7-dienol	5.7	7.6					3.8	0.4
unidentified			0.6	0.1				
Episterol (Ergosta-7,24(28)-dienol)			17.3	4.8	0.5	0.1	0.4	0.1
Ergosta-7-enol	0.3	0.2					0.3	0.1
4,4 dimethyl-ergosta 8,14,24(28)-trienol	0.2	0.0	0.1	0.0				
14-methyl ergosta- 8,24(28)-dien-3-6- diol	0.2	0.0			1.0	0.1	1.1	0.1
Lanosterol	39.7	1.3	17.3	2.1	34.2	3.5	19.9	2.0
4-methyl ergosta- 8,24(28)-dienol	0.7	0.5						
4,4-dimethyl cholesta-8,24-dienol	1.4	0.7	0.8	0.2				
4,4-dimethyl cholesta-8,14,24-trienol			0.3	0.1				
Eburicol	3.0	0.5	0.9	0.3	3.4	0.3	1.9	0.3

Total	100.0	100.0	100.0	100.0	

	Dry Weight Content (μg/mL)							
	LNV001(S)		LNV002(R)		LNV002 <i>ERG3</i> c 39B		LNV002 <i>ERG3</i> c 39B <i>ERG4</i> c 7A	
	mean	±st.dev.	mean	±st.dev.	mean	±st.dev.	mean	±st.dev.
Lanosterol	3.48	1.23	2.43	0.51	2.99	0.46	2.30	0.69

470 TMS-derivatized sterols were analyzed and identified using GC/MS and XCALIBUR software.

Sterols that mainly make up each isolate are bolded. Sterol compositions are out of 100%. Dry weight content of each strain is directly below percentage of sterol table.

Figure 1: Dilution Spot Assay of Amphotericin B Susceptible and Resistant *C. auris* Isolates

Ten-fold dilution series of LNV001 and LNV002 were plated on RPMI agar supplemented with

varying concentration of amphotericin B and reading observed every 24 hours.

Figure 2: Amphotericin B Minimum Inhibitory Concentrations following *ERG3* and *ERG4* reversion to wildtype.

A) Representative images of Amphotericin B Minimum Inhibitory Concentrations (MICs) at 24 hours as determined by E-tests (bioMérieux). B) MICs determined by broth microdilution in accordance with CLSI susceptibility testing. MICs were read visually for 100% growth inhibition at 24 hours. Bars represent the modal MIC with points plotted for three biological replicates for each isolate and independent strain with MIC values for two independently derived LNV002_ERG3^{WT} and LNV002_ERG3^{WT}, ERG4^{WT} strains shown.

Figure 3: Significant Growth of Amphotericin B Susceptible Isolate Compared to Resistant Isolate

Biolog Phenotypic plates PM1 and PM2a were inoculated with LNV001 and LNV002. Optical density was measured every 6-8 hours for 72 hours. Blue line is LNV001 and red line is LNV002. Standard deviation is denoted by the blurring surrounding the lines. Significance determined by a student's T-test with the Bonferroni correction applied ($\alpha = 0.000263$).

Amphotericin B Concentration (µg/mL)





