



UNIVERSIDADE ESTADUAL DE MARINGÁ
CENTRO DE CIÊNCIAS DA SAÚDE
PROGRAMA DE PÓS-GRADUAÇÃO EM CIÊNCIAS
DA SAÚDE

LUCIANA DIAS GHIRALDI-LOPES

Perfil proteico de *Mycobacterium tuberculosis* após a exposição a Etambutol e
Eupomatenóide-5

Maringá - Paraná
2017

LUCIANA DIAS GHIRALDI-LOPES

Perfil proteico de *Mycobacterium tuberculosis* após a exposição a Etambutol e Eupomatenóide-5

Tese de Doutorado apresentado ao Programa de Pós-Graduação em Ciências da Saúde da Universidade Estadual de Maringá como requisito para a obtenção do título de Doutor em Ciências da Saúde.

Orientadora: Prof^a. Dr^a. Rosilene Fressatti Cardoso.

Maringá
2017

FOLHA DE APROVAÇÃO

LUCIANA DIAS GHIRALDI-LOPES

Perfil proteico de *Mycobacterium tuberculosis* após a exposição a Etambutol e Eupomatênóide-5

Tese apresentada ao Programa de Pós-Graduação em Ciências da Saúde do Centro de Ciências da Saúde da Universidade Estadual de Maringá, como requisito parcial para obtenção do título de Doutor em Ciências da Saúde pela Comissão Julgadora composta pelos membros:

COMISSÃO JULGADORA

Prof. Dra. Rosilene Fressatti Cardoso
Universidade Estadual de Maringá (Presidente)

Dr. Fernando Rogério Pavan
Universidade Estadual Paulista

Dr. Eduardo Jorge Pilau
Universidade Estadual de Maringá

Dra. Regiane Bertin de Lima Scodro
Universidade Estadual de Maringá

Dra. Jane Marta Graton Mikcha
Universidade Estadual de Maringá

Aprovada em: 18 de Maio de 2017.

Local de defesa: Bloco126, Auditório do Programa de Pós-Graduação em Ciências da Saúde *campus* da Universidade Estadual de Maringá.

DEDICATÓRIA

Dedico este trabalho aos meus pais, meus irmãos e a meu esposo, por me amarem e apoiarem em todos os momentos de minha vida.

AGRADECIMENTOS

A Deus, por sempre segurar minha mão, ser meu guia e protetor e me amparar como Pai nos momentos difíceis, especialmente os que passaram durante a realização desse trabalho.

A Nossa Senhora por sempre interceder pelos meus sonhos e me carregar na palma de Suas mãos.

Aos meus pais, Jair e Cleumira, por tudo que fizeram e fazem por mim. Obrigada por acreditarem em mim mesmo quando eu não acreditava. Obrigada por ser um exemplo de família, de pais, de pessoas e de professores. Sem o apoio de vocês eu jamais chegaria até aqui.

Ao meu esposo William por todo amor e compreensão. Obrigada pelo apoio e por caminhar comigo acreditando que tudo daria certo. Obrigada pela paciência nos últimos dias e por me amar mesmo quando meu mundo desaba. Amo você!

Aos meus irmãos Daniela e André Luiz por sempre acreditarem e torcerem tanto por mim. Obrigada por sempre dividirem tudo comigo. Minha vida é muito feliz com vocês dois.

Aos meus avós, tios e primos das famílias Dias, Ghiraldi e Lopes. Vocês são a melhor família do mundo.

A minha orientadora Prof. Dr^a Rosilene Fressatti Cardoso, por todos os ensinamentos, conselhos e oportunidades. Obrigada por me orientar como aluna do projeto de extensão em 2004, como bolsista em 2005, como aluna de mestrado em 2008 e como aluna de doutorado em 2013. Minha admiração por você só aumentou durante todos esses anos. Espero que possa retribuir toda a confiança que você sempre teve em mim.

A minha amiga Paula, pela amizade desde o primeiro dia de graduação. Amizade que ultrapassa a vida acadêmica. Obrigada pela parceria na realização dos experimentos, pelos conselhos diários e pelo companheirismo. Quem tem um amigo, tem um tesouro.

Ao estagiário, aluno e amigo Jean pela parceria em todos (sim, eu disse todos) os experimentos. Obrigada por ter sido meus braços e muitas vezes meu cérebro durante a realização deste trabalho. Sua dedicação é exemplar. Obrigada sempre.

A minha amiga Patrícia pela amizade, parceria, conselhos e companhia nos horários de almoço. Você também é meu tesouro.

Aos todos meus amigos, especialmente meus cunhados Elo e Thiago, amigos do Castelo das Antenas e minha comadre Juliana por todo apoio e carinho. Obrigada por acreditarem que esse dia chegaria. Sinto-me privilegiada por ter tantos tesouros.

Às professoras do laboratório de Bacteriologia Médica Vera, Regiane e Katiany pela amizade, ajuda e ensinamentos. Agradeço especialmente a Prof. Dr^a Regiane que começou os estudos com a substância eupomatenóide-5 no laboratório e pela parceria em nosso dia-a-dia.

Às bioquímicas Rubia, Sônia e Daniela, as técnicas Soninha e Edilene e ao auxiliar Marcos do Laboratório de Bacteriologia Médica, pelo imenso carinho e companheirismo. Vocês me ensinaram muito mais que rotina de laboratório. Muito obrigada.

Aos alunos da pesquisa do Laboratório de Bacteriologia Médica, especialmente, Vanessa, Mariana, Cláudia, Hayalla, Andressa por dividirem o laboratório comigo e por sempre estarem dispostas a ajudar, meus sinceros agradecimentos.

Ao Laboratório de Micologia Médica por todo auxílio nos experimentos, especialmente a Prof. Dr^a Terezinha Svidzinski por acreditar na proteômica, a Prof. Dr^a Érika por todo suporte e a aluna Glaucia pela parceria nos experimentos.

Aos todos dos Laboratórios de Bioquímica Clínica e Virologia pelo apoio e incentivo.

A Adriana e Fábio por me ensinarem os primeiros passos na proteômica.

A todos os amigos do Departamento de Análises Clínicas e Biomedicina e LEPAC por todo incentivo. Agradeço especialmente a Vânia Cardoso, por estar sempre disposta a ajudar.

Ao Prof. Dr. Emanuel Souza e a aluna de pós-graduação Caroline Kukolj, da Universidade Federal do Paraná por nos ensinarem a trabalhar com o ImageMaster e pela parceria no uso do MALDI-TOF.

A Geisa Caprini, por toda ajuda na identificação das proteínas e por sempre me socorrer quando surge alguma dúvida. Muito obrigada mesmo.

A Central de Biologia Molecular e a Central de Microscopia da COMCAP, pela disponibilidade dos equipamentos.

A Prof. Dr^a Rosane Peralta, por disponibilizar parte dos equipamentos usados.

Ao Prof. Dr. Diógenes Aparício G. Cortez por ceder a substância eupomatenóide-5.

A Prof. Dr^a Rosi Zanoni da Silva da Universidade Estadual de Ponta Grossa por ceder a substância eupomatenóide-5 utilizada neste trabalho.

Ao Laboratório de Espectrometria de Massas do Laboratório Nacional de Biociências. Especialmente a Romênia pela companhia e paciência na utilização do Q-TOF.

Ao Programa de Pós-Graduação em Ciências da Saúde (PCS) desta Universidade, em especial a Prof. Dr^a Thaís Gomes Verzignassi Silveira, coordenadora do programa durante a realização deste trabalho e a Olívia, secretária atenciosa e sempre disposta a ajudar.

Enfim, agradeço a todos que colaboraram de alguma forma para a realização deste trabalho e concretização desse sonho.

EPÍGRAFE

“Felizes aqueles que na escuridão da noite acreditaram no resplendor da luz”.

(Trecho do livro O silêncio de Maria- Inácio Larrañaga)

Tese elaborada e formatada conforme as normas da ABNT (Capítulo I e III) e das publicações científicas (Capítulo II): *International Journal of Medical Microbiology* (manuscrito 1), disponível em: <https://www.journals.elsevier.com/international-journal-of-medical-microbiology> e *Future Microbiology* (artigo 2), disponível em: <http://www.futuremedicine.com/page/authors.jsp>

Perfil proteico de *Mycobacterium tuberculosis* após a exposição a etambutol e eupomatenóide-5

RESUMO

A tuberculose (TB) é uma doença infectocontagiosa crônica, causada principalmente pelo bacilo *Mycobacterium tuberculosis* (*M. tb*). Nos últimos anos surgiram poucos compostos efetivos em *M. tb* o que motivou a pesquisa com fármacos já utilizados no tratamento e também a busca por novas opções terapêuticas. O Etambutol (EMB) é um fármaco utilizado no esquema de primeira escolha da TB e atua inibindo a enzima arabinosil transferase, impedindo a biossíntese de arabinogalactana. A substância eupomatenóide-5 (EUP-5), é uma neoligana isolada de plantas do gênero *Piper* com atividade antimicrobiana, inclusive atividade anti-*M. tb*. O objetivo deste estudo foi avaliar o perfil proteômico de *M. tb* após a exposição a EMB e EUP-5 utilizando eletroforese bidimensional e espectrometria de massas e contruir redes de interação proteica utilizando o banco de dados STRING-10. Essa avaliação foi dividida em dois trabalhos. O primeiro, consiste em um manuscrito ‘Abordagem proteômica traz novos conhecimentos sobre os alvos de Etambutol em *Mycobacterium tuberculosis*’ em que a cepa de referência *M. tb* H₃₇Rv foi exposta a concentração subinibitória de EMB por 24 h e 48 h. As principais alterações proteicas ocorreram em proteínas de metabolismo intermediário e respiração indicando que essas proteínas também podem ser exploradas como alvos. O segundo trabalho é um artigo científico nomeado ‘Perfil proteico de *Mycobacterium tuberculosis* após indução por eupomatenóide-5 revela potenciais alvos de fármacos’ em que realizamos a análise proteômica e morfológica de *M. tuberculosis* H₃₇Rv após 12 h, 24 h e 48 h de exposição a concentração subinibitória de EUP-5. Nessa condição, EUP-5 foi capaz de promover o arredondamento e rugosidades nos bacilos. As principais alterações proteicas ocorreram após 24 h em proteínas relacionadas ao metabolismo intermediário, metabolismo lipídico, virulência e detoxificação, proteínas de informação e processos celulares, sendo algumas micobactéria-específicas. A construção de redes de interações de proteínas pelo banco de dados STRING-10 é uma ferramenta eficiente e permite uma melhor visualização do impacto causado por EMB e EUP-5 em *M. tb* e demonstrou a interação de múltiplas proteínas que foram responsáveis por distúrbios no metabolismo e conseqüente morte do bacilo.

Palavras-chave: Tuberculose. Proteômica. Etambutol. Eupomatenóide-5. Espectrometria de massas.

Proteome profile of *Mycobacterium tuberculosis* after ethambutol and eupomatenoid-5 induction

ABSTRACT

Tuberculosis (TB) is a chronic infectious disease caused by the bacillus *Mycobacterium tuberculosis* (*M. tb*). In recent years, just a low number of new effective compounds against *M. tb* had emerged, which motivates researches with drugs already used in the treatment of TB and also the search for new therapeutic options. Ethambutol (EMB) is a drug used in the first scheme of TB treatment and works inhibiting arabinosyl transferases which prevents the biosynthesis of arabinogalactan. The substance eupomatenoid-5 (EUP-5), is a neolignan isolated extracted from genus *Piper* with antimicrobial activity including anti-*M. tb* activity. The aim of this study was to evaluate the proteomic profile of *M. tb* after EMB and EUP-5 induction using two-dimensional electrophoresis coupled to mass spectrometry and to construct protein interaction networks using the STRING-10 database. This evaluation was divided into two papers. In the first manuscript 'Proteomic approach brings new knowledge about the targets of Ethambutol in *Mycobacterium tuberculosis*' the reference strain *M. tb* H₃₇Rv was induced to sub inhibitory concentration of EMB for 24 h and 48 h. The major protein changes occurred in proteins of intermediate metabolism and respiration indicating that these proteins can also be explored as drug targets. The second article was named 'Protein profile of *Mycobacterium tuberculosis* after induction by eupomatenoid-5 reveals potential drug targets'. A proteomic and morphological analysis of *M. tb* H₃₇Rv was performed after 12 h, 24 h and 48 h of EUP-5 induction to the sub inhibitory concentration. EUP-5 was able to promote the rounding and wrinkled appearance of bacilli and the main protein changes occurred after 24 h in proteins related to intermediate metabolism, lipid metabolism, virulence and detoxification, information proteins and cellular processes with some mycobacteria-specific proteins. The construction of networks of protein interactions by the STRING-10 database is an efficient tool which allows a better visualization of the impact caused by EMB and EUP-5 in *M. tb* and demonstrated the interaction of multiple proteins that were responsible for disorders in the metabolism and consequent death of the bacilli.

Key words: Tuberculosis. Proteomics. Ethambutol. Eupomatenoid-5. Mass spectrometry.

LISTA DE ILUSTRAÇÕES

CAPÍTULO I

Figura 1- Incidência da Tuberculose no Brasil. Taxa por 100.000 habitantes/ano	14
Figura 2- Casos notificados por idade e sexo, 2015	15
Figura 3- Grupos de países com alta incidência de tuberculose no mundo e as suas áreas de sobreposições	15
Figura 4- Esquema básico para o tratamento da tuberculose em adultos	17
Figura 5- Provável mecanismo de ação de Etambutol em <i>M. smegmatis</i>	19
Figura 6- Folhas de <i>Piper solmsianum</i> C.DC. variedade <i>solmsianum</i>	20
Figura 7 - Estrutura da neolignana eupomatenóide-5	21
Figura 8- Esquema de procedimentos da eletroforese bidimensional	23

CAPÍTULO II

Manuscript 1

Fig. 1- Ethambutol structure	47
Fig. 2- Two dimensional gel electrophoresis. A: <i>Mycobacterium tuberculosis</i> H ₃₇ Rv (<i>M. tb</i>) without EMB induction. B: 24 h of <i>M. tb</i> H ₃₇ Rv EMB induction. C: 48 h <i>M. tb</i> H ₃₇ Rv of EMB induction	48
Fig. 3- STRING interactome	51

Artigo 2

Fig. 1 Chemical structure of eupomatenoid-5	75
Fig. 2. Two dimensional gels profile of <i>Mycobacterium tuberculosis</i> H ₃₇ Rv (<i>M. tb</i>) induced to sub-MIC of EUP-5	76
Fig. 3. Scanning electron microscopy of <i>Mycobacterium tuberculosis</i> H ₃₇ Rv (<i>M. tb</i>) induced to sub-MIC of EUP-5	77
Fig. 4. STRING interactome	78

SUMÁRIO

1. CAPÍTULO I	14
1.1 Tuberculose	14
1.2 Etambutol	18
1.3 Eupomatenóide-5	19
1.4 Proteoma	21
1.5 Justificativa	25
1.6 Objetivos	26
1.6.1 Geral	26
1.6.2 Específicos	26
1.7 Referências	26
2. CAPITULO II	32
2.1 Manuscrito 1 “Proteomics approaches bring new insights on ethambutol targets in <i>Mycobacterium tuberculosis</i>”	32
2.2 Artigo 2 “Proteomic profile of <i>Mycobacterium tuberculosis</i> after eupomatenoid- 5 induction reveals potential drug targets”	52
3. CAPÍTULO III	
Erro! Indicador não definido.	
3.1	Conclusões
Erro! Indicador não definido.	
3.2	Perspectivas
Erro! Indicador não definido.	futuras

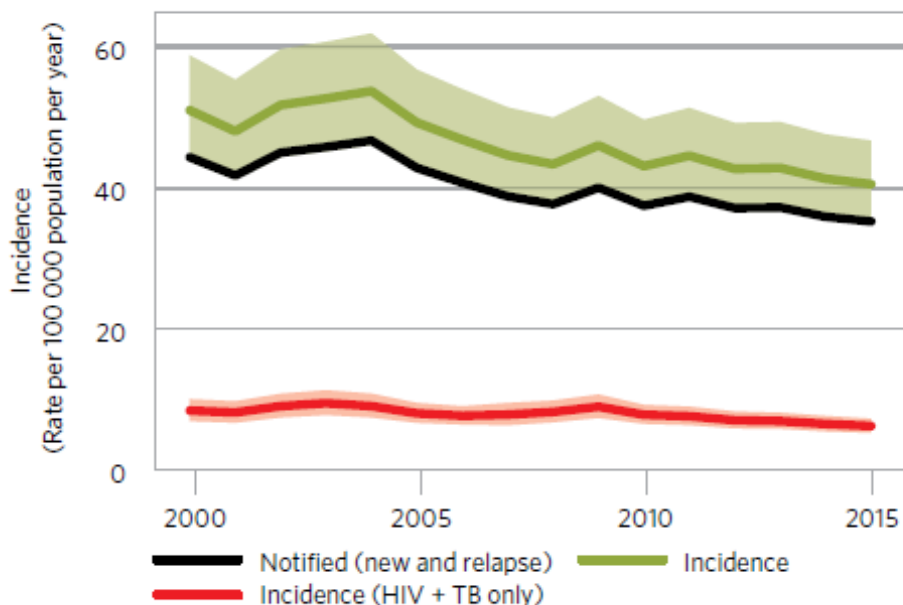
CAPÍTULO I

TUBERCULOSE

A tuberculose (TB) é uma doença infectocontagiosa crônica, causada principalmente pelo bacilo *Mycobacterium tuberculosis* (*M. tb*). É considerada um importante problema de saúde pública devido à alta incidência, prevalência e mortalidade. Estima-se que em 2015 houve 10,4 milhões de pessoas infectadas e 1,4 milhões de mortes, sendo a TB uma das principais causas de morte por doenças infecciosas no mundo, situando-se acima do número de mortes por HIV/ SIDA (WHO, 2016).

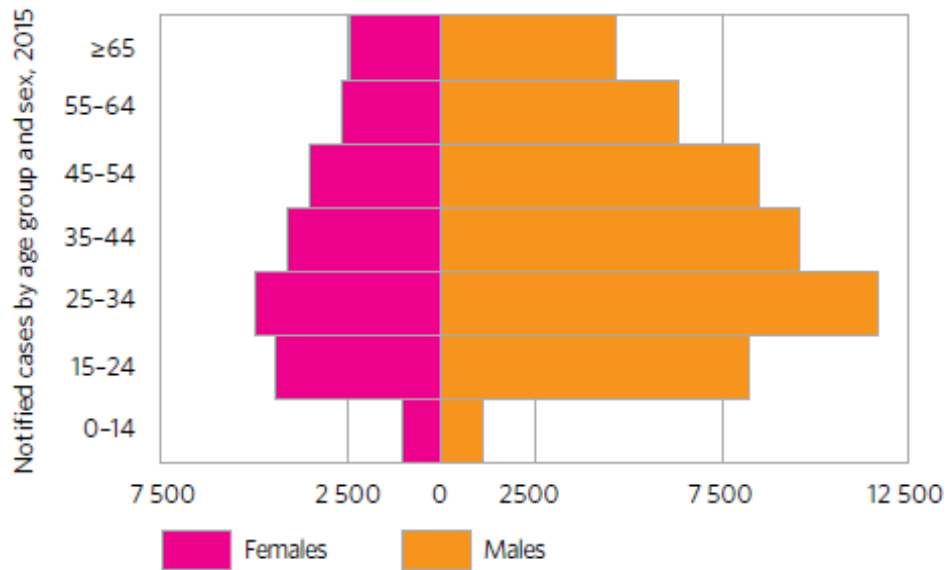
O Brasil faz parte dos 22 países priorizados pela Organização Mundial da Saúde (OMS) que concentram 80 % dos casos de tuberculose e apesar da incidência ser decrescente ao longo dos anos o país ainda apresentou incidência de 84 mil casos e taxa de 41/100.000 habitantes em 2015 (Figura 1). Os casos são mais comuns em indivíduos do sexo masculino na faixa etária correspondente a plena capacidade produtiva, o que acarreta enorme prejuízo econômico ao país (Figura 2) (WHO, 2016).

FIGURA 1- INCIDÊNCIA DA TUBERCULOSE NO BRASIL. TAXA POR 100.000 HABITANTES/ANO



Fonte: Organização Mundial da Saúde (WHO, 2016)

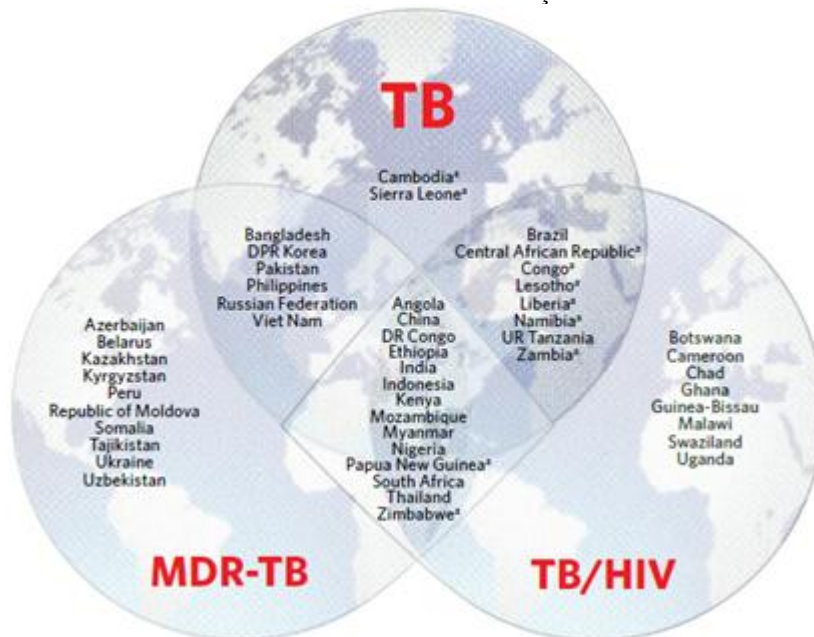
FIGURA 2- CASOS NOTIFICADOS POR GÊNERO E IDADE EM 2015, NO BRASIL



Fonte: Organização Mundial da Saúde (WHO, 2016)

De acordo com a classificação da OMS em grupos de países conforme a incidência de TB, incidência de TB-MDR e incidência da coinfeção TB-HIV, o Brasil faz parte dos 20 países com as maiores taxas de incidência de TB e de coinfeção TB-HIV, não classificado apenas no grupo de países que apresentam altas taxas de resistência ao tratamento (Figura 3).

FIGURA 3- GRUPOS DE PAÍSES COM ALTA INCIDÊNCIA DE TUBERCULOSE NO MUNDO E AS SUAS ÁREAS DE SOBREPOSIÇÕES



Fonte: Organização Mundial da Saúde (WHO, 2016)

A TB é transmitida via aérea e geralmente afeta os pulmões (TB pulmonar) mas outros sítios/órgãos também podem ser afetados (TB extrapulmonar). A TB pulmonar é a forma clínica mais frequente e a mais relevante para a saúde pública, pois o bacilo quando expelido pela tosse por gotículas de saliva de indivíduos bacilíferos, perpetuam a cadeia de transmissão via aérea (BRASIL. MINISTÉRIO DA SAÚDE, 2011; WHO, 2016). Em geral, apenas 5 a 15% dos indivíduos infectados irão desenvolver a TB ao longo da vida, no entanto, indivíduos coinfectados com HIV e *M. tb* possuem 26 vezes mais chances de desenvolver a doença. No Brasil, a cada aumento de um caso de indivíduos com síndrome da imunodeficiência adquirida (AIDS) por 100.000 habitantes, houve um aumento de 1,5% na incidência da TB, o que faz do HIV a condição clínica mais intimamente relacionada a TB (BRASIL. MINISTÉRIO DA SAÚDE, 2016; WHO, 2016).

Apesar de o Brasil ter atingido a meta proposta de diminuição da incidência da TB em 2015 (BRASIL. MINISTÉRIO DA SAÚDE., 2016), as medidas de controle não são suficientes para interromper a transmissão. Fatores como aglomerados humanos, medidas de controle ineficazes, fatores comportamentais e socioeconômicos do paciente como etilismo, tabagismo, desnutrição, diabetes mellitus, baixa resistência imunológica e abandono do tratamento são situações existentes em todo o território brasileiro e são determinantes no sucesso do controle da TB (LACERDA et al., 2014; WHO, 2016).

O tratamento recomendado para a TB, em casos novos, é bastante efetivo com alta taxa de cura, desde que utilizada as doses corretas e por tempo suficiente, apesar dos efeitos colaterais (HASSAN et al., 2015; HOAGLAND et al., 2016; WHO, 2016). Em geral, após duas a três semanas de tratamento, a maior parte dos pacientes deixam de ser bacilíferos, diminuindo a possibilidade de transmissão da doença (BRASIL. MINISTÉRIO DA SAÚDE, 2011). O primeiro antimicrobiano efetivo no tratamento da TB foi a estreptomicina (SM), introduzida em 1944. A isoniazida (INH) foi introduzida em 1952 e até hoje é considerada o fármaco mais eficiente na eliminação bacilar. Em 1965, a rifampicina (RIF) e em 1968 o etambutol (EMB) passaram a integrar a terapia e a pirazinamida (PZA) passou a compor a poliquimioterapia da doença em 1970 (DE SOUZA; VASCONCELOS, 2005).

Atualmente, o esquema de primeira escolha para o tratamento da TB consiste no uso combinado de INH, RIF, PZA e EMB por dois meses, seguido de quatro meses com INH e RIF em um único comprimido (dose fixa combinada) (Figura 4). INH e RIF são os medicamentos de maior poder bactericida, atuando em todas as populações bacilares sensíveis (intracavitárias, granulomas, intracelulares). PZA é ativo somente em meio ácido (bacilos no interior de granulomas) e EMB é um fármaco bacteriostático que tem atividade em bacilos em multiplicação, utilizado para prevenir

a emergência de bacilos resistentes. Este elevado tempo de administração dos medicamentos anti-TB, evita a seleção de bacilos resistentes, uma vez que bacilos naturalmente resistentes a um medicamento podem ser sensíveis a outro e a tomada de um único comprimido combinado favorece a adesão do paciente ao tratamento (BRASIL. MINISTÉRIO DA SAÚDE, 2011).

FIGURA 4- ESQUEMA BÁSICO PARA O TRATAMENTO DA TB EM ADULTOS

Regime	Fármacos	Faixa de peso	Unidade/dose	Meses
2 RHZE Fase de Intensiva	RHZE 150/75/400/275 comprimido em dose fixa combinada	20kg a 35kg	2 comprimidos	2
		36kg a 50kg	3 comprimidos	
		> 50kg	4 comprimidos	
4 RH Fase de manutenção	RH Comprimido ou cápsula de 300/200 ou de 150/100 ou comprimidos de 150/75*	20 a 35kg	1 comprimido ou cápsula de 300/200mg ou 2 comprimidos de 150/75*	4
		36kg a 50kg	1 comprimido ou cápsula de 300/200mg + 1 comprimido ou cápsula de 150/100mg ou 3 comprimidos de 150/75*	
		> 50kg	2 comprimidos ou cápsulas de 300/200mg ou 4 comprimidos de 150/75*	

Fonte: Brasil. Ministério da Saúde, 2011

A falha no tratamento pode levar a emergência de isolados clínicos resistentes. Em 2015, foram reportados 480.000 casos de resistência a RIF (RR-TB) e resistência a múltiplos fármacos (MDR-TB). O surgimento de isolados resistentes a RIF, INH acrescida de resistência a uma fluoroquinolona e a um fármaco injetável de segunda linha (amicacina, canamicina ou capreomicina) (XDR-TB) é uma realidade em todo o mundo e o esquema de tratamento deve ser composto por, pelo menos, quatro fármacos com atividades efetivas que, preferencialmente não tenham sido utilizados anteriormente. Fármacos pioneiros utilizados no tratamento a TB, tais como a SM e outros como etionamida (Et), ofloxacina, terizidona e clofazimina, também têm ação contra *M. tb*, sendo empregados, entretanto, apenas em situações especiais, como na TB resistente (BISAGLIA et al., 2003).

A capacidade de desenvolver resistência e de adotar um estado latente tem mantido a TB no topo das mortes por doenças infecciosas (CHETTY *et al.*, 2016). Existe um esforço global para o desenvolvimento de novos fármacos que se sejam efetivos em bacilos ativos, resistentes e latentes.

A introdução de fármacos como delamanida, bedaquilina (atualmente em ensaios clínicos fase IV), rifamicinas, oxazolidinonas, nitroimidazopirano, SQ109 e ATB 107, considerados apenas candidatos ainda, além da reutilização de outros demonstra esse crescente interesse na busca por medicamentos eficientes e menor tempo de tratamento (JIA et al., 2005; SHEN et al., 2010; CHETTY et al., 2016).

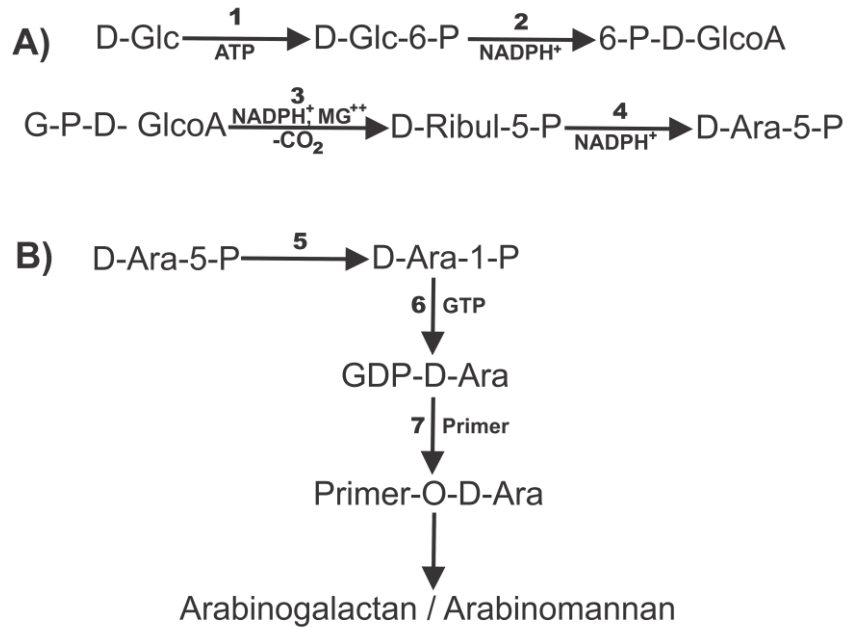
ETAMBUTOL

EMB foi implantado na terapia anti-TB em 1966, mas somente em 2009 passou a fazer parte do esquema primário de tratamento na fase intensiva (dois primeiros meses) devido ao aumento da resistência a INH (de 4,4 % para 6,0 %) (BRASIL. MINISTÉRIO DA SAÚDE, 2011). É um fármaco ativo contra bacilos em multiplicação por afetar a integridade da parede celular de *M. tb*. EMB atua inibindo a enzima arabinosil transferase codificada pelo operon *embCAB* impedindo, dessa forma, a biossíntese de arabinogalactana (TAKAYAMA; KILBURN, 1989; CHETTY et al., 2016). Esse bloqueio da síntese do principal polissacarídeo da parede celular leva a perda da integridade e aumento da permeabilidade celular (XU et al., 2015; CHETTY et al., 2016; WHO, 2016).

As primeiras investigações da ação de EMB propuseram que este medicamento interferia no papel de poliaminas e cátions divalentes no metabolismo de RNA (FORBES; KUCK; PEETS, 1962, 1965), mas estudos posteriores em *M. smegmatis* não confirmaram a existência de um alvo catiônico específico para EMB (BEGGS; ANDREWS, 1973). Após, KILBURN & GREENBERG, (1977) mostraram que EMB ocasionava uma redução da coesão celular transformando grandes aglomerados de células de *M. smegmatis* em clusters menores, possivelmente por uma redução de lipídios na parede celular. Em seguida TAKAYAMA *et al.* (1979), mostraram que o EMB inibia simultaneamente a transferência de ácido micólico para a parede celular e estimulava a síntese de dimicolato de trealose em *M. smegmatis*. Estudos posteriores (KILBURN, JAMES O.; TAKAYAMA, 1981) mostraram que EMB provocava uma acumulação ainda mais precoce de monomicolato de trealose, dimicolato de trealose e ácido micoico livre e que esse desequilíbrio na síntese lipídica era letal ao *M. smegmatis*. Por último, TAKAYAMA, K.; KILBURN (1989), demonstraram que a incorporação de glicose marcada com ^{14}C na arabinana de parede celular foi imediatamente inibida após a adição de EMB e que esse efeito ocorria primeiramente na arabinana de arabinogalactana (AG) e posteriormente na arabinana de lipoarabinomanana (LAM), sugerindo,

portanto, que EMB não atuava nos estágios iniciais da síntese de arabinana, mas sim na polimerização final e a enzima arabinosil transferase foi implicada como alvo (Figura 6).

FIGURA 5- PROVÁVEL MECANISMO DE AÇÃO DE ETAMBUTOL EM *Mycobacterium smegmatis*



Abreviações: Glc: glicose; Ara: arabinose; GlcoA: ácido glicônico; Ribul: ribulose; Rib: ribose; P: fosfato.
Fonte: Takayama, K.; Kilburn, 1989.

EUPOMATENÓIDE-5

As espécies vegetais são uma fonte rica de muitos compostos biologicamente ativos. Substâncias extraídas de plantas tem sido utilizadas em medicamentos tradicionais para o tratamento de várias doenças em todo o mundo. Aproximadamente 60% população confia em plantas medicinais para seus cuidados primários e a utilização de extratos brutos ou substancias isoladas de plantas tem sido usados para esses fins (GAUTAM; SAKLANI; JACHAK, 2007). A ação anti-TB dos produtos naturais é uma área de investigação com vasto potencial, principalmente nos países com grande biodiversidade, como é o caso do Brasil e até agora poucas plantas foram testadas em micobactérias (GUPTA et al., 2010).

O gênero *Piper*, pertencente à família *Piperaceae*, é constituído por aproximadamente 700 espécies e é distribuído em regiões tropicais e subtropicais. Esse gênero vem despertando interesse da comunidade científica por seus resultados químicos e biológicos promissores de diferentes

classes de compostos bioativos, tais como: alcalóides, amidas, chalconas, diidrochalconas, flavonas, flavononas, terpenos, esteróides, kavapironas, fenilpropanóides, lignanas e neolignanas (PARMAR et al., 1997). Estudos com extratos de diferentes espécies de *Piper* têm mostrado uma grande diversidade de metabólitos com marcantes atividades biológicas. A grande importância deste gênero está baseada não somente na utilização de suas inúmeras espécies como plantas medicinais, mas também como fonte de matéria-prima para a indústria farmacêutica, cosmética e de perfumes (DA SILVA, 2006).

A espécie *Piper solmsianum* C. DC. var *solmsianum* é conhecida popularmente como caapeba ou pariparoba, é um arbusto de 1 a 3 metros de altura e as folhas apresentam formato oval. Ela floresce nos meses de setembro, outubro, novembro e dezembro. A espécie tem distribuição geográfica no Sudeste e Sul do Brasil, comum em matas com luz difusa, planícies alagadiças ou brejos (DA SILVA, 2006).

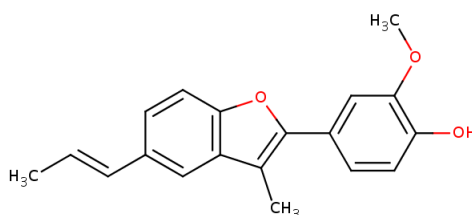
FIGURA 6- FOLHAS DE *Piper solmsianum* C.DC. variedade *solmsianum*



Fonte: Da Silva, 2006

A substância eupomatenóide-5 (EUP-5) (Figura 8), é uma neoligana isolada de plantas do gênero *Piper* com atividade biológica, inclusive antimicrobiana e inseticida (CHAURET et al., 1996; PESSINI et al., 2003; KOROISHI et al., 2008). As neolignanas são lignóides cujo esqueleto é formado exclusivamente pelo grupo fenilpropânico (C₆-C₃)_n, sendo n restrito a poucas unidades. São metabólitos secundários de plantas produzidos pela dimerização oxidativa de duas unidades fenilpropanóides, e se diferenciam das lignanas principalmente por não apresentarem o carbono gama (C-γ) do resíduo n-propilbenzênico oxigenado (BARBOSA FILHO, 2001).

FIGURA 7- ESTRUTURA DA NEOLIGNANA EUPOMATENÓIDE-5.



A exata ação de EUP-5 não está completamente elucidada. Estudos com protozoários demonstraram que EUP-5 está relacionado à disfunção mitocondrial e dano oxidativo (LUIZE et al., 2006; PELIZZARO-ROCHA et al., 2011). LAZARIN-BIDÓIA et al., 2013 demonstraram que EUP-5 promove peroxidação lipídica e fragmentação do DNA em *T. cruzi* e VENDRAMETTO et al., 2010 observaram atividade *in vitro* do EUP-5 em formas promastigotas, amastigotas axênicas e amastigotas intracelulares de *Leishmania amazonensis*.

A atividade antifúngica do EUP-5 também foi demonstrada em fungos dermatófitos e outros fungos patogênicos com atividade semelhante a antifúngicos utilizados no tratamento convencional (DE CAMPOS et al., 2005; KOROISHI et al., 2008).

EUP-5 também demonstrou atividade antibacteriana em bactérias Gram-positivas e Gram-negativas, assim como em *Staphylococcus aureus* MRSA (methicillin-resistant *S. aureus*) (PESSINI et al., 2003; MARÇAL et al., 2010), mas não possui atividade em bactérias da microbiota intestinal. EUP-5 também apresentou ótima atividade antiproliferativa *in vitro* e parece atuar por diferentes mecanismos relacionados ao dano oxidativo em células tumorais de rim, ovário, próstata e mama (LONGATO et al., 2011, 2015).

Recentemente, nosso grupo de pesquisa demonstrou que EUP-5 exibe atividade anti- *M. tb* e apresenta sinergismo com RIF e EMB (SCODRO et al., 2013; LOPES et al., 2014), o que faz dessa substância um promissor candidato a fármaco anti-TB.

PROTEOMA

Uma característica vital dos microrganismos é a sua capacidade de adaptação às alterações do ambiente em que se encontra, o que envolve a regulação da expressão gênica em resposta aos diferentes sinais ambientais (KATO-MAEDA; GAO; SMALL, 2001). A regulação gênica dos fenômenos biológicos pode ser demonstrada pelo transcriptoma e pelo perfil proteômico, uma vez que, a regulação da atividade gênica controla a sub ou superexpressão de um produto celular em um

momento específico (YAMAMOTO et al., 2001). Dessa forma, a análise proteômica é definida pela composição de todas as proteínas expressas pelo genoma de um organismo em um determinado momento (WESTERMEIER; MAROUGA, 2005).

As proteínas são responsáveis pela maioria das atividades em uma célula viva. Todo o metabolismo celular é sinalizado por proteínas o que permite a identificação de alvos de interesse. Estudos moleculares estão em evidência atualmente e ferramentas que permitem essa análise como transcriptoma, proteômica e metabolômica são úteis para identificar e mensurar respostas a um ambiente em constante modificações (BANTSCHEFF et al., 2007). Dessa forma, a proteômica se apresenta como uma ferramenta poderosa na identificação de biomarcadores de doenças, caracterização de processos fisiológicos normais e patológicos, análise de interação entre as proteínas e também no desenvolvimento farmacêutico e toxicológico (WESTERMEIER; MAROUGA, 2005; UNWIN; WHETTON, 2007)

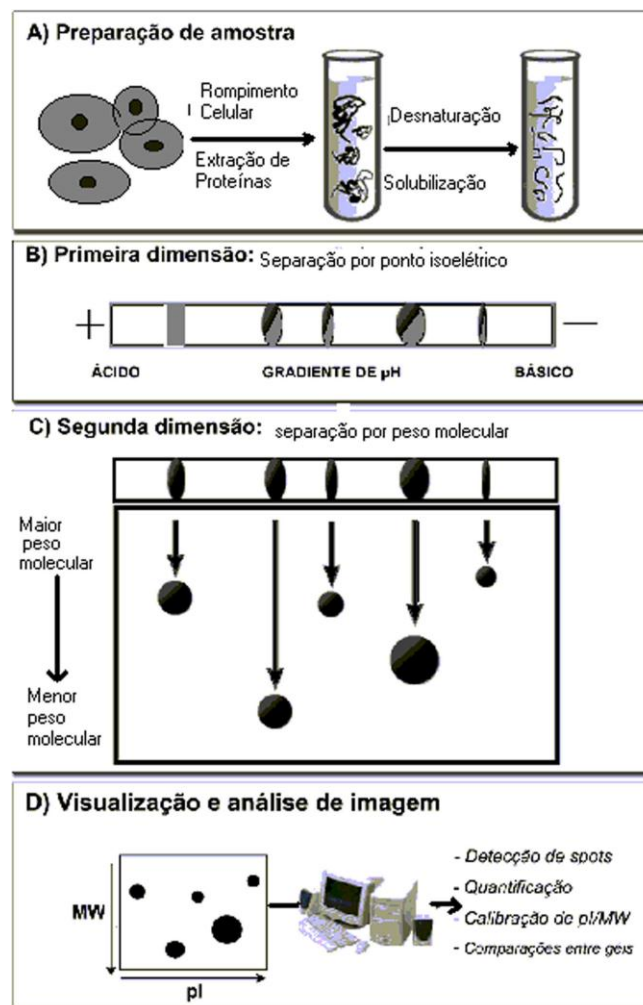
Técnicas que avaliam mRNAs, são altamente sensíveis e passíveis de automação, porém não refletem necessariamente as alterações proteicas, que são de extrema importância no estudo metabólico e bioquímico de células ou micro-organismos (LEROY; RAOULT, 2010). Os estudos proteômicos fornecem informações valiosas sobre alterações na síntese proteica, taxas de degradação, modificações pós-transformationais, interações proteicas e localização subcelular de proteínas, o que melhora nossa compreensão e conhecimento de fenômenos fisiológicos para uma condição específica. Estudos proteômicos comparativos permitem uma compreensão completa dos processos biológicos que afetam a expressão proteica pela comparação quantitativa de processos que as proteínas estão envolvidas (HAN; LEE; LEE, 2011). Ao contrário de estudos bioquímicos clássicos que se concentram em apenas uma ou algumas proteínas, a proteômica atual tem sido considerada como uma abordagem mais abrangente e sistemática para a investigação de sistemas biológicos (WALGREN; THOMPSON, 2004).

As proteínas são alvo para a maioria dos fármacos, estudos do perfil proteico de microorganismos submetido a concentrações subinibitórias de determinado fármaco, pode ajudar a determinar o potencial quimioterápico e o desenvolvimento de novos medicamentos assim como colaborar na compreensão de mecanismos de resistência e ação em bacilos dormentes (SHARMA et al., 2010).

A eletroforese bidimensional em gel de poliacrilamida (2-D) foi introduzida na década de 70, mas nos últimos 10 anos que ocorreram os grandes avanços nos métodos que possibilitam identificar proteínas separadas por 2-D. Nesta metodologia, as proteínas são separadas em duas etapas consecutivas. Na primeira, denominada focalização isoeletrica (IEF), as moléculas migram

na horizontal em gel de poliacrilamida com gradiente de pH imobilizado até atingirem o pH no qual sua carga seja igual a zero (ponto isoelétrico ou pI). Na segunda etapa, as proteínas são submetidas a uma eletroforese com direção perpendicular a IEF, em gel de poliacrilamida contendo dodecilsulfato de sódio (SDS-PAGE), e então separadas de acordo com sua massa molecular (BARBOSA et al., 2012). A detecção proteica geralmente é realizada por técnicas de coloração utilizando Coomassie Blue ou prata, e em seguida digitalizados e as imagens analisadas por um software. O material de fundo (background) é subtraído, os spots comparados e os dados normalizados e analisados estatisticamente para quantificação de volumes proteicos ou intensidade. Embora a 2-D seja uma técnica trabalhosa, permite a separação de vários milhares de proteínas solúveis com resolução ainda sem igual por outros métodos de separação de proteínas (HUGHES et al., 2006; BARBOSA et al., 2012).

FIGURA 8- ESQUEMA DE PROCEDIMENTOS DA ELETROFORESE BIDIMENSIONAL



Fonte:CIERO; BELLATO, 2002- adaptado.

A identificação das proteínas é realizada por espectrometria de massas. A técnica consiste basicamente na ionização de um composto e na avaliação da razão massa/carga (m/z) dos íons. O equipamento utilizado compreende uma fonte de ionização, um ou mais analisadores de massas e um detector. O primeiro componente é utilizado para gerar íons peptídicos ou proteicos, geralmente transferindo prótons (H^+) para as moléculas sem alterar sua estrutura química. O íon é acelerado por campo elétrico e separado por m/z no analisador de massas, ou então é selecionado de acordo com uma m/z previamente determinada e fragmentado em um processo denominado *em tandem* (MS/MS). Finalmente, os íons passam pelo detector, que está conectado a um computador com programas para análise de dados. Os dois métodos principais de ionização utilizados em proteômica são o MALDI (*Matrix-Assisted Laser Desorption/Ionization*) e o ESI (*Electrospray Ionization*) (BARBOSA et al., 2012). A formação de íons por MALDI ocorre através da co-cristalização de um excesso de matriz com o analito em uma placa de metal. A matriz, em geral pequenas moléculas orgânicas, é capaz de absorver o comprimento de onda emitido pelo laser. O laser atinge os cristais de matriz e analito formados na placa, levando a absorção dessa energia pela matriz e a subsequente dessorção e ionização dos analitos presentes na amostra. Já na ionização por ESI as amostras são dissolvidas em um tampão ou solvente que são bombeadas a um fluxo de microlitros por minuto através de uma agulha hipodérmica que está em uma alta voltagem para dispersar eletrostaticamente, ou eletrospray, gotas de tamanho micrométricos, que são rapidamente evaporadas e transmitem a sua carga para o analito (EMIDIO et al., 2015).

Independentemente do método de ionização utilizado, a sensibilidade e acurácia do espectrômetro de massas está diretamente relacionada com o analisador de massa que irão realizar a separação dos íons gerados através da sua razão m/z (EMIDIO et al., 2015). Os tipos mais comuns de analisadores são o TOF (*Time Of Flight*), o quadrupolo e os analisadores de aprisionamento de íons (*ion trap*) (BARBOSA et al., 2012).

Nos analisadores TOF, a separação de íons é baseada na velocidade dentro do tubo de vôo. Todos os íons são formados, na fonte de ionização, com a mesma carga e apresentam a mesma energia potencial elétrica quando expostos ao campo, essa energia será então convertida em energia cinética em função da massa da molécula. Portanto, íons com menor valor de m/z alcançarão maior velocidade que íons de maior m/z . Após os íons serem acelerados, eles viajam por uma distância fixa, até chegarem ao detector (EMIDIO et al., 2015). Uma das limitações do sistema MALDI-TOF é a dificuldade de detecção de proteínas de baixo peso molecular que conseqüentemente geram poucos peptídeos. Para melhorar o desempenho, os analisadores TOF podem ser combinados com analisadores quadrupolos (Qs), caracterizado por um conjunto de quatro hastes em que um campo

elétrico oscilante é aplicado e apenas certos valores de m/z conseguem alcançar o detector, portanto somente íons de uma determinada razão m/z seguirá a trajetória ao detector enquanto os demais são desviados (BARBOSA et al., 2012; EMIDIO et al., 2015). Os analisadores do tipo *ion trap* são relacionados ao quadrupolo. Enquanto o quadrupolo apresenta campos elétricos em duas dimensões (eixos x e y) e os íons movem-se perpendiculares ao campo (eixo z), o analisador *ion trap* filtram e aprisionam os íons de interesse em um campo elétrico tridimensional, e estes são gradualmente liberados em ordem de m/z crescente (BARBOSA et al., 2012).

Apesar do impacto fenomenal da espectrometria de massa e das técnicas de separação de peptídeos na proteômica, a identificação e quantificação de todas as proteínas em um sistema biológico ainda é um desafio técnico (BANTSCHIEFF et al., 2007).

Estudos proteômicos em *M. tb* vem sendo realizados há anos com diversos objetivos, como expressão proteica em diferentes condições de incubação (STARCK et al., 2004; ALBRETHSEN et al., 2013), diferenças na expressão proteica entre isolados de *M. tb* resistentes e sensíveis a fármacos (JIANG et al., 2006; KUMAR et al., 2013; LATA et al., 2015; SHARMA et al., 2015; ZHAO et al., 2015), expressão proteica após a indução por medicamentos já utilizados no tratamento da TB (JIA et al., 2005; JIANG et al., 2011; CAMPANERUT-SÁ et al., 2016) e também de candidatos a fármacos (JIA et al., 2005; SHEN et al., 2010). Dessa forma, a proteômica se consolida como uma valiosa ferramenta para a compreensão da adaptação do *M. tb* a diversas situações como as mencionadas acima.

JUSTIFICATIVA

Apesar dos avanços da medicina nos últimos quinze anos, a tuberculose continua sendo um problema de saúde pública com alta mortalidade em todo o mundo. Os fármacos utilizados para o tratamento da TB foram introduzidos há cerca de 50 anos e apesar de promoverem a cura em grande parte dos casos, apresentam desvantagens como terapia prolongada e a elevada toxicidade, favorecendo o abandono por parte dos pacientes.

Nos últimos anos, surgiram poucos compostos efetivos contra *M. tb*, o que motivou o interesse pela comunidade científica em compreender melhor mecanismos de ação de fármacos já utilizados no tratamento da TB, bem como a busca por novas opções terapêuticas.

A proteômica é uma técnica que permite a compreensão do genoma funcional dos microrganismos em determinadas condições. Como as proteínas são os alvos para a maioria dos fármacos, pela análise da expressão proteica é possível compreender e investigar a ação de

fármacos anti-TB, mecanismos de resistência destes fármacos, assim como, buscar novos alvos terapêuticos. A técnica fornece uma avaliação mais precisa das alterações induzidas por fármacos, com achados não previstos na análise genômica.

Dessa forma, estudos proteômicos podem contribuir para uma melhor compreensão das alterações causadas por EMB e por EUP-5 em *M. tb*.

OBJETIVOS

GERAL

Realizar análise do perfil proteico da cepa de referência *Mycobacterium tuberculosis* H₃₇Rv após a indução por EMB e EUP-5.

ESPECÍFICOS

Realizar análise diferencial do perfil proteico em *M. tuberculosis* H₃₇Rv antes e após a indução por EMB e EUP-5.

Construir a rede de interação das proteínas identificadas após a indução por EMB e EUP-5 usando STRING-10 database.

Realizar a microscopia eletrônica de varredura de *M. tuberculosis* H₃₇Rv após diferentes tempos de indução por EUP-5.

REFERÊNCIAS

ALBRETHSEN, J.; AGNER, J.; PIERSMA, S. R.; HOJRUP, P.; PHAM, T. V; WELDINGH, K.; JIMENEZ, C. R.; ANDERSEN, P.; ROSENKRANDS, I. Proteomic Profiling of Mycobacterium Tuberculosis Identifies Nutrient-Starvation-Responsive Toxin-Antitoxin Systems. **Molecular & cellular proteomics**, v. 12, n. 5, p. 1180–1191, 2013.

BANTSCHIEFF, M.; SCHIRLE, M.; SWEETMAN, G.; RICK, J.; KUSTER, B. Quantitative mass spectrometry in proteomics: A critical review. **Analytical and Bioanalytical Chemistry**, v. 389, n. 4, p. 1017–1031, 2007.

BARBOSA, E. B.; VIDOTTO, A.; POLACHINI, G. M.; HENRIQUE, T.; MARQUI, A. B. T. De; TAJARA, E. H. Proteômica: metodologias e aplicações no estudo de doenças humanas. **Revista da Associação Médica Brasileira**, v. 58, n. 3, p. 366–375, 2012.

BARBOSA FILHO, J. M. Lignanas, neo-lignanas e seus análogos. In: SIMÕES, C. M. O.; SCHENKEL, E. P.; GOSMANN, G.; PALAZZO DE MELLO, J. C.; MENTZ, L. A.; PETROVICK, P. R. (Ed.). **Farmacognosia: da planta ao medicamento**. 3 ed. Porto Alegre: Ed. da UFRGS, 2001.

BEGGS, W. H.; ANDREWS, F. A. Nonspecific ionic inhibition of ethambutol binding by *Mycobacterium smegmatis*. **Antimicrobial Agents and Chemotherapy**, v. 4, n. 2, p. 115–119, 1973.

BRASIL. Ministério da saúde. Secretaria de Vigilância em Saúde. Departamento de Vigilância Epidemiológica. **Manual de recomendações para o controle da tuberculose no Brasil**. Brasília, DF, 2011.

BRASIL. Ministério da saúde. Secretaria de Vigilância em Saúde. **Boletim Epidemiológico 2016 - Perspectivas brasileiras para o fim da tuberculose como problema de saúde pública** **Boletim Epidemiológico**. Brasília, DF, vol 47, 2016.

CAMPANERUT-SÁ, P. A.; GHIRALDI-LOPES, L. D.; MENEGUELLO, J. E.; FIORINI, A.; EVARISTO, G. P.; SIQUEIRA, V. L.; SCODRO, R. B.; PATUSSI, E. V.; DONATTI, L.; SOUZA, E. M.; CARDOSO, R. F. Proteomic and morphological changes produced by subinhibitory concentration of isoniazid in *Mycobacterium tuberculosis*. **Future microbiology**, v. 11, p. 1123–32, 2016.

CHAURET, D. C.; BERNARD, C. B.; ARNASON, J. T.; DURST, T.; KRISHNAMURTY, H. G.; SANCHEZ-VINDAS, P.; MORENO, N.; ROMAN, L. S.; POVEDA, L. Insecticidal neolignans from *Piper decurrens*. **Journal of natural products**, v. 59, n. 2, p. 152–155, fev. 1996.

CHETTY, S.; RAMESH, M.; SINGH-PILLAY, A.; SOLIMAN, M. E. S. Recent advancements in the development of anti-tuberculosis drugs. **Bioorganic Medicinal Chemistry Letters**, 2016.

CIERO, L. Di; BELLATO, C. de M. Proteoma: Avanços recentes em técnicas de eletroforese bidimensional e espectrometria de massas. **Biotecnologia Ciência e Desenvolvimento**, v. 29, 2002.

DA SILVA, R. Z. **Estudo fitoquímico e biológico da *Piper solmsianum* C.DC. variedade *solmsianum* (PIPERACEAE)**. Tese de doutorado. Universidade Federal de Santa Catarina. Santa Catarina, 2006.

DE CAMPOS, M. P.; CECHINEL FILHO, V.; DA SILVA, R. Z.; YUNES, R. A.; ZACCHINO, S.; JUAREZ, S.; BELLA CRUZ, R. C.; BELLA CRUZ, A. Evaluation of antifungal activity of *Piper solmsianum* C. DC. var. *solmsianum* (Piperaceae). **Biological & Pharmaceutical Bulletin**, v. 28, n. 8, p. 1527–1530, 2005.

DE SOUZA, M. V. N.; VASCONCELOS, T. R. A. Fármacos no combate à tuberculose: passado, presente e futuro. **Química Nova**, v. 28, n. 4, p. 678–682, 2005.

EMIDIO, N. B.; CARPANEZ, A. G.; QUELLIS, L. R.; FARANI, P. S.; VASCONCELOS, E. G.; PINTO, P. F. Proteômica: uma introdução aos métodos e aplicações. **HU Revista**, v. 41, n. 3, p. 101–111, 2015.

FORBES, M.; KUCK, N. A.; PEETS, E. A. Mode of action of ethambutol. **Journal of Bacteriology**, v. 84, p. 1099–1103, 1962.

FORBES, M.; KUCK, N. A.; PEETS, E. A. Effect of ethambutol on nucleic acid metabolism in *Mycobacterium smegmatis* and its reversal by polyamines and divalent cations. **Journal of Bacteriology**, v. 89, n. 5, p. 1299–305, 1965.

GAUTAM, R.; SAKLANI, A.; JACHAK, S. M. Indian medicinal plants as a source of antimycobacterial agents. **Journal of Ethnopharmacology**, v. 110, p. 200–234, 2007.

GUPTA, R.; THAKUR, B.; SINGH, P.; SINGH, H. B.; SHARMA, V. D.; KATOCH, V. M.; CHAUHAN, S. V. Anti-tuberculosis activity of selected medicinal plants against multi-drug resistant *Mycobacterium tuberculosis* isolates. **Indian Journal of Medical Research**, v. 131, n. June, p. 809–813, 2010.

HAN, M.; LEE, J. W.; LEE, S. Y. Understanding and engineering of microbial cells based on proteomics and its conjunction with other omics studies. **Proteomics**, v. 11, p. 721–743, 2011.

HASSAN, H. M.; GUO, H. L.; YOUSEF, B. A.; LUYONG, Z.; ZHENZHOU, J. Hepatotoxicity mechanisms of isoniazid: A mini-review. **Journal of Applied Toxicology**, v. 35, n. 12, p. 1427–1432, 2015.

HOAGLAND, D. T.; LIU, J.; LEE, R. B.; LEE, R. E. New agents for the treatment of drug-resistant *Mycobacterium tuberculosis*. **Advanced Drug Delivery Reviews**, v. 102, p. 55–72, 2016.

HUGHES, M. A.; SILVA, J. C.; GEROMANOS, S. J.; TOWNSEND, C. A. Quantitative proteomic analysis of drug-induced changes in mycobacteria. **Journal of Proteome Research**, v. 5, n. 1, p. 54–63, 2006.

JIA, L.; COWARD, L.; GORMAN, G. S.; NOKER, P. E.; TOMASZEWSKI, J. E. Pharmacoproteomic effects of isoniazid, ethambutol, and N-Geranyl-N⁷-(2-adamantyl)ethane-1,2-diamine (SQ109) on *Mycobacterium tuberculosis* H₃₇Rv. **The Journal of Pharmacology and Experimental Therapeutics**, v. 315, n. 2, p. 905–911, 2005.

JIANG, T.; ZHAN, Y.; SUN, M.; LIU, S.; ZANG, S.; MA, Y.; XIN, Y. The novel responses of ethambutol against *Mycobacterium smegmatis* mc²155 revealed by proteomics analysis. **Current microbiology**, v. 62, n. 2, p. 341–345, fev. 2011.

JIANG, X.; ZHANG, W.; GAO, F.; HUANG, Y.; LV, C.; WANG, H. Comparison of the proteome of isoniazid-resistant and -susceptible strains of *Mycobacterium tuberculosis*. **Microbial drug resistance**, v. 12, n. 4, p. 231–8, 2006.

KATO-MAEDA, M.; GAO, Q.; SMALL, P. M. Microarray analysis of pathogens and their interaction with hosts. **Cellular microbiology**, v. 3, n. 11, p. 713–719, nov. 2001.

KILBURN, J. O.; GREENBERG, J. Effect of ethambutol on the viable cell count in *Mycobacterium smegmatis*. **Antimicrobial Agents and Chemotherapy**, v. 11, n. 3, p. 534–540, 1977.

KILBURN, J. O.; TAKAYAMA, K. Effects of ethambutol on accumulation and secretion of trehalose mycolates and free mycolic acid in *Mycobacterium smegmatis*. **Antimicrobial Agents and Chemotherapy**, v. 20, n. 3, p. 401–404, 1981.

KOROISHI, A. M.; FOSS, S. R.; CORTEZ, D. A. G.; UEDA-NAKAMURA, T.; NAKAMURA, C. V.; DIAS FILHO, B. P. In vitro antifungal activity of extracts and neolignans from *Piper regnellii* against dermatophytes. **Journal of Ethnopharmacology**, v. 117, n. 2, p. 270–277, 2008.

KUMAR, B.; SHARMA, D.; SHARMA, P.; KATOCH, V. M.; VENKATESAN, K.; BISHT, D. Proteomic analysis of *Mycobacterium tuberculosis* isolates resistant to kanamycin and amikacin. **Journal of Proteomics**, v. 94, p. 68–77, 2013.

LACERDA, S. N. B.; TEMOTEO, R. C. A.; DE FIGUEIREDO, T. M. R. M.; DE LUNA, F. D. T.; DE SOUSA, M. A. N.; DE ABREU, L. C.; FONSECA, F. L. A. Individual and social vulnerabilities upon acquiring tuberculosis: a literature systematic review. **International Archives of Medicine**, v. 7, p. 35, 2014.

LATA, M.; SHARMA, D.; DEO, N.; TIWARI, P. K.; BISHT, D.; VENKATESAN, K. Proteomic analysis of ofloxacin-mono resistant *Mycobacterium tuberculosis* isolates. **Journal of Proteomics**, v. 127, p. 114–121, 2015.

LAZARIN-BIDÓIA, D.; DESOTI, V. C.; UEDA-NAKAMURA, T.; DIAS FILHO, B. P.; NAKAMURA, C. V.; SILVA, S. O. Further evidence of the trypanocidal action of eupomatenoid-5: Confirmation of involvement of reactive oxygen species and mitochondria owing to a reduction in trypanothione reductase activity. **Free Radical Biology and Medicine**, v. 60, p. 17–28, 2013.

LEROY, Q.; RAOULT, D. Review of microarray studies for host-intracellular pathogen interactions. **Journal of Microbiological Methods**, v. 81, n. 2, p. 81–95, 2010.

LONGATO, G. B.; FIORITO, G. F.; VENDRAMINI-COSTA, D. B.; SOUSA, I. M. de O.; TINTI, S. V.; RUIZ, A. L. T. G.; DE ALMEIDA, S. M. V.; PADILHA, R. J. R.; FOGLIO, M. A.; DE CARVALHO, J. E. Different cell death responses induced by eupomatenoid-5 in MCF-7 and 786-0 tumor cell lines. **Toxicology in Vitro**, v. 29, n. 5, p. 1026–1033, 2015.

LONGATO, G. B.; RIZZO, L. Y.; DE OLIVEIRA SOUSA, I. M.; TINTI, S. V.; POSSENTI, A.; FIGUEIRA, G. M.; RUIZ, A. L. T. G.; FOGLIO, M. A.; DE CARVALHO, J. E. In vitro and in vivo anticancer activity of extracts, fractions, and eupomatenoid-5 obtained from *Piper regnellii* leaves. **Planta Medica**, v. 77, n. 13, p. 1482–1488, 2011.

LOPES, M. A.; FERRACIOLI, K. R. C.; SIQUEIRA, V. L. D.; DE LIMA SCODRO, R. B.; CORTEZ, D. A. G.; DA SILVA, R. Z.; CARDOSO, R. F. In vitro interaction of eupomatenoid-5 from *Piper solmsianum* C. DC. var. *solmsianum* and anti-tuberculosis drugs. **International Journal of Tuberculosis and Lung Disease**, v. 18, n. 12, p. 1513–1515, 2014.

LUIZE, P. S.; UEDA-NAKAMURA, T.; FILHO, B. P. D.; CORTEZ, D. A. G.; MORGADO-DÍAZ, J. A.; DE SOUZA, W.; NAKAMURA, C. V. Ultrastructural alterations induced by the neolignan dihydrobenzofuranic eupomatenoid-5 on epimastigote and amastigote forms of *Trypanosoma cruzi*. **Parasitology Research**, v. 100, n. 1, p. 31–37, 2006.

MARÇAL, F. J. B.; CORTEZ, D. A. G.; UEDA-NAKAMURA, T.; NAKAMURA, C. V.; FILHO, B. P. D. Activity of the extracts and neolignans from *Piper regnellii* against methicillin-resistant *Staphylococcus aureus* (MRSA). **Molecules**, v. 15, n. 4, p. 2060–2069, 2010.

PARMAR, V. S.; JAIN, S. C.; BISHT, K. S.; JAIN, R.; TANEJA, P.; JHA, A.; TIAGI, O. D.; PRASAD, A. K.; WENGEL, J.; OLSEN, C. E.; BOLL, P. M. Phytochemistry of the genus *Piper*. **Phytochemistry**, v. 46, n. 4, p. 597–673, 1997.

PELIZZARO-ROCHA, K. J.; VEIGA-SANTOS, P.; LAZARIN-BIDÓIA, D.; UEDA-NAKAMURA, T.; DIAS FILHO, B. P.; XIMENES, V. F.; SILVA, S. O.; NAKAMURA, C. V. Trypanocidal action of eupomatenoide-5 is related to mitochondrion dysfunction and oxidative damage in *Trypanosoma cruzi*. **Microbes and Infection**, v. 13, n. 12–13, p. 1018–1024, 2011.

PESSINI, G. L.; DIAS FILHO, B. P.; NAKAMURA, C. V.; CORTEZ, D. A. G. Evaluation of the antimicrobial activity of *Piper regnellii* (Miq.) C. DC. var. *pallescens* (C. DC.) Yunck. **Memórias do Instituto Oswaldo Cruz**, v. 98 (8), p. 1115–1120, 2003.

SCODRO, R. B. L.; PIRES, C. T. A.; CARRARA, V. S.; LEMOS, C. O. T.; CARDOZO-FILHO, L.; SOUZA, V. A.; CORRÊA, A. G.; SIQUEIRA, V. L. D.; LONARDONI, M. V. C.; CARDOSO, R. F.; CORTEZ, D. A. G. Anti-tuberculosis neolignans from *Piper regnellii*. **Phytomedicine**, v. 20, n. 7, p. 600–604, 2013.

SHARMA, D.; KUMAR, B.; LATA, M.; JOSHI, B.; VENKATESAN, K.; SHUKLA, S.; BISHT, D. Comparative proteomic analysis of aminoglycosides resistant and susceptible *Mycobacterium tuberculosis* clinical isolates for exploring potential drug targets. **PloS One**, v. 10, n. 10, p. 1–18, 2015.

SHARMA, P.; KUMAR, B.; SINGHAL, N.; KATOCH, V. M.; VENKATESAN, K.; CHAUHAN, D. S.; BISHT, D. Streptomycin induced protein expression analysis in *Mycobacterium tuberculosis* by two-dimensional gel electrophoresis & mass spectrometry. **Indian Journal of Medical Research**, v. 132, n. October, p. 400–408, 2010.

SHEN, H.; YANG, E.; WANG, F.; JIN, R.; XU, S.; HUANG, Q.; WANG, H. Altered Protein expression patterns of *Mycobacterium tuberculosis* induced by ATB107. **The Journal of Microbiology**, v. 48, n. 3, p. 337–346, 2010.

STARCK, J.; KÄLLENIUS, G.; MARKLUND, B.-I.; ANDERSSON, D. I.; AKERLUND, T. Comparative proteome analysis of *Mycobacterium tuberculosis* grown under aerobic and anaerobic conditions. **Microbiology (Reading, England)**, v. 150, n. Pt 11, p. 3821–9, 2004.

TAKAYAMA, K.; ARMSTRONG, I. E. L.; KUNUGI, K. A.; KILBURN, J. Inhibition by ethambutol of mycolic acid transfer into the cell wall of *Mycobacterium smegmatis*. **Antimicrobial agents and chemotherapy**, v. 16, n. 2, p. 240–242, 1979.

TAKAYAMA, K.; KILBURN, J. O. Inhibition of synthesis of arabinogalactan by ethambutol in *Mycobacterium smegmatis*. **Antimicrobial Agents and Chemotherapy**, v. 33, n. 9, p. 1493–1499, 1989.

UNWIN, R. D.; WHETTON, A. D. How Will Haematologists Use Proteomics? **Blood Reviews**, v. 21, n. 6, p. 315–326, 2007.

VENDRAMETTO, M. C.; SANTOS, A. O. dos; NAKAMURA, C. V.; FILHO, B. P. D.; CORTEZ, D. A. G.; UEDA-NAKAMURA, T. Evaluation of antileishmanial activity of eupomatenoid-5, a compound isolated from leaves of *Piper regnellii* var. *pallescens*. **Parasitology International**, v. 59, n. 2, p. 154–158, 2010.

WALGREN, J. L.; THOMPSON, D. C. Application of proteomic technologies in the drug development process. **Toxicology Letters**, v. 149, n. 1–3, p. 377–385, 2004.

WESTERMEIER, R.; MAROUGA, R. Protein detection methods in proteomics research. **Bioscience Reports**, v. 25, n. 1–2, p. 19–32, 2005.

WHO. World health organization. **Global Tuberculosis Report 2016**. Disponível em: <http://www.who.int/csr/don/archive/year/2016/en/>. Acesso em: 20 out. 2016.

XU, Y.; JIA, H.; HUANG, H.; SUN, Z.; ZHANG, Z. Mutations found in *embCAB*, *embR*, and *ubiA* genes of rifampin-sensitive and -resistant *Mycobacterium tuberculosis* clinical isolates from China. **BioMed Research International**, v. 2015, 2015.

YAMAMOTO, M.; WAKATSUKI, T.; HADA, A.; RYO, A. Use of serial analysis of gene expression (SAGE) technology. **Journal of immunological methods**, v. 250, n. 1–2, p. 45–66, abr. 2001.

ZHAO, L.; SUN, Q.; ZENG, C.; CHEN, Y.; ZHAO, B.; LIU, H.; XIA, Q.; ZHAO, X.; JIAO, W.; LI, G.; WAN, K. Molecular characterisation of extensively drug-resistant *Mycobacterium tuberculosis* isolates in China. **International journal of antimicrobial agents**, v. 45, n. 2, p. 137–43, 2015.

CAPITULO II

**Manuscrito 1: “PROTEOMICS APPROACHES BRING NEW INSIGHTS ON
ETHAMBUTOL TARGETS IN *Mycobacterium tuberculosis*.”**

Proteomics approaches bring new insights on Ethambutol targets in *Mycobacterium tuberculosis*

Ghiraldi-Lopes, LDG^{a,b*}; Campanerut-Sá, PAZ^b; Evaristo, GPC^c; Meneguello, JE^d; Fiorini, A^b; Baldin, VP^d; Souza, EM^e; Scodro, RBL^{a,b}; Siqueira, VLD^{b,d}; Cardoso, RF^{a, b, d}

^aPrograma de Pós Graduação em Ciências da Saúde, Universidade Estadual de Maringá, Maringá, Paraná, Brasil

^bDepartamento de Análises Clínicas e Biomedicina, Universidade Estadual de Maringá, Maringá, Paraná, Brasil

^cLaboratório Brasileiro de Controle de Dopagem (LBCD)/ Laboratório de Suporte de Desenvolvimento Tecnológico (LADETEC)/ Instituto de química da Universidade Federal do Rio de Janeiro (IQ/UFRJ)- Rio de Janeiro- RJ

^dPrograma de Pós Graduação em Biosciências aplicadas a Farmácia, Universidade Estadual de Maringá, Maringá, Paraná, Brasil

^eDepartamento de Ciências Biológicas, Universidade Federal do Paraná, Curitiba, Paraná, Brasil

*Corresponding author Luciana Dias Ghiraldi Lopes. Postgraduate Program in Health Sciences, State University of Maringá- PR-Brazil

Av. Colombo 5790, Bloco T-20, Sala 303, CEP 87020-900, Maringá, PR, Brasil.

Phone number:+55 44 3011-5394, Cell phone: +55 44 99825-1064.

e-mail: ldghiraldi@gmail.com

Email authors:

Luciana Dias Ghiraldi Lopes: ldghiraldi@gmail.com

Paula Aline Zanetti Campanerut-Sá: pazcampanerut@gmail.com

Geisa Paulino Caprini Evaristo: geisapc@gmail.com

Jean Eduardo Meneguello: jan.meneguello@gmail.com

Adriana Fiorini: drifiorini@gmail.com

Vanessa P. Baldin: vanessapbaldin@gmail.com

Emanuel M. Souza: souzaem@ufpr.br

Regiane Bertin de Lima Scodro: regianebertin@gmail.com

Vera Lucia Dias Siqueira: vldsiqueira@gmail.com

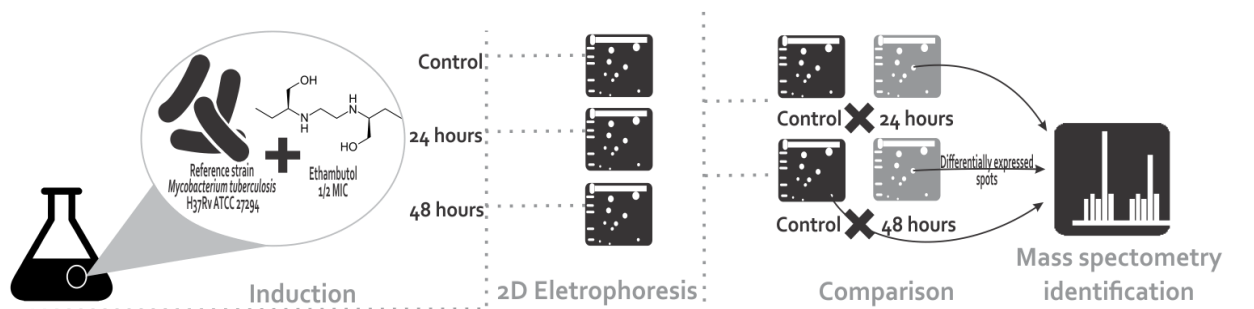
Rosilene Fressatti Cardoso: rfressatticardoso@gmail.com

ABSTRACT

In recent years, very few effective drugs against *Mycobacterium tuberculosis* (*M. tb*) have emerged which motivates researchers to back attention to the drugs already used in the treatment of tuberculosis. EMB is a drug that affects the integrity of the cell wall by inhibiting arabinosyl transferases encoded by *embCAB* operon. Based on the need to better investigate the complex mechanism of action of ETB, our study presented the proteome profile of *M. tb* after different times of EMB exposure, aiming to comprehend the dynamics of bacilli response to its effects. *M. tb* was exposed to $\frac{1}{2}$ MIC of EMB at 24 and 48 h. The proteins were identified by MALDI- TOF/TOF. The main protein changes occurred in metabolic proteins as dihydrolipoyl dehydrogenase [LpdC] (Rv0462), glutamine synthetase1 [GlnA1] (Rv2220), electron transfer flavoprotein subunit beta [ETF- β] (Rv3029c) and adenosylhomocysteinase [SahH] (Rv3248c). Our results support that the intermediary metabolism and respiration were readily affected by EMB and this disturbance provided proteins that could be explored as drug targets.

Keywords: *Mycobacterium tuberculosis*, Ethambutol, Proteome, Two-dimension gel electrophoresis, MALDI- TOF/TOF, STRING database.

GRAPHICAL ABSTRACT



INTRODUCTION

The treatment of tuberculosis (TB) is centered on the standard regimen of isoniazid (INH), rifampicin (RIF), pyrazinamide (PZA) and ethambutol (EMB). However, the resistance to these drugs has helped to keep TB as a health problem worldwide. In 2015, it was estimated 480,000 multidrug resistant (MDR-TB), which is resistant to INH and RIF, incident cases and 100,000 people with rifampicin-resistant TB (RR-TB) who were also newly eligible for MDR-TB treatment. Although the number of TB deaths fell by 22 % between 2000 and 2015, TB remained one of the top 10 causes of death worldwide in 2015 (WHO, 2016).

In recent years, just a low number of new effective compounds against *Mycobacterium tuberculosis* (*M. tb*) had emerged (Chetty et al., 2016; Hoagland et al., 2016; Kakkar and Dahiya, 2014), which motivates researchers to back attention to the drugs already used in the treatment of TB. So, a better understanding of the action and the resistance mechanism of these drugs can help in designing new active compounds against *M. tb* and also in the discovery of new therapeutic targets (Bernardes-Genisson et al., 2013; Hughes et al., 2006).

The proteomic approach is an interesting tool to investigate *M. tb* response to a certain drug or other external stress factors (Campanerut-Sá et al., 2016; Gopinath et al., 2015; Sharma et al., 2015, 2010; Shen et al., 2010; Hughes et al., 2006; Starck et al., 2004). It can provide changes not predicted by genome analyses as post-translational changes and protein-protein interactions (Unwin and Whetton, 2007; Westermeier and Marouga, 2005).

EMB (Fig. 1) is a drug that affects the integrity of the *M. tb* cell wall and works inhibiting arabinosyl transferases encoded by *embCAB* operon (Chetty et al., 2016). These inhibition leads to the accumulation of free mycolic acids, resulting in bacilli death (WHO, 2016; Xu et al., 2015). EMB exhibit a bacteriostatic activity with moderate bacillary killing (de Steenwinkel et al., 2010).

Proteomic analysis involving EMB in *M. tb* are rare (Jia et al., 2005). There are some proteomic studies with EMB induction in *M. smegmatis* (Jiang et al., 2011; Wang and Marcotte, 2008) which provide clues for further investigation of molecular mechanism of EMB action. Based on this, our study presented the proteome profile of *M. tb* in different times of EMB induction, aiming to clarify the dynamics of bacilli response to EMB effects.

MATERIAL AND METHODS

***Mycobacterium tuberculosis* growth conditions and drug exposition**

Mycobacterium tuberculosis H₃₇Rv (ATCC 27294) reference strain was cultured in Middlebrook 7H9 (Difco Laboratories, Detroit, MD, USA) supplemented with 0.2 % (v/v) glycerol, 0.05 % Tween 80 and 10 % oleic-acid-albumin-dextrose-catalase enriched Middlebrook OADC (BBL/Becton-Dickinson, Sparks, MD, USA) and incubated at 37 °C for 2 weeks in conical flasks. Ethambutol MIC 2 µg/mL was previously determined by REMA assay (Palomino et al., 2002). Ethambutol (Sigma, St, Louis, USA) stock solution (1,000 µg/mL) was added to the cultures to achieve sub-MIC (½ MIC, 1 µg/mL) concentration. The conical flasks were reincubated at 37 °C for 24 and 48 h (de Steenwinkel et al., 2010) under shaking. A not induced EMB culture flask was maintained to the same conditions to be used as protein profile reference.

Protein extraction and two-dimensional gel electrophoresis (2-D)

Mycobacterial cells were collected by centrifugation, washed three times and suspended in lysis buffer (7 M urea, 2 M thiourea, 4 % CHAPS, 0.5 % immobilized pH gradient (IPG) buffer, 40 mM dithiothreitol (DTT), protease inhibitor cocktail (Amresco, OH, USA). To rupture the bacilli cell wall, sonication was used until the achievement of a uniform suspension. Protein concentration was estimated by Bradford method (Bradford, 1976) using bovine serum albumin as standard. All assays were performed in biological and technical replicates twice in different days. Proteins solution were purified by Clean-up kit (GE Healthcare Life Science, USA) according to manufacturer's instructions. IPG strips pH 4-7, 13-cm length (GE Healthcare Life Science, USA) were used and 500 µg of protein solution were rehydrated overnight at 20 °C in 50 V by each drug induction time. The following four step program was used in Ettan IPGphor 3 (GE Healthcare, USA) at 20°C: first, 500 Volts (V) for 1 h; second 1000 V for 1 h; third 8000 V for 2.5 h and 8000 V for 1 h. The current limit was set at 50 µA per strip. After, IPG strips were equilibrated for 20 min in equilibration buffer I (6 M urea, 2 % SDS, 75 mM Tris-HCl, pH 8.8, 30 % glycerol, 0.002 % bromophenol blue) containing 100 mg DTT and later in equilibration buffer II containing 250 mg of iodoacetamide also for 20 min.

To protein separation in second dimension, 12.5 % SDS-polyacrylamide gels in a vertical electrophoretic unit 600 Ruby (GE Healthcare, USA) at constant voltage of 300 V for 4 hours was used. The gels were stained with Coomassie Blue G-250 according Neuhoff et al., 1988. The gels were scanned by Image Scanner II system (Amersham Biosciences, USA) and analyzed using Image Master Software 6.0 (Amersham Biosciences, USA). All spots were manually checked and those with differential intensity (1.5 fold changes) were selected for identification (Student-t test $p <$

0.05). In order to rule out the possibility of any gel artifact, protein spots showing the same intensity were used as internal control.

In-gel tryptic digest and mass spectrometry analysis

The protein spots of interest were manually excised from the gels, destained thrice with 50 % acetonitrile and 25 mM ammonium bicarbonate pH 8.0 for 30 min, dehydrated with 100 % acetonitrile and allowed to air dry after solvent removal. The gel pieces were rehydrated at 4 °C for 30 min with 400 ng trypsin (Promega, USA) in acetonitrile 10 % and 40 mM ammonium bicarbonate, followed by 12 h incubation in a rotatory shaker at 37 °C and then added 2 % formic acid to quench the reaction. To extract the peptides, the gel pieces were incubated three times with 20 µL of 30 % acetonitrile and 5 % formic acid for 30 min under vortex. All the supernatants were combined and incompletely vacuum dried. The pellets containing the tryptic peptides were resuspended in 0.1 % formic acid for MS analysis. For this, 1 µL of each spot sample of tryptic peptides were mixed 1:1 with freshly prepared α -cyano-4-hydroxycinnamic acid (CHCA) matrix (Sigma, St, Louis, USA) in 50 % acetonitrile and 0.1 % trifluoroacetic acid (TFA), and spotted on MALDI target plate. Peptide mass spectra were obtained on a mass spectrometer MALDI-Tof/Tof *Autoflex II* (Bruker Daltonics, USA) and analyzed on *Flex Analysis 2.0* (Bruker Daltonics). Proteins were identified by peptide mass fingerprinting (PMF) and some peptides primary sequences were confirmed by tandem mass spectrometry (MS/MS) using the program MASCOT V2.1 (Matrix Science, UK) against the NCBI database and an internal database composed of *Mycobacterium* protein sequences downloaded from Uniprot database. MASCOT protein scoring (based on combined MS and MS/MS spectra) greater than 51, combined with at least 2 identified peptides, were considered statistically significant ($p < 0.05$).

RESULTS

After 24 h of EMB sub-MIC induction, six proteins were differentially expressed comparing the protein profile of *M. tb* H₃₇Rv. Multifunctional alpha-ketoglutarate metabolic enzyme [KDH] (Rv1248c) was over-expressed. The 3-phosphoglycerate dehydrogenase [SerA1] (Rv2996c), dihydrolipoyl dehydrogenase [LpdC] (Rv0462), membrane protein (Rv2799) and conserved protein (Rv0831c) were absent and chaperonin GroEL-2 (Rv0440) was under-expressed in this time of exposure in comparison to control gels (Fig. 2B).

Nine differentially expressed proteins were identified in 48 h of EMB sub-MIC induction. Probable PhiRv1 phage protein (Rv1575), possible formamidopyrimidine-DNA glycosylase-like (Rv0944) and LpdC (Rv0462) were absent in this EMB induction time. Conserved protein (Rv0831c), probable PhiRv2 phage protein (Rv2659c), glutamine synthetase 1 [GlnA1] (Rv2220), electron transfer flavoprotein subunit beta [ETF- β] (Rv3029c) and chaperonin GroEL-2 (Rv0440) were under-expressed and adenosylhomocysteinase [SahH] (Rv3248c) was over-expressed (Fig. 2C). All proteins differentially expressed by EMB induction time are listed in Table 1.

We analyzed the differentially expressed proteins by STRING-10 with a medium confidence score threshold of 0.4 and build an interactome network of these set of proteins (Fig. 3). It was observed that proteins belonging to intermediary metabolism and respiration, virulence, detoxification, adaptation classes interacted with each other as well as their partners. There were no interactions with proteins belonging to the classes: information pathway, insertion sequences and phages and proteins with unknown function.

DISCUSSION

EMB, a bacteriostatic drug, was introduced in TB treatment in 1966 and participates in the first line scheme of treatment to minimize the risk of the emergence of resistance to the other anti-TB drugs (Chetty et al., 2016; WHO, 2016). Our research group has been working on alternative anti-*M. tb* strategies, such as combination of used drugs and discovery of new active compounds (Caleffi-Ferracioli et al., 2016; Campanerut-Sá et al., 2016; De Oliveira Demitto et al., 2015; Lopes et al., 2014; Pagliotto et al., 2015; Pires et al., 2014; Scodro et al., 2013). To our knowledge, this is the first study that presented the proteome profile of *M. tb* after different times of EMB induction, which can contribute as an insight into the EMB's action mechanism.

The literature information is centered on changes in cell wall skeleton by inhibition of biosynthesis of arabinogalactan (Wu et al., 2014), but due to global increase of resistant strains, the full understanding of how such drug acts is of paramount importance to new drugs design (WHO, 2016). In this line, studies to understand the dynamics of proteins expression in environmental conditions, such as the induction of *M. tb* to a particular drug, is a valuable tool in the search for new drug targets in the bacillus. Thus the main emphasis of this study was to understand the proteome profile of the *M. tb* H₃₇Rv reference strain induced to sub-MIC concentration of EMB in different times.

After 24 h of EMB induction, enzymes of cellular metabolism were altered. The multifunctional alpha-ketoglutarate metabolic enzyme [KDH] (Rv1248c) was over-expressed in comparison with the not induced control. This enzyme plays a regulatory role in the tricarboxylic acid cycle as E1 component of a canonical alpha-ketoglutarate dehydrogenase complex (KDHC) that produces succinyl CoA via oxidative decarboxylation (WAGNER *et al.*, 2011). KDH is lacking in humans, representing a potential target for new chemotherapy of TB (Tian *et al.*, 2005).

Two enzymes of intermediary metabolism, present in the control, were not detected after 24 h of EMB induction: dihydrolipoyl dehydrogenase [LpdC] (Rv0462) and 3-phosphoglycerate dehydrogenase [SerA1] (Rv2996c). LpdC is the E3 component in KDHC and in pyruvate dehydrogenase complex (PDH) and it is required for the virulence of *M. tb* acting as peroxynitrite reductase/peroxidase enzyme, which helps the bacilli to resist to the reactive nitrogen intermediate hosts (Venugopal *et al.*, 2011). LpdC was also absent in 48 h of EMB induction, which shows that, being continuous induced to this time, the change is maintained, not allowing this intermediate to return to normal levels.

SerA1 (Rv2996c) participates in serine synthesis by D-3-phosphoglycerate from glycolysis (Grant, 2012) and is an essential enzyme in *M. tb* metabolism (Sasseti *et al.*, 2003). This enzyme exhibit at least three different structural motifs that have been referred to as types I, II, and III. The two most well studied SerA1 enzymes are from *M. tb* and *E. coli*, that are types I and II, respectively. *M. tb* SerA1 type I is composed of four domains differing of SerA1 from *E. coli*, composed of three distinct domains, which is speculated to confer a physiological advantage regarding to the persistent stage of TB infection (Burton *et al.*, 2007; Dey *et al.*, 2009, 2005). At this moment, we can infer that EMB affected the intermediary metabolism by altering important enzymes of tricarboxylic acid cycle, such as the over-expression of KDH (E1 component) and absence of LpdC (E3 component) and SerA1. This interruption will contribute to the bacilli death and this target should be more investigated to synthesize new anti TB drugs.

The 24 h EMB induction also disrupted the expression of membrane protein (Rv2799) and conserved protein (Rv0831c), which have unknown expression patterns and functions. The conserved protein (Rv0831) has already been detected in other proteomic studies as *M. tb* plasma proteome (Sinha *et al.*, 2002), *M. tb* proteome in nutrient limitation and hypoxia (Albrethsen *et al.*, 2013) and *M. tb* proteome after INH induction (Campanerut-Sá *et al.*, 2016).

The Chaperonin GroEL-2 (Rv0440) was down-expressed in 24 and 48 h of EMB induction. The known function of this protein is to prevent misfolding and promote refolding and proper assembly of unfolded polypeptides generated under stress conditions (Tuberculist, 2013). This

protein is also considered an immunogenic protein and a stimulator for the synthesis of pro-inflammatory cytokines (Gu et al., 2003; Lewthwaite et al., 2001; Monahan et al., 2001). GroEL-2 was also under-expressed after bacillus induction to ATB 107, a new compound against *M. tb* (Shen et al., 2010), and absent after 48 h of sub-MIC INH induction (Campanerut-Sá et al., 2016). It was reported that its decrease in expression contributes to bacilli weakness and death (Shen et al., 2010).

Most protein changes were observed in 48 h of EMB induction, confirming our time choice to explore differentially expressed proteins by this drug. At this time of EMB induction, probable PhiRv1 phage protein (Rv1575) was absent, and probable PhiRv2 phage protein (Rv2659c) and the conserved protein (Rv0831c) were down regulated. Prophage-like elements Rv1 and Rv2 are predicted in genomes of both *M. tb* H₃₇Rv and CDC1551, while related elements are present in *Mycobacterium bovis* AF2122/97, but absent in *M. bovis* BCG (Cole et al., 1998). This Rv1 and Rv2 elements encode for putative phage proteins such as capsid subunits, prohead proteases and integrases (Bibb et al., 2005). Probable PhiRv2 phage protein (Rv2659c) is an integrase member of the dormancy regulon induced in non-replicating hypoxia state of *M. tb* (Uniprot 2017). This non replicating bacillary population can express antigens that could be used in vaccines that may enhance the ability to prevent active TB and reactivation of disease as the described H56 vaccine (Lin et al., 2012).

Another absent protein in 48 h of EMB exposure was the possible formamidopyrimidine-DNA glycosylase-like (Rv0944). This enzyme seems to play a significant role in DNA damage repair, caused mainly by oxidative damage in the macrophages, which is considered a hostile environment because of the high levels of total reactive oxygen radicals (Olsen et al., 2009). In this sense, the bacillus with activity in repair oxidative and nitrosative DNA damages has greater chances of survival. We believe that the absence of formamidopyrimidine-DNA glycosylase-like, caused by EMB induction, contributes to a greater fragility of the bacillus, which will not be able to repair DNA damage being more exposed to recognition by the immune system of the host.

In the 48 hours of ETB induction we could also observe that the bacillary intermediary metabolism and respiration were affected. Glutamine synthetase 1 [GlnA1] (Rv2220), Electron transfer flavoprotein subunit beta [ETF-β] (Rv3029c) were under-expressed and Adenosylhomocysteinase [SahH] (Rv3248c) was over-expressed. The GlnA1, together with glutamate synthetase are the unique means of ammonia assimilation under nitrogen limiting conditions and play an important role in the biosynthesis of pathogenic mycobacteria cell wall (Chandra et al., 2010; Mowbray et al., 2014). Considering the metabolic change and that the EMB is believed to disturb the cell wall synthesis, after 48 h of EMB induction we had a considerable

decay in the concentration of viable bacilli, justifying the under-expression of the GlnA1. Similar to our results GlnA1 was over-expressed in 12 h, but absent in 24 and 48 hours of INH induction (Campanerut-Sá et al., 2016).

The ETF- β (Rv3029c) is a specific electron acceptor for other dehydrogenases, acting in the main respiratory chain via ETF-ubiquinone oxidoreductase (Tuberculist, 2013). In our study, this protein was under-expressed, indicating a decrease in bacilli respiratory rate caused by EMB action, which is similar to the observed in *M. tb* proteomic after 48 hours of INH exposure (Campanerut-Sá et al., 2016). Jia et al., 2005 observed an increase of this protein in a proteomic study that induced *M. tb* to INH, EMB, and SQ109 an EMB analog, at their MIC concentration, for 24 hours. The authors concluded that ETF- β up-expression is not related with the action of these drugs.

Adenosylhomocysteinase [SahH] (Rv3248c) was over-expressed in 48 h of EMB induction. This enzyme catalyzes the hydrolysis of S-adenosylhomocysteine (SAH) to adenosine and homocysteine and appears to be essential for *in vitro* bacillus growth. In *M. tb*, the levels of SAH and homocysteine are modulated in response to different carbons sources and para-aminosalicylic acid (Chakraborty et al., 2013; Griffin et al., 2011). It is known that SahH plays an important role in metabolic regulation, but the exact mechanism by which this occurs is still unknown (Singhal et al., 2013). This protein was identified in proteome profiles of susceptible and MDR *M. tb* clinical isolates in intracellular macrophage-like THP-1 cell environment (Singhal et al., 2012). The above authors justify their findings considering some common mechanism are adopted by susceptible and resistant mycobacteria for their survival within macrophages, which could serve as drug targets. We believe that our findings on this enzyme can contribute as additional information on this important metabolic target over-expressed by EMB induction. It was recently reported that SahH also has a higher binding affinity to IL-8 than the binding affinity of the chemokine with its specific receptors, which makes this enzyme an exceptional mycobacterial effector engaged in the modulation of pathogen adherence to the target host cells (Dziadek et al., 2016).

STRING analyses revealed that EMB differentially expressed protein categorized in intermediary metabolism and respiration, in virulence, detoxification and adaptation interacted to other proteins involved in the same categories except with proteins involved in information pathways, insertion sequences and phages and hypothetical proteins, which showed no interaction with the others. Jiang et al., 2011 in a proteomic study with 6 h of *M. smegmatis* mc²155 EMB induction, reported that some of the proteins which modulate mycolic acid synthesis were down-regulated after EMB induction in their protein-protein interaction network analysis by STRING.

Alterations in metabolism, synthesis and modification proteins of macromolecules were also reported by them.

CONCLUSION

Our results support that disturbance on intermediary metabolism and respiration were readily affected by EMB and provide proteins that could be explored as drug targets. Further studies, with susceptible and MDR clinical isolates, are of paramount importance to continue investigating the complex pathways that lead the bacillus to death by EMB.

REFERENCES

- Albrethsen, J., Agner, J., Piersma, S.R., Hojrup, P., Pham, T. V, Weldingh, K., Jimenez, C.R., Andersen, P., Rosenkrands, I., 2013. Proteomic profiling of *Mycobacterium tuberculosis* identifies nutrient-starvation-responsive toxin-antitoxin systems. *Mol. Cell. Proteomics* 12, 1180–1191. doi:10.1074/mcp.M112.018846
- Bernardes-Genisson, V., Deraeve, C., Chollet, A., Bernadou, J., Pratviel, G., 2013. Isoniazid: an update on the multiple mechanisms for a singular action. *Curr. Med. Chem.* 20, 4370–4385.
- Bibb, L.A., Hancox, M.I., Hatfull, G.F., 2005. Integration and excision by the large serine recombinase Φ Rv1 integrase. *Mol. Microbiol.* 55, 1896–1910. doi:10.1111/j.1365-2958.2005.04517.x
- Bradford, M.M., 1976. A rapid and sensitive method for the quantitation of microgram quantities of protein utilizing the principle of protein-dye binding. *Anal. Biochem.* 72, 248–254.
- Bunik, V.I., Fernie, A.R., 2009. Metabolic control exerted by the 2-oxoglutarate dehydrogenase reaction: a cross-kingdom comparison of the crossroad between energy production and nitrogen assimilation. *Biochem. J* 422, 405–421. doi:10.1042/BJ20090722
- Burton, R.L., Chen, S., Xu, X.L., Grant, G.A., 2007. A novel mechanism for substrate inhibition in *Mycobacterium tuberculosis* D-3-phosphoglycerate dehydrogenase. *J. Biol. Chem.* 282, 31517–31524. doi:10.1074/jbc.M704032200
- Caleffi-Ferracioli, K.R., Amaral, R.C.R., Demitto, F.O., Maltempe, F.G., Canezin, P.H., Scodro, R.B.L., Nakamura, C. V., Leite, C.Q.F., Siqueira, V.L.D., Cardoso, R.F., 2016. Morphological changes and differentially expressed efflux pump genes in *Mycobacterium tuberculosis* exposed to a rifampicin and verapamil combination. *Tuberculosis* 97, 65–72. doi:10.1016/j.tube.2015.12.010
- Campanerut-Sá, P.A., Ghiraldi-Lopes, L.D., Meneguello, J.E., Fiorini, A., Evaristo, G.P., Siqueira, V.L., Scodro, R.B., Patussi, E. V, Donatti, L., Souza, E.M., Cardoso, R.F., 2016. Proteomic and

morphological changes produced by subinhibitory concentration of isoniazid in *Mycobacterium tuberculosis*. *Future Microbiol.* 11, 1123–32. doi:10.2217/fmb-2016-5000

Chakraborty, S., Gruber, T., III, C.E.B., Boshoff, H.I., Rhee, K.Y., 2013. Para-Aminosalicylic Acid Acts as an Alternative Substrate of Folate Metabolism in *Mycobacterium tuberculosis*. *Science* 339, 88–91. doi:10.1126/science.1228980

Chandra, H., Basir, S.F., Gupta, M., Banerjee, N., 2010. Glutamine synthetase encoded by *glnA-1* is necessary for cell wall resistance and pathogenicity of *Mycobacterium bovis*. *Microbiology* 156, 3669–3677. doi:10.1099/mic.0.043828-0

Chetty, S., Ramesh, M., Singh-Pillay, A., Soliman, M.E.S., 2016. Recent advancements in the development of anti-tuberculosis drugs. *Bioorg Med Chem Lett.* doi:10.1016/j.bmcl.2016.11.084

Cole, S.T., Brosch, R., Parkhill, J., Garnier, T., Churcher, C., Harris, D., Gordon, S. V, Eiglmeier, K., Gas, S., Barry, C.E., Tekaiia, F., Badcock, K., Basham, D., Brown, D., Chillingworth, T., Connor, R., Davies, R., Devlin, K., Feltwell, T., Gentles, S., Hamlin, N., Holroyd, S., Hornsby, T., Jagels, K., Krogh, a, McLean, J., Moule, S., Murphy, L., Oliver, K., Osborne, J., Quail, M. a, Rajandream, M. a, Rogers, J., Rutter, S., Seeger, K., Skelton, J., Squares, R., Squares, S., Sulston, J.E., Taylor, K., Whitehead, S., Barrell, B.G., 1998. Deciphering the biology of *Mycobacterium tuberculosis* from the complete genome sequence. *Nature* 393, 537–544. doi:10.1038/31159

De Oliveira Demitto, F., Do Amaral, R.C.R., Maltempe, F.G., Siqueira, V.L.D., De Lima Scodro, R.B., Lopes, M.A., Caleffi-Ferracioli, K.R., Canezin, P.H., Cardoso, R.F., 2015. In vitro activity of rifampicin and verapamil combination in multidrug-resistant *Mycobacterium tuberculosis*. *PLoS One* 10, 1–9. doi:10.1371/journal.pone.0116545

de Steenwinkel, J.E.M., de Knegt, G.J., ten Kate, M.T., van Belkum, A., Verbrugh, H.A., Kremer, K., van Soolingen, D., Bakker-Woudenberg, I.A.J.M., 2010. Time-kill kinetics of anti-tuberculosis drugs, and emergence of resistance, in relation to metabolic activity of *Mycobacterium tuberculosis*. *J. Antimicrob. Chemother.* 65, 2582–2589. doi:10.1093/jac/dkq374

Dey, S., Burton, R.L., Grant, G.A., Sacchettini, J.C., 2009. Structural analysis of substrate and effector binding in *Mycobacterium tuberculosis* D-3- phosphoglycerate dehydrogenase. *Biochemistry* 47, 8271–8282. doi:10.1021/bi800212b.

Dey, S., Grant, G.A., Sacchettini, J.C., 2005. Crystal Structure of *Mycobacterium tuberculosis* D -3- Phosphoglycerate Dehydrogenase. *J. Biol. Chem.* 280, 14892–14899. doi:10.1074/jbc.M414489200

Dziadek, B., Brzostek, A., Grzybowski, M., Fol, M., Krupa, A., Kryczka, J., Plocinski, P., Kurdowska, A., Dziadek, J., 2016. *Mycobacterium tuberculosis* AtsG (Rv0296c), GlmU (Rv1018c) and SahH (Rv3248c) proteins function as the human IL-8-binding effectors and contribute to pathogen entry into human neutrophils. *PLoS One* 11, 1–21. doi:10.1371/journal.pone.0148030

Gopinath, V., Raghunandan, S., Gomez, R.L., Jose, L., Surendran, A., Ramachandran, R., Pushparajan, A.R., Mundayoor, S., Jaleel, A., Kumar, R.A., 2015. Profiling the proteome of *Mycobacterium tuberculosis* during dormancy and reactivation. *Mol. Cell. Proteomics* 14, 2160–76. doi:10.1074/mcp.M115.051151

Grant, G.A., 2012. Contrasting catalytic and allosteric mechanisms for phosphoglycerate dehydrogenases. *Arch. Biochem. Biophys.* 519, 175–185. doi:10.1016/j.abb.2011.10.005

- Griffin, J.E., Gawronski, J.D., DeJesus, M.A., Ioerger, T.R., Akerley, B.J., Sasseti, C.M., 2011. High-resolution phenotypic profiling defines genes essential for mycobacterial growth and cholesterol catabolism. *PLoS Pathog.* 7, 1–9. doi:10.1371/journal.ppat.1002251
- Gu, S., Chen, J., Dobos, K.M., Bradbury, E.M., Belisle, J.T., Chen, X., 2003. Comprehensive proteomic profiling of the membrane constituents of a *Mycobacterium tuberculosis* strain. *Mol. Cell. Proteomics* 2, 1284–96. doi:10.1074/mcp.M300060-MCP200
- Hoagland, D.T., Liu, J., Lee, R.B., Lee, R.E., 2016. New agents for the treatment of drug-resistant *Mycobacterium tuberculosis*. *Adv. Drug Deliv. Rev.* 102, 55–72. doi:10.1016/j.addr.2016.04.026
- Uniprot. Uniprot Consortium 2017. <http://www.uniprot.org/> (accessed 22.06.16).
- Hughes, M.A., Silva, J.C., Geromanos, S.J., Townsend, C.A., 2006. Quantitative proteomic analysis of drug-induced changes in mycobacteria. *J. Proteome Res.* 5, 54–63. doi:10.1021/pr050248t
- Jia, L., Coward, L., Gorman, G.S., Noker, P.E., Tomaszewski, J.E., 2005. Pharmacoproteomic effects of Isoniazid, Ethambutol, and N-Geranyl-N²-(2-adamantyl)ethane-1,2-diamine (SQ109) on *Mycobacterium tuberculosis* H37Rv. *J. Pharmacol. Exp. Ther.* 315, 905–911. doi:10.1124/jpet.105.087817.
- Jiang, T., Zhan, Y., Sun, M., Liu, S., Zang, S., Ma, Y., Xin, Y., 2011. The novel responses of ethambutol against *Mycobacterium smegmatis* m2155 revealed by proteomics analysis. *Curr. Microbiol.* 62, 341–345. doi:10.1007/s00284-010-9711-5
- Kakkar, A.K., Dahiya, N., 2014. Bedaquiline for the treatment of resistant tuberculosis: Promises and pitfalls. *Tuberculosis* 94, 357–362. doi:10.1016/j.tube.2014.04.001
- Lewthwaite, J.C., Coates, A.R.M., Tormay, P., Singh, M., Mascagni, P., Poole, S., Sharp, L., Henderson, B., Lewthwaite, J.O.C., 2001. *Mycobacterium tuberculosis* Chaperonin 60 . 1 is a more potent cytokine stimulator than Chaperonin 60.2 (Hsp 65) and contains a CD14-binding domain, 7349–7355. *Infection and immunity* p. 7349–7355 doi:10.1128/IAI.69.12.7349
- Lin, P.L., Dietrich, J., Tan, E., Abalos, R.M., Burgos, J., Bigbee, C., Bigbee, M., Milk, L., Gideon, H.P., Rodgers, M., Cochran, C., Guinn, K.M., Sherman, D.R., Klein, E., Janssen, C., Flynn, J.L., Andersen, P., 2012. The multistage vaccine H56 boosts the effects of BCG to protect cynomolgus macaques against active tuberculosis and reactivation of latent *Mycobacterium tuberculosis* infection. *J. Clin. Invest.* 122, 303–314. doi:10.1172/JCI46252
- Lopes, M.A., Ferracioli, K.R.C., Siqueira, V.L.D., De Lima Scodro, R.B., Cortez, D.A.G., Da Silva, R.Z., Cardoso, R.F., 2014. In vitro interaction of eupomatenoid-5 from *Piper solmsianum* C. DC. var. *solmsianum* and anti-tuberculosis drugs. *Int. J. Tuberc. Lung Dis.* 18, 1513–1515. doi:10.5588/ijtld.14.0229
- Monahan, I.M., Betts, J., Banerjee, D.K., Butcher, P.D., 2001. Differential expression of mycobacterial proteins following phagocytosis by macrophages. *Microbiology* 147, 459–471. doi:10.1099/00221287-147-2-459
- Mowbray, S., Kathiravan, M., Pandey, A., Odell, L., 2014. Inhibition of Glutamine Synthetase: A potential drug target in *Mycobacterium tuberculosis*. *Molecules* 19, 13161–13176. doi:10.3390/molecules190913161

- Neuhoff, V., Arold, N., Taube, D., Ehrhardt, W., 1988. Improved staining of proteins in polyacrylamide gels including isoelectric focusing gels with clear background at nanogram sensitivity using Coomassie Brilliant Blue G-250 and R-250. *Electrophoresis* 9, 255–262. doi:10.1002/elps.1150090603
- Olsen, I., Balasingham, S. V., Davidsen, T., Debebe, E., Rødland, E.A., Van Soolingen, D., Kremer, K., Alseth, I., Tønjum, T., 2009. Characterization of the major formamidopyrimidine-DNA glycosylase homolog in *Mycobacterium tuberculosis* and its linkage to variable tandem repeats. *FEMS Immunol. Med. Microbiol.* 56, 151–161. doi:10.1111/j.1574-695X.2009.00562.x
- Pagliotto, A.D.F., Caleffi-Ferracioli, K.R., Lopes, M.A., Baldin, V.P., Leite, C.Q.F., Pavan, F.R., Scodro, R.B. de L., Siqueira, V.L.D., Cardoso, R.F., 2015. Anti-*Mycobacterium tuberculosis* activity of antituberculosis drugs and amoxicillin/clavulanate combination. *J. Microbiol. Immunol. Infect.* 980–983. doi:10.1016/j.jmii.2015.08.025
- Palomino, J., Martin, A., Camacho, M., Guerra, H., Swings, J., Portaels, F., 2002. Resazurin Microtiter Assay Plate: Simple and Inexpensive Method for Detection of Drug Resistance in *Mycobacterium tuberculosis*. *Antimicrob. Agents Chemother.* 46, 2720–2722. doi:10.1128/AAC.46.8.2720
- Pires, C.T.A., Brenzan, M.A., de Lima Scodro, R.B., Cortez, D.A.G., Lopes, L.D.G., Siqueira, V.L.D., Cardoso, R.F., 2014. Anti-*Mycobacterium tuberculosis* activity and cytotoxicity of *Calophyllum brasiliense* Cambess (Clusiaceae). *Mem. Inst. Oswaldo Cruz* 109, 324–329. doi:10.1590/0074-0276130323
- Sasseti, C.M., Boyd, D.H., Rubin, E.J., 2003. Genes required for mycobacterial growth defined by high density mutagenesis. *Mol Microbiol* 48, 77–84. doi:10.1046/j.1365-2958.2003.03425.x
- Scodro, R.B.L., Pires, C.T.A., Carrara, V.S., Lemos, C.O.T., Cardozo-Filho, L., Souza, V.A., Corrêa, A.G., Siqueira, V.L.D., Lonardoní, M.V.C., Cardoso, R.F., Cortez, D.A.G., 2013. Anti-tuberculosis neolignans from *Piper regnellii*. *Phytomedicine* 20, 600–604. doi:10.1016/j.phymed.2013.01.005
- Sharma, D., Kumar, B., Lata, M., Joshi, B., Venkatesan, K., Shukla, S., Bisht, D., 2015. Comparative proteomic analysis of aminoglycosides resistant and susceptible *Mycobacterium tuberculosis* clinical isolates for exploring potential drug targets. *PLoS One* 10, 1–18. doi:10.1371/journal.pone.0139414
- Sharma, P., Kumar, B., Singhal, N., 2010. Streptomycin induced protein expression analysis in *Mycobacterium tuberculosis* by two-dimensional gel electrophoresis & mass spectrometry. 400–408.
- Shen, H., Yang, E., Wang, F., Jin, R., Xu, S., Huang, Q., Wang, H., 2010. Altered protein expression patterns of *Mycobacterium tuberculosis* induced by ATB107. *Indian J Med Res* 48, 337–346. doi:10.1007/s12275-010-9315-6
- Singhal, A., Arora, G., Sajid, A., Maji, A., Bhat, A., Virmani, R., Upadhyay, S., Nandicoori, V.K., Sengupta, S., Singh, Y., 2013. Regulation of homocysteine metabolism by *Mycobacterium tuberculosis* S-adenosylhomocysteine hydrolase. *Sci. Rep.* 3, 2264. doi:10.1038/srep02264
- Singhal, N., Sharma, P., Kumar, M., Joshi, B., Bisht, D., 2012. Analysis of intracellular expressed

proteins of *Mycobacterium tuberculosis* clinical isolates. *Proteome Sci.* 10, 14. doi:10.1186/1477-5956-10-14

Sinha, S., Arora, S., Kosalai, K., Namane, A., Pym, A.S., Cole, S.T., 2002. Proteome analysis of the plasma membrane of *Mycobacterium tuberculosis*. *Comp. Funct. Genomics* 3, 470–483. doi:10.1002/cfg.211

Starck, J., Kallenius, G., Marklund, B.I., Andersson, D.I., Akerlund, T., 2004. Comparative proteome analysis of *Mycobacterium tuberculosis* grown under aerobic and anaerobic conditions. *Microbiology* 150, 3821–3829. doi:10.1099/mic.0.27284-0

Tian, J., Bryk, R., Itoh, M., Suematsu, M., Nathan, C., 2005. Variant tricarboxylic acid cycle in *Mycobacterium tuberculosis*: identification of alpha-ketoglutarate decarboxylase. *Proc. Natl. Acad. Sci. U. S. A.* 102, 10670–5. doi:10.1073/pnas.0501605102

Tuberculist. Institut Pasteur 2013. <http://genolist.pasteur.fr/TubercuList/> (accessed 04.02.16).

Unwin, R.D., Whetton, A.D., 2007. How Will Haematologists Use Proteomics? *Blood Rev.* 21, 315–326. doi:10.1016/j.blre.2007.07.002

Venugopal, A., Bryk, R., Shi, S., Rhee, K., Rath, P., Schnappinger, D., Ehrt, S., Nathan, C., 2011. Virulence of *Mycobacterium tuberculosis* depends on lipoamide dehydrogenase, a member of three multienzyme complexes. *Cell Host Microbe* 9, 21–31. doi:10.1016/j.chom.2010.12.004

Wagner, T., Bellinzoni, M., Wehenkel, A., O’Hare, H.M., Alzari, P.M., 2011. Functional plasticity and allosteric regulation of α -ketoglutarate decarboxylase in central mycobacterial metabolism. *Chem. Biol.* 18, 1011–1020. doi:10.1016/j.chembiol.2011.06.004

Wang, R., Marcotte, E.M., 2008. The proteomic response of *Mycobacterium smegmatis* to anti-tuberculosis drugs suggests targeted pathways. *J. Proteome Res.* 855–865. doi:10.1021/pr0703066

Westermeier, R., Marouga, R., 2005. Protein detection methods in proteomics research. *Biosci. Rep.* 25, 19–32. doi:10.1007/s10540-005-2845-1

WHO, 2016. Global Tuberculosis Report 2016. Cdc 2016.

Wu, Y., Sims, R.C., Zhou, A., 2014. AFM resolves effects of ethambutol on nanomechanics and nanostructures of single dividing mycobacteria in real-time. *Phys. Chem. Chem. Phys.* 16, 19156–19164. doi:10.1039/c4cp01317d

Xu, Y., Jia, H., Huang, H., Sun, Z., Zhang, Z., 2015. Mutations Found in *embCAB*, *embR*, and *ubiA* genes of ethambutol-sensitive and -resistant *Mycobacterium tuberculosis* clinical isolates from China. *Biomed Res. Int.* 2015. doi:10.1155/2015/951706

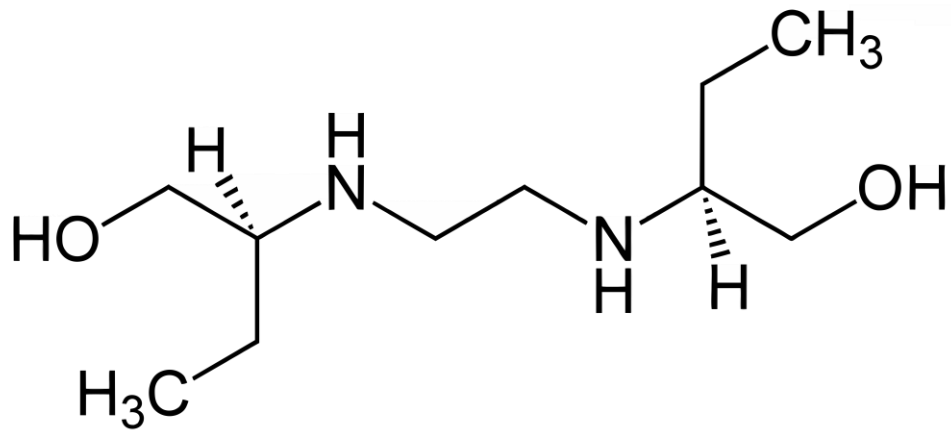


Fig. 1- Ethambutol structure.

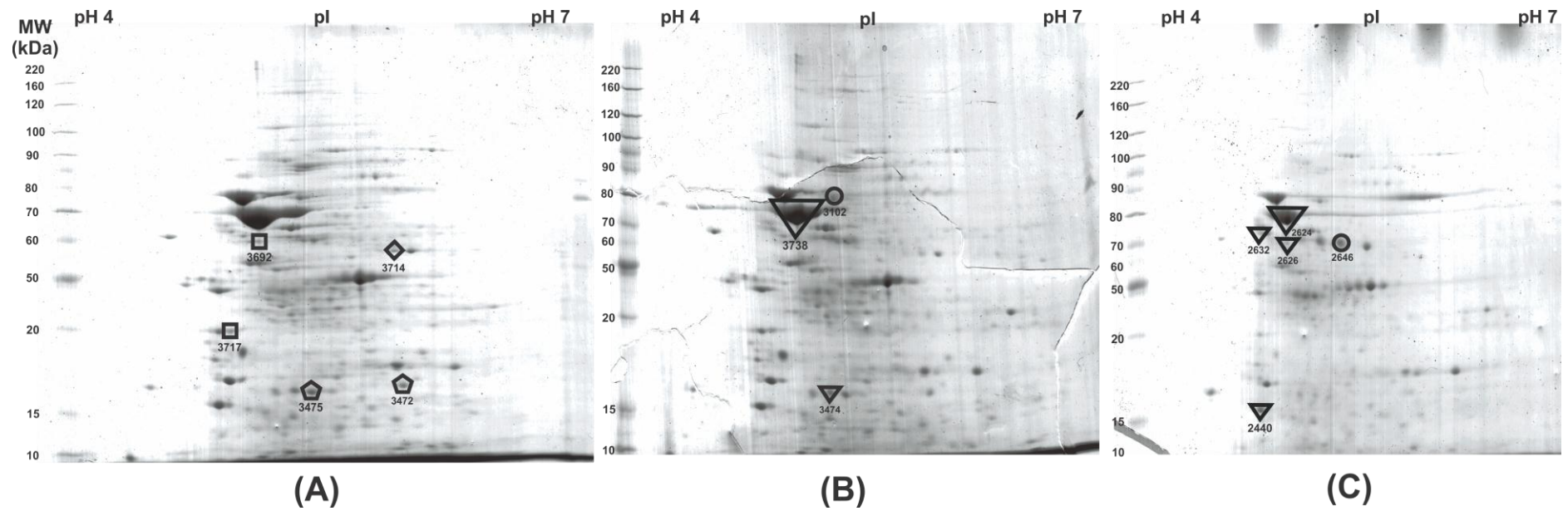


Fig. 2- Two dimensional gel electrophoresis. A: *M. tb* H₃₇Rv without EMB induction. B: 24 h of *M. tb* H₃₇Rv EMB induction. C: 48 h *M. tb* H₃₇Rv of EMB induction.

Table 1. Differentially expressed proteins in *Mycobacterium tuberculosis* H₃₇Rv by EMB induction.

Spot number	ORF number	Fold Change*	Protein identified	Gene	Mascot	Functional Class**
3102	Rv1248c	Present in 24 h	Multifunctional alpha-ketoglutarate metabolism enzyme [KDH]	Rv1248c	24(51)	intermediary metabolism and respiration
3692	Rv2996c	Absent in 24 h	D- 3-phosphoglycerate dehydrogenase [SerA1]	<i>serA1</i>	38(51)	intermediary metabolism and respiration
3714	Rv0462	Absent in 24 h and 48 h	Dihydrolipoyl dehydrogenase [LpdC]	<i>lpdC</i>	46(51)	intermediary metabolism and respiration
3717	Rv2799	Absent in 24 h	Membrane protein	Rv2799	43(51)	cell wall and cell process
3474	Rv0831c	12.47 Under-expressed in 24 h	Conserved protein	Rv0831c	337 (51)	conserved hypotheticals
3738 2624	Rv0440	4.77/6.42 Under-expressed in 24 h and 48 h	Chaperonin GroEL-2	<i>groEL2</i>	71(51)	virulence, detoxification, adaptation
3472	Rv1575	Absent in 48 h	Probable PhiRv1 phage protein	Rv1575	40(51)	insertion sequences and phages
3475	Rv0944	Absent in 48 h	Possible formamidopyrimidine-DNA glycosylase	Rv0944	37(51)	information pathways
2632	Rv2659c	9.75 Under-expressed in 48 h	Probable PhiRv2 prophage integrase	Rv2659c	29(51)	insertion seqs and phages

Spot number	ORF number	Fold Change*	Protein identified	Gene	Mascot	Functional Class**
2626	Rv2220	2.47 Under-expressed in 48 h	Glutamine synthetase 1 [GlnA1]	<i>glnA1</i>	38(51)	intermediary metabolism and respiration
2440	Rv3029c	1.54 Under-expressed in 48 h	Electron transfer flavoprotein subunit beta [ETF-β]	<i>fixA</i>	67(51)	intermediary metabolism and respiration
2646	Rv3248c	Present in 48 h	Adenosylhomocysteinase [SahH]	<i>sahH</i>	68(51)	intermediary metabolism and respiration

* Fold change after EMB induction. Cutoff value ≥ 1.5 fold changes and $p < 0.05$

** According to TubercuList (<http://genolist.pasteur.fr/TubercuList/>)

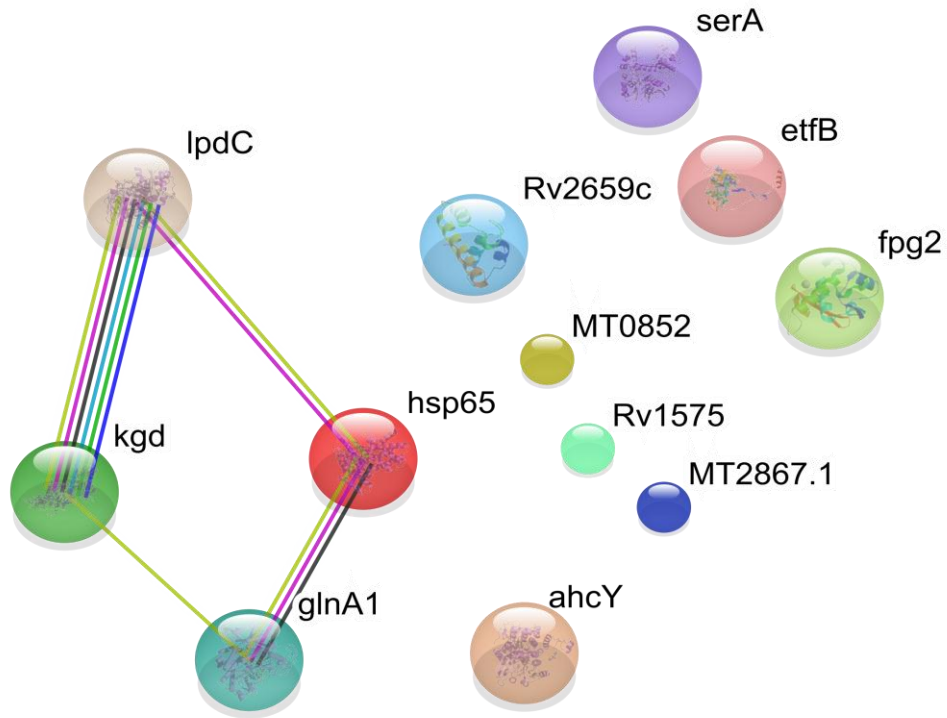


Fig. 3- STRING interactome. Proteins involved intermediary metabolism and respiration, virulence, detoxification, adaptation classes interacted with each other as well as their partners. There were no interactions with proteins belonging to the classes: information pathway, insertion sequences and phages and proteins with unknown function.

lpdC: Dihydrolipoyl dehydrogenase, kgd: Multifunctional alpha-ketoglutarate metabolism enzyme, hsp65: Chaperonin GroEL-2, glnA1: Glutamine synthetase 1, ahcY: Adenosylhomocysteinase, Rv2659c: Probable PhiRv2 prophage integrase, MT0852: Rv0831c, Rv1575: Probable PhiRv1 phage protein, MT2867.1: Rv2799, serA: D- 3-phosphoglycerate dehydrogenase, etfB: Electron transfer flavoprotein subunit beta, fpg2: Possible formamidopyrimidine-DNA glycosylase.

**Artigo 2: “PROTEOMIC PROFILE OF *Mycobacterium tuberculosis* AFTER
EUPOMATENOID- 5 INDUCTION REVEALS POTENTIAL DRUG
TARGETS.”**

1 **Proteomic profile of *Mycobacterium tuberculosis* after eupomatenoid- 5 induction reveals**
2 **potential drug targets**

3
4 Ghiraldi-Lopes, LDG^{a,b*}; Campanerut-Sá, PAZ^b; Meneguello, JE^c; Seixas, FAV^d; Lopes-Ortiz,
5 MA^{c,e}; Scodro, RBL^{a,b}; Agostinho, CTP^c; da Silva, R. Z^f; Siqueira, VLD^{b,c}; Nakamura, CV^g ,
6 Cardoso, RF^{a,b,c}.

7
8 ^a Postgraduate Program in Health Sciences, State University of Maringá- PR- Brazil

9 ^b Department of Clinical Analyses & Biomedicine, State University of Maringá- PR- Brazil

10 ^c Postgraduate Program in Biosciences Applied to Pharmacy, State University of Maringá- PR-
11 Brazil

12 ^d Department of Biochemistry, State University of Maringá- Maringá- PR- Brazil

13 ^e Uningá University Center- Maringá- PR- Brazil

14 ^f State University of Ponta Grossa- Ponta Grossa- PR- Brazil

15 ^gPostgraduate Program in Pharmaceutical Sciences, State University of Maringá- PR- Brazil

16
17
18 *Corresponding author: Luciana Dias Ghiraldi Lopes.

19 Postgraduate Program in Health Sciences, State University of Maringá- PR- Brazil

20 Av. Colombo 5790, Bloco T-20, Sala 303, CEP 87020-900, Maringá, PR, Brazil.

21 Phone number: +55 44 3011-5394, Cell phone: +55 44 99825-1064.

22 e-mail: ldghiraldi@gmail.com
23
24
25
26
27
28
29
30
31
32
33
34
35
36

ABSTRACT37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71

Aim: We investigated a proteome profile, protein-protein interaction and morphological changes of *M. tuberculosis* after different times of eupomatenoid-5 (EUP-5) induction to evaluate the cellular response to the drug induced damages. Methods: The bacillus was induced to sub-MIC of EUP-5 at 12, 24 and 48 h. The proteins were separated by 2D gel electrophoresis, identified by LC/MS-MS. Electron scanning microscopy and STRING analyses were performed. Results: EUP-5 impacts mainly in *M. tb* proteins of intermediary metabolism and interactome suggests a multi-site disturbance that contributes to bacilli death. Electron microscopy revealed the loss of bacillary form. Conclusion: Some of the differentially expressed proteins have the potential to be drug targets such as citrate synthase (Rv0896), pgk (Rv1437), ketol-acid reductoisomerase (Rv3001c) and AtpA (Rv1308).

Keywords: Tuberculosis; *Mycobacterium tuberculosis*; Eupomatenoid-5; Proteome; Two-dimension gel electrophoresis; LC/MS-MS; Scanning electron microscopy; STRING database; protein changes; drug targets.

72 INTRODUCTION

73

74 Despite the medicine advances in the latest fifteen years, tuberculosis (TB) remains as one
75 of the world's biggest threats. In 2015, 10.4 million people were estimated to be sick with TB but
76 only 6.1 million new cases of TB were reported. TB ranks alongside HIV as a leading cause of
77 death from an infectious disease. Globally, 11% of new TB cases in 2015 were HIV-positive [1].

78 The recommended treatment for TB, in new cases, is very effective in bacillary clearance,
79 but depends on fully compliance of the patient, despite the longtime of treatment and its many side
80 effects [1–3]. The treatment failure can lead to the emergence of resistant strains and consequently
81 spread of the resistant form of the disease. Cases of rifampicin resistant (RR-TB), including
82 multidrug- resistant tuberculosis (MDR-TB), which is caused by isoniazid (INH) and rifampicin
83 (RIF) resistant strains, led 480,000 incident cases in 2015 [1]. Few new effective drugs against
84 *Mycobacterium tuberculosis* (*M. tb*) had emerged in recent years [3,4], so there is an urgent need to
85 develop new, safe, effective and affordable anti-TB agents [5].

86 The research for active ingredients derived from crude extracts, fractions isolated from
87 plants and bioactive compounds with antibacterial activity, has recently shown promising results
88 [6–18]. The eupomatenoid-5 (EUP-5) (Fig. 1) compound extracted from genus *Piper* has shown
89 antibacterial, antifungal, antileishmanial and trypanocidal activity [8,19–26]. The action of EUP-5
90 is not yet fully understood, however, studies with protozoan parasites showed that the EUP-5 action
91 is associated with mitochondrial dysfunction and oxidative damage [24], lipid peroxidation and
92 DNA fragmentation [27]. Also in different cancer cell lines, EUP-5 seems to act by different
93 mechanisms related to oxidative damage [21], but in *M. tb* no mechanism has been proposed.

94 The proteomic approach is a tool used by many authors to understand the functional genome
95 of microorganisms. Understanding and investigating anti-TB drug action, drug resistance
96 mechanisms and screening for new therapeutic targets by proteomic analysis provides a more
97 accurate assessment of drug-induced changes, with findings not predicted in genomic analysis [28–
98 33].

99 Our group recently demonstrated that EUP-5 exhibits anti-*M. tb* activity and showed
100 synergism with RIF and ethambutol (EMB) and no antagonism with the three first-line anti-
101 tuberculosis drugs [22]. Considering the excellent Minimal Inhibitory Concentration (MIC) of
102 EUP-5 in and its potential as anti-*M. tb* agent [18,22], we investigated the proteome profile of *M. tb*
103 after different times of EUP-5 induction aiming to evaluate the bacillary response to drug induced
104 damages. Our results suggest that EUP-5 impacted mainly in a variety of proteins related to
105 detoxification, adaptation and intermediate metabolism.

106

107 MATERIAL AND METHODS

108

109 1- *Mycobacterium tuberculosis* growth conditions, drug induction and protein extraction

110 *Mycobacterium tuberculosis* H₃₇Rv ATCC 27294 was cultured in Middlebrook 7H9 broth
111 (Difco Laboratories, Detroit, MD, USA) supplemented with 0.2 % glycerol, 0.05 % Tween 80 and
112 10 % oleic-acid-albumin-dextrose-catalase enrichment Middlebrook OADC (BBL/Becton-
113 Dickinson, Sparks, MD, USA) at 37 °C for 2 weeks in conical flasks. EUP-5 MIC 1.9 µg/mL was
114 previously determined using REMA assay [18,34] and 10.000 µg/mL of EUP-5 was added to the
115 cultures to achieve sub-MIC (1/2 MIC, 0.975 µg/mL) concentration. Conical flasks were
116 reincubated at 37 °C for 12, 24 and 48 h with shaking [35]. A not induced EUP-5 culture flask was
117 maintained at the same conditions to be used as protein profile reference.

118 After the incubation time, the bacilli were collected by centrifugation, washed three times
119 with saline and resuspended in lysis buffer (7 M urea, 2 M thiourea, 4 % CHAPS, 0.5 % IPG buffer,
120 40 mM dithiothreitol (DTT) and protease inhibitor cocktail (Novex). Sonication was used to help in
121 rupture of the bacilli. Protein concentration was estimated by Bradford method [36] using bovine
122 serum albumin as standard. All assays were carried out in duplicate independently.

123

124 2- Two-dimension gel electrophoresis (2-D)

125 The Clean-up kit (GE Healthcare Life Science, USA) was used to purify the protein solution
126 according to manufacturer's instruction. To protein separation in first dimension, Immobilized pH
127 gradient (IPG) strips pH 4-7, 13 cm length (GE Helthcare Life Sciences, USA) were used and 400
128 µg protein were rehydrated overnight at 20 °C in 50 V for each EUP-5 induced time. The gel strips
129 were focused on Ettan IPGphor 3 (GE Healthcare, USA) at 20 °C using the following four step
130 program: a) 500 Volts (V) for 1 h; b) 1000 V for 1 h; c) 8000 V for 2.5 h and d) 8000 V for 1 h. The
131 current limit was set at 50 µA per strip. Prior to the second dimension, the strips were incubated in
132 equilibration buffer (6 M urea, 2% SDS, 75 mM Tris-HCl, pH 8.8, 30 % glycerol, 0.002 %
133 bromophenol blue) containing 100 mg DTT and then 250 mg of iodoacetamide for 20 min
134 respectively. In second dimension, proteins were separated on 12.5 % SDS-polyacrylamide gels in a
135 vertical electrophoretic unit 600 Ruby (GE Healthcare, USA) at constant voltage of 300 V for 4 h.
136 The gels were stained with Coomassie Blue G-250 [37].

137 Image Scanner II system (Amersham Biosciences, USA) and Image Master Software 6.0
138 (Amersham Biosciences, USA) were used to scan and analyze the obtained gels, respectively.
139 Student-t test was used to enumerate spots with differential intensity (cutoff value ≥ 1.5 fold
140 changes and $p < 0.05$).

141

142 3- In-gel tryptic digest

143 The protein spots of interest were manually excised from the gels, destained thrice with 50
144 % methanol/ 2.5 % acetic acid in purified water for 60 min, dehydrated with 100 % acetonitrile
145 twice for 5 min and allowed to air dry after solvent removal. The gel pieces were reduced at room
146 temperature for 30 min with DTT 10 mM in 100 mM NH₄HCO₃ and iodoacetamine 50 mM in 100
147 mM NH₄HCO₃, both removed with a rapid spin. Then, the gel pieces were dehydrated and
148 rehydrated with acetonitrile 100 % and 100 mM NH₄HCO₃. Digestion spots were carried out with
149 trypsin (Promega, USA) in NH₄HCO₃ 50 mM for 30 min at 4 °C and rehydrated in NH₄HCO₃ 50
150 mM followed overnight incubation 37 °C. To extract the peptides, the gel pieces were incubated 10
151 min with 5 % trifluoro acetic acid (TFA) in purified water and 10 min with 5 % TFA in
152 acetonitrile 50 %. All the supernatants were combined and dried incompletely. The pellets
153 containing the tryptic peptides were resuspended in 0.1 % TFA for MS analysis [38].

154

155 4- Mass spectrometry analysis and data analysis (LC- MS/MS)

156 For protein analysis, an aliquot of 4.5 µL of proteins resulting of peptide digestion were
157 separated by C18 (100 mm6100 mm) RP-nanoUPLC (nanoAcquity, Waters) coupled with a Q-ToF
158 Premier mass spectrometer (Waters) with nanoelectrospray source at a flow rate of 0.6 mL/min. The
159 gradient was 2–90 % acetonitrile in 0.1 % formic acid over 45 min. The nanoelectrospray voltage
160 was set to 3.5 kV, a cone voltage of 30 V and the source temperature was 100 °C. The instrument
161 was operated in the ‘top three’ mode, in which one MS spectrum is acquired followed by MS/MS of
162 the top three most-intense peaks detected. After MS/MS fragmentation, the ion was placed on
163 exclusion list for 60 s and for the analysis of endogenous cleavage peptides, a real time exclusion
164 was used [39].

165 The spectra were acquired using software MassLynx v.4.1 and the raw data files were
166 converted to a peak list format (mgf) without summing the scans by the software Mascot Distiller
167 v.2.3.2.0, 2009 (Matrix Science Ltd.). Peptide mass fingerprint data were searched using Mascot
168 engine v.2.3.01 (Matrix Science Ltd.) *Mycobacterium tuberculosis* Uniprot 2016 protein database,
169 with carbamidomethylation as fixed modifications, oxidation of methionine as variable
170 modification, one trypsin missed cleavage and a tolerance of 0.1 Da for both precursor and
171 fragment ions. Only peptides with at least five amino acid residues which showed significant
172 threshold ($p < 0.05$) in Mascot- based score, were considered in the results. MS/MS spectra were
173 manually validated for the b and y ion series [39].

174

175 5- Scanning electron microscopy (SEM)

176 *M. tb* cultures were centrifuged and cells washed three-times in PBS, pH 7.4. The cells were
177 fixed at least 2 h with 2.5 % glutaraldehyde and cacodilate 0.1 M at 4 °C for 24 h. The fixed cells
178 were placed on a glass support with poly-l-lysine (Sigma), ethanol dehydrated, subjected to critical-
179 point drying in CO₂, coated with gold. The electron microscopy experiments were performed in
180 duplicate on different days. The reading was carried out in a Quanta 250 (Fei, USA) SEM.
181 Averages of 30 to 50 microscopic fields in each sample were selected by random scanning and
182 photographed.

183
184

185 **6- STRING analysis**

186 The protein–protein interaction network of *M. tb* EUP-5 induced proteins was built by using
187 a dataset from STRING database (Search Tool for the Retrieval of Interacting Genes/Proteins,
188 <http://string.embl.de/>) [40]. STRING-10 server was used to predict the interacting partners of
189 protein-protein interaction. STRING database uses a combination of prediction approaches and an
190 integration of other information (neighborhood, transferred neighborhood, gene fusion, co-
191 occurrence, co-expression, experiments, databases, text mining). Network was made at medium
192 confidence level (0.400) allowing all active prediction methods.

193
194

195 **RESULTS**

196 The comparison of the protein profile of *M. tb* H₃₇Rv induced and not induced by sub-MIC
197 EUP-5 at 12, 24 and 48 h was carried out by 2D electrophoresis and LC-MS/MS (Fig. 2).
198 Duplicates gels were run for each induced time. The proteins were separated according to their
199 isoelectric point and molecular mass. Approximately 84 spots were detected in each exposure time
200 by ImageMaster 6.0 software. All proteins differentially expressed by EUP-5 induction time are
201 listed in Table 1.

202 In the EUP-5 induction 12 h gels, four altered proteins were observed. Cell wall synthesis
203 protein Wag 31 (Rv2145c) was absent, chaperonin GroEL-2 (Rv0440) was down-expressed,
204 propionyl-CoA carboxylase [AccD5] (Rv3280) was present only at this time, and one spot could
205 not be identified.

206 The EUP-5 induction 24 h gels showed eight differentially expressed proteins. Four proteins
207 were absent: glyceraldehyde 3-phosphate dehydrogenase [Gapdh] (Rv1436), succinyl-CoA
208 synthetase alpha chain [SucD] (Rv0952), cell wall synthesis protein Wag 31 (Rv2145c) and ketol-
209 acid reductoisomerase (Rv3001c). Elongation factor Tu [Ef-Tu] (Rv0685), universal stress protein
210 [Usp] (Rv2028c), chaperone protein Dnak (Rv0350), citrate synthase I [GltA2] (Rv0896) and

211 phosphoglycerate kinase [P_{gk}] (Rv1437) were present when compared to not EUP-5 induced assay.
212 Chaperonin GroEL-2 was under-expressed in this EUP-5 induction time.

213 In EUP-5 induction 48 h gels, two additional proteins were identified, probable ATP
214 synthase alpha chain [AtpA] (Rv1308) and D-3-phosphoglycerate dehydrogenase [SerA1]
215 (Rv2996c). Cell wall synthesis protein Wag 31 (Rv2145c) and ketol-acid reductoisomerase
216 (Rv3001c) were absent and chaperonin GroEL-2 was under-expressed in this induction time.

217 The morphological changes of *M. tb* cells were evaluated in each EUP-5 induced time. EUP-
218 5 promoted an alteration in bacillary form and in multiplication. Comparison between not induced
219 cells and after 12 h of EUP-5 induction demonstrated that the bacillus became swollen, and, by
220 increasing the induction time (24 h and 48 h), the bacilli lost the bacillary form, assuming a round
221 and wrinkled appearance. Structures similar to those of outer membrane were observed, as can be
222 seen in Fig. 3.

223 We analyzed the differentially expressed proteins by STRING-10 with a medium confidence
224 score threshold of 0.4 and build and interactome network of these set of proteins (Fig. 4). We found
225 that proteins involved in intermediary metabolism and respiration, lipid metabolism, virulence/
226 detoxification/ adaptation and information pathway interacted with each other as well as their
227 partners, except the cell wall synthesis protein Wag 31 (Rv2145c).

228

229

230 **DISCUSSION**

231 The action of EUP-5, obtained from *Piper solmsianum* C. DC. var. *solmsianum*, has been
232 demonstrated against Gram-positive and Gram-negative bacteria [41]. Since 2013, our research
233 group has concentrated efforts in the search for effective and less toxic alternatives for the treatment
234 of TB [17,18,22,42–44]. Scodro *et al.* [18] demonstrated that EUP-5, obtained from *Piper regnellii*,
235 has an excellent MIC against *M. tb* and selectivity index (SI=20), which makes it a promising
236 candidate for new anti-TB drugs and EUP-5 had demonstrated to interacted synergistically with
237 drugs already used in TB treatment [22]. In the present study, we focused on better understanding
238 how EUP-5, at fixed sub-MIC, acts in *M. tb* by analyzing the protein profile, protein-protein
239 interactions and morphological changes caused by this new TB drug candidate in different induced
240 times.

241 After 12 h of EUP-5 induction, the cell wall protein Wag 31 (Rv2145c) was absent. This
242 protein is originally identified as a cell wall antigen in *M. tb* and is known to be involved in
243 bacterial shape and division [45–47], although its pathophysiologic function still mostly unknown
244 [48]. The cell wall is the first barrier encountered by EUP-5, therefore we observed this protein
245 absent within 48 h of the EUP-5 induction. Mukherjee *et al.* [47] demonstrated that Wag 31 plays

246 an important role in protecting the *M. tb* against deleterious effects of oxidative stress by interaction
247 with penicillin-binding protein 3 (PBP3), an important protein for the synthesis of peptidoglycan,
248 preventing cleavage by proteases. Its absence promotes a greater exposition of PBP3 to free
249 radicals, which affects the cell wall integrity. It is also known that Wag 31 interacts with XCL2
250 chemokine of T cells blocking its secretion to extracellular environment, which affects the
251 chemotactic signalization toward T cells, allowing the bacilli to evade immune response [48]. This
252 mechanism can occur in cases of restrictions of oxygen and carbon or amino acid source suggesting
253 a potential connection between Wag 31 and *M. tb* virulence [49]. Fig. 1 demonstrates bacillary
254 changes observed by SEM, performed at 12, 24 and 48 h of EUP-5 induction. It is evident the
255 progressive changes in the bacillary form to a round shape, as well as changes in the cell wall with
256 wrinkles and loss of integrity. Similar results were observed at different times of INH sub-MIC
257 induction (0.03 µg/mL) by scanning electron micrographs [32].

258 In this proteome analysis, the chaperonin GroEL-2 (Rv0440) was under-expressed in all
259 EUP-5 induced times. GroEL-2 is an immunoreactive protein related with the correct proper
260 assembly of unfolded polypeptides generated under stress conditions and participates in
261 detoxifications and adaptations process in the bacillus [50]. A new candidate for anti-TB drug, ATB
262 107, also promoted GroEL-2 under-expression and the authors suggested that it could cause
263 weakening of the self-restoration function under stress conditions [51]. Starck *et al.* [52]
264 demonstrated the presence of GroEL-2 in proteolytic fragments only in *M.tb* in anaerobic compared
265 with aerobic conditions. In our study, GroEL-2 showed a progressive under-expression in all EUP-5
266 inducing times, suggesting that the bacillus in contact with EUP-5 could respond with a decrease in
267 respiratory rate, which would lead to death.

268 In 12 h of EUP-5 induction, the propionyl-CoA carboxylase [AccD5] (Rv3280) was the only
269 protein that was over-expressed in comparison with not induced control. This protein is related with
270 lipid metabolism and belongs to the essential complex of *M. tb* acetyl coenzyme A carboxylase
271 (ACC). This complex has both propionyl-CoA carboxylase and acetyl-CoA carboxylase activities
272 [53]. The carboxylation of propionyl-CoA is one of the two putative metabolic pathways that *M. tb*
273 could use to synthesize the methylmalonyl-CoA, which is necessary for the synthesis of the
274 complex lipids characteristic of *M. tb* [54] and essential to variability, virulence and formation of
275 biofilms in mycobacteria [55]. It was reported that members of ACC complex (AccA3, AccD4 and
276 AccD5) participate together with Wag 31 during mycobacteria cell elongation when nascent
277 peptidoglycan is synthesized and deposited at the poles [55]. In our study, the propionyl-CoA
278 carboxylase over-expression may be related to an attempt, by the bacillus in association of Wag 31
279 absence, to increase the production of fatty acids in the cell membrane and maintain the
280 mycobacteria duplication.

281 The intermediate metabolism and respiration were affected after 24 h of induction by EUP-
282 5. Glyceraldehyde 3-phosphate dehydrogenase [Gapdh] (Rv1436), a key enzyme in anaerobic
283 glycolysis, was absent in this induction time. Gapdh is also involved in a variety of cellular
284 processes, acting as a transcription factor, as a microtubule-binding protein, as lactoferrin receptor
285 and as an apoptosis inducer[56,57]. The Gapdh absence observation lead us to infer that EUP-5
286 could affect not only the production of ATP, through the glycolytic pathway, but also other routes
287 of duplication, acquisition of nutrients and essential factors to bacillus survival. Phosphoglycerate
288 kinase [Pgk] (Rv1437), also involved in glycolysis, was present in 24 h of EUP-5 induction. Recent
289 studies showed that Pgk was increased in proteomic profile of a patient who developed MDR-TB
290 during the course of anti-TB therapy [58,59]. The above authors suggest the useful of Pgk as a
291 promising biomarker to serological diagnosis and probably for detecting drug resistance in the
292 future. The presence of this protein in 24 h, but not in 48 h of EUP-5 induction, deserves better
293 attention in additional studies for considering EUP-5 as an anti-TB drug candidate.

294 The absence of succinyl-CoA synthase alpha [SucD] (Rv0952), observed only within 24 h
295 of EUP-5 induction, may impact in an evident decrease in the oxidative metabolism of *M. tb*. This
296 enzyme is involved in the conversion of succinate to succinyl-CoA in the tricarboxylic acid cycle
297 and also in the destruction of the ketone body [50]. As Starck *et al.* [52] and Kumar *et al.* [60]
298 detected over-expression of this protein in *M. tb* cultured under anaerobic conditions, which
299 probably triggers the ketone pathway, and in isolates resistant to Kanamycin (KM) and Amikacin
300 (AM) respectively, the absence of SucD in our study induces us to think that this is related only to
301 the decrease in the growth of *M. tb*. In contrast, at this time of induction of EUP-5, the presence of
302 citrate synthase I [GltA2] (Rv0896) can be interpreted as an attempt by the bacillus to acquire
303 nutrients from carbohydrate degradation products, fatty acids and ensure the production of ATP by
304 the tricarboxylic acid cycle [61].

305 Ketol-acid reductoisomerase (Rv3001c) is a bifunctional enzyme that catalyzes the second
306 and third reaction of the branched-chain amino acid (BCAA) pathway and it was absent after 24 h
307 of EUP-5 induction. This pathway is present only in microorganisms and plants, not in human
308 hosts, which makes it a specific target [62]. Grandoni *et al.* [63], had already reported that inhibitors
309 of ketol-acid reductoisomerase had an anti-TB activity in reference strain ATCC 35801 and in
310 resistant clinical isolates. The specificity of this protein turn possible the development of new drugs
311 that inhibit the BCAA pathway [62]. In our study, ketol-acid reductoisomerase was absent after 24
312 and 48 h of EUP-5 induction, indicating that the pathway to mycobacterial survival is blocked at
313 this time, putting it in a position to be considered for further investigation and better understanding
314 of its action in the bacillus.

315 The 24 h EUP-5 induction caused over-expression of Elongation factor Tu [Ef-Tu]
316 (Rv0685) which is a translation factor with ribosome-dependent GTPase activity. It is known that
317 this factor is related to the interaction with RNA during mycobacteria protein biosynthesis,
318 regulation of cell growth in nutrient deprivation condition [50,64,65]. The Ef-Tu phosphorylation is
319 involved in the setting of the bacillus to stress conditions during the course of the infection. The *M.*
320 *tb* phosphorylated Ef-Tu has a decreased affinity for GTP, thus, the low GTP production in
321 response to the oxidative stress present in this environment leads to a reduction in protein synthesis.
322 [64]. Other drugs used in TB treatment, like INH, KM and AM also promoted an over-expression of
323 this protein [30,32], suggesting that in drug stress conditions, also observed in our study by EUP-5
324 induction, bacillus has an interruption of translational steps of unnecessary proteins [64].

325 Universal stress protein [Usp] (Rv2028c) and chaperone protein Dnak (Rv0350) are proteins
326 related with virulence, detoxification and adaptation [50] and were over-expressed in 24 h of EUP-5
327 induction. The Usp family (Rv1996, Rv2005c, Rv2026c and Rv2028c) proteins are regulated by
328 DosR-DosT regulon expressed under stress conditions as hypoxia, nitric oxide and carbon
329 monoxide production [66–68]. So, by the first time, we can suggest that over-expression of Usp
330 could be in response to stress induced by EUP-5. Although, the exact function of the Usp family
331 proteins is not fully elucidated, it is known to be present during the persistence of hypoxia and
332 probably in nonreplicating state of the bacilli [68,69]. Recently, Sharma & Bisht [33] discussed
333 about the importance of conducting further studies about hypothetical proteins and proteins of
334 unknown function due to their possible involvement in drug resistance mechanisms, such as causing
335 neutralization or compensation of drugs effects.

336 DnaK, a chaperonin of heat shock proteins (Hsp70) is involved in several processes related
337 to bacterial virulence and host defense [70]. Prado-Rosales *et al.* [71], reported the presence of
338 DnaK in vesicles membranes of *M. tb*, *M. bovis* bacille Calmette-Guérin and other virulent and
339 nonvirulent mycobacterial species. In Fig. 3-C we can observe by SEM, in *M. tb* EUP-5 induction,
340 some structures similar to those of the outer membrane vesicles. In mycobacteria, these vesicles are
341 responsible by lipids and proteins transport, and are involved in immune response of the host. [71–
342 73]. Similar to EUP-5 induction, over-expression of DnaK was also observed in SM susceptible and
343 resistant *M. tb* isolates induced to SM sub-MIC, and *in silico* docking analysis showed significant
344 interaction of SM and DnaK [74,75].

345 The role of most differentially expressed proteins at 48 h of EUP-5 induction has been
346 discussed previously. The novelty is the presence of two proteins, ATP synthase alpha chain [AtpA]
347 (Rv1308) and D-3-phosphoglycerate dehydrogenase [SerA1] (Rv2996c). AtpA, a regulatory
348 subunit in production of ATP [50], is encoded by *atpA* gene, which is considered an emerged hub
349 gene that could be used as promising candidate for drug targets, due to its importance in

350 microorganism survival and multiplication [76,77]. Sharma *et al.* [30], observed upregulation of
351 AtpA in KM and AM resistant isolates, which indicates that the development of resistance may also
352 involves the increased energy production in response to bacilli death.

353 D-3-phosphoglycerate dehydrogenase [SerA1], a NADH cofactor dependent, is the first
354 enzyme in the L-serine biosynthetic pathway [78,79]. There are three types of SerA1, which differs
355 in size and domain composition. *M. tb* SerA1 Type 1 is composed of four distinct domains that
356 works as a specific ligand binding site and provides an important potential target for drug
357 development [78,80,81]. We can speculate that the over-expression of SerA1 in EUP-5 induction
358 promotes a rise in the production of L-Serine that increases the uptake of sulfur to cysteine
359 formation. In turn, it will participate in glutathione synthesis, an agent used in the recovery of
360 oxidized proteins.

361 STRING analyses revealed that EUP-5 over-expressed proteins of virulence, detoxification
362 and adaptation, intermediary metabolism and respiration, information pathways and lipid
363 metabolism interacted to other proteins involved in the same categories, except with cell wall and
364 cell process category, which showed no interaction with the others. Thus, the over-expressed
365 proteins of EUP-5 and its interactive partners lead us to suggest that this compound could promote a
366 multi-site disturbance in the metabolism of *M. tb* that is responsible for the death of the bacilli (Fig.
367 4).

368 The characterization of the pathways that are required for the *M. tb* growth of is of
369 paramount importance for the development of more effective anti-TB agents. Some of the proteins
370 observed in this study present considerable potential to be drug targets due their specificity in *M. tb*,
371 with active enzyme sites that differ from other microorganisms and humans.

372 To the best of our knowledge, this is the first study to assess proteomic profile and bacillary
373 morphology by SEM induced by EUP-5 in *M. tb*. The greatest impact on *M. tb* metabolism was
374 observed in 24 hours of EUP-5 induction with changes in proteins related to intermediary
375 metabolism and respiration, lipids metabolism, virulence and detoxification, information pathways
376 and cell process. The most frequent morphological changes were at 24 and 48 h of EUP-5
377 induction, which were swollen, rounded and wrinkled bacillary appearance.

378 The differential expression of *M. tb* proteins that arose from the EUP-5 induction constitutes
379 an attempt of cellular response to the damages caused by this compound. Some of the differentially
380 expressed proteins have the potential to be drug targets such as citrate synthase [82,83], pgk [84],
381 ketol-acid reductoisomerase [63] and AtpA [85,86]. In this sense, drugs that act on these proteins, in
382 synergistic association with EUP-5, may represent a treatment option that would affects *M. tb* by
383 different mechanisms. Thus, our data support further studies of EUP-5 in dormancy bacillus,
384 resistant isolates (MDR and XDR) and intramacrophages cells cultures.

385

386 **EXECUTIVE SUMMARY**

387 • *Mycobacterium tuberculosis* is the main etiological agent of tuberculosis, a disease that still
388 represents a serious health problem worldwide.

389 • Recently our team demonstrated that EUP-5 exhibits anti-*M. tb* activity and showed
390 synergism with RIF and EMB and no antagonism with the three first-line anti-tuberculosis drugs.

391 • An evaluation of the protein profile, protein-protein interactions and morphological changes,
392 induced by EUP-5 sub-MIC in *M. tuberculosis* at different times was made.

393 • The proteins were separated by 2D gel electrophoresis and identified by LC-MS/MS
394 analysis.

395 • The greatest impact of EUP-5 on bacterial metabolism was at 24 h, which involved
396 alterations in proteins in different settings as intermediary metabolism and respiration, lipids
397 metabolism, virulence and detoxification, information pathways and cell process.

398 • The most frequent changes, observed by SEM, were at 24 and 48 h of EUP-5 sub-MIC
399 induction with swollen, rounded and wrinkled bacillary appearance.

400 • Some of these proteins present considerable potential to drug targets due to be specific for
401 mycobacteria.

402

403

404 **REFERENCES**

405 Papers of special note have been highlighted as: * of interest

- 406 1. WHO. Global Tuberculosis Report 2016. *Cdc 2016*. (Global TB Report 2016) (2016).
- 407 2. Hassan HM, Guo HL, Yousef BA, Luyong Z, Zhenzhou J. Hepatotoxicity mechanisms of
408 isoniazid: A mini-review. *J. Appl. Toxicol.* 35(12), 1427–1432 (2015).
- 409 3. Hoagland DT, Liu J, Lee RB, Lee RE. New agents for the treatment of drug-resistant
410 *Mycobacterium tuberculosis*. *Adv. Drug Deliv. Rev.* 102, 55–72 (2016).
- 411 4. Kakkar AK, Dahiya N. Bedaquiline for the treatment of resistant tuberculosis: Promises and
412 pitfalls. *Tuberculosis*. 94(4), 357–362 (2014).
- 413 5. Gautam R, Saklani A, Jachak SM. Indian medicinal plants as a source of antimycobacterial
414 agents. 110, 200–234 (2007).
- 415 6. Bunalema L, Kirimuhuzya C, Tabuti JRS, *et al.* The efficacy of the crude root bark extracts of
416 *Erythrina abyssinica* on rifampicin resistant *Mycobacterium tuberculosis*. *Afr. Health Sci.*
417 11(4), 587–593 (2012).
- 418 7. Carpenter CD, O'Neill T, Picot N, *et al.* Anti-mycobacterial natural products from the Canadian

- 419 medicinal plant *Juniperus communis*. *J. Ethnopharmacol.* 143(2), 695–700 (2012).
- 420 8. Diaz LE, Munoz DR, Prieto RE, *et al.* Antioxidant, antitubercular and cytotoxic activities of
421 *Piper imperiale*. *Molecules*. 17(4), 4142–4157 (2012).
- 422 9. Ymele-Leki P, Cao S, Sharp J, *et al.* A High-Throughput screen identifies a new natural product
423 with Broad-Spectrum antibacterial activity. *PLoS One*. 7(2) (2012).
- 424 10. Jouda JB, Mawabo IK, Notedji A, *et al.* Anti-mycobacterial activity of polyketides from
425 *Penicillium sp.* endophyte isolated from *Garcinia nobilis* against *Mycobacterium smegmatis*.
426 *Int. J. Mycobacteriology*. 5, 7–11 (2016).
- 427 11. Copp BR, Pearce a. N. Natural product growth inhibitors of *Mycobacterium tuberculosis*. *Nat.*
428 *Prod. Rep.* 24(2), 278–297 (2007).
- 429 12. Gupta R, Thakur B, Singh P, *et al.* Anti-tuberculosis activity of selected medicinal plants
430 against multi-drug resistant *Mycobacterium tuberculosis* isolates. *Indian J. Med. Res.*
431 131(June), 809–813 (2010).
- 432 13. Zhao B-Q, Peng S, He W-J, Liu Y-H, Wang J-F, Zhou X-J. Antitubercular and cytotoxic
433 tigliane-type diterpenoids from *Croton tiglium*. *Bioorg. Med. Chem. Lett.* 26(20), 4996–
434 4999 (2016).
- 435 14. Chinsebu KC. Tuberculosis and nature's pharmacy of putative anti-tuberculosis agents. *Acta*
436 *Trop.* 153, 46–56 (2016).
- 437 15. Bell C, Smith GT, Sweredoski MJ, Hess S. Characterization of the *Mycobacterium*
438 *tuberculosis* proteome by liquid chromatography mass spectrometry-based proteomics
439 techniques: A comprehensive resource for tuberculosis research. *J. Proteome Res.* 11(1),
440 119–130 (2012).
- 441 16. Li H, Doucet B, Flewelling AJ, *et al.* Antimycobacterial Natural Products from *Endophytes* of
442 the medicinal plant *Aralia nudicaulis*. *Nat. Prod. Commun.* 10(10), 1641–1642 (2015).
- 443 17. Pires CTA, Brenzan MA, de Lima Scodro RB, *et al.* Anti-*Mycobacterium tuberculosis* activity
444 and cytotoxicity of *Calophyllum brasiliense* Cambess (Clusiaceae). *Mem. Inst. Oswaldo*
445 *Cruz.* 109(3), 324–329 (2014).
- 446 *18. Scodro RBL, Pires CTA, Carrara VS, *et al.* Anti-tuberculosis neolignans from *Piper*
447 *regnellii*. *Phytomedicine*. 20(7), 600–604 (2013).
- 448 **Determined the anti-*Mycobacterium tuberculosis* activities of supercritical CO₂ extracts,**
449 **neolignans eupomatenoid-5.**
- 450 19. Garcia FP, Lazarin-Bidóia D, Ueda-Nakamura T, Silva SDO, Nakamura CV. Eupomatenoid-5
451 isolated from leaves of *Piper regnellii* induces apoptosis in *Leishmania amazonensis*.
452 *Evidence-based Complement. Altern. Med.* 2013 (2013).
- 453 20. Koroishi AM, Foss SR, Cortez DAG, Ueda-Nakamura T, Nakamura CV, Dias Filho BP. In

- 454 vitro antifungal activity of extracts and neolignans from *Piper regnellii* against
455 dermatophytes. *J. Ethnopharmacol.* 117(2), 270–277 (2008).
- 456 21. Longato GB, Fiorito GF, Vendramini-Costa DB, *et al.* Different cell death responses induced
457 by eupomatenoid-5 in MCF-7 and 786-0 tumor cell lines. *Toxicol. Vitro.* 29(5), 1026–1033
458 (2015).
- 459 *22. Lopes MA, Ferracioli KRC, Siqueira VLD, *et al.* In vitro interaction of eupomatenoid-5 from
460 *Piper solmsianum* C. DC. var. *solmsianum* and anti-tuberculosis drugs. *Int. J. Tuberc. Lung*
461 *Dis.* 18(12), 1513–1515 (2014).
- 462 **Evaluated the in vitro interaction between eupomatenoid-5, extracted from *Piper***
463 ***solmsianum* C. DC. var. *solmsianum*, and first-line anti- tuberculosis drugs against**
464 ***Mycobacterium tuberculosis*.**
- 465 23. Marçal FJB, Cortez DAG, Ueda-Nakamura T, Nakamura CV, Filho BPD. Activity of the
466 extracts and neolignans from *Piper regnellii* against methicillin-resistant *Staphylococcus*
467 *aureus* (MRSA). *Molecules.* 15(4), 2060–2069 (2010).
- 468 24. Pelizzaro-Rocha KJ, Veiga-Santos P, Lazarin-Bidóia D, *et al.* Trypanocidal action of
469 eupomatenoid-5 is related to mitochondrion dysfunction and oxidative damage in
470 *Trypanosoma cruzi*. *Microbes Infect.* 13(12–13), 1018–1024 (2011).
- 471 25. Luize PS, Ueda-Nakamura T, Filho BPD, *et al.* Ultrastructural alterations induced by the
472 neolignan dihydrobenzofuranic eupomatenoid-5 on epimastigote and amastigote forms of
473 *Trypanosoma cruzi*. *Parasitol. Res.* 100(1), 31–37 (2006).
- 474 26. Vendrametto MC, Santos AO dos, Nakamura CV, Filho BPD, Cortez DAG, Ueda-Nakamura
475 T. Evaluation of antileishmanial activity of eupomatenoid-5, a compound isolated from
476 leaves of *Piper regnellii* var. *pallenscens*. *Parasitol. Int.* 59(2), 154–158 (2010).
- 477 27. Lazarin-Bidóia D, Desoti VC, Ueda-Nakamura T, Dias Filho BP, Nakamura C V, Silva SO.
478 Further evidence of the trypanocidal action of eupomatenoid-5: Confirmation of
479 involvement of reactive oxygen species and mitochondria owing to a reduction in
480 trypanothione reductase activity. *Free Radic. Biol. Med.* 60, 17–28 (2013).
- 481 28. Hughes MA, Silva JC, Geromanos SJ, Townsend CA. Quantitative proteomic analysis of
482 drug-induced changes in mycobacteria. *J. Proteome Res.* 5(1), 54–63 (2006).
- 483 *29. Sharma P, Kumar B, Singhal N, *et al.* Streptomycin induced protein expression analysis in
484 *Mycobacterium tuberculosis* by two-dimensional gel electrophoresis & mass spectrometry.
485 *Indian J. Med. Res.* 132(October), 400–408 (2010).
- 486 **Uses the 2D electrophoresis and MS/MS to evaluate drug action in *M. tuberculosis*.**
- 487 *30. Sharma D, Kumar B, Lata M, *et al.* Comparative proteomic analysis of aminoglycosides
488 resistant and susceptible *Mycobacterium tuberculosis* clinical isolates for exploring potential

- 489 drug targets. *PLoS One*. 10(10), 1–18 (2015).
- 490 **Analyzed the membranes and membrane associated proteins of AM and KM resistant *M.***
491 ***tuberculosis* by proteomic and bioinformatic approach.**
- 492 31. Lata M, Sharma D, Deo N, Tiwari PK, Bisht D, Venkatesan K. Proteomic analysis of
493 ofloxacin-mono resistant *Mycobacterium tuberculosis* isolates. *J. Proteomics*. 127, 114–121
494 (2015).
- 495 *32. Campanerut-Sá PA, Ghiraldi-Lopes LD, Meneguello JE, *et al.* Proteomic and morphological
496 changes produced by subinhibitory concentration of isoniazid in *Mycobacterium*
497 *tuberculosis*. *Future Microbiol.* 11, 1123–32 (2016).
- 498 **Evaluates the proteomic and morphological changes in *Mycobacterium tuberculosis* after INH**
499 **induction.**
- 500 33. Sharma D, Bisht D. M . Tuberculosis hypothetical proteins and proteins of unknown function:
501 hope for exploring novel resistance mechanisms as well as future target of drug resistance.
502 *Front. Microbiol.* 8:465, 1–5 (2017).
- 503 34. Palomino J, Martin A, Camacho M, Guerra H, Swings J, Portaels F. Resazurin microtiter assay
504 plate: simple and inexpensive method for detection of drug resistance in *Mycobacterium*
505 *tuberculosis*. *Antimicrobail Agents Chemother.* 46(8), 2720–2722 (2002).
- 506 35. de Steenwinkel JEM, de Knecht GJ, ten Kate MT, *et al.* Time-kill kinetics of anti-tuberculosis
507 drugs, and emergence of resistance, in relation to metabolic activity of *Mycobacterium*
508 *tuberculosis*. *J. Antimicrob. Chemother.* 65(12), 2582–2589 (2010).
- 509 36. Bradford MM. A rapid and sensitive method for the quantitation of microgram quantities of
510 protein utilizing the principle of protein-dye binding. *Anal. Biochem.* 72, 248–254 (1976).
- 511 37. Neuhoff V, Arold N, Taube D, Ehrhardt W. Improved staining of proteins in polyacrylamide
512 gels including isoelectric focusing gels with clear background at nanogram sensitivity using
513 Coomassie Brilliant Blue G-250 and R-250. *Electrophoresis.* 9(6), 255–262 (1988).
- 514 38. Shevchenko A, Wilm M, Vorm O, Mann M. Mass spectrometric sequencing of proteins silver-
515 stained polyacrylamide gels. *Anal. Chem.* 68(5), 850–858 (1996).
- 516 39. Aragão AZB, Belloni M, Simabuco FM, *et al.* Novel processed form of syndecan-1 shed from
517 SCC-9 cells plays a role in cell migration. *PLoS One*. 7(8), 1–12 (2012).
- 518 40. Mawuenyega, Kwasi G, Fosrt C V., Dobos KM, *et al.* *Mycobacterium tuberculosis* functional
519 network analysis by global subcellular protein profiling. *Mol. Biol. Cell.* 16, 396–404
520 (2005).
- 521 41. Campos MP, Cechinel Filho V, Silva RZ, Yunes RA, Monache FD, Cruz AB. Antibacterial
522 activity of extract, fractions and four compounds extracted from *Piper solmsianum* C. DC.
523 VAR. *solmsianum* (Piperaceae). *Z. Naturforsch. C.* 62(3–4), 173–178 (2007).

- 524 42. De Oliveira Demitto F, Do Amaral RCR, Maltempe FG, *et al.* In vitro activity of rifampicin
525 and verapamil combination in multidrug-resistant *Mycobacterium tuberculosis*. *PLoS One*.
526 10(2), 1–9 (2015).
- 527 43. Pagliotto ADF, Caleffi-Ferracioli KR, Lopes MA, *et al.* Anti-*Mycobacterium tuberculosis*
528 activity of antituberculosis drugs and amoxicillin/clavulanate combination. *J. Microbiol.*
529 *Immunol. Infect.*, 980–983 (2015).
- 530 44. Caleffi-Ferracioli KR, Amaral RCR, Demitto FO, *et al.* Morphological changes and
531 differentially expressed efflux pump genes in *Mycobacterium tuberculosis* exposed to a
532 rifampicin and verapamil combination. *Tuberculosis*. 97, 65–72 (2016).
- 533 45. Kang C, Abbott DW, Park ST, Dascher CC, Cantley LC, Husson RN. The *Mycobacterium*
534 *tuberculosis* serine/treonine kinase PknA and PknB: substrate identification and regulation
535 of cell shape regulation cell shape. *Genes Dev.* , 1692–1704 (2005).
- 536 46. Nguyen L, Scherr N, Gatfield J, Walburger A, Pieters J, Thompson CJ. Antigen 84, an effector
537 of pleiomorphism in *Mycobacterium smegmatis*. *J. Bacteriol.* 189(21), 7896–7910 (2007).
- 538 47. Mukherjee P, Sureka K, Datta P, *et al.* Novel role of Wag31 in protection of mycobacteria
539 under oxidative stress. *Mol. Microbiol.* 73(1), 103–119 (2009).
- 540 48. Cao W, Tang S, Yuan H, Wang H, Zhao X, Lu H. *Mycobacterium tuberculosis* antigen Wag31
541 induces expression of C-chemokine XCL2 in macrophages. *Curr. Microbiol.* 57(3), 189–
542 194 (2008).
- 543 49. Maurya VK, Singh K, Sinha S. Suppression of Eis and expression of Wag31 and GroES in
544 *Mycobacterium tuberculosis* cytosol under anaerobic culture conditions. *Indian J. Exp. Biol.*
545 52(8), 773–780 (2014).
- 546 50. Tuberculist. <http://genolist.pasteur.fr/Tuberculist>.
- 547 51. Shen H, Yang E, Wang F, *et al.* Altered protein expression patterns of *Mycobacterium*
548 *tuberculosis* induced by ATB107. *J. Microbiol.* 48(3), 337–346 (2010).
- 549 52. Starck J, Kallenius G, Marklund BI, Andersson DI, Akerlund T. Comparative proteome
550 analysis of *Mycobacterium tuberculosis* grown under aerobic and anaerobic conditions.
551 *Microbiology*. 150, 3821–3829 (2004).
- 552 53. Oh TJ, Daniel J, Kim HJ, Sirakova TD, Kolattukudy PE. Identification and characterization of
553 Rv3281 as a novel subunit of a biotin-dependent Acyl-CoA carboxylase in *Mycobacterium*
554 *tuberculosis* H37Rv. *J. Biol. Chem.* 281(7), 3899–3908 (2006).
- 555 54. Gago G, Kurth D, Diacovich L, Tsai S, Gramajo H. Biochemical and structural
556 characterization of an essential acyl coenzyme-A carboxylase from *Mycobacterium*
557 *tuberculosis*. *Society*. 188(2), 477–486 (2006).
- 558 55. Nataraj V, Varela C, Javid A, Singh A, Besra GS, Bhatt A. Mycolic acids: Deciphering and

- 559 targeting the Achilles' heel of the tubercle bacillus. *Mol. Microbiol.* 98(1), 7–16 (2015).
- 560 56. Nicholls C, Li H, Liu JP. GAPDH: A common enzyme with uncommon functions. *Clin. Exp.*
561 *Pharmacol. Physiol.* 39(8), 674–679 (2012).
- 562 57. Wolfson- Stofko B, Hadi T, Blanchard JS. Kinetic and Mechanistic characterization of the
563 Glyceraldehyde 3-phosphate dehydrogenase from *Mycobacterium tuberculosis*. *Arch*
564 *Biochem Biophys.* 540(0) (2013).
- 565 58. Singh A, Gopinath K, Sharma P, *et al.* Comparative proteomic analysis of sequential isolates
566 of *Mycobacterium tuberculosis* from a patient with pulmonary tuberculosis turning from
567 drug sensitive to multidrug resistant. *Indian J. Med. Res.* 141(1), 27–45 (2015).
- 568 59. Singh A, Gupta, Anil Kumar Krishnamoorthy G, Sharma P, Singh S. Evaluation of 5 Novel
569 protein biomarkers for the rapid diagnosis of pulmonary and extra-pulmonary tuberculosis :
570 preliminary results. *Sci. Rep.* 2–11 (2017).
- 571 60. Kumar B, Sharma D, Sharma P, Katoch VM, Venkatesan K, Bisht D. Proteomic analysis of
572 *Mycobacterium tuberculosis* isolates resistant to Kanamycin and Aamikacin. *J. Proteomics.*
573 94, 68–77 (2013).
- 574 61. Ferraris DM, Spallek R, Oehlmann W, Singh M, Rizzi M. Structures of citrate synthase and
575 malate dehydrogenase of *Mycobacterium tuberculosis*. *Proteins Struct. Funct. Bioinform.*
576 83(2), 389–394 (2015).
- 577 62. Lv Y, Kandale A, Tadrowski S, *et al.* Crystal structure of *Mycobacterium tuberculosis* ketol-
578 acid reductoisomerase at 1.00 Å resolution: A possible target for anti-tuberculosis drug
579 discovery. *FEBS J.* 283(4), 1184–1196 (2016).
- 580 63. Grandoni JA, Marta PT, Schloss J V. Inhibitors of branched-chain amino acid biosynthesis as
581 potential antituberculosis agents. *J. Antimicrob. Chemother.* 42(4), 475–482 (1998).
- 582 64. Sajid A, Arora G, Gupta M, *et al.* Interaction of *Mycobacterium tuberculosis* elongation factor
583 Tu with GTP is regulated by phosphorylation. *J. Bacteriol.* 193(19), 5347–5358 (2011).
- 584 65. Tripathi D, Chandra H, Bhatnagar R, *et al.* Poly-L-glutamate/glutamine synthesis in the cell
585 wall of *Mycobacterium bovis* is regulated in response to nitrogen availability. *BMC*
586 *Microbiol.* 13(1), 226 (2013).
- 587 66. Kumar A, Toledo JC, Patel RP, Lancaster JR, Steyn AJC. *Mycobacterium tuberculosis* DosS
588 is a redox sensor and DosT is a hypoxia sensor. *Proc. Natl. Acad. Sci. U. S. A.* 104(28),
589 11568–73 (2007).
- 590 67. Shiloh MU, Manzanillo P, Cox JS. *Mycobacterium tuberculosis* Senses Host-Derived Carbon
591 Monoxide during Macrophage Infection. *Cell Host Microbe.* 3(5), 323–330 (2008).
- 592 68. Voskuil MI, Schnappinger D, Visconti KC, *et al.* Inhibition of respiration by nitric oxide
593 induces a *Mycobacterium tuberculosis* dormancy program. *J. Exp. Med.* 198(5), 705–713

- 594 (2003).
- 595 69. Hozumi H, Tsujimura K, Yamamura Y, *et al.* Immunogenicity of dormancy-related antigens in
596 individuals infected with *Mycobacterium tuberculosis* in Japan. *Int. J. Tuberc. Lung Dis.*
597 17(6), 818–824 (2013).
- 598 70. Schertzer JW, Whiteley M. Bacterial outer membrane vesicles in trafficking, communication
599 and the host-pathogen interaction. *J. Mol. Microbiol. Biotechnol.* 23(1–2), 118–130 (2013).
- 600 71. Prados-Rosales R, Baena A, Martinez LR, *et al.* Mycobacteria release active membrane
601 vesicles that modulate immune responses in a TLR2-dependent manner in mice. *J. Clin.*
602 *Invest.* 121(4), 1471–1483 (2011).
- 603 72. Lopes RL, Borges TJ, Zanin RF, Bonorino C. IL-10 is required for polarization of
604 macrophages to M2-like phenotype by mycobacterial DnaK (heat shock protein 70).
605 *Cytokine.* 85, 123–129 (2016).
- 606 73. Lopes RL, Borges TJ, Araújo JF, *et al.* Extracellular mycobacterial DnaK polarizes
607 macrophages to the M2-like phenotype. *PLoS One.* 9(11), 1–16 (2014).
- 608 74. Sharma P, Kumar B, Gupta Y, *et al.* Proteomic analysis of streptomycin resistant and sensitive
609 clinical isolates of *Mycobacterium tuberculosis*. *Proteome Sci.* 8(1), 59 (2010).
- 610 75. Sharma P, Kumar B, Singhal N. Streptomycin induced protein expression analysis in
611 *Mycobacterium tuberculosis* by two-dimensional gel electrophoresis & mass spectrometry.
612 *Indian J. Med. Res.* 400–408 (2010).
- 613 76. Puniya BL, Kulshreshtha D, Verma SP, Kumar S, Ramachandran S. Integrated gene co-
614 expression network analysis in the growth phase of *Mycobacterium tuberculosis* reveals new
615 potential drug targets. *Mol. BioSyst.* 2798–2815 (2013).
- 616 77. He X, Zhang J. Why Do hubs tend to be essential in protein networks? *PLoS Genet.* 2(6)
617 (2006).
- 618 78. Burton RL, Chen S, Xu XL, Grant GA. A Novel mechanism for substrate inhibition in
619 *Mycobacterium tuberculosis* D-3-Phosphoglycerate dehydrogenase. 282(43), 31517–31524
620 (2007).
- 621 79. Grant GA. Contrasting catalytic and allosteric mechanisms for phosphoglycerate
622 dehydrogenases. *Arch. Biochem. Biophys.* 519(2), 175–185 (2012).
- 623 80. Dey S, Burton RL, Grant GA, Sacchettini JC. Structural analysis of substrate and effector
624 binding in *Mycobacterium tuberculosis* D-3- phosphoglycerate dehydrogenase.
625 *Biochemistry.* 47(32), 8271–8282 (2009).
- 626 81. Dey S, Grant GA, Sacchettini JC. Crystal structure of *Mycobacterium tuberculosis* D -3-
627 phosphoglycerate dehydrogenase. *J. Biol. Chem.* 280(15), 14892–14899 (2005).
- 628 82. Babu R, Krishnamoorthy P, Gayathri G. Identification of drug target site on Citrate synthase

- 629 of food pathogen- *Campylobacter jejuni*. *Res. J. Pharm. Biol. Chem. Sci.* 4(1), 618–623
630 (2013).
- 631 83. Tilton F, Priya L, Nair A. *In silico* metabolic pathway analysis for potential drug target in
632 *Campylobacter jejuni*. 3(3), 29–32 (2014).
- 633 84. Timson DJ. Metabolic enzymes of helminth parasites: potential as drug targets. *Curr. Protein*
634 *Pept. Sci.* 17(3), 280–295 (2016).
- 635 85. Mir SA, Sharma S. Immunotherapeutic potential of N-formylated peptides of ESAT-6 and
636 glutamine synthetase in experimental tuberculosis. *Int. Immunopharmacol.* 18(2), 298–303
637 (2014).
- 638 86. Lu P, Lill H, Bald D. ATP synthase in mycobacteria: special features and implications for a
639 function as drug target. *Biochim. Biophys. Acta.* 1837(7), 1208–1218 (2014).
- 640
641
642
643
644
645
646
647
648
649
650
651
652
653
654
655
656
657
658
659
660
661

662 **Table 1. Details of proteins differentially expressed in *Mycobacterium tuberculosis* H₃₇Rv after EUP-5 induction**

Induction time	ORF number	Gene	Spot number	Protein identified	Mascot	Matched peptides	Fold Change*	Functional Class**
12 hours	Rv2145c	<i>wag31</i>	1555	Cell wall synthesis protein Wag 31 P9WMU1	259	10	Absent in 12 h	cell wall and cell processes
	Rv0440	<i>groEL2</i>	3814	Chaperonin groEL-2 P9WPE7	1277	31	2.85 Under-expressed in 12 h	virulence, detoxification, adaptation
	Rv3280	<i>accD5</i>	3846	Propionyl-CoA carboxylase [AccD5] P9WQH7	53	3	Present in 12 h	lipid metabolism
	Not identified	-----	3844	-----	-----	-----	-----	-----
24 hours	Rv0440	<i>groEL2</i>	3524	Chaperonin groEL-2 P9WPE7	2300	45	1.87 Under-expressed in 24 h	virulence, detoxification, adaptation
	Rv2145c	<i>wag31</i>	1555	Cell wall synthesis protein Wag 31 P9WMU1	259	10	Absent in 24 h	cell wall and cell processes
	Rv1436	<i>gap</i>	1537	Glyceraldehyde 3-phosphate dehydrogenase [Gapdh] P9WN83	78	2	Absent in 24 h	intermediary metabolism and respiration
	Rv0952	<i>sucD</i>	1531	Succinyl-CoA synthetase alpha chain [SucD] P9WGC7	104	6	Absent in 24 h	intermediary metabolism and respiration
	Rv3001c	<i>ilvC</i>	1520	Ketol-acid reductoisomerase P9WGC7	39	3	Absent in 24 h	intermediary metabolism and respiration
	Rv0685	<i>tuf</i>	3465	Elongation factor Tu [Ef-Tu]	323	6	Present in 24 h	Information

48 hours	Rv2028c	Rv2028c	3466	P9WNN1 Universal stress protein [Usp] P9WFD9	95	3	Present in 24 h	pathways virulence, detoxification, adaptation
	Rv0350	<i>dnaK</i>	3367, 3467	Chaperone protein Dnak P9WMJ9	2408	55	Present in 24 h	virulence, detoxification, adaptation
	Rv0896	<i>gltA2</i>	3480	Citrate synthase I [GltA2] P9WPD5	137	5	Present in 24 h	intermediary metabolism and respiration
	Rv1437	<i>pgk</i>	3495, 3496	Phosphoglycerate kinase [Pgk] P9WID1	760	15	Present in 24 h	intermediary metabolism and respiration
	Rv0440	<i>groEL2</i>	1944	Chaperonin groEL-2 P9WPE7	2300	45	2.54 Under-expressed in 48 h	virulence, detoxification, adaptation
	Rv2145c	<i>wag31</i>	1555	Cell wall synthesis protein Wag 31 P9WMU1	259	10	Absent in 48h	cell wall and cell processes
	Rv3001c	<i>ilvC</i>	1519	Ketol-acid reductoisomerase P9WKJ7	39	3	Absent in 48h	intermediary metabolism and respiration
	Rv1308	<i>atpA</i>	1932	ATP synthase alpha chain [AtpA] P9WPU7	303	9	Present in 48h	intermediary metabolism and respiration
Rv0350	<i>dnaK</i>	1858	Chaperone protein Dnak P9WMJ9	984	30	Present in 48h	virulence, detoxification, adaptation	

	Rv2996c	<i>serA1</i>	1957	D-3-phosphoglycerate dehydrogenase [SerA1 P9WNX3	68	5	Present in 48h	intermediary metabolism and respiration
--	---------	--------------	------	--	----	---	----------------	---

663 * Cutoff value ≥ 1.5 fold changes and $p < 0.05$

664 ** According to TubercuList (<http://genolist.pasteur.fr/TubercuList/>)

665

666

667

668

669

670

671

672

673

674

675

676

677

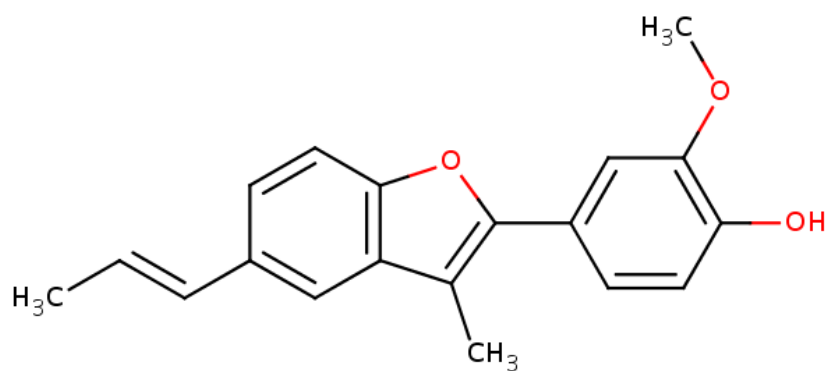
678

679

680

681

682



683

684

Fig. 1 Chemical structure of eupomatenoid-5.

685

686

687

688

689

690

691

692

693

694

695

696

697

698

699

700

701

702

703

704

705

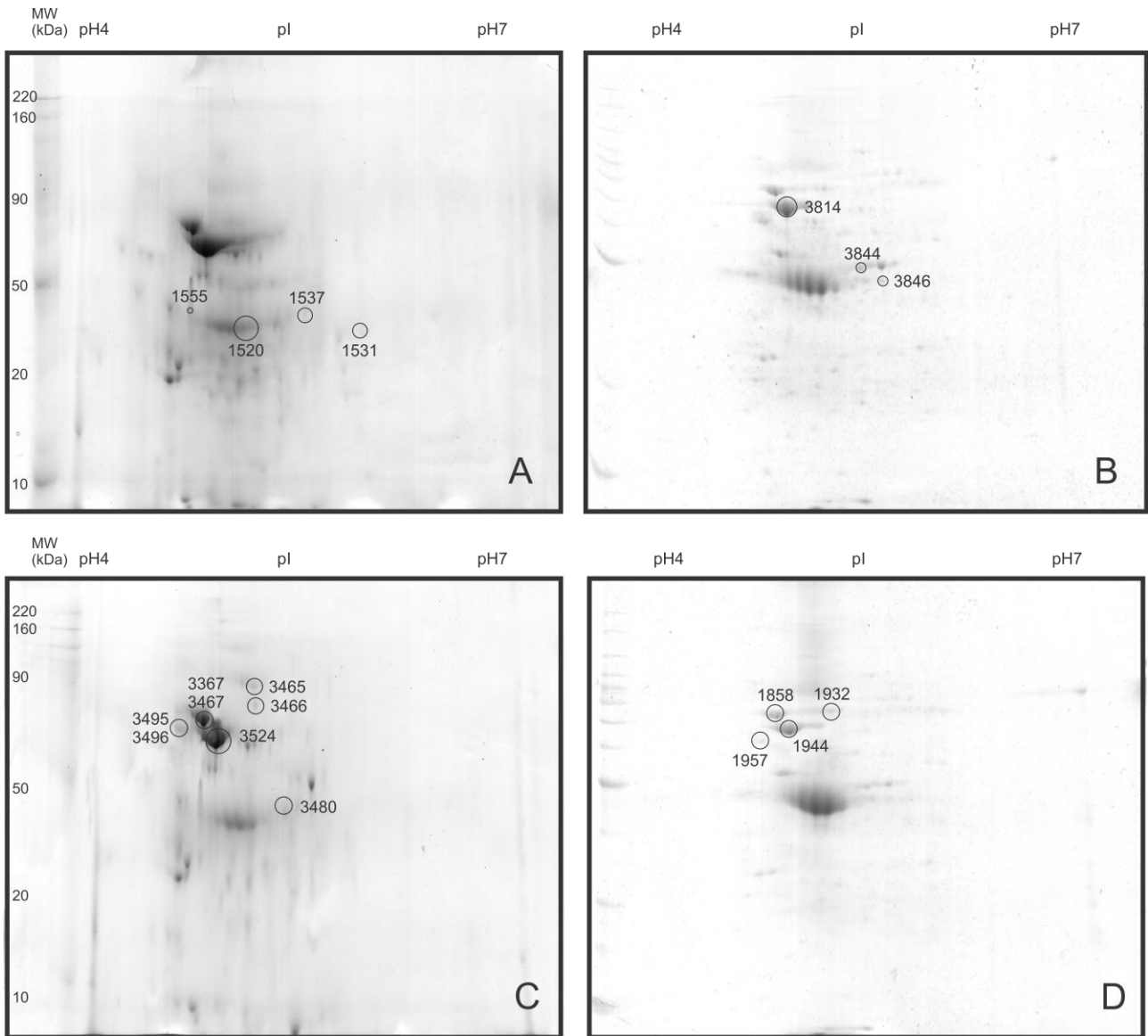
706

707

708

709

710



711

712 Fig. 2. Two- dimensional gels profile of *Mycobacterium tuberculosis* H₃₇Rv (*M. tb*) induced to sub-
 713 MIC of EUP-5. (A) Not induced gel (control). (B) 12 h of EUP-5 induction gel (C). 24 h of EUP-5
 714 induction gel. (D) 48 h of EUP-5 induction gel. Circled spots indicate proteins differentially
 715 expressed (Table 1).

716

717

718

719

720

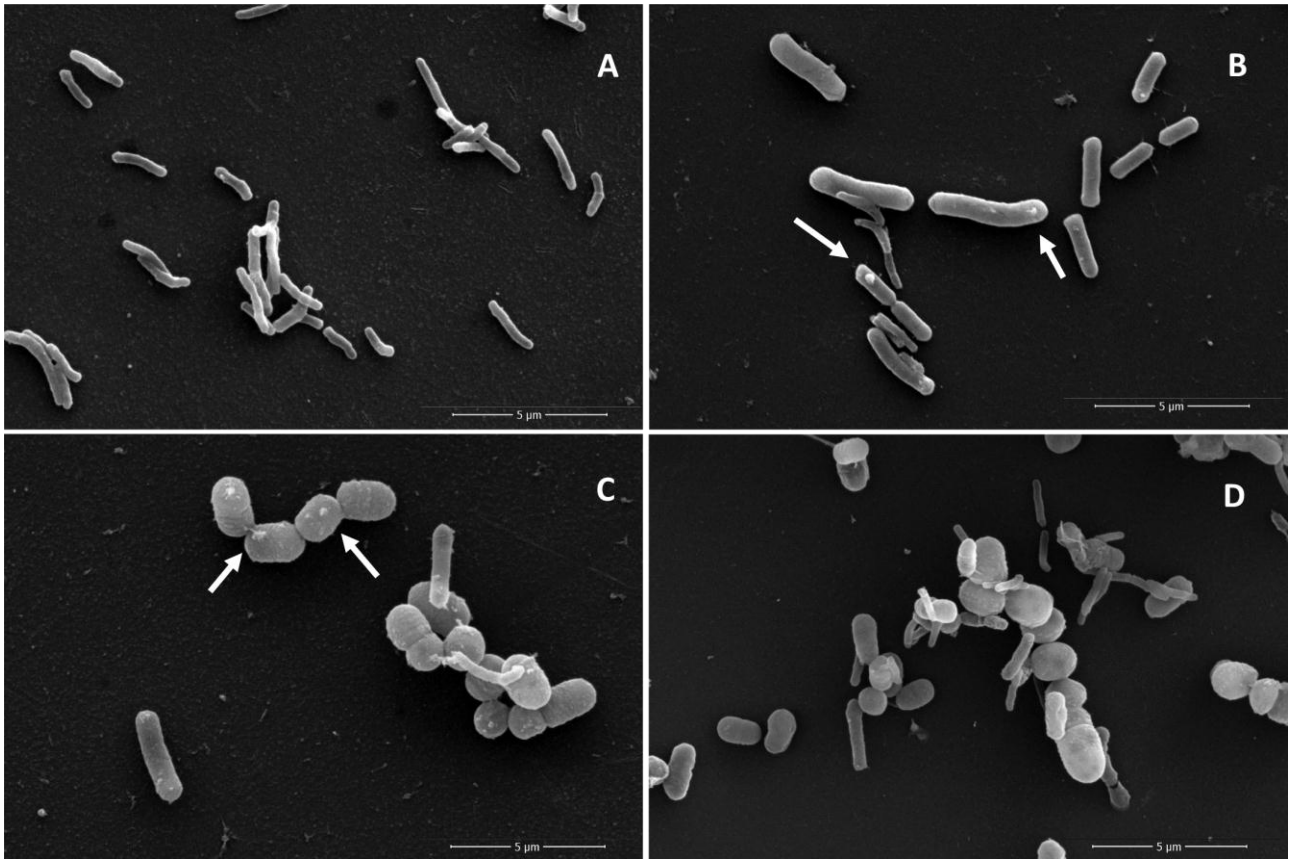
721

722

723

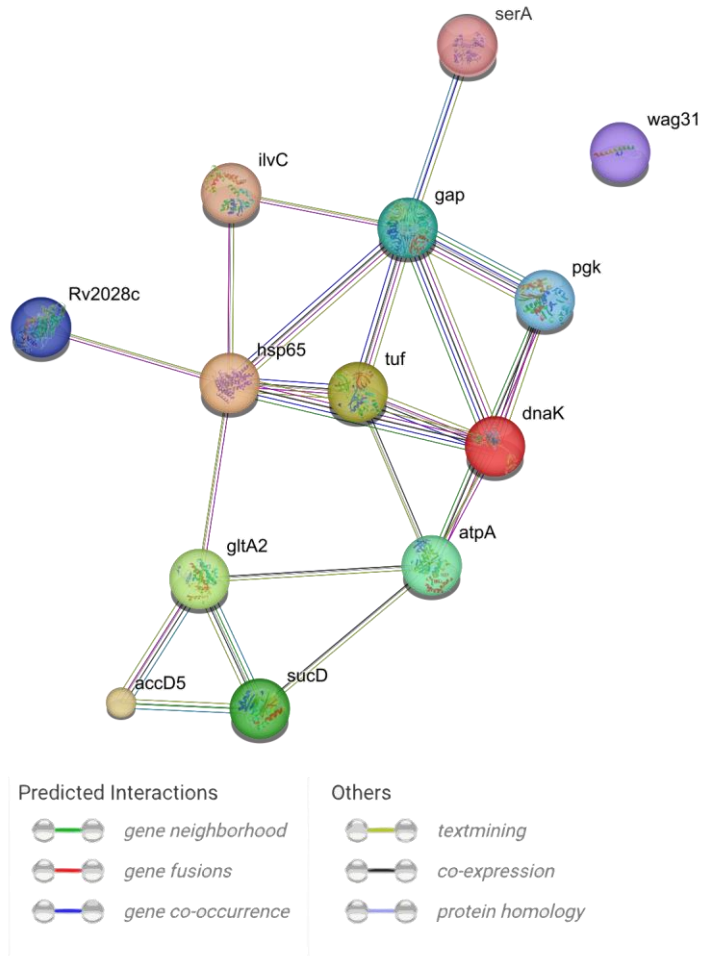
724

725



726

727 Fig. 3. Scanning electron microscopy of *Mycobacterium tuberculosis* H₃₇Rv (*M. tb*) induced to sub-
728 MIC of EUP-5. (A) Not induced cells (control). (B) 12 h of EUP-5 induction (C). 24 h of EUP-5
729 induction. (D) 48 h of EUP-5 induction. The white arrows indicate structures similar to outer
730 membrane vesicles.



731

732 Fig. 4. STRING analyses reveals that proteins involved in intermediary metabolism and respiration,
 733 lipid metabolism, virulence/ detoxification/ adaptation and information pathway interacted with
 734 each other as well as their partners, except the cell wall synthesis protein Wag 31 (Rv2145c).
 735

736

737

738

739

740

741

742

743

744

745

746

747

748

CAPÍTULO III

CONCLUSÕES

- 1) A proteômica é uma ferramenta que auxilia na compreensão da ação de fármacos em *Mycobacterium tuberculosis* (*M. tb*).
- 2) As condições de cultivo de *M. tb* H₃₇Rv e exposição a EMB e EUP-5 em diferentes tempos foram padronizadas e aplicadas à análise proteômica.
- 3) A metodologia de proteômica foi útil para reconhecimento das proteínas expressas pela cepa *M. tb* H₃₇Rv após a exposição a EMB e EUP-5.
- 4) As principais alterações proteicas relacionadas a exposição de *M. tb* H₃₇Rv ao EMB ocorreram após 48 horas e foram proteínas relacionadas ao metabolismo intermediário e respiração, sugerindo que estas poderiam ser exploradas como alvos.
- 5) As principais alterações proteicas relacionadas a exposição de *M. tb* H₃₇Rv a EUP-5 ocorreram após 24 h e foram proteínas relacionadas ao metabolismo intermediário, metabolismo lipídico, virulência e detoxificação, proteínas de informação e processos celulares. Algumas dessas proteínas são consideradas alvos para fármacos por serem micobactérias específicas.
- 6) As principais alterações morfológicas causadas por EUP-5 em *M. tb* H₃₇Rv, observadas pela microscopia eletrônica de varredura, foram arredondamento caracterizando perda da forma bacilar e bacilos com aparência enrugada.
- 7) A construção de redes de interações de proteínas por STRING-10 database é uma ferramenta eficiente e permite uma melhor visualização do impacto causado por EMB e EUP-5 em *M. tb* H₃₇Rv.

PERSPECTIVAS

Diante dos resultados obtidos neste trabalho, o EUP-5 se apresenta como um potencial candidato a fármaco anti-TB e o mecanismo de ação de EMB ainda não foi totalmente explorado. Desta forma, a avaliação da expressão proteica tem grande importância na continuidade dessas investigações em micobactérias. Estudos proteômicos com isolados clínicos sensíveis e resistentes aos fármacos de primeira linha, com micobactérias não-tuberculosas e com bacilos em estado dormente podem contribuir para este objetivo. Além disso, novas ferramentas de bioinformática como o *Cytoscape* e *molecular docking* podem contribuir para um melhor entendimento de novos alvos proteicos ou marcadores de resistência.

ANEXOS

INTERNATIONAL JOURNAL OF MEDICAL MICROBIOLOGY

AUTHOR INFORMATION PACK TABLE OF CONTENTS

- **Description**
- **Audience**
- **Impact Factor**
- **Abstracting and Indexing**
- **Editorial Board**
- **Guide for Authors**

ISSN: 1438-4221

DESCRIPTION

Pathogen genome sequencing projects have provided a wealth of data that need to be set in context to pathogenicity and the outcome of infections. In addition, the interplay between a pathogen and its host cell has become increasingly important to understand and interfere with diseases caused by microbial pathogens. *IJMM* meets these needs by focussing on genome and proteome analyses, studies dealing with the molecular mechanisms of pathogenicity and the evolution of pathogenic agents, the interactions between pathogens and host cells ("cellular microbiology"), and molecular epidemiology. To help the reader keeping up with the rapidly evolving new findings in the field of medical microbiology, *IJMM* publishes original articles, case studies and topical, state-of-the-art mini-reviews in a well balanced fashion. All articles are strictly peer-reviewed. Important topics are reinforced by 2 special issues per year dedicated to a particular theme. Finally, at irregular intervals, current opinions on recent or future developments in medical microbiology are presented in an editorial section.

AUDIENCE

Bacteriologists, mycologists, microbiologists, parasitologists, infectiologists, molecular biologists, cell biologists

IMPACT FACTOR

2015: 3.898 © Thomson Reuters Journal Citation Reports 2016

AUTHOR INFORMATION PACK 8 May 2017 www.elsevier.com/locate/ijmm 2

ABSTRACTING AND INDEXING

BIOSIS

Elsevier BIOBASE

Current Contents/Life Sciences

Index Dental Literature

MEDLINE®

Medical Documentation Service

EMBASE

Helminthological Abstracts

Research Alert

Review of Applied Entomology

Science Citation Index

Scisearch

Biological Abstracts

Current Awareness in Biological Sciences

CSA Database

Chemical Abstracts Service

Scopus

EDITORIAL BOARD

Editor-in-Chief

Sebastian Suerbaum, Ludwig-Maximilians-Universität München (LMU), Muenchen, Germany

Associate Editors

Carmen Buchrieser, Institut Pasteur, Paris, France
Mathias Frosch, Julius-Maximilians-Universität Würzburg, Würzburg, Germany
Michael S. Gilmore, Harvard Medical School, Boston, Massachusetts, USA
Jürgen Heesemann, Ludwig-Maximilians-Universität München (LMU), Muenchen, Germany
James B. Kaper, University of Maryland School of Medicine, Baltimore, Maryland, USA
Timo Korhonen, University of Helsinki, Helsinki, Finland
Oliver Kurzai, Hans Knöll Institute, Jena, Germany
Peter Sebo, Academy of Sciences of the Czech Republic, Prague, Czech Republic
Paul Williams, Nottingham, Nottingham, England, UK

Advisory Board

Mark Achtman, Coventry, England, UK
Klaus Aktories, Freiburg, Germany
Ingo Autenrieth, Tübingen, Germany
Trinad Chakraborty, Giessen, Germany
Nick Cianciotto, Chicago, Illinois, USA
Pascale Cossart, Paris, France
Patrice Courvalin, Paris, France
Christoph Dehio, Basel, Switzerland
Xavier Didelot, London, UK
Ulrich Dobrindt, Münster, Germany
Charles Dorman, Dublin, Ireland
Levente Emödy, Pécs, Hungary
B Brett Finlay, Vancouver, British Columbia, Canada
Bernhard Fleischer, Hamburg, Germany
Werner Goebel, Würzburg, Germany
Friedrich Götz, Tübingen, Germany
Rainer Haas, München, Germany
Jörg Hacker, Halle (Saale), Germany
Sven Hammerschmidt, Greifswald, Germany
Michael Hecker, Greifswald, Germany
Toshiya Hirayama, Nagasaki, Japan
Barbara Kahl, Münster, Germany
Helge Karch, Münster, Germany
Stefan Kaufmann, Berlin, Germany
Camille Locht, Lille, France
Anja Lührmann, Erlangen, Germany
Martin Maiden, Oxford, UK

AUTHOR INFORMATION PACK 8 May 2017 www.elsevier.com/locate/ijmm 3

D. Scott Merrell, Bethesda, Maryland, USA
Thomas Meyer, Berlin, Germany
Michel Monod, Lausanne, Switzerland
Cesare Montecucco, Padova, Italy
Georg Peters, Münster, Germany
Rino Rappuoli, Siena, Italy
Eliora Ron, Ramat Aviv, Israel
Philippe Sansonetti, Paris, France
Stefan Schild, Graz, Austria
Eberhard Straube, Jena, Germany
Catharina Svanborg, Lund, Sweden
Burkhard Tümmler, Hannover, Germany
Bernt Eric Uhlin, Umeå, Sweden
Wolfgang Witte, Wernigerode, Germany

AUTHOR INFORMATION PACK 8 May 2017 www.elsevier.com/locate/ijmm 4

GUIDE FOR AUTHORS

Introduction

The journal focuses on genome and proteome analyses, studies dealing with the molecular mechanisms of pathogenicity and the evolution of pathogenic agents, the interactions between pathogens and host cells ("cellular microbiology"), and molecular epidemiology. To help the reader keeping up with the rapidly evolving new findings in the field of medical microbiology, IJMM publishes original articles, case studies and topical, state-of-the-art mini-reviews in a well balanced fashion.

All articles are strictly peer-reviewed.

Contact details for submission

For questions on the submission and reviewing process, please contact intern.journal@uniwuerzburg.de. For technical questions, please use our help site at: <http://epsupport.elsevier.com/>. Here you will be able to learn more about the online submission and editorial system via interactive tutorials, explore a range of problem solutions via our knowledgebase, and find answers to frequently asked questions. You will also find our support contact details should you need any assistance from one of our customer service representatives.

Page charges

This journal has no page charges.

Submission checklist

You can use this list to carry out a final check of your submission before you send it to the journal for review. Please check the relevant section in this Guide for Authors for more details.

Ensure that the following items are present:

One author has been designated as the corresponding author with contact details:

- E-mail address
- Full postal address

All necessary files have been uploaded:

Manuscript:

- Include keywords
- All figures (include relevant captions)
- All tables (including titles, description, footnotes)
- Ensure all figure and table citations in the text match the files provided
- Indicate clearly if color should be used for any figures in print

Graphical Abstracts / Highlights files (where applicable)

Supplemental files (where applicable)

Further considerations

- Manuscript has been 'spell checked' and 'grammar checked'
- All references mentioned in the Reference List are cited in the text, and vice versa
- Permission has been obtained for use of copyrighted material from other sources (including the Internet)
- Relevant declarations of interest have been made
- Journal policies detailed in this guide have been reviewed
- Referee suggestions and contact details provided, based on journal requirements

For further information, visit our Support Center.

BEFORE YOU BEGIN

Ethics in publishing

Please see our information pages on Ethics in publishing and Ethical guidelines for journal publication.

Human and animal rights

If the work involves the use of human subjects, the author should ensure that the work described has been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans; Uniform Requirements for manuscripts submitted to

AUTHOR INFORMATION PACK 8 May 2017 www.elsevier.com/locate/ijmm 5

Biomedical journals. Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

All animal experiments should comply with the ARRIVE guidelines and should be carried out in accordance with the U.K. Animals (Scientific Procedures) Act, 1986 and associated guidelines, EUDirective 2010/63/EU for animal experiments, or the National Institutes of Health guide for the care and use of Laboratory animals (NIH Publications No. 8023,

revised 1978) and the authors should clearly indicate in the manuscript that such guidelines have been followed.

Declaration of interest

All authors are requested to disclose any actual or potential conflict of interest including any financial, personal or other relationships with other people or organizations within three years of beginning the submitted work that could inappropriately influence, or be perceived to influence, their work. More information.

Submission declaration and verification

Submission of an article implies that the work described has not been published previously (except in the form of an abstract or as part of a published lecture or academic thesis or as an electronic preprint, see 'Multiple, redundant or concurrent publication' section of our ethics policy for more information), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright-holder. To verify originality, your article may be checked by the originality detection service CrossCheck.

Changes to authorship

Authors are expected to consider carefully the list and order of authors **before** submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made only **before** the manuscript has been accepted and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the **corresponding author**: (a) the reason for the change in author list and (b) written confirmation (e-mail, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed. Only in exceptional circumstances will the Editor consider the addition, deletion or rearrangement of authors **after** the manuscript has been accepted. While the Editor considers the request, publication of the manuscript will be suspended. If the manuscript has already been published in an online issue, any requests approved by the Editor will result in a corrigendum.

Article transfer service

This journal is part of our Article Transfer Service. This means that if the Editor feels your article is more suitable in one of our other participating journals, then you may be asked to consider transferring the article to one of those. If you agree, your article will be transferred automatically on your behalf with no need to reformat. Please note that your article will be reviewed again by the new journal.

More information.

Copyright

Upon acceptance of an article, authors will be asked to complete a 'Journal Publishing Agreement' (see more information on this). An e-mail will be sent to the corresponding author confirming receipt of the manuscript together with a 'Journal Publishing Agreement' form or a link to the online version of this agreement.

Subscribers may reproduce tables of contents or prepare lists of articles including abstracts for internal circulation within their institutions. Permission of the Publisher is required for resale or distribution outside the institution and for all other derivative works, including compilations and translations. If excerpts from other copyrighted works are included, the author(s) must obtain written permission from the copyright owners and credit the source(s) in the article. Elsevier has preprinted forms for use by authors in these cases.

AUTHOR INFORMATION PACK 8 May 2017 www.elsevier.com/locate/ijmm 6

For open access articles: Upon acceptance of an article, authors will be asked to complete an 'Exclusive License Agreement' (more information). Permitted third party reuse of open access articles is determined by the author's choice of user license.

Author rights

As an author you (or your employer or institution) have certain rights to reuse your work. More information.

Elsevier supports responsible sharing

Find out how you can share your research published in Elsevier journals.

Role of the funding source

You are requested to identify who provided financial support for the conduct of the research and/or preparation of the article and to briefly describe the role of the sponsor(s), if any, in study design; in the collection, analysis and interpretation of data; in the writing of the report; and in the decision to submit the article for publication. If the funding source(s) had no such involvement then this should be stated.

Funding body agreements and policies

Elsevier has established a number of agreements with funding bodies which allow authors to comply with their funder's open access policies. Some funding bodies will reimburse the author for the Open Access Publication Fee. Details of existing agreements are available online.

Open access

This journal offers authors a choice in publishing their research:

Open access

- Articles are freely available to both subscribers and the wider public with permitted reuse.
- An open access publication fee is payable by authors or on their behalf, e.g. by their research funder or institution.

Subscription

- Articles are made available to subscribers as well as developing countries and patient groups through our universal access programs.
- No open access publication fee payable by authors.

Regardless of how you choose to publish your article, the journal will apply the same peer review criteria and acceptance standards.

For open access articles, permitted third party (re)use is defined by the following Creative Commons user licenses:

Creative Commons Attribution (CC BY)

Lets others distribute and copy the article, create extracts, abstracts, and other revised versions, adaptations or derivative works of or from an article (such as a translation), include in a collective work (such as an anthology), text or data mine the article, even for commercial purposes, as long as they credit the author(s), do not represent the author as endorsing their adaptation of the article, and do not modify the article in such a way as to damage the author's honor or reputation.

Creative Commons Attribution-NonCommercial-NoDerivs (CC BY-NC-ND)

For non-commercial purposes, lets others distribute and copy the article, and to include in a collective work (such as an anthology), as long as they credit the author(s) and provided they do not alter or modify the article.

The open access publication fee for this journal is **USD 3000**, excluding taxes. Learn more about Elsevier's pricing policy: <http://www.elsevier.com/openaccesspricing>.

Green open access

Authors can share their research in a variety of different ways and Elsevier has a number of green open access options available. We recommend authors see our green open access page for further information. Authors can also self-archive their manuscripts immediately and enable public access from their institution's repository after an embargo period. This is the version that has been accepted for publication and which typically includes author-incorporated changes suggested during submission, peer review and in editor-author communications. Embargo period: For subscription AUTHOR INFORMATION PACK 8 May 2017 www.elsevier.com/locate/ijmm 7 articles, an appropriate amount of time is needed for journals to deliver value to subscribing customers before an article becomes freely available to the public. This is the embargo period and it begins from

the date the article is formally published online in its final and fully citable form. Find out more.

This journal has an embargo period of 12 months.

Language (usage and editing services)

Please write your text in good English (American or British usage is accepted, but not a mixture of these). Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English may wish to use the English language Editing service available from Elsevier's WebShop.

Informed consent and patient details

Studies on patients or volunteers require ethics committee approval and informed consent, which should be documented in the paper. Appropriate consents, permissions and releases must be obtained where an author wishes to include case details or other personal information or images of patients and any other individuals in an Elsevier publication. Written consents must be retained by the author and copies of the consents or evidence that such consents have been obtained must be provided to Elsevier on request. For more information, please review the Elsevier Policy on the Use of Images or Personal Information of Patients or other Individuals. Unless you have written permission from the patient (or, where applicable, the next of kin), the personal details of any patient included in any part of the article and in any supplementary materials (including all illustrations and videos) must be removed before submission.

Submission

Our online submission system guides you stepwise through the process of entering your article details and uploading your files. The system converts your article files to a single PDF file used in the peer-review process. Editable files (e.g., Word, LaTeX) are required to typeset your article for final publication. All correspondence, including notification of the Editor's decision and requests for revision, is sent by e-mail.

Submit your article

Please submit your article via

http://www.evise.com/evise/faces/pages/navigation/NavController.jsp?JRNL_ACR=IJMM

PREPARATION

Use of word processing software

It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns.

The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the Guide to Publishing with Elsevier). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork. To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

Article structure

Subdivision - unnumbered sections

Divide your article into clearly defined sections. Each subsection is given a brief heading. Each heading should appear on its own separate line. Subsections should be used as much as possible when crossreferencing text: refer to the subsection by heading as opposed to simply 'the text'.

Introduction

State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

Material and methods

Provide sufficient detail to allow the work to be reproduced. Methods already published should be indicated by a reference: only relevant modifications should be described.

AUTHOR INFORMATION PACK 8 May 2017 www.elsevier.com/locate/ijmm 8

Results

Results should be clear and concise.

Discussion

This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

Conclusions

The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

Appendices

If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

Essential title page information

- **Title.** Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.
- **Author names and affiliations.** Please clearly indicate the given name(s) and family name(s) of each author and check that all names are accurately spelled. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lowercase superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author.
- **Corresponding author.** Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. **Ensure that the e-mail address is given and that contact details are kept up to date by the corresponding author.**
- **Present/permanent address.** If an author has moved since the work described in the article was done, or was visiting at the time, a 'Present address' (or 'Permanent address') may be indicated as a footnote to that author's name. The address at which the author actually did the work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes.

Abstract

A concise and factual abstract is required. The abstract should state briefly the purpose of the research, the principal results and major conclusions. An abstract is often presented separately from the article, so it must be able to stand alone. For this reason, References should be avoided, but if essential, then cite the author(s) and year(s). Also, non-standard or uncommon abbreviations should be avoided, but if essential they must be defined at their first mention in the abstract itself.

Graphical abstract

Although a graphical abstract is optional, its use is encouraged as it draws more attention to the online article. The graphical abstract should summarize the contents of the article in a concise, pictorial form designed to capture the attention of a wide readership. Graphical abstracts should be submitted as a separate file in the online submission system. Image size: Please provide an image with a minimum of 531 × 1328 pixels (h × w) or proportionally more. The image should be readable at a size of 5 × 13 cm using a regular screen resolution of 96 dpi. Preferred file types: TIFF, EPS, PDF or MS Office files. You can view Example Graphical Abstracts on our information site. Authors can make use of Elsevier's Illustration and Enhancement service to ensure the best presentation of their images and in accordance with all technical requirements: Illustration Service.

Highlights

Highlights are a short collection of bullet points that convey the core findings of the article. Highlights are optional and should be submitted in a separate editable file in the online submission system. Please use 'Highlights' in the file name and include 3 to 5 bullet points (maximum 85 characters, including spaces, per bullet point). You can view example Highlights on our information site.

Keywords

Immediately after the abstract, provide a maximum of 6 keywords, using American spelling and avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.

AUTHOR INFORMATION PACK 8 May 2017 www.elsevier.com/locate/ijmm 9

Abbreviations

Define abbreviations that are not standard in this field in a footnote to be placed on the first page of the article. Such abbreviations that are unavoidable in the abstract must be defined at their first mention there, as well as in the footnote. Ensure consistency of abbreviations throughout the article.

Acknowledgements

Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

Formatting of funding sources

List funding sources in this standard way to facilitate compliance to funder's requirements: Funding: This work was supported by the National Institutes of Health [grant numbers xxxx, yyyy]; the Bill & Melinda Gates Foundation, Seattle, WA [grant number zzzz]; and the United States Institutes of Peace [grant number aaaa]. It is not necessary to include detailed descriptions on the program or type of grants and awards. When funding is from a block grant or other resources available to a university, college, or other research institution, submit the name of the institute or organization that provided the funding. If no funding has been provided for the research, please include the following sentence: This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Units

Follow internationally accepted rules and conventions: use the international system of units (SI). If other units are mentioned, please give their equivalent in SI.

New nucleotide or amino acid sequences to be published must be deposited at a standard data base (e.g. GenBank or others) and the accession number must be mentioned in the text.

Math formulae

Please submit math equations as editable text and not as images. Present simple formulae in line with normal text where possible and use the solidus (/) instead of a horizontal line for small fractional terms, e.g., X/Y. In principle, variables are to be presented in italics. Powers of e are often more conveniently denoted by exp. Number consecutively any equations that have to be displayed separately from the text (if referred to explicitly in the text).

Footnotes

Footnotes should be used sparingly. Number them consecutively throughout the article. Many word processors can build footnotes into the text, and this feature may be used. Otherwise, please indicate the position of footnotes in the text and list the footnotes themselves separately at the end of the article. Do not include footnotes in the Reference list.

Artwork

Image manipulation

Whilst it is accepted that authors sometimes need to manipulate images for clarity, manipulation for purposes of deception or fraud will be seen as scientific ethical abuse and will be dealt with accordingly. For graphical images, this journal is applying the following policy: no specific feature within an image may be enhanced, obscured, moved,

removed, or introduced. Adjustments of brightness, contrast, or color balance are acceptable if and as long as they do not obscure or eliminate any information present in the original. Nonlinear adjustments (e.g. changes to gamma settings) must be disclosed in the figure legend.

Electronic artwork

General points

- Make sure you use uniform lettering and sizing of your original artwork.
- Embed the used fonts if the application provides that option.
- Aim to use the following fonts in your illustrations: Arial, Courier, Times New Roman, Symbol, or use fonts that look similar.
- Number the illustrations according to their sequence in the text.

AUTHOR INFORMATION PACK 8 May 2017 www.elsevier.com/locate/ijmm 10

- Use a logical naming convention for your artwork files.
- Provide captions to illustrations separately.
- Size the illustrations close to the desired dimensions of the published version.
- Submit each illustration as a separate file.

A detailed guide on electronic artwork is available.

You are urged to visit this site; some excerpts from the detailed information are given here.

Formats

If your electronic artwork is created in a Microsoft Office application (Word, PowerPoint, Excel) then please supply 'as is' in the native document format. Regardless of the application used other than Microsoft Office, when your electronic artwork is finalized, please 'Save as' or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):

EPS (or PDF): Vector drawings, embed all used fonts.

TIFF (or JPEG): Color or grayscale photographs (halftones), keep to a minimum of 300 dpi.

TIFF (or JPEG): Bitmapped (pure black & white pixels) line drawings, keep to a minimum of 1000 dpi.

TIFF (or JPEG): Combinations bitmapped line/half-tone (color or grayscale), keep to a minimum of 500 dpi.

Please do not:

- Supply files that are optimized for screen use (e.g., GIF, BMP, PICT, WPG); these typically have a low number of pixels and limited set of colors;
- Supply files that are too low in resolution;
- Submit graphics that are disproportionately large for the content.

For supported file types in Evise, please visit our Support site for Evise.

Color artwork

Please make sure that artwork files are in an acceptable format (TIFF (or JPEG), EPS (or PDF), or MS Office files) and with the correct resolution. If, together with your accepted article, you submit usable color figures then Elsevier will ensure, at no additional charge, that these figures will appear in color online (e.g., ScienceDirect and other sites) regardless of whether or not these illustrations are reproduced in color in the printed version. **For color reproduction in print, you will receive information regarding the costs from Elsevier after receipt of your accepted article.** Please indicate your preference for color: in print or online only. Further information on the preparation of electronic artwork.

Illustration services

Elsevier's WebShop offers Illustration Services to authors preparing to submit a manuscript but concerned about the quality of the images accompanying their article. Elsevier's expert illustrators can produce scientific, technical and medical-style images, as well as a full range of charts, tables and graphs. Image 'polishing' is also available, where our illustrators take your image(s) and improve them to a professional standard. Please visit the website to find out more.

Figure captions

Ensure that each illustration has a caption. Supply captions separately, not attached to the figure. A caption should comprise a brief title (**not** on the figure itself) and a description of the illustration. Keep text in the illustrations themselves to a minimum but explain all symbols and abbreviations used.

Tables

Please submit tables as editable text and not as images. Tables can be placed either next to the relevant text in the article, or on separate page(s) at the end. Number tables consecutively in accordance with their appearance in the text and place any table notes below the table body. Be sparing in the use of tables and ensure that the data presented in them do not duplicate results described elsewhere in the article. Please avoid using vertical rules and shading in table cells.

References

Citation in text

Please ensure that every reference cited in the text is also present in the reference list (and vice versa). Any references cited in the abstract must be given in full. Unpublished results and personal communications are not recommended in the reference list, but may be mentioned in the text. If these references are included in the reference list they should follow the standard reference style of the journal and should include a substitution of the publication date with either 'Unpublished results' or 'Personal communication'. Citation of a reference as 'in press' implies that the item has been accepted for publication.

Reference links

Increased discoverability of research and high quality peer review are ensured by online links to the sources cited. In order to allow us to create links to abstracting and indexing services, such as Scopus, CrossRef and PubMed, please ensure that data provided in the references are correct. Please note that incorrect surnames, journal/book titles, publication year and pagination may prevent link creation. When copying references, please be careful as they may already contain errors. Use of the DOI is encouraged. A DOI can be used to cite and link to electronic articles where an article is in-press and full citation details are not yet known, but the article is available online. A DOI is guaranteed never to change, so you can use it as a permanent link to any electronic article. An example of a citation using DOI for an article not yet in an issue is: VanDecar J.C., Russo R.M., James D.E., Ambeh W.B., Franke M. (2003). Aseismic continuation of the Lesser Antilles slab beneath northeastern Venezuela. *Journal of Geophysical Research*, <https://doi.org/10.1029/2001JB000884>. Please note the format of such citations should be in the same style as all other references in the paper.

Web references

As a minimum, the full URL should be given and the date when the reference was last accessed. Any further information, if known (DOI, author names, dates, reference to a source publication, etc.), should also be given. Web references can be listed separately (e.g., after the reference list) under a different heading if desired, or can be included in the reference list.

Data references

This journal encourages you to cite underlying or relevant datasets in your manuscript by citing them in your text and including a data reference in your Reference List. Data references should include the following elements: author name(s), dataset title, data repository, version (where available), year, and global persistent identifier. Add [dataset] immediately before the reference so we can properly identify it as a data reference. The [dataset] identifier will not appear in your published article.

References in a special issue

Please ensure that the words 'this issue' are added to any references in the list (and any citations in the text) to other articles in the same Special Issue.

Reference management software

Most Elsevier journals have their reference template available in many of the most popular reference management software products. These include all products that support Citation Style Language styles, such as Mendeley and Zotero, as well as EndNote. Using the word processor plug-ins from these products, authors only need to

select the appropriate journal template when preparing their article, after which citations and bibliographies will be automatically formatted in the journal's style. If no template is yet available for this journal, please follow the format of the sample references and citations as shown in this Guide. Users of Mendeley Desktop can easily install the reference style for this journal by clicking the following link:

<http://open.mendeley.com/use-citation-style/international-journal-of-medical-microbiology>

When preparing your manuscript, you will then be able to select this style using the Mendeley plugins for Microsoft Word or LibreOffice.

Reference style

Text: All citations in the text should refer to:

1. *Single author:* the author's name (without initials, unless there is ambiguity) and the year of publication;
2. *Two authors:* both authors' names and the year of publication;
3. *Three or more authors:* first author's name followed by 'et al.' and the year of publication.

Citations may be made directly (or parenthetically). Groups of references should be listed first alphabetically, then chronologically.

Examples: 'as demonstrated (Allan, 2000a, 2000b, 1999; Allan and Jones, 1999). Kramer et al. (2010) have recently shown'

List: References should be arranged first alphabetically and then further sorted chronologically if necessary. More than one reference from the same author(s) in the same year must be identified by the letters 'a', 'b', 'c', etc., placed after the year of publication.

Examples:

Reference to a journal publication:

Van der Geer, J., Hanraads, J.A.J., Lupton, R.A., 2010. The art of writing a scientific article. *J. Sci. Commun.* 163, 51–59.

Reference to a book:

Strunk Jr., W., White, E.B., 2000. *The Elements of Style*, fourth ed. Longman, New York.

Reference to a chapter in an edited book:

Mettam, G.R., Adams, L.B., 2009. How to prepare an electronic version of your article, in: Jones, B.S., Smith, R.Z. (Eds.), *Introduction to the Electronic Age*. E-Publishing Inc., New York, pp. 281–304.

Reference to a website:

Cancer Research UK, 1975. Cancer statistics reports for the UK. <http://www.cancerresearchuk.org/aboutcancer/statistics/cancerstatsreport/> (accessed 13.03.03).

Reference to a dataset:

[dataset] Oguro, M., Imahiro, S., Saito, S., Nakashizuka, T., 2015. Mortality data for Japanese oak wilt disease and surrounding forest compositions. *Mendeley Data*, v1. <https://doi.org/10.17632/xwj98nb39r.1>.

Journal abbreviations source

Journal names should be abbreviated according to the List of Title Word Abbreviations.

Video

Elsevier accepts video material and animation sequences to support and enhance your scientific research. Authors who have video or animation files that they wish to submit with their article are strongly encouraged to include links to these within the body of the article. This can be done in the same way as a figure or table by referring to the video or animation content and noting in the body text where it should be placed. All submitted files should be properly labeled so that they directly relate to the video file's content. In order to ensure that your video or animation material is directly usable, please provide the files in one of our recommended file formats with a preferred maximum size of 150 MB. Video and animation files supplied will be published online in the electronic version of your article in Elsevier Web products, including ScienceDirect. Please supply 'stills' with your files: you can choose any frame from the video or animation or make a separate image. These will be used instead of standard icons and will personalize the link to your

video data. For more detailed instructions please visit our video instruction pages. Note: since video and animation cannot be embedded in the print version of the journal, please provide text for both the electronic and the print version for the portions of the article that refer to this content.

Supplementary material

Supplementary material such as applications, images and sound clips, can be published with your

article to enhance it. Submitted supplementary items are published exactly as they are received (Excel or PowerPoint files will appear as such online). Please submit your material together with the article and supply a concise, descriptive caption for each supplementary file. If you wish to make changes to supplementary material during any stage of the process, please make sure to provide an updated file. Do not annotate any corrections on a previous version. Please switch off the 'Track Changes' option in Microsoft Office files as these will appear in the published version.

RESEARCH DATA

This journal encourages and enables you to share data that supports your research publication where appropriate, and enables you to interlink the data with your published articles. Research data refers to the results of observations or experimentation that validate research findings. To facilitate reproducibility and data reuse, this journal also encourages you to share your software, code, models, algorithms, protocols, methods and other useful materials related to the project. Below are a number of ways in which you can associate data with your article or make a statement about the availability of your data when submitting your manuscript. If you are sharing data in one of these ways, you are encouraged to cite the data in your manuscript and reference list. Please refer to the "References" section for more information about data citation. For more information on depositing, sharing and using research data and other relevant research materials, visit the research data page.

Data linking

If you have made your research data available in a data repository, you can link your article directly to the dataset. Elsevier collaborates with a number of repositories to link articles on ScienceDirect with relevant repositories, giving readers access to underlying data that give them a better understanding of the research described. There are different ways to link your datasets to your article. When available, you can directly link your dataset to your article by providing the relevant information in the submission system. For more information, visit the database linking page. For supported data repositories a repository banner will automatically appear next to your published article on ScienceDirect. In addition, you can link to relevant data or entities through identifiers within the text of your manuscript, using the following format: Database: xxxx (e.g., TAIR: AT1G01020; CCDC: 734053; PDB: 1XFN).

Mendeley data

This journal supports Mendeley Data, enabling you to deposit any research data (including raw and processed data, video, code, software, algorithms, protocols, and methods) associated with your manuscript in a free-to-use, open access repository. During the submission process, after uploading your manuscript, you will have the opportunity to upload your relevant datasets directly to *MendeleyData*. The datasets will be listed and directly accessible to readers next to your published article online. For more information, visit the Mendeley Data for journals page.

Transparency

To foster transparency, we encourage you to state the availability of your data in your submission. If your data is unavailable to access or unsuitable to post, this gives you the opportunity to indicate why. If you submit this form with your manuscript as a supplementary file, the statement will appear next to your published article on ScienceDirect.

ARTICLE ENRICHMENTS

AudioSlides

The journal encourages authors to create an AudioSlides presentation with their published article. AudioSlides are brief, webinar-style presentations that are shown next to the online article on ScienceDirect. This gives authors the opportunity to summarize their research in their own words and to help readers understand what the paper is about. More information and examples are available. Authors of this journal will automatically receive an invitation e-mail to create an AudioSlides presentation after acceptance of their paper.

Google Maps and KML files

KML (Keyhole Markup Language) files (optional): You can enrich your online articles by providing KML or KMZ files which will be visualized using Google maps. The KML or KMZ files can be uploaded in our online submission system. KML is an XML schema for expressing geographic annotation and visualization within Internet-based Earth browsers. Elsevier will generate Google Maps from the submitted KML files and include these in the article when published online. Submitted KML files will also be available for downloading from your online article on ScienceDirect. More information.

Chemical Compound Viewer (Reaxys)

You can enrich your article with visual representations, links and details for those chemical structures that you define as the main chemical compounds described. Please follow the instructions to learn how to do this.

Interactive Phylogenetic Trees

You can enrich your online articles by providing phylogenetic tree data files (optional) in Newick or NeXML format, which will be visualized using the interactive tree viewer embedded within the online article. Using the viewer it will be possible to zoom into certain tree areas, change the tree layout, search within the tree, and collapse/expand tree nodes and branches. Submitted tree files will also be available for downloading from your online article on ScienceDirect. Each tree must be contained in an individual data file before being uploaded separately to the online submission system, via the 'phylogenetic tree data' submission category. Newick files must have the extension .new or .nwk (note that a semicolon is needed to end the tree). Please do not enclose comments in Newick files and also delete any artificial line breaks within the tree data because these will stop the tree from showing. For NeXML, the file extension should be .xml. Please do not enclose comments in the file. Tree data submitted with other file extensions will not be processed. Please make sure that you validate your Newick/NeXML files prior to submission. More information.

3D molecular models

You can enrich your online articles by providing 3D molecular models (optional) in PDB, PSE or MOL/MOL2 format, which will be visualized using the interactive viewer embedded within the article. Using the viewer, it will be possible to zoom into the model, rotate and pan the model, and change display settings. Submitted models will also be available for downloading from your online article on ScienceDirect. Each molecular model will have to be uploaded to the online submission system separately, via the '3D molecular models' submission category. More information.

AFTER ACCEPTANCE

Online proof correction

Corresponding authors will receive an e-mail with a link to our online proofing system, allowing annotation and correction of proofs online. The environment is similar to MS Word: in addition to editing text, you can also comment on figures/tables and answer questions from the Copy Editor. Web-based proofing provides a faster and less error-prone process by allowing you to directly type your corrections, eliminating the potential introduction of errors. If preferred, you can still choose to annotate and upload your edits on the PDF version. All instructions for proofing will be given in the e-mail we send to authors, including alternative methods to the online version and PDF. We will do everything possible to get your article published quickly and accurately. Please use this proof only for checking the typesetting, editing, completeness and correctness of the text, tables and figures. Significant changes to the article as accepted for publication will only be considered at this stage with permission from the Editor. It is important to

ensure that all corrections are sent back to us in one communication. Please check carefully before replying, as inclusion of any subsequent corrections cannot be guaranteed. Proofreading is solely your responsibility.

Offprints

The corresponding author will, at no cost, receive a customized Share Link providing 50 days free access to the final published version of the article on ScienceDirect. The Share Link can be used for sharing the article via any communication channel, including email and social media. For an extra charge, paper offprints can be ordered via the offprint order form which is sent once the article is accepted for publication. Both corresponding and co-authors may order offprints at any time via Elsevier's Webshop. Corresponding authors who have published their article open access do not receive a Share Link as their final published version of the article is available open access on ScienceDirect and can be shared through the article DOI link.

AUTHOR INQUIRIES

Visit the Elsevier Support Center to find the answers you need. Here you will find everything from Frequently Asked Questions to ways to get in touch. You can also check the status of your submitted article or find out when your accepted article will be published.

© Copyright 2014 Elsevier | <http://www.elsevier.com>

Future Medicine Author Guidelines

This document outlines how to prepare articles for submission. We recommend you read these guidelines in full before submitting your article or making an article proposal.

Table of Contents

Journal aims & scope	3
Audience	4
At-a-glance article formatting checklist	5
Article types	6
Reviews	6
Perspectives	6
Special Reports	7
Original Research Articles	7
Case Studies/Case Series	9
Editorials	10
Commentaries	10
Interviews.....	10
Priority Paper Evaluations	11
Research Highlights	11
Conference Scenes	11
Company Profiles	12
Letters to the Editor	12
Drug, Device & Vaccine Evaluations	12
Clinical Trial Protocols & Clinical Trial Evaluations	12
Article sections	
13	
References	15
Figures, tables & boxes	17
Units of measurement	19
Statistics	19
Pre-submission editing services	20
Submission	21
Accelerated publication option	21
Editorial policies	23
Manuscript submission & processing	23
External peer review	23
Revision	23
Post-acceptance	23
Embargo policy.....	24
Disclosure & conflict of interest policy	24
Ethical conduct of research.....	24
Clinical trial registration	25

Errata/corrigenda	25
Duplicate publication/submission & plagiarism	25
Scientific misconduct & retraction	26
Compliance with funder open or public access policies	26
Manuscript deposition service for authors (NIH- and Wellcome Trust-funded articles)	27
Self-archive policy	27
Author options post-publication	29
Open access option	29
Access tokens	31

Journal aims & scope

Aims and scope information can be found on the individual journal webpages, along with information regarding Editorial Board members and indexing:

Biomarkers in Medicine

Epigenomics

Future Cardiology

Future Microbiology

Future Neurology

Future Oncology

Future Virology

Immunotherapy

Journal of 3D Printing in Medicine

Journal of Comparative Effectiveness Research

Nanomedicine

Personalized Medicine

Pharmacogenomics

Regenerative Medicine

For the following journals, please see the separate Management Series Author Guidelines:

Breast Cancer Management

CNS Oncology

Colorectal Cancer

Hepatic Oncology

International Journal of Hematologic Oncology

International Journal of Endocrine Oncology

Lung Cancer Management

Melanoma Management

Neurodegenerative Disease Management

Pain Management Version: 4th May 2016

Audience

The audience for Future Medicine titles consists of clinicians, research scientists, decision-makers and a range of professionals in the healthcare community. Authors should bear in mind the multidisciplinary status of the readership when writing the article.

Future Medicine articles have been engineered specifically for the time-constrained professional. The structure is designed to draw the reader's attention directly to the information they require. Version: 4th May 2016

Future Medicine Ltd, Unitec House, 2 Albert Place, London, N3 1QB, UK; T: +44 (0)20 8371 6090; F: +44 (0)20 8371 6089; www.futuremedicine.com Future Medicine Ltd is part of the Future Science Group www.future-science-group.com

At-a-glance article formatting checklist

Word count range

	Abstract	Keywords	Future Perspective	Executive Summary	Reference limit	Figures & Tables permitted	Supporting cover letter required
Review	4000–6000	✓	✓	✓	~80	✓	✗
Perspective	4000–6000	✓	✓	✓	~80	✓	✗

Special Report	1500–3000	✓	✓	✓	✓	~50	✓	✗
Research articles	Varies by journal	✓	✓	✗	Summary points	~80	✓	✓
Case Study/Case Series	1500–3000	✓	✓	✗	Summary points	~50	✓	✓
Editorial	1500	✗	✓	✗	✗	20	✗	✗
Commentary	1500–3000	✗	✓	✗	✗	20	✗	✗
Priority Paper	1500	✓	✓	✓	✓	20	One of each max.	✗
Evaluation								
Conference Scene	1500	✓	✗	✗	✗	20	✗	✗
Company Profile	2000	✓	✓	✗	Summary points	20	One of each max.	✗
Letter to the Editor	1500	✗	✗	✗	✗	20	✗	✗

Article types

Future Medicine publishes a range of article types, descriptions of which are outlined below. Authors are encouraged to consult the ‘at-a-glance formatting checklist’ for details on word counts and other formatting requirements. The information below gives an overview of the requirements for each article type published by Future Medicine. However, authors should consult the ICMJE “*Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals*” (<http://www.icmje.org/icmje-recommendations.pdf>), in particular the section on “*Preparing a Manuscript for Submission to a Medical Journal*” prior to submitting to a Future Medicine journal, for more detailed information.

Reviews

Reviews aim to highlight recent significant advances in research, ongoing challenges and unmet needs; authors should be concise and critical in their appraisal of the subject matter, and strive for clarity. The focus should be on key, defining developments rather than providing a comprehensive literature survey. Reviews should provide balanced coverage of the field and not focus predominantly on the author's own research. Authors are encouraged to include their own perspective on current trends and future directions.

Systematic Reviews:

Systematic reviews should be conducted following the recommendations of PRISMA (<http://www.prisma-statement.org/>).

Word limit: 4000–6000 words (excluding abstract, executive summary, references and figure/table legends)

Required sections (for a more detailed description of these sections see Article sections):

- ☐ Title
- ☐ Author(s) names & affiliations
- ☐ Abstract
- ☐ Keywords
- ☐ Body of article
- ☐ Future perspective
- ☐ Executive summary
- ☐ References: target of approximately 80 references
- ☐ Reference annotations

☐ Financial disclosure/Acknowledgements

Perspectives

Perspectives have the same basic structure and length as review articles; however, they should be more speculative and forward-looking, even visionary. They offer the author the opportunity to present criticism, address controversy or provide a personal angle on a significant issue. Authors of perspectives are encouraged to be opinionated, with all positions concisely and clearly argued and referenced. Referees will be briefed to review these articles for quality and relevance of argument only. They will not necessarily be expected to agree with the author's position.

Word limit: 4000–6000 words (excluding abstract, executive summary, references and figure/table legends)

Required sections (for a more detailed description of these sections see Article sections):

- ☐ Title
- ☐ Author(s) names & affiliations
- ☐ Abstract
- ☐ Keywords
- ☐ Body of article
- ☐ Future perspective
- ☐ Executive summary
- ☐ References: target of approximately 80 references
- ☐ Reference annotations
- ☐ Financial disclosure/Acknowledgements

Special Reports

Special reports are short review-style articles that highlight a particular niche area, be it a specific emerging field, novel hypotheses or method. Articles are categorized as Special Reports at the discretion of the Editorial team.

Word limit: 1500–3000 words (excluding abstract, executive summary, references and figure/table legends)

Required sections (for a more detailed description of these sections see Article sections):

- ☐ Title
- ☐ Author(s) names & affiliations
- ☐ Abstract
- ☐ Keywords
- ☐ Body of article
- ☐ Future perspective
- ☐ Executive summary
- ☐ References: target of approximately 50 references
- ☐ Reference annotations
- ☐ Financial disclosure/Acknowledgements

Original Research Articles

Authors of original research **must** provide a supporting Cover Letter on submission briefly detailing:

- ☐ Relevance to the journal's audience
- ☐ Where the novelty in the study lies
- ☐ How the study advances understanding of the field
- ☐ Direct and potential implications of the findings

NB. All Future Medicine journals will consider studies presenting positive, negative or inconclusive data.

Authors are also advised to consult the **Methods Reporting Checklist for Authors**, available here.

Experimental details & data: Only where a novel experimental procedure has been employed full details must be provided, such that a skilled scientist would be able to reproduce the results presented. The synthesis of all new compounds must be described in detail. Details of routine or previously reported experimental procedures should be provided via references only. Experimental procedures and/or data running to more than two Word document pages should be placed in a supplementary information file.

Data sharing: If requested by the Editor or reviewers, authors should be able to provide additional relevant original data underpinning their research. Version: 4th May 2016

Clinical Trial reporting: For authors presenting the results of clinical trials, the guidelines recommended by CONSORT (<http://www.consort-statement.org/>) and GPP3 (<http://www.ismpp.org/gpp3>) should be followed. In addition, where available the clinical trial registration number should be included at the end of the abstract, and on the first mention of the trial in the main body of text. Unregistered clinical trials should be declared as such, and the reason for nonregistration should be provided. Mention of other trials should also include the relevant registration number, where available.

Secondary outcomes, exploratory analyses, and *post hoc* analyses should be clearly identified as such; these may be included in the primary publication or published separately, in which case they should clearly reference the primary publication and should not be published before it.

Observational studies: where observational research has been carried out, authors should follow the recommendations of STROBE (<http://www.strobe-statement.org/>).

Data deposition: where data have been deposited in a public repository, authors should state at the end of the abstract the data set name, repository name and number.

Word and figure/table limit: Limits vary depending on journal title. Please contact the relevant Commissioning Editor for further details.

Required sections (for a more detailed description of these sections see Article sections):

Title

Author(s) names & affiliations

Structured abstract

Keywords

Introduction

Should only cite directly pertinent references

Should not include data of conclusions from the work being reported

Patients & methods/Materials & methods

Where an organization was paid or otherwise contracted to help conduct the research (e.g., data collection and management), this should be detailed

Should include information indicating that the research was approved or exempted from the need for review by the responsible review committee (institutional or national). Where no formal ethics committee is available, a statement indicating that the research was conducted according to the principles of the Declaration of Helsinki should be included

Information on the selection and description of participants should define how authors measured race or ethnicity and justify their relevance

Results

Numeric results should be given not only as derivatives (e.g., percentages) but also as the absolute numbers from which the derivatives were calculated

Statistical significance of results should be specified, if any

Discussion

- Authors should distinguish between clinical and statistical significance, and avoid making statements on economic benefits and costs unless the manuscript includes the appropriate economic data and analyses
- Authors should avoid claiming priority or alluding to work that has not been completed
- ☑ Conclusions
- ☑ Summary points
- ☑ References
- ☑ Reference annotations
- ☑ Financial disclosure/Acknowledgements
- ☑ Ethical conduct of research

Four types of research article are accepted:

Full research article

Research articles should present novel work that makes a significant impact within the scope of the journal, and which represents an important advancement in knowledge or understanding. Routine or incremental work is not suitable for full research papers. Research should be reported succinctly; the inclusion of detailed background discussion is to be avoided. Supporting data or further experimental details can be submitted as Supplementary Information.

Preliminary communication

Preliminary communication articles are intended for short reports of studies that present promising improvements or developments on existing areas of research. The significance and potential implications of the developments must be explicit.

Short communication

Short communication articles are short, peer-reviewed articles that build on a previously published study, document partial research results from an ongoing study, or discuss results from studies limited in scope.

Methodology

Methodology articles should provide an overview of a new experimental or computational method, test or procedure. The method described may be either completely novel, or may offer a demonstrable improvement on an existing method. The significance and potential implications of the developments must be explicit.

Case Studies/Case Series

Case studies/series present a notable medical case or series of related cases of interest, and aim to further the reader's understanding of the issues relating to such situations.

Word limit: 1500–3000 words

Required sections (for a more detailed description of these sections see Article sections):

- ☑ Title
- ☑ Author(s) names & affiliations
- ☑ Abstract
- ☑ Keywords
- ☑ Body of the article. A suggested structure could be:
 - Presentation of case – setting and patient details/history
 - Initial diagnosis/assessment
 - Treatment/management
 - Outcome and implications
- ☑ Discussion/conclusion
- ☑ Summary points
- ☑ References
- ☑ Reference annotations

- ☐ Financial disclosure/Acknowledgements
- ☐ Ethical conduct of research

Editorials

Editorials are short articles that provide an insight into, or snapshot of issues of topical importance to the journal's target audience or researchers and other professionals. The intention is that the article should offer an expert perspective on a topic of recent interest. More detailed discussions can take the form of Commentary articles.

Word limit: 1500 words maximum (excluding keywords and references).

Required sections (for a more detailed description of these sections see Article sections):

- ☐ Title
- ☐ Author(s) names & affiliations
- ☐ Photo (headshot) of authors (including up to one co-author if desired)
- ☐ Keywords
- ☐ Body of article
- ☐ References: **Please note:** A maximum of **20 references** are permitted
- ☐ Financial disclosure/Acknowledgements
- ☐ **Please note:** No figures, tables or boxes are permitted in editorials

Commentaries

Commentaries are short articles that are similar to Editorials, yet provide a more detailed discussion of a topic.

Word limit: 1500–3000 words (excluding keywords and references).

Required sections (for a more detailed description of these sections see Article sections):

- ☐ Title
- ☐ Author(s) names & affiliations
- ☐ Photo (headshot) of authors (including co-authors if desired)
- ☐ Keywords
- ☐ Body of article
- ☐ References: **Please note:** A maximum of **20 references** are permitted
- ☐ Financial disclosure/Acknowledgements
- ☐ **Please note:** No figures, tables or boxes are permitted in commentaries

Interviews

Interviews are conducted with key opinion leaders in the field, and can include a look back over their career and achievements to date, a discussion on their current research, and their thoughts and observations on the field as a whole.

Word limit: 1500 words

Required sections:

- ☐ Title
- ☐ Interviewee name & affiliation
- ☐ Photo (headshot) of the interviewee
- ☐ Summary/biographical paragraph
- ☐ Series of questions for discussion (provided by the journal's Commissioning Editor)
- ☐ Response from the author to each point
- ☐ Additional reference sources for the interested reader

Priority Paper Evaluations

Priority paper evaluations review significant, recently published original research articles carefully selected and assessed by specialists in the field (not a paper from the author's own group). The original research detailed in the chosen paper is discussed with the aim of keeping readers informed of the most promising discoveries/breakthroughs relevant to the subject of the journal through review and comment from experts. Priority Paper Evaluations are intended to extend and expand on the information presented in the original publication, putting it in context and explaining why it is of importance. The ideal article will provide both a critical evaluation and the author's opinion on the quality and novelty of the information disclosed.

Word limit: 1500 words maximum (excluding abstract, keywords and references).

Required sections (for a more detailed description of these sections see Article sections):

- ☐ Title
- ☐ Author(s) names & affiliations
- ☐ Abstract
- ☐ Keywords
- ☐ Summary of methods and results
- ☐ Discussion
- ☐ Future perspective
- ☐ Executive summary
- ☐ References: **Please note:** a maximum of **20 references** are permitted in priority paper evaluations
- ☐ Reference annotations
- ☐ Financial disclosure/Acknowledgements
- ☐ Figures/tables: if necessary, only **one of each** is permitted

Research Highlights

Research highlights discuss a number of recent original research papers, summarizing and commenting on each paper to give readers a real sense of the cutting edge of research in the field.

Word limit: 3–4 brief summaries on recent research of 200–500 words each (excluding references).

Required sections:

- ☐ Citation of original research paper
- ☐ Summary paragraph
- ☐ References: **Please note:** A maximum of **20 references** are permitted
- ☐ Financial disclosure/Acknowledgements
- ☐ **Please note:** No figures, tables or boxes are permitted in research highlights

Conference Scenes

Conference scenes aim to summarize the most important research presented at a recent relevant meeting or event. It is not usually feasible to attempt comprehensive coverage of the conference; authors should therefore focus on those presentations that are most topical, interesting or thought-provoking.

Word limit: 1500 words maximum (excluding abstract, conference details and references).

Required sections:

- ☐ Conference details (title, date, location)
- ☐ Abstract/overview of meeting (120 words maximum)
- ☐ Body of article
- ☐ References: **Please note:** A maximum of **20 references** are permitted
- ☐ Financial disclosure/Acknowledgements
- ☐ **Please note:** No figures, tables or boxes are permitted in conference scenes

Company Profiles

Company profiles allow representatives from pharmaceutical, biotechnology, etc. companies to describe the work currently being carried out within their particular organization, relevant to the field of the journal in question. These reports are intended to provide an insight into the history and strategy of a company and profile its corporate capabilities, advanced technologies and future potential.

Word limit: 2000 words

Required sections (for a more detailed description of these sections see Article sections):

- ☑ Title
- ☑ Author(s) names & affiliations
- ☑ Abstract
- ☑ Keywords
- ☑ Introduction – brief factual account of the history and strategy of the company including background information e.g., the year the company was founded, number of employees etc.
- ☑ Body of article
- ☑ Summary points
- ☑ Financial disclosure/Acknowledgements
- ☑ **Please note:** A maximum of **20 references** are permitted
- ☑ Figures/tables: if necessary, only **one of each** is permitted

Letters to the Editor

Readers may submit Letters to the Editor, commenting on an article published in the journal.

Word limit: 1500 words

Inclusion of Letters to the Editor in the journal is at the discretion of the Editor. All Letters to the Editor will be sent to the author of the original article, who will have 28 days to provide a response to be published alongside the Letter.

Drug, Device & Vaccine Evaluations

Separate author guidelines for the submission of these article types are available. Please contact the Drug Evaluations Commissioning Editor to request a copy.

Clinical Trial Protocols & Clinical Trial Evaluations

Separate author guidelines for the submission of these article types are available. Please contact the Drug Evaluations Commissioning Editor to request a copy.

Article sections

The following list provides notes on the key article sections; authors should consult the ‘at-a-glance formatting checklist’ to determine which sections are required for their submission.

Title

Concisely and clearly conveys the scope/novelty of the article; not more than 120 characters.

Author(s) names & affiliations

Including full name, address and e-mail.

Guidance on author sequence:

Author sequence is at the authors’ discretion; however, Future Medicine journals suggest following the recommendations in GPP3 Appendix Table 2 (<http://www.ismpp.org/gpp3>), whereby authors are listed either in order of the level of their contribution, or alphabetically. The corresponding author should always be indicated.

Guidance on a change of affiliation during writing:

Where an author has changed their affiliation prior to the publication of an article, the affiliation should reflect where the major part of the work was completed. Current affiliation and contact information should be listed in an acknowledgement.

Abstract

Not more than 120 words; no references should be cited in the abstract. The abstract should highlight the importance of the field under discussion within the journal's scope, and clearly define the parameters of the article.

Structured abstract (for Research articles)

Not more than 120 words, broken down into Aims, Patients & Methods/Materials & Methods, Results and Conclusions. For authors presenting the results of clinical trials, the guidelines recommended by CONSORT should be followed when writing the abstract (<http://www.consort-statement.org/>), and the clinical trial registration number included at the end of the abstract, where available. Data deposition: where data have been deposited in a public repository, authors should state at the end of the abstract the data set name, repository name and number.

Keywords

Up to 10 keywords (including therapeutic area, mechanism[s] of action etc.) plus names of drugs and compounds mentioned in the text.

Body of the article

The article content should be arranged under relevant headings and subheadings to assist the reader.

Future perspective

The author is challenged to include speculative viewpoint on how the field will have evolved 5–10 years from the point at which the article was written.

Executive summary

A series of bulleted summary points that illustrate the main topics or conclusions made under each of the main headings of the article.

Summary points (Research articles & Company profiles only)

8–10 bullet point sentences highlighting the key points of the article.

Priority Paper Evaluations

Priority paper evaluations review significant, recently published original research articles carefully selected and assessed by specialists in the field (not a paper from the author's own group). The original research detailed in the chosen paper is discussed with the aim of keeping readers informed of the most promising discoveries/breakthroughs relevant to the subject of the journal through review and comment from experts. Priority Paper Evaluations are intended to extend and expand on the information presented in the original publication, putting it in context and explaining why it is of importance. The ideal article will provide both a critical evaluation and the author's opinion on the quality and novelty of the information disclosed.

Word limit: 1500 words maximum (excluding abstract, keywords and references).

Required sections (for a more detailed description of these sections see Article sections):

- Title
- Author(s) names & affiliations
- Abstract
- Keywords
- Summary of methods and results
- Discussion
- Future perspective
- Executive summary
- References: **Please note:** a maximum of **20 references** are permitted in priority paper evaluations
- Reference annotations
- Financial disclosure/Acknowledgements
- Figures/tables: if necessary, only **one of each** is permitted

Research Highlights

Research highlights discuss a number of recent original research papers, summarizing and commenting on each paper to give readers a real sense of the cutting edge of research in the field.

Word limit: 3–4 brief summaries on recent research of 200–500 words each (excluding references).

Required sections:

- ☐ Citation of original research paper
- ☐ Summary paragraph
- ☐ References: **Please note:** A maximum of **20 references** are permitted
- ☐ Financial disclosure/Acknowledgements
- ☐ **Please note:** No figures, tables or boxes are permitted in research highlights

Conference Scenes

Conference scenes aim to summarize the most important research presented at a recent relevant meeting or event. It is not usually feasible to attempt comprehensive coverage of the conference; authors should therefore focus on those presentations that are most topical, interesting or thought-provoking.

Word limit: 1500 words maximum (excluding abstract, conference details and references).

Required sections:

- ☐ Abstract/overview of meeting (120 words maximum)
- ☐ Body of article
- ☐ References: **Please note:** A maximum of **20 references** are permitted
- ☐ Financial disclosure/Acknowledgements
- ☐ **Please note:** No figures, tables or boxes are permitted in conference scenes

Company Profiles

Company profiles allow representatives from pharmaceutical, biotechnology, etc. companies to describe the work currently being carried out within their particular organization, relevant to the field of the journal in question. These reports are intended to provide an insight into the history and strategy of a company and profile its corporate capabilities, advanced technologies and future potential.

Word limit: 2000 words

Required sections (for a more detailed description of these sections see Article sections):

- ☐ Title
- ☐ Author(s) names & affiliations
- ☐ Abstract
- ☐ Keywords
- ☐ Introduction – brief factual account of the history and strategy of the company including background information e.g., the year the company was founded, number of employees etc.
- ☐ Body of article
- ☐ Summary points
- ☐ Financial disclosure/Acknowledgements
- ☐ **Please note:** A maximum of **20 references** are permitted
- ☐ Figures/tables: if necessary, only **one of each** is permitted

Letters to the Editor

Readers may submit Letters to the Editor, commenting on an article published in the journal.

Word limit: 1500 words

Inclusion of Letters to the Editor in the journal is at the discretion of the Editor. All Letters to the Editor will be sent to the author of the original article, who will have 28 days to provide a response to be published alongside the Letter.

Drug, Device & Vaccine Evaluations

Separate author guidelines for the submission of these article types are available. Please contact the Drug Evaluations Commissioning Editor to request a copy.

Clinical Trial Protocols & Clinical Trial Evaluations

Separate author guidelines for the submission of these article types are available. Please contact the Drug Evaluations Commissioning Editor to request a copy. Version: 4th May 2016

Article sections

The following list provides notes on the key article sections; authors should consult the 'at-a-glance formatting checklist' to determine which sections are required for their submission.

Title

Concisely and clearly conveys the scope/novelty of the article; not more than 120 characters.

Author(s) names & affiliations

Including full name, address and e-mail.

Guidance on author sequence:

Author sequence is at the authors' discretion; however, Future Medicine journals suggest following the recommendations in GPP3 Appendix Table 2 (<http://www.ismpp.org/gpp3>), whereby authors are listed either in order of the level of their contribution, or alphabetically. The corresponding author should always be indicated.

Guidance on a change of affiliation during writing:

Where an author has changed their affiliation prior to the publication of an article, the affiliation should reflect where the major part of the work was completed. Current affiliation and contact information should be listed in an acknowledgement.

Abstract

Not more than 120 words; no references should be cited in the abstract. The abstract should highlight the importance of the field under discussion within the journal's scope, and clearly define the parameters of the article.

Structured abstract (for Research articles)

Not more than 120 words, broken down into Aims, Patients & Methods/Materials & Methods, Results and Conclusions. For authors presenting the results of clinical trials, the guidelines recommended by CONSORT should be followed when writing the abstract (<http://www.consort-statement.org/>), and the clinical trial registration number included at the end of the abstract, where available.

Data deposition: where data have been deposited in a public repository, authors should state at the end of the abstract the data set name, repository name and number.

Keywords

Up to 10 keywords (including therapeutic area, mechanism[s] of action etc.) plus names of drugs and compounds mentioned in the text.

Body of the article

The article content should be arranged under relevant headings and subheadings to assist the reader.

Future perspective

The author is challenged to include speculative viewpoint on how the field will have evolved 5–10 years from the point at which the article was written.

Executive summary

A series of bulleted summary points that illustrate the main topics or conclusions made under each of the main headings of the article.

Summary points (Research articles & Company profiles only)

8–10 bullet point sentences highlighting the key points of the article.

Financial disclosure/Acknowledgements

Disclosing any financial and/or material support that was received for the research or the creation of the work. Also disclosing any relationships any authors have (personal, academic or financial relationships that could influence their actions) or financial involvement with an organization or entity with a financial interest in or financial conflict with the subject matter or materials discussed in the manuscript. If writing assistance has been used in the creation of the manuscript, this should also be stated and any sources of funding for such assistance clearly identified.

Ethical conduct of research

For studies involving data relating to human or animal experimental investigations, authors should obtain appropriate institutional review board approval and state this within the article (for those investigators who do not have formal ethics review committees, the principles outlined in the Declaration of Helsinki should be followed). In addition, for investigations involving human subjects, authors should obtain informed consent from the participants involved and include an explanation of how this was obtained in the manuscript.

References

Key points

- ☒ Authors should focus on recent papers and papers older than 5 years should not be included except for an over-riding purpose.
- ☒ Primary literature references, and any patents or websites, should be numerically listed in the reference section in the order that they occur in the text (including any references that only appear in figures/tables/boxes).
- ☒ Information from manuscripts submitted but not accepted should be cited in the text as “unpublished observations” with written permission from the source.
- ☒ Avoid citing a “personal communication” unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in the text, with written permission from the source.
- ☒ References should be denoted numerically and in sequence in the text, using Arabic numerals placed in square brackets, i.e., [12].
- ☒ Quote first six authors’ names. If there are more than six, then quote first three *et al.*
- ☒ Reference annotations: 6–8 references should be highlighted that are of particular significance to the subject under review as “* of interest” or “** of considerable interest”, along with a brief (1–2 line) synopsis.
- ☒ The Future Medicine Reference Manager and EndNote styles can be downloaded from our website at: www.futuremedicine.com/page/authors.jsp

Format

- ☒ Author’s names should appear without full stops in their initials
- ☒ Quote first six authors’ names. If there are more than six, then quote first three *et al.*
- ☒ A full stop follows authors’ names
- ☒ Journal name should be in italics and abbreviated to standard format
- ☒ Volume number followed by comma, not bold
- ☒ Page number range separated by a hyphen with no spaces, followed by the year in brackets, and then a full stop

Examples

Journal example:

Fantl JA, Cardozo L, McClish DK *et al.* Estrogen therapy in the management of urinary incontinence in postmenopausal women: a meta-analysis. *Obstet. Gynecol.* 83(1), 12–18 (1994).

Book example:

De Groat WC, Booth AM, Yoshimura N. Neurophysiology of micturition and its modification in animal models of human disease. In: *The Autonomic Nervous System (Volume 6)*. Andrews WR (Ed.), Harwood Academic Publishers, London, UK, 227–289 (1993).

Meeting abstract example:

Smith AB, Jones CD. Recent progress in the pharmacotherapy of diseases of the lower urinary tract. Presented at: *13th International Symposium on Medicinal Chemistry*. Atlanta, GA, USA, 28 November–2 December 1994.

Patent example:

Merck Frosst Canada, Inc. WO9714691 (1997).

(Use the following formats for patent numbers issued by the World, US and European patent offices, respectively: WO1234567, US1234567, EP-123456-A).

Website example (organization homepage):

US Food and Drug Association.

www.fda.gov

Website example (specific webpage/document):

American Cancer Society. Cancer Facts and Figures 2015 (2015).
www.cancer.org/research/cancerfactsstatistics/cancerfactsfigures2015/index

Milenkovic M, Russo CA, Elixhauser A. Hospital stays for prostate cancer, 2004. HCUP Statistical Brief #30. Agency for Healthcare Research and Quality, MD, USA (2007).

www.hcup-us.ahrq.gov/reports/statbriefs/sb30.pdf

Reference annotations

Papers or of particular interest should be identified using one or two asterisk symbols:

☐ * = of interest

☐ ** = of considerable interest

Each of the chosen references should be annotated with a brief sentence explaining why the reference is considered to be of interest/particular interest.

Figures, tables & boxes

Summary figures, tables and boxes are very useful, and we encourage their use in certain article types (see above section on Article types for details on which articles can include figures/tables/boxes). The author should include illustrations to condense and illustrate the information they wish to convey. Commentary that augments an article and could be viewed as ‘stand-alone’ should be included in a separate box. An example would be a summary of a particular trial or trial series, a case study summary or a series of terms explained. Figures, tables and boxes should be numbered consecutively according to the order in which they have been first cited in the text. All abbreviations used within them should be defined in the legend. All figures, tables and boxes should be submitted in an **editable format**. Ideally these should be sent as Microsoft Word, Microsoft Excel or Adobe Illustrator files. If you are uncertain whether the format of your files is appropriate, please check with the Commissioning Editor. It is unnecessary to incorporate copies into the body of the manuscript; however, they should be included at the end of the document where possible. Please ensure that **scale bars** are included in figures where appropriate (i.e., photomicrographs). Symbols, arrows or letters used in photomicrographs should contrast with the background. Please explain internal scale and identify the method of staining in photomicrographs.

If any of the figures, tables or boxes used in the manuscript requires permission from the original publisher, it is the author’s responsibility to obtain this. More details on obtaining permissions can be found in the copyright section below.

Supplementary information

Figure, tables and boxes larger than one A4 page will be included as online-only supplementary information. At the Editor’s discretion data or experimental details can also be included.

Color figure charge

Future Medicine has a charge for the printing of color figures (i.e., each color page) in the print issue of the journal. We have no page charges, unlike some other publishers, and aim to keep our color charge to a minimum. This charge does not apply to the online (including PDF) version of articles, where all figures appear in color at no charge.

Chemical structures

If possible, please submit structures drawn in ISISDraw or Chemdraw format. However, chemical structures can be redrawn in-house. Please use the following conventions:

- ☑ Always indicate stereochemistry where necessary – use the wedge and hash bond convention for chiral centers and mark cis/trans bonds as such.
- ☑ Draw small peptides (up to five amino acids) in full; use amino acid abbreviations (Gly, Val, Leu, etc.) for larger peptides.
- ☑ Refer to each structure with a number in the text; submit a separate file (i.e., not pasted throughout the text) containing these numbered structures in the original chemical drawing package that you used.

Electronic files

Please submit any other illustrations/schemes in an editable electronic format such as Illustrator, PowerPoint, Excel or as postscripted/encapsulated postscripted (.ps/.eps) files. Photos should be provided at a resolution of 600 dpi, or as high as possible.

Permissions for reproduced or adapted material within your article

If a figure, table or box has been published previously (even if you were the author), acknowledge the original source and submit written permission from the copyright holder to reproduce the material where necessary. As the author of your manuscript, you are responsible for obtaining permissions to use material owned by others. Since the permission-seeking process can be remarkably time-consuming, it is wise to begin writing for permission as soon as possible. Future Medicine is a signatory to the STM Permissions Guidelines produced by the International Association of Scientific, Medical and Technical Publishers (<http://www.stm-assoc.org/>). Permission is, or in the case of an express permission requirement should be, granted free of charge by signatory organizations, with respect to a particular journal article or book being prepared for publication, to:

- ☑ Use up to three figures (including tables) from a journal article or book chapter, but:
 - not more than five figures from a whole book or journal issue/edition;
 - not more than six figures from an annual journal volume; and
 - not more than three figures from works published by a single publisher for an article, and not more than three figures from works published by a single publisher for a book chapter (and in total not more than thirty figures from a single publisher for re-publication in a book, including a multi-volume book with different authors per chapter).
- ☑ Use single text extracts of less than 400 words from a journal article or book chapter, but not more than a total of 800 words from a whole book or journal issue/edition.

Permission to go beyond such limits may be sought although in such instances the permission grant may require permission fees. **Important** – although permission may be granted without charge, authors must ensure that appropriate permission has nevertheless been obtained. Co-signatories of the permissions agreement can be found on the following website: <http://www.stm-assoc.org/copyright-legal-affairs/permissions/permissions-guidelines/>. Please send us photocopies of letters or forms granting you permission for the use of copyrighted material so that we can see that any special requirements with regard to wording and placement of credits are fulfilled. Keep the originals for your files. If payment is required for use of the figure, this should be covered by the author.

Units of measurement

Measurements of length, height, weight and volume should be reported in metric units (meter, kilogram or liter) or their decimal multiples. Temperatures should be in degrees Celsius. Blood pressures should be in millimeters of mercury. Any other units should be reported using the International System of Units (SI) where possible.

Statistics

Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to judge its appropriateness for the study and to verify the reported results. When possible, appropriate indicators of measurement error or uncertainty (such as confidence intervals) should be included. Please define any statistical terms, abbreviations and symbols used.

Pre-submission editing services

Future Medicine partners with Enago to provide pre-submission editing services for our authors.

Editing services include:

- Language check
- Copyediting
- Substantive editing

For more information, please visit the website here: <http://futuremedicine.enago.com>

Submission

Please ensure that solicited manuscripts are submitted on or before the agreed deadline. If a manuscript requires authorization by your organization before submission, please remember to take this into account when working towards these deadlines. First draft submission should be made via our online submission system in the first instance. Guidelines to using the system can also be found on this page. If submitting a solicited manuscript, please use the email address that you have been contacted on. If possible, manuscripts should be submitted in MS Word v. 6–8 format. However, we can convert most word-processing packages. To help with the speed of processing of an article, authors should ensure that their article has been edited for language and grammar by a fluent English speaker prior to submission.

Peer review

Once the manuscript has been received in-house, it will be peer-reviewed (this usually takes around 4 weeks). Please provide a list of suitable peer reviewers with your initial submission.

Revision

After peer review is complete, a further 2 weeks is allowed for any revisions (suggested by the referees/Editor) to be made.

In-house production

Once a revised manuscript has been accepted for publication, it will undergo production in-house. This will involve type-setting, copy-editing, proof-reading and re-drawing of any graphics. Authors will receive proofs of the article to approve before going to print, and will be asked to sign a copyright transfer form (except in cases where this is not possible, i.e., government employees in some countries). Please note that once the author receives the copy of their article for approval, our production department will need to hear from them within a tight deadline to ensure the issue is published on schedule. If you believe you may be away and unable to check the galley proofs at any point, please let the Commissioning Editor know.

Accelerated publication option

Our fee-based accelerated publication option provides publication of accepted articles online ahead of the print issues, within 6 weeks of submission (subject to receiving a signed Accelerated Publication Agreement form on the day of submission, and acceptance following peer-review and article revisions). If you are interested in this option, please inform the relevant Editor once they have confirmed receipt of your first draft.

Accelerated publication fees are as follows: **Accelerated publication fee\$**

Journal

£180/published page*

- ☐ Biomarkers in Medicine
- ☐ Epigenomics
- ☐ Future Cardiology
- ☐ Future Microbiology
- ☐ Future Oncology
- ☐ Future Virology
- ☐ Immunotherapy
- ☐ Journal of 3D Printing in Medicine
- ☐ Journal of Comparative Effectiveness Research

Research

- ☐ Nanomedicine
- ☐ Pain Management
- ☐ Personalized Medicine
- ☐ Pharmacogenomics
- ☐ Regenerative Medicine

£1,200*

- ☐ Breast Cancer Management
- ☐ CNS Oncology
- ☐ Colorectal Cancer
- ☐ Future Neurology
- ☐ Hepatic Oncology
- ☐ International Journal of Endocrine Oncology
- ☐ International Journal of Hematologic Oncology
- ☐ Lung Cancer Management
- ☐ Melanoma Management
- ☐ Neurodegenerative Disease Management

Open access journal

£650*

- ☐ Concussion

§Discounts are available for authors choosing both the Open Access and Accelerated Publication options.

*Plus VAT where applicable

Editorial policies

Future Medicine titles endorse the *Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals*, issued by the International Committee for Medical Journal Editors, the *Code of Conduct and Best Practice Guidelines for Journal Editors*, produced by the Committee on Publication Ethics, and GPP3 (<http://www.ismpp.org/gpp3>). This information is also available at www.futuremedicine.com.

Manuscript submission & processing

Future Medicine titles publish a range of article types, including solicited and unsolicited reviews, perspectives and original research articles. Receipt of all manuscripts will be acknowledged within 1 week and authors will be notified as to whether the article is to progress to external review. Initial screening of articles by internal editorial staff will assess the topicality and importance of the subject, the clarity of presentation, and relevance to the audience of the journal in question.

If you are interested in submitting an article, or have any queries regarding article submission, please contact the Commissioning Editor for the journal, via the Editorial Director. For new article proposals, the Commissioning Editor will require a brief article outline and working title in the first instance. We also have an active commissioning program whereby the Commissioning Editor, under the advice of the Editorial Board, solicits articles directly for publication.

External peer review

Through a rigorous peer review process, Future Medicine titles aim to ensure that articles are unbiased, scientifically accurate and clinically relevant. All articles are peer reviewed by three or more members of the International Editorial Board or other specialists selected on the basis of experience and expertise. Review is performed on a double-blind basis – the identities of peer reviewers and authors are kept confidential. Peer reviewers must disclose potential conflicts of interests that may affect their ability to provide an unbiased appraisal (see Conflict of Interest Policy below). Peer reviewers complete a referee report form, to provide general comments to the editor and both general and specific comments to the author(s).

Where an author believes that an editor has made an error in declining a paper, they may submit an appeal. The appeal letter should clearly state the reasons why the author(s) considers the decision to be incorrect and provide detailed, specific responses to any comments relating to the rejection of the article. Further advice from members of the journal's Editorial Board and/or other external experts will be sought regarding eligibility for re-review.

Revision

Most manuscripts require some degree of revision prior to acceptance. Authors should provide two copies of the revised manuscript – one of which should be highlighted to show where changes have been made. Detailed responses to reviewers' comments are also required (authors should complete these sections in the supplied Peer Review Report Form). Manuscripts may be accepted at this point or may be subject to further peer review. The final decision on acceptability for publication lies with the journal editor.

Post-acceptance

Accepted manuscripts will undergo production in-house. This will involve type-setting, copy-editing, proof-reading and re-drawing of any graphics. Authors will receive proofs of their article for approval and sign off and will be asked to sign a transfer of copyright agreement, except in circumstances where the author is ineligible to do so (e.g. government employees in some countries).

Please note that once the author receives the copy of their article for approval, our production department will need to hear from them within a tight deadline to ensure the issue is published on schedule. If you believe you may be away and unable to check the galley proofs at any point, please let the Commissioning Editor know.

Embargo policy

☑ Following the acceptance of articles for publication, authors (and their institutions, etc.) are welcome to publicize the publication; authors wishing to do so, should advise the editor of the details beforehand.

☑ No publicity relating to publication in a Future Medicine journal should be carried out while the manuscript is under consideration. However, prior publicity linked to presentations at meetings does not jeopardize publication in a Future Medicine journal.

☑ In cases where data may be of overwhelming public health importance, the above policy may be waived; should this be the case, the appropriate authorities responsible for public health should decide whether to disseminate information to physicians and the media in advance and should be responsible for this decision. The journal editor should be informed if these circumstances apply.

Any queries relating to publicity of manuscripts should be directed to the journal editor.

Disclosure & conflict of interest policy

Authors must state explicitly whether financial and/or nonfinancial relationships exist that potentially conflict with the subject matter or materials discussed in the manuscript and any such potential conflict of interest (including sources of funding) should be summarized in a separate section of the published article. Authors must disclose whether they have received writing assistance and identify the sources of funding for such assistance. Authors declaring no conflict of interest are required to publish a statement to that effect within the article. Authors must certify that they have disclosed relationships in which they (or a close family member): is employed, is a contractor, provides services, or has otherwise collaborated in commercial or scientific pursuits – even in the absence of direct monetary remuneration. Stock holdings and issued or pending patents of an author or family member should also be disclosed. This list is not exclusive of other forms of financial involvement. A 36-month disclosure window should be used. Details of relevant conflicts of interests (or the lack of) must be declared in the ‘Disclosure’ section of the manuscript for all listed authors. External peer reviewers must disclose any conflicts of interest that could bias their opinions of the manuscript, and they should disqualify themselves from reviewing specific manuscripts if they believe it appropriate. Should any such conflict of interest be declared, the journal editor will judge whether the reviewer’s comments should be recognized or will interpret the reviewer’s comments in the context of any such declaration.

Ethical conduct of research

For studies involving data relating to human or animal experimental investigations, appropriate institutional review board approval is required and should be described within the article. For those investigators who do not have formal ethics review committees, the principles outlined in the Declaration of Helsinki should be followed. For investigations involving human subjects, authors should explain how informed consent was obtained from the participants involved.

Patients’ rights to privacy

Patients have a right to privacy that should not be infringed without informed consent. Identifying information should not be included unless the information is essential for scientific purposes and the patient (or parent or legal guardian) gives written informed consent for publication. Informed consent for this purpose requires that the patient be shown the manuscript to be published. When informed consent has been obtained it should be indicated in the manuscript. In attempting to maintain patient anonymity, identifying details should be omitted where they are not essential. However, patient data should never be amended or falsified. Informed consent should be obtained whenever there is any doubt that anonymity can be assured.

Use of personal communications & unpublished data

Where an individual is identified within an article as a source of information in a personal communication or as a source for unpublished data, authors should include a signed statement of permission from the individual(s) concerned and specify the date of communication.

Clinical trial registration

Future Medicine titles prefer to publish clinical trials that have been included in a clinical trials registry that is accessible to the public at no charge, is electronically searchable, is open to prospective registrants and is managed by a not-for-profit organization, such as www.clinicaltrials.gov (sponsored by the United States National Library of Medicine). Where a clinical trial registration number is available, this should be included at the end of the abstract and also listed the first time the authors use a trial acronym to refer to the trial they are reporting in the manuscript. Unregistered clinical trials should be declared as such, and the reason for nonregistration should be provided. Whilst referees will take registration status into account, all well designed and presented trials and corresponding data will be considered for publication.

Errata/corrigenda

Mistakes by either editor or author should be identified wherever possible and an erratum or corrigendum published at the earliest opportunity. We will attempt to contact the author of the

original article to confirm any error, and publish an appropriate erratum or corrigendum at the earliest opportunity.

Duplicate publication/submission & plagiarism

All manuscripts submitted to Future Medicine titles are considered for publication on the understanding that they have not been published previously elsewhere or are under consideration for publication elsewhere. The journal may, however, consider republication of a paper previously published in a language other than English, subject to prominent disclosure of the original source and with any necessary permission. Authors will be asked to certify that the manuscript represents valid work and that neither this manuscript nor one with substantially similar content under their authorship has been published or is being considered for publication elsewhere. Where specific findings from a particular study have been previously published (in Future Medicine titles or elsewhere), Future Medicine titles will not consider manuscripts reporting the same findings, except where:

- ☑ the results are substantially reanalyzed, reinterpreted for a different audience, or translated into another language;
- ☑ the primary publication is clearly acknowledged and cited and the trial registration number (where available) of the original research is included; and

the publication is clearly presented as an analysis derived from the primary publication results or marked as a translation, with appropriate permission obtained from the previous publisher and copyright laws upheld. All submitted articles will be evaluated using plagiarism detection software, which compares the submitted manuscript with full text articles from all major journal databases and the internet. The use of published or unpublished ideas, words or other intellectual property derived from other sources without attribution or permission, and representation of such as those of the author(s) is regarded as scientific misconduct and will be addressed as such.

Scientific misconduct & retraction

If misconduct by authors or reviewers is suspected, either pre- or post-publication, action will be taken. An explanation will be sought from the party or parties considered to be involved. If the response is unsatisfactory, then an appropriate authority will be asked to investigate fully. Future Medicine will make all reasonable attempts to obtain a resolution in any such eventuality and correct the record or archive as necessary (publishing a retraction of the article as required).

Compliance with funder open or public access policies

Future Medicine is supportive of open and public access policies mandated by various funding bodies (see list below). In the first instance, please check whether your article type is covered by your funder mandate (i.e., in some cases, funder policies only cover research articles, rather than review articles). Please advise the Editor on submission if your article was funded by any of the bodies below. Where open access publication is a requirement of your funding, our article processing charge will need to be paid (in many cases, this will be covered by your funder, and you should check the specific details of this on the funder website). Please see further information below on our Open Access Option for authors. As standard for our Open Access option, articles are published under a CC BY-NC-ND license, and this will be used in the first instance; however, where the funder requires it, articles can be published under a different Creative Commons license (i.e., the CC BY license in the case of The Wellcome Trust).

Funding bodies:

Action on Hearing
 Arthritis Research UK
 Association for International Cancer Research (AICR)
 Austrian Science Fund (FWF)
 Biotechnology and Biological Sciences Research Council (BBSRC)
 Breakthrough Breast Cancer
 Breast Cancer Campaign

British Heart Foundation (BHF)
 Canadian Institutes of Health
 Cancer Research UK (CRUK)
 Chief Scientist Office (Scotland)
 Diabetes UK
 Dunhill Medical Trust
 European Research Council (ERC)
 Howard Hughes Medical Institutes (HHMI)
 Marie Curie Cancer Care
 Medical Research Council (MRC)
 Motor Neuron Disease Association
 Multiple Sclerosis Society
 Myrovlytis Trust
 National Institute for Health Research (Department of Health)
 National Institutes of Health (NIH)
 Parkinson's UK
 Prostate Cancer UK
 Telethon Italy
 The Wellcome Trust
 Yorkshire Cancer Research

NB. The above list of funders may not be exhaustive; should you have requirements related to a funder that is not listed above, please contact the Editorial Director discuss further.

Manuscript deposition service for authors (NIH- and Wellcome Trust-funded articles)

To assist our NIH- and Wellcome Trust-supported authors in meeting the requirement to deposit their article with PubMed Central (NIH) and Europe PMC (Wellcome Trust), Future Medicine will deposit the final published PDF of the article on their behalf, within 2 weeks of online publication. Authors will then be contacted to provide the final information to complete the process (i.e., funding source). In the case of NIH-funded authors, articles will be freely accessible via PubMed Central and searchable within its index no later than 12 months after publication. Wellcome Trust-funded articles will be deposited with Europe PMC and made open access under a Creative Commons CC BY license upon publication (subject to receipt of the article processing charge). Wellcome Trust-funded authors are required to complete a separate license form and payment form.

If you require further assistance or have any questions, please contact the Editorial Director to discuss further.

Self-archive policy

Future Medicine is supportive of self-archiving. Should you be interested in archiving your work, please be aware of the policies below.

Definition of article versions:

- ☐ **Submitted version** – authors' version of the article that has been submitted to the journal and entered into the peer review process (no revisions have yet been made)
- ☐ **Authors' final version** – authors' version of the article that has been through the peer review process, revised accordingly, and accepted for publication by the journal.
- ☐ **Version of record** – Future Medicine's version of the article that has been accepted for publication and typeset into the final journal format (including copyediting, formatting, re-drawing of illustrations, etc.).

The Future Medicine self-archiving policies differ depending on the final copyright status of your article. Authors should adopt the self-archiving policy corresponding to the publishing route that they have opted for. The first section sets out the policy applicable for instances where copyright is assigned to the publisher. The subsequent section explains the rights applicable where an author has chosen the open access option.

Where copyright is assigned to the publisher (standard publication option requiring no article processing charge)

The rights outlined here apply in circumstances where copyright has been assigned to the publisher.

a) Submitted version

Authors may:

- Share print or electronic copies of the article with colleagues. In doing so, they should state that the article has been submitted for publication to [the specified journal].
- Post an electronic version of an article on a personal website, the website of an employer or institution, or to free public servers.

b) Authors' final version

Authors may:

- Share print or electronic copies of the article with colleagues.
- 3 months** after publication – post the Authors' final version on a **personal website**.
 - Subject to appropriate acknowledgment of the journal and full bibliographic reference to the article.
- 12 months** after publication – post the Authors' final version on their **employer's website** or on **free public servers** in their subject area.
 - Subject to appropriate acknowledgment of the journal and full bibliographic reference to the article.

c) Version of record

Requests for posting of the version of record on **any** website within any timeframe should be directed to Future Medicine via our Permissions Requests page. Should the author wish to do any of the above within a shorter timeframe than specified, requests should be directed to Future Medicine via our Permissions Requests page. Please see our Permissions Requests page for information on the rights authors retain to re-use parts of their article in future works. Authors cannot reproduce an article for commercial purposes (i.e., for monetary gain on their own account or on that of a third party, or for indirect financial gain by a commercial entity). However, this does not affect an author's rights to receive a royalty or other payment for works of scholarship.

Articles published via the open access option (article processing fee applies)

The rights outlined below apply specifically to all articles published via the open access option route. Using the standard Future Medicine open access option, articles are published under a Creative Commons CC BY-NC-ND license, which allows dissemination on an open access basis, but does not permit commercial exploitation or the creation of derivative works without permission (for further details from www.creativecommons.org). Please see our Permissions Requests page to request permissions in these circumstances. Provided that authors give appropriate acknowledgment to the journal and publisher, and cite the full bibliographic reference for the article, when it is published open access (i.e., when the article processing fee has been received), authors may:

- Share print or electronic copies of an article with colleagues
- Post the version of record on:
- Personal websites
 - An employer's website
 - Free public servers in their subject area
 - Use all or part an article and abstract in personal compilations or other scholarly publications of their own work (and may receive a royalty or other payment for such work)
 - Use an article within their employer's institution or company for educational or research purposes, including use in course packs

Electronic versions of an accepted article should include a link to the published version of the article together with the following: 'For full bibliographic citation, please refer to the version available at www.futuremedicine.com'. Third parties are entitled to use an article published via the open access option route, in whole or in part, in accordance with the conditions outlined in the CC BY-NC-ND license (see information above).

Author options post-publication

Open access option

Authors who wish to publish in any Future Medicine title can opt for our Open Access Option, allowing unrestricted access to the online version of their article. The Open Access Option is available for all article types except Drug, Device and Vaccine Evaluation articles. Authors of accepted peer-reviewed articles may choose to pay a fee in order for their published article to be made accessible on an open access basis at www.futuremedicine.com and flagged as such on the website. Using this option, articles are published under a Creative Commons CC BY-NC-ND license, which allows dissemination on an open access basis, but does not permit commercial exploitation or the creation of derivative works without permission (for further details from www.creativecommons.org). Please see our Permissions Requests page to request permissions in these circumstances.

The Open Access Option fee is **Open access fee** as follows: Journal

- Biomarkers in Medicine
- Epigenomics
- Future Cardiology
- Future Microbiology
- Future Oncology
- Future Virology
- Immunotherapy
- Journal of 3D Printing in Medicine
- Journal of Comparative Effectiveness Research
- Nanomedicine
- Pain Management
- Personalized Medicine
- Pharmacogenomics
- Regenerative Medicine

£950*

- Breast Cancer Management
- CNS Oncology
- Colorectal Cancer
- Future Neurology
- Hepatic Oncology
- International Journal of Endocrine Oncology
- International Journal of Hematologic Oncology
- Lung Cancer Management
- Melanoma Management
- Neurodegenerative Disease Management

Open access journal £950*

☒ Concussion

*Plus VAT where applicable.

If you have a query regarding our Open Access Option please contact Francesca Lake, Managing Editor – Open Access.

Access tokens

What is an access token?

An access token allows a single user to access a certain amount of content an indefinite number of times. Most commonly, this is a single article – but can be any set of content, up to and including access to all of our content. Please note that access tokens are only available to authors for non-commercial purposes. For authors or third parties wishing to host an article on a company website, please contact reprints@futuremedicine.com.

Why use an access token?

An access token offers a cost-effective and time-efficient way of offering access to a targeted group of people. It allows an author to share their work with their colleagues, peers and friends effortlessly by providing them a link to directly access the article, increasing the visibility of the article and its readership.

How does it work?

☒ An author should request access tokens directly through a staff member of Future Medicine, stating the article which they wish to purchase the tokens for.

☒ Once payment has been processed, the access tokens are immediately available for activation. The author will receive an automated e-mail that contains the details of how to share the access tokens with their colleagues, peers and friends - including suggested text which they can use as the base for any e-mail they might send.

☒ Each user who wishes to access the content must be provided with the activation link (contained in the e-mail the author receives) - in order to access the content, they must simply click on the link, then register (or login, if already a registered user) and the content will be available to them.

☒ There is no time limit within which the tokens must be activated, so there is no pressure on the author to ensure the content is accessed immediately.

☒ Once all the access tokens have been used, additional bundles of 50 can be purchased and the author can continue to distribute his content in the same way as described above.

Costs

Access tokens can be purchased in bundles of 50 at a time at a cost of **£105 per 50 tokens**, which is very cost effective compared with a single user purchasing a single pay-per-view article. Therefore, an author can share his work at a cost of only £2 per person