



Multiomics Integration of Tuberculosis Pathogenesis

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Unity, not uniformity, must be our aim. We attain unity only through variety. Differences must be integrated, not annihilated, not absorbed.

Mary Parker Follett

Summary

Advances in high-throughput technology have made it possible to quantitatively monitor changes in multiple sets of biological molecules under different environmental stresses. Microbial adaptation to stresses can be monitored by genomics, transcriptomics, proteomics, and metabolomics. When combined, the resulting multiomics approach provides a much more comprehensive perspective of biological systems than using any single omics alone. Integrated multiomics has improved our understanding of the complex adaptive mechanisms of pathogens and allows for more accurate predictions of pathogenic outcomes. A vast amount of research has been carried out on tuberculosis (TB)

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pathogenesis. These studies decipher the biological molecules, pathways, and components of *Mycobacterium tuberculosis* (*M. tb*), the etiological agent of TB, involved in the adaptive strategies required for virulence. This chapter summarizes our current knowledge drawn from studies investigating the metabolic adaptation of *M. tb* and its survival in different phenotypic states. The collective interpretation of diverse but essential metabolic networks in *M. tb* will provide new insights for more effective TB interventions.

Graphical Abstract



Multiomics integration of tuberculosis pathogenesis

Keywords

Metabolic essentiality · Metabolic remodelling · Multiomics · Pathogenesis · Phenotypic heterogeneity

1 Introduction

Tuberculosis (TB) research continues to persevere towards developing efficient treatment. Despite continuous advances in research technology to reveal TB pathogenesis, *Mycobacterium tuberculosis* (*M. tb*) remains a formidable foe against the countless therapies that have been invented to date [1–3].

The hallmark of *M. tb* pathogenesis is its ability to adapt to various antimicrobial environments identified within hosts. *M. tb* can replicate even under an intact immune system; soon after recruitment, functional immune cells release reactive oxygen species (ROS) and reactive nitrogen intermediates (RNI), then in response, *M. tb* slows its replication rate, which enhances the phenotypic heterogeneity within the population [4–12]. Adequate immune responses recruit various immune cells, which convene into a multicellular structure called a granuloma which functions as a trap to keep uncleared *M. tb* bacilli within a restricted area [13, 14]. The interior of the granuloma is full of biochemical stresses, including hypoxia, nutrient starvation, low pH, and accumulation of ROS and RNI, wherein the majority of *M. tb* bacilli resides in the non- or slowly- replicating state by limiting its replication [15–20]. Thus, granuloma formation is a critical innate immune strategy [21, 22]. As a countermeasure, inside the granuloma, *M. tb* survives by shifting to a non-replicating persistent (NRP) state. Infected individuals with properly functioning immune systems may present clinically asymptomatic where *M. tb* mostly lives in an NRP but a metabolically active state. The NRP state of *M. tb* is phenotypically tolerant to nearly all TB antibiotics because they target cellular processes active only during replication [23–27]. This phenotypic quiescence and drug tolerance explain long TB treatment durations, which provides favorable conditions for the emergence of drug-resistant (DR) mutations [28–36]. Moreover, this NRP population serves as a reservoir for disease reactivation [37, 38]. A study at Cornell University using an NRP-TB mouse model showed that *M. tb* bacterial burden was undetectable after bactericidal antibiotic treatment, but reactivation occurred in response to immunosuppressive agents, such as glucocorticoids, in the absence of new infections [39–41].

Although immunological and biochemical stresses slow its replication, a significant portion of *M. tb* continues to replicate throughout infection in mouse models [9, 42]. This implies that the bacillary number in the NRP state is largely maintained by balancing the number of replicating, non-replicating, and dying bacilli at the site of infection under the active immune system in a state of phenotypic heterogeneity. Within granulomas, *M. tb* is trapped inside macrophages or

in extracellular niches at necrotic centers of granulomas. *M. tb* can also be found in the upper lobe of the lung on the inner cavity epithelium, where they can exit the NRP state [43–46]. Thus, the physiological understanding of *M. tb* bacilli in various phenotypic states is the unmet clinical and scientific need to develop more powerful therapeutic interventions.

As a unicellular organism, diversity is key for *M. tb* to survive harsh conditions [47, 48]. Diversity in a microbial population has been considered an important strategy to maximize adaptation in rapidly changing environments through metabolic flexibility and mutual interaction with neighboring siblings. *M. tb* always retains a level of metabolic diversity; subpopulations that encode identical genetic information can exhibit phenotypic heterogeneity [9–11, 49, 50]. This strategy allows *M. tb* to secure its species as a bet-hedging tactic [51–53]. This heterogeneous population is typically composed of a random mixture of phenotypic states from fully replicating to completely NRP [53, 54]. Consequently, *M. tb* relies on nongenetic mechanistic strategies, including optimization of cellular fitness and metabolic shifts, which are difficult to elucidate by analyzing a single set of biological molecules.

Whole-genome sequencing was first conducted to uncover the *Haemophilus influenzae* genome in the mid-1990s [55, 56]. This served as a milestone in systems biology, but the volume of data went beyond a complete interpretation at the time. Bioinformatic tools have been co-developed to understand relevant genetic information among copious data. Details on transcription of genetic information to mRNA, subsequent translation into proteins, and finally, the substrates and products of protein complexes all must be included to reach a more comprehensive representation of the data. The nuanced intermediates involved in metabolic networks are all crucial to holistically understanding microbial pathogenesis [57–59].

This chapter provides the characteristics associated with phenotypic heterogeneity of *M. tb* that have been validated by the multiomics approach. We focus on the metabolic activities essential for survival in each major phenotypic state: replicating, NRP, and reactivation. All cellular processes stem from the foundation of metabolism, thereby making metabolism an explication of pathogenicity. This perspective will direct efforts in a more sophisticated way to better develop effective treatments and strategies to address the *M. tb* pandemic and quell its widespread transmission.

2 Multiomics Integration to Study *M. Tuberculosis* Pathogenesis

2.1 Multiomics Technology as a Window to Visualize *M. Tuberculosis* Physiology

The whole-genome sequence of *M. tb* H₃₇Rv was first published in 1998 [60]. This genomics study identified over 3900 open reading frames, of which less than 50% were annotated with known functions. Manipulating gene function using gene

knockouts aided in defining the essential pathways for *M. tb* growth and adaptation to adverse environments [61, 62]. Single-gene knockout methods have been used alongside global methods, such as transposon (Tn) mutagenesis, to inactivate genes. Tn libraries were generated by random insertion within the *M. tb* genome and monitored for essentiality in the presence of selective conditions. DNA microarrays were then used to map Tn abundance, termed Tn site hybridization (TraSH). Sassetti et al. applied the TraSH method using a bacteriophage vehicle and successfully identified 614 genes essential for in vitro growth [63, 64]. These genes are involved in biosynthesizing amino acids, cofactors, and nucleic acids, including many unknown functions.

Conditional expression methods use an inducible promoter (TetON or TetOFF) to investigate genes' essentiality and functions. This strategy was used by Schnappinger et al. to control 474 genes by Tet regulation which identified greater than 8.5 million chemical-genetic interactions [65–67].

More recently, Clustered Regularly Interspaced Short Palindromic Repeats Interference (CRISPR*i*) was applied to essential gene screening in mycobacterial genomics [68–70]. This system works by targeting dCas9 nuclease, with non-functional nuclease activity, to *M. tb* genes with a sgRNA (single guide RNA). When the dCas9-sgRNA complex is formed, transcription of targeted genes is stalled by sterically blocking access of RNA polymerase to the promoter. The level of gene silencing is determined by sgRNA length and sequence, which makes it possible to study the impact of essential gene depletion where traditional approaches to completely knock out genes would be lethal to *M. tb*. The CRISPR*i*-dCas9 system was also used to generate an approximately 90,000 sgRNA library, enabling high-throughput platforms to screen for essential genes [68]. Rock et al. used sgRNA to make *M. smegmatis* folate metabolism hypomorphs to show the essentiality of this pathway for replication [69]. CRISPR*i* is a useful tool for genetic studies, but a potential caveat is the off-target effects from nonspecific interactions of dCas9.

Studying the *M. tb* transcriptome adds another avenue to connect genomic information [71]. Transcriptomics can take snapshots of gene expression levels in *M. tb* during adaptation to various environments, making it an excellent method to explore *M. tb* pathogenesis. Beyond understanding *M. tb* physiology, transcriptomics has been useful in assigning gene function and essentiality, discovering drug targets, and exploring an antimicrobial's mode of action [72–75]. Transcriptomics has identified the intermediary pathways required by intracellular *M. tb* to utilize host lipids: the β -oxidation pathway, glyoxylate shunt, methylcitrate cycle (MCC), and cholesterol metabolism [65, 76–81]. Another transcriptomics study found induction of glutamate synthase (GltB) and glutamate decarboxylase (GadB) as an adaptive strategy to counteract intracellular acidification arising from MCC activation [82]. Transcriptomics profiling of in vitro NRP models revealed significant remodeling in electron transport chain (ETC) activities [83, 84]. Combining transcriptomics with gene essentiality datasets offers a beginning to the multiomics understanding of TB pathogenesis.

Metabolomics is the holistic evaluation of metabolite networks in an organism or system of biological study. It is crucial for understanding the metabolic processes underlying *M. tb* adaptation to adverse environments [57, 85–90]. Carvalho et al. aerobically grew *M. tb* in the presence of fully ^{13}C labeled glycerol, acetate, or glucose and analyzed the ^{13}C enrichment of each metabolite in central carbon metabolism (CCM) pathways [91]. They demonstrated that *M. tb* could co-catabolize multiple carbon substrates simultaneously through glycolysis and the tricarboxylic acid (TCA) cycle. This co-catabolism is mediated by the compartmentalization of each carbon component to a distinct metabolic direction [92]. A study led by Agapova et al. observed that *M. tb* could also utilize multiple amino acids as nitrogen sources [93]. Serafini et al. found a new role of MCC as a source of propionyl-CoA and cell wall lipids through the reverse direction by assimilation of pyruvate and lactate [94]. Additionally, Dutta et al. used metabolomics to compare wild-type and Rel-deficient *M. tb* to verify that the Rel stringent response regulator functions in *M. tb*'s transition to the non-replicating, quiescent NRP state [95]. As such, metabolomics defines metabolic networks and helps pinpoint the essential pathways used in the adaptive strategies of *M. tb*.

2.2 Metabolic Networks of *M. Tuberculosis* in Diverse Phenotypic States

2.2.1 Actively Replicating State

Permissive Carbon Sources

Intracellular pathogens acquire nutrients needed to generate energy and biomass from the host [96]. It is technically challenging to study intracellular *M. tb* physiology due to the indirect nature of all experimental trials; earlier methods to probe main carbon sources largely relied on infection with auxotrophs [97]. Zimmerman et al. integrated information from metabolomics and transcriptomics data to reveal that intracellular *M. tb* utilizes up to 33 different nutrients from the host, of which three are solely used for biomass and the remaining 30 for ATP biosynthesis [98]. These included various subclasses of lipids such as monoacylglycerols and phosphatidylinositol phosphate, suggesting that *M. tb* is exposed to various nutrients within macrophages.

The foregoing multiomics integration of intracellular *M. tb* datasets pinpointed cholesterol as one of the most prevalent permissive carbon sources by detecting 4,5-9,10-diseco-3-hydroxy-5,9,17-tri-oxoandrosta-1(10),2-diene-4-oic acid (DSHA) accumulation. Since DSHA is a non-mammalian metabolite, it is degraded from cholesterol by *M. tb*. Supporting this, during infection, they observed host cholesterol levels decrease by $\sim 80\%$ and depletion of other cholesterol derivatives [99].

Simultaneous consumption of multiple carbon and nitrogen sources illustrates that *M. tb* has evolved highly modular metabolic networks that adapt to nutritionally adverse environments. Genomics studies have demonstrated that *M. tb* lacks the classical phosphotransferase (PTS) and carbon catabolite repression

(CCR) system—canonical adaptive strategies used to consume external carbon nutrients, especially by gram-negative and gram-positive bacteria [60, 91]. Hence, the metabolic network topology of *M. tb* is evolutionarily designed for optimal and unique pathogenesis.

Cholesterols

Although *M. tb* can simultaneously co-catabolize multiple carbon and nitrogen sources, accumulating genomics studies designate cholesterol as the most probable carbon source for *M. tb* growth and even survival in the NRP state from various *in vitro* and *in vivo* models [100–102].

Mce (mammalian cell entry) membrane proteins (Mce1–4) import lipid substances into *M. tb* (Fig. 1). Pandey et al. identified Mce4 as the major import route of cholesterol [103]. Mce4 is thought to confer *M. tb* pathogenesis by promoting its intracellular growth, whereby *mce4* deficient *M. tb* replicates poorly in media with cholesterol as a sole carbon substrate and in mice [104]. Multiple transcriptomics and proteomics analyses showed significantly higher expression of *mce1–mce4* transcripts and their protein levels in later stages of growth than in the early exponential stage, indicating growth phase-dependent functionality of Mce proteins. The functional essentiality of Mce4 was supported by the enhanced expression level of *mce4* in *M. tb* while residing within macrophages [105].

Once imported, *M. tb* degrades cholesterol to exclusively biosynthesize pyruvate, acetyl-CoA, propionyl-CoA, and succinyl-CoA, all precursor substrates of CCM pathways (Fig. 1) [96]. Combining metabolomics and transcriptome analysis by RNA-Seq from *M. tb* during infection determined overlapping metabolic networks, enzymes, and metabolites, several of which belonged to cholesterol degradation pathways [98, 106]. The final products of cholesterol degradation are now acknowledged as key metabolic intermediates required to fuel *M. tb* CCM, including the TCA cycle, glyoxylate shunt, MCC, methylmalonyl-CoA pathway, and gluconeogenic pathway (Fig. 1) [107, 108]. Propionyl-CoA is an initial substrate for the methylmalonyl-CoA pathway and MCC [109]. Biosynthesis of methyl-branched polyketide lipids and long-chain fatty acids occurs in the methylmalonyl-CoA pathway. The methylmalonyl-CoA and MCC pathways fuel CCM intermediates, thereby balancing toxic effects associated with cholesterol consumption, propionyl-CoA accumulation, and biosynthesis of essential intermediary metabolites of the TCA cycle [81, 109, 110]. Indeed, *M. tb* bacilli deficient in isocitrate lyase (ICL), the last enzyme in MCC, stopped replication and died from an accumulation of toxic intermediates and starvation of essential TCA cycle intermediates [80, 81]. Isotope metabolomics of *M. tb* deficient in ICL (Δ ICL) proved this vulnerability by showing that metabolic defects in Δ ICL stemmed from the conversion of the MCC into a dead-end pathway. Subsequent accumulation of MCC intermediates, such as 2-methylcitrate and 2-methylisocitrate, led to altered NADH/NAD⁺ ratio, membrane potential, and intracellular acidification [81].

Vitamin B12-dependent shunting of propionyl-CoA through the methylmalonyl-CoA pathway minimizes the MCC intermediate-mediated toxicity while biosynthesizing lipids including sulfolipid-1 (SL-1) and phthiocerol

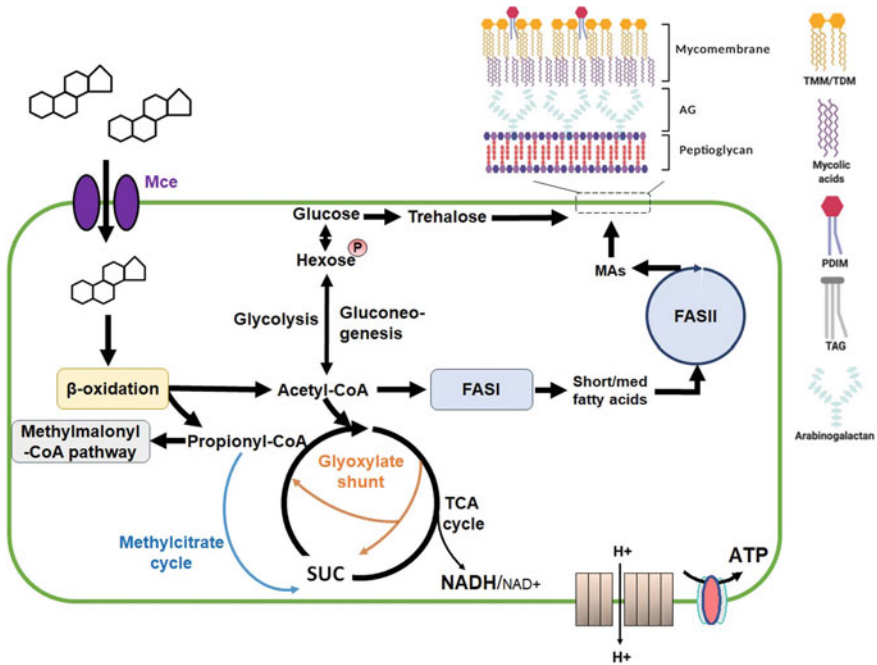


Fig. 1 Metabolic networks of replicating *M. tb*. *M. tb* membrane protein, Mce 4 (Mammalian Cell Entry), is used to import cholesterol. Cholesterol serves as a substrate of β -oxidation that leads to the biosynthesis of acetyl-CoA, propionyl-CoA, and pyruvate. These metabolites are substrates of the TCA cycle, glyoxylate shunt, methylcitrate cycle, methylmalonyl-CoA pathway, and gluconeogenesis. Acetyl-CoA is a substrate of the TCA cycle and subsequent production of NADH, a reduced electron carrier required for the production of ATP via electron transport chain (ETC). The set of FASI and FASII activities is required for the biosynthesis of mycolic acids (MA). Mycolic acids are condensed with trehalose to produce trehalose dimycolate (TDM), one of the most prevalent PAMPs (pathogen-associated molecular pattern). Hexose P, glucose phosphate and its isomers; MAs, mycolic acids; TMM, trehalose monomycolate; AG, arabinogalactan; SUC, succinate; TAG, triacylglycerol; PDIM, phthiocerol dimycocerosate. (Created with [BioRender.com](https://www.biorender.com))

dimycocerosate (PDIM) [81, 82, 109]. *M. tb* enhances the biosynthesis of PDIM and SL-1 when residing inside the host by coupling to catabolic cholesterol metabolism. This metabolic channeling is associated with *M. tb* pathogenesis because PDIM is known to aid in the recruitment and invasion of macrophages at the site of infection and help evade immune responses by masking cell surface PAMP (pathogen-associated molecular pattern) molecules [111, 112].

Lee et al. performed metabolomics analysis with BCG (Bacillus Calmette–Guérin), a live TB vaccine strain, and *M. tb* H₃₇Rv after culturing in media containing propionate or inside the macrophages [82]. The results supported an essential role of MCC in optimal intracellular replication and *M. tb* pathogenesis. They also observed an increase in glutamate synthase (GltB/D) activity, converting

glutamine to glutamate and GABA (γ -aminobutyric acid), as a metabolic effort to neutralize MCC intermediates and propionyl-CoA mediated toxicity. Indeed, increased GltB/D activity improved the survival of Δ ICL cultured in media containing propionate. Metabolic networks in *M. tb* are interconnected such that MCC intermediates or propionyl-CoA mediated toxicity on ETC and bioenergetics can be corrected by GltB/D activity in nitrogen metabolism, an example of the process termed metabolic adaptation. Collectively, the metabolic plasticity of *M. tb* required for permissive carbon uptake and consumption is thus accepted as a hallmark of its pathogenesis.

Antibiotic Targets of Actively Replicating *M. Tuberculosis*

Mycolic Acid Synthesis

Isonicotinic acid hydrazide, or isoniazid (INH), has been studied extensively and is a main component of the conventional first-line TB drug regimen. INH is significantly more potent in killing replicating *M. tb* than all other TB antibiotics [113–116]. The antimicrobial kinetics of INH was delayed by around four days, during which accumulated INH could not be washed from INH-susceptible *M. tb* while it could be washed away from resistant bacilli [116]. The accumulation of INH within INH-susceptible strains was accompanied by a wrinkled cell surface phenotype and a loss of its acid-fastness, a bactericidal phenotype specifically shown after INH treatment. Jacobs et al. characterized *M. smegmatis* mutants resistant to INH to find the drug target to be *InhA*, an NADH-dependent enoyl-ACP reductase [117–119]. *InhA* is part of the type II fatty acid synthesis pathway (FAS II) for mycolic acid biosynthesis (Fig. 1). The missense mutations found in these mutants at *inhA* and *katG* (catalase-peroxidase) conferred an order of magnitude increase of INH minimal inhibitory concentration (MIC). They could be rescued by replacing wild-type *inhA* through allelic exchange [120]. Inversely, the degree of INH resistance can be predicted by identifying the mutations of *inhA*, although missense mutations at other genes, including *kasA* or *katG*, must also be considered. A study confirmed that INH specifically inhibits the *InhA* step in the FAS II pathway by two-dimensional clustering of whole protein expression profiles of *M. tb* after INH treatment. Wilson et al. used a microarray hybridization to confirm that the mode of action of INH is associated with FAS II by showing operonic clustering of the genes encoding FAS II (Rv2243–Rv2247) and *FbpC* (Ag85C) as interacting partners.

INH effects on *M. tb* mycolic acid biosynthesis and its specificity to actively replicating *M. tb* suggest that the metabolic activities linked to mycolic acid biosynthesis are essential for *M. tb* replication and survival.

Membrane Energetics

Energy production from the ETC occurs via oxidative phosphorylation (OXPHOS), a ubiquitous and essential metabolic pathway for *M. tb* replication [121, 122]. Nutrients are used to fuel OXPHOS and subsequently generate an electrochemical gradient, called the proton motive force (PMF), that serves as a major source of

intracellular protons and ATP by driving ATP synthases (Fig. 1). In *M. tb*, the generation of the PMF is mediated by the proton-pumping components of ETC, including cytochrome bc₁-aa₃ complex and, albeit a less exergonic reaction, cytochrome bd oxidase [84, 123, 124]. Recently, the discovery of small molecules targeting proton-pumping components in *M. tb* ETC has targeted the cytochrome bc₁ subunit [125–127]. The lead compounds to date are a series of imidazopyridine amides. The most promising drug candidate of the series, Q203, is currently in phase II clinical trials under the FDA Investigational New Drug Application [128].

The discovery of bedaquiline (BDQ), a mycobacterial F₁F₀-ATP synthase inhibitor, validated OXPHOS as an essential component for survival in the replicating state [129–131]. BDQ became an important TB drug to treat multidrug-resistant (MDR) or extensively drug-resistant (XDR) TB patients. BDQ showed an unusually slowed time-dependent killing termed as weak-early bactericidal activity, where the four log₁₀ reductions in bactericidal phase just began four days after treatment following a period of bacteriostatic activity only [129, 132–135]. Transcriptomics and proteomics analysis of *M. tb* treated with BDQ observed induction of around 39 genes that belong to the dormancy regulon [135]; these genes may function to counteract damaged F₁F₀-ATP synthase, which would explain the temporal maintenance of bacteriostatic viability during initial exposure. Recent genetics studies using *Staphylococcus aureus* and *Escherichia coli* showed that ATP depletion is a signal that triggers bacterial dormancy and persistence [136–140]. The early bactericidal activity of BDQ differs depending upon the carbon substrates available in the media. Fermentable energy sources can be consumed for ATP biosynthesis through glycolysis or OXPHOS. However, *M. tb* cannot break down fatty acids by glycolysis, so in this case, ATP production solely relies on OXPHOS. *M. tb* displayed increased susceptibility to BDQ when cultured in media containing fatty acids as the only source of carbon [135]. A recent metabolomics study led by Wang et al. validated BDQ's effect on *M. tb* in a replicating state with the combination of direct ATP biosynthesis inhibition via interfering with F₁F₀-ATP synthase activity and indirect metabolic consequences arising from hundreds of annotated ATP-dependent reactions including glutamine synthase activity [141].

2.2.2 Non-Replicating Persistent State

Alternate Carbon Sources

NRP *M. tb* downregulates activities of key components in the ETC, which decreases OXPHOS activity and ATP biosynthesis to approximately 10% to that of its replicating counterparts [83, 142, 143]. The notable characteristic of NRP *M. tb* is its phenotypic drug tolerance or nonheritable resistance, which allows persistence under effective chemotherapies [31, 144–147]. This is largely because antibiotics that effectively kill replicating *M. tb* are no longer effective in killing NRP *M. tb* (Tables 1 and 2). For this reason, the physiology of NRP *M. tb* has emerged as a central feature of its pathogenesis [26]. Sarathy et al. used an established in vitro nutrient starvation NRP model to measure the intracellular level of diverse anti-TB

Table 1 Antibiotics targeting actively replicating *M. tb*

Sites of action	Antibiotics	Mechanisms of action
Cell wall	Isoniazid	Inhibits nicotinamide adenine dinucleotide (NADH)-specific enoyl-acyl carrier protein (ACP) reductase involved in the fatty acid synthesis
	Ethambutol	Inhibits arabinosyl transferases involved in cell wall biosynthesis
	D-Cycloserine	Inhibits synthesis of peptidoglycan and cell wall maintenance
	Ethionamide	Inhibits the <i>inhA</i> gene product enoyl-ACP reductase
	Prothionamide	
	SQ109	Inhibits the MmpL3 TMM exporter
DNA replication	Moxifloxacin	Inhibits the ATP-dependent enzymes topoisomerase II (DNA gyrase) and topoisomerase IV
	Gatifloxacin	
	Levofloxacin	Inhibits the DNA-gyrase, which in turn inhibits the relaxation of supercoiled DNA
Transcription	Rifampin	Inhibits the activity of the essential <i>rpoB</i> gene product β -subunit of DNA-dependent RNA polymerase
	Rifabutin	
	Rifalazil	
	Rifapentine	
Translation	Amikacin	Inhibits protein synthesis by binding to the conserved A site of 16S rRNA in the 30S ribosomal subunit
	Kanamycin	
	Streptomycin	
	Capreomycin	Inhibits protein synthesis by interacting with the ribosome
	Clarithromycin	Inhibits protein synthesis by binding to the 50S ribosomal subunit
	Linezolid	Inhibits protein synthesis by binding to 23S rRNA in the early phase to prevent proper binding of formyl-methionine tRNA
Cytoplasmic process	Para-aminosalicylic acid (PAS)	Acts as a metabolic precursor (prodrug) that generates a toxic dihydrofolate analog that subsequently inhibits DHFR (dihydrofolate reductase) activity
ATP synthesis	Bedaquiline	Inhibits mycobacterial F1F0-ATP synthase by binding to proton pump subunit

antibiotics such as fluoroquinolones, rifampin, and linezolid; they found that penetration in NRP state bacilli was significantly lower than in replicating bacilli [148–150]. Efflux pump inhibitors were used to confirm that reduced accumulation of antibiotics within the bacilli was independent of efflux processes [151]. Recent ¹³C isotope metabolomics studies using the in vitro biofilm culture system also showed that the relationship between the enrichment of NRP populations and the ATP biosynthesis and consumption rate of external carbon sources is inversely

Table 2 Antibiotics targeting non-replicating persistent (NRP) *M. tb*

Antibiotics	Mechanisms of action
Bedaquiline	Inhibits mycobacterial F1F0-ATP synthase by binding to proton pump subunit
Pretomanid (PA-824)	Generates the ROS
AM-0016	Causes cell envelope damage and rapidly collapses membrane potential (A novel xanthone-based antibacterial)
Pyrazinamide	Pyrazinamide enters bacteria and is converted into POA. Under acidic pH, POA accumulates inside the cells and causes a deenergized membrane and acidification of the cytoplasm
Rhodanine (D155931)	Targets dihydrolipoamide acyltransferase (DlaT) activity
TCA1	TCA1 is activated by decaprenyl-phosphoryl- β -D-ribofuranose oxidoreductase DprE1 and MoeW, enzymes involved in the cell wall and molybdenum cofactor biosynthesis

proportional [34]. Similar findings were observed in otherwise permissive *M. tb* adapting to hypoxic conditions [142, 143], suggesting that NRP *M. tb* can withstand adverse environmental stresses by depleting its ATP level to restrict the uptake of external antibiotics and carbon sources.

Existing knowledge of *M. tb* in an NRP state derives from experimental models of varying physiologic relevance and, despite controversial debates, almost all evidence includes alteration in ETC activity. Even NRP *M. tb* needs a basal metabolic activity level sufficient to maintain an energized membrane potential, PMF, and core cellular processes [83, 142, 152]. For example, when biosynthesizing low levels of ATP, NRP *M. tb* must continuously recycle the reducing equivalent, NAD^+ , to maintain the PMF. A study using isotopologue analysis and metabolomics examined the change of CCM pathway intermediates during transitioning into NRP state [142, 152], confirmed by a significant change in the NADH/NAD^+ ratio. As a compensatory mechanism, NRP *M. tb* initiates a fermentative respiratory strategy by net incorporation of CO_2 and active secretion of succinate by activating a reversed TCA cycle (Fig. 2). Another metabolomics work measured TCA cycle intermediates during the NRP state metabolism shift to show the critical role of succinate. However, fatty acids were provided to mimic conditions relevant to the host. Eoh et al. discovered that the glyoxylate shunt mediates hypoxia adaptation by contributing to the biosynthesis of succinate and glycine as an end product of the glyoxylate shunt, which is divergent from its traditional role in fatty acid metabolism required for active replication (Fig. 2) [142].

Transcriptomics studies using nutrient starvation identified the general depletion of genes associated with aerobic ETC components, suggesting metabolic changes that are similar to those during hypoxic adaptation [153–155]. These include upregulation of ICL and fumarate reductase with downregulation of F1F0-ATP synthase and type I NADH dehydrogenase (Ndh1). Separate transcriptomics and

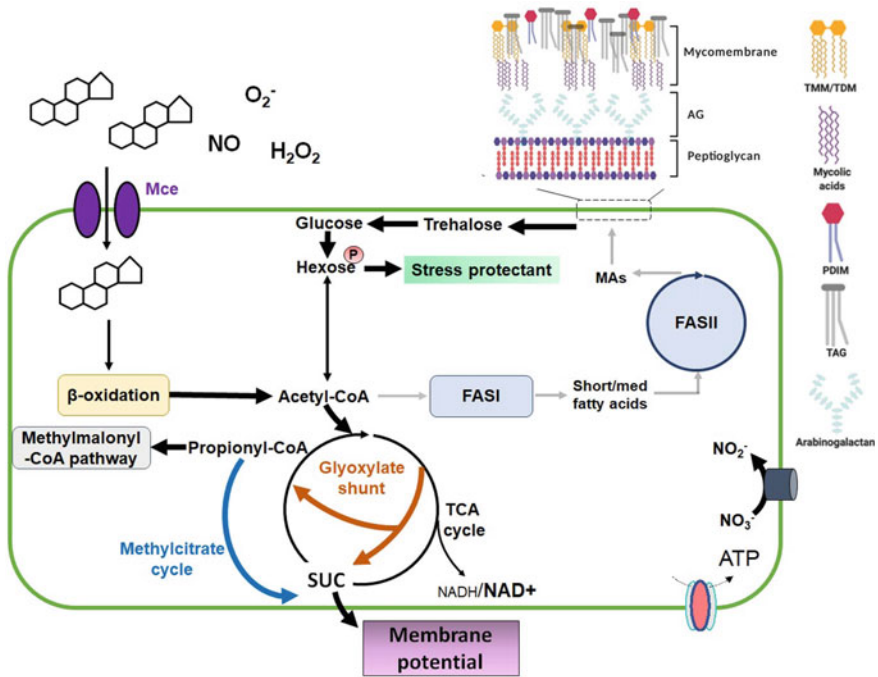


Fig. 2 Metabolic remodeling occurring within NRP *M. tb*. When adapting to biochemical stresses, *M. tb* restricts the uptake of external carbon sources, including cholesterol, while depleting its ATP level. Host fatty acids are still used as the primary source of the glyoxylate shunt, methylcitrate cycle, and methylmalonyl-CoA pathway. Methylmalonyl-CoA pathway contributes to host immune evasion through biosynthesis of phthiocerol dimycocerosate (PDIM). Meanwhile, NRP *M. tb* utilizes preexisting trehalose to fuel glycolysis and the pentose phosphate pathway (PPP) as an alternate source for ATP and antioxidants. Shunting trehalose towards the biosynthesis of glycolysis and PPP intermediates results in depletion of TDM content, which allows for the stealth invasion under an intact immune system. Without O₂, nitrate (NO₃) or fumarate can be an alternate electron acceptor for NRP *M. tb*, but none of them could support *M. tb* growth. Extra-biosynthesis of succinate (SUC) is secreted as an end product, which serves as an electrogenic process used to maintain membrane potential and ATP biosynthesis (Created with [BioRender.com](https://www.biorender.com))

proteomics studies of *M. tb* following treatment with INH and linezolid displayed dysregulated pathways, including lipid metabolism, cell wall processes, intermediary metabolism, and ETC activity [156–158]. The expression profile of genes in CCM and ETC suggests a significant overlap in the adaptive strategies used by NRP *M. tb* in response to nutrient starvation, hypoxic environment, or even antibiotic treatment [156, 159]. Multiple studies of chronic phase *M. tb* infection in mice and humans showed altered gene expression in *aceA*, *narK2*, *nuo*, *nadC*, *menA*, *lld2*, and *ppdK*, involved in respiration, and *aceA* and *echA15*, involved in lipid metabolism, that paralleled results found from in vitro hypoxia, nutrient starvation, or antibiotic treatment models. The significant overlap of genes

identified from all of these studies is largely restricted to the ETC, indicating that the ETC is a general sensor of stresses. We speculate that NRP *M. tb* uses ETC activity to sense environmental stresses and then restrict the penetration of toxic metabolites for securing survival through adaptive metabolism. Accordingly, NRP *M. tb* can endure significantly limited support from external nutrients.

Two independent metabolomics studies, using NRP *M. tb* recapitulated under the in vitro biofilm system and hypoxia, validated the contribution of preexisting, intrinsic *M. tb* metabolites as an alternate carbon source [34, 143]. Metabolic profiling specific to NRP *M. tb* and multivariate pathway mapping ranked the trehalose metabolism and glycolysis as the two top pathways. Targeted metabolomics showed the depletion of trehalose with a reciprocal accumulation of glucose phosphate, an initial substrate for intermediates of the pentose phosphate pathway (PPP) and glycolysis. This suggests that preexisting trehalose is an internal source of carbon substrates to fuel PPP and glycolysis while transitioning into NRP *M. tb*. The PPP and glycolysis are replenished by preexisting trehalose that serves as an alternative source of ATP, NADPH, and antioxidants to compensate for ATP depletion and limited external carbon sources (Fig. 2). Genetic experiments to interfere with trehalose carbon consumption confirmed that the lack of catabolic trehalose activity invoked *M. tb* hypersensitivity to INH and BDQ.

The Center for Disease Control and Prevention (CDC) predicted that lengthy TB treatment could be shortened significantly by the addition of antimicrobials that target the NRP subgroup within phenotypically heterogeneous populations of *M. tb* [160]. Known stringencies include nutritional deficiency, ROS, RNI, acidic, hypoxic, and membrane perturbing stresses. Understanding the essential cellular processes during NRP transition in response to the stringent environments will provide insights into the desperately needed improvements to existing TB chemotherapies.

Trehalose

Transcriptomics and proteomics studies commonly indicate trehalose metabolism as one of the essential activities required for survival of NRP *M. tb* [161–163]. Trehalose is a natural, nonreducing glucose disaccharide with an α , α -1,1-glycosidic linkage [α -D-glucopyranosyl-(1 \rightarrow 1)- α -D-glucopyranoside] [164]. Soon after its discovery, trehalose has been appreciated as a bioprotectant of stress in many biological systems.

Trehalose in *M. tb* is most widely recognized as a structural component of cell wall glycolipids, like trehalose dimycolate (TDM; cord factor) that also performs essential immunomodulatory functions [34, 165–167]. Another example is SL-1 which has major implications for the pathogenesis and transmission of TB [168, 169]. It was found that trehalose auxotrophs of *M. smegmatis* lose their viability in media lacking free trehalose, suggesting the important role of free trehalose in *M. tb*. Free trehalose has been suspected of having two main functions: stress protection and intracellular carbon storage. *M. tb* likely uses trehalose in both ways. In a replicating state, *M. tb* utilizes trehalose as a carbon source and as a substrate for the biosynthesis of cell envelope glycolipids such as TDM and SL-1. A recent

metabolomics study confirmed that trehalose could also serve as an intracellular storage compound that is internally mobilized during the transition to the NRP state (Fig. 2) [34, 143]. Furthermore, shunting trehalose towards the biosynthesis of CCM intermediates for energy production resulted in depletion of TDM and, presumably, SL-1 content. Indeed, the incubation of NRP *M. tb* cells fixed with paraformaldehyde and mouse bone-marrow-derived macrophages (BMDM) showed the diminished ability of induced pro-inflammatory cytokine secretion by BMDM [143]. This result correlates immunoreactivity with the shift in *M. tb* trehalose metabolism during NRP state survival.

Antibiotic Targets of Non-Replicating *M. Tuberculosis*

Altered Membrane Bioenergetics

The essentialities of bioenergetics and the ETC have been proven in studies with NRP *M. tb* adapting to hypoxia. *M. tb* is an obligate aerobic bacterium, but mounting experimental evidence demonstrates that within granulomas, where O₂ content is below 1% and nitric oxide (NO) content is dramatically elevated, both intracellular and extracellular spaces serve as niches that are colonized by *M. tb* [146, 170–172]. Microbiological and biochemical studies suggest that *M. tb* cannot replicate under hypoxic conditions; however, by shifting its metabolism, it can survive as non- or slowly replicating for decades when oxygen content is at even below 0.06% (NRP phase 2 in Wayne in vitro hypoxia model) [26, 173]. Genetic studies showed upregulation of proline dehydrogenase in NRP *M. tb* adapted to nutrient starvation [154, 174, 175]. Proline dehydrogenase and pyrroline-5-carboxylate dehydrogenase are involved in proline degradation to biosynthesize glutamate and transfer four electrons to the ETC. In these steps, FAD is reduced to FADH₂, which is coupled to the reduction of NAD⁺ to NADH, an important electron donor for NRP *M. tb*.

M. tb modulates oxidase expression to adapt its ETC according to varying oxygen availability [176, 177]. Under low oxygen conditions and high NO content, while transitioning into NRP state, cytochrome bd oxidase expression is upregulated [174]. Transcriptomics of intracellular *M. tb* showed downregulation of Ndh1, ATP synthase, and menaquinol-cytochrome c oxidase compared to those of replicating counterparts to affirm less demand for generation of energy in the NRP state. On the other hand, nitrate oxidase, Ndh2, and fumarate reductase were shown to be upregulated in the NRP state, suggesting that NRP *M. tb* maintains the ETC and OXPHOS by shifting the functional activity of its components. Sustaining ETC activity is critical for energy generation and recycling of NAD⁺ in the NRP state.

Alternate electron acceptors are required for NRP *M. tb* metabolism when O₂ is not present. Nitrate (NO₃) and fumarate have been studied as potential alternatives for NRP *M. tb* electron acceptors, but none of them could support the *M. tb* growth (Fig. 2) [83, 152, 178, 179]. This finding suggests that in the absence of O₂, the ETC in NRP *M. tb* plays a more critical part in redox homeostasis and disposal of reducing equivalents. Biosynthesis of NO₃ by oxidation of NO and NarK mediates the import of NO₃. Intriguingly, the expression of *narK2* and *narU* is upregulated in anaerobic conditions to secure an alternative electron acceptor. Transcriptional

control of *narK2* is regulated by the DosR/DevR dormancy regulon, which is influenced by environmental changes in O₂, NO, and CO levels. The *M. tb* genome contains the *narGHJI* (Rv1161-Rv1164) operon, which encodes a putative membrane-bound nitrate reductase complex. Expression of this operon is not upregulated under hypoxic or nutrient starvation conditions in *M. tb*. An alternate role of NarGHJI is to maintain the redox balance in NRP *M. tb* adapted to hypoxia. Sohaskey et al. have shown that NO₃ helped *M. tb* rapidly adapt to oxygen depletion [43, 180, 181].

Recent metabolomics studies using ¹³C tracing experiments showed a TCA cycle shift in NRP *M. tb* induced by hypoxia, provoking the biosynthesis of extra succinate as a product of active secretion [142, 152]. The overproduction and secretion of succinate are essential to maintain the NRP viability by acting as an anaplerotic precursor to downstream TCA cycle intermediates and serving as an electrogenic process to maintain membrane potential and ATP biosynthesis (Fig. 2). The essentiality of succinate for membrane bioenergetic function in NRP *M. tb* was proved by in vitro and mouse model studies of succinate dehydrogenase (Sdh1), the membrane anchor for the second ETC component [179, 182–185]. The essentiality of ETC, membrane bioenergetics, and accompanied redox homeostasis is supported by the clinical outcomes of BDQ, delamanid (OPC-67683), and pretomanid (PA-824), which cause ETC poisoning by the accumulation of NO from deazaflavin dependent nitroreductase (Ddn) activity, thereby effectively killing NRP *M. tb* [146, 186–189]. Similar antimicrobial activity targeting NRP *M. tb* with the aforementioned compounds has also been observed in both animals and humans [190] (Table 2).

2.2.3 Exiting from the Non-Replicating Quiescent State

Carbon Sources

Integration of molecular typing with epidemiological studies proved that in most cases, the same strain was responsible for both initial infection and disease relapse found in low-TB burdened areas, suggestive of reactivation. On the other hand, reinfection was implicated in higher-TB burdened countries where various strains were associated with disease relapse [191–193]. Latently infected hosts will produce a positive TB skin test, although they have no clinical symptoms. These latently infected individuals that are immune-competent have a 10% risk of disease reactivation during their lifetime. This chance increases in individuals with a compromised immune system. Common examples of immune systems impairments include co-infection with HIV and/or treatment with immunosuppressive agents, such as TNF-neutralizing drugs. An estimated one-fourth of the world population is latently infected, a huge reservoir for possible reactivation [194, 195].

Some useful in vivo reactivation models of *M. tb* include rabbits and guinea pigs. Cost-effective in vitro experimental strategies have been attempted; nonetheless, knowledge about NRP reactivation and underlying mechanisms for NRP transition to replicating state is limited. Most multiomics studies of reactivation have employed the NRP *M. tb* adapted to hypoxia [196, 197]. Transcriptomic analysis

using this process showed that reactivation altered several pathways, such as restoration of DosR regulon-mediated transcriptional remodeling, DNA repair, ETC activity, and cell wall biosynthesis. Interestingly, a recent biochemical study provoking NRP *M. tb* reactivation by K⁺-limiting conditions showed a transcriptional activation in two stages:

- i. initial de novo mRNA synthesis, activating cell defense mechanisms and lipid metabolism;
- ii. secondary active cell proliferation through inducing central metabolism reactions [198].

Although we intuitively assume the transition from NRP state to active replication is reflected by resuming bacterial growth, we cannot assume the metabolic activities required to exit from the NRP state should be identical to those required in the replicating state. Two recent metabolomics studies showed accumulation of glycolysis, aminosugar biosynthesis, and PPP intermediates in NRP *M. tb* adapted to hypoxia with a decrease in the upstream disaccharide, trehalose [34, 143]. These accumulations were later proven to promote de novo peptidoglycan synthesis for opportunistic reactivation (Fig. 3). This study demonstrated that the accumulation of these metabolites acts as an anticipatory metabolic action to provide a sufficient carbon source required for successful reentry into the normal cell cycle.

A separate metabolomics study of NRP *M. tb* under hypoxia also validated the role of succinate as a potential carbon source used to exit the NRP state (Fig. 3) [142, 152]. Some of the unused succinates are stored, which may later be used to quickly resume carbon flow downstream of the TCA cycle accompanied with NADH and ATP synthesis upon reaeration. Since the succinate/fumarate redox couple midpoint potential is almost neutral ($\epsilon^0 = +0.03$ V), it can help redox balance by fermentation product accumulation through fumarate reductase. Succinate serves as the bridge between fermentative and oxidative metabolic states by its wide range of ability to maintain ATP synthesis and membrane potential and feed the TCA cycle.

Potential Antibiotic Targets Preventing Reactivation of Non-Replicating *M. Tuberculosis*

Succinate Dehydrogenase

Succinate oxidation is coupled to quinone reduction by succinate dehydrogenases (Sdh). Sdh assists in the biosynthesis of TCA cycle intermediates and the generation of the PMF. There are two Sdh complexes found in the *M. tb* genome: Rv0249c-Rv0247c (Sdh1) and Rv3316-Rv3319 (Sdh2) [179, 182]. Sdh complexes have been an attractive target for antifungal agents, including oxadiazole carbohydrazide and thiazole carboxamide [199, 200]. Recent metabolomics and biochemical studies showed that 3-nitropropionate (3NP) is an inhibitor of *M. tb* Sdh by targeting the dicarboxylate-binding site of the subunit A [122, 142]. Treatment of 3NP did not cause a reduction but rather an accumulation of succinate in the TCA cycle, confirming that 3NP is a specific Sdh inhibitor and not an ICL inhibitor.

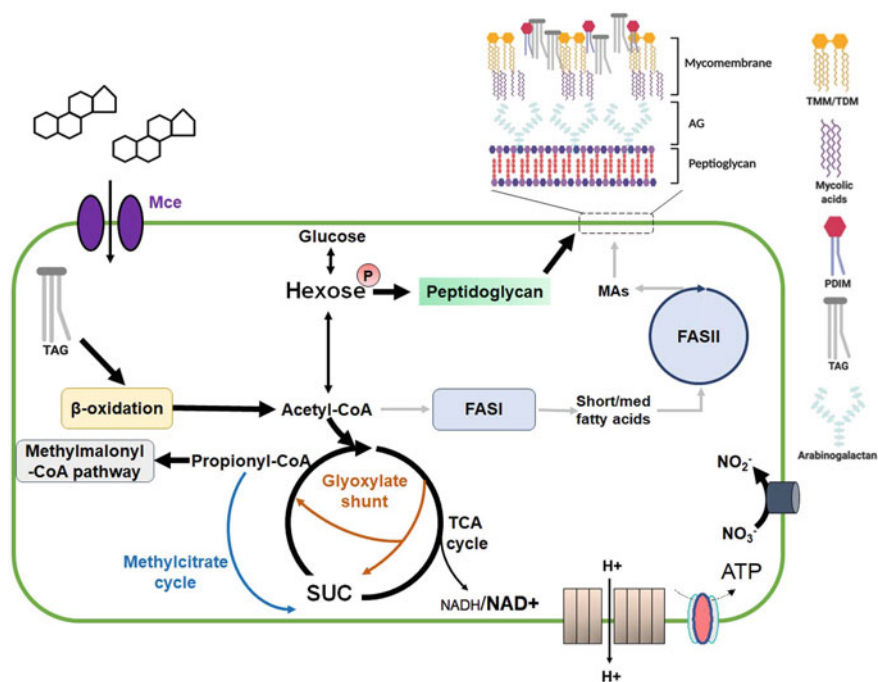


Fig. 3 Initial carbon source candidates required for *M. tb* reactivation. Some of the unused succinates facilitate the resumption of carbon flow through the TCA cycle and accompany biosynthesis of NADH, leading to the generation of proton motive force and ATP. *M. tb* also uses intermediates from the aminosugar biosynthesis pathway as substrates of MurA, the rate-limiting step of peptidoglycan biosynthesis. Other than succinate and aminosugars, triacylglycerol (TAG) is also a potential carbon source used by *M. tb* to exit the NRP state. (Created with BioRender.com)

Treatment of 3NP in NRP *M. tb* adapted to hypoxia resulted in a time-dependent delayed regrowth upon reoxygenation, suggesting the functional essentiality of accumulated succinate as an initial carbon source required for exit from the NRP state. Sdh is an appealing potential drug target to prevent *M. tb* reactivation.

UDP-N-Acetylglucosamine 1-carboxylvinyltransferase (MurA)

A metabolomics study using hypoxic *M. tb* identified accumulation of a discrete set of intermediates in the early portion of glycolysis and aminosugar biosynthesis pathway, including glucose phosphates and UDP-N-Acetyl Glucosamine (UDP-GlcNAc) [143]. During reoxygenation, following metabolic labeling with ^{13}C -acetate during hypoxia, only the unlabeled fraction of foregoing intermediates exhibited time-dependent depletion with reciprocal induction of UDP-N-Acetyl Muramic acid (UDP-MurNAc) by condensing UDP-GlcNAc with newly synthesized PEP. This is the first committed step of de novo peptidoglycan biosynthesis that is catalyzed by MurA [201]. These findings link the hypoxia-induced

accumulation of glycolysis and aminosugar biosynthesis pathway intermediates to carbon substrates used to reinitiate peptidoglycan biosynthesis of *M. tb* upon reactivation. MurA serves as a potential drug target to block the reactivation of NRP *M. tb* because it catalyzes a critical step in the anticipatory metabolic response.

3 Conclusion

Metabolic remodeling promotes *M. tb* pathogenesis through multiple and complicated operations that go far beyond the energy generation and macromolecule biosynthesis required for replication. These include biochemical regulatory functions to maintain viability such as nutritional homeostasis, membrane bioenergetics, allosteric regulation, antioxidant activity, and extrinsic factors required for survival, such as antibiotic tolerance and host immune interaction. Accumulating evidence supports that metabolic remodeling leads to cellular adaptation in a phenotype-specific process. It is important to recognize that metabolic remodeling is responsible for the diverse phenotypic roles in *M. tb* pathogenesis. The advent of integrated multiomics technologies allowed direct measurements, replacing the indirect inferences made from sequence homology methods. Not only is the knowledge of *M. tb* pathogenesis greatly expanded by these technologies, but more complex questions can be addressed through the interpretation of vast datasets using computational bioinformatics-based modeling. For example, the pharmacological objective is to target metabolically and phenotypically heterogeneous *M. tb* populations containing bacilli from replicating to NRP states and subsequent reactivation. Working towards the answers, it is imperative to recognize conceptually novel approaches to identify previously unprecedented new TB interventions.

Core Messages

- Population diversity is an adaptive strategy to environmental changes by metabolic flexibility and mutual interaction.
- Enhancing phenotypic heterogeneity is a bet-hedging tactic against intact immune systems and antibiotic stresses.
- The phenotypic diversity of *M. tb* can be monitored by genomics, transcriptomics, proteomics, and metabolomics.
- Multiomics integration can provide a much more powerful comprehensive knowledge than using single omics alone.
- Multiomics analysis of *M. tb* metabolism aids in novel TB therapeutics discovery to cure drug-resistant TB patients.

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References

1. Nathan C (2012) Fresh approaches to anti-infective therapies. *Sci Transl Med* 4 (140):140sr-142
2. Nathan C, Barry CE 3rd (2015) TB drug development: immunology at the table. *Immunol Rev* 264(1):308–318
3. Allen TW (1989) Tuberculosis remains a formidable adversary. *J Am Osteopath Assoc* 89 (5):617–618
4. Nathan CF, Hibbs JB Jr (1991) Role of nitric oxide synthesis in macrophage antimicrobial activity. *Curr Opin Immunol* 3(1):65–70
5. MacMicking JD, North RJ, LaCourse R, Mudgett JS, Shah SK, Nathan CF (1997) Identification of nitric oxide synthase as a protective locus against tuberculosis. *Proc Natl Acad Sci USA* 94(10):5243–5248
6. Chan J, Tanaka K, Carroll D, Flynn J, Bloom BR (1995) Effects of nitric oxide synthase inhibitors on murine infection with *Mycobacterium tuberculosis*. *Infect Immun* 63(2):736–740
7. Chan J, Xing Y, Magliozzo RS, Bloom BR (1992) Killing of virulent *Mycobacterium tuberculosis* by reactive nitrogen intermediates produced by activated murine macrophages. *J Exp Med* 175(4):1111–1122
8. Voskuil MI, Bartek IL, Visconti K, Schoolnik GK (2011) The response of *mycobacterium tuberculosis* to reactive oxygen and nitrogen species. *Front Microbiol* 2:105
9. Manina G, Dhar N, McKinney JD (2015) Stress and host immunity amplify *Mycobacterium tuberculosis* phenotypic heterogeneity and induce nongrowing metabolically active forms. *Cell Host Microbe* 17(1):32–46
10. Dhar N, McKinney JD (2007) Microbial phenotypic heterogeneity and antibiotic tolerance. *Curr Opin Microbiol* 10(1):30–38
11. Ackermann M (2015) A functional perspective on phenotypic heterogeneity in microorganisms. *Nat Rev Microbiol* 13(8):497–508
12. Ernst JD (2012) The immunological life cycle of tuberculosis. *Nat Rev Immunol* 12(8):581–591
13. Davis JM, Ramakrishnan L (2009) The role of the granuloma in expansion and dissemination of early tuberculous infection. *Cell* 136(1):37–49
14. Ramakrishnan L (2012) Revisiting the role of the granuloma in tuberculosis. *Nat Rev Immunol* 12(5):352–366
15. Ehlers S, Schaible UE (2012) The granuloma in tuberculosis: dynamics of a host-pathogen collusion. *Front Immunol* 3:411
16. Flynn JL, Chan J (2001) Tuberculosis: latency and reactivation. *Infect Immun* 69(7):4195–4201
17. Voskuil MI, Schnappinger D, Visconti KC, Harrell MI, Dolganov GM, Sherman DR, Schoolnik GK (2003) Inhibition of respiration by nitric oxide induces a *Mycobacterium tuberculosis* dormancy program. *J Exp Med* 198(5):705–713
18. Gomez JE, McKinney JD (2004) *M. tuberculosis* persistence, latency, and drug tolerance. *Tuberculosis (Edinb)* 84(1–2):29–44
19. Cosma CL, Sherman DR, Ramakrishnan L (2003) The secret lives of the pathogenic mycobacteria. *Annu Rev Microbiol* 57:641–676

20. Chan J, Flynn J (2004) The immunological aspects of latency in tuberculosis. *Clin Immunol* 110(1):2–12
21. Rubin EJ (2009) The granuloma in tuberculosis—friend or foe? *N Engl J Med* 360(23):2471–2473
22. Paige C, Bishai WR (2010) Penitentiary or penthouse condo: the tuberculous granuloma from the microbe’s point of view. *Cell Microbiol* 12(3):301–309
23. Kohanski MA, Dwyer DJ, Collins JJ (2010) How antibiotics kill bacteria: from targets to networks. *Nat Rev Microbiol* 8(6):423–435
24. Dutta NK, Karakousis PC (2014) Latent tuberculosis infection: myths, models, and molecular mechanisms. *Microbiol Mol Biol Rev* 78(3):343–371
25. Parrish NM, Dick JD, Bishai WR (1998) Mechanisms of latency in *Mycobacterium tuberculosis*. *Trends Microbiol* 6(3):107–112
26. Wayne LG, Sohaskey CD (2001) Non-replicating persistence of *mycobacterium tuberculosis*. *Annu Rev Microbiol* 55:139–163
27. Sacchetti JC, Rubin EJ, Freundlich JS (2008) Drugs versus bugs: in pursuit of the persistent predator *Mycobacterium tuberculosis*. *Nat Rev Microbiol* 6(1):41–52
28. Brauner A, Fridman O, Gefen O, Balaban NQ (2016) Distinguishing between resistance, tolerance and persistence to antibiotic treatment. *Nat Rev Microbiol* 14(5):320–330
29. Cohen NR, Lobritz MA, Collins JJ (2013) Microbial persistence and the road to drug resistance. *Cell Host Microbe* 13(6):632–642
30. Van den Bergh B, Michiels JE, Wenseleers T, Windels EM, Boer PV, Kestemont D, De Meester L, Verstrepen KJ, Verstraeten N, Fauvart M, Michiels J (2016) Frequency of antibiotic application drives rapid evolutionary adaptation of *Escherichia coli* persistence. *Nat Microbiol* 1:16020
31. Windels EM, Michiels JE, Fauvart M, Wenseleers T, Van den Bergh B, Michiels J (2019) Bacterial persistence promotes the evolution of antibiotic resistance by increasing survival and mutation rates. *ISME J* 13(5):1239–1251
32. Davies J, Davies D (2010) Origins and evolution of antibiotic resistance. *Microbiol Mol Biol Rev* 74(3):417–433
33. Kohanski MA, DePristo MA, Collins JJ (2010) Sublethal antibiotic treatment leads to multidrug resistance via radical-induced mutagenesis. *Mol Cell* 37(3):311–320
34. Lee J, Lee S, Song N, Nathan T, Swarts B, Eum S, Ehrst S, Cho S, Eoh H (2019) Transient drug-tolerance and permanent drug-resistance rely on the trehalose-catalytic shift in *Mycobacterium tuberculosis*. *Nat Commun* 2, 10(1):2928
35. Levin-Reisman I, Ronin I, Gefen O, Braniss I, Shores N, Balaban NQ (2017) Antibiotic tolerance facilitates the evolution of resistance. *Science* 355(6327):826–830
36. Lewis K, Shan Y (2017) Why tolerance invites resistance. *Science* 355(6327):796
37. Gengenbacher M, Kaufmann SH (2012) *Mycobacterium tuberculosis*: success through dormancy. *FEMS Microbiol Rev* 36(3):514–532
38. Esmail H, Barry CE 3rd, Young DB, Wilkinson RJ (2014) The ongoing challenge of latent tuberculosis. *Philos Trans R Soc Lond B Biol Sci* 369(1645):20130437
39. Cha SB, Jeon BY, Kim WS, Kim JS, Kim HM, Kwon KW, Cho SN, Shin SJ, Koh WJ (2015) Experimental reactivation of pulmonary *Mycobacterium avium* complex infection in a modified cornell-like murine model. *PLoS ONE* 10(9):e0139251
40. McCune RM, Jr., McDermott W, Tompsett R (1956) The fate of *Mycobacterium tuberculosis* in mouse tissues as determined by the microbial enumeration technique. II. The conversion of tuberculous infection to the latent state by the administration of pyrazinamide and a companion drug. *J Exp Med* 104(5):763–802
41. McCune RM, Jr, Tompsett R (1956) Fate of *Mycobacterium tuberculosis* in mouse tissues as determined by the microbial enumeration technique. I. The persistence of drug-susceptible tubercle bacilli in the tissues despite prolonged antimicrobial therapy. *J Exp Med* 104(5):737–762

42. Munoz-Elias EJ, Timm J, Botha T, Chan WT, Gomez JE, McKinney JD (2005) Replication dynamics of *Mycobacterium tuberculosis* in chronically infected mice. *Infect Immun* 73 (1):546–551
43. Boshoff HI, Barry CE 3rd (2005) Tuberculosis-metabolism and respiration in the absence of growth. *Nat Rev Microbiol* 3(1):70–80
44. Russel WF, Dressler SH, Middlebrook G, Denst J (1955) Implications of the phenomenon of open cavity healing for the chemotherapy of pulmonary tuberculosis. *Am Rev Tuberc* 71(3, Part 1):441–446
45. Gadkowski LB, Stout JE (2008) Cavitory pulmonary disease. *Clin Microbiol Rev* 21 (2):305–333, table of contents
46. Kaplan G, Post FA, Moreira AL, Wainwright H, Kreiswirth BN, Tanverdi M, Mathema B, Ramaswamy SV, Walther G, Steyn LM, Barry CE 3rd, Bekker LG (2003) *Mycobacterium tuberculosis* growth at the cavity surface: a microenvironment with failed immunity. *Infect Immun* 71(12):7099–7108
47. Forrellad MA, Klepp LI, Gioffre A, Sabio y Garcia J, Morbidoni HR, de la Paz Santangelo M, Cataldi AA, Bigi F (2013) Virulence factors of the *Mycobacterium tuberculosis* complex. *Virulence* 4(1):3–66
48. Pieters J (2008) *Mycobacterium tuberculosis* and the macrophage: maintaining a balance. *Cell Host Microbe* 3(6):399–407
49. Dhar N, McKinney J, Manina G (2016) Phenotypic Heterogeneity in *Mycobacterium tuberculosis*. *Microbiol Spectr* 4(6)
50. Rego EH, Audette RE, Rubin EJ (2017) Deletion of a mycobacterial divisome factor collapses single-cell phenotypic heterogeneity. *Nature* 546(7656):153–157
51. Villa Martin P, Munoz MA, Pigolotti S (2019) Bet-hedging strategies in expanding populations. *PLoS Comput Biol* 15(4):e1006529
52. Venturelli OS, Zuleta I, Murray RM, El-Samad H (2015) Population diversification in a yeast metabolic program promotes anticipation of environmental shifts. *PLoS Biol* 13(1): e1002042
53. Lenaerts A, Barry CE 3rd, Dartois V (2015) Heterogeneity in tuberculosis pathology, microenvironments and therapeutic responses. *Immunol Rev* 264(1):288–307
54. Barry CE 3rd, Boshoff HI, Dartois V, Dick T, Ehrt S, Flynn J, Schnappinger D, Wilkinson RJ, Young D (2009) The spectrum of latent tuberculosis: rethinking the biology and intervention strategies. *Nat Rev Microbiol* 7(12):845–855
55. Fraser CM, Gocayne JD, White O, Adams MD, Clayton RA, Fleischmann RD, Bult CJ, Kerlavage AR, Sutton G, Kelley JM, Fritchman RD, Weidman JF, Small KV, Sandusky M, Fuhrmann J, Nguyen D, Utterback TR, Saudek DM, Phillips CA, Merrick JM, Tomb JF, Dougherty BA, Bott KF, Hu PC, Lucier TS, Peterson SN, Smith HO, Hutchison CA 3rd, Venter JC (1995) The minimal gene complement of *Mycoplasma genitalium*. *Science* 270 (5235):397–403
56. Fleischmann RD, Adams MD, White O, Clayton RA, Kirkness EF, Kerlavage AR, Bult CJ, Tomb JF, Dougherty BA, Merrick JM et al (1995) Whole-genome random sequencing and assembly of *Haemophilus influenzae* Rd. *Science* 269(5223):496–512
57. Rhee K (2013) Minding the gaps: metabolomics mends functional genomics. *EMBO Rep* 14 (11):949–950
58. Rhee KY, de Carvalho LP, Bryk R, Ehrt S, Marrero J, Park SW, Schnappinger D, Venugopal A, Nathan C (2011) Central carbon metabolism in *Mycobacterium tuberculosis*: an unexpected frontier. *Trends Microbiol* 19(7):307–314
59. Hasin Y, Seldin M, Lusk A (2017) Multi-omics approaches to disease. *Genome Biol* 18 (1):83
60. Cole ST, Brosch R, Parkhill J, Garnier T, Churcher C, Harris D, Gordon SV, Eiglmeier K, Gas S, Barry CE 3rd, Tekaia 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 MA,

- Rajandream MA, Rogers J, Rutter S, Seeger K, Skelton J, Squares R, Squares S, Sulston JE, Taylor K, Whitehead S, Barrell BG (1998) Deciphering the biology of *Mycobacterium tuberculosis* from the complete genome sequence. *Nature* 393(6685):537–544
61. Parish T, Stoker NG (2000) Use of a flexible cassette method to generate a double unmarked *Mycobacterium tuberculosis* tlyA plcABC mutant by gene replacement. *Microbiology* 146 (Pt 8):1969–1975. <https://doi.org/10.1099/00221287-146-8-1969>
 62. Eoh H, Brown AC, Buetow L, Hunter WN, Parish T, Kaur D, Brennan PJ, Crick DC (2007) Characterization of the *Mycobacterium tuberculosis* 4-diphosphocytidyl-2-C-methyl-D-erythritol synthase: potential for drug development. *J Bacteriol* 189(24):8922–8927
 63. Sassetti CM, Boyd DH, Rubin EJ (2003) Genes required for mycobacterial growth defined by high density mutagenesis. *Mol Microbiol* 48(1):77–84
 64. Sassetti CM, Rubin EJ (2003) Genetic requirements for mycobacterial survival during infection. *Proc Natl Acad Sci U S A* 100(22):12989–12994
 65. Schnappinger D, Ehrt S, Voskuil MI, Liu Y, Mangan JA, Monahan IM, Dolganov G, Efron B, Butcher PD, Nathan C, Schoolnik GK (2003) Transcriptional adaptation of *Mycobacterium tuberculosis* within macrophages: insights into the phagosomal environment. *J Exp Med* 198(5):693–704
 66. Ehrt S, Guo XV, Hickey CM, Ryou M, Monteleone M, Riley LW, Schnappinger D (2005) Controlling gene expression in mycobacteria with anhydrotetracycline and Tet repressor. *Nucleic Acids Res* 33(2):e21
 67. Schnappinger D, Ehrt S (2014) Regulated expression systems for mycobacteria and their applications. *Microbiol Spectr* 2(1)
 68. Rock J (2019) Tuberculosis drug discovery in the CRISPR era. *PLoS Pathog* 15(9): e1007975
 69. Rock JM, Hopkins FF, Chavez A, Diallo M, Chase MR, Gerrick ER, Pritchard JR, Church GM, Rubin EJ, Sassetti CM, Schnappinger D, Fortune SM (2017) Programmable transcriptional repression in mycobacteria using an orthogonal CRISPR interference platform. *Nat Microbiol* 2:16274
 70. Choudhary E, Thakur P, Pareek M, Agarwal N (2015) Gene silencing by CRISPR interference in mycobacteria. *Nat Commun* 6:6267
 71. Mashabela GT, de Wet TJ, Warner DF (2019) *Mycobacterium tuberculosis* metabolism. *Microbiol Spectr* 7(4)
 72. Boshoff HI, Myers TG, Copp BR, McNeil MR, Wilson MA, Barry CE 3rd (2004) The transcriptional responses of *Mycobacterium tuberculosis* to inhibitors of metabolism: novel insights into drug mechanisms of action. *J Biol Chem* 279(38):40174–40184
 73. Paananen J, Fortino V (2019) An omics perspective on drug target discovery platforms. *Brief Bioinform* 27:bbz122
 74. Gomez-Gonzalez PJ, Andreu N, Phelan JE, de Sessions PF, Glynn JR, Crampin AC, Campino S, Butcher PD, Hibberd ML, Clark TG (2019) An integrated whole genome analysis of *Mycobacterium tuberculosis* reveals insights into relationship between its genome, transcriptome and methylome. *Sci Rep* 9(1):5204
 75. Benjak A, Uplekar S, Zhang M, Piton J, Cole ST, Sala C (2016) Genomic and transcriptomic analysis of the streptomycin-dependent *Mycobacterium tuberculosis* strain 18b. *BMC Genomics* 17:190
 76. Rohde KH, Veiga DF, Caldwell S, Balazsi G, Russell DG (2012) Linking the transcriptional profiles and the physiological states of *Mycobacterium tuberculosis* during an extended intracellular infection. *PLoS Pathog* 8(6):e1002769
 77. Rachman H, Strong M, Ulrichs T, Grode L, Schuchhardt J, Mollenkopf H, Kosmiadi GA, Eisenberg D, Kaufmann SH (2006) Unique transcriptome signature of *Mycobacterium tuberculosis* in pulmonary tuberculosis. *Infect Immun* 74(2):1233–1242

78. Lavalett L, Ortega H, Barrera LF (2020) Human alveolar and splenic macrophage populations display a distinct transcriptomic response to infection with *Mycobacterium tuberculosis*. *Front Immunol* 11:630
79. Munoz-Elias EJ, McKinney JD (2006) Carbon metabolism of intracellular bacteria. *Cell Microbiol* 8(1):10–22
80. Munoz-Elias EJ, McKinney JD (2005) *Mycobacterium tuberculosis* isocitrate lyases 1 and 2 are jointly required for *in vivo* growth and virulence. *Nat Med* 11(6):638–644
81. Eoh H, Rhee KY (2014) Methylcitrate cycle defines the bactericidal essentiality of isocitrate lyase for survival of *Mycobacterium tuberculosis* on fatty acids. *Proc Natl Acad Sci USA* 111(13):4976–4981
82. Lee JJ, Lim J, Gao S, Lawson CP, Odell M, Raheem S, Woo J, Kang SH, Kang SS, Jeon BY, Eoh H (2018) Glutamate mediated metabolic neutralization mitigates propionate toxicity in intracellular *Mycobacterium tuberculosis*. *Sci Rep* 8(1):8506
83. Rao SP, Alonso S, Rand L, Dick T, Pethe K (2008) The protonmotive force is required for maintaining ATP homeostasis and viability of hypoxic, non-replicating *Mycobacterium tuberculosis*. *Proc Natl Acad Sci USA* 105(33):11945–11950
84. Lamprecht DA, Finin PM, Rahman MA, Cumming BM, Russell SL, Jonnala SR, Adamson JH, Steyn AJ (2016) Turning the respiratory flexibility of *Mycobacterium tuberculosis* against itself. *Nat Commun* 10(7):12393
85. Baughn AD, Rhee KY (2014) Metabolomics of central carbon metabolism in *Mycobacterium tuberculosis*. *Microbiol Spectr* 2(3)
86. Eoh H (2014) Metabolomics: a window into the adaptive physiology of *Mycobacterium tuberculosis*. *Tuberculosis (Edinb)* 94(6):538–543
87. Reaves ML, Rabinowitz JD (2011) Metabolomics in systems microbiology. *Curr Opin Biotechnol* 22(1):17–25
88. Trivedi DK, Hollywood KA, Goodacre R (2017) Metabolomics for the masses: the future of metabolomics in a personalized world. *New Horiz Transl Med* 3(6):294–305
89. Xu EY, Schaefer WH, Xu Q (2009) Metabolomics in pharmaceutical research and development: metabolites, mechanisms and pathways. *Curr Opin Drug Discov Devel* 12(1):40–52
90. Johnson CH, Ivanisevic J, Siuzdak G (2016) Metabolomics: beyond biomarkers and towards mechanisms. *Nat Rev Mol Cell Biol* 17(7):451–459
91. de Carvalho LP, Fischer SM, Marrero J, Nathan C, Ehrs S, Rhee KY (2010) Metabolomics of *Mycobacterium tuberculosis* reveals compartmentalized co-catabolism of carbon substrates. *Chem Biol* 17(10):1122–1131
92. Noy T, Vergnolle O, Hartman TE, Rhee KY, Jacobs WR Jr, Berney M, Blanchard JS (2016) Central role of pyruvate kinase in carbon co-catabolism of *Mycobacterium tuberculosis*. *J Biol Chem* 291(13):7060–7069
93. Agapova A, Serafini A, Petridis M, Hunt DM, Garza-Garcia A, Sohaskey CD, de Carvalho LPS (2019) Flexible nitrogen utilisation by the metabolic generalist pathogen *Mycobacterium tuberculosis*. *Elife* 8:e41129
94. Serafini A, Tan L, Horswell S, Howell S, Greenwood DJ, Hunt DM, Phan MD, Schembri M, Monteleone M, Montague CR, Britton W, Garza-Garcia A, Snijders AP, VanderVen B, Gutierrez MG, West NP, de Carvalho LPS (2019) *Mycobacterium tuberculosis* requires glyoxylate shunt and reverse methylcitrate cycle for lactate and pyruvate metabolism. *Mol Microbiol* 112(4):1284–1307
95. Dutta NK, Klinkenberg LG, Vazquez MJ, Segura-Carro D, Colmenarejo G, Ramon F, Rodriguez-Miquel B, Mata-Cantero L, Porras-De Francisco E, Chuang YM, Rubin H, Lee JJ, Eoh H, Bader JS, Perez-Herran E, Mendoza-Losana A, Karakousis PC (2019) Inhibiting the stringent response blocks *Mycobacterium tuberculosis* entry into quiescence and reduces persistence. *Sci Adv* 5(3):eaav2104
96. Wilburn KM, Fieweger RA, VanderVen BC (2018) Cholesterol and fatty acids grease the wheels of *Mycobacterium tuberculosis* pathogenesis. *Pathog Dis* 76(2):fty021

97. Ehrt S, Rhee K, Schnappinger D (2015) Mycobacterial genes essential for the pathogen's survival in the host. *Immunol Rev* 264(1):319–326
98. Zimmermann M, Kogadeeva M, Gengenbacher M, McEwen G, Mollenkopf HJ, Zamboni N, Kaufmann SHE, Sauer U (2017) Integration of metabolomics and transcriptomics reveals a complex diet of *Mycobacterium tuberculosis* during early macrophage infection. *mSystems* 2(4):e00057–17
99. Yam KC, D'Angelo I, Kalscheuer R, Zhu H, Wang JX, Snieckus V, Ly LH, Converse PJ, Jacobs WR Jr, Strynadka N, Eltis LD (2009) Studies of a ring-cleaving dioxygenase illuminate the role of cholesterol metabolism in the pathogenesis of *Mycobacterium tuberculosis*. *PLoS Pathog* 5(3):e1000344
100. Kovarova-Kovar K, Egli T (1998) Growth kinetics of suspended microbial cells: from single-substrate-controlled growth to mixed-substrate kinetics. *Microbiol Mol Biol Rev* 62(3):646–666
101. Nazarova EV, Montague CR, La T, Wilburn KM, Sukumar N, Lee W, Caldwell S, Russell DG, VanderVen BC (2017) Rv3723/LucA coordinates fatty acid and cholesterol uptake in *Mycobacterium tuberculosis*. *Elife* 6:e26969
102. VanderVen BC, Fahey RJ, Lee W, Liu Y, Abramovitch RB, Memmott C, Crowe AM, Eltis LD, Perola E, Deininger DD, Wang T, Locher CP, Russell DG (2015) Novel inhibitors of cholesterol degradation in *Mycobacterium tuberculosis* reveal how the bacterium's metabolism is constrained by the intracellular environment. *PLoS Pathog* 11(2):e1004679
103. Pandey AK, Sasseti CM (2008) Mycobacterial persistence requires the utilization of host cholesterol. *Proc Natl Acad Sci USA* 105(11):4376–4380
104. Griffin JE, Gawronski JD, Dejesus MA, Ioerger TR, Akerley BJ, Sasseti CM (2011) High-resolution phenotypic profiling defines genes essential for mycobacterial growth and cholesterol catabolism. *PLoS Pathog* 7(9):e1002251
105. Casali N, Riley LW (2007) A phylogenomic analysis of the Actinomycetales mce operons. *BMC Genomics* 8:60
106. Pisu D, Huang L, Grenier JK, Russell DG (2020) Dual RNA-Seq of Mtb-infected macrophages *In Vivo* reveals ontologically distinct host-pathogen interactions. *Cell Rep* 30(2):335–350 e334
107. Griffin JE, Pandey AK, Gilmore SA, Mizrahi V, McKinney JD, Bertozzi CR, Sasseti CM (2012) Cholesterol catabolism by *Mycobacterium tuberculosis* requires transcriptional and metabolic adaptations. *Chem Biol* 19(2):218–227
108. 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(1):21–31
109. Savvi S, Warner DF, Kana BD, McKinney JD, Mizrahi V, Dawes SS (2008) Functional characterization of a vitamin B12-dependent methylmalonyl pathway in *Mycobacterium tuberculosis*: implications for propionate metabolism during growth on fatty acids. *J Bacteriol* 190(11):3886–3895
110. Munoz-Elias EJ, Upton AM, Cherian J, McKinney JD (2006) Role of the methylcitrate cycle in *Mycobacterium tuberculosis* metabolism, intracellular growth, and virulence. *Mol Microbiol* 60(5):1109–1122
111. Stanley SA, Cox JS (2013) Host-pathogen interactions during *Mycobacterium tuberculosis* infections. *Curr Top Microbiol Immunol* 374:211–241
112. Arbues A, Lugo-Villarino G, Neyrolles O, Guilhot C, Astarie-Dequeker C (2014) Playing hide-and-seek with host macrophages through the use of mycobacterial cell envelope phthiocerol dimycocerosates and phenolic glycolipids. *Front Cell Infect Microbiol* 4:173
113. Robitzek EH, Selikoff IJ (1952) Hydrazine derivatives of isonicotinic acid (rimifon marsilid) in the treatment of active progressive caseous-pneumonic tuberculosis; a preliminary report. *Am Rev Tuberc* 65(4):402–428

114. Robitzek EH, Selikoff IJ, Ornstein GG (1952) Chemotherapy of human tuberculosis with hydrazine derivatives of isonicotinic acid; preliminary report of representative cases. *Q Bull Sea View Hosp* 13(1):27–51
115. Winder FG, Collins PB (1970) Inhibition by isoniazid of synthesis of mycolic acids in *Mycobacterium tuberculosis*. *J Gen Microbiol* 63(1):41–48
116. Chakraborty S, Rhee KY (2015) Tuberculosis drug development: history and evolution of the mechanism-based paradigm. *Cold Spring Harb Perspect Med* 5(8):a021147
117. Vilcheze C, Jacobs WR Jr (2014) Resistance to isoniazid and ethionamide in *Mycobacterium tuberculosis*: genes, mutations, and causalities. *Microbiol Spectr* 2(4):MGM2–0014–2013
118. Banerjee A, Dubnau E, Quemard A, Balasubramanian V, Um KS, Wilson T, Collins D, de Lisle G, Jacobs WR Jr (1994) *inhA*, a gene encoding a target for isoniazid and ethionamide in *Mycobacterium tuberculosis*. *Science* 263(5144):227–230
119. Vilcheze C, Wang F, Arai M, Hazbon MH, Colangeli R, Kremer L, Weisbrod TR, Alland D, Sacchettini JC, Jacobs WR Jr (2006) Transfer of a point mutation in *Mycobacterium tuberculosis inhA* resolves the target of isoniazid. *Nat Med* 12(9):1027–1029
120. Heym B, Alzari PM, Honore N, Cole ST (1995) Missense mutations in the catalase-peroxidase gene, *katG*, are associated with isoniazid resistance in *Mycobacterium tuberculosis*. *Mol Microbiol* 15(2):235–245
121. Bald D, Villellas C, Lu P, Koul A (2017) Targeting energy metabolism in *Mycobacterium tuberculosis*, a new paradigm in Antimycobacterial drug discovery. *MBio* 8(2):e00272–e317
122. Cook GM, Hards K, Dunn E, Heikal A, Nakatani Y, Greening C, Crick DC, Fontes FL, Pethe K, Hasenoehrl E, Berney M (2017) Oxidative phosphorylation as a target space for tuberculosis: success, caution, and future directions. *Microbiol Spectr* 5(3)
123. Cumming BM, Addicott KW, Adamson JH, Steyn AJ (2018) *Mycobacterium tuberculosis* induces decelerated bioenergetic metabolism in human macrophages. *Elife* 7:e39169
124. Iqbal IK, Bajeli S, Akela AK, Kumar A (2018) Bioenergetics of mycobacterium: an emerging landscape for drug discovery. *Pathogens* 7(1)
125. von Jagow G, Ljungdahl PO, Graf P, Ohnishi T, Trumppower BL (1984) An inhibitor of mitochondrial respiration which binds to cytochrome b and displaces quinone from the iron-sulfur protein of the cytochrome bc₁ complex. *J Biol Chem* 259(10):6318–6326
126. Rybniker J, Vocat A, Sala C, Busso P, Pojer F, Benjak A, Cole ST (2015) Lansoprazole is an antituberculous prodrug targeting cytochrome bc₁. *Nat Commun* 6:7659
127. Lu P, Heineke MH, Koul A, Andries K, Cook GM, Lill H, van Spanning R, Bald D (2015) The cytochrome bd-type quinol oxidase is important for survival of *Mycobacterium smegmatis* under peroxide and antibiotic-induced stress. *Sci Rep* 5:10333
128. Pethe K, Bifani P, Jang J, Kang S, Park S, Ahn S, Jiricek J, Jung J, Jeon HK, Cechetto J, Christophe T, Lee H, Kempf M, Jackson M, Lenaerts AJ, Pham H, Jones V, Seo MJ, Kim YM, Seo M, Seo JJ, Park D, Ko Y, Choi I, Kim R, Kim SY, Lim S, Yim SA, Nam J, Kang H, Kwon H, Oh CT, Cho Y, Jang Y, Kim J, Chua A, Tan BH, Nanjundappa MB, Rao SP, Barnes WS, Wintjens R, Walker JR, Alonso S, Lee S, Oh S, Oh T, Nehrass U, Han SJ, No Z, Lee J, Brodin P, Cho SN, Nam K (2013) Discovery of Q203, a potent clinical candidate for the treatment of tuberculosis. *Nat Med* 19(9):1157–1160
129. Andries K, Verhasselt P, Guillemont J, Gohlmann HW, Neefs JM, Winkler H, Van Gestel J, Timmerman P, Zhu M, Lee E, Williams P, de Chaffoy D, Huitric E, Hoffner S, Cambau E, Truffot-Pernot C, Lounis N, Jarlier V (2005) A diarylquinoline drug active on the ATP synthase of *Mycobacterium tuberculosis*. *Science* 307(5707):223–227
130. Huitric E, Verhasselt P, Andries K, Hoffner SE (2007) In vitro antimycobacterial spectrum of a diarylquinoline ATP synthase inhibitor. *Antimicrob Agents Chemother* 51(11):4202–4204
131. Huitric E, Verhasselt P, Koul A, Andries K, Hoffner S, Andersson DI (2010) Rates and mechanisms of resistance development in *Mycobacterium tuberculosis* to a novel diarylquinoline ATP synthase inhibitor. *Antimicrob Agents Chemother* 54(3):1022–1028

132. Cohen J (2013) Infectious disease. Approval of novel TB drug celebrated—with restraint. *Science* 339(6116):130
133. Cholo MC, Mothiba MT, Fourie B, Anderson R (2017) Mechanisms of action and therapeutic efficacies of the lipophilic antimycobacterial agents clofazimine and bedaquiline. *J Antimicrob Chemother* 72(2):338–353
134. Diacon AH, Dawson R, von Groote-Bidlingmaier F, Symons G, Venter A, Donald PR, van Niekerk C, Everitt D, Winter H, Becker P, Mendel CM, Spigelman MK (2012) 14-day bactericidal activity of PA-824, bedaquiline, pyrazinamide, and moxifloxacin combinations: a randomised trial. *Lancet* 380(9846):986–993
135. Koul A, Vranckx L, Dhar N, Gohlmann HW, Ozdemir E, Neefs JM, Schulz M, Lu P, Mortz E, McKinney JD, Andries K, Bald D (2014) Delayed bactericidal response of *Mycobacterium tuberculosis* to bedaquiline involves remodelling of bacterial metabolism. *Nat Commun* 5:3369
136. Conlon BP, Rowe SE, Gandt AB, Nuxoll AS, Donegan NP, Zalis EA, Clair G, Adkins JN, Cheung AL, Lewis K (2016) Persister formation in *Staphylococcus aureus* is associated with ATP depletion. *Nat Microbiol* 1:16051
137. Fisher RA, Gollan B, Helaine S (2017) Persistent bacterial infections and persister cells. *Nat Rev Microbiol* 15(8):453–464
138. Lewis K (2010) Persister cells. *Annu Rev Microbiol* 64:357–372
139. Shan Y, Brown Gandt A, Rowe SE, Deisinger JP, Conlon BP, Lewis K (2017) ATP-Dependent persister formation in *Escherichia coli*. *MBio* 8(1):e02267-e2316
140. Wang Y, Bojer MS, George SE, Wang Z, Jensen PR, Wolz C, Ingmer H (2018) Inactivation of TCA cycle enhances *Staphylococcus aureus* persister cell formation in stationary phase. *Sci Rep* 8(1):10849
141. Wang Z, Soni V, Marriner G, Kaneko T, Boshoff HIM, Barry CE III, Rhee K (2019) Mode-of-action profiling reveals glutamine synthetase as a collateral metabolic vulnerability of *M. tuberculosis* to bedaquiline. *Proc Natl Acad Sci USA* 116(39):19646–19651
142. Eoh H, Rhee KY (2013) Multifunctional essentiality of succinate metabolism in adaptation to hypoxia in *Mycobacterium tuberculosis*. *Proc Natl Acad Sci USA* 110(16):6554–6559
143. Eoh H, Wang Z, Layre E, Rath P, Morris R, Branch Moody D, Rhee KY (2017) Metabolic anticipation in *Mycobacterium tuberculosis*. *Nat Microbiol* 2:17084
144. Balaban NQ, Helaine S, Lewis K, Ackermann M, Aldridge B, Andersson DI, Brynildsen MP, Bumann D, Camilli A, Collins JJ, Dehio C, Fortune S, Ghigo JM, Hardt WD, Harms A, Heinemann M, Hung DT, Jenal U, Levin BR, Michiels J, Storz G, Tan MW, Tenson T, Van Melderen L, Zinkernagel A (2019) Definitions and guidelines for research on antibiotic persistence. *Nat Rev Microbiol* 17(7):441–448
145. Balaban NQ, Merrin J, Chait R, Kowalik L, Leibler S (2004) Bacterial persistence as a phenotypic switch. *Science* 305(5690):1622–1625
146. Ehrt S, Schnappinger D, Rhee KY (2018) Metabolic principles of persistence and pathogenicity in *Mycobacterium tuberculosis*. *Nat Rev Microbiol* 16(8):496–507
147. Jayaraman R (2008) Bacterial persistence: some new insights into an old phenomenon. *J Biosci* 33(5):795–805
148. Sarathy JP, Via LE, Weiner D, Blanc L, Boshoff H, Eugenin EA, Barry CE 3rd, Dartois VA (2018) Extreme drug tolerance of *Mycobacterium tuberculosis* in caseum. *Antimicrob Agents Chemother* 62(2):e02266-e2317
149. Sarathy J, Blanc L, Alvarez-Cabrera N, O'Brien P, Dias-Freedman I, Mina M, Zimmerman M, Kaya F, Ho Liang HP, Prideaux B, Dietzold J, Salgame P, Savic RM, Linderman J, Kirschner D, Pienaar E, Dartois V (2019) Fluoroquinolone Efficacy against tuberculosis is driven by penetration into lesions and activity against resident bacterial populations. *Antimicrob Agents Chemother* 63(5):e02516-e2518
150. Sarathy J, Dartois V, Dick T, Gengenbacher M (2013) Reduced drug uptake in phenotypically resistant nutrient-starved non-replicating *Mycobacterium tuberculosis*. *Antimicrob Agents Chemother* 57(4):1648–1653

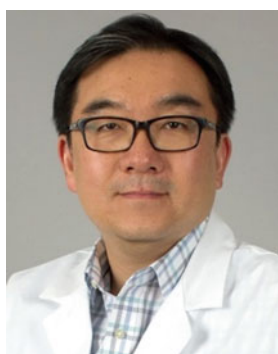
151. Lopez-Agudelo VA, Baena A, Ramirez-Malule H, Ochoa S, Barrera LF, Rios-Esteba R (2017) Metabolic adaptation of two in silico mutants of *Mycobacterium tuberculosis* during infection. *BMC Syst Biol* 11(1):107
152. Watanabe S, Zimmermann M, Goodwin MB, Sauer U, Barry CE 3rd, Boshoff HI (2011) Fumarate reductase activity maintains an energized membrane in anaerobic *Mycobacterium tuberculosis*. *PLoS Pathog* 7(10):e1002287
153. Betts JC, Lukey PT, Robb LC, McAdam RA, Duncan K (2002) Evaluation of a nutrient starvation model of *Mycobacterium tuberculosis* persistence by gene and protein expression profiling. *Mol Microbiol* 43(3):717–731
154. Lin W, de Sessions PF, Teoh GH, Mohamed AN, Zhu YO, Koh VH, Ang ML, Dedon PC, Hibberd ML, Alonso S (2016) Transcriptional profiling of *Mycobacterium tuberculosis* exposed to *In Vitro* Lysosomal stress. *Infect Immun* 84(9):2505–2523
155. Voskuil MI, Visconti KC, Schoolnik GK (2004) *Mycobacterium tuberculosis* gene expression during adaptation to stationary phase and low-oxygen dormancy. *Tuberculosis (Edinb)* 84(3–4):218–227
156. Briffotiaux J, Liu S, Gicquel B (2019) Genome-wide transcriptional responses of *Mycobacterium tuberculosis* to antibiotics. *Front Microbiol* 10:249
157. Betts JC (2002) Transcriptomics and proteomics: tools for the identification of novel drug targets and vaccine candidates for tuberculosis. *IUBMB Life* 53(4–5):239–242
158. Argyrou A, Jin L, Siconolfi-Baez L, Angeletti RH, Blanchard JS (2006) Proteome-wide profiling of isoniazid targets in *Mycobacterium tuberculosis*. *Biochemistry* 45(47):13947–13953
159. Keren I, Minami S, Rubin E, Lewis K (2011) Characterization and transcriptome analysis of *Mycobacterium tuberculosis* persisters. *MBio* 2(3):e00100–00111
160. Cadena AM, Fortune SM, Flynn JL (2017) Heterogeneity in tuberculosis. *Nat Rev Immunol* 17(11):691–702
161. Rao PK, Li Q (2009) Protein turnover in mycobacterial proteomics. *Molecules* 14(9):3237–3258
162. Marrero J, Trujillo C, Rhee KY, Ehrst S (2013) Glucose phosphorylation is required for *Mycobacterium tuberculosis* persistence in mice. *PLoS Pathog* 9(1):e1003116
163. Korte J, Alber M, Trujillo CM, Syson K, Koliwer-Brandl H, Deenen R, Kohrer K, DeJesus MA, Hartman T, Jacobs WR Jr, Bornemann S, Ioerger TR, Ehrst S, Kalscheuer R (2016) Trehalose-6-Phosphate-Mediated Toxicity determines essentiality of OtsB2 in *Mycobacterium tuberculosis* *In Vitro* and in Mice. *PLoS Pathog* 12(12):e1006043
164. Kalscheuer R, Koliwer-Brandl H (2014) Genetics of Mycobacterial Trehalose Metabolism. *Microbiol Spectr* 2(3)
165. Indrigo J, Hunter RL Jr, Actor JK (2002) Influence of trehalose 6,6'-dimycolate (TDM) during mycobacterial infection of bone marrow macrophages. *Microbiology* 148 (Pt 7):1991–1998
166. Kalscheuer R, Weinrick B, Veeraghavan U, Besra GS, Jacobs WR Jr (2010) Trehalose-recycling ABC transporter LpqY-SugA-SugB-SugC is essential for virulence of *Mycobacterium tuberculosis*. *Proc Natl Acad Sci USA* 107(50):21761–21766
167. Patin EC, Gefken AC, Willcocks S, Leschczyk C, Haas A, Nimmerjahn F, Lang R, Ward TH, Schaible UE (2017) Trehalose dimycolate interferes with FcγR-mediated phagosome maturation through Mincle, SHP-1 and FcγRIIB signalling. *PLoS ONE* 12(4):e0174973
168. Ishikawa E, Ishikawa T, Morita YS, Toyonaga K, Yamada H, Takeuchi O, Kinoshita T, Akira S, Yoshikai Y, Yamasaki S (2009) Direct recognition of the mycobacterial glycolipid, trehalose dimycolate, by C-type lectin Mincle. *J Exp Med* 206(13):2879–2888
169. Ruhl CR, Pasko BL, Khan HS, Kindt LM, Stamm CE, Franco LH, Hsia CC, Zhou M, Davis CR, Qin T, Gautron L, Burton MD, Mejia GL, Naik DK, Dussor G, Price TJ, Shiloh MU (2020) *Mycobacterium tuberculosis* sulfolipid-1 activates nociceptive neurons and induces cough. *Cell* 181(2):293–305 e211

170. Aly S, Wagner K, Keller C, Malm S, Malzan A, Brandau S, Bange FC, Ehlers S (2006) Oxygen status of lung granulomas in *Mycobacterium tuberculosis*-infected mice. *J Pathol* 210(3):298–305
171. Via LE, Lin PL, Ray SM, Carrillo J, Allen SS, Eum SY, Taylor K, Klein E, Manjunatha U, Gonzales J, Lee EG, Park SK, Raleigh JA, Cho SN, McMurray DN, Flynn JL, Barry CE 3rd (2008) Tuberculous granulomas are hypoxic in guinea pigs, rabbits, and nonhuman primates. *Infect Immun* 76(6):2333–2340
172. Heng Y, Seah PG, Siew JY, Tay HC, Singhal A, Mathys V, Kiass M, Bifani P, Dartois V, Herve M (2011) *Mycobacterium tuberculosis* infection induces hypoxic lung lesions in the rat. *Tuberculosis (Edinb)* 91(4):339–341
173. Wayne LG, Hayes LG (1996) An *in vitro* model for sequential study of shutdown of *Mycobacterium tuberculosis* through two stages of non-replicating persistence. *Infect Immun* 64(6):2062–2069
174. Cook GM, Hards K, Vilcheze C, Hartman T, Berney M (2014) Energetics of Respiration and oxidative phosphorylation in mycobacteria. *Microbiol Spectr* 2(3)
175. Berney M, Cook GM (2010) Unique flexibility in energy metabolism allows mycobacteria to combat starvation and hypoxia. *PLoS ONE* 5(1):e8614
176. May EE, Sershen CL (2016) Oxygen availability and metabolic dynamics during *Mycobacterium tuberculosis* latency. *IEEE Trans Biomed Eng* 63(10):2036–2046
177. Cook GM, Berney M, Gebhard S, Heinemann M, Cox RA, Danilchanka O, Niederweis M (2009) Physiology of mycobacteria. *Adv Microb Physiol* 55(81–182):318–189
178. Shi L, Sohaskey CD, Kana BD, Dawes S, North RJ, Mizrahi V, Gennaro ML (2005) Changes in energy metabolism of *Mycobacterium tuberculosis* in mouse lung and under *in vitro* conditions affecting aerobic respiration. *Proc Natl Acad Sci USA* 102(43):15629–15634
179. Hartman T, Weinrick B, Vilcheze C, Berney M, Tufariello J, Cook GM, Jacobs WR Jr (2014) Succinate dehydrogenase is the regulator of respiration in *Mycobacterium tuberculosis*. *PLoS Pathog* 10(11):e1004510
180. Sohaskey CD (2008) Nitrate enhances the survival of *Mycobacterium tuberculosis* during inhibition of respiration. *J Bacteriol* 190(8):2981–2986
181. Sohaskey CD, Wayne LG (2003) Role of narK2X and narGHIJ in hypoxic upregulation of nitrate reduction by *Mycobacterium tuberculosis*. *J Bacteriol* 185(24):7247–7256
182. Cook GM, Greening C, Hards K, Berney M (2014) Energetics of pathogenic bacteria and opportunities for drug development. *Adv Microb Physiol* 65:1–62
183. Kim JS, Cho DH, Heo P, Jung SC, Park M, Oh EJ, Sung J, Kim PJ, Lee SC, Lee DH, Lee S, Lee CH, Shin D, Jin YS, Kweon DH (2016) Fumarate-Mediated Persistence of *Escherichia coli* against Antibiotics. *Antimicrob Agents Chemother* 60(4):2232–2240
184. Pecsí I, Hards K, Ekanayaka N, Berney M, Hartman T, Jacobs WR Jr, Cook GM (2014) Essentiality of succinate dehydrogenase in *Mycobacterium smegmatis* and its role in the generation of the membrane potential under hypoxia. *MBio* 5(4)
185. 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(30):10670–10675
186. Dawson R, Diacon AH, Everitt D, van Niekerk C, Donald PR, Burger DA, Schall R, Spigelman M, Conradie A, Eisenach K, Venter A, Ive P, Page-Shipp L, Variava E, Reither K, Ntinginya NE, Pym A, von Groote-Bidlingmaier F, Mendel CM (2015) Efficiency and safety of the combination of moxifloxacin, pretomanid (PA-824), and pyrazinamide during the first 8 weeks of antituberculosis treatment: a phase 2b, open-label, partly randomised trial in patients with drug-susceptible or drug-resistant pulmonary tuberculosis. *Lancet* 385(9979):1738–1747
187. Diacon AH, Pym A, Grobusch M, Patientia R, Rustomjee R, Page-Shipp L, Pistorius C, Krause R, Bogoshi M, Churchyard G, Venter A, Allen J, Palomino JC, De Marez T, van Heeswijk RP, Lounis N, Meyvisch P, Verbeeck J, Parys W, de Beule K, Andries K, Mc

- Neeley DF (2009) The diarylquinoline TMC207 for multidrug-resistant tuberculosis. *N Engl J Med* 360(23):2397–2405
188. Gler MT, Skripconoka V, Sanchez-Garavito E, Xiao H, Cabrera-Rivero JL, Vargas-Vasquez DE, Gao M, Awad M, Park SK, Shim TS, Suh GY, Danilovits M, Ogata H, Kurve A, Chang J, Suzuki K, Tupasi T, Koh WJ, Seaworth B, Geiter LJ, Wells CD (2012) Delamanid for multidrug-resistant pulmonary tuberculosis. *N Engl J Med* 366(23):2151–2160
189. Cellitti SE, Shaffer J, Jones DH, Mukherjee T, Gurumurthy M, Bursulaya B, Boshoff HI, Choi I, Nayyar A, Lee YS, Cherian J, Niyomrattanakit P, Dick T, Manjunatha UH, Barry CE 3rd, Spraggon G, Geierstanger BH (2012) Structure of Ddn, the deazaflavin-dependent nitroreductase from *Mycobacterium tuberculosis* involved in bioreductive activation of PA-824. *Structure* 20(1):101–112
190. Singh R, Manjunatha U, Boshoff HI, Ha YH, Niyomrattanakit P, Ledwidge R, Dowd CS, Lee IY, Kim P, Zhang L, Kang S, Keller TH, Jiricek J, Barry CE 3rd (2008) PA-824 kills non-replicating *Mycobacterium tuberculosis* by intracellular NO release. *Science* 322(5906):1392–1395
191. Zong Z, Huo F, Shi J, Jing W, Ma Y, Liang Q, Jiang G, Dai G, Huang H, Pang Y (2018) Relapse versus reinfection of recurrent tuberculosis patients in a national tuberculosis specialized hospital in Beijing. *China Front Microbiol* 9:1858
192. McIvor A, Koornhof H, Kana BD (2017) Relapse, reinfection and mixed infections in tuberculosis disease. *Pathog Dis* 75(3)
193. Trinh QM, Nguyen HL, Nguyen VN, Nguyen TV, Sintchenko V, Marais BJ (2015) Tuberculosis and HIV co-infection-focus on the Asia-Pacific region. *Int J Infect Dis* 32:170–178
194. Nathan C (2009) Taming tuberculosis: a challenge for science and society. *Cell Host Microbe* 5(3):220–224
195. Nathan C (2014) Drug-resistant tuberculosis: a new shot on goal. *Nat Med* 20(2):121–123
196. Rustad TR, Sherrid AM, Minch KJ, Sherman DR (2009) Hypoxia: a window into *Mycobacterium tuberculosis* latency. *Cell Microbiol* 11(8):1151–1159
197. Du P, Sohaskey CD, Shi L (2016) Transcriptional and physiological changes during *Mycobacterium tuberculosis* reactivation from non-replicating persistence. *Front Microbiol* 7:1346
198. Salina EG, Grigorov AS, Bychenko OS, Skvortsova YV, Mamedov IZ, Azhikina TL, Kaprelyants AS (2019) Resuscitation of Dormant “Non-culturable” *Mycobacterium tuberculosis* Is characterized by immediate transcriptional Burst. *Front Cell Infect Microbiol* 9:272. <https://doi.org/10.3389/fcimb.2019.00272>
199. Wu YY, Shao WB, Zhu JJ, Long ZQ, Liu LW, Wang PY, Li Z, Yang S (2019) Novel 1,3,4-Oxadiazole-2-carbohydrazides as prospective agricultural antifungal agents potentially targeting succinate Dehydrogenase. *J Agric Food Chem* 67(50):13892–13903
200. Li Y, Geng J, Liu Y, Yu S, Zhao G (2013) Thiadiazole-a promising structure in medicinal chemistry. *ChemMedChem* 8(1):27–41
201. Brown ED, Vivas EI, Walsh CT, Kolter R (1995) MurA (MurZ), the enzyme that catalyzes the first committed step in peptidoglycan biosynthesis, is essential in *Escherichia coli*. *J Bacteriol* 177(14):4194–4197



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