



HAL
open science

Azole resistance in *Aspergillus fumigatus* isolates from respiratory specimens in Lyon University Hospitals, France: prevalence and mechanisms involved

Loïc Simon, Tanguy Déméautis, Damien Dupont, Rolf Kramer, Héloïse Garnier, Isabelle Durieu, Agathe Sénéchal, Philippe Reix, Sébastien Couraud, Gilles Devouassoux, et al.

► To cite this version:

Loïc Simon, Tanguy Déméautis, Damien Dupont, Rolf Kramer, Héloïse Garnier, et al.. Azole resistance in *Aspergillus fumigatus* isolates from respiratory specimens in Lyon University Hospitals, France: prevalence and mechanisms involved. *International Journal of Antimicrobial Agents*, 2021, 58 (6), pp.106447. 10.1016/j.ijantimicag.2021.106447 . hal-03950313

HAL Id: hal-03950313

<https://hal.u-pec.fr/hal-03950313v1>

Submitted on 5 Jan 2024

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.



Distributed under a Creative Commons Attribution - NonCommercial 4.0 International License

1 **Azole resistance in *Aspergillus fumigatus* isolates from respiratory specimens in Lyon**
2 **University Hospitals, France: prevalence and mechanisms involved**

3 Loïc SIMON^{1,2}, Tanguy DÉMÉAUTIS^{1,3}, Damien DUPONT^{1,4}, Rolf KRAMER^{1,5}, Héroïse
4 GARNIER¹, Isabelle DURIEU⁶, Agathe SÉNÉCHAL⁷, Philippe REIX⁸, Sébastien COURAUD⁹,
5 Gilles DEVOUASSOUX^{10,3}, Bruno LINA^{11,12}, Meja RABODONIRINA^{1,12}, Martine WALLON^{1,4},
6 Eric DANNAOUI^{13,14}, Florence PERSAT^{1,3}, Jean MENOTTI^{1,3*}

7

8 1 - Hospices Civils de Lyon, Institut des Agents Infectieux, Service de Parasitologie et Mycologie
9 médicale, Hôpital de la Croix-Rousse, Lyon, France.

10 2 - Centre Hospitalier Universitaire de Nice, Service de Parasitologie-Mycologie, Université Côte
11 d'Azur, Nice, France.

12 3 - Université Claude Bernard Lyon 1, EA7426 équipe Inflammation et immunité de l'épithélium
13 respiratoire, Oullins, France.

14 4 - Université Claude Bernard Lyon 1, Centre de Recherche en Neurosciences de Lyon, Inserm
15 U1028, CNRS UMR5292, équipe WAKING, Lyon, France.

16 5 - European Public Health Microbiology Training Programme, ECDC, Stockholm, Sweden.

17 6 - Hospices Civils de Lyon, Hôpital Lyon Sud, Service de Médecine Interne et Vasculaire, Centre
18 de Ressources et de Compétences de la Mucoviscidose Adultes, Pierre-Bénite, France.

19 7 - Hospices Civils de Lyon, Hôpital Louis Pradel, Département de Pneumologie et de
20 Transplantation Pulmonaire, Hospices Civils de Lyon, Bron, France.

21 8 - Hospices Civils de Lyon, Hôpital Femme-Mère-Enfant, Service de Pneumologie et
22 Allergologie Pédiatriques, Centre de Ressources et de Compétences de la Mucoviscidose Enfants,
23 Bron, France.

24 9 - Hospices Civils de Lyon, Hôpital Lyon Sud, Service de Pneumologie Aiguë Spécialisée et
25 Cancérologie Thoracique, Pierre Bénite, France.

26 10 - Hospices Civils de Lyon, Hôpital de la Croix-Rousse, Service de Pneumologie, Lyon, France.

27 11 - Hospices Civils de Lyon, Institut des Agents Infectieux, Service de Virologie, Hôpital de la
28 Croix-Rousse, Lyon, France.

29 12 - Université Claude Bernard Lyon 1, Centre International de Recherche en Infectiologie, Inserm
30 U1111, Lyon, France.

31 13 - Université de Paris, Assistance Publique – Hôpitaux de Paris, Hôpital Européen Georges
32 Pompidou, Service de Microbiologie, Unité de Parasitologie-Mycologie, Paris, France.

33 14 - Université Paris-Est Créteil, Équipe Dynamyc, EA 7380, Créteil, France.

34

35 ***Corresponding author:** Jean Menotti, Laboratoire de Parasitologie et Mycologie Médicale,
36 Institut des Agents Infectieux, Hôpital de la Croix-Rousse, Hospices Civils de Lyon / Université
37 Claude Bernard - Lyon 1, 103 grande rue de la Croix-Rousse 69317 Lyon cedex 04, France.
38 Phone: +33472003728, e-mail: jean.menotti@univ-lyon1.fr

39

40 **Running title:** Azole resistance in *Aspergillus fumigatus*

41

42 **Keywords:** *Aspergillus fumigatus*, azole resistance, cyp51, efflux transporters

43

44

45

46

47

48

49

50

51 **ABSTRACT**

52 *Aspergillus fumigatus* resistance to triazoles is increasingly reported in Europe. As few data are
53 available in Southern France, our objectives were to assess the burden of *A. fumigatus* isolates
54 with azole resistance from clinical specimens in Lyon and explore the involved resistance
55 mechanisms. In this retrospective cross-sectional study, 221 consecutive *A. fumigatus* isolates
56 from respiratory samples were identified during an eight-month period from 195 patients attending
57 the Pulmonary Medicine Departments of Lyon University Hospitals. Morphological identification
58 was confirmed by sequence analysis of the β -tubulin gene. Itraconazole, voriconazole,
59 posaconazole, and isavuconazole susceptibilities were tested for all samples with concentration
60 gradient strips and confirmed with EUCAST broth microdilution method. The resistance
61 mechanisms were investigated by sequencing of the *cyp51A* gene and its promoter, and by
62 expression analysis of *cyp51* and genes encoding several efflux transporters. Four isolates
63 exhibited azole resistance. Three isolates presented with polymorphisms in an intronic region of
64 *cyp51A* and one with simultaneously the F46Y, M172V and E427K polymorphisms. No mutation
65 was identified in the *cyp51A* promoter, but significant inductions of *cyp51A* and *cyp51B* gene
66 expression were observed for all four and three isolates, respectively. Significant inductions of
67 *atrF* and *cdr1B* gene expression were observed for two and three isolates, respectively. No
68 significant induction of *MDR1/2/3/4*, *MFS56* and *M85* gene expression was observed. To
69 conclude, the observed prevalence of azole resistance was 2.1%. Significant inductions of the
70 expression of the *cyp51* genes and two genes encoding efflux transporters were evidenced,
71 underlying the diversity of resistance mechanisms to be explored.

72

73

74

75

76 **1. INTRODUCTION**

77 *Aspergillus fumigatus* is a ubiquitous mould and the main species responsible for invasive
78 aspergillosis in immunocompromised patients and other forms of aspergillosis in patients with
79 chronic lung diseases (1,2). Mould-active triazoles are the first-line antifungal treatments for
80 invasive or chronic pulmonary aspergillosis (2,3), based on the inhibition of the lanosterol 14- α -
81 demethylase involved in the biosynthesis pathway of ergosterol, the fungal membrane major sterol
82 (1). However, resistance of *A. fumigatus* strains to triazole antifungals is increasingly reported
83 worldwide, becoming a worrying issue for patient management (4–11). The main mechanisms of
84 resistance described so far are: (i) mutations in the *cyp51A* gene encoding the lanosterol 14- α -
85 demethylase or in its promoter (4–7,12); (ii) overexpression of *cyp51* (12); (iii) overexpression of
86 multidrug efflux pumps (12). Our objectives were to assess the burden of *A. fumigatus* isolates
87 with azole resistance from clinical specimens in Lyon, and to evaluate the involved resistance
88 mechanisms.

89

90

91 **2. MATERIALS AND METHODS**

92 **2.1 Study design**

93 This study was conducted in the laboratory of Parasitology-Mycology of the Lyon
94 University Hospitals, France. From February to September 2017, all respiratory samples from
95 patients attending the inpatient and outpatient wards of the Pulmonary Medicine Departments were
96 plated on chromID™ *Candida* (CAN2) agar plates and Sabouraud chloramphenicol agar tubes

97 (bioMérieux, Marcy-l'Étoile, France), and incubated at 35°C for 7 days, as part of our laboratory
98 routine.

99

100 **2.2 Isolates**

101 Every mould grown in culture was microscopically identified with Lactophenol Cotton
102 Blue stain (Becton-Dickinson, Franklin Lakes, NJ, USA). All *Aspergillus sp.* isolates belonging to
103 the section *Fumigati* were then submitted to DNA extraction with the MagNAPure Compact
104 Nucleic Acid Isolation Kit I (Roche, Mannheim, Germany) and identified by PCR and sequence
105 analysis of the highly conserved β -tubulin gene (4).

106 **2.3 Antifungal susceptibility testing and fungal cultures**

107 Determination of Minimum Inhibitory Concentrations (MICs) were performed for all *A.*
108 *fumigatus* isolates by concentration gradient strips (CGS) for itraconazole, voriconazole,
109 posaconazole (E-TEST[®], bioMérieux) and isavuconazole (Liophilchem) according to the
110 manufacturer's recommendations. All isolates showing resistance with CGS were then tested with
111 EUCAST standardised broth microdilution method for confirmation. Susceptibility or resistance
112 profiles to the different antifungals were defined according to the 2020 EUCAST clinical
113 breakpoints after 48-hour cultures at 35°C
114 (<https://www.eucast.org/astoffungi/clinicalbreakpointsforantifungals/>). Thus, isolates were
115 considered resistant when MIC was >1 mg/L for itraconazole and voriconazole, >2 mg/L for
116 isavuconazole, and >0.25 mg/L for posaconazole. Isolates that were resistant to azoles were then
117 cultured in liquid Sabouraud + 4 mg/L itraconazole medium at 35°C for 16 hours for further
118 analyses (8).

119 **2.4 Sequence analysis of the *cyp51A* gene**

120 Molecular resistance mechanisms were assessed by sequence analysis of the *cyp51A* gene
121 and its promoter region (7) using the CBS144.89/A1163 strain of *A. fumigatus* as reference wild-
122 type strain.

123 **2.5 RNA extraction and reverse transcriptase real-time PCR**

124 Total RNA extractions from grown cultures in liquid Sabouraud with itraconazole were
125 performed using the RNeasy Mini Kit (Qiagen, Hilden, Germany).

126 Gene expression of *cyp51A*, *cyp51B* and several efflux transporters (namely *atrF*, *cdr1B*,
127 *MDR1/2/3/4*, *MFS56* and *M85*) (8) were quantified by reverse transcriptase real-time PCR using
128 the High Capacity cDNA Reverse Transcription Kit and the PowerUp Sybr® Green Master Mix
129 (Thermo-Fisher, Waltham, Massachusetts, USA) on the Applied Biosystems 7500 Real-Time PCR
130 System (Thermo-Fisher). Expression levels were normalized using the $2^{-\Delta\Delta C_t}$ method with the
131 expression of the CBS144.89/A1163 strain as reference and the β -tubulin housekeeping gene as
132 endogenous control (8).

133 **2.6 Statistical analysis**

134 Two-way analysis of variance (ANOVA) with Tukey's multiple comparisons post-hoc test
135 was performed with Prism v6.04 (GraphPad Software) to compare the gene expression of the
136 different strains, after itraconazole exposure, with the basal gene expression of the
137 CBS144.89/A1163 azole susceptible *A. fumigatus* reference strain. A $P < 0.05$ was considered as
138 statistically significant.

139

140

141 **3. RESULTS**

142 **3.1 Study population and azole resistance**

143 During an eight-month period, 221 consecutive *Aspergillus sp.* isolates from the section
144 *Fumigati* were obtained by culture from 195 patients' respiratory specimens. All isolates were
145 confirmed as *A. fumigatus* by PCR and sequence analysis of the β -tubulin gene. Susceptibility
146 testing identified four isolates to be resistant to azole antifungals (**Table 1**). All of them were
147 resistant to itraconazole (all with MIC>8 mg/L), voriconazole (range 4 - >8 mg/L), and
148 isavuconazole (range 4 - >8 mg/L); three of them were in addition resistant to posaconazole (range
149 0.5 - >8 mg/L) whereas the fourth was in the area of technical uncertainty (MIC=0.25 mg/L)
150 (**Table 1**). These four isolates were from four different patients. In total, the prevalence of azole
151 resistance in our study population was 2.1% (4/195). The resistant isolates were grown in culture
152 from respiratory specimens from three patients with cystic fibrosis (for isolates A, B and C) and
153 one patient with autosomal dominant hyperimmunoglobulinemia E (for isolate D). All four
154 patients previously received prolonged antifungal treatments: itraconazole for the three patients
155 with cystic fibrosis and treatments with itraconazole, voriconazole and posaconazole for patient D.
156 Among the 195 patients included, 70 had cystic fibrosis: the prevalence of azole resistance in
157 patients with cystic fibrosis in our cohort was thus 4.3% (3/70). Consequently, the prevalence of
158 azole resistance in patients from Pulmonary Medicine Departments, excluding cystic fibrosis
159 patients, was 0.8% (1/125).

160 **3.2 DNA sequence analyses of the *cyp51A* gene**

161 Two polymorphisms were found in an intron of the *cyp51A* gene for *A. fumigatus* azole-
162 resistant strains A, B and C. Three polymorphisms were found within the open reading frame of
163 the *cyp51A* gene for strain D (F46Y, M172V, E427K) (**Table 1**). No mutation was found in the
164 promoter of the *cyp51A* gene for any of the four azole-resistant *A. fumigatus* strains.

165 **3.3 Gene expression of the azole-resistant strains**

166 Compared to the CBS144.89/A1163 azole susceptible reference strain, significant
167 induction of the expression of the *cyp51A* gene was found for all four strains, with mean mRNA
168 inductions ranging from 3.0 to 9.6 folds (**Fig. 1A**). There was also a significant induction of the
169 expression of the *cyp51B* gene for strains A, C and D with mean mRNA inductions ranging from
170 3.3 to 5.5 folds (**Fig. 1B**), whereas mean fold induction for strain B was 1.8 with no statistical
171 significance compared to the CBS144.89/A1163 strain.

172 Concerning the *atrF* efflux transporter gene, mRNA expression was significantly induced
173 for both strains B and C, with mean folds of 4.6 and 3.4, respectively (**Fig. 1C**), whereas strains A
174 and D showed no significant variations compared to the CBS144.89/A1163 reference strain. For
175 *cdr1B* gene expression, strains A, B and C showed significant induction with mean folds ranging
176 from 2.9 to 4.4 (**Fig. 1D**), whereas strain D showed no significant variation.

177 No significant results were observed in the expression of the *MDR1/2/3/4* genes or the
178 *MFS56* and *M85* genes (**Fig. 1E-J**) with the four azole-resistant strains, compared to the
179 CBS144.89/A1163 reference strain.

180

181

182 4. DISCUSSION

183 The emergence of *A. fumigatus* azole-resistant strains could become a major issue on a
184 global scale (13) as mould-active triazoles are the first-line treatment of invasive and chronic
185 aspergilloses. Our study on a large number of consecutive patients identified three findings. First,
186 the prevalence of azole resistance in our study is globally low but higher in the subpopulation of
187 patients with cystic fibrosis. Second, our study provides insights regarding the different
188 mechanisms of resistance that can be observed in patients with cystic fibrosis or primary

189 immunodeficiency, who are submitted to a selective pressure with frequent long-term azole
190 antifungal treatments. Third, it invites to continue monitoring azole sensitivity in *A. fumigatus*
191 isolates.

192 The overall prevalence of azole resistance in our study, around 2%, can be specified
193 according to the patients' background. Choukri *et al.* reported a similar prevalence but in an cohort
194 of immunocompromised, immunocompetent and cystic fibrosis patients without distinction (14).
195 Other studies reported in France gave different percentages of *A. fumigatus* resistance prevalence
196 in different patient groups (5,6,15). Regarding patients from pulmonology wards excluding cystic
197 fibrosis patients, our prevalence of azole resistance was 0.8%, lower than the 2.8% recently
198 reported by Guegan *et al.* on a similar number of patients (15). Focusing on patients with cystic
199 fibrosis in our study, we found a prevalence of azole resistance of 4.3%, close to the prevalence
200 found in Paris by Burgel *et al.* (6) and a bit lower than the 6.8% prevalence found in Nantes by
201 Lavergne *et al.* (5). Guegan *et al.* found a very much higher prevalence of azole resistance
202 (34/123, 27.6%) in a cohort including the same type of patients (15). However, they considered
203 isolates with E-test results in the area of technical uncertainty as resistant isolates and the majority
204 of the resistant isolates in their study were resistant to itraconazole but not to voriconazole;
205 considering isolates resistant to voriconazole, only 5% (27/539) were resistant, corresponding to a
206 resistance prevalence of 10.9% (13/119 patients).

207 An increasing number of countries in Europe, America, Asia and Oceania have reported
208 the emergence of azole-resistant strains of *A. fumigatus* in the past decade (13). This recent
209 concern about azole resistance could be due to a strong and durable selection pressure by azole
210 antifungals. Two major hypotheses to explain this phenomenon seem to stand out: (i) an overuse
211 of azole antifungals for patients' treatments, for long-term therapies in particular; (ii) a large-scale
212 use of azole as pesticides for farming activities (13,16). A previous study on nine patients with

213 azole-resistant invasive aspergillosis showed that four of them had no previous history of azole
214 therapy, supporting the hypothesis of an environmental route of emergence (17).

215 Several mutations in the *cyp51A* gene of some *A. fumigatus* strains were described as
216 responsible for azole resistance (9,17,18). In our study, three non-synonymous polymorphisms in
217 the *cyp51A* gene were found in the same azole-resistant strain, resulting in F46Y, M172V and
218 E427K substitutions. All three polymorphisms had already been observed in the past without any
219 of them being able to be definitively correlated with a resistance phenotype (9).

220 As azole antifungals bind to Cyp51, the overexpression of *cyp51* genes induces an
221 increased quantity of corresponding enzyme synthesis allowing the fungi to prevent the effect of
222 antifungals. We found significant inductions of the expression of the *cyp51A* gene for all four
223 azole-resistant strains. Furthermore, despite scarce descriptions of overexpression of *cyp51B* in the
224 literature (12), we found significant inductions of the expression of the *cyp51B* gene for three
225 strains, including two cystic fibrosis patient.

226 There are two superfamilies of efflux pumps known to allow azole efflux outside the fungal
227 cell: ABC (ATP-binding cassette) and MFS (major facilitator superfamily) transporters (19). In
228 this study, we evaluated the gene expression of six ABC transporters (*atrF*, *cdr1B* and
229 *MDR1/2/3/4*). We found significant inductions of the expression of *atrF* and *cdr1B* genes in two
230 and three of the azole-resistant *A. fumigatus* strains, respectively. Even if these transporters have
231 already been linked to azole resistance (8,12), descriptions of this mechanism are much scarcer
232 than that implying *cyp51A* and only an induction of *cdr1B* gene expression was evidenced by
233 Fraczek *et al.* (8). We did not find any induction of expression of the *MDR1/2/3/4* genes, whereas
234 they were reported by others to be upregulated by azole exposure or overexpressed in some
235 resistant strains (12). Considering *MFS56* and *M85* genes, we did not find any induction of
236 expression either.

237 Our results highlight the underestimated role of efflux pumps in the resistance of *A.*
238 *fumigatus* to azoles. Other mechanisms of resistance have been recently described, such as
239 modifications in a transcriptional regulator called Negative Cofactor (NCT) complex, which may
240 lead to a transcriptional dysregulation of the ergosterol biosynthetic pathway, an increase in
241 cellular ergosterol levels, and an increase in levels of the *cdr1B* azole transporter; or such as
242 mutations in the *hmg1* gene, responsible for residue alterations in the sterol sensing domain of
243 Hmg1, involved in ergosterol biosynthesis (20,21). Taken together, all these results underline the
244 need to screen *A. fumigatus* isolates for azole resistance and the diversity of resistance mechanisms
245 to be explored.

246

247 **DECLARATIONS**

248 **Funding:** No specific funding has been received for this study.

249 **Competing Interests:** PR has received educational grants outside the submitted work from Vertex
250 and personal fees from Zambon and Gilead. SC has received research grants outside the submitted
251 work from Astra-Zeneca, MSD, Pfizer and Roche, personal fees from Astra-Zeneca, MSD and
252 Roche, and non-financial support from Astra-Zeneca and Roche. FP has received aid for attending
253 symposia from Gilead and Pfizer. JM has received a research grant outside the submitted work
254 from MSD and aid for attending symposia from Gilead, MSD, Pfizer and Roche Diagnostics. All
255 other authors: none to declare.

256 **Ethical Approval:** Not required. However, patients were informed that their clinical and
257 biological data could be used for research purposes; no patient opposed.

258

259 **REFERENCES**

- 260 1. Lass-Flörl C, Cuenca-Estrella M. Changes in the epidemiological landscape of invasive
261 mould infections and disease. *Journal of Antimicrobial Chemotherapy*. 2017;72(suppl_1):i5–
262 11.
- 263 2. Denning DW, Chakrabarti A. Pulmonary and sinus fungal diseases in non-
264 immunocompromised patients. *Lancet Infect Dis*. 2017;17(11):e357–66.
- 265 3. Ullmann AJ et al. Diagnosis and management of *Aspergillus* diseases: executive summary of
266 the 2017 ESCMID-ECMM-ERS guideline. *Clin Microbiol Infect*. 2018;24 Suppl 1:e1–38.
- 267 4. Snelders E, van der Lee HAL, Kuijpers J, Rijs AJMM, Varga J, Samson RA, Mellado E,
268 Donders ART, Melchers WJG, Verweij PE. Emergence of azole resistance in *Aspergillus*
269 *fumigatus* and spread of a single resistance mechanism. *PLoS Med*. 2008;5(11):e219.
- 270 5. Lavergne R-A, Morio F, Danner-Boucher I, Horeau-Langlard D, David V, Hagen F, Meis JF,
271 Le Pape P. One year prospective survey of azole resistance in *Aspergillus fumigatus* at a
272 French cystic fibrosis reference centre: prevalence and mechanisms of resistance. *Journal of*
273 *Antimicrobial Chemotherapy*. 2019;74(7):1884–9.
- 274 6. Burgel P-R, Baixench M-T, Amsellem M, Audureau E, Chapron J, Kanaan R, Honoré I,
275 Dupouy-Camet J, Dusser D, Klaassen CH, Meis JF, Hubert D, Paugam A. High prevalence
276 of azole-resistant *Aspergillus fumigatus* in adults with cystic fibrosis exposed to itraconazole.
277 *Antimicrob Agents Chemother*. 2012;56(2):869–74.
- 278 7. Dauchy C, Bautin N, Nseir S, Reboux G, Wintjens R, Le Rouzic O, Sendid B, Viscogliosi E,
279 Le Pape P, Arendrup MC, Gosset P, Fry S, Fréalle E. Emergence of *Aspergillus fumigatus*
280 azole resistance in azole-naïve patients with chronic obstructive pulmonary disease and their
281 homes. *Indoor Air*. 2018;28(2):298–306.

- 282 8. Fraczek MG, Bromley M, Buied A, Moore CB, Rajendran R, Rautemaa R, Ramage G,
283 Denning DW, Bowyer P. The *cdr1B* efflux transporter is associated with non-cyp51a-
284 mediated itraconazole resistance in *Aspergillus fumigatus*. *J Antimicrob Chemother.*
285 2013;68(7):1486–96.
- 286 9. Howard SJ, Arendrup MC. Acquired antifungal drug resistance in *Aspergillus fumigatus*:
287 epidemiology and detection. *Med Mycol.* 2011;49 Suppl 1:S90-95.
- 288 10. Prigitano A, Esposto MC, Biffi A, De Lorenzis G, Favuzzi V, Koncan R, Lo Cascio G, Barao
289 Ocampo M, Colombo C, Pizzamiglio G, Romanò L, Tortorano AM. Triazole resistance in
290 *Aspergillus fumigatus* isolates from patients with cystic fibrosis in Italy. *J Cyst Fibros.*
291 2017;16(1):64–9.
- 292 11. Hamprecht A, Morio F, Bader O, Le Pape P, Steinmann J, Dannaoui E. Azole Resistance in
293 *Aspergillus fumigatus* in Patients with Cystic Fibrosis: A Matter of Concern?
294 *Mycopathologia.* 2018;183(1):151–60.
- 295 12. Pérez-Cantero A, López-Fernández L, Guarro-Artigas J, Capilla J. Update and recent
296 advances on azole resistance mechanisms in *Aspergillus*. *Int J Antimicrob Agents.* 2019;
- 297 13. Meis JF, Chowdhary A, Rhodes JL, Fisher MC, Verweij PE. Clinical implications of globally
298 emerging azole resistance in *Aspergillus fumigatus*. *Philosophical Transactions of the Royal*
299 *Society B: Biological Sciences.* 2016;371(1709):20150460.
- 300 14. Choukri F, Botterel F, Sitterlé E, Bassinet L, Foulet F, Guillot J, Costa JM, Fauchet N,
301 Dannaoui E. Prospective evaluation of azole resistance in *Aspergillus fumigatus* clinical
302 isolates in France. *Med Mycol.* 2015;53(6):593–6.

- 303 15. Guegan H, Prat E, Robert-Gangneux F, Gangneux J-P. Azole Resistance in *Aspergillus*
304 *fumigatus*: A Five-Year Follow Up Experience in a Tertiary Hospital With a Special Focus
305 on Cystic Fibrosis. *Front Cell Infect Microbiol.* 2021;10:613774.
- 306 16. Snelders E, Camps SMT, Karawajczyk A, Schaftenaar G, Kema GHJ, van der Lee HA,
307 Klaassen CH, Melchers WJG, Verweij PE. Triazole Fungicides Can Induce Cross-Resistance
308 to Medical Triazoles in *Aspergillus fumigatus*. *PLoS ONE.* 2012;7(3):e31801.
- 309 17. Verweij PE, Mellado E, Melchers WJG. Multiple-triazole-resistant aspergillosis. *N Engl J*
310 *Med.* 2007;356(14):1481–3.
- 311 18. Mellado E, Alcazar-Fuoli L, García-Effrón G, Alastruey-Izquierdo A, Cuenca-Estrella M,
312 Rodríguez-Tudela JL. New resistance mechanisms to azole drugs in *Aspergillus fumigatus*
313 and emergence of antifungal drugs-resistant *A. fumigatus* atypical strains. *Med Mycol.*
314 2006;44(Supplement_1):S367–71.
- 315 19. Meneau I, Coste AT, Sanglard D. Identification of *Aspergillus fumigatus* multidrug
316 transporter genes and their potential involvement in antifungal resistance. *Medical Mycology.*
317 2016;54(6):616–27.
- 318 20. Rybak JM, Ge W, Wiederhold NP, Parker JE, Kelly SL, Rogers PD, Fortwendel JR.
319 Mutations in *hmg1*, Challenging the Paradigm of Clinical Triazole Resistance in *Aspergillus*
320 *fumigatus*. *mBio.* 2019;10(2).
- 321 21. Furukawa T, van Rhijn N, Fraczek M, Gsaller F, Davies E, Carr P, Gago S, Fortune-Grant R,
322 Rahman S, Gilsenan JM, Houlder E, Kowalski CH, Raj S, Paul S, Cook P, Parker JE, Kelly
323 S, Cramer RA, Latgé J-P, Moye-Rowley S, Bignell E, Bowyer P, Bromley MJ. The negative
324 cofactor 2 complex is a key regulator of drug resistance in *Aspergillus fumigatus*. *Nat*
325 *Commun.* 2020;11(1):427.

326 **Table 1:** Minimum Inhibitory Concentrations (EUCAST broth microdilution method) of azole-
 327 resistant *A. fumigatus* strains, sequence analysis and gene overexpression results.

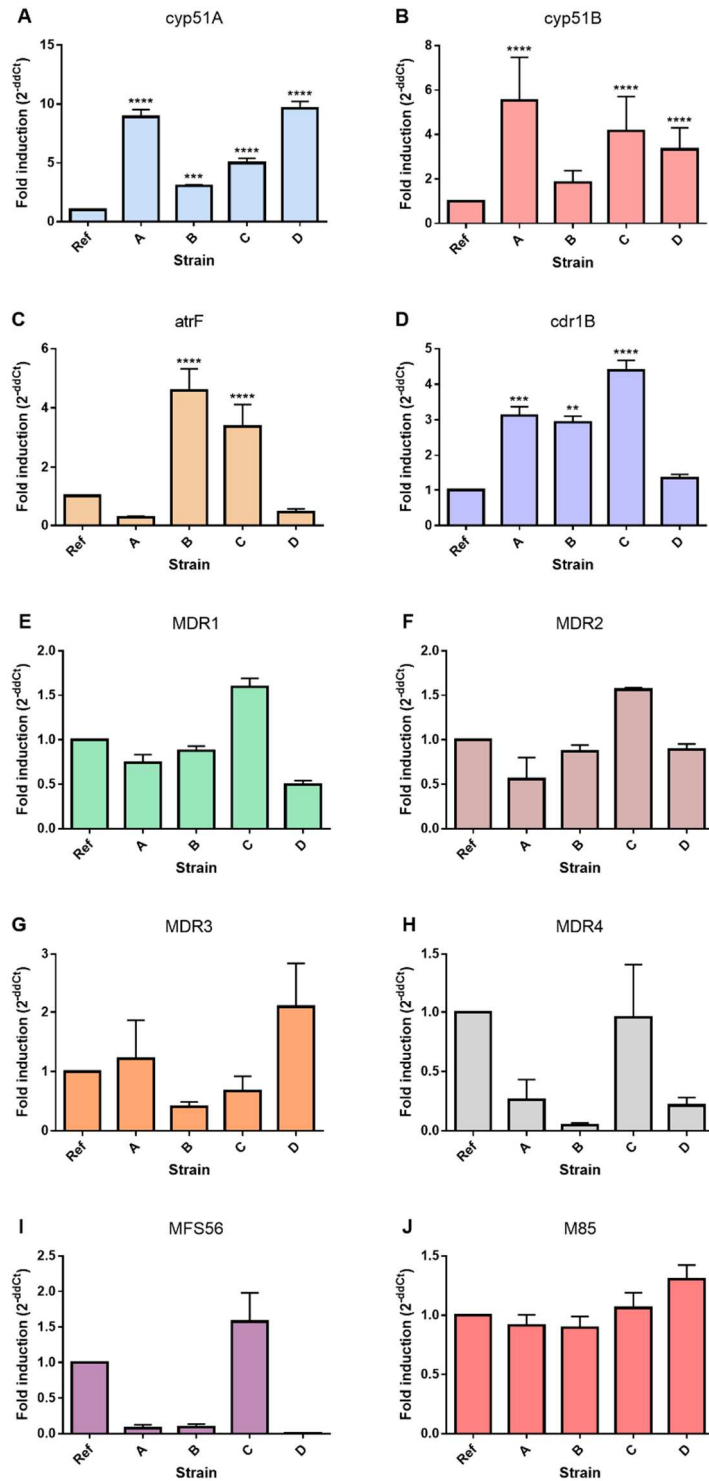
Resistant strain	MIC (mg/L)				Sequence analysis of <i>cyp51A</i> promoter	Sequence analysis of <i>cyp51A</i> gene	Significant gene overexpressions
	ITZ	VRZ	PSZ	ISA			
Strain A	> 8	4	0.25	4	WT	2 polymorphisms in intronic part	<i>cyp51A, cyp51B, cdr1B</i>
Strain B	> 8	4	0.5	8	WT	2 polymorphisms in intronic part	<i>cyp51A, atrF, cdr1B</i>
Strain C	> 8	4	1	> 8	WT	2 polymorphisms in intronic part	<i>cyp51A, cyp51B, atrF, cdr1B</i>
Strain D	> 8	> 8	> 8	> 8	WT	F46Y, M172V, E427K	<i>cyp51A, cyp51B</i>

MIC: Minimum Inhibitory Concentrations

ITZ: Itraconazole; VRZ: Voriconazole; PSZ: Posaconazole; ISA: Isavuconazole

WT: Wild Type

328



329

330 **Figure 1:** Gene expression of (A) *cyp51A*, (B) *cyp51B*, (C) *atrF*, (D) *cdr1B*, (E-H) *MDR 1/2/3/4*,
 331 (I) *MFS56*, and (J) *M85* compared to CBS144.89/A1163 reference strain. The data are represented
 332 as the mean ± SD of duplicate samples and are representative of the data obtained from two
 333 independent experiments (**** P<0.0001; *** P<0.001; ** P<0.01).

Azole resistance in *Aspergillus fumigatus* isolates from respiratory specimens in Lyon University Hospitals, France: prevalence and mechanisms involved

195 patients included over an eight-month period, representing 221 respiratory samples with positive culture for *Aspergillus fumigatus*

4 patients (2%) had *A. fumigatus* resistant strains (A, B, C, D)

This study underlines the need to screen isolates for azole resistance and the diversity of resistance mechanisms to be explored

Minimum Inhibitory Concentrations (EUCAST broth microdilution method) of azole-resistant *A. fumigatus* strains, sequence analysis and gene overexpression results.

Resistant strain	MIC (mg/L)				Sequence analysis of <i>cyp51A</i> promoter	Sequence analysis of <i>cyp51A</i> gene	Significant gene overexpressions
	ITZ	VRZ	PSZ	ISA			
Strain A	> 8	4	0.25	4	WT	2 polymorphisms in intronic part	<i>cyp51A, cyp51B, cdr1B</i>
Strain B	> 8	4	0.5	8	WT	2 polymorphisms in intronic part	<i>cyp51A, atrF, cdr1B</i>
Strain C	> 8	4	1	> 8	WT	2 polymorphisms in intronic part	<i>cyp51A, cyp51B, atrF, cdr1B</i>
Strain D	> 8	> 8	> 8	> 8	WT	F46Y, M172V, E427K	<i>cyp51A, cyp51B</i>

MIC: Minimum Inhibitory Concentrations ITZ: Itraconazole; VRZ: Voriconazole; PSZ: Posaconazole; ISA: Isavuconazole; WT: Wild Type

(A) *cyp51A*, (B) *cyp51B*, (C) *atrF*, and (D) *cdr1B* gene expression

(**** P<0.0001; *** P<0.001; ** P<0.01)

