

Molecular Cloning and Characterization of a Recombinant *Histoplasma capsulatum* Antigen for Antibody-Based Diagnosis of Human Histoplasmosis

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Immunological cross-reactivity among fungi has hampered the development of specific serodiagnostic assays for histoplasmosis. We report the molecular cloning and characterization of a *Histoplasma capsulatum* cDNA (GH17) that encodes an antigen with immunodiagnostic potential. GH17 is an 810-bp cDNA which encodes a protein of 211 amino acid residues. The GH17 sequence has almost no significant homology with other sequences in GenBank. Southern blot analysis suggests that GH17 is confined to a single location in the genomic DNA of *H. capsulatum*. Immunoblots indicated that the protein product of GH17 (expressed as a 140-kDa β -galactosidase fusion protein) was recognized by antibodies in 18 of 18 sera from histoplasmosis patients, but not by antibodies in sera from patients or animals infected with other fungi. GH17 was expressed in a prokaryotic expression vector, pPROEX-1, and recombinant protein was purified by preparative electrophoresis. Antibodies raised to this protein bound to a 60-kDa native antigen in immunoblots of *H. capsulatum* yeast antigen extract. These results suggest that GH17 encodes an *H. capsulatum* antigen that may be useful for the diagnosis of histoplasmosis in humans.

Histoplasma capsulatum is a pathogenic dimorphic fungus that grows as multicellular mycelia in nature and as unicellular budding yeasts in humans and animals (1). The inhalation of airborne propagules results in the morphological transformation to the yeast form, which causes pulmonary infection and occasional progressive disease, particularly in immunosuppressed patients (10). Histoplasmosis is highly prevalent in the Ohio and Mississippi valleys in the United States (1, 8, 34), and it is also widely distributed in Latin America (18), southern Europe (34), Asia (8), Australia (29), and Africa (18).

The diagnosis of histoplasmosis in humans is often suggested by the results of a careful clinical evaluation and radiologic studies, but laboratory tests are necessary for confirmation (16). Isolation of the organism from blood or tissue provides a definitive diagnosis. Serological tests are also important tools for diagnosing histoplasmosis. The most widely available tests are the immunodiffusion assay, which detects antibodies to heat-sensitive glycoproteins called H and M antigens, and the more sensitive complement fixation test, which traditionally is performed with yeast and mycelial antigens (2-4, 11). More sensitive antibody assays, such as radioimmunoassay and enzyme immunoassay, have been used to detect immunoglobulin M (IgM) and IgG antibodies to crude fungal extracts (9, 23, 31, 38).

Attempts to develop antibody serology tests for diagnosis of histoplasmosis have been hampered by poor specificity caused by immunologic cross-reactivity between various fungal species. Much of this cross-reactivity is due to nonprotein determinants (e.g., carbohydrates and phosphorylcholine) which are present in many components of crude antigen extracts prepared from the yeast and mycelial stages of *H. capsulatum*.

Thus, the detection of antibodies to defined native or recombinant antigens may improve the specificity and sensitivity of antibody assays. The advent of recombinant-DNA technology allows the efficient screening of DNA expression libraries for the identification of potentially useful recombinant antigens and the production of antigens in large quantities for the development of species-specific antibody assays. Although this approach has recently been used successfully to develop improved antibody assays for nematode infections (5, 6, 24, 25), to date, it has not been widely applied to fungal serology. Therefore, the purpose of the present study was to identify and characterize recombinant *H. capsulatum* antigens that might be useful for the immunodiagnosis of histoplasmosis.

MATERIALS AND METHODS

Fungi and culture conditions. *H. capsulatum* G217B, a North American isolate, was obtained from the American Type Culture Collection (ATCC 26032, Rockville, Md.). Mycelial-phase organisms were cultured in a shaking water bath at 25°C in broth containing 2% glucose and 1% yeast extract. Yeast-phase organisms were grown at 37°C in HMM broth (HMM consists of F-12 nutrient mixture with L-glutamine and phenol red without sodium bicarbonate) (Gibco-BRL, Gaithersburg, Md.) supplemented with 18.2 g of glucose and 1.0 g of glutamic acid per liter and adjusted to pH 7.5 (17).

Human and animal sera. Human sera were from patients with well-documented histoplasmosis ($n = 18$), coccidioidomycosis ($n = 12$), and candidiasis ($n = 5$). Coccidioidomycosis sera were generously provided by Demosthenes Pappagianis, University of California School of Medicine (Davis). The histoplasmosis sera were obtained from patients with acute and chronic disease and from patients with disseminated infections (indicated by positive bone marrow and/or blood cultures) associated with AIDS. The laboratory diagnosis of histoplasmosis infection was based on culture and biopsy results and/or serology tests (immunodiffusion and complement fixation with yeast and mycelial antigens). Blastomycosis sera from humans ($n = 5$) and dogs ($n = 6$) with documented clinical infections and from rabbits immunized with *Blastomyces dermatitidis* antigens or whole yeast cells ($n = 3$) were a gift from Gene Scalerone (Idaho State College, Pocatello).

Control human sera were obtained from healthy residents of St. Louis, Mo. A histoplasmosis serum pool was prepared with sera ($n = 12$) from patients with proven histoplasmosis.

Isolation of *H. capsulatum* DNA. Genomic DNA from yeast cells was isolated essentially as previously described (17, 35). Briefly, yeast cells were pelleted and

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resuspended in TE buffer (10 mM Tris [pH 8.0], 1 mM EDTA). Sodium dodecyl sulfate (SDS) was added to a 1% final concentration. DNA was extracted with phenol-chloroform, ethanol precipitated, and washed with 70% ethanol.

Mouse sera. Antibodies to yeast antigen or to a histidine fusion protein of the recombinant clone GH17 (GH17-his; see below) were produced in 6-week-old female BALB/c mice by footpad injection of 10 µg of yeast antigen or purified GH17-his in Freund's complete adjuvant, followed by a second injection of antigen in Freund's incomplete adjuvant 4 weeks later. Sera were collected 1 week after the booster immunization.

Yeast antigen. Yeast cells were suspended in 0.01 M Tris buffer (pH 8.3) containing protease inhibitors (1 mM phenylmethylsulfonyl fluoride, 1 mM EDTA, 25 µg of *N*-tosyl-L-phenylalanine chloromethyl ketone per ml, and 25 µg of *N*-*p*-tosyl-L-lysine chloromethyl ketone per ml) (all from Sigma Chemical Co., St. Louis, Mo.). The yeast homogenate was rocked at 4°C overnight and centrifuged at 15,000 × *g* for 10 min. The protein concentration in the supernatant was measured with a commercial bicinchoninic acid kit (Pierce Chemical Co., Rockford, Ill.).

Screening of a gene expression library and selection of recombinant clones. A λgt11 cDNA library was custom synthesized (Clontech Laboratories Inc., Palo Alto, Calif.) with poly(A)⁺ mRNA derived from the mycelial stage of *H. capsulatum* G217B. This library has a recombinant frequency of over 90% after amplification. The DNA insert size range is 0.6 to 4.5 kb, with an average of 1.6 kb. The library was immunoscreened to identify *H. capsulatum*-specific clones essentially as previously described (5, 6). Clones that were reactive with antibodies in the histoplasmosis serum pool but not with a normal human serum pool were selected and purified by repeated cycles of immunoselection. The reactivity of serum pools to fusion proteins expressed by purified recombinant phage was studied by plaque dot immunoblot analysis as previously described (5). PCR was employed to amplify the cDNA inserts of selected recombinant λgt11 clones with the GenAmp DNA amplification kit (Perkin-Elmer Cetus, Norwalk, Conn.) as previously described (32). DNA dot hybridization was performed with peroxidase-labeled DNA fragments (14) to assess homology between the selected clones.

Southern blot analysis and DNA sequencing. *H. capsulatum* genomic DNA (5 µg) was cut with selected restriction endonucleases. Digestion products were electrophoresed in a 1% agarose gel and transferred to a Hybond-N+ nylon transfer membrane (Amersham, Arlington Heights, Ill.) by standard techniques, and blots were probed with the labeled cDNA insert of GH17 (27).

The λgt11 DNA purified from GH17 was digested with *Eco*RI and ligated into pBluescript II SK- (Stratagene Cloning Systems, La Jolla, Calif.) by standard methods (27), and plasmid DNA was prepared for sequencing. The dideoxynucleotide chain termination method (33) was used for double-stranded DNA sequencing, with the TaqTrack sequencing system (Promega Corporation, Madison, Wis.) with T3 and T7 pBluescript primers and synthetic oligonucleotides.

The PC/GENE DNA sequence analysis software (Intelligenetics, Mountain View, Calif.) and the BLAST program (National Center for Biotechnology Information, National Library of Medicine, National Institutes of Health, Bethesda, Md.) were used to analyze nucleotide and deduced amino acid sequences and to assess their homology with sequences in the GenBank database.

Expression and purification of GH17. The cDNA insert of the recombinant clone GH17 was subcloned directionally into the plasmid expression vector pPROEX-1 (Gibco-BRL) to produce a fusion protein containing six histidines. The fusion protein (GH17-his) was purified from bacterial lysates by continuous-elution electrophoresis with a Prep Cell (Bio-Rad Laboratories, Hercules, Calif.). Briefly, a 10-ml overnight culture of *Escherichia coli* (BL21 strain) cells containing the recombinant plasmid GH17 was inoculated into 700 ml of NZCYM medium (Gibco-BRL) containing 50 µg of ampicillin per ml (Sigma). Cultures were grown at 37°C with shaking to optical density at 600 nm of 1.0. Isopropyl-β-D-thiogalactopyranoside (IPTG) (final concentration, 0.3 mM) was then added, and the culture was grown for an additional 5 h, after which the cells were pelleted and resuspended in a 1:50 (vol/vol) solution of lysis buffer (10 mM Na₂HPO₄, 30 mM NaCl, 0.25% Tween 20, 10 mM EDTA, 10 mM EGTA [pH 7.0]). The cells were frozen at -20°C overnight, thawed in cold water, and lysed by mild sonication. Cellular debris was removed by centrifugation at 10,000 × *g* for 15 min. A 12% polyacrylamide gel was poured per the manufacturer's protocol for the Bio-Rad model 491 Prep Cell. Ten milliliters of sample in 1:1 loading buffer (0.0625 M Tris-HCl [pH 6.8], 10% glycerol, 0.025% bromophenol blue) was loaded, and the gel was run for 8 h at 12 W of constant power. Three-milliliter fractions were collected and run on SDS-polyacrylamide gel electrophoresis (SDS-PAGE) (12% polyacrylamide) minigels (22). Western blots (36) were performed with the histoplasmosis human serum pool to identify fractions that contained the GH17 fusion protein. Three consecutive fractions containing the band of interest were selected, pooled, and dialyzed against phosphate-buffered saline (PBS), pH 7.2. The dialyzed protein was concentrated with a membrane concentrator (Centriplus; Amicon, Beverly, Mass.), and the protein concentration was measured with a commercial bicinchoninic acid kit (Pierce Chemical Co.).

Immunoblot analysis of recombinant fusion proteins. *E. coli* Y1090 was infected at high density with recombinant phage on a thin layer of agarose over Luria-Bertani agar to achieve confluent lysis, and synthesis of the fusion proteins encoded by the cDNA inserts was induced with IPTG-impregnated filters. The agarose layer containing bacterial lysate and fusion protein was then gently

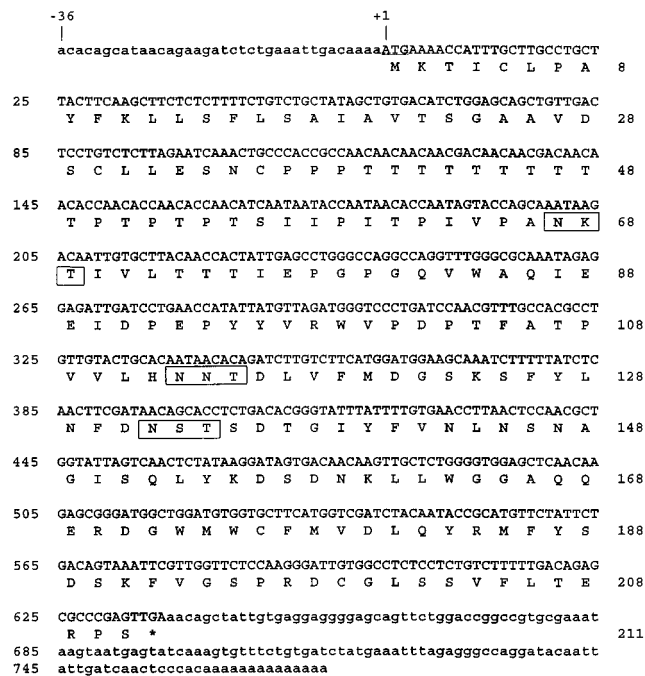


FIG. 1. The sequence of the cDNA insert of GH17 is shown (5' to 3'), with the predicted amino acid sequence encoded by its ORF. Nucleotides are numbered (left margin), and nucleotides 5' to the initiation codon (underlined) are indicated by negative numbers. Deduced amino acid residues are numbered (right margin). The coding region begins with a methionine codon 36 bp from the 5' end and ends at base 633 with a stop codon (the asterisk indicates the end of the encoded product). The putative N-glycosylation sites are boxed.

strapped off and dissolved in SDS-PAGE sample buffer. SDS-PAGE was performed as described by Laemmli (22) at 135 V in 8% reducing gels. After SDS-PAGE, the proteins were transferred electrophoretically (36) to nitrocellulose membranes. The membranes were then incubated with monoclonal antibody to β-galactosidase (Promega Biotec, Madison, Wis.) or with canine or human sera diluted 1:500 in containing 0.05% Tween 20 (Sigma) (PBS-T) for 3 h at 37°C. Membranes were washed in PBS-T and incubated with alkaline phosphatase conjugated goat anti-mouse, anti-dog or anti-human IgG (Promega) for 1 h at 37°C. After they were washed, the membranes were developed with Nitro Blue Tetrazolium-5-bromo-4-chloro-3-indolylphosphate.

Immunoblot analysis was carried out with *H. capsulatum* yeast extract to identify the native antigen(s) that corresponds to GH17. Yeast extract was separated by SDS-PAGE on 5 to 25% gradient slab gels and processed as described above with mouse antibody to GH17-his.

Nucleotide sequence accession number. The sequence of GH17 has been deposited in the GenBank database under accession number U27588.

RESULTS

Selection of λgt11 clones that express *H. capsulatum*-specific antigens. Approximately 500,000 phage plaques from an *H. capsulatum* mycelial-phase cDNA expression library were immunoscreened with a histoplasmosis serum pool and a control serum pool made from sera obtained from healthy residents of St. Louis who had no history of histoplasmosis. Twenty clones selected in the initial screen were rescreened with individual histoplasmosis sera. Eight highly immunoreactive clones were identified, and these were again tested by plaque dot immunoblots with sera from patients with other fungal infections. Four clones were selected for further study. DNA dot hybridization studies showed that all four clones hybridized to each other, even under high-stringency conditions (data not shown). The four clones, designated GH2, GH17, GH22, and GH23, produced a similar-size β-galactosidase fusion protein with an

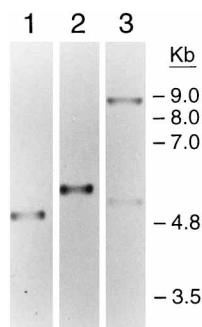


FIG. 4. Southern blot of genomic DNA of *H. capsulatum* probed with labeled cDNA insert from GH17. Genomic DNA was digested with *EcoRI* (lane 1), *PstI* (lane 2), and *SacI* (lane 3); electrophoresed on a 1% agarose gel; and transferred to a nylon membrane. The membrane was probed with the peroxidase-labeled cDNA insert of GH17 and washed under high-stringency conditions.

combinant immunoblot assay with the GH17 β -galactosidase fusion protein.

Immunoblot analysis of mouse antibodies to recombinant antigen. Sera from mice immunized with GH17-his bound to a 60-kDa native *H. capsulatum* yeast antigen as indicated by Western blotting (Fig. 7). This antigen was not recognized by preimmune mouse sera.

DISCUSSION

The goals of this study were to clone, characterize, and overexpress recombinant *H. capsulatum* antigens with immunodiagnostic potential. Recombinant clones that expressed *H. capsulatum*-specific antigens were identified by several cycles of differential immunoscreening, and the most immunoreactive and specific clone (GH17) was selected for more detailed studies. GH17 codes for the most promising recombinant diagnostic antigen for histoplasmosis that has been identified to date.

GH17 codes for a novel protein that corresponds to a 60-kDa native *H. capsulatum* antigen. There are three potential N-glycosylation sites (Asn-[Asn/Lys]-Thr) in the predicted amino acid sequence of GH17 (Fig. 1). Glycosylation at these sites could account for the difference between the predicted polypeptide mass of 23.5 kDa and the observed size of the native yeast protein recognized by the mouse antibodies to GH17 histidine fusion protein (60 kDa).

TABLE 1. Sensitivity^a and specificity of immunoblot with recombinant *H. capsulatum* clones

Serum source	No. of reactive sera/no. tested for:			
	GH2	GH17	GH22	GH23
Histoplasmosis, human	18/18	18/18	16/18	16/18
Blastomycosis				
Dog	0/6	0/6	0/6	0/6
Rabbit	0/3	0/3	0/3	0/3
Human	0/5	0/5	0/5	0/5
Coccidioidomycosis, human	0/12	0/12	0/12	0/12
Candidiasis, human	0/5	0/5	0/5	0/5
Uninfected controls, human	0/12	0/12	0/12	0/12

^a Immunoreactivity was assessed by immunoblot with β -galactosidase fusion proteins.

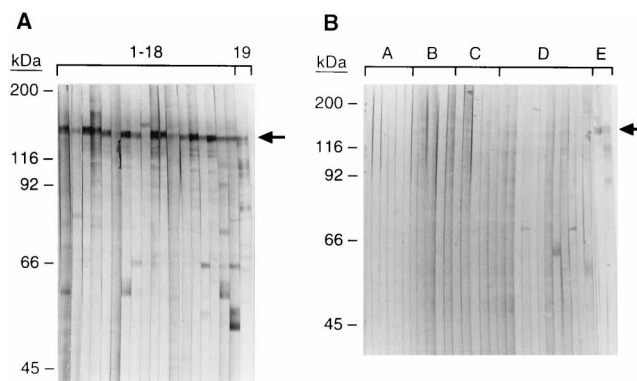


FIG. 5. (A) Representative immunoblot showing the immunoreactivity of the β -galactosidase fusion protein (arrow) of GH17. Bacterial cell lysates from cells infected with GH17 were separated by SDS-PAGE and electrophoretically transferred to nitrocellulose paper. The blot was developed with individual sera from patients with histoplasmosis (lanes 1 to 18). Sixteen of 18 sera had strong antibody reactivity with the fusion protein, and two were weakly reactive (lanes 6 and 9). Lane 19 was developed with a murine monoclonal antibody to β -galactosidase. (B) Demonstration of antigenic specificity of recombinant *H. capsulatum* GH17 β -galactosidase fusion protein by immunoblot analysis. Lanes were developed with sera from dogs infected with *B. dermatitidis* ($n = 6$) (A), patients infected with *B. dermatitidis* ($n = 5$) (B), patients infected with *Candida albicans* ($n = 5$) (C), and patients infected with *Coccidioides immitis* ($n = 12$) (D) and with a human histoplasmosis serum pool and anti- β -galactosidase antibody (E). The immunoreactive fusion protein band is indicated by an arrow.

The protein encoded by GH17 appears to be highly antigenic in humans with histoplasmosis. Chou-Fasman predictions based on the deduced amino acid sequence of GH17 (7) indicate that the protein is rich in potential B-cell epitopes. These predictions are based principally on the hydrophilic character and accessibility of highly charged and exposed polar residues that comprise the turns and alpha helices within the predicted GH17 protein (13, 21). Our results with human sera are consistent with these predictions. GH17 produced a 140-kDa fusion protein that was recognized in Western blots by 18 of 18 sera from patients with histoplasmosis.

Fungal antigen detection is often useful for the diagnosis of

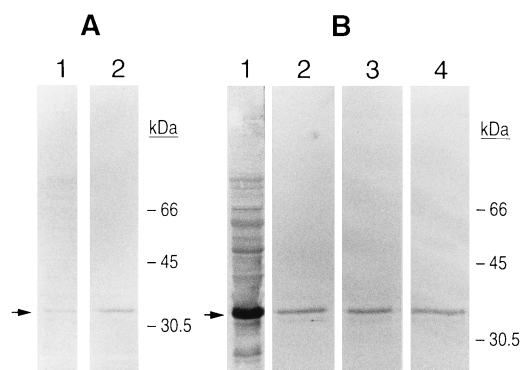


FIG. 6. (A) SDS-PAGE and immunoblot analysis of expression of GH17-his. SDS-PAGE (10% polyacrylamide) was loaded with *E. coli* extract before IPTG induction (lane 1) and after IPTG induction for 3 h (lane 2). The immunoblots were developed with human histoplasmosis serum pool (1:500), enzyme-labeled anti-human IgG secondary antibody, and substrate. (B) Immunoblot analysis of eluted fractions of GH17-his separated by preparative SDS-PAGE in the model 491 Bio-rad Prep Cell. Aliquots (10 μ l each) from the prep cell fractions were separated by SDS-PAGE on 12% gels, immunoblotted, and developed as described for Fig. 6A. Lane 1, IPTG-induced *E. coli* extract (2 μ l); lanes 2 to 4, positive fractions from the Prep Cell. The arrow indicates the 32-kDa GH17-his fusion protein.

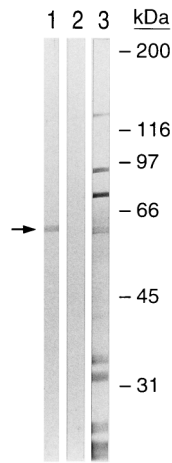


FIG. 7. Immunoblot analysis of *H. capsulatum* yeast antigen extract developed with mouse antibody to GH17-his (1:500) (lane 1), normal mouse serum (1:500) (lane 2), and mouse antibodies to *H. capsulatum* yeast extract (1:500) (lane 3). The arrow indicates 60-kDa native yeast antigen.

patients with disseminated histoplasmosis (39, 40), but this test is less sensitive in patients with localized disease, and cross-reactivity with other fungal infections has been reported (40, 41). Thus, antibody serology could be useful for the diagnosis of patients with early or localized infections. Unfortunately, existing antibody tests that employ native *H. capsulatum* antigens suffer from poor specificity (complement fixation and ELISA) or poor sensitivity (immunodiffusion). Several studies have demonstrated variable degrees of cross-reactivity in *H. capsulatum* antibody serology (15, 16). Sera from patients with confirmed blastomycosis, coccidioidomycosis, and candidiasis are sometimes reactive by indirect ELISA and by immunoblotting with *H. capsulatum* yeast and mycelial antigens (6a, 20). Thus, immunological cross-reactivity among fungi limits the value of antibody assays based on crude antigen mixtures. In contrast, the GH17 recombinant immunoblot assay appears to have excellent specificity for histoplasmosis. However, additional studies are needed to further define the sensitivity and clinical utility of antibody assays based on GH17.

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