APPENDIX

A *Leishmania infantum* **genetic marker associated with miltefosine treatment failure for visceral leishmaniasis**

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Supplementary Table 1: Sequence of oligonucleotides and PCR conditions.

AT, Annealing temperature; NC, Number of cycles; Fw, Forward; Rv, Reverse.

The conditions for initial denaturation, denaturation, annealing and extension was followed as recommended by the manufacturer of Phusion® High-Fidelity DNA Polymerase (New England BioLabs®inc.) and Long PCR Enzyme Mix (Thermo Scientific).

The genomic regions amplified by each set of oligonucleotides are shown in the figure 2.

Supplementary Table 2: Summary of variants identified in each *L. infantum* **isolate from patients enrolled in Brazilian miltefosine trial.** SNPs were filtered for minor allele count >1 to monomorphic variants. This table forms the basis for the matrix that was used to perform the heritability analysis.

InDels, Insertions and Deletions

^a Chr, chromosome.

b Ref Hap., haploid copy number in reference *L. infantum* JPCM5.

c Mann-Whitney p, p-value of Mann-Whitney analysis

^d Perm. p, p-value after permutation analysis.

Supplementary Figure 1: Aneuploidy in natural populations of *L. infantum***.** The heatmap shows the copynumber status of the 36 chromosomes for the 26 pre-treatment isolates as disomic (yellow), trisomic (orange), tetrasomic (red), and pentasomic (dark red). Branches on the left represent the phylogenetic analysis carried out, using R, to cluster isolates according to aneuploidy similarity. The isolates MG12A, MG13A, MG15A, MG16A, MG18A, and PI11A exhibited the same pattern of ploidy across all chromosomes, being disomic in 35 chromosomes and tetrasomic in chromosome 31. The other 20 isolates displayed large polysomic diversity with unique patterns of aneuploidy.

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Supplementary Figure 4: continuation

Supplementary Figure 5: Alignment of sequences obtained from the novel junction formed after MSL deletion of 21 *L. infantum* **clinical isolates, the PP75** *L. infantum chagasi* **reference strain,** *L. infantum* **JPCM5 reference and a consensus sequence from all 26** *L. infantum* **isolates from Brazilian miltefosine trial.** The alignment was carried out in CLC Genomics Workbench v.7.

SUPPLEMENTARY METHODS

Study design

The GWAS study, designed to identify genetic markers of miltefosine treatment failure, was performed with 26 pretreatment *L. infantum* isolates (14 from cured and 12 from relapsed patients) recovered out of the 42 VL patients enrolled in the clinical trial designed to evaluate the efficacy and toxicity of miltefosine in treatment of VL in Brazil (Montes Claros, MG and Teresina, PI) in 2005-2007 (Figure 1). Geographical distribution of genetic marker highlighted by GWAS (MSL) was investigated in the 26 isolates from miltefosine trial and in more 131 *L. infantum* isolates from different regions of Brazil by PCR (isolates collected as part of VL diagnostic process in Brazil) or analysis of whole-genome parasite sequences available on Sequence Read Archive (SRA, https://www.ncbi.nlm.nih.gov/sra). The MSL frequency was also determined in *L. infantum* or *L. donovani* from old world, using 671 whole-genome parasite sequences on SRA. Finally, we investigate the mechanism by which MSL is lost from *L. infantum* genome.

Correlation between complete absence of MSL and miltefosine treatment failure was assessed by contingency table analysis (Fisher's exact test). Relative risk and Sensitivity/Specificity were estimated using the Koopman asymptotic score and Wilson-Brown tests, respectively.

Patients and parasites

The *Leishmania* isolates were obtained by bone marrow aspirates from 26 out of the 42 patients with mild disease enrolled in a clinical trial designed to evaluate the efficacy and toxicity of miltefosine in treatment of VL in Brazil (Montes Claros, MG and Teresina, PI). The patients were treated with 2.5 mg/kg/day of miltefosine for 28 (14) patients) or 42 days (28 patients), and were followed for a minimum of six months after treatment. Patients were considered cured if no signs and symptoms of the disease were present at the time of examination. Relapse was defined as a patient who was considered cured, but upon follow-up, showed reappearance of clinical signs and positive parasitology. The protocol were approved by Comissão Nacional de Ética em Pesquisa (CONEP D-18506-Z019) and are registered with ClinicalTrials.gov, number NCT00378495. Ethical clearance for utilization in research of the *L. infantum* clinical isolates obtained from patients enrolled in miltefosine Brazilian trial was obtained from the institutional review board of the Centro de Ciências da Saúde, Universidade Federal do Espírito Santo (CEP-066/2007), Brazil. The *Leishmania* isolates were collected before the treatment (Figure 1 and Table 1). These clinical isolates were identified as *L. infantum* based on a PCR-RFLP assay [1].

Other 111 *L. infantum* isolates from Núcleo de Doenças Infecciosas (Universidade Federal do Espírito Santo, Brazil) and Laboratório de Pesquisas em Leishmanioses (Universidade Federal do Piauí, Brazil) parasite banks (isolates collected as part of VL diagnostic process in Brazil), and more 20 whole-genome *L. infantum* sequences from Sequence Read Archive (SRA, https://www.ncbi.nlm.nih.gov/sra) were used to investigate the geographical distribution of MSL in *L. infantum* circulating in different regions of Brazil.

The MSL frequency was also determined in *L. infantum* or *L. donovani* from old world, using 671 whole-genome parasite sequences available on SRA or in European Nucleotide Archive (http://www.ebi.ac.uk).

Parasite culture

Promastigotes were grown in liver infusion tryptose (LIT) medium supplemented with 10% heat-inactivated foetal calf serum (HiFCS) pH 7ꞏ5, 25ºC. The cultures were initiated by inoculating parasites into culture medium to a final concentration of 10⁶ parasites mL⁻¹. Cell number was determined microscopically using a Neubauer chamber.

Genomic DNA extraction and sequencing

The total DNA was isolated from late-log-phase promastigotes, using DNeasy® Blood & Tissue kit (Qiagen) as recommended by the manufacturer. Libraries were prepared from each DNA sample of the *L. infantum* isolates using the Nextera DNA Library Preparation kit (Illumina) by the standard protocol. Sequencing was performed on the HiSeq system (Illumina) using paired-end reads of 125 nucleotides.

Bioinformatics analysis

Reads from *L. infantum* isolates were aligned against the resequenced *L. infantum* JPCM5 reference genome, downloaded from http://leish-esp.cbm.uam.es version 1. BWA version 0.7.5a-r405 was used to align the reads from clinical isolates to the reference genome, using the is indexing algorithm and mem alignment algorithm [2]. Analysis of copy number variations (CNV) at chromosome and gene level was carried out according to Rogers et al [3]. The estimated ploidy for each chromosome was calculated using median read depth for chr/(median read depth for genome/base ploidy) where base ploidy is the ploidy expected for most chromosomes (2 in *Leishmania*). Normalised coverage (fpkm) was calculated for each gene using Cufflinks version 2.2.1 [4]. The estimation of copy number for each gene was calculated using fpkm/(median read depth for chr/calculated ploidy). Lastly, it was assumed that genes on the same chromosome and with the same ortholog ID are arrays of duplicated genes. Genes were therefore clustered by chromosome and ortholog ID, and data was pooled per cluster. The script reported haploid number and the gene dose (the total number of genes in the array taking the estimated ploidy into account). The nonparametric Mann-Whitney U test was used to test for differences in gene dose in arrays of genes between relapsed and cure groups. To correct for multiple testing, empirical p-values were generated for each variant ortholog group by permutation using plink [5]. Correction for multiple tests was carried out by randomly permuting the data and re-calculating the Mann-Whitney test 10,000 times for each array, using a custom R script. An empirical p-value was calculated as the number of times the test returned a p-value the same or lower than the original test divided by the number of permutations carried out.

Alignments were realigned using the GATK local realignment tool. SNP and InDel predictions were then generated by GATK HaplotypeCaller [6] and Freebayes [7] using these realigned files and only variants identified by both were used for subsequent analysis. GATK's haplotypeCaller was used in discovery genotyping mode with – emitRefConfidence and –maxReadsInRegionPerSample 40. Bcftools was used to filter these variant calls (QUAL>30 && MQ>30). SNPs and InDels were also identified using freebayes with (--min-alternate-count 5 –dont-left-aligninDels) and filtered using a minimum quality filter of 30. The initial SNP and InDel calls were done per isolate, these variant call files were then merged and used in conjunction with the alignment files to correct the genotypes using freebayes (--use-best-n-alleles 2 –standard-filters – genotyping-max-iterations 100 –variant-input and –haplotypebasis-alleles). These variants were then further filtered using 'QUAL>30 && MQM>30 & MQMR>30. SnpEff was used to annotate and predict the effects of genetic variants, and SNPSIFT was used to extract variants that resulted in coding changes [8].

Due to the significant gene dose differences between relapse and cured patients, we explored whether these copy number variants were heritable (that is, segregated consistently with SNPs, or changed rapidly independently of SNPs). For this analysis, we used SNPs called from the 26 pre-treatment *L. infantum* isolates, removing SNPs that were present in all Brazilian isolates. To estimate heritability, a kinship matrix was constructed from these SNPs using Linkage Disequilibrium Adjusted Kinships (LDAK) version 5.0 [9]. OGs were classified as variable if the ratio of the standard deviation of the gene dosage to mean was greater than 0. Heritability scores were then calculated by scoring each *L. infantum* isolate against the 7,822 variable OG dosages, which were treated as phenotypes, and the genotypes were derived from the SNP kinship matrix. The level of heritability of each of the 7,822 gene clusters and the cure/relapse phenotype was then estimated using a restricted maximum likelihood method (REML) implemented in LDAK. From these 7,822 variable OGs, only 59 had a multiple corrected p value of ≤ 0.05 , when performed as mentioned above. The heritability scores for these OGs are shown in supplementary table 6. GWAS was then performed using this kinship matrix to control for unequal relatedness of strains. Traits were permuted 1,000 times to determine a genome-wide significance threshold.

Technical validation of the miltefosine treatment failure marker (MSL) from NGS data

For validation of NGS data, PCR amplification of the MSL in chromosome 31 was accomplished according to PCR strategy showed in Figure 2A and Supplementary Table 1 for all 26 *L. infantum* isolates from Brazilian miltefosine trial. Mainly: (i) with two sets of primers using the Phusion® High-Fidelity DNA Polymerase (New England BioLabs®inc.). OL4613/OL4614, or OL4615/OL4616, or OL4617/OL46/18, or OL4618/OL4619 amplified the gene *LinJ.31.2370*, *LinJ.31.2380*, *LinJ.31.2390*, and *LinJ.31.2400* of MSL, respectively, whereas OL4621/OL4622 amplified the novel junction formed after the deletion of MSL; (ii) or with the set of primers OL4621/OL4622 using the Long PCR Enzyme Mix (Thermo Scientific), that simultaneously amplified the MSL and/or new junction formed after MSL deletion. The total reaction mixture was made up to 25 µL by addition of the genomic DNA, extracted as described above.

Homogeneity of *L. infantum* **clinical isolates**

All *L. infantum* isolates from Brazilian miltefosine trial that showed both the presence of the MSL and the novel junction after MSL deletion (n=7: MA02A, MA05A, PI04A, PI05A, PI08A, PI09A, and PI10A) were cloned to evaluate their homogeneity. Three other *L. infantum* isolates (MA01A, MG11A, and MG14A) were used as control of cloning process. Parasites from early passages (maximum passage 3) were plated on SDM-79 agar supplemented with 5 μ g.mL⁻¹ of hemin, 10 μ M of 6-biopterin, and 10% of HiFCS for 6-12 days. Sixteen single colonies from each isolate were picked from the plates and independently subcultured. Genomic DNA of each clone was extracted and screened for the detection of MSL and the novel junction originating from MSL deletion, by PCR amplification as described above.

Investigation of the mechanism of MSL deletion

The natural mechanism of MSL deletion was investigated using all 21 *L. infantum* (MA02A, MA04A, MA05A, MA07A, MG11A, MG12A, MG13A, MG15A, MG16A, MG17A, MG18A, MG19A, PI01A, PI02A, PI03A, PI04A, PI05A, PI08A, PI09A, PI10A, and PI11A) isolates from Brazilian miltefosine trial that presented deletion of MSL.

To investigate the mechanism of MSL deletion, the PCR-amplified products, corresponding to novel junction formed after the MSL deletion (from the set of primers OL4621 and OL4622), were subcloned into the pGEM-T easy vector (Promega) for sequencing. All sequences obtained plus correspondent sequences of the *L. infantum* JPCM5 and of the consensus sequence (from all *L. infantum* isolates) were aligned by CLC Genomics Workbench (version 7.5.1). Repeat sequences flanking the MSL in chromosome 31 were located in the genome sequence of *L. infantum* JPCM5 (v5) using Blastn on TriTrypDB, based: in the sequence formed by the novel junction after MSL deletion; and in repeated sequences reported by Ubeda et al [10]. Blast hits were filtered for identities and lengths higher than 85% and 200 nucleotides, respectively.

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