

1 **Supplementary data:**

2 **Table S1: Table of screened pathogens summarizing their impact on global health.**

3

4 **Table S2: *C. albicans* proteomic analysis after 12 h of MitoTam exposure.**

5 Proteome comparison of *C. albicans* cultivated in the presence of 4.4 μ M MitoTam for 12 h and
6 untreated culture. The table is organized in four sheets: All detected proteins, Downregulated in
7 MitoTam, Upregulated in MitoTam and Raw data. The first three sheets are showing fold-abundance
8 change only for clarity. Upregulated and downregulated proteins were filtered by >2-fold change.
9 Proteins were identified and, where applicable, subcellular localization was annotated based on
10 Uniprot [63].

11

12 **Table S3: *T. brucei* proteomic analysis after 14h of MitoTam exposure.**

13 Proteome comparison of *T. brucei* cultivated in the presence of 100 nM MitoTam for 14 h and
14 untreated culture. Table is organized in four sheets: All detected proteins, Downregulated in MitoTam,
15 Upregulated in MitoTam and Raw data. The first three sheets are simplified to demonstrate fold-
16 abundance change only for clarity. Upregulated and downregulated proteins were filtered by >2-fold
17 change. Where applicable, manual annotation and localization prediction was based on the *T. brucei*
18 927 mitochondrial proteome [46].

19

20 **Table S4: Summary of culture conditions and conditions for viability assays for all organisms used in**
21 **this study.**

22

23 **Figure S1: Dose-response curves for MitoTam, Tamoxifen and control compounds.**

24 Cells were incubated with increasing concentrations of MitoTam, tamoxifen or control compounds
25 under cultivation conditions described in Table S4. Cell concentration, viability or absolute OD₅₉₅ values
26 were plotted against a compound concentration, dose-response curves and mean IC50 values
27 (summarized in Table 1) were generated in Prism (8.0) (GraphPad Software).

28

29 **Figure S2: *Leishmania* sensitivity towards MitoTam evaluated by the intramacrophage assay.**

30 Murine macrophage cell culture J774A.1 was infected with amastigotes of *L. major* (pink line) or *L.*
31 *infantum* (brown line) and incubated with increasing concentration of MitoTam as indicated on the x-
32 axis. Uninfected macrophages (green line) were included as a control.

33

34 **Figure S3: Survival analysis of BALB/c mice infected with *T. brucei*.**

35 Survival of infected mice was monitored daily for 8 days. As depicted (dashed lines) half of the infected
36 mice were injected with MitoTam (+MitoTam) on days 2 and 4 post-infection (3 mg/kg body weight).
37 Number of surviving mice from MitoTam treated group (red line) as well as from the untreated control
38 group (-MitoTam) (blue line) are depicted.

39

40 **Figure S4: MitoTam alters the mitochondrial function of bloodstream *T. brucei*.**

41 Cells were incubated with 40 nM of MitoTam for 16 and 24 hours and their mitochondrial parameters
42 were assayed as for 100 nM MitoTam.

43 **A)** The O₂ flux per cell using high-resolution respirometry after addition of glycerol-3-phosphate was
44 determined in BSF *T. brucei* untreated control cells (-MT, blue) and BSF cells treated with 40 nM

45 MitoTam for 16 hours (+MT 16 h, red) and 24 hours (+MT 24 h, red) (box and whiskers plot, $n = 3$, **p
46 < 0.01 , ***p < 0.001).

47 **B)** Relative ADP/ATP ratio analyzed using a bioluminescence assay kit in BSF *T. brucei* untreated control
48 cells (-MT, blue) and BSF cells treated with 40 nM MitoTam for 16 hours (+MT 16 h, red) and 24 hours
49 (+MT 24 h, red) (box and whiskers plot, $n = 3$).

50 **C)** Cytosolic and mitochondrial ATP levels were assessed in transgenic BSF *T. brucei* cell lines expressing
51 firefly luciferase. Results of untreated control cells (-MT, blue) were compared with results of cultures
52 treated with 40 nM MitoTam for 16 hours (+MT 16 h, red) and 24 hours (+MT 24 h, red). Data were
53 normalized to the respective values of the untreated control cells and expressed as a percentage
54 (mean \pm s.d., $n = 4$).

55 **D)** Total cellular ATP levels in BSF *T. brucei* were determined using a bioluminescence assay kit. Data
56 from cultures treated with MitoTam for 16 hours (+MT 16 h, red) and 24 hours (+MT 24 h, red) were
57 normalized to the values of the untreated control cells (-MT, blue) and expressed in percentage (box
58 and whiskers plot, $n = 4$).

59 **E)** Flow cytometry of TMRE stained cells was used to determine $\Delta\Psi_m$ of BSF *T. brucei*. Data from
60 cultures treated with 40 nM MitoTam for 16 hours (16 h +MT, red) and 24 hours (+MT 24 h, red) were
61 normalized to the values of the untreated control cells (-MT, blue) and expressed in percentage.
62 Uncoupler FCCP was added as a control for $\Delta\Psi_m$ depolarization (box and whiskers plot, $n = 6$, ****P
63 < 0.0001).

64 **F)** *In situ* $\Delta\Psi_m$ was measured in digitonin-permeabilized BSF *T. brucei* cells stained with Safranin O dye.
65 Where indicated, the F_0F_1 -ATP synthase substrate – ATP, the F_0F_1 -ATP synthase inhibitor - oligomycin
66 (Olgm) and the protonophore SF6847 were added. Representative traces from measurement of
67 untreated control cells (-MT, blue) in comparison with cells treated with 40 nM MitoTam for 16 hours
68 (+MT 16 h, orange) and 24 hours (+MT 24 h, red) are shown.

Tab. S1

Pathogen	Illnesses	Estimated Annual Incidence/human infections reported	Mortality rate	Treatment options	References
<i>Trypanosoma brucei</i>	Human African trypanosomiasis (sleeping sickness)	≤1000	~100%	fexinidazole, pentamidine, nifurtimox–eflornithine combination therapy, suramin, melarsoprol	[1]
<i>Trypanosoma cruzi</i>	Chagas disease	30 000	1-50%	benznidazole, nifurtimox	[2][3][4]
<i>Leishmania major</i> , <i>Leishmania mexicana</i>	cutaneous leishmaniasis	600 000 -1 000 000	N/A	for immunocompetent patients -no treatment or topical ointments / for immunocompromised patients - sodium stibogluconate, miltefosine, fluconazole	[5][6]
<i>Plasmodium falciparum</i>	malaria	214 000 000	10-50%	artemisinin-based combination therapy	[7]
<i>Candida albicans</i>	superficial mucosal and dermal infections, disseminated systemic invasive candidiasis	750 000 (invasive candidiasis)	30 - 70%	antibiotics (echinocandin, fluconazole, or amphotericin B)	[8][9][10]
<i>Cryptococcus neoformans</i>	cryptococcosis	223 000	24-95%	anti-fungal drugs (amphotericin B, fluconazole, itraconazole)	[11][12]
<i>Naegleria fowleri</i>	Primary amoebic meningoencephalitis	431 cases reported until 2020	≥ 90%	combination of antibiotics (such as amphotericin B, fluconazole, miltefosine) and drugs for relieving intracranial pressure	[13][14]
<i>Acanthamoeba</i> spp.	Granulomatous amoebic encephalitis (GAE) Acanthamoeba keratitis (AK)	AK around 3,000 cases reported, GAE approximately 200 cases have been described until 2004	≥ 90% (GAE)	antimicrobial drugs used alone or in combined therapy (amphotericin B, pentamidine, sulfadiazine, flucytosine, fluconazole or itraconazole, chlorhexidine gluconate, ketoconazole)/antimicrobial and anti-inflammatory medicines have to be combined with cystidal drugs	[15][16][17]
<i>Giardia intestinalis</i>	giardiasis	28 000 000	N/A	Metronidazole, Tinidazole, Albendazole	[18]
<i>Trichomonas vaginalis</i>	trichomoniasis	156 000 000	N/A	Metronidazole, Tinidazole	[19]

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Fig. S1

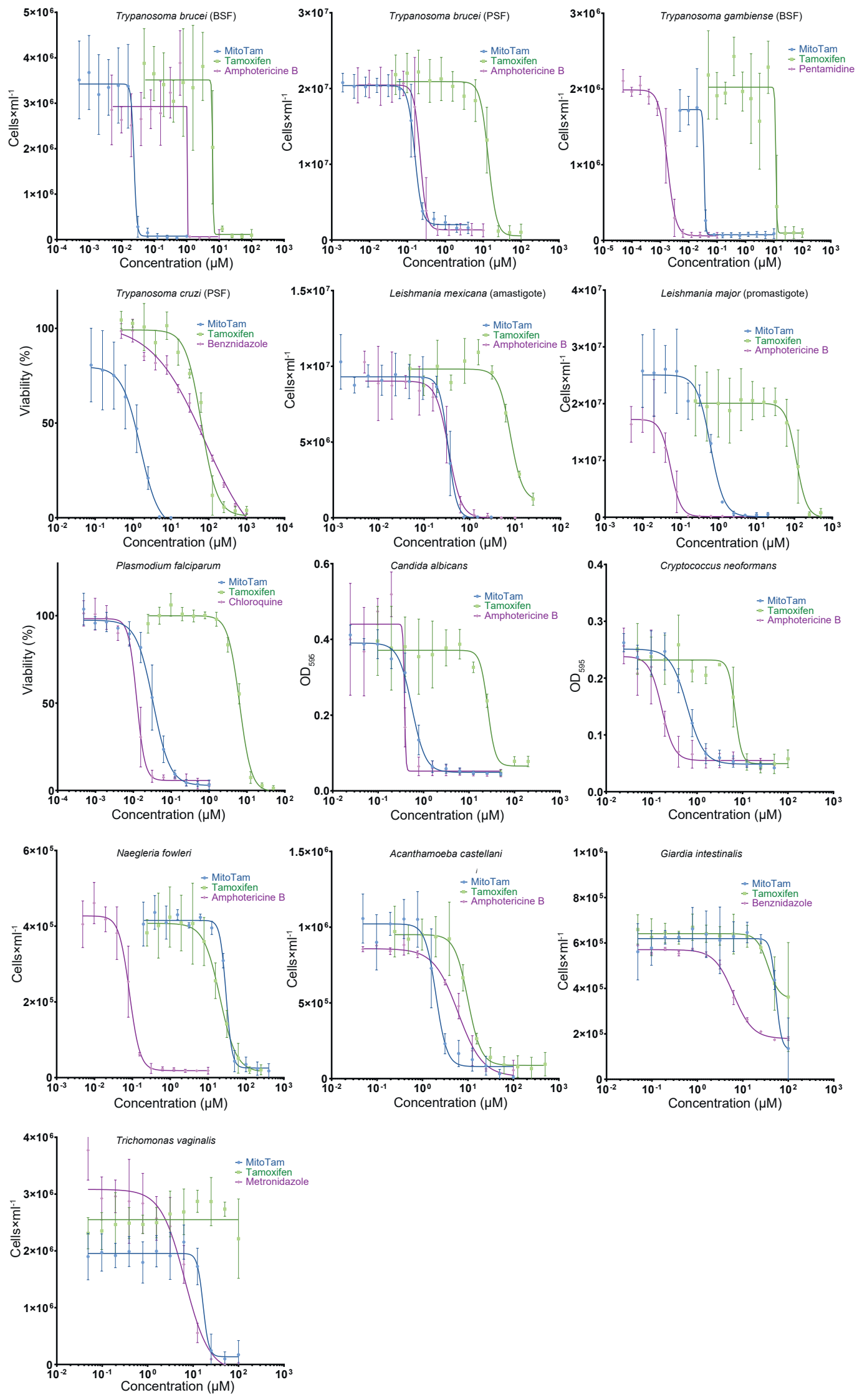


Fig. S2

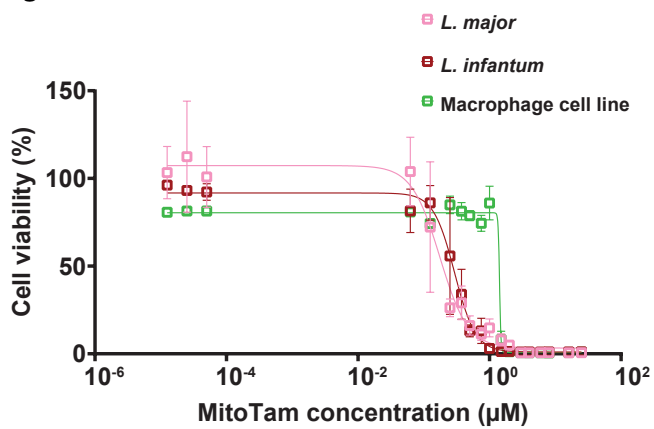


Fig. S3

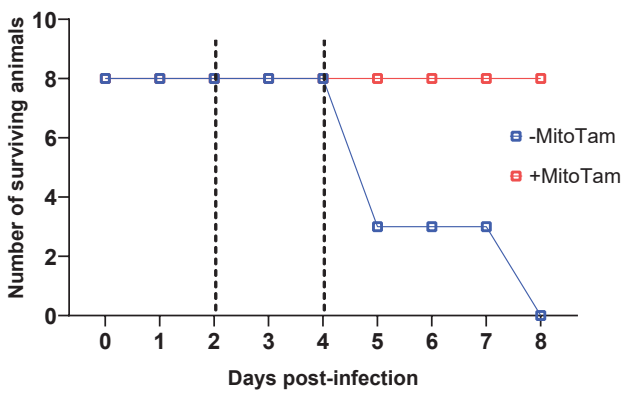
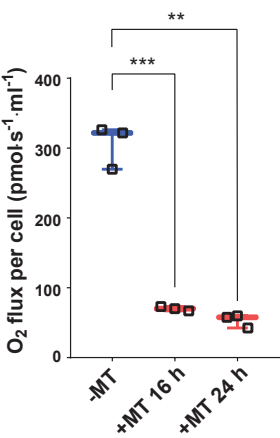
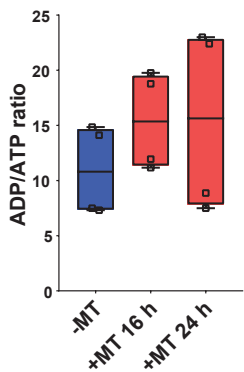


Fig. S4

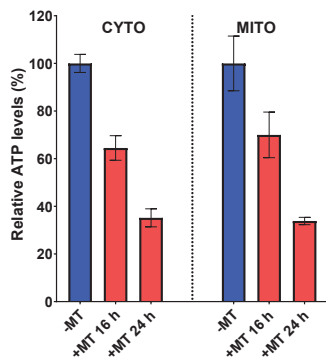
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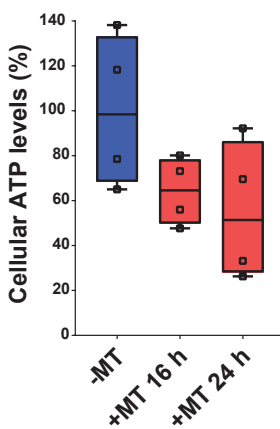
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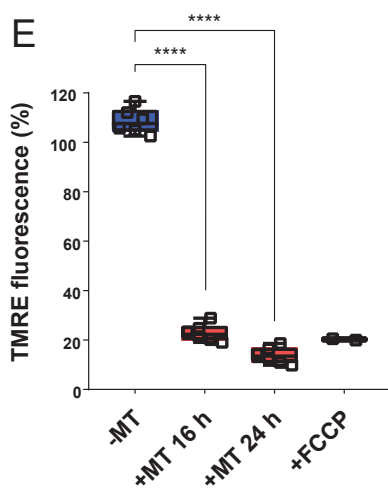
C



D



E



F

