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In Vivo Infection with *Leishmania amazonensis* to Evaluate Parasite Virulence in Mice --Manuscript Draft--

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Journal of Visualized Experiments
Review Editor

October 2nd, 2019

Re: JoVE60617

Dear Dr. Vineeta Bajaj,

We are submitting a revised version of our manuscript “Murine *in vivo* infection with *Leishmania amazonensis* is a reliable method for a systemic evaluation of the host-parasite interaction” by Aoki et al. As requested, we made the title more concise: “Murine *in vivo* infection with *Leishmania amazonensis* is a reliable method to evaluate the parasite virulence within the host”.

We thank you for the thoughtful handling of this review, which we believe has significantly improved our paper. In this revision we address all the issues raised by the four reviewers, with particular attention to your comments as well.

We look forward to hearing from you.

Sincerely,

A handwritten signature in black ink, reading 'Maria Fernanda Laranjeira-Silva', is shown. The signature is written in a cursive, flowing style.

Dr. Maria Fernanda Laranjeira-Silva

TITLE:

In Vivo Infection with *Leishmania amazonensis* to Evaluate Parasite Virulence in Mice

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KEYWORDS:

C57BL/6 mice, inflammation response, parasite load, lesion development, cutaneous infection, axenic amastigotes

SUMMARY:

Here, we present a compiled protocol to evaluate the cutaneous infection of mice with *Leishmania amazonensis*. This is a reliable method for studying parasite virulence, allowing a systemic view of the vertebrate host response to the infection.

ABSTRACT:

Leishmania spp. are protozoan parasites that cause leishmaniasis, diseases that present a wide spectrum of clinical manifestations from cutaneous to visceral lesions. Currently, 12 million people are estimated to be infected with *Leishmania* worldwide and over 1 billion people live at the risk of infection. *Leishmania amazonensis* is endemic in Central and South America and usually leads to the cutaneous form of the disease, which can be directly visualized in an animal model. Therefore, *L. amazonensis* strains are good models for cutaneous leishmaniasis studies because they are also easily cultivated in vitro. C57BL/6 mice mimic the *L. amazonensis*-driven disease progression observed in humans and are considered one of the best mice strains model for cutaneous leishmaniasis. In the vertebrate host, these parasites inhabit macrophages despite the defense mechanisms of these cells. Several studies use in vitro macrophage infection assays to evaluate the parasite infectivity under different conditions. However, the in vitro approach is limited to an isolated cell system that disregards the organism's response. Here, we compile an in vivo murine infection method that provides a systemic physiological overview of the host-parasite interaction. The detailed protocol for the in vivo infection of C57BL/6 mice with *L. amazonensis* comprises parasite differentiation into infective amastigotes, mice footpad

cutaneous inoculation, lesion development, and parasite load determination. We propose this well-established method as the most adequate method for physiological studies of the host immune and metabolic responses to cutaneous leishmaniasis.

INTRODUCTION:

Leishmaniasis are worldwide prevalent parasitic infectious diseases representing important challenges in developing countries and are recognized as one of the most important neglected tropical diseases by the World Health Organization^{1,2}. The leishmaniasis are characterized by cutaneous, mucosal, and/or visceral manifestations. Cutaneous leishmaniasis is usually caused by *L. amazonensis*, *L. mexicana*, *L. braziliensis*, *L. guyanensis*, *L. major*, *L. tropica* and *L. aethiopica*³. This form of the disease is often self-healing in humans due to the induction of protective cellular immune response. However, the cellular immune response may fail, and the disease can progress to disseminated cutaneous leishmaniasis^{4,5}. There is no available vaccine due to the diversity among *Leishmania* species and host genetic backgrounds^{6,7}. Treatment options are also limited as most of the currently available drugs are either expensive, toxic, and/or may require long-term treatment^{8,9}. Besides, there have been reports of drug resistance against the available treatments^{10,11}.

The causative agent of leishmaniasis is the protozoan parasite *Leishmania*. The parasite presents two distinct morphological forms in its life cycle: promastigotes, the flagellated form found in sandflies; and amastigotes, the intracellular form found in the parasitophorous vacuoles of the mammalian host macrophages^{12,13}. Amastigotes' ability to invade, survive, and replicate despite the defense mechanisms of the vertebrate host's macrophages are subject to many studies¹⁴⁻¹⁷. Consequently, several research groups have been describing in vitro macrophage infection assays to evaluate the impact of specific environmental factors, as well as parasite and host genes on parasite infectivity. This assay presents several advantages, such as the ability to adapt studies to a high throughput format, relatively shorter time period to obtain results, and reduced number of laboratory animals sacrificed¹⁸. However, the findings of in vitro assays are limited because they do not always replicate in vivo studies^{14,19-21}. In vivo assays provide a systemic physiological overview of the host-parasite interaction, which cannot be fully mimicked by in vitro assays. For instance, immunological studies can be performed through immunohistochemical assays from collected footpad tissue sections or even from popliteal lymph nodes for analysis of the recovered immune cells²².

Animals are often used as a model for human diseases in biological and biomedical research to better understand the underlying physiological mechanisms of the diseases²³. In the case of leishmaniasis, the route, site, or dose of inoculation influence the disease outcome²⁴⁻²⁷. Furthermore, susceptibility and resistance to the infection in humans and mice are highly regulated by the genetic backgrounds of the host and parasite^{4,5,22,28-31}. BALB/c mice are highly susceptible to *L. amazonensis* cutaneous infection, showing a rapid disease progression with the parasites' dissemination to the lymph nodes, spleen, and liver³². As the disease may progress to cutaneous metastases, the infection can be fatal. In contrast, C57BL/6 mice often develop chronic lesions with persistent parasite loads in *L. amazonensis* infection assays³³. Thereby, *L. amazonensis* infection with this particular mouse species has been considered an excellent model

to study chronic forms of cutaneous leishmaniasis in humans, because it mimics the disease progression better than the BALB/c mice infection model^{5,34}.

Hence, we propose that the murine in vivo infection is a useful method for *Leishmania* virulence physiological studies applicable to human disease, allowing a systemic view of the host-parasite interaction. Revisiting well-established assays²², we present here a compiled step-by-step protocol of the in vivo infection of C57BL/6 mice with *L. amazonensis* that comprises the parasite differentiation into axenic amastigotes, mice footpad cutaneous inoculation, lesion development, and parasite load determination. This protocol can be adapted to other mice strains and *Leishmania* species that cause cutaneous leishmaniasis. In conclusion, the method presented here is crucial in identifying new anti-*Leishmania* drug targets and vaccines, as well as in physiological studies of the host immune and metabolic responses to *Leishmania* infection.

PROTOCOL:

All experimental procedures were approved by the Animal Care and Use Committee at the Institute of Bioscience of the University of São Paulo (CEUA 342/2019), and were conducted in accordance with the recommendations and the policies for the Care and Use of Laboratory Animals of São Paulo State (Lei Estadual 11.977, de 25/08/2005) and the Brazilian government (Lei Federal 11.794, de 08/10/2008). All steps described in sections 1–5 should be carried out aseptically inside laminar flow cabinets. Personal protective equipment should be utilized while handling live *Leishmania* parasites.

1. In vitro differentiation of *L. amazonensis* promastigotes into axenic amastigotes^{15,20,35–38}

NOTE: *L. amazonensis* (MHOM/BR/1973/M2269) (*La*) parasite was used in this assay. Depending on the study purpose, the infective parasite form can be obtained either by purification of the metacyclic form using a density gradient, as previously described¹⁴, or by differentiation of promastigotes into axenic amastigotes, according to the following protocol.

1.1. Grow *La* promastigotes in a 25 cm² cell culture flask containing 10 mL of medium for promastigotes (pro-medium) (pH = 7.0).

1.2. Incubate at 25 °C for 3 days.

NOTE: Use promastigote cultures that were passaged in vitro less than 10x to avoid the loss of virulence and aneuploidy changes of parasites^{39–44}.

1.3. Pipette 5 mL of logarithmic growth phase promastigote culture into a new 25 cm² flask.

1.4. Add 5 mL of medium for axenic amastigotes (ama-medium) (pH = 5.2).

1.5. Incubate at 34 °C for 3–4 days.

1.6. Split the culture by diluting with ama-medium at a ratio of 1:3 into a new 25 cm² flask.

1.7. Incubate at 34 °C for 3–5 days.

NOTE: Incubate the axenic amastigotes for up to 5 days, as it represents the end of maturation³⁷.

2. C57BL/6 footpad infection with *L. amazonensis*

NOTE: Female C57BL/6 mice (6–8 weeks old) were obtained and maintained at the Animal Center of the Biomedical Sciences Institute of the University of São Paulo. Animals received food and water *ad libitum*.

2.1. Count the culture of axenic amastigotes by transferring an aliquot of the parasite suspension diluted in PBS to a Neubauer chamber (i.e., hemocytometer). Count the non-flagellated parasites, which represent amastigotes forms.

NOTE: Alternatively, Trypan blue (1:1) can be used for counting the number of viable amastigotes (i.e., those not stained with Trypan blue).

2.2. Dilute the axenic amastigotes in PBS according to the desired inoculum dose and the number of inoculums intended (1 x 10⁶ axenic amastigotes in 50 µL of PBS is recommended).

2.3. Load a tuberculin syringe with a 27 G needle with the prepared parasite suspension.

2.4. Anesthetize a C57BL/6 mouse using 3–5% isoflurane, as recommended by Johns Hopkins University Animal Care and Use Committee⁴⁵. Assess the anesthetic depth by testing the mouse's response to a toe pinch.

2.5. Inoculate 50 µL of the homogenized parasite suspension (1 x 10⁶ axenic amastigotes or the desired inoculum dose) in the subplantar tissue of the left hind footpad, using the previously loaded tuberculin syringe (step 2.3).

3. Mouse footpad lesion development

3.1. Measure the progression of the lesion once a week by measuring the thickness of the left (infected) and the right (noninfected) footpads using a caliper.

3.2. Calculate the difference of the thickness between the left and right hind footpads weekly to evaluate lesion progression.

3.3. Plot the calculated differences on the Y-axis and time of infection on the X-axis and calculate the statistical significance.

NOTE: In accordance with the Animal Care and Use Committees' recommendations, animals must be sacrificed before the infected lesion becomes ulcerated, because skin ulcers can lead to secondary infection. As shown in **Supplementary Figure 1**, it takes approximately 10 weeks for the lesions to present signs of ulceration with the parasite dose (10^6 axenic amastigotes) and host strain (C57BL/6) used in this protocol. The mice should be sacrificed for lesion extraction before the signs of ulceration are observed.

4. Mice footpad lesion extraction and parasite limiting dilution

4.1. Prepare a 96 well plate (flat bottom) for the limiting dilution assay^{46,47} by adding 180 μ L of pro-medium to all wells.

NOTE: Use four plate lanes (half of the plate) for each animal, representing quadruplicate assays (i.e., animal 1 = lanes A-D; animal 2 = lanes E-H).

4.2. Add 1 mL of pro-medium in a glass tissue grinder tube per lesion and weigh the tube.

NOTE: The tube must be kept sterile, so use a sterile lid and weigh the tube with the closed lid, if weighing outside the laminar flow cabinet.

4.3. Sacrifice the animal in a CO₂ chamber, following the Animal Care and Use Committees' recommendations. Disinfect the animal by spraying with 70% ethanol.

4.4. Excise the animal's foot at it heels to extract the infected footpad and spray 70% ethanol on the footpad for disinfection. Ensure the sterilization of scissors and forceps by keeping them soaked in 70% ethanol.

4.5. Place the infected footpad in a sterile Petri dish and dissect using sterile forceps and a scalpel to collect all soft tissues. Discard the bones.

NOTE: Uniformity in the dissection step is recommended to avoid biased tissue recovery.

4.6. Transfer the collected tissues to the glass tissue grinder tube with pro-medium, then weigh the tube again to determine the lesion weight.

NOTE: Avoid placing the forceps and scalpel directly into the medium, as small volumes may be removed, resulting in an underestimated tissue weight. The weight of the lesion is calculated by subtracting the weight of the tube containing pro-medium with the collected tissue from the weight of tube containing only pro-medium.

4.7. Homogenize the tissue 10x using the grinder for complete tissue disruption.

4.8. Allow the mixture to sediment for 10 min, then collect 20 μ L of the supernatant.

4.9. Load 20 μ L of the supernatant in the 1st column of the 1st lane of the 96 well plate prepared in step 4.1. Repeat this for the next three lanes to have quadruplicates for each animal (i.e., for animal 1 add 20 μ L to each well and label A1, B1, C1, and D1).

4.10. Homogenize each well in the 1st column 10x using a multichannel pipette. Then, transfer 20 μ L of the diluted samples from the 1st column to the 2nd column.

NOTE: It is important to homogenize each well 10x from one column to the next.

4.11. Repeat step 4.10 to all remaining columns until the last column (12th) and discard the final 20 μ L of diluted sample.

NOTE: Change the tips after each dilution to avoid cross-contamination.

4.12. Seal the plates with a film and incubate at 25 °C for 7 days in a humid chamber.

5. Lesion parasite load determination

5.1. Analyze the plates after 7 days of incubation using an inverted microscope to determine the last parasite-containing well for each lane.

NOTE: It is also possible to have an indication of the growth of the parasites, or cell density, by visual analysis of the color changes and turbidity of the medium.

5.2. Calculate the parasite tissue load for each lane by dividing the dilution factor per lesion weight.

NOTE: In a specific lane, if parasites are present only in columns 1–5 (i.e., wells A1–A5 are positive for parasite growth), this means that column 5 contained only 1 parasite, column 4 contained 10 parasites, and so on, in multiples of ten. Column 1 would contain 10^4 parasites, which represents the number of parasites in the initial 20 μ L of supernatant (the non-diluted sample in step 4.7). Because this 20 μ L was diluted with 180 μ L of pro-medium, the initial tube contained 5×10^5 parasites: $(1 \times 10^4) / (0.02 \text{ mL}) = 5 \times 10^5$ parasites/1 mL. Then, the parasite load in that lesion can be calculated by dividing the initial concentration of the parasite by the lesion weight: $(5 \times 10^5) / \text{lesion weight}$ (see step 4.6).

5.3. Plot the average of the quadruplicated result for each animal with a log Y-scale.

6. Statistical analysis

6.1. Represent the data as average \pm standard deviation using at least five animals per experimental group as replicates.

6.2. Perform statistical analysis using unpaired two-tailed test, considering a p value < 0.05 as significant.

REPRESENTATIVE RESULTS:

Leishmania protozoan parasites exist in two developmental forms during their life cycle in invertebrate and vertebrate hosts: promastigotes, the proliferative forms found in the lumen of the female sandfly; and amastigotes, the proliferative forms found in the parasitophorous vacuoles of the mammalian host cells. Promastigotes have an elongated body of approximately 1.5 μm wide and 20 μm long, with a flagellum typically emerging from the anterior extremity. Amastigotes have a rounded or ovoid body ranging in size from 2–6 μm in length and 1.5–3 μm in width, and possess an inapparent flagellum^{12,13} (**Figure 1A**). During the blood meal the invertebrate host, a hematophagous insect of the family Psychodidae, acquires macrophages infected with *Leishmania* amastigotes. Once these cells reach the sandfly digestive tube, amastigotes are released and differentiate to procyclic promastigotes (**Figure 1A**). These forms are noninfective and multiply intensively by binary division and colonize the digestive tube of the insect vector. The procyclic forms then differentiate to metacyclic forms, an infective and fast-moving form, presenting a thinner body and elongated flagellum (**Figure 1A**). The metacyclic forms invade the anterior portions of the esophagus and proventriculus of the sandfly, so that during its next blood meal, regurgitation ensures the inoculation of these infecting forms into a new vertebrate host. In the tegument of the vertebrate host, the parasites are phagocytosed by the macrophages and differentiate into amastigotes inside the parasitophorous vacuoles, where the amastigotes multiply by binary division and complete the life cycle of *Leishmania*^{12,13}.

Axenic conditions can simulate different host environments in vitro, maintaining the parasite morphology and viability. Axenic conditions for amastigotes were previously described simulating a macrophage's parasitophorous vacuole environment and triggering promastigote in vitro differentiation into the amastigote form³⁷. These conditions mimic the acidic environment (pH = 5.5) and the increased temperature of the vertebrate hosts (34 °C). **Figure 1B** illustrates promastigotes differentiated to amastigotes by changing these conditions in culture. The viability of these axenic amastigotes can be analyzed by Trypan blue staining, a method based on the principle that live cells possess intact membranes that exclude certain dyes, whereas dead cells do not⁴⁸. Alternatively, we analyzed the viability of axenic amastigotes verifying their ability to transform back to promastigotes when transferred to neutral pH and incubated at 25 °C (**Figure 1B**).

Here we propose an in vivo infection method to evaluate the virulence of different *Leishmania* strains. **Figure 2A** represents an in vivo infection assay showing the cutaneous lesion development of C57BL/6 mice footpads that were infected with wild type (*La*-WT) and *Leishmania* Iron Regulator 1 knockout (*La*-LIR1^{-/-}) *L. amazonensis* purified metacyclics. LIR1 regulates intracellular iron levels in *Leishmania* mediating iron export and preventing its intracellular accumulation to toxic levels¹⁴. Observing the progression of the thickness differences of the infected vs. noninfected footpads, we were able to demonstrate that the *La*-LIR1^{-/-} infected mice presented smaller lesions than *La*-WT infected mice (**Figure 2A**). Those findings revealed that LIR1 is essential for *L. amazonensis* in vivo virulence. This demonstrates

the importance and efficacy of this method in assessing the differences of *Leishmania*-driven cutaneous diseases. **Figure 2B** illustrates the noninfected (right) and infected (left) footpads and lesion development 73 days postinfection, showing the differences in swelling and lesion progression of *La*-WT and *La*-LIR1^{-/-} infected mice.

The progression of the *Leishmania* infection consists not only of the lesion development, which represents the inflammatory response, but also the parasite's intracellular replication. To evaluate parasite replication, the parasite load of the lesions was determined by extracting the infected lesion, followed by a limiting dilution assay in a 96 well plate (**Figure 3A**). **Figure 3B** shows the parasite load analysis of the footpad lesions from *La*-WT and *La*-LIR1^{-/-} infected mice after 73 days of infection. From the limiting dilution assay, we detected 10⁶-fold fewer parasites in the lesion of the *La*-LIR1^{-/-} infected mice in comparison to *La*-WT, revealing that absence of LIR1 prevents intracellular replication of the amastigotes¹⁴.

One of the advantages of evaluating both lesion development and parasite load is to detect possible differences of parasite intracellular replication and the host inflammatory response. We observed differences between these two phenotypes using the add-back LIR1 (*La*-LIR1^{AB}), which is the *La*-LIR1^{-/-} with the LIR1 ORF integrated back into the ribosomal locus¹⁴. When *La*-LIR1^{AB} was injected into a mouse's footpad, we observed intermediate-sized lesions compared to *La*-LIR1^{-/-} and *La*-WT infections but a remarkable full parasite load rescue of the *La*-WT phenotype (**Supplementary Figure 2**). These results indicate that *La*-LIR1^{AB} parasites were able to replicate like *La*-WT parasites in a long-term in vivo infection. However, the mouse inflammatory response was not as exacerbated as *La*-WT infections because the lesions were significantly smaller.

Thereby, the method described here was shown to be essential for the identification and characterization of a *L. amazonensis* virulence factor required for the successful amastigote intracellular replication and cutaneous lesion development in the mammalian hosts.

FIGURE AND TABLE LEGENDS:

Figure 1: Morphology of *L. amazonensis* promastigotes and amastigotes. (A) Illustrations of the different morphological forms of *Leishmania*: procyclic promastigote, metacyclic promastigote, and amastigote. The scale bar represents 2 µm. (B) Pictures of in vitro *L. amazonensis* cultures. In vitro differentiation of promastigotes into axenic amastigotes, and of axenic amastigotes back to promastigotes by changing the pH and temperature conditions, as described in the step-by-step protocol. The pictures were taken using an inverted microscope. The scale bar represents 50 µm.

Figure 2: LIR1 knockout markedly reduces *L. amazonensis* in vivo lesion development. C57BL/6 mice were inoculated in the left hind footpad with 10⁶ purified metacyclics of *L. amazonensis* wild type (*La*-WT) and *L. amazonensis* LIR1 knockout (*La*-LIR1^{-/-}). (A) Footpad cutaneous lesion progression of *La*-WT and *La*-LIR1^{-/-} infected mice analyzed weekly. The data represent the average ± SEM of the infected footpad subtracted by noninfected footpad thickness from five different mice in each group (adapted from Laranjeira-Silva et al.¹⁴). (B) Pictures of the

noninfected and infected footpads of *La*-WT and *La*-LIR1^{-/-} infected mice showing the differences in swelling 73 days postinfection (adapted from Laranjeira-Silva et al.¹⁴).

Figure 3: LIR1 knockout markedly reduces *L. amazonensis* in vivo intracellular replication. (A) An illustration of a 96 well plate representing the 10x serial dilutions of the recovered footpad tissues infected with *L. amazonensis* wild type (*La*-WT) and LIR1 knockout (*La*-LIR1^{-/-}). Rows A-D represent the quadruplicate of the serial dilutions of the *La*-WT-footpad lesion sample. Rows E-H represent the quadruplicate of the serial dilutions of the *La*-LIR1^{-/-}-footpad lesion sample. The different shades of gray represent the observed cell densities per well (i.e., lighter color means fewer parasites). The wells marked in red represent the last wells that contained parasites per replicate. (B) Parasite load in recovered footpad tissues of C57BL/6 mice infected with 10⁶ purified metacyclics of *L. amazonensis* wild type (*La*-WT) and *L. amazonensis* LIR1 knockout (*La*-LIR1^{-/-}) determined 73 days postinfection. The data represent the average of the parasite load per mg of tissue from five different mice in each group (adapted from Laranjeira-Silva et al.¹⁴).

Supplementary Figure 1: Skin ulcer as indicative of a secondary infection. Representative pictures of C57BL/6 mice footpads infected with *L. amazonensis* wild type (*La*-WT) taken 80 days postinfection. Red arrows point to signs of ulceration, indicating that the experiment should be terminated.

Supplementary Figure 2: The role of LIR1 on in vivo lesion development and intracellular parasite replication. C57BL/6 mice were inoculated in the left hind footpad with 10⁶ purified metacyclics of *L. amazonensis* wild type (*La*-WT), *L. amazonensis* LIR1 knockout (*La*-LIR1^{-/-}), and *L. amazonensis* LIR1 add-back (*La*-LIR1^{AB}). (A) Footpad cutaneous lesion progression of *La*-WT, *La*-LIR1^{-/-}, and *La*-LIR1^{AB} infected mice analyzed weekly. The data represent the average ± SEM of the infected footpad subtracted by noninfected footpad thickness from five different mice in each group (adapted from Laranjeira-Silva et al.¹⁴). (B) Parasite load in recovered footpad tissues from *La*-WT, *La*-LIR1^{-/-}, or *La*-LIR1^{AB} infected mice determined 73 days postinfection. The data represent the average of the parasite load per mg of tissue from five different mice in each group (adapted from Laranjeira-Silva et al.¹⁴).

DISCUSSION:

The in vivo infection assay described in this protocol allows any researcher to evaluate in vivo cutaneous leishmaniasis considering the host-parasite interaction in a systemic scenario. These assays have been used by many groups^{22,24,27,29,31,32,34,49} and here we compiled a step-by-step protocol to standardize this method while considering the infrastructure limitations that some groups may have. This protocol can also be used to evaluate virulence of transgenic *Leishmania* parasites by in vivo bioimaging⁵⁰⁻⁵². As any other experimental procedure, this assay has limitations and critical steps to execute, such as requiring trained personnel that are comfortable working with mice and have experience in performing subplantar injections to avoid accidental infections. Standardizing protocols is extremely important to avoid biased results and to produce comparable results among different research groups.

The main advantage of using *L. amazonensis* as a model for cutaneous leishmaniases is because the footpad lesion caused by this species can be easily assessed in mice. The swelling of the footpad determined by the method described here represents the sum of two infection phenotypes: host inflammatory response and parasite replication. Both phenotypes can be evaluated separately by associating the parasite tissue load method that reflects parasite intracellular replication with the determination of the lesion thickness progression. Another advantage is that *L. amazonensis*' promastigotes are easily cultivated in vitro. Considering these, any research group can manipulate this *Leishmania* species according to their needs. The findings from *L. amazonensis*' studies may be then compared with other *Leishmania* species to determine whether a specific pathway is evolutionarily conserved or divergent^{21,53,54}.

In the natural cycle, *Leishmania* transmission to the vertebrate host occurs by the bite of an infected sand fly during the blood meal. The sand fly usually inoculates a few hundred *Leishmania* metacyclic promastigote forms in the insect's saliva. In experimental in vivo infections, the most frequent site of inoculation is the animal's footpad²². Intradermal injection into the ear or intraperitoneal injection are alternative sites of inoculation depending on the study purpose because each site presents different phagocytic cell types^{24,56}. Therefore, some research groups use laboratory-infected sand flies to infect the animal's ear dermis to mimic the natural transmission⁵⁶⁻⁵⁹. However, this protocol presents some restrictions, such as the maintenance of sand fly colonies, which requires facilities not available for most research groups.

The original work describing in vivo C57BL/6 infection with *La*-LIR1^{-/-} has used purified metacyclic promastigotes forms¹⁴. However, *Leishmania* genetic manipulation can impair either the promastigotes' differentiation into axenic amastigotes¹⁴ or into metacyclic infective forms²⁰. Hence, depending on the *Leishmania* strain, the researcher should determine the most adequate method to obtain viable infective parasite forms for their study. The protocol of axenic amastigotes differentiated from promastigote cultures described here can be an easier alternative, producing comparable results in many cases^{19,20,35,37,38,64}. This approach avoids the use of other methods that typically result in lower yields of infective parasites, such as incubating promastigotes with specific but not widely available antibodies⁶⁵ for metacyclic promastigotes purification, or by density gradient dependent of metacyclics' LPG expression^{18,66}. The efficiency of the differentiation protocol can be evaluated by determining the expression levels of amastin-family genes^{64,67}. Amastins are members of a conserved gene family that are differentially modulated during the *Leishmania* life cycle⁶⁸ and are associated with parasite virulence and pathogenesis^{67,69,70}. Other markers can also be used to distinguish amastigote from promastigote forms. For example, gp63 is downregulated in amastigotes, because its role is to protect the promastigotes from the insect's digestive enzymes⁷¹.

The choice of the mouse strain is another critical step to be considered when developing a standardized in vivo infection protocol. Susceptibility and resistance to *Leishmania* infection in mice are mainly regulated by genetic background^{29,30,55}. In this protocol, the C57BL/6 strain was chosen because its immune response to *L. amazonensis* is closely related to the mixed Th1-Th2 response in humans^{72,73}. Experimental murine infections with *L. amazonensis* have been described to cause moderate lesions in C57BL/6 mice in comparison to other mice strains^{28,34,74}.

However, depending on the parasite strain, differences in the lesion size are only detectable in susceptible mice strains, like BALB/c³⁶. The time course of infection also needs to be considered and correlates with the chosen mice strain^{29,26,60–63,75}. Ulcerated footpads should always be avoided as it may represent secondary infections and are often observed at long periods of infection, especially in experiments with susceptible mice strains. Designating the time of the day to start the infection is another step to be considered. As demonstrated in previous studies with *L. amazonensis*, the time of the day of parasite inoculum affects lesion development because the host-parasite interaction is affected in a circadian manner by the pineal-released melatonin during the dark time of day⁷⁵.

The major disadvantage of the in vivo infection method is that the experiment requires the use of a substantial number of laboratory animals and takes longer time to obtain final results compared to the in vitro infection method¹⁸. However, this latter aspect can be also considered as an advantage since the in vivo results reflect the natural time course of disease progression more accurately than the results obtained from in vitro infection. More importantly, the findings from *L. amazonensis* in vivo infection cannot only reflect the transient changes in parasite virulence but also acknowledges the systemic status of the host and all its players. Therefore, considering the several factors mentioned above, the method described in this protocol can be adapted to meet specific experimental needs for characterization of other targets and treatments related to virulence allowing new insights for cutaneous leishmaniasis control.

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DISCLOSURES:

The authors declare they have no competing financial interests.

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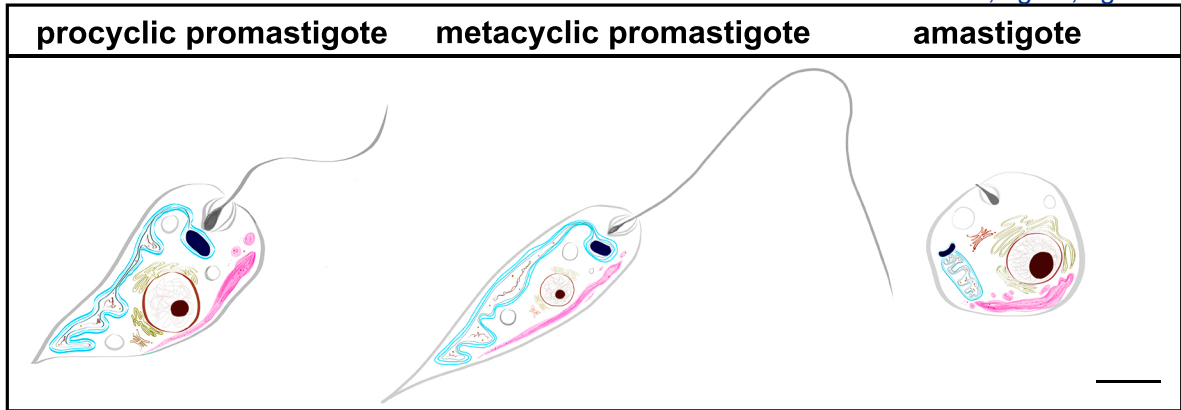
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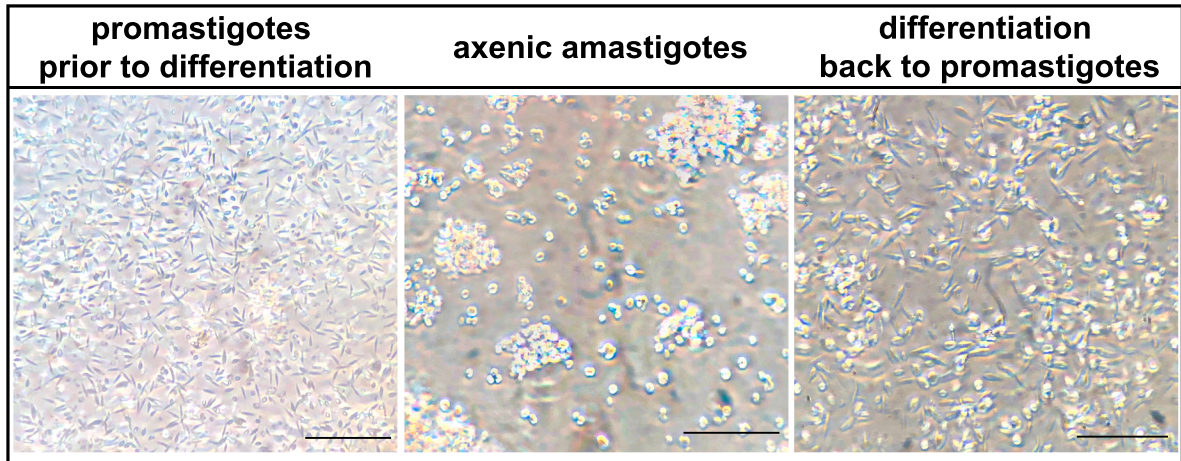
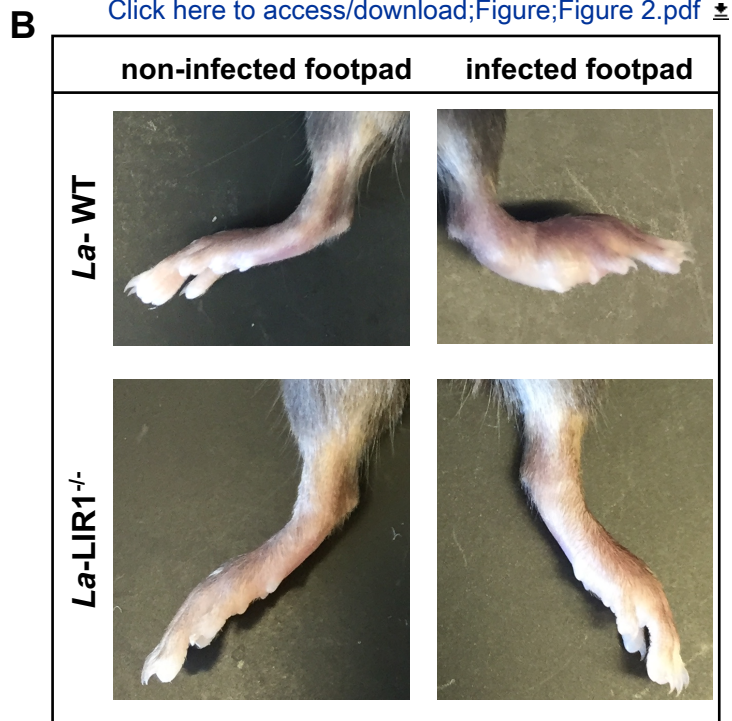
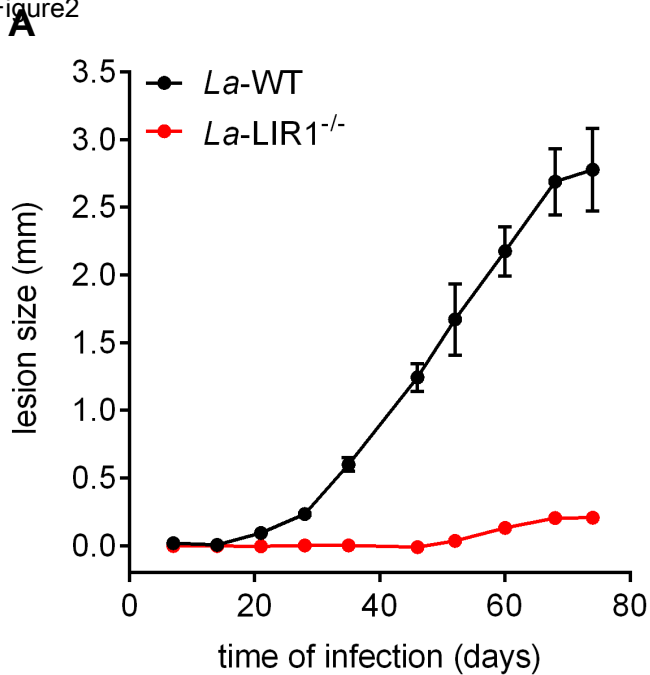
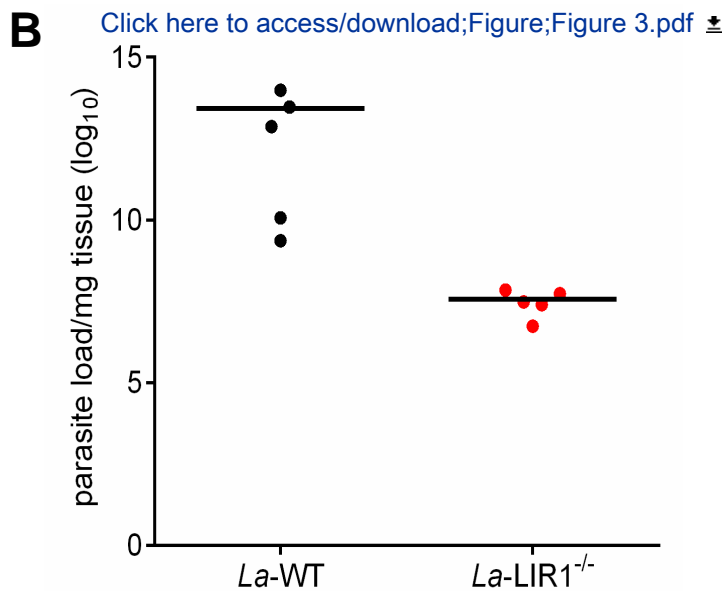
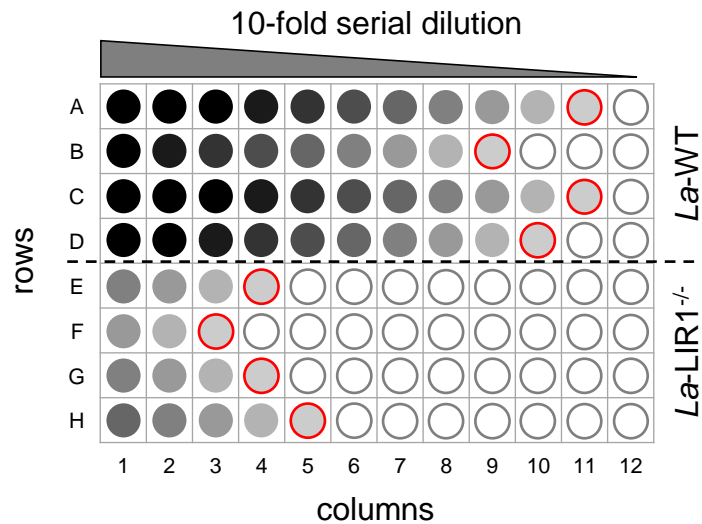


Figure2



A Figure 3



Name of Material/Equipment	Company	Catalog Number
96-well plate	Greiner bio-ne	655180
adenine	Sigma	A8626
caliper	Mitutoyo	700-118-20
cell culture flask	Corning	353014
centrifuge	Eppendorf	5804R
CO ₂ incubator 34°C	Thermo Scientific	3110
ethanol	Merck	K50237083820
fetal bovine serum	Gibco	12657-029
glass tissue grinder tube	Thomas Scientific	3431 E04
glucose	Synth	G1008.01.AH
GraphPad Prism Software	GraphPad	
hemin	Sigma	H-2250
HEPES	Promega	H5303
incubator 25°C	Fanem	347CD
inverted microscope	Nikon	TMS
isoflurane		
laminar flow cabinet	Veco	VLFS-09
M199 cell culture media	Gibco	31100-035
microcentrifuge tube	Axygen	MCT150C
multichannel pipette	Labsystems	F61978
NaHCO ₃	Merck	6329
NaOH	Sigma	S8045
Neubauer chamber	HBG	2266
optical microscope	Nikon	E200
parafilm	Bemis	349
penicillin/streptomycin	Gibco	15140122
Petri dishes	TPP	93100
pipetman kit	Gilson	F167360
scale	Quimis	BG2000
scalpel	Solidor	10237580026

serological pipette 10 mL	Nest	327001
tips	Axygen	
Trypan blue	Gibco	15250-061
trypticase peptone	Merck	
tuberculin syringe	BD	305945

Comments/Description

A flat-bottom plate for limiting dilution assay
Supplement added to M199 cell culture media
A caliper to measure the thickness of footpad
A 25 cm² volume cell culture flask to cultivate *Leishmania parasite*
An equipment used for separating samples based on its density
An incubator for amastigotes differentiation
A disinfectant for general items
Supplement added to M199 cell culture media

A tube to collect and disrupt infected footpad tissue
Supplement added to M199 cell culture media
A software used to plot the data and calculate statistical significance
Supplement added to M199 cell culture media
Supplement added to M199 cell culture media
An incubator for promastigotes cultivation
An equipment used to visual analyze the promastigote and amastigote cultures
An inhalant anesthetics for mice (3-5%)
A biosafety cabinet used for aseptical work area
A cell culture media for *Leishmania* cultivation
A microtube used for sample collection, processing and storage
A multichannel pipette used for limiting dilution assay
Supplement added to M199 cell culture media
Supplement added to M199 cell culture media
A hemocytometer to count the parasite suspension
An optical equipment used to count parasite
A flexible and resistant plastic to seal the plate
Supplement added to M199 cell culture media
A sterile dish to dissect the footpad tissue
A micropipette kit containing four pipettors (P2 P20 P200 P1000)
An equipment used to weigh collected footpad lesions
A scalpel to cut and collect footpad tissue

A sterile pipette used for transferring mililiter volumes

A pipette tip used for transferring microliter volumes

A dye used to count viable parasites

Supplement added to M199 cell culture media

A syringe with 27G needle to inoculate the parasite suspension



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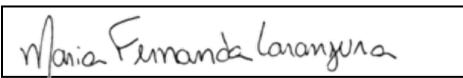
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CORRESPONDING AUTHOR

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Title:	Murine in vivo infection with Leishmania amazonensis is a reliable method to evaluate the parasite virulence and provide a systemic view of the host-parasite interaction	
Signature:		Date: 07/29/2019

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Editorial comments:

Changes to be made by the Author(s):

1. Please take this opportunity to thoroughly proofread the manuscript to ensure that there are no spelling or grammar issues. The JoVE editor will not copy-edit your manuscript and any errors in the submitted revision may be present in the published version.

We appreciate all comments made by the editor. We revised spelling and grammar issues in this revised version of the manuscript.

2. Please make the title concise to reflect the protocol being presented.

Murine *in vivo* infection with *Leishmania amazonensis* is a reliable method to evaluate the parasite virulence and provide a systemic view of the host-parasite interaction

As requested, we changed the title to “Murine *in vivo* infection with *Leishmania amazonensis* is a reliable method to evaluate the parasite virulence within the host”.

3. Please rephrase the Short Abstract to clearly describe the protocol and its applications in complete sentences between 10-50 words: “Here, we present a protocol to ...”

As requested, we modified the summary (lines 25-27 of the revised marked version).

4. Please include a single line space between each step, substep and notes in the protocol section.

As requested, we included a single line space between each step, sub-step and notes in the protocol section.

5. Please remove all commercial language from your manuscript and use generic terms instead. All commercial products should be sufficiently referenced in the Table of Materials and Reagents.

For example: Ficoll, Corning, Durham, USA, Mitutoyo, Japan, GraphPrism Software, M199-pro, Thomas Scientific, Parafilm (Bemis, Neenah, WI, USA), Gibco, Grand Island NY, USA, etc.

As requested, we removed all commercial language from the manuscript. All commercial products were added in the revised Table of Materials and Reagents.

6. Please ensure that all text in the protocol section is written in the imperative tense as if telling someone how to do the technique (e.g., “Do this,” “Ensure that,” etc.). The actions should be described in the imperative tense in complete sentences wherever possible. Avoid usage of phrases such as “could be,” “should be,” and “would be” throughout the Protocol. Any text that cannot be written in the imperative tense may be added as a “Note.”

As requested, we revised the manuscript and all text in the protocol section is written in the imperative tense in the revised manuscript.

7. The Protocol should contain only action items that direct the reader to do something.

As requested, we revised the manuscript and the protocol section contain only action items.

8. The Protocol should be made up almost entirely of discrete steps without large paragraphs of text between sections. Please ensure that the Protocol contains only 2-3 actions per step and a maximum of 4 sentences per step.

As requested, we revised the protocol section ensuring only 2-3 actions per step.

9. Please ensure you answer the “how” question, i.e., how is the step performed?

As requested, we revised the manuscript ensuring we answer the “how” question in each step.

10. 1.2: Do you check the O.D in this case? How do you ensure the logarithmic growth phase?

The logarithmic growth phase of the promastigotes' culture is determined counting the culture daily. This is a well-established practice in any lab working with *Leishmania* cultures. The references regarding this were added in the protocol section 1.

11. In case of 1.1 the culture is grown at 25 degrees, in 1.2 and 1.3 it is grown at 34 degrees? Please include the significance of the same.

The temperatures for cultivation of the 2 different forms of *Leishmania amazonensis* are well established, and these temperatures mimic the temperatures found by the parasite in the vertebrate (34°C) and invertebrate (25°C) hosts. So, step 1.1 (1.2 of the new version) refers to the promastigotes' culture, which is kept at 25°C, and steps 1.2 and 1.3 (1.5-1.7 of the new version) refers to the amastigotes' culture, which is kept at 34°C. References 37 and 38 (line 120 of the revised manuscript) substantiates this matter.

12. 2.3: Do you check for the depth of anesthesia?

Yes, we check the depth of anesthesia by testing the mice's response to a toe pinch. We added this information as a NOTE (line 174 of the revised manuscript).

13. 4.3, 4.4: what method of sacrificing is used in your experiment? How do you excise the footpad?

The sacrifice was performed using a CO₂ chamber following the Animal Care and Use Committees' recommendations (step 4.3). The infected footpad was excised using sterile scissors and forceps (step 4.4). We added these information in the protocol section 4 of the revised manuscript.

14. 4.10: Do you plate this on the plates?

Yes, the limiting dilution is done in 96-well plates. We revised the manuscript to improve the description of this step (lines 239-241 of the revised manuscript).

15. There is a 10-page limit for the Protocol, but there is a 2.75-page limit for filmable content. Please highlight 2.75 pages or less of the Protocol (including headings and spacing) that identifies the essential steps of the protocol for the video, i.e., the steps that should be visualized to tell the most cohesive story of the Protocol.

Steps to be filmed: 2 (2.3-2.5), 3 (3.1) and 4 (4.4-4.11).

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17. As we are a methods journal, please ensure that the Discussion explicitly cover the following in detail in 3-6 paragraphs with citations:

- a) Critical steps within the protocol
- b) Any modifications and troubleshooting of the technique
- c) Any limitations of the technique
- d) The significance with respect to existing methods
- e) Any future applications of the technique

As requested, the discussion section was extensively revised and improved to cover the referred items.

18. Please do not abbreviate the journal titles in the reference section.

As requested, the reference section was modified accordingly.

19. Please ensure that the table of the essential supplies, reagents, and equipment include the name, company, and catalog number of all relevant materials in separate columns.

As requested, we revised the Table of Materials and Reagents.

Reviewers' comments:

Reviewer #1:

Manuscript Summary:

This manuscript provide a detailed protocol on how to grow Leishmania in murine macrophage model. In my opinion this is the best model available. However, a step by step protocol with hint, pitfalls and practical advice is missing. This protocol will be useful to my research group as well as many of my colleagues will use this protocol. Our field of Leishmania research is missing a common protocol for in vivo analyses of parasite development. This manuscript and method is timely and provide a method that we all really need.

Major Concerns:
No comment

We thank are Reviewer #1 for the revision. We are really pleased that Reviewer #1 appreciates the importance and usefulness of this detailed protocol.

Reviewer #2:

So, infections of C57BL/6 mice with *L. amazonensis* as an experimental model of cutaneous leishmaniasis is a well-established model of cutaneous leishmaniasis. I wouldn't be surprised if many thousand of publications using this model have been published. There is no harm in revisiting established protocols and breathing new life into them. However, when updating old protocols, care should be taken to acknowledge those protocols and then include recent technical additions. The authors are presenting here a protocol for establishing *L. amazonensis* cutaneous leishmania infections in C57BL/6 mice. If done well, a publication like theirs could introduce new entrants into the field to well established methods.

That said there are several issues with the manuscript that should be addressed. Authors should revise the manuscript to reflect the fact that the protocols for experimental infections are already well established and that those protocols have led to numerous insightful studies on Leishmania pathogenesis. The authors should not suggest that the method that is presented is novel. Both the abstract and the Introduction should be revised accordingly to reflect the fact that this manuscript is not presenting a new protocol but rather a re-visitation of established protocols. The Current Protocols in Immunology originally published in 1991 has protocols for cutaneous Leishmania infections. A Reference such as that should be included in the revised manuscript.

We thank Reviewer #2 for the detailed revision and for acknowledging the importance of revisiting these established protocols that can assist in the introduction of new groups into the field.

We agree the protocol we describe in the present manuscript is a compilation of previous works and our goal is to revisit all these in a standardized detailed protocol. A step by step protocol with practical advices can be useful to several research groups that want to implement this method comparing their results with the ones obtained by other groups. So, as requested, we revised the abstract and introduction to reflect that we are not presenting a new protocol but revisiting well established protocols (lines 43, 47, 97 of the revised manuscript).

Additionally, we would like to emphasize that the Current Protocols in Immunology's reference from 1998 was included as reference 22 and we added more citations of this specific reference, among other new references, along the manuscript.

They should also consider discussing the possibility of using ear infections as another cutaneous site for establishing cutaneous infections.

We agree with the reviewer and we included the intradermal ear infection as an alternative site for cutaneous infection (lines 435-439 of the revised manuscript).

In the protocols sect 1, they discuss media for cultivation of promastigote forms and the protocol and media for conversion of promastigotes to amastigotes. Although the parasites may change from the long-flagellated forms to the rounded forms, I am sure the authors are aware that rounded form are not necessarily amastigote forms. In this re-visitation of established protocols, it would be useful to use molecular indicators to confirm that a transformation has occurred successfully. For example, the abundant expression of gp63 in promastigote forms contrasts with limited if any expression in amastigotes. It is advised that the protocol includes molecular assays to confirm that transformation has been successful.

We agree it is important to acknowledge that not all rounded forms are necessarily amastigote forms. Previous studies standardized the axenic amastigote differentiation protocol with pH and temperature changes as we used here (Zilberstein et al. 1994 and 2019). Gene expression analyses of specific molecular markers can be performed to confirm the parasite transformation. Among these markers, amastin and gp63 that can be used to distinguish amastigote and promastigote forms as we highlighted in the revised manuscript (lines 463-469).

In the establishment on infections, they suggest to infect in a volume of 50ul. This is most likely much too much volume of liquid to inject in the hind foot of a mouse. 10ul may be more appropriate. Certainly, others have reported on this.

We agree smaller volumes could be easier to inject in the mice footpad, however not all labs have Hamilton glass syringes available for 10uL injections with appropriate accuracy. Besides, most guidelines for use of laboratory animals recommend the use of disposable syringes.

It is not clear when the weight of the infected tissue should be obtained. Should it be after dissection to free the tissue from bone or should it be after sectioning off the intact foot. In the former, the skill of the investigator in dislodging the tissue may influence the amount of tissue recovered, which will result in high parasite/weight values.

The weight of the lesion is calculated by subtracting the weight of the tube containing M199-pro-medium with the collected tissue from the weight of tube containing only M199-pro-medium, so after removing and discarding the bones (steps 4.5, 4.6). We added a NOTE in the revised manuscript recommending uniformity in the dissection step to avoid biased tissue recovery (line 224).

The limiting dilution method is a well-established method for estimating parasite burdens. Titus et al 1995, 1997 are two detailed publications that describe this method along with the statistical considerations. As presented in this manuscript, the method of analysis is flawed. The publications by Titus et al (1995) in Parasite Immunology on evaluation of the progress of Leishmania infections by limiting dilution assays are difficult to obtain. I assume that the difficulties with obtaining that publication may

explain in part why the authors of this manuscript didn't include that reference. This is unfortunate as they would have been made aware of the statistical considerations that need to be addressed when scoring limiting dilution assays.

We apologize for forgetting to include the original Titus' references in the first version of the manuscript. We have these publications and included the references for Titus 1985 and Titus 1997 in the revised manuscript (references 46 and 47).

Reviewer #3:

Manuscript Summary:

The manuscript "Murine in vivo infection with *Leishmania amazonensis* is a reliable method for a systemic evaluation of the host-parasite interaction" by Aoki et al, describes the protocol to obtain axenic amastigotes (or amastigotes-like) of *Leishmania amazonensis*, and describes how to perform C57BL/6 footpad infection, monitor the progression of the lesion, obtain amastigotes from the lesion and perform the limiting dilution. These protocols are extremely useful for those working with *Leishmania* parasites.

Major Concerns:

The main concern is the discussion, which should be improved. I think readers would like to be sure that the axenic amastigotes generated by this protocol are in fact amastigotes and no transitional forms. Do they meet the morphological criteria (non-motile, ovoid shape, and appropriate size), capacity of long-term propagation and infectivity in vitro and in vivo, molecular and biochemical differences when compared with cultured promastigotes?

We thank Reviewer #3 for the careful revision. We are pleased that the Reviewer #3 also appreciates the importance and usefulness of this detailed protocol for the *Leishmania* field.

The discussion section was extensively revised. We included information about gene expression analyses of specific molecular markers that can be performed to ensure the parasite differentiation. Among these markers, we highlighted amastin and gp63 (lines 463-469 of the revised manuscript).

Some *Leishmania* strains differentiate poorly into metacyclic promastigotes in vitro and the purification of metacyclic forms is expensive and time consuming. In these cases amastigotes harvested from infected tissue (or axenic amastigotes) may be used as inoculum. However, don't you think this is an unnatural way to initiate the infection in the mammalian host? I Think this should be discussed.

We appreciate the reviewer concern and included more references to substantiate the protocol for the use of axenic amastigotes. The promastigotes used by most research groups are also axenic since they are not purified from sandflies. We agree that the use of axenic parasites may be not ideal, however the use of axenic amastigotes has been broadly accepted considering several issues on obtaining purified metacyclics. Besides the reviewer observation that some *Leishmania* strains differentiate poorly into metacyclics, the use of axenic amastigotes also avoids the use of other methods that typically result in lower yields of infective parasites, such as: incubating promastigotes with specific but not-widely available antibodies for metacyclic promastigotes

purification, or by density gradient dependent of metacyclics' LPG expression, as we discussed in the revised manuscript (lines 460-463). So, as requested we revised the discussion section highlighting the most natural way to initiate the infection and the alternatives that can be used depending on the study purpose (lines 432-447).

Line 351- The sentence "Employing the protocol of axenic amastigotes differentiated from promastigote cultures can also be applied and produce comparable results." needs a reference.

We included references to support this sentence (line 460 of the revised manuscript).

Minor Concerns:

Line 112- I recommend using the term amastigote-like or axenic amastigote whenever the authors refer to amastigotes generated in vitro.

As requested, we revised the manuscript to refer to amastigotes generated in vitro as axenic amastigotes.

Line 117- The references Sinha et al, 2018 and Dumetz et al, 2017 are inadequate to justify the sentence "Use promastigote cultures that were passed in vitro less than 10 times". Can you provide a valid reference?

We included more references and modified the sentence to emphasize the virulence attenuation and genomic rearranges observed after *in vitro* passages (lines 135-136).

Line 119- It is important to provide references for "In vitro differentiation of *L. amazonensis* promastigotes into axenic amastigotes". For example: Flannery et al 2011 or your own nice references, Menezes et al, 2017; Mittra et al, 2017...

We included more references as requested (line 120 of the revised manuscript).

Line 125- The reference Zilberstein and Nitzan refers to the differentiation of *L. donovani* promastigotes into amastigotes. Does the same apply to *L. amazonensis*?

Yes, the same was observed for *L. amazonensis*. We included more references to support this (see lines 120 of the revised manuscript).

Line 131- What is the percentage of transformation from promastigotes into amastigotes with the proposed protocol? The sentence "NOTE: Count only non-flagellated parasites (amastigotes forms).", supposes that the transformation is not total, as already demonstrated by other authors. How do you suggest eliminating flagellated forms?

We modified the sentence to "count the non-flagellated parasites" since it is not required to eliminate the flagellated forms, which are significantly underrepresented after the axenic differentiation. In fact, it's rare to find flagellated parasites using this protocol.

Line 138- The parasites are injected subcutaneously or intradermally?

The parasites are injected in the subplantar tissue of the left hind footpad that is the most frequent site of inoculation in experimental *in vivo* infection studies. Intradermal injection into the ear is an alternative site of inoculation depending on the study purpose. We included more about this on the revised discussion section with more references (lines 434-439 of the revised manuscript).

Line 163- When obtaining amastigotes from mouse footpad lesions, it is recommended that the footpad surface be disinfected prior to excisement of the infected tissue to avoid contamination.

We apologize for forgetting to include the disinfection step. The revised protocol includes ethanol 70% spray for disinfection (lines 215-219 of the revised manuscript).

Line 169- Another important NOTE: avoid placing the forceps and a scalpel directly into the medium as small volumes may be removed, resulting in an underestimate of tissue weight.

We appreciate this suggestion and we included a note about this (lines 230-231 of the revised manuscript).

Reviewer #4:

Major Concerns:

The authors have not referred to or entertained the possibility that axenic amastigotes may not be genetically or phenotypically similar to ex-vivo amastigotes. They are certainly not promastigotes but are the simply another in-vitro entity. Some explanation and substantiation in this regard is required.

Why would you want to initiate a *Leishmania* infection in-vivo with amastigotes? This has no physiological relevance. *Leishmania* infections are initiated by promastigotes, and more precisely metacyclic promastigotes.

We thank Reviewer #4 for the careful revision. We appreciate the reviewer concern and included more references to substantiate the protocol for the use of axenic amastigotes. The promastigotes used by most research groups are also axenic since they are not purified from sandflies. We agree that the use of axenic parasites may be not ideal, however the use of axenic amastigotes has been broadly accepted considering several issues on obtaining purified metacyclics. It is important to highlight that some *Leishmania* strains differentiate poorly into metacyclics. Besides this, the use of axenic amastigotes avoids the use of other methods that typically result in lower yields of infective parasites, such as: incubating promastigotes with specific but not-widely available antibodies for metacyclic promastigotes purification, or by density gradient dependent of metacyclics' LPG expression, as we discussed in the revised manuscript (lines 458-463). So, as requested we revised the discussion section to highlight the infection method alternative that better mimics the natural transmission of the parasite by using laboratory-infected sand flies to infect the animal's ear dermis. However, this protocol presents some restrictions, such as the maintenance of sand fly colonies, which requires facilities not available for most research groups (lines 432-447).

High-dose infections have largely been abandoned in the field due to their questionable relevance to the early stages of physiological disease that is initiated with hundreds, not millions of parasites.

We also modified the introduction adding that the route, site or dose of inoculation influence the disease outcome (lines 84-85 of the revised manuscript). We discuss the sand fly usually inoculates a few hundreds of *Leishmania* metacyclic promastigote forms with the insect's saliva (lines 433-434). Since, the goal of this manuscript is to revisit well-established protocols to assist in the introduction of new groups into the field, we keep the high-dose infection protocol that most groups are still using. Also, the lower doses are mostly used by groups working with sandfly transmission or saliva, an alternative not available for several groups.

Sub-cutaneous footpad inoculation is not a physiological site of infection, which is intradermal.

Sub-cutaneous footpad inoculation is associated with a non-physiological inflammatory response.

In the present manuscript, the site of inoculation is the subplantar tissue of the left hind footpad, which is reported as the most frequent site for experimental *in vivo* cutaneous infections. Intradermal injection into the ear is an alternative site of inoculation depending on the study purpose, however this protocol presents some limitations, as discussed in the revised version (lines 434-447).

The authors have not incorporated the role of dose or site of infection. The authors may not be aware of Cortes et. al. 2010 Mem Inst Oswaldo Cruz Vol.105(6) 736-745, showing dramatically different courses of infection following i.d. infection.

We agree that dose and site of infection are important factors to be considered We included the suggested reference (reference 27).

The authors have not mentioned the complications of immune cell recovery from the footpad, which is complicated by the bones, fat, and muscle associated with the footpad.

We included in the introduction section of the revised manuscript that for immunological studies, immunohistochemical assays from footpad tissue sections or even analysis of recovered immune cells from popliteal lymph nodes can be performed (lines 79-81).

Editorial comments:

Changes to be made by the Author(s):

1. Please take this opportunity to thoroughly proofread the manuscript to ensure that there are no spelling or grammar issues. The JoVE editor will not copy-edit your manuscript and any errors in the submitted revision may be present in the published version.

We appreciate all comments made by the editor. We revised spelling and grammar issues in this revised version of the manuscript.

2. Please make the title concise to reflect the protocol being presented.

Murine *in vivo* infection with *Leishmania amazonensis* is a reliable method to evaluate the parasite virulence and provide a systemic view of the host-parasite interaction

As requested, we changed the title to “Murine *in vivo* infection with *Leishmania amazonensis* is a reliable method to evaluate the parasite virulence within the host”.

3. Please rephrase the Short Abstract to clearly describe the protocol and its applications in complete sentences between 10-50 words: “Here, we present a protocol to ...”

As requested, we modified the summary (lines 25-27 of the revised marked version).

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For example: Ficoll, Corning, Durham, USA, Mitutoyo, Japan, GraphPrism Software, M199-pro, Thomas Scientific, Parafilm (Bemis, Neenah, WI, USA), Gibco, Grand Island NY, USA, etc.

As requested, we removed all commercial language from the manuscript. All commercial products were added in the revised Table of Materials and Reagents.

6. Please ensure that all text in the protocol section is written in the imperative tense as if telling someone how to do the technique (e.g., “Do this,” “Ensure that,” etc.). The actions should be described in the imperative tense in complete sentences wherever possible. Avoid usage of phrases such as “could be,” “should be,” and “would be” throughout the Protocol. Any text that cannot be written in the imperative tense may be added as a “Note.”

As requested, we revised the manuscript and all text in the protocol section is written in the imperative tense in the revised manuscript.

7. The Protocol should contain only action items that direct the reader to do something.

As requested, we revised the manuscript and the protocol section contain only action items.

8. The Protocol should be made up almost entirely of discrete steps without large paragraphs of text between sections. Please ensure that the Protocol contains only 2-3 actions per step and a maximum of 4 sentences per step.

As requested, we revised the protocol section ensuring only 2-3 actions per step.

9. Please ensure you answer the “how” question, i.e., how is the step performed?

As requested, we revised the manuscript ensuring we answer the “how” question in each step.

10. 1.2: Do you check the O.D in this case? How do you ensure the logarithmic growth phase?

The logarithmic growth phase of the promastigotes' culture is determined counting the culture daily. This is a well-established practice in any lab working with *Leishmania* cultures. The references regarding this were added in the protocol section 1.

11. In case of 1.1 the culture is grown at 25 degrees, in 1.2 and 1.3 it is grown at 34 degrees? Please include the significance of the same.

The temperatures for cultivation of the 2 different forms of *Leishmania amazonensis* are well established, and these temperatures mimic the temperatures found by the parasite in the vertebrate (34°C) and invertebrate (25°C) hosts. So, step 1.1 (1.2 of the new version) refers to the promastigotes' culture, which is kept at 25°C, and steps 1.2 and 1.3 (1.5-1.7 of the new version) refers to the amastigotes' culture, which is kept at 34°C. References 37 and 38 (line 120 of the revised manuscript) substantiates this matter.

12. 2.3: Do you check for the depth of anesthesia?

Yes, we check the depth of anesthesia by testing the mice's response to a toe pinch. We added this information as a NOTE (line 174 of the revised manuscript).

13. 4.3, 4.4: what method of sacrificing is used in your experiment? How do you excise the footpad?

The sacrifice was performed using a CO₂ chamber following the Animal Care and Use Committees' recommendations (step 4.3). The infected footpad was excised using sterile scissors and forceps (step 4.4). We added these information in the protocol section 4 of the revised manuscript.

14. 4.10: Do you plate this on the plates?

Yes, the limiting dilution is done in 96-well plates. We revised the manuscript to improve the description of this step (lines 239-241 of the revised manuscript).

15. There is a 10-page limit for the Protocol, but there is a 2.75-page limit for filmable content. Please highlight 2.75 pages or less of the Protocol (including headings and spacing) that identifies the essential steps of the protocol for the video, i.e., the steps that should be visualized to tell the most cohesive story of the Protocol.

Steps to be filmed: 2 (2.3-2.5), 3 (3.1) and 4 (4.4-4.11).

16. Please obtain explicit copyright permission to reuse any figures from a previous publication. Explicit permission can be expressed in the form of a letter from the editor or a link to the editorial policy that allows re-prints. Please upload this information as a .doc or .docx file to your Editorial Manager account. The Figure must be cited appropriately in the Figure Legend, i.e. "This figure has been modified from [citation]."

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17. As we are a methods journal, please ensure that the Discussion explicitly cover the following in detail in 3-6 paragraphs with citations:

- a) Critical steps within the protocol
- b) Any modifications and troubleshooting of the technique
- c) Any limitations of the technique
- d) The significance with respect to existing methods
- e) Any future applications of the technique

As requested, the discussion section was extensively revised and improved to cover the referred items.

18. Please do not abbreviate the journal titles in the reference section.

As requested, the reference section was modified accordingly.

19. Please ensure that the table of the essential supplies, reagents, and equipment include the name, company, and catalog number of all relevant materials in separate columns.

As requested, we revised the Table of Materials and Reagents.

Reviewers' comments:

Reviewer #1:

Manuscript Summary:

This manuscript provide a detailed protocol on how to grow Leishmania in murine macrophage model. In my opinion this is the best model available. However, a step by step protocol with hint, pitfalls and practical advice is missing. This protocol will be useful to my research group as well as many of my colleagues will use this protocol. Our field of Leishmania research is missing a common protocol for in vivo analyses of parasite development. This manuscript and method is timely and provide a method that we all really need.

Major Concerns:
No comment

We thank are Reviewer #1 for the revision. We are really pleased that Reviewer #1 appreciates the importance and usefulness of this detailed protocol.

Reviewer #2:

So, infections of C57BL/6 mice with *L. amazonensis* as an experimental model of cutaneous leishmaniasis is a well-established model of cutaneous leishmaniasis. I wouldn't be surprised if many thousand of publications using this model have been published. There is no harm in revisiting established protocols and breathing new life into them. However, when updating old protocols, care should be taken to acknowledge those protocols and then include recent technical additions. The authors are presenting here a protocol for establishing *L. amazonensis* cutaneous leishmania infections in C57BL/6 mice. If done well, a publication like theirs could introduce new entrants into the field to well established methods.

That said there are several issues with the manuscript that should be addressed. Authors should revise the manuscript to reflect the fact that the protocols for experimental infections are already well established and that those protocols have led to numerous insightful studies on Leishmania pathogenesis. The authors should not suggest that the method that is presented is novel. Both the abstract and the Introduction should be revised accordingly to reflect the fact that this manuscript is not presenting a new protocol but rather a re-visitation of established protocols. The Current Protocols in Immunology originally published in 1991 has protocols for cutaneous Leishmania infections. A Reference such as that should be included in the revised manuscript.

We thank Reviewer #2 for the detailed revision and for acknowledging the importance of revisiting these established protocols that can assist in the introduction of new groups into the field.

We agree the protocol we describe in the present manuscript is a compilation of previous works and our goal is to revisit all these in a standardized detailed protocol. A step by step protocol with practical advices can be useful to several research groups that want to implement this method comparing their results with the ones obtained by other groups. So, as requested, we revised the abstract and introduction to reflect that we are not presenting a new protocol but revisiting well established protocols (lines 43, 47, 97 of the revised manuscript).

Additionally, we would like to emphasize that the Current Protocols in Immunology's reference from 1998 was included as reference 22 and we added more citations of this specific reference, among other new references, along the manuscript.

They should also consider discussing the possibility of using ear infections as another cutaneous site for establishing cutaneous infections.

We agree with the reviewer and we included the intradermal ear infection as an alternative site for cutaneous infection (lines 435-439 of the revised manuscript).

In the protocols sect 1, they discuss media for cultivation of promastigote forms and the protocol and media for conversion of promastigotes to amastigotes. Although the parasites may change from the long-flagellated forms to the rounded forms, I am sure the authors are aware that rounded form are not necessarily amastigote forms. In this re-visitation of established protocols, it would be useful to use molecular indicators to confirm that a transformation has occurred successfully. For example, the abundant expression of gp63 in promastigote forms contrasts with limited if any expression in amastigotes. It is advised that the protocol includes molecular assays to confirm that transformation has been successful.

We agree it is important to acknowledge that not all rounded forms are necessarily amastigote forms. Previous studies standardized the axenic amastigote differentiation protocol with pH and temperature changes as we used here (Zilberstein et al. 1994 and 2019). Gene expression analyses of specific molecular markers can be performed to confirm the parasite transformation. Among these markers, amastin and gp63 that can be used to distinguish amastigote and promastigote forms as we highlighted in the revised manuscript (lines 463-469).

In the establishment on infections, they suggest to infect in a volume of 50ul. This is most likely much too much volume of liquid to inject in the hind foot of a mouse. 10ul may be more appropriate. Certainly, others have reported on this.

We agree smaller volumes could be easier to inject in the mice footpad, however not all labs have Hamilton glass syringes available for 10uL injections with appropriate accuracy. Besides, most guidelines for use of laboratory animals recommend the use of disposable syringes.

It is not clear when the weight of the infected tissue should be obtained. Should it be after dissection to free the tissue from bone or should it be after sectioning off the intact foot. In the former, the skill of the investigator in dislodging the tissue may influence the amount of tissue recovered, which will result in high parasite/weight values.

The weight of the lesion is calculated by subtracting the weight of the tube containing M199-pro-medium with the collected tissue from the weight of tube containing only M199-pro-medium, so after removing and discarding the bones (steps 4.5, 4.6). We added a NOTE in the revised manuscript recommending uniformity in the dissection step to avoid biased tissue recovery (line 224).

The limiting dilution method is a well-established method for estimating parasite burdens. Titus et al 1995, 1997 are two detailed publications that describe this method along with the statistical considerations. As presented in this manuscript, the method of analysis is flawed. The publications by Titus et al (1995) in Parasite Immunology on evaluation of the progress of Leishmania infections by limiting dilution assays are difficult to obtain. I assume that the difficulties with obtaining that publication may

explain in part why the authors of this manuscript didn't include that reference. This is unfortunate as they would have been made aware of the statistical considerations that need to be addressed when scoring limiting dilution assays.

We apologize for forgetting to include the original Titus' references in the first version of the manuscript. We have these publications and included the references for Titus 1985 and Titus 1997 in the revised manuscript (references 46 and 47).

Reviewer #3:

Manuscript Summary:

The manuscript "Murine in vivo infection with *Leishmania amazonensis* is a reliable method for a systemic evaluation of the host-parasite interaction" by Aoki et al, describes the protocol to obtain axenic amastigotes (or amastigotes-like) of *Leishmania amazonensis*, and describes how to perform C57BL/6 footpad infection, monitor the progression of the lesion, obtain amastigotes from the lesion and perform the limiting dilution. These protocols are extremely useful for those working with *Leishmania* parasites.

Major Concerns:

The main concern is the discussion, which should be improved. I think readers would like to be sure that the axenic amastigotes generated by this protocol are in fact amastigotes and no transitional forms. Do they meet the morphological criteria (non-motile, ovoid shape, and appropriate size), capacity of long-term propagation and infectivity in vitro and in vivo, molecular and biochemical differences when compared with cultured promastigotes?

We thank Reviewer #3 for the careful revision. We are pleased that the Reviewer #3 also appreciates the importance and usefulness of this detailed protocol for the *Leishmania* field.

The discussion section was extensively revised. We included information about gene expression analyses of specific molecular markers that can be performed to ensure the parasite differentiation. Among these markers, we highlighted amastin and gp63 (lines 463-469 of the revised manuscript).

Some *Leishmania* strains differentiate poorly into metacyclic promastigotes in vitro and the purification of metacyclic forms is expensive and time consuming. In these cases amastigotes harvested from infected tissue (or axenic amastigotes) may be used as inoculum. However, don't you think this is an unnatural way to initiate the infection in the mammalian host? I Think this should be discussed.

We appreciate the reviewer concern and included more references to substantiate the protocol for the use of axenic amastigotes. The promastigotes used by most research groups are also axenic since they are not purified from sandflies. We agree that the use of axenic parasites may be not ideal, however the use of axenic amastigotes has been broadly accepted considering several issues on obtaining purified metacyclics. Besides the reviewer observation that some *Leishmania* strains differentiate poorly into metacyclics, the use of axenic amastigotes also avoids the use of other methods that typically result in lower yields of infective parasites, such as: incubating promastigotes with specific but not-widely available antibodies for metacyclic promastigotes

purification, or by density gradient dependent of metacyclics' LPG expression, as we discussed in the revised manuscript (lines 460-463). So, as requested we revised the discussion section highlighting the most natural way to initiate the infection and the alternatives that can be used depending on the study purpose (lines 432-447).

Line 351- The sentence "Employing the protocol of axenic amastigotes differentiated from promastigote cultures can also be applied and produce comparable results." needs a reference.

We included references to support this sentence (line 460 of the revised manuscript).

Minor Concerns:

Line 112- I recommend using the term amastigote-like or axenic amastigote whenever the authors refer to amastigotes generated in vitro.

As requested, we revised the manuscript to refer to amastigotes generated in vitro as axenic amastigotes.

Line 117- The references Sinha et al, 2018 and Dumetz et al, 2017 are inadequate to justify the sentence "Use promastigote cultures that were passed in vitro less than 10 times". Can you provide a valid reference?

We included more references and modified the sentence to emphasize the virulence attenuation and genomic rearranges observed after *in vitro* passages (lines 135-136).

Line 119- It is important to provide references for "In vitro differentiation of *L. amazonensis* promastigotes into axenic amastigotes". For example: Flannery et al 2011 or your own nice references, Menezes et al, 2017; Mittra et al, 2017...

We included more references as requested (line 120 of the revised manuscript).

Line 125- The reference Zilberstein and Nitzan refers to the differentiation of *L. donovani* promastigotes into amastigotes. Does the same apply to *L. amazonensis*?

Yes, the same was observed for *L. amazonensis*. We included more references to support this (see lines 120 of the revised manuscript).

Line 131- What is the percentage of transformation from promastigotes into amastigotes with the proposed protocol? The sentence "NOTE: Count only non-flagellated parasites (amastigotes forms).", supposes that the transformation is not total, as already demonstrated by other authors. How do you suggest eliminating flagellated forms?

We modified the sentence to "count the non-flagellated parasites" since it is not required to eliminate the flagellated forms, which are significantly underrepresented after the axenic differentiation. In fact, it's rare to find flagellated parasites using this protocol.

Line 138- The parasites are injected subcutaneously or intradermally?

The parasites are injected in the subplantar tissue of the left hind footpad that is the most frequent site of inoculation in experimental *in vivo* infection studies. Intradermal injection into the ear is an alternative site of inoculation depending on the study purpose. We included more about this on the revised discussion section with more references (lines 434-439 of the revised manuscript).

Line 163- When obtaining amastigotes from mouse footpad lesions, it is recommended that the footpad surface be disinfected prior to excisement of the infected tissue to ovoid contamination.

We apologize for forgetting to include the disinfection step. The revised protocol includes ethanol 70% spray for disinfection (lines 215-219 of the revised manuscript).

Line 169- Another important NOTE: avoid placing the forceps and a scalpel directly into the medium as small volumes may be removed, resulting in an underestimate of tissue weight.

We appreciate this suggestion and we included a note about this (lines 230-231 of the revised manuscript).

Reviewer #4:

Major Concerns:

The authors have not referred to or entertained the possibility that axenic amastigotes may not be genetically or phenotypically similar to ex-vivo amastigotes. They are certainly not promastigotes but are the simply another in-vitro entity. Some explanation and substantiation in this regard is required.

Why would you want to initiate a *Leishmania* infection in-vivo with amastigotes? This has no physiological relevance. *Leishmania* infections are initiated by promastigotes, and more precisely metacyclic promastigotes.

We thank Reviewer #4 for the careful revision. We appreciate the reviewer concern and included more references to substantiate the protocol for the use of axenic amastigotes. The promastigotes used by most research groups are also axenic since they are not purified from sandflies. We agree that the use of axenic parasites may be not ideal, however the use of axenic amastigotes has been broadly accepted considering several issues on obtaining purified metacyclics. It is important to highlight that some *Leishmania* strains differentiate poorly into metacyclics. Besides this, the use of axenic amastigotes avoids the use of other methods that typically result in lower yields of infective parasites, such as: incubating promastigotes with specific but not-widely available antibodies for metacyclic promastigotes purification, or by density gradient dependent of metacyclics' LPG expression, as we discussed in the revised manuscript (lines 458-463). So, as requested we revised the discussion section to highlight the infection method alternative that better mimics the natural transmission of the parasite by using laboratory-infected sand flies to infect the animal's ear dermis. However, this protocol presents some restrictions, such as the maintenance of sand fly colonies, which requires facilities not available for most research groups (lines 432-447).

High-dose infections have largely been abandoned in the field due to their questionable relevance to the early stages of physiological disease that is initiated with hundreds, not millions of parasites.

We also modified the introduction adding that the route, site or dose of inoculation influence the disease outcome (lines 84-85 of the revised manuscript). We discuss the sand fly usually inoculates a few hundreds of *Leishmania* metacyclic promastigote forms with the insect's saliva (lines 433-434). Since, the goal of this manuscript is to revisit well-established protocols to assist in the introduction of new groups into the field, we keep the high-dose infection protocol that most groups are still using. Also, the lower doses are mostly used by groups working with sandfly transmission or saliva, an alternative not available for several groups.

Sub-cutaneous footpad inoculation is not a physiological site of infection, which is intradermal.

Sub-cutaneous footpad inoculation is associated with a non-physiological inflammatory response.

In the present manuscript, the site of inoculation is the subplantar tissue of the left hind footpad, which is reported as the most frequent site for experimental *in vivo* cutaneous infections. Intradermal injection into the ear is an alternative site of inoculation depending on the study purpose, however this protocol presents some limitations, as discussed in the revised version (lines 434-447).

The authors have not incorporated the role of dose or site of infection. The authors may not be aware of Cortes et. al. 2010 Mem Inst Oswaldo Cruz Vol.105(6) 736-745, showing dramatically different courses of infection following i.d. infection.

We agree that dose and site of infection are important factors to be considered We included the suggested reference (reference 27).

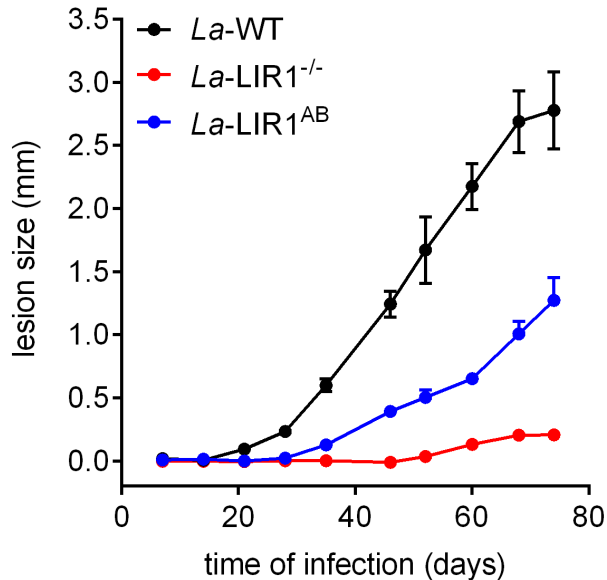
The authors have not mentioned the complications of immune cell recovery from the footpad, which is complicated by the bones, fat, and muscle associated with the footpad.

We included in the introduction section of the revised manuscript that for immunological studies, immunohistochemical assays from footpad tissue sections or even analysis of recovered immune cells from popliteal lymph nodes can be performed (lines 79-81).

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