



Inhibition of Fibrinolysis by Streptococcal Phage Lysin_{SM1}

Hyun Jung Ji,^{a,c} Yong Zhi,^{a,b} Ji Hee Lee,^a Ki Bum Ahn,^a  Ho Seong Seo,^{a,b}  Paul M. Sullam^d

^aResearch Division for Radiation Science, Korea Atomic Energy Research Institute, Jeongeup, Republic of Korea

^bDepartment of Radiation Science, University of Science and Technology, Daejeon, Republic of Korea

^cDepartment of Oral Microbiology and Immunology, DRI, and BK21 Plus Program, School of Dentistry, Seoul National University, Seoul, Republic of Korea

^dDepartment of Medicine, Veterans Affairs Medical Center and University of California, San Francisco, California, USA

ABSTRACT Expression of bacteriophage lysin_{SM1} by *Streptococcus oralis* strain SF100 is thought to be important for the pathogenesis of infective endocarditis, due to its ability to mediate bacterial binding to fibrinogen. To better define the lysin_{SM1} binding site on fibrinogen A α , and to investigate the impact of binding on fibrinolysis, we examined the interaction of lysin_{SM1} with a series of recombinant fibrinogen A α variants. These studies revealed that lysin_{SM1} binds the C-terminal region of fibrinogen A α spanned by amino acid residues 534 to 610, with an affinity of equilibrium dissociation constant (K_D) of 3.23×10^{-5} M. This binding site overlaps the known binding site for plasminogen, an inactive precursor of plasmin, which is a key protease responsible for degrading fibrin polymers. When tested *in vitro*, lysin_{SM1} competitively inhibited plasminogen binding to the α C region of fibrinogen A α . It also inhibited plasminogen-mediated fibrinolysis, as measured by thromboelastography (TEG). These results indicate that lysin_{SM1} is a bi-functional virulence factor for streptococci, serving as both an adhesin and a plasminogen inhibitor. Thus, lysin_{SM1} may facilitate the attachment of bacteria to fibrinogen on the surface of damaged cardiac valves and may also inhibit plasminogen-mediated lysis of infected thrombi (vegetations) on valve surfaces.

IMPORTANCE The interaction of streptococci with human fibrinogen and platelets on damaged endocardium is a central event in the pathogenesis of infective endocarditis. *Streptococcus oralis* can bind platelets via the interaction of bacteriophage lysin_{SM1} with fibrinogen on the platelet surface, and this process has been associated with increased virulence in an animal model of endocarditis. We now report that lysin_{SM1} binds to the α C region of the human fibrinogen A α chain. This interaction blocks plasminogen binding to fibrinogen and inhibits fibrinolysis. *In vivo*, this inhibition could prevent the lysis of infected vegetations, thereby promoting bacterial persistence and virulence.

KEYWORDS *Streptococcus mitis*, fibrinogen, fibrinolysis, infective endocarditis, plasminogen, thromboelastography

Infective endocarditis (IE) is a life-threatening disease of cardiac valves that can lead to complications such as congestive heart failure and stroke and has an overall mortality rate of 30% (1, 2). The pathogenesis of IE is a complex process, involving numerous host-pathogen interactions (1, 3). A key interaction for disease establishment and progression is the binding of microbes to human components, including platelets, fibrinogen, fibrin, and fibronectin on damaged endocardium (3–11).

Streptococcus oralis and *Streptococcus mitis* are closely related members of the oral microbiome. These two species cannot be reliably distinguished by conventional microbiologic testing or 16S ribosome genotyping. Instead, accurate identification to the species level of these organisms requires more advanced methods, such as

Citation Ji HJ, Zhi Y, Lee JH, Ahn KB, Seo HS, Sullam PM. 2021. Inhibition of fibrinolysis by streptococcal phage lysin_{SM1}. *mBio* 12:e00746-21. <https://doi.org/10.1128/mBio.00746-21>.

Invited Editor Lakshmi Rajagopal, University of Washington School of Medicine, Seattle Children's Research Institute

Editor Michael S. Gilmore, Harvard Medical School

Copyright © 2021 Ji et al. This is an open-access article distributed under the terms of the [Creative Commons Attribution 4.0 International license](https://creativecommons.org/licenses/by/4.0/).

Address correspondence to Ho Seong Seo, hoseongseo@kaeri.re.kr, or Paul M. Sullam, Paul.Sullam@ucsf.edu.

Received 15 March 2021

Accepted 7 May 2021

Published 22 June 2021

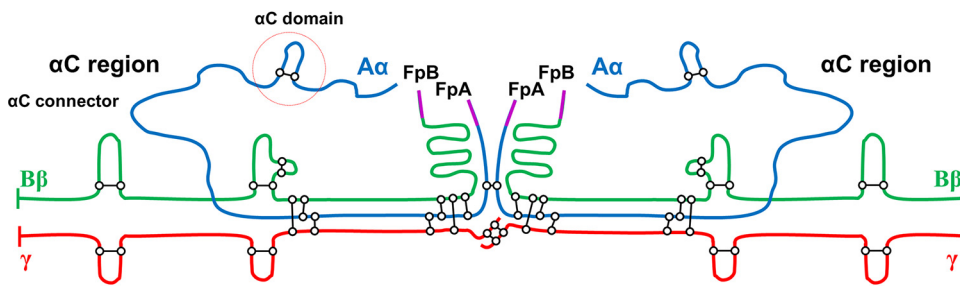


FIG 1 Schematic diagram of the intact fibrinogen dimer. The individual chains, $A\alpha$, $B\beta$, and γ , are blue, green, and red, respectively. Fibrinopeptides A and B (FpA and FpB) are magenta, and the disulfide bonds are shown by black bars. αC domains are consistent with the αC -domain and the flexible αC -connectors.

genome-wide association studies (12), and for this reason, clinical isolates are sometimes identified as “*Streptococcus mitis/oralis*” (13–17). These organisms are a leading cause of IE, with mortality ranging from 6% to 30% (18, 19). Despite the increasing importance of endocarditis due to *S. mitis/oralis*, especially in view of the high prevalence of multidrug resistance among these strains, relatively little is known about the virulence determinants of *S. mitis/oralis*. Our previous studies have identified several surface adhesins of *S. oralis* strain SF100 (formerly identified as *S. mitis*), such as PblA, PblB, and lysin_{SM1}, that mediate binding to human platelets and enhance virulence in animal models of IE (20–23). Lysin_{SM1} is encoded by a lysogenic bacteriophage (SM1) and has been shown to have at least two pathogenetic functions. First, lysin is essential for the export of the phage-encoded adhesins, PblA and PblB. In addition, extracellular lysin can bind phosphocholine residues on the bacterial cell wall, where it can mediate bacterial binding to fibrinogen (21). Deletion of the lysin_{SM1} gene in SF100 resulted in significantly lower binding of the organism to fibrinogen and platelets *in vitro* and delayed the onset of platelet aggregation by this strain (20).

Fibrinogen is a 340-kDa glycoprotein comprising three pairs of distinct polypeptide chains ($A\alpha$, $B\beta$, and γ ; Fig. 1) that are linked by 29 disulfide bridges (24, 25). It can be polymerized by the hydrolytic catalysis of its terminal ends by thrombin, resulting in fibrin clots or thrombi. Fibrin polymers can be degraded by a proteolytic process known as fibrinolysis, which is tightly controlled by a series of cofactors, inhibitors, and receptors (26–28). The high-affinity binding of plasminogen, a serine protease, to the distal portion of each αC region of fibrinogen $A\alpha$ chains is the first step of fibrinolysis. Bound plasminogen is then activated to plasmin by cleavage at AA561 by tissue-type plasminogen activator (t-PA), thereby triggering fibrinolysis (29–31).

With a view toward better understanding how lysin_{SM1} interacts with fibrinogen, we identified the specific binding site for lysin_{SM1} within the fibrinogen $A\alpha$ chain and investigated the effect of this interaction on clotting and fibrinolysis. Our studies indicate that a specific interaction of the binding domain in fibrinogen $A\alpha$ chain overlaps a region bound by plasminogen. Moreover, binding of this region by lysin_{SM1} inhibits plasmin-mediated fibrinolysis.

RESULTS

Lysin_{SM1} binding to the αC region of fibrinogen $A\alpha$. We previously showed that recombinant lysin_{SM1} encoded by bacteriophage SM1 binds to the $A\alpha$ chain of human fibrinogen and that this interaction enhances the attachment of *S. oralis* SF100 to human platelets (21). The domain of lysin that bound to the $A\alpha$ chain was contained within the region spanned by amino acid residues 102 to 198 (97 amino acids [AA]) (20). To identify the regions within fibrinogen $A\alpha$ that bound lysin_{SM1}, we expressed and purified recombinant forms of the whole $A\alpha$ (610 aa; variant 1), N-terminal region (AA1–182; variant 2) and C-terminal region (αC region; AA183–610; variant 3) and examined their binding by lysin_{102–198} by far-Western blotting (Fig. 2A and B). Lysin_{102–198} (10 μ g) bound to variant 1 and 3, but not variant 2, indicating that the lysin_{SM1} binding

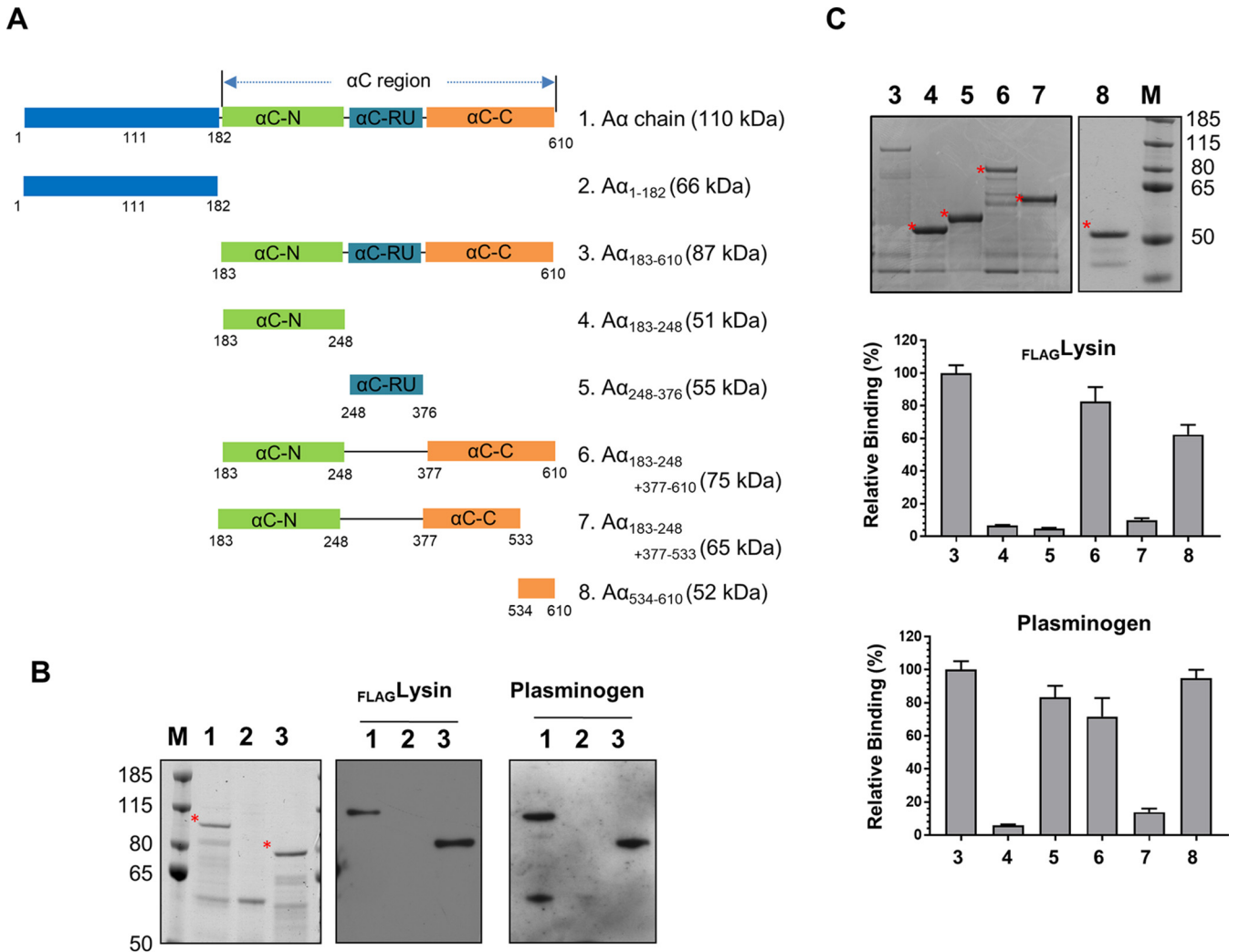


FIG 2 Identification of lysin_{SM1} and plasminogen binding regions on the fibrinogen $A\alpha$ chain. (A) Schematic diagram of the fibrinogen $A\alpha$ chain and its recombinant variants. All variants were expressed as MalE fusion proteins. (B) Binding of lysin₁₀₂₋₁₉₈ (10 μ g) or plasminogen (10 μ g) to human fibrinogen $A\alpha$ and $A\alpha$ variants 2 and 3; analysis by far Western blotting. (C) Binding of lysin₁₀₂₋₁₉₈ or plasminogen to immobilized recombinant fibrinogen $A\alpha$ variants 3 to 8 (0.1 μ M). Recombinant fibrinogen truncates were separated by SDS-PAGE and stained with Coomassie blue (top). * indicates the expected molecular sizes of recombinant variants. The binding region was identified by measuring lysin₁₀₂₋₁₉₈ (1 μ M; middle) or plasminogen (1 μ M; bottom) binding to immobilized fibrinogen truncates. Bound proteins were detected with anti-FLAG or anti-plasminogen monoclonal antibodies.

domain was located on the αC region of $A\alpha$ chain. To identify the specific binding regions within this domain, several soluble truncated forms of the region fused to MalE were isolated and tested for lysin₁₀₂₋₁₉₈ binding (Fig. 2C). Recombinant lysin₁₀₂₋₁₉₈ bound to the variants containing the region spanned by amino acid residues 534 to 610 (variant 8), the C-terminal end of fibrinogen $A\alpha$ chain.

To better define the plasminogen binding sites on fibrinogen, we examined the binding of recombinant human plasminogen with the above-described fibrinogen $A\alpha$ chain subdomains, as measured by far-Western blotting. As expected, plasminogen (10 μ g) bound the αC region (variants 1 and 3; Fig. 2B). Plasminogen also interacted with an ~60-kDa protein (Fig. 2B, lane 1), which was identified as a fragment of variant 1 by liquid chromatography-tandem mass spectroscopy (LC-MS/MS) (data not shown). In addition, plasminogen bound the variants containing the region spanned by amino acid residues 534 to 610 (variant 8) and 248 to 376 (variant 5; αC -RU) (Fig. 2C), indicating that it has two separate binding sites on the $A\alpha$ chain (AA183-376 and AA534-610).

We next used overlapping 19-amino acid peptides fused with maltose binding protein (MBP) to localize the lysin binding segment between residues 534 and 610 of Fg

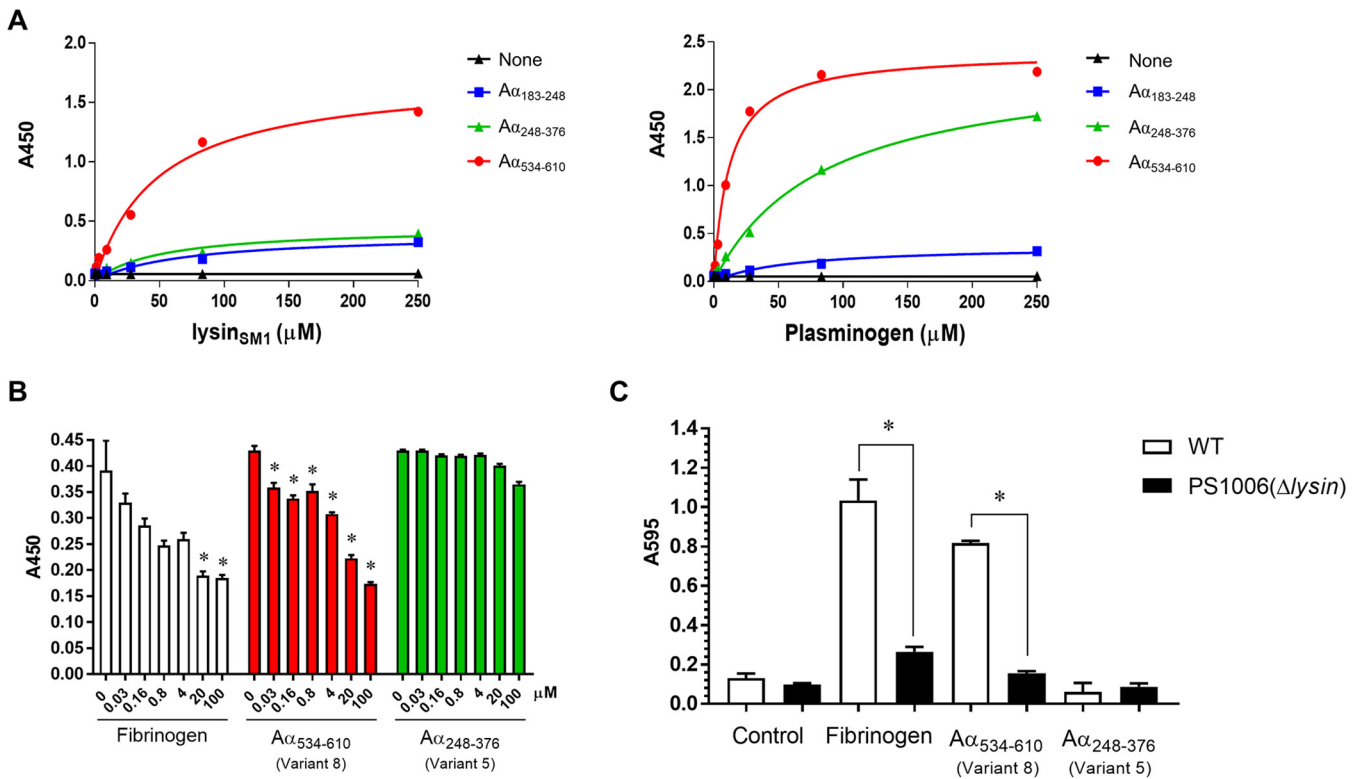


FIG 3 Quantitative analysis of fibrinogen binding by lys_{SM1} , plasminogen, and streptococci. (A) Binding of lys_{SM1} (left) and plasminogen (right) to immobilized fibrinogen $A\alpha$ variants 4, 5, or 8 ($0.1 \mu\text{M}$), as measured by ELISA, using either anti-FLAG or anti-plasminogen antibody. (B) Inhibition of lys_{SM1} binding to immobilized human fibrinogen, recombinant fibrinogen $A\alpha$ variant 8, or variant 5. *, $P < 0.05$ compared with the untreated group. (C) Relative binding of *S. oralis* SF100 WT or its isogenic Δlys mutant (PS1006) to immobilized fibrinogen or fibrinogen $A\alpha$ variants 8 or 5. Bacteria (10^9 CFU/ml) were incubated with immobilized fibrinogen or fibrinogen $A\alpha$ variant 8 or 5 ($0.1 \mu\text{M}$). Bound bacteria were stained with 0.1% crystal violet and measured for optical density at 595 nm. Bars indicate the means (\pm SD) of triplicate results from a representative experiment. *, $P < 0.05$ compared with WT.

$A\alpha$ (Fig. S1). $\text{Lysin}_{\text{SM1}}$ was shown to bind variants 8, 9, 10, and 12, but not variant 11 or 13, indicating that the binding peptide of the fibrinogen $A\alpha$ chain is localized to AA572-590 (AGSEADHEGTHSTKRGHAK). To further demonstrate that lys_{SM1} binding is specific, we made targeted point mutations within the lys_{SM1} binding region (AA102-198) and assessed binding to the Fg $A\alpha$ chain (Fig. S2). Of the four substitutions tested individually, both H111A and D188A were markedly reduced in binding to $\text{MalE}:\text{A}\alpha_{534-610}$. These findings indicate that lys_{SM1} binding to Fg $A\alpha$ is specific and that these are key residues for this interaction.

To directly compare lys_{SM1} and plasminogen binding to the αC region, equal amounts ($0.1 \mu\text{M}$) of variants 4 ($A\alpha_{183-248}$), 5 ($A\alpha_{248-376}$), and 8 ($A\alpha_{534-610}$) were immobilized in 96-well plates, and binding of recombinant $\text{lys}_{102-198}$ and purified plasminogen was measured by enzyme-linked immunosorbent assay (ELISA). As expected, lys_{SM1} bound to variant 8, with binding reaching a plateau at $75 \mu\text{M}$ and with an apparent K_D of 4.8×10^{-5} M (Fig. 3A). $\text{Lysin}_{102-198}$ showed no binding activity with variants 4 and 5. In contrast, plasminogen bound to variant 5 ($K_D = 8.5 \times 10^{-5}$ M), and variant 8 ($K_D = 1.8 \times 10^{-5}$ M; Fig. 3A). To validate these specific interactions, we also examined whether purified fibrinogen, variant 8, or variant 5 could inhibit lys_{SM1} binding to immobilized fibrinogen. When lys_{SM1} ($1 \mu\text{g}$) was coincubated with 0 to $100 \mu\text{M}$ of these proteins (Fig. 3B), subsequent binding to fibrinogen by lys_{SM1} was effectively blocked by purified fibrinogen and variant 8, but not variant 5 (Fig. 3B). In addition, we found that plasminogen (0 to $50 \mu\text{M}$) inhibited lys_{SM1} ($1 \mu\text{g}$) binding to immobilized fibrinogen (Fig. S3). These data indicate that the fibrinogen binding sites for both lys_{SM1} and plasminogen are colocalized within the same domain in the αC region ($A\alpha_{534-610}$) of the fibrinogen $A\alpha$ chain.

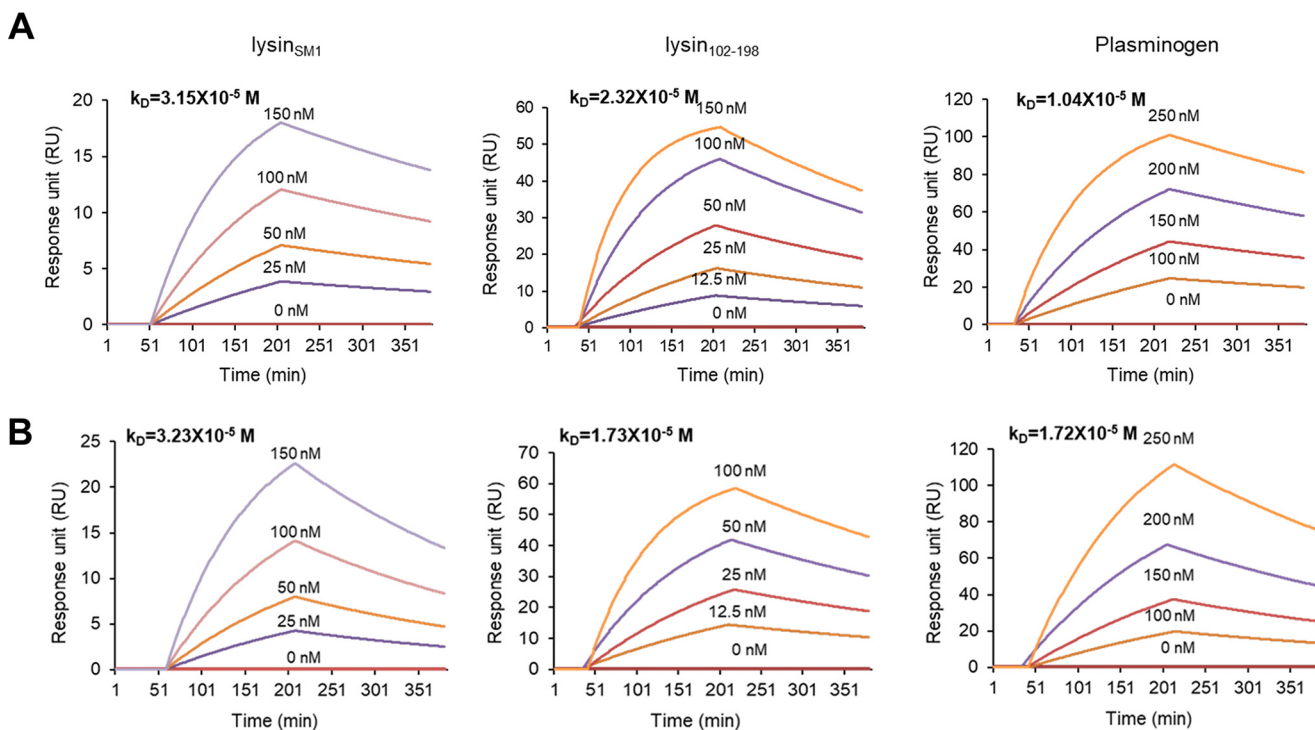


FIG 4 Interaction of plasminogen and lysin₁₀₂₋₁₉₈ with fibrinogen and the fibrinogen α C region. (A and B) Surface plasmon resonance analysis of lysin_{SM1} (left panel), lysin₁₀₂₋₁₉₈ (middle panel), and plasminogen (right panel) binding to (A) fibrinogen and (B) variant 8.

We next assessed the impact of lysin_{SM1} expression on the binding of streptococci to fibrinogen. Wild-type (WT) SF100 and its Δ lys_{in} isogenic mutant (PS1006) were compared for binding to immobilized human fibrinogen and recombinant A α truncates. As shown in Fig. 3C, the WT bound to only fibrinogen and variant 8, but not variant 5. Compared with the WT strain, PS1006 had significantly reduced binding to both fibrinogen ($P = 0.01$) and variant 8 ($P < 0.001$). These findings strongly suggest that lysin_{SM1} on the surface of *S. oralis* mediates binding to the fibrinogen α C region and that the binding domain is located within residues 534 to 610.

Quantitative assessment of lysin_{SM1} binding to the α C region by surface plasmon resonance. We analyzed by surface plasmon resonance (SPR) the binding affinity of lysin_{SM1}, lysin₁₀₂₋₁₉₈, and plasminogen to purified human fibrinogen, by measuring the dissociation constant (K_D), a specific type of equilibrium constant that measures the propensity of dissociation between two components (Fig. 4A). Increasing concentrations of lysin_{SM1} (0 to 150 nM), lysin₁₀₂₋₁₉₈ (0 to 150 nM), and plasminogen (0 to 250 nM) were flowed over immobilized fibrinogen, and the K_D was calculated for each protein. The K_D values of lysin_{SM1}, lysin₁₀₂₋₁₉₈, and plasminogen to immobilized fibrinogen were determined to be 3.15×10^{-5} , 2.32×10^{-5} , and 1.04×10^{-5} M, respectively. We next analyzed the binding affinities of lysin_{SM1}, lysin₁₀₂₋₁₉₈, and plasminogen to recombinant forms of variant 8 (A $\alpha_{534-610}$) (Fig. 4B). Lysin_{SM1}, lysin₁₀₂₋₁₉₈, and plasminogen showed high levels of binding to this peptide, with affinities of 3.23×10^{-5} , 1.73×10^{-5} , and 1.72×10^{-5} M, respectively. These values are within the range reported for other bacterial fibrinogen binding proteins, such as Srr1 of *Streptococcus agalactiae* and SdrG of *Staphylococcus aureus* (32, 33).

Inhibition of plasminogen binding to fibrinogen by lysin_{SM1}. Since lysin_{SM1} and plasminogen bound the α C region of fibrinogen A α with similar affinities, we next determined whether lysin_{SM1}, lysin₁₀₂₋₁₉₈, or lysin₁₋₁₀₂ could competitively inhibit plasminogen binding to immobilized fibrinogen, as measured by ELISA. Immobilized fibrinogen was preincubated with 0 to 100 μ M the lysin_{SM1} variants, followed by incubation with 100 nM plasminogen. As shown in Fig. 5A, minimal inhibition was detected for

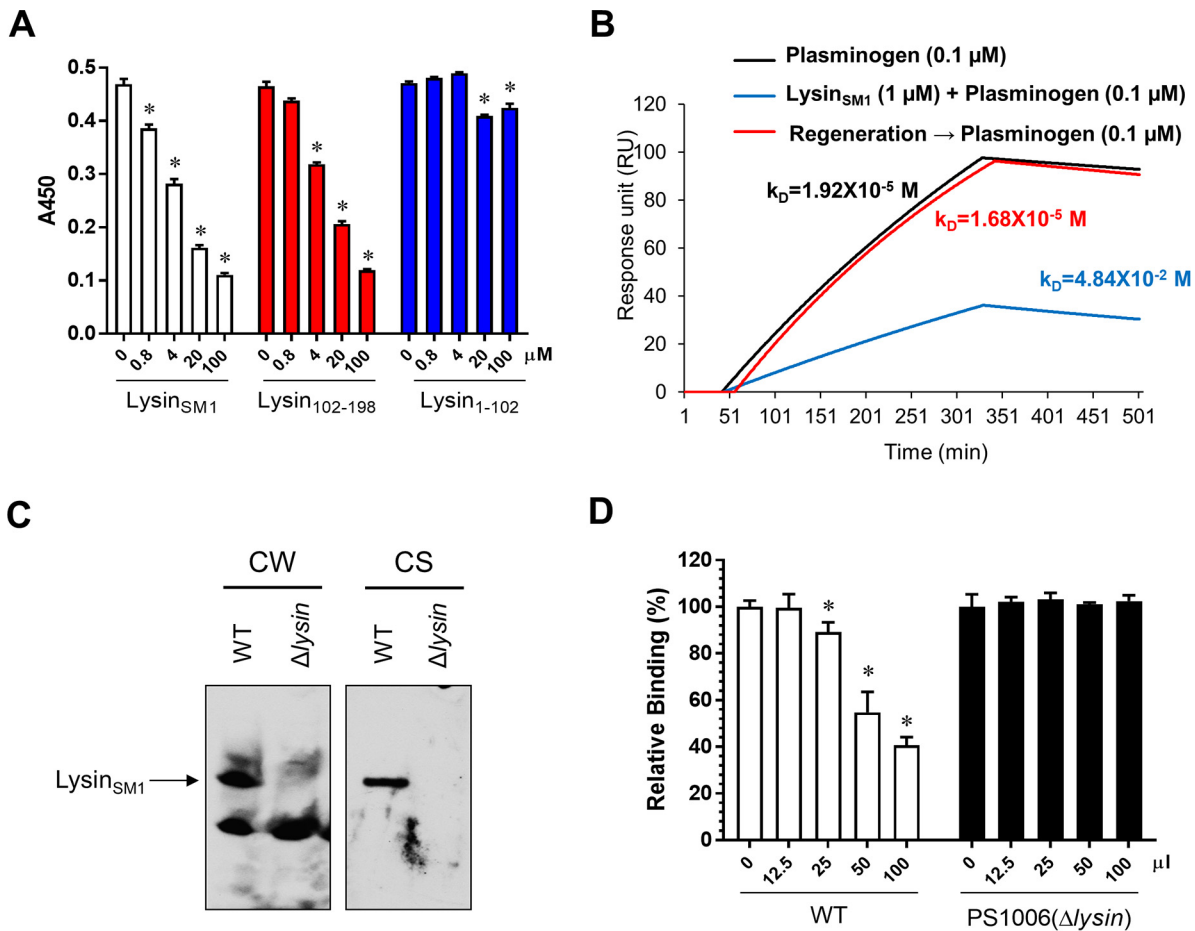


FIG 5 Inhibition of plasminogen binding to fibrinogen by recombinant lysin_{SM1} and secreted lysin_{SM1}. (A) Recombinant lysin_{SM1} inhibits plasminogen binding to immobilized fibrinogen. Plasminogen was preincubated with recombinant lysin_{SM1}, lysin₁₀₂₋₁₉₈, or lysin₁₋₁₀₂ (0, 0.8, 4, 20, and 100 μM) and transferred to 96-well plates containing immobilized fibrinogen (0.1 μM). Bound plasminogen was determined by ELISA with mouse anti-plasminogen antibody. (B) Inhibition of plasminogen binding to fibrinogen by lysin_{SM1} (SPR analysis). Lysin_{SM1} (1 μM) or PBS was streamed over immobilized fibrinogen followed by plasminogen (0.1 μM). A plot of the level of binding (response units) at equilibrium against a concentration of analyte was used to determine the K_D . For the regeneration studies, lysin_{SM1} bound to immobilized fibrinogen was removed by washing with glycine buffer (pH 2.0), streaming with plasminogen (100 nM). (C) Lysin_{SM1} expression in the cell wall extract (CW) or culture supernatant (CS) of *S. oralis* SF100 (WT) and PS1006 (SF100Δ*lysin*) was determined by rabbit anti-lysin_{SM1} IgG. (D) Inhibition of plasminogen binding to immobilized fibrinogen by lysin_{SM1} from *S. oralis* SF100. Wells coated with fibrinogen were preincubated with 0 to 100 μl of concentrated (10×) culture supernatant from WT or PS1006, followed by adding plasminogen (0.1 μM). Bound plasminogen was detected with antiplasminogen antibodies. Bars indicate the means (±SD) of triplicate results from a representative experiment. *, = $P < 0.05$ compared with untreated group.

lysin₁₋₁₀₂, but more than 75% inhibition of plasminogen binding to immobilized fibrinogen was seen with either lysin_{SM1} or lysin₁₀₂₋₁₉₈, which were significant compared with untreated fibrinogen ($P < 0.05$).

To confirm the above-described findings, we also examined by SPR the impact of lysin on plasminogen binding to fibrinogen (Fig. 5B). Lysin_{SM1} (1 μM) was streamed over immobilized fibrinogen followed by the addition of plasminogen (100 nM). Similar to what was seen by ELISA, the affinity (K_D) of plasminogen binding to fibrinogen was 1.92×10^{-5} M. This was reduced to 4.84×10^{-2} M in the presence of lysin_{SM1}. We then released the bound lysin from the immobilized fibrinogen by washing the sensor chip surface with a low-pH glycine buffer (pH 2.0). The K_D value of plasminogen binding to immobilized fibrinogen on the chip surface was restored to 1.68×10^{-5} M, indicating that lysin_{SM1} competitively inhibited plasminogen binding to fibrinogen.

We next examined whether native lysin_{SM1} produced by strain SF100 had similar effects on plasminogen binding. As expected (21), lysin_{SM1} was found in cell wall extracts and in the culture supernatants of SF100, but not for PS1006 (Fig. 5C). We

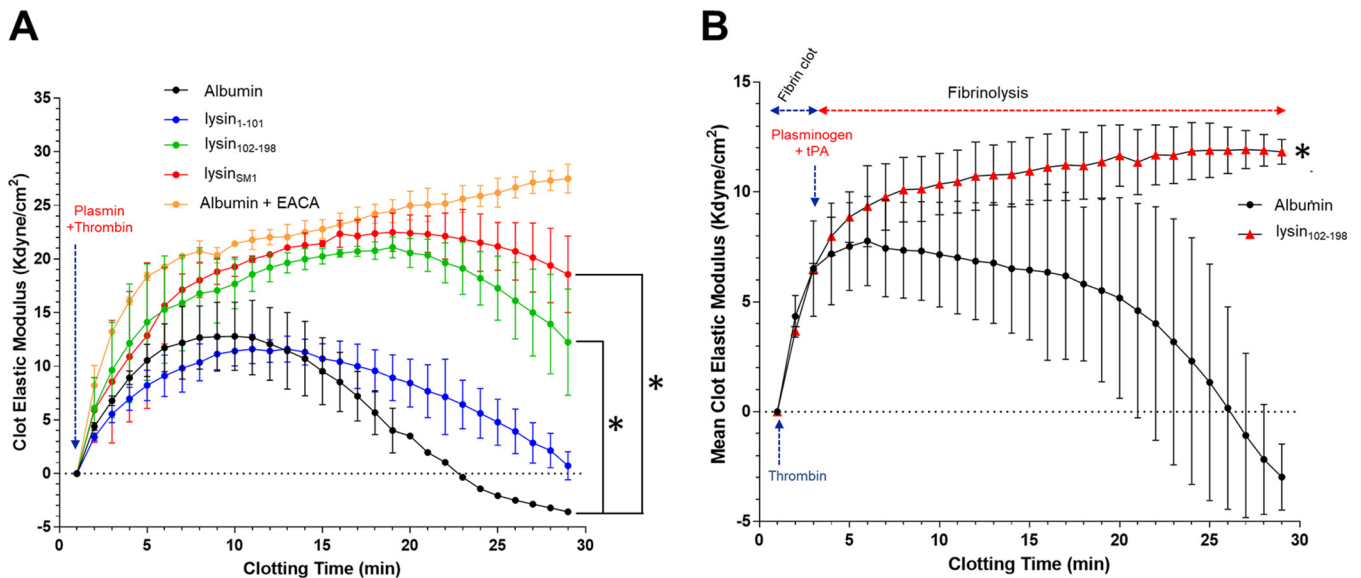


FIG 6 Inhibition of plasmin(ogen)-mediated fibrinolysis by recombinant lysin_{SM1}. The impact of lysin_{SM1} on fibrin polymerization and proteolysis was assessed by thromboelastography (TEG). Human fibrinogen (2 mg/ml) and 13.7 μ M lysin_{SM1}, lysin₁₀₂₋₁₉₈ or lysin₁₋₁₀₁ or albumin (13.7 μ M) in HEPES buffer (pH 7.4) were preincubated for 30 min at 37°C. (A and B) Each mixture was transferred to a TEG cup, followed by adding (A) thrombin (1 IU/ml) and plasmin (4 μ g/ml) or (B) thrombin (1 IU/ml), tPA (0.5 μ g/ml), and plasminogen (4 μ g/ml). The clot elastic modulus ($n=2$) was recorded once per minute for 30 min. *, $P < 0.05$ compared with albumin-treated group.

detected about 0.45 ± 0.036 μ g/ml of lysin_{SM1} in the culture supernatant of SF100, as measured by ELISA. To assess the impact of lysin_{SM1} on plasminogen binding to immobilized fibrinogen, we pretreated fibrinogen-coated wells with 0 to 100 μ l of supernatants collected from WT or PS1006 cultures, followed by incubation with plasminogen. As was seen with recombinant lysin_{SM1}, the supernatant from WT SF100 significantly inhibited plasminogen binding ($P < 0.006$ for volumes above 12.5 μ l), but supernatants from PS1006 had no effect (Fig. 5D).

Inhibition of fibrinolysis by blocking plasminogen binding to the α C region by lysin_{SM1}. Fibrinolysis requires the binding of plasminogen to the C-terminal region of fibrinogen or fibrin, followed by its cleavage by tissue plasminogen activator (tPA), thereby generating the active protease plasmin (34, 35). To assess the impact of lysin_{SM1} on fibrinolysis, we examined the impact of lysin on clot formation and dissolution *in vitro*, using thromboelastography (TEG). Fibrinogen was preincubated with 13.7 μ M albumin (as a control), followed by adding thrombin (to activate fibrin formation and polymerization) and plasmin (to initiate fibrinolysis). Clotting was detectable within 2 min, as indicated by an increase in the elastic modulus, and peaked at 10 min. This was followed by a decline in the modulus, indicating ongoing fibrinolysis, which reached lower than zero shear modulus strength (kdyne/cm²) after 24 min (Fig. 6A). Fibrinolysis was completely blocked by addition of epsilon-aminocaproic acid (EACA; 130 μ g/ml), a standard lysine analogue used to competitively inhibit plasmin-induced fibrinolysis (36). When fibrinogen was preincubated with lysin_{SM1}, clotting reached significantly higher levels at 10 min and peaked at 15 min. These high levels of clotting and resistance to proteolysis were sustained even at 30 min postexposure to thrombin and plasmin ($P < 0.001$).

The above-described studies demonstrated that lysin_{SM1} could inhibit fibrinolysis. To determine whether this was due to the competitive inhibition of plasmin binding to the α C region, fibrinogen was preincubated with lysin₁₀₂₋₁₉₈ or lysin₁₋₁₀₁. When tested by TEG, preincubation with lysin₁₋₁₀₁ had a minimal effect on plasmin-induced fibrinolysis. In contrast, lysin₁₀₂₋₁₉₈ reduced fibrinolysis ($P < 0.001$) to levels that were comparable to those seen with lysin_{SM1}, indicating that the inhibition of fibrinolysis by lysin_{SM1} is due to its blocking of plasmin binding.

In vivo, fibrinolysis requires the conversion of plasminogen to plasmin by tPA.

However, tPA can only activate plasminogen that is bound to fibrinogen. We therefore examined whether lysin_{SM1} binding to fibrinogen could inhibit fibrinolysis induced by tPA. Fibrinogen was mixed with lysin₁₀₂₋₁₉₈ or 13.7 μ M albumin (as a control) and incubated for 4 min with thrombin, followed by the addition of plasminogen and tPA. As expected, tPA induced extensive clot lysis when mixed with plasminogen alone (Fig. 6B). However, tPA failed to induce lysis in the presence of plasminogen and lysin₁₀₂₋₁₉₈ ($P < 0.001$). Since tPA can only activate plasminogen bound to fibrinogen, these data indicate that the blocking of tPA-mediated fibrinolysis by lysin_{SM1} is due to the inhibition of plasminogen binding to the fibrinogen α C region, such that tPA can no longer generate plasmin and clot lysis.

DISCUSSION

Lysin_{SM1} is a key adhesin of *S. oralis* SF100, mediating bacterial binding to platelets *in vitro* through its interaction with fibrinogen on the platelet surface. However, it was unknown which regions of fibrinogen were bound by lysin_{SM1}, in part because this adhesin has no structural homology to other known fibrinogen binding proteins, as measured by amino acid sequence alignment (T-Coffee) and protein structure homology-modeling (SWISS-MODEL) (37, 38). Our studies indicate that lysin_{SM1} binds residues 534 to 610 of the fibrinogen A α chain. This differs from other known fibrinogen binding proteins of other bacteria, such as staphylococcal ClfB and Srr1 and Srr2 of *Streptococcus agalactiae* (both bind AA283-410 of the A α chain), staphylococcal SdrG (AA1-25 of the β chain), and staphylococcal ClfA, FnBPA, and FnBPB (AA6-20 of the γ chain) (20, 21, 33, 39–41). Staphylococcal bone sialoprotein-binding protein (Bbp) binds the same region (AA561-575) of the A α chain as lysin_{SM1} (42). However, lysin_{SM1} differs from at least some of these proteins in its impact on clotting. In particular, SdrG of *Staphylococcus epidermidis* inhibits coagulation by binding to the thrombin cleavage sites on fibrinogen (33), and Bbp of *Staphylococcus aureus* has anticoagulant action through an unknown mechanism via binding to AA561-575 (40). In contrast, lysin_{SM1} has no direct effect on clot formation, at least as measured by TEG, but does have strong anti-fibrinolysis effects, by inhibiting the binding of plasminogen to the α C region of fibrinogen A α chain.

Pathogenic bacteria can produce and secrete activators or inhibitors of fibrinolysis that may impact their survival and dissemination. At least two distinct mechanisms involving plasminogen have been observed. First, plasminogen binding proteins of bacteria, such as streptokinase from group A, C, and G streptococci, staphylokinase of *S. aureus*, and Pla of *Yersinia pestis* (39–44), can bind free circulating plasminogen and convert it to plasmin (43–48). Second, proteins on the surface of bacteria, such as GAPDH (glyceraldehyde-3-phosphate dehydrogenase) and enolase of streptococci, plasminogen-binding protein (PAM) of *Streptococcus pyogenes*, and OspA/C of *Borrelia burgdorferi*, bind plasminogen, which is then converted to plasmin by tPA (49–52). Here, we report a novel mechanism for inhibiting fibrinolysis, in which lysin_{SM1} competitively inhibits plasminogen binding to the fibrinogen A α ₅₃₄₋₆₁₀ region, such that it can no longer activate fibrinolysis. We also found that plasminogen bound a second region (AA248-376) within the α C region of fibrinogen. However, the binding affinity for this region was about five times lower than at the primary binding site (AA534-610). This lower affinity would explain our finding that inhibition of fibrinolysis by lysin_{SM1} did not appear to be affected by plasminogen binding to the second binding site.

Our previous studies using an animal model of infective endocarditis demonstrated that loss of lysin_{SM1} expression by SF100 was associated with decreased virulence, as measured by reduced levels of bacteria (CFU/g of tissue) within vegetations on cardiac valves, as well as in kidneys and spleens (21). Part of this reduced virulence is likely due to the loss of fibrinogen-mediated binding to platelets, which is a key step for the initial attachment of bacteria to damaged valve surfaces, as well as for the subsequent formation of infected vegetations. These structures are composed of bacteria embedded in a biofilm containing platelets, fibrinogen, and fibrin (53). Vegetation formation

is thought to protect bacteria from phagocytosis and render these organisms less susceptible to antimicrobials. Moreover, larger vegetations are associated with increased embolization to target organs, such as the kidneys, spleen, and brain (54–56). Fibrinolysis may serve to mitigate vegetation formation, as both *in vitro* and *in vivo* studies have shown that tPA may reduce vegetation size and facilitate antimicrobial therapy (57–60). Thus, an additional mechanism by which lysin_{SM1} may enhance virulence is by blocking plasminogen binding to fibrinogen/fibrin within vegetations, thereby inhibiting tPA activation and vegetation lysis.

Although these studies examined a single strain of *S. oralis*, our findings are likely to be applicable to a broad range of organisms. Metagenomic studies by Willner et al. indicate that bacteriophage SM1 is highly prevalent in the oral microbiome and that it is the most common bacteriophage of Gram-positive organisms in the oral cavity (61). Moreover, the *lysin*_{SM1} gene was among the open reading frames (ORFs) of SM1 most frequently detected. This group also examined the published salivary metagenomes from nine individuals, and all were found to contain *pblA* and *pblB*, two phage morphogenesis genes adjacent to *lysin* on the SM1 genome. More recently, metagenomic studies of salivary specimens from children detected bacteriophage SM1 in 29 of 30 individuals (62). In addition, *lysin* is among the most commonly expressed genes of streptococcal bacteriophages within the oral microbiome. These findings strongly indicate that SM1 or similar bacteriophages encoding a lysin_{SM1} homolog are highly prevalent in the oral microbiome (63). Our own searches for homologs of lysin_{SM1} indicate that numerous strains of not only *S. oralis*, but also *S. mitis* and *Streptococcus pneumoniae* (data not shown) encode such homologs, indicating that lysin_{SM1} may be widely prevalent in a variety of streptococcal species.

In summary, we propose that expression of streptococcal phage lysin_{SM1} impacts the pathogenesis of infective endocarditis in the following manner: (i) damage of the endocardium by inflammation or hemodynamic trauma induces the deposition of platelets, fibrinogen, and fibrin polymerization onto the valve surface (Fig. 7A); (ii) attachment of streptococci encoding lysin_{SM1}, such as *S. oralis* SF100, to the altered surface. This initiates endocardial infection and attachment of free or cell wall lysin_{SM1} to the α C region of fibrinogen, thereby blocking the binding of circulating plasminogen and tPA (Fig. 7B); (iii) the further deposition and polymerization of fibrinogen onto the infected endocardium along with the proliferation of bacteria on the valve surface, resulting in extensive vegetation formation (Fig. 7C).

MATERIALS AND METHODS

Strains and growth conditions. The bacteria and plasmids used in this study are listed in Table S1. Strain SF100 is an endocarditis-associated clinical isolate (64). Originally identified as *S. mitis* by conventional clinical laboratory methods, we have recently sequenced the complete genome of this strain. BLAST analysis (v2.7.1) was carried out to identify to which species it shows similarity. The average nucleotide identity (ANI) values used to compare the genome of SF100 with *S. mitis* and *S. oralis* were determined using the OrthoANIu algorithm (<https://www.ezbiocloud.net/tools/ani>) (65). In addition, the whole-genome sequences were aligned with 120 bacterial marker genes, using GTDB-Tk (v1.3.0) (66), and the best-fit model was selected using ModelTest-NG (v0.1.6) (67). A phylogenetic tree was constructed for the PROTGAMMALGF model using RAxML (v8.2.12), including bootstrap analysis based on 100 replicates (68). BLAST analysis of the complete SF100 genome found the highest similarity with *S. oralis* ATCC 35037 (GenBank accession no. [LR134336](https://www.ncbi.nlm.nih.gov/nuccore/LR134336)), with ANI values of 95.5% and 86.2%, respectively, for *S. oralis* ATCC 35037 and *S. mitis* NCTC12261 (CP028414). Because an ANI cutoff of 95 to 96% is used for species definition (65), these results indicated that SF100 should be classified as a strain of *S. oralis*. In the phylogenetic tree analysis (Fig. S4), the *S. mitis* and *S. oralis* groups were clearly separated, and SF100 clustered with *S. oralis* strains, further indicating that SF100 is a member of this species.

SF100 was grown in Todd-Hewitt broth (Difco, Franklin Lakes, NJ) supplemented with 0.5% yeast extract (THY). *Escherichia coli* strains were grown at 37°C under aeration in Luria broth (LB, Difco). Appropriate concentrations of antibiotics were added to the medium, as required.

Cloning and expression of fibrinogen A α and its variants. cDNA encoding the A α chain of human fibrinogen was generously provided by Susan Lord (University of North Carolina at Chapel Hill) (69–71). Full-length and truncates of the A α chain were cloned into pMAL-C2X (New England Biolabs, Ipswich, MA) with specific primer sets (Table S2) to express maltose binding protein MalE-tagged versions of variants. All recombinant proteins were purified by affinity chromatography with amylose resin according to the manufacturer's instructions (New England Biolabs).

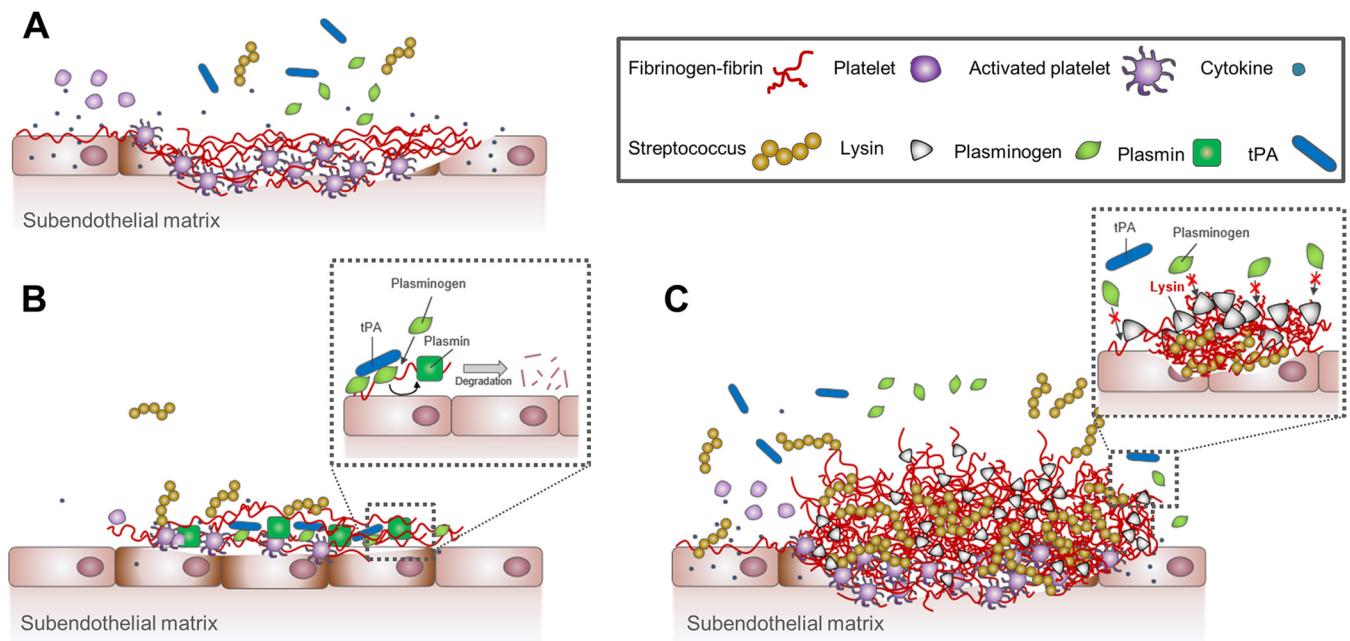


FIG 7 Model of the role of lysin_{SM1} during streptococcal proliferation on the surface of a damaged valve. (A) Damaged endocardium becomes covered with platelets and extracellular matrix proteins, including fibrinogen. Thrombin converts fibrinogen to fibrin polymers. (B) Streptococci circulating in the bloodstream bind to fibrin and immobilized platelets on the endovascular surface. Plasminogen binds to the α C region of the fibrinogen A α chain, followed by recruitment of tPA, which converts plasminogen to plasmin. Plasmin degrades the fibrin clot, thereby disrupting the vegetation and releasing streptococci. (C) Exported lysin_{SM1} binds to the α C region of the fibrinogen A α chain, thereby blocking the binding of plasminogen and inhibiting fibrinolysis.

Site-directed mutagenesis. Point mutations of lysin_{SM1} were generated using a Muta-Direct site directed mutagenesis kit (Intron, Inc., Seoul, South Korea) and pET28_{FLAG}-lysin_{SM1} as the template plasmid. The resulting plasmids were screened for the expected mutations by DNA sequencing (Macrogen, Inc., Seoul, South Korea). After the correct sequences were confirmed, plasmids were introduced into *E. coli* BL21(DE3) to express and purify recombinant forms of mutated lysin_{SM1}.

Analysis of lysin_{SM1}, lysin_{102-198R} or plasminogen binding to fibrinogen and its variants by far-Western blotting. Purified human fibrinogen (Haematologic Technologies, Essex Junction, VT) and recombinant fibrinogen A α variants were separated by electrophoresis through 3 to 8% NuPAGE Tris-acetate gels (Invitrogen, Waltham, MA) and transferred onto polyvinylidene difluoride (PVDF) membrane (Merck Millipore, Burlington, MA). The membranes were blocked with a casein-based solution (Roche, Basel, Switzerland) at room temperature (RT) for 1 h and then incubated for 1 h with FLAG-tagged lysin_{SM1}, FLAG-tagged lysin_{102-198R} or purified plasminogen (1 μ M) in phosphate-buffered saline (PBS)-0.05% Tween 20 (PBS-T). The membranes were then washed three times for 15 min in PBS-T, and bound protein was detected with mouse anti-FLAG antibody (1:4,000; Sigma-Aldrich, St. Louis, MO) or rabbit anti-plasminogen antibody (1:3,000; Abcam, Cambridge, UK).

Analysis of lysin_{SM1}, lysin_{102-198R} or plasminogen binding to fibrinogen and its variants by enzyme-linked immunosorbent assay (ELISA). Purified fibrinogen or recombinant fibrinogen variants (0.1 μ M in PBS) were immobilized overnight in 96-well microtiter plates at 4°C. The wells were blocked with 300 μ l of a casein-based solution for 1 h at room temperature (72). The plates were washed three times with PBS-T, and lysin_{SM1}, lysin_{102-198R} or plasminogen in PBS-T was added over a range of concentrations for 1 h. The plates were incubated for 1 h at 37°C, washed with PBS-T to remove unbound protein, and incubated with mouse anti-FLAG antibodies (1:4,000) or rabbit anti-plasminogen antibodies (1:3,000) in PBS-T for 1 h at 37°C. Wells were washed and incubated with horseradish peroxidase (HRP)-conjugated rabbit anti-mouse IgG (1:5,000; Sigma-Aldrich) or goat anti-rabbit IgG (1:5,000; Sigma-Aldrich) in PBS-T for 1 h at 37°C. For some studies, wells containing immobilized fibrinogen were pre-treated with lysin_{SM1}, lysin_{102-198R}, lysin_{1-102R}, truncated recombinant fibrinogen variant A α ₅₃₄₋₆₁₀ or A α _{248-376R} or concentrated supernatants collected from *S. oralis* SF100 (WT) and its isogenic mutant (PS1006 = SF100 Δ lys) (21), followed by washing prior to the addition of FLAG-tagged lysin_{SM1}. Levels of binding were assessed by absorbance at 450 nm, using 3,3',5,5'-tetramethylbenzidine as the chromogenic substrate. Binding data were analyzed with GraphPad Prism v7.0, using a nonlinear regression curve fit and an on-site total binding equation to estimate the equilibrium binding constant (K_D) for respective conditions.

Binding of *S. oralis* to immobilized fibrinogen and recombinant proteins. Overnight cultures of *S. oralis* SF100 and PS1006 were harvested by centrifugation and suspended in PBS (final concentration, 10⁹ CFU/ml). Purified fibrinogen or recombinant truncated fibrinogen variants (0.1 μ M) were immobilized in 96-well microtiter plates and then incubated with 100 μ l of bacterial suspension for 30 min at 37°C. Unbound bacteria were removed from the plates by washing with PBS, and the

number of bound bacteria was determined by staining with crystal violet (0.5% vol/vol) for 1 min, as described previously (32).

Surface plasmon resonance (SPR) spectroscopy. SPR spectroscopy was performed using a Reichert-4 SR7500DC system (Reichert Technologies, Munich, Germany). Purified human fibrinogen (0.1 μ M) in sodium acetate buffer (pH 5.5) was covalently immobilized on a plain gold surface polyethylene glycol (PEG) sensor chip. Increasing concentrations (range, 0 to 250 μ M) of *lysin*_{SM1}, *lysin*_{102-198F} or plasminogen in PBS were flowed over fibrinogen at a rate of 30 μ l/min with 3 min association and dissociation times. The sensorgram data were subtracted from the corresponding data from the reference flow cell and analyzed using Scrubber2 software (Reichert Technologies). A plot of the level of binding (response units) at equilibrium against a concentration of analyte was used to determine the K_D .

Analysis of *lysin*_{SM1} expression by Western blotting. *S. oralis* SF100 and PS1006 were harvested by centrifugation of liquid cultures at an A_{600} of 0.8, and the pellet was lysed with 6 M urea. The culture supernatants were concentrated by centrifugation with Amicon Ultra-50 units (Merck Millipore). The samples were separated by SDS-PAGE with 3 to 8% Tris-acetate gels (Invitrogen) under reducing conditions and then were transferred to nitrocellulose membranes. After blocking, the membranes were incubated with rabbit anti-*lysin*_{SM1} IgG (1:3,000), followed by incubation with HRP conjugated goat anti-rabbit IgG (1:5,000).

Analysis of fibrinolysis using thromboelastography (TEG). Fibrinogen polymerization and fibrinolysis were assessed by thromboelastography, using a Hemodyne hemostasis analysis system (Haemonetics, Niles, IL) as described previously (73). This technique measures clot stiffness (“elastic modulus”) over time as an indicator of clot formation or lysis. Human fibrinogen (2 mg/ml) and 13.7 μ M *lysin*_{SM1}, *lysin*_{102-198F} or *lysin*₁₋₁₀₁ in HEPES buffer (pH 7.4) were preincubated for 30 min at 37°C and transferred to a TEG cup at 37°C, followed by addition of thrombin (1 IU/ml) and plasmin (4 μ g/ml) or thrombin (1 IU/ml), tPA (0.5 μ g/ml), and plasminogen (4 μ g/ml). The clot elastic modulus ($n=2$) was recorded once per minute for 30 min.

Statistical analysis. Data expressed as means \pm standard deviations (SD) were compared for statistical significance using the unpaired t test with Prism v7.0 (GraphPad Software, Inc., La Jolla, CA, USA). $P < 0.05$ was considered to be statistically significant.

SUPPLEMENTAL MATERIAL

Supplemental material is available online only.

FIG S1, TIF file, 0.9 MB.

FIG S2, TIF file, 0.6 MB.

FIG S3, TIF file, 0.5 MB.

FIG S4, TIF file, 0.7 MB.

TABLE S1, TIF file, 1.6 MB.

TABLE S2, TIF file, 1.1 MB.

ACKNOWLEDGMENTS

This work was supported in part by National Institutes of Health grants R01AI41513 and R01AI106987 to P.M.S. and National Research Foundation of Korea grants NRF-2017M2A2A6A02020925, NRF-2018K2A206023828, and NRF-2020M2A206023828 to H.S.S.

We thank Barbara Bensing for her many helpful suggestions for this project.

REFERENCES

1. Werdan K, Dietz S, Löffler B, Niemann S, Bushnaq H, Silber RE, Peters G, Müller-Werdan U. 2014. Mechanisms of infective endocarditis: pathogen-host interaction and risk states. *Nat Rev Cardiol* 11:35–50. <https://doi.org/10.1038/nrcardio.2013.174>.
2. Que YA, Moreillon P. 2011. Infective endocarditis. *Nat Rev Cardiol* 8:322–336. <https://doi.org/10.1038/nrcardio.2011.43>.
3. Nobbs AH, Lamont RJ, Jenkinson HF. 2009. Streptococcus adherence and colonization. *Microbiol Mol Biol Rev* 73:407–450. <https://doi.org/10.1128/MMBR.00014-09>.
4. Seo HS, Xiong YQ, Sullam PM. 2013. Role of the serine-rich surface glycoprotein Srr1 of *Streptococcus agalactiae* in the pathogenesis of infective endocarditis. *PLoS One* 8:e64204. <https://doi.org/10.1371/journal.pone.0064204>.
5. Jakubovics NS, Brittan JL, Dutton LC, Jenkinson HF. 2009. Multiple adhesion proteins on the cell surface of *Streptococcus gordonii* are involved in adhesion to human fibronectin. *Microbiology (Reading)* 155:3572–3580. <https://doi.org/10.1099/mic.0.032078-0>.
6. Yajima A, Urano-Tashiro Y, Shimazu K, Takashima E, Takahashi Y, Konishi K. 2008. Hsa, an adhesin of *Streptococcus gordonii* DL1, binds to alpha2-3-linked sialic acid on glycoprotein A of the erythrocyte membrane. *Microbiol Immunol* 52:69–77. <https://doi.org/10.1111/j.1348-0421.2008.00015.x>.
7. Heying R, Gevel J, Que Y-A, Moreillon P, Beekhuizen H. 2007. Fibronectin-binding proteins and clumping factor A in *Staphylococcus aureus* experimental endocarditis: FnBPA is sufficient to activate human endothelial cells. *Thromb Haemost* 97:617–626. <https://doi.org/10.1160/TH06-11-0640>.
8. Fitzgerald JR, Loughman A, Keane F, Brennan M, Knobel M, Higgins J, Visai L, Speziale P, Cox D, Foster TJ. 2006. Fibronectin-binding proteins of *Staphylococcus aureus* mediate activation of human platelets via fibrinogen and fibronectin bridges to integrin GPIIb/IIIa and IgG binding to the Fc gammaRIIIa receptor. *Mol Microbiol* 59:212–230. <https://doi.org/10.1111/j.1365-2958.2005.04922.x>.
9. Takahashi Y, Yajima A, Cisar JO, Konishi K. 2004. Functional analysis of the *Streptococcus gordonii* DL1 sialic acid-binding adhesin and its essential role in bacterial binding to platelets. *Infect Immun* 72:3876–3882. <https://doi.org/10.1128/IAI.72.7.3876-3882.2004>.
10. Heilmann C, Niemann S, Sinha B, Herrmann M, Kehrel BE, Peters G. 2004. *Staphylococcus aureus* fibronectin-binding protein (FnBP)-mediated adherence to platelets, and aggregation of platelets induced by FnBPA but not by FnBPB. *J Infect Dis* 190:321–329. <https://doi.org/10.1086/421914>.

11. Ford I, Douglas CW. 1997. The role of platelets in infective endocarditis. *Platelets* 8:285–294. <https://doi.org/10.1080/09537109777159>.
12. Velsko JM, Perez MS, Richards VP. 2019. Resolving phylogenetic relationships for *Streptococcus mitis* and *Streptococcus oralis* through core- and pan-genome analyses. *Genome Biol Evol* 11:1077–1087. <https://doi.org/10.1093/gbe/evz049>.
13. Matthews JL, Dubovy SR, Goldberg RA, Flynn HW Jr. 2014. Histopathology of streptococcus mitis/oralis endophthalmitis after intravitreal injection with bevacizumab: a report of 7 patients. *Ophthalmology* 121:702–708. <https://doi.org/10.1016/j.ophtha.2013.10.015>.
14. Chung JK, Lee SJ. 2014. Streptococcus mitis/oralis endophthalmitis management without phakic intraocular lens removal in patient with iris-fixed phakic intraocular lens implantation. *BMC Ophthalmol* 14:92. <https://doi.org/10.1186/1471-2415-14-92>.
15. Roy P, Srinivasan S, Chatteraj A. 2016. Balanoposthitis caused by *Streptococcus mitis/oralis*. *Med J Armed Forces India* 72:407–409. <https://doi.org/10.1016/j.mjafi.2016.08.012>.
16. Mishra NN, Tran TT, Seepersaud R, Garcia-de-la-Maria C, Faull K, Yoon A, Proctor R, Miro JM, Rybak MJ, Bayer AS, Arias CA, Sullam PM. 2017. Perturbations of phosphatidate cytidyltransferase (CdsA) mediate daptomycin resistance in *Streptococcus mitis/oralis* by a novel mechanism. *Antimicrob Agents Chemother* 61:e02435-16. <https://doi.org/10.1128/AAC.02435-16>.
17. van Prehn J, van Triest MI, Altorf-van der Kuil W, van Dijk K, Dutch National AMR Surveillance Study Group. 2019. Third-generation cephalosporin and carbapenem resistance in *Streptococcus mitis/oralis*: results from a nationwide registry in the Netherlands. *Clin Microbiol Infect* 25:518–520. <https://doi.org/10.1016/j.cmi.2018.11.021>.
18. Sambola A, Miro JM, Tornos MP, Almirante B, Moreno-Torrico A, Gurgui M, Martinez E, Del Rio A, Azqueta M, Marco F, Gatell JM, Streptococcus agalactiae Endocarditis Study Group. 2002. Streptococcus agalactiae infective endocarditis: analysis of 30 cases and review of the literature, 1962–1998. *Clin Infect Dis* 34:1576–1584. <https://doi.org/10.1086/340538>.
19. Bochud PY, Calandra T, Francioli P. 1994. Bacteremia due to viridans streptococci in neutropenic patients: a review. *Am J Med* 97:256–264. [https://doi.org/10.1016/0002-9343\(94\)90009-4](https://doi.org/10.1016/0002-9343(94)90009-4).
20. Seo HS, Sullam PM. 2011. Characterization of the fibrinogen binding domain of bacteriophage lysin from *Streptococcus mitis*. *Infect Immun* 79:3518–3526. <https://doi.org/10.1128/IAI.05088-11>.
21. Seo HS, Xiong YQ, Mitchell J, Seepersaud R, Bayer AS, Sullam PM. 2010. Bacteriophage lysin mediates the binding of *Streptococcus mitis* to human platelets through interaction with fibrinogen. *PLoS Pathog* 6:e1001047. <https://doi.org/10.1371/journal.ppat.1001047>.
22. Mitchell J, Siboo IR, Takamatsu D, Chambers HF, Sullam PM. 2007. Mechanism of cell surface expression of the *Streptococcus mitis* platelet binding proteins PblA and PblB. *Mol Microbiol* 64:844–857. <https://doi.org/10.1111/j.1365-2958.2007.05703.x>.
23. Bensing BA, Siboo IR, Sullam PM. 2001. Proteins PblA and PblB of *Streptococcus mitis*, which promote binding to human platelets, are encoded within a lysogenic bacteriophage. *Infect Immun* 69:6186–6192. <https://doi.org/10.1128/IAI.69.10.6186-6192.2001>.
24. Halper J, Kjaer M. 2014. Basic components of connective tissues and extracellular matrix: elastin, fibrillin, fibulins, fibrinogen, fibronectin, laminin, tenascins and thrombospondins. *Adv Exp Med Biol* 802:31–47. https://doi.org/10.1007/978-94-007-7893-1_3.
25. Rivera J, Vannakambadi G, Hook M, Speziale P. 2007. Fibrinogen-binding proteins of Gram-positive bacteria. *Thromb Haemost* 98:503–511. <https://doi.org/10.1160/TH07-03-0233>.
26. Sauls DL, Lockhart E, Warren ME, Lenkowski A, Wilhelm SE, Hoffman M. 2006. Modification of fibrinogen by homocysteine thiolactone increases resistance to fibrinolysis: a potential mechanism of the thrombotic tendency in hyperhomocysteinemia. *Biochemistry* 45:2480–2487. <https://doi.org/10.1021/bi05207j>.
27. Weisel JW, Litvinov RI. 2008. The biochemical and physical process of fibrinolysis and effects of clot structure and stability on the lysis rate. *Cardiovasc Hematol Agents Med Chem* 6:161–180. <https://doi.org/10.2174/187152508784871963>.
28. Spiel AO, Mayr FB, Firbas C, Quehenberger P, Iljima B. 2006. Validation of rotation thrombelastography in a model of systemic activation of fibrinolysis and coagulation in humans. *J Thromb Haemost* 4:411–416. <https://doi.org/10.1111/j.1538-7836.2006.01715.x>.
29. Urano T, Castellino FJ, Suzuki Y. 2018. Regulation of plasminogen activation on cell surfaces and fibrin. *J Thromb Haemost* 16:1487–1497. <https://doi.org/10.1111/jth.14157>.
30. Mancuso LA, Nadelstein B, Berdoulay A, Spatola RA. 2019. Effect of immediate postoperative intracameral tissue plasminogen activator (tPA) on anterior chamber fibrin formation in dogs undergoing phacoemulsification. *Vet Ophthalmol* 22:477–484. <https://doi.org/10.1111/vop.12616>.
31. Rafipour M, Keramati M, Aslani MM, Arashkia A, Roohvand F. 2020. Contribution of streptokinase-domains from groups G and A (*SK2a*) streptococci in amidolytic/proteolytic activities and fibrin-dependent plasminogen activation: a domain-exchange study. *Iran Biomed J* 24:15–23. <https://doi.org/10.29252/ibj.24.1.15>.
32. Seo HS, Minasov G, Seepersaud R, Doran KS, Dubrovskaya I, Shuvalova L, Anderson WF, Iverson TM, Sullam PM. 2013. Characterization of fibrinogen binding by glycoproteins Srr1 and Srr2 of *Streptococcus agalactiae*. *J Biol Chem* 288:35982–35996. <https://doi.org/10.1074/jbc.M113.513358>.
33. Davis SL, Gurusiddappa S, McCrea KW, Perkins S, Hook M. 2001. SdrG, a fibrinogen-binding bacterial adhesin of the microbial surface components recognizing adhesive matrix molecules subfamily from *Staphylococcus epidermidis*, targets the thrombin cleavage site in the Bbeta chain. *J Biol Chem* 276:27799–27805. <https://doi.org/10.1074/jbc.M103873200>.
34. Pieters M, Wolberg AS. 2019. Fibrinogen and fibrin: an illustrated review. *Res Pract Thromb Haemost* 3:161–172. <https://doi.org/10.1002/rth2.12191>.
35. Chapin JC, Hajjar KA. 2015. Fibrinolysis and the control of blood coagulation. *Blood Rev* 29:17–24. <https://doi.org/10.1016/j.blre.2014.09.003>.
36. Kang Y, Lewis JH, Navalgund A, Russell MW, Bontempo FA, Niren LS, Starzl TE. 1987. Epsilon-aminocaproic acid for treatment of fibrinolysis during liver transplantation. *Anesthesiology* 66:766–773. <https://doi.org/10.1097/0000542-198706000-00010>.
37. Notredame C, Higgins DG, Heringa J. 2000. T-Coffee: a novel method for fast and accurate multiple sequence alignment. *J Mol Biol* 302:205–217. <https://doi.org/10.1006/jmbi.2000.4042>.
38. Arnold K, Bordoli L, Kopp J, Schwede T. 2006. The SWISS-MODEL workspace: a Web-based environment for protein structure homology modeling. *Bioinformatics* 22:195–201. <https://doi.org/10.1093/bioinformatics/bti770>.
39. Walsh EJ, Miajlovic H, Gorkun OV, Foster TJ. 2008. Identification of the *Staphylococcus aureus* MSCRAMM clumping factor B (ClfB) binding site in the alphaC-domain of human fibrinogen. *Microbiology (Reading)* 154:550–558. <https://doi.org/10.1099/mic.0.2007/010868-0>.
40. Vazquez V, Liang X, Horndahl JK, Ganesh VK, Smeds E, Foster TJ, Hook M. 2011. Fibrinogen is a ligand for the *Staphylococcus aureus* microbial surface components recognizing adhesive matrix molecules (MSCRAMM) bone sialoprotein-binding protein (Bbp). *J Biol Chem* 286:29797–29805. <https://doi.org/10.1074/jbc.M110.214981>.
41. Ponnuraj K, Bowden MG, Davis S, Gurusiddappa S, Moore D, Choe D, Xu Y, Hook M, Narayana SV. 2003. A “dock, lock, and latch” structural model for a staphylococcal adhesin binding to fibrinogen. *Cell* 115:217–228. [https://doi.org/10.1016/S0092-8674\(03\)00809-2](https://doi.org/10.1016/S0092-8674(03)00809-2).
42. Zhang X, Wu M, Zhuo W, Gu J, Zhang S, Ge J, Yang M. 2015. Crystal structures of Bbp from *Staphylococcus aureus* reveal the ligand binding mechanism with fibrinogen alpha. *Protein Cell* 6:757–766. <https://doi.org/10.1007/s13238-015-0205-x>.
43. McCoy HE, Broder CC, Lottenberg R. 1991. Streptokinases produced by pathogenic group C streptococci demonstrate species-specific plasminogen activation. *J Infect Dis* 164:515–521. <https://doi.org/10.1093/infdis/164.3.515>.
44. Sodeinde OA, Goguen JD. 1989. Nucleotide sequence of the plasminogen activator gene of *Yersinia pestis*: relationship to ompT of *Escherichia coli* and gene E of *Salmonella typhimurium*. *Infect Immun* 57:1517–1523. <https://doi.org/10.1128/IAI.57.5.1517-1523.1989>.
45. Collen D. 1998. Staphylokinase: a potent, uniquely fibrin-selective thrombolytic agent. *Nat Med* 4:279–284. <https://doi.org/10.1038/nm0398-279>.
46. Parry MA, Fernandez-Catalan C, Bergner A, Huber R, Hopfner KP, Schlott B, Guhrs KH, Bode W. 1998. The ternary microplasmin-staphylokinase-microplasmin complex is a proteinase-cofactor-substrate complex in action. *Nat Struct Biol* 5:917–923. <https://doi.org/10.1038/2359>.
47. Young KC, Shi GY, Wu DH, Chang LC, Chang BI, Ou CP, Wu HL. 1998. Plasminogen activation by streptokinase via a unique mechanism. *J Biol Chem* 273:3110–3116. <https://doi.org/10.1074/jbc.273.5.3110>.
48. Wang X, Lin X, Loy JA, Tang J, Zhang XC. 1998. Crystal structure of the catalytic domain of human plasmin complexed with streptokinase. *Science* 281:1662–1665. <https://doi.org/10.1126/science.281.5383.1662>.
49. Pancholi V, Fischetti VA. 1998. Alpha-enolase, a novel strong plasmin (ogen) binding protein on the surface of pathogenic streptococci. *J Biol Chem* 273:14503–14515. <https://doi.org/10.1074/jbc.273.23.14503>.

50. Broder CC, Lottenberg R, von Mering GO, Johnston KH, Boyle MD. 1991. Isolation of a prokaryotic plasmin receptor. Relationship to a plasminogen activator produced by the same micro-organism. *J Biol Chem* 266:4922–4928. [https://doi.org/10.1016/S0021-9258\(19\)67737-9](https://doi.org/10.1016/S0021-9258(19)67737-9).
51. Berge A, Sjobring U. 1993. PAM, a novel plasminogen-binding protein from *Streptococcus pyogenes*. *J Biol Chem* 268:25417–25424. [https://doi.org/10.1016/S0021-9258\(19\)74408-1](https://doi.org/10.1016/S0021-9258(19)74408-1).
52. Lahteenmaki K, Kuusela P, Korhonen TK. 2001. Bacterial plasminogen activators and receptors. *FEMS Microbiol Rev* 25:531–552. <https://doi.org/10.1111/j.1574-6976.2001.tb00590.x>.
53. Martin DR, Witten JC, Tan CD, Rodriguez ER, Blackstone EH, Pettersson GB, Seifert DE, Willard BB, Apte SS. 2020. Proteomics identifies a convergent innate response to infective endocarditis and extensive proteolysis in vegetation components. *JCI Insight* 5:e135317. <https://doi.org/10.1172/jci.insight.135317>.
54. Okonta KE, Adamu YB. 2012. What size of vegetation is an indication for surgery in endocarditis? *Interact Cardiovasc Thorac Surg* 15:1052–1056. <https://doi.org/10.1093/icvts/ivs365>.
55. Fosbol EL, Park LP, Chu VH, Athan E, Delahaye F, Freiberg T, Lamas C, Miro JM, Strahilevitz J, Tribouilloy C, Durante-Mangoni E, Pericas JM, Fernandez-Hidalgo N, Nacinovich F, Rizk H, Barsic B, Giannitsioti E, Hurley JP, Hannan MM, Wang A, ICE-PLUS Investigators. 2019. The association between vegetation size and surgical treatment on 6-month mortality in left-sided infective endocarditis. *Eur Heart J* 40:2243–2251. <https://doi.org/10.1093/eurheartj/ehz204>.
56. Mohananey D, Mohadjer A, Pettersson G, Navia J, Gordon S, Shrestha N, Grimm RA, Rodriguez LL, Griffin BP, Desai MY. 2018. Association of vegetation size with embolic risk in patients with infective endocarditis: a systematic review and meta-analysis. *JAMA Intern Med* 178:502–510. <https://doi.org/10.1001/jamainternmed.2017.8653>.
57. Buiting AG, Thompson J, Emeis JJ, Mattie H, Brommer EJ, van Furth R. 1987. Effects of tissue-type plasminogen activator on *Staphylococcus epidermidis*-infected plasma clots as a model of infected endocardial vegetations. *J Antimicrob Chemother* 19:771–780. <https://doi.org/10.1093/jac/19.6.771>.
58. Buiting AGM, Thompson J, Emeis JJ, Mattie H, Brommer EJP, van Furth R. 1988. Effects of tissue-type plasminogen activator (t-PA) on *Streptococcus sanguis*-infected endocardial vegetations in vitro. *J Antimicrob Chemother* 21:609–620. <https://doi.org/10.1093/jac/21.5.609>.
59. Buiting AG, Thompson J, van der Keur D, Schmal-Bauer WC, Bertina RM. 1989. Procoagulant activity of endocardial vegetations and blood monocytes in rabbits with *Streptococcus sanguis* endocarditis. *Thromb Haemost* 62:1029–1033. <https://doi.org/10.1055/s-0038-1651047>.
60. Mueller KA, Mueller II, Weig HJ, Doernberger V, Gawaz M. 2012. Thrombolysis is an appropriate treatment in lead-associated infective endocarditis with giant vegetations located on the right atrial lead. *BMJ Case Rep* 2012:2012:bcr0920114855. <https://doi.org/10.1136/bcr.09.2011.4855>.
61. Willner D, Furlan M, Schmieder R, Grasis JA, Pride DT, Relman DA, Angly FE, McDole T, Mariella RP Jr, Rohwer F, Haynes M. 2011. Metagenomic detection of phage-encoded platelet-binding factors in the human oral cavity. *Proc Natl Acad Sci U S A* 108:4547–4553. <https://doi.org/10.1073/pnas.1000089107>.
62. Al-Hebshi NN, Baraniya D, Chen T, Hill J, Puri S, Tellez M, Hasan NA, Colwell RR, Ismail A. 2019. Metagenome sequencing-based strain-level and functional characterization of supragingival microbiome associated with dental caries in children. *J Oral Microbiol* 11:1557986. <https://doi.org/10.1080/20002297.2018.1557986>.
63. Santiago-Rodriguez TM, Naidu M, Abeles SR, Boehm TK, Ly M, Pride DT. 2015. Transcriptome analysis of bacteriophage communities in periodontal health and disease. *BMC Genomics* 16:549. <https://doi.org/10.1186/s12864-015-1781-0>.
64. Bensing BA, Rubens CE, Sullam PM. 2001. Genetic loci of *Streptococcus mitis* that mediate binding to human platelets. *Infect Immun* 69:1373–1380. <https://doi.org/10.1128/IAI.69.3.1373-1380.2001>.
65. Yoon SH, Ha SM, Lim J, Kwon S, Chun J. 2017. A large-scale evaluation of algorithms to calculate average nucleotide identity. *Antonie Van Leeuwenhoek* 110:1281–1286. <https://doi.org/10.1007/s10482-017-0844-4>.
66. Chaumeil PA, Mussig AJ, Hugenholtz P, Parks DH. 2019. GTDB-Tk: a toolkit to classify genomes with the Genome Taxonomy Database. *Bioinformatics* 36:1925–1927. <https://doi.org/10.1093/bioinformatics/btz848>.
67. Darriba D, Posada D, Kozlov AM, Stamatakis A, Morel B, Flouri T. 2020. ModelTest-NG: a new and scalable tool for the selection of DNA and protein evolutionary models. *Mol Biol Evol* 37:291–294. <https://doi.org/10.1093/molbev/msz189>.
68. Stamatakis A. 2014. RAXML version 8: a tool for phylogenetic analysis and post-analysis of large phylogenies. *Bioinformatics* 30:1312–1313. <https://doi.org/10.1093/bioinformatics/btu033>.
69. Lord ST, Strickland E, Jayjock E. 1996. Strategy for recombinant multichain protein synthesis: fibrinogen B beta-chain variants as thrombin substrates. *Biochemistry* 35:2342–2348. <https://doi.org/10.1021/bi952353u>.
70. Bolyard MG, Lord ST. 1988. High-level expression of a functional human fibrinogen gamma chain in *Escherichia coli*. *Gene* 66:183–192. [https://doi.org/10.1016/0378-1119\(88\)90355-1](https://doi.org/10.1016/0378-1119(88)90355-1).
71. Lord ST. 1985. Expression of a cloned human fibrinogen cDNA in *Escherichia coli*: synthesis of an A alpha polypeptide. *DNA* 4:33–38. <https://doi.org/10.1089/dna.1985.4.33>.
72. Seo HS, Mu R, Kim BJ, Doran KS, Sullam PM. 2012. Binding of glycoprotein Srr1 of *Streptococcus agalactiae* to fibrinogen promotes attachment to brain endothelium and the development of meningitis. *PLoS Pathog* 8:e1002947. <https://doi.org/10.1371/journal.ppat.1002947>.
73. Jankun J, Keck R, Selman SH, Skrzypczak-Jankun E. 2010. Systemic or topical application of plasminogen activator inhibitor with extended half-life (VLHL PAI-1) reduces bleeding time and total blood loss. *Int J Mol Med* 26:501–504. https://doi.org/10.3892/ijmm_00000491.