
Comparison of 21-plex PCR and API 20C AUX, MALDI-TOF MS, and rDNA sequencing for a wide range of clinically isolated yeast species: Improved identification by combining 21-plex PCR and API 20C AUX as an alternative strategy for developing countries

Amir Arastehfar¹, Farnaz Daneshnia¹, Mohammad Kord², Maryam Roudbary³, Hossein Zarrinfar⁴, Wenjie Fang⁵, Mohammad J. Najafzadeh⁴, Sadegh Khodavaisy^{2*}, Weihua Pan^{5*}, Wanqing Liao⁵, Hamid Badali⁶, Sassan Rezaie², Kamiar Zomorodian⁷, Ferry Hagen¹, Teun Boekhout¹

¹Westerdijk Fungal Biodiversity Institute, Netherlands, ²Department of Parasitology and Medical Mycology, Tehran University of Medical Sciences, Iran, ³Department of Medical Mycology and Parasitology, School of Medicine, Iran University of Medical Sciences, Iran, ⁴Department of Parasitology and Mycology, School of Medicine, Mashhad University of Medical Sciences, Iran, ⁵Shanghai Changzheng Hospital, China, ⁶Invasive Fungi Research Center, Mazandaran University of Medical Sciences, Iran, ⁷Basic Sciences in Infectious Diseases Research Center, and Department of Medical Mycology and Parasitology, School of Medicine, Shiraz University of Medical Sciences, Iran

Submitted to Journal:

Frontiers in Cellular and Infection Microbiology

Specialty Section:

Clinical Microbiology

ISSN:

2235-2988

Article type:

Original Research Article

Received on:

23 Oct 2018

Accepted on:

22 Jan 2019

Provisional PDF published on:

22 Jan 2019

Frontiers website link:

www.frontiersin.org

Citation:

Arastehfar A, Daneshnia F, Kord M, Roudbary M, Zarrinfar H, Fang W, Najafzadeh MJ, Khodavaisy S, Pan W, Liao W, Badali H, Rezaie S, Zomorodian K, Hagen F and Boekhout T (2018) Comparison of 21-plex PCR and API 20C AUX, MALDI-TOF MS, and rDNA sequencing for a wide range of clinically isolated yeast species: Improved identification by combining 21-plex PCR and API 20C AUX as an alternative strategy for developing countries. *Front. Cell. Infect. Microbiol.* 9:21. doi:10.3389/fcimb.2019.00021

Copyright statement:

© 2019 Arastehfar, Daneshnia, Kord, Roudbary, Zarrinfar, Fang, Najafzadeh, Khodavaisy, Pan, Liao, Badali, Rezaie, Zomorodian, Hagen and Boekhout. This is an open-access article distributed under the terms of the [Creative Commons Attribution License \(CC BY\)](https://creativecommons.org/licenses/by/4.0/). The use, distribution and reproduction in other forums is permitted, provided the original author(s) or licensor are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.

This Provisional PDF corresponds to the article as it appeared upon acceptance, after peer-review. Fully formatted PDF and full text (HTML) versions will be made available soon.

Provisional

1 **Comparison of 21-plex PCR and API 20C AUX, MALDI-TOF**
2 **MS, and rDNA sequencing for a wide range of clinically isolated**
3 **yeast species: Improved identification by combining 21-plex PCR**
4 **and API 20C AUX as an alternative strategy for developing**
5 **countries**

6 **Short title: Importance of combination of 21-plex PCR and API**
7 **20C AUX for laboratories in developing countries**

8 Amir Aarstehfar^{1†}, Farnaz Daneshnia^{1†}, Mohammad Kord², Maryam Roudbary³, Hossein
9 Zarrinfar⁴, Wenjie Fang⁵, [Sayed Jamal Hashemi](#)², Mohammad-Javad Najafzadeh⁶⁴, Sadegh
10 Khodavaaisy^{2*}, Pan Weihua^{5*}, Wanqing Liao⁵, Hamid Badali⁷⁶, Sassan Rezaie², Kamiar
11 zomorodian⁸², Ferry Hagen¹, and Teun Boekhout^{1,5, and 98}

12 ¹ Westerdijk Fungal Biodiversity Institute, Utrecht, the Netherlands

13 ² Department of Medical Parasitology and Mycology, Tehran University of Medical Sciences,
14 Tehran, Iran

15 ³ Department of Medical Mycology and Parasitology, School of Medicine, Iran University of
16 Medical Sciences, Tehran, Iran

17 ⁴ Allergy research center, Mashhad University of Medical Sciences, Mashhad, Iran

18 ⁵ Department of Dermatology, Shanghai Key Laboratory of Molecular Medical Mycology,
19 Shanghai Institute of Medical Mycology, Shanghai Changzheng Hospital, Second Military
20 Medical University, Shanghai 200003, China

21 ⁶ Department of Parasitology and Mycology, School of Medicine, Mashhad University of
22 Medical Sciences, Mashhad, Iran

23 ⁷ Department of Medical Mycology/Invasive Fungi Research Center, School of Medicine,
24 Mazandaran University of Medical Sciences, Sari, Iran

25 ⁸ Basic Sciences in Infectious Diseases Research Center, and Department of Medical
26 Mycology and Parasitology, School of Medicine, Shiraz University of Medical Sciences,
27 Shiraz, Iran

28 ⁹ Institute of Biodiversity and Ecosystem Dynamics, University of Amsterdam,
29 Amsterdam 1012 WX, the Netherlands

30 **Corresponding authors:**

31 **Sadegh Khodavaisy:** sadegh_7392008@yahoo.com, Department of Medical Parasitology
32 and Mycology, Tehran University of Medical Sciences, Tehran, Iran.

33

34 **Weihua Pan:** panweihua@smmu.edu.cn, Department of Dermatology, Shanghai Key
35 Laboratory of Molecular Medical Mycology, Shanghai Institute of Medical Mycology,
36 Shanghai Changzheng Hospital, Second Military Medical University, Shanghai 200003,
37 China.

38 †AA and FD have contributed equally to this work

39 **Key words:** API 20C AUX, 21-plex PCR, MALDI-TOF MS, LSU rDNA sequencing, and
40 developing countries

41

42

43

44 Occurrence of non-*Candida albicans* *Candida* (NCAC) species that are associated with
45 elevated MIC values and therapeutic failures are increasing. As a result, timely and accurate
46 means of identification to the species level is becoming an essential part of diagnostic
47 practices in clinical settings. In this study, ~~by subjecting~~ 301 clinically isolated yeast strains
48 recovered from various anatomical sites [Blood ($n=145$), other sites ($n=156$)] ~~were used to~~
49 ~~assess; we evaluated~~ the accuracy and practicality of API 20C AUX and 21-plex PCR
50 compared to MALDI-TOF MS and ~~large subunit 28S rDNA (LSU rDNA)~~. MALDI-TOF MS
51 correctly identified 98.33% of yeast isolates, 100% of top five *Candida* species, 95.7% of rare
52 yeast species, while 1.3% of isolates were misidentified. API 20C AUX correctly identified
53 83.7% of yeast isolates, 97.2% of top five *Candida* species, 61.8% of rare yeast species, while
54 16.2% of yeast isolates were misidentified. The 21-plex PCR, ~~accurately~~reliably identified
55 87.3% of yeast isolates, 100% of top five *Candida* species, 72% of rare yeast species, but it
56 misidentified 1.3% of rare yeast species while 9.9% of whole yeast isolates were not
57 identified. The combination of rapidity of 21-plex PCR and comprehensiveness of API 20C
58 AUX, led to correct identification of 92% of ~~clinically obtained~~included yeast isolates. Due to
59 expensiveness of MALDI-TOF MS and sequencing, this combination strategy could be the
60 ~~cheapest and~~ most accurate ~~and inexpensive~~ alternative identification strategy for developing
61 countries. Moreover, by the advent and development of ~~cost-effective~~cheap, reliable, and
62 rapid PCR machines that ~~costs~~ 130 US dollars, 21-plex could be integrated in routine
63 laboratories of developing and resource-limited countries to specifically identify ~~yeast species~~
64 ~~responsible for~~ 95% ~~causative agents~~ of yeast-related infections in human. Databases of
65 MALDI-TOF MS, API 20C AUX, and the number of target species identified by 21-plex
66 require further improvement to keep up with the diverse spectrum of yeast species.

67

68 Introduction

69 ~~Increasing population of immunocompromised patients and administration of broad-spectrum~~
70 ~~antibiotics etc. (Pappas, 2006), led to a higher occurrence of fungal infections in clinical~~
71 ~~settings (Yapar, 2014). Among opportunistic yeast species, *Candida albicans* is continuously~~
72 ~~reported to be the most commonly encountered~~ ~~opportunistic~~ yeast species (Pappas et al.,
73 2010). ~~However, applying changes to the clinical practices and interventions resulted in~~
74 ~~epidemiological landscape and emergence of non-*Candida albicans* *Candida* (NCAC) species~~
75 ~~(Pham et al., 2014). However, increase in the population of immunocompromised patients,~~
76 ~~administration of broad-spectrum antibiotics etc. (Pappas, 2006), led to more frequent~~
77 ~~isolation of the number of non-*Candida albicans* *Candida* (NCAC) species in clinical settings~~
78 ~~(Yapar, 2014). For instance, s~~Since the introduction of echinocandins as a prophylactic
79 antifungal, selective pressure has aided in emergence of NCAC species that are ~~more~~
80 ~~resistant~~less susceptible to this class of antifungals (Pham et al., 2014). Moreover, ~~rapid~~
81 ~~emergence of species such as *Candida auris*, use of prophylactic therapy with echinocandins,~~
82 ~~and more frequent isolation of yeast species exhibited~~ inherent less susceptibility/acquired
83 ~~resistance~~ to fluconazole ~~resulted in increasing number of multidrug resistant species~~and those
84 ~~with multi-drug resistant traits (MDR) highlight the importance of correct identification~~
85 (Bizerra et al., 2014; Chowdhary et al., 2016; Pfaller et al., 2008; Pham et al., 2014). Due to
86 the availability of trifle classes of antifungals, monitoring frequency and epidemiology of
87 yeast species would become an imperative practice in clinical routine laboratories.

88 Traditionally, phenotypic assays such as direct microscopy, ~~biochemical characterization~~ and
89 culture are among the most widely used technique to identify yeast species (Posteraro et al.,

Formatted: Font color: Light Blue

90 2015). API 20C AUX, Vitek2 YST ID Card, and AuxaColor are among the most widely
91 exploited biochemical means of identification (Posteraro et al., 2015; Zhao et al., 2017).
92 However, these techniques are time-consuming, labor-intensive, and expensive (Posteraro et
93 al., 2013). ~~Many many~~ studies showed that API kits cannot reliably identify rare yeast species,
94 which are less susceptible to routinely used antifungals (Castanheira et al., 2013; Magobo et
95 al., 2014). On the contrary, Sanger sequencing of common barcoding regions and MALDI-
96 TOF MS proved to be the most accurate identification tools (Criseo et al., 2015). Although,
97 these techniques are used in routine laboratories in developed countries, they are regarded as
98 unaffordable devices in developed countries (Clark et al., 2013; Criseo et al., 2015; Posteraro
99 et al., 2013).

100 ~~By the advent of PCR and progressing advances in the~~ machinery of polymerase chain
101 ~~reaction this device (PCR) has made this device as an affordable identification tool for~~
102 ~~developing and low-resourced countries, it is becoming more affordable even for use in~~
103 ~~developing countries.~~ Moreover, ~~due to showing a possessing~~ reasonable reproducibility,
104 WHO recommended PCR as a reliable identification tool in developing countries (Ragheb
105 and Jimenez, 2014). ~~Although, commercial PCR machines still are considered to be expensive~~
106 ~~(2000-4000 US dollars), it has been shown that using the most basic off-the-shelf tools, it is~~
107 ~~possible to develop~~ reliable, rapid, and cheap (130 US dollars) PCR machines ~~have been~~
108 ~~developed that without continuous power supply and and as efficient as commercial PCR~~
109 ~~machines can amplify PCR products larger than beyond 1509 bpps~~ (Wong et al., 2015).
110 These kinds of PCR machines can be easily made and expanded as an in on-site diagnostic
111 tools in resource-limited countries (Wong et al., 2015). Unfortunately, there are few PCR-
112 based techniques that can target a comprehensive list of opportunistic yeast species.
113 Automated rep-PCR proved to be a reliable, but expensive ~~assay technique~~ (Zhao et al., 2017).
114 Recently, Arastehfar *et al.*, have developed a 21-plex PCR assay that targets the most
115 clinically important yeast species, ~~which~~ uses the basic chemistry and devices that are used in
116 routine laboratories (Arastehfar et al., 2018). As 21-plex intended to be used in developing
117 countries, ~~we would like to evaluated~~ its practicality and accuracy compared to a time-
118 consuming and widely used biochemical technique in developing countries, namely API 20C
119 AUX, ~~in the light of an accurate and expensive tool mostly used in developed countries,~~
120 MALDI-TOF MS, and sequencing of large subunit D1/D2 domains of rDNA (LSU rDNA) as
121 a gold standard.

122 Materials and methods

123 Ethical approval

124 Due to the diagnostic nature of this study, and the fact that we did not include any clinical
125 samples (blood, serum, CSF, urine, etc...) or biopsies derived from patients, we did not have
126 any consent forms from patients. Isolates investigated in this study were part of previous
127 studies that had been approved by the local ethical committees of Mashhad University of
128 Medical Sciences and Tehran University of Medical Sciences under the following ethical
129 code numbers IR MUMS fm REC.1397.268, and IR. TUMS. .SPH.REC.1396.4195. As such,
130 inclusion of clinical strains in our study did not require institutional ethical approval
131 according to institutional and national guidelines.

132 Isolates and growth conditions

133 Two hundred and ninety eight clinical yeast strains encompassing a wide range of yeast
134 species that were recovered from clinical ~~sources~~ ~~sources~~ [blood ($n=145$), vagina ($n=71$),
135 sputum ($n=35$), oral swabs ($n=21$), Cerebrospinal fluid (CSF) ($n=8$), urine ($n=7$), nail ($n=6$),
136 ~~tracheal~~ ~~tube~~ ~~aspirate~~ ($n=2$), penis ($n=1$), and throat ($n=1$)] were retrospectively collected

Formatted: Font color: Light Blue

137 from Iran and China (Table 1). Due to the importance of *Candida auris* as an emerging yeast
138 species, and lack of this species in our clinical collection, three CBS reference strains were
139 included. These 301 strains were serially numbered from 1 to 301, prepared as a blinded test
140 set, and three centers were involved for their identification. In the Netherlands two technicians
141 separately performed MALDI-TOF MS and API 20C AUX, In China sequencing of D1/D2
142 domains of rDNA was carried out, and in Iran, as an example of a developing country a
143 multiplex PCR known as 21-plex was utilized. Strains comprised a diverse range of yeast
144 species, including most and less prevalent *Candida* species and basidiomyceteous yeasts,
145 including *Trichosporon*, *Cryptococcus*, and *Rhodotorula*. Strains were grown on GYP and
146 SDA media for 48 hours at 25 °C, single colonies were struck on SDA and GYP media,
147 incubated another 48 hours at 25 °C, and from those pure cultures identifications were
148 performed.

149 DNA Extraction

150 One full loop of pure colonies (with the volume of 10µl) was suspended in 100µl of TaKaRa
151 Lysis buffer (TaKaRa, Japan), vortexed thoroughly, and incubated at 95 °C for 30. After 15
152 minutes incubation at 95 °C, lysates were vortexed vigorously and incubation for another 15
153 minutes at 95 °C was continued. In the last step, lysates were vortexed again and centrifuged at
154 14,000 rpm for 5 minutes. 2µl of obtained supernatants were used as the PCR template.

155 Sequencing

156 One technician was responsible for performing sequencing of D1/D2 domains of rDNA (LSU
157 rDNA), as described previously (Stielow et al., 2015). Bidirectional chain Terminated Sanger
158 sequencing using referenced primers were performed. Obtained sequences were searched in
159 BLAST database
160 (<https://blast.ncbi.nlm.nih.gov/https://blast.ncbi.nlm.nih.gov/Blast.cgi?PROGRAM=blastn&P>
161 [AGE_TYPE=BlastSearch&LINK_LOC=blasthome](https://blast.ncbi.nlm.nih.gov/https://blast.ncbi.nlm.nih.gov/Blast.cgi?PROGRAM=blastn&P)) and the identity of each strain was
162 assigned accordingly. This experiment was carried out in China.

163 Stepwise 21-multiplex PCR

164 Identification of 301 using 21-plex PCR was performed in Iran. This technique contains three
165 multiplex PCR reactions, with the first one identifying the most prevalent *Candida* species
166 (Table 2), the second one targeting rare *Candida* species, and the third multiplex reaction
167 identifying the most clinically important basidiomyceteous yeast species, *i.e.* *Trichosporon*,
168 *Cryptococcus*, *Geotrichum*, and *Rhodotorula* (Arastehfar et al., 2018). ~~Authors claimed that~~
169 ~~except for *Candida zeylanoides*, the rest of target species were correctly identified. PCR~~
170 ~~reaction and reaction and program used as were used same same as described, previously~~
171 ~~(Arastehfar et al., 2018). suggested and~~ PCR products were run on 2% agarose gel (voltage of
172 135, 60 minutes), stained with Gel Red (BioTium Corporation, USA), and visualized by Gel
173 Doc (Gel Doc XR⁺, BioRad, California, USA). This experiment was performed in Iran.

174 MALDI-TOF MS

175 Full-extraction method as it was utilized as suggested, previously (Marklein et al., 2009), and
176 identification was carried out by using Microflex LT, MALDI-TOF MS device (Bruker
177 Daltonics, Bremen Germany). Scores lower than 1.7, $\geq 1.7 < 2$, and above 2 were considered as
178 not reliable identification, identification at the genus level, and identification at the species
179 level, respectively. MALDI-TOF MS was performed in Netherlands.

180 API 20C AUX

Formatted: Font color: Red

Formatted: Font color: Light Blue

Formatted: Font color: Light Blue

181 API 20C AUX (BioMerieux, France), based on assimilation of 19 sugars and presence or
182 absence of hyphal/pseudohyphal formation identifies clinically important yeast species. API
183 strips were prepared as suggested by the manufacturer and incubated at 30 °C for 48-72 hours.
184 Besides of results obtained from sugar assimilation profile, the possibility of
185 hyphal/pseudohyphal formation was investigated as described previously (Keçeli et al., 2016).
186 As 72 hours incubation of API strips improved the accuracy of results (Willemssen et al.,
187 1997), final sugar assimilation patterns were read after 72 hours incubation at 25°C. Accurate
188 identification was based on identity and T indices greater than 90% and 0.75, respectively.
189 For hints lower than those values, the first proposed identity was assigned as the species
190 name. API 20C AUX experiments were carried out in the Netherlands.

191 **Statistical analysis**

192 The strength of agreements between API 20C AUX and sequencing, 21-plex PCR and
193 sequencing, MALDI-TOF MS and sequencing was assessed by Kappa coefficient value.
194 Kappa coefficient value was calculated by SPSS v.23 software (Chicago, USA).

195 **Results**

196 **Comparative analysis of LSU rDNA sequencing and MALDI-TOF MS**

197 Two-hundred and ninety-six of isolates (98.33%) were correctly identified, four isolates
198 (1.3%) misidentified, and only one isolate was not identified using MALDI-TOF MS (Table
199 2). All of those yeast isolates were identified with the score of over two, indicating reliable
200 identification at the species level. Surprisingly, two isolates of *Meyerozyma guilliermondii*
201 and two isolates of *Clavispora lusitaniae* were misidentified as *C. dendronema* and
202 *Wickerhamiella pagnoccae* (Table 3), respectively. Despite of repeated efforts and
203 experiments using full-extraction method, the same results were obtained. All of top 5
204 *Candida* species [*C. albicans*, *C. glabrata*, *C. parapsilosis*, *C. tropicalis*, and *Pichia*
205 *kudriavzevii* (*Candida krusei*)] and 95.7% of rare yeast species were identified, correctly. In
206 total, MALDI-TOF MS ~~decently~~ identified 98.33% of yeast isolates. The Kappa coefficient
207 value for MALDI-TOF MS and sequencing was 0.991.

208 **Comparative analysis of LSU rDNA sequencing and 21-plex PCR**

209 Two-hundred and sixty seven isolates (88.7%) were correctly identified, 4 isolates (1.3%)
210 were misidentified, and 29 isolates (9.96%) were not identified by the 21-plex PCR technique
211 (Table 2 and Figure 1). Both misidentified and none-identified isolates were rare yeast species
212 (Table 2 and 3), while all of top 5 *Candida* species (*C. albicans*, *C. glabrata*, *C. parapsilosis*,
213 *C. tropicalis*, and *P. kudriavzevii*) were identified, correctly. The Kappa coefficient value for
214 21-plex PCR and sequencing was 0.943.

215 **Comparative analysis of LSU rDNA sequencing and AP 20C AUX**

216 Two-hundred and fifty one isolates (83.7%) were correctly identified, 49 (16.2%) isolates
217 were misidentified, and there was no species without identification using API 20C AUX
218 (Table 2). The majority of misidentified yeast isolates were among rare species ($n=45$), and
219 only 4 strains of *P. kudriavzevii* were among top 5 *Candida* species (Table 3). API 20C AUX
220 showed the lowest Kappa Coefficient value (0.918) when compared to sequencing.

221 **Combined strategy (API 20C AUX and 21-plex PCR) for identification of yeast** 222 **collection**

223 Although, the 21-plex PCR showed higher accuracy, API 20C AUX more comprehensively
224 identified yeast species. For instance, species such as *Saccharomyces cerevisiae* (1/1) and

Formatted: Font: Bold, Font color: Light Blue

Formatted: Font color: Light Blue

225 *Kodamaea ohmerii* (9/10) were correctly identified by API 20C AUX, while they were reported as negative not
226 identified by 21-plex PCR. By integrating the rapidity of PCR and comprehensiveness of API
227 20C AUX we could correctly identify 92% of yeast isolates included in our study. As 21-plex
228 PCR represented a fast and reliable technique for the majority of the more prevalent yeast
229 species and API 20C AUX requires 48-72 hours for identification, we used 21-plex as the first
230 line and rapid identification tool and in case of encountering with negative results, API 20C
231 AUX could be used as the alternative technique.

232 Discussion

233 Because the number of yeast species causing infection in human is increasing, fast and
234 accurate identification of clinically obtained isolates is highly important to initiate appropriate
235 antifungal regimen (Pincus et al., 2007). Sequencing of commonly used phylogenetic
236 markers, MALDI-TOF MS, PCR-based techniques, and biochemical and phenotypic assays
237 are considered as the most popular identification systems. Herein, we have compared the
238 accuracy of the API 20C AUX and 21-plex PCR methods in the light of MALDI-TOF MS
239 and sequencing of D1/D2 domains of rDNA.

240 In our study, MALDI-TOF MS showed a good accuracy for identification of a diverse range
241 of opportunistic yeast species (98.3%). All of five top *Candida* species (*C. albicans*, *C.*
242 *glabrata*, *C. parapsilosis*, *C. tropicalis*, and *P. kudriavzevii*) and 95.7% of rare yeast species
243 were identified successfully (Kappa value of 0.991). Despite the close genetic background of
244 cryptic species complexes, MALDI-TOF MS identified them all down to the species level
245 (Note that we did not have *C. africana*). This is in agreement with other studies, where
246 cryptic species complexes of *C. albicans*, *C. glabrata*, and *C. parapsilosis* were correctly
247 been identified (Santos et al., 2011). Moreover, FDA-approved spectra of wide-spreading
248 multidrug-resistant yeast species, i.e. *Candida auris*, has been added to the clinical database
249 of MALDI-TOF MS, leading to rapid and reliable identification of this organism (Bao et al.,
250 2018). Although, cases of misidentification for *Cryptococcus* and *Trichosporon* species had
251 been reported previously (Kolecka et al., 2013; Ling et al., 2014; Sendid et al., 2013; Zhao et
252 al., 2017), except for *Cutaneotrichosporon curvatus*, all of our clinical isolates of
253 aforementioned species were correctly identified (the reference spectra of this species is not
254 included in the MALDI-TOF MS database). Consistent with the other studies and due to
255 hardship of obtaining proper spectra for *Meyerozyma guilliermondii* (Ling et al., 2014; Zhao
256 et al., 2017), using MALDI-TOF MS *M. guilliermondii* (n=2/14) and *Cl. lusitaniae* (n=2/21)
257 were misidentified in our study. MALDI-TOF MS, despite of being fast, robust, and
258 providing accurate strain identity is still considered as an economical burden, especially for
259 developing countries, not only to purchase the device but also as it requires trained
260 technicians and periodical maintenances (Clark et al., 2013; Criseo et al., 2015; Posteraro et
261 al., 2013). Due to occurrence of misidentification of some rare yeast species in our study and
262 the other studies (Sendid et al., 2013; Zhao et al., 2017), improvement of the MALDI-TOF
263 MS library can enhance the accuracy of this technique.

264 Although Vitek 2 YST ID Card reported amongst the most popular biochemical assays used
265 in routine laboratories (Posteraro et al., 2015), API 20C AUX showed a higher agreement
266 with sequencing of ITS and D1/D2 domains of rDNA (Zhao et al., 2017). As a result, herein
267 API 20C AUX was used as the representative of biochemical assays. In our study, API 20C
268 AUX correctly identified 83.7% of all included yeast isolates, the vast majority (97.26%) of
269 the most prevalent *Candida* species (*C. albicans*, *C. glabrata*, *C. parapsilosis*, *C. tropicalis*,
270 and *P. kudriavzevii*) and 61.8% of rare yeast species which is consistent with previous studies
271 (Keçeli et al., 2016; Zhao et al., 2017). (Kappa value of 0.918). Despite the fact that, API 20C
272 AUX misidentified the majority (4/5) of *Pichia kudriavzevii* strains as *Pichia norvegensis*,

Formatted: Font color: Light Blue

Formatted: Font color: Red

Formatted: Font color: Light Blue

Formatted: Font color: Red

Formatted: Font color: Red

Formatted: Font color: Red

Formatted: Font color: Light Blue

273 studies have revealed that both species are inherently resistant to fluconazole and genetically
274 are close to each other (Musso et al., 2014; Sandven et al., 1997). Although, identification to
275 the species level is an integral part of epidemiological studies, grouping of few species with
276 the same antifungal susceptibility pattern in routine settings may hasten the timely
277 administration of antifungals and as a consequence it may contribute to a lower the mortality
278 rate. For instance, *C. albicans*, *C. parapsilosis*, *C. tropicalis*, and *C. dubliniensis* are all
279 susceptible to fluconazole, and hence, using one probe they were identified as the fluconazole
280 susceptible group (McMullan et al., 2008). On the other hand, in vitro studies have shown that
281 *C. dubliniensis* ~~compared to more rapidly than~~ *C. albicans* more rapidly can acquire resistance
282 to antifungals in vitro (Moran et al., 1997), underscoring the importance of specie level
283 identification in such circumstances, ~~their identification to the species level is clinically~~
284 ~~relevant.~~ In our study, 66.6% (2/3) of *C. dubliniensis* strains were correctly identified,
285 whereas other cryptic complex species of *C. metapsilosis*, *C. orthopsilosis*, and *C.*
286 *bracarensis* were all identified as *C. parapsilosis* and *C. glabrata*, which is in agreement with
287 other reports (Keçeli et al., 2016; Zhao et al., 2017). For other clinically rare *Candida* species
288 including *M. guilliermondii*, *Cl. lusitaniae*, and *Kl. marxianus* we observed few ~~eases of~~
289 misidentification cases. All CBS reference strains of *C. auris* in concordance with other
290 studies were misidentified as *Rhodotorula glutinis* (Magobo et al., 2014). In our setting,
291 application of API 20C AUX for the most prevalent basidiomyceteous yeasts did not obtain
292 satisfactory results for *Cr. gattii*, *Trichosporon mucoides*, and *T. asteroides* as seen with the
293 previous studies (Guo et al., 2011). Biochemical assays in general and API 20C AUX in
294 particular, despite of generating satisfactory results for rare yeast species, are labor-intensive,
295 time-consuming, and interpretation of sugar assimilation profiles is sometimes subjective.
296 Moreover, in order to generate accurate identity, API 20C AUX requires further testing of
297 yeast isolates for hyphal/pseudohyphal formation (Guo et al., 2011). Numerous of reports
298 have shown that biochemical assays can lead to underestimation of some rare yeast species
299 and ignoring them as etiological agents of infection in human (Kathuria et al., 2015;
300 Svobodova et al., 2016). As an example, all biochemical assays provide inaccurate identity for
301 *C. auris* and it is mistaken for other yeast species such as *C. parapsilosis*, *C. famata*,
302 *Rhodotorula glutinis* etc (Kordalewska et al., 2017), leading to its persistence as a colonizer in
303 hospital environment and infecting humansource of future outbreaks. Given the rise in
304 occurrence of rare yeast species that are less susceptible to fluconazole (Miceli et al., 2011),
305 this could be of a great importance, as in developing countries due to limited economical
306 support, this drug is administered as the drug of choice for the first line therapy (Kordalewska
307 et al., 2018). Consequently, for a species like *C. auris* that exhibited resistance to all classes of
308 antifungals, especially ~~more than 90% unanimous~~ resistance to fluconazole ~~for all isolates~~
309 (Kathuria et al., 2015), ~~developed multidrug resistant traits (Kathuria et al., 2015), and~~
310 ~~caused along with~~ high rate of mortality of 30-60% (Chowdhary et al., 2017), such
311 misidentifications ~~this~~ could be accompanied by adverse consequences.

312 Recently, we have developed a multiplex PCR that in a stepwise manner identifies the
313 majority of yeast species regularly encountered in clinical settings as the cause of ~~involved in~~
314 infection in human (Arastehfar et al., 2018). With the application of 21-plex PCR we correctly
315 identified 87.3% of all included yeast species ~~included~~, 100% of most prevalent *Candida*
316 species and 72% of rare yeast species (Kappa value of 0.943). As this assay originally was not
317 intended for identification of other rare yeast species, ~~such as including~~ *S. cerevisiae*,
318 *Cyberlindnera fabianii*, *Cyberlindnera jadinii*, *Kodamaea ohmerii*, *C. cactophila*, *C.*
319 *norvegensis*, *Kl. lactis*, *Cryptococcus saitoi*, and *T. mucoides*, they were not identified,
320 accordingly. This assay showed a high degree of specificity (98.7%). Although, *T. asteroides*
321 (*n*=2), *T. faecale* (*n*=1), and *Cutaneotrichosporon curvatus* (*n*=1) were identified as *T. asahii*,
322 21-plex utilizes one universal primer to identify most clinically important *Trichosporon*

Formatted: Font color: Light Blue

323 species in the genus level, and hence, these cases ~~were~~are not considered as misidentification.
324 Although, a slight difference in susceptibility pattern of triazoles (~~ra~~~~v~~~~u~~~~e~~~~c~~~~o~~~~n~~~~a~~~~z~~~~o~~~~l~~~~e~~,
325 itraconazole, and voriconazole) and AMB between *T.asahii* and non-*T. asahii* strains have
326 been observed (Paphitou et al., 2002), MIC values are not always correlated with clinical
327 outcomes (Paphitou et al., 2002). Accordingly, in order to prove the difference in clinical
328 outcomes, *in vivo* testing with neutropenic and immunocompromised mice is still required. As
329 a result, identification of species of non-*T. asahii* and *T. asahii* to the genus level (only as
330 *Trichosporon*) will be clinically relevant, unless otherwise is proved. In concordance with
331 sequencing of D1/D2 domains of rDNA and MALDI-TOF MS, all included strains of *C. auris*
332 strains were correctly identified. Other PCR-based techniques such Rep-PCR shown to be a
333 robust technique to identify a wide range of yeast species (Pincus et al., 2007; Zhao et al.,
334 2017), but it requires tedious DNA extraction methods, capillary electrophoresis for
335 separation of amplified PCR product, and highly trained personnel (Pincus et al., 2007; Zhao
336 et al., 2017). Moreover, using rep-PCR technique, identification of a single isolate requires 90
337 USD, while in our setting using 21-plex costs ~~0.75-14-2~~ euros. Although 21-plex PCR
338 exhibited a high degree of sensitivity (98.7%), there were some species (*K. ohmerii*, *C.*
339 *metapsilosis*, and *C. bracarensis*, *Cy. fabianii* and *Cr. satoi*) that were not identified. As a
340 result, ~~identification of more clinically relevant species by~~ including more multiplex PCR
341 assays to identify other clinically important yeast species, can improve the sensitivity of 21-
342 plex PCR.

Formatted: Font color: Red

Formatted: Font: Italic, Font color: Red

343 ~~As~~ sole dependence on phenotypic assays could result in misidentification and subsequently
344 oblivion of emerging and important yeast species, while combination of comprehensiveness
345 of biochemical and phenotypic assays with the rapidity of PCR-based techniques (21-plex
346 PCR) could increase the accuracy of identification, reduces required time and expenses, and
347 circumvent the imperfection of either assays. For instance, despite of obtaining negative
348 results using the 21-plex PCR for strains of *K. ohmerii*, *Cy. jadinii*, *S. cerevisiae*, they were
349 correctly identified by API 20C AUX. Moreover, 21-plex PCR due to its rapidity and
350 possessing high specificity and sensitivity, if accompanied by inexpensive and reliable PCR
351 devices, it in the context of cheap, rapid, and reliable PCR machines solely could be used as a
352 reliable means of identification in developing and resource-limited countries. This could be
353 relevant for routine laboratories, especially in developing countries, where robust and accurate
354 means of identification such as MALDI-TOF MS and Sanger sequencing are lacking. In terms
355 of required expenses, MALDI-TOF MS was the least expensive (less than 0.3 Euros),
356 followed by 21-plex PCR (0.75-1 Euros/reaction), sequencing (3 Euros) and API 20C AUX
357 (5.9 Euros/reaction). As a result, API 20C AUX was the most expensive and least accurate
358 identification tool.

Formatted: Font color: Light Blue

359 Despite the fact that we included various rare *Candida* and yeast species obtained from
360 multiple healthcare facilities in Iran and China, our study still could benefit from addition of
361 other rare yeast species, such *Debaromyces hansinii*, *Diutina rugose*, *Yarrowia lipolytica* and
362 the like. Moreover, we did not obtain clinical isolates of cryptic species complexes of *C.*
363 *nivariensis* and *C. africana* and hence we could not observe how well they could be
364 differentiated from *C. glabrata* and *C. albicans* using applied techniques.

365 Acknowledgement

366 NA

367 Author contribution statement

368 AA, FD, SK, PW, MK, and TB have designed the study, did the experiments, and participated
369 in draft preparation and revision. MR, HZ, WF, MJN, WL, SR, HB, KZ, and FH have

370 provided the isolates, participated in carrying out the experiments, and assisted in paper
371 revision. [SJH provided strains and participated in performing 21-plex PCR.](#)

372 **Conflict of interest statement**

373 There is no conflict of interests between authors

374

375 **Funding**

376 This project has received funding from the European Union's Horizon 2020 research and
377 innovation programme under the Marie Skłodowska-Curie grant agreement No 642095,
378 National Health Department of China [2018ZX10101003], National Natural Science
379 Foundation of China [31770161], Second Military Medical University [2017JZ47] and
380 Shanghai Science and Technology Committee [14DZ2272900 and 14495800500].

381

382

383 **References**

- 384 Arastehfar, A., Fang, W., Pan, W., Lackner, M., Liao, W., Badiee, P., et al. (2018). *YEAST*
385 *PANEL Multiplex PCR for Identification of Clinically Important Yeast Species: Stepwise*
386 *Diagnostic Strategy, Useful for Developing Countries. Diag Microbiol and Infec Dis.* In
387 press. doi:10.1016/j.diagmicrobio.2018.09.007.
- 388 Bao, J. R., Master, R. N., Azad, K. N., Schwab, D. A., Clark, R. B., Jones, R. S., et al. (2018).
389 Rapid, Accurate Identification of *Candida auris* by Using a Novel Matrix-Assisted
390 Laser Desorption Ionization-Time of Flight Mass Spectrometry (MALDI-TOF MS)
391 Database (Library). *J. Clin. Microbiol.* 56. doi:10.1128/JCM.01700-17.
- 392 Bizerra, F. C., Jimenez-Ortigosa, C., Souza, A. C. R., Breda, G. L., Queiroz-Telles, F., Perlin,
393 D. S., et al. (2014). Breakthrough candidemia due to multidrug-resistant *Candida*
394 *glabrata* during prophylaxis with a low dose of micafungin. *Antimicrob. Agents*
395 *Chemother.* 58, 2438–2440. doi:10.1128/AAC.02189-13.
- 396 Castanheira, M., Woosley, L. N., Diekema, D. J., Jones, R. N., and Pfaller, M. A. (2013).
397 *Candida guilliermondii* and other species of *Candida* misidentified as *Candida famata*:
398 Assessment by Vitek 2, DNA sequencing analysis, and matrix-assisted laser desorption
399 ionization-time of flight mass spectrometry in two global antifungal surveillance
400 programs. *J. Clin. Microbiol.* 51, 117–124. doi:10.1128/JCM.01686-12.
- 401 Chowdhary, A., Sharma, C., and Meis, J. F. (2017). *Candida auris*: A rapidly emerging cause
402 of hospital-acquired multidrug-resistant fungal infections globally. *PLoS Pathog.* 13, 1–
403 10. doi:10.1371/journal.ppat.1006290.
- 404 Chowdhary, A., Voss, A., and Meis, J. F. (2016). Multidrug-resistant *Candida auris*: 'new kid
405 on the block' in hospital-associated infections? *J. Hosp. Infect.* 94, 209–212.
406 doi:10.1016/j.jhin.2016.08.004.
- 407 Clark, A. E., Kaleta, E. J., Arora, A., and Wolk, D. M. (2013). Matrix-Assisted laser
408 desorption ionization-time of flight mass spectrometry: A fundamental shift in the
409 routine practice of clinical microbiology. *Clin. Microbiol. Rev.* 26, 547–603.
410 doi:10.1128/CMR.00072-12.

- 411 Criseo, G., Scordino, F., and Romeo, O. (2015). Current methods for identifying clinically
412 important cryptic *Candida* species. *J. Microbiol. Methods* 111, 50–56.
413 doi:10.1016/j.mimet.2015.02.004.
- 414 Guo, L. N., Xiao, M., Kong, F., Chen, S. C. A., Wang, H., Sorrell, T. C., et al. (2011). Three-
415 locus identification, genotyping, and antifungal susceptibilities of medically important
416 *Trichosporon* species from China. *J. Clin. Microbiol.* 49, 3805–3811.
417 doi:10.1128/JCM.00937-11.
- 418 Kathuria, S., Singh, P. K., Sharma, C., Prakash, A., Masih, A., Kumar, A., et al. (2015).
419 Multidrug-resistant *Candida auris* misidentified as *Candida haemulonii*: Characterization
420 by matrix-assisted laser desorption ionization-time of flight mass spectrometry and DNA
421 sequencing and its antifungal susceptibility profile variability by vitek 2, CL. *J. Clin.*
422 *Microbiol.* 53, 1823–1830. doi:10.1128/JCM.00367-15.
- 423 Keçeli, S. A., Dündar, D., and Tamer, G. S. (2016). Comparison of Vitek Matrix-assisted
424 Laser Desorption/Ionization Time-of-Flight Mass Spectrometry Versus Conventional
425 Methods in *Candida* Identification. *Mycopathologia* 181, 67–73. doi:10.1007/s11046-
426 015-9944-8.
- 427 Kolecka, A., Khayhan, K., Groenewald, M., Theelen, B., Arabatzis, M., Velegraki, A., et al.
428 (2013). Identification of medically relevant species of arthroconidial yeasts by use of
429 matrix-assisted laser desorption ionization-time of flight mass spectrometry. *J. Clin.*
430 *Microbiol.* 51, 2491–2500. doi:10.1128/JCM.00470-13.
- 431 Kordalewska, M., Lee, A., Park, S., Berrio, I., Chowdhary, A., Zhao, Y., et al. (2018).
432 Understanding echinocandin resistance in the emerging pathogen *Candida auris*.
433 *Antimicrob. Agents Chemother.* 62. doi:10.1128/AAC.00238-18.
- 434 Kordalewska, M., Zhao, Y., Lockhart, S. R., Chowdhary, A., Berrio, I., and Perlin, D. S.
435 (2017). Rapid and accurate molecular identification of the emerging multidrug resistant
436 pathogen *Candida auris*. *J. Clin. Microbiol.* Available at:
437 <http://jcm.asm.org/content/early/2017/05/18/JCM.00630-17.abstract>.
- 438 Ling, H., Yuan, Z., Shen, J., Wang, Z., and Xu, Y. (2014). Accuracy of matrix-assisted laser
439 desorption ionization-time of flight mass spectrometry for identification of clinical
440 pathogenic fungi: A meta-analysis. *J. Clin. Microbiol.* 52, 2573–2582.
441 doi:10.1128/JCM.00700-14.
- 442 Magobo, R. E., Corcoran, C., Seetharam, S., and Govender, N. P. (2014). *Candida auris* –
443 Associated Candidemia, South Africa. *Emerg. Infect. Dis.* 20, 1250–1251.
444 doi:10.3201/eid2007.131765.
- 445 Marklein, G., Josten, M., Klanke, U., Müller, E., Horré, R., Maier, T., et al. (2009). Matrix-
446 assisted laser desorption ionization-time of flight mass spectrometry for fast and reliable
447 identification of clinical yeast isolates. *J. Clin. Microbiol.* 47, 2912–2917.
448 doi:10.1128/JCM.00389-09.
- 449 McMullan, R., Metwally, L., Coyle, P. V., Hedderwick, S., McCloskey, B., O’Neill, H. J., et
450 al. (2008). A Prospective Clinical Trial of a Real-Time Polymerase Chain Reaction
451 Assay for the Diagnosis of Candidemia in Nonneutropenic, Critically Ill Adults. *Clin.*
452 *Infect. Dis.* 46, 890–896. doi:10.1086/528690.
- 453 Miceli, M. H., Díaz, J. A., and Lee, S. A. (2011). Emerging opportunistic yeast infections.
454 *Lancet Infect. Dis.* 11, 142–151. doi:10.1016/S1473-3099(10)70218-8.

455 Moran, G. P., Sullivan, D. J., Henman, M. C., Creary, C. E. M. C., Harrington, B. J., Shanley,
456 D. B., et al. (1997). Antifungal Drug Susceptibilities of Oral *Candida dubliniensis*
457 Isolates from Human Immunodeficiency Virus (HIV) -Infected and Non-HIV-Infected
458 Subjects and Generation of Stable Fluconazole-Resistant Derivatives In Vitro. 41, 617–
459 623.

460 Musso, M., Giannella, M., Antonini, M., Bordi, E., Ettorre, G. M., Tessitore, L., et al. (2014).
461 Invasive candidiasis due to *Candida norvegensis* in a liver transplant patient: Case report
462 and literature review. *Infect. Dis. Rep.* 6, 1–4. doi:10.4081/idr.2014.5374.

463 Paphitou, N. I., Ostrosky-Zeichner, L., Paetznick, V. L., Rodriguez, J. R., Chen, E., and Rex,
464 J. H. (2002). In vitro antifungal susceptibilities of *Trichosporon* species. *Antimicrob.*
465 *Agents Chemother.* 46, 1144–1146. doi:10.1128/AAC.46.4.1144-1146.2002.

466 Pappas, P. G. (2006). Invasive Candidiasis. *Infect. Dis. Clin. North Am.* 20, 485–506.
467 doi:10.1016/j.idc.2006.07.004.

468 Pappas, P. G., Alexander, B. D., Andes, D. R., Hadley, S., Kauffman, C. A., Freifeld, A., et
469 al. (2010). Invasive Fungal Infections among Organ Transplant Recipients: Results of the
470 Transplant-Associated Infection Surveillance Network (TRANSNET). *Clin. Infect. Dis.*
471 50, 1101–1111. doi:10.1086/651262.

472 Pfaller, M. A., Diekema, D. J., Gibbs, D. L., Newell, V. A., Nagy, E., Dobiasova, S., et al.
473 (2008). *Candida krusei*, a multidrug-resistant opportunistic fungal pathogen: Geographic
474 and temporal trends from the ARTEMIS DISK Antifungal Surveillance Program, 2001
475 to 2005. *J. Clin. Microbiol.* 46, 515–521. doi:10.1128/JCM.01915-07.

476 Pham, C. D., Iqbal, N., Bolden, C. B., Kuykendall, R. J., Harrison, L. H., Farley, M. M., et al.
477 (2014). Role of FKS mutations in *Candida glabrata*: MIC values, echinocandin
478 resistance, and multidrug resistance. *Antimicrob. Agents Chemother.* 58, 4690–4696.
479 doi:10.1128/AAC.03255-14.

480 Pincus, D. H., Orenga, S., and Chatellier, S. (2007). Yeast identification - Past, present, and
481 future methods. *Med. Mycol.* 45, 97–121. doi:10.1080/13693780601059936.

482 Posteraro, B., De Carolis, E., Vella, A., and Sanguinetti, M. (2013). MALDI-TOF mass
483 spectrometry in the clinical mycology laboratory: Identification of fungi and beyond.
484 *Expert Rev. Proteomics* 10, 151–164. doi:10.1586/epr.13.8.

485 Posteraro, B., Efremov, L., Leoncini, E., Amore, R., Posteraro, P., Ricciardi, W., et al. (2015).
486 Are the conventional commercial yeast identification methods still helpful in the era of
487 new clinical microbiology diagnostics? A meta-analysis of their accuracy. *J. Clin.*
488 *Microbiol.* 53, 2439–2450. doi:10.1128/JCM.00802-15.

489 Ragheb, S. M., and Jimenez, L. (2014). Polymerase Chain Reaction/Rapid Methods Are
490 Gaining a Foothold in Developing Countries. *PDA J. Pharm. Sci. Technol.* 68, 239–255.
491 doi:10.5731/pdajpst.2014.00979.

492 Sandven, P., Nilsen, K., Digranes, A., Tjade, T., and Lassen, J. (1997). *Candida norvegensis*:
493 A fluconazole-resistant species. *Antimicrob. Agents Chemother.* 41, 1375–1376.

494 Santos, C., Lima, N., Sampaio, P., and Pais, C. (2011). Matrix-assisted laser
495 desorption/ionization time-of-flight intact cell mass spectrometry to detect emerging
496 pathogenic *Candida* species. *Diagn. Microbiol. Infect. Dis.* 71, 304–308.
497 doi:10.1016/j.diagmicrobio.2011.07.002.

- 498 Sendid, B., Ducoroy, P., François, N., Lucchi, G., Spinali, S., Vagner, O., et al. (2013).
499 Evaluation of MALDI-TOF mass spectrometry for the identification of medically-
500 important yeasts in the clinical laboratories of Dijon and Lille hospitals. *Med. Mycol.* 51,
501 25–32. doi:10.3109/13693786.2012.693631.
- 502 Stielow, J. B., Lévesque, C. A., Seifert, K. A., Meyer, W., Irinyi, L., Smits, D., et al. (2015).
503 One fungus, which genes? Development and assessment of universal primers for
504 potential secondary fungal DNA barcodes. *Persoonia - Mol. Phylogeny Evol. Fungi* 35,
505 242–263. doi:10.3767/003158515X689135.
- 506 Svobodova, L., Bednarova, D., Ruzicka, F., Chrenkova, V., Dobias, R., Mallatova, N., et al.
507 (2016). High frequency of *Candida fabianii* among clinical isolates biochemically
508 identified as *Candida pelliculosa* and *Candida utilis*. *Mycoses* 59, 241–246.
509 doi:10.1111/myc.12454.
- 510 Willemsen, M., Breynaert, J., and Lauwers, S. (1997). Comparison of Auxacolor with API 20
511 C Aux in yeast identification. *Clin. Microbiol. Infect.* 3, 369–375.
- 512 Wong, G., Wong, I., Chan, K., Hsieh, Y., and Wong, S. (2015). A Rapid and Low-Cost PCR
513 Thermal Cycler for Low Resource Settings. 1–20. doi:10.1371/journal.pone.0131701.
- 514 Yapar, N. (2014). Epidemiology and risk factors for invasive candidiasis. *Ther. Clin. Risk*
515 *Manag.* 10, 95–105. doi:10.2147/TCRM.S40160.
- 516 Zhao, Y., Tsang, C.-C., Xiao, M., Chan, J. F. W., Lau, S. K. P., Kong, F., et al. (2017). Yeast
517 identification by sequencing, biochemical kits, MALDI-TOF MS and rep-PCR DNA
518 fingerprinting. *Med. Mycol.*, 1–12. doi:10.1093/mmy/myx118.

519

520

521 Table legends

522 Table 1. Summary of species utilized in this along with their source of isolation and the country of origin. Except
523 for *Candida auris* that was ordered from the collection of Westerdijk Institute, the rest of species were collected
524 from patient materials.

525 Table 2. Summary of species identification of wide range of clinically obtained yeast species using three
526 approaches, MALDI-TOF MS, 21-plex, API 20C AUX, and their comparison with large subunit of rDNA
527 domain sequencing

528 Table 3. Misidentified isolates using MALDI-TOF MS, 21-plex, and API 20C AUX compared to LSU rDNA
529 sequencing as the gold standard method.