

1 **PERSPECTIVE PAPER**

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3 **The end of the reign of a “master regulator”: A defect in function of the LasR quorum sensing**
4 **regulator is a common feature of *Pseudomonas aeruginosa* isolates**

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16 **ABSTRACT (150 words)**

17 *Pseudomonas aeruginosa*, a bacterium known to cause infections in immunocompromised individuals,
18 regulates several of its virulence functions using three interlinked quorum sensing (QS) systems (*las*, *rhl*,
19 and *pqs*). Despite its presumed importance in regulating virulence, dysfunction of the *las* system
20 regulator LasR occurs frequently in strains isolated from various environments, including clinical
21 infections. This newfound abundance of LasR-defective strains calls into question existing hypotheses
22 regarding their selection. Indeed, current assumptions concerning factors driving the emergence of LasR-
23 deficient isolates and the role of LasR in the QS hierarchy must be reconsidered. Here, we highlight that
24 LasR is not the primary master regulator of QS in all *P. aeruginosa* genetic backgrounds. We also revisit
25 and complement current knowledge on the ecology of LasR-dependent QS in *P. aeruginosa*, review the
26 hypotheses explaining the putative adaptive benefits of selecting against LasR function, and discuss the
27 implications of this renewed understanding.

28

29 **Current understanding of *Pseudomonas aeruginosa* quorum sensing**

30 The bacterium *Pseudomonas aeruginosa* is a versatile opportunistic pathogen found mostly in
31 environments related to human activity such as soil, water, and hospital settings (1). *P. aeruginosa* causes
32 infections in immunocompromised individuals and people living with cystic fibrosis (CF) (2-4). To adapt
33 to diverse and dynamic environments, this bacterium uses quorum sensing (QS), an intercellular
34 communication system. Through the production and detection of small diffusible autoinducers, QS
35 coordinates the expression of numerous key cellular functions at the population level, including
36 virulence, in a cell density-dependent manner (5).

37 *P. aeruginosa* has three interdependent QS systems, known as *las*, *rhl*, and *pqs*. Based on observations of
38 prototypical strains such as PA14 and PAO1, the *las* system is generally considered to be at the top of the
39 QS regulatory cascade (6, 7). This system comprises the LasI synthase, which produces the autoinducer
40 *N*-(3-oxododecanoyl)-L-homoserine lactone (3-oxo-C₁₂-HSL). This signal molecule subsequently binds to
41 its cognate LuxR-type transcriptional regulator, LasR. Once activated by its ligand, LasR regulates the
42 transcription of several target genes, such as *lasB* encoding for the LasB elastase, as well as *lasI*, which
43 codes for the LasI synthase, completing a positive feedback loop that is characteristic of many QS
44 systems (8-10). LasR activation also induces the transcription of the *rhlI* and *rhlR* genes, which constitute
45 the *rhl* QS system (6, 7, 10-12). The RhlI synthase produces the *N*-butanoyl-L-homoserine lactone (C₄-
46 HSL) autoinducer signal, which can bind to another LuxR-type transcriptional regulator, RhlR, activating
47 the transcription of several genes, including those implicated in the production of virulence factors,
48 including pyocyanin (*phz1* and *phz2* operons) and rhamnolipids (*rhlAB* and *rhlC*) (11, 13-15). The third QS
49 system, *pqs*, is regulated by MvfR (also known as PqsR), a LysR-type transcriptional regulator. The *pqs*
50 system relies on the production of 4-hydroxy-2-alkylquinolines (HAQs) by the enzymes encoded by the
51 *pqsABCDE* operon (16, 17). Indeed, the PqsABCD enzymes synthesize 4-hydroxy-2-heptylquinoline
52 (HHQ), which can be converted into the *Pseudomonas* quinolone signal (PQS; 3,4-dihydroxy-2-
53 heptylquinoline) by the genetically unlinked PqsH monooxygenase (16, 18, 19). HHQ and PQS can both
54 act as autoinducing ligands of MvfR, leading to the transcriptional activation of the *pqs* operon (18, 20).

55 The interconnection of all three systems is widely recognized. LasR activation positively regulates the
56 expression of *rhlR*, *mvfR* and *pqsH*, while RhlR activation represses *pqs* operon activity (10, 15, 17, 21-
57 24). Additionally, PqsE interacts with RhlR through an incompletely defined chaperone-like function to
58 activate the *rhl* system and heighten the expression of some target genes (12, 25-28). These examples
59 highlight the complex regulation that characterizes *P. aeruginosa* QS. However, while most of the

60 research that informed this interconnected but hierarchical model of QS was performed in a few, well-
61 defined laboratory strains, the frequent detection of LasR-defective strains still able to produce QS-
62 regulated factors has revealed certain inconsistencies regarding the central role of the LasR regulator
63 within the QS hierarchy. Here, we will thoroughly investigate this issue, unveiling new hypotheses
64 regarding the relative positions of LasR, RhIR and MvfR (PqsR) within the *P. aeruginosa* QS hierarchy.

65 **LasR-defective strains are generally prevalent in both chronic and acute clinical environments**

66 Over time, numerous studies have highlighted the natural occurrence of *P. aeruginosa* strains with
67 impaired LasR activity. Initial reports of LasR-defective variants reflected their detection within microbial
68 populations that had evolved for years within the chronically infected lungs of people with CF, which was
69 unexpected given the requirement of QS-controlled factors for full expression of bacterial virulence *in*
70 *vitro* (29). However, multiple reports have identified LasR-defective strains in CF respiratory cultures, and
71 the selection of these strains by the CF lung environment is now a well-accepted dogma. The emergence
72 of *lasR* mutants has been associated with increased inflammatory markers, increased neutrophilic
73 inflammation, and deteriorated pulmonary function (30-36). These variants have also been implicated in
74 pathogenesis in corneal ulcers (37). Moreover, we recently identified a high prevalence of LasR-defective
75 strains in non-clinical environments as well, such as sinks, contaminated soils and animal products (4).
76 While a defect in LasR activity has seldom been reported in strains isolated from acute infections, a
77 recent study from O'Connor *et al.* (2022) identified *P. aeruginosa* isolates carrying *lasR* mutations
78 commonly present within many environments, although the impact of these mutations on LasR activity
79 *per se* was not investigated (37-39).

80 Based on the emerging picture of a widespread prevalence of LasR-defective strains in various
81 environmental niches, we hypothesized that defects in LasR activity could also be found in acute clinical
82 contexts. To evaluate the prevalence of LasR-defective strains isolated from both chronic and acute
83 infections, we assessed LasR activity in 92 *P. aeruginosa* strains from diverse sources, including burn
84 wounds, keratitis, urinary tract infections, bronchitis, CF lungs, chronic obstructive pulmonary disease
85 (COPD), and others (**Table S1**) (40). LasR activity was evaluated using a previously published method
86 relying on unbiased phenotypic profiling based on the quantification of QS-regulated metabolites such as
87 HAQs and pyocyanin (4). Based on this model, we found that 41% of the 92 isolates from our panel of
88 clinical strains exhibited impaired LasR activity (**Fig. 1**). This data is consistent with our previous findings,
89 where 40% of isolates from a panel of 176 *P. aeruginosa* environmental strains were found to be LasR-
90 defective (4). These results also support the conclusions of O'Connor *et al.* (2022), as well as our

91 hypothesis that LasR-defective strains are common in all clinical contexts and are not restricted to CF
92 clinical isolates, as previously assumed (38) due to a predominant focus of prior analyses on CF isolates.
93 Here, we found the prevalence of defects in LasR function to be similar among isolates from various
94 environments, including when comparing CF and non-CF sources.

95 In the literature, the prevalence of *lasR* mutants among *P. aeruginosa* isolates from CF patients has been
96 estimated to be from 20 to 25% as defined using genotypic techniques (34, 41, 42). However, different
97 studies have used a variety of methods to estimate the proportion of LasR-defective strains, hampering
98 direct comparison of results. Relying solely on the identification of mutations in the *lasR* coding
99 sequence, as is usually reported, could misidentify LasR-defective strains, given its complex regulation
100 and the unpredictable relationship between coding sequence and protein function (4, 34, 43). Indeed, a
101 great diversity of mutations in the *lasR* gene has been identified, not all of which completely abrogate
102 function (34). Additionally, some mutations in regulatory elements could also modify LasR expression or
103 activity (4, 34). Examining a single phenotypic trait could also bias LasR-defective strain identification
104 given the complex regulation of many phenotypes. Our approach, based on phenotypic profiling rather
105 than examining only one trait, allows for unbiased identification of all isolates with a defect in LasR
106 activity (4). Therefore, we refer to LasR-defective strains rather than *lasR* mutants.

107 Taken together with previous studies, the data presented here further highlight that LasR-defective
108 strains occur commonly, regardless of their clinical or environmental origin (4, 34). As a result, we must
109 reconsider prior assumptions, including the notion that chronically colonized CF lungs specifically
110 provide a selective pressure promoting the loss of LasR function (31, 32).

111

112 **Factors driving the emergence of LasR-defective strains remain elusive**

113 Despite decades of research, the precise drivers for the emergence of LasR-defective strains remain
114 elusive. LasR function seems especially prone to be lost, and the *lasR* gene might even be considered a
115 hotspot for various types of genetic variations (4, 34, 38). One particularly popular hypothesis suggests
116 that LasR-defective cells arise as “cheaters”, taking advantage of neighboring cells with a functional LasR
117 that provide “public goods”, such as exoproteases (e.g. LasB elastase), to the entire population. By
118 exploiting this strategy, LasR-defective variants reduce the population metabolic cost associated with the
119 expression of these proteins when they are essential for bacterial growth. However, this behavior has
120 only been observed under specific *in vitro* conditions (44-48). While such cheating behavior could
121 potentially extend to different contexts and environments beyond the CF lung, providing an interesting

122 explanation for the emergence of these variants in multiple niches, evidence suggests that this cannot be
123 the sole explanation, and that *lasR* mutants are not always “cheaters” (49). It is important to consider
124 that LasR-defective strains can also arise in various conditions that do not implicate “public goods” (50).
125 Therefore, other factors must contribute to the emergence of LasR variants.

126 As stated above, LasR-defective strains have been typically associated with the chronically infected lungs
127 of people with CF (29, 31, 51). Extensive investigations have explored the advantages conferred by
128 defective LasR function in this specific environment, revealing their relatively high fitness in the presence
129 of specific amino acids, such as phenylalanine, which is especially abundant in CF secretions (31, 52).
130 Relative to wild-type strains, these variants exhibit altered metabolism, including lower oxygen
131 consumption and enhanced nitrogen utilization, providing them with a competitive edge over their wild-
132 type counterpart (51, 53). Furthermore, LasR-defective strains exhibit relative resistance to specific
133 antimicrobials and enhanced tolerance to alkaline stress, resulting in protection from cell lysis (31, 32,
134 54-56). These findings support the notion that diminished LasR activity confers substantial advantages in
135 conditions known to be common in CF lungs. However, the growing evidence for the prevalence and
136 abundance of LasR-defective variants in diverse infections and environmental contexts disproves any
137 specificity for the CF lung and warrants expanding current models of their emergence. For instance, it
138 was proposed that diversification of *P. aeruginosa* populations in the CF lung could favour long-term
139 survival to multiple unpredictable stresses (57). This phenomenon could also apply outside of the CF
140 lung. Accordingly, the effects of LasR impairment on growth on different carbon sources was suggested
141 to explain the emergence of LasR-defective variants in the context of the CF lung, but such mechanisms
142 could likely arise in many other environmental settings, as growth conditions and carbon sources differ
143 (58).

144 Alternatively, we might consider the emergence of LasR-defective variants as beneficial for a population
145 that contains them. Supporting this model, controlled evolution experiments performed *in vitro*
146 demonstrated the tendency of LasR-defective clones to rapidly emerge, with their proportion frequently
147 stabilizing at about 50% of the total population (44, 46, 50, 54, 59). For instance, swarming colonies of *P.*
148 *aeruginosa* with higher proportions of LasR-defective cells tend to have fitness advantages over those
149 without LasR variants (50). The population dynamics of mixed populations of *P. aeruginosa*, comprising
150 wild-type and LasR-defective strains, could partially explain the prevalence of the latter in diverse
151 environments. In natural settings, *P. aeruginosa* forms biofilms, which are bacterial communities known
152 to be composed of diverse physicochemical niches. Jeske *et al.* (2022) showed that LasR function is

153 especially prone to be lost in a biofilm context (39). Within these biofilms, factors produced by strains
154 with a functional LasR could influence the behaviour of surrounding LasR-defective strains within specific
155 niches. Similarly, LasR-defective strains can modulate the behavior of LasR-functional strains by affecting,
156 for instance, QS signaling and function (60, 61). Therefore, the concomitant mixed presence of both
157 LasR-functional and LasR-defective strains appears to be beneficial to the overall population.

158 **LasR-defective clinical isolates could be acquired directly from surrounding environments**

159 The same high prevalence of LasR-defective strains in both clinical and environmental contexts suggests
160 potential adaptative benefits associated with modulating LasR activity in populations of *P. aeruginosa*,
161 irrespective of the environment. Therefore, it is possible that LasR-defective strains isolated from
162 infections originated from environmental sources, as previously proposed, rather than emerging *in situ*
163 (4, 37). Two distinct studies provided evidence supporting this notion, as the *lasR* gene of some *P.*
164 *aeruginosa* isolates already exhibited mutations at initial detection in CF respiratory samples, consistent
165 with direct acquisition from environmental sources (47, 62). While *P. aeruginosa* lineages have been
166 observed to lose LasR function over time during an infection, the discussion above indicates that such
167 events are not necessarily specifically selected by the CF lung environment (29, 63-66).

168 **Presence of naturally occurring LasR-impaired function is not necessarily synonymous with loss of QS**

169 A widely held notion is that LasR occupies the top position in the QS regulatory hierarchy (43, 67). An
170 alternative hypothesis is that the presence of this hierarchy is not a universal feature of *P. aeruginosa*
171 and reflects studies conducted primarily with one strain, PAO1, which could itself be considered as an
172 outlier regarding its QS mechanisms (68). We now know that isolates with defective LasR activity can still
173 exhibit robust QS-dependent regulation of virulence factors (4, 34, 69-71). Since LasR upregulates the *rhl*
174 and the *pqs* QS systems in studied laboratory-adapted strains, it has been generally assumed that a
175 defect in LasR activity should result in deficient QS regulation, and thus reduced transcription of target
176 genes and production of virulence factors. However, LasR-defective strains with a functional *rhl* QS
177 system, referred to as "RAIL" (RhIR Active Independently of LasR) strains, have been identified. Such
178 strains have been isolated from CF lungs, as well as from diverse environments (4, 34, 69-71). Using the
179 same method as previously mentioned, we found that about half of the LasR-defective clinical strains
180 from our panel (**Fig. 1**) possess LasR-independent RhIR activity (**Fig. 2**), in accordance with previously
181 published findings (4). Hence, an impaired LasR protein does not necessarily lead to diminished
182 production of virulence factors. Thus, the dogma based on the study of prototypical strains stating that
183 LasR is the conserved "master regulator" of the QS regulatory cascade should be reconsidered. Beside

184 regulating known RhIR-dependent virulence factors such as pyocyanin, RhIR can activate virulence
185 factors typically regulated by LasR, such as various exoproteases (4, 34, 72, 73). Together, these
186 observations and concepts highlight the crucial role of RhIR, accentuating its importance as a QS
187 regulator in *P. aeruginosa*. However, the precise regulatory mechanisms involved in LasR-independent
188 RhIR regulation remain elusive. One mechanism might involve PqsE, encoded by the last gene of the *pqs*
189 operon. PqsE plays a major role in promoting RhIR activity, at least in prototypical strains (12, 25, 28, 74,
190 75), underscoring the importance of MvfR and the *pqs* system for maintaining the full suite of QS
191 regulation. Since an important subset of naturally evolved *P. aeruginosa* strains activate QS and produce
192 virulence factors without relying on LasR, we need to better understand the nature of the ecological
193 pressure sustaining its regulatory activity in some lineages.

194 **Inhibiting *rhIR*-dependant targets for improved quorum sensing inhibition**

195 *P. aeruginosa* is naturally tolerant of, and resistant to, a wide range of antibiotics, limiting the efficacy of
196 treating infections by this bacterium (76). To address this issue, anti-virulence therapies have emerged as
197 a promising approach for the development of new drugs, since they offer distinct advantages. Unlike
198 antibiotics that directly target the survival of the bacteria, anti-virulence therapies aim to inhibit non-
199 essential virulence factors without affecting viability. This approach theoretically reduces the
200 development of resistance since no selective pressure for survival is applied. In *P. aeruginosa*, QS
201 represents an interesting target, since it modulates the expression of multiple virulence factors unrelated
202 to bacterial survival (77-80). Rationally, many anti-virulence therapies target *P. aeruginosa* LasR or the
203 production of 3-oxo-C₁₂-HSL, since the *las* system has been considered to be on top of the QS regulation
204 cascade (81-83). Unfortunately, the high prevalence of LasR-defective strains and the clear absence of
205 QS hierarchy in some strains suggests that LasR is not an ideal target. Instead, we propose that
206 researchers working on anti-QS therapies should consider focusing on other QS targets, such as the *rhl* or
207 *pqs* system, which can still be active in the absence of LasR and seem better conserved. There have been
208 very few reports of strains lacking RhIR or MvfR activity, perhaps because these regulators are
209 indispensable for the proper functioning of QS (38, 84-86). Thus, targeting *rhl*-dependent QS, such as
210 production/function of C₄-HSL or PqsE, could be interesting approaches in the control of *P. aeruginosa*
211 infections and their clinical consequences. Studying the QS ecology in strains from a broader range of
212 origins (clinical and environmental) should allow for better target selection.

213 **CONCLUSION**

214 Loss of LasR function is common among *P. aeruginosa* isolated from any source, including both
215 environmental and clinical settings, and regardless of the acute or chronic nature of the infections.
216 Furthermore, despite the absence of LasR activity, the *rhl* system is still functional in a subset of LasR-
217 defective strains, assuring QS functionality and the expression of survival and virulence factors.

218 Based on available knowledge, current hypotheses, and accumulating data, we propose that LasR-
219 defective strains isolated from infection-related settings could be acquired directly from the
220 environment, where genomic diversification occurs based on differences in regulation in various niches.
221 We also propose that LasR is not as essential for functional QS as it has been commonly believed and
222 that there may be a larger variety of QS architectures in *P. aeruginosa* than previously thought. Based on
223 the rarity of isolates with completely deficient RhIR activity, and the relatively high frequency of LasR
224 deficiency, we suggest that RhIR plays a more central role in QS regulation than LasR. Additionally, RhIR
225 activity depends on MvfR-dependent regulation through the expression of *pqsE* via the *pqs* operon.
226 More investigation on the importance of this partnership, until now mainly investigated in prototypical
227 strains, throughout a larger panel of strains is needed, given the possible importance of the *pqs* system
228 in maintaining QS activity in *P. aeruginosa*. Accordingly, to better understand the diversity of QS, future
229 studies should focus on *P. aeruginosa* obtained from a broader range of environments and consider the
230 dynamics of cocultures with naturally co-isolated strains.

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496 **FIGURE LEGENDS**

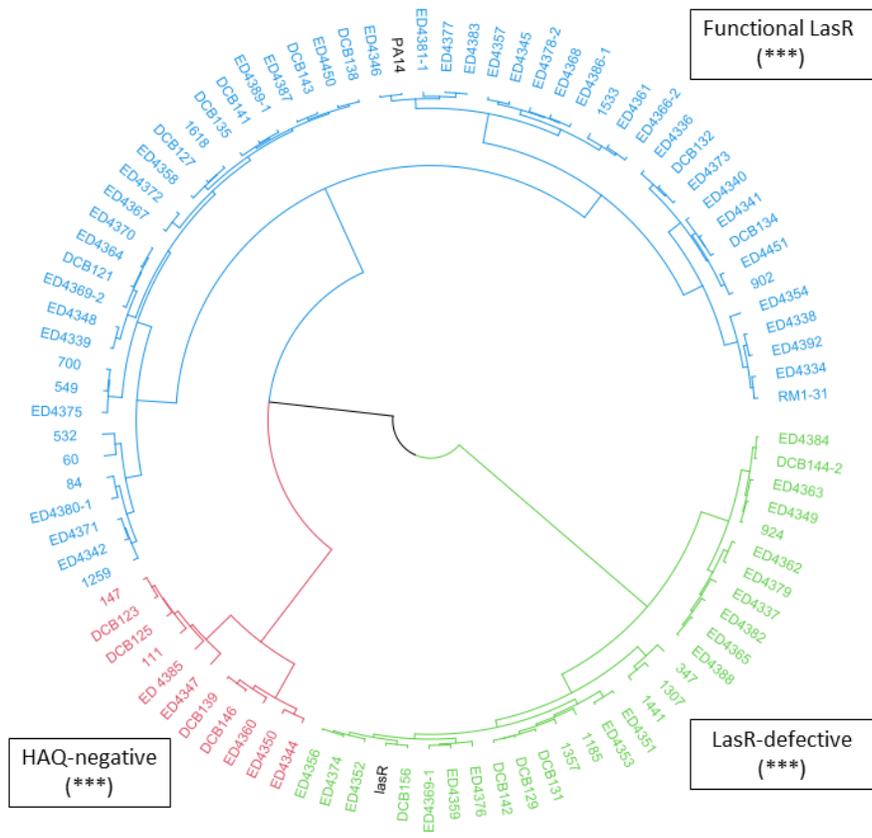
497 **Figure 1: Clustering analysis performed on a panel of 92 strains of *P. aeruginosa* isolated from acute**
498 **and chronic infections.** Clustering analysis is based on selected variables from a previous study. Briefly,
499 HAQ concentrations and pyocyanin production were measured in King's A medium at two different time
500 points (4). Strains PA14 (LasR-functional, top) and PA14 *lasR::Gm* (LasR-defective, bottom, "lasR") were
501 included in the analysis as references. Three robust clusters were identified. One of these clusters
502 comprises LasR-defective strains, whereas another includes strains with a functional LasR protein. The
503 third cluster comprises strains which produce negligible levels of HAQs. Further analyses are required to
504 confirm the functionality of LasR in this subset of isolates, as described before (4). Raw data used to
505 generate this analysis is presented in **Table S2**. Statistical analyses were made as previously described
506 using R software (4, 87). Robustness (*) represents the proportion of clustering runs in which a pair of
507 isolates appeared together in some cluster, given that they were clustered together in at least one run,
508 averaged over all such pairs (***: 80-89%).

509
510 **Figure 2: Clustering analysis performed on a subset of LasR-defective isolates of *Pseudomonas***
511 ***aeruginosa* shown in Figure 1.** Clustering analysis was based on chosen variables from a previous study.
512 Briefly, HAQs concentrations, pyocyanin production and activity of a *rhlA-gfp* reporter were measured in
513 King's A medium at two different time points using the same methods as previously described (4, 88).
514 RhIR Active Independently of LasR (RAIL) strain E90 was included in the analysis as a reference. Raw data
515 used to generate this analysis is presented in **Table S2**. Statistical analyses were made as previously
516 described using R software (4, 87). Robustness (*) represents the proportion of clustering runs in which a
517 pair of isolates appeared together in some cluster, given that they were clustered together in at least one
518 run, averaged over all such pairs. (****: >90%).

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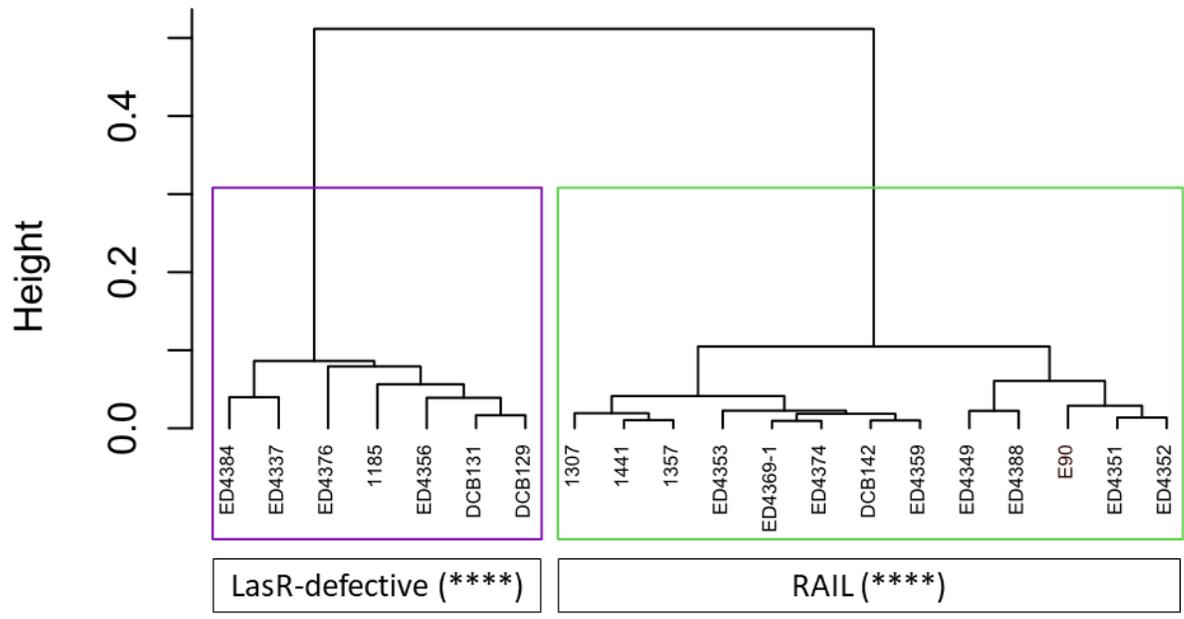


Table S1 : List of isolates and their origin

Isolate	Original ID	Origin	Human pathology	Reference
ED4334	AUS111	Brisbane, Australia	Urinary tract infection	Kidd <i>et al.</i> 2012 (1)
ED4451	AUS263	Brisbane, Australia	Urinary tract infection	Kidd <i>et al.</i> 2012 (1)
ED4336	AUS344	Brisbane, Australia	Urinary tract infection	Kidd <i>et al.</i> 2012 (1)
ED4450	AUS430	Brisbane, Australia	Urinary tract infection	Kidd <i>et al.</i> 2012 (1)
ED4337	JJ692	Minneapolis, USA	Urinary tract infection	Wolfgang <i>et al.</i> 2003 (2)
ED4338	S54485	Seattle, USA	Urinary tract infection	Wolfgang <i>et al.</i> 2003 (2)
DCB144-2		Ivory Coast	Urinary tract infection	This study
DCB146		Ivory Coast	Urinary tract infection	This study
DCB156		Ivory Coast	Urinary tract infection	This study
ED4339	HM293	Liverpool, UK	Intestinal cancer	Freschi <i>et al.</i> 2015 (3)
ED4340	HM299	Liverpool, UK	Intestinal cancer	Freschi <i>et al.</i> 2015 (3)
ED4341	HM300	Liverpool, UK	Intestinal cancer	Freschi <i>et al.</i> 2015 (3)
ED4392	HM301	Liverpool, UK	Intestinal cancer	Freschi <i>et al.</i> 2015 (3)
ED4342	HM306	Liverpool, UK	Intestinal cancer	Freschi <i>et al.</i> 2015 (3)
ED4366-2	934436V	Unknown	Bronchiectasis	De Soyza <i>et al.</i> 2014 (4)
ED4367	AUS489	Brisbane, Australia	Bronchiectasis	Kidd <i>et al.</i> 2012 (1)
ED4368	AUS491	Brisbane, Australia	Bronchiectasis	Kidd <i>et al.</i> 2012 (1)
ED4369-1	AUS496-1	Brisbane, Australia	Bronchiectasis	Kidd <i>et al.</i> 2012 (1)
ED4369-2	AUS496-2	Brisbane, Australia	Bronchiectasis	Kidd <i>et al.</i> 2012 (1)
ED4370	AUS499	Brisbane, Australia	Bronchiectasis	Kidd <i>et al.</i> 2012 (1)
DCB131		Ivory Coast	Ear infection	This study
DCB132		Ivory Coast	Ear infection	This study
DCB134		Ivory Coast	Ear infection	This study
DCB135		Ivory Coast	Ear infection	This study
DCB138		Ivory Coast	Ear infection	This study
DCB139		Ivory Coast	Ear infection	This study
DCB141		Ivory Coast	Ear infection	This study
DCB142		Ivory Coast	Ear infection	This study
DCB143		Ivory Coast	Ear infection	This study
ED4381-1	AUS471	Brisbane, Australia	Ear infection	Kidd <i>et al.</i> 2012 (1)
ED4382	AUS134	Brisbane, Australia	Ear infection	Kidd <i>et al.</i> 2012 (1)
ED4383	AUS439	Brisbane, Australia	Ear infection	Kidd <i>et al.</i> 2012 (1)
ED4384	AUS440	Brisbane, Australia	Ear infection	Kidd <i>et al.</i> 2012 (1)
DCB121		Ivory Coast	Pleuropulmonary condition	This study
DCB123		Ivory Coast	Pleuropulmonary condition	This study
DCB125		Ivory Coast	Pleuropulmonary condition	This study
DCB127		Ivory Coast	Pleuropulmonary condition	This study

DCB129		Ivory Coast	Pleuropulmonary condition	This study
RM1		Laval, Canada	COPD	This study
ED4344	57P31PA	USA	COPD	Freschi <i>et al.</i> 2015 (3)
ED4345	PA-W13	Nottingham, UK	Wound	Freschi <i>et al.</i> 2015 (3)
ED4346	AUS210	Brisbane, Australia	Wound	Kidd <i>et al.</i> 2012 (1)
ED4347	AUS407	Brisbane, Australia	Wound	Kidd <i>et al.</i> 2012 (1)
ED4348	So098	Sofia, Bulgaria	Wound	Pirnay <i>et al.</i> 2009 (5)
ED4349	A13	Paris, France	Wound	Pirnay <i>et al.</i> 2009 (5)
ED4350	A22	Paris, France	Wound	Pirnay <i>et al.</i> 2009 (5)
ED4351	PA-W31	Nottingham, UK	Wound	Freschi <i>et al.</i> 2015 (3)
ED4352	PA-W39	Nottingham, UK	Wound	Freschi <i>et al.</i> 2015 (3)
ED4353	PA-W42	Nottingham, UK	Wound	Freschi <i>et al.</i> 2015 (3)
ED4354	PA-W46	Nottingham, UK	Wound	Freschi <i>et al.</i> 2015 (3)
ED4356	PA-W8	Nottingham, UK	Ulcer	Freschi <i>et al.</i> 2015 (3)
ED4357	PA-W9	Nottingham, UK	Ulcer	Freschi <i>et al.</i> 2015 (3)
ED4358	PA-W11	Nottingham, UK	Ulcer	Freschi <i>et al.</i> 2015 (3)
ED4359	PA-W20	Nottingham, UK	Ulcer	Freschi <i>et al.</i> 2015 (3)
ED4360	A17	Paris, France	Leg Ulcer	Pirnay <i>et al.</i> 2009 (5)
ED4361	PA-W47	Nottingham, UK	Burn	Freschi <i>et al.</i> 2015 (3)
ED4362	Mi162	USA	Burn	Pirnay <i>et al.</i> 2009 (5)
ED4363	Lo049	London, UK	Burn	Pirnay <i>et al.</i> 2009 (5)
ED4364	Aa249	Aachen, Germany	Burn	Pirnay <i>et al.</i> 2009 (5)
ED4365	PA-W10	Nottingham, UK	Burn	Freschi <i>et al.</i> 2015 (3)
ED4371	39145	UK	Keratitis	Stewart <i>et al.</i> 2011 (6)
ED4372	39016	UK	Keratitis	Freschi <i>et al.</i> 2015 (3)
ED4373	39177	Manchester, UK	Keratitis	Freschi <i>et al.</i> 2015 (3)
ED4374	152504sp2	Portugal	Pneumonia	Freschi <i>et al.</i> 2015 (3)
ED4375	AUS422	Brisbane, Australia	Pneumonia	Kidd <i>et al.</i> 2012 (1)
ED4376	AUS275	Brisbane, Australia	Bacteraemia	Kidd <i>et al.</i> 2012 (1)
ED4377	AUS462	Brisbane, Australia	Bacteraemia	Kidd <i>et al.</i> 2012 (1)
ED4378-2	AUS301-1	Brisbane, Australia	Bacteraemia	Kidd <i>et al.</i> 2012 (1)
ED4379	AUS150	Brisbane, Australia	Bacteraemia	Kidd <i>et al.</i> 2012 (1)
ED4380-1	AUS307	Brisbane, Australia	Bacteraemia	Kidd <i>et al.</i> 2012 (1)
ED4385	15108-1	Spain	Acute infection	Freschi <i>et al.</i> 2015 (3)
ED4386-1	13121-1	France	Acute infection	Freschi <i>et al.</i> 2015 (3)
ED4387	PA-W2	UK	Spine pressure sore	Freschi <i>et al.</i> 2015 (3)
ED4388	F2	London, UK	Hyponatremia	Martin <i>et al.</i> 2013 (7)
ED4389-1	B1(P2356)	Bangkok, Thailand	Primary Ciliary Diskinesia	Freschi <i>et al.</i> 2015 (3)
60	278S180511BSL_PA2	Montreal, Canada	Cystic Fibrosis	Freschi <i>et al.</i> 2015 (3)
84	IST27	Lisbon, Portugal	Cystic Fibrosis	Leitão <i>et al.</i> 1996 (8)
111	PA54A	Sherbrooke, Canada	Cystic Fibrosis	Freschi <i>et al.</i> 2015 (3)
147	PAC33B	Sherbrooke, Canada	Cystic Fibrosis	Freschi <i>et al.</i> 2015 (3)

347	AUS077	Brisbane, Australia	Cystic Fibrosis	Kidd <i>et al.</i> 2011 (9)
532	AUS717	Brisbane, Australia	Cystic Fibrosis	Kidd <i>et al.</i> 2013 (10)
549	AMT0020-84	Seattle, USA	Cystic Fibrosis	Freschi <i>et al.</i> 2015 (3)
700	C5311	Vancouver, Canada	Cystic Fibrosis	Pirnay <i>et al.</i> 2009 (5)
902	S2239	Dunedin, New Zealand	Cystic Fibrosis	Freschi <i>et al.</i> 2015 (3)
924	U0284	Hobart, Australia	Cystic Fibrosis	Freschi <i>et al.</i> 2015 (3)
1185	PA508	Montreal, Canada	Cystic Fibrosis	Beaulac <i>et al.</i> 1996 (11)
1259	AA2	Germany	Cystic Fibrosis	Freschi <i>et al.</i> 2015 (3)
1307	5987	Québec, Canada	Cystic Fibrosis	Freschi <i>et al.</i> 2015 (3)
1357	AL6	Munich, Germany	Cystic Fibrosis	Freschi <i>et al.</i> 2015 (3)
1441	VD329	McMasterville, Canada	Cystic Fibrosis	Ouellet <i>et al.</i> 2014 (12)
1533	13	Rovereto, Italy	Cystic Fibrosis	Freschi <i>et al.</i> 2015 (3)
1618	SMC1596	Lebanon, USA	Cystic Fibrosis	(13)

**Table S2 : Concentrations of HAQs (HHQ, PQS and HQNO), AHLs and pyocyanin quantification . All data is normalized by total protein concentration in sample.
Expression of rhlA-gfp reporter (RFU/OD600).**

Souches	PYO_6h	PYO_24h	HHQ_6h	HHQ_24h	PQS_6h	PQS_24h	HQNO_6h	HQNO_24h	3-oxo-C12-HSL_6h	C4-HSL_6h	<i>rhlA</i> -GFP	Final classification
ED4334	0.010	0.027	2.987	9.751	0.501	6.592	0.959	1.237				Functional LasR
ED4451	0.128	0.228	1.456	0.614	0.152	0.994	0.331	0.322				Functional LasR
ED4336	0.227	1.075	15.479	14.096	0.450	7.353	0.562	0.807				Functional LasR
ED4450	0.038	0.056	1.269	0.089	0.230	0.902	0.189	0.169				Functional LasR
ED4337	0.024	0.108	0.213	5.987	0.211	0.478	0.025	0.825			443.547	LasR-defective
ED4338	0.017	0.058	1.670	3.230	0.303	5.587	0.234	1.378				Functional LasR
DCB144-2	0.030	0.029	0.897	7.956	0.027	0.483	0.060	0.277				LasR-defective
DCB146	0.056	0.963	0.006	0.028	0.015	0.143	0.001	0.000	0.003	0.064		LasR-defective, HAQ-negative
DCB156	0.017	0.305	1.760	15.028	0.025	3.229	0.016	0.122				LasR-defective
ED4339	0.091	0.083	2.257	0.993	0.360	1.355	0.478	0.469				Functional LasR
ED4340	0.057	0.189	1.052	0.989	0.268	0.974	0.181	0.435				Functional LasR
ED4341	0.052	0.118	1.437	1.239	0.119	1.844	0.287	0.519				Functional LasR
ED4392	0.086	0.157	1.374	1.924	0.099	3.937	0.144	0.524				Functional LasR
ED4342	0.095	0.060	0.794	0.064	0.281	1.064	0.229	0.207				Functional LasR
ED4366-2	0.031	0.224	1.427	1.078	0.214	2.656	0.084	0.471				Functional LasR
ED4367	0.036	0.019	1.090	0.030	0.442	0.334	0.284	0.047				Functional LasR
ED4368	0.048	0.213	1.093	1.811	0.315	6.338	0.145	0.366				Functional LasR
ED4369-1	0.023	0.273	0.322	2.687	0.057	0.711	0.038	0.424			1865.114	LasR-defective, RhIR-active
ED4369-2	0.080	0.078	1.841	0.274	0.058	1.356	0.116	0.210				Functional LasR
ED4370	0.071	0.130	2.437	0.485	0.255	1.737	0.356	0.312				Functional LasR
DCB131	0.077	0.785	2.488	11.881	0.055	2.659	0.141	0.594			795.692	LasR-defective
DCB132	0.156	0.855	4.022	2.710	0.064	2.346	0.275	0.472				Functional LasR
DCB134	0.096	0.437	1.976	3.010	0.163	2.470	0.321	0.758				Functional LasR
DCB135	0.056	0.057	1.556	0.162	0.361	0.640	0.093	0.075				Functional LasR
DCB138	0.083	0.065	1.509	0.118	0.208	1.076	0.123	0.209				Functional LasR
DCB139	0.031	0.792	0.003	0.014	0.009	0.154	0.000	0.001	0.002	0.039		LasR-defective, HAQ-negative
DCB141	0.090	0.054	1.510	0.099	0.524	1.047	0.171	0.120				Functional LasR
DCB142	0.059	0.553	2.377	7.133	0.014	2.032	0.080	0.649			4095.298	LasR-defective, RhIR-active
DCB143	0.077	0.191	1.518	0.116	0.212	0.772	0.180	0.177				Functional LasR
ED4381-1	0.042	0.105	1.175	0.222	0.589	3.401	0.062	0.063				Functional LasR
ED4382	0.056	0.024	0.695	12.888	0.423	0.124	0.031	0.718				LasR-defective
ED4383	0.049	0.051	2.106	0.395	0.442	3.810	0.184	0.116				Functional LasR
ED4384	0.069	0.037	3.831	26.349	0.067	0.811	0.203	0.754			1856.629	LasR-defective

DCB121	0.048	0.040	1.044	0.151	0.138	0.901	0.222	0.121				Functional LasR
DCB123	0.062	0.036	0.022	0.010	0.113	0.062	0.000	0.001	0.000	0.000		LasR-defective, HAQ-negative
DCB125	0.049	0.043	0.007	0.024	0.081	0.138	0.001	0.000	0.147	0.088		Functional LasR, HAQ-negative
DCB127	0.075	0.100	2.075	0.373	0.222	0.657	0.186	0.253				Functional LasR
DCB129	0.091	0.509	3.729	10.960	0.027	2.033	0.197	0.588			768.2022	LasR-defective
RM1-31	0.025	0.088	0.896	3.466	0.108	3.357	0.053	0.415				Functional LasR
ED4344	0.059	0.156	0.003	0.000	0.013	0.047	0.000	0.000	0.131	0.105		Functional LasR, HAQ-negative
ED4345	0.023	0.062	1.107	0.523	0.147	3.740	0.051	0.157				Functional LasR
ED4346	0.092	0.159	1.215	0.203	0.524	2.030	0.120	0.172				Functional LasR
ED4347	0.042	0.027	0.005	0.013	0.026	0.248	0.000	0.001	0.197	0.102		Functional LasR, HAQ-negative
ED4348	0.046	0.025	2.762	1.344	0.334	1.712	0.277	0.338				Functional LasR
ED4349	0.025	0.254	2.876	15.104	0.037	1.318	0.236	0.407			3460.466	LasR-defective, RhIR-active
ED4350	0.074	0.319	0.003	0.002	0.006	0.038	0.000	0.000	0.192	0.057		Functional LasR, HAQ-negative
ED4351	0.024	0.567	2.921	7.788	0.025	4.237	0.103	0.369			2321.154	LasR-defective, RhIR-active
ED4352	0.058	0.733	1.534	10.486	0.021	6.161	0.052	0.559			3143.739	LasR-defective, RhIR-active
ED4353	0.029	0.608	3.302	6.647	0.056	5.668	0.100	0.419			4460.897	LasR-defective, RhIR-active
ED4354	0.108	0.943	0.207	3.968	0.017	5.734	0.005	0.123				Functional LasR
ED4356	0.057	1.579	1.270	12.463	0.040	4.469	0.062	0.497			908.556	LasR-defective
ED4357	0.051	0.102	1.441	0.321	0.274	4.608	0.177	0.260				Functional LasR
ED4358	0.100	0.084	1.149	0.166	0.273	0.433	0.203	0.111				Functional LasR
ED4359	0.054	0.116	1.067	5.268	0.066	1.400	0.081	0.885			2551.094	LasR-defective, RhIR-active
ED4360	0.016	0.389	0.004	0.005	0.056	0.104	0.000	0.000	0.001	0.000		LasR-defective, HAQ-negative
ED4361	0.072	0.318	1.824	0.923	0.665	3.691	0.211	0.962				Functional LasR
ED4362	0.054	0.119	0.066	5.414	0.016	0.315	0.001	0.026				LasR-defective
ED4363	0.129	0.422	1.625	13.163	0.053	1.514	0.067	0.443				LasR-defective
ED4364	0.133	0.149	3.394	0.785	0.348	2.295	0.304	0.409				Functional LasR
ED4365	0.042	0.032	0.525	8.554	0.032	0.182	0.009	0.306				LasR-defective
ED4371	0.050	0.082	0.997	0.376	0.552	2.353	0.410	0.420				Functional LasR
ED4372	0.071	0.057	0.951	0.021	0.278	0.230	0.217	0.058				Functional LasR
ED4373	0.221	0.775	7.702	5.280	0.286	5.238	0.544	0.771				Functional LasR
ED4374	0.079	0.959	1.416	12.892	0.094	4.675	0.046	0.450			9145.778	LasR-defective, RhIR-active
ED4375	0.053	0.157	2.148	0.450	0.323	0.402	0.046	0.062				Functional LasR
ED4376	0.027	0.046	2.944	20.263	0.255	6.950	0.459	1.538			877.858	LasR-defective
ED4377	0.049	0.051	2.106	0.395	0.442	3.810	0.184	0.116				Functional LasR

ED4378-2	0.049	0.034	1.779	1.440	0.325	4.926	0.099	0.124				Functional LasR
ED4379	0.051	0.051	0.285	30.005	0.026	0.668	0.004	0.080				LasR-defective
ED4380-1	0.230	0.101	0.836	0.653	0.520	1.098	0.413	0.593				Functional LasR
ED4385	0.011	0.066	0.005	0.014	0.241	0.031	0.000	0.000	0.189	0.079		Functional LasR, HAQ-negative
ED4386-1	0.015	0.014	0.545	0.518	0.117	3.678	0.102	0.181				Functional LasR
ED4387	0.043	0.151	1.226	0.084	0.227	0.744	0.121	0.118				Functional LasR
ED4388	0.038	0.190	0.693	13.862	0.061	0.554	0.002	0.282			1947.333	LasR-defective, RhIR-active
ED4389-1	0.115	0.070	1.058	0.151	0.332	0.766	0.108	0.173				Functional LasR
60	0.090	0.251	0.101	0.017	0.154	0.098	0.124	0.147				Functional LasR
84	0.084	0.096	0.211	0.802	0.679	1.192	0.606	0.212				Functional LasR
111	0.009	0.065	0.008	0.010	0.063	0.057	0.001	0.001	0.000	0.001		LasR-defective, HAQ-negative
147	0.019	0.023	0.006	0.006	0.034	0.024	0.001	0.001	0.000	0.002		LasR-defective, HAQ-negative
347	0.035	0.025	16.667	35.302	0.030	0.073	0.653	2.299				LasR-defective
532	0.109	0.508	1.699	1.393	0.307	1.327	2.079	5.452				Functional LasR
549	0.405	1.888	54.543	12.628	0.562	7.254	1.458	2.144				Functional LasR
700	0.030	0.106	11.589	1.691	0.771	2.306	0.376	0.516				Functional LasR
902	0.190	1.047	2.626	0.964	0.212	1.422	0.214	0.597				Functional LasR
924	0.032	1.727	11.905	55.513	0.113	4.342	0.101	1.020				LasR-defective
1185	0.017	0.643	8.329	15.380	0.041	3.922	0.000	0.001			1683.102	LasR-defective
1259	0.059	0.049	1.752	0.280	0.611	1.233	0.591	0.399				Functional LasR
1307	0.138	0.038	3.361	5.134	0.153	0.730	0.453	1.305			11139.456	LasR-defective, RhIR-active
1357	0.021	1.118	2.956	6.033	0.069	1.190	0.049	0.241			5754.809	LasR-defective, RhIR-active
1441	0.101	0.446	3.304	4.704	0.453	1.058	0.327	0.514			5531.655	LasR-defective, RhIR-active
1533	0.029	0.159	0.949	0.799	0.311	4.921	0.312	0.895				Functional LasR
1618	0.163	0.125	3.991	0.481	0.778	1.430	0.540	0.680				Functional LasR
PA14	0.152	0.159	1.337	0.245	0.673	2.485	0.125	0.137	0.104	0.056		Functional LasR
PA14 lasR::Gm	0.057	0.615	0.858	10.037	0.077	2.028	0.013	0.132	0.005	0.025		LasR-defective
E90	0.233	2.158	2.602	6.620	0.027	5.952	0.482	2.715			3699.276	LasR-defective, RhIR-active

Grey box indicates no data

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