

Analysis of high-molecular-weight proteins using MALDI-TOF MS and Machine Learning for the differentiation of clinically relevant *Clostridioides difficile* ribotypes

Ana Candela^{1*}, David Rodriguez-Temporal^{2*}, Mario Blázquez-Sánchez², Manuel J. Arroyo³, Mercedes Marín^{2,4}, Luis Alcalá^{2,4}, Germán Bou^{1,5}, Belén Rodríguez-Sánchez^{2†} and Marina Oviaño^{1,5†}

¹Clinical Microbiology Department, Complexo Hospitalario Universitario A Coruña, Institute of Biomedical Research A Coruña (INIBIC) A Coruña, Spain;

²Clinical Microbiology and Infectious Diseases Department, Hospital General Universitario Gregorio Marañón and Institute of Health Research Gregorio Marañón (IISGM) Madrid, Spain; ³Clover Bioanalytical Software, Av. del Conocimiento, 41, 18016 Granada, Spain; ⁴CIBER de Enfermedades Respiratorias (CIBERES CB06/06/0058), Madrid 28007, Spain; ⁵CIBER de Enfermedades Infecciosas (CIBERINFEC CB21/13/00055).

*Correspondence: acandela@gmail.com and david.rodriguez@iisgm.com

†Both authors are the senior authors of this article

17

18

19

20

21

22

23 **Abstract**

24 *Clostridioides difficile* is the main cause of antibiotic related diarrhea and some
25 ribotypes (RT), such as RT027, RT181 or RT078, are considered high risk
26 clones. A fast and reliable approach for *C. difficile* ribotyping is needed for a
27 correct clinical approach. This study analyses high-molecular-weight proteins
28 for *C. difficile* ribotyping with MALDI-TOF MS. Sixty-nine isolates representative
29 of the most common ribotypes in Europe were analyzed in the 17,000-65,000
30 *m/z* region and classified into 4 categories (RT027, RT181, RT078 and 'Other
31 RTs'). Five supervised Machine Learning algorithms were tested for this
32 purpose: K-Nearest Neighbors, Support Vector Machine, Partial Least Squares-
33 Discriminant Analysis, Random Forest and Light-Gradient Boosting Machine. All
34 algorithms yielded cross-validation results >70%, being RF and Light-GBM the
35 best performing, with 88% of agreement. Area under the ROC curve of these
36 two algorithms was >0.9. RT078 was correctly classified with 100% accuracy
37 and isolates from the RT181 category could not be differentiated from RT027.

38 **Keywords:** *Clostridioides difficile*; MALDI-TOF MS; Machine Learning,
39 Ribotyping

40

41 **Keywords:** MALDI-TOF, high-molecular-weight proteins, *Clostridioides difficile*,
42 Machine Learning, ribotyping

43

44

45

46

47 **Introduction**

48 *Clostridioides difficile* is an anaerobic Gram-positive rod that can persist
49 on surfaces and in the environment, and is resistant to most conventional
50 disinfectants such as alcohol or chlorhexidine due to its ability to form spores.
51 This makes it highly transmissible if good hygiene and infection control
52 measures are not implemented (1). This microorganism is the main cause of
53 antibiotic related diarrhea and represents a public health concern due to its high
54 morbidity and mortality rates and its involvement in nosocomial outbreaks.

55 Some *C. difficile* ribotypes (RTs) have shown to be more virulent and/or
56 involved in nosocomial outbreaks due to the production of toxins. *C. difficile* RT
57 NAP1/B1/RT027 and the recently described RT181 ("027-like") (2-4) also
58 present a deletion of 1 bp at position 117 of the regulatory gene *tcdC*, a
59 pathogenicity locus that downregulates the production of toxins. The
60 consequence of this deletion is the hyperproduction of toxins, which makes
61 these RTs more pathogenic and associated to more severe outcomes (5-7).

62 *C. difficile* characterization and ribotyping should be fast and reliable, to
63 enable the correct antibiotic implementation and infection control measures.
64 Gold Standard techniques in the USA and Europe are Pulsed Field Gel
65 Electrophoresis (PFGE) and PCR Ribotyping, respectively (8). These
66 techniques are laborious and require specialized personnel trained in molecular
67 biology. Also, they are cumbersome and final results are obtained after several
68 days. Among the commercially available molecular techniques, one of the most
69 used is Xpert® *C. difficile* BT (Cepheid, Sunnyvale, CA, USA), which allows the

70 detection of toxin B, the binary toxin and the deletion at position 117 in gene
71 *tcdC* (9). However, it has been shown that this test does not distinguish the
72 different toxigenic RTs that host the deletion in gene *tcdC* (2, 10, 11).

73 Matrix-Assisted Laser Desorption/Ionization Time of Flight Mass
74 Spectrometry (MALDI-TOF MS) represents an alternative to the previously
75 described reference methods since it is a technology available in most
76 microbiology laboratories nowadays, easy to use and with a time-around time of
77 only some minutes. Apart from the initial investment for the acquisition of the
78 instrument, the cost per sample is lower than that of molecular techniques.
79 Besides identification, MALDI-TOF MS has been applied for bacterial typing and
80 antibiotic resistance detection in several species like *Pseudomonas aeruginosa*,
81 *Staphylococcus aureus*, *Streptococcus pneumoniae* or *Escherichia coli* (12-15).
82 The default region for spectra analysis is between 2,000 and 20,000 *m/z* -where
83 most ribosomal proteins are found-, although it can be modified to analyze a
84 higher molecular weight range.

85 For *C. difficile*, few studies have evaluated MALDI-TOF MS as a
86 ribotyping alternative, and even fewer analyzed high molecular weight proteins.
87 *C. difficile* external surface layer (S-layer) is composed of proteins with a
88 molecular weight ranging from 40 to 200 kDa (16, 17). The study of this mass
89 region increases the number of peaks available, expanding the chances for
90 differentiation among different isolates. The aim of this study was to develop a
91 rapid MALDI-TOF MS method for the differentiation of hypervirulent *C. difficile*
92 RTs based the analysis of high molecular weight proteins.

93

94

95 **Materials and Methods**

96 Bacterial isolates and molecular characterization

97 A total of n=69 *C. difficile* isolates representing the most prevalent RTs in
98 Spain and Europe were included in this study. All strains were isolated from
99 clinical stool samples in Spain and ribotyped at Hospital General Universitario
100 Gregorio Marañón, in Madrid, Spain. Clinical samples were directly analyzed
101 upon reception with the commercial PCR Xpert® *C. difficile* BT (Cepheid,
102 Sunnyvale, CA, USA) and cultured in CLO agar (Beckton Dickinson®, Franklin
103 Lakes, NJ, US) for *C. difficile* isolation and ribotyping. After bacterial growth,
104 isolates were identified by MALDI-TOF MS in an MBT Smart MALDI Biotyper
105 (Bruker Daltonics, Bremen, Germany) with the updated database containing
106 11,096 mass spectra profiles. The standard on-plate protein extraction was
107 applied with 1µl 100% formic acid followed by 1µl HCCA (α -Cyano-4-
108 hydroxycinnamic acid) matrix solution.

109 Ribotyping was performed by PCR amplification of the intergenic spacer
110 region between the 16S rRNA and the 23S rRNA followed by capillary
111 electrophoresis. The results of this sequencing were interpreted with
112 Bionumerics 5.0 software (bioMérieux, Marcy l'Etoile, France) (18-21). Isolates
113 included in this study belonged to the following RTs (Table S1): RT027 (n=29),
114 RT181 (n=7), RT078 (n=21) and n=12 strains from other less toxigenic RTs
115 (RT001, RT106, RT207, RT014 and RT023).

116 MALDI-TOF MS spectra acquisition

117 For spectra acquisition, isolates were plated on Schaedler agar (Beckton
118 Dickinson®, Franklin Lakes, NJ, US) and incubated at 37°C in anaerobic
119 atmosphere for 48h. A few colonies were spotted on the MALDI target plate in
120 duplicates and overlaid with 1µl of trans-ferulic acid matrix at a concentration of
121 15 mg/ml and dissolved in a solution of 33% acetonitrile, 17% formic acid and
122 50% water, as described previously (22, 23). Trans-ferulic acid matrix forms
123 crystals upon drying (Figure 1) and allows the analysis of proteins in a higher
124 molecular weight region, yielding larger mass peaks and higher signal-to-
125 baseline ratios in comparison with other organic matrices (22).

126 Spectra were obtained manually in linear positive mode, reading over the
127 formed crystals and acquired in the region 17,000-65,000 *m/z*, in pulses of 200
128 shots, for a summation of 800 spectra per strain and spot (Detector Gain
129 2.700V-2.800V, laser intensity 90%). Spectra were calibrated with the
130 commercial calibrator PSII (Protein Standard II, Bruker Daltonics, Bremen,
131 Germany).

132

133 **MALDI-TOF MS spectra analysis and data modeling**

134 High molecular weight spectra were analyzed with the commercial
135 platform Clover MS Data Analysis Software (MSDAS,
136 <https://www.clovermsdataanalysis.com>; Clover Bioanalytical Software,
137 Granada, Spain). Spectra were processed by a pipeline of: a) baseline
138 subtraction using Top-Hat filter (factor 0.02), b) smoothing via Savitzky-Golay
139 filter (window length: 11; polynomial order: 3), c) peak alignment with constant
140 mass tolerance of 3 Da and linear mass tolerance of 600 ppm and d) Total Ion

141 Current (TIC) normalization. Peaks were aligned in the 17,000-65,000 *m/z*
142 region of the spectra and then merged in an average spectrum for each isolate.
143 Full spectra were studied for this purpose.

144 Initial approach was to perform unsupervised algorithms to study the
145 feasibility of using MALDI-TOF for the differentiation of *C. difficile* RTs analyzing
146 the high molecular weight region. For that aim, hierarchical clustering with
147 Principal Component Analysis (PCA) was performed. All isolates were included
148 in this initial model and their high molecular weight spectra were compared.

149 After this initial study, several well-known supervised classification
150 algorithms were applied: Random Forest (RF), Light-Gradient Boosting Machine
151 (Light-GBM), Partial Least Squares-Discriminant Analysis (PLS-DA), Support
152 Vector Machine (SVM) and K-Nearest Neighbor (KNN). These algorithms were
153 trained by using a k-fold cross validation (k=5) as internal validation, meaning
154 that 20% of the samples were randomly extracted from the model and blindly
155 validated against it, on 5 different times. Hyperparameters applied for the
156 construction of the models are summarized on Table S2.

157 Area under the receiver operating characteristic (AUROC) curve was
158 obtained from these algorithms to evaluate their discrimination power for each
159 category. The AUROC measures the ability of the model to discriminate among
160 classes (i.e., higher values indicate greater ability) (24). A peak matrix with the
161 full spectrum of each isolate (from 17,000 to 65,000 *m/z*) was employed as
162 training data set. Biomarker analysis was applied to identify putative biomarkers
163 capable of discriminating each category. For this purpose, ANOVA analysis and
164 AUROC were calculated for all peaks found using a threshold of 1% of
165 maximum intensity for peak selection.

166

167

168 **Results**

169 All isolates were identified as *C. difficile* by MALDI-TOF MS with a score
170 >2.0. Initial study by unsupervised methods showed three main groups in
171 hierarchical clustering. First, a clear clustering of RT078, a second one
172 composed of mainly isolates from the “Other RTs” category, and a third cluster
173 that grouped together most isolates from categories RT027 and RT181 (Figure
174 2).

175 All supervised algorithms evaluated yielded accuracy greater than 75%.
176 The highest accuracy results for RT differentiation were obtained with the
177 algorithms RF and Light-GBM. 5-fold cross validation of these two models
178 yielded an accuracy of almost 90%. Differentiation of RT027 was possible with
179 all algorithms with an accuracy >70% and a Positive Predictive Value (PPV) of
180 80.0% and 86.7% for RF and Light-GBM, respectively. RT078 could clearly be
181 separated from the rest of RTs with an accuracy of 100% with all algorithms,
182 and a PPV of 100% for RF and 95.5% for Light-GBM, with one RT027 isolate
183 classified as RT078. Separation of RT181 from RT027 could not be achieved.
184 Finally, “Other RTs” category also obtained an accuracy greater than 90% with
185 RF and Light-GBM, and a PPV of 92.3% and 100%, respectively. Results of the
186 5-fold cross validation and distance plots of the algorithms are summarized in
187 Table 1 and Figure 3, respectively.

188 AUROC was greater than 0.85 for all categories with all trained
189 algorithms, except for RT181 because it could not be separated from RT027.

190 With the models that yielded best results (RF and Light-GBM) area under the
191 ROC curves was greater than 0.9 for RT027, RT078 and the category “Other
192 RTs” (Figure 4). These results for AUROC curves imply that all categories but
193 RT181 can be differentiated with high accuracy from the rest of categories.

194 RT078 could be differentiated from all other RTs thanks to three putative
195 biomarker peaks (19,222 *m/z*, 33,562 *m/z* and 41,253 *m/z*) present in these
196 isolates and with higher intensities than in the rest (Figure 5), which AUROC = 1
197 and p-values in ANOVA analysis lower than 0.05 (4.85·e-25, 1.63·e-36 and
198 2.54·e-27, respectively). Whereas peak 19,222 *m/z* was the unique peak in this
199 region, peaks 33,562 and 41,253 *m/z* appeared as a shift of peaks 33,840 and
200 40,722 *m/z*, respectively, which were present in other RTs.

201

202 **Discussion**

203 In this study, we evaluated the ability of MALDI-TOF MS to classify
204 hypervirulent strains analyzing proteins with higher molecular mass than those
205 usually evaluated for identification purposes. Our results showed that ribotyping
206 with MALDI-TOF MS is feasible, differentiating relevant RTs like RT027 and
207 RT078, and that this automated approach reduces the time to obtain results
208 from several days to a few hours from the isolation of the microorganism in
209 culture. Furthermore, the application of this technique is relatively simple, with
210 sample preparation being identical to the preparation for routine identification
211 using MALDI-TOF MS. Machine Learning algorithms such as RF and Light-
212 GBM were the best to perform, both achieving a 5-fold cross validation of 88%.

213 External validation could not be carried out due to the limited number of
214 isolates.

215 The results obtained in this study with MALDI-TOF MS can compare to
216 the molecular assay Xpert® *C. difficile* BT performance, as it can separate
217 RT027 from other clinically relevant RTs, although not from RT181. RT181 is a
218 similar RT to RT027, as it produces toxin B, binary toxin and presents the same
219 deletion in the regulatory gene *tcdC*. Differentiation between these two RTs can
220 be only achievable with PCR ribotyping, which can take up to a week. The
221 clinical implications of the differentiation between these two RTs are yet
222 unknown as RT181 has been recently described and literature about this RT is
223 still limited (2). Three biomarker peaks were found in our study for RT078
224 differentiation (19,222 *m/z*, 33,562 *m/z* and 41,253 *m/z*). Two of them, were
225 described in a previous study (33,600±200 *m/z* and 41,375±125 *m/z*) as specific
226 for RT078 (25). They appeared next to other peaks present in other RTs
227 (33,840 and 40,722 *m/z*), with a shift of 300-500 *m/z*. They could correspond to
228 different forms of the same protein, with variations between different RTs,
229 although this was not confirmed. The peak at 19,222 *m/z* has not been
230 described before to our knowledge. The identification of these three peaks
231 could be applied as a fast tool for RT078 ribotyping. No other biomarkers of
232 interest were found for the differentiation of the rest of categories.

233 Several studies have been published trying to ribotype *C. difficile* with
234 MALDI-TOF MS, but the majority of them analyze the default region of
235 identification, between 2,000 and 20,000 *m/z*, with variable results (8, 26-29).
236 Two studies analyzed a higher molecular weight region with MALDI-TOF MS
237 (up to 80,000 *m/z*). They achieved *C. difficile* typing by creating an internal

238 database according to their own mass spectra (what they define the “High
239 Molecular Weight Profile” -HMW Profile-), which then was compared to PCR
240 ribotyping (25, 30). They could not clearly correlate their HMW profiles with
241 conventional ribotyping, as some HMW Profiles include isolates from different
242 conventional RTs and at the same time, some conventional RTs include
243 isolates from different HMW profiles. They concluded that HMW ribotyping
244 could be a useful tool for *C. difficile* outbreak detection as they detected isolates
245 with the same HMW profile in different clinical outbreaks.

246 In this study *C. difficile* typing was achieved, directly correlating MALDI-
247 TOF MS results with what is considered the Gold Standard technique in
248 Europe, PCR ribotyping of the intergenic region between 16S rRNA and 23S
249 rRNA. This allows for extrapolation and comparison of results with other centers
250 that perform this technique and have a MALDI-TOF MS instrument available.

251 One of the flaws of this study is the limited number of isolates available,
252 although they belong to a multicentric collection and were isolated from several
253 hospitals in Spain. Strains were selected according to national and European
254 epidemiology, representing the most common RTs, but were isolated only from
255 the Spanish territory. A broader and more representative number of isolates
256 from Europe may be needed to validate this study and confirm the results. It is
257 possible that with an increase in the number of strains analyzed, separation of
258 RT181 from RT027 also improves.

259 The methodology developed in this study is a valuable tool for the rapid
260 discrimination of clinically relevant isolates of *C. difficile* and opens a new path
261 for future typing studies with MALDI-TOF MS and other clinically relevant
262 bacteria. The implementation of MALDI-TOF MS significantly reduces the time

263 and costs for *C. difficile* ribotyping in comparison with reference methods,
264 allowing a better optimization of hospital resources and prompt initiation of
265 treatment according to the characterized RT, as well as more efficient and cost-
266 effective control of the infection.

267

268 **Conflicts of Interests**

269 MJA is employed by Clover Bioanalytical Software (Granada, Spain) but had no
270 role in the design of the study or methodology. The rest of authors declare no
271 conflicts of interest.

272

273 **Acknowledgments**

274 This work is partially supported by the project PI18/00997 and PI20/00686 from
275 the Health Research Fund (FIS. Instituto de Salud Carlos III. Plan Nacional de
276 I+D+I 2013-2016) of the Carlos III Health Institute (ISCIII, Madrid, Spain)
277 partially financed by the European Regional Development Fund (FEDER) 'A
278 way of making Europe'. The funders had no role in the study de-sign, data
279 collection, analysis, decision to publish, or preparation/content of the
280 manuscript. AC (Rio Hortega CM21/00165), DRT (Sara Borrell CD22/00014)
281 and BRS (Miguel Servet CPII19/00002) are funded by ISCIII.

282

283 **Figure Legends**

284 **Figure 1.** a) Example of crystallization of Trans-ferulic acid matrix on the MALDI
285 plate; b) Zoomed-in portion of a MALDI spot during spectra acquisition.

286 **Figure 2.** Dendrogram built with all isolates using Euclidean distance and Ward
287 metric. Three main clusters could be observed. Dimensionality reduction was
288 automatically applied to reach 95% of variance. In this experiment, there were
289 automatically included 56 principal components.

290 **Figure 3.** Distance plots of the algorithms studied: a) Random Forest; b) K-
291 Nearest Neighbor; c) Partial Least Squares-Discriminant Analysis; d) Support
292 Vector Machine.

293 **Figure 4.** Area Under the Receiver Operating Characteristic (AUROC) curve
294 for: a) Light-Gradient Boosting Machine algorithm; and b) Random Forest
295 algorithm.

296 **Figure 5.** Specific biomarker peaks for the differentiation of RT078: 19,222,
297 22,562 and 41,253 *m/z*.

298

299 **Author Contributions:** Conceptualization, AC, DRT, MO and BRS;
300 Methodology, AC, MM and LA; software, MJA; formal analysis, AC and MJA;
301 writing—original draft preparation, AC and DRT; writing—review and editing,
302 GB, MO and BRS; supervision, MO and BRS; project administration, MO and
303 BRS; funding acquisition, MO and BRS. All authors have read and agreed to
304 the published version of the manuscript.

305

306 **References**

307 1. Czepiel J, Drozdz M, Pituch H, Kuijper EJ, Perucki W, Mielimonka A, Goldman S,
308 Wultanska D, Garlicki A, Biesiada G. 2019. *Clostridium difficile* infection: review.
309 European journal of clinical microbiology & infectious diseases : official publication of
310 the European Society of Clinical Microbiology 38:1211-1221.

311 2. Kachrimanidou M, Baktash A, Metallidis S, Tsachouridou O, Netsika F, Dimoglou D,
312 Kassomenaki A, Mouza E, Haritonidou M, Kuijper E. 2020. An outbreak of *Clostridioides*
313 *difficile* infections due to a 027-like PCR ribotype 181 in a rehabilitation centre:
314 Epidemiological and microbiological characteristics. *Anaerobe* 65:102252.

315 3. Kachrimanidou M, Metallidis S, Tsachouridou O, Harmanus C, Lola V, Protonotariou E,
316 Skoura L, Kuijper E. 2022. Predominance of *Clostridioides difficile* PCR ribotype 181 in
317 northern Greece, 2016-2019. *Anaerobe* 76:102601.

318 4. Baktash A, Corver J, Harmanus C, Smits WK, Fawley W, Wilcox MH, Kumar N, Eyre DW,
319 Indra A, Mellmann A, Kuijper EJ. 2022. Comparison of Whole-Genome Sequence-Based
320 Methods and PCR Ribotyping for Subtyping of *Clostridioides difficile*. *Journal of clinical*
321 *microbiology* 60:e0173721.

322 5. Markovska R, Dimitrov G, Gergova R, Boyanova L. 2023. *Clostridioides difficile*, a New
323 "Superbug". *Microorganisms* 11.

324 6. Burnham CA, Carroll KC. 2013. Diagnosis of *Clostridium difficile* infection: an ongoing
325 conundrum for clinicians and for clinical laboratories. *Clinical microbiology reviews*
326 26:604-30.

327 7. Wolff D, Bruning T, Gerritzen A. 2009. Rapid detection of the *Clostridium difficile*
328 ribotype 027 tcdC gene frame shift mutation at position 117 by real-time PCR and melt
329 curve analysis. *European journal of clinical microbiology & infectious diseases : official*
330 *publication of the European Society of Clinical Microbiology* 28:959-62.

331 8. Calderaro A, Buttrini M, Martinelli M, Farina B, Moro T, Montecchini S, Arcangeletti
332 MC, Chezzi C, De Conto F. 2021. Rapid Classification of *Clostridioides difficile* Strains
333 Using MALDI-TOF MS Peak-Based Assay in Comparison with PCR-Ribotyping.
334 *Microorganisms* 9.

335 9. Bai Y, Hao Y, Song Z, Chu W, Jin Y, Wang Y. 2021. Evaluation of the Cepheid Xpert C.
336 *difficile* diagnostic assay: an update meta-analysis. *Brazilian journal of microbiology* :
337 [publication of the Brazilian Society for Microbiology] 52:1937-1949.

338 10. Novakova E, Kotlebova N, Gryndlerova A, Novak M, Vladarova M, Wilcox M, Kuijper E,
339 Krutova M. 2020. An Outbreak of *Clostridium (Clostridioides) difficile* Infections within
340 an Acute and Long-Term Care Wards Due to Moxifloxacin-Resistant PCR Ribotype 176
341 Genotyped as PCR Ribotype 027 by a Commercial Assay. *Journal of clinical medicine* 9.

342 11. Chapin KC, Dickenson RA, Wu F, Andrea SB. 2011. Comparison of five assays for
343 detection of *Clostridium difficile* toxin. *The Journal of molecular diagnostics : JMD*
344 13:395-400.

345 12. Mulet X, Garcia R, Gaya M, Oliver A. 2019. O-antigen serotyping and MALDI-TOF,
346 potentially useful tools for optimizing semi-empiric antipseudomonal treatments
347 through the early detection of high-risk clones. *European journal of clinical*
348 *microbiology & infectious diseases : official publication of the European Society of*
349 *Clinical Microbiology* 38:541-544.

350 13. Sauget M, van der Mee-Marquet N, Bertrand X, Hocquet D. 2016. Matrix-assisted laser
351 desorption ionization-time of flight Mass spectrometry can detect *Staphylococcus*
352 *aureus* clonal complex 398. *Journal of microbiological methods* 127:20-23.

353 14. Pinto TC, Costa NS, Castro LF, Ribeiro RL, Botelho AC, Neves FP, Peralta JM, Teixeira
354 LM. 2017. Potential of MALDI-TOF MS as an alternative approach for capsular typing
355 *Streptococcus pneumoniae* isolates. *Scientific reports* 7:45572.

356 15. Chui H, Chan M, Hernandez D, Chong P, McCorrister S, Robinson A, Walker M,
357 Peterson LA, Ratnam S, Haldane DJ, Bekal S, Wylie J, Chui L, Westmacott G, Xu B,
358 Drebot M, Nadon C, Knox JD, Wang G, Cheng K. 2015. Rapid, Sensitive, and Specific
359 *Escherichia coli* H Antigen Typing by Matrix-Assisted Laser Desorption Ionization-Time
360 of Flight-Based Peptide Mass Fingerprinting. *Journal of clinical microbiology* 53:2480-5.

361 16. Mauri PL, Pietta PG, Maggioni A, Cerquetti M, Sebastianelli A, Mastrantonio P. 1999.
362 Characterization of surface layer proteins from *Clostridium difficile* by liquid

363 chromatography/electrospray ionization mass spectrometry. Rapid communications in
364 mass spectrometry : RCM 13:695-703.

365 17. Qazi O, Hitchen P, Tissot B, Panico M, Morris HR, Dell A, Fairweather N. 2009. Mass
366 spectrometric analysis of the S-layer proteins from *Clostridium difficile* demonstrates
367 the absence of glycosylation. Journal of mass spectrometry : JMS 44:368-74.

368 18. Marin M, Martin A, Alcala L, Cercenado E, Iglesias C, Reigadas E, Bouza E. 2015.
369 *Clostridium difficile* isolates with high linezolid MICs harbor the multiresistance gene
370 cfr. Antimicrobial agents and chemotherapy 59:586-9.

371 19. Stubbs SL, Brazier JS, O'Neill GL, Duerden BI. 1999. PCR targeted to the 16S-23S rRNA
372 gene intergenic spacer region of *Clostridium difficile* and construction of a library
373 consisting of 116 different PCR ribotypes. Journal of clinical microbiology 37:461-3.

374 20. Indra A, Huhulescu S, Schneeweis M, Hasenberger P, Kernbichler S, Fiedler A, Wewalka
375 G, Allerberger F, Kuijper EJ. 2008. Characterization of *Clostridium difficile* isolates using
376 capillary gel electrophoresis-based PCR ribotyping. Journal of medical microbiology
377 57:1377-1382.

378 21. Reigadas E, Alcala L, Gomez J, Marin M, Martin A, Onori R, Munoz P, Bouza E. 2018.
379 Breakthrough *Clostridium difficile* Infection in Cirrhotic Patients Receiving Rifaximin.
380 Clinical infectious diseases : an official publication of the Infectious Diseases Society of
381 America 66:1086-1091.

382 22. Madonna AJ, Basile F, Ferrer I, Meetani MA, Rees JC, Voorhees KJ. 2000. On-probe
383 sample pretreatment for the detection of proteins above 15 KDa from whole cell
384 bacteria by matrix-assisted laser desorption/ionization time-of-flight mass
385 spectrometry. Rapid communications in mass spectrometry : RCM 14:2220-9.

386 23. Meetani MA, Voorhees KJ. 2005. MALDI mass spectrometry analysis of high molecular
387 weight proteins from whole bacterial cells: pretreatment of samples with surfactants.
388 Journal of the American Society for Mass Spectrometry 16:1422-1426.

389 24. Gato E, Arroyo MJ, Mendez G, Candela A, Rodino-Janeiro BK, Fernandez J, Rodriguez-
390 Sanchez B, Mancera L, Arca-Suarez J, Beceiro A, Bou G, Oviano M. 2023. Direct
391 Detection of Carbapenemase-Producing *Klebsiella pneumoniae* by MALDI-TOF Analysis
392 of Full Spectra Applying Machine Learning. Journal of clinical microbiology
393 61:e0175122.

394 25. Rizzardi K, Akerlund T. 2015. High Molecular Weight Typing with MALDI-TOF MS - A
395 Novel Method for Rapid Typing of *Clostridium difficile*. PloS one 10:e0122457.

396 26. Calderaro A, Buttrini M, Farina B, Montecchini S, Martinelli M, Arcangeletti MC, Chezzi
397 C, De Conto F. 2022. Characterization of *Clostridioides difficile* Strains from an
398 Outbreak Using MALDI-TOF Mass Spectrometry. Microorganisms 10.

399 27. Carneiro LG, Pinto TCA, Moura H, Barr J, Domingues R, Ferreira EO. 2021. MALDI-TOF
400 MS: An alternative approach for ribotyping *Clostridioides difficile* isolates in Brazil.
401 Anaerobe 69:102351.

402 28. Cheng JW, Liu C, Kudinha T, Xiao M, Yu SY, Yang CX, Wei M, Liang GW, Shao DH, Kong
403 F, Tong ZH, Xu YC. 2018. Use of matrix-assisted laser desorption ionization-time of
404 flight mass spectrometry to identify MLST clade 4 *Clostridium difficile* isolates.
405 Diagnostic microbiology and infectious disease 92:19-24.

406 29. Li R, Xiao D, Yang J, Sun S, Kaplan S, Li Z, Niu Y, Qiang C, Zhai Y, Wang X, Zhao X, Zhao B,
407 Welker M, Pincus DH, Jin D, Kamboj M, Zheng G, Zhang G, Zhang J, Tang YW, Zhao J.
408 2018. Identification and Characterization of *Clostridium difficile* Sequence Type 37
409 Genotype by Matrix-Assisted Laser Desorption Ionization-Time of Flight Mass
410 Spectrometry. Journal of clinical microbiology 56.

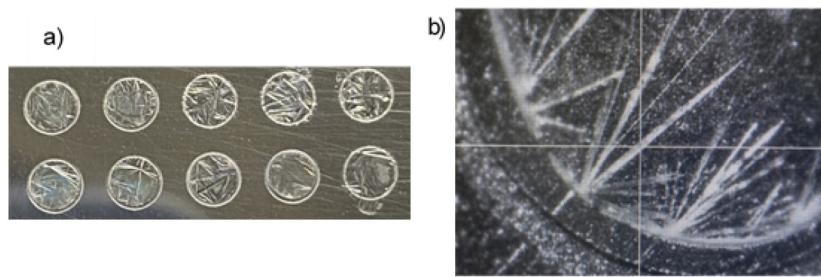
411 30. Ortega L, Ryberg A, Johansson A. 2018. HMW-profiling using MALDI-TOF MS: A
412 screening method for outbreaks of *Clostridioides difficile*. Anaerobe 54:254-259.

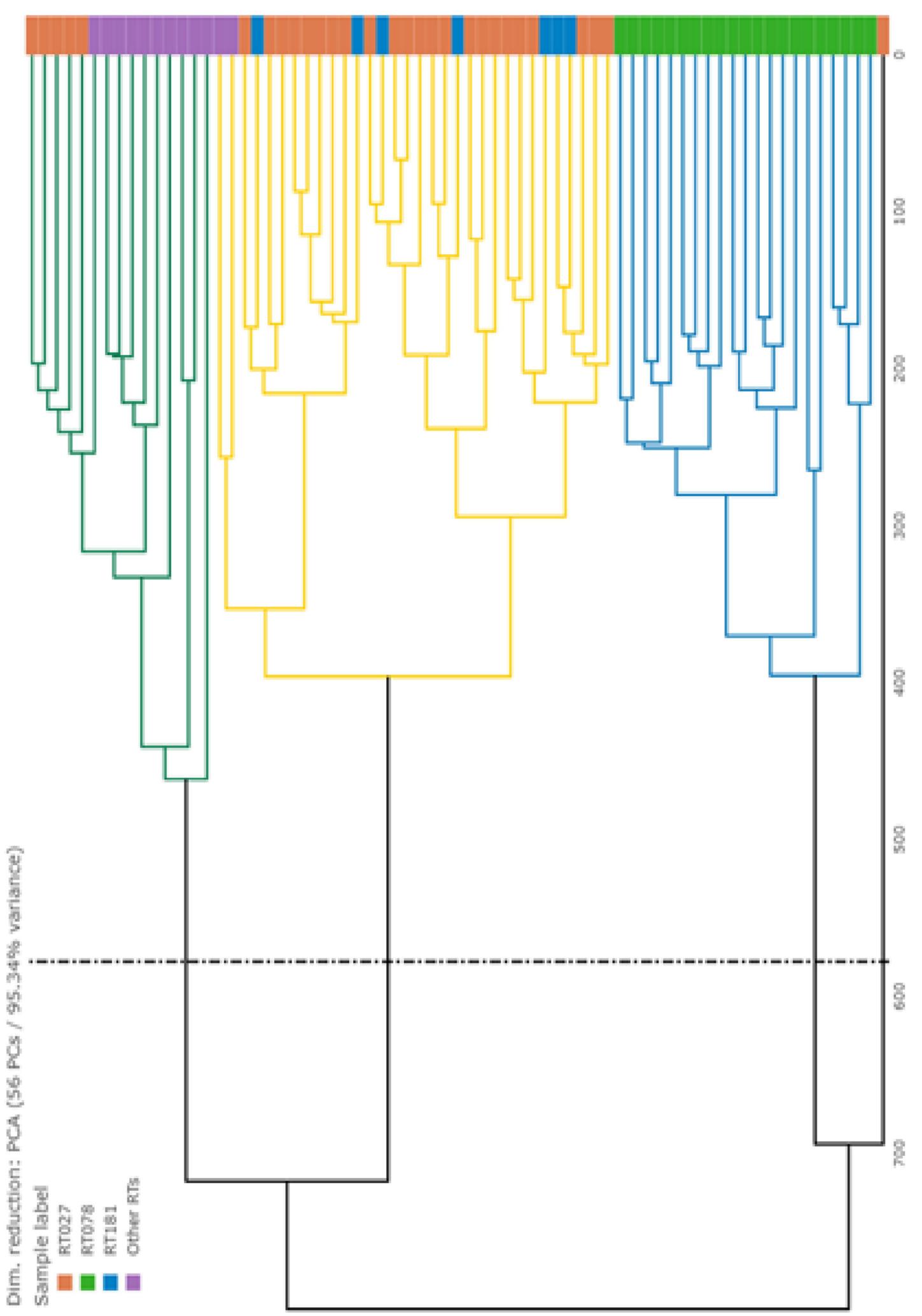
414

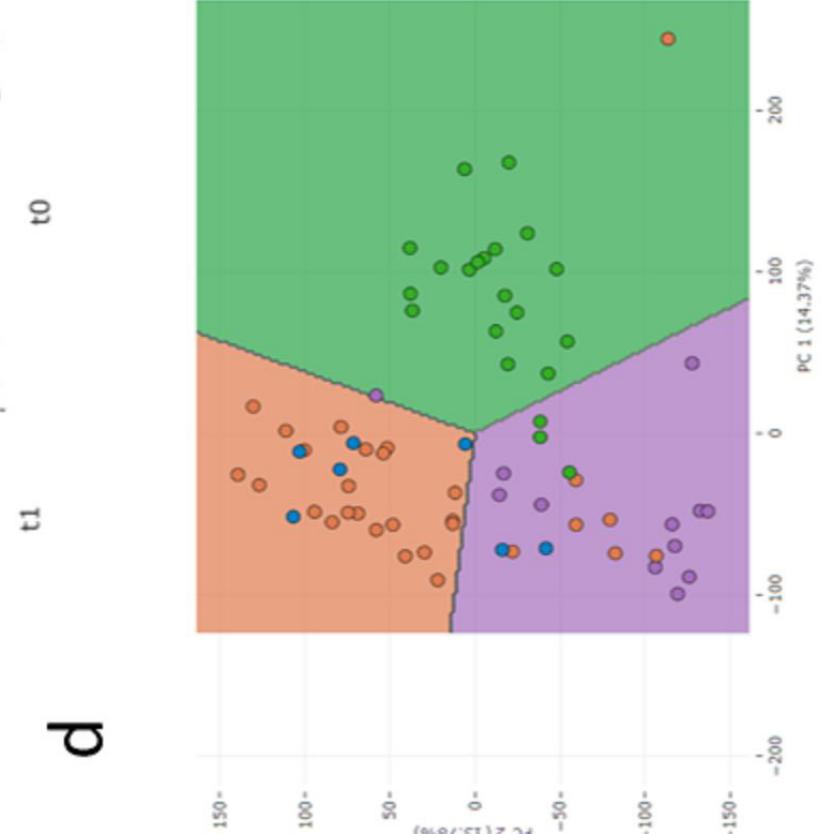
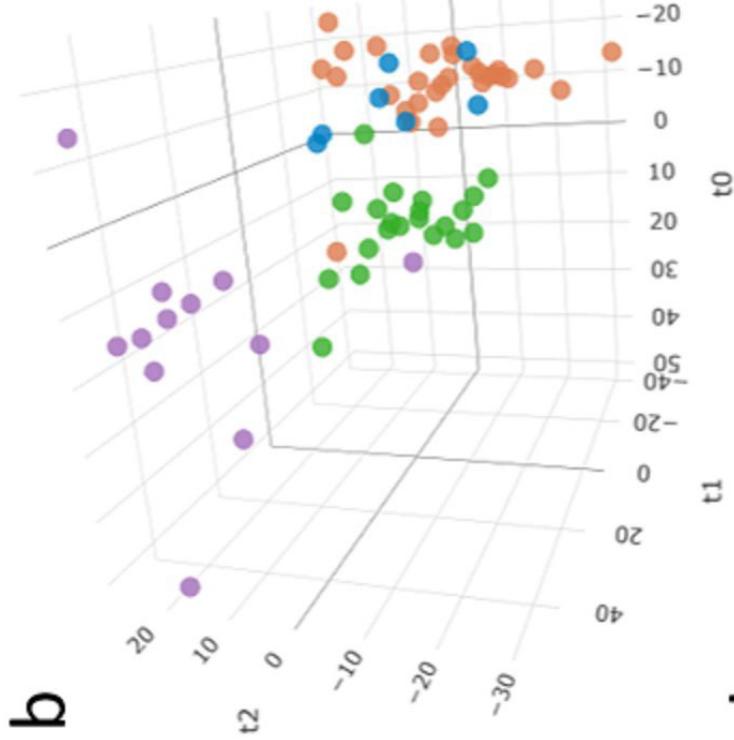
Table 1. 5-fold cross validation of the different algorithms studied, showing the accuracy for each one of the categories of the model and the total accuracy.

% Correct	Number of isolates	KNN	PCA-SVM	Light-GBM	PLS-DA	RF
RT027	n=29	79.3%	72.4%	89.7%	96.5%	96.5%
RT078	n=21	100%	100%	100%	100%	100%
RT181	n=7	0%	57.1%	42.9%	0%	0%
Other RTs	n=12	66.7%	83.3%	91.7%	83.3%	100%
Total % Correct	n=69	75.4%	81.2%	88.4%	85.5%	88.4%

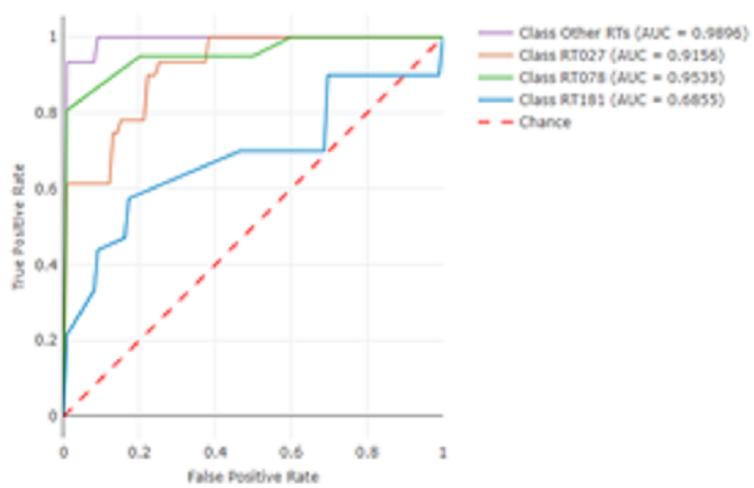
KNN: K-Nearest Neighbor; PCA-SVM: Principal Component Analysis-Support Vector Machine; Light-GBM: Light Gradient Boosting Machine; PLS-DA: Partial Least Squares Discriminant Analysis; RF: Random Forest.







a)



b)

