



Field Based Evaluation of PST Interactions with Canada Thistle in Non- Disturbed Sites

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Introduction

- Canada thistle is classified as a noxious weed in WI and many other states.
- Few good management strategies exist in non-disturbed sites (pasture, CRP, roadsides, parks).
- Non-disturbed systems are a good fit for biological control.

Brief History of PST

- *Pseudomonas syringae* pv. *tagetis*; infects many plants in *Asteraceae*.
- By 1978, pathogen was observed in sunflower in WI, USA.
- Different PS pathovars have been widely studied.

PST

- PST produces a toxin (tagetitoxin) when it interacts with a recognized host's leaves.
- Toxin is symplastically translocated to apical growth areas.
- Inhibits RNA polymerase III – does not allow chloroplast biogenesis.



PST and C. Thistle

- Research at U of MN in 90's.
 - Adapted technology to a soybean system.
- Initial promising results prompted Mycogen to test as a potential commercial bioherbicide.
- Freeze dried formulation failed in multi-state trials (1995).

A New Idea

- Lack of progress on PST front did not go unnoticed.
- Prompted researchers at UW to take a “backyard” approach (2000).
- Infected thistle sap (with organosilicone surfactant) was applied onto healthy thistles.
- Some infection observed (30% disease incidence).



Objectives

That success lead to many new questions on how to achieve optimal infection:

- What time of year to apply?
- What concentration and volume should be used?
- How frequently should applications be made?

Materials and Methods

Field Trials:

- Bluegrass/bromegrass pastures or CRP sites.
- Randomized complete block design.
- Four replications.
- 10 by 10 ft plots with 5 ft buffers and 5 ft alleys.



Materials and Methods

Field Trials (cont'd):

- Broadcast applications with backpack sprayer (CO₂) at 40 gpa.
- Silwet L-77 was added to all spray solutions at 0.3%, v/v.
- Applied to thistles in vegetative to early bud stage (17 to 21 in)



Materials and Methods

Spray solution preparation:

- Infected shoots were harvested from naturally infected plants at various non-disturbed sites.
- Harvested shoots were immediately placed on ice until processing.
- Prior to blending, all shoots were cut into 2 in segments.

Materials and Methods

Spray solution preparation (cont'd):

- 65g (fresh weight) infect shoot material added to 1 qt of water in a standard kitchen blender.
- Blended for 30 seconds.
- After blending, chopped biomass layer removed by hand.

Materials and Methods

- Solution filtered a two filter system in a funnel:
 - Fiberglass (8 by 8 in) screen pre-filter at the mouth of the funnel.
 - Cheese cloth (double layer of 4 by in) in the funnel.
- After filtration, water added to the solution to bring it to 1 qt.

Materials and Methods

- Placed on ice until time of application.
- Solution was placed in 2 qt spray bottle and the L-77 added.
- Solution immediately placed on ice for transport to the field.

Materials and Methods

Treatment impact:

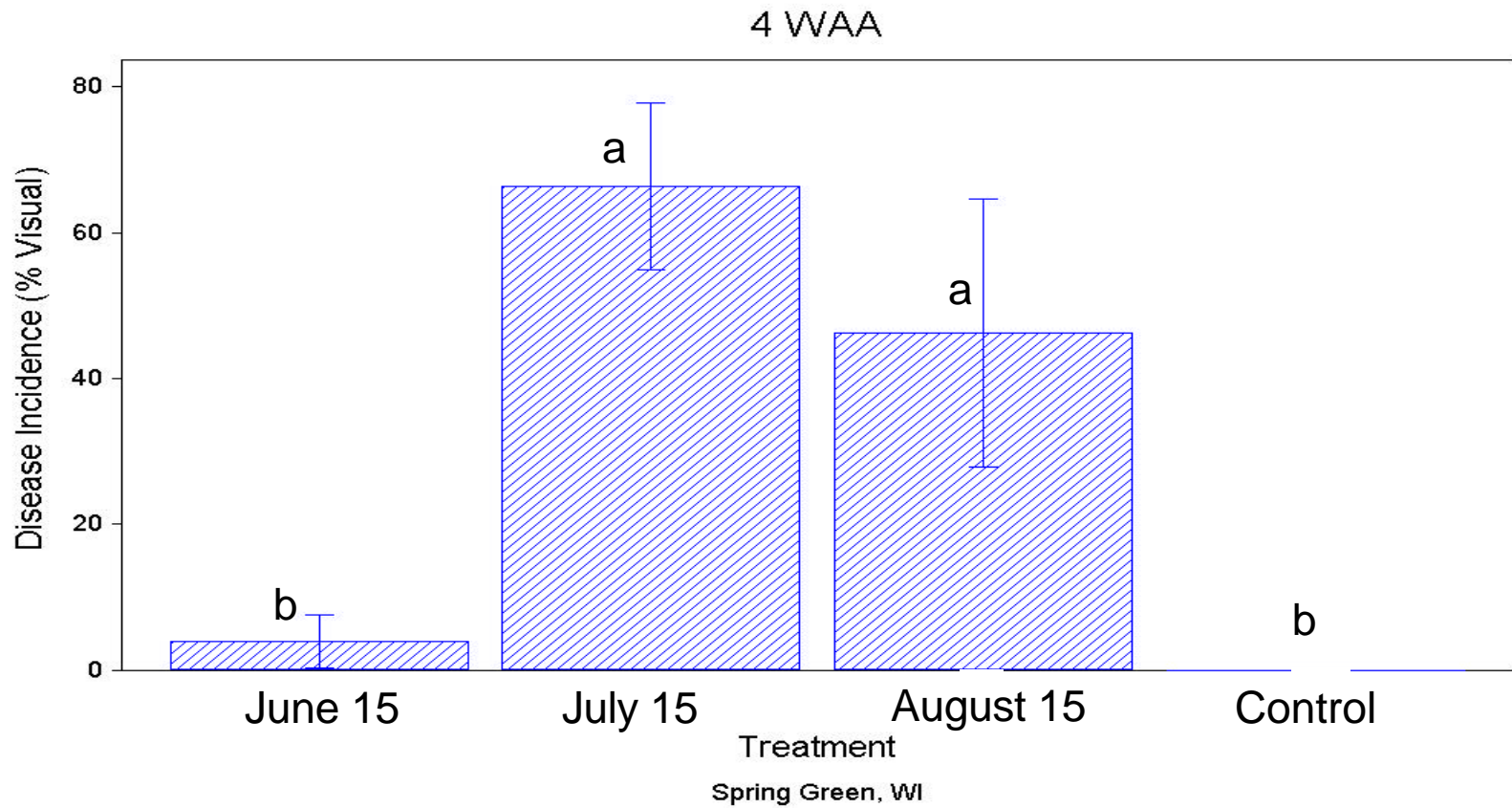
- Ratings taken 2, 4 and 8 weeks after application (WAA):
 - % Visual disease incidence (DI) and disease severity (DS).
 - Population counts of diseased versus healthy plants (CDI) at 8 WAA.
- All data analyzed using a one or two factor ANOVA.

Timing Study

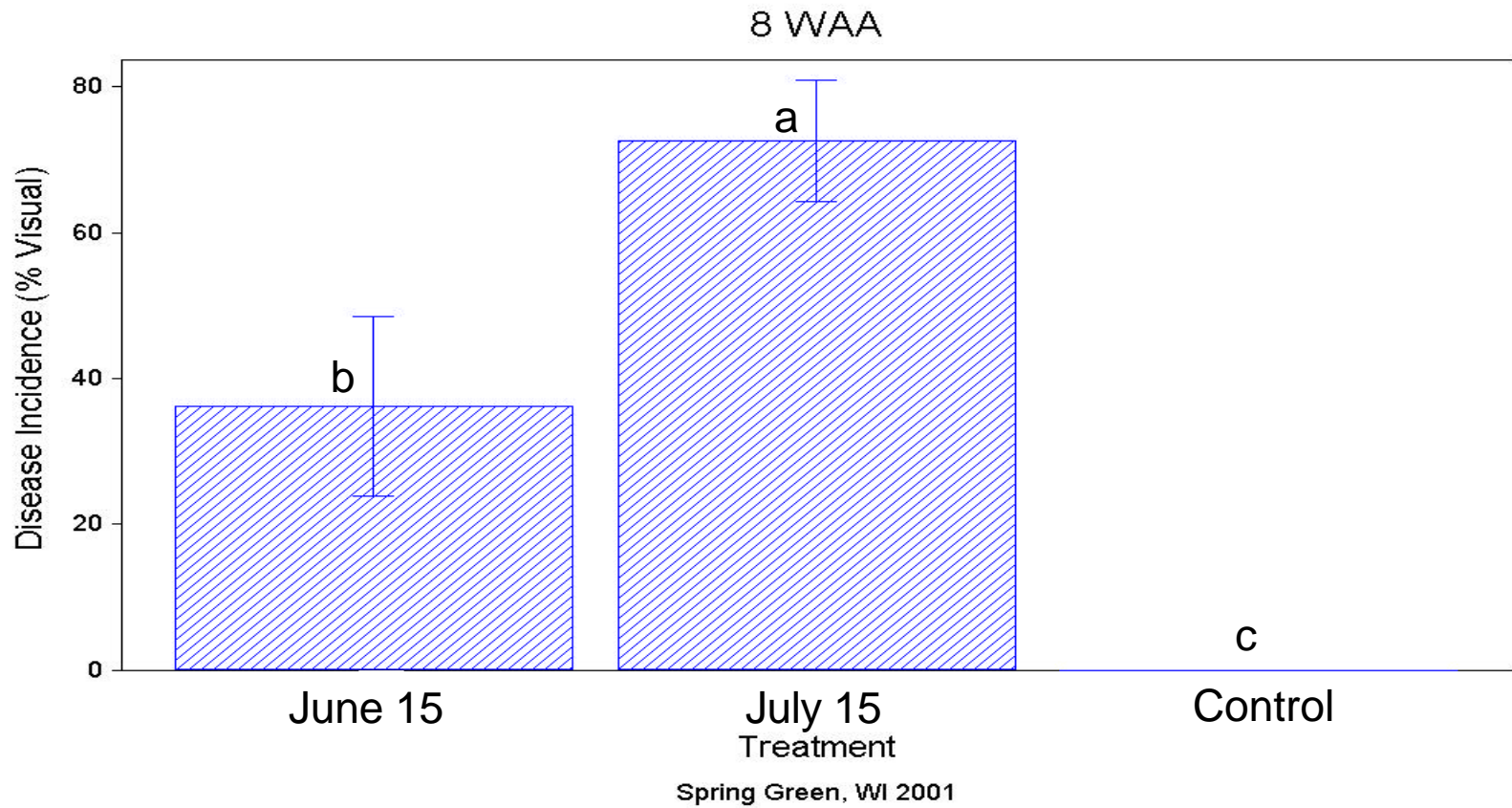
PST applied three times in the summer of 2001:

- June 15
- July 15
- August 15

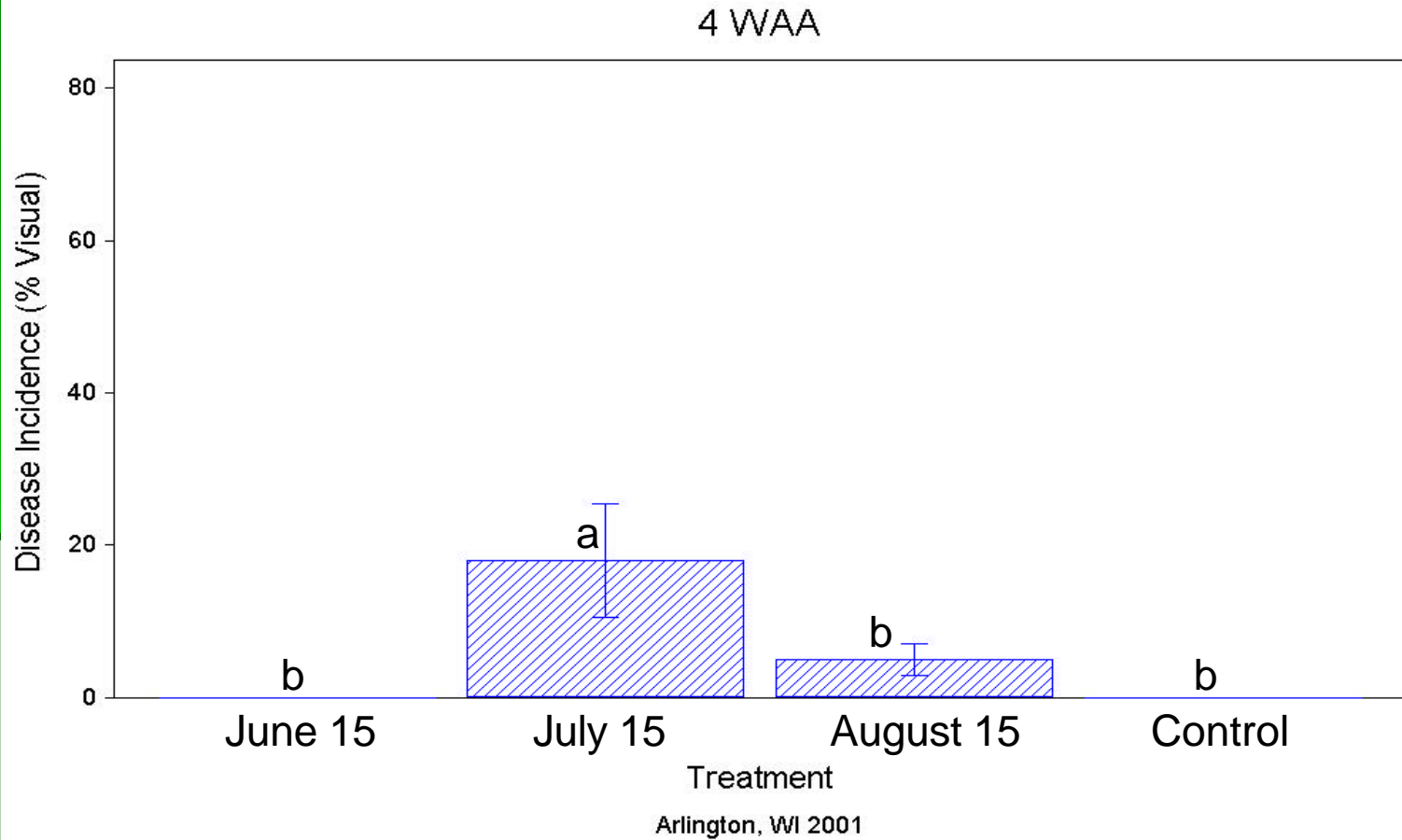
Timing Study



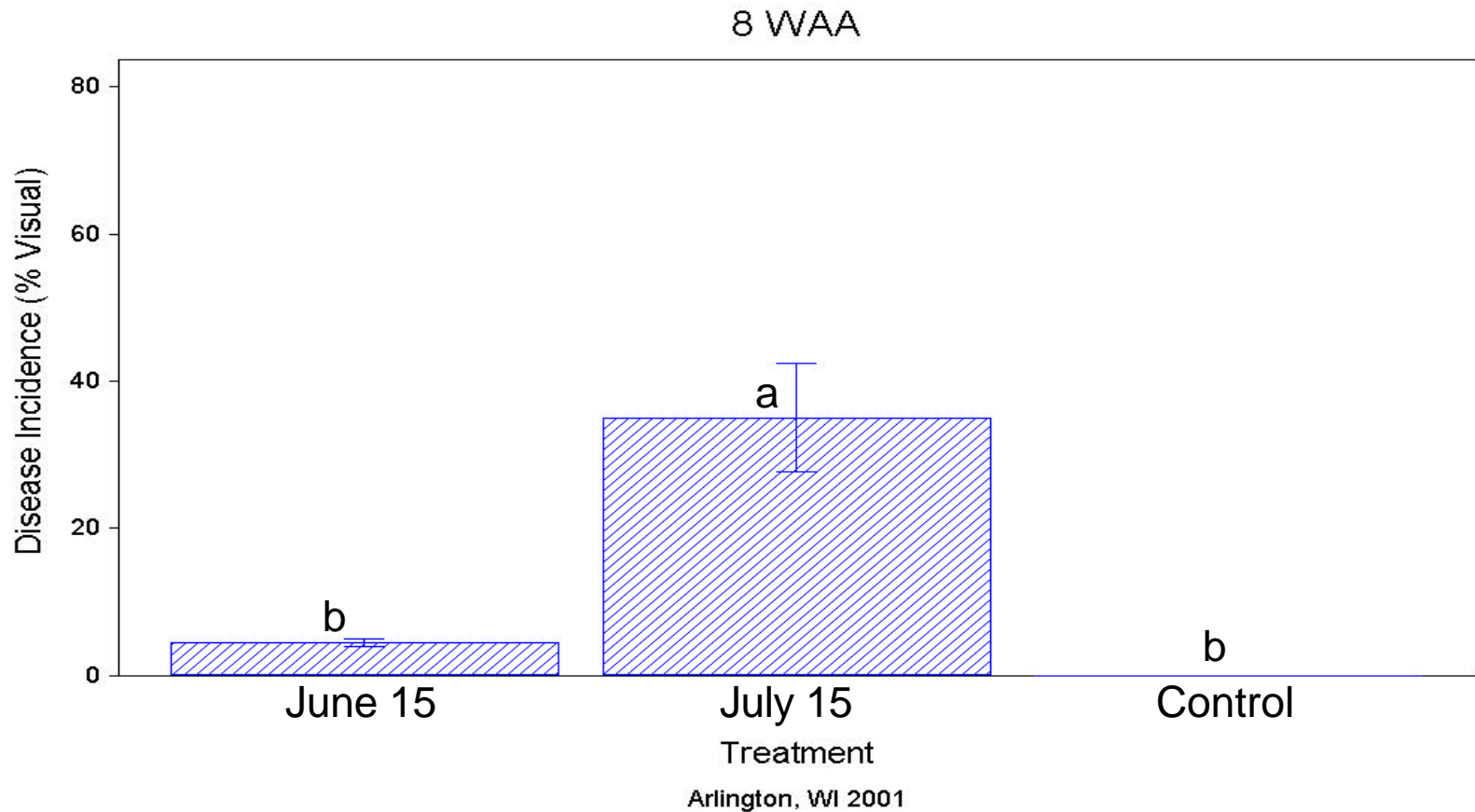
Timing Study



Timing Study



Timing Study



Timing Study Conclusions:

In 2001:

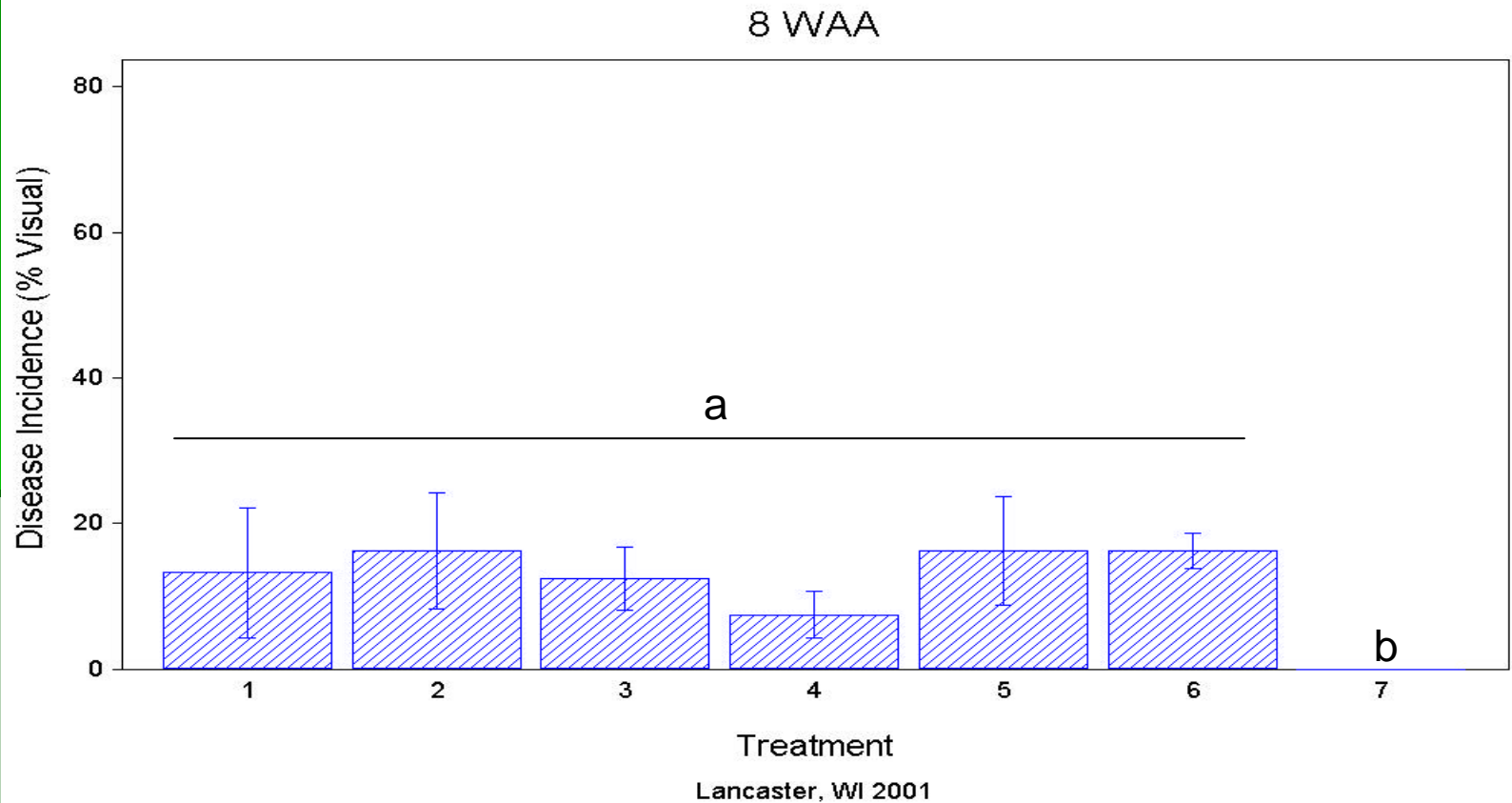
- July or August best time to apply PST at 4 WAA.
- July best month to apply PST at 8 WAA (compared to June).
- Likely weather implications.

Concentration x Volume Study

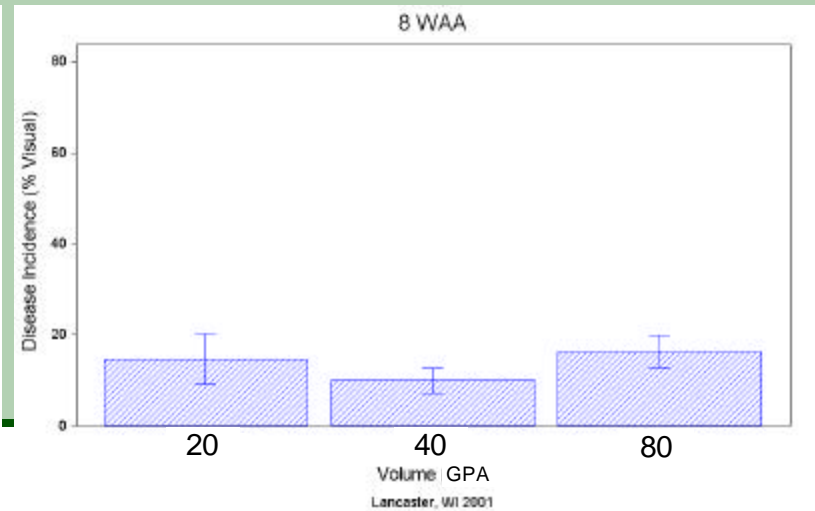
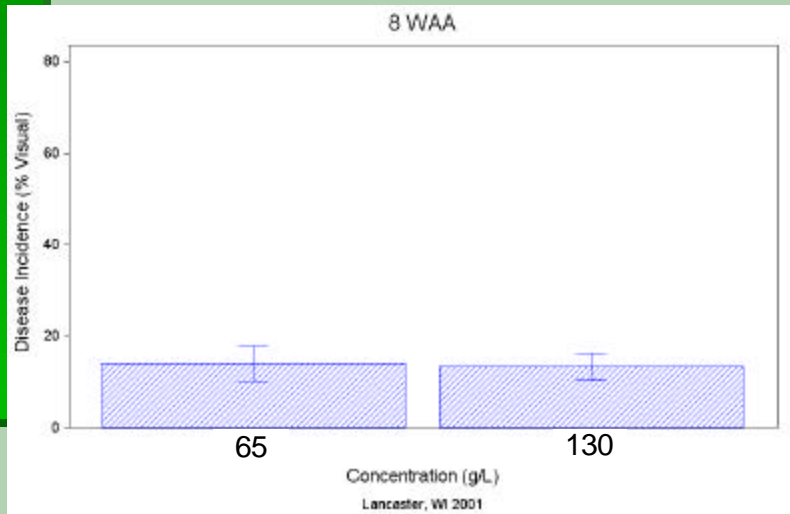
Treatments:

- Three spray volumes: 20, 40 and 80 gpa.
- Two “concentrations:” 65 and 130g C. thistle fresh weight/qt.

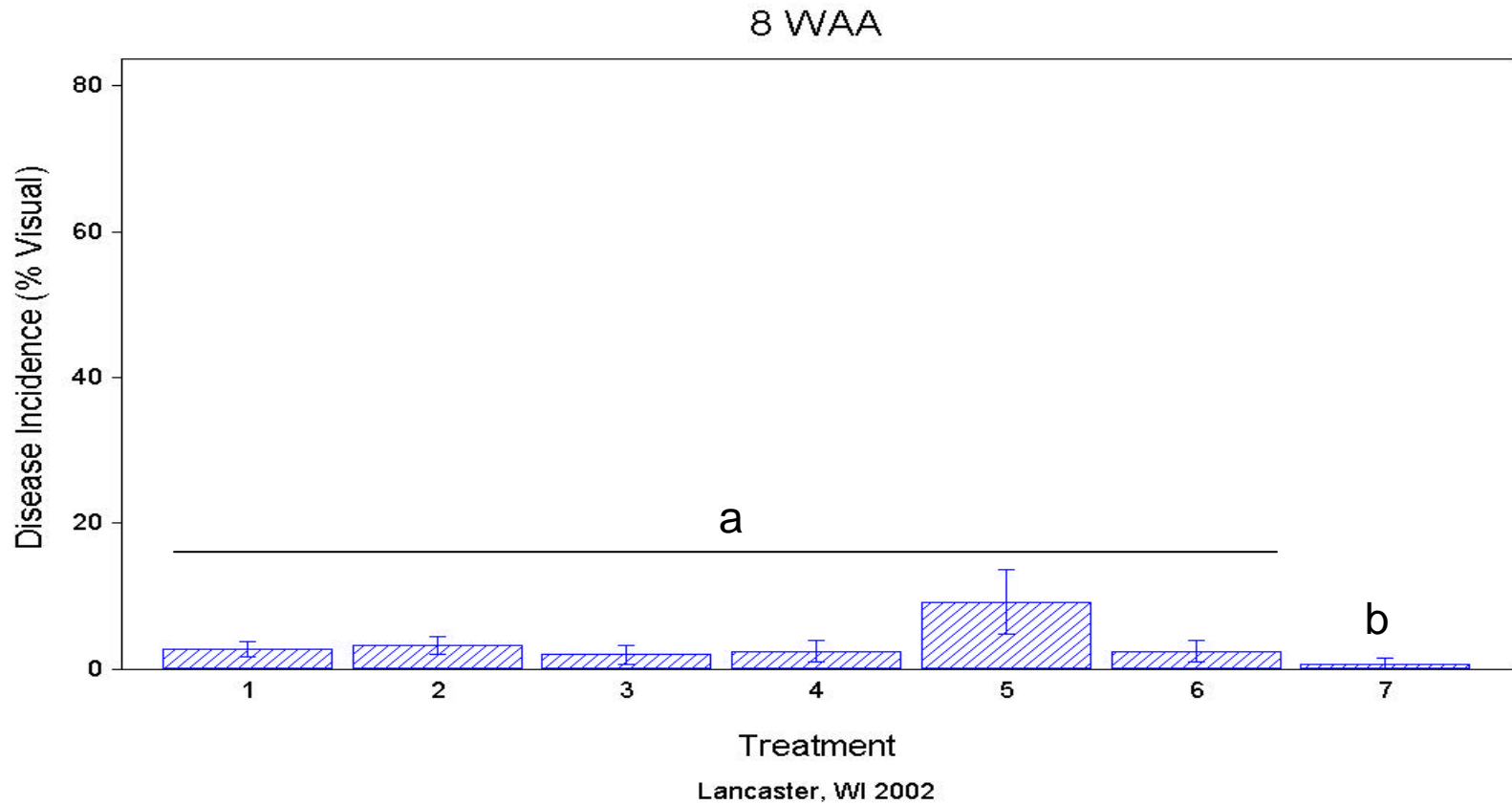
Concentration x Volume



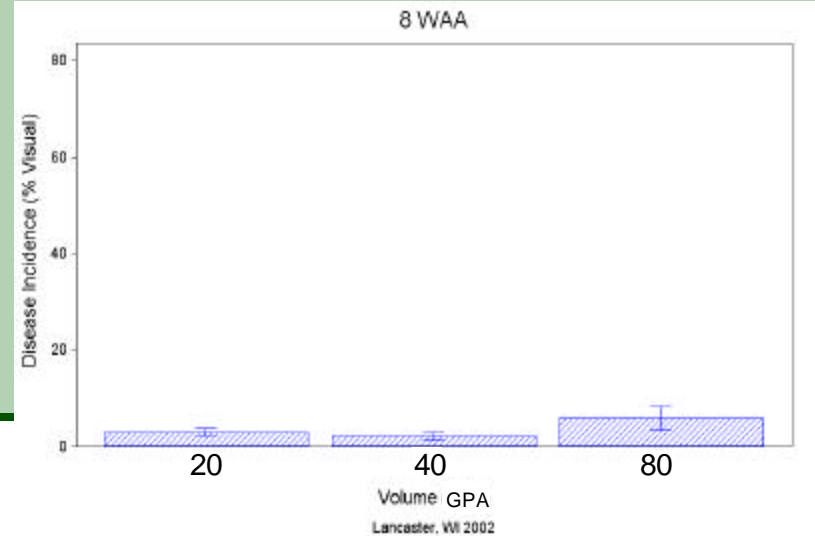
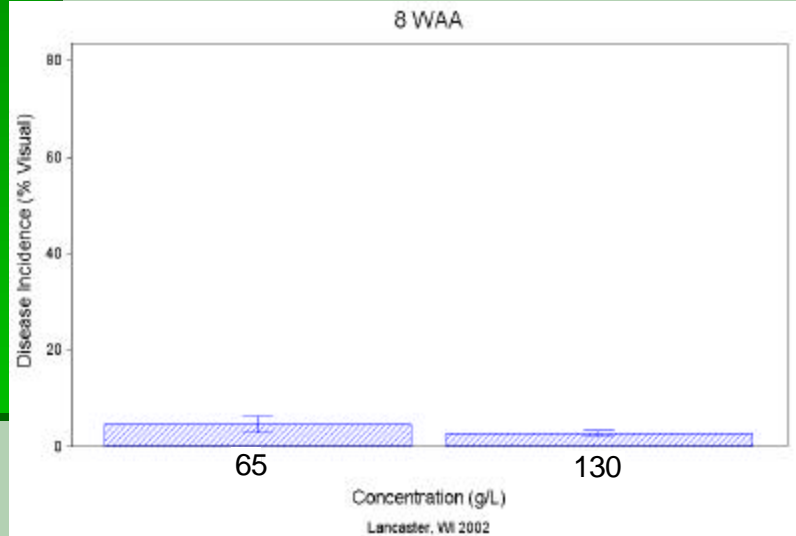
Concentration x Volume



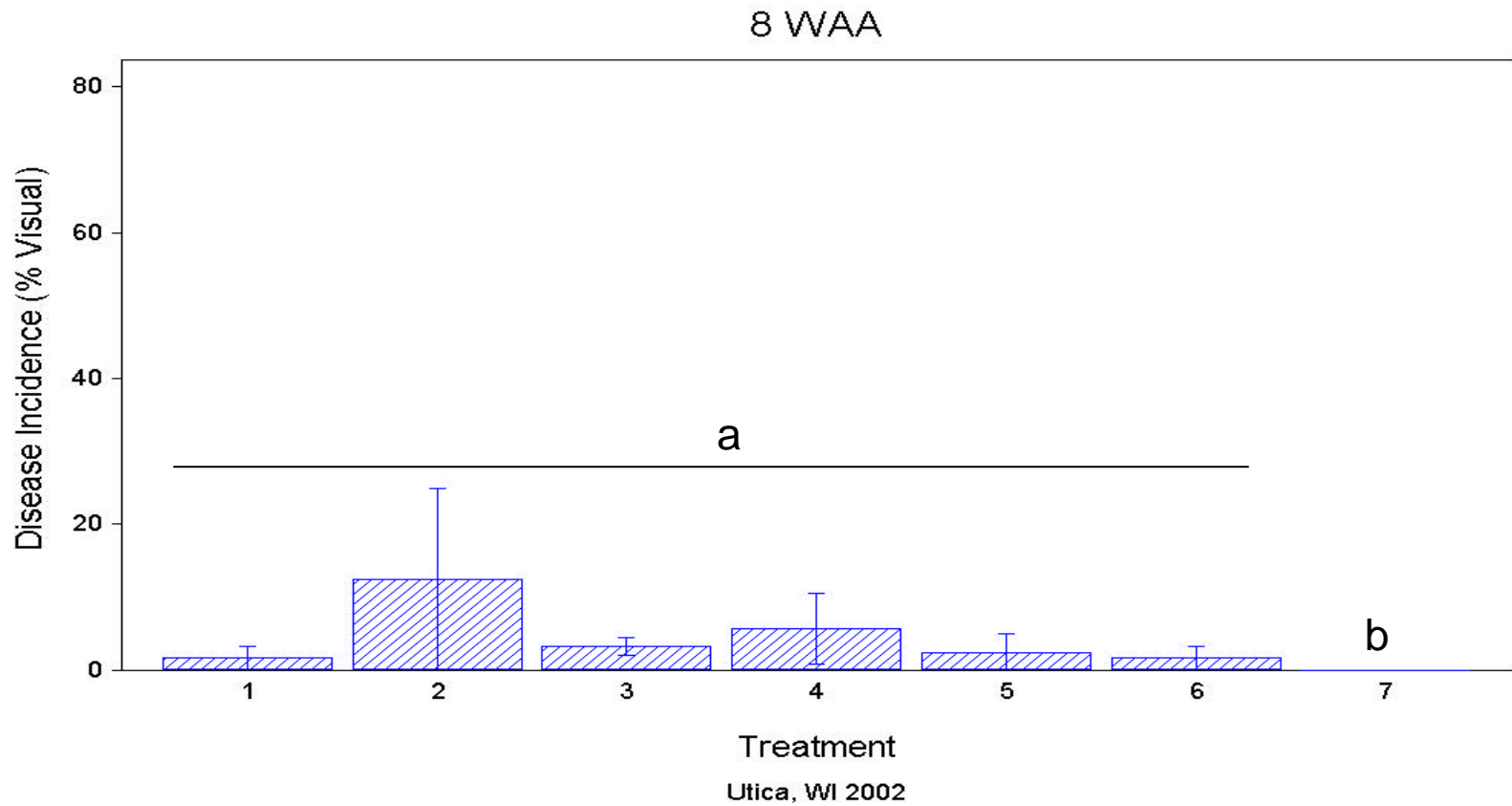
Concentration x Volume



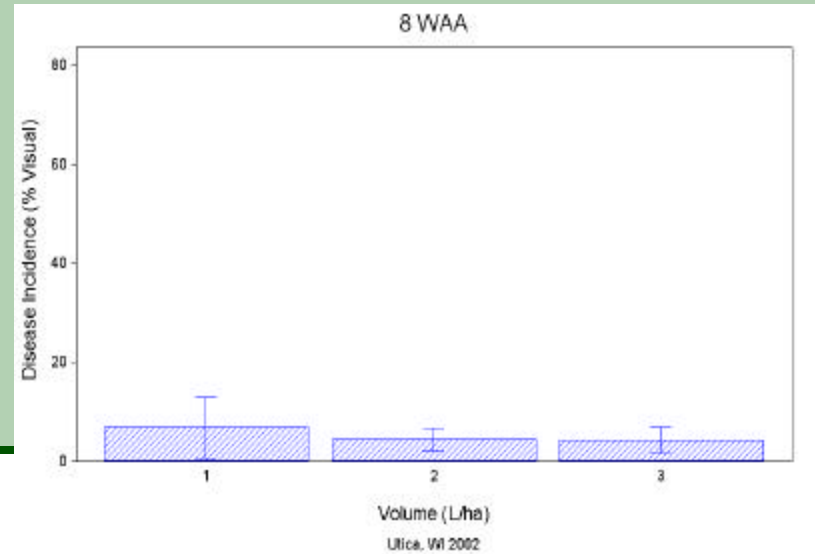
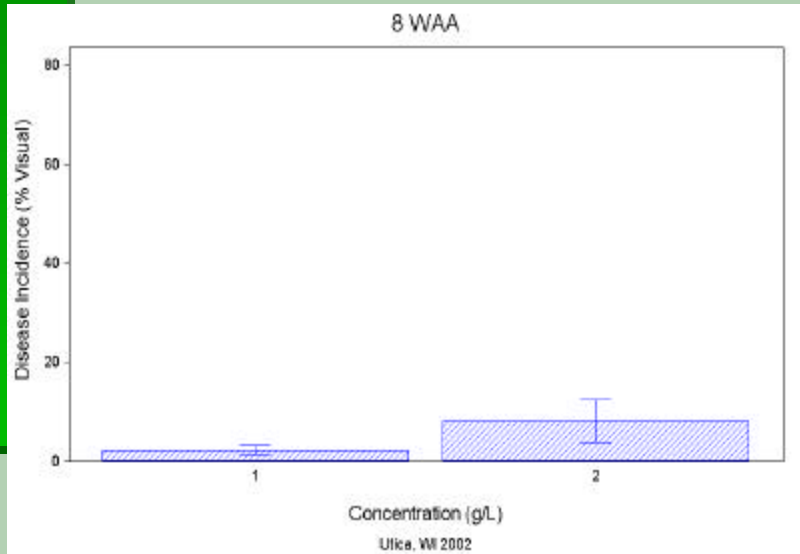
Concentration x Volume



Concentration x Volume



Concentration x Volume



Conclusions

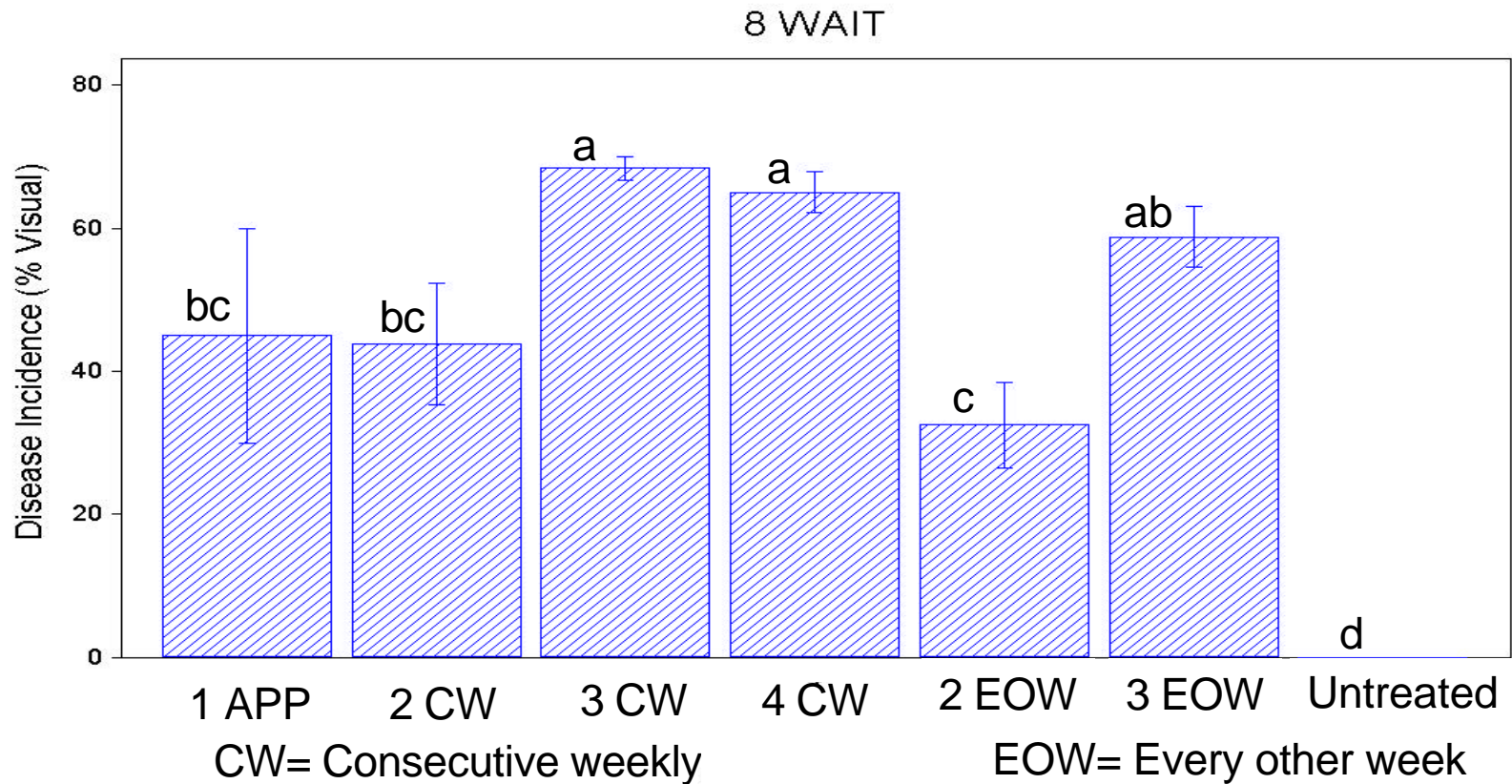
- Concentration and volumes at practical field rates do not affect the level of infection.
- Populations seem to be driven by other processes.

Application Frequency Study

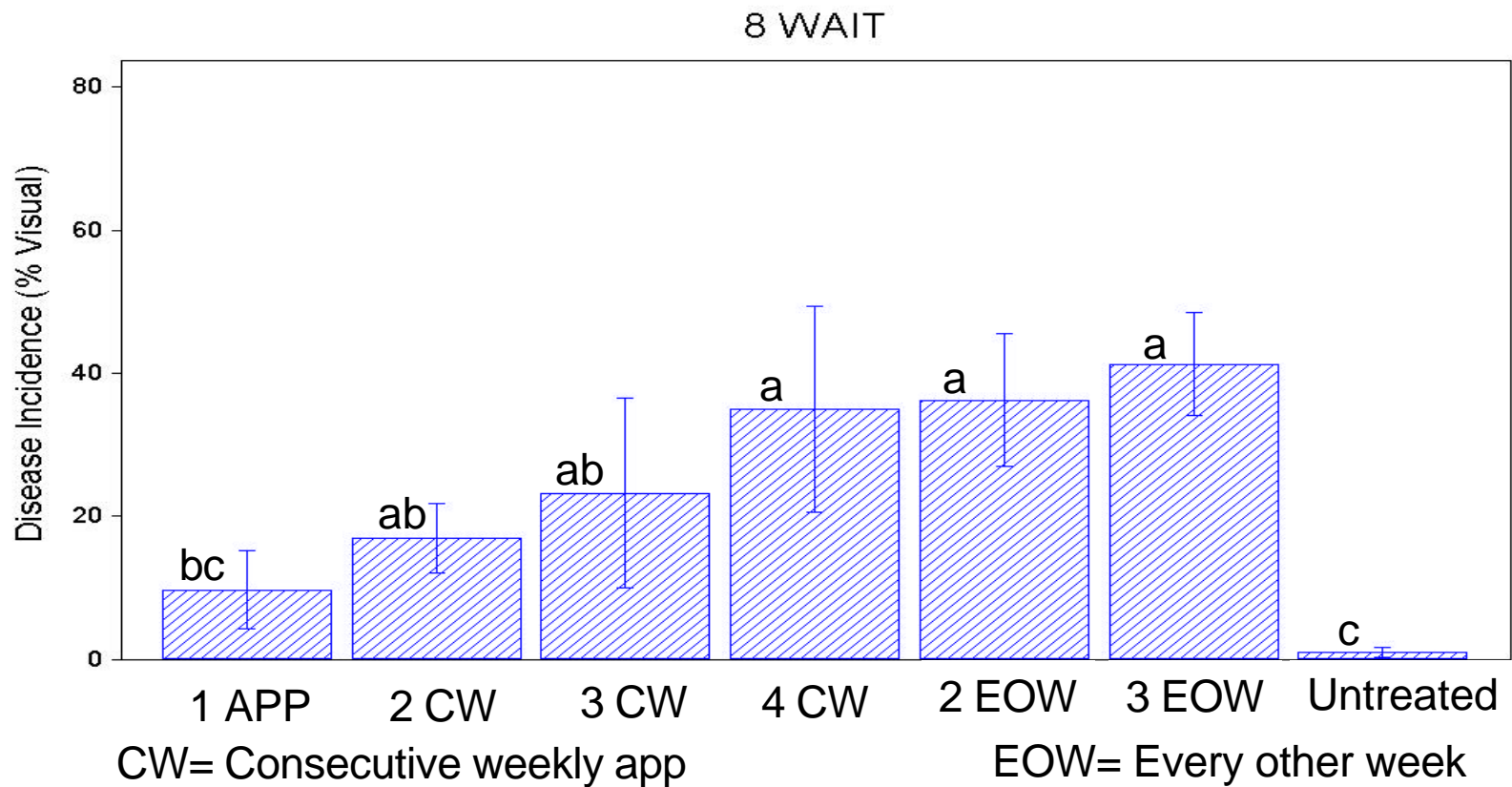
Treatments:

1. One application.
2. Two consecutive weekly applications.
3. Three and four consecutive weekly applications.
4. Every other week (EOW) for three and five weeks.
5. Untreated control.

Application Frequency Study



Application Frequency Study



Applications Frequency Study Conclusions

- Generally, 2 or more applications did provide greater disease than one app.
- Three apps were optimal in 2001 (DI in the 60% range).
- Two apps were optimal in 2002 (DI=20 to 40%). (RF 85% below average in July).

Summary

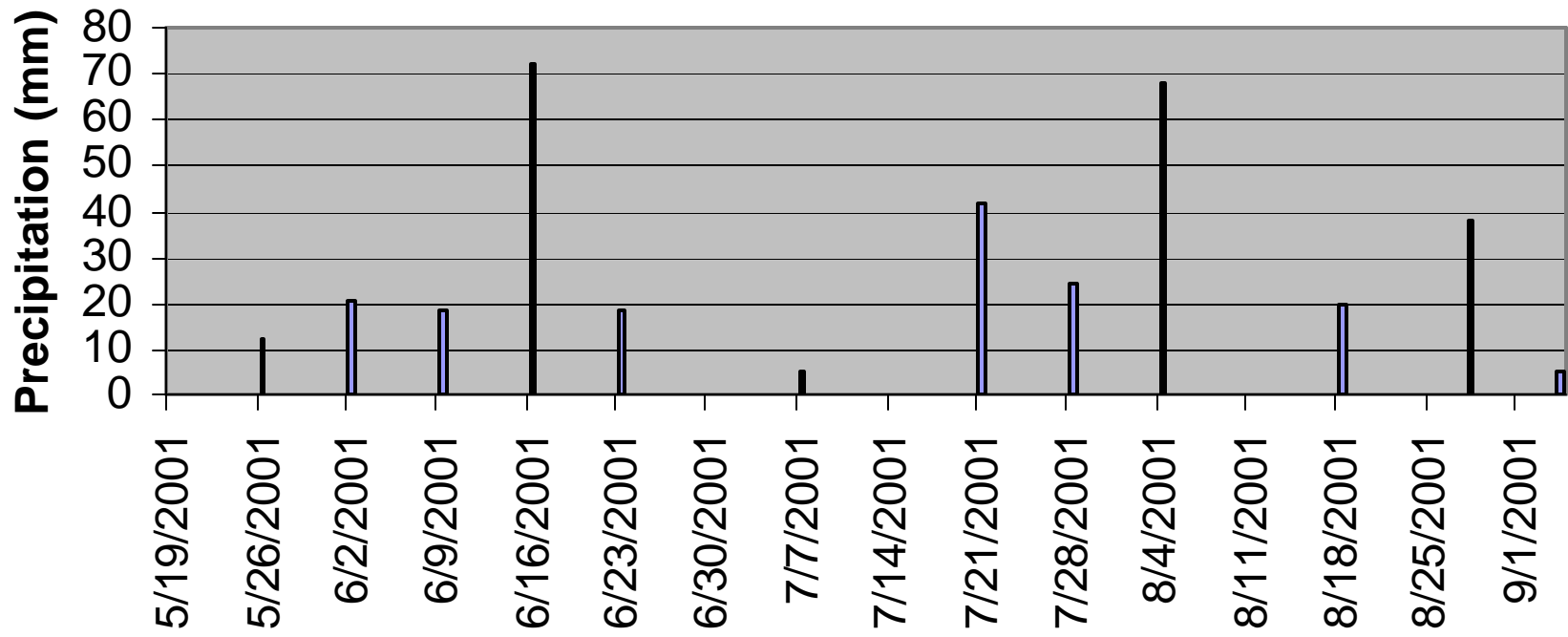
- What time of year to apply?
 - July proved to be the best time of the year to apply PST.
 - Weather likely was a key factor.
- What concentration/volume should be used?
 - Neither concentration nor volume affected the level and severity of disease observed.

Summary

- How frequently should applications be made?
 - More applications proved to be beneficial at 8 WAIT.
 - Likely due to the proximity of later applications to rain events.

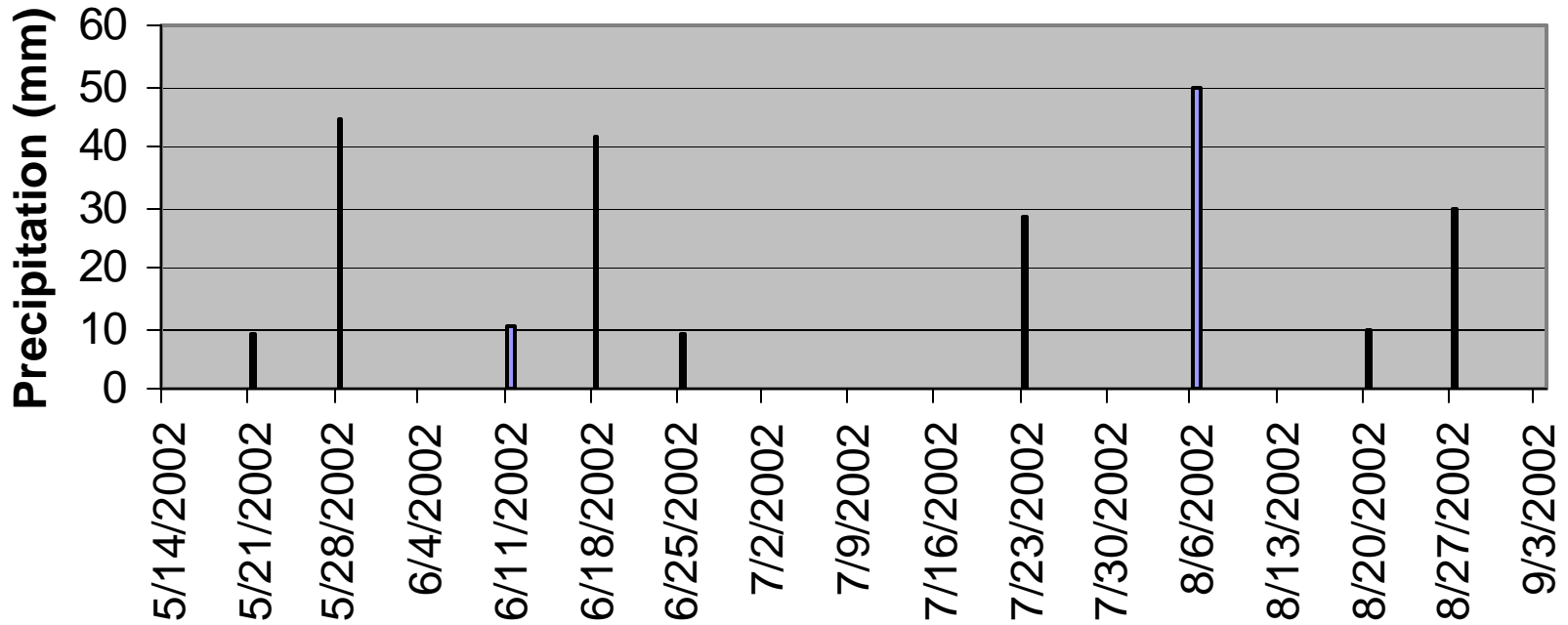
Rainfall 2001

Arlington 2001



Rainfall 2001

Spring Green 2001



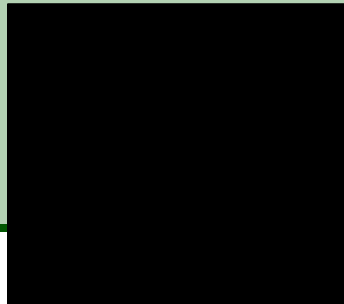
Overall Conclusions

- Disease incidence levels must be increased for PST to become a more effective biocontrol agent.
 - At this point, no recommendation on how to use this technology to control *C. thistle*.

Overall Conclusions

PST and C. Thistle Leaf Interactions

- Volume
- Concentration
- Timing
- Multiple Apps



- Disease Incidence
- Disease Severity
- Growth Inhibition
- Seed Production
- Others

Overall Conclusions

- Disease incidence levels must be increased for PST to become a more effective biocontrol agent.
- Manipulating inputs into the PST/C. thistle system seems to have limited effects on outputs.
- Need increased understanding of the “black box” (i.e. population promoting/constraining factors) to increase disease incidence.

Overall Conclusions

