Mapping the Role of AcrAB-TolC Efflux Pumps in the Evolution of Antibiotic Resistance

Reveals Near-MIC Treatments Facilitate Resistance Acquisition

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Running Head: Efflux pumps and resistance evolution

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ABSTRACT

Antibiotic resistance has become a major public health concern as bacteria evolve to evade drugs,

leading to recurring infections and a decrease in antibiotic efficacy. Systematic efforts have

revealed mechanisms involved in resistance; yet, in many cases, how these specific mechanisms

accelerate or slow the evolution of resistance remains unclear. Here, we conducted a systematic

study of the impact of the AcrAB-TolC efflux pump on the evolution of antibiotic resistance. We

mapped how population growth rate and resistance change over time as a function of both the

antibiotic concentration and the parent strain's genetic background. We compared the wild type

strain to a strain overexpressing AcrAB-TolC pumps and a strain lacking functional pumps. In all

cases, resistance emerged when cultures were treated with chloramphenicol concentrations near

the MIC of their respective parent strain. The genetic background of the parent strain also

influenced resistance acquisition. The wild type strain evolved resistance within 24 h through

mutations in the *acrAB* operon and its associated regulators. Meanwhile, the strain overexpressing

AcrAB-TolC evolved resistance more slowly than the wild type strain; this strain achieved

resistance in part through point mutations in *acrB* and the *acrAB* promoter. Surprisingly, the strain

without functional AcrAB-TolC efflux pumps still gained resistance, which it achieved through

upregulation of redundant efflux pumps. Overall, our results suggest that treatment conditions just

above the MIC pose the largest risk for the evolution of resistance and that AcrAB-TolC efflux

pumps impact the pathway by which chloramphenicol resistance is achieved.

IMPORTANCE

Combatting the rise of antibiotic resistance is a significant challenge. Efflux pumps are an

important contributor to drug resistance; they exist across many cell types and can export

numerous classes of antibiotics. Cells can regulate pump expression to maintain low intracellular

drug concentrations. Here, we explored how resistance emerged depending on the antibiotic

concentration, as well as the presence of efflux pumps and their regulators. We found that

treatments near antibiotic concentrations that inhibit the parent strain's growth were most likely to

promote resistance. While wild type, pump overexpression, and pump knock out strains were all

able to evolve resistance, they differed in the absolute level of resistance evolved, the speed at

which they achieved resistance, and the genetic pathways involved. These results indicate that

specific treatment regimens may be especially problematic for the evolution of resistance and that

the strain background can influence how resistance is achieved.

INTRODUCTION

Despite the new wave of antibiotic discovery (1–5), bacteria continue to acquire resistance shortly

after the introduction of new drugs for medicinal and industrial applications (6, 7). This is due in

large part to the overuse of antibiotics, which results in pressures that drive resistance (8). With

limited novel antibiotics and numerous futile antibiotics, doctors and scientists alike are presented

with the challenge of how to best treat infections while keeping the evolution of resistance in

check.

Adaptive evolution studies have begun exploring how certain antibiotic pressures influence the

evolution of resistance. For instance, studies using a 'morbidostat'—a continuous culture device

that dynamically adjusts antibiotic concentrations to inhibitory levels—have found numerous

targets that can be readily mutated to promote resistance (9–11), as well as identifying how drug

switching can limit the evolution of resistance (12). While these studies have provided pivotal

insights for this field, the morbidostat design causes antibiotic concentrations to rise to levels that

exceed clinically relevant concentrations due to toxicity for patients (13). In recognition of the

drug concentration-dependent nature of evolution, researchers have begun to explore bacterial

evolution under treatment conditions with lower antibiotic concentrations as well. Wistrand-Yuen

et al. found that bacteria grown in subinhibitory drug concentractions were still able to achieve

high levels of resistance (14–16). Notably, the study identified that the same antibiotic produced

unique evolutionary pathways when cells were treated with subinhibitory concentrations as

opposed to inhibitory concentrations (14).

One limitation of current studies within the field is that they can be difficult to compare due to

variations in experimental parameters, such as species, antibiotics, or other experimental

conditions (17). Given the unique evolutionary pathways at different antibiotic concentrations,

systematic mapping of these evolutionary landscapes could provide an improved understanding of

which conditions pose the highest risk by allowing direct comparisons between different antibiotic

concentrations. For instance, Jahn *et al*. demonstrated that variations in treatment dynamics can

significantly alter evolved resistance for some antibiotics, such as tetracycline, but not others, such

as amikacin and piperacillin (18). Other evolution experiments that were systematically conducted

using a range of concentrations for beta-lactams (19) and erythromycin (20) have highlighted the

concentration-dependent adaptability of *Escherichia coli*.

There are many mechanisms by which antibiotic resistance can be achieved, including enzymatic

inactivation, alteration of antibiotic binding sites, and increased efflux or reduced influx of

antibiotics (21, 22). Efflux pumps are omnipresent in prokaryotic and eukaryotic cells alike, and

are an important contributor to multi-drug resistance (23). AcrAB-TolC in *E. coli* is a canonical

example of a multi-drug efflux pump, providing broad-spectrum resistance and raising the MIC of

at least nine different classes of antibiotics (24). The pump is composed of three types of proteins:

the outer membrane channel protein, TolC; the periplasmic linker protein, AcrA; and the inner

membrane protein responsible for substrate recognition and export, AcrB (23). Using the proton

motive force, AcrB actively exports antibiotics from the cell (23, 25). The presence of AcrAB-

TolC efflux pumps can increase a strain's MIC from ~2-fold to ~10-fold, depending on the

antibiotic (26–28). Furthermore, genes associated with these multi-drug resistant efflux pumps,

including their local and global regulators, are common targets for mutation as strains evolve high

levels of drug resistance (15, 29–32).

Recent studies have indicated that in addition to providing modest increases in the MIC due to

drug export, pumps can also impact mutation rate and evolvability of strains, which may ultimately

be more important for the acquisition of high levels of drug resistance. For example, Singh *et al*.

found that mutants overexpressing *acrAB* emerged first and afterwards these mutants could evolve

high levels of quinolone resistance (33). In addition, heterogeneity in efflux pump expression can

predispose subsets of bacterial populations with elevated *acrAB* expression to mutation even prior

to antibiotic treatment (34). Deleting genes associated with efflux pumps, such as *tolC*, can also

reduce evolvability under antibiotic exposure (35). Further, a recent study in *Staphylococcos*

aureus found that higher NorA pump levels increased evolvability, and that adding a pump

inhibitor could prevent resistance evolution (36). These studies provoke the question of how

AcrAB-TolC efflux pumps impact the evolution of drug resistance.

Our overall goal in this study was to identify how strains with different AcrAB-TolC genotypes

evolve antibiotic resistance over time under a range of chloramphenicol concentrations.

Chloramphenicol is both a well-validated substrate of AcrAB-TolC and can serve as a last resort

antibiotic in multi-drug resistant infections, as most clinical isolates are still susceptible to this

drug (37, 38). To identify how AcrAB-TolC impacts the evolution of resistance, we used a

turbidostat as an evolutionary platform (39) and measured changes in fitness and resistance. We

evolved three strains with different levels of AcrAB-TolC: a wild type strain with the native

regulatory network controlling AcrAB-TolC expression (WT); a strain which lacks the local

regulator AcrR (AcrAB+), which results in a 1.5 to 6-fold increase in expression of the pumps

(40–42); and a strain lacking functional AcrAB-TolC efflux pumps (Δ*acrB*). We allowed the

cultures to grow and evolve for 72 h in continuous culture while continuously recording growth

rates. We periodically sampled the cultures and assessed the population's resistance. We then

charted the evolutionary landscapes for each of the three strains under different chloramphenicol

concentrations to identify which circumstances gave rise to resistance.

RESULTS

In order to systematically evaluate the evolutionary landscape of efflux pump-mediated antibiotic

resistance, we used the eVOLVER, a modular turbidostat capable of growing independent cultures

in parallel (39). This platform allowed us to track a culture's fitness by measuring growth rate

continuously over multi-day experiments. In addition to this, we collected samples at selected

intervals and, with these samples, performed antibiotic disc diffusion assays to assess the

population's resistance and spot assays to quantify the presences of high-resistance isolates within

the population (Figure 1).

We mapped growth rates over time for cultures subjected to a range of chloramphenicol treatment

concentrations (Figure 2A & Figure S1). To compare across strains, we defined MIC^0_{parent} as the

MIC of the parent strain (MIC^0_{WT} = 2 µg/mL, MIC^0_{AcrAB+} = 2 µg/mL, $MIC^0_{\Delta acrB}$ = 0.5 µg/mL). We

found similar values for MIC^0_{WT} and MIC^0_{AcrAB+} (Figure S2), which may be due to induction of

efflux pump expression in the WT strain in the presence of chloramphenicol. Prior studies have

shown that the presence of stress can increase pump expression by 4-fold (40, 43), which is

comparable to the impact of deleting *acrR* (40–42). We found that treatment with high

concentrations of chloramphenicol repressed bacterial growth for multiple days. We observed this

growth inhibition at ~10 µg/mL for WT and AcrAB+, and at ~2 µg/mL for *ΔacrB*. These inhibitory

concentrations represent treatments of ~5x MIC^0_{parent} for all three strains. We found that cultures

grown in lower chloramphenicol concentrations were able to recover growth. For example, when

we treated cultures with ~1-2x MIC^0_{parent}, we observed a significant decrease in the growth rate

between 0 and 12 h (Table S1). However, after 12 to 24 h, growth in these populations was partially

restored. At lower treatment concentrations (<1x MIC^0_{parent}), all cultures were able to grow, though

usually at a deficit compared to the 0 µg/mL chloramphenicol condition. For all three strains, there

were qualitatively similar growth recovery patterns, with an initial growth repression phase

followed by a partially restored growth phase (Figure S1).

The growth rate results suggested the evolution of drug resistance within the population (9, 18).

To quantify this, we used an antibiotic disc assay to map the corresponding resistance levels

(Figure 2B & Figure S3). We found distinct increases in resistance levels that corresponded to

populations which recovered growth. While there were qualitative similarities for the three strains,

the timing and level of resistance achieved was dependent on the strain background. We classified

populations as resistant when their inhibition zone diameters were smaller than 12 mm, following

established standards for antimicrobial susceptibility testing (44). The WT strain gained resistance

under a broad range of chloramphenicol treatment concentrations; this resistance emerged within

24 h when cells were treated with ~1-2x MIC^0_{WT}. The AcrAB+ strain, where efflux pumps are

overexpressed, was able to evolve resistance as well, albeit at a slower rate and at lower levels than

WT. AcrAB+ achieved resistance within 48 h when treated with 2.5x MIC^0_{AcrAB+}, but the range of

chloramphenicol concentrations that resulted in resistance was narrower than for the WT strain.

The $\Delta acrB$ cells achieved resistance more slowly, but for the range of ~1-2x $MIC^0_{\Delta acrB}$

chloramphenicol cultures were still able to reach resistant levels (Figure 2B & Figure S3).

To compare the ultimate evolved resistance levels, we calculated the final, absolute MIC of the

populations at 72 h. When we normalized the treatment concentration by MIC^0_{parent}, we found that

treatments concentrations ~1-2x MIC^0_{parent} evolved the most resistant populations (Figure 2C).

Selective pressures of subinhibitory antibiotic concentrations have often been considered high-risk

for the evolution of resistance (14, 45). Yet, our results indicated that concentrations near or just

above MIC^0_{parent} lead to the highest resistance levels in these conditions. In short, all three strains

were able to evolve resistance when treated with ~1-2x MIC^0_{parent} chloramphenicol, with WT

achieving the highest final, absolute MIC of the three strains. WT evolved more rapidly than

AcrAB+ or $\Delta acrB$. Moreover, the relative range of chloramphenicol concentrations that supported

the evolution of resistance in the AcrAB+ strain was narrower than for WT or $\Delta acrB$ strains.

We next asked how resistance and growth changed through time. We found that in the absence of

antibiotics, the trajectories trended largely towards faster growth, with minimal changes to

resistance levels (Figure 3). With subinhibitory chloramphenicol treatments, we observed that the

populations first experienced a slight growth decrease, followed by increased resistance, and then

restored growth within 48 h. While these populations did gain resistance, they did not tend to reach

very high final MIC values in absolute terms, with inhibition zone diameters just at the border of

being defined as resistant. In contrast, with inhibitory chloramphenicol treatment, there was a more

dramatic reduction in growth within the first 12 h. Though growth was impacted, the populations

tended to walk towards high resistance during this period. As depicted in the schematics, the zig-

zag patterns trending towards high resistance may be indicative of the cultures acquiring resistant

mutations and compensating for the associated fitness costs of these mutations. Finally, at high

chloramphenicol concentrations, bacteria first became more susceptible and then stopped growing

entirely within 12 h; growth was never restored for these populations. We found that all strains

followed similar evolutionary trajectories while balancing the trade-off between growth and

resistance. These findings highlight the importance of using antibiotic concentrations that are

sufficiently inhibitory.

While these results tell us about the growth rate and resistance of the overall population, it is

difficult to determine if sub-populations of cells within the culture have acquired high levels of

resistance from disc assays alone. First, because the disc assays do not quantify resistance

associated with individual cells in the culture, they cannot reveal the presence of subpopulations

of resistant and susceptible cells. Second, beyond a certain resistance level, cells will grow up to

the boundary of the disc; thus, it is not possible to quantify resistance increases beyond this.

Determining which conditions can give rise to high levels of resistance is important for revealing

particularly dangerous treatment regimes. In addition, sub-populations with increased resistance

to one antibiotic can promote cross-resistance to other drugs (45).

To quantify the fraction of resistant cells that emerged during our evolution experiment, we

conducted a spot assay, in which we measured the fraction of the population capable of surviving

on specific chloramphenicol concentrations. For all three strains, we observed sub-populations that

were capable of growing on 10 µg/mL chloramphenicol (Figure 4A & Figure S4). Interestingly,

these cells primarily emerged from treatment conditions with lower levels of chloramphenicol, and

not from conditions where cells were subjected to 10 µg/mL chloramphenicol. For example, at

least 0.1% of the population from each of the three WT replicates that were treated at 2 µg/mL

chloramphenicol could survive on 10 µg/mL at the end of the experiment. We did find cases where

WT cells treated with 10 µg/mL evolved resistance to 10 µg/mL, however this was less common

than in lower treatment concentrations. Thus, cultures were able to evolve resistance to higher

levels of chloramphenicol than they were subjected to, a feature that was most pronounced when

treatments were just above or at MIC^0_{WT}. These results closely match trends in the population's

overall resistance (Figure 2B). We also found isolates capable of growing on 20 µg/mL

chloramphenicol, with a reduced frequency relative to 10 µg/mL (Figure 4B & Figure S4).

In contrast, the AcrAB+ strain was capable of evolving resistance to 10 µg/mL when treated with

5 µg/mL chloramphenicol; yet, surprisingly, AcrAB+ never produced a sub-population that was

able to grow on 20 µg/mL as the WT did. Meanwhile, despite the higher initial susceptibility of

Δ*acrB* ($MIC^0_{\Delta acrB}$ < MIC^0_{WT} and MIC^0_{AcrAB+}), the Δ*acrB* strain consistently produced sub-

populations that were able to grow at 20 μg/mL chloramphenicol by 72 h. This sub-population

appeared for chloramphenicol concentrations around 2 μg/mL, similar to the WT strain.

A key question remained: which mutations were responsible for the increases in resistance we

observed? To address this, we used whole genome sequencing to analyze three biological

replicates from the 72 h timepoint for the WT, AcrAB+, and Δ*acrB* strains (Table S2). For the WT

strain, each of the sequenced isolates contained a single point mutation in the DNA binding region

of *marR*, which can upregulate AcrAB-TolC efflux pumps and expression of other stress response

genes (46). Two of these point mutations were missense mutations in *marR* and have been

observed in other studies (47–51). Additionally, one isolate had a missense mutation in the

periplasmic encoding region of *acrB*. The other two isolates had an IS1 or IS5 insertional sequence

interrupting *acrR*, which is known to upregulate *acrAB* (52). One question these results raise is

why the AcrAB+ strain, where *acrR* is removed, is outperformed by WT strains with mutations in

acrR. A potential explanation for this is that the 'marbox' through which *acrAB* is upregulated sits

within *acrR* (53). The AcrAB+ strain lacks this marbox (54), while in the sequenced isolates the

insertion sequence is located further upstream in *acrR* and the marbox remains intact, providing

global stress response regulation while eliminating the impact of the local repressor. Thus, the

exact position of the insertion sequence matters. These sequencing results indicate that strains

containing AcrAB-TolC efflux pumps use mutations related to the pumps and their regulation to

optimize survival and increase resistance in the presence of chloramphenicol.

When we evolved the AcrAB+ strain and performed whole genome sequencing of the most

resistant isolates, all isolates had mutations in the noncoding, promoter region of *acrAB* (Table

S2). These mutations indicate that the AcrAB+ strain might require further tuning of *acrAB*

expression for improved resistance. Further, two of these isolates also had missense mutations in

the coding region of *acrB* as well. Of these, the V139F missense mutation is known to produce

high levels of multidrug resistance by accelerating export for a number of AcrAB-TolC substrates

(11, 18, 55, 56). We observed *acrB* Q569L evolve from two different parent strains, WT and

AcrAB+, suggesting it plays a role in chloramphenicol export. Additionally, the evolved AcrAB+

isolates all had other mutations less directly related to the AcrAB-TolC efflux pump and its

regulators, such as genes related to transcription (*rpoB*, *yhjB*), fimbriae assembly (*fimD*), or

degradation (*clpX*) (Table S2).

In contrast, when we evolved the Δ*acrB* strain, we found that all three isolates had an insertion

sequence located in *acrS* (Table S2). AcrS is the local regulator of the AcrEF-TolC efflux pump,

a homolog to AcrAB-TolC (57). This result agrees with findings from Cudkowicz & Schuldiner,

who showed that the Δ*acrB* strain gained high resistance by upregulating redundant efflux pumps

in *E. coli*, such as AcrEF-TolC or MdtEF-TolC (11). One of the three isolates also contained a

missense mutation in the tRNA for selenocysteine (*selA*) and a short insertion sequence in the 16S

rRNA of the 30S subunit (*rrsG*), though whether or how these play a role in chloramphenicol

resistance is unclear.

DISCUSSION

In this work, we identified that treating strains with antibiotic concentrations close to MIC^0_{parent}

promotes the evolution of resistance; however, the evolvability and ultimate resistance level

achieved differed between WT, AcrAB+, and Δ*acrB* strains. WT populations evolved mutations

that conferred high levels of resistance within 24 h after antibiotic exposure. Maximal resistance

was evolved at ~1x MIC^0_{WT}, however 0.25-2.5x MIC^0_{WT} chloramphenicol treatment

concentrations all gave rise to resistance. In contrast, AcrAB+ evolved resistance, but this was

only possible at precise chloramphenicol concentrations at 2.5x MIC^0_{AcrAB+}. The evolved AcrAB+

populations were less resistant than their WT counterparts, and spot assays determining resistance

confirmed this trend. In contrast, the $\Delta acrB$ strain was able to evolve resistance under 1-4x

$MIC^0_{\Delta acrB}$ chloramphenicol treatments, and ultimately achieved absolute resistance levels

comparable to those observed in the WT strain.

Our results identify that antibiotic treatments near MIC^0_{parent} are especially prone to evolving

resistance. Reding *et al*. observed this hotspot for adaptability of *E. coli* in the presence of another

antibiotic, erythromycin, just below the MIC of their parent strains (20). While doctors measure

resistance of bacterial infections, they sometimes prescribe antibiotic treatment prior to obtaining

the results of this assay (58) or use a treatment concentration too low to effectively penetrate the

infection site (59). This blind treatment could lead to increased levels of resistance (60, 61). These

results highlight the presence of regimes that are especially problematic and which should be

avoided to limit the evolution of antibiotic resistance.

While we observed that all strains were capable of evolving resistance, sequencing revealed the

different pathways that each strain took to achieve this. WT achieved resistance through mutations

and insertion sequences in the regulators AcrR and MarR, suggesting that WT cells can fine-tune

expression of the AcrAB-TolC pumps to gain resistance to chloramphenicol. Interestingly, these

mutations may produce cross-resistance to other antibiotics as well since these regulators control

many genes involved in multi-drug resistance (62, 63). AcrAB+ cells utilized mutations in *acrB*

and the promoter region controlling its expression to achieve resistance. Δ*acrB* populations

achieved resistance by targeting homologous efflux pump systems, such as AcrEF-TolC. Although

resistance was slow to emerge in this strain compared to WT or AcrAB+, this alternative pathway

for achieving resistance ultimately resulted in levels comparable to those achieved by the WT

strain. By charting evolutionary landscapes across different antibiotic concentrations, we have

gained insight into treatments that impact the emergence of antibiotic resistance and the effect of

efflux pumps on this process.

METHODS

Bacterial Strains

We used *E. coli* strains BW25113 (WT), BW25113 Δ*acrR* (AcrAB+), and BW25113 Δ*acrB*

(Δ*acrB*) as the parent strains. The WT strain BW25113 is the base strain for the Keio collection

(54). For BW25113 Δ*acrR*, we designed primers with homology regions on *acrR* and amplified

the kanamycin resistance marker and FRT sites of pKD13 (54). Primers are listed in Table S3. The

linear DNA was then treated using a DpnI digest and PCR purification. We electroporated the

purified linear DNA into competent BW25113 cells containing the plasmid pSIM6 (64). BW25113

Δ*acrB* was derived from Keio collection strain JW0451 (BW25113 Δ*acrB*::*kan^R*) (26). We

removed kanamycin resistance markers from BW25113 Δ*acrR*::*kan^R* and JW0451 following the

pCP20 protocol from Reference (65).

Determination of MIC

For all experiments, overnight cultures were inoculated from a single colony in 10 mL LB and grown in a 50 mL Erlenmeyer flask at 37°C with 200 rpm orbital shaking. After overnight growth, the optical density at 600 nm (OD_{600}) was measured, and the initial volume was diluted back to $OD_{600} = 0.1$. To determine the MIC of the parent strains (Figure S2), we added a final concentration of 0, 0.2, 0.5, 1, 2, 4, 8, or 12 μg/mL chloramphenicol to each culture; to determine the MIC of the evolved strains (Figure S5), we added 0, 0.5, 1, 2, 5, 10, 20, or 50 μg/mL to each culture. Chloramphenicol stocks were prepared with 100% ethanol. The samples were sealed with evaporation-limiting membranes (Thermo Scientific AB-0580) and grown in 24-well plates at 37°C with 200 rpm orbital shaking. OD_{600} readings were taken using a BioTek Synergy H1m plate reader before incubation (t = 0 h) and after antibiotic exposure (t = 24 h). All experiments were performed in triplicate using biological replicates.

Experimental Conditions in the eVOLVER

In the eVOLVER, cultures were inoculated from a single colony in LB at 37°C. A stir bar mixed the cultures on a medium setting, or approximately 1000 rpm (39). The LB was supplemented with the detergent Tween20 (Sigma Aldrich Cat. # P1379) at 0.2% (v/v) to reduce spurious OD_{600} measurements caused by biofilm growth on the flask. As Tween20 is a detergent and a potential substrate of the AcrAB-TolC efflux pumps, we also conducted the toxicity curve experiments with Tween20 at our working concentration 0.2% (v/v). We found there was no significant change in resistance for any of the strains in the presence of Tween20 (Figure S6 & Table S4).

Cells were inoculated in the eVOLVER overnight (t ≈ -16 – -14 h) prior to the beginning of the experiment (t = 0 h) to establish steady-state exponential growth. We set the eVOLVER using an

upper OD_{600} bound of 0.2 and a lower bound of 0.1; thus, cultures were grown to a turbidity of 0.2

and then diluted back to 0.1 to maintain the turbidostat at approximately constant cell density.

Samples were collected during the experiment at set time points (t = 0, 1, 3, 6, 12, 24, 48, and 72

h) and used for downstream analysis. All experiments were performed in triplicate using biological

replicates.

At t = 0 h, we introduced chloramphenicol at a predetermined final treatment concentration (0, 0.2,

0.5, 1, 2, 5, 10, or 20 µg/mL). This introduction was implemented by switching the media source

from one containing 0 µg/mL chloramphenicol to another containing the final treatment

concentration; in addition, we spiked the samples directly with the treatment concentration of

chloramphenicol at the same time to avoid a delay due to the time required for media cycling in

the turbidostat.

Downstream Assays and Data Collection from eVOLVER Samples

Growth Rate Measurements

Growth rate measurements were calculated after each dilution event using:

354
$$\text{Growth Rate} = \frac{\ln\left(\frac{OD_{600,high}}{OD_{600,low}}\right)}{t_{OD_{600,high}} - t_{OD_{600,low}}}$$

The growth rate between each dilution was then averaged across sampling time points to compare

against disc diffusion assays and spot assays. For example, the growth rate given at t = 0 h is the

growth rate from t = -6 h to t = 0 h. To evaluate statistically significant differences in growth rate

between two time points, we used the paired-t test; to evaluate statistically significant differences

in growth rate between two strains, we used the t test (Table S1A).

<u>Antibiotic Disc Diffusion Assay</u>

We aliquoted samples from the eVOLVER, where the OD_{600} from each sample was between 0.1

and 0.2. We used cotton swabs to cover LB agar plates with a layer of the sample (66). An

antibiotic disc containing chloramphenicol (30 g) (Thermo Fisher Scientific Cat. # CT0013B) was

then placed on the plate. The plate was incubated for 24 h at 37°C. The diameter of the zone of

inhibition around each disc was then measured. Diameter of inhibition zones were classified as

susceptible, intermediate, or resistant based on Reference (44). Additionally, we calculated the

MIC using a mapping between MIC and diameter of inhibition zones for our samples (Figure S5)

(67). To evaluate statistically significant differences in diameter of inhibition zones or resistance

between two time points, we used the paired-*t* test; to evaluate statistically significant differences

in resistance between two genotypes, we used the *t* test (Table S1B).

<u>Spot Assay</u>

The samples from the eVOLVER experiment were diluted in PBS in the following dilution series:

1, 10^{-1}, 10^{-2}, 10^{-3}, 10^{-4}, and 10^{-5}. We then plated 2.5 µL of each dilution on LB agar plates

containing 0, 0.5, 1, 2, 5, 10, and 20 µg/mL chloramphenicol. The plates were then incubated for

24 h at 37°C. To count colonies, we identified the dilution factor with the most countable colonies,

and recorded the number of colony forming units (*CFU*) and dilution factor (*d*). The CFU/mL for

each sample was then calculated by:

$$\text{CFU/mL} = \frac{CFU * d}{V}$$

where V is the volume plated. We also calculated the proportion of the population able to grow on

different concentrations of chloramphenicol by calculating the CFU/mL from LB agar plates

containing 0, 0.5, 1, 2, 5, 10, and 20 µg/mL chloramphenicol.

Whole Genome Sequencing

DNA was extracted from single isolates and parent strains using the QIAGEN DNeasy

PowerBiofilm kit. For each strain, we selected three isolates to sequence; each of these isolates

originated from a different biological replicate that was evolved under the same experimental

conditions (i.e. each isolate comes from a different eVOLVER culture). Samples were sequenced

at the Microbial Genome Sequencing Center (MiGS) in Pittsburg, PA, USA, who conducted

library preparation and multiplexing using the Illumina Nextera kit series and then sequenced using

a NextSeq 550 platform with 150 bp paired-ends and an average coverage of 50 reads. We

analyzed reads using *breseq* (68) version 0.35.1. Reads were aligned to the BW25113 Keio

reference genome (Accession no.: CP009273) in consensus mode. The treatment concentrations

and isolation concentrations used to select each isolate are listed in Table S2.

Data Availability

Whole genome sequencing data for the parent strains and the isolates are available on GenBank

(BioProject: PRJNA666010; Accession no.: CP062239 to CP062250). Other datasets generated

during this study are available from the corresponding author upon request.

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REFERENCES

1.   Smith PA, Koehler MFT, Girgis HS, Yan D, Chen Y, Chen Y, Crawford JJ, Durk MR,

Higuchi RI, Kang J, Murray J, Paraselli P, Park S, Phung W, Quinn JG, Roberts TC,

Rougé L, Schwarz JB, Skippington E, Wai J, Xu M, Yu Z, Zhang H, Tan MW, Heise CE.

2018. Optimized arylomycins are a new class of Gram-negative antibiotics. Nature

561:189–194.

2.   Sousa MC. 2019. New antibiotics target the outer membrane of bacteria. Nature. NLM

(Medline).

3.   Imai Y, Meyer KJ, Iinishi A, Favre-Godal Q, Green R, Manuse S, Caboni M, Mori M,

Niles S, Ghiglieri M, Honrao C, Ma X, Guo JJ, Makriyannis A, Linares-Otoya L,

Böhringer N, Wuisan ZG, Kaur H, Wu R, Mateus A, Typas A, Savitski MM, Espinoza JL,

O'Rourke A, Nelson KE, Hiller S, Noinaj N, Schäberle TF, D'Onofrio A, Lewis K. 2019.

A new antibiotic selectively kills Gram-negative pathogens. Nature 576:459–464.

4.   Hart EM, Mitchell AM, Konovalova A, Grabowicz M, Sheng J, Han X, Rodriguez-Rivera

FP, Schwaid AG, Malinverni JC, Balibar CJ, Bodea S, Si Q, Wang H, Homsher MF,

Painter RE, Ogawa AK, Sutterlin H, Roemer T, Black TA, Rothman DM, Walker SS,

Silhavy TJ. 2019. A small-molecule inhibitor of BamA impervious to efflux and the outer

membrane permeability barrier. Proc Natl Acad Sci U S A 116:21748–21757.

5. Luther A, Urfer M, Zahn M, Müller M, Wang SY, Mondal M, Vitale A, Hartmann JB,

Sharpe T, Monte F Lo, Kocherla H, Cline E, Pessi G, Rath P, Modaresi SM, Chiquet P,

Stiegeler S, Verbree C, Remus T, Schmitt M, Kolopp C, Westwood MA, Desjonquères N,

Brabet E, Hell S, LePoupon K, Vermeulen A, Jaisson R, Rithié V, Upert G, Lederer A,

Zbinden P, Wach A, Moehle K, Zerbe K, Locher HH, Bernardini F, Dale GE, Eberl L,

Wollscheid B, Hiller S, Robinson JA, Obrecht D. 2019. Chimeric peptidomimetic

antibiotics against Gram-negative bacteria. Nature 576:452–458.

6. Davies J, Davies D. 2010. Origins and Evolution of Antibiotic Resistance. Microbiol Mol

Biol Rev 74:417–433.

7. England PH. 2015. Health Matter – tackling antimicrobial resistance. GOVUK.

8. Ventola CL. 2015. The Antibiotic Resistance Crisis: Part 1: Causes and Threats. Pharm

Ther 40:277–283.

9. Toprak E, Veres A, Yildiz S, Pedraza JM, Chait R, Paulsson J, Kishony R. 2013. Building

a morbidostat: An automated continuous-culture device for studying bacterial drug

resistance under dynamically sustained drug inhibition. Nat Protoc 8:555–567.

10. Toprak E, Veres A, Michel J-B, Chait R, Hartl DL, Kishony R. 2011. Evolutionary paths

to antibiotic resistance under dynamically sustained drug selection. Nat Genet 44:101.

11. Alon Cudkowicz N, Schuldiner S. 2019. Deletion of the major *Escherichia coli* multidrug

transporter AcrB reveals transporter plasticity and redundancy in bacterial cells. PLoS

One 14:e0218828.

12. Yoshida M, Reyes SG, Tsuda S, Horinouchi T, Furusawa C, Cronin L. 2017. Time-

programmable drug dosing allows the manipulation, suppression and reversal of antibiotic

drug resistance *in vitro*. Nat Commun 8:1–11.

13.   Marchant J. 2018. When antibiotics turn toxic. Nature 555:431–433.

14.   Wistrand-Yuen E, Knopp M, Hjort K, Koskiniemi S, Berg OG, Andersson DI. 2018.

Evolution of high-level resistance during low-level antibiotic exposure. Nat Commun

9:1599.

15.   Kohanski MA, DePristo MA, Collins JJ. 2010. Sublethal Antibiotic Treatment Leads to

Multidrug Resistance via Radical-Induced Mutagenesis. Mol Cell 37:311–320.

16.   Andersson DI, Hughes D. 2012. Evolution of antibiotic resistance at non-lethal drug

concentrations. Drug Resist Updat 15:162–172.

17.   Strauss SK, Schirman D, Jona G, Brooks AN, Kunjapur AM, Nguyen Ba AN, Flint A,

Solt A, Mershin A, Dixit A, Yona AH, Csörgő B, Busby BP, Hennig BP, Pál C,

Schraivogel D, Schultz D, Wernick DG, Agashe D, Levi D, Zabezhinsky D, Russ D, Sass

E, Tamar E, Herz E, Levy ED, Church GM, Yelin I, Nachman I, Gerst JE, Georgeson JM,

Adamala KP, Steinmetz LM, Rübsam M, Ralser M, Klutstein M, Desai MM, Walunjkar

N, Yin N, Hefetz NA, Jakimo N, Snitser O, Adini O, Kumar P, Smith RSH, Zean R,

Hazan R, Rak R, Kishony R, Johnson S, Nouriel S, Vonesch SC, Foster S, Dagan T, Wein

T, Karydis T, Wannier TM, Stiles T, Olin-Sandoval V, Mueller WF, Bar-On YM, Dahan

O, Pilpel Y. 2019. Evolthon: A community endeavor to evolve lab evolution. PLoS Biol

17(3):e3000182.

18.   Jahn LJ, Munck C, Ellabaan MMH, Sommer MOA. 2017. Adaptive Laboratory Evolution

of Antibiotic Resistance Using Different Selection Regimes Lead to Similar Phenotypes

and Genotypes. Front Microbiol 8:816.

19.   Russ D, Glaser F, Shaer Tamar E, Yelin I, Baym M, Kelsic ED, Zampaloni C, Haldimann

A, Kishony R. 2020. Escape mutations circumvent a tradeoff between resistance to a beta-

lactam and resistance to a beta-lactamase inhibitor. Nat Commun 11:1–9.

20.   Reding C, Catalán P, Jansen G, Bergmiller T, Rosenstiel P, Schulenburg H, Gudelj I,

Beardmore R. 2019. Hotspot Dosages of Most Rapid Antibiotic Resistance Evolution.

bioRxiv 866269.

21.   Delcour AH. 2009. Outer Membrane Permeability and Antibiotic Resistance. Biochim

Biophys Acta 1794:808–816.

22.   Blair JMA, Webber MA, Baylay AJ, Ogbolu DO, Piddock LJ V. 2015. Molecular

mechanisms of antibiotic resistance. Nat Rev Micro 13:42–51.

23.   Li X-Z, Plésiat P, Nikaido H. 2015. The Challenge of Efflux-Mediated Antibiotic

Resistance in Gram-Negative Bacteria. Clin Microbiol Rev 28:337–418.

24.   Kobylka J, Kuth MS, Müller RT, Geertsma ER, Pos KM. 2020. AcrB: a mean, keen, drug

efflux machine. Ann N Y Acad Sci 1459:38–68.

25.   Nikaido H, Takatsuka Y. 2009. Mechanisms of RND Multidrug Efflux Pumps. Biochim

Biophys Acta 1794:769–781.

26.   Langevin AM, Dunlop MJ. 2018. Stress introduction rate alters the benefit of AcrAB-

TolC efflux pumps. J Bacteriol 200.

27.   Okusu H, Ma D, Nikaido H. 1996. AcrAB efflux pump plays a major role in the antibiotic

resistance phenotype of *Escherichia coli* multiple-antibiotic-resistance (Mar) mutants. J

Bacteriol 178:306–308.

28.   Zwama M, Yamasaki S, Nakashima R, Sakurai K, Nishino K, Yamaguchi A. 2018.

Multiple entry pathways within the efflux transporter AcrB contribute to multidrug

recognition. Nat Commun 9:1–9.

29.   Webber MA, Talukder A, Piddock LJV. 2005. Contribution of mutation at amino acid 45

of AcrR to *acrB* expression and ciprofloxacin resistance in clinical and veterinary

Escherichia coli isolates. Antimicrob Agents Chemother 49:4390–4392.

30.   Olliver A, Vallé M, Chaslus-Dancla E, Cloeckaert A. 2004. Role of an *acrR* mutation in

multidrug resistance of *in vitro*-selected fluoroquinolone-resistant mutants of *Salmonella*

enterica serovar Typhimurium. FEMS Microbiol Lett 238:267–272.

31.   Wang H, Dzink-Fox JL, Chen M, Levy SB. 2001. Genetic characterization of highly

fluoroquinolone-resistant clinical *Escherichia coli* strains from China: Role of *acrR*

mutations. Antimicrob Agents Chemother 45:1515–1521.

32.   Baym M, Lieberman TD, Kelsic ED, Chait R, Gross R, Yelin I, Kishony R. 2016.

Spatiotemporal microbial evolution on antibiotic landscapes. Science 353:1147–1151.

33.   Singh R, Swick MC, Ledesma KR, Yang Z, Hu M, Zechiedrich L, Tama VH. 2012.

Temporal interplay between efflux pumps and target mutations in development of

antibiotic resistance in Escherichia coli. Antimicrob Agents Chemother 56:1680–1685.

34.   El Meouche I, Dunlop MJ. 2018. Heterogeneity in efflux pump expression predisposes

antibiotic-resistant cells to mutation. Science 362:686 LP – 690.

35.   Lukačišinová M, Fernando B, Bollenbach T. 2020. Highly parallel lab evolution reveals

that epistasis can curb the evolution of antibiotic resistance. Nat Commun 11:3105.

36.   Papkou A, Hedge J, Kapel N, Young B, MacLean RC. 2020. Efflux pump activity

potentiates the evolution of antibiotic resistance across S. aureus isolates. Nat Commun

11:1–15.

37.   Sood S. 2016. Chloramphenicol - A Potent Armament Against Multi-Drug Resistant

(MDR) Gram Negative Bacilli? J Clin Diagn Res2016/02/01. 10:DC01-DC3.

38.   Nitzan O, Kennes Y, Colodner R, Saliba W, EdelsteinI H, Raz R, Chazan B. 2015.

519   Chloramphenicol use and susceptibility patterns in Israel: a national survey. Isr Med

520   Assoc J 17:27–31.

521   39.   Wong BG, Mancuso CP, Kiriakov S, Bashor CJ, Khalil AS. 2018. Precise, automated

522   control of conditions for high-throughput growth of yeast and bacteria with eVOLVER.

523   Nat Biotechnol 36:614.

524   40.   Ruiz C, Levy SB. 2014. Regulation of *acrAB* expression by cellular metabolites in

525   *Escherichia coli*. J Antimicrob Chemother 69:390–399.

526   41.   Luhe AL, Gerken H, Tan L, Wu J, Zhao H. 2012. Alcohol tolerance of Escherichia coli

527   acrR and marR regulatory mutants. J Mol Catal B Enzym 76:89–93.

528   42.   Subhadra B, Kim J, Kim DH, Woo K, Oh MH, Choi CH. 2018. Local repressor AcrR

529   regulates AcrAB efflux pump required for biofilm formation and virulence in

530   Acinetobacter nosocomialis. Front Cell Infect Microbiol 8:270.

531   43.   Chetri S, Bhowmik D, Paul D, Pandey P, Chanda DD, Chakravarty A, Bora D,

532   Bhattacharjee A. 2019. AcrAB-TolC efflux pump system plays a role in carbapenem non-

533   susceptibility in Escherichia coli. BMC Microbiol 19:210.

534   44.   Clinical and Laboratory Standards Institute. 2013. M100-S23 Performance Standards for

535   Antimicrobial Susceptibility Testing; Twenty-Third Informational Supplement, 33rd ed.

536   Wayne, PA.

537   45.   Andersson DI, Balaban NQ, Baquero F, Courvalin P, Glaser P, Gophna U, Kishony R,

538   Molin S, Tønjum T. 2020. Antibiotic resistance: turning evolutionary principles into

539   clinical reality. FEMS Microbiol Rev.

46.   McMurry LM, Levy SB. 2013. Amino acid residues involved in inactivation of the

Escherichia coli multidrug resistance repressor MarR by salicylate, 2,4-dinitrophenol, and

plumbagin. FEMS Microbiol Lett 349(1):16–24.

47. Linkevicius M, Sandegren L, Andersson DI. 2013. Mechanisms and fitness costs of

tigecycline resistance in escherichia coli. J Antimicrob Chemother 68:2809–2819.

48. Lu J, Jin M, Nguyen SH, Mao L, Li J, Coin LJM, Yuan Z, Guo J. 2018. Non-antibiotic

antimicrobial triclosan induces multiple antibiotic resistance through genetic mutation.

Environ Int 118:257–265.

49. Ching C, Zaman MH. 2020. Development and selection of low-level multi-drug resistance

over an extended range of sub-inhibitory ciprofloxacin concentrations in Escherichia coli.

Sci Rep 10:1–9.

50. Lázár V, Kishony R. 2019. Transient antibiotic resistance calls for attention. Nat

Microbiol 4:1606–1607.

51. Hickman RA, Munck C, Sommer MOA. 2017. Time-Resolved Tracking of Mutations

Reveals Diverse Allele Dynamics during Escherichia coli Antimicrobial Adaptive

Evolution to Single Drugs and Drug Pairs. Front Microbiol 8:893.

52. Grenier F, Matteau D, Baby V, Rodrigue S. 2014. Complete genome sequence of

Escherichia coli BW25113. Genome Announc 2(5):e01038-14.

53. Watanabe R, Doukyu N. 2012. Contributions of mutations in acrR and marR genes to

organic solvent tolerance in Escherichia coli. AMB Express 2:1–11.

54. Baba T, Ara T, Hasegawa M, Takai Y, Okumura Y, Baba M, Datsenko KA, Tomita M,

Wanner BL, Mori H. 2006. Construction of *Escherichia coli* K-12 in-frame, single-gene

knockout mutants: the Keio collection. Mol Syst Biol 2:2006.0008.

55. Kinana AD, Vargiu A V., Nikaido H. 2013. Some ligands enhance the efflux of other

ligands by the escherichia coli multidrug pump AcrB. Biochemistry 52:8342–8351.

56.   Hoeksema M, Jonker MJ, Brul S, Ter Kuile BH. 2019. Effects of a previously selected

antibiotic resistance on mutations acquired during development of a second resistance in

Escherichia coli. BMC Genomics 20:284.

57.   Hirakawa H, Takumi-Kobayashi A, Theisen U, Hirata T, Nishino K, Yamaguchi A. 2008.

AcrS/EnvR represses expression of the acrAB multidrug efflux genes in Escherichia coli.

J Bacteriol 190:6276–6279.

58.   Ray MJ, Tallman GB, Bearden DT, Elman MR, McGregor JC. 2019. Antibiotic

prescribing without documented indication in ambulatory care clinics: national cross

sectional study. BMJ 367:l6461.

59.   Falagas ME, Makris GC, Dimopoulos G, Matthaiou DK. 2008. Heteroresistance: a

concern of increasing clinical significance? Clin Microbiol Infect 14:101–104.

60.   Hennessy TW, Petersen KM, Bruden D, Parkinson AJ, Hurlburt D, Getty M, Schwartz B,

Butler JC. 2002. Changes in Antibiotic-Prescribing Practices and Carriage of Penicillin-

Resistant *Streptococcus pneumoniae*: A Controlled Intervention Trial in Rural Alaska.

Clin Infect Dis 34:1543–1550.

61.   Čižman M. 2003. The use and resistance to antibiotics in the community. Int J Antimicrob

Agents 21(4):297–307.

62.   Barbosa TM, Levy SB. 2000. Differential Expression of over 60 Chromosomal Genes in

Escherichia coli by Constitutive Expression of MarA. J Bacteriol 182:3467–3474.

63.   Alekshun MN, Levy SB. 1999. The mar regulon: multiple resistance to antibiotics and

other toxic chemicals. Trends Microbiol 7.

64.   Datta S, Costantino N, Court DL. 2006. A set of recombineering plasmids for gram-

negative bacteria. Gene 379:109–115.

65. Datsenko KA, Wanner BL. 2000. One-step inactivation of chromosomal genes in

Escherichia coli K-12 using PCR products. Proc Natl Acad Sci U S A 97:6640–6645.

66. Andrews JM. 2001. BSAC standardized disc susceptibility testing method. J Antimicrob

Chemother 48:43–57.

67. Kronvall G. 1982. Analysis of a single reference strain for determination of gentamicin

regression line constants and inhibition zone diameter breakpoints in quality control of

disk diffusion antibiotic susceptibility testing. J Clin Microbiol 16:784–793.

68. Deatherage DE, Barrick JE. 2014. Identification of mutations in laboratory-evolved

microbes from next-generation sequencing data using breseq. Methods Mol Biol

1151:165–188.

 FIGURE CAPTIONS

Figure 1. Evolution experiment schematic. We used the eVOLVER, a modular turbidostat, as

an evolutionary platform to measure and record absorbance data at 600 nm (OD_{600}). We calculated

growth rate after each dilution event and collected samples at defined timepoints (t = 0, 1, 3, 6, 12,

24, 48, 72 h). We performed antibiotic disc assays and spot plate assays for all samples.

Figure 2. Temporal landscapes based on treatment concentration of chloramphenicol. (A)

Average growth rate. Growth rates are normalized to growth of strains at t = 0 h; for raw data see

Figure S1. Lighter areas represent growth rates closer to pre-treatment values; darker areas

represent reduced growth rates. MIC^0_{parent} concentration is denoted with a bold dashed line for

each strain (Figure S2). **(B)** Average resistance. Diameter of inhibition zones were plotted for each

time and treatment. Smaller inhibition zones are shown in red and correspond to resistant cells

(≤12 mm) and larger inhibition zones are shown in blue and represent susceptible cells (≥19 mm);

intermediate inhibition is shown with color scale from orange to green. MIC^0_{parent} is denoted with

a bold dashed line. **(C)** Final resistance at 72 h based on treatment concentration normalized to

MIC^0_{parent}. The final, absolute MIC is calculated based on data from Figure S5. Data points show

the mean of three biological replicates. Shaded error bars show standard deviation.

Figure 3. Resistance and Fitness Evolution Trajectories. (A) Average diameter of inhibition

zone and average growth rate plotted against each other. Lighter purple markers represent

trajectories occurring earlier; darker purple are later timepoints. The longer the distance between

markers, the greater the change between time points. Colors of boxes indicate the absolute

treatment concentration for the depicted trajectories. **(B)** Schematics summarize patterns for each

treatment concentration ($xMIC^{0}_{parent}$). Schematic plots show growth rate in terms of initial growth

rate (GR_0) and maximum physiological growth rate (GR_{max}). Resistance is shown in terms of

relative diameter of inhibition, where D_0 is the diameter of inhibition at t = 0 h and D_{min} is the

diameter of the antibiotic disc.

Figure 4. Number of Biological Replicates with Highly Resistant Sub-populations through

Time. Number of biological replicates that had a subpopulation greater than 0.1% of their total

population, which could grow on LB plates containing **(A)** 10 µg/mL or **(B)** 20 µg/mL

chloramphenicol. Raw data are shown in Figure S4. Initial populations contained ~10^7 CFUs.

MIC^{0}_{parent} is denoted with a bold dashed line.

 SUPPLEMENTARY FIGURE CAPTIONS

Figure S1. Growth rates for each biological replicate and antibiotic concentration. Mean

growth rates for n = 3 biological replicates. Shaded error bars show standard deviation. Cultures

grown without chloramphenicol occasionally accumulated biofilms, leading to the large variations

in the growth measurements for the 0 µg/ml case.

Figure S2. Toxicity curves for each parent strain. Final OD_{600} was measured after 24 h (see

Methods: Determination of MIC). Data points show mean values from n = 3 biological replicates,

error bars show standard deviation.

Figure S3. Inhibition zone diameters for each biological replicate and antibiotic

concentration. Mean diameter of inhibition zones (D_{inh}) for n = 3 biological replicates. Shaded

error bars show standard deviation.

Figure S4. Colony forming units (CFU) per mL counts for each treatment. Mean CFU/mL

values from n = 3 biological replicates are shown, with error bars denoting standard deviation.

Figure S5. Linear map between the natural log of the MIC and inhibition zone areas. Data

are from inhibition zone diameters and MIC_{90} for each parent strains (e.g. AcrAB+) and the

evolved isolates of each parent strain from three different eVOLVER experiments (e.g. eAcrAB+1,

eAcrAB+2, and eAcrAB+3). MIC_{90} is defined as the point where OD_{600} is reduced to 10% of

normal growth after 24 h (Figure S2). To find the linear correlation, we calculated the natural log

of the MIC_{90} and the inhibition zone areas. The parameters for this map are Q = 30 µg, k = 57.8,

and K = -0.971, following the notation from Reference (67).

Figure S6. Toxicity curves in the presence of Tween20. Strains grown with and without 0.2%

(v/v) Tween20. Data points show mean values from n = 3 biological replicates, error bars show

standard deviation.

SUPPLEMENTARY TABLE CAPTIONS

Table S1. P-values from the (paired) *t*-test for quantifying significant differences in **(A)** growth

rate or **(B)** resistance as measured by the diameter of inhibition zone between (1) two sequential

time points, (2) a given time point and the initial time point, or (3) two strains at a given time point

and treatment.

Table S2. Summary of sequencing results. Non-clonal mutations for each resistant isolate from

eVOLVER experiments. Each isolate from each parent strain is derived from a different biological

replicate. In addition to the mutations, the table also lists the treatment concentrations that each

isolate evolved at, as well as the concentration of chloramphenicol that the isolate was selected on

at t = 72 h. Genetic regions that do not exist in the parent strain are grayed out.

Table S3. Primers containing 40-nt homology regions for *acrR* knockout. Bold letters denote the

active priming region to amplify pKD13 from Reference (54).

Table S4. P-values from the paired *t*-test to assess statistically significant differences in growth

between samples treated with Tween20 at 0.0% and 0.2% (v/v) as shown in Figure S6.