Bacterial SOS-independent Superfast Evolution of Multi-Drug Resistance

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Abstract

Antibiotic resistance has been a global threat to public health. Majority of antibiotics kill

bacteria by inducing the DNA damage. However, bacteria can repair DNA damage via a series

of intrinsic pathways including the SOS response. The master regulator of the SOS response is

RecA, which was shown to be involved in an enhanced evolution of resistance to

fluoroquinolone. Until very recently, the relationship between the evolution of β-lactam

resistance and the SOS response remains undefined. Here, we find a superfast evolution of β-

lactam resistance (20-fold MIC) following the deletion of RecA in *Escherichia coli* and

treatment with a single dose of β-lactams in 8 hours. Importantly, once this type of resistance

being established, it was stable and heritable. Controversially to previous findings, our results

indicate this process is completely orthogonal to the SOS response but dependent on the

hindrance of DNA repair. In addition, we observe explosive appearance of drug-specific

mutations of the bacterial genome in 8 hours of exposure to ampicillin, such as the *acrB*

mutations which is responsible for multi-drug resistance. Together, these findings demonstrate

that hindrance of DNA repair not only generally antagonizes cells fitness, but also provides

bacteria with genetic plasticity to adapt to diverse stressful environments and can dramatically

accelerates the evolution of antibiotic resistance in DNA repair deficiency cells.

Importance

The evolution of antibiotic resistance can be induced by long-term exposure to antibiotics. However, we for the first time report a superfast evolution of multi-drug resistance induced by a single treatment with β-lactam in DNA repair deficiency *Escherichia coli*. More importantly, this type of evolutionary trajectory can cause a more rapid spread of drug-resistant bacteria in the community, because once the resistance being established, it was stable and heritable. In addition, from a clinical perspective, our finding significantly highlights the possibility that the synergistic drug combination between β-lactam and inhibitors targeting DNA repair system especially in the patients with cancer treatment can lead to a superfast evolution of multi-drug resistance.

Introduction

Antibiotic resistance is one of the top ten global public health threat. Bacterial resistance to penicillin was encountered in patients two years after massive productions and applications of the antibiotic began in 1945 (1, 2). Since then, antibiotic resistance has been reported against virtually all antibiotics developed to date (3). Misuse and overuse of antibiotics is the significant driver of increasing antibiotic resistance (4). A recent analysis estimated that in 2019, 4.95 million people died from illnesses in which bacterial resistance to antibiotics played a part and more than 1.27 million deaths were the direct result of antibiotic resistance (5).

Majority of antibiotics kill bacteria by inducing the DNA damage and repressing DNA repair in cells (6). However, before they take effect, bacteria can utilize a series of intrinsic pathways to repair DNA damage (6-8). Typically, bacteria respond to the induced stress environment via their defence system, known as the SOS response, that supports cell survival upon DNA damage (9,10). In this process, RecA, a homologous recombinase protein, serves as a master regulator of the SOS response, enabling bacteria to repair DNA damage (11-13). Therefore, studies point to the possibility of suppressing RecA activity to deactivate the SOS response and to prevent bacteria from becoming resistant to antibiotics. Recently, Mark Brynildsen et al. reported that a single exposure to fluoroquinolone, a class of antibiotic directly inducing the single- or double DNA break and activating the SOS system as a response to DNA damages, can enhance the evolution of antibiotic resistance developed from persisters in a RecA and SOS response-dependent manner (14).

In contrast to fluoroquinolone, β-lactam, a class of antibiotic corrupting enzymes involved in

cell wall biogenesis, can induce the SOS response via a DpiBA two-component signal

transduction system, instead of damaging the DNA structure directly (15). The evolution of

antibiotic resistance induced by exposure to β-lactam has been widely studied using the cyclic

adaptive laboratory evolution (ALE) experiment. For example, when *E. coli* are exposed

periodically to ampicillin after 14 to 21 rounds, drug-specific mutations appear, and the

emergence of antibiotic resistance can be detected (16). Importantly, mutations that arose

during the cyclic ALE experiments are attributed to errors associated with norm normal growth,

and numerous rounds of β-lactams exposure are needed to observe the evolution of antibiotic

resistance (17). However, the relationship between the evolution of β-lactam resistance and the

SOS response is still unclear, and whether the short-term exposure to β-lactam can enhance the

evolution of β-lactam resistance developed from persisters has not been studied yet.

Results

Here, to study the role of SOS response in bacterial evolution of β-lactam resistance, we

constructed a *recA* deletion *E. coli* strain (*ΔrecA*) and treated them with a single dose of

ampicillin at 50 µg/mL for 0, 2, 4, 6 and 8 hours. Initially, we expected a formation of persisters,

which was observed in the wild type strain (Fig. S1) (17); however, a superfast evolution of

antibiotic resistance was detected in the *ΔrecA* strain after 6 hours of treatment (Fig. 1A and

B). In comparison, the daily intermittent treatment of ampicillin (50 µg/ml) for three weeks

caused the evolution of antibiotic resistance in the wild type strain (Fig. S2). The superfast

evolution of antibiotic resistance was similarly observed when the *ΔrecA* strain was treated

with another two β-lactams for 8 hours, including the penicillin G at 1 mg/mL and carbenicillin

at 200 µg/mL (Fig. S3A and B).

For a clinical implication, we asked if the activity of RecA is inadvertently inhibited and once

this type of antibiotic resistance arises in cells, whether the susceptibility can be rescued by the

ending treatment with inhibitors. To answer it, we continuously cultured the *ΔrecA* resistant

cells in an antibiotic-free medium for 7 days after the initial treatment with ampicillin and

found that once resistance being established it was stable and heritable (Fig. 1C). Further, we

restored the expression of RecA in the *ΔrecA* strain using a plasmid encoding *recA* before the

ampicillin exposure and found that its susceptibility to ampicillin was fully recovered (Fig. 1D).

However, we found that the resistance was maintained, while the expression of RecA was

restored after the ampicillin exposure (Fig. 1E). Taken together, these results demonstrate that

the ampicillin exposure can induce the superfast evolution of antibiotic resistance in the RecA-
deficiency cells, and more importantly, this type of evolutionary trajectory can cause a more
rapid spread of drug-resistant bacteria in the community.

Antibiotic resistance can evolve through a sequential accumulation of DNA mutations (18),
and the antibiotic resistant levels can be gradually increased and reach the highest level after
around 20 days treatment with antibiotics (19). In the *ΔrecA* strain, significant amounts of drug-
specific and general DNA mutations appeared explosively in 8 hours of ampicillin treatment
(Fig. 2A and Table 1), and the drug-specific mutations were included not only at the promoter
of *ampC,* but at the coding region of gene *acrB* (Fig. 2A). Meanwhile, we found that, after 3
weeks of daily treatment with ampicillin, wild type cells evolved to resistance when mutations
appeared at the promoter of *ampC* (Table S1).

Gene *acrB* encodes a major multi-drug efflux pump AcrB in gram-negative bacteria (20,21).
We, therefore, observed a multi-drug resistance to other classes of antibiotics in the *ΔrecA*
strain, which was exposed to ampicillin only, including the chloramphenicol and kanamycin
(Fig. 2B and C). Treatment with 1-(1-Naphthylmethyl) piperazine (NMP), an inhibitor of the
AcrB efflux pump, convinced that *acrB* mutations conferred the antibiotic resistance, since the
inhibition on AcrB restored the sensitivity to ampicillin in *ΔrecA* resistance isolates (Fig. 2D).
Additionally, mutations at the promoter of *ampC* were accompanied by the significantly
increased production of β-lactamase (Fig. S4), which is the most common cause of bacterial
resistance to β-lactam.

Considering the potential effect of gene duplication and amplification (GDA) on the emergence
of resistance in the *ΔrecA* strain (22), we further validated the chromosomal gene copy number
variations (CNVs) using whole-genome sequencing (Fig. 2E) and droplet digital PCR (ddPCR)
methods (Fig. S5), but there was no difference between the wild type and *ΔrecA* strain.

We next applied a mutant prevention concentration (MPC) assay to determine the mutation
frequency. We found that, after the single exposure to ampicillin, the mutation frequency was
significantly increased (from 10^{-9} to 10^{-7} mutations per generation) in the *ΔrecA* strain.
Conversely, the mutation frequency was not changed naturally either in the wild type or in the
ΔrecA strain without the exposure to ampicillin (Fig. 2F), which evidenced that the rapid

acquirement of drug-specific mutations in *ΔrecA* strain was resulted from the single treatment

with ampicillin in the deficiency of RecA.

Loss of efficient DNA damage repair can lead to the accelerated accumulation of DNA

mutations, and the trade-off between bacterial susceptibility and resistance is often driven by

the cellular response to DNA damage, including the SOS response. Indeed, in the *ΔrecA* strain,

we observed DNA mutations on the *ftsI* gene, of which inactivation products have been shown

to induce SOS response in *E. coli* through the DpiBA two-component signal transduction

system (Fig. 2A and Table 1) (15). In addition, we applied super-resolution imaging to pinpoint

the dynamic locations of the chromosome and DNA polymerase I, which participates in the

repair of DNA damage (23). During the period of 8 hours of exposure, we found a formation

of multinucleated filaments either in the wild type or the *ΔrecA* strain (Fig. 3A-C), which

suggested a time window for bacteria to repair the DNA damage (24). However, the expression

level of DNA polymerase I was significantly suppressed in the *ΔrecA* strain (Fig. 3D), and

more importantly, the super-resolution colocalization results revealed a significantly lower

ratio of the co-localization between the chromosome and DNA polymerase I in the *ΔrecA* strain

(Fig. 3E). To confirm whether the inhibition of SOS response caused the superfast evolution

of antibiotic resistance, we used a single-gene mutant of the SOS response, *lexA3* where the

SOS response is always switched off, to be treated by the single exposure to ampicillin.

Interestingly, antibiotic resistance was not observed in this strain (Fig. 3F). Collectively, these

findings indicated that the DNA repair was significantly hindered in the *ΔrecA* strain, but the

superfast evolution of antibiotic resistance was developed in an SOS-independent manner in

RecA-deficiency cells.

Discussions

SOS response is widely studied to be involved, while the RecA contributes to the evolution of

antibiotic resistance (25). However, we unexpectedly observed an SOS-independent evolution

of antibiotic resistance in *E. coli* treated with a single exposure to ampicillin for 8 hours, once

the RecA was deleted in cells (Fig. 1 and 3F). This finding debates the conventional option that

inactivation of RecA to inhibit the SOS response can prevent bacteria from becoming resistant

to antibiotics. Meanwhile, rapid DNA mutations appeared after 8 hours of ampicillin treatment,

featuring at the *acrB* and the promoter of *ampC,* underpin the superfast emergence of antibiotic

resistance (Fig. 2A), and more importantly, they consequently cause multi-drug resistance to

other classes of antibiotics (Fig. 2B and C). These findings demonstrate that the hindrance of

DNA repair not only generally antagonizes cells fitness (Fig. 3), but also provides bacteria with

genetic plasticity to adapt to diverse stressful environments and can dramatically accelerates

the evolution of antibiotic resistance in RecA-deficiency cells.

Recently, a paradoxal β-lactam phenotype have been reported, of which mechanism is not

linked to β-lactamase acquisition but associated to the higher expression of efflux pump, since

these isolates are less susceptible to cefoxitin but susceptible to both amoxicillin/clavulanic

acid (26). To our knowledge, this research is the first to show the superfast accumulation of

acrB mutations caused by a single exposure to ampicillin in RecA-deficiency cells, which

provides a theoretical basis for the clinical phenomena. In addition, we find that the AcrB

inhibitor can restore the sensitivity to β-lactam in *ΔrecA* resistance cells (Fig. 2D), which

creates a novel clinical strategy to combat antibiotic resistance in anti-infection therapy.

Many anti-cancer drugs target DNA repair to kill tumour cells by damaging DNA structure,

and the homologous recombination (HR) is the process responsible for DNA repair (27). A key

protein of the HR pathway in eukaryotic cells is Rad51, which belongs to the *recA*/*RAD51* gene

family (28,29). A series of Rad51 inhibitors is being assessed in clinical trials, but some studies

have shown that inhibitors targeting to Rad51 can strongly inhibit the activity of RecA, as even

though the RecA and Rad51 share only ~30% sequence homology, filaments they form and

the conformational changes they induce in DNA are nearly identical (30). Besides, inhibitors

of RecA have been identified to enhance the antimicrobial effects of some antibiotics, including

fluoroquinolone (31,32). Therefore, from a clinical perspective, our finding significantly

highlights the possibility that the synergistic drug combination between β-lactam and RecA

inhibitors especially in the patients with cancer treatment can lead to a superfast evolution of

β-lactam resistance, and more importantly, this type of resistant cells can rapidly spread in the

community and become multi-drug resistant to other types of antibiotics.

Materials and Methods

Bacterial strains, medium and antibiotics

Bacterial strains and plasmids used in this work are described in Table S2 and Table S3. Luria-

Bertani (LB) was used as broth or in agar plates. *E. coli* cells were grown on LB agar (1.5%

w/v) plates at 37ºC, unless stated otherwise, antibiotics were supplemented, where appropriate.

Whenever possible, antibiotic stock solutions were prepared fresh before the use.

Treatment with antibiotics to induce evolutionary resistance

For the single exposure to antibiotic experiment, an overnight culture (0.6 mL; 1 x 10^9 CFU/mL cells) was diluted 1:50 into 30 mL LB medium supplemented with antibiotics (50 μg/mL ampicillin, 1 mg/mL penicillin G, or 200 μg/mL carbenicillin) and incubated at 37ºC with shaking at 250 rpm for 0, 2, 4, 6 and 8 hours, respectively. After each treatment, the antibiotic-containing medium was removed by washing twice (20 min centrifugation at 1500 g) in fresh LB medium.

To test the capacity for tolerance, surviving isolates were immediately used or stored at -80ºC for future use. To test resistance, the surviving isolates were first resuspended in 30 mL LB medium and grown overnight at 37ºC with shaking at 250 rpm. The regrown culture was then plated onto LB agar supplemented with the appropriate selective antibiotics and incubated 16 hours at 37ºC. Single colonies were isolated and used to test the resistance or stored at -80ºC for future use.

For the intermittent antibiotic treatment experiments, an overnight culture (0.6 mL; 1 x 10^9 CFU/mL cells) was diluted 1:50 into 30 mL LB medium supplemented with 50 μg/mL ampicillin and incubated at 37ºC with shaking at 250 rpm for 4 hours. After treatment, the antibiotic-containing medium was removed by washing twice (20 min centrifugation at 1500 g) in fresh LB medium. The surviving isolates were resuspended in 30 mL LB medium and grown overnight at 37ºC with shaking at 250 rpm. The killing treatment was applied as above to the regrown culture and repeated until resistance was established.

Antibiotic susceptibility testing

The susceptibility of *E. coli* cells to antibiotics was measured by using minimum inhibitory concentration (MIC) testing (33). In brief, diluted overnight bacterial culture (10^7 CFU/mL, determined by CFU counting) was used to inoculate wells of a sterile 96-well flat-bottomed plate. Various concentrations of antibiotics were added to the designated wells by serial dilutions with LB media to a final volume of 150 μL. Untreated controls were also included. The plate was incubated in the Synergy HT BioTek plate reader (BioTek Instruments Inc., USA) at 37°C with continuous moderate shaking to prevent biofilm formation (1800 rpm, amp. 0.549 mm x-axis) for 24 h and was programmed to measure the OD hourly at 595 nm (Gen5 software, BioTek Instruments Inc., USA). The MIC was defined as the lowest concentration of

antimicrobial agent that inhibited 99% growth of *E. coli* when compared to the untreated
control.

The capacity of tolerance was measured by using the minimum duration for killing 99% of the
population (MDK$_{99}$) testing (34). After the treatment with antibiotics, surviving cells were
loaded in a 96 wells plate (approx. 10^4 bacteria/well) that was filled with fresh LB medium
supplemented with increasing amounts of ampicillin in which the lowest concentration of
ampicillin was 100 μg/mL. Inoculation times are set so that all rows end their respective
treatment at the same time. Once incubation is concluded, the plate is spun down to terminate
the antibiotic exposure by washing away antibiotic remains and resuspending in fresh medium.
The plate is then returned for overnight incubation. Empty wells indicate killing of >99% of
the population, because growth in the well would imply that at least one bacterium. An
evaluation of MDK$_{99}$ can be read directly from the plate depending on the treatment duration
at which the plateau forms.

ScanLag analysis
To determine the types of tolerance observed, a ScanLag analysis was applied followed by
previously reported methods (35, 36). In brief, after the treatment with antibiotics, surviving
isolates were diluted serially and plated on the LB agar medium. The plates were placed in the
ScanLag setup at 37°C. The ScanLag setup is an array of office scanners, which takes images
of the plates automatically every 15 minutes, and thus monitors the appearance of thousands of
colonies. An automated image analysis application extracts the distribution of appearance time
of the colonies.

Mutation frequency test
Bacterial population mutation frequency was evaluated based on the approach of the Delbrück-
Luria Fluctuation test (37). In brief, overnight bacterial cultures were diluted 1:50 in parallel
cultures and plated on 50 μg/mL ampicillin to quantify the number of mutants and serially
diluted and plated on LB agar medium to quantify total viable cells. Colonies were quantified
after overnight incubation at 37°C. Mutation frequency was determined by taking the ratio of
ampicillin resistant colonies to the viable cell count for each sample.

Transformation with plasmids

Bacterial transformation with plasmids was followed by a reported protocol using the heat

shock method (38). To prepare the competent cells, *E. coli* was grown overnight in LB at 37°C

with shaking at 250 rpm. The following day, cultures were diluted to OD_{600} of 0.05 in 500 mL

of LB. Cells were grown to an OD_{600} ranging from 0.6 to 0.8, after which they were chilled on

ice for 10 minutes. Cells were centrifuged at 3,000 g at 4°C for 10 minutes and the supernatant

discarded. The pellet was resuspended in 10 mL ice cold 0.05 M $CaCl_2$ and incubated on ice

for 30 min. The solution was centrifuged again at 3,000 g for 10 minutes at 4°C. The pellet was

resuspended in 4 mL of ice cold sterile 15% glycerol (v/v) containing 0.05 M $CaCl_2$ and

incubated on ice for 10 min. A concentration of 50 ng (unless otherwise stated) of desired

plasmid was added to 50 µL of competent cells and incubated on ice for 30 min. This was then

heated shock by placing the tube into a 42°C water bath for 90 seconds, and following to put

the tubes back on ice for 5 min. After the transformation, the cells were transferred into 1 mL

LB medium to recover for 1 hour at 37°C with shaking at 250 rpm. 100µL undiluted cells were

plated out onto antibiotic selective LB agar plates. The remainder of the sample was

concentrated by 10 times and plated onto another plate. Plates were incubated overnight at

37°C (unless otherwise stated).

Construction of deletion mutants

Lambda Red recombination was used to generate various gene deletions in *E. coli* strains

followed by previous reported methods with modifications (39, 40). Genomic DNA of *E. coli*

K-12, containing insertions of a tetracycline or chloramphenicol resistance cassette to replace

the open reading frame of *recA*, was used to make subsequent gene deletions. Primers (Table

S4) were designed approximately 50 bp upstream and downstream to genes of interest on the

chromosome, in order to amplify the tetracycline or chloramphenicol cassette as well as the

flanking DNA sequence needed for homologous recombination. Phusion polymerase (NEB)

was used to amplify DNA sequence (Table S4) and the reaction was cleaned up using a

PureLink™ PCR purification kit (ThermoFisher Scientific) as per the manufacturer's

instructions. Background *E. coli* was made electro-competent and transformed with

recombinase plasmid pKD46 and selected on LB agar plates containing 100 µg/mL ampicillin

at 30°C. The strain now containing the plasmid was made electro-competent again using LB

media containing 100 µg/mL ampicillin and 0.2% arabinose at 30°C. Amplified DNA was

transformed into recipient strain by using 50 ng of DNA and 50µL of competent cells. Cells

were allowed to recover in LB media for 1 hour at 30°C. Transformation was plated onto LB

agar plates containing 10 µg/mL tetracycline or 17 µg/mL chloramphenicol and incubated

overnight at 37°C. PCR was used to confirm insertion of the tetracycline or chloramphenicol
resistance cassette at the correct site on the chromosome using primers upstream and
downstream to the gene of interest. The newly constructed mutant strains were cured of plasmid
pKD46 through incubation of LB streak plates at 42°C overnight. Loss of the plasmid was
confirmed by lack of ampicillin sensitivity on LB agar plates. Mutant strains were made
electro-competent and 50 μL of cells were transformed with plasmid pCP20 and incubated on
100 μg/mL ampicillin plates at 30°C overnight. A few colonies were then restreaked onto LB
plates and incubated overnight at 42°C. Loss of cassette and plasmid was confirmed by PCR
products.

Measurement of β-lactamase
The amount of β-lactamase was measured followed by a previous reported method with
modifications (41). Briefly, β-lactamase activity was assessed spectrophotometrically by
hydrolysis of nitrocefin. The assay mixture contained 83 μg of nitrocefin, 167 μg of BSA, 10%
glycerol and 0.33 mL (0.6 μg/mL of protein) of cell lysate that contained β-lactamase in a final
volume of 1.5 mL of 50 mM phosphate buffer. β-Lactamase activity was monitored by
measuring the decrease in absorbance at 390 nm for 10 min at 28°C. The enzyme activity was
expressed as μmol of nitrocefin hydrolysed/min/mg of protein, and the calculation was based
upon the molar extinction coefficient of 15 000 $M^{-1}cm^{-1}$ for nitrocefin.

DNA extraction
Chromosomal DNA was extracted and purified using the PureLink™ Genomic DNA mini kit
(ThermoFisher Scientific). In summary, a volume of 1 mL of overnight culture of the required
strain was centrifuged for 2 minutes at 10,000 g. The cell pellet was resuspended in 180 μL
PureLink™ genomic digestion buffer and 20 μL of Proteinase K and incubated at 55°C for 60
minutes until lysis was complete. A volume of 20 μL of RNase A (provided with the kit) was
added to the lysate and mixed for 10 seconds on the vortex. The sample was then incubated for
2 minutes at room temperature. A volume of 200 μL of PureLink™ genomic Lysis/Binding
buffer was added to the sample and mixed for 20 seconds by vertexing until a homogenous
solution was obtained. 200 μL of 100% ethanol was added to the lysate and mixed well by
vortexing for 5 seconds. The lysate (approximately 650 μL) was loaded onto a PureLink™ spin
column in a collection tube and centrifuged at 10,000 g for 1 minute at room temperature. The
flow through liquid was discarded and the column was washed twice with wash buffer 1 and

wash buffer 2. The column was dried with a final spin for 3 minutes at 10,000 g. DNA was

eluted using 200 μL of PureLink™ genomic elution buffer into a new 1.5 mL Eppendorf tube.

Plasmid DNA was extracted and purified using the PureLink™ Quick Plasmid Miniprep kit

(ThermoFisher Scientific). In summary, 3 mL of overnight culture of *E. coli* harbouring desired

plasmid was centrifuged at 10,000 g. Cell pellet was resuspended with 250 μL of resuspension

buffer. Cells were lysed by adding 250 μL of lysis buffer and mixing by gently inverting the

tube. A volume of 350 μL of the precipitation buffer was added and sample mixed by inverting.

The precipitate was separated from the supernatant via centrifugation at 10,000 g for 10

minutes. The supernatant was loaded onto a spin column and spun for 1 minute at 10,000 g.

The column was washed using 700 μL of the wash buffer and spun at 10,000 g for 1 minute.

The column was dried, and excess wash buffer removed with a 2 minute spin at 10,000 g.

Plasmid DNA was eluted using 50 μL of TE buffer into a new 1.5 mL Eppendorf tube.

Whole genome sequencing

The genomic sequencing was conducted following the Nextera Flex library preparation kit

process (Illumina), and processed by Sangon Biotech, Shanghai, China. Briefly, genomic DNA

was quantitatively assessed using Quant-iT picogreen dsDNA assay kit (Invitrogen, USA). The

sample was normalised to the concentration of 1 ng/μL. 10 ng of DNA was used for library

preparation. After tagmentation, the tagmented DNA was amplified using the facility's custom

designed i7 or i5 barcodes, with 12 cycles of PCR. The quality control for the samples was

done by sequencing a pool of samples using MiSeq V2 nano kit - 300 cycles. After library

amplification, 3 μL of each library was pooled into a library pool. The pool is then clean up

using SPRI beads following the Nextera Flex clean up and size selection protocol. The pool

was then sequenced using MiSeq V2 nano kit (Illumina, USA). Based on the sequencing data

generated, the read count for each sample was used to identify the failed libraries (i.e., libraries

with less than 100 reads). Moreover, based on the read count, libraries were pooled at a

different amount to ensure equal representation in the final pool. The final pool was sequenced

on Illumina NovaSeq 6000 Xp S4 lane, 2 × 150 bp.

Droplet digital PCR (ddPCR)

Genomic DNA samples were added to the Bio-Rad 2 x ddPCR supermix at amounts of 0.05

ng DNA per 22 μL ddPCR reaction, according to the ddPCR Bio-Rad user manual. Samples

were converted into droplets using a Bio-Rad QX200 droplet generator. After the droplet

generation, the plate was transferred to a thermal cycler and reactions were run under the

standard cycling conditions. After PCR, the plate was loaded onto the Bio-Rad QX200 Droplet

Digital Reader, and data analysis was performed using Bio-Rad Quantasoft™ software. CNV

analysis by ddPCR involves quantification of target and reference loci through the use of

duplex target and reference assays. In QuantaSoftTM software, copy number is determined by

calculating the ratio of the target DNA concentration to the reference DNA concentration, times

the number of copies of reference species in the genome. The error bars on a CN estimate in

QuantaSoftTM software are the 95% confidence interval of this measurement.

Super-resolution imaging and data analysis

Super-resolution imaging was performed using the Stochastic Optical Reconstruction

Microscopy (STORM) as described previously (42-44). In summary, a 35 mm cell culture dish

(0.17 mm) was placed in a large beaker (keep the dish upright and straight) for the rinsing once

with the ultrapure water MilliQ. 1 M KOH was added into the beaker that is then placed in an

ultrasonic cleaning instrument for washing 30 minutes. Using MilliQ water to rinse the culture

dish for three times. Then, the dish was placed back to the ultrasonic cleaning instrument for

the secondary washing following with the same protocol. After the washing, ultrapure water

was discarded, and the dish was dry using high-purity nitrogen and UV exposure for 30 minutes.

Dishes were stored in a cool and dry place until the use. Cells were fixed with $NaPO_4$ (30 nM),

formaldehyde (2.4%), glutaraldehyde (0.04%). Samples were incubated at room temperature

for 15 minutes followed by 45 minutes on ice. Samples were then centrifuged to pellet cells

and the supernatant discarded. Cell pellets were washed twice with phosphate-buffered saline

(PBS), pH 7.4. Cells were then resuspended in 200 μL of GTE buffer. Samples were kept on

ice until the next step. To label the bacterial chromosome, a Click-iT EdU kit was used

following the manufacturer's instruction (ThermoFisher) and as described before (42). To label

DNA polymerase I, the cells were blocked and permeabilized with blocking buffer (5% wt/vol

bovine serum albumin [Sigma-Aldrich] and 0.5% vol/vol Triton X-100 in PBS) for 30 min and

then incubated with 10 μg/mL primary antibody against the DNA polymerase I (ab188424,

abcam) in blocking buffer for 60 min at room temperature. After washing with PBS three times,

the cells were incubated with 2 μg/mL fluorescently labelled secondary antibody (Alexa 647,

A20006, ThermoFisher) against the primary antibody in blocking buffer for 40 min at room

temperature. After washing with PBS three times, the cells were postfixed with 4% (wt/vol)

paraformaldehyde in PBS for 10 min and stored in PBS before imaging. STORM image

analysis, drift correction, image rendering, protein cluster identification and images

presentation were performed using Insight3[42], custom-written Matlab (2012a, MathWorks)
codes, SR-Tesseler (IINS, Interdisciplinary Institute for Neuroscience) (45), and Image J
(National Institutes of Health).
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Statistical analysis
Statistical analysis was performed using GraphPad Prism v.9.0.0. All data are presented as
individual values and mean or mean ± s.e.m. A one-tailed unpaired Student's t-test using a 95%
confidence interval was used to evaluate the difference between two groups. For more than two
groups, a one-way ANOVA was used. A probability value of $P < 0.05$ was considered
significant. Statistical significance is indicated in each figure. All remaining experiments were
repeated independently at least fourth with similar results.
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416 **Data availability**
417 Sequence data that supports the findings of this study have been deposited in GEO repository
418 with the GEO accession numbers GSE179434.
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Author contributions

531 L.Z., G.P., Q.S., A.R., E.H., A.O. and D.J. designed the experiments. L.Z., N.C., A.B., E.H.,
532 and D.J. wrote the manuscript with input from all co-authors. L.Z., G.P., Q.S., and Y.Y.C.
533 conducted experiments and analysed data.

Competing interests

536 Authors declare that they have no competing interests.

Data and materials availability

All data are available in the main text or the supplementary materials.

Figure 1. Superfast evolution of β-lactam resistance. The changes of MICs in the wild type

(A) and the *ΔrecA E. coli* strain (B) after a single treatment with ampicillin at 50 µg/mL for 0,

2, 4, 6, and 8 hours. (C) After a single exposure to ampicillin at 50 µg/mL for 8 hours, surviving

cells were continuously cultured in an antibiotic-free medium for 7 days, and MICs were

measured at each day. (D) The changes of MICs in the *ΔrecA* strain, whose expression of RecA

was restored before the single treatment with ampicillin at 50 µg/mL for 0, 2, 4, 6, and 8 hours.

(E) After a single exposure to ampicillin at 50 µg/mL for 8 hours, the expression of RecA was

restored in surviving cells, and cells were continuously cultured in an antibiotic-free medium

for 7 days. MICs were measured at each day. Each experiment was independently repeated at

least 6 times.

Figure 2. The single exposure to ampicillin caused the evolution of multi-drug resistance.

(A) DNA mutations detected in the wild type and the *ΔrecA* strain before and after the single

treatment with ampicillin at 50 µg/mL for 8 hours. After the exposure to ampicillin at 50 µg/mL

for 8 hours, surviving cells were tested for their resistance to (B) chloramphenicol and (C)

kanamycin. (D) The wild type, *ΔrecA*, and *ΔrecA* resistant isolates were treated with NMP at

0, 250, and 500 mM for 12 hours, and MICs were measured. (E) The changes of mutation

frequency in the wild type, *ΔrecA*, and *ΔrecA* strain whose expression of RecA was restored

before and after the single treatment with ampicillin at 50 µg/mL for 8 hours. (F) Before and

after the exposure of ampicillin at 50 µg/mL for 8 hours, the copy number variations of genes in

chromosome were measured in the wild type and *ΔrecA* strain. Each experiment was

independently repeated at least 4 times.

Figure 3. The SOS-independent superfast evolution of antibiotic resistance. (A) After the
single exposure of ampicillin at 50 μg/mL for 0, 2, 4, 6, and 8 hours, surviving cells were fixed
and imaged. Top, the wild type strain. Bottom, the *ΔrecA* strain. (B) Multinucleated filaments
were observed either in (i) the wild type or (ii) the *ΔrecA* strain after the single treatment with
ampicillin at 50 μg/mL for 0, 2, 4, 6, and 8 hours. Purple, *E. coli* chromosome. Green, DNA
polymerase I. (C) The length of filaments counted in the wild type and the *ΔrecA* strain. (D)
The relative fold of DNA polymerase I was measured in the wild type and *ΔrecA* strain. (E)
The co-localization between the chromosome and DNA polymerase I was calculated in the
wild type and *ΔrecA* strain. (F) After the single exposure to ampicillin at 50 μg/mL for 8 hours,
the MICs were measured in the wild type, *ΔrecA*, *lexA3* strain. Each experiment was
independently repeated at least 6 times.

Table 1. DNA mutations detected in the wild type tolerant isolates and *ΔrecA* resistant

isolates.

Gene	Mutation	Genomic Position	Phenotype
nudG	G > C	2398286	*wild type*[Tolerance]
ftsI	A > C	93006	
acrB	A > G	454273	
acrB	C > T	482387	
acrB	G > A	482581	
acrB	G > T	483413	
stfE	A>AGGTTTTCGAGAGC	1209618	*ΔrecA*[Resistance]
puuC	T > G	1363695	
cpxA	T > C	4104711	
ampC	G > A	4379014	
ampC	A > G	4379035	

Supplementary Information

For

Bacterial SOS-independent Superfast Evolution of Multi-drug Resistance

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Figure S1. Emergence of tolerance in wild type strain after a single exposure to ampicillin.

(A) Changes of the MDK_{99} in wild type strain after the exposure to ampicillin at 50 µg/mL for

8 hours. (B) The type of tolerance was defined by using the ScanLag system. The appearance

and morphology of each single colony were automatically monitored. (C) Cells had an approx.

7 hours delayed appearance time showing an emergence of tolerance by lag-phase. Each

experiment was independently repeated 6 times.

Figure S2. Evolution of resistance in the wild type strain. Changes of MICs in the wild type

strain after 21 days treatment with ampicillin at 50 μg/mL for 4 hours at each day. MICs were

measure at each day.

Figure S3. Evolution of antibiotic resistance in the *ΔrecA* strain. Changes of MICs in the

ΔrecA strain treated with (A) penicillin G at 1 mg/mL, and (B) carbenicillin at 200 µg/mL for

8 hours. Each experiment was independently repeated 4 times.

Figure S4. The level of β-lactamase was increased in the *ΔrecA* strain. The *ΔrecA* strain
was treated with ampicillin at 50 μg/mL for 8 hours, and surviving isolates harbouring the
ampC mutations were selected. The level of β-lactamase in each strain determined by the
absorbance at OD500. The levels of β-lactamase in the wild type *ΔrecA* strain without the
exposure to ampicillin were tested as control. Each experiment was independently repeated 4
times.

Figure S5. Copy number variations were not changed after the single exposure to ampicillin. After the treatment with ampicillin at 50 µg/mL for 0, 4, and 8 hours in each strain, copy number variations of the β-lactam-specific resistant genes were verified using the ddPCR method, including the gene (A) *ampC*, (B) *ampD*, (C) *ampE*, and (D) *ampG*. Each experiment was independently repeated 4 times.

Table S1. DNA mutations detected in the wild type resistant isolates.

Gene	Mutation	Genomic Position	Phenotype
ampC	G > A	4379014	
ampC	+ TA	4379017	*wild type^{Resistance}*
ampC	G > A	4379014	

Table S2. Strains used in this study

Strain	Relevant Genotype	Parent strain	Source
DH5α	-	-	Lab stock
E. coli K-12	*recA$^+$ lexA$^+$*	-	Lab stock
LZ101	*lexA$^+$ ΔrecA::Tet*	K-12	This study
recA^{complementation}	*lexA$^+$ ΔrecA::Tet*, pJM1071-*recA*	LZ101	This study
RW1570	*recA$^+$ lexA3*	K-12	Lab stock

Table S3. Plasmids used in this study

Plasmid	Relevant Genotype	Parent strain
pJM1071-*recA*	Gene *recA* cloned into the multiple cloning site of pJM1071, spectinomycin resistance	This study
pKD46	Helper plasmid for Lambda RED recombination	Lab stock

Table S4. Primers used in this study

Name	Sequence
recA-FWD	AAAAAAGCAAAAGGGCCGCAGATGCGACCCTTGTGTATCAAAC AAGACGAGAAACGAGAGAGGATGCTCAC
recA-REV	CAACAGAACATATTGACTATCCGGTATTACCCGGCATGACAGGA GTAAAAGACGTCTAAGAAACCATTATTATCATGAC
ampC-FWD	TTACTTTACCTGGGGCTATG
ampC-REV	GTGGGATCGCTTAACTTGA
ampD-FWD	GATCGACGCATTATTCACTG
ampD-REV	CGAAAGGACATACTGGACTA
ampE-FWD	GGCGTGACTTTTTTACTGTT
ampE-REV	ACTTTACCTGCGCCAATAC
ampG-FWD	CATTGGTTTCTTCTCTCTGGT
ampG-REV	AATGGCGACTAATAACAGGA
cysG-FWD	CGAAAAACTTGAATCACTGC
cysG-REV	AATGGCTTTCTGATCGTT G

P_{ampC}-FWD	GTGCGATGCACAATATCGTTG
P_{ampC}-REV	TCCTGTTCCTGATGATCGTTC

54