TITLE

Reactive Oxygen Detoxification Contributes to *Mycobacterium abscessus* Antibiotic Survival

AUTHORS

Nicholas A. Bates[1,2], Ronald Rodriguez[3,4], Rama Drwich[1], Abigail Ray[5], Sarah A. Stanley[3],

Bennett H. Penn[1,6]*

AFFILIATIONS:

1. Department of Internal Medicine, University of California, Davis, California, USA

2. Graduate Group in Immunology, University of California, Davis, California, USA

3. Department of Molecular & Cell Biology, University of California, Berkeley, California, USA

4. Department of Plant & Microbial Biology, University of California, Berkeley, California, USA

5. Microbiology Graduate Group, University of California, Davis, California, USA

6. Department of Medical Microbiology and Immunology, University of California, Davis,

California, USA

*Corresponding author

Email: bhpenn@ucdavis.edu

ABSTRACT

When a population of bacteria are exposed to a bactericidal antibiotic most cells die rapidly.

However, a sub-population of antibiotic-tolerant cells known as "persister cells" can survive for

prolonged periods, and antibiotic tolerance can be strongly induced in a population by stresses

such as nutrient deprivation. However, the pathways required to maintain viability in this setting,

and how they are regulated are poorly understood. To identify genetic determinants of antibiotic

tolerance in mycobacteria, we carried out transposon mutagenesis insertion sequencing (Tn-Seq)

screens in *Mycobacterium abscessus* (*Mabs*) exposed to bactericidal translation-inhibiting

antibiotics. This analysis identified genes essential for the survival of both spontaneous persister

cells as well as for stress-induced tolerance, allowing the first genetic comparison of these states

in mycobacteria. Pathway analysis identified multiple genes involved in the detoxification of

reactive oxygen species (ROS), including the catalase-peroxidase *katG*, which contributed to

survival in both stressed and un-stressed populations. In addition, we found that endogenous

ROS were generated following antibiotic exposure, and that hypoxia significantly impaired

bacterial killing. Thus, in *Mabs*, the lethality of some antibiotics is amplified by toxic ROS

accumulation, and antibiotic-tolerant cells require detoxification systems to remain viable.

INTRODUCTION

A key goal of antibiotic therapy is, in conjunction with the immune system, to eradicate the

infecting bacteria. While many common bacterial infections respond rapidly to antibiotics, with 1-

2 weeks of therapy sufficient to achieve high cure rates, there are also infections where bacterial

clearance is slow and often incomplete[1, 2]. This challenge is exemplified by mycobacterial

infections. Fully-susceptible *Mtb* requires multiple antibiotics for four months or longer[3,4], and

infections by non-tuberculous mycobacteria (NTM) such as *Mycobacterium abscessus* (*Mabs*)

are often even more difficult to eradicate; *Mabs* often requires treatment for 12-18 months, and

even then has a 50% relapse rate[5, 6].

While the ability of mycobacteria to escape antibiotic-mediated killing is multifactorial, the

phenomenon of antibiotic tolerance is likely an important contributor[7-10]. Studies dating from the

1940s noted that when a population of susceptible bacteria were exposed to a bactericidal

antibiotic such as penicillin, the majority of the population died within a few hours, but that a small

sub-population of cells remained viable for days[11]. Importantly, these antibiotic-tolerant cells

referred to as "persister cells" had not acquired a mutation conferring heritable antibiotic

resistance, and do not grow in the presence of the antibiotic. Rather, they had entered into a

readily-reversable phenotypic state where, despite antibiotic-mediated inhibition of critical

processes, they are able to survive[12-14]. In addition, a number of physiologic stresses increase

antibiotic tolerance in a population, as bacterial cell death is markedly slowed by stresses such

as nutrient deprivation or acidic pH[10, 11, 15, 16]. Notably, these same stresses are encountered in the

lysosome of an activated immune cell[17], and studies of pathogens isolated from activated

macrophages indeed show a strong immune-mediated increase antibiotic tolerance[9, 18]. Thus,

paradoxically, the immune system can actually impede bacterial eradication by antibiotics.

Antibiotic tolerance has been studied extensively in model systems such as *Escherichia coli*,

which has provided important insights, but also highlighted uncertainties of current models.

Several different regulators of antibiotic tolerance have been identified in *E. coli* including the

HipBA toxin-antitoxin system[19], guanosine pentaphosphate ((p)ppGpp) synthesis by RelA/SpoT

enzymes[20, 21], and the activity of Lon protease[20]. In each of these models, the postulated

mechanism is to arrest cell division and render the process targeted by antibiotics non-essential.

However, important questions remain unanswered. It is unclear how cells remain viable when

critical processes such as transcription or translation are blocked by antibiotics, as well as how

the process is regulated and induced by stress. Even the mechanism of cell death following

antibiotic exposure itself has been a matter of debate - originally antibiotics were presumed to kill

bacteria as a direct result of inhibition of their target molecule, such as β-lactam antibiotics

disrupting cell wall integrity, directly leading to mechanical cell lysis[22]. However, a number of

studies, largely from *E. coli*, have demonstrated that in addition to the initial target inhibition, which

may be bacteriostatic, bactericidal antibiotics can also cause secondary lethal ROS accumulation,

leading to cell death[14, 23-28].

Mycobacterial persister cells are particularly resilient, as *Mycobacterium smegmatis* (*Msmeg*) and

Mycobacterium tuberculosis (Mtb) persisters can endure many weeks of antibiotic exposure, and

stress-induced antibiotic tolerance develops readily[10, 14, 29]. *Mabs* is a species of rapidly-growing

mycobacteria, with a doubling time of ~4h in rich media[30], and while often environmental, it causes

opportunistic infections in patients with structural lung disease such as cystic fibrosis. It is also

among the most difficult of all bacterial pathogens to treat, because in addition to forming persister

cells, it is also intrinsically resistant to many classes of antibiotics, leaving few treatment options[5].

This leads to the use of antibiotics with greater toxicity to patients, and a need to use these agents

for prolonged periods to prevent relapse. Thus, identifying the genes that *Mabs* persister cells rely

on for survival, as well as the genes involved in the induction and maintenance of stress-induced

antibiotic tolerance might highlight pathways that could be targeted therapeutically to eliminate

antibiotic-tolerant cells.

Previous genetic screens have studied antibiotic responses in mycobacteria, with some

evaluating heritable resistance, and others investigating tolerance. Several studies of resistance

have successfully used either transposon mutagenesis with insertion site sequencing (Tn-Seq)

or CRISPR-based transcriptional repression with high-throughput sequencing of guide RNAs

(CRISPRi) to identify genes promoting growth in sub-inhibitory concentrations of antibiotic. These

studies have provided insights such as highlighting the importance of cell membrane permeability

as a mechanism controlling antibiotic penetration into the cytoplasm[31-33].

Persister formation has proven challenging to study, likely because the low frequency of persisters

leads to population bottlenecks that confound genetic analysis. Although screens in *Mtb* have been

conducted in macrophages and mice, and genes such as *glpK* and *cinA* identified, overall the

number of mutants isolated in these screens has been low[34-35]. There has been one effective in

vitro Tn-Seq study examining antibiotic tolerance in *Mtb* exposed to starvation and rifampin that

isolated over 100 mutants[27], demonstrating the feasibility of genetic screening in this context.

However, whether these phenotypes seen with rifampin in *Mtb* extend to other mycobacteria and

other antibiotics remains to be determined.

Here, we study antibiotic tolerance in *Mabs*, and describe the results of a genome-wide Tn-seq

screens seeking to identify the genes required for both spontaneous persister cell survival as well

as starvation-induced antibiotic tolerance following exposure to translation-inhibiting antibiotics.

We identified several discrete processes contributing to survival, and observed a prominent role

for ROS detoxifying factors such as the catalase-peroxidase enzyme KatG, which contributed to

both spontaneous persister survival and starvation-induced antibiotic tolerance. Consistent with

the protection conferred by KatG, we found that endogenous ROS accumulated following

antibiotic exposure, and that the removal of oxygen significantly impaired bacterial killing. Taken

together these findings support a model in mycobacteria where the lethality of translation-

inhibiting antibiotics is amplified by a secondary accumulation of toxic ROS, and that survival

requires active detoxification systems.

RESULTS

Starvation-induced antibiotic tolerance in mycobacteria

We first sought to develop conditions suitable for genetic analysis of persister cell survival and

stress-induced antibiotic tolerance mycobacteria. Genetic screens examining persister cell

physiology face two inherent obstacles. First, these cells are rare in unstressed bacterial

populations, and antibiotic-mediated cell death creates population bottlenecks that obscure

mutant phenotypes. Second, most mycobacterial populations contain spontaneous drug-resistant

mutants that can expand if the population is exposed to a single antibiotic. To overcome these

obstacles, we sought to establish large-scale, high-density culture conditions to prevent genetic

bottlenecks, and used multiple antibiotics to suppress spontaneous drug-resistant mutants. We

began by assessing the feasibility of this approach using wild-type *Msmeg.* We exposed the cells

to either the combination of rifampin, isoniazid, and ethambutol (RIF/INH/EMB) used to treat *Mtb*,

or to the combination of tigecycline and linezolid (TIG/LZD), two translation-inhibiting antibiotics

frequently used to treat *Mabs*[6, 36], and empirically determined the minimum inhibitory

concentrations (MICs) and minimum bactericidal concentrations (MBC) for each antibiotic under

the high-density culture conditions that would be needed for genetic analysis of persister cells.

Both antibiotic combinations reduced the bacterial population >1000-fold within 72h (Figure 1A).

We then evaluated both spontaneous persister formation and stress-induced tolerance under

these conditions in *Msmeg*. We compared logarithmically growing (mid-log) cultures in 7H9 rich

media to cultures starved for 2 days in phosphate buffered saline (PBS) prior to addition of

antibiotics. Consistent with expectations, we found a marked increase in antibiotic tolerance in

starved cultures, with a 100-fold increase in survival following TIG/LZD exposure and a 10,000-

fold increase following RIF/INH/EMB exposure (Figure 1A).

We next examined two species of pathogenic mycobacteria under these conditions to similarly

assess starvation-induced antibiotic tolerance[37-40]. We again compared cells starved in PBS to

logarithmically growing cells in 7H9, and found that cultures of wild-type *Mabs* (ATCC 19977) and

Mtb (Erdman) also displayed dramatic increases antibiotic tolerance in nutrient-deprived cultures

(Figure 1B,C). Notably, for *Mabs* and *Msmeg,* the development of tolerance required an

adaptation period of several days under starvation conditions, as survival was dramatically

impaired if cells were shifted immediately into nutrient-deficient conditions with antibiotics,

suggesting that a regulated process needed to be completed. Surprisingly, *Mtb* tolerance

developed rapidly without pre-adaptation suggesting that this organism might have additional

response pathways enabling more rapid adaptation.

Identification of pathways needed for antibiotic tolerance in *Mabs*

We used these conditions to carry out Tn-Seq screens in *Mabs* to identify genes necessary for

both the survival of spontaneous persister cells and for starvation-induced antibiotic tolerance.

We conducted the screen using a *Mabs Himar1* Tn library comprised of ~55,000 mutations across

~91,000 possible TA insertion sites covering all 4,992 non-essential *Mabs* genes in strain ATCC

19977[33]. To study spontaneous persister cells, cultures were maintained in continuous log-phase

in 7H9 rich media for 48h prior to antibiotic exposure, and then exposed to TIG/LZD for 6 days

(Figure 2A) a point at which spontaneous persister cells comprise the majority of the population

(Figure 1C). To study starvation-induced tolerance, cultures were starved in PBS for 48h prior to

antibiotic exposure in PBS. Following antibiotic treatment, cells were then washed and

resuspended in antibiotic-free liquid media to recover, and passaged 1:100 three times in

continuous log-phase to expand surviving cells. We then isolated genomic DNA, sequenced the

Tn insertion sites, and used TRANSIT software[41] to quantify the abundance of each Tn mutant

across different conditions to identify genes with statistically-significant differences in distribution.

We identified 277 *Mabs* genes required for surviving TIG/LZD exposure in rich media, 271 genes

required for survival during starvation and 362 genes required to survive the combined exposure

to antibiotics and starvation (Log$_2$ fold-change > 0.5 and Benjamini–Hochberg adjusted p-value

(p-adj.) ≤ 0.05; Figure 2B-E). Of the genes required for survival, ~60% were required in both

nutrient-replete and starvation states, although condition-specific determinants were also seen

(Figure 2F). As expected, we identified genes with already-established functions in antibiotic

responses, including *MAB_2752* and *MAB_2753* which are both homologs of known antibiotic

transporters in *Mtb,* as well as tetracycline-responsive transcription factors like *MAB_4687* and

MAB_0314c (Table S1), indicating an ability of these Tn-Seq conditions to identify physiologically

relevant genes known to mitigate antibiotic stress.

To identify other cellular processes necessary for survival we performed pathway enrichment

analysis on the set of genes identified by Tn-Seq. We used the DAVID[42] analysis tool to perform

systematic queries of the KEGG, GO, and Uniprot databases and identify over-represented

processes and pathways. Interestingly, although cells were exposed to translation-inhibiting

antibiotics, and no exogenous oxidative or nitrosative stress was applied, we identified a number

of factors needed to combat these stresses in spontaneous persister cells. This included *bfrB*

(bactoferritin), *ahpE* (peroxiredoxin) and *katG* (catalase/peroxidase) as well as 5 components of

the bacterial proteasome pathway, known to mediate resistance to nitrosative stress in *Mtb*[43]

(Figure 2G, Table S2). We also identified multiple members of DNA-damage response pathways

including *recF*, *recG*, *uvrA*, *uvrB* and *uvrC*. Examining genes required for starvation-induced

tolerance, a number of the same pathways were again seen, and the mutant with the greatest

survival defect in this context was *mntH*, a redox-regulated Mn^{2+}/Zn^{2+} transporter implicated in

peroxide resistance in other organisms[44-45].

To independently confirm a role in antibiotic tolerance for a set of genes from diverse pathways

that were identified by Tn-Seq we selected a set of genes required for survival, representing

several of the functional pathways identified, and used oligonucleotide-mediated recombineering

(ORBIT)[46] to disrupt their open reading frames. The initial genes selected were *pafA* (proteasome

pathway), *katG* (catalase-peroxidase), *recR* (DNA repair), *blaR* (β-lactam sensing), and

MAB_1456c (cobalamin synthesis). To control for non-specific effects of antibiotic selection during

the recombineering process, we created a control strain using ORBIT to target a non-coding

intergenic region downstream of a redundant tRNA gene (*MAB_t5030c*). We then individually

screened each of these mutants to determine if they displayed deficits in survival by exposing

cells to TIG/LZD, either in rich 7H9 media or under starvation conditions, as had been done in the

Tn-Seq screen. For $\Delta katG$ we detected clear defects in survival as soon as 3 days after antibiotic

exposure in either rich media or under starvation conditions, corroborating the results of our Tn-

Seq analysis (Figure 3A). We observed similar, albeit smaller, defects in the $\Delta pafA$, ΔMAB_1456c,

and Δ*blaR,* mutants under the conditions predicted by the screen, whereas we saw no defect in

the Δ*recR* mutant (Figure 3B-E). We also noted that several mutants displayed delays in growth

recovery after antibiotic removal at times before survival defects were noted (Figure 3

Supplement). To further confirm the role of *katG* and *pafA,* and exclude off-target effects of

recombineering, we performed genetic complementation analysis by restoring a wild-type copy of

each gene into the respective Δ*pafA* and Δ*katG* mutants. In each case, we integrated a single

copy of the wild-type gene, under the control of its endogenous promoter, into the genome at the

L5 *attB* site (hereafter *pafA+, katG+* strains), and constructed isogenic control strains with an

empty vector integrated at the same site (hereafter *pafA-, katG-* strains). We confirmed

expression of the re-introduced copy of each gene by RT-qPCR in the *pafA+*, and *katG+* strains,

and found expression within roughly 2-fold of endogenous wild-type levels (Figure 4A,D). We then

challenged these strains with TIG/LZD as before. In rich media, where the Δ*katG* mutants have a

moderate survival defect, the *katG+* strain had roughly a 50-fold increase in viable cells relative

to the *katG-* strain. We then exposed cells to antibiotics under starvation conditions, where the

Δ*katG* mutant phenotype is more severe. Under these conditions the *katG-* cells succumbed

rapidly between 3d and 10d after antibiotic exposure, with a 1,000-fold decrease in viable cells

relative to control cells, whereas the *katG+* strain showed a near-complete restoration of antibiotic

tolerance (Figure 4B). We analogously examined complementation of Δ*pafA* mutants, and

although the phenotype of the Δ*pafA* mutant is less severe overall than a Δ*katG* mutant, we saw

a similar restoration of survival in *pafA+* cells relative to *pafA-* cells (Figure 4E). We next evaluated

whether the *pafA-*, and *katG-* strains were overall more sensitive to the growth inhibitory effects

of TIG/LZD, or whether they had specific defects in survival above the mean bactericidal

concentration. We performed MIC determination for TIG and LZD individually for each strain,

comparing the *katG+/katG-* and *pafA+/pafA-* strains. We found that that the MICs for each of

these strains were unchanged, demonstrating that these mutants were not more readily inhibited

by these antibiotics. Instead, they have more rapid kinetics of cell death at bactericidal

concentrations, consistent with a specific defect in antibiotic tolerance, and supporting a model

whereby an initial growth-arresting inhibition of the direct antibiotic target can be uncoupled

mechanistically from a distinct cell-death step (Figure 4C,F), as has been seen with other

antibiotic classes[26].

Reactive oxygen contributes to antibiotic lethality in *Mabs*

We next investigated the role of KatG and reactive oxygen in antibiotic tolerance more broadly.

We began by assessing whether KatG conferred protection from other antibiotics with diverse

mechanisms of action, selecting antibiotics that are used clinically for mycobacterial infections.

Because *katG-* mutants showed the greatest defects in starvation-induced tolerance, we analyzed

survival of *katG+* and *katG-* strains in starvation-adapted cultures exposed to a panel of different

antibiotics. Because both TIG and LZD both act by inhibiting translation, we began by exposing

cells to either TIG or LZD alone. As expected, the degree of bacterial killing was significantly less

with either agent alone than when they are added in combination. Upon exposure to either of

these antibiotics the *katG-* cells died more rapidly than *katG+* cells, though we note that the final

proportion of persister cells in the population was unchanged in *katG-* cells (Figure 5A). When

we exposed cells to rifabutin, an RNA polymerase inhibitor, we saw a similar effect, with a 100-

fold loss of viability in *katG-* cells relative to the *katG+* cells (Figure 5B). In contrast, when we

exposed cultures to either levofloxacin (topoisomerase inhibitor) or cefoxitin (β-lactam inhibitor of

peptidoglycan cross-linking), *katG* had little to no effect on cell viability (Figure 5C-D). Thus, the

role of KatG is context-dependent, suggesting that some antibiotics generate oxidative stress that

can be ameliorated by KatG while others do not.

The identification of *katG* as essential for cells to survive exposure to TIG/LZD suggests that ROS

are present and causing damage. Although TIG/LZD are translation inhibitors that do not directly

generate ROS we evaluated whether they might nonetheless be triggering ROS accumulation as

a secondary effect. We examined ROS levels in control *Mabs* using the ROS indicator dye

cellROX, that is retained in cells when it becomes oxidized[47]. At baseline, during log-phase growth

in rich media < 2% of cells had ROS accumulation (Figure 5E). We saw a moderate increase in

ROS accumulation in starved cultures, with roughly 7% of the population cellROX+. However,

when cells were exposed to antibiotics we saw a dramatic accumulation of ROS, with 57% of cells

becoming cellROX+ when exposed to TIG/LZD in rich media and 33% of PBS-starved cells

becoming cellROX+ when exposed to TIG/LZD. Taken together, these data indicate that

translation inhibition does indeed have important downstream effects on cellular redox balance,

with ROS accumulation that could be contributing to the lethal effects of antibiotics.

We next tested whether ROS were contributing to cell death by reducing ROS production and

assessing the impact on cell viability. A well-established system for studying hypoxia in

mycobacteria is the Wayne Model of gradual-onset hypoxia, whereby low-density cultures are

inoculated in sealed vessels with minimal headspace. As the culture slowly grows, the soluble

oxygen is consumed, resulting in the slow onset of hypoxia over several days, a process that can

be monitored by the decolorization of Methylene Blue dye in the media[48]. Under aerobic conditions

in rich media, we observed the expected rapid killing of *Mabs* over the first 5 days with the

combination of TIG/LZD, with more rapid loss of viability in KatG- cells. However, under hypoxic

conditions, where ROS production is suppressed, we saw much slower bacterial killing.

Importantly, under hypoxic conditions *katG-* cells no longer had a survival defect relative to *katG+*

cells, supporting the hypothesis that translation-inhibiting antibiotics also cause secondary

accumulation of lethal ROS in antibiotic-treated cells that need to be detoxified by KatG (Figure

5F).

We also evaluated whether other methods of alleviating ROS damage might enhance survival.

The iron chelator 2,2'-dipyridyl has been shown in other contexts to reduce ROS-mediated

damage by suppressing the reaction of H_2O_2 with Fe^{2+} that generates highly oxidizing hydroxyl

radicals (Fenton reaction), and which has been shown to mitigate oxidative damage in other

bacteria following antibiotic exposure[23, 26, 49]. As seen in other bacteria, we find that in *Mabs*, 2,2'-

dipyridy does indeed improve bacterial survival following exposure to bactericidal translation

inhibitors, further supporting a role in ROS in cell death following translation inhibition (Figure 5G).

We also assessed whether free radical scavengers like thiourea and 2,2,6,6-

tetramethylpiperidine-1-oxyl (TEMPO) ameliorated antibiotic toxicity, although similar antioxidants

had previously been shown in *Mtb* to increase respiration and paradoxically to increase ROS

generation[27]. When we treated *Mabs* simultaneously with TIG/LZD in combination with either

thiourea or TEMPO we did not observe a restoration of antibiotic tolerance, and, similar to

observations in *Mtb,* actually observed increased bacterial cell death (Figure 5 Supplement).

Incomplete penetrance of *katG* phenotype among *Mabs* strains

To test whether ROS accumulation was an effect occurring more broadly across different *Mabs*

strains we obtained two clinical strains, exposed them to TIG/LZD in 7H9 media, and measured

ROS accumulation with cellROX as above. We found that similar to ATCC 19977, both clinical

Mabs strains had elevated ROS levels following translation inhibition (Figure 6A), suggesting that

this is a conserved process in *Mabs*. Next, we tested the role of KatG in these *Mabs* clinical

strains. We used ORBIT to disrupt the *katG* locus, and evaluated the ability of these ∆*katG* clinical

strains to survive exposure to TIG/LZD under both stressed and un-stressed conditions. Unlike

ROS accumulation, where the responses across strains were consistent, we saw a variable

dependency on *katG*. Clinical strain-1 behaved differently overall, with no appreciable starvation-

induced antibiotic tolerance, and no contribution of *katG* to survival. In contrast, for clinical strain-

2, *katG* contributed significantly to starvation-induced antibiotic tolerance, behaving similarly to

the ATCC 19977 reference strain. However, unlike the reference strain, *katG* was not required for

survival of clinical strain-2 when exposed to antibiotics in 7H9 media (Figure 6B). Thus, although

antibiotic-induced ROS accumulation was observed across all three *Mabs* strains, the Δ*katG*

phenotype displays incomplete penetrance, suggesting that in some *Mabs* strains alternative

pathways exist that are able to compensate the loss of *katG.*

In summary, the results of these studies point to an important effect of ROS in amplifying the

lethality of transcription and translation-inhibiting antibiotics in *Mabs*. Through genetic analysis we

identified a number of ROS detoxification factors, including KatG, as necessary for survival in this

context. This suggested that antibiotics induced an oxidative state in cells, and direct

measurement of ROS following antibiotic exposure indicated that this was indeed the case.

Further supporting the toxic effects of ROS in this context, we found that removal of oxygen both

slowed bacterial killing and rendered KatG dispensable. Taken together these results suggest that

in *Mabs* antibiotic lethality is accelerated by ROS accumulation, and that survival requires active

detoxification systems.

DISCUSSION:

Pathways necessary for antibiotic tolerance in *Mabs.*

The phenomenon of antibiotic tolerance has been recognized for decades, and has been

observed in a broad array of bacterial species, but without a uniform underlying mechanism -

suggesting that different pathways may play roles in different physiologic contexts. For example,

the pathways identified in one bacterial species may not contribute to tolerance in another. In

addition to *E. coli, relA* plays a role in tolerance in *Pseudomonas aeruginosa*[53]*, Staphylococcus*

aureus[54], and *Mtb*[55]. However, its role is not universal. Deletion of *relA* had no effect on antibiotic

tolerance in *Msmeg*[56], and in our Tn-Seq analysis, *Mabs relA* Tn mutants had no survival defect.

However, a prior study of the *Mabs relA* mutant demonstrated that this strain still synthesizes

(p)ppGpp[57], suggesting potential genetic redundancy. Even within a single species there can be

differences in the critical survival mechanisms depending on the context. In *E. coli,* RelA

contributes to persister viability following exposure to β-lactams, but not quinolones[53], and in our

study we find KatG to be essential for tolerance to transcription and translation inhibitors but not

to β-lactams or quinolones.

Mechanisms of antibiotic lethality

Our findings strongly support the idea that ROS can be a significant contributor to antibiotic lethality

in *Mabs*, and contribute to the growing evidence that this is conserved across mycobacteria. In *Mabs,*

Mtb and *Msmeg,* other groups have also observed reduced antibiotic-mediated killing in hypoxic

conditions[25, 37]. In addition, in *Mtb*, exposure to rifampin also generates ROS[19,60], and *katG*

contributes to survival in rifampin-treated cells[26].

Exactly how transcription or translation blockade leads to increased ROS levels is also not known.

In principle, any of several derangements could lead to ROS accumulation. One of the major

sources of cellular ROS is oxidative phosphorylation, as hydrogen peroxide and superoxide are

natural byproducts. Thus, increased ROS generation by oxidative phosphorylation is an attractive

hypothesis. Alternatively, particularly under starvation conditions, it is possible that antioxidants

and ROS scavengers may become depleted, creating a more oxidizing environment. Our Tn-Seq

analysis provides additional insight on this. We noted a small class of Tn mutants that were

paradoxically protected from antibiotic lethality (Figure 2B). Prominent among this class of

mutants were several independent components of the NADH dehydrogenase complex. Also

known as Complex I of the electron transport chain, it is one of the key entry points for electrons

into the oxidative phosphorylation pathway. The observation that mutants lacking this complex

are protected suggests that decreasing flux through oxidative phosphorylation, with a concomitant

decrease in ROS generation, may enhance survival during antibiotic exposure. A mechanistic

understanding of how blockade of either transcription or translation leads to deranged oxygen

utilization is an unresolved question that will require further study.

ROS accumulation is not universal following exposure to bactericidal antibiotics. While antibiotic-

induced ROS is well-documented, under some conditions, such as higher concentrations of

antibiotic, multiple studies have also observed antibiotic lethality without ROS accumulation[23, 58-

61]. Similarly, prior studies have found that under certain conditions, *E. coli* mutants lacking

catalase have defects in antibiotic tolerance[62-64], whereas under other conditions they do not[23, 65].

In *Mabs* the role of *katG* was also not uniform, as it had no impact on survival following exposure

to levofloxacin or cefoxitin. Additional studies will be needed to determine whether levofloxacin

and cefoxitin kill without generating ROS, or whether ROS is generated but effectively detoxified

in the absence of *katG.* This latter possibility is suggested by our findings in *Mabs* clinical strains.

While we saw ROS accumulation in both strains after TIG/LZD exposure, the role of *katG* was

variable between the strains. This suggests that compensatory pathways likely exist and that in

Mabs they can overcome the loss of *katG.*

Therapeutic implications

Mabs infections are particularly challenging to treat, with relapse rates over 50%[3]. Our results

highlight several bacterial processes, such as the bacterial proteasome and ROS detoxification,

that might be targeted therapeutically to reduce the survival of antibiotic tolerant bacteria in

patients with *Mabs* infection. Agents targeting these process might not have any intrinsic

antimicrobial activity alone, but might act to disrupt the unique physiology required to survive

antibiotics. This would represent a new therapeutic class of "persistence inhibitors" that might act

synergistically with traditional antibiotics to eliminate the subpopulation of cells that would

otherwise remain viable despite prolonged antibiotic treatment in patients with *Mabs* and other

chronic infections[6, 27].

Limitations

Tn-Seq has inherent drawbacks, including an inability to identify mutants in essential genes, or in

cases of genetic redundancy. Thus, there are likely genes needed for antibiotic tolerance in *Mabs*

that were not identified in this study. In addition, we studied the response to a single class of

antibiotic, focusing on the translation inhibitors often used to treat *Mabs* infections, and we studied

only spontaneous persister cells and starvation-induced antibiotic tolerance. It is likely that

examining other antibiotics, with different mechanisms of action, or different stresses that induce

tolerance would identify additional genes contributing to survival and would allow identification of

core pathways that might be shared in differing physiologic contexts of antibiotic and stress[25, 27].

MATERIALS AND METHODS

Key Reagent Table

Reagent	Source/Reference	Identifier
Mabs **ATCC 19977**	ATCC	19977
Msmeg **MC2 155**	ATCC	700084
Mtb **Erdman**	ATCC	35801
Mabs **clinical strains**	Sacramento Department of Public Health	NA
pkm444	Addgene	108319
pkm496	Addgene	109301
pmv306	Ref. [66]	
Middlebrook 7H9	BD	271310

Middlebrook 7H10	BD	262710
Glycerol	Invitrogen	15514011
Tween-80	Fisher	BP338-500
Middlebrook OADC	BD	212351
DPBS (-Ca/Mg)	Gibco	14190144
Tyloxapol	Sigma Aldrich	T8761
Methylene blue	Sigma Aldrich	28514
Tigecycline	Chem Impex	29737
Linezolid	Chem Impex	29723
Levofloxacin	Sigma Aldrich	28266
Cefoxitin	Chem Impex	1490
Rifabutin	Cayman Chemical	16468
Rifampin	Sigma Aldrich	R7382
Isoniazid	Supelco	I3377
Ethambutol	Thermo Scientific	J6069506
DMSO	Sigma Aldrich	D2650
Trizol	Invitrogen	15596018
0.1mm zirconia beads	Biospec	11079101z
PureLink RNA Mini Kit	Invitrogen	12183025
Kanamycin	VWR	75856-686
Zeocin	Invivogen	ANTZN1P
Glycine	Fisher Bioreagents	BP381
Sucrose	Sigma Aldrich	S1888
Anhydrotetracycline	Cayman Chemical	10009542
cellROX green	Invitrogen	C10444

Paraformaldehyde	Sigma Aldrich	P6148
DAPI	Sigma Aldrich	D9542
DNAseI	New England Biolabs	M0303
Maxima H minus reverse transcriptase	Thermo Scientific	EP0752
Taq Polymerase	New England Biolabs	M0273
EvaGreen	Biotium	31019
Bipyridyl	Sigma Aldrich	D216305
Thiourea	Sigma Aldrich	T7875
4-Hydroxy-TEMPO	Simga Aldrich	176141

Bacterial strains and culture conditions:

Mabs ATCC 19977, clinical *Mabs* strains and *Msmeg* (MC2 155) were grown in BD Middlebrook

7H9 media (liquid) or 7H10 media (solid) supplemented with 0.5% glycerol (Sigma) and 0.2%

Tween-80 (Fisher) but without any OADC supplementation except for transformations.

Sacramento clinical isolates were obtained from the Sacramento County Department of Public

Health Mycobacteriology Laboratory. Confirmation of clinical isolates as *Mabs* was performed by

amplifying the 16s rRNA locus and Sanger sequencing (maybe reference new data table?). *Mtb*

(Erdman) was grown in 7H9 (liquid) or 7H10 (solid) supplemented with 0.5% glycerol, 0.1%

Tween-80, and 10% OADC (BD). All cultures were grown at 37°C with gentle shaking. Except for

specific hypoxia conditions, all liquid cultures were grown with 90% container headspace or using

a gas permeable cap to ensure culture oxygenation. PBS starvation was achieved by washing

OD0.5-1.0 *Mabs* 1X in DPBS (-Ca/Mg, Gibco) and resuspending in DPBS at OD=1, supplemented

with 0.1% tyloxapol (Sigma).

Mabs antibiotic experiments:

For PBS starvation experiments, stocks of *Mabs* were grown for 48 hours in 7H9 passaging

continuously in log phase, then PBS starved or passaged in log phase for an additional 48h. Log

phase or PBS starved *Mabs* were then resuspended in antibiotic containing media at OD1.0. For

experiments with hypoxia, *Mabs* in mid-log aerobic growth was adjusted to OD0.001 in media

with 1.5µg/ml methylene blue and added to a rubber septum sealed glass vial with 50%

headspace. Methylene blue discoloration was observed at 3d and antibiotics were added at 5d.

For thiourea and TEMPO experiments, these were added to the cultures at the time of antibiotic

administration. For bipyridyl experiments, 62.5µM bipyridyl was added to the cultures 2h prior to

antibiotic administration. We empirically determined the half-life of each antibiotic in 7H9 media

at 37-deg and for those with half-lives shorter than the experiment, supplemented cultures to with

additional antibiotic to maintain the concentration of active antibiotic. Antibiotics were used at the

following concentrations: tigecycline (Chem-Impex) at 10µg/ml (8 fold above MIC, re-administered

every 3 days), linezolid (Chem-Impex) at 100µg/ml (20 fold above MIC), levofloxacin (Sigma) at

40µg/ml (8 fold above MIC), cefoxitin (Chem Impex) at 80µg/ml (8 fold above MIC, re-

administered every 3 days), and rifabutin (Cayman) at 40µg/ml (4 fold above MIC). After antibiotic

administration, colony forming units over time were measured by plating on 7H10 solid media.

For experiments where growth recovery time in liquid media was quantified, 100µl of sample was

removed at d6 after antibiotic administration and washed 2X in antibiotic-free media. The samples

were resuspended in 5ml of antibiotic free media, and OD620 measurements were taken with a

FilterMax F3 plate reader (Molecular Devices) until maximum cell density (OD of ~5.0) was

reached.

Msmeg antibiotic experiments:

Individual colonies were picked and grown for 48 hours in log phase before being PBS starved or

passaged in log phase for 48h. Log phase or PBS starved *Msmeg* were then resuspended in

442 antibiotic containing media at OD1.0. Antibiotics were used at the following concentrations:

443 tigecycline (Chem-Impex) at 1.25µg/ml (8 fold above MIC, re-administered every 3 days), linezolid

444 (Chem-Impex) at 2.5µg/ml (8 fold above MIC), rifampin (Sigma) at 32µg/ml (8 fold above MIC, re-

445 administered every 6 days), isoniazid (Sigma) at 32µg/ml (8 fold above MIC, re-administered

446 every 6 days), and ethambutol (Thermo) at 4µg/ml (8 fold above MIC, re-administered every 3

447 days). After antibiotic administration, colony forming units over time were measured.

449 *Mtb* antibiotic experiments:

450 Freezer stocks of *Mtb* were thawed and grown for 5-7 days in log phase before being starved for

451 14d or longer. Non-starved control *Mtb* were thawed such that they were also grown for 5-7 days

452 in log phase before experimental use. Log phase or PBS starved *Mtb* was then resuspended in

453 antibiotic containing media and adjusted to OD1.0. Antibiotics were used at the following

454 concentrations: rifampin (Sigma) at 0.1µg/ml (4 fold above MIC, re-administered every 6 days),

455 isoniazid (Sigma) at 0.1µg/ml (4 fold above MIC, re-administered every 6 days), and ethambutol

456 (Thermo) at 8µg/ml (4 fold above MIC, re-administered every 6 days). After antibiotic

457 administration, colony forming units over time were measured.

459 Transposon insertion sequencing:

460 The construction of this *Himar1* transposon Tn library has been described previously[33]. Screening

461 was performed by growing a freezer stock of the library for 2.5 days in log phase before 48-hour

462 PBS starvation or further continuous log-phase growth. Samples were then resuspended in media

463 containing either tigecycline/linezolid or an equal volume of DMSO solvent and incubated for 6

464 days, with a re-administration of tigecycline or matching DMSO on day 3. Cultures were aerated

465 by culturing in a vented cap bottle with gentle agitation at 40 revolutions per minute throughout

466 the experiment. The samples were then washed 2X in antibiotic free liquid media, resuspended

467 in antibiotic free liquid media (10X the original culture volume), and grown until OD0.5-1.0.

Subsequently, the samples underwent three more rounds of 100-fold passaging in liquid media

to amplify surviving bacteria before the samples were collected in Trizol (Invitrogen). A sample

taken at the time of the commencement of PBS starvation was collected in Trizol and used as the

input control. Three independent trials of this experiment were submitted to the UC Davis DNA

Technologies Core, where Tn insertion site flanking sequences were amplified as described

previously[33] and sequenced on sequenced on an Illumina AVITI. Sequence reads were mapped

to the ATCC 19977 genome and analyzed using TRANSIT software with the following parameters:

0% of N/C termini ignored, 10,000 samples, TTR normalization, LOESS correction, include sites

with all zeros, site restricted resampling. Genes with significant changes were defined as those

with adjusted p-value (p-adj.) <0.05 and $\log_2$ fold change >0.5. P-adj. was calculated using the

Benjamini-Hochberg correction.

Pathway enrichment analysis

To improve gene annotation, *Mabs* orthologs to *Mtb* genes were identified. *Mabs* genes were first

converted into protein sequences using Mycobrowser, and protein sequences were then used to

perform reciprocal BLASTp searches. *Mabs* genes and *Mtb* genes that mapped to each other

using independent one-way BLASTp searches with a maximum e-value cutoff of 0.1 were

considered orthologs. For pathway analysis, gene lists (*Mtb* orthologs) were then imported into

the DAVID knowledgebase[42] and pathway enrichment analysis performed for Gene Ontology

biological process, Uniprot keyword and KEGG databases with statistical analysis Fisher's exact

test and nominal p-value reported.

Gene deletion and complementation:

Knockout strains were generated using ORBITT[48]. Briefly, *Mabs* was transformed with the

kanamycin-resistant ORBIT recombineering plasmid pkm444. 20ml *Mabs* at OD0.5-1.0 was

washed 2X in 10% glycerol and resuspended in 200ul 10% glycerol. 500ng plasmid was added

and electroporated at 2.5kV in 0.2cm cuvettes. The bacteria were allowed to recover overnight

before plating on 150µg/ml kanamycin plates. Clones were selected and regrown in liquid media

supplemented with 150µg/ml kanamycin and 10% OADC (BD) to OD0.5-1.0. For recombineering,

the pkm444-*Mabs* was grown to mid-log, then diluted to OD0.1 and 200mM glycine (Fisher) was

added to the media. 16 hours later, 500mM sucrose (Sigma) and 500ng/ml anhydrotetracycline

(Cayman) were added and incubated for an additional 4 hours. Subsequently, the *Mabs* was

washed 2X in ice cold 10% glycerol + 500mM sucrose. 200ul of 10X concentrated *Mabs* was then

electroporated with 600ng of the zeocin-R ORBIT payload pkm496 plasmid and 2µg of targeting

oligonucleotide (Table S3) at 2.5kV in 0.2cm cuvettes. The *Mabs* was then allowed to recover

overnight in liquid media with 10% OADC and 500ng/ml anhydrotetracycline before being plated

on 150µg/ml zeocin plates. Mutants were then selected and screened for gene deletion by PCR

amplification and Sanger sequencing. For genetic complementation, the endogenous loci

including promoter and terminator sequences were amplified by PCR and cloned into the EcoRV

site of pmv306 with kanamycin resistance[66]. In the case of *katG,* the upstream gene *furA* was

also included in the complementation construct to achieve optimal *katG* expression.

MIC determination

Two-fold serial dilutions of antibiotics were prepared in a 96 well plate in 100ul volume. 100ul of

2X bacteria were added (for *Mabs*: used a final OD of 0.001, *Msmeg*: OD0.001, *Mtb*: OD0.01),

making a final volume of 200µl. The plates were incubated until there was visible growth in the no

antibiotic control well. At this time, the bacteria were transferred to a new plate with 20µl of 40%

paraformaldehyde and OD620 measurements were taken with a FilterMax F3 plate reader

(Molecular Devices).

Flow cytometry

OD1 Mab was stained with cellROX green (Invitrogen) at a final concentration of 5μM for 1hr at

37C. The cells were then washed in PBS and resuspended in PBS with 4% paraformaldehyde

and 5μg/ml DAPI (Sigma). The samples were run on a LSRII flow cytometer (BD). Fluorophores

were excited with the 405nm (DAPI) and 488nm (cellROX) lasers. Detection was performed using

the 450/50 (505LP) filter for DAPI and a 525/50 (555LP) filter for cellROX. Data were analyzed

with FlowJo software (BD).

DNA/RNA Purification:

Samples were resuspended in 5 volumes of Trizol and were bead beat with 0.1mm zirconia beads

(Biospec) 6x2min at 4°C in a Mini-Beadbeater-16 (Biospec). Chloroform was added and RNA in

the aqueous phase removed. For DNA isolation, a second RNA extraction was performed with

0.8M guanidine thiocyanate and 0.5M guanidine hydrochloride, 60mM Acetate pH 5.2, 1mM

EDTA. DNA was then isolated with back-extraction buffer (4M Guanidine Thiocyanate, 50mM

Sodium Citrate, 1M Tris base (without pH adjustment ~pH 11) and DNA purified using a PureLink

RNA Mini Kit (Invitrogen).

RT-qPCR

RNA was purified using PureLink RNA Mini Kit per manufacturer's instructions. The samples were

DNAseI (NEB) treated for 15min/37°C before stopping the reaction by adding 3.5mM EDTA and

heating for 10min/75°C. cDNA was synthesized from 500ng total RNA using random hexamers

and Maxima H minus reverse transcriptase (Thermo). No reverse-transcription controls were also

included and used to confirm the lack of genomic DNA-driven amplification. qPCR reactions used

Taq polymerase (NEB) and EvaGreen (Biotium) and were run on Biorad CFX Opus 96 Real-Time

PCR System. Melt curves were included for each sample to confirm uniform amplicon identity

between samples. Gene-specific amplification was quantified by comparison to a standard curve

generated from 3-fold serial dilutions of a control sample, then normalized to 16S rRNA within

each sample.

FIGURE LEGENDS

Figure 1. Starvation induces antibiotic tolerance in diverse mycobacteria. (A) *Msmeg,* (B)

Mtb or (C) *Mabs* were grown in 7H9 rich media or starved in PBS prior to the addition of antibiotics

and surviving colony forming units (CFU) enumerated. For the rapidly-growing mycobacteria,

Msmeg and *Mabs,* cells were allowed to adapt for 48h prior to antibiotics, for slow-growing *Mtb,*

cells were allowed to adapt for 14-21d prior to antibiotics. Samples without pre-adaptation were

washed and placed directly into PBS with antibiotics. Antibiotic concentrations were: *Msmeg -*

Isoniazid (INH) 32µg/ml (8 x MIC), rifampin (RIF) 32µg/ml (8 x MIC), ethambutol (EMB) 4µg/ml (8

x MIC), tigecycline (TIG) 1.25µg/ml (8 x MIC), linezolid (LZD) 2.5µg/ml (8 x MIC). *Mtb* – RIF

0.1µg/ml (4 x MIC), INH at 0.1µg/ml (4 x MIC), EMB at 8µg/ml (4 x MIC). *Mabs* – TIG 10µg/ml (8

x MIC), LZD 100µg/ml (20 x MIC). Antibiotics with half-lives shorter than the duration of

experiment were re-added at the following intervals: TIG, EMB every 3d; RIF, INH every 6d. Error

bars represent SEM, statistical significance is calculated at each time point using student's t test.

****: $p<0.0001$, ***: $p<0.001$, **: $p<0.01$, *: $p<0.05$, ns: $p>0.05$. Data are combined from 3

independent experiments.

Figure 2. Tn-Seq identifies genes required for antibiotic tolerance in *Mabs*. (A) Experimental

design. (B-E) Tn-Seq analysis showing relative abundance of individual genes under the indicted

conditions. Genes depleted relative to the input population have negative values. All cultures were

fully aerated throughout the experiment and cultures without antibiotics received and equal

volume of DMSO. For (B-D) gene abundance in the indicated condition is measured relative the

input log-phase population. In (E) an additional comparison is made for PBS with antibiotics

relative to the PBS condition. Genes with significant decreases in abundance are shown in color

(p-adj. < 0.05 and log$_2$ fold-change > 0.5) using the Benjamini–Hochberg adjustment for multiple

hypothesis testing. (F) Number of genes essential in each condition relative to the input

population. (G) Pathway enrichment analysis of the essential genes in each condition using the

DAVID knowledgebase (p <0.05). Screens were run as 3 independent experiments and the

combined results analyzed. Antibiotic conditions were as described above.

Figure 3. Validation of Tn-Seq results. (A-E) Homologous recombination was used to delete

the indicated genes, or to generate a control strain targeting a distant intergenic region distal to

the non-essential tRNA gene *MAB_t5030c*. Each strain was either grown in 7H9 rich media or

starved in PBS for 48 prior to the addition of antibiotics as indicated. The conditions tested here

correspond to the conditions in the Tn-Seq analysis where a phenotype was observed. Data from

additional conditions are in Figure 3 Supplemental. Comparisons in panels A-C are made to the

same control strain but plotted independently for clarity. Error bars represent SEM, statistical

significance is calculated at each time point using student's t test. ****: p<0.0001, ***: p<0.001, **:

p<0.01, *: p<0.05, ns: p>0.05. Antibiotics were added as described above. Data are

representative from 4 independent experiments.

Figure 4. Complementation analysis *katG* and *pafA* mutants confirms their role in antibiotic

tolerance. (A) RT-qPCR analysis of *katG* expression in *katG- (ΔkatG::pmv306), katG+*

(ΔkatG::pmv306 katG), and control strain (ORBIT intergenic*::pmv306*). (B) CFU over time for

katG+/katG- strains. (C) MICs for *katG+/katG-* strains. (D) Expression of *pafA in pafA-*

(ΔpafA::pmv306), pafA+ (*pafA::pmv306 pafA*) and control strain. (E) CFU over time for

pafA+/pafA- strains. (F) MICs for *pafA+/pafA-* strains. Antibiotic concentrations in (A-B, D-E) are

as described above. Error bars represent SEM, statistical significance is calculated at each time

point using student's t test between *katG+/katG-* strains in (B) and between *pafA+/pafA-* strains

in (E). ****: p<0.0001, ***: p<0.001, **: p<0.01, *: p<0.05, ns: p>0.05. Antibiotics were added as

described above.

Figure 5. ROS-mediated toxicity following antibiotic exposure. (A-D) Analysis of *katG+/katG-*

cells challenged with different antibiotics. Cells were starved in PBS for 48h and then exposed to

the indicated antibiotic. (E) Flow cytometry of control cells exposed to TIG/LZD (4h in 7H9 media

or 72h in PBS) and then stained with DAPI and the ROS-sensitive dye cellROX green; percentage

cellROX-positive cells are indicated. (F) Survival over time for aerated and hypoxic cultures of

Mabs after exposure to TIG/LZD. (G) Survival over time for bipyridyl treated cells after exposure

to TIG/LZD. Error bars represent SEM, statistical significance is calculated at each time point

using student's t test. ****: p<0.0001, ***: p<0.001, **: p<0.01, *: p<0.05, ns: p>0.05. (A-D, F)

display combined data from 3 independent experiments. (E, G) are representative data from 3

independent experiments.

Figure 6. Consistent antibiotic-induced ROS production but variable protection by KatG

among different *Mabs* strains. (A) The indicated strains of *Mabs* were cultured in 7H9 media,

exposed to TIG/LZD for 4h and then analyzed by cellROX staining. (B) CFU over time following

TIG/LZD exposure. Error bars represent SEM, statistical significance is calculated at each time

point using student's t test. ****: p<0.0001, ***: p<0.001, **: p<0.01, *: p<0.05, ns: p>0.05.

Combined data from 4 independent experiments are shown for persister survival experiments.

Representative data from 2 independent experiments are shown for flow cytometry experiments.

Antibiotics were added as described above.

Figure 3 Supplement. Additional analysis of mutants. (A) *blaR* or (B) *recR* mutants were

examined under conditions where Tn-Seq did not predict a phenotype. Cells were starved in PBS

for 48h prior to treatment with TIG/LZD or DMSO as described in Figure 3. (C) Growth recovery

621 of mutants after antibiotic exposure. After 6 d of TIG/LZD exposure cells were washed twice in

622 antibiotic free media and inoculated into 7H9 media. Growth was monitored by OD 600 of the

623 culture. Error bars represent SEM, statistical significance is calculated at each time point using

624 student's t test. ****: p<0.0001, ***: p<0.001, **: p<0.01, *: p<0.05, ns: p>0.05. (A-B) are

625 representative data from 4 independent experiments (C) is representative data from 2

626 independent experiments.

628 **Figure 5 Supplement. Effect of ROS scavengers.** *ΔkatG* cells were starved in PBS for 48h then

629 treated with TIG/LZD and the indicated concentration of (A) thiourea or (B) TEMPO and surviving

630 CFU over time were measured. Representative data from 2 independent experiments are shown.

634 **Table S1. Tn-Seq results**

635 **Table S2. DAVID functional pathway analysis**

636 **Table S3. Oligonucleotide sequences**

637 **Table S4. 16s sequencing data of clinical strains**

639 **ACKNOWLEDGEMENTS**

640 We would like to thank Nick Campbell-Kruger for his technical insights on identifying *Mabs/Mtb*

641 orthologs, Jonathan Van Dyke for his assistance with flow cytometry analysis, Emily Kumimoto

642 and Siranoosh Ashtari for their assistance with Tn-Seq library preparation and sequencing, and

643 Jessie Li and Bradley Jenner for their assistance with Tn-seq bioinformatics. We would also like

644 to thank Caroline Dominic at the Sacramento County Department of Public Health for providing

645 clinical isolates of *Mabs* for analysis.

FUNDING

Pew Biomedical Fellowship BHP

NIH RO1 1R01AI144149 BHP

NIH R01 1R01AI143722 SAS

NIH Shared Instrumentation Grant 1S10OD010786-01 DNA Technologies and Expression

Analysis Core, UC Davis Genome Center

NCI Cancer Center Support Grant P30CA093373 Flow Cytometry Shared Resource, UC Davis

CONFLICTS OF INTEREST

BHP and SAS serve on the scientific advisory board of X-Biotics Therapeutics.

REFERENCES

1.   Stevens, D.L., A.L. Bisno, H.F. Chambers, E.P. Dellinger, E.J. Goldstein, S.L. Gorbach,

J.V. Hirschmann, S.L. Kaplan, J.G. Montoya, and J.C. Wade, *Practice guidelines for the*

diagnosis and management of skin and soft tissue infections: 2014 update by the

Infectious Diseases Society of America. Clin Infect Dis, 2014. **59**(2): p. e10-52.

2.   Metersky, M.L. and A.C. Kalil, *Management of ventilator-associated pneumonia:*

guidelines. Clinics in chest medicine, 2018. **39**(4): p. 797-808.

3.   Griffith, D.E. and C.L. Daley, *Treatment of Mycobacterium abscessus Pulmonary*

Disease. CHEST, 2022. **161**(1): p. 64-75.

4.   Nahid, P., S.E. Dorman, N. Alipanah, P.M. Barry, J.L. Brozek, A. Cattamanchi, L.H.

Chaisson, R.E. Chaisson, C.L. Daley, and M. Grzemska, *Official American thoracic*

society/centers for disease control and prevention/infectious diseases society of America

clinical practice guidelines: treatment of drug-susceptible tuberculosis. Clinical infectious

diseases, 2016. **63**(7): p. e147-e195.

5. Griffith, D.E., T. Aksamit, B.A. Brown-Elliott, A. Catanzaro, C. Daley, F. Gordin, S.M.

Holland, R. Horsburgh, G. Huitt, and M.F. Iademarco, *An official ATS/IDSA statement:*

diagnosis, treatment, and prevention of nontuberculous mycobacterial diseases.

American journal of respiratory and critical care medicine, 2007. **175**(4): p. 367-416.

6. Meylan, S., I.W. Andrews, and J.J. Collins, *Targeting Antibiotic Tolerance, Pathogen by*

Pathogen. Cell, 2018. **172**(6): p. 1228-1238.

7. Namugenyi, S.B., A.M. Aagesen, S.R. Elliott, and A.D. Tischler, *Mycobacterium*

tuberculosis PhoY Proteins Promote Persister Formation by Mediating Pst/SenX3-

RegX3 Phosphate Sensing. mBio, 2017. **8**(4): p. e00494-17.

8. Liu, Y., S. Tan, L. Huang, R.B. Abramovitch, K.H. Rohde, M.D. Zimmerman, C. Chen, V.

Dartois, B.C. VanderVen, and D.G. Russell, *Immune activation of the host cell induces*

drug tolerance in Mycobacterium tuberculosis both in vitro and in vivo. Journal of

Experimental Medicine, 2016. **213**(5): p. 809-825.

9. Gold, B. and C. Nathan, *Targeting Phenotypically Tolerant Mycobacterium tuberculosis.*

Microbiol Spectr, 2017. **5**(1).

10. Bigger, J.J.T.L., *Treatment of staphylococcal infections with penicillin by intermittent*

sterilisation. 1944. **244**(6320): p. 497-500.

11. Ronneau, S., P.W.S. Hill, and S. Helaine, *Antibiotic persistence and tolerance: not just*

one and the same. Current opinion in microbiology, 2021. **64**: p. 76-81.

12. Dhar, N. and J.D. McKinney, *Microbial phenotypic heterogeneity and antibiotic tolerance.*

Current opinion in microbiology, 2007. **10**(1): p. 30-38.

13. Grant, S.S., B.B. Kaufmann, N.S. Chand, N. Haseley, and D.T. Hung, *Eradication of*

bacterial persisters with antibiotic-generated hydroxyl radicals. Proceedings of the

National Academy of Sciences, 2012. **109**(30): p. 12147-12152.

14. Baker, J.J. and R.B. Abramovitch, *Genetic and metabolic regulation of Mycobacterium*

tuberculosis acid growth arrest. Scientific Reports, 2018. **8**(1).

15.   Saito, K., T. Warrier, S. Somersan-Karakaya, L. Kaminski, J. Mi, X. Jiang, S. Park, K.

Shigyo, B. Gold, and J. Roberts, *Rifamycin action on RNA polymerase in antibiotic-*

tolerant Mycobacterium tuberculosis results in differentially detectable populations.

Proceedings of the National Academy of Sciences, 2017. **114**(24): p. E4832-E4840.

16.   Hipolito, V.E.B., E. Ospina-Escobar, and R.J. Botelho, *Lysosome remodelling and*

adaptation during phagocyte activation. Cell Microbiol, 2018. **20**(4).

17.   Sukumar, N., S. Tan, B.B. Aldridge, and D.G. Russell, *Exploitation of Mycobacterium*

tuberculosis reporter strains to probe the impact of vaccination at sites of infection. PLoS

Pathog, 2014. **10**(9): p. e1004394.

18.   Schumacher, M.A., K.M. Piro, W. Xu, S. Hansen, K. Lewis, and R.G. Brennan, *Molecular*

Mechanisms of HipA-Mediated Multidrug Tolerance and Its Neutralization by HipB.

Science, 2009. **323**(5912): p. 396-401.

19.   Harms, A., C. Fino, A. Sørensen Michael, S. Semsey, and K. Gerdes, *Prophages and*

Growth Dynamics Confound Experimental Results with Antibiotic-Tolerant Persister

Cells. mBio, 2017. **8**(6): p. 10.1128/mbio.01964-17.

20.   Korch, S.B., T.A. Henderson, and T.M. Hill, *Characterization of the hipA7 allele of*

Escherichia coli and evidence that high persistence is governed by (p)ppGpp synthesis.

Mol Microbiol, 2003. **50**(4): p. 1199-213.

21.   Wong, F., S. Wilson, R. Helbig, S. Hegde, O. Aftenieva, H. Zheng, C. Liu, T. Pilizota, E.C.

Garner, A. Amir, and L.D. Renner, *Understanding Beta-Lactam-Induced Lysis at the*

Single-Cell Level. Frontiers in Microbiology, 2021. **12**.

22.   Kohanski, M.A., D.J. Dwyer, B. Hayete, C.A. Lawrence, and J.J. Collins, *A common*

mechanism of cellular death induced by bactericidal antibiotics. Cell, 2007. **130**(5): p.

797-810.

23.   Dwyer, D.J., P.A. Belenky, J.H. Yang, I.C. MacDonald, J.D. Martell, N. Takahashi, C.T.Y.

Chan, M.A. Lobritz, D. Braff, E.G. Schwarz, J.D. Ye, M. Pati, M. Vercruysse, P.S. Ralifo,

K.R. Allison, A.S. Khalil, A.Y. Ting, G.C. Walker, and J.J. Collins, *Antibiotics induce*

redox-related physiological alterations as part of their lethality. Proceedings of the

National Academy of Sciences, 2014. **111**(20): p. E2100-E2109.

24. Zeng, J., Y. Hong, N. Zhao, Q. Liu, W. Zhu, L. Xiao, W. Wang, M. Chen, S. Hong, L. Wu,

Y. Xue, D. Wang, J. Niu, K. Drlica, and X. Zhao, *A broadly applicable, stress-mediated*

bacterial death pathway regulated by the phosphotransferase system (PTS) and the

cAMP-Crp cascade. Proc Natl Acad Sci U S A, 2022. **119**(23): p. e2118566119.

25. Shee, S., S. Singh, A. Tripathi, C. Thakur, T.A. Kumar, M. Das, V. Yadav, S. Kohli, R.S.

Rajmani, N. Chandra, H. Chakrapani, K. Drlica, and A. Singh, *Moxifloxacin-Mediated*

Killing of Mycobacterium tuberculosis Involves Respiratory Downshift, Reductive Stress,

and Accumulation of Reactive Oxygen Species. Antimicrob Agents Chemother, 2022.

66(9): p. e0059222.

26. Saito, K., S. Mishra, T. Warrier, N. Cicchetti, J. Mi, E. Weber, X. Jiang, J. Roberts, A.

Gouzy, E. Kaplan, C.D. Brown, B. Gold, and C. Nathan, *Oxidative damage and delayed*

replication allow viable Mycobacterium tuberculosis to go undetected. Sci Transl Med,

2021. **13**(621): p. eabg2612.

27. Vilchèze, C., T. Hartman, B. Weinrick, P. Jain, T.R. Weisbrod, L.W. Leung, J.S.

Freundlich, and W.R. Jacobs, Jr., *Enhanced respiration prevents drug tolerance and*

drug resistance in Mycobacterium tuberculosis. Proc Natl Acad Sci U S A, 2017. **114**(17):

p. 4495-4500.

28. Saito, K., S. Mishra, T. Warrier, N. Cicchetti, J. Mi, E. Weber, X. Jiang, J. Roberts, A.

Gouzy, E. Kaplan, C.D. Brown, B. Gold, and C. Nathan, *Oxidative damage and delayed*

replication allow viable <i>Mycobacterium tuberculosis</i> to go undetected. Science

Translational Medicine, 2021. **13**(621): p. eabg2612.

29. Dorman, S.E., P. Nahid, E.V. Kurbatova, P.P. Phillips, K. Bryant, K.E. Dooley, M. Engle,

S.V. Goldberg, H.T. Phan, and J. Hakim, *Four-month rifapentine regimens with or without*

moxifloxacin for tuberculosis. New England Journal of Medicine, 2021. **384**(18): p. 1705-
1718.

30. Hunt-Serracin Augusto, C., J. Parks Brian, J. Boll, and C. Boutte Cara, *Mycobacterium*
abscessus Cells Have Altered Antibiotic Tolerance and Surface Glycolipids in Artificial
Cystic Fibrosis Sputum Medium. Antimicrobial Agents and Chemotherapy, 2019. **63**(7):
p. 10.1128/aac.02488-18.

31. Li, S., N.C. Poulton, J.S. Chang, Z.A. Azadian, M.A. DeJesus, N. Ruecker, M.D.
Zimmerman, K.A. Eckartt, B. Bosch, C.A. Engelhart, D.F. Sullivan, M. Gengenbacher,
V.A. Dartois, D. Schnappinger, and J.M. Rock, *CRISPRi chemical genetics and*
comparative genomics identify genes mediating drug potency in Mycobacterium
tuberculosis. Nature microbiology, 2022. **7**(6): p. 766-779.

32. Carey, A.F., J.M. Rock, I.V. Krieger, M.R. Chase, M. Fernandez-Suarez, S. Gagneux,
J.C. Sacchettini, T.R. Ioerger, and S.M. Fortune, *TnSeq of Mycobacterium tuberculosis*
clinical isolates reveals strain-specific antibiotic liabilities. PLoS pathogens, 2018. **14**(3):
p. e1006939.

33. Rodriguez, R., N. Campbell-Kruger, J. Gonzalez Camba, J. Berude, R. Fetterman, and
S. Stanley, *MarR-Dependent Transcriptional Regulation of mmpSL5 Induces*
Ethionamide Resistance in Mycobacterium abscessus. Antimicrobial Agents and
Chemotherapy, 2023. **67**(4): p. e01350-22.

34. Kreutzfeldt, K.M., R.S. Jansen, T.E. Hartman, A. Gouzy, R. Wang, I.V. Krieger, M.D.
Zimmerman, M. Gengenbacher, J.P. Sarathy, M. Xie, V. Dartois, J.C. Sacchettini, K.Y.
Rhee, D. Schnappinger, and S. Ehrt, *CinA mediates multidrug tolerance in*
Mycobacterium tuberculosis. Nat Commun, 2022. **13**(1): p. 2203.

35. Bellerose, M.M., S.-H. Baek, C.-C. Huang, C.E. Moss, E.-I. Koh, M.K. Proulx, C.M.
Smith, R.E. Baker, J.S. Lee, S. Eum, S.J. Shin, S.-N. Cho, M. Murray, and C.M. Sassetti,

Common Variants in the Glycerol Kinase Gene Reduce Tuberculosis Drug Efficacy. mBio, 2019. **10**(4): p. e00663-19.

36.   Kumar, K., C.L. Daley, D.E. Griffith, and M.R. Loebinger, *Management of Mycobacterium avium complex and Mycobacterium abscessus pulmonary disease: therapeutic advances and emerging treatments.* European respiratory review, 2022. **31**(163).

37.   Yam, Y.K., N. Alvarez, M.L. Go, and T. Dick, *Extreme Drug Tolerance of Mycobacterium abscessus "Persisters".* Front Microbiol, 2020. **11**: p. 359.

38.   Berube, B.J., L. Castro, D. Russell, Y. Ovechkina, and T. Parish, *Novel Screen to Assess Bactericidal Activity of Compounds Against Non-replicating Mycobacterium abscessus.* Front Microbiol, 2018. **9**: p. 2417.

39.   Lee, J., N. Ammerman, A. Agarwal, M. Naji, S.Y. Li, and E. Nuermberger, *Differential In Vitro Activities of Individual Drugs and Bedaquiline-Rifabutin Combinations against Actively Multiplying and Nutrient-Starved Mycobacterium abscessus.* Antimicrob Agents Chemother, 2021. **65**(2).

40.   Betts, J.C., P.T. Lukey, L.C. Robb, R.A. McAdam, and K. Duncan, *Evaluation of a nutrient starvation model of Mycobacterium tuberculosis persistence by gene and protein expression profiling.* Molecular Microbiology, 2002. **43**(3): p. 717-731.

41.   DeJesus, M.A., C. Ambadipudi, R. Baker, C. Sassetti, and T.R. Ioerger, *TRANSIT-a software tool for Himar1 TnSeq analysis.* PLoS computational biology, 2015. **11**(10): p. e1004401.

42.   Huang da, W., B.T. Sherman, and R.A. Lempicki, *Systematic and integrative analysis of large gene lists using DAVID bioinformatics resources.* Nat Protoc, 2009. **4**(1): p. 44-57.

43.   Darwin, K.H., S. Ehrt, J.-C. Gutierrez-Ramos, N. Weich, and C.F. Nathan, *The proteasome of Mycobacterium tuberculosis is required for resistance to nitric oxide.* Science, 2003. **302**(5652): p. 1963-1966.

44.   Shi, H., R. Zhang, L. Lan, Z. Chen, and J. Kan, *Zinc mediates resuscitation of lactic acid-*

injured Escherichia coli by relieving oxidative stress. Journal of Applied Microbiology,

2019. **127**(6): p. 1741-1750.

45.   Hohle, T.H. and M.R. O'Brian, *The mntH gene encodes the major Mn(2+) transporter in*

Bradyrhizobium japonicum and is regulated by manganese via the Fur protein. Mol

Microbiol, 2009. **72**(2): p. 399-409.

46.   Jones, J.G. and G.A. Morrison, *The bacteriostatic actions of tetracycline and*

oxytetracycline. J Pharm Pharmacol, 1962. **14**: p. 808-24.

47.   Brock, T.D., *CHLORAMPHENICOL.* Bacteriol Rev, 1961. **25**(1): p. 32-48.

48.   Murphy, K.C., S.J. Nelson, S. Nambi, K. Papavinasasundaram, C.E. Baer, and C.M.

Sassetti, *ORBIT: a new paradigm for genetic engineering of mycobacterial*

chromosomes. mBio, 2018. **9**(6): p. e01467-18.

49.   McBee, M.E., Y.H. Chionh, M.L. Sharaf, P. Ho, M.W.L. Cai, and P.C. Dedon, *Production*

of superoxide in bacteria is stress- and cell state-dependent: A gating-optimized flow

cytometry method that minimizes ROS measurement artifacts with fluorescent dyes.

Frontiers in Microbiology, 2017. **8**(MAR).

50.   Wayne, L.G. and L.G. Hayes, *An In Vitro Model for Sequential Study of Shiftdown of*

Mycobacterium tuberculosis through Two Stages of Nonreplicating Persistence. Infection

and Immunity, 1996. **64**(6): p. 2062-2069.

51.   Winterbourn, C.C., *Toxicity of iron and hydrogen peroxide: the Fenton reaction.* Toxicol

Lett, 1995. **82-83**: p. 969-74.

52.   Imlay, J.A., S.M. Chin, and S. Linn, *Toxic DNA damage by hydrogen peroxide through*

the Fenton reaction in vivo and in vitro. Science, 1988. **240**(4852): p. 640-2.

53.   Viducic, D., T. Ono, K. Murakami, H. Susilowati, S. Kayama, K. Hirota, and Y. Miyake,

Functional analysis of spoT, relA and dksA genes on quinolone tolerance in

Pseudomonas aeruginosa under nongrowing condition. Microbiol Immunol, 2006. **50**(4):

p. 349-57.

54. Geiger, T., B. Kästle, F.L. Gratani, C. Goerke, and C. Wolz, *Two small (p)ppGpp*

synthases in Staphylococcus aureus mediate tolerance against cell envelope stress

conditions. J Bacteriol, 2014. **196**(4): p. 894-902.

55. Dutta, N.K., L.G. Klinkenberg, M.J. Vazquez, D. Segura-Carro, G. Colmenarejo, F.

Ramon, B. Rodriguez-Miquel, L. Mata-Cantero, E. Porras-De Francisco, Y.M. Chuang,

H. Rubin, J.J. Lee, H. Eoh, J.S. Bader, E. Perez-Herran, A. Mendoza-Losana, and P.C.

Karakousis, *Inhibiting the stringent response blocks Mycobacterium tuberculosis entry*

into quiescence and reduces persistence. Sci Adv, 2019. **5**(3): p. eaav2104.

56. Bhaskar, A., C. De Piano, E. Gelman, J.D. McKinney, and N. Dhar, *Elucidating the role*

of (p) ppGpp in mycobacterial persistence against antibiotics. IUBMB life, 2018. **70**(9): p.

836-844.

57. Hunt-Serracín, A.C., M.I. Kazi, J.M. Boll, and C.C. Boutte, *In Mycobacterium abscessus,*

the Stringent Factor Rel Regulates Metabolism but Is Not the Only (p)ppGpp Synthase.

J Bacteriol, 2022. **204**(2): p. e0043421.

58. Imlay, J.A., *Diagnosing oxidative stress in bacteria: not as easy as you might think.* Curr

Opin Microbiol, 2015. **24**: p. 124-31.

59. Keren, I., S. Minami, E. Rubin, and K. Lewis, *Characterization and transcriptome*

analysis of Mycobacterium tuberculosis persisters. mBio, 2011. **2**(3): p. e00100-11.

60. Ezraty, B., A. Vergnes, M. Banzhaf, Y. Duverger, A. Huguenot, A.R. Brochado, S.Y. Su, L.

Espinosa, L. Loiseau, B. Py, A. Typas, and F. Barras, *Fe-S cluster biosynthesis controls*

uptake of aminoglycosides in a ROS-less death pathway. Science, 2013. **340**(6140): p.

1583-7.

61. Malik, M., S. Hussain, and K. Drlica, *Effect of anaerobic growth on quinolone lethality*

with Escherichia coli. Antimicrob Agents Chemother, 2007. **51**(1): p. 28-34.

62.   Goswami, M., S.H. Mangoli, and N. Jawali, *Involvement of Reactive Oxygen Species in the Action of Ciprofloxacin against Escherichia coli.* Antimicrobial Agents and Chemotherapy, 2006. **50**(3): p. 949-954.

63.   Wang, X. and X. Zhao, *Contribution of oxidative damage to antimicrobial lethality.* Antimicrob Agents Chemother, 2009. **53**(4): p. 1395-402.

64.   Hong, Y., Q. Li, Q. Gao, J. Xie, H. Huang, K. Drlica, and X. Zhao, *Reactive oxygen species play a dominant role in all pathways of rapid quinolone-mediated killing.* J Antimicrob Chemother, 2020. **75**(3): p. 576-585.

65.   Liu, Y. and J.A. Imlay, *Cell death from antibiotics without the involvement of reactive oxygen species.* Science, 2013. **339**(6124): p. 1210-3.

66.   Snapper, S.B., L. Lugosi, A. Jekkel, R.E. Melton, T. Kieser, B.R. Bloom, and W.R. Jacobs, Jr., *Lysogeny and transformation in mycobacteria: stable expression of foreign genes.* Proc Natl Acad Sci U S A, 1988. **85**(18): p. 6987-91.

FIGURE 1

A *M. smegmatis*

B *M. tuberculosis*

C *M. abscessus*

FIGURE 2

FIGURE 3

FIGURE 4

FIGURE 5

FIGURE 6

FIGURE 3: Supplemental

FIGURE 5: Supplemental

A
PBS + TIG/LZD

B
PBS + TIG/LZD