Genome location dictates the transcriptional response to PolC-inhibition in

Clostridium difficile

Erika van Eijk[1,§], Ilse M. Boekhoud[1,2,3,§], Ed J. Kuijper[1,3], Ingrid M.J.G. Bos-Sanders[1] , George Wright[4], Wiep

Klaas Smits[1,2,3]*

[1] Department of Medical Microbiology, Center for Infectious Diseases, Leiden University Medical Center,

Leiden, the Netherlands; [2] Centre for Microbial Cell Biology, Leiden, the Netherlands; [3] Netherlands

Centre for One Health, the Netherlands; [4] Acurx Pharmaceuticals, White Plains, NY, USA

Running title: *C. difficile* response to PolC-inhibition

Key words: RNAseq, DNA polymerase inhibitor, gene dosage, marker frequency analysis, sigma factor B,

stress response, PolC

[§] EVE and IMB contributed equally to this study.

* Corresponding author: Department of Medical Microbiology, Leiden University Medical Center, PO Box

9600, 2300RC, Leiden, The Netherlands, phone: +31-71-526 1229, e-mail: w.k.smits@lumc.nl

ORCID: EVE: 0000-0003-3003-9822; IMB: 0000-0002-6579-7124; EJK: 0000-0001-5726-2405; IMJGBS:

N/A; GW: 0000-0002-5812-6533; WKS: 0000-0002-7409-2847

Abstract

Clostridium difficile is a potentially lethal gut pathogen that causes nosocomial and community acquired

infections. Limited treatment options and reports of reduced susceptibility to current treatment

emphasize the necessity for novel antimicrobials. The DNA-polymerase of gram-positive organisms is an

attractive target for the development of antimicrobials. ACX-362E (N^2-(3,4-Dichlorobenzyl)-7-(2-[1-

morpholinyl]ethyl)guanine; MorE-DCBG) is a DNA polymerase inhibitor in pre-clinical development as a

novel therapeutic against *C. difficile* infection. This synthetic purine shows preferential activity against *C.*

difficile PolC over those of other organisms *in vitro* and is effective in an animal model of *C. difficile*

infection. In this study we have determined its efficacy against a large collection of clinical isolates. At

concentrations below the minimal inhibitory concentration, the presumed slowing (or stalling) of

replication forks due to ACX-362E leads to a growth defect. We have determined the transcriptional

response of *C. difficile* to replication inhibition and observed an overrepresentation of up-regulated

genes near the origin of replication in the presence of PolC-inhibitors, but not when cells were subjected

to sub-inhibitory concentrations of other antibiotics. This phenomenon can be explained by a gene

dosage shift, as we observed a concomitant increase in the ratio between origin-proximal versus

terminus-proximal gene copy number upon exposure to PolC-inhibitors. Moreover, we show that certain

genes differentially regulated under PolC-inhibition are controlled by the origin-proximal general stress

response regulator sigma factor B. Together, these data suggest that genome location both directly and

indirectly determines the transcriptional response to replication inhibition in *C. difficile*.

Background

Clostridium difficile (*Clostridioides difficile* (1)) is a gram-positive, anaerobic bacterium that can asymptomatically colonize the intestine of humans and other mammals (2-4). However, when the normal flora is disturbed *C. difficile* can overgrow and cause fatal disease, as has been dramatically demonstrated in the Stoke Mandeville Hospital outbreaks in 2004 and 2005 (5). The ability to form highly resistant endospores coupled to its extensive antibiotic resistance have contributed to its success as a nosocomial and community acquired pathogen (2-4). Recent years have seen an increase in the incidence and severity of *C. difficile* infections (CDI), due to the emergence of certain PCR ribotypes (3, 6). Antibiotic use is a well-established risk factor for CDI (7), and the emergence of the epidemic PCR ribotype 027 has been linked to fluoroquinolone resistance (8). At present two antibiotics, metronidazole and vancomycin are commonly used to treat CDI and a third, fidaxomicin, is indicated for the treatment of relapsing CDI (9, 10). Clearly, limited treatment options and reports of reduced susceptibility to current treatment (11-13) emphasize the necessity for the development of novel antimicrobials and a better understanding of tolerance and resistance towards existing therapeutics.

It is increasingly realized that off-target effects that occur when cells are exposed to antimicrobials can contribute to their efficacy, but also facilitate the emergence of tolerance and/or resistance (14). Antimicrobials may act as signaling molecules which modulate gene expression (14). Additionally, in particular those targeting DNA replication (such as polymerase inhibitors) can cause transcriptional effects as a result of differences in gene dosage (15).

The polymerase of gram-positive organisms is an attractive target for the development of novel antimicrobials (16). First, these PolC-type polymerases are absent from gram-negative organisms and humans (17, 18). HPUra, one of the first such compounds, is therefore highly active against a wide range of gram-positive bacteria, but does not affect gram-negative bacteria (17, 18). Template-directed elongation is blocked by the inhibitor through simultaneous binding to the cytosine of the DNA strand

and near the active site of PolC. Second, compounds can be derived that have an increased specificity

towards specific microorganisms. ACX-362E **(Figure 1**) is a compound in pre-clinical development as a

novel therapeutic against *C. difficile* as it is shows preferential activity against *C. difficile* PolC over those

of other organisms *in vitro* (19, 20), and will progress to clinical trials in the near future (Acurx

Pharmaceuticals, personal communication). PolC-inhibitors can cause a stress response and cell death

after prolonged exposure. In *Bacillus subtilis*, this stress is characterized by a combination of DNA

damage (SOS) response, and an SOS-independent pathway dependent on the DNA replication initiator

DnaA (21, 22). In *Streptococcus pneumoniae* cells, devoid of an SOS-response, competence for genetic

transformation is induced upon replication stress (23). The response of *C. difficile* to this particular class

of compounds is unknown.

In this study, we characterized aspects of the action of PolC-inhibitors towards *C. difficile*.

Minimal inhibitory concentrations for HPUra and ACX-362E were determined using agar dilution for a

large collection of clinical isolates. Next, we investigated the effects of sub-inhibitory levels of PolC-

inhibitors on growth of *C. difficile* in liquid medium and performed RNAseq analyses to determine the

transcriptional response to PolC-inhibitors in our laboratory strain 630Δ*erm.* Finally, marker frequency

analysis and transcriptional reporters were used to provide a mechanistic explanation for the observed

up-regulation of origin-proximal genes under conditions of replication inhibition.

Results

ACX-362E is a potent inhibitor of diverse clinical isolates of C. difficile

To date, reports on activity of PolC-inhibitors towards *C. difficile* are limited. For only 4 and 23 *C. difficile*

strains minimal inhibitory concentrations were published (19, 20), and no analysis was performed on

possible differences in efficacy between various phylogenetic groups (24, 25). Therefore, we assessed

the sensitivity of a diverse collection of *C. difficile* clinical isolates towards PolC-inhibitors and

determined if ACX-362E was indeed superior to the general PolC–inhibitor HPUra.

HPUra and ACX-362E were tested by the agar dilution method, according Clinical and Laboratory

Standards Institute (CLSI) guidelines for testing of antimicrobial susceptibility of anaerobes (26, 27),

against 364 *C. difficile* clinical isolates collected earlier in the framework of a pan-European study (6, 28).

We found that ACX-362E (MIC$_{50}$: 2 μg/ml; MIC$_{90}$: 4 μg/ml) demonstrates lower inhibitory

concentrations than the general gram-positive PolC-inhibitors HPUra (MIC$_{50}$: 16 μg/ml; MIC$_{90}$: 32 μg/ml)

(**Figure 2, Supplemental Table 1),** consistent with previous *in vitro* activities against purified PolC (19).

We observed no significant difference in ACX-362E susceptibility between clades **(Table 1)** and the

different PCR ribotypes demonstrated a similar distribution in MIC values (data not shown). No growth

at the highest concentration of compounds tested (resistance) for either one of the PolC-inhibitors was

observedamong the clinical isolates tested (N=363). Notably, we observed only a 2-fold difference in

MIC$_{50}$ and MIC$_{90'}$ indicating that the compounds have similar activity against nearly all strains. In

contrast, the gram-negative obligate anaerobe *Bacteroides fragilis* was resistant to both polymerase

inhibitors under the conditions tested (MIC >265 μg/ml), as expected for an organism lacking PolC. The

gram-positive bacterium *Staphylococcus aureus*, which was included as a control for the activity of

HPUra against this group of bacteria (16, 29), was sensitive to both HPUra and ACX-362E, with MIC

values of 2 μg/mL and 1 μg/mL, respectively.

We conclude that ACX-362E is highly active against diverse clinical isolates of *C. difficile* and

resistance is not a concern in currently circulating strains.

Treatment with ACX-362E leads to a pleiotropic transcriptional response

In order to determine the transcriptional response of PolC-inhibitors, we established the optimal

concentration of both inhibitors which affected growth of *C. difficile* in liquid medium. The laboratory

strain *C. difficile* 630Δ*erm* (PCR ribotype 012, MLST Clade 1)(30, 31) was grown in medium with varying

amounts of HPUra (10-40 µg/mL) or ACX-362E (0.25-8 µg/mL). We note that concentrations up to the

MIC$_{90}$ (as determined by agar dilution) did not lead to a complete growth arrest in liquid medium in the

time course of the experiment (**Supplemental Figure 1**). A difference between MIC values from agar

dilution and (micro)broth has been observed before (32). The growth kinetics of *C. difficile* under the

influence of varying concentrations of HPUra was marginally affected when using concentrations from

10-40 µg/ml, at >80 percent of the non-treated culture. Growth kinetics of cultures containing PolC-

inhibitor ACX-362E 1-8 µg/ml were similar and resulted in -30-40 percent reduced growth compared to

the untreated culture. For subsequent experiments we used concentrations of PolC-inhibitors that were

at or close to the MIC$_{90}$ (**Table 1**) and that result in a maximum reduction in growth of 30% compared to

a non-treated culture (**Supplemental Figure 1**).

Above, we established that growth of *C. difficile* is partially inhibited at certain concentrations of

PolC-inhibitors. Slowing down or stalling of replication forks might lead to a stressed state, as observed

for other organisms (22, 23). As nothing is known about the effect of replication inhibition on the

physiology of *C. difficile*, we determined the transcriptional response to replication inhibition by sub-MIC

levels of PolC-inhibitors through strand-specific RNA sequencing (RNA-Seq).

C. difficile 630Δ*erm* was grown for 5h in medium with HPUra (35 µg/mL) or ACX-362E (4 µg/mL)

starting from an OD$_{600}$ of 0.05 after which cells were harvested for RNA isolation. Purified RNA was

converted to cDNA and used for RNA-Seq as described in the Materials and Methods. For ACX-362E, 722

genes were differentially expressed, of which 438 genes were up-regulated and 284 genes were down-

regulated. The number of differentially expressed genes in HPUra treated samples was approximately 2-

fold lower: 360, of which 124 genes were up-regulated and 236 genes were down-regulated. The full list

of differentially regulated genes is available as **Supplementary Table 2** and the top 10 of up- and down-

regulated genes are shown in **Table 2** (HPura) and **Table 3** (ACX-362E). Here, we highlight three aspects

of the results.

First, we performed a Gene Set Enrichment Analysis (GSEA)(33) via the Genome2D web server

(34) using the locus tags of the differentially regulated genes (**Supplementary Table 1**) as input. Among

the genes up-regulated by ACX-362E, there is a strong overrepresentation of those involved in

translation, ribosome structure and ribosome biogenesis. Not unexpectedly, also replication,

recombination and repair processes are affected. This suggests that genes from these pathways show a

coordinated response in the presence of ACX-362E. Among the genes down-regulated in the presence of

ACX-362E, the levels of significance for specific processes are generally much lower, suggesting that

there is a more heterogeneous response among genes from the same pathway. Nevertheless, metabolic

pathways (especially carbon metabolism and coenzyme A transfer) and tellurite resistance were found

to be significantly affected. Strikingly, a GSEA analysis on lists of genes that are differentially expressed

in the presence of HPUra revealed similar processes to be affected.

The findings from the GSEA analysis prompted us to evaluate the overlap in the lists of

differentially regulated genes between the ACX-362E and HPUra datasets in more detail. If both

compounds act via a similar mechanism, we expect a conserved response. Indeed, we observe that

>90% of the genes that are up-regulated in the presence of HPUra compared to the non-treated

condition, are also identified as up-regulated in the presence of ACX-362E (**Figure 3A**). Though the

overlap is not as strong for the down-regulated genes, we find that >30% of the genes affected by HPUra

are also identified as affected by ACX-362E (**Figure 3B**). Notably, the directionality of the response is

conserved, as no genes were found to be up-regulated in one but down-regulated in the other

condition. Based on these observations, we believe that the differentially expressed genes identified in

this study are representative for a typical response to inhibition of PolC in *C. difficile*.

Finally, we related the changes in transcription to genome location. *C. difficile* has a single

circular chromosome and one origin of replication (*oriC*) from which the process of DNA replication

occurs bi-directionally towards the terminus (*terC*) (**Figure 4A**). Though neither *oriC* nor *terC* has been

definitively defined for *C. difficile*, it is assumed that *oriC* is located at or near *dnaA* (CD0001;

CD630DERM_RS00005). The terminus region is generally located at the inflection point of a GC skew ([G

- C]/[G + C]) plot. Such a plot places the *terC* region around 2.2Mb from CD0001, near the CD1931

(CD630DERM_RS10465) open reading frame (**Figure 4A**) (35). We noted that the differential expression

appeared to correlate with genome location (**Table 2, Table 3** and **Supplemental Table 2**): many of the

up-regulated genes have either low or high gene identifiers (CD numbers) indicative of an origin

proximal location and, conversely, many of the down-regulated genes appear to be located away from

oriC. Though this correlation is not absolute, we observed a clear trend when plotting the mean fold-

change against genome location for all genes (**Figure 4B**).

Overall, our data shows that inhibition of DNA replication by PolC-inhibitors causes a consistent

and pleiotropic transcriptional response that is at least in part is directly dictated by genome location.

Gene dosage shift occurs at sub-inhibitory concentration of ACX-362E PolC-inhibitor

A possible explanation for the relative up-regulation of *oriC*-proximal genes and down-regulation of

terC-proximal genes is a gene dosage shift (36-38), due to the fact that PolC-inhibition slows down

replication elongation but does not prevent re-initiation of DNA replication (23, 39). To determine if this

in fact occurs in *C. difficile* when replication elongation is inhibited, we performed a marker frequency

analysis (MFA) to determine the relative abundance of an origin proximal gene relative to terminus

proximal gene on chromosomal DNA isolated from treated and untreated cells.

We designed qPCR probes against the CD0001 and CD1931 regions, representing *oriC* and *terC*,

respectively (31, 35). Using these probes, we could show that *C. difficile* demonstrates multi-fork

replication in exponential growth phase and that the MFA assay detects the expected decrease in

oriC:*terC* ratio when cells enter stationary growth phase (data not shown). Next, we analyzed the effects

of PolC-inhibitors on the *oriC:terC* ratio. When cells were treated with HPUra (35 µg/mL), the MFA

showed a modest increase in *oriC:terC* ratio of 2,6-fold compared to untreated cells. However, when

cells were treated with ACX-362E (4 µg/ml), the MFA showed a >8-fold increase in the *oriC:terC* ratio

compared to untreated cells. In contrast, such an increase was not observed for cells treated with

metronidazole (0.25 ug/mL; a DNA damaging agent), fidaxomicin (0.00125 ug/mL; an RNA polymerase

inhibitor) or surotomycin (0.625 ug/mL; a cell-wall synthesis inhibitor) (**Figure 5**) or chloramphenicol (2

µg/mL; a protein synthesis inhibitor)(**Supplemental Figure 2**).

We conclude that inhibition of PolC-activity, but not the actions of any of the other tested

antimicrobials, leads to a gene dosage shift in *C. difficile*.

Origin proximal sigB *contributes to the transcriptional response*

Elegant work in *S. pneumoniae* has shown that the transcriptional response to replication inhibition can

also be affected by origin-proximal regulators that respond to the gene dosage effect (23). In *C. difficile*

the gene encoding the general stress response sigma factor σ[B] (*sigB*, CD0011) is located close to the

origin of replication (40). We wondered whether this regulator contributes to the transcriptional effects

observed in our studies.

First, we compared the list of differentially regulated genes from our study (**Supplemental Table

2**) to those under the control of σ[B] (41). In contrast to most anaerobic gram-positive organisms, *C.*

difficile encodes a homolog of the general stress response sigma factor, σ[B] (40, 42). A transcriptome

analysis comparing *sigB* mutant versus wild type cells was recently published (41). Strikingly, we find

~40% of the genes (21/58) identified as involved in stress response under the control of σ[B] to be

differentially expressed in our ACX-362E dataset (**Supplemental Table 3**). Similarly, we observed that

7/20 (~35%) of the genes containing a transcriptional start site with a σ^B consensus sequence are

differentially expressed in our ACX-362E dataset (**Supplemental Table 3**). These data suggest that the

response to DNA replication inhibition is at least partially dependent on σ^B.

214   To demonstrate that exposure to ACX-362E causes a transient up-regulation of *sigB*, we

constructed a reporter fusion of the secreted luciferase reporter sLuc[opt] with the predicted promoter of

the *sigB* operon (P_{cd0007}). We monitored luciferase activity of a strain harboring a plasmid containing this

reporter fusion (WKS2003) after dilution of an overnight culture into fresh medium with or without ACX-

362E (**Figure 6**). In non-treated cells, expression from the *sigB* promoter is relatively stable over the

course of 5.5h. By contrast, luciferase activity strongly increases from 1.25h to 3h after inoculation into

medium with ACX-362E. These data show that exposure to ACX-362E transiently induces transcription of

the *sigB* operon.

222   Next, a *sigB* mutant was constructed using Allele-Coupled Exchange (43) as described in the

Materials and Methods. The chromosomal deletion of *sigB* and absence of σ^B protein was verified by

PCR and Western Blot, respectively (**Supplemental Figure 3**). To directly demonstrate a role for *sigB* in

the regulation of genes with altered transcription upon PolC-inhibition, we fused the predicted

promoter regions of selected genes to a secreted luciferase reporter (44) and evaluated luminescence in

wild type and *sigB* mutant backgrounds, after 5-hour growth in the presence and absence of 4 µg/mL

ACX-362E. All genes tested demonstrated a significant increase in promoter activity in a wild type

background in the presence of ACX-362E compared to the non-treated control, validating the results

from the RNA-Seq analysis (**Figure 7**). Three distinct patterns were observed. For CD0350 (encoding a

hypothetical protein) and CD3963 (encoding a putative peptidoglycan-binding exported protein) there

was virtually no expression in a *sigB* mutant background (**Figure 7A** and **B**). We conclude that these

genes are strictly dependent on σ^B for their expression under the conditions tested. CD3614 (encoding a

hypothetical protein) shows a basal level of expression, but no significant increase in transcription levels

in the presence of ACX-362E in a *sigB* mutant background compared to the non-treated control (**Figure**

6C). This suggests that the transcriptional up-regulation under these conditions is σ^B dependent, and

indicates that the basal level of transcription observed is likely independent of σ^B. Finally, CD3412 (*uvrB*,

encoding a subunit of an excinuclease) shows reduced transcriptional up-regulation in ACX-362E treated

cells compared to non-treated controls (**Figure 6D**). Thus, the transcription of this particular gene under

conditions of ACX-362E exposure is brought about by both a σ^B-dependent and a σ^B-independent

regulatory pathway.

Together, these results demonstrate that *sigB* controls the expression of at least a subset of

genes that are up-regulated under PolC-inhibition

Discussion

Resistance to PolC-inhibitors and specificity of ACX-362E

Limited treatment options and reports of reduced susceptibility to current treatment (11, 12, 45)

emphasize the necessity for the development of novel antimicrobials. As CDI can be induced by use of

broad spectrum antibiotics (7), new antimicrobials ideally should only target *C. difficile*, thereby

maintaining integrity of the colonic microbiota. In this study, we have tested inhibitors HPUra and ACX-

362E which specifically target the PolC enzyme, essential for DNA replication. The majority of PolC-

inhibitors target gram-positive bacteria with low G+C content, but ACX-362E has been reported to

demonstrate increased specificity towards *C. difficile* PolC *in vitro* and showed promising results for the

efficacy *in vivo* based on a limited set of *C. difficile* strains (19, 20). The compound will progress to

clinical trials in the near future (Acurx Pharmaceuticals, personal communication). The present study, is

the largest survey of the efficacy of HPUra and ACX-362E against a large collection of clinical isolates

consisting of many relevant PCR ribotypes to date. We have established that ACX-362E demonstrated

lower inhibitory concentrations than the general gram-positive PolC-inhibitor HPUra in agar dilution

experiments. The MIC_{50} and MIC_{90} of ACX-362E are similar to those of antimicrobials commonly used to

treat *C. difficile* infection (metronidazole: MIC_{50} = 2 ug/mL and MIC_{90} = 4 ug/mL; vancomycin MIC_{50} = 2

ug/mL and MIC_{90} = 4 ug/mL (20); fidaxomicin = MIC_{50} = 0.125 ug/mL and MIC_{90} = 0.5 ug/mL (46)). We did

not detect a significant difference in MICs between clades and ribotypes, demonstrating that PolC-

inhibitors have the potential to be used as treatment for the majority - if not all - circulating *C. difficile*

strains. This includes the epidemic types of PCR ribotype 027 and 078 (8, 47). These results are in line

with other work that demonstrated only 2- to 4-fold differences in antimicrobial susceptibility between

different clades for metronidazole, fidaxomicin and semi-synthetic thiopeptide antibiotic LFF571 (28). In

the course of our experiments, we did not find any strains tha grew at the highest concentrations of

either HPUra or ACX-362E tested. We cannot exclude rare pre-existing/intrinsic resistance, or the

development of resistance in strains over time, for instance through multi-drug exporters, but at present

there is no evidence for this. PolC-inhibitors are competitive inhibitors of polymerase activity by binding

in the active site. Mutations that abolish binding of HPUra or ACX-362E are likely to affect the essential

enzymatic activity of the polymerase and for that reason unlikely to occur *in vivo*. A single mutation

(*azp-12*) has been described in *B. subtilis* that confers resistance to HPUra (48). This T>G transversion

results in the replacement of a serine with an alanine in the highly conserved PFAM07733 domain of

the polymerase (49). To our knowledge, it is unknown whether this mutation prevents binding of HPUra

to PolC of *B. subtilis*. Few other mutations have been described that confer resistance against other

PolC-inhibitors (50, 51). It will be of interest to see if similar mutations in *C. difficile* result in resistance

to HPUra and/or ACX-362E and what the effect on binding of these compounds to *C. difficile* PolC is.

ACX362 may have off-target effects unrelated to its replication-inhibitory activity For *C. difficile*,

it has not been established that PolC inhibition is the sole mode of action of the inhibitors. In our

experiments, we found that *S. aureus* was sensitive to both HPUra and ACX-362E and even more so than

C. difficile. It should be established if this is due to inhibition of PolC or mediated by an alternative

mechanism. If ACX-362E targets DNA replication in *S. aureus*, we would also expect to find an increase in

oriC:*terC* ratio upon ACX-362E exposure in this organism.ACX-362EACX-362E Alternatively, ACX-362E

may also affect the activity of the other PolIII-type polymerase, DnaE, in *S. aureus*. PolIII-inhibitors can

affect PolC, DnaE or both (51), though *in vivo* activity appears to correlate with PolC-inhibition. Both C.

difficile and *S. aureus* possess PolC and DnaE polymerase, but the DnaE enzymes are of different families

(DnaE1 in *C. difficile* and DnaE3 in *S. aureus*) (52). To verify the mode of action, and whether a ACX-

362Edifferent DnaE-type polymerases explain the increased sensitivity of *S. aureus* compared to *C.

difficile*, the activity of ACX-362E towards purified DnaE and PolC from both organisms should be

determined..

Though it is clear that ACX-362E inhibits *C. difficile* efficiently and shows limited activity towards

certain other anaerobes (19), these findings highlight the necessity to perform additional (microbiome)

studies to more clearly define the antimicrobial spectrum of this compound. It also shows that ACX-362E

may have therapeutic potential outside treatment of CDI.

Regulators of the transcriptional response to PolC-inhibitors

The present study is the first to describe the transcriptional response of *C. difficile* to inhibition of DNA

replication. We find that ~200 genes show differential expression under conditions of PolC-inhibition by

both HPUra and ACX-362E, when compared to non-treated cells (**Supplemental Table 2, Figure 3**). When

considering only ACX-362E, approximately 13% of all genes in the genome show statistically significant

altered transcription. We demonstrate that this large reprogramming of transcription is likely to be

caused directly by a gene dosage shift (**Figure 4 and 5**).

In addition to direct effects, it is conceivable that at least part of the transcriptional response is

indirect. Our list of differentially regulated genes includes several putative regulators; sigma factors

(including *sigE*, *sigG* and *sigH*), transcription factors and anti-terminators. The relatively long time (5h) at

sub-MIC levels of antimicrobials may have contributed to secondary effects, through one or more of

these regulators. Though shorter induction times are thought to provoke more compound-specific

responses (53), we did observed a highly consistent transcriptional signature with both HPura and ACX-

362E (**Supplemental Table 2**, **Figure 3**).

Major stress response pathways are poorly characterized in *C. difficile*. On the basis of

experiments in other organisms (21-23, 54-56), we expect that inhibition of DNA replication inhibition

might possibly induce an SOS response (LexA)(57), a DnaA-dependent transcriptional response (21), and

possibly a heat shock response (HrcA/CtsR)(58) and/or a general stress response (σ^B)(42). Of these, the

best characterized stress response pathway in *C. difficile* is the one governed by σ^B (41). We noted a

significant overlap in putatively σ[B]-dependent genes and those differentially expressed upon exposure

to PolC-inhibitors (**Supplemental Table 2**). In addition, our luciferase reporter fusions directly implicate

sigB in the expression and/or up-regulation of some of these (**Figure 7**). It should be noted that the *sigB*-

operon itself was not differentially expressed in our RNA-seq analysis. A *sigB*-reporter fusion suggests

that *sigB* is transiently up-regulated prior to the time point of sampling for the RNA-Seq analysis (**Figure**

6). Similar transient up-regulation of *sigB* followed by a persistent response of σ[B]-dependent gene

expression has been observed in other organisms (58-60). To our knowledge, this is the first indication

that *sigB*- and SigB-dependent gene expression could be subject to a gene-dosage effect.

To date, no genes have been identified that are regulated by DnaA in *C. difficile* and direct

regulation of genes through the other stress response pathways has not been demonstrated. Putative

LexA-regulated genes of *C. difficile* were identified *in silico* (61) and some of these (such as the *uvr*

excinuclease and 30S ribosomal protein S3) were differentially expressed in our dataset (**Supplemental**

Table 2). Indeed, we find that only part of the transcriptional up-regulation of *uvrB* as a result of ACX-

362E exposure could be explained by *sigB* (**Figure 7D**), and LexA-dependent regulation might play a role.

Pleiotropic phenotypes have been described for a *C. difficile lexA* mutant (62) and it is likely that other

LexA targets than those identified *in silico* exist. No mutants of *hrcA* or *ctsR* have been described for *C.*

difficile, but transcriptome and proteome analyses have been performed with heat shocked cells (42°C

(60), or 41°C (59, 63, 64)). Similarities between these datasets and ours include genes encoding proline

racemase (*prdF*), chaperones (*groEL*, *groES*), thioredoxin systems (*trxA*, *trxB*) and Clp-proteases (*clpC*,

clpP).

Many parameters (such as the medium used, cell density, concentration of antibiotics, and

protocol used to arrest transcription between cell harvest and lysis) can influence overall transcription

signatures, and can also govern an incomplete overlap between our data and the stress regulons

determined by others (53).

Genome location contributes to the transcriptional response to PolC-inhibition

Our analysis of differential regulation in relation to genome location revealed a striking pattern of

relative up-regulation for *oriC*-proximal genes, and down-regulation for *terC*-proximal genes under

conditions of PolC inhibition (**Figure 4**). Antimicrobials directed at DNA replication in bacteria have a

profound negative effect on the processivity of replication forks, though initiation of DNA replication is

not or only marginally affected (23, 39). As a consequence, the presence of multiple replication forks

simultaneously increases the copy numbers of genes located in close proximity of the origin of

replication and such a gene dosage differences can result in functionally relevant transcriptional

differences, either directly or indirectly (15). We found an increase of *oriC:terC* ratio when performing

MFA on chromosomal DNA of cells subjected to a sub-inhibitory concentration of ACX-362E (and HPUra,

albeit less pronounced) (**Figure 5**), consistent with findings in other organisms (23). This is the first

demonstration of gene-dosage dependent transcriptional regulation in *C. difficile*.

An example of direct regulation by gene dosage can be found in *Vibrio*, for instance, where the

location of ribosomal protein clusters close to the origin is crucial for fast growth, because increased

copy number under condition of multi-fork replication allows for higher expression levels (65). We note

that ribosomal gene clusters are up-regulated when DNA replication is inhibited in our experiments

(**Table 2**, **Table 3**, **Supplemental Table 2**), suggesting that a similar mechanism may be active in *C.*

difficile.

An example of indirect regulation as a result of gene dosage is the induction of competence

genes in *S. pneumoniae* (23). Competence is believed to be a stress response in this organism, that lacks

a canonical (σ^B-dependent) stress response pathway. Key regulatory genes for competence

development are located close to the origin, and replication inhibition therefore leads to the induction

of origin distal competence genes (23). In our experiments, the large overlap with the proposed σ^B

regulon (41), the origin proximal location of the *sigB* operon (8.5kb-10kb) (40) and the σ^B-dependence of

selected differentially expressed genes suggests that at least part of the transcriptional response to

PolC-inhibition can be explained by an indirect gene dosage effect. The positioning of stress-response

regulators close to *oriC* may therefore be a conserved strategy in bacteria to respond to DNA replication

insults that is independent of the nature of the regulator.

Though it is likely that an increase in gene copy number leads to an increase in transcription of

these genes, it is less clear whether this is the case for the observed down-regulation. Most methods of

normalization for transcriptome analyses are based on the assumption that there is no overall change in

transcription or that the number of transcripts per cells is the same for all conditions and this may not

be the case when a global copy number shift occurs (15). Absolute transcript levels for down-regulated

genes might therefore be similar under both conditions (but lower relative to *oriC*-proximal transcripts).

It is interesting that certain processes are highly enriched in the list of genes up-regulated under

conditions of PolC-inhibition (most notably ribosome function and DNA-related functions), whereas this

is less so for the down-regulated genes. This suggests that pathways susceptible to replication

dependent gene-dosage effects demonstrate a functional clustering of genes near *oriC*, whereas

clustering of genes from specific pathways in the *terC*-proximal region is less pronounced. Indeed, most

ribosomal gene clusters in *C. difficile* are located close to the origin of replication (31, 40) and also many

genes involved in DNA replication and repair are located in these regions. Consistent with this,

positioning of genes involved in transcription and translation close to the origin appears to be under

strong selection as such genomes tend to be more stable (66).

In conclusion, both direct and indirect effects of gene dosage shifts are likely to contribute to the

transcriptional response of *C. difficile* to replication inhibition.

Materials and Methods

Bacterial strains and culture conditions

Plasmids and bacterial strains used in this study can be found in **Table 4**. Note that this table only

contains laboratory strains; the clinical isolates used for the agar dilution experiments (see below) are

listed in **Supplemental Table 1**. *E. coli* was cultured aerobically at 37°C (shaking at 200 rpm) in Luria-

Bertani (LB) broth supplemented with 20 µg/ml chloramphenicol and 50 µg/ml kanamycin when

appropriate. *C. difficile* strains were cultured in Brain Heart Infusion (BHI) broth (Oxoid) supplemented

with 0,5% yeast extract (Sigma-Aldrich), *Clostridium difficile* Selective Supplement (CDSS, Oxoid) and

20µg/ml thiamphenicol when appropriate. *C. difficile* was grown anaerobically in a Don Whitley VA-1000

workstation in an atmosphere of 10% CO_2, 10% H_2 and 80% N_2. Liquid cultures were grown under gentle

agitation (120 rpm).

Agar dilution

HPUra and ACX-362E were tested against a collection of *C. difficile* clinical isolates. 375 clinical isolates

have been collected during the ECDIS study (6). All strains were characterized by PCR ribotyping (67) and

by PCR to confirm the presence of genes encoding toxins A , B and binary toxin (68-70). Of the 375

clinical isolates, we excluded stocks that were found to contain more than one strain and isolates that

could not be recultured. Testing was therefore performed on 363 isolates (**Supplemental Table 1**). *C.*

difficile ATCC 700057, *B. fragilis* ATCC 25285 and *S. aureus* ATCC 29213 were used as controls (71).

The strains were tested for the different concentrations of antimicrobial using the agar dilution

method according to Clinical & Laboratory Standards Institute guidelines (26, 27). In short, the

antimicrobials were diluted into Brucella Blood Agar (BBA) supplemented with hemin and vitamin K1.

Bacterial isolates were cultured on blood agar plates and after 24 hours re-suspended to a turbidity of

0.5 McFarland in phosphate buffered saline (PBS). The strains were inoculated onto BBA solid media

containing the PolC-inhibitors using multipoint inoculators to a final concentration of 10^4 CFU per spot.

Each series of antimicrobial agents was tested from the lowest concentration to the highest

concentration. Two control plates without antibiotics were inoculated to control for aerobic

contamination and purity of anaerobic growth. At the end of the final series, two control plates were

inoculated to verify the final organism viability and purity. Only experiments where both positive and

negative controls performed according to expectations were included. Plates were incubated

anaerobically in a Don Whitley VA-1000 workstation in an atmosphere of 10% CO_2, 10% H_2 and 80% N_2

and the MICs were recorded after 24 and 48 hours and are presented in the manuscript with values at

48h, according to the CLSI guidelines (26).

Sub-MIC determination

C. difficile 630Δ*erm* (30, 31) was grown in 20 mL Brain Heart Infusion (Oxoid) supplemented with 0.5%

yeast extract (Sigma-Aldrich) (BHI/YE) starting from an optical density measured at 600nm (OD_{600}) of

0.05 using an exponentially growing starter culture (3 biological replicates per concentration). To

determine the effects on growth at sub-inhibitory concentrations of ACX-362E, cells were cultured in the

presence of the following concentrations; 0.25, 0.5, 1, 2, 4, and 8 µg/mL ACX-362E and compared to an

untreated culture. To determine the effects on growth at sub-inhibitory concentrations of HPUra, cells

were cultured in the presence of the following concentrations: 10, 20, 40 µg/mL HPUra and compared to

an untreated culture. The OD_{600} was monitored every hour until stationary phase was reached.

Marker Frequency analysis

C. difficile 630Δ*erm* (30, 31) was grown in 20 mL BHI supplemented with 0.5% yeast extract with sub-

MIC amounts of antimicrobials (HPUra: 35 µg/mL; ACX-362E: 4 µg/mL; metronidazole: 0.25 µg/mL;

fidaxomicin: 0.00125 µg/mL, surotomycin: 0.625 µg/mL), starting from an OD_{600} of 0.05 using an

exponentially growing starter culture. These samples were taken in the course of an independent, but

simultaneously performed, set of experiments for which we obtained surotomycin and fidaxomicin from

Cubist Pharmaceuticals. Metronidazole was commercially obtained (Sigma-Aldrich). We confirmed that

these concentrations did not lead to a >30% reduction in growth compared to non-treated cultures

(**Supplemental Figure 1** and data not shown). In parallel, cultures were grown without inhibitors from

the same starter culture. All conditions were performed in biological triplicates. Previous experiments

have shown that *ori*:*ter* differences are reliably detected >3h after dilution into fresh medium (23).

Therefore, after 5 hours, 1mL cells was harvested (OD_{600} ~ 0.5), and stored at -20°C. Isolation of

chromosomal DNA was performed the next day with the QIAamp DNA Blood Mini kit (Qiagen) according

to the instructions of the manufacturer. Marker frequency analysis (MFA) was performed to assess the

relative abundance of origin proximal genes relative to terminus proximal genes. As a proxy for *oriC*, a

probe was designed that targets the CD0001 region (CD0001-probe-FAM). By using plots of the GC skew

([G - C]/[G + C]) generated using DNAPlotter (72), the approximate location of the terminus region for

the *C. difficile* chromosome was determined and a probe targeting this region (CD1931) was designed

(CD-1931-probe-TXR). Probe design was performed with Beacon Designer™ (Premier Biosoft, Palo Alto

CA, USA). Real-time PCR reactions were performed on a Biorad CFX96™ real-time PCR detection system

(95°C 15 m, 39 × (94°C 30 s + 55°C 30 s + 72°C 30 s). Sequences for primers and probes are listed in **Table**

5. For each biological replicate, three technical replicates were performed. Amplification efficiency was

determined using standard curves obtained from DNA late stationary phase cells of strain 630Δ*erm*, for

which an *oriC*:*terC* ratio of 1 was assumed. RT-PCR results from antibiotic treated cells were normalized

to the *oriC*:*terC* ratio of DNA samples (3 biological replicates) from non-treated cells. Calculations were

performed in Microsoft Office Excel 2010, plotted using Prism 7 (GraphPad) and prepared for

publication in Corel Draw Suite X8. Significance was determined using a One-way ANOVA and a Tukey's

test for multiple comparisons (GraphPad).

Growth and RNA isolation for RNA-Seq

For RNA-Seq analysis, *C. difficile* 630Δ*erm* (30, 31) was grown for 5h in BHI medium with HPUra (35

ug/mL) or ACX-362E (4 μg/mL) starting from an OD_{600} of 0.05 using an exponentially growing starter

culture, after which cells (3mL) were harvested for RNA isolation. These concentrations were some of

the highest concentrations that resulted in a modest effects on growth (<30% reduction of growth

compared to wild type cells, **Supplemental Figure 1**). RNA isolation was performed with NucleoSpin©

RNA kit (Macherey-Nagel). Although the kit includes on column rDNAse digestion, a second treatment

was performed in solution and RNA was precipitated and recovered by NaAc precipitation to remove

residual DNA. Concentration determination and quality control (16S/23S ratio and RNA integrity number

[RIN]) was performed with a fragment analyzer (Agilent bio-analyzer), according to the instructions of

the manufacturer. Samples with a RIN>9 and 16S/23S ratio >1.4 were submitted for analysis by RNA-

Seq.

RNA-Seq

RNA-Seq was performed at a commercial provider (GenomeScan, Leiden, The Netherlands). In short,

the NEBNext Ultra Directional RNA Library Prep Kit for lllumina was used to process the samples. Sample

preparation was performed according to the protocol "NEBNext Ultra Directional RNA Library Prep Kit

for lllumina" (NEB #E7420S/L). Briefly, after selective removal of rRNA (Ribo-Zero rRNA Removal Kit for

gram-positive Bacteria) and fragmentation of the mRNA, cDNA synthesis was performed. cDNA was

ligated to the sequencing adapters and the resulting product was PCR amplified. Clustering and DNA

sequencing using the lllumina NextSeq 500 platform was performed according to manufacturer's

protocols. A concentration of 1.5 pM of DNA was used. Image analysis, base calling, and quality check

was performed with the Illumina data analysis pipeline RTA vl.18.64 and Bcl2fastq v2.17. Per sample,

four technical replicates were included in the RNA-Seq experiment. In case of insufficient reads, the

sample was re-run on another flow cell to reach satisfactory quantities (≥ 20 M).

Analysis of RNA-Seq data

Analysis of the data was performed using T-REx, a user-friendly webserver which has been optimized for

the analysis of prokaryotic RNAseq-derived expression data (73). The pipeline requires raw RNA

expression level data as an input for RNA-Seq data analysis. For data normalisation and determination of

the genes, the factorial design statistical method of the RNA-Seq analysis R-package EdgeR is

implemented in the T-Rex pipeline. Some samples displayed incomplete rRNA depletion and rRNA

mapping reads had to be removed manually prior to analysis.

To analyse the genome-wide pattern in differential gene expression a sliding window analysis

was performed essentially as described (23). In short, genome locations (start of the locus tag) were

coupled to the locus tags in the T-Rex output. Next, the median log(FC) was calculated for bins of 51 loci

with a stepsize of 1. For each bin of $[X_1, X_2...X_{51}]$ the median absolute deviation of the median

(MAD=median($|X_i$-median(X)$|$)) was calculated as an robust indication of the distribution around

calculated median values. Calculations were performed and three curves (median, median-MAD and

median+MAD) were plotted in Microsoft Office Excel 2010 and the graph was prepared for publication

using Adobe Photoshop CC and Corel Draw Suite X8.

A GSEA analysis (33) was performed via the Genome2D webserver (73), using our reference

genome sequence for *C. difficile* 630Δ*erm*, Genbank identifier LN614756.1 (listed in Genome2D as

"Clostridioides_difficile_630Derm")(31). As input a single list of locus tags was used of either up- or

down regulated genes. The output was copied to Microsoft Excel 2010. The single_list column was split,

and a column was inserted to calculate the significance of the overrepresentation using the formula "(#

hits in list/ClassSize)*-log(p-value; 2)" to allow for sorting of the output of the GSEA analysis by

significance.

Data for the RNA-Seq experiment has been deposited in the Gene Expression Omnibus (GEO)

database (74), accession number GSE116503.

General molecular biological techniques

E. coli strain DH5α was used for maintenance of all plasmids. All plasmid transformations into *E. coli*

were performed using standard procedures (75). *E. coli* CA434 was used as a donor for conjugation of

plasmids into the recipient *C. difficile* (76). Conjugation was performed as previously described (76).

Briefly, 1 mL of an overnight culture of donor cells was mixed with 200 µl of the recipient and spotted

onto anaerobic BHI agar plates and incubated for 5-8 hours. After incubation cells were collected and

tenfold serial dilutions were plated onto fresh BHI plates containing thiamphenicol and CDSS.

Plasmid DNA was isolated using the Nucleospin Plasmid (Macherey-Nagel) mini prep kits per

manufacturer's instructions. *C. difficile* genomic DNA was isolated using the DNeasy Blood and Tissue kit

(Qiagen) with pre-treatment for gram-positives according to instructions of the manufacturer.

Construction of luciferase-reporter fusion plasmids

All PCR reactions for plasmid construction were carried out with Q5 polymerase (New England Biolabs).

Putative promoter regions were amplified using *C. difficile* 630Δ*erm* chromosomal DNA (31) as a

template.

The P_{CD3412} luciferase reporter plasmid was created by restriction-ligation using the restriction

enzymes *Kpn*I and *Sac*I. P_{CD3412} was amplified using primers oIB-26 and oIB-27 (**Table 5**). The resulting

dsDNA fragment was digested and ligated into KpnI-SacI digested pAP24 (44), yielding plasmid pIB27.

Plamids pIB68 (P_{CD0350}), pIB69 (P_{CD2963}), pIB74 (P_{CD3614}) and pPH28 (P_{CD0007}) were constructed using a

Gibson assembly (77). The plasmid backbone of pAP24 was linearized by PCR using primers oWKS-

1580/oWKS-1582, and the predicted promoter areas of CD0350, CD2963 and CD3614 were amplified

with primers oIB-80/oIB-94, oIB-82/oIB-95, oIB-92/oIB-100 and oPH-19/oPH-20, respectively. Primers

were designed using the NEBuilder assembly tool v.1.12.17 (New England Biolabs) using a 30 bp overlap.

For the assembly, 100 ng of vector DNA was assembled to a five-fold molar excess of the PCR fragment

of the desired promoter using a homemade Gibson Assembly Master Mix at 50°C for 30 minutes (final

concentration: 4 U/µl Taq Ligase (Westburg), 0.004 U/µl T5 exonuclease (New England Biolabs), 0.025

U/µl Phusion polymerase (Bioké), 5% polyethyleneglycol (PEG-8000),10 mM $MgCl_2$, 100 mM Tris-Cl

pH=7.5, 10 mM dithiothreitol, 0.2 mM dATP, 0.2 mM dTTP, 0.2 mM dCTP, 0.2 mM dGTP, and 1 mM β-

nicotinamide adenine dinucleotide) and transformed into *E. coli* DH5α. Transformants were screened by

colony PCR using primers oWKS-1240 and oWKS-1241. Transformants yielding PCR fragments of the

correct size were verified by Sanger sequencing.

Construction of C. difficile *IB56 (*ΔsigB*)*

The up- and downstream regions (both 950 bp each) of the *sigB* coding sequence were amplified with

primers oIB-44/oIB-45, and oIB-46/oIB-47, respectively. Vector pMTL-SC7315 (43) was linearized by PCR

using primers oWKS-1537/oWKS-1538. Assembly was done according to the method of Gibson (44, 77).

The assembled plasmid was transformed into *E. coli* DH5α and verified using PCR and Sanger

sequencing. Generation of the unmarked *sigB* deletion mutant was performed using Allele-Coupled

Exchange essentially as described (43, 78). Briefly, pIB54 was introduced into *C. difficile* 630Δ*erm* (31) by

conjugation. Transconjugants were grown for two days on BHI agar plates supplemented with yeast

extract, thiamphenicol and CDSS, struck onto fresh pre-reduced plates and incubated anaerobically at

37°C for two days. Single-crossover integration was confirmed using PCR, and those clones were plated

onto non-selective BHI agar plates to allow the second-crossover event to occur. Colonies were then

serially diluted and plated onto minimal agar supplemented with 50 μg/ml 5-fluorocytosine (Sigma) as

described (43). DNA was isolated from thiamphenicol-susceptible colonies and the chromosomal

deletion was verified by PCR using primers oIB-78/oIB-79 (**Supplemental Figure 3**) as well as Sanger

sequencing of the PCR product using primers oIB-53/oIB-76/oIB-78.

Luciferase reporter assay

Strains containing luciferase reporter plasmids were inoculated to an OD_{600}=0.05 from an exponentially

growing starter culture. Fresh inoculums were grown in BHI broth supplemented with yeast extract,

with or without 4 μg/ml ACX-362E for 5 (for putative *sigB* target genes) or 5.5 (*sigB* promoter) hours.

The supernatants from 1mL of culture (harvested by centrifugation for 10 min, 4°C, 8000 rpm) were

analyzed in a GloMax®-Multi Microplate Multimode Reader (Promega) as described before (44).

Statistical significance of the data ($p<0.05$) was determined by two-way analysis of variance (ANOVA)

and a pairwise Tukey-Kramer test using Prism 7 (GraphPad) where appropriate.

Accession numbers

GEO GSE116503; GenBank LN614756.1

Author's contributions

EVE, IMB, EJK and WKS designed experiments. GW and EJK provided reagents or strains. EVE, IMB and

IMGJBS performed experiments. EVE, IMB and WKS analyzed data. EVE, IMB and WKS wrote the

manuscript. All authors read and approved the manuscript.

Acknowledgements

This work was supported, in part, by a VIDI fellowship (864.13.003) from the Netherlands Organization

for Scientific Research, a Gisela Thier Fellowship from the Leiden University Medical Center and

intramural funds to WKS. Anne de Jong is acknowledged for expert assistance with the RNA-Seq analysis,

Els Wessels for assistance in designing the MFA real-time PCR and Jelle Slager for helpful suggestions for

the sliding window analysis.

Conflict of interest

EVE and WKS have performed research for Cubist. EJK has performed research for Cubist, Novartis and

Qiagen, and has participated in advisory forums of Astellas, Optimer, Actelion, Pfizer, Sanofi Pasteur and

Seres Therapeutics and currently holds an unrestricted research grant from Vedanta Biosciences Inc. GW

is a consultant for Acurx Pharmaceuticals. The companies had no role in the design of the experiments

or the decision to publish. IMB and IMGJSB: none to declare.

References

1.   Lawson PA, Citron DM, Tyrrell KL, Finegold SM. 2016. Reclassification of Clostridium difficile as
Clostridioides difficile (Hall and O'Toole 1935) Prevot 1938. Anaerobe 40:95-9.
2.   Leffler DA, Lamont JT. 2015. Clostridium difficile infection. N Engl J Med 372:1539-48.
3.   Smits WK, Lyras D, Lacy DB, Wilcox MH, Kuijper EJ. 2016. Clostridium difficile infection. Nat Rev
Dis Primers 2:16020.
4.   Abt MC, McKenney PT, Pamer EG. 2016. Clostridium difficile colitis: pathogenesis and host
defence. Nat Rev Microbiol 14:609-20.
5.   Anonymous (ed). 2006. Investigation into outbreaks of Clostridium difficile at Stoke Mandeville
Hospital, Buckinghamshire Hospitals NHS Trust. Commission for Healthcare Audit and
Inspection,
6.   Bauer MP, Notermans DW, van Benthem BH, Brazier JS, Wilcox MH, Rupnik M, Monnet DL, van
Dissel JT, Kuijper EJ, Group ES. 2011. Clostridium difficile infection in Europe: a hospital-based
survey. Lancet 377:63-73.
7.   Hensgens MP, Goorhuis A, Dekkers OM, Kuijper EJ. 2012. Time interval of increased risk for
Clostridium difficile infection after exposure to antibiotics. J Antimicrob Chemother 67:742-8.
8.   He M, Miyajima F, Roberts P, Ellison L, Pickard DJ, Martin MJ, Connor TR, Harris SR, Fairley D,
Bamford KB, D'Arc S, Brazier J, Brown D, Coia JE, Douce G, Gerding D, Kim HJ, Koh TH, Kato H,
Senoh M, Louie T, Michell S, Butt E, Peacock SJ, Brown NM, Riley T, Songer G, Wilcox M,
Pirmohamed M, Kuijper E, Hawkey P, Wren BW, Dougan G, Parkhill J, Lawley TD. 2013.
Emergence and global spread of epidemic healthcare-associated Clostridium difficile. Nat Genet
45:109-13.
9.   Debast SB, Bauer MP, Kuijper EJ, European Society of Clinical M, Infectious D. 2014. European
Society of Clinical Microbiology and Infectious Diseases: update of the treatment guidance
document for Clostridium difficile infection. Clin Microbiol Infect 20 Suppl 2:1-26.
10. McDonald LC, Gerding DN, Johnson S, Bakken JS, Carroll KC, Coffin SE, Dubberke ER, Garey KW,
Gould CV, Kelly C, Loo V, Shaklee Sammons J, Sandora TJ, Wilcox MH. 2018. Clinical Practice
Guidelines for Clostridium difficile Infection in Adults and Children: 2017 Update by the
Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of
America (SHEA). Clin Infect Dis 66:e1-e48.
11. Baines SD, O'Connor R, Freeman J, Fawley WN, Harmanus C, Mastrantonio P, Kuijper EJ, Wilcox
MH. 2008. Emergence of reduced susceptibility to metronidazole in Clostridium difficile. J
Antimicrob Chemother 62:1046-52.
12. Chong PM, Lynch T, McCorrister S, Kibsey P, Miller M, Gravel D, Westmacott GR, Mulvey MR,
Canadian Nosocomial Infection Surveillance P. 2014. Proteomic analysis of a NAP1 Clostridium
difficile clinical isolate resistant to metronidazole. PLoS One 9:e82622.
13. Moura I, Spigaglia P, Barbanti F, Mastrantonio P. 2013. Analysis of metronidazole susceptibility
in different Clostridium difficile PCR ribotypes. J Antimicrob Chemother 68:362-5.
14. Davies J, Spiegelman GB, Yim G. 2006. The world of subinhibitory antibiotic concentrations. Curr
Opin Microbiol 9:445-53.
15. Slager J, Veening JW. 2016. Hard-Wired Control of Bacterial Processes by Chromosomal Gene
Location. Trends Microbiol 24:788-800.
16. Tarantino PM, Jr., Zhi C, Wright GE, Brown NC. 1999. Inhibitors of DNA polymerase III as novel
antimicrobial agents against gram-positive eubacteria. Antimicrob Agents Chemother 43:1982-7.
17. Brown NC. 1970. 6-(p-hydroxyphenylazo)-uracil: a selective inhibitor of host DNA replication in
phage-infected Bacillus subtilis. Proc Natl Acad Sci U S A 67:1454-61.

18.   Butler MM, Dudycz LW, Khan NN, Wright GE, Brown NC. 1990. Development of novel inhibitor
probes of DNA polymerase III based on dGTP analogs of the HPUra type: base, nucleoside and
nucleotide derivatives of N2-(3,4-dichlorobenzyl)guanine. Nucleic Acids Res 18:7381-7.
19.   Torti A, Lossani A, Savi L, Focher F, Wright GE, Brown NC, Xu WC. 2011. Clostridium difficile DNA
polymerase IIIC: basis for activity of antibacterial compounds. Curr Enzym Inhib 7:147-153.
20.   Dvoskin S, Xu WC, Brown NC, Yanachkov IB, Yanachkova M, Wright GE. 2012. A novel agent
effective against Clostridium difficile infection. Antimicrob Agents Chemother 56:1624-6.
21.   Goranov AI, Katz L, Breier AM, Burge CB, Grossman AD. 2005. A transcriptional response to
replication status mediated by the conserved bacterial replication protein DnaA. Proc Natl Acad
Sci U S A 102:12932-7.
22.   Goranov AI, Kuester-Schoeck E, Wang JD, Grossman AD. 2006. Characterization of the global
transcriptional responses to different types of DNA damage and disruption of replication in
Bacillus subtilis. J Bacteriol 188:5595-605.
23.   Slager J, Kjos M, Attaiech L, Veening JW. 2014. Antibiotic-induced replication stress triggers
bacterial competence by increasing gene dosage near the origin. Cell 157:395-406.
24.   Knetsch CW, Terveer EM, Lauber C, Gorbalenya AE, Harmanus C, Kuijper EJ, Corver J, van
Leeuwen HC. 2012. Comparative analysis of an expanded Clostridium difficile reference strain
collection reveals genetic diversity and evolution through six lineages. Infect Genet Evol
12:1577-85.
25.   He M, Sebaihia M, Lawley TD, Stabler RA, Dawson LF, Martin MJ, Holt KE, Seth-Smith HM, Quail
MA, Rance R, Brooks K, Churcher C, Harris D, Bentley SD, Burrows C, Clark L, Corton C, Murray V,
Rose G, Thurston S, van Tonder A, Walker D, Wren BW, Dougan G, Parkhill J. 2010. Evolutionary
dynamics of Clostridium difficile over short and long time scales. Proc Natl Acad Sci U S A
107:7527-32.
26.   CLSI. 2012. Methods for Antimicrobial Susceptibility Testing of Anaerobic Bacteria; Approved
Standard - Eighth edition, p 56, 8 ed. Clinical and Laboratory Standards Institute, Wayne, PA.
27.   Freeman J, Stott J, Baines SD, Fawley WN, Wilcox MH. 2005. Surveillance for resistance to
metronidazole and vancomycin in genotypically distinct and UK epidemic Clostridium difficile
isolates in a large teaching hospital. J Antimicrob Chemother 56:988-9.
28.   Debast SB, Bauer MP, Sanders IM, Wilcox MH, Kuijper EJ, Group ES. 2013. Antimicrobial activity
of LFF571 and three treatment agents against Clostridium difficile isolates collected for a pan-
European survey in 2008: clinical and therapeutic implications. J Antimicrob Chemother
68:1305-11.
29.   Pacitti DF, Barnes MH, Li DH, Brown NC. 1995. Characterization and overexpression of the gene
encoding Staphylococcus aureus DNA polymerase III. Gene 165:51-6.
30.   Hussain HA, Roberts AP, Mullany P. 2005. Generation of an erythromycin-sensitive derivative of
Clostridium difficile strain 630 (630Deltaerm) and demonstration that the conjugative
transposon Tn916DeltaE enters the genome of this strain at multiple sites. J Med Microbiol
54:137-41.
31.   van Eijk E, Anvar SY, Browne HP, Leung WY, Frank J, Schmitz AM, Roberts AP, Smits WK. 2015.
Complete genome sequence of the Clostridium difficile laboratory strain 630Deltaerm reveals
differences from strain 630, including translocation of the mobile element CTn5. BMC Genomics
16:31.
32.   Hastey CJ, Dale SE, Nary J, Citron D, Law JH, Roe-Carpenter DE, Chesnel L. 2017. Comparison of
Clostridium difficile minimum inhibitory concentrations obtained using agar dilution vs broth
microdilution methods. Anaerobe 44:73-77.
33.   Subramanian A, Tamayo P, Mootha VK, Mukherjee S, Ebert BL, Gillette MA, Paulovich A,
Pomeroy SL, Golub TR, Lander ES, Mesirov JP. 2005. Gene set enrichment analysis: a knowledge-

based approach for interpreting genome-wide expression profiles. Proc Natl Acad Sci U S A
102:15545-50.
34. Anonymous. Genome2D web server. http://genome2d.molgenrug.nl. Accessed
35. van Eijk E, Paschalis V, Green M, Friggen AH, Larson MA, Spriggs K, Briggs GS, Soultanas P, Smits
WK. 2016. Primase is required for helicase activity and helicase alters the specificity of primase
in the enteropathogen Clostridium difficile. Open Biol 6.
36. Sousa C, de Lorenzo V, Cebolla A. 1997. Modulation of gene expression through chromosomal
positioning in Escherichia coli. Microbiology 143 (Pt 6):2071-8.
37. Sauer C, Syvertsson S, Bohorquez LC, Cruz R, Harwood CR, van Rij T, Hamoen LW. 2016. Effect of
Genome Position on Heterologous Gene Expression in Bacillus subtilis: An Unbiased Analysis.
ACS Synth Biol 5:942-7.
38. Block DH, Hussein R, Liang LW, Lim HN. 2012. Regulatory consequences of gene translocation in
bacteria. Nucleic Acids Res 40:8979-92.
39. Samadpour AN, Merrikh H. 2018. DNA gyrase activity regulates DnaA-dependent replication
initiation in Bacillus subtilis. Mol Microbiol 108:115-127.
40. Sebaihia M, Wren BW, Mullany P, Fairweather NF, Minton N, Stabler R, Thomson NR, Roberts
AP, Cerdeno-Tarraga AM, Wang H, Holden MT, Wright A, Churcher C, Quail MA, Baker S, Bason
N, Brooks K, Chillingworth T, Cronin A, Davis P, Dowd L, Fraser A, Feltwell T, Hance Z, Holroyd S,
Jagels K, Moule S, Mungall K, Price C, Rabbinowitsch E, Sharp S, Simmonds M, Stevens K, Unwin
L, Whithead S, Dupuy B, Dougan G, Barrell B, Parkhill J. 2006. The multidrug-resistant human
pathogen Clostridium difficile has a highly mobile, mosaic genome. Nat Genet 38:779-86.
41. Kint N, Janoir C, Monot M, Hoys S, Soutourina O, Dupuy B, Martin-Verstraete I. 2017. The
alternative sigma factor sigma(B) plays a crucial role in adaptive strategies of Clostridium difficile
during gut infection. Environ Microbiol 19:1933-1958.
42. Hecker M, Pane-Farre J, Volker U. 2007. SigB-dependent general stress response in Bacillus
subtilis and related gram-positive bacteria. Annu Rev Microbiol 61:215-36.
43. Cartman ST, Kelly ML, Heeg D, Heap JT, Minton NP. 2012. Precise manipulation of the
Clostridium difficile chromosome reveals a lack of association between the tcdC genotype and
toxin production. Appl Environ Microbiol 78:4683-90.
44. Oliveira Paiva AM, Friggen AH, Hossein-Javaheri S, Smits WK. 2016. The Signal Sequence of the
Abundant Extracellular Metalloprotease PPEP-1 Can Be Used to Secrete Synthetic Reporter
Proteins in Clostridium difficile. ACS Synth Biol 5:1376-1382.
45. Lynch T, Chong P, Zhang J, Hizon R, Du T, Graham MR, Beniac DR, Booth TF, Kibsey P, Miller M,
Gravel D, Mulvey MR, Canadian Nosocomial Infection Surveillance P. 2013. Characterization of a
stable, metronidazole-resistant Clostridium difficile clinical isolate. PLoS One 8:e53757.
46. Goldstein EJ, Citron DM, Sears P, Babakhani F, Sambol SP, Gerding DN. 2011. Comparative
susceptibilities to fidaxomicin (OPT-80) of isolates collected at baseline, recurrence, and failure
from patients in two phase III trials of fidaxomicin against Clostridium difficile infection.
Antimicrob Agents Chemother 55:5194-9.
47. Knetsch CW, Kumar N, Forster SC, Connor TR, Browne HP, Harmanus C, Sanders IM, Harris SR,
Turner L, Morris T, Perry M, Miyajima F, Roberts P, Pirmohamed M, Songer JG, Weese JS, Indra
A, Corver J, Rupnik M, Wren BW, Riley TV, Kuijper EJ, Lawley TD. 2018. Zoonotic Transfer of
Clostridium difficile Harboring Antimicrobial Resistance between Farm Animals and Humans. J
Clin Microbiol 56.
48. Ott RW, Barnes MH, Brown NC, Ganesan AT. 1986. Cloning and characterization of the polC
region of Bacillus subtilis. J Bacteriol 165:951-7.

49. Barnes MH, Hammond RA, Foster KA, Mitchener JA, Brown NC. 1989. The cloned polC gene of
Bacillus subtilis: characterization of the azp12 mutation and controlled in vitro synthesis of
active DNA polymerase III. Gene 85:177-86.
50. Barnes MH, Hammond RA, Kennedy CC, Mack SL, Brown NC. 1992. Localization of the
exonuclease and polymerase domains of Bacillus subtilis DNA polymerase III. Gene 111:43-9.
51. Barnes MH, Butler MM, Wright GE, Brown NC. 2012. Antimicrobials targeted to the replication-
specific DNA polymerases of gram-positive bacteria: target potential of dnaE. Infect Disord Drug
Targets 12:327-31.
52. Timinskas K, Balvociute M, Timinskas A, Venclovas C. 2014. Comprehensive analysis of DNA
polymerase III alpha subunits and their homologs in bacterial genomes. Nucleic Acids Res
42:1393-413.
53. Wecke T, Mascher T. 2011. Antibiotic research in the age of omics: from expression profiles to
interspecies communication. J Antimicrob Chemother 66:2689-704.
54. Kazmierczak MJ, Mithoe SC, Boor KJ, Wiedmann M. 2003. Listeria monocytogenes sigma B
regulates stress response and virulence functions. J Bacteriol 185:5722-34.
55. Weber H, Polen T, Heuveling J, Wendisch VF, Hengge R. 2005. Genome-wide analysis of the
general stress response network in Escherichia coli: sigmaS-dependent genes, promoters, and
sigma factor selectivity. J Bacteriol 187:1591-603.
56. van Schaik W, van der Voort M, Molenaar D, Moezelaar R, de Vos WM, Abee T. 2007.
Identification of the sigmaB regulon of Bacillus cereus and conservation of sigmaB-regulated
genes in low-GC-content gram-positive bacteria. J Bacteriol 189:4384-90.
57. Kreuzer KN. 2013. DNA damage responses in prokaryotes: regulating gene expression,
modulating growth patterns, and manipulating replication forks. Cold Spring Harb Perspect Biol
5:a012674.
58. Helmann JD, Wu MF, Kobel PA, Gamo FJ, Wilson M, Morshedi MM, Navre M, Paddon C. 2001.
Global transcriptional response of Bacillus subtilis to heat shock. J Bacteriol 183:7318-28.
59. Ternan NG, Jain S, Srivastava M, McMullan G. 2012. Comparative transcriptional analysis of
clinically relevant heat stress response in Clostridium difficile strain 630. PLoS One 7:e42410.
60. Emerson JE, Stabler RA, Wren BW, Fairweather NF. 2008. Microarray analysis of the
transcriptional responses of Clostridium difficile to environmental and antibiotic stress. J Med
Microbiol 57:757-64.
61. Walter BM, Rupnik M, Hodnik V, Anderluh G, Dupuy B, Paulic N, Zgur-Bertok D, Butala M. 2014.
The LexA regulated genes of the Clostridium difficile. BMC Microbiol 14:88.
62. Walter BM, Cartman ST, Minton NP, Butala M, Rupnik M. 2015. The SOS Response Master
Regulator LexA Is Associated with Sporulation, Motility and Biofilm Formation in Clostridium
difficile. PLoS One 10:e0144763.
63. Jain S, Graham C, Graham RL, McMullan G, Ternan NG. 2011. Quantitative proteomic analysis of
the heat stress response in Clostridium difficile strain 630. J Proteome Res 10:3880-90.
64. Ternan NG, Jain S, Graham RL, McMullan G. 2014. Semiquantitative analysis of clinical heat
stress in Clostridium difficile strain 630 using a GeLC/MS workflow with emPAI quantitation.
PLoS One 9:e88960.
65. Soler-Bistue A, Mondotte JA, Bland MJ, Val ME, Saleh MC, Mazel D. 2015. Genomic location of
the major ribosomal protein gene locus determines Vibrio cholerae global growth and
infectivity. PLoS Genet 11:e1005156.
66. Couturier E, Rocha EP. 2006. Replication-associated gene dosage effects shape the genomes of
fast-growing bacteria but only for transcription and translation genes. Mol Microbiol 59:1506-
18.

67.   Bidet P, Lalande V, Salauze B, Burghoffer B, Avesani V, Delmee M, Rossier A, Barbut F, Petit JC.
2000. Comparison of PCR-ribotyping, arbitrarily primed PCR, and pulsed-field gel electrophoresis
for typing Clostridium difficile. J Clin Microbiol 38:2484-7.
68.   Kato H, Kato N, Watanabe K, Iwai N, Nakamura H, Yamamoto T, Suzuki K, Kim SM, Chong Y,
Wasito EB. 1998. Identification of toxin A-negative, toxin B-positive Clostridium difficile by PCR. J
Clin Microbiol 36:2178-82.
69.   Paltansing S, van den Berg RJ, Guseinova RA, Visser CE, van der Vorm ER, Kuijper EJ. 2007.
Characteristics and incidence of Clostridium difficile-associated disease in The Netherlands,
2005. Clin Microbiol Infect 13:1058-64.
70.   Stubbs S, Rupnik M, Gibert M, Brazier J, Duerden B, Popoff M. 2000. Production of actin-specific
ADP-ribosyltransferase (binary toxin) by strains of Clostridium difficile. FEMS Microbiol Lett
186:307-12.
71.   Anonymous. American Type Culture Collection.
72.   Anonymous. DNAPlotter. http://www.sanger.ac.uk/science/tools/dnaplotter. Accessed
73.   de Jong A, van der Meulen S, Kuipers OP, Kok J. 2015. T-REx: Transcriptome analysis webserver
for RNA-seq Expression data. BMC Genomics 16:663.
74.   Anonymous. Gene Expression Omnibus (GEO). https://www.ncbi.nlm.nih.gov/geo/. Accessed
75.   Sambrook J, Russell DW. 2001. Molecular cloning : a laboratory manual. Cold Spring Harbor
Laboratory, Cold Spring Harbor, N.Y.
76.   Purdy D, O'Keeffe TA, Elmore M, Herbert M, McLeod A, Bokori-Brown M, Ostrowski A, Minton
NP. 2002. Conjugative transfer of clostridial shuttle vectors from Escherichia coli to Clostridium
difficile through circumvention of the restriction barrier. Mol Microbiol 46:439-52.
77.   Gibson DG, Young L, Chuang RY, Venter JC, Hutchison CA, 3rd, Smith HO. 2009. Enzymatic
assembly of DNA molecules up to several hundred kilobases. Nat Methods 6:343-5.
78.   van Leeuwen PT, van der Peet JM, Bikker FJ, Hoogenkamp MA, Oliveira Paiva AM, Kostidis S,
Mayboroda OA, Smits WK, Krom BP. 2016. Interspecies Interactions between Clostridium
difficile and Candida albicans. mSphere 1.

Tables

Table 1. Minimal inhibitory concentrations of PolC-inhibitors towards *C. difficile* stratified by clade.

Table 2. List of the genes most highly up- and down-regulated in the presence of HPUra compared to

non-treated cells.

Table 3. List of the genes most highly up- and down-regulated in the presence of ACX-362E compared to

non-treated cells.

Table 4. Plasmids and strains used in this study.

Table 5. Oligonucleotides and probes used in this study.

Figures

Figure 1. Mechanism of action of the PolC-inhibitors ACX-362E. A. Ternary complex of inhibitor ACX-

362E, DNA ,and PolC**. B.** H-bonding between inhibitor molecule ACX-362E and a cytosine residue of

DNA.

Figure 2. Minimal inhibitory concentrations of PolC-inhibitors. MIC was determined by agar dilution

according to CLSI standards (26) and is expressed in µg/mL. The distribution in the MIC for the collection

of clinical isolates (N=363) is given for the PolC-inhibitors HPUra (blue) and ACX-362E (red).

Figure 3. Overlap in the transcriptional response to different PolC-inhibitors. A. Venn diagram of the

number of genes up-regulated in the presence of ACX-362E (red), in the presence of HPUra (blue) or

under both conditions (overlapping region). **B.** Venn diagram of the number of genes down-regulated in

the presence of ACX-362E (red), in the presence of HPUra (blue) or under both conditions (overlapping

region). The size of the circles is proportional to the number of genes that showed differential

expression.

Figure 4. Genome location correlates with differential expression upon PolC inhibition. A. Schematic

representation of the chromosome of *C. difficile*. Higher than average GC skew ([G - C]/[G + C]) (red) and

lower than average GC skew (blue) were calculated with DNAplotter (72). Vertical lines indicate the

position of the predicted origin (*oriC*) and terminus (*terC*) of replication. Arrows indicate the direction of

replication. **B.** Sliding window analysis (bins of 51 loci, stepsize 1) of the median log fold change (FC)

projected on a linear genome map. The *oriC* of the circular chromosome is located on either size of the

linear graph (0/4.29Mb), whereas *terC* is indicated with a vertical red line. The trend in log(FC) is

highlighted using a green line. Light blue shading indicates the median absolute deviation of the mean

(23).

Figure 5. Polymerase inhibitors lead to an increase in *oriC:terC* ratio. A marker frequency analysis of

the effects of sub-inhibitory amounts of polymerase inhibitors (red; HPUra: 35 µg/mL; ACX-362E: 4

µg/mL) and three antibiotics with different modes of action (blue; metronidazole: 0.25 µg/mL;

fidaxomicin: 0.00125 ug/mL, surotomycin: 0.625 µg/mL) compared to non-treated cells (black).

Datapoints are averages of technical replicates (N=3). Black lines behind the datapoints indicate the

average of the biological replicates (N=3) and whiskers indicate the standard deviation of the mean.

Data have been normalized compared to the non-treated control. The mean of HPUra and ACX-362E

treated samples is statistically different from the other samples (p<0.0001).

Figure 6. The *sigB* operon is transiently induced upon exposure to ACX-362E. The putative promoter of

the *sigB* operon (41) was fused transcriptionally to a plasmid-based luciferase reporter (44). Luciferase

activity was measured regularly between 30 mins and 5.5h of growth in liquid medium in the presence

(+362E) or absence (no Ab) of polymerase inhibitor ACX-362E.

Figure 7. Genes differentially expressed due to polymerase inhibitors are regulated by σ^B. The putative

promoters of the indicated genes were fused transcriptionally to a plasmid-based luciferase reporter

(44). Luciferase activity was measured after 5 h of growth in liquid medium in the presence (+362E) or

absence (no Ab) of polymerase inhibitor ACX-362E. N.S. = non-significant, *=$p<0.05$, **=$p<0.005$,

***=$p<0.0005$, ****=$p<0.00005$. **A**. P_{CD350}-*sLuc*^{opt}. **B**. P_{CD2963}-*sLuc*^{opt} **C**. P_{CD3614}-*sLuc*^{opt} **D**. P_{CD3412}-*sLuc*^{opt}.

Supplemental information

Supplemental Table 1. Characteristics and minimal inhibitory concentrations of the clinical isolates used

in the agar dilution experiments.

Supplemental Table 2. Lists of the genes that are differentially expressed in the presence of PolC-

inhibitors compared to non-treated cells. **A**. HPUra differentially expressed genes. **B**. ACX-362E

differentially expressed genes.

Supplemental Table 3. Overlap with published σ^B regulon. **A**. σ^B -dependent stress response genes

differentially regulated in the ACX-362E dataset. **B**. Genes containing a σ^B consensus promoter

differentially regulated in the ACX-362E dataset.

Supplemental Figure 1. Inhibition of growth by varying concentrations of PolC-inhibitors.

Supplemental Figure 2. Chloramphenicol does not result in a gene dosage shift.

Supplemental Figure 3. Confirmation of the *sigB* mutant strain (IB56).

Supplemental information is also available from Figshare (10.6084/m9.figshare.7117463).

A. Figure 1

B. cytosine 362E (MorE-DCBG)

Figure 2

Figure 3

Figure 4

Figure 6