RexAB is essential for the mutagenic repair of *Staphylococcus aureus* DNA

damage caused by co-trimoxazole

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Abstract

Co-trimoxazole (SXT) is a combination therapeutic that consists of sulfamethoxazole and trimethoprim that is increasingly used to treat skin and soft-tissue infections caused by methicillin-resistant *Staphylococcus aureus* (MRSA). However, the use of SXT is limited to the treatment of low-burden, superficial *S. aureus* infections and its therapeutic value is compromised by the frequent emergence of resistance. As a first step towards the identification of approaches to enhance the efficacy of SXT, we examined the role of bacterial DNA repair in antibiotic susceptibility and mutagenesis. This revealed that SXT caused DNA damage in *S. aureus* via both thymidine limitation and the generation of reactive oxygen species. Then, using mutants defective for DNA repair, it was found that repair of this damage required the RexAB nuclease/helicase complex, indicating that SXT causes DNA double-strand breaks. Furthermore, RexAB-mediated DNA repair led to induction of the SOS response, which resulted in an increased mutation rate and may explain the frequent emergence of resistant strains during SXT therapy. In summary, this work determined that SXT causes DNA damage in *S. aureus* via both thymidine limitation and oxidative stress, which is repaired by the RexAB complex, leading to induction of the mutagenic SOS response. Small molecule inhibitors of RexAB could therefore have therapeutic value by increasing the efficacy of SXT and decreasing the emergence of drug-resistance during treatment of infections caused by *S. aureus*.

Introduction

Staphylococcus aureus is responsible for a wide spectrum of diseases ranging from superficial skin infections to life-threatening bacteraemia, endocartidis and toxic shock syndrome (1). Whilst β-lactam antibiotics such as oxacillin are first choice therapeutics for *S. aureus* infections, the prevalence of skin and soft tissue infections (SSTIs) caused by methicillin-resistant *S. aureus* (MRSA) strains has necessitated the use of second line therapeutics such as co-trimoxazole (SXT) (2, 3). SXT has several desirable properties including low cost, the availability of both oral and intravenous formulations and low host toxicity, making it an appealing treatment option (4).

SXT is a combination of two antibiotics; trimethoprim (TMP) and sulfamethoxazole (SMX) which target sequential steps in the tetrahydrofolate biosynthetic pathway (5). SMX inhibits dihydropteroate synthetase (DHPS), which prevents the production of dihydropteroic acid, while TMP binds and inhibits dihydrofolate reductase (DHFR), blocking the conversion of dihydrofolic acid to tetrahydrofolate (6). Since the production of tetrahydrofolate is essential for the biogenesis of thymidine, purines and some amino acids bacteria exposed to SXT will experience disrupted bacterial metabolism and stalled DNA replication (7).

Previous studies have reported that TMP-induced thymidine depletion contributes to bacterial cell death through stalled DNA replication forks, which together with the continued initiation of replication will result in DNA damage (8). However, one of the limitations of SXT as an antibiotic is that *S. aureus* can bypass SXT-mediated metabolic blockage by utilising exogenous thymidine released from damaged tissues (9). It is therefore hypothesised that the presence of thymidine at infection sites reduces the efficacy of SXT treatment in patients (10-12). As a consequence, SXT is only used for low burden superficial staphylococcal infections.

In addition to SXT-mediated DNA damage occurring via stalled replication forks, recent

work with *E. coli* has implicated the production of reactive oxygen species (ROS) and

maladaptive DNA repair in the bactericidal activity of this antibiotic (13). However, it is not

clear if this is specific to *E. coli* or represents a general mechanism of bactericidal activity for

many different bacteria.

SXT-mediated DNA damage triggers the SOS response, an inducible repair system that

enables bacteria to survive genotoxic stress (14, 15). Regulation of the SOS response is highly

conserved and occurs primarily via LexA, a transcriptional repressor of the SOS regulon (16).

When DNA damage occurs, RecA binds to single-stranded DNA (ssDNA) at the lesion site to

form a nucleoprotein filament which, i) facilitates DNA strand invasion that initiates repair by

homologous recombination, and ii) induces the autocleavage of LexA, resulting in

derepression of the SOS regulon (17). In *S. aureus*, it is believed that RecF assists RecA-binding

to ssDNA-gaps from single-nucleotide lesions (18). However, double-strand breaks (DSB) are

recognised by the AddAB complex (known as RexAB in *S. aureus*), which it binds and generates

a ssDNA overhang through its helicase/exonuclease activity. This ssDNA strand then serves as

the substrate for RecA-binding and activation of the SOS response (19).

The SOS-regulon of *S. aureus* consists of 16 LexA-regulated genes (17), including *recA*,

lexA and *umuC*, which encodes a low-fidelity DNA polymerase. UmuC catalyses translesion

DNA synthesis but lacks proofreading ability and permits DNA replication across unresolved

lesions which often introduces mutations. Such mutagenic DNA repair may be advantageous

to the pathogen by conferring resistance to antibiotics or adaptation to host stresses (17, 20).

For example, mutations in the genes encoding DHFR and DHPS confer resistance to TMP and

SMX respectively (21, 22). Therefore, exposure of *S. aureus* to SXT at concentrations that do

not kill the pathogen may promote the emergence of resistance via induction of the mutagenic

SOS response.

The prevalence of infections caused by drug-resistant pathogens necessitates new

therapeutic options. However, given the lack of investment into the development of new

antibiotics there is increasing interest in the development of therapeutics that enhance the

efficacy of existing antibacterial drugs or by-pass resistance (23, 24). However, such an

approach requires a thorough understanding of how antibiotics function and the mechanisms

used by bacteria to survive exposure to antibacterial drugs. Therefore, the aims of this work

were to identify the mechanisms by which SXT damages *S. aureus* DNA, the repair systems

that this pathogen uses to withstand this damage and the consequences of repair for the

emergence of resistance.

Materials and Methods

Bacterial strains and culture conditions

A full list of the bacterial strains used in this study is provided in Table 1. *S. aureus* was cultured

in either Tryptic Soy Broth (TSB) or Mueller Hinton Broth (MHB) supplemented with calcium

(25 mg/L) and magnesium (12.5 mg/L), to stationary phase for 18 h at 37 °C, with shaking (180

RPM). Culture media were supplemented with erythromycin (10 μg ml^{-1}) for growth of

transposon mutants, kanamycin (90 μg ml^{-1}) for growth of the *recA* reporter strains, or

anhydrotetracycline hydrochloride (AHT) (100 ng ml^{-1}) to induce expression of *rexBA* on

plasmids, as required (Table 1).

S. aureus SH1000 and JE2 mutants deficient for *rexB* were complemented using p*itet*

(25) containing the wildtype *rexBA* operon. Since insertion of the transposon into *rexB* is

expected to block the expression of the downstream *rexA* gene, the *rexB* mutants were

complemented with the entire *rexBA* operon. The p*itet* vector is a single-copy plasmid that

integrates into the *geh* locus of the *S. aureus* genome. It contains a tetracycline-inducible

promoter that was used to control *rexBA* gene expression. Primers containing the AvrII or

PmeI restriction sites (Table 2) were used to amplify the *rexBA* operon from USA300 JE2

genomic DNA. The PCR product and p*itet* vector were digested using AvrII and PmeI restriction

enzymes, ligated using T4 ligase and transformed into $CaCl_2$-competent *E. coli* DH5α cells.

Successful ligation of *rexBA* into p*itet* was confirmed with DNA sequencing. Plasmid DNA was

subsequently transformed into the DC10B *E. coli* strain which lacks cytosine methylation to

allow bypassing of the staphylococcal restriction-modification barrier (26) and allowed

successful electroporation into electrocompetent S*. aureus rexB* mutants in the JE2 and

SH1000 genetic backgrounds. Empty vector that did not contain the *rexBA* operon was used

as a control. Successful integration into the *S. aureus* genome was confirmed by PCR

amplification of the *geh* gene followed by DNA sequencing.

Minimum Inhibitory Concentration (MIC) Assay

The minimum inhibitory concentration was determined according to the broth microdilution

protocol described previously (27). Briefly, 95 µl aliquots of either MHB or TSB supplemented

with doubling concentrations of Co-trimoxazole (SXT), Trimethoprim (TMP) or

Sulfamethoxazole (SMX) ranging from 0.008 µg ml^{-1} to 512 µg ml^{-1} were prepared in wells of

96 well plates. In this study, the concentration of SXT was calculated based on the

concentration of TMP present within the combination therapeutic. Stationary phase cultures

of *S. aureus* were diluted and inoculated into the antibiotic-containing media to a final cell

density of 1 x 10^5 CFU ml^{-1}. For complemented mutants containing *rexBA* under the control of

the p*itet* promoter, the medium was supplemented with AHT (100 ng ml^{-1}) to induce gene

expression. Plates were incubated for 17 h at 37 °C before OD$_{600}$ readings were taken. The

MIC was determined as the lowest concentration of antibiotic required to cause growth

inhibition. To determine MICs under anaerobic conditions, 96 well plates were incubated in

anaerobic jars containing Anaerogen gas packs at 37 °C for 18 h.

SXT Killing Assay

Stationary phase *S. aureus* cultures were washed twice by alternate rounds of centrifugation

and resuspension in fresh MHB or TSB (3 ml) to a density of 2 x 10^{8} CFU ml^{-1} containing 4 µg

ml^{-1} SXT, the antibiotic clinical breakpoint concentration (28). Bacteria were incubated with

SXT at 37°C with shaking (180 RPM) and survival determined over time by quantification of

CFUs using the Miles and Misra method, which consists of serial dilution followed by plating

onto agar plates to enable the enumeration of colonies (29). Data were converted to %

survival by comparing CFU counts at specific time points with the starting inoculum. To

investigate SXT-mediated killing under anaerobic conditions, washed stationary phase

cultures were inoculated into pre-reduced broth in bijoux tubes supplemented with 4 µg ml^{-1}

SXT, and incubated statically at 37 °C with the vessel caps loosened in an anaerobic jar

containing an Anaerogen gas pack. The growth of *S. aureus* strains in TSB, under aerobic or

anaerobic conditions was examined using a similar protocol using TSB or MHB without

antibiotics.

Disc-diffusion Assay

Stationary phase *S. aureus* cultures were adjusted to an OD$_{600}$ of 0.063 (0.5 McFarland) in TSB

and used to inoculate TSA plates using a cotton wool swab. Antibiotic discs containing 2.5 µg

of either SXT or TMP (Oxoid) were placed onto the inoculated agar and incubated at 37 °C

under aerobic or anaerobic conditions and incubated at 37 °C for 17 h. The zone of inhibition

was measured as the total diameter of the cleared bacterial lawn, minus the diameter of the

antibiotic disc.

Mutation rate analyses

Mutation rates were determined as described previously (20, 30). Briefly, 30 parallel cultures

of *S. aureus* were used for each condition or strain in bijoux tubes containing 1 ml TSB

inoculated with *S. aureus* at ~ 5 x 10^5 CFU ml^{-1} and incubated with or without 0.05 µg ml^{-1} or

0.1 µg ml^{-1} SXT with shaking at 37 °C for 24 h. After incubation, 10 cultures were selected at

random, and total CFU counts determined through serial dilution in PBS followed by plating

onto TSA plates. Subsequently, 100 µl of each of the 30 undiluted cultures were spread on TSA

plates containing rifampicin (100 µg ml^{-1}) before incubation at 37 °C for 24 h. The number of

rifampicin-resistant colonies on each plate were counted, and the mutation rate with 95%

confidence intervals calculated using the maximum-likelihood setting of the FALCOR mutation

rate calculator (30). Since these assays were done in the presence of SXT it was important to

use rifampicin resistance (rather than SXT resistance) to measure the mutation rate to avoid

selecting for resistance emergence. Rifampicin resistance is a well-established marker for

mutation-rate analysis and is not selected for or against under the conditions used.

***recA*-reporter assay**

Induction of the SOS response in *S. aureus* in response to SXT exposure was determined

through the use of strains containing a *recA-gfp* reporter construct. These were generated by

transforming *S. aureus* with pCN34 containing the *recA* promoter upstream of *gfp*. Primers,

detailed in Table 2, were used to amplify the *recA* promoter region (sequence detailed in (14)

from JE2 wildtype genomic DNA, and the *gfp* gene from the pCL55 P3 GFP plasmid (31). These

products were combined by overlapping extension PCR using primers 'PrecA-F BamHI' and

'GFP-R KpnI', digested with BamHI and KpnI (relevant restriction sites incorporated into

amplicon primers), and ligated into phosphatase-treated, BamHI and KpnI digested low copy

shuttle vector pCN34. Empty vector without the *recA-gfp* construct served as a control. The

recA-gfp pCN34 vectors were constructed in *E. coli* DC10B and confirmed by sequencing.

Cultures of DC10B containing the *recA-gfp* pCN34 vector and empty vector were cultured in

LB broth supplemented with ampicillin (100 µg/ml) to select for plasmid maintenance. Using

methods described in (26), *recA-gfp* and empty vectors were transformed directly with into *S.*

aureus WT JE2 and the *rexB*::Tn mutant. Reporter strains were grown in the presence of 90

µg/ml of kanamycin to maintain the plasmid.

Stationary phase cultures of *recA-gfp* reporter strains were pelleted by centrifugation,

washed twice, and resuspended in TSB supplemented with kanamycin (90 µg ml^{-1}). Cultures at

~ 3.33 x 10^8 CFU ml^{-1} were exposed to a range of SXT concentrations (0.01 µg ml^{-1} to 8 µg ml^{-1}

^{1}) in black-walled microtiter plates. These were incubated, with shaking, at 37 °C for 17 h in a

TECAN Infinite® 200 PRO microplate reader, where OD$_{600}$ and GFP relative fluorescent units

(RFU) (Excitation: 475 nm; Emission: 525 nm) was measured every 1000 seconds. The values

were blanked against values generated from uninoculated wells, and GFP fluorescence was

normalised to OD$_{600}$ readings to determine *recA* expression levels.

Endogenous ROS production

Production of ROS was detected using the cell permanent 2',7'-dichlorodihydrofluorescein

diacetate dye (H$_2$DCFDA), which is converted to fluorescent DCF by oxidative cleavage of

acetate groups (32). A 96 well microtitre plate assay was prepared in a similar format to the

recA-gfp reporter assay, with the addition of 25 µM H_2DCFDA and various concentrations of

SXT. Wildtype and *rexB*::Tn mutant strains were washed and inoculated at ~ 3.33×10^8 CFU

ml^{-1}. Plates were incubated with shaking at 37 °C as described previously, and OD_{600} and

fluorescence (Excitation: 495 nm; Emission: 525nm) was measured every 1000 s. OD_{600} values

were blanked against uninoculated wells, and fluorescence data was blanked to untreated

wells. Fluorescent values were normalised to OD_{600} readings to determine production of ROS

relative to cell number.

Statistical Analysis

Means or medians were calculated from at least three biologically independent replicates and

analysed by Student's t test (two tailed, unpaired, assuming equal variances), One-way ANOVA

or Two-way ANOVA corrected for multiple comparison using GraphPad Prism (V7.0) as

described in the figure legends. MIC-bar graphs show the median value. All remaining graphs

were plotted to show mean ± S.E.M. Error bars were omitted on *recA*-reporter data for clarity.

Results

Inactivation of *rexB* sensitises *S. aureus* to SXT

To investigate the role of bacterial DNA repair in the susceptibility of *S. aureus* to SXT, a panel

of *S. aureus* transposon mutants were subjected to MIC and disc diffusion susceptibility tests,

including SXT and its constituent antibiotics, TMP and SMX. These mutants lacked components

of DNA repair (*rexA, rexB*, *recF*, *umuC* and *dinB*) previously shown to contribute to the repair

of damage caused by the quinolone antibiotic ciprofloxacin, or acting as controls (20). Mutants

in two distinct genetic backgrounds were used in this study; SH1000, a well-established

laboratory strain, and JE2, a community-associated methicillin-resistant *S. aureus* (CA-MRSA)

strain of the USA300 lineage, responsible for severe skin infections that are often treated with

SXT (3, 33).

The MIC values for both the SH1000 and JE2 wild-type (WT) strains indicated

susceptibility to SXT and TMP (< 2 μg ml^{-1}), but resistance to SMX (>512 μg ml^{-1}) based on

EUCAST breakpoints for *S. aureus* [EUCAST, 2019] (Fig. 1A). Disruption of *rexB* in both JE2 and

SH1000 strains lowered the MIC of SXT and TMP by 2-4-fold and 16-fold for SMX, whilst

complementation of the *rexB* mutant either fully or partially restored wild-type levels of

susceptibility to each of the antibiotics (Fig. 1A). The mutant lacking *recF* in the JE2 strain was

also more susceptible than the WT to all three antibiotics, but the disruption of *dinB* or *umuC*

only resulted in a slightly increased susceptibility to SXT but not TMP or SMX.

Consistent with the MIC data, disc diffusion assays with both JE2 and SH100 strains

showed that inactivation of *rexB* significantly increased the susceptibility of *S. aureus* to SXT

and TMP, relative to the WT (Fig. 1B,C). Complementation of the *rexB* mutant with (p*rexBA*)

reduced susceptibility close to WT levels, confirming the role of the RexAB complex (Fig. 1B,C).

By contrast, inactivation of *dinB or umuC* did not significantly increase zone sizes for either

antibiotic (Fig. 1B,C). However, the *recF*-deficient mutant showed an increase in susceptibility

to TMP in the JE2 strain (Fig. 1C), indicating that both *rexBA* and *recF* contribute to the repair

of DNA damage caused by TMP.

The finding that RexAB and RecF reduced the susceptibility of *S. aureus* to SXT

confirmed that DNA repair modulated susceptibility to SXT and prompted us to undertake a

screen of mutants with disrupted copies of *recJ*, *uvrA*, *uvrB*, *nth*, *mutS*, *mutL*, *sbcC* or *sbcD,* to

identify any additional repair processes that might be involved. However, none of these

mutants had a SXT MIC that was different from that of the wild-type.

Having established that staphylococcal DNA repair reduced the growth-inhibitory

activity of SXT, we next investigated its role in the survival of *S. aureus* exposed to the

breakpoint concentration of the antibiotic (4 µg ml^{-1}) (EUCAST, 2019). There was a 20-fold

reduction in survival over 24 h for the JE2 strain (Fig. 1D), indicating a relatively high level of

tolerance to SXT at this concentration. Similar levels of survival were seen for mutants lacking

umuC or *dinB* in the JE2 background (Fig. 1D). By contrast, survival of the *recF* mutant was

reduced by >20-fold, relative to the WT, indicating increased susceptibility. Most notably

however, the *rexB* mutant showed >5000-fold reduction in CFU counts relative to the WT at

24 h. Complementation of the *rexB* mutant increased survival 10-fold relative to a plasmid

only control (Fig. 1E). Subsequent experiments with the SH1000 confirmed a role for *rexBA* in

modulating susceptibility of *S. aureus* to SXT. There was a 12-fold greater loss of CFU counts

of the *rexB* mutant relative to WT (Fig. 1F). However, similar to what was seen for the MIC

assays, complementation of the *rexB* mutant with p*rexBA* restored survival levels close to

those of the WT (Fig. 1F). Combined, these findings indicate that SXT causes DNA double-

strand breaks in *S. aureus*, the repair of which by RexAB significantly promotes staphylococcal

survival during exposure to the antibiotic.

Thymidine limitation contributes to SXT-mediated DNA damage

Inhibition of folate biosynthesis by SXT results in abrogation of endogenous thymidine

biosynthesis (34), which could provide an explanation for the DNA damage phenotype

described above (Fig. 1). In support of this, previous studies have reported that the *in vitro*

inhibitory activity of TMP and SXT is inversely proportional to the availability of thymidine in

the culture medium (10, 35). The presence of exogenous thymidine allows *S. aureus* to

continue with canonical DNA synthesis and allow effective DNA repair to occur, despite SXT-

mediated inhibition of tetrahydrofolate production (13).

The experiments detailed thus far were performed in Tryptic Soy Broth (TSB), which

contains a low concentration of thymidine (0.25 µM, (35)). To investigate the influence of

exogenous thymidine on SXT activity in our assays, the growth of WT and *rexB* mutant strains

was determined in TSB supplemented with doubling dilutions of SXT and thymidine via

chequerboard assays (Fig. 2A-D). As expected, the presence of high concentrations of

thymidine enabled growth of WT strains of both JE2 and SH1000 at higher concentrations of

SXT (35) (Fig. 2A,C).

Given the thymidine-dependent activity of SXT, different culture media compositions

may greatly affect antibiotic susceptibility (10, 35). For example, Mueller-Hinton Broth (MHB),

the gold standard medium for antibiotic susceptibility testing, contains >16-fold more

thymidine than TSB (35). Therefore, similar susceptibility tests were undertaken using this

medium. Consistent with the checkerboard data, the efficacy of SXT in MHB was reduced

relative to TSB, with detectable bacterial growth of both WT strains observed even at high

concentrations of SXT, most likely due to the increased levels of thymidine (Fig. 2E,F).

To explore the effect of exogenous thymidine on the bactericidal activity of SXT, time-

course killing assays were undertaken using MHB. As expected from the MIC assays, and by

contrast to assays done in TSB (Fig. 1D) there was almost no killing of the *S. aureus* JE2 WT

strain by SXT (4 µg ml^{-1}) in MHB over 24 h (Fig. 2G). Similarly high levels of survival were

observed for the *dinB*, *umuC* and *recF* mutants (Fig. 2G). By contrast, survival of the *rexB*

mutant in MHB containing SXT was >2000-fold lower than that of the WT, despite the

presence of exogenous thymidine (Fig. 2G). As for TSB, complementation of the *rexB* mutant

(p*rexBA*) significantly promoted survival in MHB containing SXT, relative to a plasmid only

control (Fig. 2H). Similar results were seen for the SH1000 strain, with the WT surviving in MHB

containing SXT (4 µg ml⁻¹), whilst viability of the *rexB* mutant was reduced >6000-fold relative

to the inoculum (Fig. 2I). As for the JE2 strain, complementation of the SH1000 *rexB* mutant

significantly promoted survival (> 10-fold) (Fig. 2I).

Combined, these data demonstrate that the RexAB DNA repair complex is required for

the survival of *S. aureus* exposed to SXT, even when thymidine is available, suggesting that

thymidine limitation is not the only mechanism by which this antibiotic damages bacterial

DNA.

Inactivation of *rexB* sensitises *S. aureus* to SXT-mediated growth inhibition but not killing

under anaerobic conditions

It was recently reported that TMP exposure increases the production of reactive oxygen

species (ROS) by *E. coli*, which together with incomplete DNA repair contributes to bacterial

cell death (13). Therefore, we hypothesised that SXT-mediated DNA damage could occur via

stalled DNA synthesis caused by inhibition of thymidine production and via the generation of

ROS.

To examine whether the production of ROS contributes to SXT activity against *S.

aureus*, the susceptibility of WT and DNA repair mutants to the antibiotic was determined

under both aerobic and anaerobic conditions in low-thymidine TSB. In the absence of oxygen,

the MIC of WT *S. aureus* was increased 4-fold for both JE2 and SH1000 strains (Fig. 3A). By

contrast, the SXT MIC of the JE2 *rexB* mutant only doubled under anaerobic conditions, whilst

the MIC of the SH1000 *rexB* mutant was unaffected by the presence of oxygen (Fig. 3A). To

explore this further, zone of inhibition assays were done under aerobic and anaerobic

conditions. Zones of inhibition were significantly reduced in the absence of oxygen for all

strains and mutants, implying reduced susceptibility (Fig. 3B). However, despite the reduced

antibiotic activity of SXT under anaerobic conditions, the *rexBA* mutants were still more

susceptible than the corresponding WT, with >10 and 2.5-fold greater zone sizes for JE2 and

SH1000 strains respectively (Fig. 3B).

The elevated susceptibility of the *rexB* mutant to SXT under both aerobic and anaerobic

conditions indicated that thymidine limitation causes double-strand breaks via a process that

is promoted by, but not dependent upon, the presence of oxygen.

Next, we assessed the contribution of ROS to the bactericidal activity of SXT. In

contrast to assays done in air, none of the strains examined were killed by SXT (4 μg ml^{-1})

under anaerobic conditions (Fig. 3C,D). However, whilst the WT strains was able to grow

slightly under these conditions, SXT prevented growth of the *rexB* mutants >2- fold by 24 h

post inoculation (Fig. 3C,D). The ability of the WT strains to grow in the presence of an SXT

concentration above the MIC likely reflects the 1000-fold larger inoculum used in time kill

experiments compared to MIC assays (36-38). Complementation of the *rexB* mutant, but not

the empty vector, rescued SXT mediated growth inhibition for both strains at 24 h (Fig. 3C,D).

Therefore, SXT exposure causes bacteriostasis in the *rexBA* mutant but not the WT under

anaerobic conditions.

The reduced activity of SXT under anaerobic conditions suggested that ROS make an

important contribution to the bactericidal activity of the antibiotic. Therefore, H$_2$DCFDA dye,

which is converted to the fluorescent 'DCF' in the presence of ROS, was added to growth

inhibition assays (Fig. 3E,F) to quantify and study the kinetics of ROS production during

incubation under aerobic conditions. SXT induced clear concentration dependent inhibition

growth for both the JE2 WT and *rexB* mutant (Fig. 3E,F). When these data were used to

normalise to the relative cell density, SXT also induced a dose-dependent fluorescent peak at

4 h post inoculation for both WT and *rexBA* mutant strains in the JE2 background (Figures 3G

and 3H), indicative of the generation of ROS in response to the antibiotic. A second peak in

ROS production after 13 h is apparent at lower concentrations of SXT as cells reach stationary

phase, which is likely a result of the bacterial starvation response, which is associated with

increased endogenous oxidative stress (39).

Combined, these data provide strong evidence that SXT-induces ROS that contribute

to the growth inhibitory activity of the antibiotic and are essential for the bactericidal activity

of the drug. Furthermore, these findings provide evidence that SXT triggers similar levels of

oxidative stress in both WT and *rexB* mutant, indicating that the increased susceptibility of the

mutant to the antibiotic is due to an inability to repair damage, rather than increased

generation of ROS.

RexAB is required for SXT-triggered induction of the SOS response

The SOS response is a DNA damage-inducible regulon that includes several genes that

encode DNA repair components and is regulated by RecA and LexA (17). Consistent with our

findings that SXT causes DNA damage in *S. aureus*, previous work has shown that TMP triggers

recA expression, which is indicative of induction of the SOS response (14). This is important

because the SOS response increases the mutation rate, promoting the likelihood of drug

resistance emerging, which is a frequent limitation of SXT therapy (17, 40-42).

Since RexAB was important for the repair of DNA damage caused by SXT, we wanted

to determine how the complex affected the induction of the SOS response. To investigate this,

we used *S. aureus* JE2 WT and *rexB* mutant strains containing a *recA-gfp* reporter construct

(p*recA*-gfp) to measure induction of the SOS response (Fig. 4).

Irrespective of thymidine concentration, SXT induced a dose dependent inhibition of

growth for both the JE2 WT and *rexB* mutant (Fig. 4A-D). In low-thymidine TSB, SXT exposure

resulted in a dose-dependent increase in GFP signal from the p*recA*-gfp reporter construct in

the *S. aureus* WT strain (Fig. 4E), which peaked at about 4 h and then subsided before a the

signal slowly increased once more as the bacteria entered stationary phase, presumably due

to SOS induction in response to internal DNA-damaging events as a consequence of nutrient

limitation and other metabolic stresses (39, 43).

The temporal profile of *recA* expression is similar to that observed for ROS production

by WT *S. aureus* in response to SXT (Fig. 3G), providing additional evidence that antibiotic-

induced oxidative stress contributes to DNA damage. However, although SXT also triggered

ROS production in the *rexB* mutant (Fig. 3H), the antibiotic did not induce *recA* expression in

this strain (Fig. 4F), revealing that RexAB is required for activation of the SOS response under

these conditions.

In contrast to experiments done in TSB, *recA* was only weakly expressed during

exposure to SXT in high-thymidine MHB (Fig. 4D), which is in keeping with the reduced activity

of the antibiotic in this medium (Fig. 2E,F). Consistent with the data from studies in TSB, there

was a lack of *recA* expression in the JE2 *rexB* mutant in response to SXT in MHB (Fig. 4E).

RexAB is required for SXT-induced mutagenic DNA repair

De-repression of the SOS regulon leads to expression of the error-prone translesion DNA

polymerase UmuC, which catalyses mutagenic DNA repair that contributes to the acquisition

of antibiotic resistance (17, 20).

To assess whether SXT promoted SOS-dependent mutagenesis in *S. aureus*, JE2 WT

and DNA-damage repair mutants were exposed to sub-inhibitory concentrations of SXT in low-

thymidine TSB. The resulting mutation rate was calculated by fluctuation analysis using the

emergence of rifampicin resistance, which occurs via point mutations in the *rpoB* gene

encoding the RNA polymerase β-subunit (30, 44). Since the *rexBA* mutant was more

susceptible to SXT treatment than the wild-type, only a very low concentration of the

antibiotic (0.05 μg ml^{-1}, 0.2 x MIC of the mutant) could be used in mutation rate analyses with

this strain. However, even at this concentration, SXT treatment resulted in an increase in the

mutation rate of WT *S. aureus* (Fig. 5A). By contrast to the WT, SXT exposure did not increase

the mutation rate of the *rexB* mutant, consistent with the inability of the antibiotic to trigger

induction of the SOS response in this strain (Fig. 4B, 5A).

To determine whether the SXT-mediated increase in the mutation rate was due to

induction of the SOS response, we exposed the WT and mutants lacking *umuC* or *dinB* (an

error prone polymerase that is not part of the SOS response in *S. aureus*; (17) to SXT at 0.2 x

MIC of the mutants (0.1 μg ml^{-1}). Consistent with the *recA* reporter data, the higher

concentration of SXT used in these experiments promoted the mutation rate of the WT strain

to a greater extent than the lower dose (Fig. 4A, 5A,B). SXT caused a similar increase in the

mutation rate of the *dinB* mutant but had no effect on the mutation rate of the *umuC* mutant

(Fig. 5B).

Taken together, these data demonstrate that SXT exposure results in RexAB-

dependent induction of the SOS response in *S. aureus*, which triggers UmuC-dependent

mutagenic DNA repair that promotes the rate at which antibiotic resistance arises.

Discussion

Multi-drug resistance in *S. aureus* is a major global health concern associated with high treatment failure rates (45). Many second or third-line treatments such as vancomycin or daptomycin can lack efficacy, require intravenous administration and are toxic (12). By contrast, SXT is a safe and orally administered antibiotic that is effective in the treatment of skin and soft tissue infections caused by MRSA (4). However, the efficacy of this antibiotic is limited by the pathogens' ability to by-pass SXT-mediated inhibition of folate biosynthesis, either via the uptake of metabolites from the environment or by the frequent acquisition of resistance-conferring mutations (9). Therefore, it is hoped that an improved understanding of SXT and its mechanism of action will to enable the development of novel approaches aimed at expanding the therapeutic use of this antibiotic and reducing the frequency at which resistance emerges.

Although poorly characterised, the bactericidal effect of SXT has been ascribed to DNA damage, which leads to the induction of the SOS response in bacterial cells (14, 15). The data we present here support DNA damage as a central component of the mechanism of SXT bactericidal activity in *S. aureus* and highlight the key role of RexAB in combatting this genotoxicity. In contrast to the WT, mutants defective for *rexB* were significantly more susceptible to SXT in both growth inhibition and killing assays.

RexAB is proposed to be a member of the AddAB family of DNA repair enzymes required for the processing of DNA double strand breaks on the basis of protein sequence identity (19, 20, 46). Therefore, the increased susceptibility of *rexB* mutants to SXT indicate that DNA DSBs are caused by the antibiotic and are lethal if not repaired. Additional evidence that SXT causes DNA damage in *S. aureus* came from analysis of the *recF* mutant, which was more susceptible to the antibiotic than the WT, albeit to a lesser extent than the *rexB* mutant.

The function of RecF has been ascribed to the repair of DNA lesions that arise from DNA single-

strand gaps. However, whilst this function is well established in canonical model organisms

for bacterial DNA damage repair, including *E. coli* and *Bacillus subtilis*, the evidence that

supports RecF performing a similar function in *S. aureus* is less strong (18). Therefore, a greater

understanding of how RecF repairs damage in staphylococci will provide insight into the type

of DNA damage caused by SXT in *S. aureus*. Whilst we didn't see increased SXT susceptibility

for any of the other mutants examined in MIC assays, this doesn't imply that other types of

DNA damage don't occur, simply that they don't contribute to bacterial growth inhibition. This

finding does imply however, that DNA repair does not contribute to the lethality of SXT, as has

been reported for trimethoprim-mediated killing of *E. coli* (13).

The discovery that *S. aureus* is more susceptible to SXT when incubated in thymidine-

poor medium is in keeping with previous reports, which suggest that thymidine depletion

makes a crucial contribution to the lethality of SXT (15, 35). Specifically, nucleotide imbalance,

caused by thymidine depletion, can result in the collapse of replication forks during DNA

synthesis, which can lead to DNA DSBs (8). In support of this, we observed SOS induction under

thymidine-limited but not thymidine-replete conditions. This has important implications for

the efficacy of SXT-treatment since elevated thymidine concentrations are often observed in

human tissues containing necrotic cells or neutrophil extracellular traps (9, 47). To acquire this

thymidine, *S. aureus* expresses DNase to break down DNA and NupC, a nucleoside transporter

that has been shown to support the growth of *S. aureus* during SXT exposure by enabling the

uptake of extracellular thymidine (48, 49). The presence of thymidine and other folate-

dependent metabolites including serine, methionine and glycine in host tissues modulate the

susceptibility of SXT-treated cells and restrict the types of infection that can be treated with

this antibiotic (9). However, whilst the presence of thymidine reduced the susceptibility of the

WT to SXT, there was still a very large reduction in CFU counts of the *rexB* mutant exposed to

the antibiotic, suggesting that thymidine limitation is not the only element responsible for

DNA damage in *S. aureus*.

In agreement with several reports that bactericidal antibiotics, including TMP, exert

part of their antibacterial effect via the generation of ROS (13, 50), we determined that the

bactericidal effect of SXT against *S. aureus* is dependent upon the availability of oxygen. This

was evident by the complete lack of bacterial killing under anaerobic conditions and suggests

that ROS-mediated DNA damage makes a greater contribution to the bactericidal activity of

SXT than the inhibition of DNA-synthesis caused by thymidine depletion in aerobic conditions.

Antibiotic-induced oxidative stress increases the intracellular level of 8-

oxodeoxyguanosine (8 -oxo-dG), which is incorporated into DNA, and paired with

deoxycytidine or deoxyadenosine (51). Incomplete repair of DNA-incorporated 8-oxo-dG can

lead to DSB in *E. coli*, which contributes to the lethality of TMP (13). Additional experiments

using mutants defective for the repair of 8-oxo-dG are needed to determine whether a similar

mechanism mediates the genotoxicity of SXT in *S. aureus* under aerobic conditions. However,

whilst ROS clearly make an important contribution to the bactericidal activity of SXT, the

increased susceptibility of the *rexB* mutant to this antibiotic under anaerobic conditions

confirms that DNA damage can occur independently of ROS. This may explain why there are

phenotypic differences in the effects of SXT exposure and thymineless death observed in *thyA*

mutants deprived of thymine (13).

One drawback of SXT is the frequent emergence of resistance during long-term

therapy (52). In keeping with the induction of the SOS response, exposure of *S. aureus* to sub-

inhibitory concentrations of SXT was found to increase the mutation rate via UmuC, a low-

fidelity DNA polymerase, previously shown to mediate mutagenic DNA repair of bacteria

exposed to ciprofloxacin or H_2O_2 (20). Similar to what has been reported for ciprofloxacin and

H_2O_2, SXT-induced increases in the mutation rate was dependent upon RexAB (20). Therefore,

the processing of DNA DSBs by RexAB is central to the survival of *S. aureus* exposed to SXT as

well as SOS-mediated increases in the mutation rate associated with drug resistance.

In summary, our data demonstrate that SXT causes DNA damage in *S. aureus*

via thymidine depletion and ROS generation, the repair of which enables bacterial survival and

leads to induction of the SOS-mediated increase in the mutation rate and the emergence of

drug-resistance. The identification of RexAB as central to both SXT susceptibility and SOS

induction suggests that this protein complex is a promising target for novel therapeutic

approaches that could improve the efficacy of SXT and reduce the emergence of resistance.

Such an approach may also increase the range of MRSA infections that could be treated with

SXT.

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References

1. Tong SY, Davis JS, Eichenberger E, Holland TL, Fowler VG. 2015. *Staphylococcus aureus* infections: epidemiology, pathophysiology, clinical manifestations, and management. Clinical microbiology reviews 28:603-661.

2. Cenizal MJ, Skiest D, Luber S, Bedimo R, Davis P, Fox P, Delaney K, Hardy RD. 2007. Prospective randomized trial of empiric therapy with trimethoprim-sulfamethoxazole or doxycycline for outpatient skin and soft tissue infections in an area of high prevalence of methicillin-resistant *Staphylococcus aureus*. Antimicrobial agents and chemotherapy 51:2628-2630.

3. Liu C, Bayer A, Cosgrove SE, Daum RS, Fridkin SK, Gorwitz RJ, Kaplan SL, Karchmer AW, Levine DP, Murray BE. 2011. Clinical practice guidelines by the Infectious Diseases Society of America for the treatment of methicillin-resistant *Staphylococcus aureus* infections in adults and children. Clinical infectious diseases 52:e18-e55.

4. Bowen AC, Carapetis JR, Currie BJ, Fowler Jr V, Chambers HF, Tong SY. Sulfamethoxazole-Trimethoprim (Cotrimoxazole) for Skin and Soft Tissue Infections Including Impetigo, Cellulitis, and Abscess, p ofx232. *In* (ed), Oxford University Press US,

5. Minato Y, Dawadi S, Kordus SL, Sivanandam A, Aldrich CC, Baughn AD. 2018. Mutual potentiation drives synergy between trimethoprim and sulfamethoxazole. Nature communications 9:1003.

6. Hitchings GH. 1973. Mechanism of action of trimethoprim-sulfamethoxazole—I. Journal of Infectious Diseases 128:S433-S436.

7. Harvey R, Dev I. 1975. Regulation in the folate pathway of *Escherichia coli*. Advances in enzyme regulation 13:97-124.

8. Khodursky A, Guzmán EC, Hanawalt PC. 2015. Thymineless death lives on: new insights into a classic phenomenon. Annual review of microbiology 69:247-263.

9. Goldstein EJ, Proctor RA. 2008. Role of folate antagonists in the treatment of methicillin-resistant *Staphylococcus aureus* infection. Clinical Infectious Diseases 46:584-593.

547   10.   Jones C, Stevens D, Ojo O. 1987. Effect of minimal amounts of thymidine on activity of

548   trimethoprim-sulfamethoxazole against *Staphylococcus epidermidis*. Antimicrobial agents and

549   chemotherapy 31:144-147.

550   11.   Indiveri MC, Hirsh DC. 1992. Tissues and exudates contain sufficient thymidine for growth of

551   anaerobic bacteria in the presence of inhibitory levels of trimethoprimsulfamethoxazole.

552   Veterinary microbiology 31:235-242.

553   12.   Lee Y-J, Dai N, Walsh SE, Müller S, Fraser ME, Kauffman KM, Guan C, Corrêa IR, Weigele PR.

554   2018. Identification and biosynthesis of thymidine hypermodifications in the genomic DNA of

555   widespread bacterial viruses. Proceedings of the National Academy of Sciences:201714812.

556   13.   Giroux X, Su W-L, Bredeche M-F, Matic I. 2017. Maladaptive DNA repair is the ultimate

557   contributor to the death of trimethoprim-treated cells under aerobic and anaerobic

558   conditions. Proceedings of the National Academy of Sciences 114:11512-11517.

559   14.   Mesak LR, Miao V, Davies J. 2008. Effects of subinhibitory concentrations of antibiotics on SOS

560   and DNA repair gene expression in *Staphylococcus aureus*. Antimicrobial agents and

561   chemotherapy 52:3394-3397.

562   15.   Sangurdekar DP, Zhang Z, Khodursky AB. 2011. The association of DNA damage response and

563   nucleotide level modulation with the antibacterial mechanism of the anti-folate drug

564   trimethoprim. BMC genomics 12:583.

565   16.   Michel B. 2005. After 30 years of study, the bacterial SOS response still surprises us. PLoS

566   biology 3:e255.

567   17.   Cirz RT, Jones MB, Gingles NA, Minogue TD, Jarrahi B, Peterson SN, Romesberg FE. 2007.

568   Complete and SOS-mediated response of *Staphylococcus aureus* to the antibiotic ciprofloxacin.

569   Journal of bacteriology 189:531-539.

570   18.   Alonso J, Fisher L. 1995. Nucleotide sequence of the *recF* gene cluster from *Staphylococcus*

571   *aureus* and complementation analysis in *Bacillus subtilis recF* mutants. Molecular and General

572   Genetics MGG 246:680-686.

573   19.   Wigley DB. 2013. Bacterial DNA repair: recent insights into the mechanism of RecBCD, AddAB

574   and AdnAB. Nature Reviews Microbiology 11:9.

575   20.   Painter KL, Strange E, Parkhill J, Bamford KB, Armstrong-James D, Edwards AM. 2015.

576   *Staphylococcus aureus* adapts to oxidative stress by producing H2O2-resistant small colony

577   variants via the SOS response. Infection and immunity:IAI. 03016-14.

578   21.   Dale GE, Broger C, D'Arcy A, Hartman PG, DeHoogt R, Jolidon S, Kompis I, Labhardt AM, Langen

579   H, Locher H. 1997. A single amino acid substitution in *Staphylococcus aureus* dihydrofolate

580   reductase determines trimethoprim resistance 1. Journal of molecular biology 266:23-30.

581   22.   Hampele IC, D'Arcy A, Dale GE, Kostrewa D, Nielsen J, Oefner C, Page MG, Schönfeld H-J, Stüber

582   D, Then RL. 1997. Structure and function of the dihydropteroate synthase from *Staphylococcus

583   aureus*1. Elsevier.

584   23.   Gill EE, Franco OL, Hancock RE. 2015. Antibiotic adjuvants: diverse strategies for controlling

585   drug-resistant pathogens. Chemical biology & drug design 85:56-78.

586   24.   Wright GD. 2016. Antibiotic adjuvants: rescuing antibiotics from resistance. Trends in

587   Microbiology 24:862-871.

588   25.   Grundling A, Schneewind O. 2007. Genes required for glycolipid synthesis and lipoteichoic acid

589   anchoring in *Staphylococcus aureus*. J Bacteriol 189:2521-30.

590   26.   Monk IR, Shah IM, Xu M, Tan M-W, Foster TJ. 2012. Transforming the untransformable:

591   application of direct transformation to manipulate genetically *Staphylococcus aureus* and

592   *Staphylococcus epidermidis*. MBio 3:e00277-11.

593   27.   Wiegand I, Hilpert K, Hancock RE. 2008. Agar and broth dilution methods to determine the

594   minimal inhibitory concentration (MIC) of antimicrobial substances. Nature protocols 3:163.

595   28.   EUCAST. 2019. The European Committee on Antimicrobial Susceptibility Testing. Breakpoint

596   tables   for   interpretation   of   MICs   and   zone   diameters.   Version   9.0,   2019.

597   http://www.eucast.org.

598   29.   Miles AA, Misra S, Irwin J. 1938. The estimation of the bactericidal power of the blood.

599   Epidemiology & Infection 38:732-749.

600   30.   Hall BM, Ma C-X, Liang P, Singh KK. 2009. Fluctuation AnaLysis CalculatOR: a web tool for the

601   determination of mutation rate using Luria–Delbrück fluctuation analysis. Bioinformatics

602   25:1564-1565.

603   31.   James EH, Edwards AM, Wigneshweraraj S. 2013. Transcriptional downregulation of *agr*

604   expression in *Staphylococcus aureus* during growth in human serum can be overcome by

605   constitutively active mutant forms of the sensor kinase AgrC. FEMS microbiology letters

606   349:153-162.

607   32.   Wang H, Joseph JA. 1999. Quantifying cellular oxidative stress by dichlorofluorescein assay

608   using microplate reader. Free Radic Biol Med 27:612-6.

609   33.   Pate AJ, Terribilini RG, Ghobadi F, Azhir A, Barber A, Pearson JM, Kalantari H, Hassen GW. 2014.

610   Antibiotics for methicillin-resistant *Staphylococcus aureus* skin and soft tissue infections: the

611   challenge of outpatient therapy. Am J Emerg Med 32:135-8.

612   34.   Wormser GP, Keusch GT, Heel RC. 1982. Co-trimoxazole (trimethoprim-sulfamethoxazole): an

613   updated review of its antibacterial activity and clinical efficacy. Drugs 24:459-518.

614   35.   Koch AE, Burchall JJ. 1971. Reversal of the antimicrobial activity of trimethoprim by thymidine

615   in commercially prepared media. Applied microbiology 22:812-817.

616   36.   Marks MI, Weinmaster G. 1975. Influences of media and inocula on the in vitro susceptibility

617   of *Haemophilus influenzae* to co-trimoxazole, ampicillin, penicillin, and chloramphenicol.

618   Antimicrobial agents and chemotherapy 8:657-663.

619   37.   Najjar A, Murray BE. 1987. Failure to demonstrate a consistent in vitro bactericidal effect of

620   trimethoprim-sulfamethoxazole against enterococci. Antimicrobial agents and chemotherapy

621   31:808-810.

38.   Widmer A, Wiestner A, Frei R, Zimmerli W. 1991. Killing of nongrowing and adherent

Escherichia coli determines drug efficacy in device-related infections. Antimicrobial agents and

chemotherapy 35:741-746.

39.   Horsburgh MJ, Ingham E, Foster SJ. 2001. In *Staphylococcus aureus*, fur is an interactive

regulator with PerR, contributes to virulence, and Is necessary for oxidative stress resistance

through positive regulation of catalase and iron homeostasis. Journal of bacteriology 183:468-

475.

40.   Eliopoulos GM, Huovinen P. 2001. Resistance to trimethoprim-sulfamethoxazole. Clinical

infectious diseases 32:1608-1614.

41.   Galhardo RS, Hastings PJ, Rosenberg SM. 2007. Mutation as a stress response and the

regulation of evolvability. Critical reviews in biochemistry and molecular biology 42:399-435.

42.   Painter KL, Hall A, Ha KP, Edwards AM. 2017. The electron transport chain sensitises

Staphylococcus aureus and *Enterococcus faecalis* to the oxidative burst. Infection and

immunity:IAI. 00659-17.

43.   Nakamura MM, Liew SY, Cummings CA, Brinig MM, Dieterich C, Relman DA. 2006. Growth

phase- and nutrient limitation-associated transcript abundance regulation in *Bordetella*

pertussis. Infect Immun 74:5537-48.

44.   Goldstein BP. 2014. Resistance to rifampicin: a review. The Journal of antibiotics 67:625.

45.   Dombrowski JC, Winston LG. 2008. Clinical failures of appropriately-treated methicillin-

resistant *Staphylococcus aureus* infections. Journal of Infection 57:110-115.

46.   Halpern D, Gruss A, Claverys J-P, El Karoui M. 2004. *rexAB* mutants in *Streptococcus*

pneumoniae. Microbiology 150:2409-2414.

47.   Brinkmann V, Reichard U, Goosmann C, Fauler B, Uhlemann Y, Weiss DS, Weinrauch Y,

Zychlinsky A. 2004. Neutrophil extracellular traps kill bacteria. science 303:1532-1535.

48.   Berends ET, Horswill AR, Haste NM, Monestier M, Nizet V, von Köckritz-Blickwede M. 2010.

Nuclease expression by *Staphylococcus aureus* facilitates escape from neutrophil extracellular

traps. Journal of innate immunity 2:576-586.

49.   Kriegeskorte A, Block D, Drescher M, Windmüller N, Mellmann A, Baum C, Neumann C, Lorè

NI, Bragonzi A, Liebau E. 2014. Inactivation of *thyA* in *Staphylococcus aureus* attenuates

virulence and has a strong impact on metabolism and virulence gene expression. MBio

5:e01447-14.

50.   Dwyer DJ, Collins JJ, Walker GC. 2015. Unraveling the physiological complexities of antibiotic

lethality. Annual review of pharmacology and toxicology 55:313-332.

51.   Foti JJ, Devadoss B, Winkler JA, Collins JJ, Walker GC. 2012. Oxidation of the guanine nucleotide

pool underlies cell death by bactericidal antibiotics. Science 336:315-319.

52.   Kahl BC, Belling G, Becker P, Chatterjee I, Wardecki K, Hilgert K, Cheung AL, Peters G, Herrmann

M. 2005. Thymidine-dependent *Staphylococcus aureus* small-colony variants are associated

with extensive alterations in regulator and virulence gene expression profiles. Infection and

immunity 73:4119-4126.

53.   Fey PD, Endres JL, Yajjala VK, Widhelm TJ, Boissy RJ, Bose JL, Bayles KW. 2013. A genetic

resource for rapid and comprehensive phenotype screening of nonessential *Staphylococcus*

aureus genes. MBio 4:e00537-12.

54.   Horsburgh MJ, Aish JL, White IJ, Shaw L, Lithgow JK, Foster SJ. 2002. sigmaB modulates

virulence determinant expression and stress resistance: characterization of a functional *rsbU*

strain derived from *Staphylococcus aureus* 8325-4. J Bacteriol 184:5457-67.

Table 1. Bacterial strains used in this study.

Bacterial strain	Relevant characteristics	Source/ reference
Methicillin-resistant *S. aureus*		
USA300 LAC JE2	LAC strain of the USA300 CA-MRSA lineage cured of plasmids	(53)
USA300 LAC JE2 *rexB*::Tn	USA300 LAC JE2 with a *bursa aurealis* transposon insertion in *rexB*, Ery[r]	(53)
USA300 LAC JE2 *umuC*::Tn	USA300 LAC JE2 with a *bursa aurealis* transposon insertion in *umuC*, Ery[r]	(53)
USA300 LAC JE2 *recF*::Tn	USA300 LAC JE2 with a *bursa aurealis* transposon insertion in *recF*, Ery[r]	(53)
USA300 LAC JE2 *dinB*::Tn	USA300 LAC JE2 with a *bursa aurealis* transposon insertion in *dinB*, Ery[r]	(53)
USA300 LAC JE2 *rexB*::Tn p*itet* empty	USA300 LAC JE2 with a *bursa aurealis* transposon insertion in *rexB* with integrated p*itet* empty plasmid, Ery[r]	This study
USA300 LAC JE2 *rexB*::Tn p*itet* *rexB*	USA300 LAC JE2 with a *bursa aurealis* transposon insertion in *rexB* with integrated p*itet* with AHT-inducible *rexB*, Ery[r]	This study
USA300 LAC JE2 +pCN34 recA-gfp	USA300 LAC JE2 containing pCN34 with gfp under the control of the *recA* promotor, Kan[r]	This study
USA300 LAC JE2 *rexB*::Tn +pCN34 recA-gfp	USA300 LAC JE2 with a *bursa aurealis* transposon insertion in *rexB* containing pCN34 with gfp under the control of the *recA* promotor, Kan[r]	This study
USA300 LAC JE2 +pCN34 Empty	USA300 LAC JE2 containing pCN34 empty vector, Kan[r]	This study
USA300 LAC JE2 *rexB*::Tn +pCN34 Empty	USA300 LAC JE2 with a *bursa aurealis* transposon insertion in *rexB* containing pCN34 empty vector, Kan[r]	This study
Methicillin-sensitive *S. aureus*		
SH1000	Methicillin sensitive *S. aureus* strain	(54)
SH1000 *rexB*::Tn	SH1000 with a *bursa aurealis* transposon insertion in *rexB*, Ery[r]	(20)
SH1000 *rexB*::Tn p*itet* empty	SH1000 with a *bursa aurealis* transposon insertion in *rexB* with integrated p*itet* empty plasmid, Ery[r]	This study
SH1000 *rexB*::Tn p*itet* *rexB*	SH1000 with a *bursa aurealis* transposon insertion in *rexB* with integrated p*itet* with AHT-inducible *rexB*, Ery[r]	This study
SH1000 +pCN34 recA-gfp	SH1000 containing pCN34 with gfp under the control of the *recA* promotor, Kan[r]	This study
SH1000 +pCN34 Empty	SH1000 containing pCN34 empty vector, Kan[r]	This study

Table 2. Primers used for construction of complemented *rexB* mutants and *recA-gfp* reporter

Oligonucleotide	Sequence 5'-3'	
		676
Primers used for construction *rexB*::Tn p*rexBA* complemented mutant (restriction sites underlined)		677
rexB-F AvrII	GGC<u>CCTAGG</u>ATGACATTACATGCTTATTTAG	678
rexA-R PmeI	GCC<u>GTTTAAAC</u>CTATAGTTGCAATGTACCAAATTTG	
		679
pCL55 Fwd seq	GGATCCCCTCGAGTTCATG	
pCL55 Rev seq	CTCGTAGTATCTATACTTCG	680
Lipase *geh* F	GTTGTTTTTGTACATGGATTTTTAG	681
Lipase *geh* R	CTTGCTTTCAATTGTGTTCC	
pCL55 R	GCGCATAGGTGAGTTATTAGC	682
		683
Primers used for construction of the *recA-gfp* reporter (restriction sites underlined)		
P*recA*-F BamHI	GA<u>GGATCC</u>TATGGTTCAGATGACACAT	684
P*recA*-R 7xT-GFP	CATTTTTTTTCCTCCTAATTGAAATTGC	
		685
GFP-F 7xA-P*recA*	AGGAAAAAAAATGAGTAAAGGAGAAGAACT	
GFP-R KpnI	GCG<u>GGTACC</u>TTATTTGTATAGTTCATCCATG	686
pCN34 seq F	GTTATCCCCTGATTCTGTGGATAAC	687
pCN34 seq R	CCAGAATTATATTCAGAACAGGAAC	
		688

Figures

Figure 1. Mutants defective for DNA repair have increased susceptibility to SXT and its constituent antibiotics TMP and SMX. (A) MIC values for SXT, TMP and SMX for wild-type *S. aureus* JE2 and SH1000 and mutants defective for DNA damage repair in TSB. Data represent median values from n=3. (B,C) Zones of growth inhibition of WT JE2 and SH1000 *S. aureus* strains or damage-repair mutants from paper discs impregnated with 2.5 µg SXT (B) or TMP (C) after 16 h of incubation on TSA plates. Graphs represents mean±s.e.m from n=4. Values that are significantly different from the WT within each antibiotic-exposure were identified by one-way ANOVA). (D,E,F) Time-course survival assays of *S. aureus* JE2 (D,E) and SH1000 (F) and their derived DNA damage-repair mutants during incubation in TSB supplemented with 4 µg ml^{-1} SXT. Data are split between D and E for clarity. Percentage survival at each time point was calculated relative to the starting inoculum. Graphs represent mean±s.e.m from n=3. Values that are significantly different from the WT were identified by two-way ANOVA

713   corrected for multiple comparison using the Dunnett method. P ≤ 0.05(*), P ≤ 0.01(**), P ≤

714   0.001(***), P ≤ 0.0001(****).

Figure 2. Mutants defective for *rexB* have increased susceptibility to SXT under thymidine-rich conditions. (A-D) Growth (OD$_{600}$) of *S. aureus* JE2 WT (A) a JE2-derived *rexB* mutant (B), WT SH1000 (C) and SH1000-derived *rexB* mutant (D) in the presence of doubling concentrations of SXT in TSB supplemented with 0 - 3.13 μM thymidine as indicated. Graphs represent mean±s.e.m from n=3. (E-F) Growth (OD$_{595}$) of S. *aureus* JE2 WT (E) and WT SH1000 (F) in TSB and MHB supplemented with doubling dilution concentrations of SXT. Graphs represent mean±s.e.m from n=3. (G-I) Time-course survival assays of *S. aureus* JE2 WT or mutants defective for DNA damage repair (G), *S. aureus* JE2 WT, *rexB* mutant only, or transformed with empty vector (pEmpty) or complemented mutant (p*rexBA*) (H) and SH1000 WT, *rexB* mutant only and *rexB* mutant transformed with pEmpty or p*rexBA* (I). For (G-I) all strains were incubated in MHB containing 4 μg ml^{-1} SXT. Graphs represent mean±s.e.m from n=3. Values that are significantly different from the WT were determined by two-way ANOVA

744   corrected for multiple comparison using the Dunnett method. P ≤ 0.05(*), P ≤ 0.01(**), P ≤

745   0.001(***), P ≤ 0.0001(****).

Figure 3. Reactive oxygen species are essential for SXT-mediated killing of *S. aureus*. (A) MIC

of SXT for WT *S. aureus* JE2 and SH1000 and their derived mutants defective for DNA repair

determined in TSB under aerobic or anaerobic conditions. Graphs represent median values

from n=3. (B) Zones of inhibition around paper discs containing SXT (2.5 µg) on agar plates

inoculated with *S. aureus* JE2 WT or SH1000 WT and associated DNA repair mutants on TSA

after 16 h of incubation under aerobic (black) or anaerobic (grey) conditions. The graph

represents mean±s.e.m from n=4. Zones which are significantly different in size between

aerobic and anaerobic conditions were determined by a two-tailed Student's t-test. (C,D)

Time-course survival assays of *S. aureus* JE2 (C) and SH1000 (D), *rexB* mutants without or with

empty vector (pEmpty) or complemented (p*rexBA*) in TSB with (+SXT) or without 4 µg ml^{-1} SXT,

under anaerobic conditions. Graphs represent mean±s.e.m from n=3. Values that are

statistically different from the WT were determined by two-way ANOVA corrected for multiple

comparison using the Sidak method. $P \leq 0.05$(*), $P \leq 0.01$(**), $P \leq 0.001$(***), $P \leq 0.0001$(****).

(E-F) Detection of growth inhibition (OD_{600}) of WT JE2 (E) and *rexB* mutant (F) in TSB in the

presence of SXT. (G-H) Detection of ROS production by bacteria using the DCF fluorophore for

S. aureus JE2 WT (G) or *rexB* mutant (H) in the presence of SXT. RFU generated by ROS were

normalised to OD_{600} data (E,F) to determine ROS production relative to cell density. (E-H) Error

bars were omitted for clarity.

Figure 4. RexAB is essential for the initiation of the SOS response in response to SXT. (A-D)

Growth (OD$_{600}$) of WT JE2 (A,C) and *rexB* mutant (B, D) in low thymidine TSB (A,B) and high

thymidine MHB (C,D) in the presence of a range of SXT concentrations. (E-H) Expression of

recA-gfp in response to SXT concentrations in *S. aureus* JE2 WT (E,G), *rexB* mutant (F,H) in TSB

(E, F), or MHB (G-H). Fluorescence generated by GFP was measured and normalized to OD$_{600}$

readings to relate *recA* expression relative to cell number. (A-H) Graphs represent mean values

from n=3. Error bars were omitted for clarity.

Figure 5. RexAB and UmuC are required for the increased mutation rate mediated by SXT.

(A,B) The mutation rate of *S. aureus* JE2 or mutants lacking components of DNA repair in TSB

in the absence or presence of 0.25 µg ml^{-1} (A) or 0.5 µg ml^{-1} (B) SXT. Error bars represent 95%

confidence intervals.