

1 **Variable effects on virulence of bacteriophage resistance**
2 **mechanisms in extraintestinal pathogenic *Escherichia coli***
3

4 Baptiste Gaborieau,^{a,b,c} Raphaëlle Delattre,^{a,b} Sandrine Adiba,^d Olivier Clermont,^a Erick
5 Denamur,^{a,e}# Jean-Damien Ricard,^{a,c}# Laurent Debarbieux,^b#

6

7 ^aUniversité Paris Cité, INSERM UMR1137, IAME, Paris, France

8 ^bInstitut Pasteur, Université Paris Cité, CNRS UMR6047, Bacteriophage Bacterium Host, Paris,
9 France

10 ^cAPHP, Hôpital Louis Mourier, DMU ESPRIT, Service de Médecine Intensive Réanimation,
11 Colombes, France

12 ^dInstitut de Biologie de l'ENS (IBENS), École Normale Supérieure CNRS UMR 8197, Paris,
13 France.

14 ^eAPHP, Hôpital Bichat, Service de Génétique Moléculaire, Paris, France

15

16

17 Running Head: Fitness cost of phage resistance in *E. coli*

18

19

20 #Address correspondence to Laurent Debarbieux, laurent.debarbieux@pasteur.fr, Jean-
21 Damien Ricard, jean-damien.ricard@aphp.fr, Erick Denamur, erick.denamur@inserm.fr

22

23

24 J.-D.R., L.D., E.D., R.D and B.G. conceived the study and secured funding. B.G., R.D., O.C. and
25 S.A. performed experiments. B.G. analyzed the data. B.G. wrote the first draft. J.-D.R., E.D.
26 and L.D. reviewed and edited final draft.

27

28

29 **ABSTRACT**

30 Bacteria exposed to killing agents such as antibiotics or viruses develop resistance. While
31 phage therapy, the use of bacteriophages (phages) for treating bacterial infections, is
32 proposed to answer the antibiotic resistance crisis, bacterial resistance to phages remains
33 poorly characterized during phage treatment. We studied a large population of phage-
34 resistant extra-intestinal pathogenic *Escherichia coli* 536 clones emerging from both *in vitro*
35 (non-limited liquid medium) and *in vivo* (murine pneumonia) conditions. Genome
36 sequencing revealed a mutational convergence of phage resistance mechanisms towards the
37 modification of two cell-wall components, the K15 capsule and the LPS, whatever the
38 condition, showing that their identification could be predicted from the *in vitro* conditions.
39 The fitness cost of all phage resistant clones was broad in terms of growth rate and
40 resistance to grazing by amoeba and could not discriminate K15 capsule to LPS mutants. By
41 contrast, the virulence of the clones tested in mice showed that K15 capsule mutants were
42 as virulent as the wildtype strain while LPS mutants were strongly attenuated. We also found
43 that resistance to one phage led to the sensitization to other phages. In clinics, to control
44 phage-resistant clones that remains virulent phage cocktail should include phages infecting
45 both phage susceptible and future phage resistant clones.

46

47 **Importance**

48 *Escherichia coli* is a leading cause of life-threatening infections, including pneumonia
49 acquired during ventilatory assistance for patients hospitalized in Intensive Care Unit, and a
50 major multidrug resistant pathogen. A century-old concept, phage therapy (i.e. using specific
51 anti-bacterial viruses), is being clinically re-evaluated supported with hundreds of successful
52 compassionate phage treatments. However, along billions of years of coevolution bacteria
53 have developed many ways to resist to phages. Phage resistance occurring during phage
54 therapy remains often overlooked despite its critical role for a successful outcome. During
55 this work we characterized phage resistant mutants in a virulent extra-intestinal pathogenic
56 *E. coli* strain and found that (1) phage resistance taking place during a phage treatment *in*
57 *vivo* could be predicted from an *in vitro* assay; (2) phage resistance has, often but not
58 always, a major fitness cost in terms of virulence; and (3) could be countered by appropriate
59 cocktails of phages.

60

61

62 **INTRODUCTION**

63 Antibiotic resistance constitutes a major threat for global public health, exposing patients to
64 an increased risk of therapeutic impasse worldwide and increased mortality (1).

65 *Enterobacterales*, which include the genus *Escherichia*, are one of the most threatening multi
66 drug resistant (MDR) bacterial families (1). In particular, *Escherichia coli* strains have become
67 frequent etiological agents of ventilator-assisted pneumonia (VAP) (2, 3). Specific traits of
68 extra-intestinal pathogenic strains of *E. coli* (ExPEC) involved in VAP include higher
69 antimicrobial resistance and virulence factors, and belongs more often to ST127/B2
70 phylogroup (4, 5).

71 Within this context, phage therapy, the use of bacteriophages (phages), is increasingly
72 considered for patients infected by MDR pathogens (6). Numerous experimental models and
73 clinical compassionate-use case series support phage therapy efficacy (7–12). Remarkably, in
74 experimental treatments a single dose of phages is often as efficient as multiple injections of
75 antibiotics (13, 14). Nevertheless, these successes are currently offset by the lack of
76 convincing clinical studies (15–17).

77 Like for antibiotics, bacteria have developed many ways to resist to phages (18). Intense
78 research has revealed several novel phage-defense systems that target virtually all steps of
79 the phage life cycle from adsorption to lysis (19, 20). Therefore, emergence of bacterial
80 resistance to phages is possibly a critical factor, that could lead to treatment failure (21, 22).
81 Interestingly, while phage resistance has been shown to develop rapidly *in vitro*, studies in
82 humans have yielded discrepant results, reporting either the presence (23) or the absence
83 (24) of phage resistance. This questions the importance of this phenomenon *in vivo*.
84 Moreover, when phage resistance is studied *in vivo*, mechanisms involved are rarely
85 investigated (25, 26).

86 A possible explanation for the lack of detection of phage resistance *in vivo* comes from the
87 proposed synergistic action of phages with the immune system (27). Assaulted by two
88 different antibacterial weapons, phages and immune cells, the density of bacteria rapidly
89 decreases, which lowers the frequency of selection of phage-resistant clones. Alternatively,
90 or complementarily, phage-resistant clones could display trade-off costs increasing their
91 killing by immune cells. For instance, in several *in vivo* models of infection, resistance
92 mechanisms resulted in altered virulence (14, 28, 29).

93 In order to gain mechanistic insights of phage resistance during phage therapy, we
94 sequenced over 50 phage-resistant clones of the *E. coli* strain 536 exposed to the virulent
95 phage 536_P1 collected from both *in vitro* (liquid medium) and *in vivo* (mice lungs)
96 conditions. We previously reported that a single dose of this phage cures mice developing an
97 otherwise fatal pneumonia by the *E. coli* strain 536 (30). Here, we identify a mutational
98 convergence from the two conditions towards genes involved in either LPS or K15 capsule
99 biosynthesis. Fitness studies of phage-resistant clones performed *in vitro* could not
100 distinguish between the two classes of mutants. By contrast, a virulence assay in mice
101 revealed that LPS-related mutants were almost avirulent while K15 capsule-related mutants
102 were as virulent as the wildtype (WT) strain. Finally, we found that some of the phage-
103 resistant clones could become susceptible to other phages that are unable to infect the WT
104 strain.

105 **RESULTS**

106 **A single dose of phage 536_P1 selects phage-resistant clones more rapidly *in vitro* than *in***
vivo

108 To assess the frequency of phage resistance emergence, as well as the molecular
109 mechanisms involved, in two conditions, *in vitro* in non-limited liquid broth and *in vivo*
110 during a phage therapy treatment of a murine pneumonia, we challenged the ExPEC strain
111 536 with a single dose of the virulent *Myoviridae* 536_P1 (30). We collected and re-isolated
112 more than 90 clones per condition from multiple replicates (table 1). While less than 0.4% of
113 the naïve population is resistant to phage 536_P1, the mean resistance rate is about 40%
114 after 4 h of incubation in nutrient-rich liquid medium. *In vivo*, 13% of the clones recovered
115 from mice lungs 10 h post-infection are resistant. This rate reached about 40% at 48 h (table
116 1). We observed that the bacterial resistance rate is heterogeneous among the replicates in
117 all conditions suggesting that different resistance mechanisms could be involved
118 (supplementary S1). To obtain a naïve population of bacteria exposed to the mice but not
119 the phage, we also collected clones from the lungs of untreated mice 24 h post-infection and
120 found that they all remained susceptible to phage 536_P1 (table 1).

121

122 **Genome sequencing reveals a mutational convergence of phage resistance mechanisms**
towards the modification of two cell-wall components

124 The genome of a subset of 57 phage-resistant clones from the above experiments was
125 sequenced, revealing 65 mutations, including 53 different mutations, with at least one
126 mutation per clone. By contrast, all phage-susceptible clones from control mice ($n = 19$) do
127 not carry any mutation as compared to the original WT strain 536 (table 1; supplementary
128 S2). Out of 53 unique mutations, 50 are expected to alter severely the function of the
129 encoded proteins: 40 are truncating mutations and 10 are *in silico* predicted as deleterious
130 mutations for protein function. None of them is specifically associated to the origin of
131 samples (*in vitro* vs *in vivo*) (supplementary S2).

132 A large proportion (85%) of phage-resistant clones have at least one mutation in a gene
133 involved in the LPS biosynthesis pathway, which overall include 77% of all mutations. The
134 remaining mutations are located in the K15 capsule coding region (18%) and in the three
135 following genes, all coding membrane proteins (5%): *mdtC* encoding an efflux system protein
136 (31); *pqiA* involved in a membrane stability system (32); and *ECP_0298* predicted to be a
137 homolog of a surface adhesin precursor (figure 1).

138 By plotting the correspondence between mutated genes and the origin of samples (figure
139 2a) and by an MCA analysis (figure 2b), we found that none of the mutations is specifically
140 associated with either *in vitro* or *in vivo* samples, showing that phage 536_P1 exerts a similar
141 selection pressure on strain 536, independently of the environment where it infects it, liquid
142 broth or mice lungs. The only obvious singularity are the three clones mutated in membrane
143 proteins that originate from the lungs of infected and treated mice collected at 10 h post-
144 treatment. However, these mutations are always associated with another mutation in a gene
145 involved in LPS or K15 capsule biosynthesis. Nevertheless, while the same pathways (LPS and
146 K15 capsule) are affected in both conditions, strictly identical mutations remain very low
147 (three identical mutations among 65 different mutations were found in both conditions),
148 showing a lack of hotspots (supplementary S2). Interestingly, the mutations located in LPS or
149 K15 capsule related genes are mainly exclusive as only two out of 57 clones display
150 mutations in both pathways (figure 2a).

151 These data argue for a mutational convergence whatever the condition, a hallmark of similar
152 selection (33).

153

154 **The complementation of LPS but not K15 related mutants restore phage susceptibility**

155 LPS is a surface exposed molecule well-known for its role in phage adsorption and many
156 mutations in several genes involved in its biosynthetic pathways are associated to a loss of
157 phage infection (34). The identified mutations would likely result in various degree of
158 truncation of the LPS, as they occur either in the *waa* (or *galU*) cluster, which is involved in
159 the assembly of the inner and outer cores, or in the *gmH* cluster (*lpcA*, *rfaE*, *waaD*), which is
160 required for the synthesis of heptose (supplementary S3). To formally demonstrate that
161 phage 536_P1 uses LPS as a receptor, we trans-complemented some LPS related mutants
162 with a plasmid expressing the WT version of the mutated genes. Both phage 536_P1
163 susceptibility and adsorption were restored (supplementary S4a,b). By contrast, the same
164 strategy applied to K15 capsule mutants failed to restore phage susceptibility
165 (supplementary S4a), suggesting that instead of a loss of capsule synthesis these clones may
166 produce a more abundant capsule to prevent phage infection. By using a K15 capsule
167 specific serum we found that these mutants display a strong phenotype of agglutination by
168 contrast to the WT strain 536 or a K15-negative control strain (supplementary S4c).
169 Interestingly, none but one of the K15 capsule related mutations affects the capsule operon
170 promoter (supplementary S2). We concluded that strain 536 deploys mainly two strategies
171 to escape phage 536_P1 predation by modifying its receptor or making it inaccessible. As
172 these two phage defence systems are nearly exclusive, we next evaluated the fitness cost of
173 these mutations.

174

175 **The fitness cost of phage-resistant clones is dependant of the target of mutation and the
176 environment**

177 To determine the potential fitness cost of the various phage-resistant mutations, we studied
178 their behaviour in three environments of increasing complexity.

179 First, the maximum growth rate (MGR) in non-limited nutrient medium of all clones with
180 distinct mutations ($n=47$) was measured. Compared to WT strain 536 that has a MGR of 0.73
181 h^{-1} , clones mutated in LPS or in K15 capsule biosynthetic pathways have significantly lower
182 MGR with a median of $0.53 h^{-1}$ (range 0.33 to $0.68 h^{-1}$; $p=0.027$) or $0.58 h^{-1}$ (range 0.47 to
183 $0.61 h^{-1}$; $p=0.042$), respectively, while with a median MGR of $0.61 h^{-1}$ (range 0.60 to $0.67 h^{-1}$;
184 $p=0.349$) the three clones mutated in membrane proteins remain similar to the WT strain
185 536 (figure 3a; supplementary S5).

186 Second, we used *Dictyostelium discoideum*, a unicellular organism mimicking macrophage
187 phagocytosis (35–37), to assess the grazing resistance (GR) phenotype of the above clones
188 ($n=47$). The WT strain 536 is fully resistant to amoeba phagocytosis with no lysis plaque (GR
189 phenotype) at densities of 10^2 , 10^3 , 10^4 and 10^5 amoebae per 10^8 CFU of bacteria, whereas
190 the control strain REL606 is grazing susceptible (GS phenotype) characterized by large lysis
191 plaques and the formation of fruit bodies (supplementary S6). All the mutated clones
192 showed an increased susceptibility to *D. discoideum*, compared to the WT strain 536, with
193 some being even more susceptible than the GS control. However, no significant difference in
194 the amplitude of the grazing phenotype was observed between LPS and K15 capsule
195 mutants ($p=0.80$) (figure 3b).

196 Finally, we wondered if the virulence of phage-resistant clones towards the murine
197 pneumonia model could be affected. We selected six mutated clones carrying single

198 mutations either in the LPS (*galU*, clone T1; *waaG* clone E15; *waaT*, clone T11) or in the K15
199 capsule (*ECP_3033*, clone E1; *ECP_3027*, clone L3; Δ (*ECP_3009-kpsE*), clone L22). Kaplan-
200 Meier survival curves of mice infected by these clones show a significant decrease of the
201 virulence ($p = 0.001$) of the LPS mutated group of clones ($n=18$; 94% survival at 24 h post-
202 infection), while K15 capsule mutated group of clones ($n=24$; 62.5% of survival at 24 h pi)
203 remain as virulent ($p=0.24$), both compared to the WT strain 536 ($n=6$; 33% survival at 24 h
204 pi) (figure 3c). When plotted for each mutated gene, results remain similar (supplementary
205 S7b). As expected from the survival curves, the median level of CFUs in mice lungs at 24 h
206 post-infection is 3-log lower for LPS mutants compared to both WT strain 536 and K15
207 capsule mutants (supplementary S7a). Therefore, while the above two *in vitro* assays do not
208 discriminate any of the mutants, the *in vivo* virulence assay clearly segregates LPS to K15
209 capsule mutants.

210 Five phage resistant clones have two or three mutations in their genome. Four of them have
211 a mutation in *waaT*, a gene involved in LPS outer core biosynthesis, associated with a gene
212 coding either for a membrane protein or capsule K15. No difference in bacterial fitness was
213 observed between single *waaT* mutants and double or triple mutants, (MGR, $p=0.684$;
214 grazing score, $p=0.301$). Further investigations will be needed to establish the respective
215 roles of these mutations.

216

217 **Resistance to one phage can lead to susceptibility to another one**

218 The selection of K15 capsule phage-resistant clones that remain as virulent as the WT strain
219 536 could lead to phage treatment failure. We then asked whether other phages could
220 readily infect these clones as a counter measure. We selected five virulent phages (536_P3,
221 CLB_P2, LF73_P1, LF110_P3, DIJ07_P1) (supplementary S8) previously isolated and
222 characterized in our laboratory for their ability to form plaques on a large collection of *E. coli*
223 VAP strains (4). Amongst these five phages, two of them (LF110_P3 and DIJ07_P1) are
224 unable to infect the original WT strain 536 (figure 4a). We tested these five phages for their
225 ability to form plaques on 536_P1-resistant clones that have distinct mutations targeting
226 capsule related genes ($n = 7$). We obtained a susceptibility coverage ranging from 0%
227 (536_P3) to 100% (CLB_P2), showing that the overproduction of the K15 capsule does not
228 provide a broad protection against many phages. Unexpectedly, phages LF110_P3 and
229 DIJ07_P1 infect one and two, K15 mutants, respectively (figure 4b). Susceptibility to these
230 two phages is also observed when testing LPS mutants, with a much larger extent for phage
231 DIJ07_P1 that infects 39% of them (figure 4c). Therefore, when strain 536 exposed to phage
232 536_P1 responds by LPS or capsule modifications, these phage resistance mechanisms can
233 be bypassed using additional phages, even if some of them are initially unable to infect the
234 WT strain 536.

235

236 **DISCUSSION**

237 Phage therapy has the potential to help patients infected by MDR bacteria (6). However, the
238 current use of phages remains semi-empirical because of notably the lack of conclusive
239 clinical trials. Moreover, the monitoring of phage resistance and the related mechanisms
240 involved in patients undergoing treatment are often neglected although this resistance could
241 be critical for the success of phage therapy (25, 26). Here, we studied a large population of
242 phage-resistant clones from both *in vitro* and *in vivo* conditions and evaluated their
243 mutational fitness costs. By contrast with several reports (14, 38, 39), phage resistance does
244 not systematically drive the selection of less virulent clones but also selects for clones that

245 remain as virulent as the WT strain, calling for a systematic monitoring of this phenomenon
246 during treatment.

247 The sequence analysis of phage-resistant clones revealed a strong mutational convergence
248 directed towards only two biosynthetic pathways, either the LPS or the K15 capsule.
249 Nevertheless, the number of identical mutations remained rare, which argues for a lack of
250 hotspots and support selection events taking place independently during each experiment.
251 The two identified biosynthetic pathways have been previously reported as targets used by
252 bacteria to defend themselves against phages *in vivo* (14, 28, 29, 40). Mechanisms involved
253 in these two pathways of phage resistance are however different. LPS related mutations led
254 the bacterium to interrupt phage receptor synthesis, while K15 capsule related mutants
255 mask the receptor. With half of the bacterial genomes encoding at least one capsule
256 biosynthetic cluster (41), including extra-intestinal virulent B2 phylogroup *E. coli* strains (42),
257 the overproduction of capsule to provide phage resistance might be more frequent than
258 anticipated. It is possible that the low number of phage resistant clones analyzed in former
259 similar studies may have prevented the isolation of such mutants (26). We also cannot
260 exclude that our observations may be restricted to this particular phage/bacterium couple.
261 It is expected that phage resistance mechanisms affecting the bacterial envelope display a
262 fitness cost compared to the WT phage-susceptible strain. This was indeed the case for all
263 the mutants when measuring either their growth rates or their grazing resistance to
264 amoeba. However, the lack of major fitness differences between LPS and K15 capsule
265 related mutants towards amoeba remains surprising. Even if both LPS and capsule are
266 envelope components involved in the pathogenicity of strain 536 (43–45), it was anticipated
267 that LPS mutants would be more affected than capsule mutants. However, while serum
268 resistance is directly linked to the presence of capsule in strain 536 (46) and contributes to
269 grazing resistance (37), a previous study showed that mutants of strain 536 carrying an
270 increasing number of deletions of pathogenicity islands did not become less resistant to
271 grazing (47). The grazing test may therefore not be sensitive enough compared to the *in vivo*
272 virulence assay, which revealed that capsule mutants were as virulent as the WT strain,
273 while LPS mutant became avirulent. Therefore, the selection exerted by phage 536_P1 on
274 strain 536 gives rise to two populations of resistant clones with opposite behaviors towards
275 the animal host. However, since the frequency of capsule mutants is much lower than LPS
276 mutants, the overall phage treatment remains successful (30). Nevertheless, we can
277 reasonably expect that in other conditions, such as an immunodeficient context, the growth
278 of these capsule mutants could lead to the failure of the treatment.

279 The time to reach 40% of mutants *in vivo* (48h) was much larger than *in vitro* (4h) most likely
280 because of the time needed for the phage to reach and infect a large population of
281 susceptible bacteria as well as the time needed for phage-resistant clones to grow.
282 Nevertheless, in both conditions studied, the selection of phage-resistant clones led to
283 mutations affecting the same biosynthetic pathways. This suggests that the animal host does
284 not influence this selection process. However, the acute pneumonia model imposes
285 limitations such as the use of a large bacterial population to initiate a fatal infection by
286 overwhelming the immune system, as well as a large phage dose to provide a rapid and
287 efficient treatment (48). It then remains possible that a putative impact of the animal host
288 on phage resistance mechanisms could not be detected within this setting and may
289 require extended time of observation. Nevertheless, we noticed that the frequency of K15
290 capsule mutants was higher at 48h compared to 10h post-infection, which is in agreement
291 with their unaffected virulence. Then, the data presented here suggest that the

292 characterization of phage resistant mutants selected *in vitro* could be sufficient to identify,
293 at least, the main mechanisms by which bacteria will escape phage predation during the first
294 phase of a treatment, in agreement with a recent compassionate treatment (49).
295 A counter measure to defeat the selection of phage-resistant mutants relies on the use of
296 several phages, namely phage cocktails. However, the rules governing the choice of phages
297 to be incorporated within a cocktail depends on the application. Currently, compassionate
298 treatments include often several phages selected for their capacity to infect the strain of a
299 patient, while commercial cocktails available in Georgia include phages infecting different
300 bacterial species (50). Here, we found that some phage-resistant clones become susceptible
301 to phages that cannot infect the WT strain 536. Similar phenomenon was recently reported
302 (51). These observations suggest that phage cocktails may not necessarily need to include
303 only phages infecting the patient's targeted strain. Replacing phage therapy in a broader
304 context of phage-bacteria coevolution could provide opportunities for each phage included
305 in a cocktail to become at some point the most efficient phage (21).
306 In conclusion, we anticipate that the rapid analysis of phage-resistant mutants arising *in vitro*
307 should be performed for each therapeutic phage in order to help building robust phage
308 cocktails to be used in clinics.
309
310

311 **MATERIALS AND METHODS**

312 **Bacterial strain, bacteriophage and culture conditions**

313 *E. coli* strain 536 (4,938,920 bp; NC_008253.1) belongs to the B2 phylogenetic group, the
314 O6:K15:H31 serotype and the sequence type 127 (52).

315 Phage 536_P1 (149.4 Kb) (30), was amplified on strain 536 and purified according to adapted
316 molecular biology protocols (53) with an additional step of endotoxin removal using
317 EndoTrap® (Lionex, Germany). The stock solution of 3.1×10^{10} PFU/mL (endotoxin
318 concentration of 2.15 EU/mL) was diluted in phosphate buffered saline (PBS).

319 Unless otherwise specified, strains were cultivated at 37°C on LB medium (lysogeny broth)
320 liquid or agar (Becton Dickinson, USA). Drigalski agar medium (Bio-Rad, France) was used to
321 count bacteria from mice lungs. In amoeba experiments bacteria were cultivated in glucose-
322 HL5 medium liquid or agar (Formedium, UK).

323 **Animals and Ethics statement**

324 A total of 73 eight-week-old BALB/cJRj male mice (Janvier Labs, France) were housed in
325 animal facilities in accordance with French and European regulations on the care and
326 protection of laboratory animals. Food and drink were provided ad libitum. Protocols were
327 approved by the veterinary staff of the Institut Pasteur (approval number 20.173) and the
328 National Ethics Committee regulating animal experimentation (APAFIS#26874-
329 2020081309052574 v1 and APAFIS#4947-2016020915474147 v5).

330 **Isolation of phage-resistant clones**

331 *From in vitro condition*

332 A fresh exponential bacterial culture of a single *E. coli* strain 536 clone ($n=7$), from glycerol
333 stock, was grown in LB medium under constant agitation at 37°C. Bacteriophage 536_P1 was
334 added at MOI of 10^{-1} . The bacterial growth was monitored by measuring the turbidity using a
335 spectrophotometer (Novaspec II, Pharmacia LKB, UK) at regular intervals. When the nadir
336 was reached, remaining bacterial cells were centrifuged (4,000g, 15 min, 4°C) and the
337 supernatant removed. The resuspended pellets were plated on LB agar plates and incubated
338 overnight at 37°C.

339 *From in vivo condition*

340 We used a murine model of pulmonary phage therapy (30). Mice, anesthetized with a
341 mixture of ketamine and xylazine by intra-peritoneal administration, were infected by
342 intranasal inoculation with 1×10^8 CFU of *E. coli* strain 536 (H0). Two hours later, mice,
343 anesthetized by isoflurane inhalation (2%), were either treated by an intranasal
344 administration of 20 µL of 536_P1 (i.e. 3×10^8 PFU) (treated group, $n=17$), or either received
345 an intranasal administration of PBS (control group, $n=8$). Mice were hydrated by
346 subcutaneous route with 150 µL of 0.9% NaCl (Aguettant, France) and monitored twice a day
347 to assess weight loss and behaviour. The treated group was split in an early follow-up group
348 (H10, $n=10$) and a late follow-up group (H48, $n=7$). For the control group, mice were
349 sacrificed at H24 by intraperitoneal injection of 150 µL of sodium pentobarbital (Ceva Santé
350 Animale, France). Lungs were aseptically recovered, weighted and homogenized in PBS
351 (FastPrep 25-5G, MP Biomedical, USA). Homogenates were centrifuged (4,000g, 15 min,
352 4°C), and the resuspended pellets in PBS were plated on Drigalski agar and incubated at
353 37°C.

354 **Determination of bacterial susceptibility to bacteriophage**

355 From each animal and *in vitro* experiment, a maximum of 20 clones were randomly chosen
356 and re-isolated three times on LB agar. The susceptibility to 536_P1 was assessed in liquid
357 and solid media.

358 *Growth kinetics in liquid medium*

359 The bacterial growth was recorded by OD600nm readings every 15 minutes at 37°C under
360 agitation for 10 hours using a microplate spectrophotometer (Tecan Infinite F200 pro,
361 Switzerland). The OD600nm for each clone in two conditions (with and without phage) was
362 measured in three different wells. The starting conditions were standardized: from a
363 saturated culture, bacteria were refreshed to reach exponential growth from which the
364 OD600nm was adjusted to 0.1, before to take 150 µL to fill a 96-well plate (i.e. 4.5 10⁶ CFU).
365 Ten µL of bacteriophage (i.e. 1.5 10⁶ PFU) were added to experimental wells and 10 µL of
366 PBS to control wells. A positive control (WT *E. coli* strain 536) was added in each microplate.
367 The clones were classified into three categories according to their kinetic profiles: sensitive
368 (equivalent to the WT *E. coli* strain 536 infected by 536_P1), resistant (equivalent to the WT
369 *E. coli* strain 536 not infected), intermediate (any profile different from the two above).

370 *Efficiency of plaquing (EOP) in solid medium*

371 Bacteriophage 536_P1 was serially diluted (10 fold) in PBS and one drop of 4 µL of each
372 dilution was spotted on LB agar plates previously inundated by a either the WT strain 536 or
373 each mutant individually. The EOP was calculated as the ratio of the titre on a given mutant
374 over the titre of the WT strain. A ratio of less than 0.5 indicates the presence of a resistant
375 phenotype as previously defined (54).

376 **DNA extraction and Whole Genome Sequencing**

377 Bacterial DNA extraction was carried out using the EZ1 DNA tissue kit (Qiagen, Germany) on
378 EZ1 Advanced XL (Qiagen, Germany) according to the manufacturer's recommendations. The
379 libraries were prepared using the Nextera XT DNA Library Preparation Kit (Illumina, USA)
380 according to the protocol previously described (55). A pair-end sequencing (300 bp) was
381 performed on the MiSeq platform (Illumina, USA).

382 **Bioinformatics analysis of mutants**

383 Reads quality was checked using FastQC (v0.11.8) (56). Reads were assembled with SPAdes
384 (v3.11.1) (57). *In silico* typing of the clones was carried out using SRST2 (v0.2.0) allowing
385 confirmation of both the sequence type (ST) according to the MultiLocus Sequence Typing
386 (MLST) Pasteur (ST33) and Warwick (ST127), and the serotype (O6H31) (58). Phylogroup B2
387 of all phage-resistant clones was confirmed by the Clermont Typing software (59).

388 The WT strain 536 used for this study was sequenced together with phage-resistant clones.
389 Compared to the referenced genome (NC_008253.1), some mutations were identified in the
390 WT strain and integrated into the reference genome using gdtools of Breseq (v0.33).

391 Mutations were identified by comparing the reads for each phage-resistant clone to the
392 updated reference genome using Breseq Variant Report (V0.33) (60).

393 Each single nucleotide polymorphism detected was reviewed manually. For mutations
394 located in genes of unknown function, protein-to-protein interactions search using the
395 STRING database (61) was performed.

396 The functional consequence of mutations was predicted using SIFT (v1.3) (62), PolyPhen-2
397 (v2.2.2) (63) and PROVEAN (v1.1.3) (64). A mutation was considered potentially harmful if at
398 least two of the predictions were concordant (EIPD score <0.05, a PolyPhen-2 result equal to
399 "probably damaging" or "potentially damaging" and a PROVEAN score ≤ 2.5).

400 **Complementation of LPS and K15 capsule mutants**

401 Phage-resistant clones carrying only one mutation in a gene involved in LPS biosynthetic
402 pathway (*galU*, T7; *lpcA*, L15; *rfaE*, E19) were complemented by the corresponding ASKA
403 plasmids (pCA24N backbone, chloramphenicol 25 µg/mL) (65) To complement K15 capsule-
404 related phage-resistant clones (ECP_3022, L17; ECP_3031, T10) the corresponding ORFs

405 were amplified from the WT strain 536 and cloned into the pUC18 plasmid (ampicillin 100
406 µg/mL) using *Bam*HI and *Sph*I enzymes (New England Biolabs, USA) (ECP_3022 : F-
407 GGATCCGAATGAGTTGTGATGAAATT, R-GCATGCTTACAAAGACAGAACATCACTTT; ECP_3031 :
408 F-GCATGCTTAAATTCTGAGTACGGCAA, R-GGATCCAATGGTGAATATGAAAATCAA) Cloned
409 ORFs were sequenced and plasmids transformed in the corresponding mutants.

410 **Phage adsorption**

411 Adsorption of phage 536_P1 was assessed as described previously (66). Briefly, cells were
412 infected at low MOI (0.1) and incubated 10 min at 37°C with constant agitation. 50 µL
413 samples were collected every 30 sec until 7 min and kept on ice before titration on the WT
414 strain 536 to determine the amount of free phages over time.

415 **K15 antiserum aggregation assay**

416 Aggregation using a K:15 antiserum (Statens Serum Institut, Danmark) was performed as
417 described (67). Briefly, 5 µL of two-fold serial dilutions of the K:15 antiserum (range dilution
418 from 1:20 to 1:2560) were mixed with 10 µL (1.10⁷ CFU) of each bacterium tested and
419 incubated at 37°C without agitation during 1 h and then at 4°C overnight.

420 **Fitness assays**

421 *Growth rate in non-limited liquid medium*

422 For each strain, a single colony was picked from an agar plate to inoculate a single well of a
423 96-well plate filled with 150 µL of LB and incubated overnight under agitation at 37°C. 15 µL
424 of each well was transferred into a new plate filled with 150 µL of LB and introduced into a
425 microplate spectrophotometer to record OD600nm every 15 minutes at 37°C under regular
426 agitation during 10 h. Three independent replicates were performed for each clone. The
427 growth curves were analyzed with R software. For each curve, we normalized the initial time
428 point as the first OD600nm measurement 0.1. We then smoothed the time series with the
429 smooth.spline function and calculated the first (growth rate) and second derivatives, with
430 respect to time, of the data expressed logarithmically. All time points at which the second
431 derivatives changed sign (i.e., time points at which the growth rate was at a local maximum
432 or minimum) were identified. We considered those to correspond to the maximum growth
433 rate (MGR expressed in h⁻¹). Smoothing decreased the contribution of measurement noise
434 to the maximum growth rate.

435 *Dictyocellium discoideum grazing assay*

436 The amoeba *D. discoideum* axenic strain AX3 and associated methods were described
437 previously (37). Fresh bacterial exponential cultures, cultivated in 10 mL HL5 medium at 37°C
438 under agitation, were washed in 10 mL of MCPB buffer, and adjusted to a bacterial
439 concentration of 1.10⁸ CFU in 300 µL, which were plated on HL5 medium agar (55 mm
440 diameter dishes). Fresh 24 h culture of *D. discoideum* cells grown in 10 mL of HL5 medium at
441 23°C with no agitation, were washed with 10 mL of MCPB buffer, and adjusted to five
442 concentrations corresponding to 10, 10², 10³, 10⁴, 10⁵ amoeba in 300 µL, which were
443 overlaid on agar plates covered by bacterial lawns. Plates were incubated at 23°C and were
444 examined at 3 and 6 days to record the appearance of lysis plaques, which translate the
445 phagocytosis of the bacteria by the amoeba and defined the grazing sensitive (GS)
446 phenotype, with strain *E. coli* REL606 used as a positive control. Lack of phagocytosis defines
447 the grazing resistant (GR) phenotype knowing that the WT strain 536 was previously
448 reported as GR. Results were expressed as a grazing score (number conditions with
449 appearance of lysis plaques: 10², 10³, 10⁴, 10⁵, and sporulation at D6). The scores were
450 normalised for each independent experiment from -0.5 (GR of 536 WT) to 0.5 (GS of REL
451 606). Three independent replicates were performed by strain.

452 *Virulence assay in mice*

453 BALB/cJRj mice ($n=48$) were infected as described above and monitored to assess weight loss
454 and behaviour three times within 24 h, at which point they were sacrificed to collect lungs
455 that were processed as described above to count bacteria.

456 **Statistical analysis**

457 Results are presented as the median and range, mean and standard deviation or the number
458 and percentage of individuals.

459 Multiple Correspondence analysis (MCA) was performed with the mca function of the
460 FactoMineR package (v 1.34) (68). MCA generated a simultaneous display of 57 observations
461 (clones with at least one mutation) and 26 qualitative variables as condition with three
462 modalities: *in vitro*, *in vivo* H10, *in vivo* H48; as LPS biosynthesis pathway or K15 capsule
463 pathway or membrane protein coding gene, and as 22 different genes on a two-dimensional
464 representation.

465 ANOVA was used to compare the MGRs in LB medium of the clones from three different
466 conditions (*in vitro*, *in vivo* H10 and *in vivo* H48) and the WT strain 536, as well as grazing
467 scores. All statistical analyses were carried out with GraphPad Prism software (v9.4.0)
468 (GraphPad Software, USA) as well as Kaplan-Meier estimates of mouse survival. Survival
469 differences were estimated by Log-Rank test. Significance is reached when the p value is
470 <0.05 .

471

472

473

474

475

476 **ACKNOWLEDGMENTS**

477 This work was partly funded by ANSM (Agence Nationale de Sécurité du Médicament et des
478 Produits de Santé) HAP-2019-S003 to L.D., ANR (Agence Nationale de la Recherche) ANR-19-
479 AMRB-0002 to JD.R. and L.D. and FRM (Fondation pour la Recherche Médicale)
480 DEQ20161136698 to E.D. (équipe FRM 2016). B.G. received partial support from AIHP
481 (Amicale des Anciens Internes des Hôpitaux de Paris). R.D. received support from Poste
482 d'Accueil APHP/IP. We thank Hervé Le Nagard and Lionel de la Tribouille for the use of the
483 CATIBioMed calculus facility and Thierry Pédron for his help with the agglutination assay.

484

485 REFERENCES

- 486 1. Murray CJ, Ikuta KS, Sharara F, Swetschinski L, Aguilar GR, Gray A, Han C, Bisignano C, Rao P, Wool E,
487 Johnson SC, Browne AJ, Chipeta MG, Fell F, Hackett S, Haines-Woodhouse G, Hamadani BHK, Kumaran
488 EAP, McManigal B, Agarwal R, Akech S, Albertson S, Amuasi J, Andrews J, Aravkin A, Ashley E, Bailey F,
489 Baker S, Basnyat B, Bekker A, Bender R, Bethou A, Bielicki J, Boonkasidecha S, Bukosia J, Carvalheiro C,
490 Castañeda-Orjuela C, Chansamouth V, Chaurasia S, Chiurchiù S, Chowdhury F, Cook AJ, Cooper B, Cressey
491 TR, Criollo-Mora E, Cunningham M, Darboe S, Day NPJ, Luca MD, Dokova K, Dramowski A, Dunachie SJ,
492 Eckmanns T, Eibach D, Emami A, Feasey N, Fisher-Pearson N, Forrest K, Garrett D, Gastmeier P, Giref AZ,
493 Greer RC, Gupta V, Haller S, Haselbeck A, Hay SI, Holm M, Hopkins S, Iregbu KC, Jacobs J, Jarovsky D,
494 Javanmardi F, Khorana M, Kissoon N, Kobeissi E, Kostyanev T, Krapp F, Krumkamp R, Kumar A, Kyu HH,
495 Lim C, Limmathurotsakul D, Loftus MJ, Lunn M, Ma J, Mturi N, Munera-Huertas T, Musicha P, Mussi-
496 Pinhata MM, Nakamura T, Nanavati R, Nangia S, Newton P, Ngoun C, Novotney A, Nwakanma D, Obiero
497 CW, Olivas-Martinez A, Olliaro P, Ooko E, Ortiz-Brizuela E, Peleg AY, Perrone C, Plakkal N, Ponce-de-Leon
498 A, Raad M, Ramdin T, Riddell A, Roberts T, Robotham JV, Roca A, Rudd KE, Russell N, Schnall J, Scott JAG,
499 Shivamallappa M, Sifuentes-Osornio J, Steenkeste N, Stewardson AJ, Stoeva T, Tasak N, Thaiprakong A,
500 Thwaites G, Turner C, Turner P, Doorn HR van, Velaphi S, Vongpradith A, Vu H, Walsh T, Waner S,
501 Wangrangsimakul T, Wozniak T, Zheng P, Sartorius B, Lopez AD, Stergachis A, Moore C, Dolecek C,
502 Naghavi M. 2022. Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis. *The Lancet* 399:629–655.
- 504 2. ECDC. 2019. European Centre for Disease Prevention and Control. Healthcare-associated infections
505 acquired in intensive care units. In: ECDC. Annual epidemiological report for 2017. Stockholm (Sweden);
506 available at: <https://www.ecdc.europa.eu/>.
- 507 3. Santé publique France. 2019. Surveillance des infections nosocomiales en réanimation adulte, Réseau
508 REA-Raisin, France. Résultats 2017. Saint-Maurice (France); available at: www.santepubliquefrance.fr.
- 509 4. La Combe B, Clermont O, Messika J, Eveillard M, Kouatchet A, Lasocki S, Corvec S, Lakhali K, Billard-
510 Pomares T, Fernandes R, Armand-Lefevre L, Bourdon S, Reignier J, Fihman V, de Prost N, Bador J, Goret J,
511 Wallet F, Denamur E, Ricard J-D, COLOCOLI group, COLOCOLI Group. 2019. Pneumonia-Specific
512 Escherichia coli with Distinct Phylogenetic and Virulence Profiles, France, 2012-2014. *Emerg Infect Dis*
513 25:710–718.
- 514 5. Messika J, Magdoud F, Clermont O, Margetis D, Gaudry S, Roux D, Branger C, Dreyfuss D, Denamur E,
515 Ricard J-D. 2012. Pathophysiology of Escherichia coli ventilator-associated pneumonia: implication of
516 highly virulent extraintestinal pathogenic strains. *Intensive Care Med* 38:2007–2016.
- 517 6. Gordillo Altamirano FL, Barr JJ. 2019. Phage Therapy in the Postantibiotic Era. *Clin Microbiol Rev*
518 32:e00066-18.
- 519 7. Aslam S, Lampley E, Wooten D, Karris M, Benson C, Strathdee S, Schooley RT. 2020. Lessons Learned
520 From the First 10 Consecutive Cases of Intravenous Bacteriophage Therapy to Treat Multidrug-Resistant
521 Bacterial Infections at a Single Center in the United States. *Open Forum Infect Dis* 7:ofaa389.
- 522 8. Bull JJ, Levin BR, DeRouin T, Walker N, Bloch CA. 2002. Dynamics of success and failure in phage and
523 antibiotic therapy in experimental infections. *BMC Microbiol* 2:35.
- 524 9. Corbellino M, Kieffer N, Kutateladze M, Balarjishvili N, Leshkasheli L, Askilashvili L, Tsirtsadze G, Rimoldi
525 SG, Nizharadze D, Hoyle N, Nadareishvili L, Antinori S, Pagani C, Scorza DG, Romanò ALL, Ardizzone S,
526 Danelli P, Gismondo MR, Galli M, Nordmann P, Poirel L. 2020. Eradication of a Multidrug-Resistant,
527 Carbapenemase-Producing *Klebsiella pneumoniae* Isolate Following Oral and Intra-rectal Therapy With a
528 Custom Made, Lytic Bacteriophage Preparation. *Clin Infect Dis* 70:1998–2001.
- 529 10. Jennes S, Merabishvili M, Soentjens P, Pang KW, Rose T, Keersebilck E, Soete O, François P-M,
530 Teodorescu S, Verween G, Verbeken G, De Vos D, Pirnay J-P. 2017. Use of bacteriophages in the
531 treatment of colistin-only-sensitive *Pseudomonas aeruginosa* septicaemia in a patient with acute kidney
532 injury—a case report. *Crit Care* 21:129.

- 533 11. Melo LDR, Oliveira H, Pires DP, Dabrowska K, Azeredo J. 2020. Phage therapy efficacy: a review of the last
534 10 years of preclinical studies. *Crit Rev Microbiol* 46:78–99.
- 535 12. Schooley RT, Biswas B, Gill JJ, Hernandez-Morales A, Lancaster J, Lessor L, Barr JJ, Reed SL, Rohwer F,
536 Benler S, Segall AM, Taplitz R, Smith DM, Kerr K, Kumaraswamy M, Nizet V, Lin L, McCauley MD,
537 Strathdee SA, Benson CA, Pope RK, Leroux BM, Picel AC, Mateczun AJ, Cilwa KE, Regeimbal JM, Estrella
538 LA, Wolfe DM, Henry MS, Quinones J, Salka S, Bishop-Lilly KA, Young R, Hamilton T. 2017. Development
539 and Use of Personalized Bacteriophage-Based Therapeutic Cocktails To Treat a Patient with a
540 Disseminated Resistant *Acinetobacter baumannii* Infection. *Antimicrob Agents Chemother* 61:e00954-17.
- 541 13. Dufour N, Delattre R, Chevallereau A, Ricard J-D, Debarbieux L. 2019. Phage Therapy of Pneumonia Is Not
542 Associated with an Overstimulation of the Inflammatory Response Compared to Antibiotic Treatment in
543 Mice. *Antimicrob Agents Chemother* 63:e00379-19.
- 544 14. Oechslin F, Piccardi P, Mancini S, Gabard J, Moreillon P, Entenza JM, Resch G, Que Y-A. 2017. Synergistic
545 Interaction Between Phage Therapy and Antibiotics Clears *Pseudomonas aeruginosa* Infection in
546 Endocarditis and Reduces Virulence. *J Infect Dis* 215:703–712.
- 547 15. Jault P, Leclerc T, Jennes S, Pirnay JP, Que Y-A, Resch G, Rousseau AF, Ravat F, Carsin H, Floch RL, Schaal
548 JV, Soler C, Fevre C, Arnaud I, Bretaudeau L, Gabard J. 2019. Efficacy and tolerability of a cocktail of
549 bacteriophages to treat burn wounds infected by *Pseudomonas aeruginosa* (PhagoBurn): a randomised,
550 controlled, double-blind phase 1/2 trial. *Lancet Infect Dis* 19:35–45.
- 551 16. Leitner L, Ujmajuridze A, Chanishvili N, Goderdzishvili M, Chkonia I, Rigvava S, Chkhutua A, Changashvili
552 G, McCallin S, Schneider MP, Liechti MD, Mehnert U, Bachmann LM, Sybesma W, Kessler TM. 2021. Intravesical
553 bacteriophages for treating urinary tract infections in patients undergoing transurethral
554 resection of the prostate: a randomised, placebo-controlled, double-blind clinical trial. *Lancet Infect Dis*
555 21:427–436.
- 556 17. Sarker SA, Sultana S, Reuteler G, Moine D, Descombes P, Charton F, Bourdin G, McCallin S, Ngom-Bru C,
557 Neville T, Akter M, Huq S, Qadri F, Talukdar K, Kassam M, Delley M, Loiseau C, Deng Y, Aidy SE, Berger B,
558 Brüssow H. 2016. Oral Phage Therapy of Acute Bacterial Diarrhea With Two Coliphage Preparations: A
559 Randomized Trial in Children From Bangladesh. *eBioMedicine* 4:124–137.
- 560 18. Labrie SJ, Samson JE, Moineau S. 2010. Bacteriophage resistance mechanisms. 5. *Nat Rev Microbiol*
561 8:317–327.
- 562 19. Tal N, Sorek R. 2022. SnapShot: Bacterial immunity. *Cell* 185:578-578.e1.
- 563 20. Bernheim A, Sorek R. 2020. The pan-immune system of bacteria: antiviral defence as a community
564 resource. 2. *Nat Rev Microbiol* 18:113–119.
- 565 21. Torres-Barceló C, Turner PE, Buckling A. 2022. Mitigation of evolved bacterial resistance to phage
566 therapy. *Curr Opin Virol* 53:101201.
- 567 22. Rohde C, Resch G, Pirnay J-P, Blasdel BG, Debarbieux L, Gelman D, Górski A, Hazan R, Huys I, Kakabadze
568 E, Łobocka M, Maestri A, Almeida GM de F, Makalatia K, Malik DJ, Mašlaňová I, Merabishvili M, Pantucek
569 R, Rose T, Štveráková D, Van Raemdonck H, Verbeken G, Chanishvili N. 2018. Expert Opinion on Three
570 Phage Therapy Related Topics: Bacterial Phage Resistance, Phage Training and Prophages in Bacterial
571 Production Strains. *Viruses* 10:178.
- 572 23. Zhvania P, Hoyle NS, Nadareishvili L, Nizharadze D, Kutatladze M. 2017. Phage Therapy in a 16-Year-Old
573 Boy with Netherton Syndrome. *Front Med* 4:94.
- 574 24. Khawaldeh A, Morales S, Dillon B, Alavidze Z, Ginn AN, Thomas L, Chapman SJ, Dublanchet A, Smithyman
575 A, Iredell JRY. 2011. Bacteriophage therapy for refractory *Pseudomonas aeruginosa* urinary tract
576 infection. *J Med Microbiol* 60:1697–1700.
- 577 25. Egido JE, Costa AR, Aparicio-Maldonado C, Haas P-J, Brouns SJ. 2021. Mechanisms and clinical
578 importance of bacteriophage resistance. *FEMS Microbiol Rev* 46:fuab048.
- 579 26. Oechslin F. 2018. Resistance Development to Bacteriophages Occurring during Bacteriophage Therapy.
580 *Viruses* 10:E351.

- 581 27. Roach DR, Leung CY, Henry M, Morello E, Singh D, Di Santo JP, Weitz JS, Debarbieux L. 2017. Synergy
582 between the Host Immune System and Bacteriophage Is Essential for Successful Phage Therapy against
583 an Acute Respiratory Pathogen. *Cell Host Microbe* 22:38-47.e4.
- 584 28. Smith HW, Huggins MB. 1983. Effectiveness of phages in treating experimental *Escherichia coli* diarrhoea
585 in calves, piglets and lambs. *J Gen Microbiol* 129:2659–2675.
- 586 29. Smith HW, Huggins MB, Shaw KM. 1987. The control of experimental *Escherichia coli* diarrhoea in calves
587 by means of bacteriophages. *J Gen Microbiol* 133:1111–1126.
- 588 30. Dufour N, Debarbieux L, Fromentin M, Ricard J-D. 2015. Treatment of Highly Virulent Extraintestinal
589 Pathogenic *Escherichia coli* Pneumonia With Bacteriophages*. *Crit Care Med* 43:e190.
- 590 31. Kim H-S, Nagore D, Nikaido H. 2010. Multidrug efflux pump MdtBC of *Escherichia coli* is active only as a
591 B2C heterotrimer. *J Bacteriol* 192:1377–1386.
- 592 32. Nakayama T, Zhang-Akiyama Q-M. 2016. *pqiABC* and *yebST*, Putative mce Operons of *Escherichia coli*,
593 Encode Transport Pathways and Contribute to Membrane Integrity. *J Bacteriol* 199:e00606-16.
- 594 33. Tenaillon O, Rodríguez-Verdugo A, Gaut RL, McDonald P, Bennett AF, Long AD, Gaut BS. 2012. The
595 molecular diversity of adaptive convergence. *Science* 335:457–461.
- 596 34. Washizaki A, Yonesaki T, Otsuka Y. 2016. Characterization of the interactions between *Escherichia coli*
597 receptors, LPS and OmpC, and bacteriophage T4 long tail fibers. *MicrobiologyOpen* 5:1003–1015.
- 598 35. Dunn JD, Bosmani C, Barisch C, Raykov L, Lefrançois LH, Cardenal-Muñoz E, López-Jiménez AT, Soldati T.
599 2018. Eat Prey, Live: *Dictyostelium discoideum* As a Model for Cell-Autonomous Defenses. *Front
600 Immunol* 8.
- 601 36. Dallaire-Dufresne S, Paquet VE, Charette SJ. 2011. *Dictyostelium discoideum*: un modèle pour l'étude de
602 la virulence bactérienne. *Can J Microbiol* 57:699–707.
- 603 37. Adiba S, Nizak C, van Baalen M, Denamur E, Depaulis F. 2010. From grazing resistance to pathogenesis:
604 the coincidental evolution of virulence factors. *PLoS One* 5:e11882.
- 605 38. Pouillot F, Chomton M, Blois H, Courroux C, Noelig J, Bidet P, Bingen E, Bonacorsi S. 2012. Efficacy of
606 bacteriophage therapy in experimental sepsis and meningitis caused by a clone O25b:H4-ST131
607 *Escherichia coli* strain producing CTX-M-15. *Antimicrob Agents Chemother* 56:3568–3575.
- 608 39. Salazar KC, Ma L, Green SI, Zulk JJ, Trautner BW, Ramig RF, Clark JR, Terwilliger AL, Maresso AW. 2021.
609 Antiviral Resistance and Phage Counter Adaptation to Antibiotic-Resistant Extraintestinal Pathogenic
610 *Escherichia coli*. *mBio* 12:e00211-21.
- 611 40. Smith HW, Huggins MB. 1982. Successful treatment of experimental *Escherichia coli* infections in mice
612 using phage: its general superiority over antibiotics. *J Gen Microbiol* 128:307–318.
- 613 41. Rendueles O, Garcia-Garcera M, Neron B, Touchon M, Rocha EPC. 2017. Abundance and co-occurrence of
614 extracellular capsules increase environmental breadth: Implications for the emergence of pathogens.
615 *PLOS Pathog* 13:e1006525.
- 616 42. Picard B, Garcia JS, Gouriou S, Duriez P, Brahimi N, Bingen E, Elion J, Denamur E. 1999. The link between
617 phylogeny and virulence in *Escherichia coli* extraintestinal infection. *Infect Immun* 67:546–553.
- 618 43. Raetz CRH, Whitfield C. 2002. Lipopolysaccharide endotoxins. *Annu Rev Biochem* 71:635–700.
- 619 44. Trent MS, Stead CM, Tran AX, Hankins JV. 2006. Diversity of endotoxin and its impact on pathogenesis. *J
620 Endotoxin Res* 12:205–223.
- 621 45. Jann K, Jann B. 1992. Capsules of *Escherichia coli*, expression and biological significance. *Can J Microbiol*
622 38:705–710.
- 623 46. Schneider G, Dobrindt U, Brüggemann H, Nagy G, Janke B, Blum-Oehler G, Buchrieser C, Gottschalk G,
624 Emödy L, Hacker J. 2004. The pathogenicity island-associated K15 capsule determinant exhibits a novel
625 genetic structure and correlates with virulence in uropathogenic *Escherichia coli* strain 536. *Infect Immun*
626 72:5993–6001.
- 627 47. Smati M, Magistro G, Adiba S, Wieser A, Picard B, Schubert S, Denamur E. 2017. Strain-specific impact of
628 the high-pathogenicity island on virulence in extra-intestinal pathogenic *Escherichia coli*. *Int J Med
629 Microbiol* IJMM 307:44–56.

- 630 48. Delattre R, Seurat J, Haddad F, Nguyen T-T, Gaborieau B, Kane R, Dufour N, Ricard J-D, Guedj J,
631 Debarbieux L. 2022. Combination of in vivo phage therapy data with in silico model highlights key
632 parameters for pneumonia treatment efficacy. *Cell Rep* 39.
- 633 49. Castledine M, Padfield D, Sierociński P, Soria Pascual J, Hughes A, Mäkinen L, Friman V-P, Pirnay J-P,
634 Merabishvili M, de Vos D, Buckling A. 2022. Parallel evolution of *Pseudomonas aeruginosa* phage
635 resistance and virulence loss in response to phage treatment in vivo and in vitro. *eLife* 11:e73679.
- 636 50. Zschach H, Joensen KG, Lindhard B, Lund O, Goderdzishvili M, Chkonia I, Jgenti G, Kvavadze N, Alavidze Z,
637 Kutter EM, Hasman H, Larsen MV. 2015. What Can We Learn from a Metagenomic Analysis of a Georgian
638 Bacteriophage Cocktail? *Viruses* 7:6570–6589.
- 639 51. Gordillo Altamirano FL, Kostoulias X, Subedi D, Korneev D, Peleg AY, Barr JJ. 2022. Phage-antibiotic
640 combination is a superior treatment against *Acinetobacter baumannii* in a preclinical study.
641 *EBioMedicine* 80:104045.
- 642 52. Brzuszkiewicz E, Brüggemann H, Liesegang H, Emmerth M, Olschläger T, Nagy G, Albermann K, Wagner C,
643 Buchrieser C, Emody L, Gottschalk G, Hacker J, Dobrindt U. 2006. How to become a uropathogen:
644 comparative genomic analysis of extraintestinal pathogenic *Escherichia coli* strains. *Proc Natl Acad Sci U S
645 A* 103:12879–12884.
- 646 53. Henry M, Lavigne R, Debarbieux L. 2013. Predicting In Vivo Efficacy of Therapeutic Bacteriophages Used
647 To Treat Pulmonary Infections. *Antimicrob Agents Chemother* 57:5961–5968.
- 648 54. Viazis S, Akhtar M, Feirtag J, Brabban A d., Diez-Gonzalez F. 2011. Isolation and characterization of lytic
649 bacteriophages against enterohaemorrhagic *Escherichia coli*. *J Appl Microbiol* 110:1323–1331.
- 650 55. Baym M, Kryazhimskiy S, Lieberman TD, Chung H, Desai MM, Kishony R. 2015. Inexpensive Multiplexed
651 Library Preparation for Megabase-Sized Genomes. *PLOS ONE* 10:e0128036.
- 652 56. Andrews S. 2010. FastQC: a quality control tool for high throughput sequence data. Available online at:
653 <http://www.bioinformatics.babraham.ac.uk/projects/fastqc/>.
- 654 57. Prjibelski A, Antipov D, Meleshko D, Lapidus A, Korobeynikov A. 2020. Using SPAdes De Novo Assembler.
655 *Curr Protoc Bioinforma* 70:e102.
- 656 58. Inouye M, Dashnow H, Raven L-A, Schultz MB, Pope BJ, Tomita T, Zobel J, Holt KE. 2014. SRST2: Rapid
657 genomic surveillance for public health and hospital microbiology labs. *Genome Med* 6:90.
- 658 59. Beghain J, Bridier-Nahmias A, Le Nagard H, Denamur E, Clermont O. 2018. ClermonTyping: an easy-to-use
659 and accurate in silico method for *Escherichia* genus strain phylotyping. *Microb Genomics* 4.
- 660 60. Deatherage DE, Barrick JE. 2014. Identification of mutations in laboratory evolved microbes from next-
661 generation sequencing data using breseq. *Methods Mol Biol Clifton NJ* 1151:165–188.
- 662 61. Szklarczyk D, Gable AL, Nastou KC, Lyon D, Kirsch R, Pyysalo S, Doncheva NT, Legeay M, Fang T, Bork P,
663 Jensen LJ, von Mering C. 2021. The STRING database in 2021: customizable protein-protein networks,
664 and functional characterization of user-uploaded gene/measurement sets. *Nucleic Acids Res* 49:D605–
665 D612.
- 666 62. Ng PC, Henikoff S. 2001. Predicting deleterious amino acid substitutions. *Genome Res* 11:863–874.
- 667 63. Adzhubei IA, Schmidt S, Peshkin L, Ramensky VE, Gerasimova A, Bork P, Kondrashov AS, Sunyaev SR.
668 2010. A method and server for predicting damaging missense mutations. *Nat Methods* 7:248–249.
- 669 64. Choi Y, Chan AP. 2015. PROVEAN web server: a tool to predict the functional effect of amino acid
670 substitutions and indels. *Bioinformatics* 31:2745–2747.
- 671 65. Kitagawa M, Ara T, Arifuzzaman M, Ioka-Nakamichi T, Inamoto E, Toyonaga H, Mori H. 2005. Complete
672 set of ORF clones of *Escherichia coli* ASKA library (a complete set of *E. coli* K-12 ORF archive): unique
673 resources for biological research. *DNA Res Int J Rapid Publ Rep Genes Genomes* 12:291–299.
- 674 66. Kropinski AM. 2009. Measurement of the rate of attachment of bacteriophage to cells. *Methods Mol Biol
675 Clifton NJ* 501:151–155.
- 676 67. Aribam SD, Elsheimer-Matulova M, Matsui H, Hirota J, Shiraiwa K, Ogawa Y, Hikono H, Shimoji Y, Eguchi
677 M. 2015. Variation in antigen-antibody affinity among serotypes of *Salmonella* O4 serogroup, determined
678 using specific antisera. *FEMS Microbiol Lett* 362:fnv168.
- 679 68. Lê S, Josse J, Husson F. 2008. FactoMineR: An R Package for Multivariate Analysis. *J Stat Softw* 25:1–18.



Figure 1. LPS and K15 capsule biosynthesis pathways are the two main targets of mutations identified from phage-resistant clones.

Colours correspond to biosynthetic pathways. For each gene the percentage over the total number of mutations is indicated (n=57 clones).

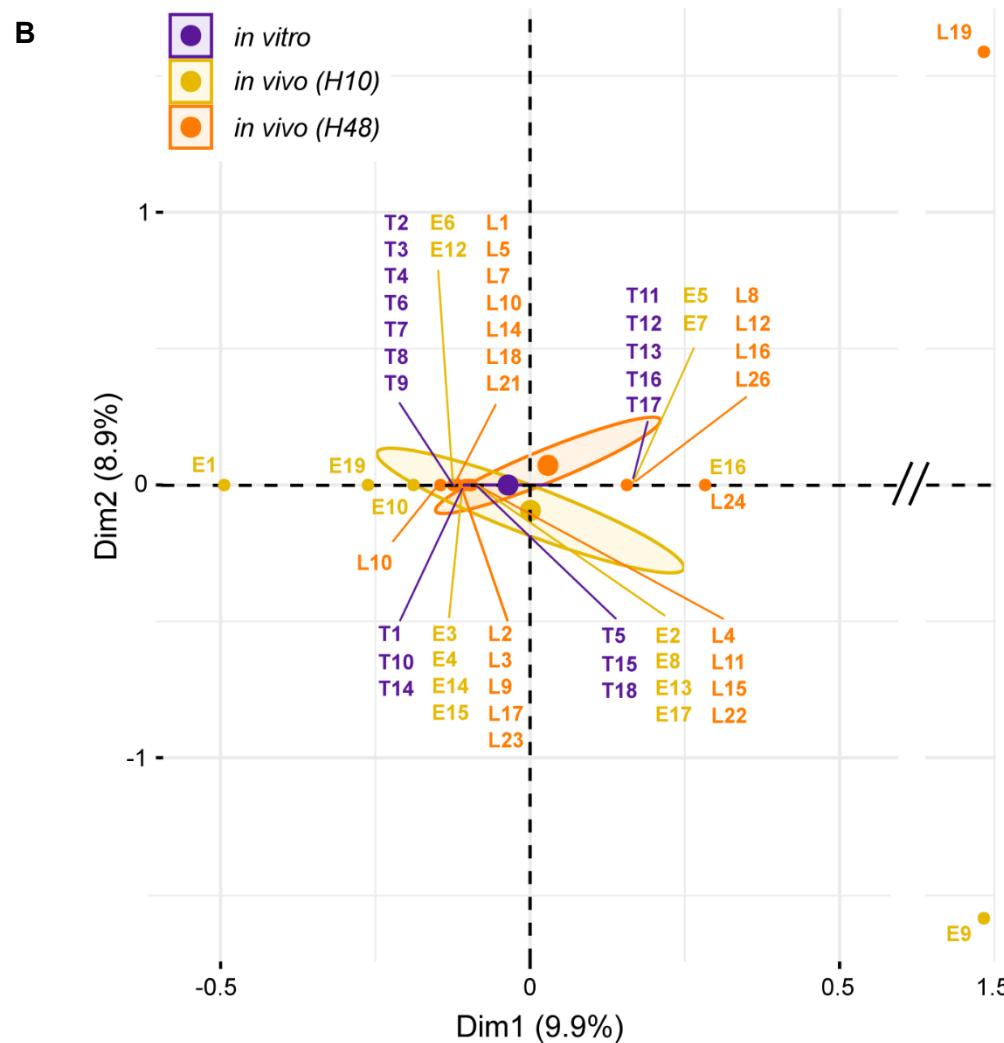
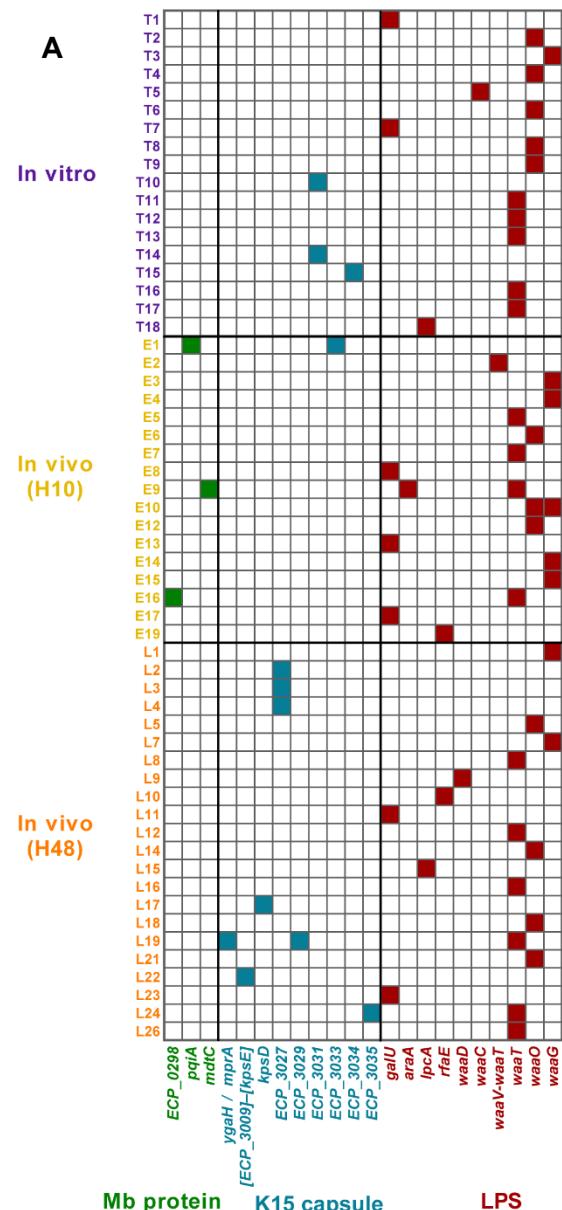


Figure 2. Genome sequencing of the 57 phage-resistant clones reveals a mutational convergence of phage resistance mechanisms at two levels (genes and metabolic pathways). (A) Mutated genes for each of the 57 clones are grouped per colour-coded conditions (*in vitro* and *in vivo* at 10 h and 48 h) and colour-coded metabolic pathways. (B) Multiple correspondence analysis computed according to mutated genes and metabolic pathways. *LPS*, lipopolysaccharide; *Mb*, membrane.

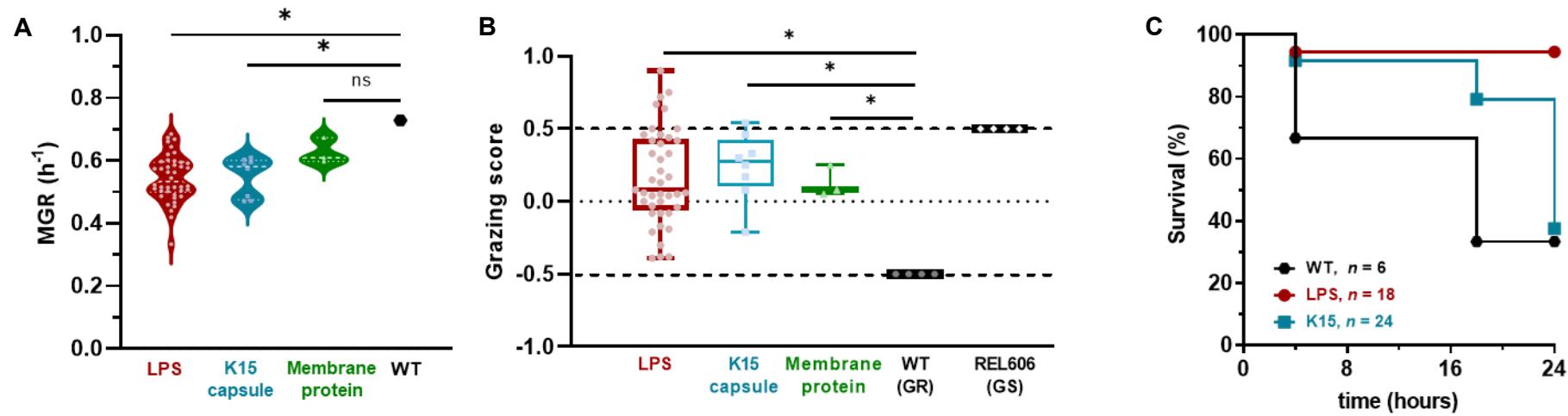


Figure 3. Phage resistant clones display a broad fitness cost *in vitro* and *in vivo*.

(A) The growth rate of the 47 clones with distinct mutations in non-limited nutrient medium LB was calculated from kinetics recorded every 15 min in a microplate reader during 10 h ($n=3$ for each clone).

(B) Protozoan predation by *D. discoideum* of the 47 clones with distinct mutations was evaluated by their grazing score ($n=3$ for each clone).

(C) Virulence in acute pneumonia model was assessed towards a subset of clones carrying either single mutations in the LPS ($n=3$) or in K15 capsule locus ($n=3$). The survival of mice during 24 h post-infection ($4 \cdot 10^8$ CFU intra-nasal) by either the WT strain 536 ($n=6$) or clones ($n=3$) carrying single mutations in the LPS biosynthesis pathway ($n=6$ for each clone) or clones ($n=3$) carrying single mutations in the K15 capsule locus ($n=8$ per clone) is represented as Kaplan-Meier.

LPS, lipopolysaccharide; MGR, maximum growth rate; GR, grazing resistance; GS, grazing sensitive

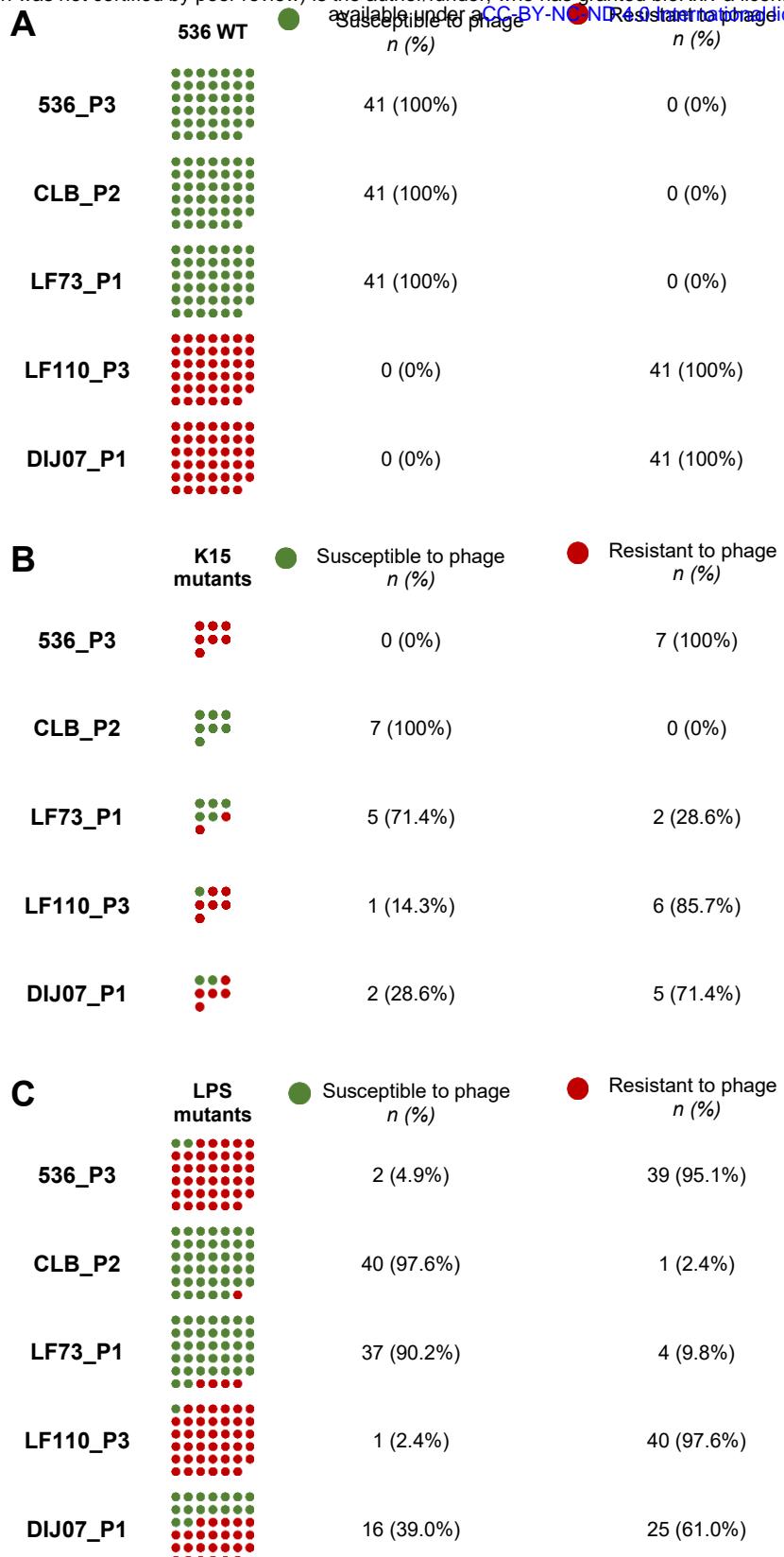


Figure 4. Phage 536_P1 resistant clones display uneven susceptibility to five other phages.

Susceptibility tests of 41 clones of the WT strain 536 **(A)**, 7 phage 536_P1 resistant clones carrying a mutation in K15 capsule coding region **(B)** and 41 phage 536_P1 resistant clones carrying a mutation in a gene involved in LPS biosynthetic pathway **(C)** towards phages 536_P3, CLB_P2, LF73_P1, LF110_P3, DIJ07_P1.