

1 ***Pseudomonas aeruginosa* increases the sensitivity of biofilm-grown**
2 ***Staphylococcus aureus* to membrane-targeting antiseptics and antibiotics**

3
4

5 Giulia Orazi, Kathryn L. Ruoff, and George A. O'Toole*

6 Department of Microbiology and Immunology, Geisel School of Medicine at Dartmouth,
7 Hanover, New Hampshire, USA

8
9

10 *Address correspondence to George A. O'Toole, georgeo@dartmouth.edu

11 Department of Microbiology and Immunology, Geisel School of Medicine at Dartmouth

12 Rm 202 Remsen Building, Hanover, NH 03755

13

14 Running Head: Antibiotic sensitivity in microbial communities

15 Key words: *Pseudomonas aeruginosa*, *Staphylococcus aureus*, membrane, antibiotics, biofilm

16

17 Structured abstract word count: (Abstract: 217; Importance: 143)

18 Text word count:

19 **Abstract**

20 *Pseudomonas aeruginosa* and *Staphylococcus aureus* often cause chronic, recalcitrant infections
21 in large part due to their ability to form biofilms. The biofilm mode of growth enables these
22 organisms to withstand antibacterial insults that would effectively eliminate their planktonic
23 counterparts. We found that *P. aeruginosa* supernatant increased the sensitivity of *S. aureus*
24 biofilms to multiple antimicrobial compounds, including fluoroquinolones and membrane-
25 targeting antibacterial agents, including the antiseptic chloroxylenol. Treatment of *S. aureus* with
26 the antiseptic chloroxylenol alone did not decrease biofilm cell viability; however, the
27 combination of chloroxylenol and *P. aeruginosa* supernatant led to a 4-log reduction in *S. aureus*
28 biofilm viability compared to exposure to chloroxylenol alone. We found that the *P. aeruginosa*-
29 produced small molecule 2-n-heptyl-4-hydroxyquinoline N-oxide (HQNO) is responsible for the
30 observed heightened sensitivity of *S. aureus* to chloroxylenol. Similarly, HQNO increased the
31 susceptibility of *S. aureus* biofilms to other compounds, including both traditional and non-
32 traditional antibiotics, which permeabilize bacterial membranes. Genetic and phenotypic studies
33 support a model whereby HQNO causes an increase in *S. aureus* membrane fluidity, thereby
34 improving the efficacy of membrane-targeting antiseptics and antibiotics. Importantly, our data
35 show that *P. aeruginosa* exoproducts can enhance the ability of various antimicrobial agents to
36 kill biofilm populations of *S. aureus* that are typically difficult to eradicate, providing a path for
37 the discovery of new biofilm-targeting antimicrobial strategies.

38

39 **Importance**

40 The thick mucus in the airways of cystic fibrosis (CF) patients predisposes them to frequent,
41 polymicrobial respiratory infections. *Pseudomonas aeruginosa* and *Staphylococcus aureus* are

42 frequently co-isolated from the airways of individuals with CF, as well as from diabetic foot
43 ulcers and other wounds. Both organisms form biofilms, which are notoriously difficult to
44 eradicate and promote chronic infection. In this study, we have shown *P. aeruginosa* secreted
45 factors can increase the efficacy of compounds that alone have little or no bactericidal activity
46 against *S. aureus* biofilms. In particular, we discovered that *P. aeruginosa* exoproducts can
47 potentiate the anti-staphylococcal activity of phenol-based antiseptics and other membrane-
48 active drugs, including non-traditional antibiotics. Our findings illustrate that polymicrobial
49 interactions can dramatically increase antibacterial efficacy *in vitro*, and may guide new
50 approaches to target persistent infections, such as those commonly found in respiratory tract
51 infections and in chronic wounds.

52

53 **Introduction**

54 Bacterial biofilms are the underlying cause of many chronic, difficult-to-treat infections. The
55 biofilm lifestyle confers high-level tolerance to antibiotics and antiseptics, which is reflected by
56 the requirement of 100-1000 times higher concentrations of these compounds to treat biofilms
57 compared to their planktonic counterparts (1). As a result, it has proven difficult to find
58 treatments that effectively eradicate biofilms (2-4).

59

60 Studies assessing biofilm antibiotic and antiseptic tolerance have typically been performed with
61 single-species biofilms. While such single-species communities are commonly associated with
62 implant infections (5), many infections are caused by polymicrobial biofilms, including
63 respiratory infections, otitis media, urinary tract infections, and infections of both surgical and
64 chronic wounds (6-19). Emerging evidence suggests that growth in these mixed microbial

65 communities can alter antimicrobial tolerance profiles, often in unexpected ways (20-40), but the
66 mechanism(s) underlying such altered tolerance are often poorly understood, with some
67 exceptions. For example, a previous study from our group showed that secreted products of
68 *Pseudomonas aeruginosa* could enhance biofilm tolerance of *Staphylococcus aureus* to
69 vancomycin by 100-fold, likely via interfering with the function of the electron transport chain
70 and slowing growth of *S. aureus* (37).

71

72 *P. aeruginosa* and *S. aureus* coexist in multiple infection settings, and both form biofilms that
73 can be difficult to eradicate. *P. aeruginosa* and *S. aureus* are two of the most prevalent
74 respiratory pathogens in patients with cystic fibrosis (CF), and are both associated with poor lung
75 function and clinical outcomes in these patients (41-45). CF patients who are co-infected with *P.*
76 *aeruginosa* and *S. aureus* have worse outcomes than those who are infected with either organism
77 alone (46-50). In addition, *P. aeruginosa* and *S. aureus* are often co-isolated from chronic
78 wounds, including difficult-to-treat diabetic foot ulcers (51, 52). Furthermore, *in vitro* evidence
79 suggests that *P. aeruginosa* and *S. aureus* coinfection delays wound healing (53).

80

81 In this study, we have identified several compounds that alone have little activity against *S.*
82 *aureus* biofilms, but when combined with secreted products from *P. aeruginosa*, these agents can
83 effectively decrease *S. aureus* biofilm viability. We propose a model whereby the *P. aeruginosa*
84 exoproduct 2-n-heptyl-4-hydroxyquinoline N-oxide (HQNO) interacts with the *S. aureus* cell
85 membrane, which leads to increased membrane fluidity and potentiates the ability of membrane-
86 active compounds to more effectively target *S. aureus* biofilms.

87

88

89 **Results**

90 ***P. aeruginosa* supernatant increases *S. aureus* sensitivity to multiple antibiotic compounds.**

91 In a previous study, we found that *P. aeruginosa* exoproducts decrease the efficacy of
92 vancomycin against *S. aureus* biofilms (37). To test whether *P. aeruginosa* might impact *S.*
93 *aureus* sensitivity to other antibiotics, we screened Biolog Phenotype MicroArray Panels for
94 changes in *S. aureus* antibiotic sensitivity in the presence versus absence of *P. aeruginosa* cell-
95 free culture supernatant. We identified many compounds that became either less effective, as
96 reported previously (37), or as we show here, more effective at killing *S. aureus* when in the
97 presence of *P. aeruginosa* exoproducts (Table S1).

98

99 Among the several classes of antimicrobial agents that became more effective at killing *S. aureus*
100 in the presence of *P. aeruginosa* supernatant are nucleic acid synthesis inhibitors, membrane-
101 active antibiotics, and antiseptics. Additionally, we identified other compounds that are not
102 typically used to treat bacterial infections that became more effective at decreasing *S. aureus*
103 viability, including anti-cholinergic agents, antipsychotic drugs, and ion channel blockers (Table
104 S1).

105

106 ***P. aeruginosa* supernatant increases *S. aureus* biofilm sensitivity to chloroxylenol.** In the
107 experiments described above using the Biolog Phenotype MicroArray Panels, the compounds
108 tested were added at the same time as the microbes were inoculated into the medium, thus there
109 was limited time for the bacteria to form a biofilm before exposure to the candidate agents.
110 Therefore, we next tested whether *P. aeruginosa* supernatant could increase the efficacy of the

111 compounds we identified in the Biolog screen against pre-formed *S. aureus* biofilms. In these
112 experiments, the biofilm of *S. aureus* Newman was allowed to form for 6 h, and fresh medium
113 supplemented with the indicated compound and/or *P. aeruginosa* supernatant was added to this
114 preformed biofilm. This method is what we refer to as the *biofilm disruption assay*, described in
115 more detail in the Supplemental Materials and Methods (Text S1). Previously, we showed that
116 by 6 h post-inoculation (p.i.) the adherent population of *S. aureus* Newman cells is tolerant to
117 vancomycin; at this time point, there is a difference of 3 logs between the cell viability of the
118 biofilm population compared to the planktonic population for a given dose of antibiotic (37).
119 Thus, these communities have one of the key phenotypic traits of a biofilm.

120

121 We found that *P. aeruginosa* supernatant increased the sensitivity of early (6 h) *S. aureus*
122 biofilms to the topical antibiotic chloroxylenol (Fig. 1). Similar to other phenol-based antiseptics,
123 this compound impacts bacterial cell membranes, leading to increased fluidity and membrane
124 permeability (54-56). Alone, chloroxylenol displayed modest activity against *S. aureus* biofilms.
125 Strikingly, the ability of the antiseptic chloroxylenol to kill early *S. aureus* Newman biofilms
126 was enhanced by 4 logs compared to the activity of chloroxylenol alone when combined with *P.*
127 *aeruginosa*-secreted products (Fig. 1). We evaluated whether this phenotype is specific to the
128 Newman strain or a more general phenomenon by testing multiple *S. aureus* laboratory strains
129 and clinical isolates – both methicillin-sensitive and methicillin-resistant (Table S2). In all cases,
130 we observed that *P. aeruginosa* supernatant dramatically increased the efficacy of chloroxylenol
131 against *S. aureus* biofilms (Fig. 1). Chloroxylenol is dissolved in ethanol; we confirmed that the
132 volume of ethanol used does not decrease *S. aureus* viability in either the presence or absence of
133 *P. aeruginosa* supernatant (Fig. S1A). Moreover, the impact of supernatant on *S. aureus*

134 sensitivity to chloroxylenol could be observed as early as 3 h after addition of the compounds to
135 a 6 h old biofilm, and the reduction in viability continued for 24 h post-treatment, wherein the
136 assay was reaching its limit of detection (Fig. S1B).

137

138 ***P. aeruginosa* supernatant increases the ability of chloroxylenol to eradicate difficult-to-**
139 **treat *S. aureus* biofilms.** We then determined whether *P. aeruginosa* could enable chloroxylenol
140 to kill especially difficult-to-treat *S. aureus* biofilms. *S. aureus* grown in anoxia and respiration-
141 deficient *S. aureus* small colony variants (SCVs) both exhibit high tolerance to many classes of
142 antibiotics (57-59), likely because the bacteria need to be actively growing in order for many
143 antibacterial compounds to be effective. Depending on the antibiotic class, either the antibiotic
144 target needs to be produced or electron transport is required for drug uptake (57, 60), but
145 membrane-targeting agents are an exception; the target is present whether or not the organism is
146 actively growing (61). Indeed, *P. aeruginosa* supernatant increased the efficacy of chloroxylenol
147 against *S. aureus* Newman biofilms to similar degrees in anoxia and normoxia (Fig. 2A).

148

149 To test whether the combination of *P. aeruginosa* supernatant and chloroxylenol is effective
150 against biofilm-grown *S. aureus* SCVs, we used a *S. aureus* Col strain that has a mutation in
151 *hemB*, a gene involved in hemin biosynthesis. The *S. aureus hemB* mutant is defective in electron
152 transport and has the typical characteristics of clinical SCVs (62). We observed that *P.*
153 *aeruginosa* supernatant enhanced chloroxylenol's activity against the Col *hemB* mutant as well
154 as the parental strain (Fig. 2B).

155

156 Furthermore, we tested whether more mature *S. aureus* biofilms could be effectively targeted by
157 the *P. aeruginosa* supernatant-chloroxylenol combination. When we grew *S. aureus* Newman
158 biofilms for 24 h before exposure to the combination treatment, we observed a striking 4 log-fold
159 enhancement of chloroxylenol's antimicrobial activity (Fig. 2C), similar to what was seen for 6
160 h-grown biofilms (Fig. 1).

161

162 **The *P. aeruginosa* exoproducts HQNO and siderophores increase *S. aureus* biofilm and**
163 **planktonic sensitivity to chloroxylenol.** To explore the mechanism underlying

164 *P. aeruginosa* supernatant-mediated enhancement of chloroxylenol's anti-staphylococcal
165 activity, we sought to identify *P. aeruginosa* mutants that were unable to increase the sensitivity
166 of *S. aureus* Newman biofilms to this drug. Previously, we showed that 2-n-heptyl-4-
167 hydroxyquinoline N-oxide (HQNO) and siderophores contribute to the ability of *P. aeruginosa*-
168 to protect *S. aureus* from vancomycin (37). Thus, we tested *P. aeruginosa* PA14 strains with
169 mutations in genes encoding components of the *Pseudomonas* quinolone signal (PQS) quorum
170 sensing system (*pqsA*, *pqsH*, *pqsL*), and biosynthesis of the siderophores pyoverdine (*pvdA*) and
171 pyochelin (*pchE*). Supernatants from *P. aeruginosa* PA14 $\Delta pqsA$, $\Delta pqsH$, $\Delta pqsL$, and $\Delta pvdA$
172 $\Delta pchE$ mutants each had a defect in the ability to increase *S. aureus* Newman biofilm sensitivity
173 to chloroxylenol relative to the wild-type *P. aeruginosa* PA14 (Fig. S2A, B).

174

175 Additionally, we tested *P. aeruginosa* PA14 strains with mutations in genes encoding the
176 following secreted products: hydrogen cyanide (*hcnA*, *hcnB*), LasA protease (*lasA*), elastase
177 (*lasB*), and rhamnolipids (*rhlA*). Supernatants from these mutants retained the ability to increase
178 the sensitivity of *S. aureus* biofilms to chloroxylenol (Fig. S2A, B).

179

180 To investigate whether HQNO, pyoverdine, and pyochelin all contributed to the phenotype, we
181 tested whether the supernatant from *P. aeruginosa* strains with mutations in the genes encoding
182 all three factors was deficient in enhancing chloroxylenol's activity against *S. aureus*. Indeed,
183 supernatant from the *P. aeruginosa* PA14 $\Delta pqsL \Delta pvdA \Delta pchE$ mutant (designated the $\Delta\Delta\Delta$
184 mutant) was unable to increase the sensitivity of *S. aureus* Newman biofilms to chloroxylenol
185 (Fig. S2B, 3A). Supernatant from the *P. aeruginosa* PA14 $\Delta pqsL \Delta pvdA \Delta pchE$ mutant was
186 unable to potentiate the ability of chloroxylenol to kill difficult-to-treat SCVs and 24 h-grown
187 biofilms (Fig. 2B, C; Pa $\Delta\Delta\Delta$ sup). Similar to the biofilm population, we observed that *P.*
188 *aeruginosa* PA14 wild-type supernatant, but not the $\Delta pqsL \Delta pvdA \Delta pchE$ mutant, enhances the
189 ability of chloroxylenol to kill planktonic *S. aureus* Newman by approximately 3 logs (Fig. 3B).
190 Thus, our data indicate that HQNO and both siderophores are required for *P. aeruginosa*-
191 mediated enhancement of chloroxylenol's activity against both planktonic and biofilm
192 populations of *S. aureus*.

193

194 **HQNO alone enhances the activity of chloroxylenol against *S. aureus* biofilms.** To test
195 whether HQNO alone could enhance to the ability of chloroxylenol to kill *S. aureus* in biofilm,
196 we performed a biofilm disruption assay using commercially available HQNO. We used
197 concentrations of HQNO that are in the range of those produced by *P. aeruginosa* PA14 under
198 our experimental conditions (37), as well as those produced by stationary-phase *P. aeruginosa*
199 cultures grown in rich media (63, 64). Previously, we quantified the level of HQNO produced by
200 *P. aeruginosa* PA14 after 24 h of growth in minimal medium on plastic plates, which is the
201 source of *P. aeruginosa* supernatants used throughout this study (37). We found that the level of

202 HQNO in these *P. aeruginosa* supernatants is ~10 µg/ml. Additionally, *P. aeruginosa* PA14
203 produced ~15 µg/ml HQNO when grown on CF-derived epithelial cells for 6 h (37). We
204 observed a dose-response whereby increasing concentrations of exogenous HQNO corresponded
205 with enhanced ability of chloroxylenol to kill *S. aureus* Newman biofilms (Fig. 3C). These
206 results indicate that the presence of a single secreted factor, HQNO, is sufficient to alter *S.*
207 *aureus* biofilm sensitivity to chloroxylenol.

208

209 **HQNO likely does not increase *S. aureus* sensitivity to chloroxylenol via inhibition of the**
210 **electron transport chain.** HQNO is well known to inhibit Complex II and III of the *S. aureus*
211 electron transport chain (ETC) (65-68). To investigate whether HQNO shifts *S. aureus*
212 sensitivity to chloroxylenol by inhibiting respiration, we tested the following ETC inhibitors: 3-
213 Nitropropionic acid (3-NP; Complex II inhibitor), Antimycin A (Complex III inhibitor), sodium
214 azide (azide; Complex IV inhibitor), and Oligomycin (ATP synthase inhibitor) or mutations in
215 components of ATP synthase. All but one of the compounds tested, Antimycin A, had little to no
216 impact on *S. aureus* sensitivity to chloroxylenol, nor did mutations in the ATPase (Fig. S3A-E).

217

218 It is possible that HQNO and Antimycin A are changing antibiotic sensitivity not by inhibiting
219 the ETC, but via a different mechanism entirely. Thus, we took a different approach to
220 investigate whether ETC inhibition changes *S. aureus* susceptibility to chloroxylenol. Exposure
221 to anoxic conditions is a way to inhibit respiration that does not require the use of chemical
222 compounds. Anoxia did not enhance chloroxylenol's efficacy against *S. aureus* Newman
223 biofilms in the absence of *P. aeruginosa* supernatant (Fig. 2A). Also, despite lacking a functional
224 ETC, *S. aureus* SCVs are not hypersensitive to chloroxylenol (Fig. 2B). Furthermore, as we

225 observed above, *P. aeruginosa* supernatant is able to potentiate the activity of chloroxylenol to
226 kill SCVs even though these cells are respiration-deficient (Fig. 2B). Together, these data
227 indicate that HQNO likely alters *S. aureus* antibiotic sensitivity via a mechanism independent of
228 its effects on the ETC.

229
230 We next considered several possible mechanisms underlying HQNO-mediated enhancement of
231 chloroxylenol's anti-staphylococcal activity. Specifically, we tested the following models: 1)
232 HQNO-mediated changes in membrane potential increase antibiotic sensitivity, 2) HQNO-
233 induced generation of reactive oxygen species leads to enhanced bacterial killing, 3) HQNO
234 alters the ability of *S. aureus* to efflux chloroxylenol, and/or 4) HQNO changes properties of the
235 *S. aureus* cell membrane. Experiments testing the first three of these models, which did not
236 support these models, are presented in the Supplemental Results (Text S1) and in Figures S3-S4.

237
238 **Exogenous HQNO increases *S. aureus* membrane fluidity.** Previous studies have found that
239 changes in the cell membrane fatty acid composition, which influences membrane fluidity, alter
240 the susceptibility of bacterial cells to phenolic compounds (69). Thus, we tested whether HQNO
241 might cause heightened susceptibility to chloroxylenol by altering the fluidity of the *S. aureus*
242 cell membrane. To measure membrane fluidity, we performed Laurdan generalized polarization
243 (GP) assays. Laurdan is a fluorescent dye that is sensitive to changes in membrane fluidity; the
244 emission spectrum changes depending on the physical state of lipids within a bilayer. A decrease
245 in Laurdan GP values corresponds to an increase in membrane fluidity. This dye has been
246 previously used to measure the cell membrane fluidity of *S. aureus* (70-72).

247

248 We used benzyl alcohol, a well-established membrane fluidizing agent (73-75), as a positive
249 control. Exposure to 500 mM or 1 M of benzyl alcohol for 1 h led to a significant decrease in
250 Laurdan GP relative to *S. aureus* exposed to MEM, indicating an increase in membrane fluidity
251 (Fig. 4A). We observed that treatment of *S. aureus* Newman with HQNO at all concentrations
252 tested led to a significant reduction in Laurdan GP relative to exposure to MEM alone, indicating
253 that HQNO has a fluidizing effect on the *S. aureus* membrane (Fig. 4B). Additionally, we found
254 that exposure to Antimycin A also led to a significant increase in fluidity (Fig. 4C), albeit to a
255 lesser extent than HQNO (Fig. 4B). Furthermore, we showed that the solvents for HQNO and
256 Antimycin A, DMSO and ethanol, respectively, did not cause the observed increase in *S. aureus*
257 membrane fluidity (Fig. 4B, C).

258

259 **Shifting membrane fluidity alters *S. aureus* biofilm sensitivity to chloroxylenol.** Next, we
260 investigated whether the observed HQNO-mediated increase in membrane fluidity can lead to
261 increased sensitivity to chloroxylenol. To test this hypothesis, we exposed *S. aureus* biofilms to
262 various compounds that are known to influence membrane fluidity. Benzyl alcohol and 1-
263 heptanol both impart higher fluidity, whereas dimethyl sulfoxide (DMSO) causes membranes to
264 become less fluid (73-77). We observed that benzyl alcohol and 1-heptanol both increase *S.*
265 *aureus* Newman biofilm sensitivity to chloroxylenol (Fig. 5A, B). In contrast, the membrane-
266 rigidifying agent DMSO did not increase *S. aureus* Newman biofilm sensitivity to chloroxylenol
267 (Fig. 5C). These results suggest that alterations in *S. aureus* membrane fluidity impact sensitivity
268 to chloroxylenol, whereby increased fluidity leads to higher sensitivity.

269

270 Next, we showed that manipulating *S. aureus* fatty acid composition either by adding exogenous
271 unsaturated fatty acids (Fig S5A, Text S1) or increasing the proportion of branched-chain fatty
272 acids (BCFAs) relative to short chain fatty acids by mutation (SCFAs; Fig. S5B, Text S1) leads
273 to increased *S. aureus* sensitivity to chloroxylenol. Additionally, we showed that decreasing
274 levels of BCFAs relative to SCFAs by introducing the *lpd* mutation does not increase sensitivity
275 to chloroxylenol (Fig. S5C), and that cardiolipin is not required for altered *S. aureus* sensitivity
276 to this drug (Fig. S5D, Text S1).

277

278 Together, our data suggest that changes in membrane fatty acid composition influence the
279 efficacy of chloroxylenol and are consistent with our model that an increase in membrane
280 fluidity promotes chloroxylenol's ability to kill *S. aureus* biofilms.

281

282 **Prolonged exposure to *P. aeruginosa* exoproducts alters *S. aureus* membrane fatty acid**
283 **profiles.** Our data above suggest that HQNO increases *S. aureus* membrane fluidity, which leads
284 to heightened sensitivity of *S. aureus* to chloroxylenol. Thus, we explored whether HQNO
285 induces changes in *S. aureus* membrane fatty acid composition. We performed a time course to
286 track *S. aureus* fatty acid composition over time in the presence of *P. aeruginosa* exoproducts.
287 Briefly, *S. aureus* Newman cells were exposed to medium alone (MEM + L-Gln) or *P.*
288 *aeruginosa* PA14 wild-type supernatant for differing lengths of time (30 min, 1 h, 3 h, 6 h, or 10
289 h). Subsequently, fatty acid methyl ester (FAME) analysis was performed to measure the
290 membrane fatty acid composition.

291

292 By 30 min or 1 h, the membrane fatty acid profile of *S. aureus* cells grown in medium alone
293 appeared similar to the profile of *P. aeruginosa* supernatant-exposed *S. aureus* cells (Fig. S6A-C,
294 Table S3). However, prolonged treatment with *P. aeruginosa* supernatant led to a shift in *S.*
295 *aureus* membrane fatty acid profiles. In particular, *S. aureus* cells incubated with *P. aeruginosa*
296 exoproducts for 24 h had significantly reduced relative BCFA levels compared to *S. aureus*
297 grown in medium alone (Fig. S6D-E, Text S1). Above, we found that HQNO significantly
298 increases *S. aureus* membrane fluidity after 1 h (Fig. 4B). Because the fluidizing effect of HQNO
299 occurs more rapidly compared to the effect of *P. aeruginosa* supernatant on *S. aureus* membrane
300 fatty acid composition, it is likely that the HQNO-mediated increase in *S. aureus* membrane
301 fluidity we observe does not occur via changes in membrane fatty acid profiles.

302

303 ***P. aeruginosa* supernatant increases *S. aureus* biofilm sensitivity to multiple membrane-**
304 **targeting compounds.** Given the effects of *P. aeruginosa* exoproducts on *S. aureus* sensitivity
305 to chloroxylenol, we explored whether *P. aeruginosa* alters the anti-staphylococcal efficacy of
306 other membrane-active antibiotics. Here, we tested the efficacy of the phenol-based antiseptic
307 biphenyl, as well as the topical peptide antibiotic gramicidin in combination with *P. aeruginosa*
308 supernatant. Both of these compounds are thought to kill bacteria by ultimately causing an
309 increase in cell membrane permeability. We discovered that *P. aeruginosa* secreted products
310 enhance the ability of the membrane-active drugs biphenyl and gramicidin to kill *S. aureus*
311 Newman biofilms (Fig. 6A, B). We also made the interesting observation that *P. aeruginosa*
312 supernatant increases *S. aureus* biofilm sensitivity to two non-traditional antibiotics,
313 trifluoperazine, an antipsychotic, and amitriptyline, an antidepressant (Fig. 6C, D). Strikingly,
314 the combination of either of these drugs and *P. aeruginosa* supernatant led to a 2.5 to 3-log

315 reduction in *S. aureus* biofilm viability compared to exposure to the drug alone (Fig. 6C, D).
316 Supernatants from *P. aeruginosa* PA14 $\Delta pqsL$ and $\Delta pvdA \Delta pchE$ mutants each had defects in the
317 ability to increase *S. aureus* Newman biofilm sensitivity to trifluoperazine and amitriptyline
318 relative to the wild-type *P. aeruginosa* PA14 (Fig. 6C, D), suggesting that HQNO and
319 siderophores both contribute to this phenotype. In contrast, it appears that another *P.*
320 *aeruginosa*-produced factor is involved in enhancing the activity of gramicidin against *S. aureus*
321 biofilms (Fig. 6B).
322
323 Additionally, we examined whether altering membrane fluidity influenced *S. aureus* biofilm
324 sensitivity to the above compounds. We observed that benzyl alcohol did not appreciably alter *S.*
325 *aureus* sensitivity to gramicidin, trifluoperazine, or amitriptyline (Fig. 6B-D). In contrast, the
326 fluidizing agent led to a striking increase in the antibacterial efficacy of biphenyl; the
327 combination of these compounds led to a decrease in *S. aureus* Newman biofilm viability to
328 below the level of detection of this assay (~ 200 CFU/ml, Fig. 6A). These results suggest that a
329 more fluid membrane increases the susceptibility of *S. aureus* biofilms to biphenyl, which is a
330 compound similar to chloroxylonol in structure and function.
331
332 Finally, we tested whether *P. aeruginosa* secreted products could increase the anti-
333 staphylococcal efficacy of octenidine dihydrochloride, a surfactant-based antiseptic that is
334 approved for treatment of wound infections and has low cytotoxicity (78, 79). We observed that
335 *P. aeruginosa* supernatant potentiates the activity of octenidine against *S. aureus* biofilms by 2.5
336 logs (Fig. 6E).
337

338 Discussion

339 In this study, we found that the interactions between two bacterial pathogens that are frequently
340 co-isolated from infections can cause striking and unexpected changes in antimicrobial
341 susceptibility profiles. We showed that *P. aeruginosa* potentiates the ability of various
342 antibacterial agents to kill *S. aureus* biofilms, which are often difficult to eradicate. In particular,
343 we found that *P. aeruginosa* secreted products increase the sensitivity of *S. aureus* biofilms to
344 the topical antiseptic chloroxylenol. Alone, chloroxylenol at a concentration of 100 µg/ml is not
345 effective at eradicating *S. aureus* biofilms; however, in combination with *P. aeruginosa* cell-free
346 culture supernatant, which alone does not impact *S. aureus* viability, the efficacy of
347 chloroxylenol increased 4 log-fold. Moreover, we have shown that *P. aeruginosa* supernatant
348 can increase the ability of chloroxylenol to kill multiple strains and clinical isolates of *S. aureus*.
349 Furthermore, we found that the small molecule HQNO and the siderophores pyoverdine and
350 pyochelin contribute to the *P. aeruginosa*-mediated increase in the efficacy of chloroxylenol
351 against *S. aureus* biofilms. In addition, we showed that HQNO alone recapitulated the effect of
352 *P. aeruginosa* supernatant. Thus, the addition of a small molecule alone can greatly influence the
353 efficacy of this antiseptic.

354

355 Previous studies have detected HQNO in expectorated sputum from CF patients infected with
356 *P. aeruginosa*, and these levels are highly variable (29, 80). *P. aeruginosa* isolates from chronic
357 CF pulmonary infections frequently have loss-of-function mutations in the quorum sensing
358 regulator *lasR*, and often overproduce alginate (81, 82). LasR inactivity and mucoidy each can
359 lead to decreased HQNO production *in vitro* (64, 83). Therefore, quorum sensing activity and

360 mucoidy may modulate the levels of HQNO produced by *P. aeruginosa* during infection, and in
361 turn, influence the ability of HQNO to modify *S. aureus* drug sensitivity profiles *in vivo*.

362

363 HQNO has been shown to inhibit the *S. aureus* electron transport chain (ETC) (65). To
364 investigate whether HQNO influences *S. aureus* susceptibility to chloroxylenol via inhibition of
365 respiration, we treated *S. aureus* with chemical inhibitors of the ETC alone or in combination
366 with the antibiotic. We found that only a subset of the ETC inhibitors tested increased the
367 efficacy of chloroxylenol. However, anoxia did not increase *S. aureus* chloroxylenol sensitivity
368 in the absence of HQNO. Additionally, despite having a defective ETC, *S. aureus* SCVs became
369 more susceptible to chloroxylenol in the presence of HQNO, suggesting that inhibition of
370 respiration is not required for this phenotype.

371

372 Since it is known that changes in membrane lipid profiles impact sensitivity to membrane-
373 targeting compounds (69), we hypothesized that HQNO might cause heightened susceptibility to
374 chloroxylenol by altering one or more properties of the *S. aureus* cell membrane. Like other
375 phenol-based antiseptics, chloroxylenol is thought to insert into the cell membrane and cause an
376 increase in membrane fluidity and permeability (54-56). Thus, an increase in membrane fluidity
377 mediated by HQNO may allow for greater accumulation of chloroxylenol within the membrane,
378 and subsequently cause an increase in efficacy of the antibiotic. Manipulating the fluidity of *E.*
379 *coli* membranes has been previously demonstrated to alter sensitivity to phenols, whereby
380 decreasing membrane fluidity conferred increased tolerance to these compounds (69). Therefore,
381 we tested whether HQNO changes the fluidity of the *S. aureus* cell membrane, potentially
382 explaining the increased antimicrobial sensitivity we observe. We found that exogenous HQNO

383 causes a striking increase in *S. aureus* membrane fluidity. Due to its hydrophobic character, it is
384 plausible that HQNO directly interacts with the membrane to increase fluidity. In light of this
385 result, we hypothesized that Antimycin A and Oligomycin, both hydrophobic compounds, also
386 increase *S. aureus* sensitivity to chloroxylenol by altering membrane fluidity; the other ETC
387 inhibitors tested, 3-NP and sodium azide, which did not enhance sensitivity to chloroxylenol, are
388 both hydrophilic compounds. We showed that treatment of *S. aureus* with Antimycin A also
389 leads to an increase in membrane fluidity. These findings suggest that the observed HQNO-
390 mediated increase in antibiotic efficacy is independent of the effect of HQNO on the *S. aureus*
391 ETC. Furthermore, we showed that modulating membrane fluidity via either genetic or chemical
392 approaches shifts *S. aureus* chloroxylenol sensitivity profiles. Together, these results are
393 consistent with a model whereby HQNO increases *S. aureus* membrane fluidity, which greatly
394 enhances the ability of chloroxylenol to kill *S. aureus* biofilms.

395

396 We also found that treatment with *P. aeruginosa* supernatant or pure HQNO influenced the
397 membrane fatty acid composition of *S. aureus*. Specifically, *S. aureus* grown in medium alone
398 had a significantly higher proportion of BCFA compared to *S. aureus* cells exposed to *P.*
399 *aeruginosa* supernatant or HQNO for 24 h. Given these results, we hypothesize that HQNO-
400 mediated inhibition of the *S. aureus* ETC leads to decreased rates of fatty acid synthesis.
401 Previous work from our laboratory has shown that when these organisms are in co-culture, *P.*
402 *aeruginosa* forces *S. aureus* to grow by fermentation (84), which leads to a reduction in growth
403 of *S. aureus* (37). Furthermore, during co-culture with *P. aeruginosa*, *S. aureus* downregulates
404 multiple genes involved in fatty acid synthesis, including the cardiolipin synthase (*cls1*), and
405 branched-chain amino acid transporters (*brnQ1*, *brnQ2*, *brnQ3*, *bcaP*) (84). Additionally, it has

406 been shown that anaerobically-grown *S. aureus* has lower protein synthesis rates for multiple
407 enzymes involved in metabolism, including FabG1, which is required for fatty acid synthesis
408 (85).

409
410 Together, our results are consistent with the following two models, which are not mutually
411 exclusive: 1) HQNO increases *S. aureus* membrane fluidity, potentially via direct interaction
412 with the membrane, and 2) exposure to HQNO slows or halts *S. aureus* fatty acid synthesis,
413 leading to altered membrane lipid composition, perhaps via ETC inhibition. Our data suggest
414 that the first model may explain how HQNO potentiates the activity of chloroxylenol against *S.*
415 *aureus* biofilms. In contrast, our data do not support a role for the second model in explaining the
416 altered chloroxylenol susceptibility profiles we observe. Specifically, the HQNO-mediated
417 increase in *S. aureus* membrane fluidity occurs more rapidly compared to the *P. aeruginosa*
418 supernatant-induced changes in fatty acid profiles. Therefore, we hypothesize that HQNO
419 increases fluidity via direct interaction with the membrane, rather than via inducing a shift in
420 membrane fatty acid composition. The second model could explain other potential consequences
421 of this interspecies interaction, such as an impaired ability to adapt to changing environmental
422 conditions.

423
424 We observed that *P. aeruginosa* exoproducts can potentiate the activity of multiple membrane-
425 active compounds, including the phenol biphenyl, and gramicidin, which forms channels within
426 the membrane (86-88). Interestingly, we also showed that *P. aeruginosa*-secreted factors
427 enhanced the activity of two non-traditional antibiotics, trifluoperazine and amitriptyline. Both of
428 these drugs have a fused tricyclic structure, and have been found to possess antibacterial activity

429 (89-93). Additionally, trifluoperazine was found to synergize with fluconazole against multiple
430 fungal species (94). Due to its high degree of hydrophobicity, trifluoperazine has been shown to
431 interact with cell membranes and cause increased fluidity and permeability (95, 96); it has been
432 hypothesized that amitriptyline acts in a similar manner (93).

433

434 Importantly, we found that the combination of *P. aeruginosa* supernatant and chloroxylenol was
435 effective against multiple slow-growing *S. aureus* populations, namely, anaerobically-grown
436 biofilms and SCVs. From a therapeutic perspective, these results could have important
437 implications. Infection sites can have steep oxygen gradients (97, 98), which may lead to slow
438 microbial growth *in vivo* (99). Slow-growing pathogens are difficult to eradicate because many
439 antibiotic classes are only effective against actively growing cells; in contrast, antibacterial
440 agents that target membranes are effective whether or not bacteria are growing. Thus, our
441 discovery that an interspecies interaction can potentiate the activity of membrane-active drugs
442 could be used to inform the treatment of recalcitrant mixed-species infections involving bacterial
443 biofilms in oxygen-depleted sites.

444

445 Overall, our work demonstrates that polymicrobial interactions can profoundly shift the
446 antibiotic sensitivity profiles of bacteria growing as biofilms. In particular, we discovered that
447 interspecies interactions can lead to changes in the fluidity and composition of the bacterial cell
448 membrane, which may influence other aspects of bacterial physiology as well as responses to
449 environmental stressors. Together, these findings may have important consequences for the
450 treatment of polymicrobial infections in multiple disease contexts, including non-healing wounds
451 and pulmonary infections in patients with cystic fibrosis. Finally, the knowledge we have gained

452 from this work has the potential to inform the development of more effective anti-biofilm
453 combination therapies.

454 **Materials and Methods**

455 See the Supplemental Materials and Methods in Text S1 for additional details regarding the
456 methods.

457

458 **Bacterial strains and culture conditions.** A list of all strains used in this study is included in
459 Table S2. *S. aureus* was grown in tryptic soy broth (TSB) and *P. aeruginosa* was grown in
460 lysogeny broth (LB). All overnight cultures were grown shaking at 37°C for 12-14 h, except for
461 the *S. aureus* Col *hemB* mutant, which was grown statically at 37°C for 20 h.

462

463 **Biolog MicroArray antibiotic susceptibility assay.** Biolog Phenotype MicroArray bacterial
464 chemical sensitivity assay panels were used to test *S. aureus* antimicrobial sensitivities as
465 previously described (37). See the Supplemental Materials and Methods in Text S1 for additional
466 details.

467

468 **Biofilm disruption assay on plastic.** *S. aureus* biofilms were treated with antimicrobial agents,
469 followed by enumeration of viable cell counts, as previously described (37). See the
470 Supplemental Materials and Methods in Text S1 for additional details.

471

472 **Membrane potential measurements.** *S. aureus* membrane potential was determined using the
473 fluorescent dye DiOC₂ as previously described (100, 101) with some modifications. See the
474 Supplemental Materials and Methods in Text S1 for additional details.

475

476 **Laurdan membrane fluidity analysis.** *S. aureus* membrane fluidity was determined by Laurdan

477 generalized polarization (GP) as previously described (101, 102) with some modifications. See
478 the Supplemental Materials and Methods in Text S1 for additional details.

479

480 **Fatty acid methyl ester analysis.** Whole-cell direct fatty acid methyl ester (FAME) analysis of
481 *S. aureus* pellets was performed by Microbial ID, Inc. (Newark, DE) as previously described
482 (103). See the Supplemental Materials and Methods in Text S1 for additional details.

483

484 **Funding Information**

485 This work was supported by National Institutes of Health grant R37 AI83256-06 and the Cystic
486 Fibrosis Foundation (OTOOLE16G0) to G.A.O, and the Microbiology and Molecular
487 Pathogenesis Training Grant (T32-AI007519) to G.O. The funders had no role in study design,
488 data collection and interpretation, or the decision to submit the work for publication.

489

490 **Acknowledgements.** We thank Ambrose Cheung, Deborah Hogan, Vineet Singh, and David
491 Heinrichs for providing bacterial strains.

492 **Literature Cited**

- 493 1. **Høiby N, Bjarnsholt T, Givskov M, Molin S, Ciofu O.** 2010. Antibiotic resistance of
494 bacterial biofilms. *Int J Antimicrob Agents* **35**:322–332.
- 495 2. **Bhattacharya M, Wozniak DJ, Stoodley P, Hall-Stoodley L.** 2015. Prevention and
496 treatment of *Staphylococcus aureus* biofilms. *Expert Rev Anti Infect Ther* **13**:1499–
497 1516.
- 498 3. **Wu H, Moser C, Wang H-Z, Høiby N, Song Z-J.** 2015. Strategies for combating
499 bacterial biofilm infections. *Int J Oral Sci* **7**:1–7.
- 500 4. **Penesyan A, Gillings M, Paulsen IT.** 2015. Antibiotic discovery: combatting bacterial
501 resistance in cells and in biofilm communities. *Molecules* **20**:5286–5298.
- 502 5. **Campoccia D, Montanaro L, Arciola CR.** 2006. The significance of infection related
503 to orthopedic devices and issues of antibiotic resistance. *Biomaterials* **27**:2331–2339.
- 504 6. **Harris JK, De Groote MA, Sagel SD, Zemanick ET, Kapsner R, Penvari C, Kaess
505 H, Deterding RR, Accurso FJ, Pace NR.** 2007. Molecular identification of bacteria in
506 bronchoalveolar lavage fluid from children with cystic fibrosis. *Proceedings of the
507 National Academy of Sciences* **104**:20529–20533.
- 508 7. **Filkins LM, Hampton TH, Gifford AH, Gross MJ, Hogan DA, Sogin ML, Morrison
509 HG, Paster BJ, O'Toole GA.** 2012. Prevalence of streptococci and increased
510 polymicrobial diversity associated with cystic fibrosis patient stability. *J Bacteriol*
511 **194**:4709–4717.
- 512 8. **Fodor AA, Klem ER, Gilpin DF, Elborn JS, Boucher RC, Tunney MM, Wolfgang
513 MC.** 2012. The adult cystic fibrosis airway microbiota is stable over time and infection
514 type, and highly resilient to antibiotic treatment of exacerbations. *PLoS ONE* **7**:e45001.
- 515 9. **Stressmann FA, Rogers GB, van der Gast CJ, Marsh P, Vermeer LS, Carroll MP,
516 Hoffman L, Daniels TWV, Patel N, Forbes B, Bruce KD.** 2012. Long-term
517 cultivation-independent microbial diversity analysis demonstrates that bacterial
518 communities infecting the adult cystic fibrosis lung show stability and resilience. *Thorax*
519 **67**:867–873.
- 520 10. **Zhao J, Schloss PD, Kalikin LM, Carmody LA, Foster BK, Petrosino JF, Cavalcoli
521 JD, VanDevanter DR, Murray S, Li JZ, Young VB, LiPuma JJ.** 2012. Decade-long
522 bacterial community dynamics in cystic fibrosis airways. *Proceedings of the National
523 Academy of Sciences* **109**:5809–5814.
- 524 11. **Lim YW, Schmieder R, Haynes M, Willner D, Furlan M, Youle M, Abbott K,
525 Edwards R, Evangelista J, Conrad D, Rohwer F.** 2013. Metagenomics and
526 metatranscriptomics: Windows on CF-associated viral and microbial communities.
527 *Journal of Cystic Fibrosis* **12**:154–164.

- 528 12. **Filkins LM, O'Toole GA.** 2015. Cystic fibrosis lung infections: polymicrobial,
529 complex, and hard to treat. *PLoS Pathog* **11**:e1005258.
- 530 13. **Giacometti A, Cirioni O, Schimizzi AM, Del Prete MS, Barchiesi F, D'Errico MM,**
531 **Petrelli E, Scalise G.** 2000. Epidemiology and microbiology of surgical wound
532 infections. *J Clin Microbiol* **38**:918–922.
- 533 14. **Citron DM, Goldstein EJC, Merriam CV, Lipsky BA, Abramson MA.** 2007.
534 Bacteriology of moderate-to-severe diabetic foot infections and in vitro activity of
535 antimicrobial agents. *J Clin Microbiol* **45**:2819–2828.
- 536 15. **Dowd SE, Sun Y, Secor PR, Rhoads DD, Wolcott BM, James GA, Wolcott RD.**
537 2008. Survey of bacterial diversity in chronic wounds using pyrosequencing, DGGE,
538 and full ribosome shotgun sequencing. *BMC Microbiol* **8**:43.
- 539 16. **Post JC, Preston RA, Aul JJ, Larkins-Pettigrew M, Rydquist-White J, Anderson**
540 **KW, Wadowsky RM, Reagan DR, Walker ES, Kingsley LA, Magit AE, Ehrlich**
541 **GD.** 1995. Molecular analysis of bacterial pathogens in otitis media with effusion.
542 *JAMA* **273**:1598–1604.
- 543 17. **Hendolin PH, Markkanen A, Ylikoski J, Wahlfors JJ.** 1997. Use of multiplex PCR
544 for simultaneous detection of four bacterial species in middle ear effusions. *J Clin*
545 *Microbiol* **35**:2854–2858.
- 546 18. **Ronald A.** 2003. The etiology of urinary tract infection: traditional and emerging
547 pathogens. *Dis Mon* **49**:71–82.
- 548 19. **Kline KA, Lewis AL.** 2016. Gram-positive uropathogens, polymicrobial urinary tract
549 infection, and the emerging microbiota of the urinary tract. *Microbiol Spectr* **4**.
- 550 20. **Lightbown JW.** 1954. An antagonist of streptomycin and dihydrostreptomycin
551 produced by *Pseudomonas aeruginosa*. *J Gen Microbiol* **11**:477–492.
- 552 21. **Shahidi A, Ellner PD.** 1969. Effect of mixed cultures on antibiotic susceptibility
553 testing. *Appl Microbiol* **18**:766–770.
- 554 22. **Barry AL, Joyce LJ, Adams AP, Benner EJ.** 1973. Rapid determination of
555 antimicrobial susceptibility for urgent clinical situations. *American Journal of Clinical*
556 *Pathology* **59**:693–699.
- 557 23. **Ellner PD, Johnson E.** 1976. Unreliability of direct antibiotic susceptibility testing on
558 wound exudates. *Antimicrob Agents Chemother* **9**:355–356.
- 559 24. **Hollick GE, Washington JA.** 1976. Comparison of direct and standardized disk
560 diffusion susceptibility testing of urine cultures. *Antimicrob Agents Chemother* **9**:804–
561 809.

- 562 25. **Johnson JE, Washington JA.** 1976. Comparison of direct and standardized
563 antimicrobial susceptibility testing of positive blood cultures. *Antimicrob Agents*
564 *Chemother* **10**:211–214.
- 565 26. **Linn BS, Szabo S.** 1975. The varying sensitivity to antibacterial agents of micro-
566 organisms in pure vs. mixed cultures. *Surgery* **77**:780–785.
- 567 27. **Lebrun M, de Repentigny J, Mathieu LG.** 1978. [Diminution of the antibacterial
568 activity of antibiotics in cultures and in experimental mixed infections]. *Can J Microbiol*
569 **24**:154–161.
- 570 28. **Mirrett S, Reller LB.** 1979. Comparison of direct and standard antimicrobial disk
571 susceptibility testing for bacteria isolated from blood. *J Clin Microbiol* **10**:482–487.
- 572 29. **Hoffman LR, Deziel E, Lepine F, Emerson J, McNamara S, Gibson RL, Ramsey**
573 **BW, Miller SI.** 2006. Selection for *Staphylococcus aureus* small-colony variants due to
574 growth in the presence of *Pseudomonas aeruginosa*. *Proceedings of the National*
575 *Academy of Sciences* **103**:19890–19895.
- 576 30. **Ryan RP, Fouhy Y, Garcia BF, Watt SA, Niehaus K, Yang L, Tolker-Nielsen T,**
577 **Dow JM.** 2008. Interspecies signalling via the *Stenotrophomonas maltophilia* diffusible
578 signal factor influences biofilm formation and polymyxin tolerance in *Pseudomonas*
579 *aeruginosa*. *Mol Microbiol* **68**:75–86.
- 580 31. **Harriott MM, Noverr MC.** 2009. *Candida albicans* and *Staphylococcus aureus* form
581 polymicrobial biofilms: effects on antimicrobial resistance. *Antimicrob Agents*
582 *Chemother* **53**:3914–3922.
- 583 32. **Armbruster CE, Hong W, Pang B, Weimer KED, Juneau RA, Turner J, Swords**
584 **WE.** 2010. Indirect pathogenicity of *Haemophilus influenzae* and *Moraxella catarrhalis*
585 in polymicrobial otitis media occurs via interspecies quorum signaling. *MBio* **1**:S2.
- 586 33. **Bernier SP, Létoffé S, Delepierre M, Ghigo J-M.** 2011. Biogenic ammonia modifies
587 antibiotic resistance at a distance in physically separated bacteria. *Mol Microbiol*
588 **81**:705–716.
- 589 34. **Vega NM, Allison KR, Samuels AN, Klempner MS, Collins JJ.** 2013. *Salmonella*
590 *typhimurium* intercepts *Escherichia coli* signaling to enhance antibiotic tolerance. *Proc*
591 *Natl Acad Sci USA* **110**:14420–14425.
- 592 35. **DeLeon S, Clinton A, Fowler H, Everett J, Horswill AR, Rumbaugh KP.** 2014.
593 Synergistic interactions of *Pseudomonas aeruginosa* and *Staphylococcus aureus* in an *in*
594 *vitro* wound model. *Infect Immun* **82**:4718–4728.
- 595 36. **Beaudoin T, Yau YCW, Stapleton PJ, Gong Y, Wang PW, Guttman DS, Waters V.**
596 2017. *Staphylococcus aureus* interaction with *Pseudomonas aeruginosa* biofilm
597 enhances tobramycin resistance. *NPJ Biofilms Microbiomes* **3**:25.

- 598 37. **Orazi G, O'Toole GA.** 2017. *Pseudomonas aeruginosa* alters *Staphylococcus aureus*
599 sensitivity to vancomycin in a biofilm model of cystic fibrosis infection. *MBio*
600 **8:e00873–17.**
- 601 38. **Kean R, Rajendran R, Haggarty J, Townsend EM, Short B, Burgess KE, Lang S,**
602 **Millington O, Mackay WG, Williams C, Ramage G.** 2017. *Candida albicans*
603 mycofilms support *Staphylococcus aureus* colonization and enhances miconazole
604 resistance in dual-species interactions. *Front Microbiol* **8:258.**
- 605 39. **Radlinski L, Rowe SE, Kartchner LB, Maile R, Cairns BA, Vitko NP, Gode CJ,**
606 **Lachiewicz AM, Wolfgang MC, Conlon BP.** 2017. *Pseudomonas aeruginosa*
607 exoproducts determine antibiotic efficacy against *Staphylococcus aureus*. *PLoS Biol*
608 **15:e2003981.**
- 609 40. **Adamowicz EM, Flynn J, Hunter RC, Harcombe WR.** 2018. Cross-feeding
610 modulates antibiotic tolerance in bacterial communities. *ISME J* **15:555.**
- 611 41. **Cystic Fibrosis Foundation.** 2015. Cystic Fibrosis Foundation patient registry 2015
612 annual data report. Bethesda, MD.
- 613 42. **Cox MJ, Allgaier M, Taylor B, Baek MS, Huang YJ, Daly RA, Karaoz U, Andersen**
614 **GL, Brown R, Fujimura KE, Wu B, Tran D, Koff J, Kleinhenz ME, Nielson D,**
615 **Brodie EL, Lynch SV.** 2010. Airway microbiota and pathogen abundance in age-
616 stratified cystic fibrosis patients. *PLoS ONE* **5:e11044.**
- 617 43. **Wolter DJ, Emerson JC, McNamara S, Buccat AM, Qin X, Cochrane E, Houston**
618 **LS, Rogers GB, Marsh P, Prehar K, Pope CE, Blackledge M, Deziel E, Bruce KD,**
619 **Ramsey BW, Gibson RL, Burns JL, Hoffman LR.** 2013. *Staphylococcus aureus*
620 small-colony variants are independently associated with worse lung disease in children
621 with cystic fibrosis. *Clin Infect Dis* **57:384–391.**
- 622 44. **Emerson J, Rosenfeld M, McNamara S, Ramsey B, Gibson RL.** 2002. *Pseudomonas*
623 *aeruginosa* and other predictors of mortality and morbidity in young children with cystic
624 fibrosis. *Pediatr Pulmonol* **34:91–100.**
- 625 45. **Com G, Carroll JL, Castro MM, Tang X, Jambhekar S, Berlinski A.** 2014.
626 Predictors and outcome of low initial forced expiratory volume in 1 second measurement
627 in children with cystic fibrosis. *J Pediatr* **164:832–838.**
- 628 46. **Hudson VL, Wielinski CL, Regelman WE.** 1993. Prognostic implications of initial
629 oropharyngeal bacterial flora in patients with cystic fibrosis diagnosed before the age of
630 two years. *J Pediatr* **122:854–860.**
- 631 47. **Rosenbluth DB, Wilson K, Ferkol T, Schuster DP.** 2004. Lung function decline in
632 cystic fibrosis patients and timing for lung transplantation referral. *Chest* **126:412–419.**
- 633 48. **Limoli DH, Yang J, Khansaheb MK, Helfman B, Peng L, Stecenko AA, Goldberg**
634 **JB.** 2016. *Staphylococcus aureus* and *Pseudomonas aeruginosa* co-infection is

- 635 associated with cystic fibrosis-related diabetes and poor clinical outcomes. *European*
636 *Journal of Clinical Microbiology & Infectious Diseases* 1–7.
- 637 49. **Maliniak ML, Stecenko AA, McCarty NA.** 2016. A longitudinal analysis of chronic
638 MRSA and *Pseudomonas aeruginosa* co-infection in cystic fibrosis: A single-center
639 study. *J Cyst Fibros* **15**:350–356.
- 640 50. **Limoli DH, Hoffman LR.** 2019. Help, hinder, hide and harm: what can we learn from
641 the interactions between *Pseudomonas aeruginosa* and *Staphylococcus aureus* during
642 respiratory infections? *Thorax thoraxjnl*–2018–212616.
- 643 51. **Gjødsbøl K, Christensen JJ, Karlsmark T, Jørgensen B, Klein BM, Kroghfelt KA.**
644 2006. Multiple bacterial species reside in chronic wounds: a longitudinal study.
645 *International Wound Journal* **3**:225–231.
- 646 52. **Körber A, Schmid EN, Buer J, Klode J, Schadendorf D, Dissemund J.** 2010.
647 Bacterial colonization of chronic leg ulcers: current results compared with data 5 years
648 ago in a specialized dermatology department. *Journal of the European Academy of*
649 *Dermatology and Venereology* **4**:1–1025.
- 650 53. **Pastar I, Nusbaum AG, Gil J, Patel SB, Chen J, Valdes J, Stojadinovic O, Plano**
651 **LR, Tomic-Canic M, Davis SC.** 2013. Interactions of methicillin resistant
652 *Staphylococcus aureus* USA300 and *Pseudomonas aeruginosa* in polymicrobial wound
653 infection. *PLoS ONE* **8**:e56846.
- 654 54. **Silva MT, Sousa JC, Macedo MA, Polónia J, Parente AM.** 1976. Effects of phenethyl
655 alcohol on *Bacillus* and *Streptococcus*. *J Bacteriol* **127**:1359–1369.
- 656 55. **Heipieper HJ, Keweloh H, Rehm HJ.** 1991. Influence of phenols on growth and
657 membrane permeability of free and immobilized *Escherichia coli*. *Appl Environ*
658 *Microbiol* **57**:1213–1217.
- 659 56. **McDonnell G, Russell AD.** 1999. Antiseptics and disinfectants: activity, action, and
660 resistance. *Clin Microbiol Rev* **12**:147–179.
- 661 57. **Miller MH, Edberg SC, Mandel LJ, Behar CF, Steigbigel NH.** 1980. Gentamicin
662 uptake in wild-type and aminoglycoside-resistant small-colony mutants of
663 *Staphylococcus aureus*. *Antimicrob Agents Chemother* **18**:722–729.
- 664 58. **Tsuji BT, Eiff von C, Kelchlin PA, Forrest A, Smith PF.** 2008. Attenuated
665 vancomycin bactericidal activity against *Staphylococcus aureus hemB* mutants
666 expressing the small-colony-variant phenotype. *Antimicrob Agents Chemother* **52**:1533–
667 1537.
- 668 59. **Hess DJ, Henry-Stanley MJ, Luszczek ER, Beilman GJ, Wells CL.** 2013. Anoxia
669 inhibits biofilm development and modulates antibiotic activity. *J Surg Res* **184**:488–494.

- 670 60. **Proctor RA, Humboldt von A.** 1998. Bacterial energetics and antimicrobial resistance.
671 Drug Resistance Updates **1**:227–235.
- 672 61. **Hurdle JG, O'Neill AJ, Chopra I, Lee RE.** 2011. Targeting bacterial membrane
673 function: an underexploited mechanism for treating persistent infections. Nat Rev Micro
674 **9**:62–75.
- 675 62. **Eiff von C, Heilmann C, Proctor RA, Woltz C, Peters G, Götz F.** 1997. A site-
676 directed *Staphylococcus aureus hemB* mutant is a small-colony variant which persists
677 intracellularly. J Bacteriol **179**:4706–4712.
- 678 63. **Lepine F, Deziel E, Milot S, Rahme LG.** 2003. A stable isotope dilution assay for the
679 quantification of the *Pseudomonas* quinolone signal in *Pseudomonas aeruginosa*
680 cultures. Biochimica et Biophysica Acta (BBA) - General Subjects **1622**:36–41.
- 681 64. **Deziel E, Lépine F, Milot S, He J, Mindrinos MN, Tompkins RG, Rahme LG.** 2004.
682 Analysis of *Pseudomonas aeruginosa* 4-hydroxy-2-alkylquinolines (HAQs) reveals a
683 role for 4-hydroxy-2-heptylquinoline in cell-to-cell communication. Proceedings of the
684 National Academy of Sciences **101**:1339–1344.
- 685 65. **Lightbown JW, Jackson FL.** 1956. Inhibition of cytochrome systems of heart muscle
686 and certain bacteria by the antagonists of dihydrostreptomycin: 2-alkyl-4-
687 hydroxyquinoline N-oxides. Biochem J **63**:130–137.
- 688 66. **Van Ark G, Berden JA.** 1977. Binding of HQNO to beef-heart sub-mitochondrial
689 particles. Biochimica et Biophysica Acta (BBA) - Bioenergetics **459**:119–137.
- 690 67. **Esposti MD.** 1989. Prediction and comparison of the haem-binding sites in membrane
691 haemoproteins. Biochimica et Biophysica Acta (BBA) - Bioenergetics **977**:249–265.
- 692 68. **Miyadera H, Shiomi K, Ui H, Yamaguchi Y, Masuma R, Tomoda H, Miyoshi H,**
693 **Osanai A, Kita K, Omura S.** 2003. Atpenins, potent and specific inhibitors of
694 mitochondrial complex II (succinate-ubiquinone oxidoreductase). Proceedings of the
695 National Academy of Sciences **100**:473–477.
- 696 69. **Keweloh H, Diefenbach R, Rehm H-JR.** 1991. Increase of phenol tolerance of
697 *Escherichia coli* by alterations of the fatty acid composition of the membrane lipids.
698 Arch Microbiol **157**:49–53.
- 699 70. **Domenech O, Dufrêne YF, Van Bambeke F, Tukens PM, Mingeot-Leclercq M-P.**
700 2010. Interactions of oritavancin, a new semi-synthetic lipoglycopeptide, with lipids
701 extracted from *Staphylococcus aureus*. Biochim Biophys Acta **1798**:1876–1885.
- 702 71. **Bessa LJ, Ferreira M, Gameiro P.** 2018. Evaluation of membrane fluidity of
703 multidrug-resistant isolates of *Escherichia coli* and *Staphylococcus aureus* in presence
704 and absence of antibiotics. J Photochem Photobiol B, Biol **181**:150–156.

- 705 72. **Perez-Lopez MI, Mendez-Reina R, Trier S, Herrfurth C, Feussner I, Bernal A,**
706 **Forero-Shelton M, Leidy C.** 2019. Variations in carotenoid content and acyl chain
707 composition in exponential, stationary and biofilm states of *Staphylococcus aureus*, and
708 their influence on membrane biophysical properties. *Biochim Biophys Acta Biomembr.*
- 709 73. **Friedlander G, Le Grimellec C, Giocondi M-C, Amiel C.** 1987. Benzyl alcohol
710 increases membrane fluidity and modulates cyclic AMP synthesis in intact renal
711 epithelial cells. *Biochimica et Biophysica Acta (BBA) - Biomembranes* **903**:341–348.
- 712 74. **Shigapova N, Török Z, Balogh G, Goloubinoff P, Vígh L, Horváth I.** 2005.
713 Membrane fluidization triggers membrane remodeling which affects the thermotolerance
714 in *Escherichia coli*. *Biochem Biophys Res Commun* **328**:1216–1223.
- 715 75. **Cebrián G, Condón S, Mañas P.** 2016. Influence of growth and treatment temperature
716 on *Staphylococcus aureus* resistance to pulsed electric fields: relationship with
717 membrane fluidity. *Innovative Food Science & Emerging Technologies* **37**:161–169.
- 718 76. **Balogh G, Horváth I, Nagy E, Hoyk Z, Benkő S, Bensaude O, Vígh L.** 2005. The
719 hyperfluidization of mammalian cell membranes acts as a signal to initiate the heat
720 shock protein response. *FEBS J* **272**:6077–6086.
- 721 77. **Veerman ECI, Valentijn-Benz M, Nazmi K, Ruissen ALA, Walgreen-Weterings E,**
722 **van Marle J, Doust AB, van't Hof W, Bolscher JGM, Amerongen AVN.** 2007.
723 Energy depletion protects *Candida albicans* against antimicrobial peptides by rigidifying
724 its cell membrane. *J Biol Chem* **282**:18831–18841.
- 725 78. **Daeschlein G.** 2013. Antimicrobial and antiseptic strategies in wound management.
726 *International Wound Journal* **10 Suppl 1**:9–14.
- 727 79. **Assadian O.** 2016. Octenidine dihydrochloride: chemical characteristics and
728 antimicrobial properties. *J Wound Care* **25**:S3–6.
- 729 80. **Barr HL, Halliday N, Cámara M, Barrett DA, Williams P, Forrester DL, Simms R,**
730 **Smyth AR, Honeybourne D, Whitehouse JL, Nash EF, Dewar J, Clayton A, Knox**
731 **AJ, Fogarty AW.** 2015. *Pseudomonas aeruginosa* quorum sensing molecules correlate
732 with clinical status in cystic fibrosis. *Eur Respir J* **46**:1046–1054.
- 733 81. **Smith EE, Buckley DG, Wu Z, Saenphimmachak C, Hoffman LR, D'Argenio DA,**
734 **Miller SI, Ramsey BW, Speert DP, Moskowitz SM, Burns JL, Kaul R, Olson MV.**
735 2006. Genetic adaptation by *Pseudomonas aeruginosa* to the airways of cystic fibrosis
736 patients. *Proceedings of the National Academy of Sciences* **103**:8487–8492.
- 737 82. **Hoffman LR, Kulasekara HD, Emerson J, Houston LS, Burns JL, Ramsey BW,**
738 **Miller SI.** 2009. *Pseudomonas aeruginosa lasR* mutants are associated with cystic
739 fibrosis lung disease progression. *J Cyst Fibros* **8**:66–70.
- 740 83. **Limoli DH, Whitfield GB, Kitao T, Ivey ML, Davis MR, Grahl N, Hogan DA,**
741 **Rahme LG, Howell PL, O'Toole GA, Goldberg JB.** 2017. *Pseudomonas aeruginosa*

- 742 alginate overproduction promotes coexistence with *Staphylococcus aureus* in a model of
743 cystic fibrosis respiratory infection. *MBio* **8**:e00186–17.
- 744 84. **Filkins LM, Graber JA, Olson DG, Dolben EL, Lynd LR, Bhujju S, O'Toole GA.**
745 2015. Coculture of *Staphylococcus aureus* with *Pseudomonas aeruginosa* drives *S.*
746 *aureus* towards fermentative metabolism and reduced viability in a cystic fibrosis model.
747 *J Bacteriol* **197**:2252–2264.
- 748 85. **Fuchs S, Pané-Farré J, Kohler C, Hecker M, Engelmann S.** 2007. Anaerobic gene
749 expression in *Staphylococcus aureus*. *J Bacteriol* **189**:4275–4289.
- 750 86. **Burkhart BM, Li N, Langs DA, Pangborn WA, Duax WL.** 1998. The conducting
751 form of gramicidin A is a right-handed double-stranded double helix. *Proceedings of the*
752 *National Academy of Sciences* **95**:12950–12955.
- 753 87. **Koo SP, Bayer AS, Yeaman MR.** 2001. Diversity in antistaphylococcal mechanisms
754 among membrane-targeting antimicrobial peptides. *Infect Immun* **69**:4916–4922.
- 755 88. **Xiong YQ, Mukhopadhyay K, Yeaman MR, Adler-Moore J, Bayer AS.** 2005.
756 Functional interrelationships between cell membrane and cell wall in antimicrobial
757 peptide-mediated killing of *Staphylococcus aureus*. *Antimicrob Agents Chemother*
758 **49**:3114–3121.
- 759 89. **Kristiansen JE, Amaral L.** 1997. The potential management of resistant infections with
760 non-antibiotics. *Journal of Antimicrobial Chemotherapy* **40**:319–327.
- 761 90. **Mazumder R, Ganguly K, Dastidar SG, Chakrabarty AN.** 2001. Trifluoperazine: a
762 broad spectrum bactericide especially active on staphylococci and vibrios. *Int J*
763 *Antimicrob Agents* **18**:403–406.
- 764 91. **Kristiansen JE, Hendricks O, Delvin T, Butterworth TS, Aagaard L, Christensen**
765 **JB, Flores VC, Keyzer H.** 2007. Reversal of resistance in microorganisms by help of
766 non-antibiotics. *Journal of Antimicrobial Chemotherapy*, 11 ed. **59**:1271–1279.
- 767 92. **Kristiansen JE, Thomsen VF, Martins A, Viveiros M, Amaral L.** 2010. Non-
768 antibiotics reverse resistance of bacteria to antibiotics. *In Vivo* **24**:751–754.
- 769 93. **Mandal A, Sinha C, Kumar Jena A, Ghosh S, Samanta A.** 2010. An investigation on
770 *in vitro* and *in vivo* antimicrobial properties of the antidepressant: amitriptyline
771 hydrochloride. *Braz J Microbiol* **41**:635–645.
- 772 94. **Spitzer M, Griffiths E, Blakely KM, Wildenhain J, Ejim L, Rossi L, De Pascale G,**
773 **Curak J, Brown E, Tyers M, Wright GD.** 2011. Cross-species discovery of syncretic
774 drug combinations that potentiate the antifungal fluconazole. *Mol Syst Biol* **7**:499–499.
- 775 95. **Caetano W, Tabak M.** 1999. Interaction of chlorpromazine and trifluoperazine with
776 ionic micelles: electronic absorption spectroscopy studies. *Spectrochimica Acta Part A:*
777 *Molecular and Biomolecular Spectroscopy* **55**:2513–2528.

- 778 96. **Hendrich AB, Wesolowska O, Michalak K.** 2001. Trifluoperazine induces domain
779 formation in zwitterionic phosphatidylcholine but not in charged phosphatidylglycerol
780 bilayers. *Biochim Biophys Acta* **1510**:414–425.
- 781 97. **Kalani M, Brismar K, Fagrell B, Ostergren J, Jorneskog G.** 1999. Transcutaneous
782 oxygen tension and toe blood pressure as predictors for outcome of diabetic foot ulcers.
783 *Diabetes Care* **22**:147–151.
- 784 98. **Wattel F, Mathieu D, Coget JM, Billard V.** 2016. Hyperbaric oxygen therapy in
785 chronic vascular wound management. *Angiology* **41**:59–65.
- 786 99. **Kopf SH, Sessions AL, Cowley ES, Reyes C, Van Sambeek L, Hu Y, Orphan VJ,**
787 **Kato R, Newman DK.** 2016. Trace incorporation of heavy water reveals slow and
788 heterogeneous pathogen growth rates in cystic fibrosis sputum. *Proc Natl Acad Sci USA*
789 **113**:E110–6.
- 790 100. **Nair DR, Monteiro JM, Memmi G, Thanassi J, Pucci M, Schwartzman J, Pinho**
791 **MG, Cheung AL.** 2015. Characterization of a novel small molecule that potentiates β -
792 lactam activity against gram-positive and gram-negative pathogens. *Antimicrob Agents*
793 *Chemother* **59**:1876–1885.
- 794 101. **Müller A, Wenzel M, Strahl H, Grein F, Saaki TNV, Kohl B, Siersma T, Bandow**
795 **JE, Sahl H-G, Schneider T, Hamoen LW.** 2016. Daptomycin inhibits cell envelope
796 synthesis by interfering with fluid membrane microdomains. *Proc Natl Acad Sci USA*
797 **113**:E7077–E7086.
- 798 102. **Strahl H, Bürmann F, Hamoen LW.** 2014. The actin homologue MreB organizes the
799 bacterial cell membrane. *Nat Commun* **5**:3442.
- 800 103. **Zhu K.** 2005. Precursor and temperature modulation of fatty acid composition and
801 growth of *Listeria monocytogenes* cold-sensitive mutants with transposon-interrupted
802 branched-chain-keto acid dehydrogenase. *Microbiology* **151**:615–623.

803 **Figure Legends**

804

805 **Figure 1. *P. aeruginosa* supernatant increases *S. aureus* biofilm sensitivity to chloroxylenol.**

806 Biofilm disruption assays on plastic were performed with the specified *S. aureus* clinical

807 isolate, *P. aeruginosa* PA14 supernatant (Pa sup), and chloroxylenol (Chlor) at

808 100 µg/ml. Biofilms were grown for 6 hours, exposed to the above treatments for 18 hours, and

809 *S. aureus* biofilm CFU were determined. Each column displays the average from two biological

810 replicates, each with three technical replicates. Error bars indicate standard deviation (SD). bd,

811 below detection. ns, not significant; **, $P < 0.01$, ***, $P < 0.001$, by ordinary one-way ANOVA

812 and Bonferroni's multiple comparison post-test.

813

814 **Figure 2. *P. aeruginosa* supernatant enhances the ability of chloroxylenol to kill difficult-to-**

815 **treat *S. aureus* biofilms. (A)** Biofilm disruption assays on plastic were performed

816 with *S. aureus* (Sa) Newman, *P. aeruginosa* PA14 supernatant (Pa sup), and chloroxylenol

817 (Chlor) at 100 µg/ml under normoxic or anoxic conditions. Biofilms were grown for 6 hours,

818 exposed to the above treatments for 18 hours, and *S. aureus* biofilm CFU were determined. **(B)**

819 Biofilm disruption assays on plastic were performed with *S. aureus* (Sa) Col parental strain or

820 *hemB* mutant, supernatants from wild-type *P. aeruginosa* PA14 and the $\Delta pqsL \Delta pvdA \Delta pchE$

821 mutant (Pa $\Delta\Delta\Delta$ sup), and chloroxylenol (Chlor) at 100 µg/ml. Biofilms were grown for 6 hours,

822 exposed to the above treatments for 18 hours, and *S. aureus* biofilm CFU were determined. **(C)**

823 Biofilm disruption assays on plastic were performed with *S. aureus* (Sa) Newman, supernatants

824 from wild-type *P. aeruginosa* PA14 and the $\Delta pqsL \Delta pvdA \Delta pchE$ mutant (Pa $\Delta\Delta\Delta$ sup), and

825 chloroxylenol (Chlor) at 100 µg/ml. Biofilms were grown for 24 hours, exposed to the above

826 treatments for 24 additional hours, and *S. aureus* biofilm CFU were determined. Each column
827 displays the average from three biological replicates, each with three technical replicates. Error
828 bars indicate SD. bd, below detection. ns, not significant; *, $P < 0.05$, **, $P < 0.01$, ***, $P <$
829 0.001, by ordinary one-way ANOVA and Tukey's multiple comparison post-test.

830

831 **Figure 3. The *P. aeruginosa* exoproducts HQNO and siderophores increase *S. aureus***
832 **biofilm and planktonic sensitivity to chloroxylenol. (A and B)** Biofilm disruption assays on
833 plastic were performed with *S. aureus* (Sa) Newman, supernatants from *P. aeruginosa* PA14
834 wild-type and the $\Delta pqsL \Delta pvdA \Delta pchE$ deletion mutant (Pa $\Delta\Delta\Delta$ sup), and chloroxylenol (Chlor)
835 at 100 $\mu\text{g}/\text{ml}$. Biofilms were grown for 6 hours, exposed to the above treatments for 18 hours,
836 and *S. aureus* biofilm (A) and planktonic (B) CFU were determined. Data in panels A and B
837 were from the same experiments. (C) Biofilm disruption assays on plastic were performed
838 with *S. aureus* (Sa) Newman, chloroxylenol (Chlor) at 100 $\mu\text{g}/\text{ml}$, and the specified
839 concentrations of HQNO (dissolved in DMSO). Biofilms were grown for 6 hours, exposed to the
840 above treatments for 18 hours, and *S. aureus* biofilm CFU were determined. Each column
841 displays the average from at least three biological replicates, each with three technical replicates.
842 Error bars indicate SD. ns, not significant; ***, $P < 0.001$, by ordinary one-way ANOVA and
843 Tukey's multiple comparison post-test.

844

845 **Figure 4. Exogenous HQNO increases *S. aureus* membrane fluidity. (A to C)** Laurdan
846 generalized polarization (GP) was performed with *S. aureus* (Sa) Newman, benzyl alcohol
847 (BnOH) (A and B), HQNO (B), and the DMSO control (solvent for HQNO) at the indicated
848 concentrations, and Antimycin A at 100 $\mu\text{g}/\text{ml}$ along with the ethanol control (solvent for

849 Antimycin A) (C). *S. aureus* was exposed to the above treatments for 1 hour, and GP values
850 were determined. Each column displays the average from at least three biological replicates, each
851 with three technical replicates. Error bars indicate SD. ns, not significant; ***, $P < 0.001$, by
852 ordinary one-way ANOVA and Tukey's multiple comparison post-test.

853

854 **Figure 5. Shifting membrane fluidity alters *S. aureus* biofilm sensitivity to chloroxylenol.** (A
855 to C) Biofilm disruption assays on plastic were performed with *S. aureus* (Sa)
856 Newman, chloroxylenol (Chlor) at 100 $\mu\text{g/ml}$, benzyl alcohol (BnOH) at 50 mM (A), 1-heptanol
857 at 50 mM (B), and dimethyl sulfoxide (DMSO) at 1% and 6% (C). Biofilms were grown for 6
858 hours, exposed to the above treatments for 18 hours, and *S. aureus* biofilm CFU were
859 determined. Each column displays the average from at least three biological replicates, each with
860 three technical replicates. Error bars indicate SD. ns, not significant; **, $P < 0.01$, ***, $P <$
861 0.001, by ordinary one-way ANOVA and Tukey's multiple comparison post-test.

862

863 **Figure 6. *P. aeruginosa* supernatant increases *S. aureus* biofilm sensitivity to other**
864 **membrane-targeting compounds.** (A to E) Biofilm disruption assays on plastic were
865 performed with *S. aureus* (Sa) Newman, supernatants from *P. aeruginosa* PA14 wild-type and
866 the specified mutants (Pa sup), and either Biphenyl at 200 $\mu\text{g/ml}$ (A), Gramicidin at 100 $\mu\text{g/ml}$
867 (B), Trifluoperazine at 100 $\mu\text{g/ml}$ (C), Amitriptyline at 100 $\mu\text{g/ml}$ (D), or Octenidine
868 dihydrochloride (Oct) at 5 $\mu\text{g/ml}$ (E). Biofilms were grown for 6 hours, exposed to the above
869 treatments for 18 hours, and *S. aureus* biofilm CFU were determined. Each column displays the
870 average from at least three biological replicates, each with three technical replicates. Error bars

871 indicate standard deviation (SD). ns, not significant; *, $P < 0.05$, ***, $P < 0.001$, by ordinary
872 one-way ANOVA and Tukey's multiple comparison post-test.

873

874 **Supplemental Figures**

875 **Figure S1. The concentration of ethanol used in this study does not decrease *S. aureus***
876 **biofilm viability in the presence or absence of *P. aeruginosa* supernatant and**
877 ***P. aeruginosa* supernatant rapidly increases *S. aureus* biofilm sensitivity to chloroxylenol.**

878

879 **Figure S2. Testing the ability of *P. aeruginosa* PA14 mutants defective in exoproduct**
880 **production to increase *S. aureus* biofilm sensitivity to chloroxylenol.**

881

882 **Figure S3. Testing the ability of electron transport chain inhibitors and a proton ionophore**
883 **to increase *S. aureus* biofilm sensitivity to chloroxylenol.**

884

885 **Figure S4. Reactive oxygen species do not sensitize *S. aureus* biofilms to chloroxylenol**

886

887 **Figure S5. Manipulating membrane fatty acid composition alters *S. aureus* biofilm**
888 **sensitivity to chloroxylenol.**

889

890 **Figure S6. Exposure to *P. aeruginosa* exoproducts alters *S. aureus* membrane fatty acid**
891 **composition.**

892

893 **Supplemental Tables**

894

895 **Supplemental Table 1. *P. aeruginosa* supernatant increases *S. aureus* biofilm sensitivity to**
896 **antiseptics and antibiotics.**

897

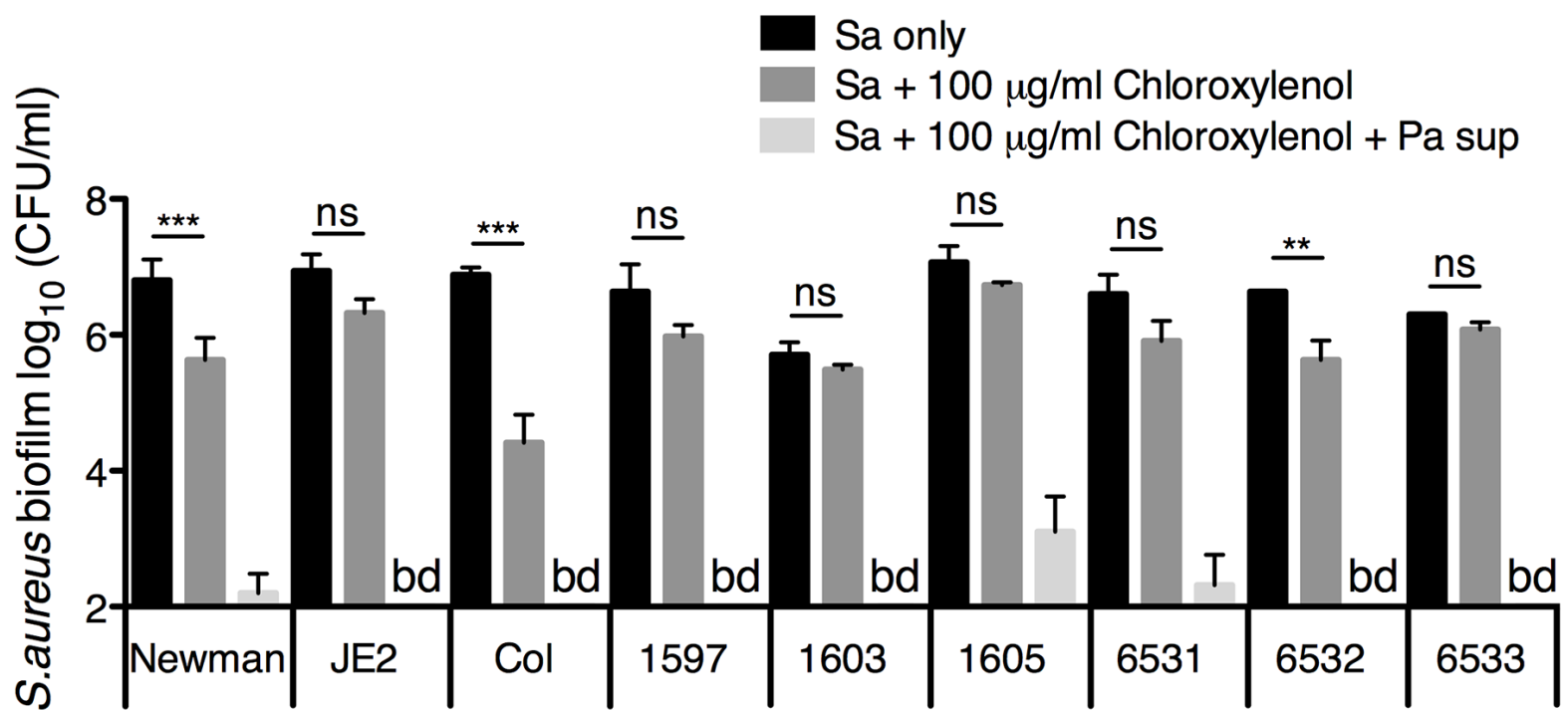
898 **Supplemental Table 2. Strains used in this study.**

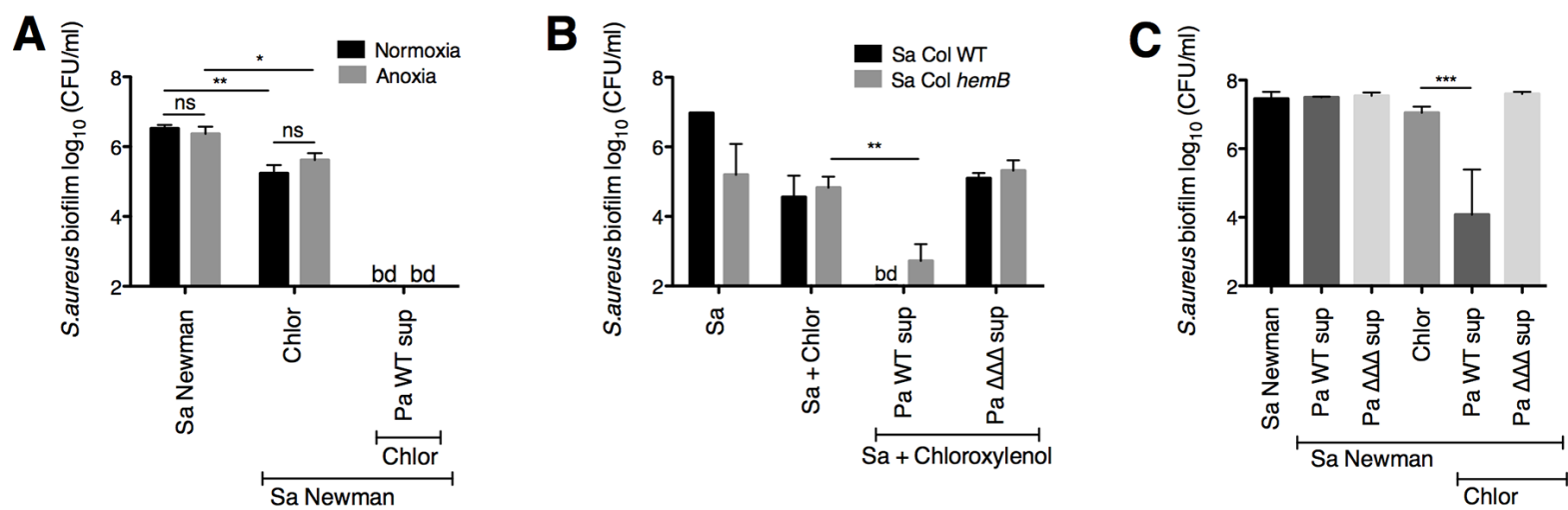
899

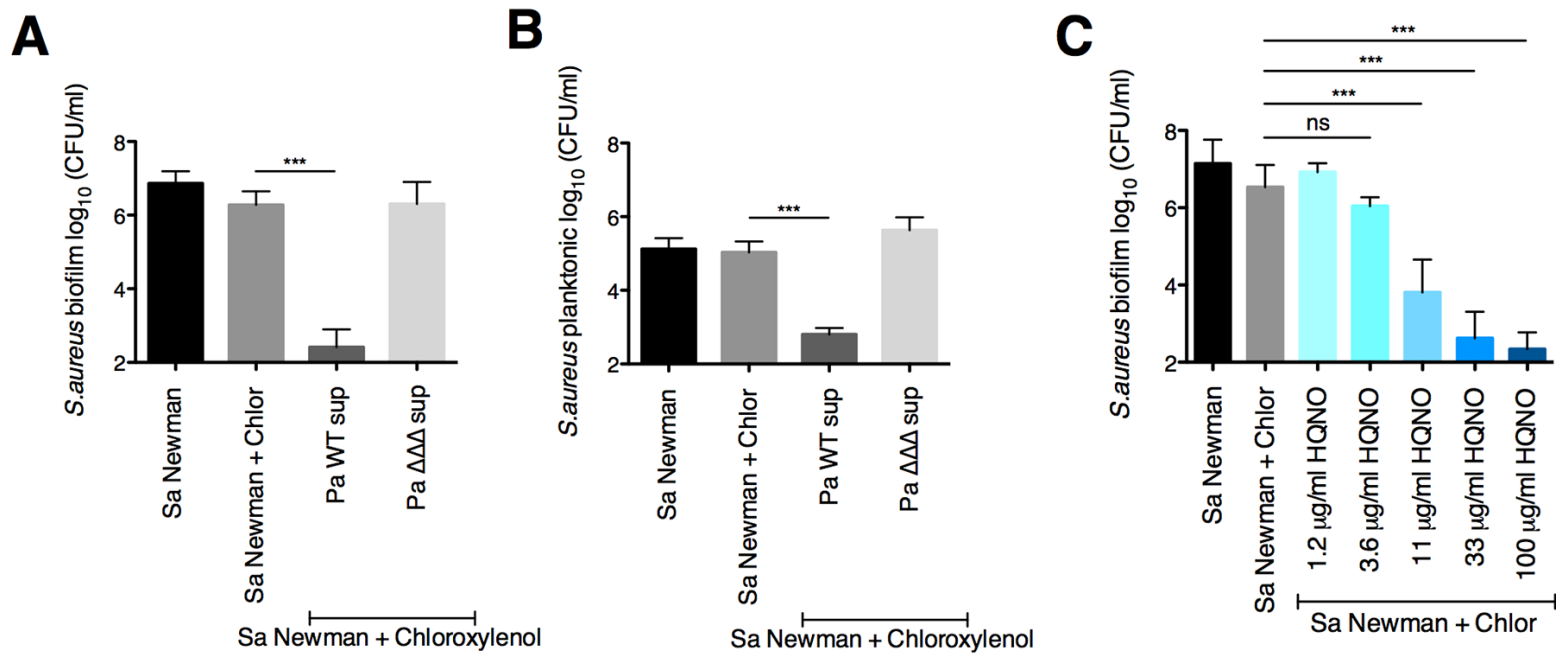
900 **Supplemental Table 3. HQNO alters *S. aureus* membrane fatty acid profiles.**

901

902 **Supplemental Text 1. Supplemental Results and Materials and Methods.**

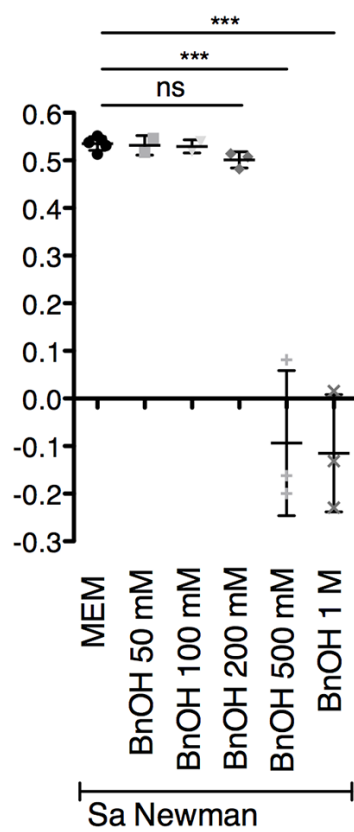






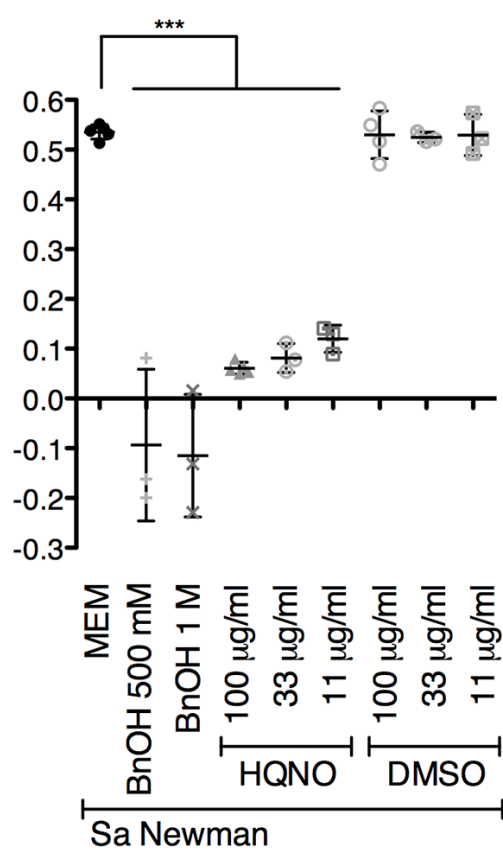
A

Laurdan Generalized Polarization



B

Laurdan Generalized Polarization



C

Laurdan Generalized Polarization

