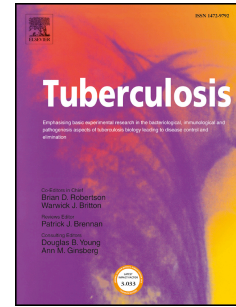


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Proteomic analysis reveals that sulfamethoxazole induces oxidative stress in *M. tuberculosis*

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1 Proteomic analysis reveals that Sulfamethoxazole induces oxidative stress in *M. tuberculosis*

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9 **Summary**

10 The emerging resistance of tuberculosis (TB) to current first line drugs (isoniazid, rifampicin,
11 pyrazinamide, ethambutol) warrants alternative treatment approaches with broad-spectrum efficacy.
12 Previously, we have shown that sulfamethoxazole (SMX) has synergistic activity with rifampicin against
13 *Mycobacterium tuberculosis*. The primary target of SMX is *folP1* in mycobacteria; however, SMX may
14 affect other secondary targets in *M. tuberculosis*. This study investigated the potential additional targets of
15 SMX in a clinical isolate of *M. tuberculosis* using Orbitrap mass spectrometry to identify differentially
16 expressed proteins following treatment with a sub-lethal concentration of SMX. Raw data have been
17 deposited as ProteomeXchange accession PXD009315. Our proteomic analysis identified approximately
18 1500 proteins in total of which 46 proteins were differentially regulated as a result of SMX treatment.
19 These included 25 upregulated and 21 downregulated proteins. The oxidative stress proteins (Rv2428,
20 AhpC and Rv2394, GgtB) and an enzyme from the electron transport chain (Ndh-II, Rv1854c) were
21 found to be upregulated. Gene expression analysis correlated with the observed proteomic changes. In
22 conclusion our results show that SMX treatment of a drug sensitive *M. tuberculosis* clinical isolate
23 resulted in the regulation of proteins involved in the oxidative stress response, indicating the induction of
24 oxidative stress by SMX in mycobacteria.

25 **Keywords:** *Mycobacterium tuberculosis*, Sulfamethoxazole, Proteomics, Oxidative stress.

26 **Introduction**

27 *Mycobacterium tuberculosis* is a highly infectious pathogen causing tuberculosis (TB) in 10.4 million
28 people worldwide with 1.5 million deaths including 0.4 million individuals with HIV-TB co-infection
29 [1,2]. Thus, new and effective drugs are urgently needed to combat MDR (multi drug-resistant) and XDR
30 (extensively drug-resistant) tuberculosis, however new drug development is extremely expensive and time
31 consuming.

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