

**Supplementary Table 8.** *In vitro* susceptibility of *S. maltophilia* strains, isolated from 10 CF patients over 12-year period, belonging to selected STs. MIC values were stratified on ST and interpreted according to CLSI-suggested breakpoints. Drug abbreviations: TZP, piperacillin-tazobactam; LVX, levofloxacin; AMK, amikacin; SXT, trimethoprim-sulfamethoxazole; MIN, minocycline; TIM, ticarcillin-clavulanic acid; CHL, chloramphenicol; CIP, ciprofloxacin; CAZ, ceftazidime; DOX, doxycycline.

ST <sup>b</sup> (n)	No. (%) of strains resistant <sup>a</sup> to:									
	TZP	LVX	AMK	SXT	MIN	TIM	CHL	CIP	CAZ	DOX
<b>5 (20)</b>	16 (80)	9 (45)	16 (80)	5 (25)	0 (0)	11 (55) <sup>§</sup>	11 (55)	18 (90)	16 (80)	1 (0.5)
<b>91 (10)</b>	7 (70)	4 (40)	2 (20) <sup>°</sup>	0 (0)	0 (0)	6 (60)	3 (30)	8 (80)	8 (80)	0 (0)
<b>179 (7)</b>	7 (100)	6 (85.7)*	7 (100)	0 (0)	0 (0)	7 (100)	0 (0) <sup>^</sup>	7 (100)	7 (100)	0 (0)
<b>184 (15)</b>	15 (100)	4 (26.6)	14 (93.3)	0 (0)	0 (0)	14 (93.3)	8 (53.3)	14 (93.3)	14 (93.3)	1 (0.5)
<b>185 (8)</b>	8 (100)	0 (0)	8 (100)	0 (0)	0 (0)	8 (100)	6 (75)	7 (87.5)	8 (100)	0 (0)

<sup>a</sup> Strains showing "intermediate susceptibility" were considered as "resistant".

<sup>b</sup> ST, sequence type.

\* LVX: ST179 vs ST184 and ST185;  $p < 0.05$ , chi-square test.

<sup>^</sup> CHL: ST179 vs ST5, ST184, and ST185;  $p < 0.05$ , chi-square test.

<sup>°</sup> AMK: ST91 vs other STs;  $p < 0.01$ , chi-square test.

<sup>§</sup> TIM: ST5 vs ST179, ST184 and ST185;  $p < 0.05$ , chi-square test.