

## **Checkpoint kinase 1/2 inhibition potentiates anti-tumoral immune response and sensitizes gliomas to immune checkpoint blockade**

Crismita Dmello<sup>1,2,#,\*</sup>, Junfei Zhao<sup>3,4,#</sup>, Li Chen<sup>1,2</sup>, Andrew Gould<sup>1,2</sup>, Brandyn Castro,<sup>1,5</sup> Victor A Arrieta<sup>1,2,6</sup>, Daniel Y. Zhang<sup>1,2</sup>, Kwang-Soo Kim<sup>1,2</sup>, Deepak Kanojia<sup>1,2</sup>, Peng Zhang<sup>1,2</sup>, Jason Miska<sup>1,2</sup>, Ragini Yeeravalli<sup>1,2</sup>, Karl Habashy<sup>1,2</sup>, Ruth Saganty<sup>1,2</sup>, Seong Jae Kang<sup>1,2</sup>, Jawad Fares<sup>1,2</sup>, Connor Liu<sup>7,8</sup>, Gavin Dunn<sup>7,8,9</sup>, Elizabeth Bartom<sup>10</sup>, Matthew J Schipma<sup>11</sup>, Patrick D. Hsu<sup>12,13,14</sup>, Mahmoud S Alghamri<sup>15,16</sup>, Maciej S. Lesniak<sup>1,2</sup>, Amy B. Heimberger<sup>1,2</sup>, Raul Rabadan<sup>3,4,17</sup>, Catalina Lee-Chang<sup>1,2,\*</sup>, Adam M. Sonabend<sup>1,2,\*</sup>

<sup>1</sup>Department of Neurological Surgery, Feinberg School of Medicine, Northwestern University, Chicago, IL, USA

<sup>2</sup>Northwestern Medicine Malnati Brain Tumor Institute of the Lurie Comprehensive Cancer Center, Feinberg School of Medicine, Northwestern University, Chicago, IL, USA

<sup>3</sup>Program for Mathematical Genomics, Department of Systems Biology, Columbia University, New York, NY, USA

<sup>4</sup>Department of Biomedical Informatics, Columbia University, New York, NY, USA

<sup>5</sup>Section of Neurological Surgery, University of Chicago Medicine, Chicago, IL, USA

<sup>6</sup>PECEM, Facultad de Medicina, Universidad Nacional Autónoma de México, Mexico City, Mexico

<sup>7</sup>Department of Neurological Surgery, Washington University School of Medicine, St Louis, MO, USA

<sup>8</sup>Department of Pathology and Immunology, Washington University School of Medicine, St Louis, MO, USA

<sup>9</sup>The Alvin J. Siteman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine, St Louis, MO, USA

<sup>10</sup>Department of Biochemistry and Molecular Genetics, Northwestern University, Chicago, IL, USA

<sup>11</sup>NUSeq Core, Center for Genetic Medicine, Feinberg School of Medicine, Northwestern University, Chicago, IL, USA

<sup>12</sup>Innovative Genomics Institute, University of California, Berkeley, Berkeley, CA, USA

<sup>13</sup>Department of Bioengineering, University of California, Berkeley, Berkeley, CA, USA

<sup>14</sup>Center for Computational Biology, University of California, Berkeley, Berkeley, CA, USA

<sup>15</sup>Department of Neurosurgery, University of Michigan Medical School, Ann Arbor, MI, USA

<sup>16</sup>Department of Cell and Developmental Biology, University of Michigan Medical School, Ann Arbor, MI, USA

<sup>17</sup>Department of Neurology, Department of Pathology, Institute for Cancer Genetics, Columbia University Medical Center, New York, NY, USA

#These authors contributed equally: Crismita Dmello, Junfei Zhao.

\*These authors jointly supervised this work: Crismita Dmello, Catalina Lee-Chang, Adam M. Sonabend. e-mail: [crimitadmello@northwestern.edu](mailto:crimitadmello@northwestern.edu); [catalina.leechang@northwestern.edu](mailto:catalina.leechang@northwestern.edu); [adam.sonabend@nm.org](mailto:adam.sonabend@nm.org)

**Supplementary Table 1.** Bar code details for the amplification of the sgRNAs for CRISPR screen 1 and 2. The P5 forward primer mix was used as a forward primer for both the CRISPR screens.

Name of the sample	Barcode	Sequence
<b>CRISPR screen 1</b>		
Library	SEQ4	CAAGCAGAAGACGGCATAACGAGATATTCTAGGGTGACTGGAGTTCAGACGTGTGCTCTTCCGATCTCCGACTCGGTGCCACTTTTTCAA
Day 0	SEQ8	CAAGCAGAAGACGGCATAACGAGATTTGAATAGGTGACTGGAGTTCAGACGTGTGCTCTTCCGATCTCCGACTCGGTGCCACTTTTTCAA
WT	SEQ5	CAAGCAGAAGACGGCATAACGAGATCGTTACCAGTGACTGGAGTTCAGACGTGTGCTCTTCCGATCTCCGACTCGGTGCCACTTTTTCAA
CD8 KO	SEQ7	CAAGCAGAAGACGGCATAACGAGATTTACGCACGTGACTGGAGTTCAGACGTGTGCTCTTCCGATCTCCGACTCGGTGCCACTTTTTCAA
<b>CRISPR screen 2</b>		
Library	SEQ3	CAAGCAGAAGACGGCATAACGAGATGAAGAAGTGTGACTGGAGTTCAGACGTGTGCTCTTCCGATCTCCGACTCGGTGCCACTTTTTCAA
Day 0	SEQ8	CAAGCAGAAGACGGCATAACGAGATTTGAATAGGTGACTGGAGTTCAGACGTGTGCTCTTCCGATCTCCGACTCGGTGCCACTTTTTCAA
WT D18-D23	SEQ6	CAAGCAGAAGACGGCATAACGAGATGCTGATGGTGACTGGAGTTCAGACGTGTGCTCTTCCGATCTCCGACTCGGTGCCACTTTTTCAA
WT D24-D38	SEQ7	CAAGCAGAAGACGGCATAACGAGATTTACGCACGTGACTGGAGTTCAGACGTGTGCTCTTCCGATCTCCGACTCGGTGCCACTTTTTCAA
CD8 KO D18-D23	SEQ4	CAAGCAGAAGACGGCATAACGAGATATTCTAGGGTGACTGGAGTTCAGACGTGTGCTCTTCCGATCTCCGACTCGGTGCCACTTTTTCAA
CD8 KO D24-D38	SEQ5	CAAGCAGAAGACGGCATAACGAGATCGTTACCAGTGACTGGAGTTCAGACGTGTGCTCTTCCGATCTCCGACTCGGTGCCACTTTTTCAA

**P5- Forward Primer mix (mixture of 8 primers)**

P5 0 nt stagger AATGATACGGCGACCACCGAGATCTACACTCTTCCCTACACGACG

CTCTCCGATCTTTGTGGAAAGGACGAAACACCG

P5 1nt stagger AATGATACGGCGACCACCGAGATCTACACTCTTCCCTACACGACG

CTCTCCGATCTCTTGTGGAAAGGACGAAACACCG

P5 2 nt stagger AATGATACGGCGACCACCGAGATCTACACTCTTCCCTACACGACG

CTCTCCGATCTGCTTGTGGAAAGGACGAAACACCG

P5 3 nt stagger AATGATACGGCGACCACCGAGATCTACACTCTTCCCTACACGACG

CTCTCCGATCTAGCTTGTGGAAAGGACGAAACACCG

P5 4 nt stagger AATGATACGGCGACCACCGAGATCTACACTCTTCCCTACACGACG

CTCTCCGATCTCAACTTGTGGAAAGGACGAAACACCG

P5 6 nt stagger AATGATACGGCGACCACCGAGATCTACACTCTTCCCTACACGACG

CTCTCCGATCTTGCACCTTGTGGAAAGGACGAAACACCG

P5 7nt stagger AATGATACGGCGACCACCGAGATCTACACTCTTCCCTACACGACG

CTCTCCGATCTACGCAACTTGTGGAAAGGACGAAACACCG

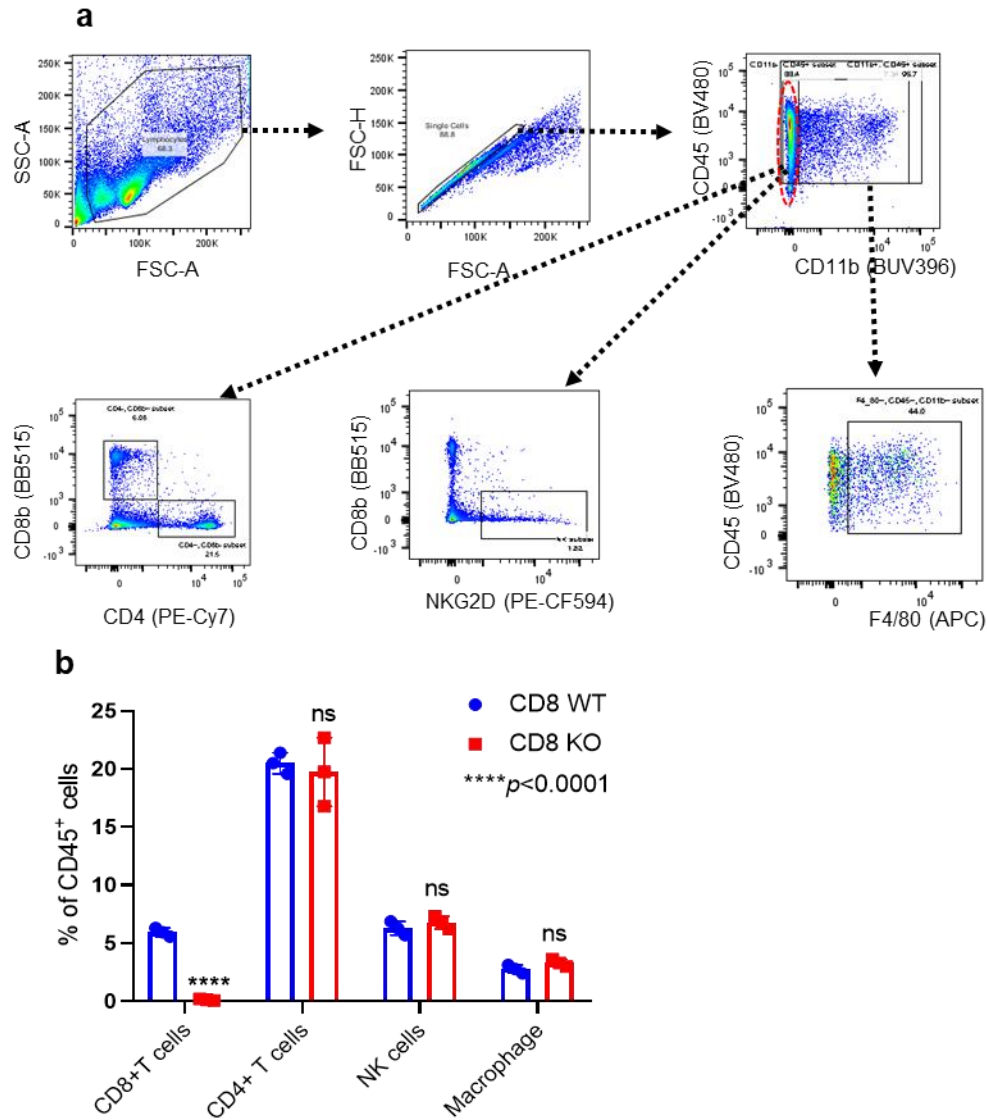
P5 8nt stagger AATGATACGGCGACCACCGAGATCTACACTCTTCCCTACACGACG

CTCTCCGATCTGAAGACCCTTGTGGAAAGGACGAAACACCG

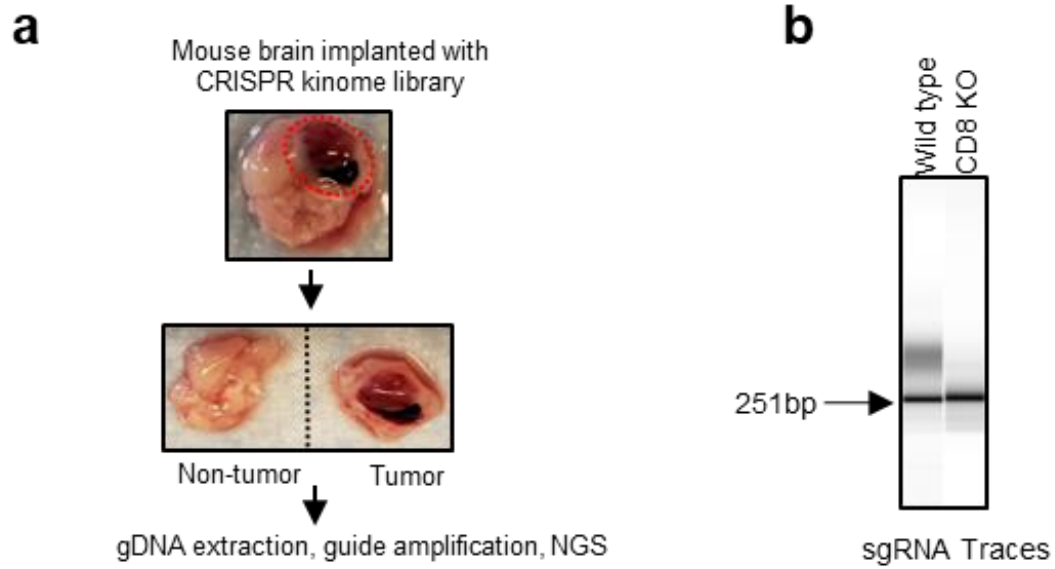
**Supplementary Table 2.** Mouse specific primer sequences for **a**, quantitative real time PCR and **b**, single gene CRISPR Cas9 Knockout.

<b>a</b>	<b>Single gene KO sgRNA sequence (Mouse specific)</b>	
<b>Gene</b>	<b>5'-3'</b>	<b>Length</b>
NTC F	CACCAATATTTGGCTCGGCTGCGC	24
NTC R	AAACGCGCAGCCGAGCCAAATATT	24
Chek2 F	CACCGGCTGGAGACAGTGTCTACCC	25
Chek2 R	AAACGGGTAGACACTGTCTCCAGCC	25

<b>b</b>	<b>Quantitative real time PCR primers (Mouse specific)</b>	
<b>Gene</b>	<b>5'-3'</b>	<b>Length</b>
IFN $\beta$ F	TCCGAGCAGAGATCTTCAGGAA	22
IFN $\beta$ R	TGCAACCACCACTCATTCTGAG	22
ISG15 F	GGAACGAAAGGGGCCACAGCA	21
ISG15 R	CCTCCATGGGCCTTCCCTCGA	21
IRF7 F	ATGCACAGATCTTCAAGGCCTGGGC	25
IRF7 R	GTGCTGTGGAGTGCACAGCGGAAGT	25
IFN $\alpha$ F	GGACTTTGGATTCCCGCAGGAGAAG	26
IFN $\alpha$ R	GCTGCATCAGACAGCCTTGCAGGTC	25
PD-L1 F	ATTGCTCCTTGACTGCTGGCTG	22
PD-L1 R	TTCTGGGTTCCCTCCTTTCC	22
GAPDH F	CATCACTGCCACCCAGAAGACTG	23
GAPDH R	ATGCCAGTGAGCTTCCCGTTCAG	23

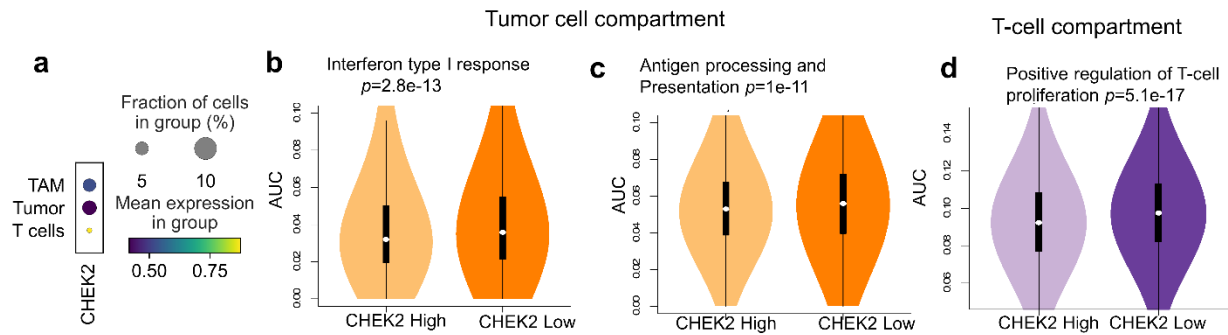


**Supplementary Figure 1. Immune profiling of CD8 KO mice. a**, Representative density plots from flow cytometry analysis of immune cells from the spleen of the WT mouse. **b**, Graphical representation of percentages of different immune populations in the spleen of WT and CD8 KO mice using flow cytometry (n=3 mice/group). The error bars represents mean  $\pm$  SD. The statistics was performed using Sidak's multiple comparisons test.



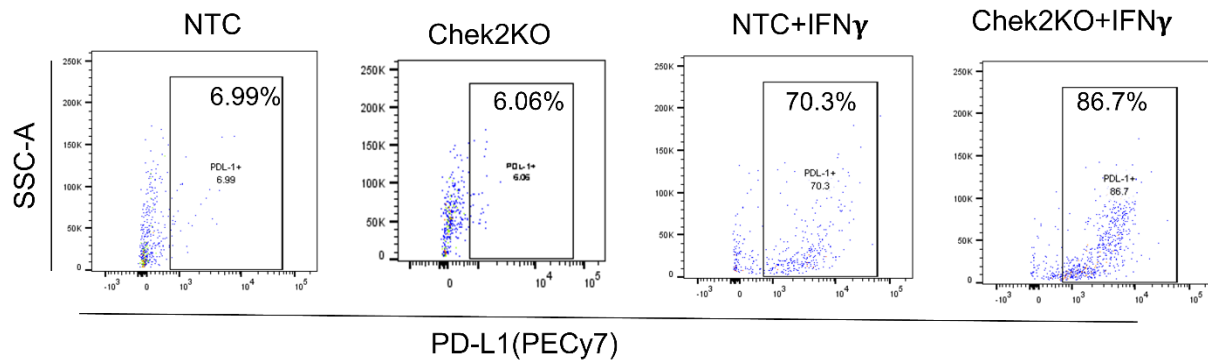
**Supplementary Figure 2. *In-vivo* CRISPR screen guide extraction and counts. a,** Representative image of a mouse brain cut into tumor and non-tumor region. The tumor region was used for genomic DNA extraction and subsequent sgRNA amplification. **b,** Agarose gel showing guide purity for each of the samples: pooled guides from wild type mice (n=11 mice) and pooled guides from CD8 KO mice (n=9 mice).

## Human glioblastoma



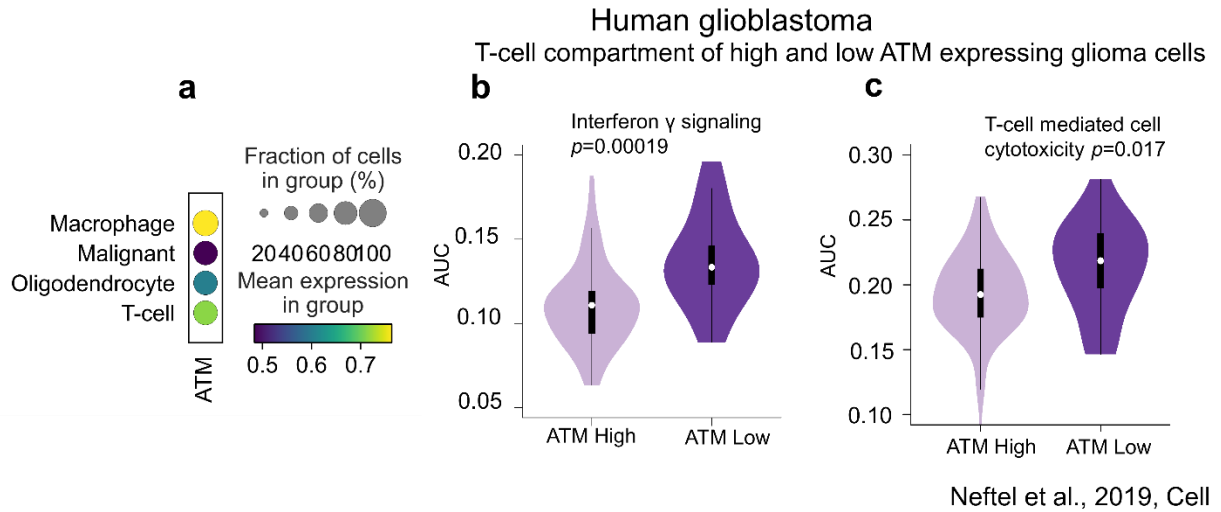
Abdelfattah et al., 2022, Nature Comm.

**Supplementary Figure 3. *CHEK2* expression in tumor cells is inversely associated with Interferon type I response and enhanced antigen presentation on tumor cells, in human GBM patients.** **a**, The figure showing the expression of *CHEK2* in tumor associated macrophages (TAM), tumor cells and T cells. The violin plots of the gene signature scores of **b**, interferon type I response and **c**, antigen processing and presentation pathway in  $n=57,534$  tumor cells with high and low *CHEK2* expression. The violin plots of the gene signature scores of **d**, T-cell proliferation pathway in  $n=7,767$  T cells from high *CHEK2* and low *CHEK2* expressing samples. The scRNA-seq data was used from the study published by Abdelfattah et al., 2022<sup>1</sup>. For (b-d), the p-value represents two-tailed Mann-Whitney test; whiskers represent minimum and maximum values, the white dot inside the box represents the median and the box extends from the 25th to 75th percentiles.

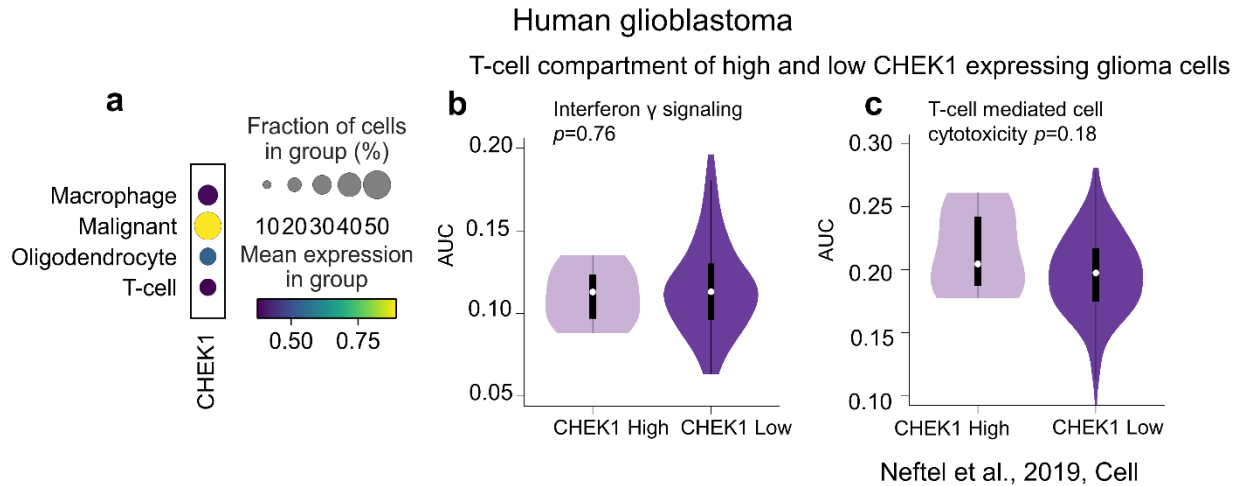


**Supplementary Figure 4.** Representative flow cytometry plots showing surface expression of PDL1 on GL261 Chek2 KO and NTC clones, at the basal level and upon stimulation with IFN $\gamma$  for 48 h, presented on Fig. 3g and Fig. 5b.

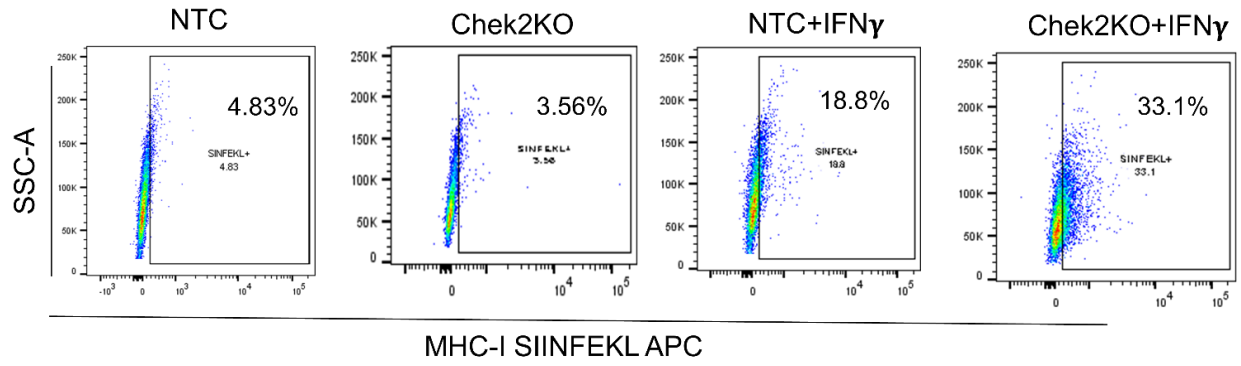




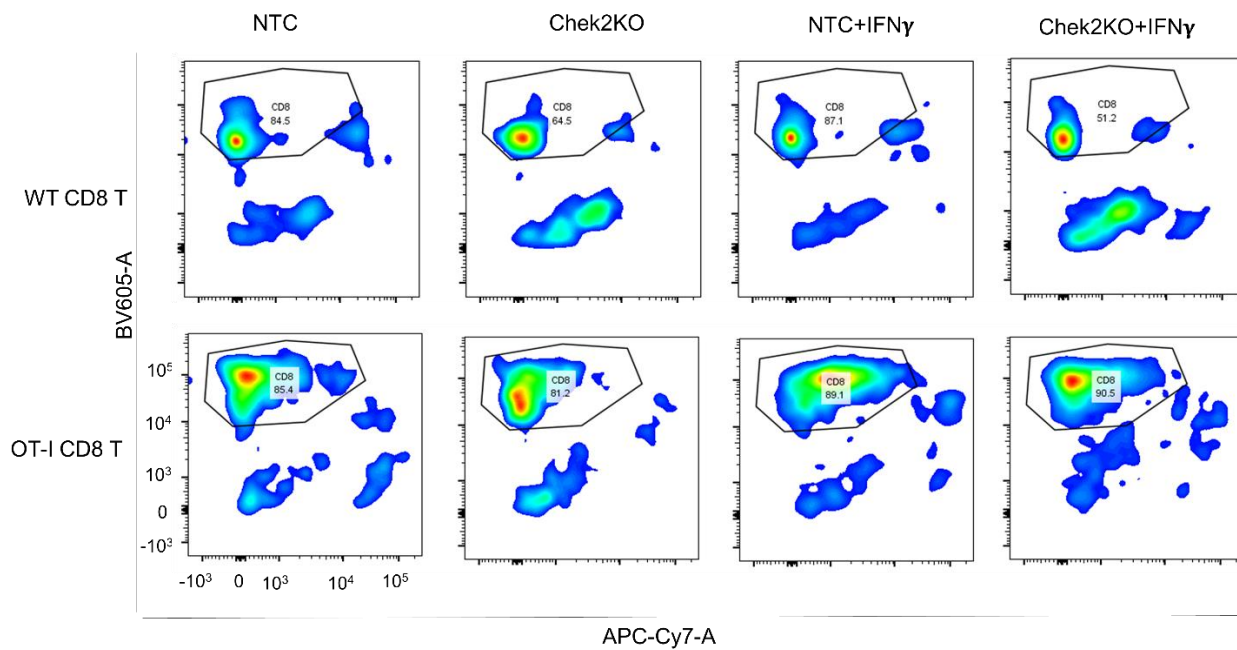
**Supplementary Figure 5. *ATM* expression in tumor cells is inversely associated with enhanced antigen presentation on tumor cells, in human GBM patients.** **a**, Figure showing the expression of *ATM* in macrophages, tumor cells, oligodendrocytes and T cells. The violin plots of the gene signature scores of **b**, Interferon  $\gamma$  signaling and **c**, T-cell mediated cytotoxicity pathway in  $n=94$  T cells from high *ATM* vs low *ATM* expressing samples. T cells were analyzed from the Neftel et al., 2019 scRNA-seq dataset<sup>2</sup>. For (b-c), the p-value represents two-tailed Mann-Whitney test; whiskers represent minimum and maximum values, the white dot inside the box represents the median and the box extends from the 25th to 75th percentiles.



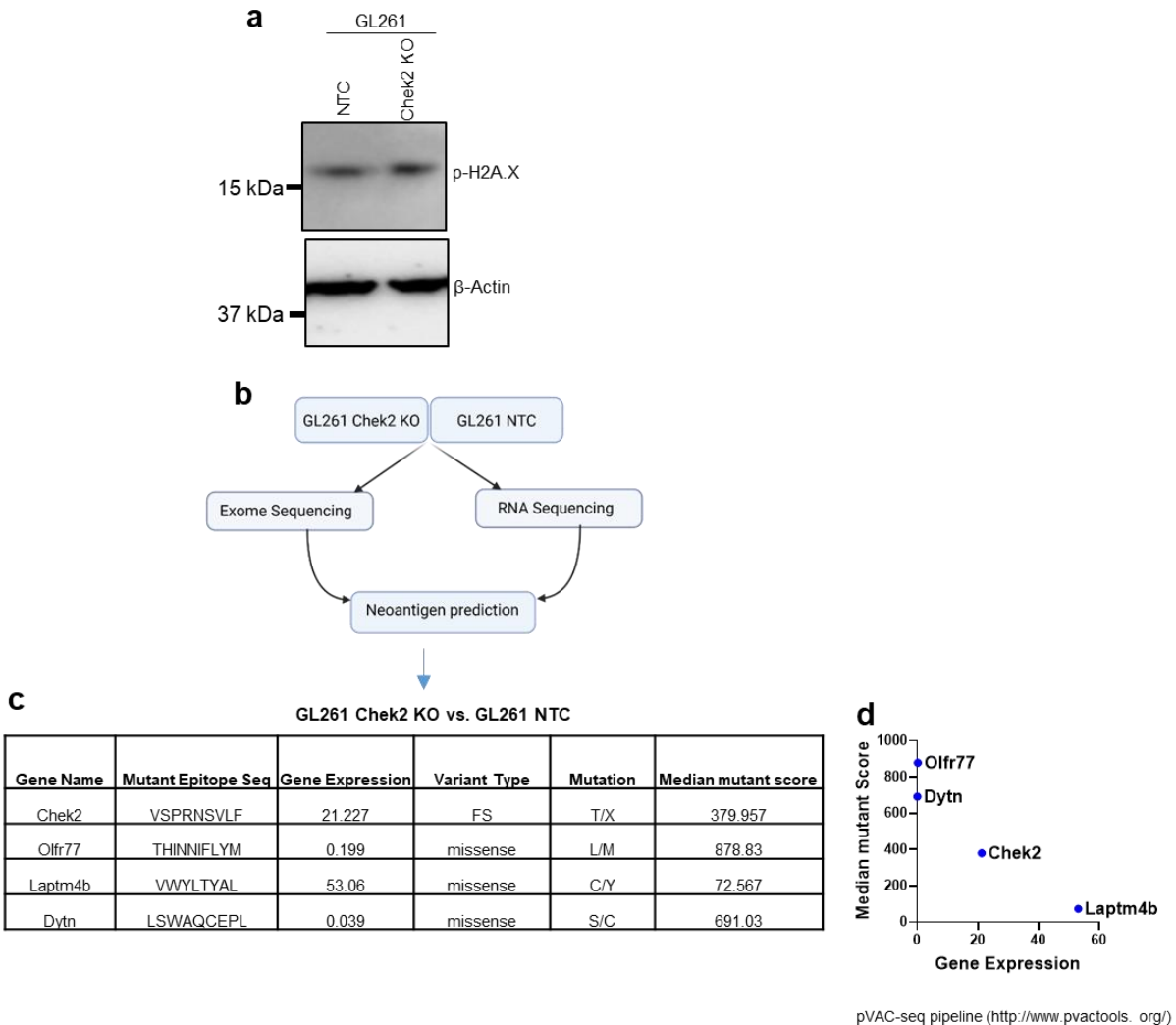
**Supplementary Figure 6. *CHEK1* expression in tumor cells does not correlate with T-cell phenotype in human GBM patients.** **a**, Figure showing the expression of *CHEK1* in macrophages, tumor cells, oligodendrocytes and T cells. The violin plots of the gene signature scores of **b**, Interferon  $\gamma$  signaling and **c**, T-cell mediated cytotoxicity pathway in  $n=94$  T cells from high *CHEK1* vs low *CHEK1* expressing samples. T cells were analyzed from the Neftel et al., 2019 scRNA-seq dataset<sup>2</sup>. For (b-c), the p-value represents two-tailed Mann-Whitney test; whiskers represent minimum and maximum values, the white dot inside the box represents the median and the box extends from the 25th to 75th percentiles.



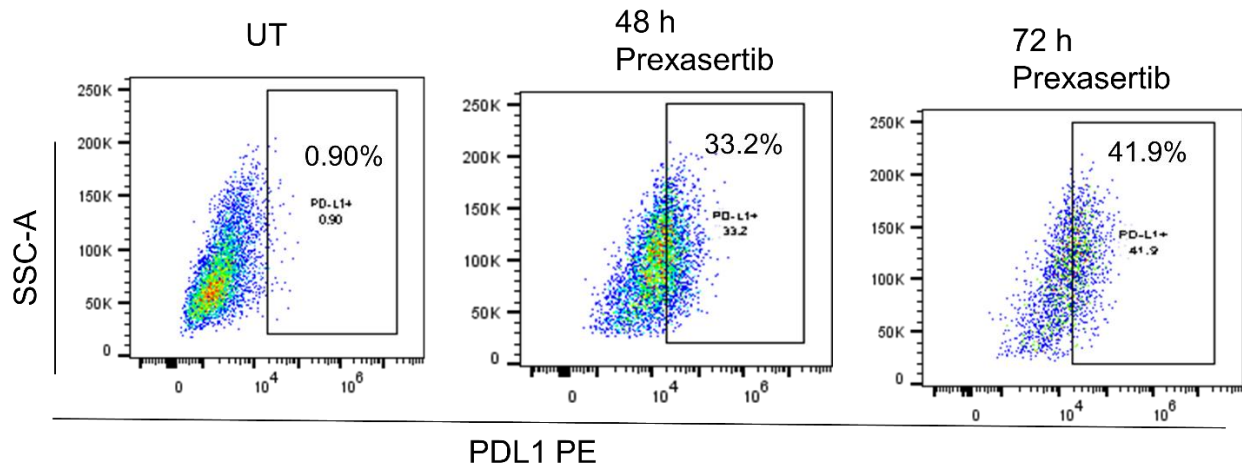
**Supplementary Figure 7.** Representative flow cytometry plots showing surface expression of MHC-I SIINFEKL on GL261 Chek2 KO and NTC clones, at the basal level and upon stimulation with IFN $\gamma$  for 48 h, presented on Fig. 4d.



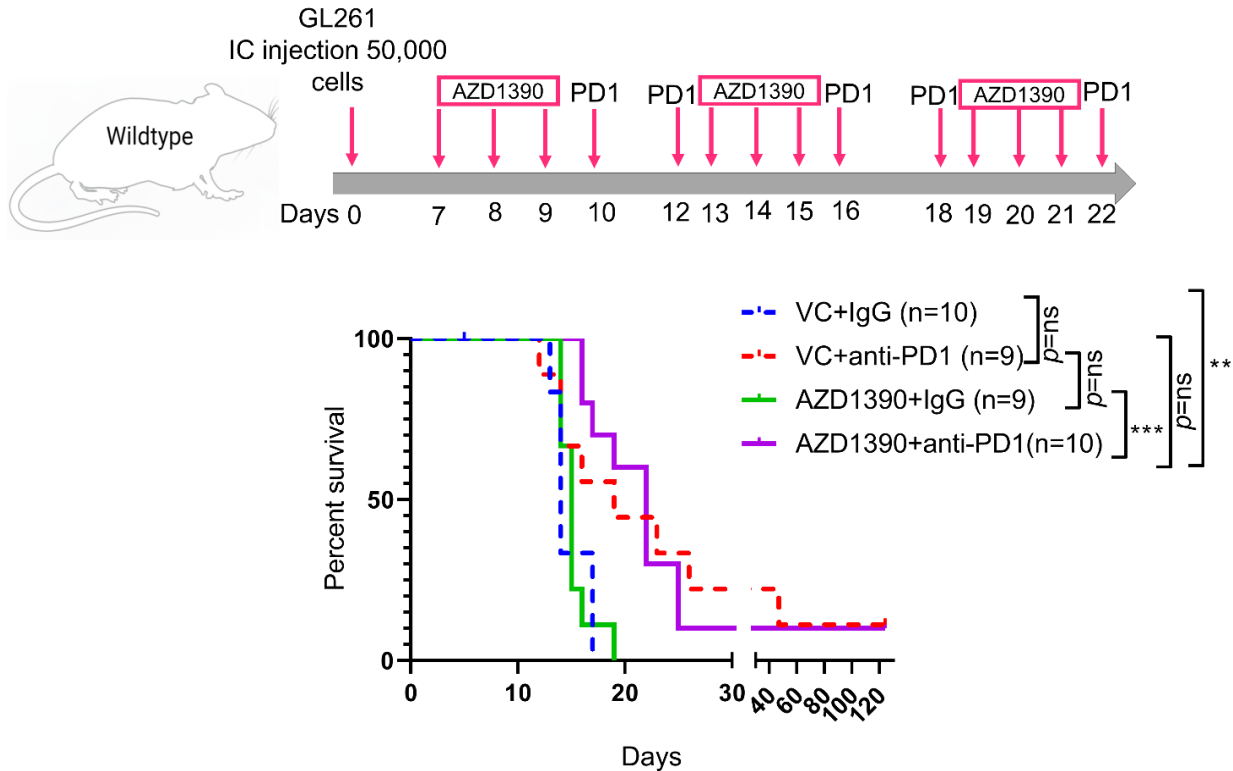
**Supplementary Figure 8.** Gating strategy for WT and OT-1 CD8 T cells co-cultured with Chek2 KO and control cells, presented on Fig. 4e.



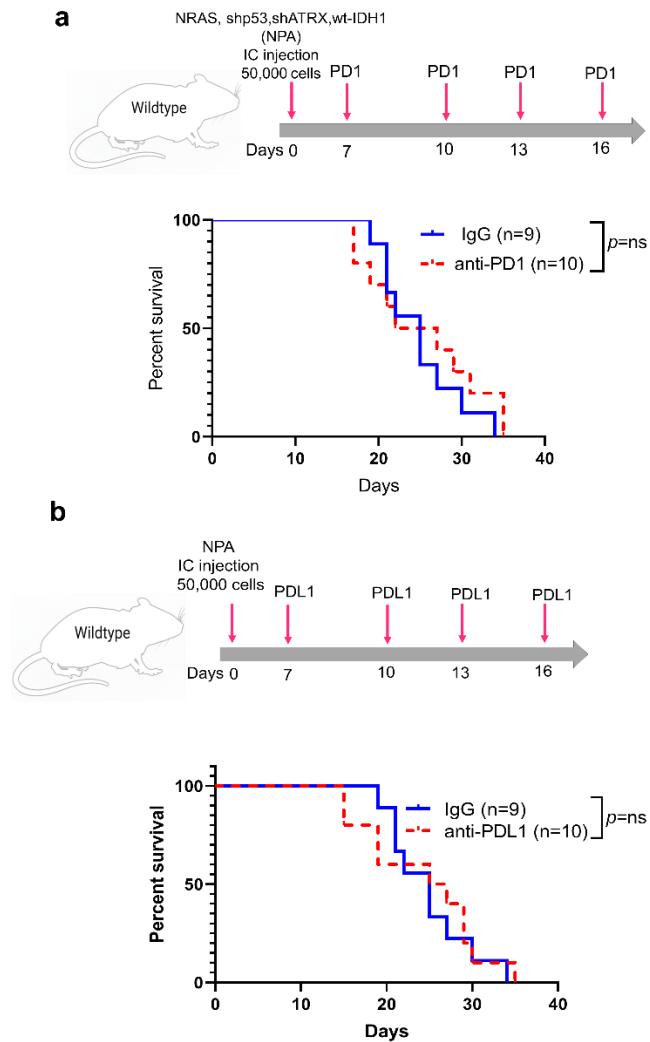
**Supplementary Figure 9. Chek2 depletion neither increases DNA damage nor neoantigen predictions in glioma cells.** **a**, Baseline phosphorylation of  $\gamma$ H2A.X in GL261 non-targeting control (NTC) and Chek2 KO cells. N=2 independent replicates. **b**, Schematic representation of the workflow to study neoantigen predictions in GL261 NTC and Chek2 KO cells. **c**, Neoantigen prediction analysis comparing Chek2 knockout with NTC. Table showing the genes with median mutant score <1000 for neoantigens that are unique to GL261 Chek2 KO and are absent in GL261 NTC. **d**, Graphical representation of gene expression versus neoantigens with median mutant score <1000, unique to GL261 Chek2 KO as compared to GL261 NTC cells.



**Supplementary Figure 10.** Representative flow cytometry plots showing surface expression of PD-L1 on GL261 glioma cells treated with Prexasertib (300nmol/L) at the indicated time points, presented on Fig. 5c.

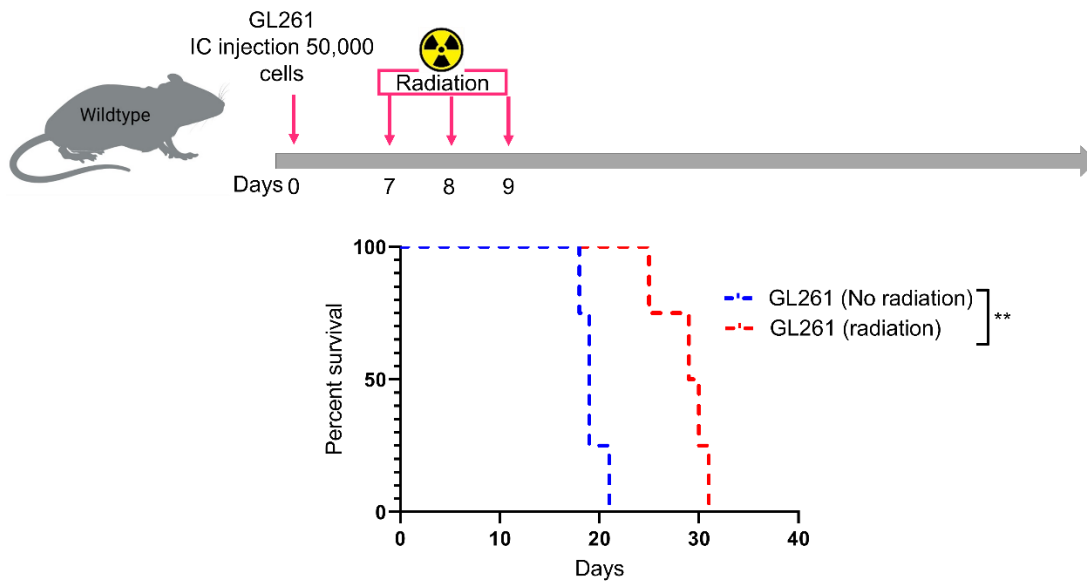


**Supplementary Figure 11: Combination of ATM inhibitor (AZD1390) and PD-1 blockade improves survival in glioma-bearing mice.** The schematic representation of the dosing scheme for AZD1390 and anti-PD-1. KM survival curves for C57BL/6 mice bearing GL261 glioma. 7 days after intracranial tumor implantation, the animals were randomized into 4 groups: vehicle and isotype control (IgG), anti-PD-1, AZD1390 (ATM inhibitor), and AZD1390 and the anti-PD-1 combination group. Survival analysis was performed using the log-rank test. The median survival duration in the treatment groups were as follows: VC + IgG, 14 days; VC + anti-PD-1, 19; AZD1390 + IgG, 15 days; AZD1390 + anti-PD-1, 22 days. Statistics: VC + IgG vs VC+ anti-PD-1,  $p=0.07$ ; VC + IgG vs AZD1390 + IgG,  $p=0.6$ ; and VC + IgG vs AZD1390 + anti-PD-1,  $p=0.002$ .



**Supplementary Figure 12. The NPA glioma model is non-responsive to PD-1 and PD-L1 blockade.** . **a**, The schematic representation of the dosing scheme followed for the survival experiment. KM survival curves of the C57BL/6 mice bearing NPA glioma. One group of mice was treated with an anti-PD-1 antibody (n=10) and another group of mice was treated with the isotype control antibody (n=9). 50,000 NPA neurospheres cells were implanted/mouse. Survival analysis was performed using the log-rank test. The median survival duration in the treatment groups were as follows: IgG, 25 days; anti-PD-1, 24.5 days; Statistics: anti-PD-1 vs IgG, p=0.49. **b**, The schematic representation of the dosing scheme followed for the survival experiment. KM survival curves of the C57BL/6 mice bearing NPA glioma. One group of mice was treated with an anti-PDL1 antibody (n=10) and another group of mice was treated with the isotype control antibody (n=9). 50,000 NPA neurospheres cells were implanted/mouse. Survival analysis was performed using the log-rank test. The median survival duration in the treatment groups were as follows: IgG, 25 days; anti-PDL1, 26 days; Statistics: anti-PD-L1 vs IgG, p=0.78.





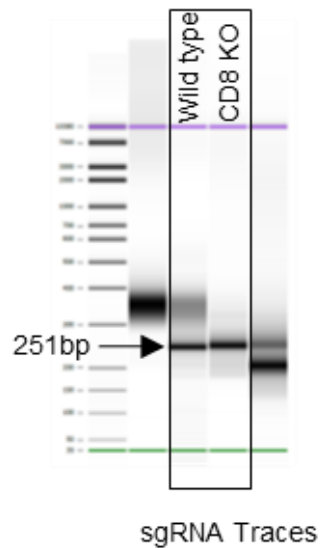
**Supplementary Figure 13. Radiotherapy extends the survival of GL261 glioma bearing mice by 10 days.** KM survival curves for GL261 glioma bearing C57BL/6 mice. On the 7th day post injection, the animals were randomized into 2 groups (4 animals/group) and one group of animals was irradiated with 3 Gy radiation for 3 consecutive days and monitored for survival study. Survival analysis was performed using the log-rank test. The MS durations in the treatment groups were as follows: No radiation, 19 days; Radiation, 29.5 days; Statistics: Radiation versus No radiation,  $p=0.006$ .

## References

1. Abdelfattah, N., *et al.* Single-cell analysis of human glioma and immune cells identifies S100A4 as an immunotherapy target. *Nat Commun* **13**, 767 (2022).
2. Neftel, C., *et al.* An Integrative Model of Cellular States, Plasticity, and Genetics for Glioblastoma. *Cell* **178**, 835-849 e821 (2019).

## Supplementary Figure 14. Source data of the supplementary Figures.

### Source data of Supplementary Figure 2



### Source data of Supplementary Figure 3

The graphs were made using the Abdelfattah et al.<sup>1</sup> scRNA-seq publicly available data GEO #GSE182109 (<https://www.ncbi.nlm.nih.gov/geo/query/acc.cgi?acc=GSE182109>).

### Source data of Supplementary Figure 5 and 6

The graphs were made using the Neftel et al.<sup>2</sup> scRNA-seq publicly available data GEO #GSE131928 (<https://www.ncbi.nlm.nih.gov/geo/query/acc.cgi?acc=GSE131928>).

Source data of Supplementary Figure 9a

