

Rebound growth of BRAF mutant pediatric glioma cells after MAPKi withdrawal is associated with MAPK reactivation and secretion of microglia-recruiting cytokines

Daniela Kocher^{1,2,3,4}, Lei Cao^{5,6}, Romain Guiho^{5,7}, Melanie Langhammer^{8,9}, Yun-Lu Lai^{1,2,3}, Pauline Becker^{1,2,3,10}, Hiba Hamdi⁵, Dennis Friedel^{4,11,12}, Florian Selt^{1,2,3,13}, David Vonhören^{4,11,12}, Julia Zaman^{4,11,12}, Gintvile Valinciute^{1,2,3}, Sonja Herter^{1,2,3,4}, Daniel Picard^{14,15,16}, Johanna Rettenmeier^{1,2,10,17,18}, Kendra K. Maass^{1,2,17,18}, Kristian W. Pajtler^{1,2,13,17,18}, Marc Remke¹⁹, Andreas von Deimling^{11,12}, Stefan Pusch^{11,12}, Stefan M. Pfister^{1,2,13,17}, Ina Oehme^{1,2,3}, David T.W. Jones^{1,2,20}, Sebastian Halbach^{8,21}, Tilman Brummer^{8,21,22}, Juan Pedro Martinez-Barbera⁵, Olaf Witt^{1,2,3,13}, Till Milde^{1,2,3,13,**}, Romain Sigaud^{1,2,3,*}

¹Hopp Children's Cancer Center Heidelberg (KiTZ), Heidelberg, Germany

²National Center for Tumor Diseases (NCT), NCT Heidelberg, a partnership between DKFZ and Heidelberg University Hospital, Germany.

³German Cancer Research Center (DKFZ) Heidelberg, Clinical Cooperation Unit Pediatric Oncology, Germany

⁴Faculty of Biosciences, Heidelberg University, Heidelberg, Germany

⁵Developmental Biology and Cancer Programme, Birth Defects Research Centre, Great Ormond Street Institute of Child Health, University College London, 30 Guilford Street, London, WC1N 1EH, UK

⁶Department of Neurosurgery, Beijing Tiantan Hospital, Capital Medical University, Beijing, China

⁷Nantes Université, Oniris, INSERM, Regenerative Medicine and Skeleton, RMeS, UMR 1229, F-44000 Nantes, France

⁸Institute of Molecular Medicine and Cell Research (IMMZ), Faculty of Medicine, University of Freiburg

⁹Faculty of Biology, University of Freiburg, Freiburg, Germany

¹⁰Faculty of Medicine, Heidelberg University, Heidelberg, Germany.

¹¹Department of Neuropathology, Heidelberg University Hospital, Heidelberg, Germany

¹²German Cancer Research Center (DKFZ), Clinical Cooperation Unit Neuropathology, Heidelberg, Germany

¹³KiTZ Clinical Trial Unit (ZIPO), Department of Pediatric Hematology and Oncology, Heidelberg University Hospital, Heidelberg, Germany

¹⁴Department of Pediatric Oncology, Hematology, and Clinical Immunology, Medical Faculty, and University Hospital Düsseldorf, Heinrich Heine University, Düsseldorf, Germany

¹⁵German Cancer Consortium (DKTK), Partner site Essen/Düsseldorf, Düsseldorf, Germany

¹⁶Institute of Neuropathology, Medical Faculty, and University Hospital Düsseldorf, Heinrich Heine University, Düsseldorf, Germany

¹⁷German Cancer Research Center (DKFZ), Division of Pediatric Neurooncology, Heidelberg, Germany

¹⁸Department of Pediatric Oncology, Hematology, Immunology and Pulmonology, Heidelberg University Hospital, Heidelberg, Germany

¹⁹Pediatric Hematology and Oncology, University Children's Hospital, Saarland University, Homburg, Germany

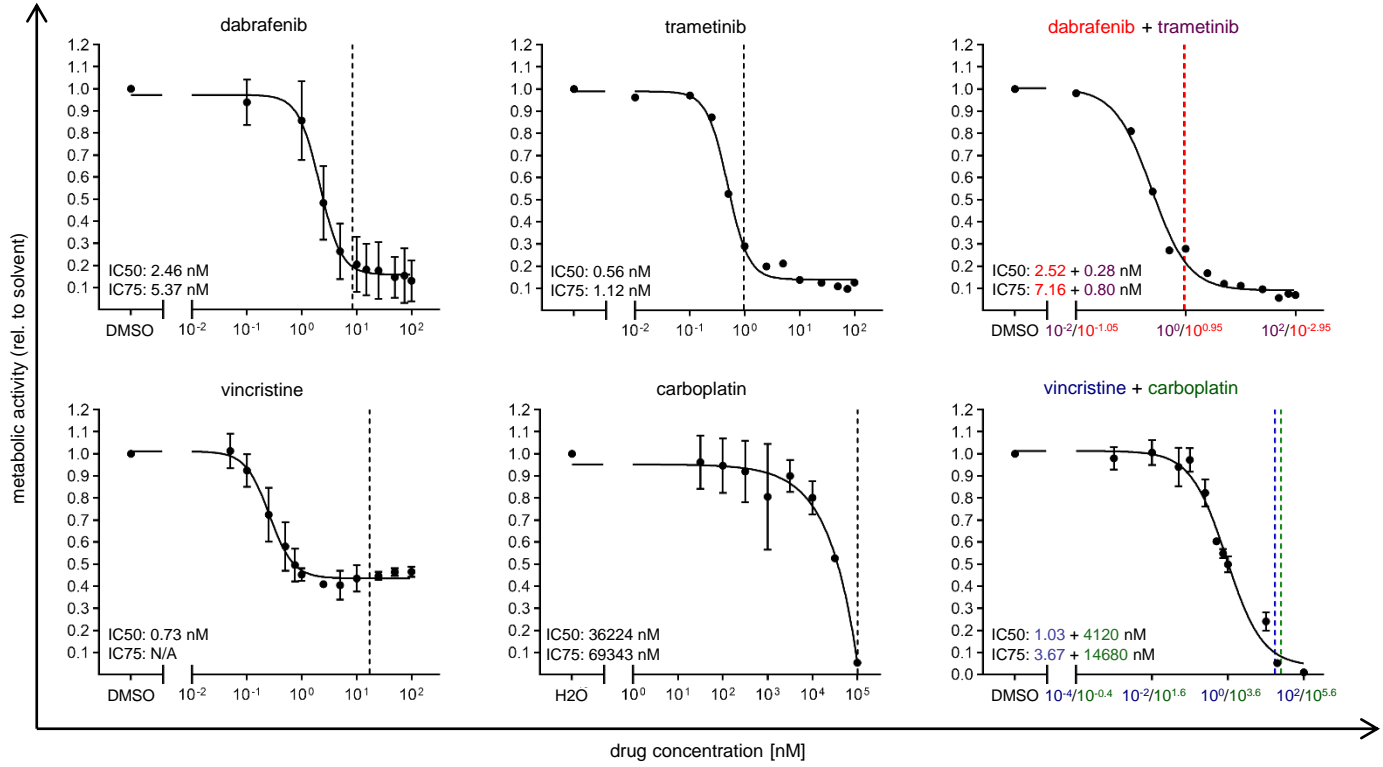
²⁰German Cancer Research Center (DKFZ) Heidelberg, Division of Pediatric Glioma Research, Germany

²¹German Consortium for Translational Cancer Research (DKTK), Freiburg, Germany, German Cancer Research Center (DKFZ), Heidelberg, Germany

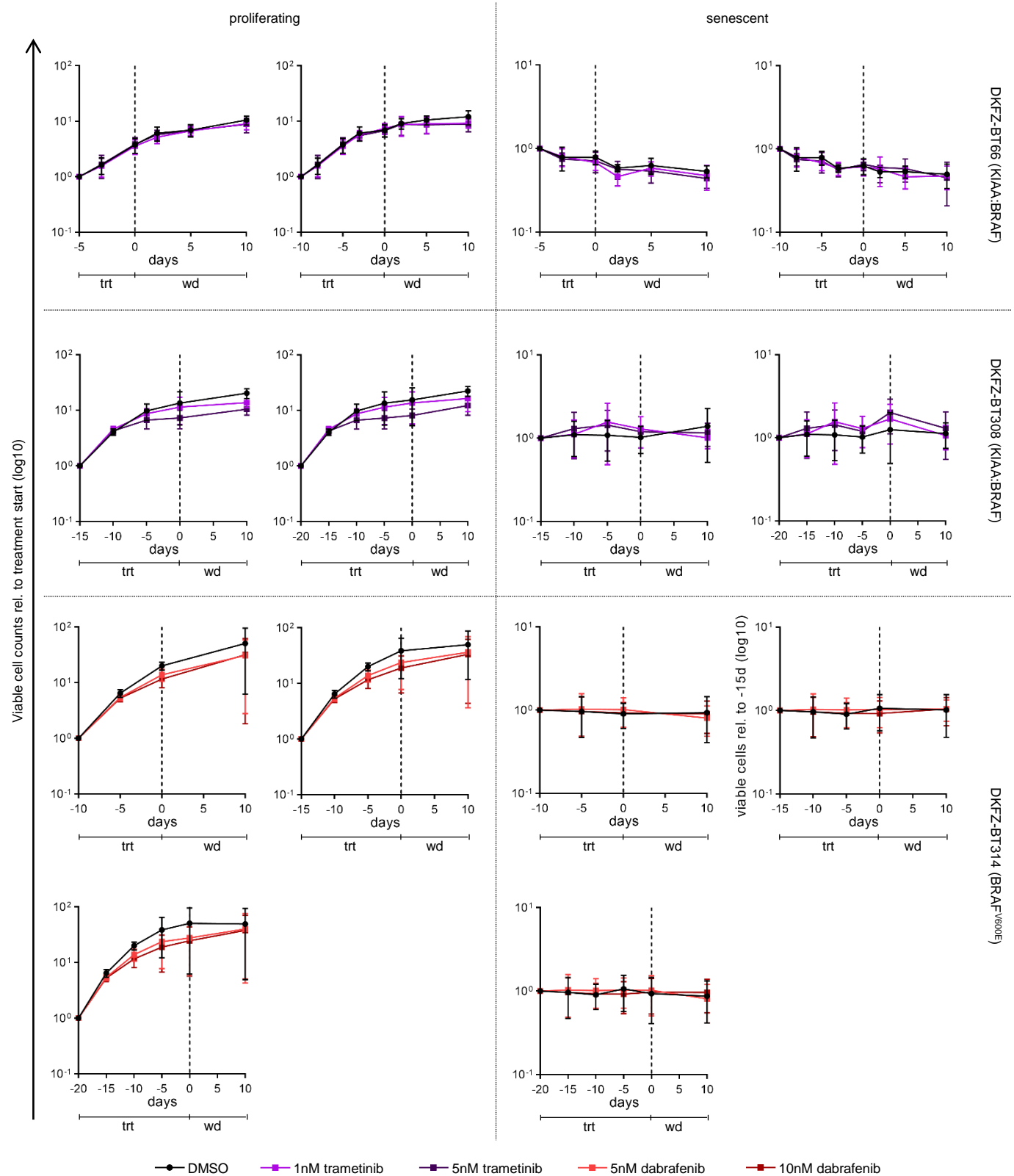
²²Centre for Biological Signaling Studies BIOSS, University of Freiburg

*Corresponding author: Dr. Romain Sigaud, Hopp Children's Cancer Center Heidelberg (KiTZ), Im Neuenheimer Feld 280, 69120, Heidelberg, Germany (r.sigaud@kitz-heidelberg.de)

**Corresponding author: Prof. Dr. med. Till Milde, Hopp Children's Cancer Center Heidelberg (KiTZ), Im Neuenheimer Feld 280, 69120, Heidelberg, Germany (t.milde@kitz-heidelberg.de)

Fig. S1**Fig. S1 Dose-response curves of BT-40 cells treated with MAPKi or chemotherapy**

Metabolic activity was measured after treatment for 72h with the indicated drugs and varying concentrations. Metabolic activity is depicted relative to solvent control as mean ± SD of three biological replicates. Dashed line indicates unbound C_{max} concentrations. Absolute inhibitory concentrations (IC)₅₀ and IC₇₅ values were calculated using a 4-parameter dose-response model. N/A: not applicable

Fig. S2**Fig. S2 Rebound growth could not be modelled in PA-derived cell lines**

Viable cell counts during treatment (trt) and withdrawal (wd) using trametinib or dabrafenib. Dashed line in the graph indicates withdrawal timepoint. Viable cell counts are normalized to treatment start (first timepoint shown in each graph). Data is shown on a logarithmic scale (base 10) as mean±SD (n=3 independent biological replicates)

Fig. S3

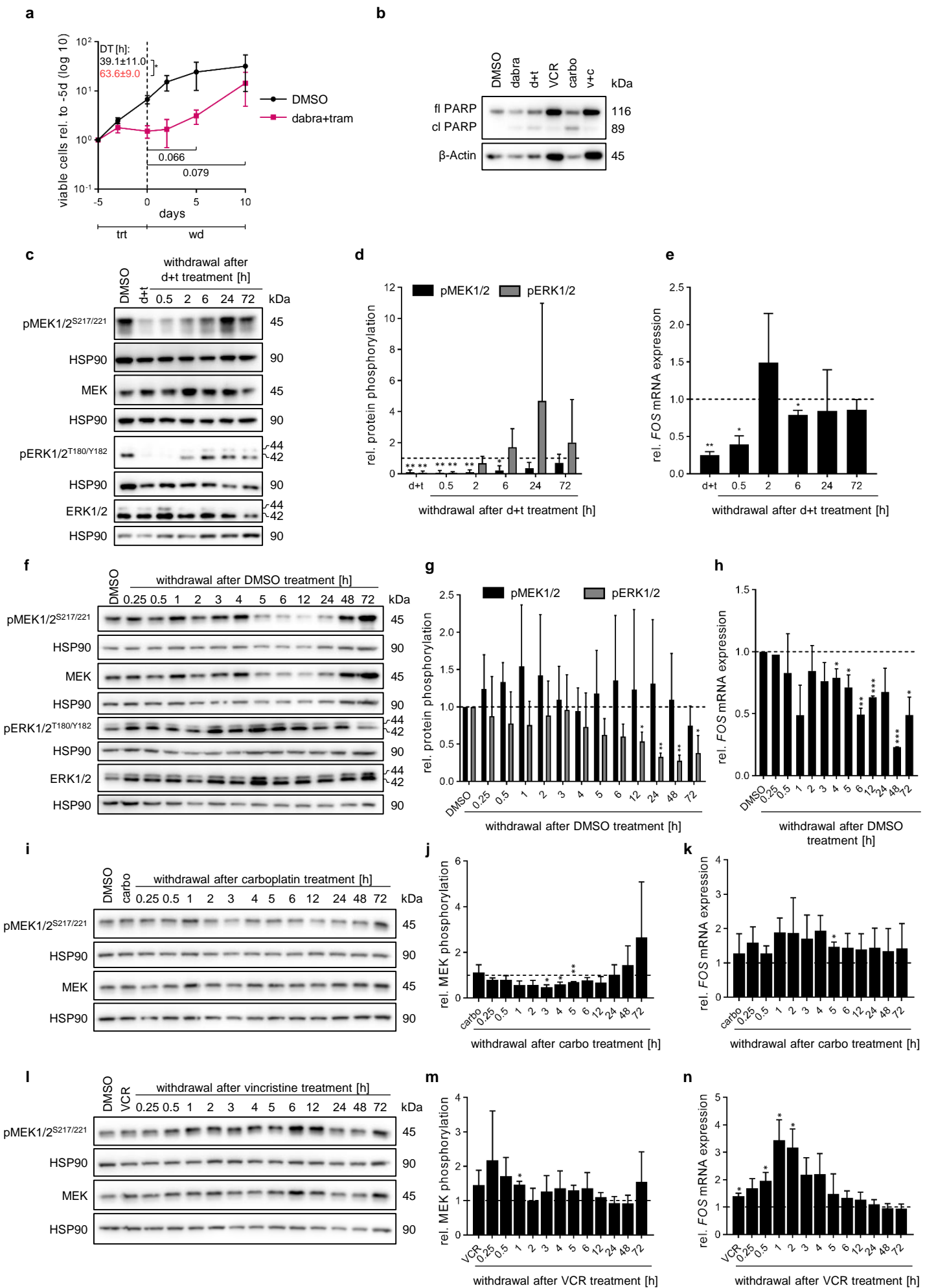


Fig. S3 Additional characterization of BT-40 rebound model

(a) Viable cell counts of BT-40 during treatment (trt) and withdrawal (wd) using 2.7 nM dabrafenib (dabra) and 0.3 nM trametinib (tram). Dashed line indicates withdrawal timepoint. Viable cell counts are normalized to treatment start (-5d). Data is shown on a logarithmic scale (base 10) as mean±SD (n=3 independent biological replicates). Unpaired two-sided t-test; ns: not significant; no indication: not tested. Doubling time (DT) was calculated from two to ten days of withdrawal for dabra+tram treatment and from minus three to five days for control for each biological replicate (n=3) and is indicated in hours as mean±SD. Unpaired two-sided t-test; * p-value ≤ 0.05

(b) Western blot analysis of full-length (fl) and cleaved (cl) PARP after treatment for five days with 5 nM dabrafenib (dabra), 2.7 nM dabrafenib and 0.3 nM trametinib (d+t), 0.75 nM vincristine (VCR), 40 μM carboplatin (carbo) or 1 nM vincristine and 4 μM carboplatin (v+c)

(c-d) Western blot analysis of MAPK activity markers after five days treatment with 2.7 nM dabrafenib and 0.3 nM trametinib (d+t) followed by treatment withdrawal. Blots shown are representative of three biological replicates (c). Quantification (d) is relative to solvent control (DMSO; dashed line) and shown as mean±SD (n=3 independent biological replicates). One-sample t-test, * p-value ≤ 0.05 ** p-value ≤ 0.01; no indication: not significant

(e) RT-qPCR analysis of FOS gene expression after five days treatment with 2.7 nM dabrafenib and 0.3 nM trametinib (d+t) followed by treatment withdrawal. Quantification is relative to DMSO control (dashed line) and shown as mean±SD (n=3 independent biological replicates). One-sample t-test, * p-value ≤ 0.05 ** p-value ≤ 0.01; no indication: not significant

(f-g) Western blot analysis of MAPK activity markers after five days treatment with DMSO (solvent control) followed by treatment withdrawal. Blots shown are representative of three biological replicates (g). Quantification (f) is relative to DMSO control (dashed line) and shown as mean±SD (n=3 independent biological replicates). One-sample t-test, * p-value ≤ 0.05 ** p-value ≤ 0.01; no indication: not significant

(h) RT-qPCR analysis of FOS gene expression after five days treatment with DMSO (solvent control) followed by treatment withdrawal. Quantification is relative to DMSO control (dashed line) and shown as mean±SD (n=3 independent biological replicates). One-sample t-test, * p-value ≤ 0.05 ** p-value ≤ 0.01, *** p-value ≤ 0.001; no indication: not significant

(i-j) Western blot analysis of MEK phosphorylation after five days treatment with 40 μM carboplatin (carbo) followed by treatment withdrawal. Blots shown are representative of three biological replicates (j). Quantification (i) is relative to DMSO control (dashed line) and shown as mean±SD (n=3 independent biological replicates). One-sample t-test, * p-value ≤ 0.05 ** p-value ≤ 0.01; no indication: not significant

(k) RT-qPCR analysis of FOS gene expression after five days treatment with 40 μM carboplatin (carbo) followed by treatment withdrawal. Quantification is relative to DMSO control (dashed line) and shown as mean±SD (n=3 independent biological replicates). One-sample t-test, * p-value ≤ 0.05; no indication: not significant

(l-m) Western blot analysis of MEK phosphorylation after five days treatment with 0.75 nM vincristine (VCR) followed by treatment withdrawal. Blots shown are representative of three biological replicates (m). Quantification (l) is relative to DMSO control (dashed line) and shown as mean±SD (n=3 independent biological replicates). One-sample t-test, * p-value ≤ 0.05; no indication: not significant

(n) RT-qPCR analysis of FOS gene expression after five days treatment with 0.75 nM vincristine (VCR) followed by treatment withdrawal. Quantification is relative to DMSO control (dashed line) and shown as mean±SD (n=3 independent biological replicates). One-sample t-test, * p-value ≤ 0.05; no indication: not significant

Fig. S4

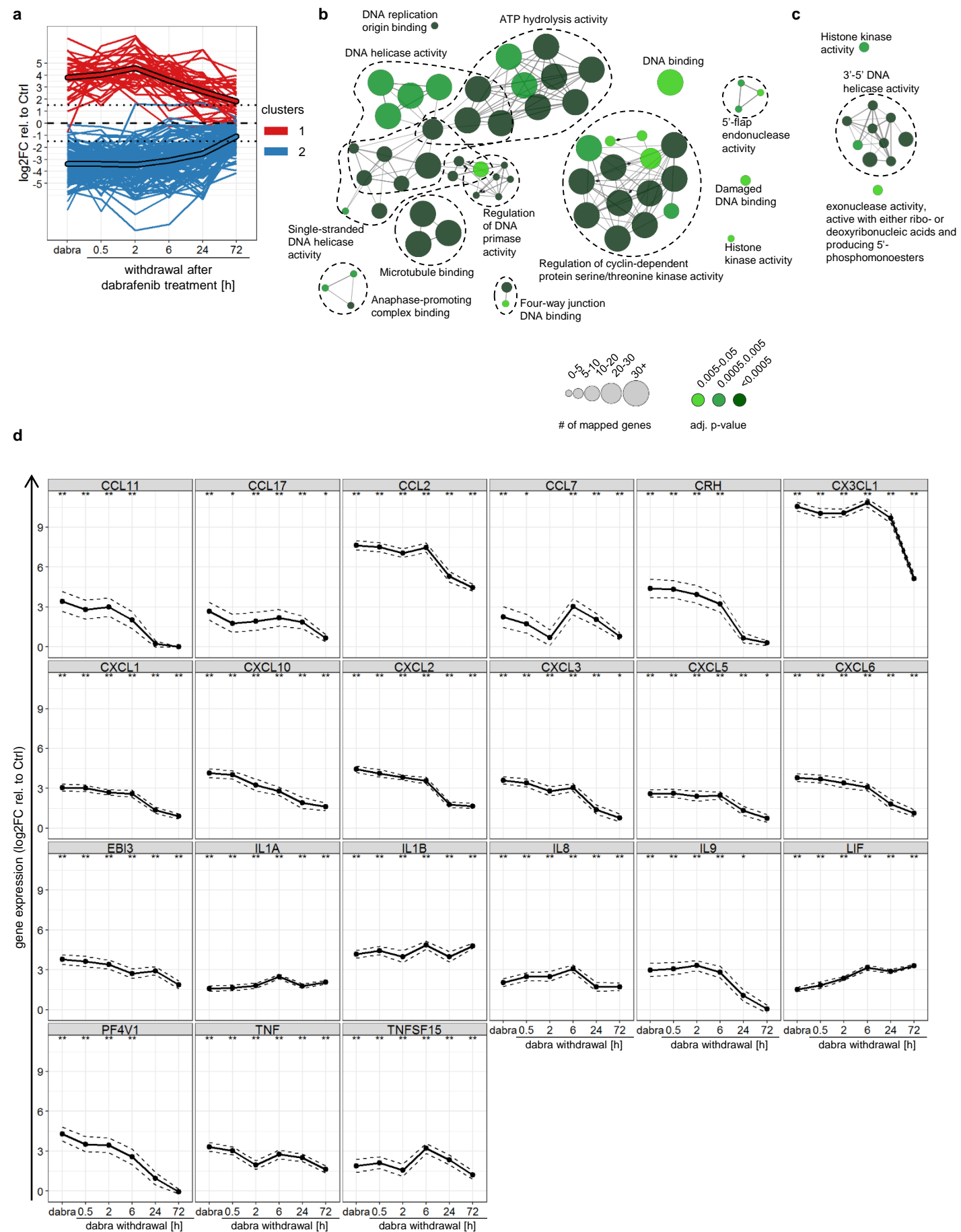


Fig. S4 Multi-omics analysis of dabrafenib treatment and withdrawal in BT-40

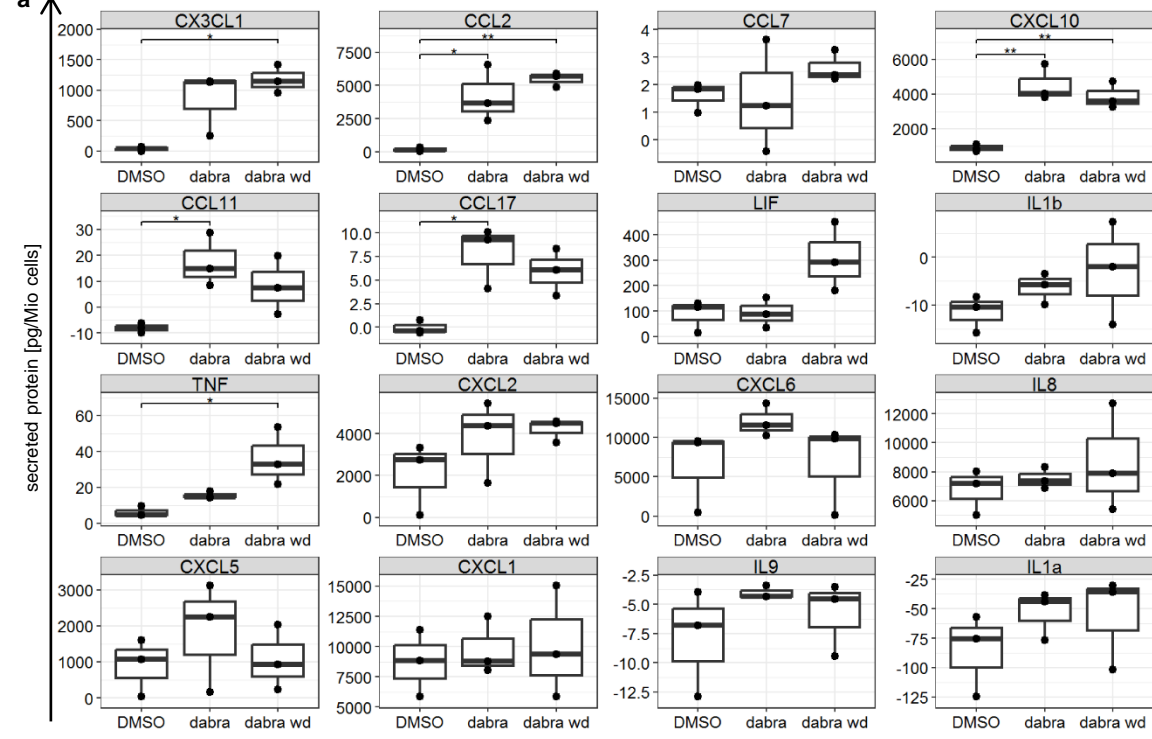
(a) Longitudinal k-means clustering of differentially regulated phosphopeptides after five days treatment with 5 nM dabrafenib (dabra) followed by withdrawal relative to solvent control (five days DMSO; dashed line). Only phosphopeptides with an adjusted p-value < 0.01 for at least one timepoint were included in the analysis. Unframed lines represent single phosphopeptides, framed lines show cluster means. Dotted line: $\log_2FC = \pm 1.5$. n=3 independent biological replicates

(b-c) GO-term enrichment analysis of downregulated genes, clusters 4 and 5 from Fig. 2d (cluster mean ≤ -1.5), (b) and proteins, cluster 2 from Fig. 2e (cluster mean ≤ -1.5), (c). Only terms with significant enrichment (adj. p-value ≤ 0.05) are shown. GO-term groups are defined by overlapping genes and named based on the GO-Term with highest percentage of mapped genes

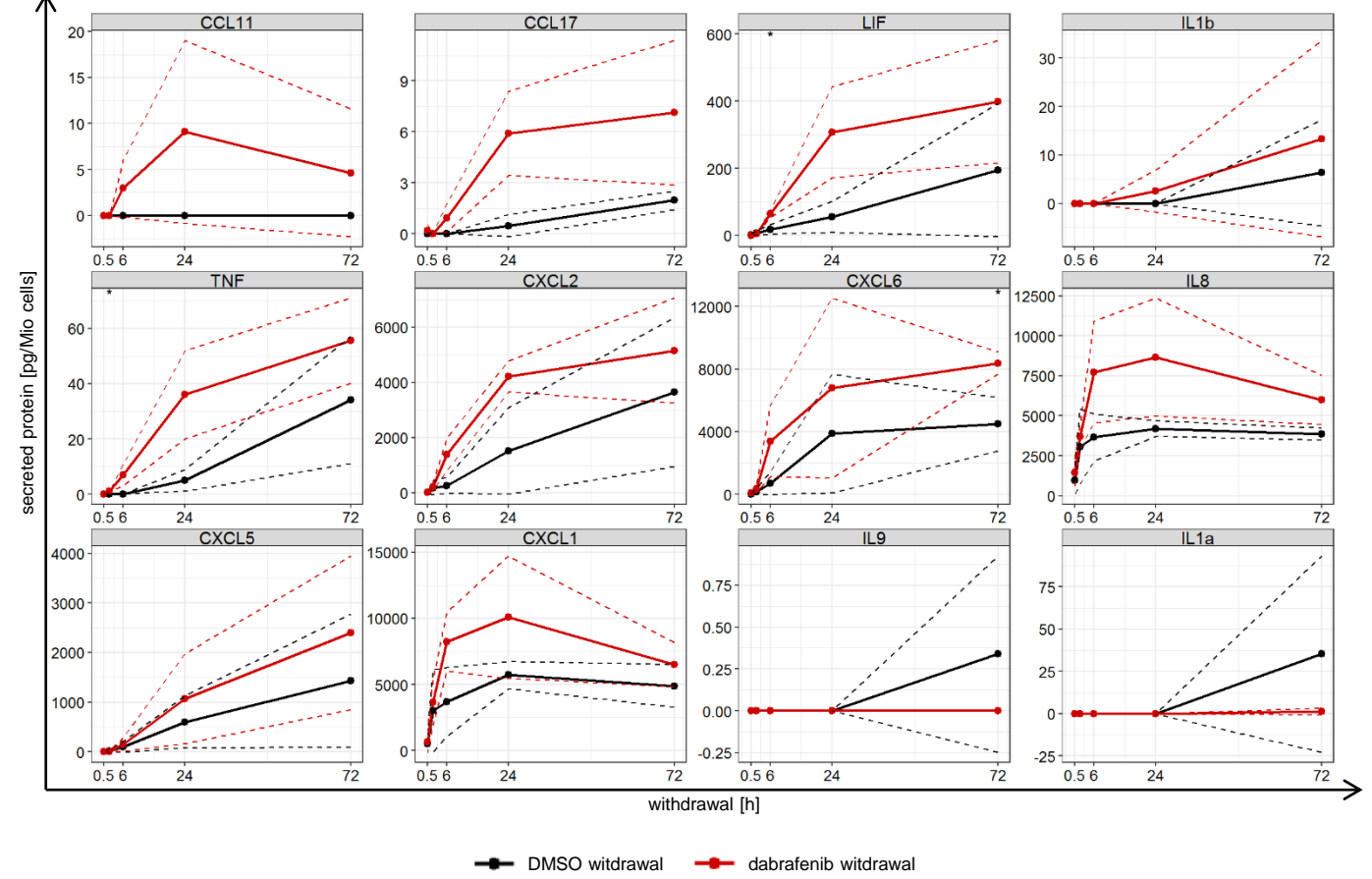
(d) Cytokine gene expression, determined by RNAseq, during treatment for five days with 5 nM dabrafenib followed by withdrawal. Data is shown as \log_2FC relative to solvent control (five days DMSO) as mean \pm SE (n=3 independent biological replicates). Wald test, Benjamini-Hochberg p-value correction, * adj-p-value ≤ 0.05 ** adj-p-value ≤ 0.01 *** adj-p-value ≤ 0.01 ; no indication: not significant

Fig. S5

a



b



— DMSO withdrawal — dabrafenib withdrawal

Fig. S5 Cytokine secretion during dabrafenib treatment and withdrawal in BT-40

(a) Multiplexed ELISA assay results showing cytokine secretion in BT-40 treated for five days with DMSO (solvent control) or 5 nM dabrafenib (dabra) and 24 h after dabrafenib withdrawal (dabra wd). For all conditions, conditioned media was collected 24 h after the last medium change. Boxplots depict the median, first and third quartiles. Whiskers extend from the hinge to the largest/smallest value no further than $1.5 \times \text{IQR}$ from the hinge (where IQR is the interquartile range) $n=3$ independent biological replicates. One-way ANNOVA, Tukey post-hoc test, * adj-p-value ≤ 0.05 ** adj-p-value ≤ 0.01 ** adj-p-value ≤ 0.01 ; no indication: not significant

(b) Multiplexed ELISA assay showing cytokine secretion during withdrawal after treatment for five days with either DMSO (solvent control) or 5 nM dabrafenib. Data for 24 h dabrafenib withdrawal is the same as shown in panel a. Data is shown as mean \pm SD ($n=3$ independent biological replicates). Two-tailed unpaired t-test, * p-value ≤ 0.05 ** p-value ≤ 0.01 ; not indicated: not significant

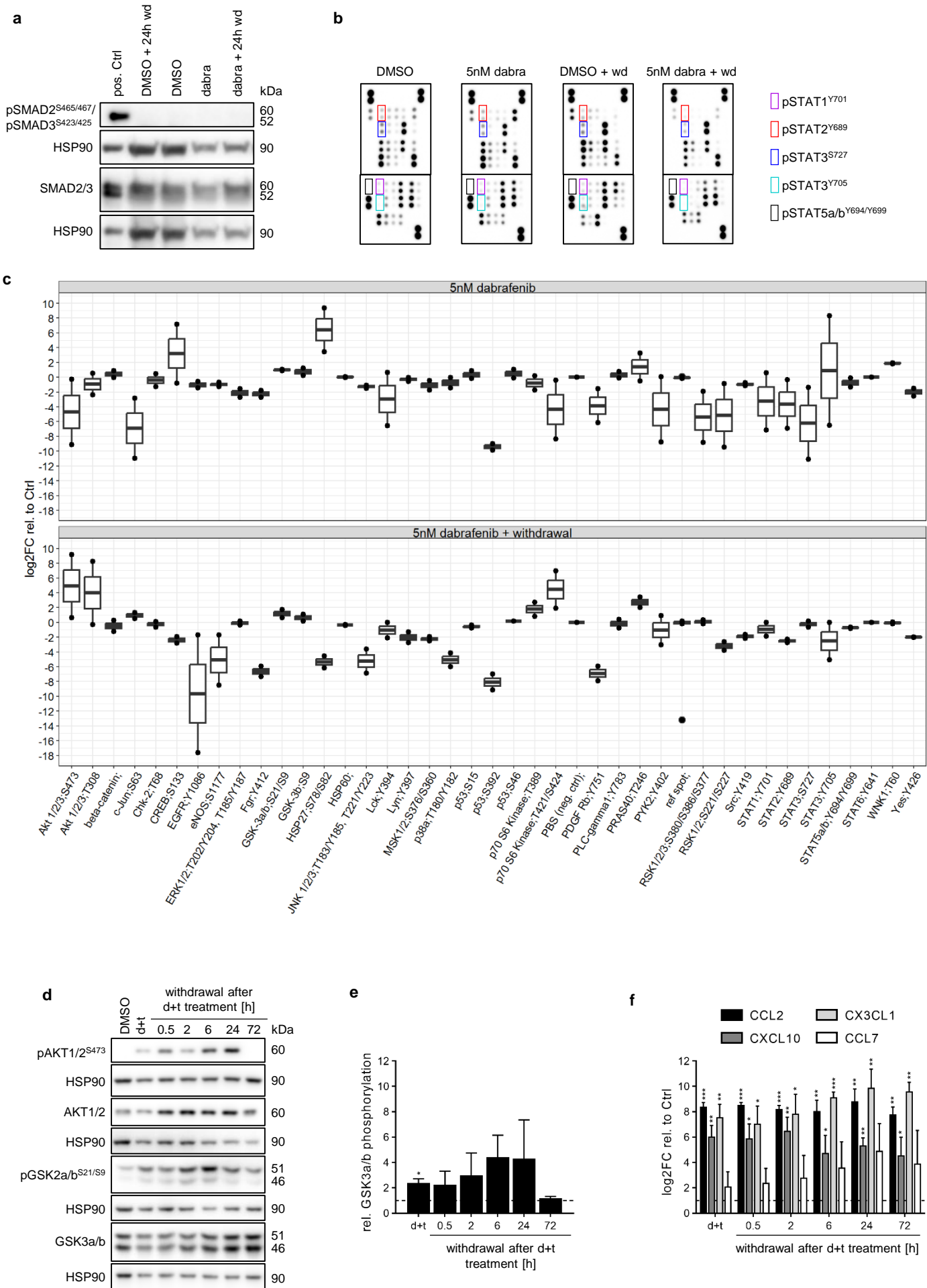
Fig. S6

Fig. S6 Validation of multi-omics results

(a) Western blot analysis of SMAD2/3 phosphorylation during five days treatment with either DMSO (solvent control) or 5 nM dabrafenib (dabra), followed by 24 h withdrawal (wd). Cell extract of HT-1080 treated with 10 ng/mL TGF-beta for 30 min was used as a positive control (pos. Ctrl). Blots shown are representative of three independent biological replicates.

(b-c) Kinase phosphorylation array of samples treated for five days with 5 nM dabrafenib or DMSO (solvent control) followed by 24 h withdrawal (wd). Arrays (b) consist of two membranes, each target is detected in duplicates. Arrays shown are representative of two biological replicates. Arrays shown are the same as in Fig. 2j but at a higher exposure time. Quantification (c) is shown as log₂FC relative to the respective DMSO control. Boxplots depict the median, first and third quartiles. Whiskers extend from the hinge to the largest/smallest value no further than 1.5 * IQR from the hinge (where IQR is the interquartile range) n=2 independent biological replicates

(d-e) Western blot analysis of AKT activity markers after five days treatment with 2.7 nM dabrafenib and 0.3 nM trametinib (d+t) followed by treatment withdrawal. Blots shown are representative of three independent biological replicates (d). Quantification (e) is relative to solvent control (DMSO; dashed line) and shown as mean±SD (n=3 independent biological replicates). One-sample t-test, p-value ≤ 0.05 ** p-value ≤ 0.01 *** p-value ≤ 0.01; no indication: not significant

(f) RT-qPCR analysis of cytokine gene expression after five days treatment with 2.7 nM dabrafenib and 0.3 nM trametinib (d+t) followed by treatment withdrawal. Quantification is relative to solvent control (DMSO; dashed line) and shown as mean±SD (n=3 independent biological replicates). CCL7 was undetected in some samples, for these samples Ct values were set to Ct_{max} plus 0.5. One-sample t-test, p-value ≤ 0.05 ** p-value ≤ 0.01 *** p-value ≤ 0.01; no indication: not significant

Fig. S7

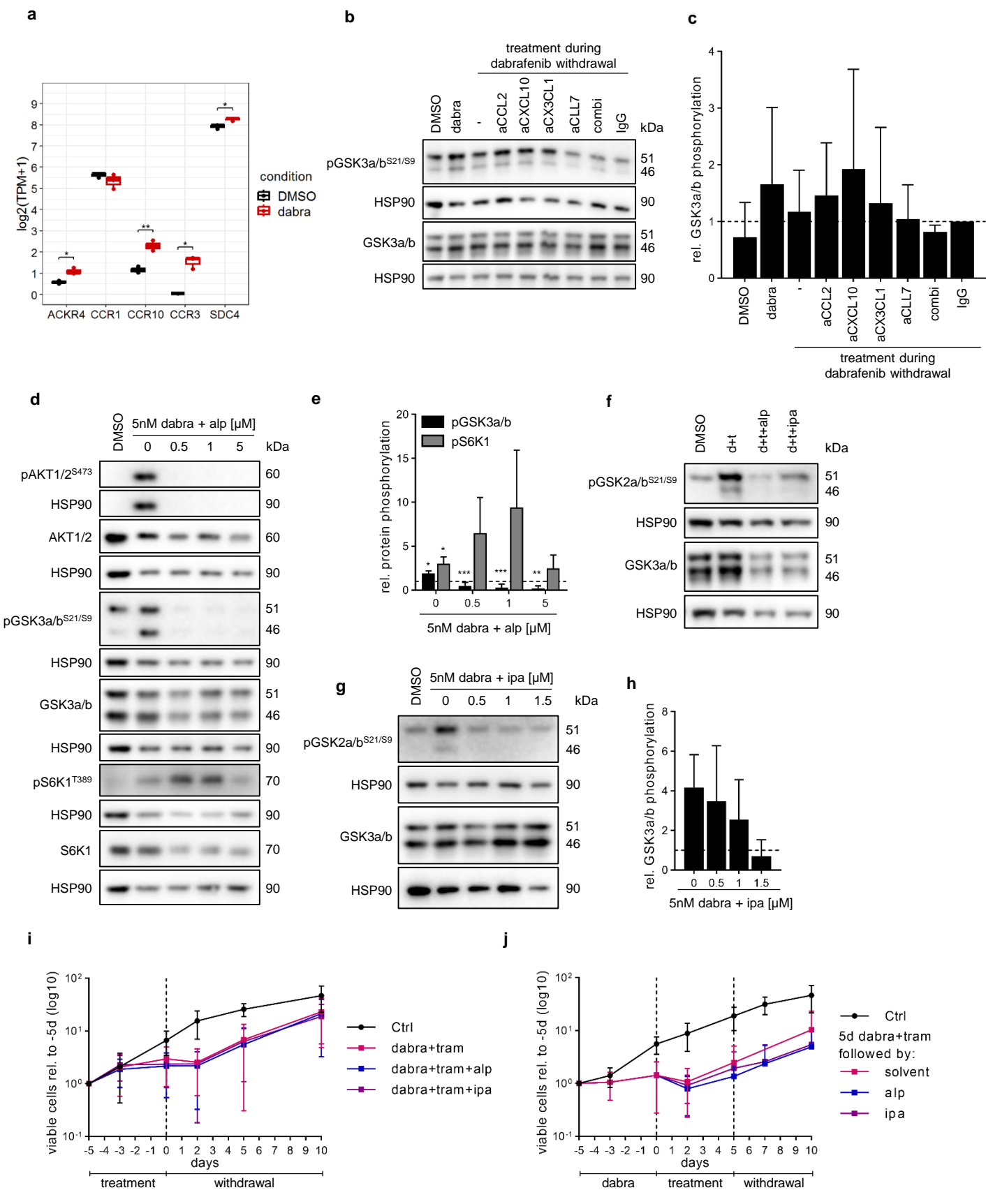


Fig. S7 Inhibition of cytokines and AKT signaling in BT-40

(a) Cytokine receptor gene expression in $\log_2(\text{TPM}+1)$, determined by RNAseq, during treatment for five days with DMSO or 5 nM dabrafenib. Boxplots depict the median, first and third quartiles. Whiskers extend from the hinge to the largest/smallest value no further than $1.5 \times \text{IQR}$ from the hinge (where IQR is the interquartile range) ($n=3$ independent biological replicates). Two-tailed unpaired t-test, $p\text{-value} \leq 0.05$ ** $p\text{-value} \leq 0.01$ *** $p\text{-value} \leq 0.01$; no indication: not significant

(b-c) Western blot analysis of GSK3a/b phosphorylation after five days treatment with 5 nM dabrafenib followed by 24 h of withdrawal (-) or treatment with antibodies neutralizing CCL2 (aCCL2, 0.5 $\mu\text{g}/\text{mL}$), CX3CL1 (aCX3CL1, 0.25 $\mu\text{g}/\text{mL}$), CXCL10 (aCXCL10, 0.25 $\mu\text{g}/\text{mL}$) and CCL7 (aCCL7, 0.1 ng/mL) individually or as combination (combi). Blots shown are representative of three independent biological replicates (b). Quantification (c) is relative to IgG control (IgG, 1 $\mu\text{g}/\text{mL}$). One-sample t-test; no indication: not significant

(d-e) Western blot analysis of AKT activity markers after five days treatment with 5 nM dabrafenib (dabra) alone or in combination with alpelisib (alp). Blots shown are representative of three independent biological replicates (d). Quantification (e) is relative to solvent control (DMSO; dashed line) and shown as $\text{mean} \pm \text{SD}$. One-sample t-test, $p\text{-value} \leq 0.05$ ** $p\text{-value} \leq 0.01$ *** $p\text{-value} \leq 0.01$

(f) Western blot analysis of GSK3a/b phosphorylation after five days treatment with 2.7 nM dabrafenib and 0.3 nM trametinib (d+t) alone or in combination with either 5 μM alpelisib (alp) or 1 μM ipatasertib (ipa). Blots shown are representative of three independent biological replicates

(g-h) Western blot analysis of GSK3a/b phosphorylation after five days treatment with 5 nM dabrafenib (dabra) alone or in combination with ipatasertib (ipa). Blots shown are representative of three independent biological replicates (g). Quantification (h) is relative to solvent control (DMSO; dashed line) and shown as $\text{mean} \pm \text{SD}$. One-sample t-test; no indication: not significant

(i) Viable cell counts during treatment with 2.7 nM dabrafenib and 0.3 nM trametinib (dabra+tram) alone or in combination 5 μM alpelisib (alp) or 1 μM ipatasertib (ipa) followed by ten days of withdrawal. Dashed line indicates withdrawal timepoint. Viable cell counts are normalized to treatment start (-5d). Data is shown on a logarithmic scale (base 10) as $\text{mean} \pm \text{SD}$ of three biological replicates

(j) Viable cell counts during treatment with 2.7 nM dabrafenib and 0.3 nM trametinib (dabra+tram) followed by withdrawal. During withdrawal cells were either untreated (=solvent) or treated for five days with 5 μM alpelisib (alp) or 1 μM ipatasertib (ipa), followed by five days of withdrawal. Dashed lines indicate withdrawal timepoints. Viable cell counts are normalized to treatment start (-5d). Data is shown on a logarithmic scale (base 10) as $\text{mean} \pm \text{SD}$ of three biological replicates

Fig. S8

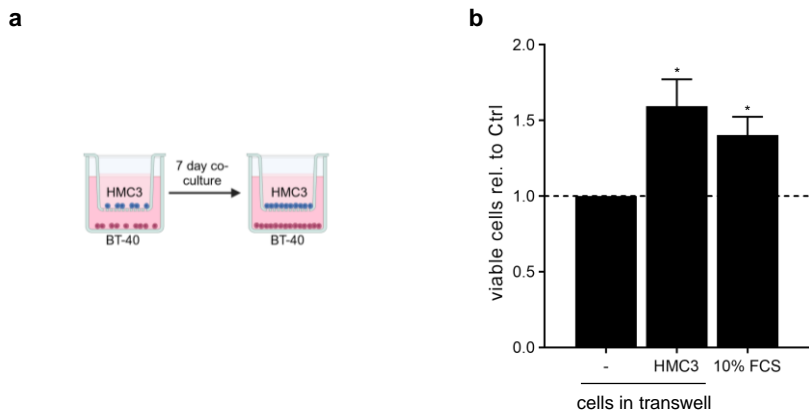


Fig. S8 BT-40 – HMC3 transwell co-culture

(a) Schematic of transwell co-culture setup

(b) Viable cell counts of BT-40 after seven days with or without (-) HMC3 co-culture. BT-40 cultured in 10% FCS were used as pos. control. Viable cell counts are shown as mean±SD (n=3 independent biological replicates) relative to control (-). One-sample t-test, * p-value ≤ 0.05

Fig. S9

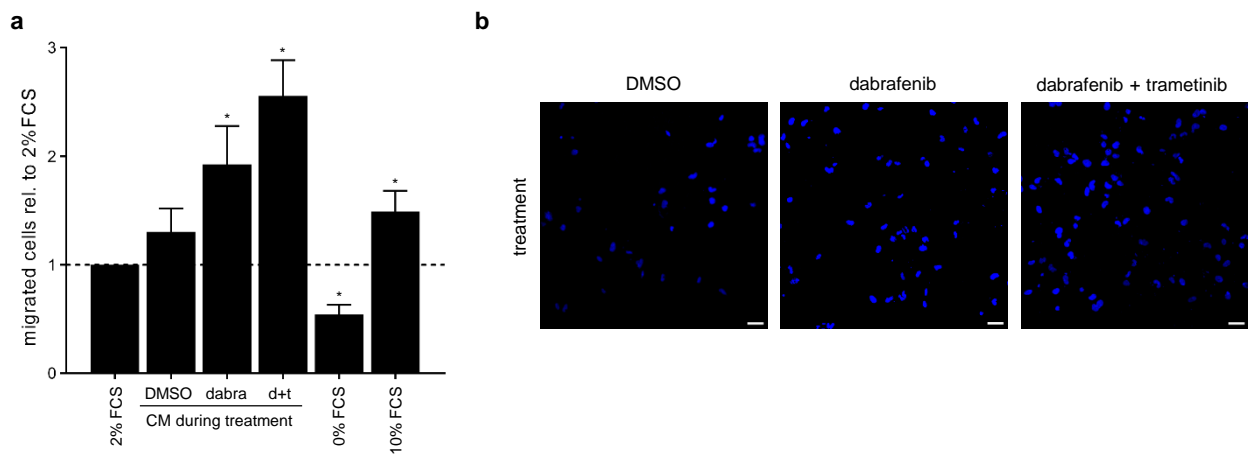


Fig. S9 HMC3 transwell migration using conditioned media collected during MAPKi treatment

(a) Transwell migration assay of HMC3 cells towards conditioned media (CM) collected from BT-40 cells after five days treatment with DMSO (solvent control), 5nM dabrafenib (d) or 2.7 nM dabrafenib and 0.3 nM trametinib (d+t). 2% FCS serves as baseline control as CM contains 2% FCS, 0% FCS as negative control and 10% FCS as positive control. Quantification is shown as mean \pm SD (n=3 independent biological replicates; 2 technical duplicates per condition; 10-12 randomly distributed images were quantified per transwell) relative to 2% FCS. One-sample t-test, * p-value \leq 0.05; no indication: not significant

(b) Representative fluorescence images showing HMC3 migrated through the transwell, nuclei were stained with DAPI. Representative images for FCS controls are shown in Fig. 5D. Scale bar = 50 μ M