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Supplemental information

**Proteomic landscape profiling
of primary prostate cancer reveals
a 16-protein panel for prognosis prediction**

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Figure S1

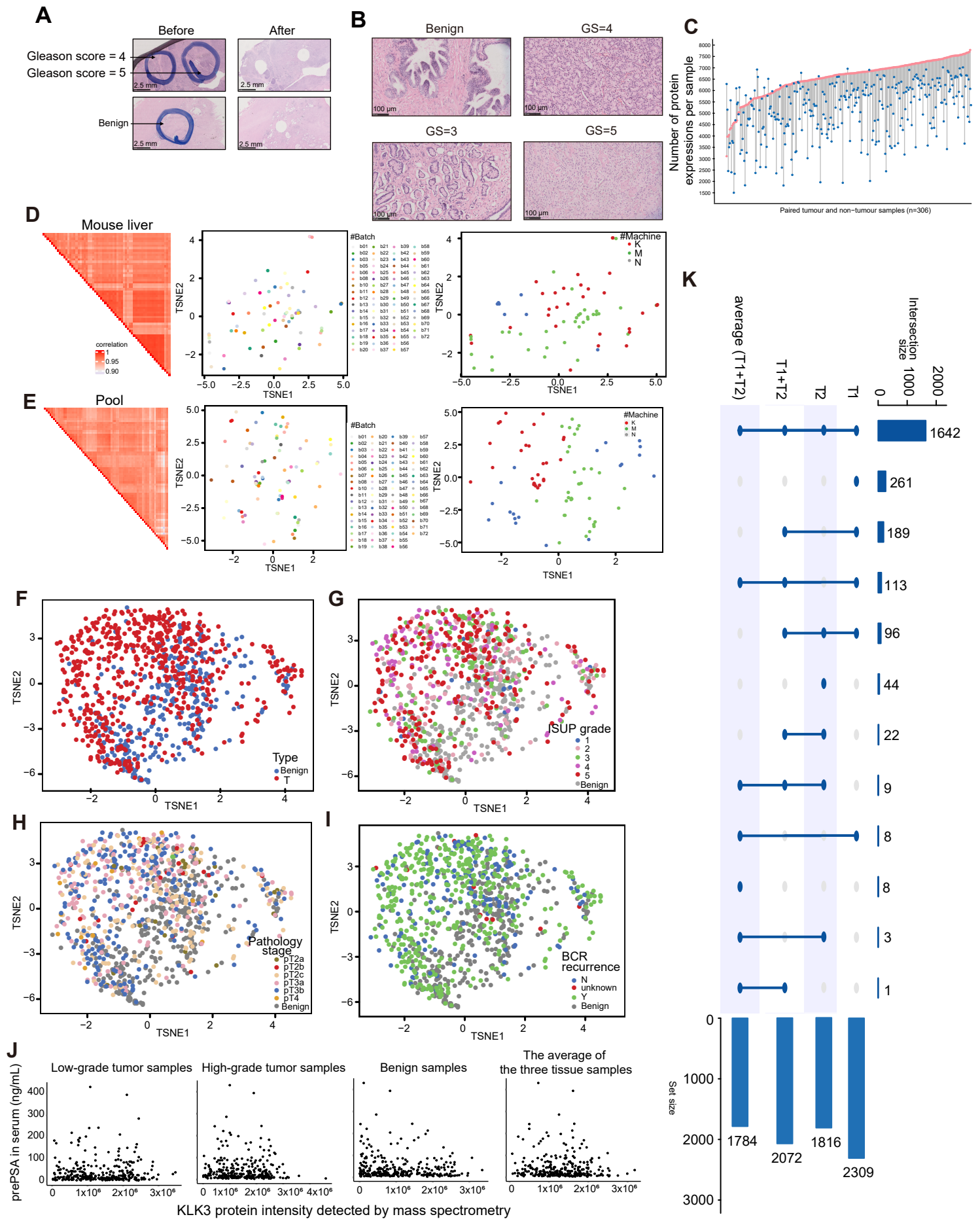


Figure S1 Representative HE staining showing the FFPE sampling of PCa in this study. Related to Figure 1.

(A) HE staining shows the FFPE sample before and after the punch.

(B) HE staining shows the different Gleason score criteria used by pathologists in our study.

(C) The quantification of protein numbers for each patient is shown. Each line represents a patient, with the red dot representing the average protein number identified in two tumor samples, and the blue dot representing the protein number identified in the adjacent benign sample.

(D-E) Left panel: Correlation matrix for quantity samples, including 72 mouse liver samples (D) for sample preparation QC and 72 pool samples for MS QC (E). Middle panel: tSNE plots showing the proteomic data distribution of 72 batches of mixed PCa QC samples collected. Right panel: tSNE plots showing the distribution of proteomic data of mixed PCa QC samples collected by three mass spectrometers (K,N,M).

(F-I) tSNE plots showing the proteomic data distribution of different sample type (F), ISUP grade (G), pathology stage (H) and BCR recurrence (I).

(J) The correlation of between serum PSA and tissue KLK3 expression.

(K) Comparison of four methods for differentially expressed proteins between tumor and benign samples. "T1": tumor samples from primary Gleason score (GS1) were compared with benign samples; "T2": tumor samples from secondary GS (GS2) were compared with benign samples. "T1+T2": Two tumor samples from the same patient, considered as individual entities, were compared with benign samples; "average (T1+T2)": The average levels of the two tumor samples from the same patient were compared with benign samples.

Figure S2

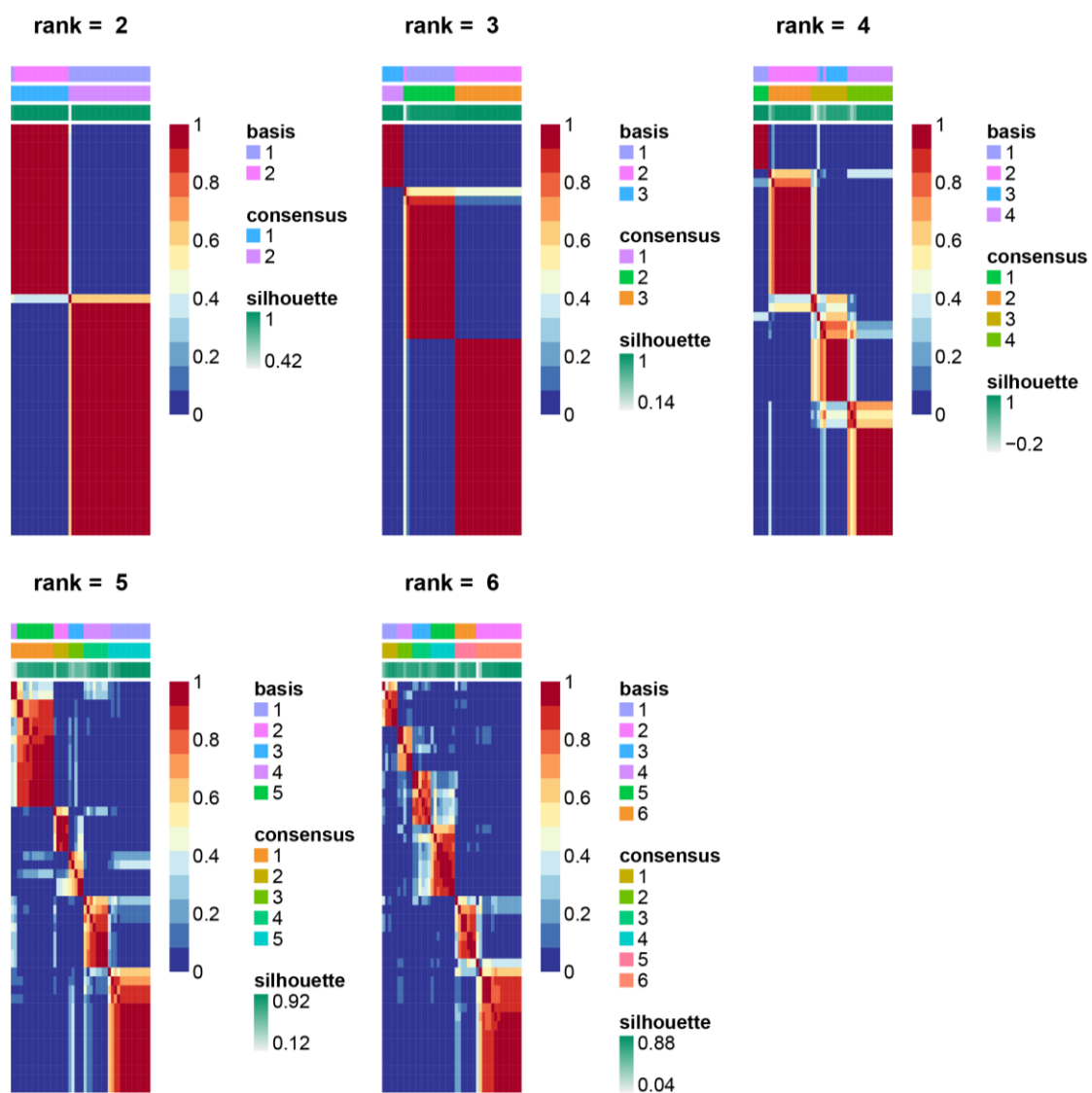


Figure S2. Consensus clustering of the proteomic data. Related to Figure 3. Subgroups are identified based on proteomic data by K-means consensus clustering of their abundances.

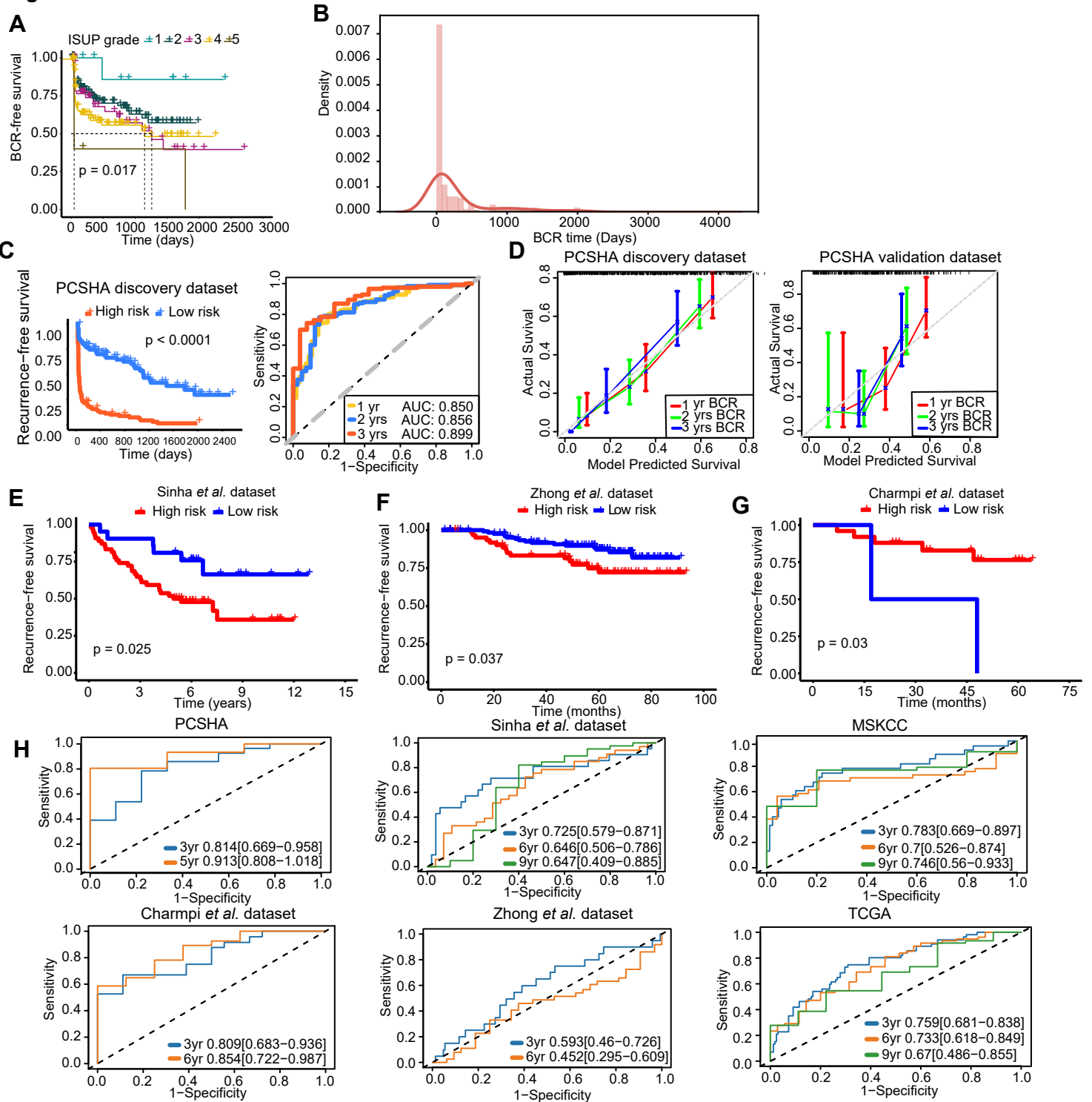
Figure S3

Figure S3 Identification and validation of a panel of 16 protein biomarkers for prognostic prediction Related to Figure 4.

- (A) Kaplan-Meier analysis of BCR-free survival for PCa across different ISUP grade (log rank $p = 0.017$).
- (B) BCR time distribution of all 306 patients in our study.
- (C) Kaplan-Meier analysis (right) and ROC curves (left) of the PCSHA discovery dataset for BCR-free survival prediction based on our 16-protein model, with 1-year predictive power (yellow), 2-year predictive power (blue), and 3-year predictive power (red).
- (D) Calibration curves of the 16-protein panel in PCSHA discovery dataset (left panel) and validation dataset (right panel).
- (E-G) Kaplan-Meier analysis of BCR-free survival based on our 16-protein panel of the dataset Zhong et al. dataset (E), the Sinha et al. dataset (F), and the Charmpi et al. dataset (G).
- (H) ROC curves of the six datasets for BCR-free survival prediction based on our 16-protein model, with various years' predictive power.

Figure S4

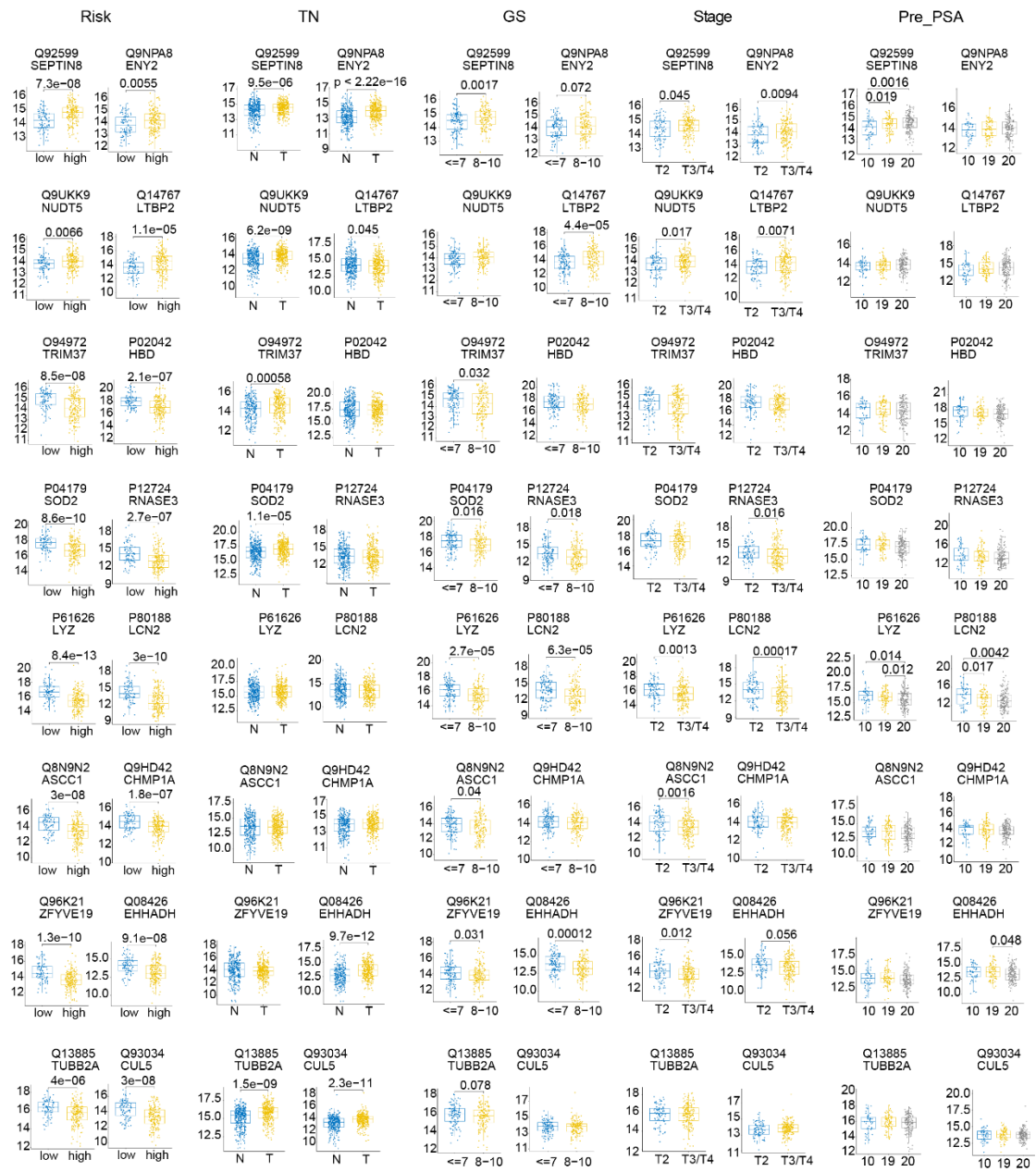


Figure S4 Relative protein expression of the 16 proteins in different groups. Related to Figure 4.

Figure S5

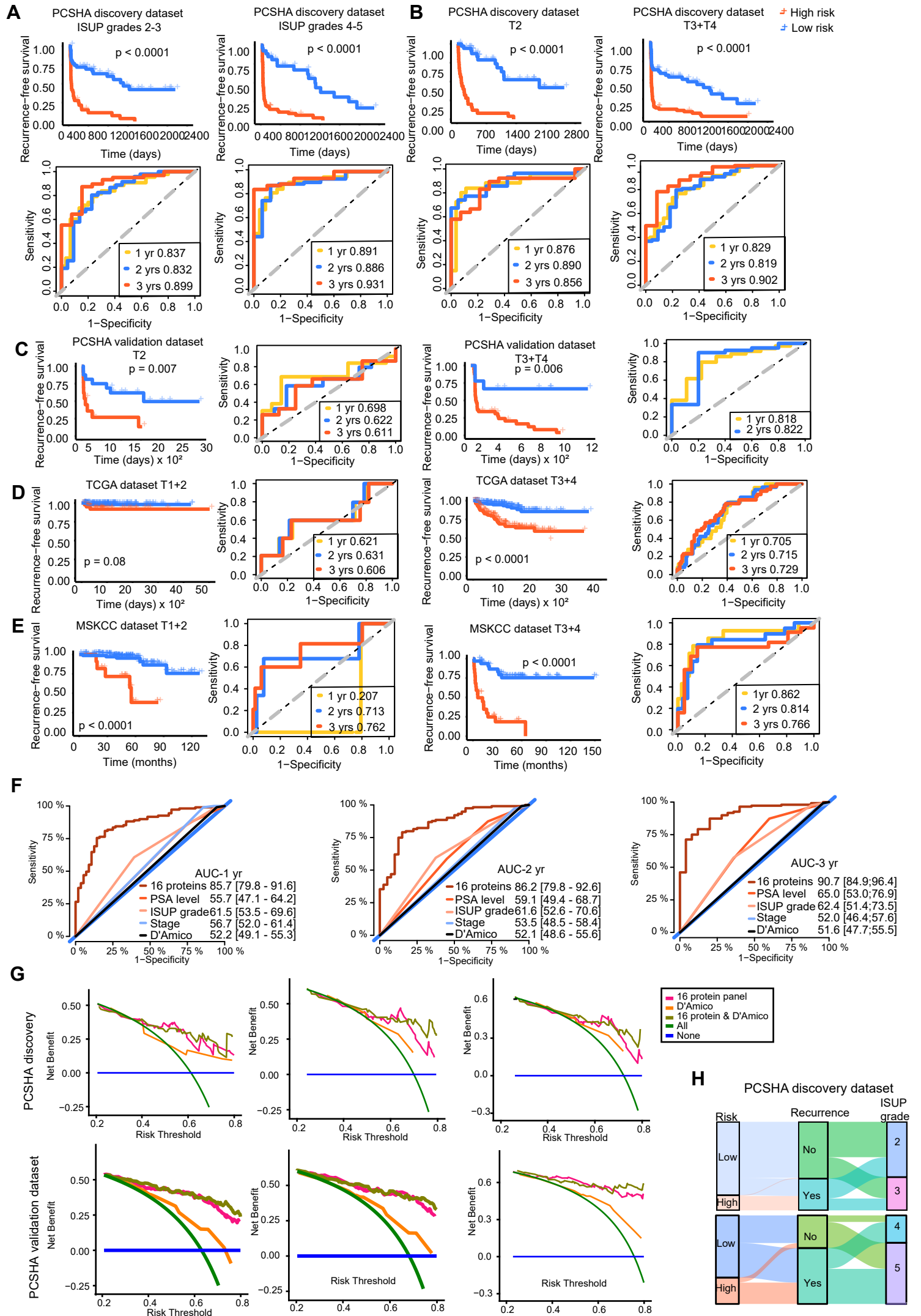


Figure S5 16-protein panel to prediction BCR in different subgroups. Related to Figures 4-5.

(A-B) Kaplan–Meier plots and ROC curves of BCR-free survival based on our 16-protein model in different ISUP grades (A) and pathological stage (B) using the PCSHA discovery dataset with a 1-year predictive power (yellow), a 2-year predictive power (blue), and a 3-year predictive power (red).

(C-E) Kaplan–Meier plots and ROC curves of BCR-free survival based on our 16-protein prediction model in different pathological stage using the PCSHA validation set (C), the TCGA dataset (D), and MSKCC dataset (E).

(F) ROC curves of the 16-protein panel and clinicopathological characteristics (PSA level, Gleason score, pathology stage, and D’Amico) using the PCSHA discovery dataset at 1 (upper panel), 2 (middle panel), and 3 (lower panel) years.

(G) Decision curve analysis (DCA) showing the clinical judgement of the benefits in the PCSHA discovery and validation sets.

(H) Sankey plots showing the PCa patients overlapping among the 16-protein panel prediction system, the recurrence status, and the ISUP grade using the PCSHA discovery set.

Figure S6

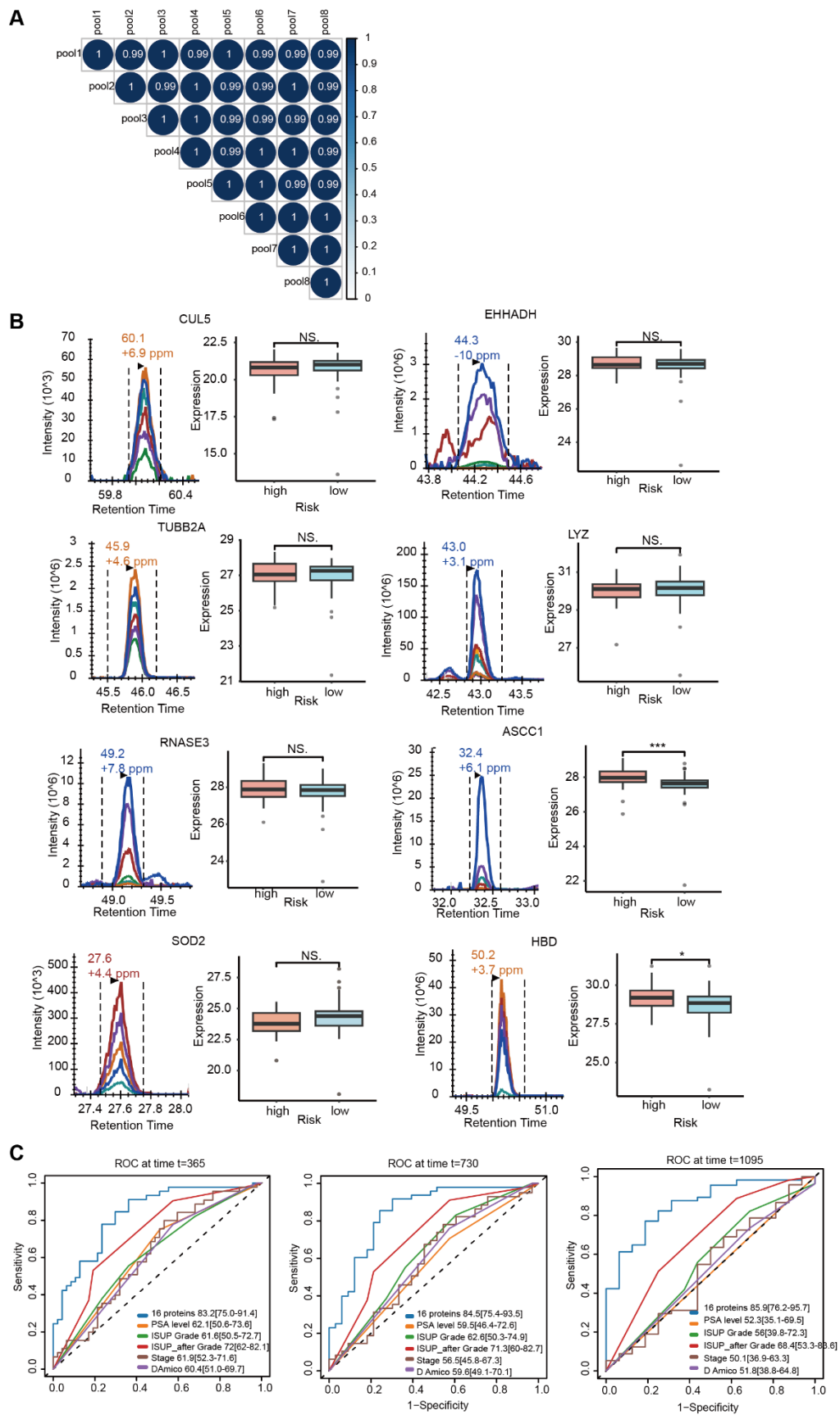


Figure S6. Independent biopsy samples for validation. Related to Figure 6.

(A) Correlation matrix for quality control samples, including eight pool samples for QC.

(B) The peak groups for the unique peptides and the protein abundance between high- and low-risk patients.

(C) ROC curves of the 16-protein model and clinicopathological characteristics for BCR prediction (PSA level, ISUP grade based on biopsy and surgical samples, pathological stage, and D'Amico) in the PCSHA biopsy test set with three years.

Figure S7

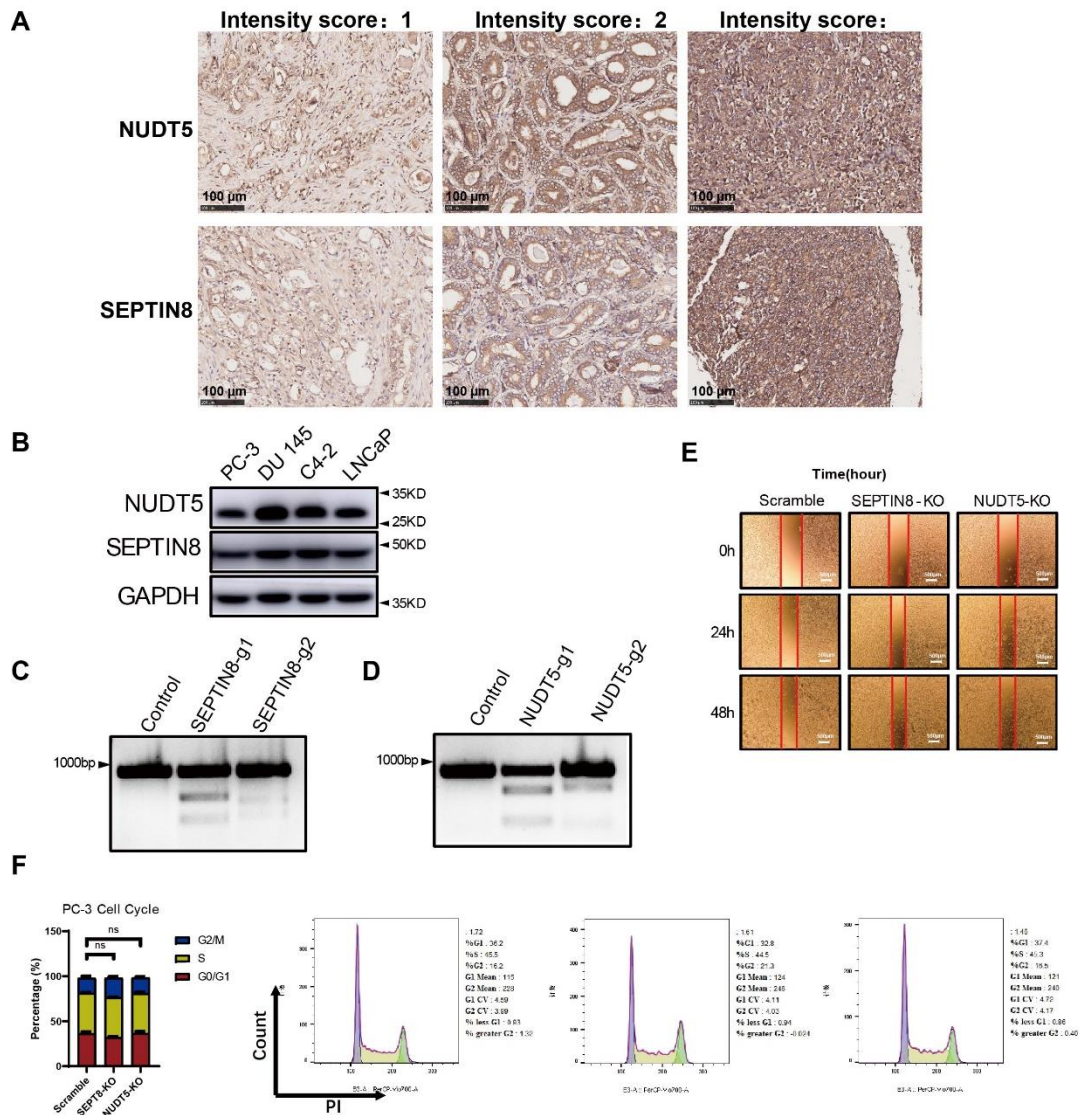


Figure S7. Validation of NUDT5 and SEPTIN8 single knockout. Related to Figure 7.

(A) Representative Immunohistochemical staining intensity score showing the protein expression of SEPTIN8 and NUDT5 in different PCa tissue samples.

(B) Expression level of NUDT5 and SEPTIN8 in different prostate cancer cell lines measured by western blot.

(C-D) Surveyor assay showing the deletion efficiency of SEPTIN8 (C) and NUDT5 (D) genes by the CRISPR/Cas9 system.

(E-F) Cell functional assay of PC-3 cells with SEPTIN8 or NUDT5 knockout: wound healing assay (E) and cell cycle analysis (F).