SUPPLEMENTARY FIGURE LEGENDS

Supplementary Figure 1. NEMO expression levels are comparable between normal and tumour kidney cells. Tumour (T) and matched normal kidney (N) tissue samples were lysed and immunoblotted with the indicated antibodies (left panel). 786-O, 786-VHL and normal human renal proximal tubule epithelial cells (RPTEC) were lysed and immunoblotted with the indicated antibodies (right panel). IB: immunoblot.

Supplementary Figure 2. CCRCC cells devoid of VHL with strong hypoxic signature are preferentially susceptible to EMCV virulence. *VHL-null* UMRC2 and VHL-reconstituted UMRC2 (UMRC2-VHL), as well as CAKI-1 cells that express endogenous VHL, were challenged with EMCV (MOI=0.1) and Trypan Blue exclusion assay was performed at indicated time points (left graph). Experiments were performed in triplicate and error bars represent standard errors. The indicated cell lines were lysed and immunoblotted with the indicated antibodies (right panel).

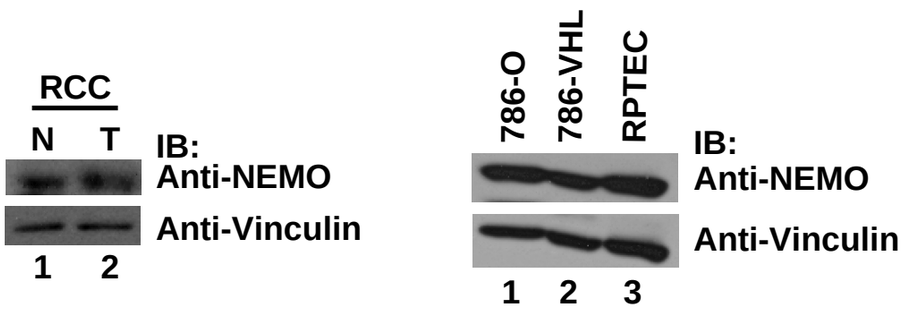
Supplementary Figure 3. 786-VHL cells infected with EMCV show signs of apoptosis. 786-VHL cells infected with EMCV (MOI=0.1) for 7 h were visualized by electron microscopy. Solid arrow represents virus particle formation in infected cells. Asterisk represents apoptosis-associated nuclear condensation. Bars represent 1 micron.

Supplementary Figure 4. VHL sensitizes CCRCC cells to TNFα-induced apoptosis. 786-O and 786-VHL cells were treated with 50 ng/mL TNFα and visualized by phase contrast microscopy at various time points.

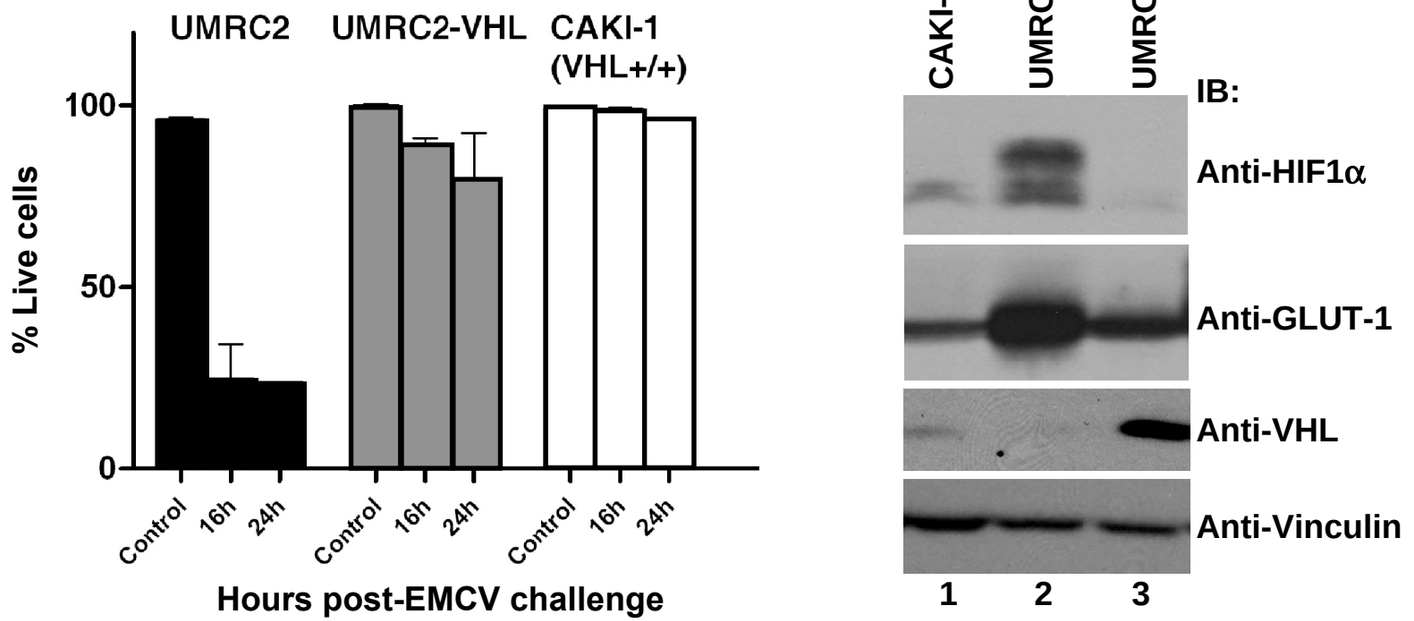
Supplementary Figure 5. T98G glioblastoma cells treated with hypoxia mimetic cobalt chloride are sensitized to EMCV virulence. T98G cells were treated with or without 0.3 nM cobalt chloride and challenged for 18 h with indicated concentrations of EMCV. Live cells were stained with 0.5% crystal violet and quantified by integrated density analysis. Experiments were performed in triplicate and error bars represent standard errors.

Supplementary Figure 6. EMCV infection does not attenuate HIF levels or activity. 786-HRE-Luc cells were infected with EMCV (MOI=0.1) or irradiated dead (d)EMCV, (A) viable cells were counted at the indicated time points using Trypan blue exclusion assay, and (B) bioluminescence signals were also measured and average bioluminescence signals indicated with error bars representing standard errors. (C) 786-HRE-Luc cells were infected with EMCV (MOI=0.1) for the indicated time intervals, lysed and immunoblotted with the indicated antibodies. IB: immunoblot. (D) Immunohistochemical staining with anti-GLUT-1 antibody was performed on the resected CCRCC xenografts grown in murine dorsal skin-fold window chamber post-termination of EMCV treatment. Representative images from each group are shown at 40x magnification. IHC: immunohistochemistry

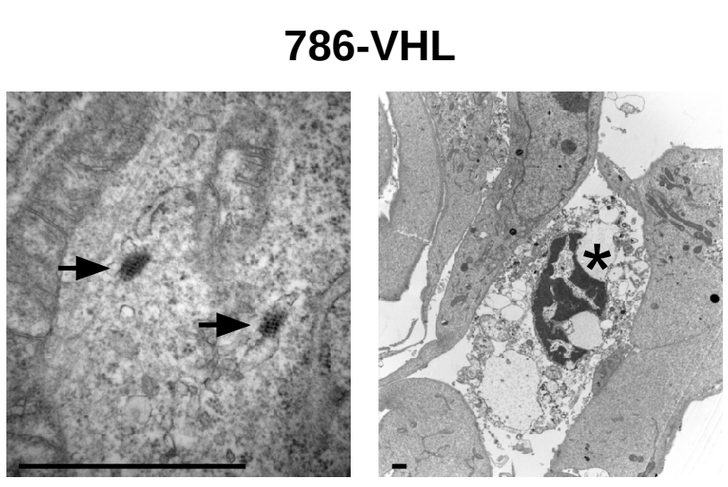
Supplementary Figure 1



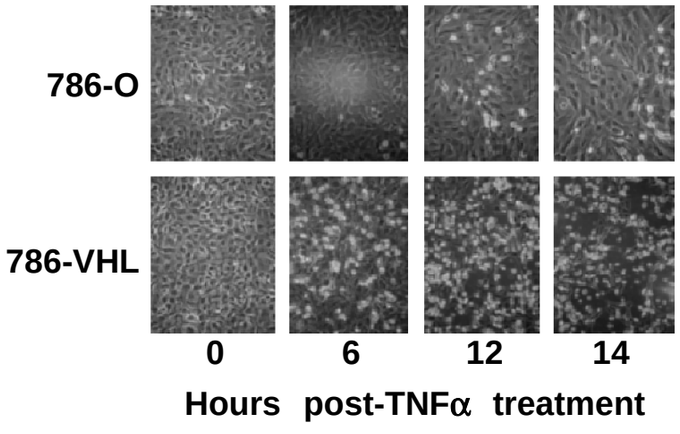
Supplementary Figure 2



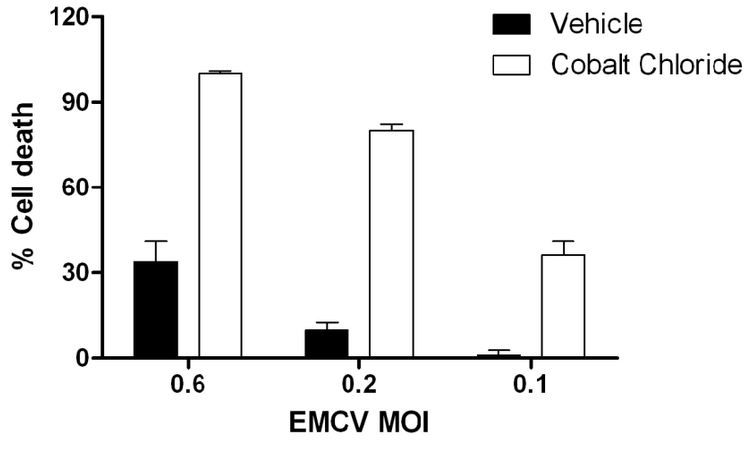
Supplementary Figure 3



Supplementary Figure 4

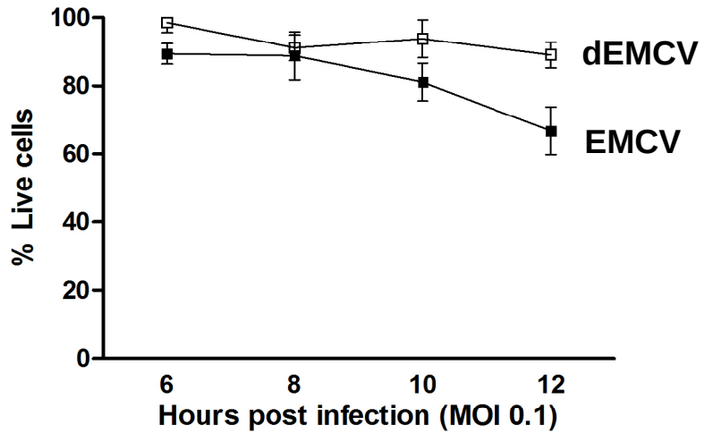


Supplementary Figure 5



Supplementary Figure 6

A



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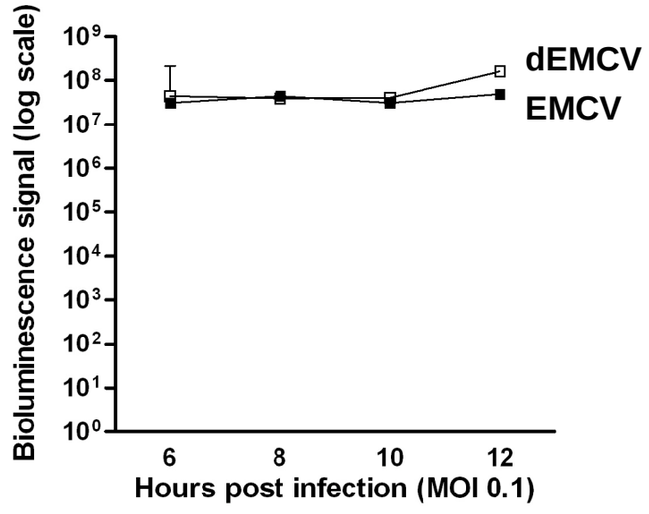

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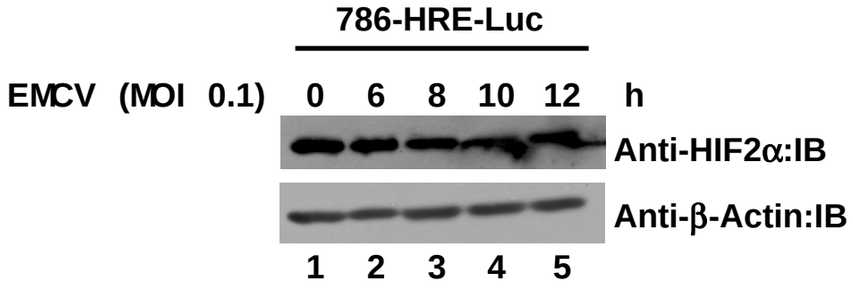

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