

Supplementary Materials for

Cell Carriage, Delivery, and Selective Replication of an Oncolytic Virus in Tumor in Patients

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Fig. S2. Reoviral RNA can also be detected in patient PBMCs, granulocytes, and platelets using an alternative, second set of primers.

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SUPPLEMENTARY MATERIALS AND METHODS

RNA detection limits. RNA was extracted from 4.6x10⁹ TCID₅₀/ml reovirus stocks using the QIAamp Viral Mini Kit (Qiagen), which equates to ~5x10⁷ reoviral copies entering the RT-PCR reaction. 10 fold dilutions were made and amplified accordingly using the OneStep RT-PCR Kit (Qiagen). Reovirus sigma 3 cDNA targeted primers (Sigma-Aldrich Ltd.) used were: forward 5'-GGGCTGCACATTACCACTGA and reverse 5'-

CTCCTCGCAATACAACTCGT - a detection limit of 35 cycles was used for evaluation. Samples were run on a 2% agarose gel and analyzed for reovirus RNA by the presence of a 300bp PCR product. A negative (RNase-free water) control was included. Bands were analyzed for densitometry using ImageJ software.

RNA detection using an alternative, second set of primers. RNA was extracted from 7x10⁵ PBMC, granulocytes and platelets using the QIAamp Viral Mini Kit and amplified using the OneStep RT-PCR Kit as described before. Reovirus cDNA targeted primers (Sigma) used were: forward 5'-TGCAGCGTGAAGAGTCCATA and reverse 5'-

ATGCACTTAGCTGCGGACTT - a detection limit of 35 cycles was used for evaluation. Samples were run on a 2% agarose gel and analyzed for reovirus RNA by the presence of a 220bp PCR product. Positive (reovirus RNA) and negative (RNase-free water) controls were included.



Reoviral RNA is detectable when ~50 copies enter the reaction, but not ~5 copies or fewer. RNA was extracted from reovirus stocks so that $~5x10^7$ reoviral copies entered the RT-PCR reaction. 10 fold dilutions of the RNA were made to assess the detection limit of RT-PCR at 35 cycles (left). A negative (RNase-free water) control was included and bands were analyzed for densitometry (right).

FIGURE S2



Reoviral RNA can also be detected in patient PBMCs, granulocytes, and platelets using an alternative, second set of primers. Data show 1 hour post 1st infusion samples assessed directly for reoviral RNA by RT-PCR. Granulocyte and platelet samples were unavailable for patients 1-6. Reovirus RNA and RNase-free water were included as positive and negative controls.

TABLE S1

Patient	Tumor reovirus staining	Liver reovirus staining	Tumor reovirus EM	Liver reovirus EM	Reovirus/caspase co-localization (% positive cells)
1	weak	negative	positive	negative	NA
2	negative	negative	negative	negative	0
3	weak	negative	positive	negative	NA
4	weak	faint	positive	negative	5
5	strong	faint	positive	positive	NA
6	strong	faint	positive	positive	NA
7	strong	negative	positive	positive	10
8	strong	faint	positive	positive	5
9	strong	negative	positive	negative	30
10	strong	faint	positive	positive	10

Histological data summary for all patients. Tumor and liver were assessed for the presence of reovirus sigma 3 capsid protein by electron microscopy (EM) and reovirus sigma 3 capsid protein (+/- caspase-3 co-expression) by immunohistochemistry (IHC). Note that electron microscopy reovirus findings correlated with immunohistochemistry in all cases, except for patient 4 liver (faint on IHC; negative on EM) and patient 7 liver (negative on IHC; positive on EM). These inconsistencies are likely due to the different sensitivities of the two techniques and/or sampling discrepancies. NA denotes samples that were unavailable for analysis.

TABLE S2

Patient	Reovirus/tubulin co-localization (% positive cells)
1	0
2	0
4	15
7	40
8	30
10	40

Coexpression of reovirus and tubulin in tumor. In 6 assessable patients (patients with adequate available tissue), tumor was assessed for the presence of reovirus sigma 3 capsid protein and its co-expression with tubulin.