# A Quantitative High-throughput Screening Assay using Krabbe Disease Patient Cells

Jameson Ribbens <sup>1‡</sup>, Grace Whiteley <sup>3‡</sup>, Hirokazu Furuya <sup>4</sup>, Noel Southall <sup>3</sup>, Xin Hu <sup>3</sup>, Juan Marugan <sup>3</sup>, Marc Ferrer PhD<sup>3</sup>, Gustavo H.B. Maegawa <sup>1,2</sup>

 <sup>1</sup>McKusick-Nathans Institute of Genetic Medicine, <sup>2</sup>Department of Pediatrics, Johns Hopkins University School of Medicine, Baltimore, MD 21205, United States
 <sup>3</sup>National Institutes of Health, National Center for Translational Therapeutics, Rockville, MD 20850, United States
 <sup>4</sup>Department of Neurology, National Omuta Hospital, Tachibana 1044-1, Omuta, Fukuoka, Japan

<sup>‡</sup>Equal contributors

SUPPLEMENTARY MATERIAL

#### LEGENDS TO SUPPLEMENTAL FIGURES

#### Figure S1. Three-plate uniformity-assessment of HTS assay of GALC. The SV40T

fibroblasts from control (CTRL) and a GLD patient (GALC-G270D/G270D) were cultured in three 384-well plates. Cells were seeded in three interleaved 384-well plates on different days using freshly prepared reagents. CTRL, GLD patient cells and wells without cells (only medium) were displayed in interleaved plate format (in different column-positions of each plate). Individual scatter plots from plate 1 (**A**), plate 2 (**B**) and plate 3 (**C**) are shown with response plotted against well number, ordered firstly by column and then by row.

Figure S2. Scatter plot of GLD patient cellular HTS assay of GALC against LOPAC. Panels represent GLD patient SV40T (GALC-G270D) and control (GALC-WT). GLD patient fibroblasts were exposed to the 1,280 compounds from LOPAC in different concentrations (panels **A-E**) in 1,536-well plates. Each color represents 32 different columns of each high-dense plate used in the HTS. The fluorescence signals generated by the GALC activity from GLD patient fibroblasts treated with LOPAC are located in columns 5-44. Columns 1 and 2 represent fluorescence signals from wells containing only medium and no fibroblasts. SV40T control fibroblasts are located in columns 45-48. Scatter plot results LOPAC treatment concentrations of 9.2  $\mu$ M (**A**), 23  $\mu$ M (**B**), 46  $\mu$ M (**C**) and 115  $\mu$ M (**D**) are shown. The scatter plot results from highest (230  $\mu$ M) and lowest (4.6  $\mu$ M) concentrations along with plates with cells treated only with DMSO are shown in figure 5 (main text).

Figure S3. Other concentration-response curve analysis derived from quantitative HTS assay for GALC against LOPAC library. In the cell-based HTS for GALC using LOPAC concentrations ranging from 4.6 to 230  $\mu$ M, 19 small molecules (SM) showed active concentration-response curves (CRCs) of class 1 to 3. Guanabenz acetate (SM-5; **A**), 4-Cyclohexylmethoxy-2,6-diamino-5-nitrosopyrimidine or NU6027 (SM-6; **B**), isoproterenol

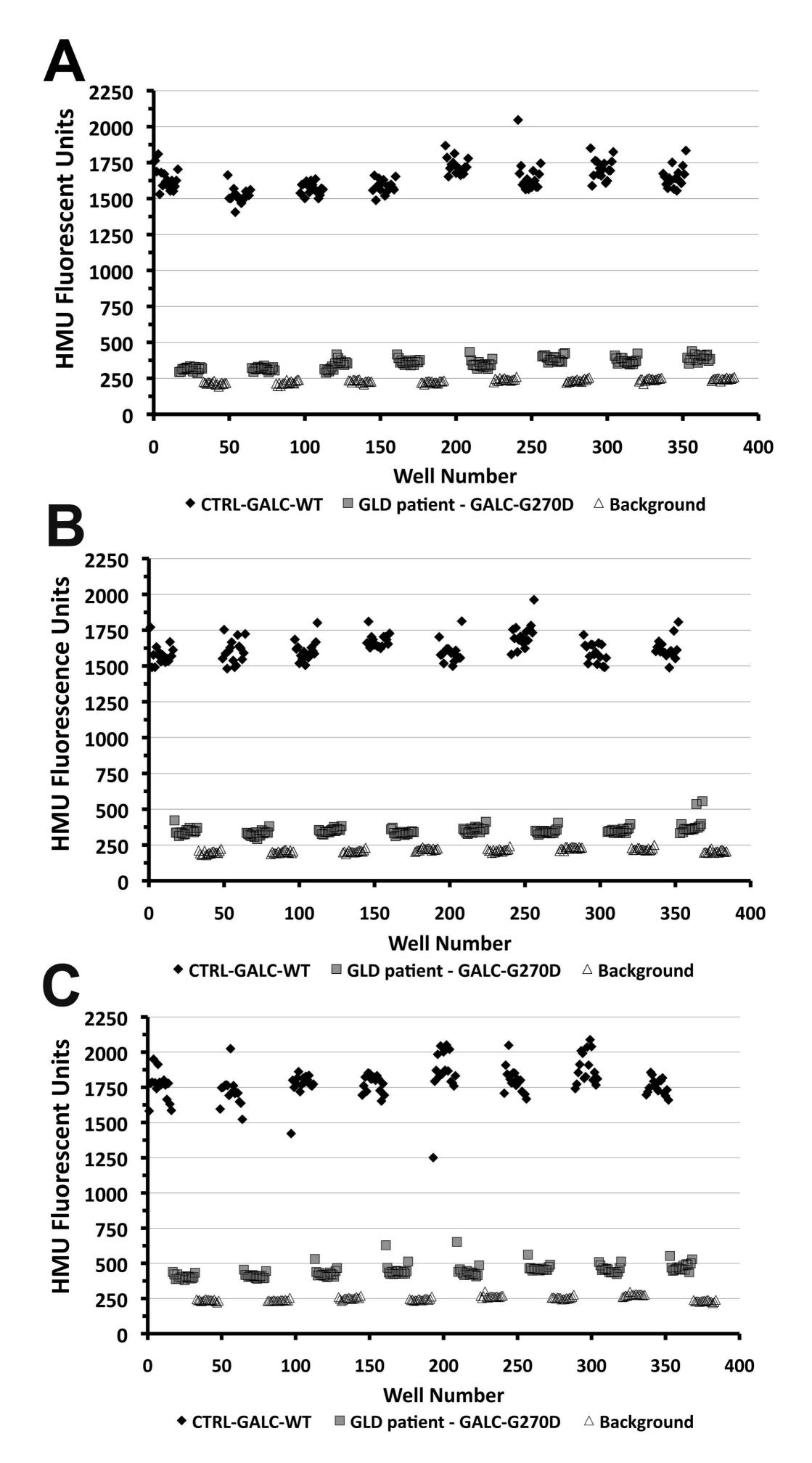
bitartrate (SM-8; **C**) and 4-Chloro-DL-phenylalanine methyl ester HCl (SM-9; **D**) showed CRCs of class 2.2. Edrophonium HCl (SM-10; **E**) and bromopheniramine maleate (SM-11; **F**) showed CRCs class 2.4. Pyrostigmine HCl (SM-15; **G**), R(-)-2,10,11-Trihydroxy-N-propyl-noraporphine hydrobromide hydrate (SM-16; **H**), Nialamide (SM-17; **I**), (+/-)-cis-Piperidine-2 (SM-18; **J**) and Alloxazine (SM-19; **K**) showed CRCs class 3.

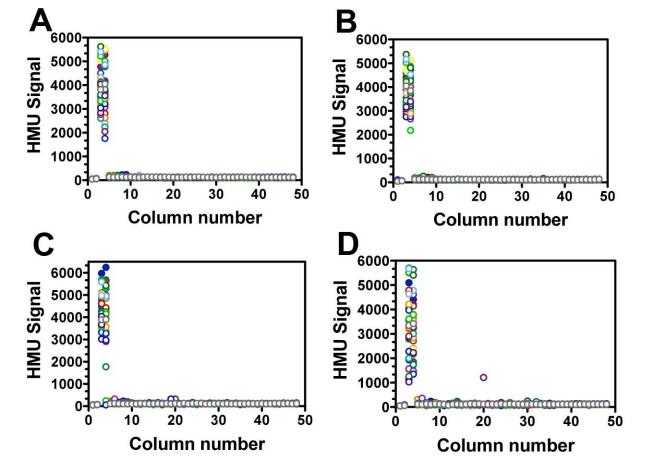
**Figure S4.** Dose-response GALC assays in primary fibroblasts from GLD patients and control fibroblasts treated with small molecules with active concentration-response curves in the HTS for GALC. Two GLD patient primary fibroblast lines, GALC-G270D and GALC-G553R and control (GALC-WT) were treated with small molecules (SM) with concentration-response curves (CRCs) of classes 2 and 3 at concentrations ranging from 1.9 to 150 μM. Guanabenz acetate (SM-5; **A**), 4-Cyclohexylmethoxy-2,6-diamino-5-nitrosopyrimidine (SM-6; **B**), 3-bromo-7-nitroindazole (SM-7; **C**), isoproterenol bitartrate (SM-8; **D**), 4-Chloro-DL-phenylalanine methyl ester HCI (SM-9; **E**), bumetamide (SM-13; **F**), pyrostigmine HCI (SM-15; **G**) and nialamide (SM-17; **H**) are also shown. In each primary fibroblast cell line, the average level of protein concentration per well each 96-well plate was used to standardize the HMU fluorescence signals.

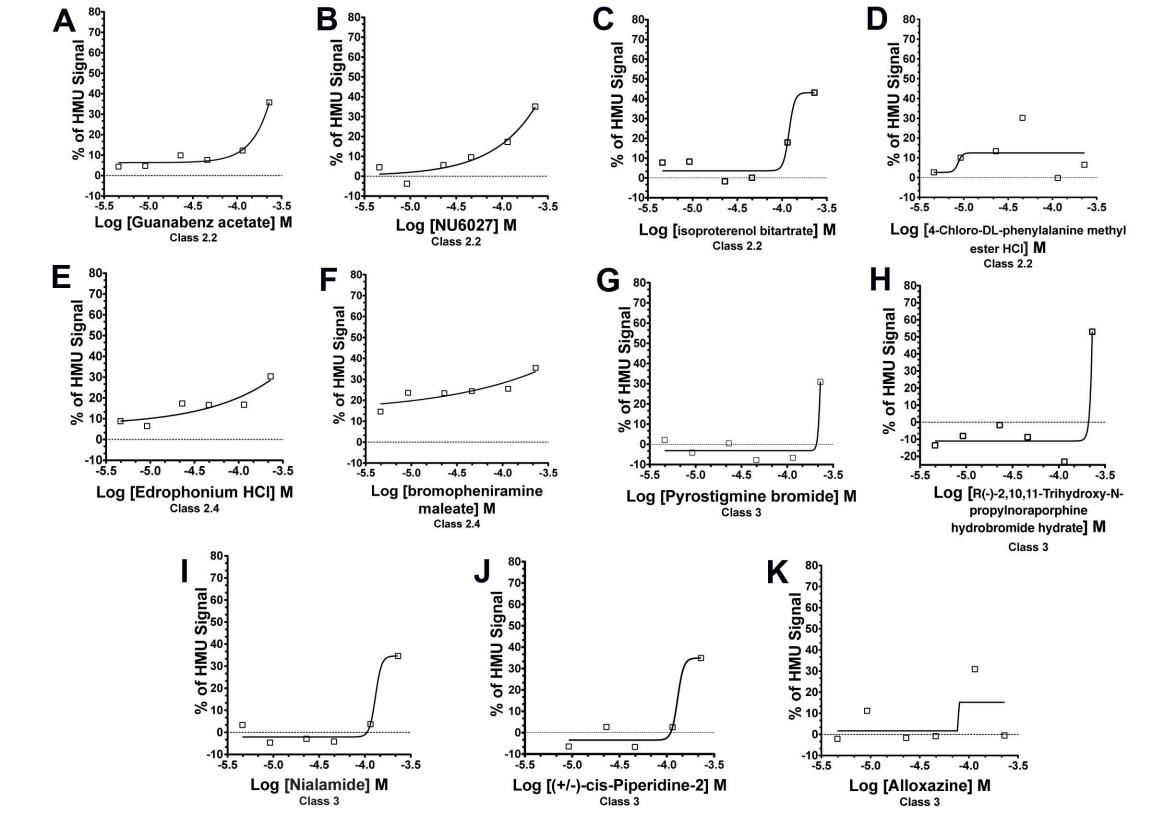
Figure S5. Cell viability assays in cultured fibroblasts treated with different small molecule that showed active CRCs in the cell-based HTS for GALC. Cell viability results in SV40T GLD (GALC-G270D) fibroblasts (**A**), used in the primary screening, were treated with 46  $\mu$ M (light grey columns) and 240  $\mu$ M (dark grey columns) of small molecule (SM) for 48 hs. The primary GLD patient fibroblasts (GALC-G270D; **B**) and the primary fibroblast control (GALC-WT) (**C**) were also tested at the same conditions. The small molecules SM-2, SM-3, SM-5, SM-6, SM-8, SM-12 and SM-14 showed to some level of cytotoxic at higher concentrations in the three different cells.

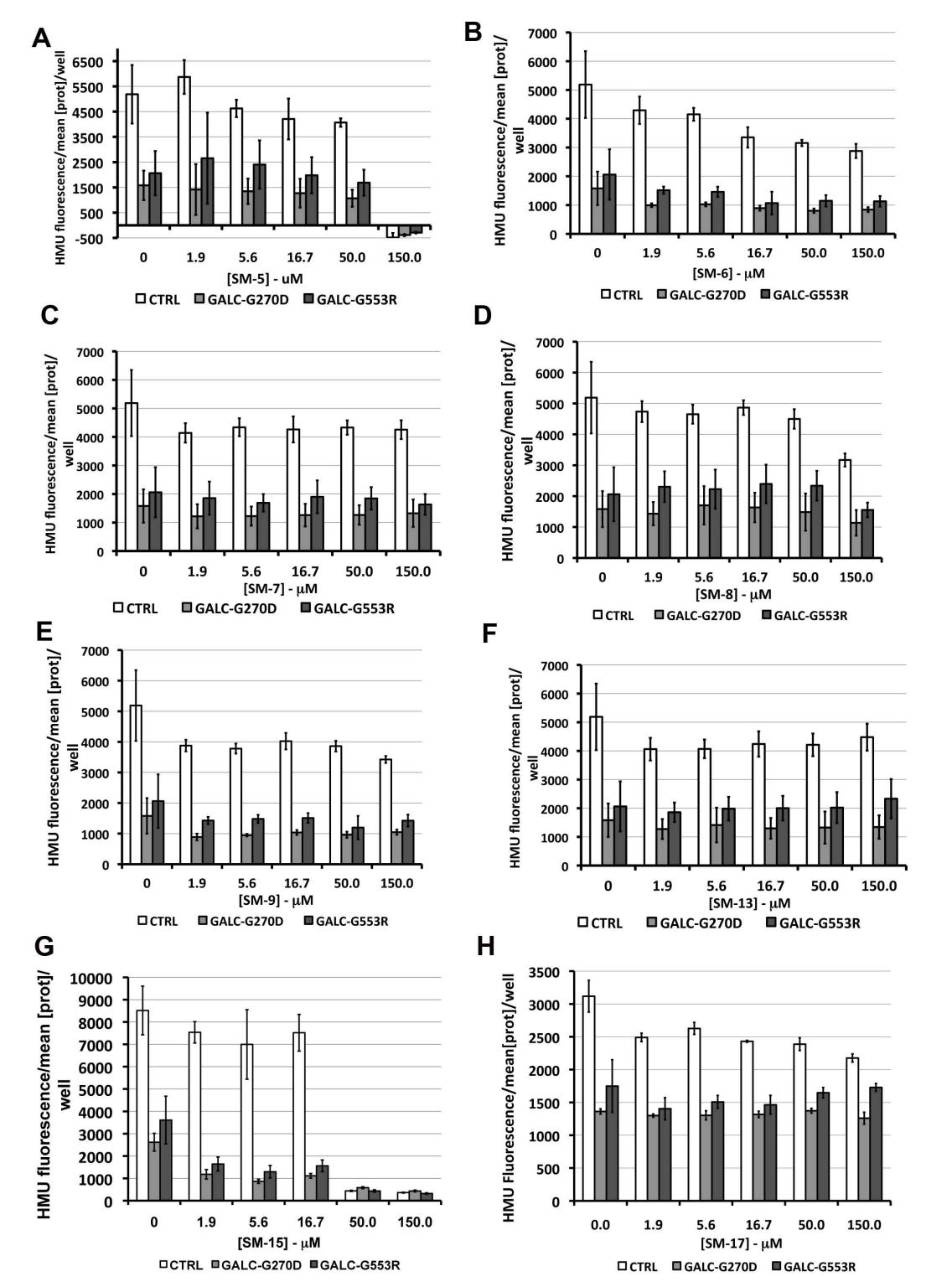
### Figure S6. Compound inherent fluorescence in presence or absence of HMU substrate.

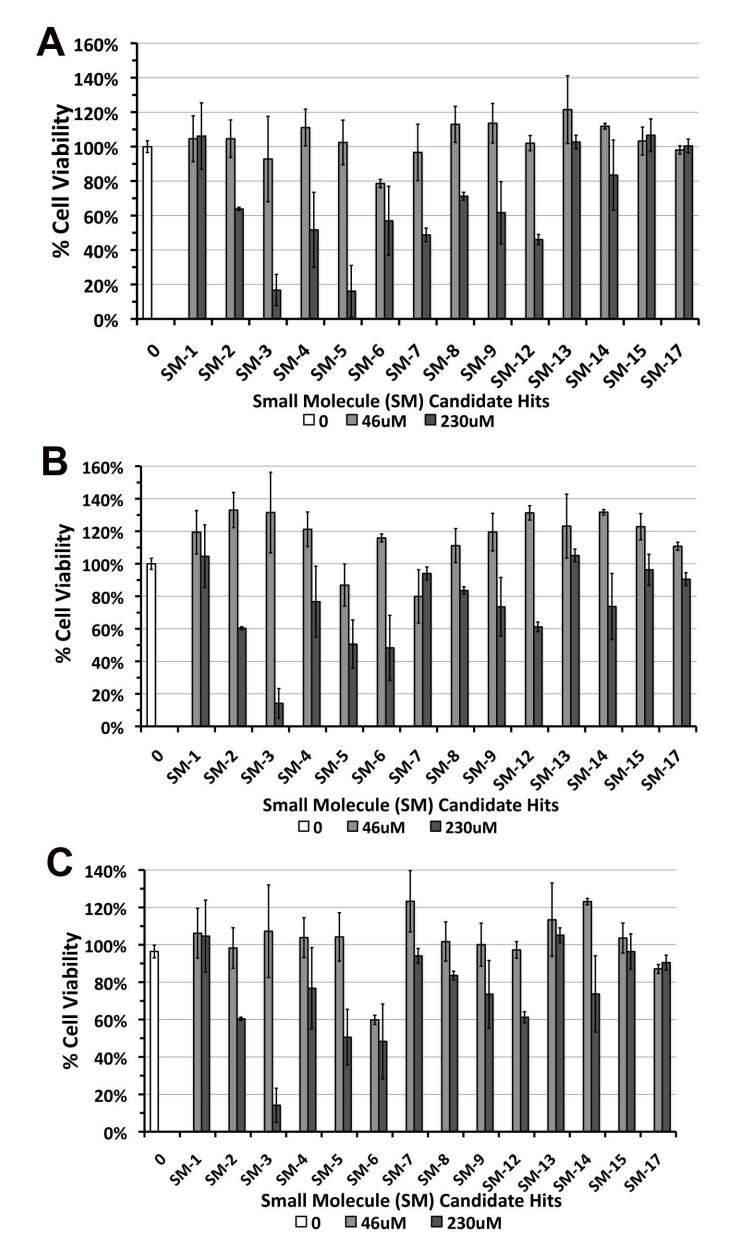
Some of the small molecules from the LOPAC showed to emit fluorescence at the assay conditions for GALC. However, after performing the GALC assay with HMU substrate, the compound fluorescence was quenched. In 384-well plate, primary GLD patient cells (GALC-G270D) were treated with one of the candidate small molecule from the primary screen (SM-12) and fluorescence reading was performed before (**A**) and after dispensing the HMUGal substrate (**B**). Absolute HMU signals were shown in histograms in panels **A** and **B**. Quenching of the SM-12 inherent fluorescence signals were observed in several concentrations of the compound.

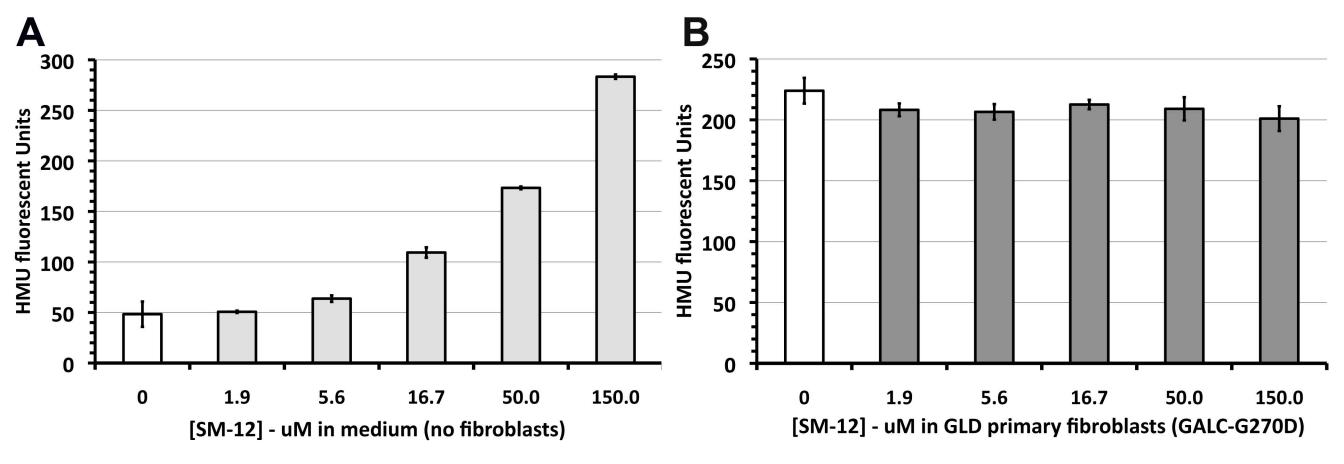












| Curve | Asymptotes | r²              | Efficacy        | Description                                |
|-------|------------|-----------------|-----------------|--|
| Class |            |                 |                 |  |
| 1.1   | 2          | <u>&gt;</u> 0.9 | >80%            | Complete curve; good fit; high efficacy    |
| 1.2   |            |                 | Min - 80%       | Complete curve; good fit; partial efficacy |
| 1.3   |            | <u>&lt;</u> 0.9 | >80%            | Complete curve; poor fit; high efficacy    |
| 1.4   |            |                 | Min - 80%       | Complete curve; poor fit; partial efficacy |
| 2.1   | 1          | <u>&gt;</u> 0.9 | >80%            | Partial curve; good fit; high efficacy     |
| 2.2   |            |                 | Min - 80%       | Partial curve; good fit; partial efficacy  |
| 2.3   |            | <u>&lt;</u> 0.9 | >80%            | Partial curve; poor fit; high efficacy     |
| 2.4   |            |                 | Min - 80%       | Partial curve; poor fit; partial efficacy  |
| 3     | 1          |                 | > Min.          | Single point of activity                   |
| 4     | None       |                 | < Min           | Inactive                                   |
| 5     | None       |                 | <u>&lt;</u> Min | Inconclusive                               |

## Table S1. Classification of Concentration-Response Curves (CRCs).

\* Original classification in Inglese J *et al.* 2006 [22]. Min, minimal.