

Supporting Information

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SI Materials and Methods

Histology and Immunohistochemistry. For histological analysis, lungs were inflated with ethanol-acetic acid-formalin (EAF) and fixed for 24 h in EAF. Fixed tissues were subsequently dehydrated, embedded in paraffin, and sections (4 μ m) prepared and stained by hematoxylin and eosin (H&E). For immunohistochemistry, tissue sections were rehydrated, blocked in BSA containing PBS, and sequentially incubated with specific primary antibodies and with biotinylated secondary antibodies (DAKO). Streptavidin-peroxidase (DAKO) or Powervision Poly-HRP (Leica Microsystems) was used for visualization and diaminobenzidine as a chromagen (DAKO). The following antibodies were used: anti-Clara cell antigen 10 (CC10) (goat polyclonal, 1:5,000), anti-high mobility group AT-hook 2 (Hmga2) (rabbit polyclonal, 1:1,000, BioCheck: 59170AP), anti-NK2 homeobox 1 (Nkx2-1) (mouse monoclonal, 1:1,000), anti-pro-Surfactant Protein C

(SPC) (rabbit polyclonal, 1:2,000, Chemicon), and anti-sex determining region Y-box 2 (Sox2) (rabbit polyclonal, 1:1,000, Millipore).

Immunofluorescence Microscopy. For immunofluorescence microscopy, Ad5-Cre-infected $K-Ras^{lox-Stop-lox-G12D/+}$ lungs were inflated and fixed with EAF overnight. Fixed lungs were embedded in paraffin. For immunofluorescence, tissue sections were rehydrated, blocked in normal donkey serum containing PBS/0.2% tween-20, and incubated with specific primary antibodies and with Alexa Fluor-coupled secondary antibodies. Paraffin sections were stained with the following primary antibodies: goat anti-CC10 (1:200; Santa Cruz: sc-9972) and rabbit anti-pro-SPC (1:1,000; Chemicon; AB3786). Alexa Fluor-coupled secondary antibodies (Invitrogen) were used at a 1:200 dilution. Images were captured on a Leica SP5C Spectral Confocal Laser Scanning Microscope.

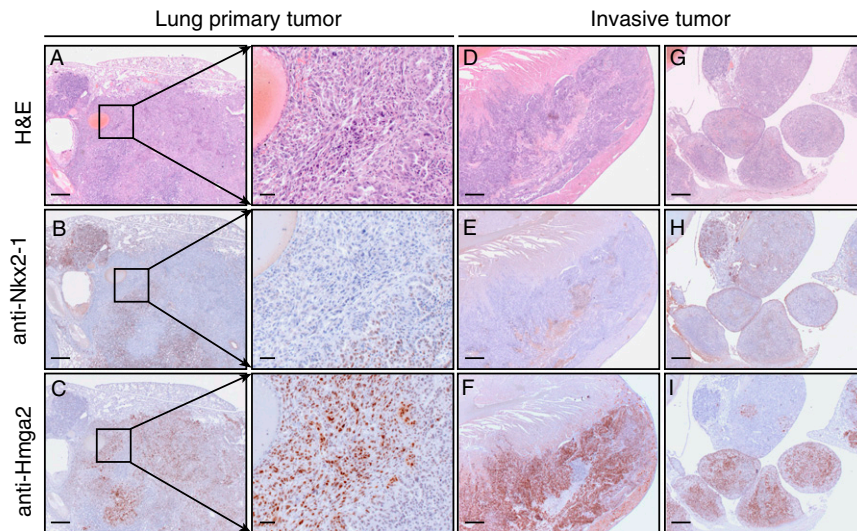


Fig. S1. Poorly differentiated and invasive lung tumors exhibit high Hmga2 expression. (A–C) Microphotographs of serial sections of a representative poorly differentiated lung carcinoma from a $K-Ras^{LSL-G12D/+}$; tumor suppressor gene p53 ($Trp53$)^{F/F} mouse examined 177 d following Ad5-CC10-Cre infection. (A) H&E-stained section showing pleomorphism of the tumor with the areas of necrosis and poor differentiation such as spindle cell transformation and trabecular and irregular glandular structures (*Inset*). Immunostainings of Nkx2-1 (B) and Hmga2 (C) showing complementary staining patterns in the areas of poor differentiation with no Nkx2-1 staining that is accompanied by strong staining of Hmga2 (*Insets*). (D–F) Micrographs of serial sections of an invasive lung carcinoma in myocardium from a $K-Ras^{LSL-G12D/+}$; $Trp53^{F/F}$ mouse examined 177 d following Ad5-CC10-Cre infection. (D) H&E staining. Immunostainings of Nkx2-1 (E) and Hmga2 (F) showing negative staining of Nkx2-1 but strong positive staining of Hmga2. (G–I) Microphotographs of serial sections of an invasive lung carcinoma in the thoracic cavity from a $K-Ras^{LSL-G12D/+}$; $Trp53^{F/F}$ mouse analyzed 177 d following Ad5-CC10-Cre infection. (D) H&E staining. Immunostainings of Nkx2-1 (H) and Hmga2 (I) showing negative staining of Nkx2-1 but strong positive staining of Hmga2. (Scale bar in A–C, 500 μ m; *Insets*, 50 μ m; D–I, 500 μ m.)

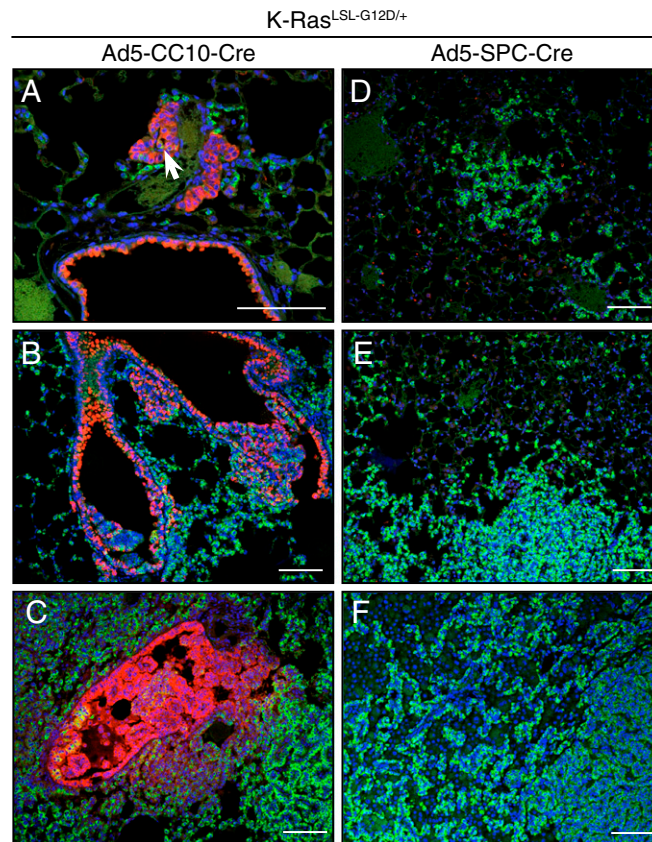


Fig. S2. Bronchioalveolar stem cells (BASCs) are not the sole cancer-initiating cell of K-RasG12D-induced transformation. (A–C) Sections of *K-Ras*^{LSL-G12D/+} mouse lungs at various stages following Ad5-CC10-Cre infection were stained with anti-CC10 (red) and pro-SPC (green). (A) Coimmunofluorescence (co-IF) staining of initial lesions detects rare CC10⁺SPC⁺ cells (arrows) at the bronchioalveolar duct junction (BADJ). (B) Papillary hyperplasia at the BADJ consists of rare CC10⁺SPC⁺ BASCs and CC10- and SPC single-positive cells. (C) Bronchiolar and alveolar hyperplasia stain positive for CC10 and pro-SPC, respectively. (D–F) A time course of adenocarcinoma progression in *K-Ras*^{LSL-G12D/+} mice following Ad5-SPC-Cre infection shows no involvement of CC10⁺SPC⁺ BASCs following K-RasG12D activation in SPC-expressing cells. (D) Alveolar hyperplasia consists of SPC⁺ cells. (E) Normal BADJ (arrow) and SPC⁺ alveolar adenomatous hyperplasia in the periperal lung and (F) an SPC⁺ adenocarcinoma. (Scale bar in A, 50 μ M; B–F, 100 μ M.)

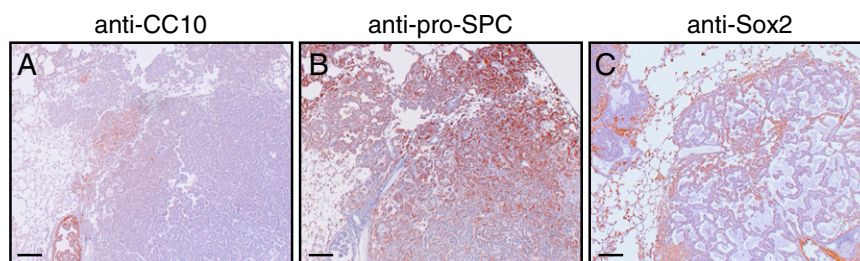


Fig. S3. Sox2 expression is partially lost in more progressed lesions. Immunohistochemical staining of lung tissue sections from a *K-Ras*^{LSL-G12D/+} mouse 491 d following Ad5-CC10-Cre infection. (A) Staining for the Clara cell maker, CC10; (B) staining for the alveolar type 2 cell marker, pro-SPC; and (C) staining for Sox2. (Scale bar in A–C, 200 μ M.)

Table S1. Overview of the number of $K-Ras^{LSL-G12D/+}$ mice subjected to the experiment

Time point, wk	$K-Ras^{LSL-G12D/+}$ mice	
	Adenovirus	
	Ad5-SPC-Cre	Ad5-CC10-Cre
8	4	4
12	5	3
18	5	7
24	5	4
32	3	4
32-88	5	8

Table S2. Overview of the number of $K-Ras^{LSL-G12D/+};Trp53^{F/F}$ mice subjected to the experiment

Time point, wk	$K-Ras^{LSL-G12D/+};Trp53^{F/F}$ mice	
	Adenovirus	
	Ad5-SPC-Cre	Ad5-CC10-Cre
4	4	4
8	3	3
18	2	6
18-46	8	9