

Supplementary Figure 1: Peptide Specific Signal Intensity. The average integrated intensity vs. amount of all heavy-labeled standard peptides. Each point represents a single measurement of the indicated peptide at the indicated dose. Inside the linear range, the points will overlay each other, because the slope is unchanged. Below the linear range, additive noise increases the observed intensity for a given dose raising the corresponding point above the grouping established by the linear range. Above the linear range, saturated signal intensity causes the corresponding point to drop below the grouping established by the linear range is due to sequence specific effects compiled throughout sample processing, liquid chromatography, and ionization.



Supplementary Figure 2: Details of MRM Data Collection Method. a) The triple quadrupole is used to isolate and fragment peptides of interest. In the first quadrupole (Q1), the precursor mass is isolated and allowed to pass through into the second quadrupole (Q2) where it is fragmented with a prescribed collision energy. These fragments are passed into the third quadrupole (Q3), a desired fragment mass is isolated, and the intensity of this "transition" is recorded by the detector. b) Example iTRAQ transitions for the endogenous (red) and standard (blue) Shc pY317 peptide. c) The intensity vs. time of each Shc pY317 iTRAQ transition.







EGFR 1045 - ySSDPTGALTEDSIDDTFLPVPEYINQSVPK (R3) Endogenous iTRAQ




















































































Supplementary Figure 3: MRM transition plots. The highlighted area is the preliminary search area specified by the user. Inside this time window, the algorithm finds the peak and half-max time window, which is then used to calculate the area for each transition.



Supplementary Figure 4: Details of PRM Data Collection Method. a)

Precursor masses for the endogenous (red) and standard (blue) Shc pY317 peptide can be individually isolated for subsequent fragmentation. b) The full scan MS2 result of individually isolated and fragmented peptides; endogenous (red), standard (blue). The iTRAQ reporter ion region has been magnified to illustrate the relative quantification data available from the full MS2 scan.



Supplementary Figure 5: Comparison between MRM and PRM for EGFR pY1173 and ERk2 pY187. Absolute quantified amount of phosphorylation compared between the two data collection methods. Data drawn from Supplementary Table 3.



Supplementary Figure 6: Q1 Isolation Width Comparison. 0.7 m/z (red) and 0.1 m/z (blue). Data represented in this figure can be found in Supplementary Table 5.



Supplementary Figure 7: iTRAQ Signal for range of peptide standard doses in GBM background. a) The iTRAQ signal intensity for each indicated dose of each indicated peptide standard. b) iTRAQ signal/fmol.



Supplementary Figure 8: iTRAQ Signal for range of peptide standard doses in GBM12 EGFR inhibitor panel background. a) The iTRAQ signal intensity for each indicated dose of each indicated peptide standard. b) iTRAQ signal/fmol.
























































































Supplementary Figure 9: Spectral validation of scans used for quantitation.

MS2-level spectral validation was performed using CAMV²³. a) Tumor samples without added standard, used for uncontaminated iTRAQ information of endogenous peptides (set 1A). b) Tumor samples with added standard, used for MS1 level comparison of standard and endogenous intensity and standard peptide iTRAQ information (set 1B). c) PDX inhibitor endogenous (set 2A). d) PDX inhibitor standard (set 2B).

Supplementary Table 1. MRM Quantification of endogenous tyrosine phosphorylated peptides and Transition list for MRM. Raw iTRAQ intensities for endogenous peptides (columns E-L) and corresponding heavy-labeled standard peptides (columns M-T) across technical replicate analysis of EGF stimulated MCF10A cells. Calculated amounts of endogenous peptides based on regression to the standard curve are contained in columns U-AB. On the second tab, precursor and fragment ion mass-to-charge ratios for all transitions monitored for the endogenous and heavy-labeled standard peptides. ¹³C labeled residues in the synthetic peptides are labeled with an asterisk. Supplementary Table 2. PRM Quantification of endogenous tyrosine phosphorylated peptides. Raw MS1 intensities were collected for endogenous and heavy-labeled standard peptides in either full scan (columns E-J) or SIM mode (columns K-P) for either single scan (E-G, K-M) or averaged (H-J, N-P) across the chromatographic elution profile. These estimates were averaged to produce the final ratio (column Q). Amino acid analysis was performed for each standard peptide to provide a correction factor for the concentration (column R). Total amount of standard after correction (column S) was multiplied by the ratio in column Q to produce the total amount of endogenous (column T). iTRAQ intensities for endogenous peptides (columns U-AB) were used to calculate the fractional iTRAQ values (AC-AJ), which were then multiplied by the total endogenous peptide amount (column T) to produce the calculated amount of endogenous peptide in each sample (columns AK-AR). Supplementary Table 3. Comparison of MRM and PRM quantification for 13 tyrosine phosphorylated peptides. Absolute quantification values from Supplementary Tables 1 and 2 are combined here for easy comparison of the two mass spectrometric platforms. Columns D-K contain the mean amount of the peptide as measured by MRM or PRM; columns L-S contain calculated standard deviations from the technical replicate data in the respective tables. Finally, columns T-AA contain the corresponding coefficient of variation for each peptide, as calculated by standard deviation divided by the mean. Supplementary Table 4. Ligand-Specific EGFR Absolute Quantification. Integrated intensity for each iTRAQ reporter generated from endogenous transitions for key EGFR C-terminal phosphorylation sites (columns E-H). Integrated iTRAQ reporter ion intensity from standard peptide transitions (columns I-L). Standard peptide concentration was determined by amino acid analysis and a correction factor was applied to the nominal doses included (column M). Actual standard dose included into each channel following AAA correction (columns N-Q). The standard curve built from the standard amount (columns N-Q) and the standard intensities (columns I-L) was used to calculate the endogenous amount of the corresponding peptide in each sample (columns R-U) based on the endogenous intensities (columns E-H). Prior to MS analysis, the number of cells contained in the sample was calculated with a BCA assay; standard cell number stock lysate solutions were used to calibrate the unknown samples (columns V-Y). Total amount of endogenous peptide (columns R-U) was converted to moles and divided by the corresponding cell number (columns V-Y) to produce molecules/cell (columns Z-AC). The mean and range of two biological replicates is reported (columns AG-AK) for each ligand. To mitigate contamination from standard peptide iTRAQ signals, several precautions were taken. First, standard doses and iTRAQ channels were varied between replicates. Second, four time-zero replicates were analyzed separately from other samples, because this condition was anticipated to have low signal. In addition, the biological replicate in the channel containing the 1 pmol standard dose were

excluded, because significant residual signal from the standard peptide was visible.

Supplementary Table 5: Q1 Width Comparisons. Data for Supplementary

Figure 5.

Supplementary Table 6: Tumor Sample Comparison Data: Intensity for each iTRAQ reporter ion generated from PRM analysis for key phosphorylation sites for GBM PDX tumors. Biological replicates of each tumor were analyzed in a single 8-plex iTRAQ analysis. iTRAQ intensity was converted to fmol amount by extrapolation against the standard curve on the second tab of the spreadsheet. Columns W-AD report the mean and the standard range of the phosphorylation levels for each site in the given tumor model. Supplementary Table 7: PDX Inhibitor Panel Data: Intensity for each iTRAQ reporter ion generated from PRM analysis for key phosphorylation sites for GBM12 PDX tumor treated with placebo, erlotinib, dacomitinib, or NT-113. Biological replicates of each tumor were analyzed in a single 8-plex iTRAQ analysis. iTRAQ intensity was converted to fmol amount by extrapolation against the standard curve on the second tab of the spreadsheet. Columns W-AD report the mean and the standard range of the phosphorylation levels for each site in tumor under the appropriate treatment condition.