## **SI Appendix**

# **Genomic alterations in BCL2L1 and DLC1 contribute to drug sensitivity in gastric cancer**

Hansoo Park\* , Sung-Yup Cho\* , Hyerim Kim\* , Deukchae Na, Jee Yun Han, Jeesoo Chae, Changho Park, Ok-Kyoung Park, Seoyeon Min, Jinjoo Kang, Boram Choi, Jimin Min, Jee Young Kwon, Yun-Suhk Suh, Seong-Ho Kong, Hyuk-Joon Lee, Edison Liu, Jong-Il Kim, Sunghoon Kim, Han-Kwang Yang and Charles Lee

\* These authors contributed equally to this work

Correspondence: H.-K.Y. (hkyang@snu.ac.kr) or C.L. (Charles.Lee@jax.org).

#### **SI Materials and Methods**

**Gastric Cancer Patient Sample Collection and Genomic DNA Extraction.** Frozen tissue samples of gastric cancer and paired normal gastric tissue samples were obtained from individuals who underwent gastrectomies at Seoul National University Hospital. Total DNA was extracted from sections using the QIAamp DNA Mini kit (Qiagen). All samples were obtained with informed consent at the Seoul National University Hospital, and the study was approved by the institutional review board in accordance with the Declaration of Helsinki.

**Array Comparative Genomic Hybridization (aCGH).** The probes for each chromosome were assigned to each corresponding array in a linear order. To remove repetitive sequences such as SINEs and LINEs, we removed all sequences with over 50% repeat content. The custom-designed 1 million CNV genotyping array was designed using 5,197 CNVs from our data set, 8,599 CNVs reported in Conrad *et al*. (2009) (1), 556 CNVs from the 1000 Genomes project, and 5,608 segmental duplication regions. After aCGH experiments, images were analyzed with Feature Extraction Software 10.5.1.1 (Agilent Technologies), using the CGH-105\_Jan09 protocol for background subtraction and normalization. The ADM2 statistical algorithm was used to identify CNVs based on the combined  $log<sub>2</sub>$  ratios (i.e., the statistical threshold of the ADM2 algorithm (*p*-value  $\leq 10^{-15}$ ), the minimum  $\pm \log_2$  ratio = 0.4, and the minimum number of probes in a CNV interval  $\geq$  5, minimum size of altered region = 10 kb). We calculated positive predictive values based on the comparison CNV calls from our platform against droplet digital PCR validation results.

**Droplet Digital PCR (ddPCR).** The extracted genomic DNA was restricted with EcoRI (New England Biolabs) enzyme for 1 hr at 37°C. The PCR mixture was assembled in 20-μL solution containing 1X ddPCR supermix (Bio-Rad), 1X probe and primer premix for determining target gene and internal control gene, RNase P (final concentration of 250 nM for probe and 900 nM for each primer; Applied Biosystems), and 10 ng of the restricted DNA. The reaction mixture and droplet generation oil (Bio-Rad) were loaded into the droplet generator (QX-200; Bio-Rad). The droplets were transferred to a 96-well PCR plate and PCR reaction was performed as follows: enzyme activation for 10 min at 95°C, 40 cycles of 94°C for 30 sec, 60°C for 1 min, and 98°C for 10 min, followed by enzyme deactivation for 10 min at 98°C and 4°C hold (performed with a ramp rate of 2°C/sec in all steps). The PCR plate was placed in a droplet reader (Bio-Rad). After the reading, the copy number variation of target genes was analyzed by Quanta software (Bio-Rad) accompanied by the droplet reader. The amplification-threshold value was set at 3.0 for patient tissues and cell lines.

**Exome Sequencing Processing and Variant Calling.** FASTQ files from 55 normal and 55 tumor samples were aligned to the human reference genome GRCh37/hg19 by Burrows-Wheeler Aligner (BWA) mem. Marking of duplicate reads was performed by Picard tools. Indel realignment and base recalibration were performed using Genome Analysis Tool Kit (GATK). After processing the BAM files, somatic mutations were called by Mutect and Indelocator, and annotated with Annovar. To select rare functional variants, variants within coding regions were retained and filtered by minor allele frequency if lower than 0.01 or not reported, based on the 1000 Genome Project Asian frequency and NHLBI Exome sequencing project 6500. Nonflagged-SNPs were filtered out, based on dbSNP138, to sort out passenger calls, and possible false positive calls in segmental duplicate region were also removed. Variants with total read depths below 8 and alternate allele depth lower than 4 were not passed (Fig. S1*B*).

**Identification of Significantly Altered Genes and Pathway Analysis.** We listed significantly altered genes using the following criteria: 1) genes with high mutation frequency  $(> 10\%)$ , 2) amplified or deleted genes with high frequency  $(> 10\%$  for amplification and  $> 10\%$ 20% for deletion), 3) genes annotated in cancer gene databases including TARGET (Tumor Alterations Relevant for GEnomics-driven Therapy; http://www.broadinstitute.org/cancer/cga/target), Cancer Gene Census (http://cancer.sanger.ac.uk/cancergenome/projects/census), and Vogelstein Cancer Gene (http://www.sciencemag.org/content/339/6127/1546)), 4) genes that are not annotated in Gene Ontology (GO) Biological Processes (http://geneontology.org) were excluded. Significantly altered pathways were analyzed with the above gene list using the Kyoto Encyclopedia of Genes and Genomes (KEGG) analysis tool in DAVID bioinformatics resources (http://david.abcc.ncifcrf.gov;  $p < 0.1$ ).

**Cell Culture.** Gastric cancer cells were obtained from the Korean Cell Line Bank and maintained in RPMI 1640 medium (Life Technologies) containing 10% fetal bovine serum (Life Technologies). Penicillin (100 U/ml; Life Technologies) and streptomycin sulfate (100 μg/ml; Life Technologies) were supplemented to all cell culture media. All cells were maintained in a humidified incubator with  $5\%$  CO<sub>2</sub> at  $37^{\circ}$ C.

**Western Blot Analysis.** Cells were lysed in RIPA buffer (Thermo Scientific) containing protease inhibitor cocktail (Roche) and phosphatase inhibitor cocktail (Roche), and were centrifuged at 20,000 g for 10 min at  $4^{\circ}$ C. After determination of protein concentration in the cell extract by the BCA method (Thermo Scientific),  $20 \mu$ g of protein were resolved by SDS-PAGE and transferred to a polyvinyl difluoride membrane. Membranes were blocked for 1 hr with 5% skim milk in Tris-buffered saline, and were incubated with anti-BCL2L1 (Cell Signaling Technology), anti-cleaved caspase 3 (Cell Signaling Technology), anti-PARP (Cell Signaling Technology), anti-Myc tag (Cell Signaling Technology), and anti-Actin (Sigma-Aldrich Corporation) antibody. The membranes were washed and incubated with horseradish peroxidase-conjugated secondary antibody, followed by enhanced chemiluminescence development according to the manufacturer's instructions (Pierce). Western blot quantification was performed by ImageJ software (http://rsb.info.nih.gov/ij/index.html).

**Quantitative Real-Time PCR.** Total RNA was purified using RNeasy Plus Mini Kit (Qiagen) according to the manufacturer's instructions. One microgram of total RNA was transcribed into cDNA using Maxime RT PreMix (Intron Biotechnology) for 1 hr at 45°C. Quantitative real-time PCR was performed using SYBR Green PCR Master Mix (Applied Biosystems). β-2-Microglobulin (B2M) was used as the internal control for normalization. The sequences of primers for DLC1 were 5'-CTGTGTGGATGGCCTGTTTA-3' and 5'-GTCCTTCGC TCACCTTCTTATAG-3', the sequences for HM13 were 5'- GGCCAAGGGAGAAGTGA CAG-3' and 5'-ATGCCTCTGTTCCCTCTTTG-3', the sequences for COX4I2 were 5'- ACTACCCCATGCCAGAAGAG-3' and 5'- TCATTGGAGCGACGGTTCATC-3', and the sequences for B2M were 5'- TGAGTATGCCTGCCGTGTGAAC-3' and 5'-TGCTGCTTA CATGTCTCGATCCC-3'.

**Transfection of DNA and siRNA.** Specific siRNA targeting BCL2L1 and DLC1 was purchased from Santa Cruz Biotechnology. Transfection experiments were performed using Lipofectamine 2000 Transfection reagent according to the manufacturer's protocol (Invitrogen). After 24 - 48 hr, cells were harvested and plated for appropriate assays. The effects of siRNA knock-down were measured by western blot analysis with the indicated antibodies or real-time PCR.

**Cell Proliferation and Cell Viability Assay.** For the cell proliferation assays, 2,000 - 4,000 cells were plated into 96-well plates and viable cells were estimated using EzCytox WST assay kit at 24, 48 and 72 hr according to the manufacturer's instructions (Daeil Lab). The relative cell proliferation was estimated compared to viable cells assayed immediately after plating. For the cell viability assays, 2,000 - 4,000 cells in 96-well plated were treated with indicated drugs for 72 hr and cell viabilities were estimated using the EzCytox WST assay kit. Cell viabilities were estimated as relative values compared to untreated controls. To quantify the potency of drugs for cancer cell treatments, half maximal inhibitory concentration  $(IC_{50})$ for cell viability was calculated using CompuSyn Software (ComboSyn Inc.).

**Colony Formation Assay.** Specific siRNA-transfected cells were plated onto 100-mm culture dishes (2,000 cells/dish) and incubated for 14 days. Cell seeding was performed in duplicates. After washing twice with PBS, cultures were stained with crystal violet solution (0.5% (w/v) crystal violet, 30% ethanol, 3% formaldehyde) for 10 min. Colonies were examined and counted using ImageJ software.

**Bromodeoxyuridine (BrdU) Incorporation Assay.** Specific siRNA-transfected cells were seeded at 2,000 - 4,000 cells per well in 96-well plates and allowed to attach for 24 hr. The incorporation of BrdU into genomic DNA was determined using the Cell Proliferation ELISA BrdU Kit (Roche). BrdU (10 μM) was added to the culture medium 16 hr before fixation.

**Combination Index (CI) Analysis.** Drug synergism was quantified by calculating CI based on the multiple drug effect equation of Chou-Talalay (2). CI for each concentration of drugs was calculated by CompuSyn Software. A CI lower than 0.9 indicates synergism; a CI of 0.9 to 1.1 indicates additive; and a CI higher than 1.1 indicates antagonism.

**Site-directed Mutagenesis.** The expression construct of Myc-tagged WT DLC1 was kindly provided by Dr. J. W. Ping Yam. The QuickChange site-directed mutagenesis kit (Stratagene) was used to make point mutations, and the resulting mutations were verified by Sanger sequencing. The primers used in constructing the point mutations were the following (the underlined sequences indicate the mutated bases): R549W, GCAAGAGGTGGTCC TGGCTTGAAGAGTTTG; G845V, GAAGCTTCCACGTCCCTGGCCACATC; K1060E, CTGGGCCGTGCCCGAGTTCATGAAGAG; and P1475S, GATTGAACCCTGTGGG TCAGGAAAATCCAAAC.

**Protein Stability Prediction.** We predicted protein stability using the web-based database i-Mutant (http://folding.biofold.org/i-mutant/i-mutant2.0.html), which predicts a change in protein stability as 'Increase' or 'Decrease' upon single point mutation from protein sequence. Environmental conditions for the mutant protein were set at 37°C and pH 7.4, generally regarded as the normal physical state of the human body. Higher reliability index represents less stable mutant protein.

**Animal Experiments.** For patient-derived xenograft (PDX) models, the surgically resected tissues were minced into pieces approximately ~2 mm in size and injected into the flanks of 4-week-old NOD/SCID/IL-2γ-receptor null (NSG) female mice. For cell line xenograft models, the flanks of 4-week-old NSG female mice were injected subcutaneously with  $1 \times$ 10<sup>6</sup> MKN74 cells in 100 μL phosphate-buffered saline. Drug treatments began after tumors reached approximately  $200 \text{ mm}^3$ . Mice were randomly divided into four treatment groups consisting of 5-6 mice in each group: 1) vehicle only, 2) irinotecan only (Kwang Dong

Pharmaceutical Co., 50 mg/kg, weekly), 3) ABT-737 only (Selleckchem, 100 mg/kg, daily), and 4) irinotecan plus ABT-737. The vehicle for ABT-737 was  $30\%$  (v/v) propylene glycol,  $5\%$ (v/v) Tween-80, and  $65\%$  (v/v) of  $5\%$  (w/v) dextrose in water. Irinotecan, ABT-737, and vehicle were administered via intraperitoneal injection.

**Statistical Analysis.** Statistical calculations were performed using Prism 4.0 (GraphPad). Differences between two variables and multiple variables were assessed by unpaired Student's *t* test and one-way ANOVA with Tukey's multiple comparison test, respectively. Associations between two discrete variables were estimated by Fisher's exact test or Pearson's chi-square test. Correlations of two continuous variables were estimated by linear regression analysis. The difference was considered significant if the *p*-value was less than 0.05.

#### **References for SI Appendix**

- 1. Conrad DF*,* et al. (2010) Origins and functional impact of copy number variation in the human genome. *Nature* 464(7289):704-712.
- 2. Chou TC (2006) Theoretical basis, experimental design, and computerized simulation of synergism and antagonism in drug combination studies. *Pharmacol Rev* 58(3):621- 681.

#### **Supplementary Figures**



**Fig. S1.** Pipelines for somatic alteration discovery in array Comparative Genomic Hybridization (aCGH) and whole exome sequencing. (*A*) The procedure for processing aCGH data. (*B*) Detailed filtering criteria for variants from whole exome sequencing on 55 paired normal-tumor GC samples. 1KG ASN MAF: 1000 genome project Asian Minor Allele Frequency, ESP6500: NHLBI Exome Sequencing Project 6500 frequency, DP: Depth, AD: Alternate allele depth.





**Fig. S2.** Amplification of BCL2L1 in gastric cancer (GC) tissues and cell lines. (*A*) The chromosomal locations of BCL2L1-containing amplicons in 11 BCL2L1-amplified patients estimated by array Comparative Genomic Hybridization (aCGH). (*B*) Estimated copy numbers of BCL2L1 of 103 GC patients by droplet digital PCR (ddPCR). Error bars indicate the Poisson 95% confidence intervals for each determination. The dashed line indicates the ddPCR threshold cut-off of 3.0 copies for calling a sample BCL2L1-amplified. (*C*) Protein expression levels and copy numbers of BCL2L1 in 20 GC cell lines. Copy number values of BCL2L1 were estimated by ddPCR and the underlined numbers represent the BCL2L1 amplified samples (threshold cut-off of 3.0 copies). (*D*) The correlation between protein expression levels and copy numbers of BCL2L1 in GC cell lines. Protein expression levels were quantified by western blotting and densitometric analysis using ImageJ, and copy number values were estimated by ddPCR. (*E*) The correlation between mRNA expression levels and copy numbers of HM13 and COX4I2 in GC cell lines. Messenger RNA expression levels were quantified by real-time PCR and copy number values were estimated by ddPCR. Correlation between gene expression and copy number was estimated by linear regression analysis  $(**, p < 0.01)$ .





**Fig. S3.** Combinational effects of BCL2L1 inhibitor and conventional chemotherapeutic drugs in BCL2L1 amplified MKN74 cells. (*A*, *B*) Combination cytotoxicity of ABT-737 with cisplatin (*A*) and paclitaxel (*B*). WST assays were used to examine the cell growth inhibitory effect in MKN74 cells. Lower panels represent the calculated combination index values at the applied concentration. Gray boxes represent synergistic effect of the two drugs (combination index  $< 0.9$ ).



**Fig. S4.** Combinational effects of BCL2L1 and ERBB2 inhibitors in both BCL2L1 and ERBB2-amplified cells. (*A*) Growth inhibitory effects of afatinib were determined by calculating  $IC_{50}$  values in ERBB-amplified cells (SNU19 and SNU484) and ERBB/BCL2L1-amplified cells (SNU216 and NCI-N87). Amp: amplification. (*B*, *C*) Combination cytotoxicity of afatinib and ABT-737 in NCI-N87 (*B*) and SNU216 cells (*C*). WST assays were used to examine the cell growth inhibitory effect. Lower panels represent the calculated combination index values at the applied concentration. Gray boxes represent synergistic effect of the two drugs (combination index  $< 0.9$ ).



**Fig. S5.** The *in vivo* efficacy of irinotecan and ABT-737 in a gastric cancer cell xenograft model. MKN74 cells were injected into the flanks of NOD/SCID/IL-2γ-receptor null (NSG) mice. The mice were treated with irinotecan (50 mg/kg/week), ABT-737 (100 mg/kg/day), or the combination of the two drugs for 21 days  $(n = 5)$ . Average tumor sizes for each group are plotted (left panel) and representative tumors after treatment are shown (right panel). Scale bar: 10 mm.



**Fig. S6.** Potential cooperative interactions of mutations in gastric cancer. The matrix displays possible tendency towards co-occurrence of somatic mutations. Colors represent *p*-values estimated by a Fisher's exact test. Left panel shows the number of significantly co-occurring genes for each gene.



**Fig. S7.** Mutation profiles for genes closely linked to RhoA in total 82 gastric cancer (GC) samples. Cohort 1 comprises 55 GC samples in our study and cohort 2 is an additional cohort comprising 27 GC samples. The left matrix shows mutated genes colored by the type of mutation in the RhoA pathway (see key at right), and the right graph shows the number of samples with mutations for each gene in the RhoA pathway from the total of 82 patients in the two cohorts.



**Fig. S8.** Regulation of the Rho-ROCK signaling pathway by DLC1. (*A*) Wild-type DLC1 inhibits RhoA activity through its GTPase activating activity for RhoA. (*B*) Mutation of DLC1 decreases DLC1 protein stability, resulting in activation of the RhoA-ROCK signaling pathway. Y-27632 is a ROCK inhibitor.

#### **Supplementary Tables**

**Table S1.** Clinical information for the 103 gastric cancer patients in this study.

**Table S2.** Comparison of the clinical information of 103 gastric cancer patients in this study with 220 stomach adenocarcinoma cases in the TCGA database.

**Table S3.** Summary of droplet digital PCR (ddPCR) validation for 20 randomly chosen copy number altered genes among the 103 patients.

**Table S4.** Summary of FASTQ data quality for each normal and tumor sample from whole exome sequencing.

**Table S5.** Summary of on-target coverage quality for each normal and tumor sample from whole exome sequencing.

Table S6. Summary of somatic variants in the coding regions of 55 gastric cancer cases examined by exome sequencing in this study.

**Table S7.** Summary of Sanger sequencing validation for 73 randomly chosen variants from whole exome sequencing.

**Table S8.** Comparison of mutation signatures according to subtypes of gastric cancer.

**Table S9.** Summary of alteration profiles for eight known cancer-associated genetic driver genes among the 55 exome-sequenced gastric cancer cases in this study.

**Table S10.** RhoA mutation status according to Lauren histological type and differentiation status of gastric cancer.

Table S11. List of altered genes in gastric cancer with significant differences based on Lauren histology.

**Table S12.** Detailed summary of significantly altered KEGG pathways in 103 gastric cancers.

**Table S13.** Comparison of BCL2L1 amplifications estimated by droplet digital PCR (ddPCR) and array Comparative Genomic Hybridization (aCGH).

**Table S14.** Comparison of BCL2L1 amplification frequencies between Asian and non-Asian populations in TCGA stomach adenocarcinoma cases.

**Table S15.** Potential cooperative interactions of mutations in genes closely linked to RHOA from 82 gastric cancers (cohort 1 ( $n=55$ ) and cohort 2 ( $n=27$ )).

**Table S16.** Predicted protein stability of DLC1 mutations using the i-Mutant database.

**Table S17.** Predicted functional impacts of DLC1 mutations using three bioinformatic algorithms.









\* F: Female, M: Male

\* AW: Anterior wall, PW: Posterior wall, LC: Lesser curvature, GC: Greater curvature, Circ: Circular

\* AGC: Advanced gastric cancer, EGC: Early gastric cancer

\* MSS: Microsatellite stable, MSI: Microsatellite instable, MSI-H: Microsatellite instable-high

\* WES: Whole exome sequencing, aCGH: Array comparative genomic hybridization

<b>Variables</b>	Korean $(n = 103)$		<b>TCGA</b> $(n = 220)$		$p$ -value <sup>#</sup>	
	No.	%	No.	$\%$		
Age, years					0.1420	
< 50	13	12.6%	13	5.9%		
$\geq 50, \leq 60$	22	21.4%	50	22.7%		
$\geq 60, \leq 70$	37	35.9%	62	28.2%		
$\geq 70, \leq 80$	22	21.4%	62	28.2%		
$\geq 80$	$\boldsymbol{9}$	8.7%	25	11.4%		
N/A	0	0.0%	8	3.6%		
<b>Gender</b>					$0.0185*$	
<b>Male</b>	76	73.8%	128	58.2%		
<b>Female</b>	27	26.2%	87	39.5%		
N/A	$\mathbf 0$	0.0%	5	2.3%		
Race					$< 0.001***$	
Asian	103	100.0%	43	19.5%		
<b>Non-Asian</b>	$\pmb{0}$	0.0%	131	59.6%		
N/A	$\mathbf 0$	0.0%	46	20.9%		
<b>Pathology</b>					0.1210	
<b>Diffuse</b>	36	35.0%	51	23.2%		
Intestinal	61	59.2%	145	65.9%		
<b>Mixed</b>	5	4.9%	14	6.4%		
N/A	$\mathbf{1}$	0.9%	10	4.5%		
<b>Tumor stage</b>					0.1419	
$\mathbf{I}$	15	14.6%	29	13.2%		
п	24	23.3%	70	31.8%		
$\blacksquare$	45	43.7%	77	35.0%		
IV	19	18.4%	24	10.9%		
N/A	$\mathbf 0$	0.0%	20	9.1%		
T stage					0.1212	
<b>T1</b>	$\overline{7}$	6.8%	$6\phantom{1}$	2.7%		
T <sub>2</sub>	15	14.5%	63	28.6%		
T <sub>3</sub>	52	50.5%	90	40.9%		
<b>T4</b>	29	28.2%	47	21.4%		
<b>TX</b>	$\pmb{0}$	0.0%	14	6.4%		
N stage					$< 0.001***$	
N <sub>0</sub>	28	27.2%	69	31.4%		
<b>N1</b>	11	10.7%	63	28.6%		
N <sub>2</sub>	21	20.4%	33	15.0%		
N3	43	41.7%	38	17.3%		
<b>NX</b>	$\pmb{0}$	0.0%	17	7.7%		
<b>MSI status</b>					0.0733	
<b>MSS</b>	76	73.8%	135	61.4%		
<b>MSI</b>	9	8.7%	35	15.9%		
<b>MSI-H</b>	18	17.5%	50	22.7%		

Table S2. Comparison of the clinical information of 103 gastric cancer patients in this study with 220 stomach adenocarcinoma cases in the TCGA database.

- \* MSS: Microsatellite stable, MSI: Microsatellite instable, MSI-H: Microsatellite instable-high
- # Calculated by Pearson's chi-square test (\*:  $p < 0.05$ , \*\*\*:  $p < 0.001$ )

**Table S3.** Summary of droplet digital PCR (ddPCR) validation for 20 randomly chosen copy number altered genes among the 103 patients.



Sample ID	<b>Total bases</b>	<b>Read count</b>	GC (%)	Q20 (%)	Q30 (%)
<b>S090N</b>	10,780,080,672	106,733,472	45.3	95.7	90.1
<b>S110N</b>	9,371,905,746	92,791,146	56.5	94.4	88.4
<b>S113N</b>	9,582,170,172	94,872,972	45.3	92.8	85.4
<b>S120N</b>	10,673,050,972	105,673,772	47.7	97.2	93.7
<b>S130N</b>	3,047,065,364	30,168,964	48.4	97.0	92.3
<b>S134N</b>	8,740,276,996	86,537,396	45.4	92.8	85.3
<b>S137N</b>	16,198,982,970	160,385,970	45.1	93.2	86.0
<b>S160N</b>	10,882,270,250	107,745,250	50.0	95.6	90.3
<b>S166N</b>	10,852,271,432	107,448,232	54.4	93.1	86.9
<b>S195N</b>	9,989,564,176	98,906,576	49.7	95.9	91.0
<b>S332N</b>	8,829,996,710	87,425,710	47.3	96.4	92.1
<b>S334N</b>	10,517,734,990	104,135,990	49.4	95.7	90.5
<b>S353N</b>	19,076,357,224	188,874,824	44.7	93.3	86.2
<b>S354N</b>	10,026,036,084	99,267,684	47.7	96.6	92.2
<b>S357N</b>	3,133,362,390	31,023,390	48.6	96.7	91.9
<b>S358N</b>	8,674,633,864	85,887,464	47.9	96.8	92.6
<b>S381N</b>	9,113,509,164	90,232,764	47.7	97.4	94.0
<b>S384N</b>	9,442,460,508	93,489,708	45.4	92.9	85.5
<b>S395N</b>	17, 184, 114, 548	170,139,748	45.1	93.3	86.1
<b>S399N</b>	8,794,381,080	87,073,080	47.4	96.0	91.2
<b>S413N</b>	10,554,144,682	104,496,482	47.1	96.2	91.7
<b>S415N</b>	11,670,647,364	115,550,964	47.9	96.6	92.2
<b>S419N</b>	7,565,950,804	74,910,404	47.4	97.1	93.6
<b>S427N</b>	11,202,689,114	110,917,714	48.0	97.2	93.6
<b>S434N</b>	11,477,127,324	113,634,924	44.9	93.0	85.6
<b>S451N</b>	10,740,265,866	106,339,266	45.3	95.7	90.2
<b>S452N</b>	12,905,799,998	127,780,198	46.8	96.5	92.1

**Table S4.** Summary of FASTQ data quality for each normal and tumor sample from whole exome sequencing.







\* Software: Illumina Pipeline (CASAVA) v1.8.2

\* Fastq Quality Encoding: Sanger Quality (ASCII Character Code = Phred Quality Value + 33)

\* N: Normal, T: Tumor



**Table S5.** Summary of on-target coverage quality for each normal and tumor sample from whole exome sequencing.









\* N: Normal, T: Tumor



**Table S6.** Summary of somatic variants in the coding regions of 55 gastric cancer cases examined by exome sequencing in this study.





\* MSS: Microsatellite stable, MSI: Microsatellite instable, MSI-H: Microsatellite instable-high, SNV: single nucleotide variant

**Table S7.** Summary of Sanger sequencing validation for 73 randomly chosen variants from whole exome sequencing.





\* stopgain: stop gain mutation, stoploss: stop loss mutation, nonsyn: nonsynonymous mutation

**Table S8.** Comparison of mutation signatures according to subtypes of gastric cancer.



(a) Lauren classification ( $p = 0.6544^{\text{#}}$ )

# Calculated by Pearson's chi-square test

(b) TCGA classification  $(p = 0.3529^{\#})$ 

Type	No. of samples	C>T	C > A	C > G	A > G	A > T	A>C
<b>MSI</b>	16	52.0%	20.4%	3.3%	15.5%	3.8%	5.0%
GS	22	43.9%	13.4%	10.1%	13.3%	5.2%	14.1%
<b>CIN</b>	17	48.7%	16.2%	8.3%	11.8%	6.0%	9.0%

# Calculated by Pearson's chi-square test

\* MSI: microsatellite instable, GS: genomically stable, CIN: chromosomal instability



Table S9. Summary of alteration profiles for eight known cancer-associated genetic driver genes among the 55 exome-sequenced gastric cancer cases in this study.

\* MT: Mutation, Amp: Amplification, X: stop codon, fs: frame shift indel

**Table S10.** RhoA mutation status according to Lauren histological type and differentiation status of gastric cancer.



(a) Lauren histological type  $(p = 0.3331^*)$ 

# Calculated by Pearson's chi-square test

\* WT: Wild-type, MT: Mutation

### (b) Differentiation status  $(p = 0.7764^{\text{#}})$



# Calculated by Pearson's chi-square test

\* WT: Wild-type, MT: Mutation

**Table S11.** List of altered genes in gastric cancer with significant differences based on Lauren histology.

(a) Mutations





# Calculated by Fisher's exact test

\* MT: Mutation, WT: Wild-type

## (b) Amplifications



# Calculated by Fisher's exact test

\* Amp: Amplification, WT: Wild-type

## (c) Deletions



# Calculated by Fisher's exact test

\* Del: Deletion, WT: Wild-type



**Table S12.** Detailed summary of significantly altered KEGG pathways in 103 gastric cancers.









**Table S13.** Comparison of BCL2L1 amplifications estimated by droplet digital PCR (ddPCR) and array Comparative Genomic Hybridization (aCGH).



# Amplifications of BCL2L1 were detected only by aCGH.

**Table S14.** Comparison of BCL2L1 amplification frequencies between Asian and non-Asian populations in TCGA stomach adenocarcinoma cases.



	DLC <sub>1</sub>	ARHGAP35	DAAM1	ARHGAP21	ROCK1	<b>ROCK2</b>	<b>RASGRF1</b>	ARHGEF28	<b>RHOA</b>
AKAP13	3	3 <sub>1</sub>	1	1	2	1	2 <sub>1</sub>	2 <sub>1</sub>	1
DLC1		3 <sub>†</sub>	1	$\mathbf 0$	$\overline{2}$	$\mathbf 0$	$\mathbf{1}$	0	1
ARHGAP35			$\mathbf 0$	$\mathbf 0$	2 <sub>1</sub>	$\mathbf 0$	$\mathbf 0$	0	$\mathbf 0$
DAAM1				1	$\mathbf 0$	1	1	1	3 <sub>1</sub>
ARHGAP21					$\mathbf 0$	$\mathbf 0$	$\mathbf 0$	1	1
ROCK1						$\mathbf 0$	0	0	$\mathbf 0$
ROCK <sub>2</sub>							0	0	1
<b>RASGRF1</b>									1
ARHGEF28									1

**Table S15.** Potential cooperative interactions of mutations in genes closely linked to RHOA from 82 gastric cancers (cohort 1 ( $n= 55$ ) and cohort 2 ( $n= 27$ )).

\* Numbers indicate the number of co-occurring samples of two genes

<sup> $\dagger$ </sup> Significant tendency to co-occur in 82 samples (cohort 1 and 2, Fisher exact test,  $p < 0.05$ )

<b>Mutation</b>	<b>Stability</b>	<b>Reliability index</b>	pH	Temperature (°C)
<b>G75W</b>	Decrease	5	7.4	37
E450X	۰	٠	7.4	37
<b>R501M</b>	Decrease	6	7.4	37
<b>R549W</b>	Decrease	$\overline{7}$	7.4	37
G845V	Decrease	3	7.4	37
<b>K1060E</b>	Decrease	1	7.4	37
<b>R1086H</b>	Decrease	$\overline{7}$	7.4	37
<b>P1475S</b>	Decrease	7	7.4	37

**Table S16.** Predicted protein stability of DLC1 mutations using the i-Mutant database.

<b>Mutation</b>	<b>SIFT</b>	<b>PolyPhen-2</b>	<b>MutationTaster</b>
<b>G75W</b>	D	D	N
E450X	D	В	D
<b>R501M</b>		D	D
<b>R549W</b>	D	D	D
G845V	D	D	D
K1060E	D	D	D
<b>R1086H</b>	D	D	D
<b>P1475S</b>		в	n

**Table S17.** Predicted functional impacts of DLC1 mutations using three bioinformatic algorithms.

\* B: benign, N: neutral, T: tolerant, D: damaging