

SUPPLEMENTAL FIGURE LEGENDS

Figure S1. BMI1 expression is elevated in metastatic human samples and cell lines.

Related to Figure 1.

(A) Box and whisker plots (5-95 percentile) show BMI1 expression in metastatic versus primary melanoma samples (GSE46517 dataset) and in samples derived from melanoma mouse models with or without metastatic capacity (GSE29074 dataset). (B) BMI1 mRNA levels in human melanoma cell lines derived from primary tumors or metastatic sites. (C) Western blotting showing BMI1 levels, with HSP90 as a loading control, in the B16F0, B16F1 and B16F10 cells. (D) Western blotting showing GFP and BMI1 levels, with HSP90 as a loading control, in our MA2, B16F0, B16F1, A375 and S91 variants. (E) Western blotting showing BMI1 levels, with HSP90 as a loading control, in all our BMI1-overexpressing variants. UACC-62 and SK-Mel-2 cell lines were used as reference for BMI1 expression. Values below the corresponding lanes show BMI1 fold change between BMI1 and CTL variants or . SK-Mel-2 and UACC-62. (F) Representative images of H&E staining of lungs after tail vein injections with CTL or BMI1 B16F10 cells showing lung tumors.

Figure S2. BMI1 high expression enhances metastatic potential of melanoma cells.

Related to Figure 2.

(A) Representative images of wound healing assays with CTL or BMI1 B16F10 cells. (B) Transwell migration assays with CTL and BMI1 variants of A375, B16F10 and S91 cells. Representative images and quantifications are shown. (C) Murine lung sections 48 hours post injection of CMRA-labelled parental or BMI1 B16F10 cells (red) were stained with CD31 antibody (green) to visualize blood vessels and counter-stained with DAPI (blue). Bar graph show quantification of extravasated melanoma cells in 3 lungs per cell type. (D) Adhesion on collagen (left panel) and fibronectin (right panel) of CTL and BMI1 MA2 cells. At the indicated time, cells were fixed, stained with crystal violet and O.D. was measured.

Representative images and quantification at 15 and 30 minutes are shown. (E) Morphological changes in CTL and BMI1 A375 (left) and MA2 (right) cells; representative images are shown. The box plots (min to max) show the quantification of cell morphology expressed as shape factor ($4\pi A/P^2$). Perimeters of 180 cells were determined. (F) Gelatin zymography performed on culture media from CTL and BMI1 A375 (top panel) and MA2 (bottom panel) cells shows activity of MMP2. (G) Low seeding assay with CTL and BMI1 A375 (left) or MA2 (centre) and B16F0 (right) cells. 500 cells were seeded and cultured for 10 days. Cells were then fixed, stained with crystal violet and the colonies were counted. Representative images and quantification are shown.

Figure S3. BMI1 expression does not alter PTEN-AKT signaling. Related to Figure 3.

Western blot analysis looking at PTEN and AKT pathways in CTL and BMI1 A375 cells not starved or serum starved for 48 or 72 hours (A-B), CTL and BMI1 MA2 cells (B), CTL and BMI1 B16F10 cells (C), CTL and BMI1 MA2 cells serum starved for 18 hours and then stimulated with 10% serum for 10 and 30 minutes (D). Analysis of β -catenin and PTEN pathways on CTL and BMI1 B16F10 (E), A375 (F,H) and MA2 cells (G,I).

Figure S4. Invasive signature induced by BMI1 expression. Related to Figure 3.

(A) The differentially expressed (DE) gene list was analyzed with IPA (Ingenuity Pathway Analysis) for functional analysis. The Graph shows the canonical pathways that are significantly altered. The x-axis shows the significance (value of $-\log(p)$). Pathways are listed from most significant to least and the black vertical line represents the cutoff for significance (p-value of 0.05). (B) Gene Set Enrichment Analysis (GSEA) performed with the RNA-Seq dataset identified enriched signatures of extracellular matrix components, acquired resistance to therapy, EMT, and cancer progression. ES, enrichment score; FDR, false discovery rate. (C) Heat maps of specific pathways found to be activated in the BMI1 data set.

Figure S5. Signaling pathway alteration and drug resistance phenotype in BMI1 overexpressing cells. Related to figure 4 and 5.

(A-B) qPCR analysis on total RNA from B16F10-BMI1 overexpressing (A) and B16F10 cells upon BMI1 knockdown (B), confirming the differential expression of representative genes involved in EMT, TGF β , non-canonical Wnt/PKC and EGF/PDGF pathways. Results shown are mean \pm s.d. In B statistical significance was calculated with Two Way Anova and Tukey's multiple comparisons test. * indicates significance versus B16F10 sh-CTL. (C) Analysis of PKC pathway in CTL and BMI1 A375 cells. (D) Analysis of SMAD2-3 and Fibronectin expression levels in CTL and BMI1 A375 and MA2 cells. (E) Analysis of Snail expression in MA2 variants upon BMI1 overexpression or knockdown. (F) Analysis of EGFR and cJun expression on CTL and BMI1 MA2 cells treated or not treated with BRAF inhibitor PLX4720. For all western blot panels HSP90 was used as loading control. (G) CTL and BMI1 MA2 cells were subjected to treatment with different chemotherapeutic agents for 48 hours and cell death percentage was evaluated by APC-Annexin V staining and FACS analyses. Treatment with PLX4720 was used as control for resistance. (H) MA2 cells carrying sh-Ctl or BMI1 shRNAs, Sh1 or Sh2, were assessed for response to treatment with PLX4720 by analysis of growth inhibition after 18 days. Representative images are shown. (I) Wound healing migration assay with CTL and BMI1 MA2 cells either non resistant to PLX4720 (left bars), resistant to PLX4720 (selected by exposure to 2 μ M PLX4720) and maintained in media without drug (middle bars), or resistant to PLX4720 and maintained in media with drug (right bars). (J) qPCR analysis on total RNA from MA2-shCTL cells and MA2-BMI1 with (sh-2) or without (sh-Ctl) Wnt5a knockdown. In J statistical significance was calculated with Two Way Anova and Tukey's multiple comparisons test. * indicates significance versus MA2 sh-CTL.

Figure S6. Characterization of melanomas arising upon perinatal 4-OHT treatment.

Related to Figure 6.

(A) Genomic DNA was isolated from pigmented lesions on the skin of 4-OHT treated mice and PCR analysis was used to confirm *Bmi1* allele recombination (top panel) in the presence of Tyr CRE-ER (bottom panel). (B) Newborn pups were treated on post-natal day 2 and 4 with 4-OHT on the ventral skin. In about 3 weeks they developed pigmented lesion all over the body (visibly on the ears, mouth, paws and on the skin). In about 5 weeks all animals needed to be euthanized and the necroscopy revealed the presence of highly pigmented lymph nodes (red arrow).

Figure S7. BMI1 induced signature does not correlate with outcome in other tumor types. Related to Figure 7.

Patient outcome based on BMI1 signature correlation (top 10% versus the remaining 90%) using TCGA lung adenocarcinoma, breast invasive carcinoma and colon adenocarcinoma sets. Log-rank p-value is shown.

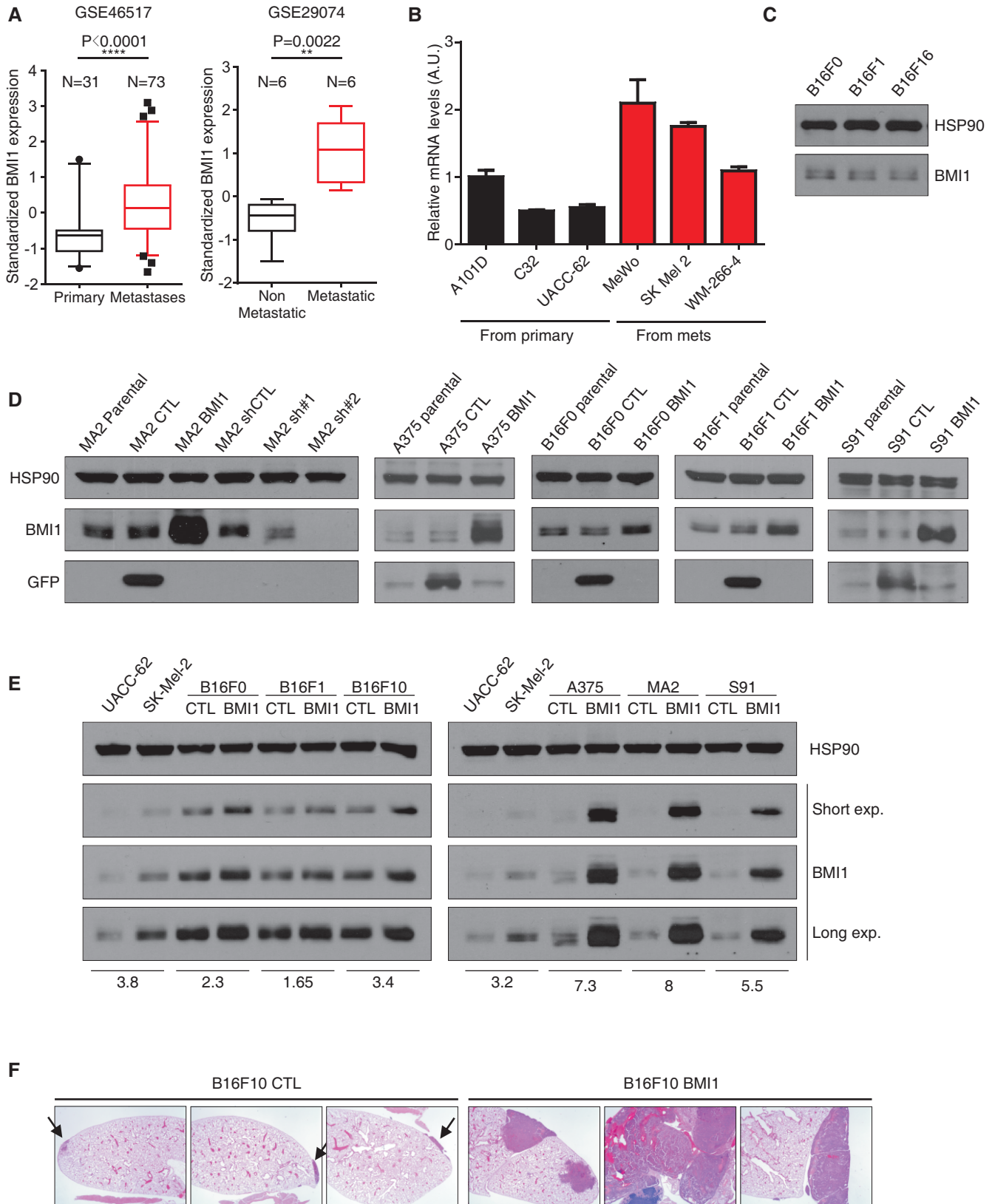
Supplemental Table S1.

List of differentially expressed genes in CTL and BMI1 A375 variants. Corresponding expression levels, normalized expression and statistics are shown.

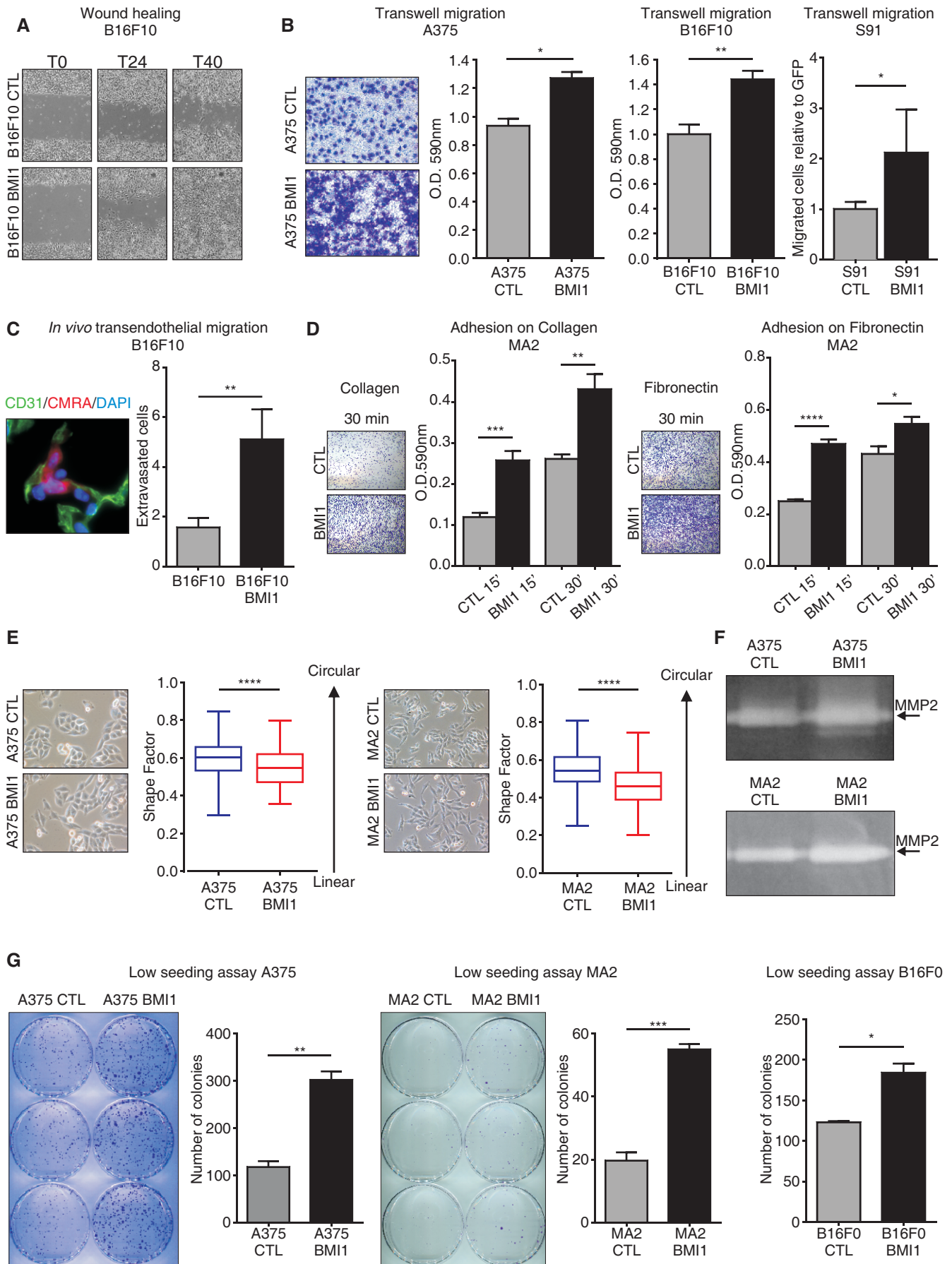
Supplemental Table S2. List of genes from our BMI1-induced signature that presented a $FC \geq 2$ between A+B versus C subclasses and were observed in at least 2 of the 3 cohorts. Gene name, number of common cohorts and direction are shown.

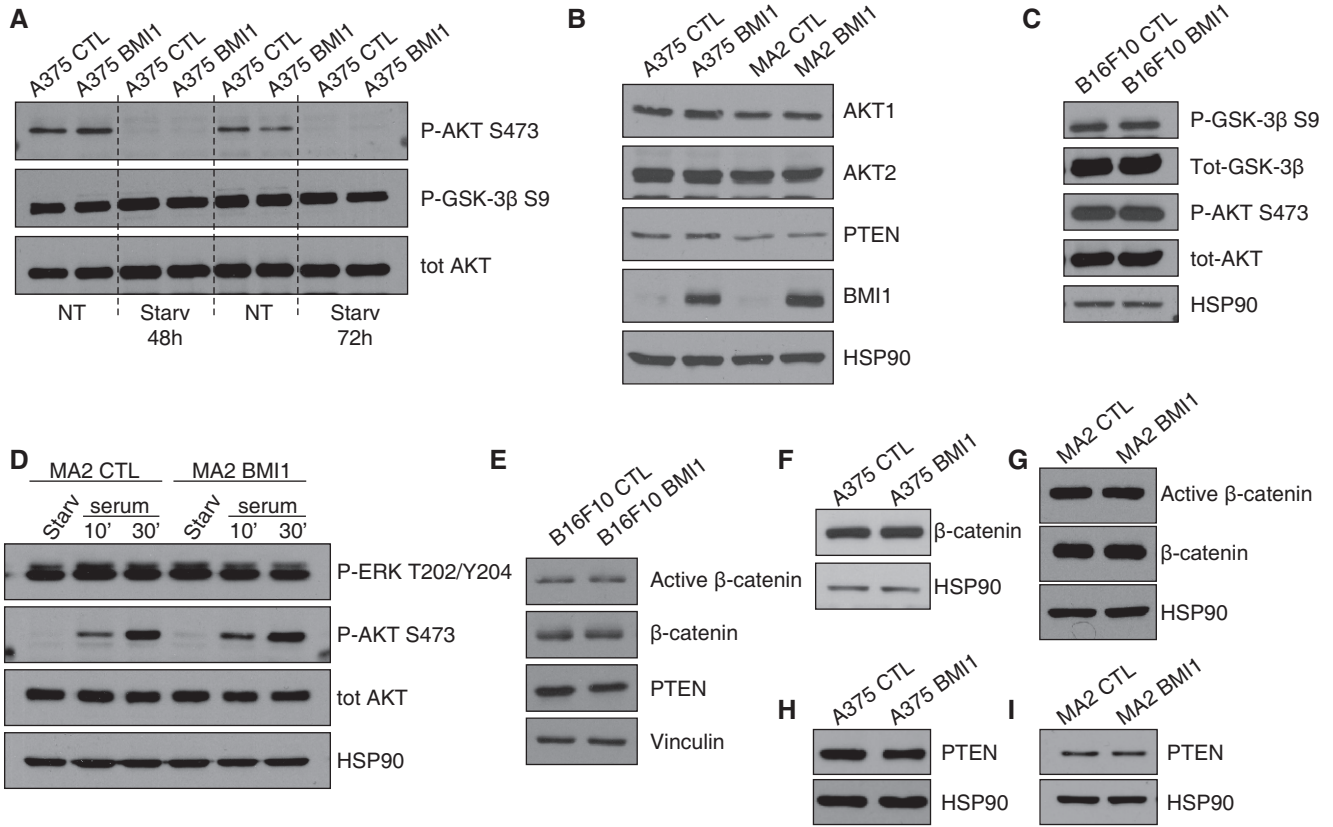
Supplemental Table S3.

List of primers used for qPCR.

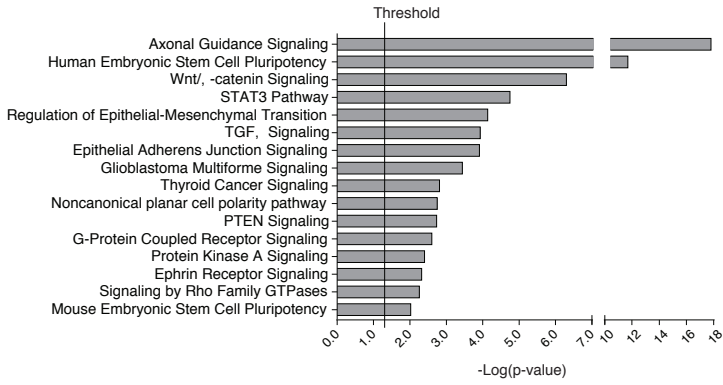


Ferretti_Supplemental Figure 2

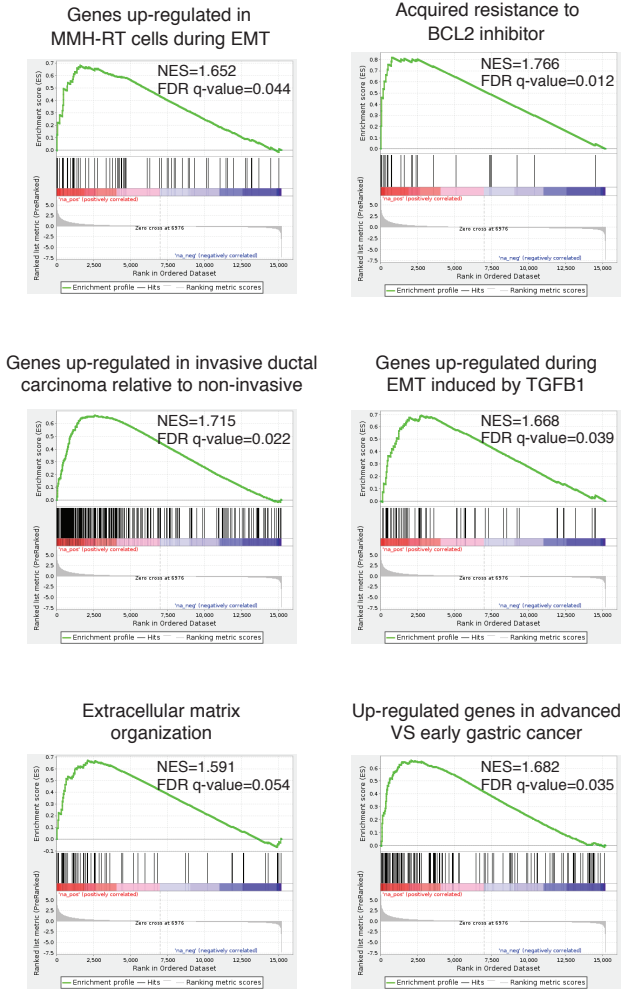




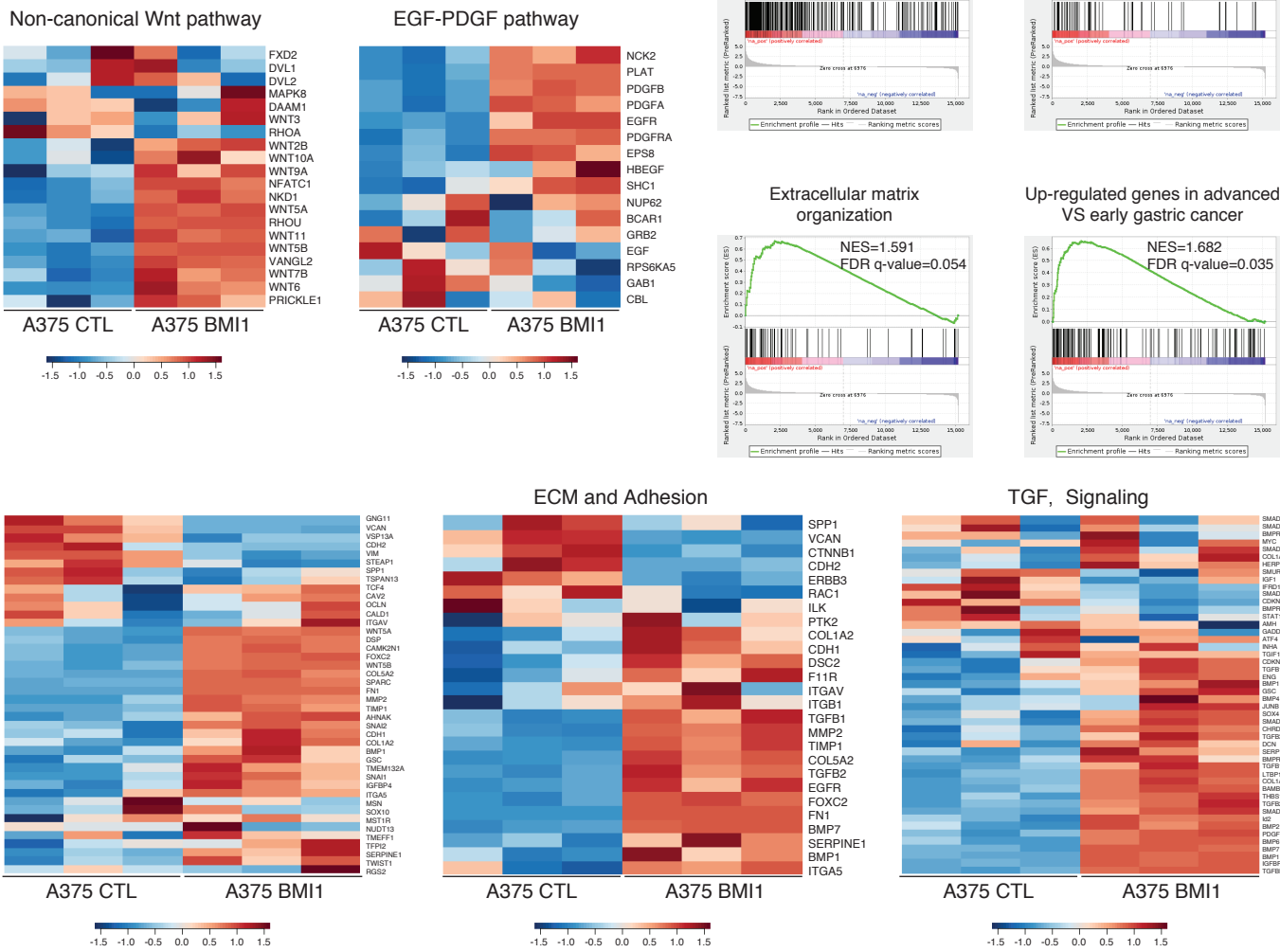
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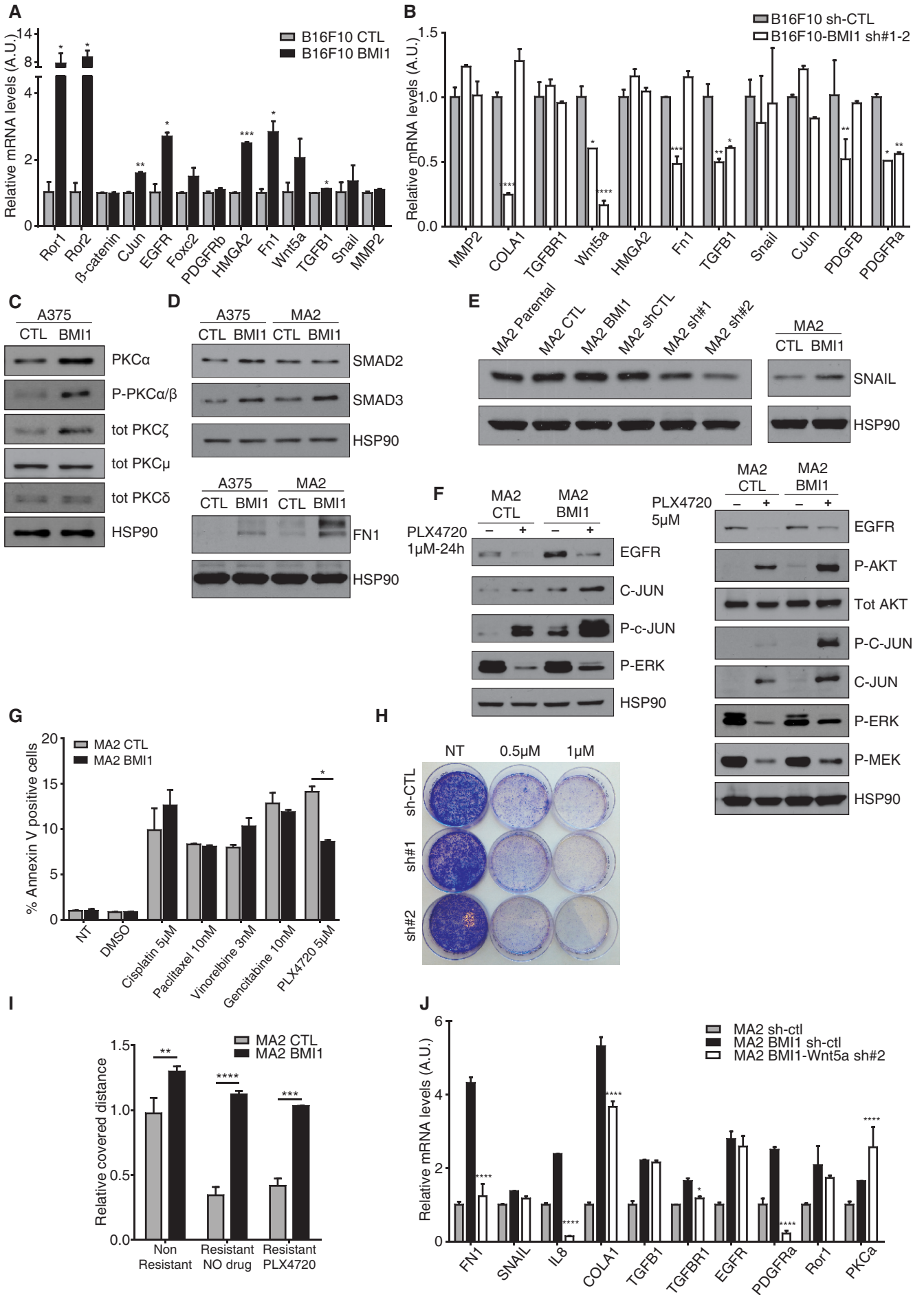
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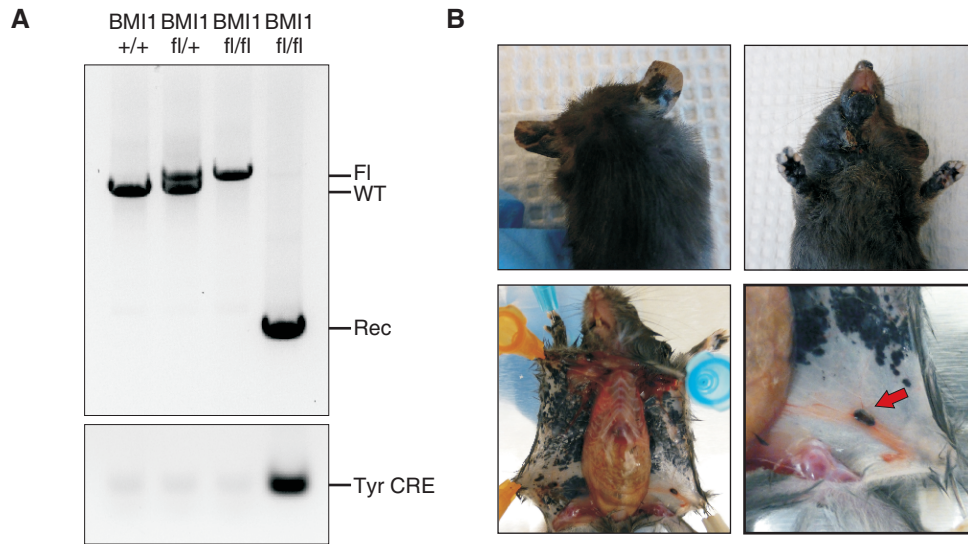


C



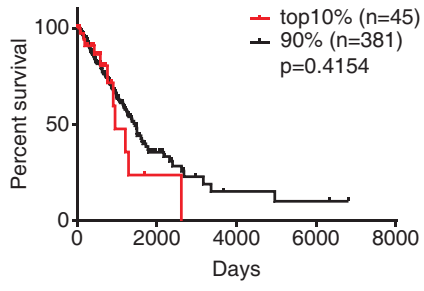
Ferretti_Supplemental Figure 5



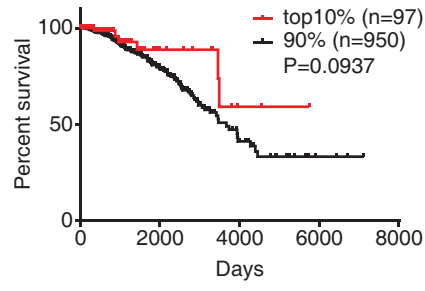


Ferretti_Supplemental Figure 7

Lung adenocarcinoma



Breast invasive carcinoma



Colon adenocarcinoma

