

**Table S1. Genotypes, regorafenib and sorafenib IC<sub>50</sub>, and time for regorafenib-induced Mcl-1 depletion (50%) in a panel of 16 CRC cell lines.**

Cell lines	<i>KRAS</i>	<i>BRAF</i>	<i>PIK3CA</i>	<i>p53</i>	<i>FBW7</i>	Regorafenib IC <sub>50</sub> (μM)*	Sorafenib IC <sub>50</sub> (μM)*	Time for 50% Mcl-1 reduction (hr)**
<b>HCT116</b>	p.G13D	WT	p.H1047R	WT	WT	7.04	20.09	1.8
<b>DLD1</b>	p.G13D	WT	p.E545K	p.S241F	WT	6.95	21.38	1.7
<b>Lim1215</b>	WT	WT	WT	WT	WT	5.1	16.9	2.2
<b>Lim2405</b>	WT	p.V600E	WT	WT	WT	3.45	30.97	1.2
<b>SW480</b>	p.G12V	WT	WT	p.R273H/p.P309S	WT	9.12	19.54	1
<b>RKO</b>	WT	p.V600E	p.H1047R	WT	WT	6.8	18.07	2.8
<b>NCI-H508</b>	WT	p.G596R	p.E545K	p.R273H	WT	12.05	29.65	3.2
<b>DiFi</b>	WT	WT	WT	p.K132R	WT	9.44	22.96	1.3
<b>SW837</b>	p.G12C	WT	WT	p.R248W	p.L403fs*34	128.83	39.72	>8
<b>SW48</b>	WT	WT	p.G914R	WT	p.S668fs*39	48.08	60.12	8
<b>LoVo</b>	p.G13D	WT	WT	WT	p.R505C	55.72	34.2	8
<b>SW1463</b>	p.G12C	WT	WT	p.R248Q	p.R479Q	49.55	49.55	>8
<b>HCT-8</b>	p.G13D	WT	p.E545K	WT	p.R658Q	76.03	85.31	>8
<b>CCK-81</b>	WT	WT	p.C420R	p.P278H	p.R465C	65.83	36.9	>8
<b>SNU-C2B</b>	p.G12D	WT	p.D725G	p.R273H	p.G579W	70.79	31.41	8
<b>LS411N</b>	WT	p.V600E	WT	p.Y126*	p.R505H	86.3	28.58	8

\* Analyzed by MTS assay on cells treated for 72 hr. \*\* Analyzed by quantifying western blot bands with Image J program on cells treated with 40 μM regorafenib.

**Table S2. PCR primers**

Purpose	Orientation	Sequence (5'-3')
<b>Allele-specific genomic PCR for analyzing <i>FBW7</i> mutations</b>		
HCT116 (c.1513 C>T)	Forward	ATGCAGCATTCTAGGCTTCC
	Reverse	GCCATCATATTGAACACAGCA
Lim1215, Lim2405 (c.1393 C>T)	Forward	ATGGGCATACTTCCACTGTGT
	Reverse	CCCACTTGCAGAAATAAGAAT
$\beta$ -Actin	Forward	CGTCTCCCCTCCATCGTGGG
	Reverse	AGCTCGTAGCTCTCTCCAGG
<b>RT-PCR</b>		
$\beta$ -Actin	Forward	GACCTGACAGACTACCTCAT
	Reverse	AGACAGCACTGTGTTGGCTA
<i>FBW7</i>	Forward	GTGATAGAACCCAGTTCA
	Reverse	CCTCAGCCAAAATTCTCCAG
<b><i>FBW7</i> mutant constructs</b>		
R465C	Forward	CATACTCCACTGTGTGTTATGCATCTTC
	Reverse	GAAGATGCATACAACACACAGTGGAAAGTATG
R479Q	Forward	TTGTTAGCGGTTCTCAAGATGCCACTCTTAG
	Reverse	CTAAGAGTGGCATCTTGAGAACCGCTAACAA
R505C	Forward	CATGTTGCAGCAGTCTGCTGTGTTCAATATG
	Reverse	CATATTGAACACAGCAGACTGCTGCAACATG

## **Supplemental Figure Legends**

**Figure S1. Regorafenib and sorafenib sensitivity is linked to *FBW7* mutational status in CRC cells.** (A) MTS analysis of cell viability of *FBW7*-WT (black) and -mutant (red) CRC cell lines treated with sorafenib at different concentrations for 72 hr. Results represent the means ± s.d. of three independent experiments. (B) Comparison of sorafenib IC<sub>50</sub> of *FBW7*-WT (black) and -mutant (red) CRC cell lines analyzed in (A). (C) Genomic DNA sequencing analysis of *FBW7* mutations in indicated CRC cell lines highlighting mutant sequences.

**Figure S2. Regorafenib induces caspase activation and Mcl-1 depletion in CRC cells.** (A) MTS analysis of cell viability (black) and fluorogenic analysis of caspase 3/7 activity (red) in HCT116, Lim 1215 and RKO cells treated with regorafenib as indicated for 72 hr. (B) Western blotting of indicated Bcl-2 family proteins in HCT116 cells treated with regorafenib at indicated concentrations for 24 hr. (C) Western blotting of Mcl-1 in HCT116 and DLD1 cells treated with 40 μM regorafenib continuously at indicated time points, or with regorafenib washed out at 4 hr after treatment. (D) Mcl-1 protein expression in untreated *FBW7*-WT (black) and -mutant (red) CRC cell lines analyzed in Fig. 1D was quantified by the Image J program and normalized to β-actin. (E) Western blotting of c-Myc and cyclin E in HCT116 cells treated with 40 μM regorafenib at indicated time points.

**Figure S3. FBW7 is essential for regorafenib sensitivity and Mcl-1 degradation in CRC cells.** (A) Regorafenib sensitivity of WT and *FBW7*-KO DLD1 cells with or without *FBW7* transfection or *Mcl-1* knockdown, which was analyzed by western blotting (left panel). (B) Western blotting of Mcl-1 and FBW7 in WT and *FBW7*-KO DLD1 cells treated with 5 μM regorafenib at indicated time points. (C) Western blotting of Mcl-1 in *FBW7*-KO HCT116 and DLD1 cells transfected with control or *FBW7* expression vector and treated with 40 μM

regorafenib at indicated time points. **(D)** Apoptosis in WT and *FBW7*-KO HCT116 and DLD1 cells transfected as in (A) and treated with 40  $\mu$ M regorafenib for 48 hr was analyzed by counting apoptotic nuclei after nuclear staining. **(E)** Regorafenib sensitivity of *FBW7*-KO DLD1 cells with transfection of HA-tagged WT *FBW7* or indicated mutants (R465C, R479Q and R505C), which was analyzed by western blotting (*upper* panel). **(F)** Apoptosis in *FBW7*-mutant SW837 cells with or without *FBW7* transfection or *Mcl-1* knockdown and treated with 40  $\mu$ M regorafenib for 48 hr was analyzed as in (D). **(G)** Regorafenib sensitivity of *FBW7*-mutant SW48 cells with or without *FBW7* transfection or *Mcl-1* knockdown, which was analyzed by western blotting (*left* panel). In (A), (D), (E), (F) and (G), regorafenib sensitivity was analyzed by MTS assay on cells treated with regorafenib at indicated concentrations for 72 hr. Western blotting was performed on untreated cells at 24 hr after transfection. Results were expressed as means  $\pm$  s.d. of three independent experiments. \*\*,  $P < 0.01$ , \*\*\*,  $P < 0.001$ .

**Figure S4. FBW7 is critical for sorafenib sensitivity and Mcl-1 degradation in CRC cells.**

**(A)** Sorafenib sensitivity of WT and *FBW7*-KO HCT116 and DLD1 cells with or without HA-*FBW7* transfection or *Mcl-1* knockdown. **(B)** Western blotting of *Mcl-1* and *FBW7* in WT and *FBW7*-KO HCT116 and DLD1 cells treated with 5  $\mu$ M sorafenib at indicated time points. **(C)** Sorafenib sensitivity of *FBW7*-KO HCT116 and DLD1 cells with transfection of HA-tagged WT *FBW7* or indicated mutants (R465C, R479Q and R505C). **(D)** Sorafenib sensitivity of *FBW7*-mutant SW837 and SW48 cells with or without HA-*FBW7* transfection or *Mcl-1* knockdown. In (A), (C) and (D), sorafenib sensitivity was analyzed by MTS assay on cells treated with sorafenib at indicated concentrations for 72 hr. Results were expressed as means  $\pm$  s.d. of three independent experiments.

**Figure S5. Regorafenib sensitivity is not affected by KRAS, BRAF, PIK3CA, and p53 mutations in CRC cells.** (A)-(D) MTS analysis of cell viability of WT or parental (black) and isogenic (red) CRC cell lines with indicated genotypes of KRAS (A), BRAF (B), PIK3CA (C), or p53 (D) treated with regorafenib at different concentrations for 72 hr. Results were expressed as means ± s.d. of three independent experiments.

**Figure S6. Regorafenib-resistant CRC cells are defective in apoptosis and have enriched FBW7 mutations.** (A) MTS analysis of cell viability of indicated parental (black) and regorafenib-resistant (-R) (red) CRC cells treated with increasing concentrations of regorafenib for 72 hr. (B) Indicated parental and regorafenib-resistant CRC cells were treated with 40 µM regorafenib for 48 hr. Apoptosis was analyzed by counting condensed and fragmented nuclei after nuclear staining. (C) FBW7 mutations in the indicated regorafenib-resistant CRC cell lines were analyzed by sequencing analysis of individual clones of PCR products from the genomic region of FBW7. The frequencies of WT and mutant clones are indicated. (D) FBW7 mRNA expression in parental and regorafenib-resistant HCT116, Lim2405, and SW480 cells treated as in (B) for 24 hr was analyzed by real-time RT-PCR. Results in (A), (B) and (D) were expressed as means ± s.d. of three independent experiments.

**Figure S7. Mcl-1 knockdown or inhibition restores regorafenib sensitivity in regorafenib-resistant CRC cells.** (A) Western blotting of indicated proteins in parental and regorafenib-resistant HCT116, Lim2405 and SW480 cells treated with 40 µM regorafenib at indicated time points. (B) Parental and regorafenib-resistant CRC cells transfected with control or Mcl-1 siRNA and treated with 40 µM regorafenib for 48 hr. *Upper*, western blot analysis of Mcl-1 knockdown; *lower*, analysis of apoptosis by counting apoptotic nuclei after nuclear staining. (C) Indicated parental and regorafenib-resistant CRC cells were treated with 40 µM regorafenib

alone or in combination with 1  $\mu$ M of the Mcl-1 inhibitor TW-37 or the Bcl-2/Bcl-X<sub>L</sub> inhibitor ABT-737 for 48 hr. Apoptosis was analyzed as in (B). Results in (B) and (C) were expressed as means  $\pm$  s.d. of three independent experiments.

**Figure S8. Regorafenib-resistant CRC cells are cross-resistant to other anticancer agents that induce Mcl-1 degradation.** (A) HCT116 cells treated with 1  $\mu$ M UCN-01, 1  $\mu$ M 17-AAG, 1  $\mu$ M YM-155, 10  $\mu$ M roscovitine, 15  $\mu$ M sunitinib, 10  $\mu$ M crizotinib, 10 nM TRAIL, 10  $\mu$ M VX680, 20  $\mu$ M etoposide, 20  $\mu$ M temsirolimus, or 120  $\mu$ M sulindac sulfide for 24 hr. Mcl-1 expression was analyzed by western blotting. (B), (C) Parental and regorafenib-resistant SW480 (B) and Lim2405 (C) cells were treated with indicated agents as in (A) for 48 hr. Apoptosis was analyzed by counting condensed and fragmented nuclei after nuclear staining. Results were expressed as means  $\pm$  s.d. of three independent experiments.

Figure S1

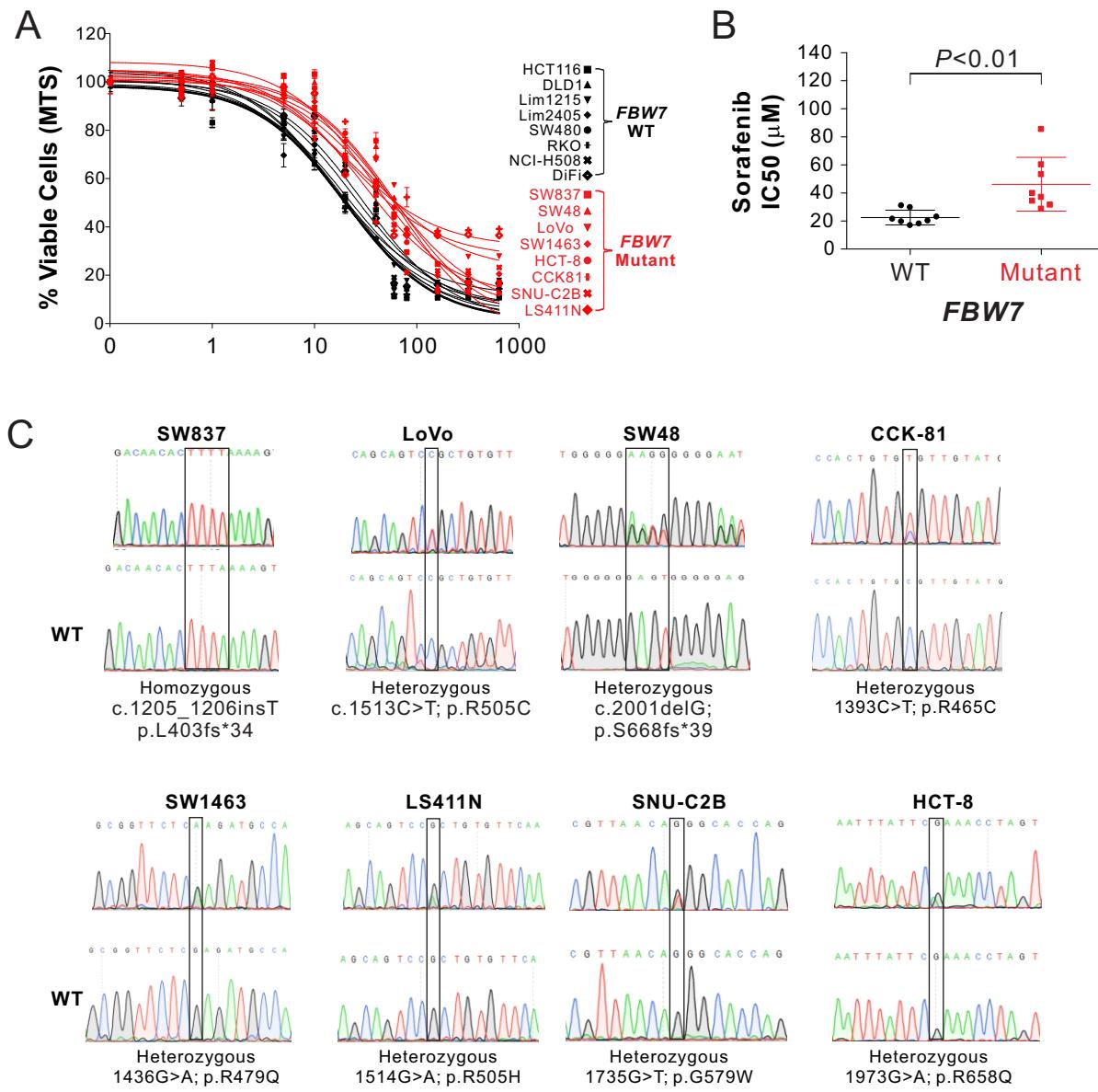


Figure S2

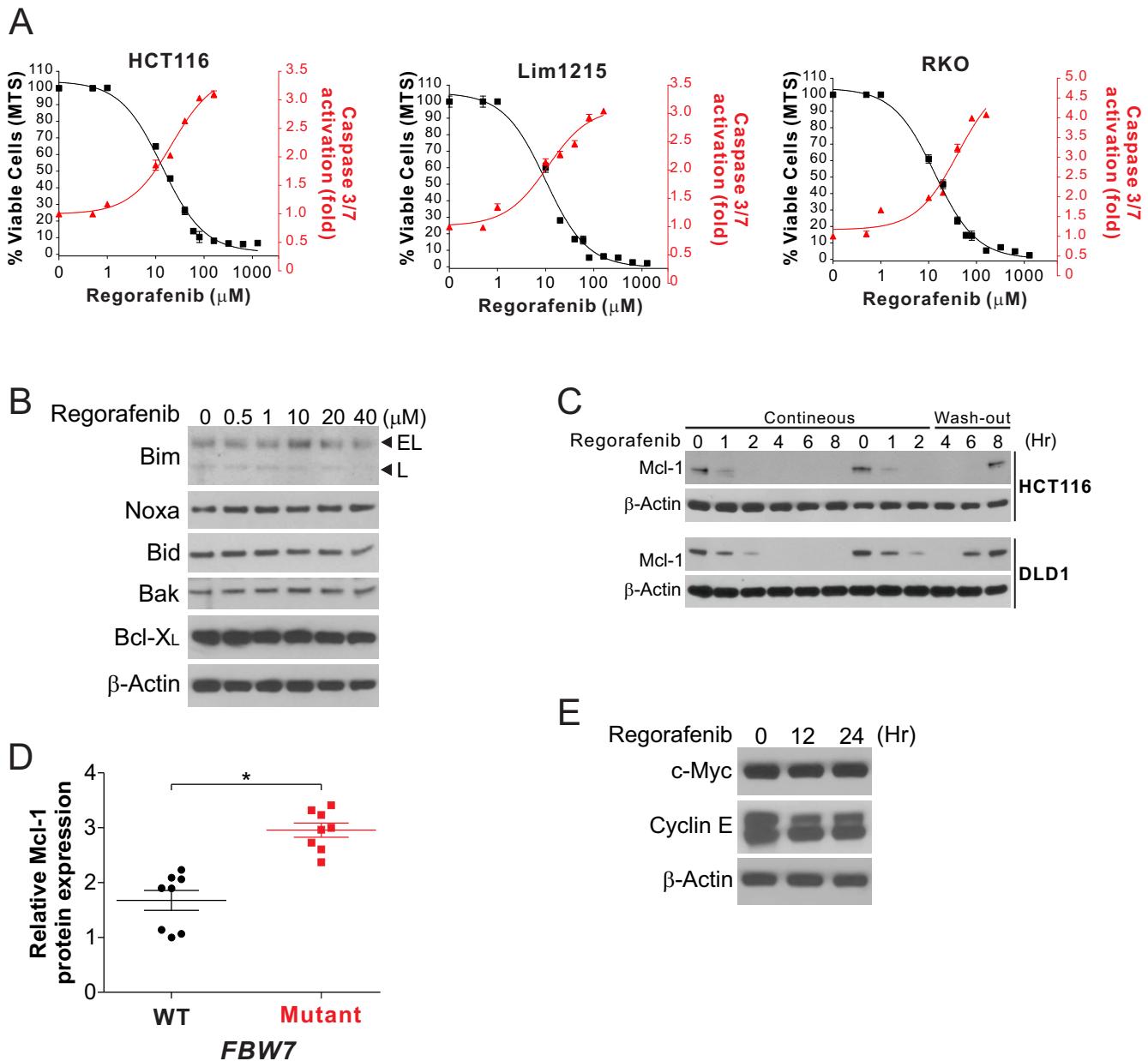


Figure S3

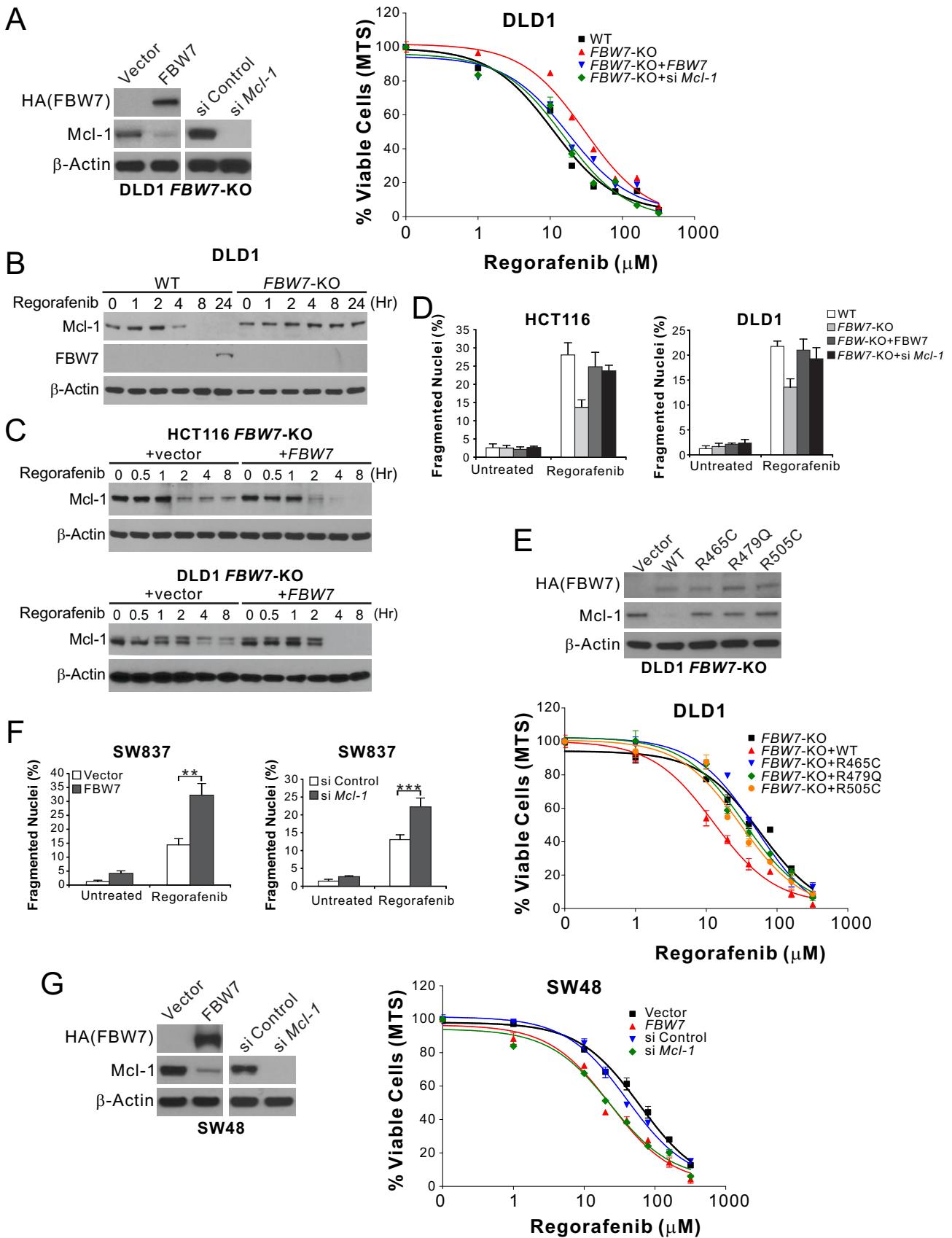


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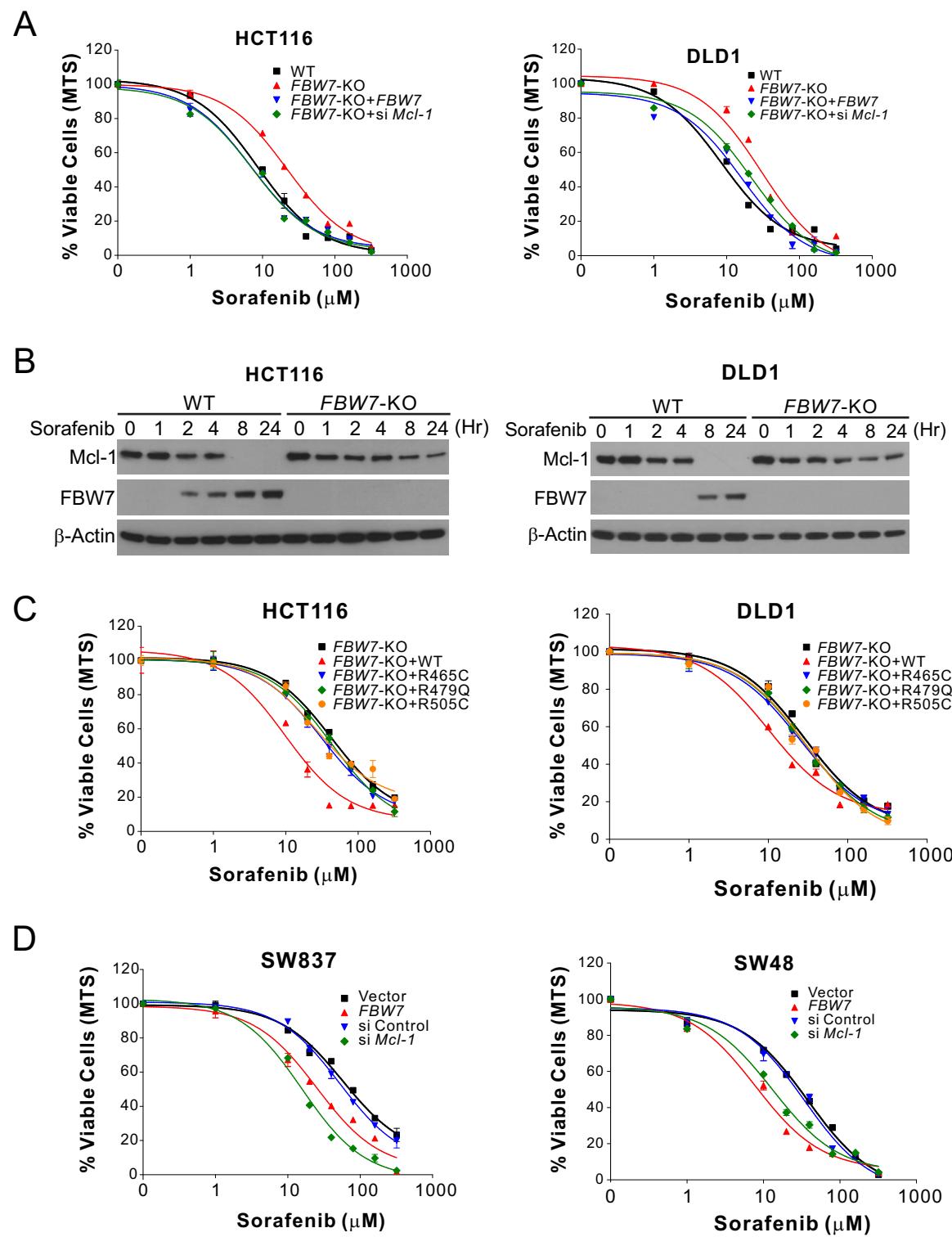


Figure S5

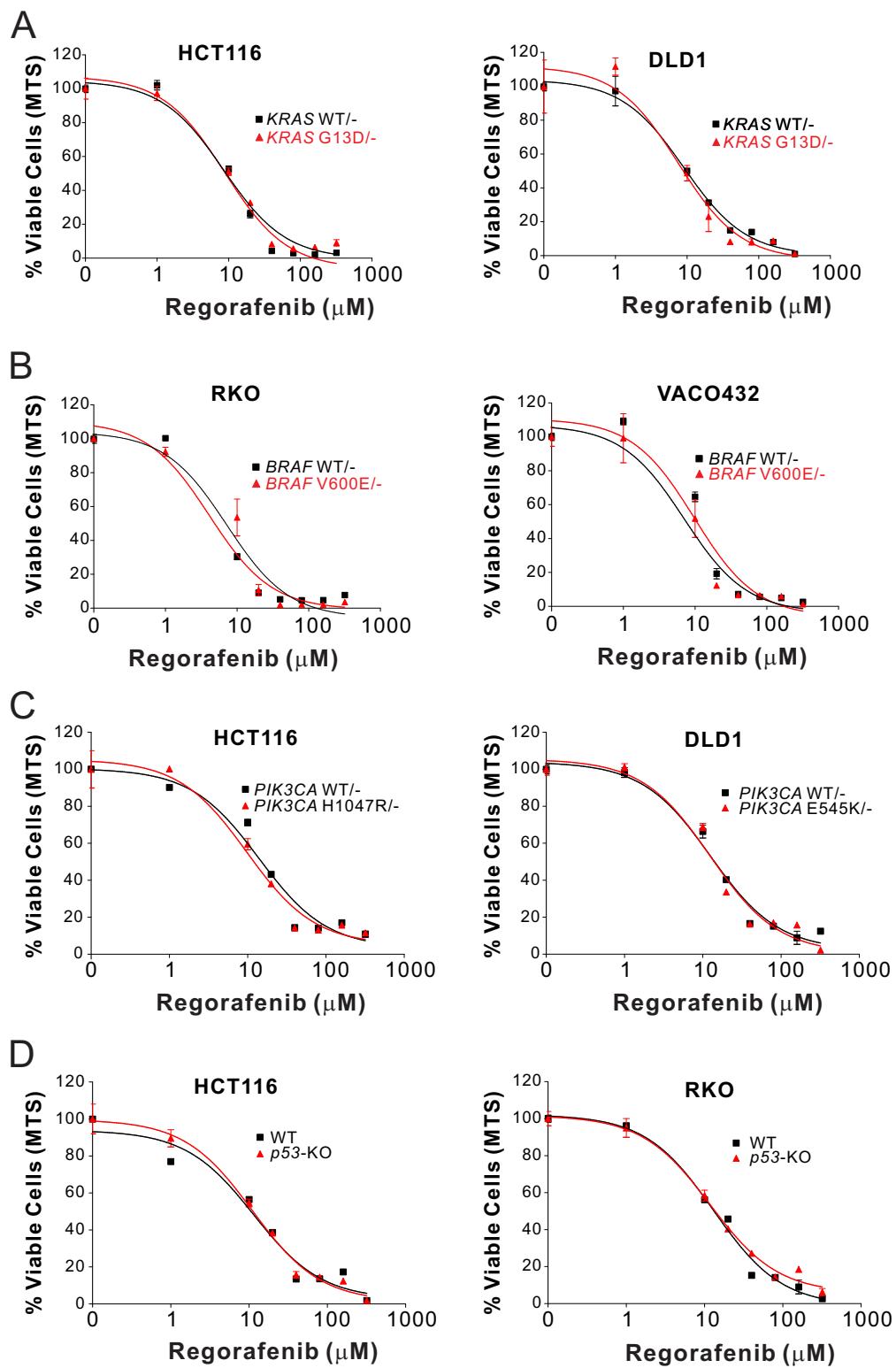
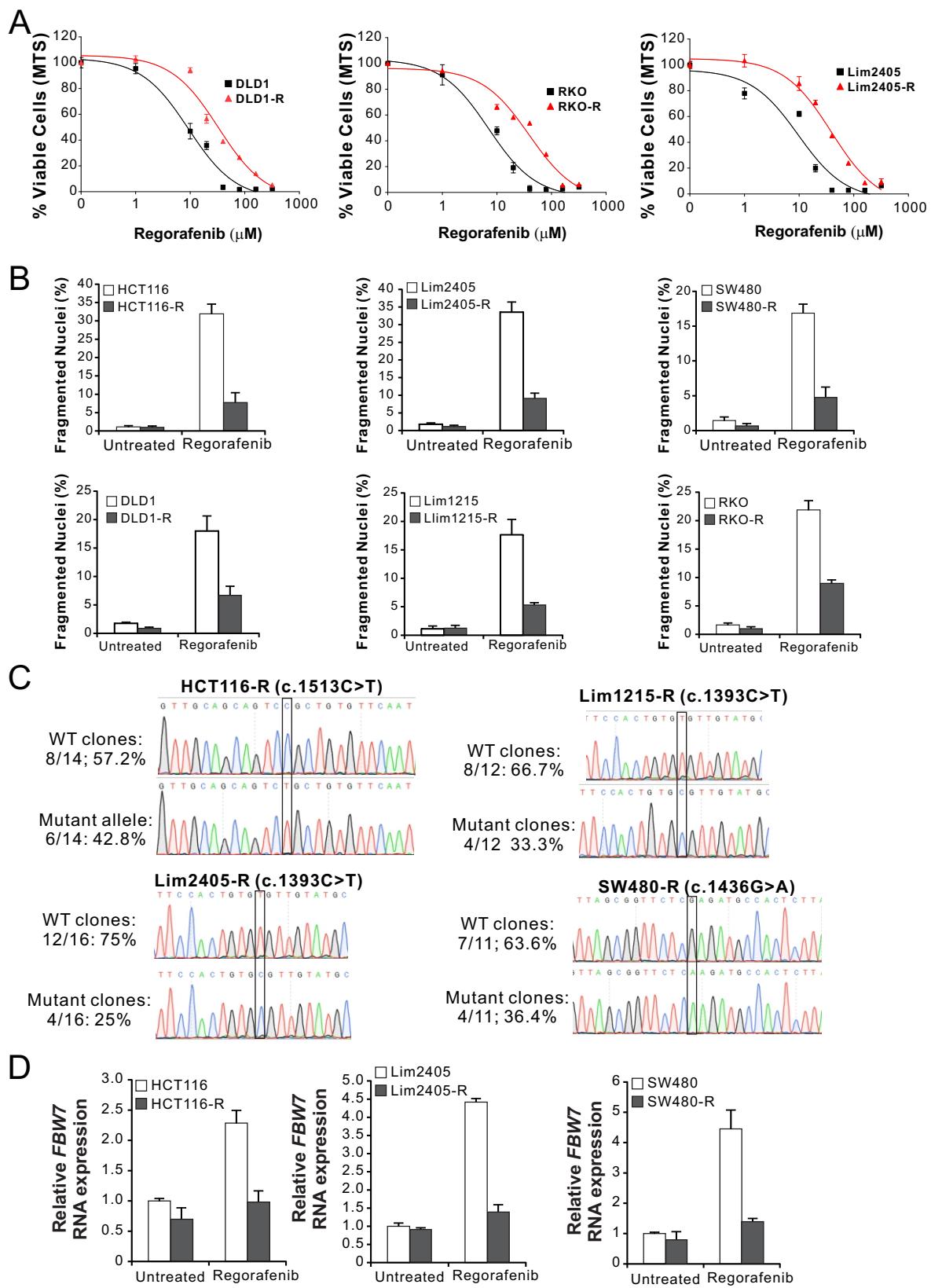


Figure S6



## Figure S7

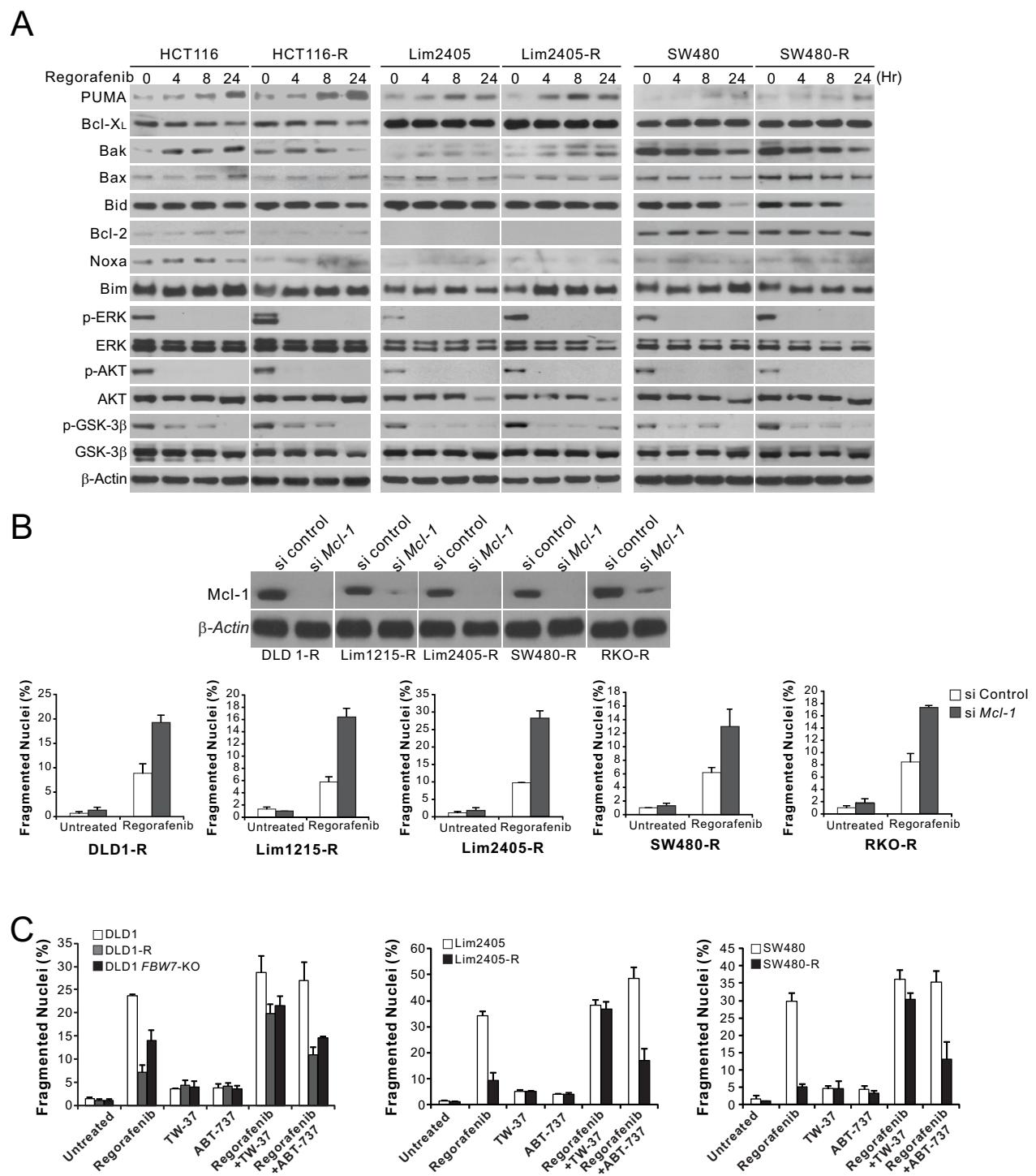
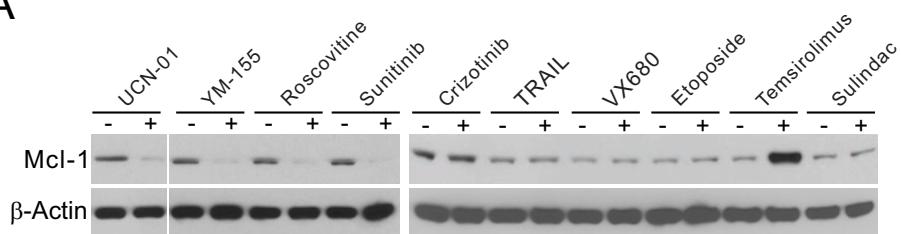
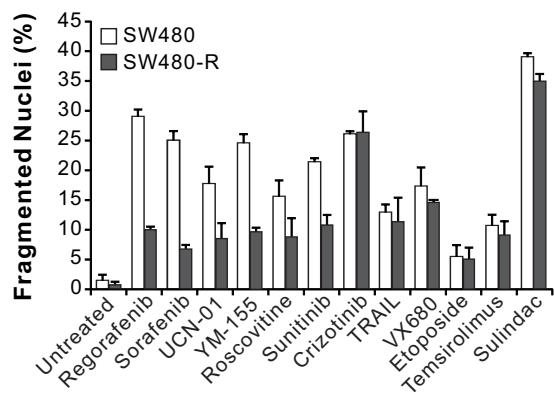


Figure S8

A



B



C

