Supplemental Material to

Histone Deacetylase Inhibitors Interrupt HSP90•RASGRP1 and HSP90•CRAF Interactions to Upregulate BIM and Circumvent Drug Resistance in Lymphoma Cells

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Supplemental Method

Immunoprecipitation. To assess changes in binding of proteins to HSP90, Jurkat cells were treated with diluent or 20 nM romidepsin for 6 h in the presence of 5 μ M Q-VD-OPh. At the completion of the incubation, cells were washed in ice cold RPMI-HEPES and solubilized for 30 min at 4° C in lysis buffer consisting of 1% (w/v) 3-[(3-cholamidopropyl)dimethylammonio]-1-propanesulfonate (CHAPS), 20 mM HEPES (pH 7.4), 150 mM NaCl, 1% (v/v) glycerol, 1 mM PMSF, 10 μ g/ml leupeptin, 10 μ g/ml pepstatin, 100 mM NaF, 10 mM sodium pyrophosphate, 1 mM sodium vanadate and 20 nM microcystin. After sedimentation of insoluble material at 14000 x *g* for 15 min, aliquots of supernatant containing 1000 μ g protein were incubated overnight at 4° C with anti-HSP90 that was precoupled to protein G-agarose beads using dimethyl pimelimidate. Beads were sedimented at 400 x *g* for 5 min, washed five times in lysis buffer, and heated for 20 min at 65° C in SDS sample buffer consisting of 4 M urea, 2% (w/v) SDS, 62.5 mM Tris-HCl (pH 6.8), 1 mM EDTA and 5% (v/v) 2-mercaptoethanol to release bound polypeptides.

	Table S1						
Sources of Commercial Antibodies							
Antibody	Product number	Vendor					
Phospho-Thr ²⁰² /Tyr ²⁰⁴ : -ERK1/2	9101S	Cell Signaling Technology (Beverly, MA)					
ERK1/2	9102S						
Phospho-Ser ²¹⁷ /Ser ²²¹ -MEK1/2	9121S						
MEK1/2	4694S						
BAX	2772S						
BIM	2819S						
BID	2002S	1					
MCL1	4572S						
BCLXL	2764S						
Cleaved caspase 3	9661S						
PARP1	9532S						
HSP70	ADI-SPA-810D	Enzo Life Sciences (Farmington, NY)					
NOXA	ALX-804-408-C100						
BAK	06-536	Millipore (Billerica, MA)					
CRAF	sc-133	Santa Cruz Biotechnology (Santa Cruz, CA)					
PUMA	sc-374223						
BCL2 (rabbit polyclonal)	sc-492						
BCL2 (murine monoclonal)	Clone 124	Dako (Carpenteria, CA)					
Acetylated tubulin	T6793	Sigma-Aldrich (St. Louis, MO)					
α-tubulin	T9026						
Acetylated lysine	200-301-A97	Rockland (Limerick, PA)					
Cytochrome c	556433	BD Biosciences (Franklin Lakes, NJ)					
Cytochrome oxidase subunit IV	20E8-C12	Thermo (Waltham, MA)					

Table S2

Cell line	Dx ^a	Age ^b	Sex	BCL2 Status ^c
DoHH2	Centroblastic/centrocytic non- Hodgkin's Lymphoma	60	Μ	Wild Type
Daudi	Burkitt's lymphoma	16	М	Wild Type
HS445	Hodgkin's Lymphoma	56	F	Wild Type
HT	Diffuse mixed B cell lymphoma	70	М	Wild Type
Jeko	Mantle Cell Lymphoma	78	F	Wild Type
Karpas 422	DLBCL	71	М	Mutant
Nalm6	pre-B cell (ALL)	19	М	Wild Type
SKW6.4	MZL	65	F	Wild Type
SuDHL-4	DLBCL	38	М	Mutant
SuDHL-6	DLBCL	60	М	Mutant
RL	B cell-Non Hodgkin's	52	М	Mutant
WSU-DLCL2	DLBCL	46	F	Mutant
Jurkat	Acute T-cell Leukemia	14	М	Wild Type

Lymphoid Cell Lines Used in This Study

^aAbbreviations used: ALL, acute lymphoblastic leukemia; DLBCL, diffuse large B-cell lymphoma; MZL, splenic marginal zone lymphoma.

^bAge and sex of patient from whom the line was established. ^cFrom COSMIC database (http://www.sanger.ac.uk/genetics/CGPF/cosmic/), confirmed by Sanger sequencing.

Table S3

Pt # ^a	Dx ^b	Age	Sex	Stage	% Lymphoma cells	Prior treatment ^c	Tissue source
#1	MZL	82	М	IV	50%	None	Splenectomy
#2	BL, low grade	64	М	IV	75%	R-CHOP, BR	Splenectomy
#3a ^d	FL, grade 1	60	F	II	60%	None	Lymph node
#3b	FL, grade 1	62	F	II	66%	Rituximab	Lymph node
#4	FL, grade 1	62	М	IV	38%	None	Splenectomy
#5	CLL/SLL	66	F	IV	73%	PCR	Lymph node
#6	DLBCL	71	М	II	80%	None	Splenectomy
#7	MZL	65	F	IV	54%	None	Splenectomy
#8	FL	61	F		60%	CHOP x 3, RT	Lymph node
#9	MZL	60	F	IV	88%	None, initial dx	Splenectomy
#10	PTLD	64	F			None	Splenectomy
#11	T LBL	25	М	Ш	98%	Hyper-CVAD	Lymph node

Clinical Samples of Lymphoid Malignancies Used in This Study

^aThe same patient designations are used in this table, Fig. 7a and Fig. S7.

^bAbbreviations used: BL, low grade; low grade B-cell lymphoma; BL-NOS, B-cell lymphoma, not otherwise classifiable; CLL/SLL, chronic lymphocytic leukemia, small lymphocytic lymphoma; FL, follicular lymphoma; MZL, splenic marginal zone lymphoma; T LBL, T-cell lymphoblastic lymphoma; PTLD, post-transplant lymphoproliferative disorder. ^cAbbreviations for treatments are: BR, bendamustine/rituximab; CHOP, cyclophosphamide, doxorubicin, vincristine and prednisone; HyperCVAD, hyperfractionated cyclophosphamide, vincristine, doxorubicin and dexamethasone alternating with high dose methotrexate and cytarabine; PCR, pentostatin, cyclophosphamide and rituximab; RT, radiation therapy.

^dSamples 3a and 3b are two samples from the same patient at two time points with intervening treatment (see **Fig. S7**).

SUPPLEMENTAL FIGURES AND LEGENDS

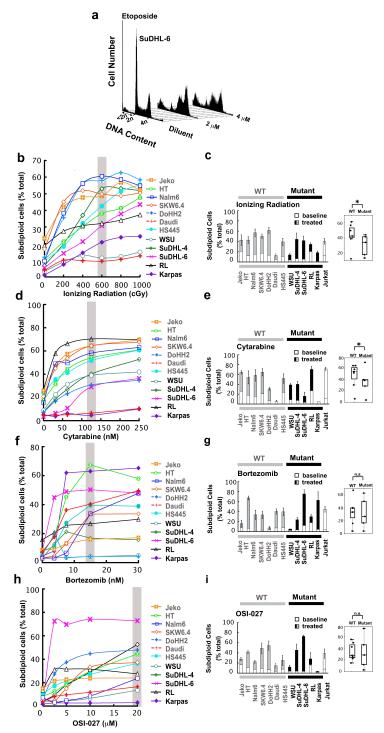


Figure S1. Sensitivity of malignant lymphoid cell lines to etoposide, ionizing radiation, cytarabine, bortezomib and OSI-027 (related to Fig. 1). (a) SuDHL-6 cells were treated for 24 h with diluent, 2 μ M etoposide, or 4 μ M etoposide, then stained with propidium iodide and subjected to flow microfluorimetry. Results are representative of data used to generate summary graphs in Figs. 1-3 as well as subsequent supplemental figures. (b, d, f, h) Cells were treated with the indicated concentrations of ionizing radiation (b), cytarabine (d), bortezomib (f),

or OSI-027 (h) and then harvested after 24 h (b, f), 48 h (h) of 72 h (d), timepoints chosen based on preliminary time course experiments. Curves shown are representative of 3 independent experiments. Grey bars indicate the drug concentration used for the box plots in panels c, e, g, and i. (c, e, g, i) Effects of ionizing radiation (600 cGy, 24 h before assay), cytarabine (125 nM, 72 h), bortezomib (15 nM, 24 h), or OSI-027 (20 μ M, 48 h) on the number of subdiploid cells. Errors bars indicate mean ± SD of three independent experiments. *, p <0.05. n.s., not significant.

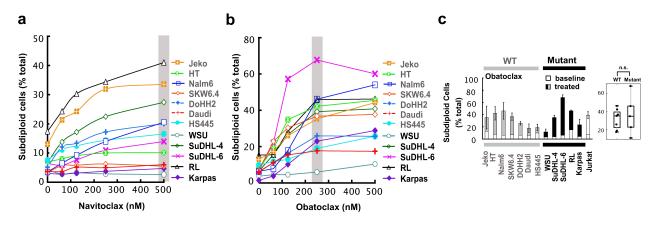


Figure S2. Sensitivity of malignant lymphoid cell lines to navitoclax and obatoclax (related to Fig. 2). Cells were treated for 48 h with the indicated concentrations of navitoclax (a) or obatoclax (c) and analyzed for subdiploid events by flow cytometry as illustrated in Fig. S1a. Curves shown are representative of 3 independent experiments. Grey bars indicate the concentration of navitoclax (500 nM) or obatoclax (250 nM) used for the box plots in panel c and Fig. 2c. Error bars in panel c indicate mean \pm SD of three independent experiments, n.s., not significant.

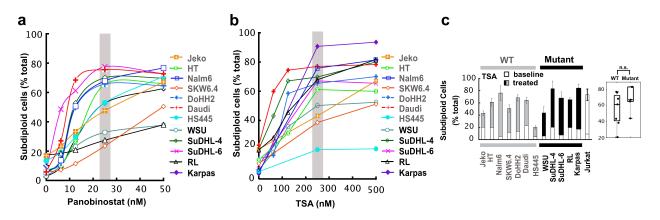


Figure S3. Sensitivity of malignant lymphoid cell lines to panobinostat and TSA (related to Fig. 3). Cells were treated for 48 h with the indicated concentrations of panobinostat (a) and TSA (b) and analyzed for subdiploid events by flow cytometry as illustrated in Fig. S1a. Curves shown are representative of 3 independent experiments. Grey bars indicate the drug concentrations (panobinostat 25 nM, TSA 250 nM) used for the box plots in **panel c** and **Fig. 3c**. Error bars in panel c indicate mean \pm SD of three independent experiments, n.s., not significant.

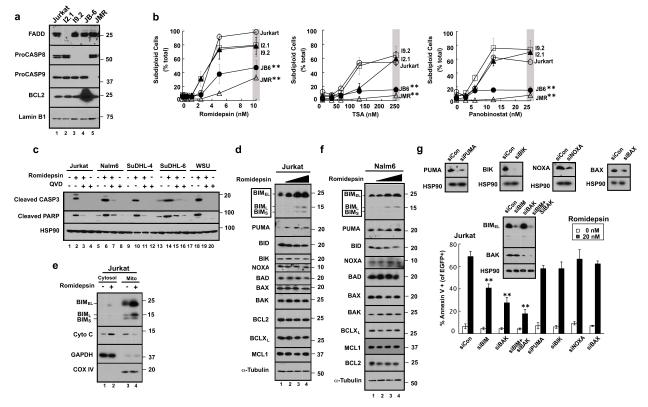


Figure S4. HDAC inhibitor-induced killing depends on BIM (related to Fig. 4). (a) Whole cell lysates from Jurkat cells or their derivatives were subjected to immunoblotting for the indicated antigens. Lamin B1 served as a loading control. (b) Jurkat and Jurkat variants were treated with the indicated concentrations of romidepsin for 72 h, TSA for 48 h or panobinostat for 48 h before staining with propidium iodide and flow microfluorimetry. Grev bars indicate the drug concentration used for t-test. (c) The indicated cells were treated with diluent (0.1% DMSO) or 20 nM romidepsin in the presence (+) or absence (-) of 5 µM Q-VD-OPh for 24 h and subjected to immunoblotting. HSP90 served as a loading control. (d and f) Western blots showing protein levels in Jurkat (d) and Nalm6 (f) cells upon treatment with romidepsin (0, 5, 10, 20 nM) in the presence 5 µM Q-VD-OPh for 24 h. (e) After Jurkat cells were treated with diluent (0.1% DMSO) or 20 nM romidepsin (+) in the presence of 5 µM Q-VD-OPh for 24 h, the indicated subcellular fractions were isolated and subjected to immunoblotting. GAPDH and cytochrome c oxidase subunit IV (COX IV) served as markers for cytosol and mitochondria. respectively. (g) 24 hours after transfection of the indicated siRNAs along with plasmid encoding EGFP-histone H2B (to mark successfully transfected cells), Jurkat cells were treated for 24 h with 20 nM romidepsin before staining with APC-conjugated annexin V and analysis by 2-color flow cytometry. Shown are the percentages of EGFP⁺ (successfully transfected) cells that are annexin V^{+} . Additional results can be found in **Fig. S5**. Above the graph are immunoblots of whole cell lysates prepared from siRNA-treated cells incubated in drug-free medium in parallel with samples harvested for flow cytometry. HSP90 served as loading control. Error bars in panels **b** and **g** indicate mean ± SD of three independent experiments. ** in panels b and g, p<0.01 relative to parental Jurkat cells (b) or siRNA control (g).

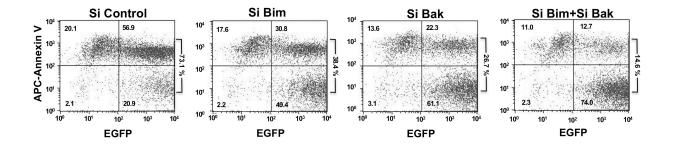


Figure S5. Effect of knockdown of BIM, BAK and BIM + BAK on romidepsin sensitivity (related to Fig. S4g). Beginning 24 h after transfection with the indicated siRNA + 5 μ g of plasmid encoding EGFP-Histone H2B, Jurkat cells were treated for 24 h with 20 nM romidepsin, stained with APC-conjugate annexin V and analyzed by two-color flow cytometry. Numbers in each quadrant indicated % of events. Numbers at right indicate % of EGFP⁺ cells that are annexin V-positive after romidepsin treatment.

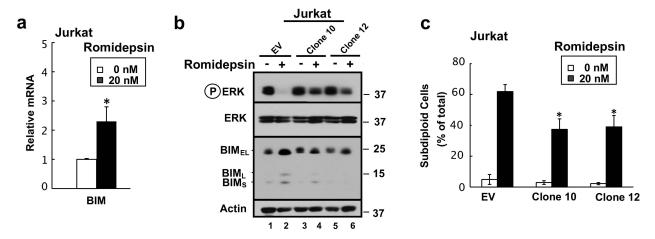


Figure S6. HDAC inhibitor-induced killing is diminished by activated MEK (related to Figs. 4 and S4). (a) After Jurkat cells were treated with diluent or 20 nM romidepsin for 24 h, BIM mRNA levels were quantified by qRT-PCR and normalized to GAPDH mRNA. (b) After Jurkat cells were transfected with empty vector (EV) or constitutively active MEK1 (clones 10 and 12) and treated with diluent (0.1% DMSO, -) or 20 nM romidepsin (+) in the presence of 5 μ M Q-VD-OPh for 24 h, whole cell lysates were subjected to immunoblotting with the indicated antibodies. (c) After the indicated clones were treated 24 h with diluent or 20 nM romidepsin, samples were stained with propidium iodide and subjected to flow microfluorimetry. Error bars in panels a and c indicate mean \pm SD of three independent experiments. *, p <0.05 relative to empty vector.

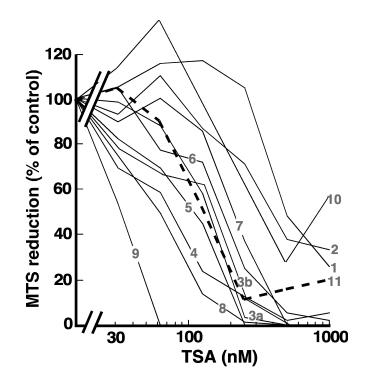


Figure S7. Effect of TSA on survival of clinical B-cell lymphoma samples *ex vivo* (related to **Fig. 7**). B-cell lymphoma specimens (solid lines) and T cell lymphoma specimens (dashed lines) were treated with the indicated concentrations of TSA for 5 days *ex vivo* and assayed for relative cell survival using MTS assays. Numbers in grey correspond to patient numbers in **Table S3**. Samples 3a and 3b came from the same patient at two points in time.