#### **Supplementary Material**

### Targeting a non-oncogene addiction to the ATR/CHK1 axis for the treatment of small cell lung cancer

Fabian Doerr<sup>1,2,3</sup>, Julie George<sup>4</sup>, Anna Schmitt<sup>1,2</sup>, Filippo Beleggia<sup>1,2</sup>, Tim Rehkämper<sup>1,2</sup>, Sarah Vierkotten<sup>1,2</sup>, Vonn Walter<sup>5,6</sup>, Jean-Philip Weber<sup>7</sup>, Roman K. Thomas<sup>4,8,9</sup>, Maike Wittersheim<sup>8</sup>, Reinhard Büttner<sup>8</sup>, Thorsten Persigehl<sup>7</sup>, H. Christian Reinhardt<sup>1,2</sup>

<sup>3</sup> Department of Cardiothoracic Surgery, University Hospital of Cologne, Cologne, Germany.

<sup>8</sup> Institute for Pathology, University Hospital of Cologne, Cologne, Germany.

<sup>&</sup>lt;sup>1</sup> Department I of Internal Medicine, University Hospital of Cologne, Cologne, Germany.

<sup>&</sup>lt;sup>2</sup> Cologne Excellence Cluster on Cellular Stress Response in Aging-Associated Diseases, University of Cologne, Cologne, Germany.

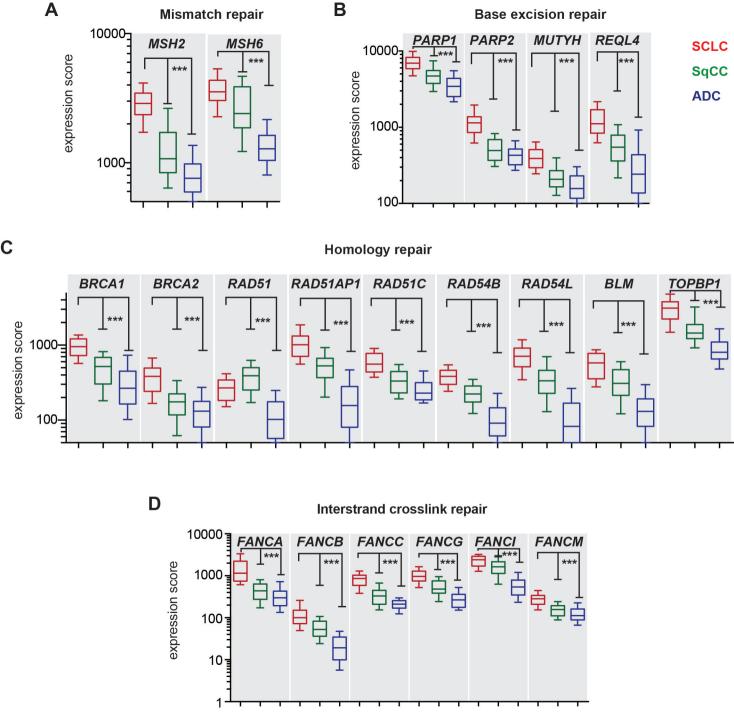
Department of Translational Genomics, Center of Integrated Oncology Cologne-Bonn, Medical Faculty, University of Cologne, Cologne, Germany.

Department of Public Health Sciences, Penn State Milton S. Hershey Medical Center, Hershey, PA, USA

<sup>&</sup>lt;sup>6</sup> Lineberger Comprehensive Cancer Center, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA.

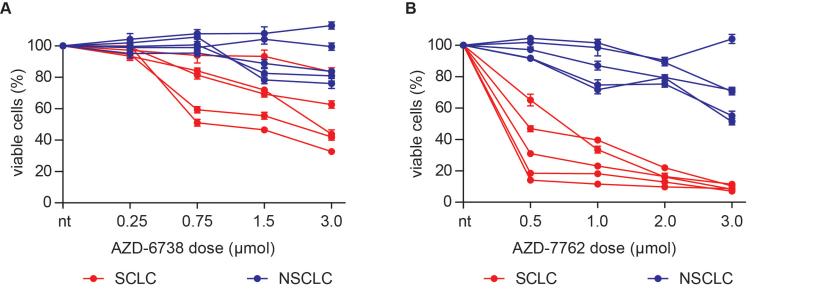
<sup>&</sup>lt;sup>7</sup> Department of Radiology, University Hospital of Cologne, Cologne, Germany.

<sup>&</sup>lt;sup>9</sup> German Cancer Research Center, German Cancer Consortium (DKTK), Heidelberg, Germany.



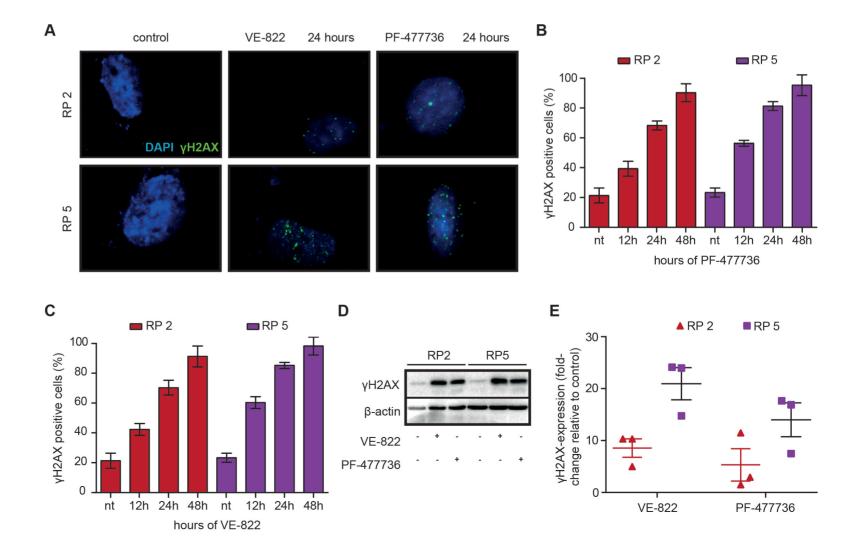
Supplementary Figure 1: SCLC displays increased mRNA expression levels of numerous genes involved in different DNA repair pathways, compared to SqCC and ADC.

Displayed are the expression levels of different genes involved in (**A**) mismatch repair (*MSH2*, *MSH6*), (**B**) base excision repair (*PARP1*, *PARP2*, *MUTYH*, *REQL4*), (**C**) homology-directed repair (*BRCA1*, *BRCA2*, *RAD51*, *RAD51AP1*, *RAD51C*, *RAD54B*, *RAD54L*, *BLM*, *TOPBP1*) and (**D**) interstrand crosslink repair (*FANCA*, *FANCB*, *FANCC*, *FANCG*, *FANCI*, *FANCM*). Expression levels are displayed as a box plots. Whiskers indicate the 10-90 percentile. \*\*\*<0.0001 (Mann Whitney test). The histological annotation of the lung tumor samples is provided in the color panel (top right).



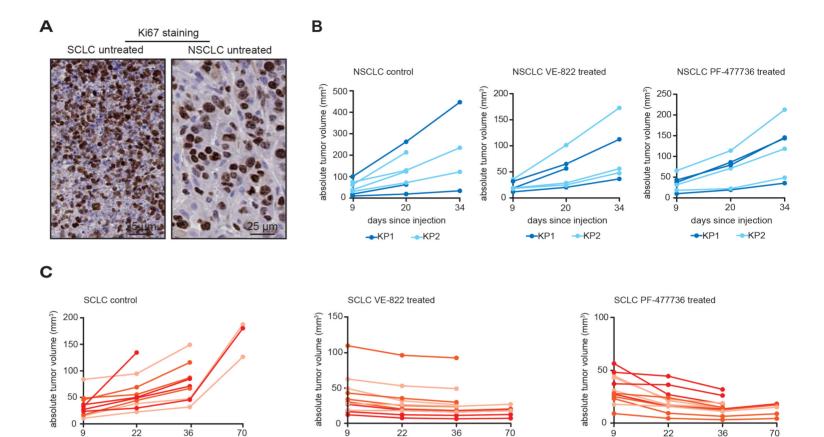
Supplementary Figure 2: Alternative ATR- and CHK1 inhibitors display similar cytotoxicity, as VE-822 and PF-477736 in SCLC cell lines.

(**A-B**) Intracellular ATP was measured to assess cell viability. Average values of three independent experiments are shown. RP cell lines were more sensitive to ATR inhibition (AZD-6738) and CHK1 inhibition (AZD-7762), than KP cell lines.



# Supplementary Figure 3: Genotoxic damage in murine SCLC cell lines following ATR- and CHK1 inhibition is independent of growth kinetics.

- (**A-C**) RP 2 and 5 cell lines were stained with an antibody detecting γH2AX and a DAPI counterstain. VE-822 and PF-477736 induced genotoxic damage in RP2 and RP5 cells.
- (A) Representative immunofluorescence images are shown for RP 2 and 5 cell lines following a 24-hour exposure to the indicated treatments.
- (**B-C**) The percentage of  $\gamma$ H2AX-positive cells was quantified. VE-822 (0.75 $\mu$ M) and PF-477736 (1.0 $\mu$ M) induced DNA damage after a drug exposure of 12, 24 and 48 hours in both RP cell lines.
- (**D-E**) Immunoblot was executed on RP 2 and 5 cell lines after VE-822 (0.75 $\mu$ M) or PF-477736 (1 $\mu$ M) treatment for 48 hours. Vehicle-treated cells served as a control.  $\beta$ -actin was used as a loading control.
- (**D**) Representative immunoblot images are shown for RP 2 and 5 cells.
- (E) The intensity of enhanced chemiluminescence signal was quantified using densitometry. RP 5 cells displayed a stronger  $\gamma$ H2AX signal, than RP 2 cells following VE-822 and PF-477736 treatment.



days since injection

→RP3 →RP4

→RP1

days since injection

→RP3 →RP4

**→**RP1

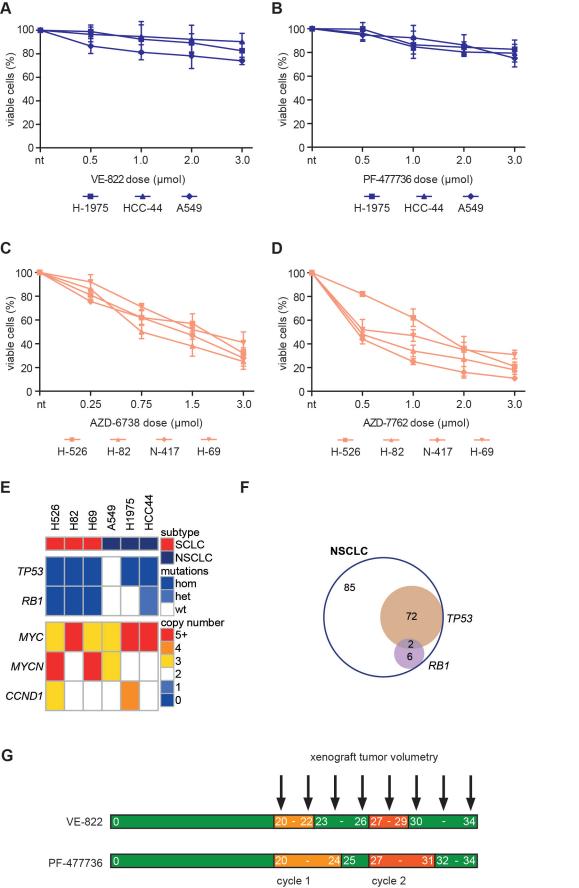
days since injection

-RP3

**→**RP1

### Supplementary Figure 4: ATR- and CHK1 inhibition is therapeutically effective in SCLC tumors, *in vivo*.

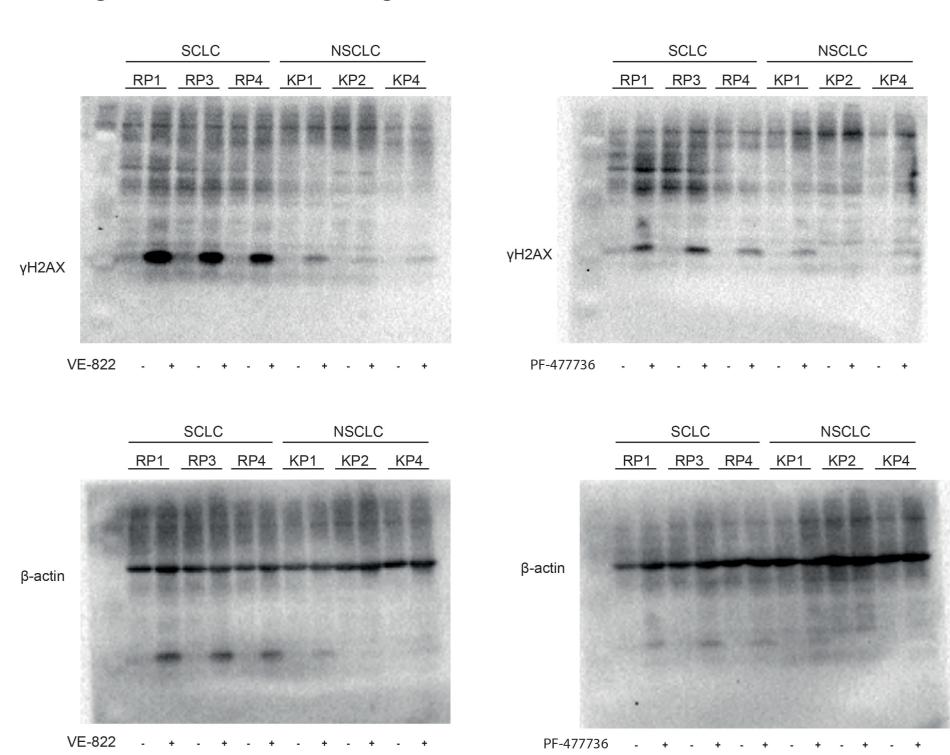
- (A) Representative images of Ki67 staining form untreated mice bearing SCLC or NSCLC tumors from the allograft model. Scale bar 25µm.
- (**B**) Absolute tumor volume is displayed in mm³ for all NSCLC-bearing mice in the vehicle-treated cohort (n=7) and in the VE-822- (n=6) and PF-477736-treated (n=6) cohort. Three animals in the vehicle-treated cohort and one animal in the VE-822-treated cohort died before completion of cycle 4.
- (**C**) Absolute tumor volume is displayed in mm³ for all SCLC bearing mice in the vehicle-treated cohort (n=10) and in the VE-822- (n=12) and PF-477736-treated (n=12) cohort. One animal in the vehicle-treated cohort died before completion of cycle 4. The post treatment phase until day 70 was survived by 15 animals (vehicle-treated n=3; VE-822-treated n=7, PF-477736-treated n=5).



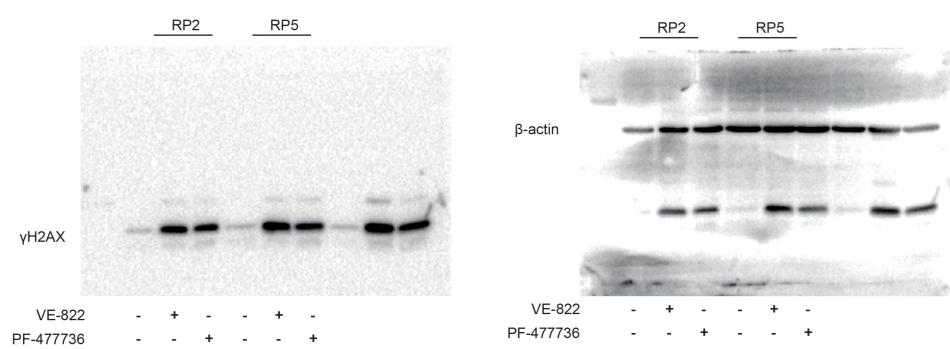
# Supplementary Figure 5: VE-822 and PF-477736 induce substantially more viability reduction in human SCLC cells, compared to human NSCLC cells.

- (**A-D**) Intracellular ATP was measured to assess cell viability. Average values of three independent experiments are shown.
- (A-B) Three different human NSCLC cell lines (H-1975, HCC-44, A549) were treated with the indicated dosages of VE-822 or PF-477736 over 48 hours. Only a mild viability reduction was observed after both treatments.
- (**C-D**) Human SCLC cell lines (H-526, H-82, N-417, H-69) are sensitive to ATR inhibition (AZD-6738) and CHK1 inhibition (AZD-7762).
- (E) *TP53* and *RB1* mutation status, as well as *MYC*, *MYCN* and *CCND1* copy number status of H526, H82, H69, A549, H1975 and HCC44 cells. Data are derived from the Catalogue Of Somatic Mutations In Cancer (COSMIC) database.
- (**F**) Re-analysis of TP53 and *RB1* mutation data derived from human NSCLC cell lines curated in the COSMIC database. Mutation frequency is represented as a Venn diagram.
- (**G**) Three different human SCLC cell lines (H-526, H-82, H-69) were transplanted into the flanks of athymic mice. For each cell line mice were allocated to a control cohort (not shown in E) and two treatment cohorts. Two cycles of treatment were applied. The VE-822 treated cohort received treatment weekly for three consecutive days at a dose of 30mg/kg by oral gavage. The PF-477736 treated cohort received treatment weekly for five consecutive days at a dose of 20mg/kg by intraperitoneal injection. Tumor volumes were assessed by serial digital caliper measurements.

### Full length membranes related to Figure 3C



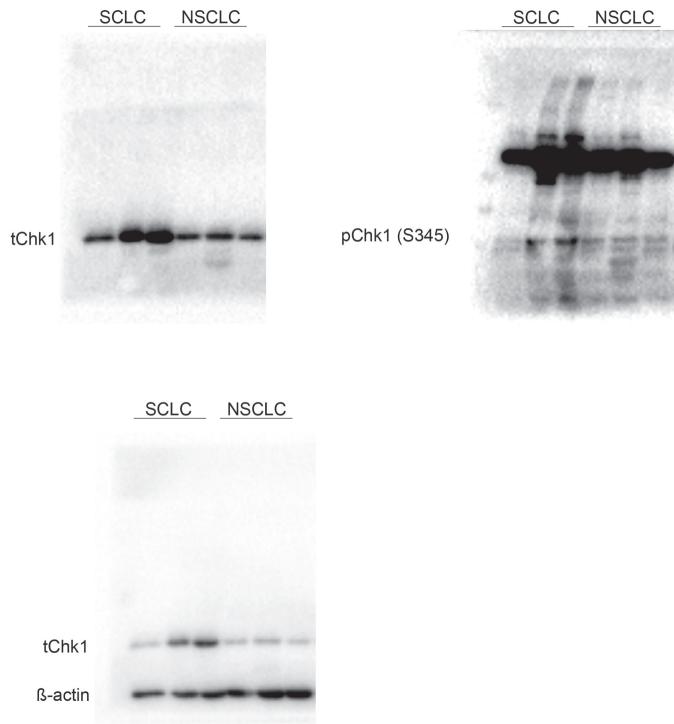
### Full length membranes related to Supplemental Figure 3D



#### Supplementary Figure 6: Original full-length blots related to Figure 3.

The original full-length immunoblots related to Figure 3C (top) and Supplemental Figure 3D are shown.

Full length membranes related to Figure 6l



#### **Supplementary Figure 7: Original full-length blots related to Figure 6.**

The original full-length immunoblots related to Figure 6I are shown.