SUPPLEMENTARY NOTE

1. Reprogramming of global epigenetic state during the evolution of distant metastasis Rapid autopsy samples were ideal to study tumor evolution

We previously collected matched primary and metastatic PDAC lesions from individual patients by rapid autopsy^{1,2}, and reported the genetic progression of subclonal evolution by whole exome and sanger sequencing for mutations³, paired-end sequencing for rearrangements⁴, and whole genome sequencing⁵ in a subset of these samples. These samples represent a unique resource especially suited to study tumor evolution, since they were collected from matched primary and metastatic tumors from the same patient(s), each has been deep sequenced, individual subclones have been identified, and no metastasis-specific driver mutations are present^{3,5,6}. From these patients, we selected a large panel of diverse PDAC samples to test for global epigenomic reprogramming during subclonal evolution. As summarized in Supplementary Table 1, these samples were chosen because they represented the diversity of PDAC evolution (different regions of primary tumor paired to peritoneal and distant metastases), each sample represented a sequence-verified (sub)clonal population, patients were both treated and untreated, driver mutations were shared by all subclones in each patient in the absence of metastasis-specific drivers, formalin-fixed tissue was available for immunoassays, frozen tissue was available for whole-genome bisulfite sequencing, and cell lines were available for all other experiments. As such, this panel of diverse rapid autopsy samples represented an ideal format to test the nature and extent of large-scale (global) epigenetic reprogramming during the evolution of PDAC progression.

2. The epigenomic landscape of PDAC progression

Reprogramming was targeted to large chromatin domains across the PDAC genome

Thousands of heterochromatin domains were detected in each sample (range: 2,008-3,166) and these were organized into large block-like segments (median lengths: 232Kb-311Kb) that

collectively occupied more than half of the genome in each subclone (average: 61.7% of the genome, range: 54.1-71.7%, Supplementary Table 3). In addition to reprogramming of H3K9me2 in LOCKs (outlined in the main text), we also detected patient-specific reprogramming of H3K9me3 from these same LOCK regions (Supplementary Fig. 4). In patient A38, H3K9me3 was largely absent from A38Lg LOCKs relative to A38Per (loss of H3K9me3 from 184/208Mb, 88.5%, p<2.2e-16). Loss of LOCK-wide H3K9me3 was also detected between the paired primary tumor subclones in patient A13 (106Mb/118Mb, 90.0% in A13Pr2 vs. A13Pr1, p<2.2e-16), and similar to western blot findings (Supplementary Fig. 1f) this change was inherited in the distant metastatic subclone (152Mb/169Mb, 90.2% in A13Lg vs. A13Pr1, p<2.2e-16).

Similar to heterochromatin, we also detected thousands of large ECDs in each sample (range: 1,935-2,318). ECDs were also partitioned into large, block-like segments (median lengths: 207Kb-277Kb) that occupied similar lengths of the genome across subclones (average: 29% of the genome; range: 23.5%-32.0%, Supplementary Table 3).

Finally, we also detected patient-specific reprogramming targeted to a unique subset of very large LOCK domains. Although these regions were situated within DNA hypomethylated blocks similar to other LOCKs^{7,8}, they differed in several other respects. First, these domains were substantially larger (median lengths: 730Kb-1,340Kb vs. 232-311Kb for other LOCKs, Supplementary Table 3). Second, they were strongly enriched with H3K9me3⁹ yet depleted of H3K9me2/H3K27me3 (Supplementary Fig. 7). Third, their abundance was patient-specific: subclones from patient A13 possessed very few of these domains (range: 50-111 domains covering 1.4-3.5% of the genome) while they occupied a much higher fraction of the A38 genome (range: 226-344 domains covering 14.5-20.6% of the genome). Finally, unlike reprogramming changes detected in other LOCKs (loss of H3K9me2/3 and DNA methylation), reprogramming in these LOCKs was characterized by loss of H3K9me3 coupled to increased

H3K9me2 and DNA methylation (Supplementary Fig. 7b-e). Finally, large LOCK domains were also prominent in the genome of normal (immortalized) human pancreatic ductal epithelial (HPDE) cells, similar to A38Per (Supplementary Fig. 7d).

3. Anabolic glucose metabolism controls epigenetic state and tumorigenicity

Selection of *CDH2* **and** *TOP2B* **for validation studies**

To functionally test the hypothesis that 6AN epigenetically regulated malignant gene expression, we selected two candidate genes for targeted in-depth validation experiments: N-cadherin (*CDH2*) and topoisomerase 2β (*TOP2B*). *CDH2* and *TOP2B* are both thought to be important for cancer progression¹⁰, are not known to be mutated in PDAC $3,11$, can be therapeutically targeted¹⁰, were recurrently over-expressed across distant metastatic and primary tumor precursor subclones by RNA-seq (Supplementary Table 7), and were selectively repressed by 6AN which we confirmed with RT-PCR (compare y-axis values between A38Per and A38Lg from Fig. 7a-b and Supplementary Fig. 15a-b). Furthermore, *CDH2* was located within a reprogrammed LOCK targeted by 6AN, and *TOP2B* was located immediately adjacent to a LOCK boundary. *CDH2* and *TOP2B* thus represented strong candidate cancer genes for validation studies on control samples and subclones that over-expressed these genes.

4. DISCUSSION

Mechanistic questions that warrant further study

These findings also raise several important but complex questions, which we are pursuing in other studies. Perhaps the most complicated pertains to the extent of epigenetic and malignant heterogeneity between subclones across patients. Just to answer this in a single patient, a combination of whole-genome mapping, RNA-seq, bioinformatics, and several downstream experimental approaches were required. We hypothesize that such heterogeneity is a function of evolutionary time: patients who present with late-stage, widely metastatic disease may

possess more epigenetic and malignant divergence between subclones in their tumors than patients who present with early-stage disease. This possibility underscores the pressing need to detect cancers early, before such malignant heterogeneity arises.

Also unclear are the precise mechanisms whereby PGD/oxPPP activity controls global epigenetic state, which may also be complex. This could be mediated through any of the known oxPPP-dependent changes in cellular metabolism, including redox balance, fatty acid biosynthesis, and/or ribose biosynthesis, any of which can affect global epigenetic state through control of metabolite cofactors that activate or inhibit entire classes of chromatin modifying enzymes¹². PGD activity itself is also complex and subject to several modes of regulation, including transcriptional over-expression¹³, post-transcriptional repression¹⁴, post-translational modification¹⁵, protein: protein interactions¹⁶, substrate availability¹⁶, feedback inhibition¹⁷, crosstalk with other pathways¹⁸, and subcellular localization including a highly conserved yet uncharacterized nuclear fraction (C. Lyssiotis, personal communication). PGD-dependence may be selected for by any of these mechanisms during the evolution of distant metastasis in different patients. To illustrate, in rapid autopsy samples PGD is over-expressed in distant metastases from some patients but not in others. However, distant metastases possess hyperactive PGD activity by *in vitro* enzymatic assays irrespective of expression levels (OGM, unpublished observations), indicating that distinct routes to PGD hyperactivity are selected for during subclonal evolution in different patients.

A final question is how global epigenetic changes are targeted to specific chromatin domains that encode gene expression changes during subclonal evolution. We hypothesize that transcription factors and chromatin modifying enzymes that directly bind these regions play major roles in targeting the reprogramming events, and several candidates were recurrently over-expressed in our RNA-seq datasets. This includes the histone demethylase *KDM1A*

(LSD1), which could be particularly important since we previously found that this enzyme

regulates LOCK reprogramming19.

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Supplementary Table 1: PDAC sample characteristics with LOCK epigenetic changes

Supplementary Table 1: PDAC sample characteristics with LOCK epigenetic changes.

Samples from patients with regional spread (peritoneal/ascites) showed relatively high global H3K9/DNA methylation as indicated by multiple assays (right two columns), while samples from patients with distant metastases showed reduced methylation across all assays, which initiated in primary tumors as indicated.

Abbreviations: Gem. (Gemcitabine), Bev. (Bevacizumab), Taxoprex. (Taxoprexin), Trox. (Troxacitabine).

Superscript Notes

- ^a Clonal origins represent phylogenetic estimates from previously collected whole-exome and whole-genome sequencing data.
- **bWestern blot data reflect densitometry percentages of H3K9me2 signals relative to A38Per** controls (cont.). Western blots are shown in Supplementary Fig. 1 and the absolute densitometry values are graphed together in Fig. 1d. ChIP-seq data reflect percent of LOCK Mb with reduced H3K9me2 relative to A38Per controls (cont.), as detailed with Mb and RPKM values in Supplementary Table 3. WGBS data reflect percent of DNA methylation within LOCKs relative to A124Pr controls (tissues) and A38Per controls (cell lines) as shown in Supplementary Tables 5 and 6.
^c This metastasis from a chemotherapy-treated patient had a missense mutation in *SMARCA2*
- of unclear significance.
- d These cell lines were not from the rapid autopsy cohort and rely on previously published genotyping data which may underestimate the driver mutations.
- ^e The A32O cell line was isolated from an omental mass lesion in a patient with very aggressive disease including widespread lung metastases, and showed findings similar to the other distant (lung/liver) metastatic subclones.

Supplementary Table 5. Percent CpG Methylation levels across LOCK domains detected in cell lines by WGBS. DNA methylation levels were highest for the peritoneal subclone A38Per across cell lines. Methylation was significantly reduced in distant metastases from the same patient (A38Lv, A38Lg) and in primary tumor precursors (A13Pr1/2) and the matched lung metastasis from patient A13. P-values were calculated with paired wilcox tests using a 3% threshold.

Supplementary Table 6. Percent CpG Methylation levels across LOCK domains detected in frozen tissue samples by WGBS. DNA methylation levels were relatively high in both primary tumor and metastatic tumors from patient A124, who presented with peritoneal carcinomatosis. Similar high levels of DNA methylation were also detected in the founder clone from patient A125, which were significantly reduced in the primary tumor subclone that seeded distant metastases and in the liver metastases themselves. P-values were calculated with paired wilcox tests using a 3% threshold.

Supplementary Table 8: GO analysis of DE genes that were up-regulated from reprogrammed LOCKs in A38Lg, relative to A38Per. Genes involved in redox balance (oxidation-reduction, NADP) and EMT (cell adhesion, migration) were up-regulated from reprogrammed DE genes in LOCKs.

Supplementary Table 9: GO analysis of DE genes that were down-regulated from reprogrammed LOCKs in A38Lg, relative to A38Per. Genes involved in differentiation state (cell adhesion, development, epithelial genes), immune regulation (immune response, cytokines, inflammation), and response to environmental cues (transmembrane signaling, extracellular matrix, secretion, locomotion) were down-regulated from reprogrammed LOCKs.

Supplementary Table 10: GO analysis of DE genes that were up-regulated from reprogrammed ECDs in A38Lg, relative to A38Per. Genes involved in post-translational modifications, cell cycle control, DNA repair, response to stress, and DNA/RNA/protein biosynthesis were up-regulated from reprogrammed ECDs.

Supplementary Table 11: GO analysis of DE genes that were down-regulated from reprogrammed ECDs in A38Lg, relative to A38Per. Genes involved in oncogenic signal transduction cascades (Sh3 domains, transmembrane proteins, kinases, Ras signaling), cell motion (wounding, migration, locomotion), and cell death control (apoptosis) were downregulated from reprogrammed ECDs.

Supplementary Table 12: GO analysis of genes that were both recurrently over-expressed in distant metastases and down-regulated by 6AN, detected by RNA-seq.

Supplementary Table 13: GO analysis of recurrently over-expressed genes detected by RNAseq in distant metastatic subclones and primary tumor precursors, relative to peritoneal carcinomatosis.

Supplementary Table 14: GO analysis of DE genes detected by RNA-seq that were downregulated in response to 6AN, compared to DMSO control cells (A38Lg subclone).

Supplementary Table 15. Antibodies and conditions used for western blots, immunostain, and ChIP experiments.

Supplementary Table 16. Real-time PCR primer sequences used for ChIP-qPCR and RT-PCR experiments.