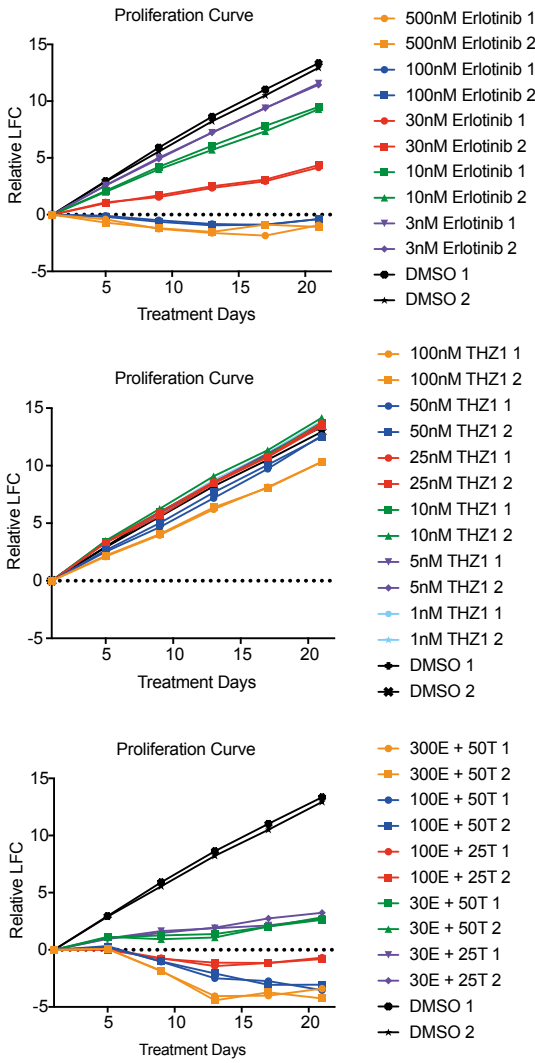
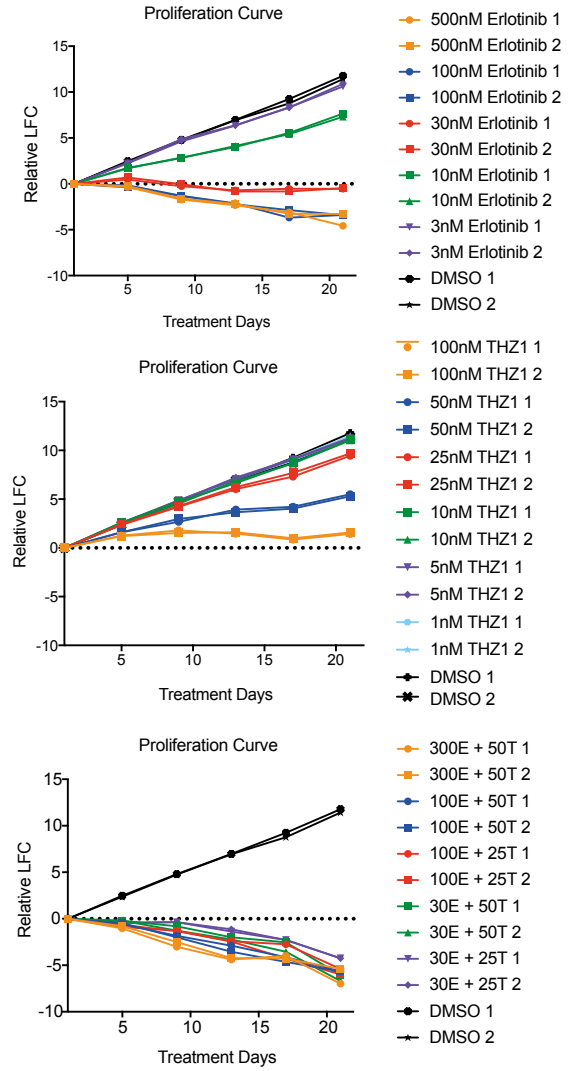


A PC9 cells



HCC827 cells



B

PC9 cells (day6)

	GFP (+)	GFP (-)
parental	1.72	98.3
PLX311(Cas9) (-), pXPR_011	94.4	5.61
PLX311(Cas9) (+), pXPR_011	1.81	98.2

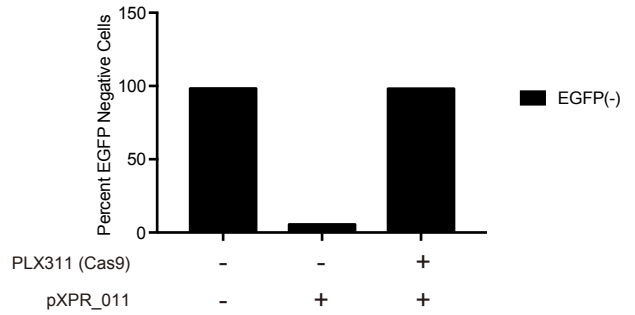
HCC827 cells (day6)

	GFP (+)	GFP (-)
parental	0	100
PLX311(Cas9) (-), pXPR_011	82.8	17.2
PLX311(Cas9) (+), pXPR_011	27.4	72.6

HCC827 cells (day14)

	GFP (+)	GFP (-)
parental	0	100
PLX311(Cas9) (-), pXPR_011	92.5	7.5
PLX311(Cas9) (+), pXPR_011	7.1	92.9

PC9 Cas9 Activity Assay



HCC827 Cas9 Activity Assay

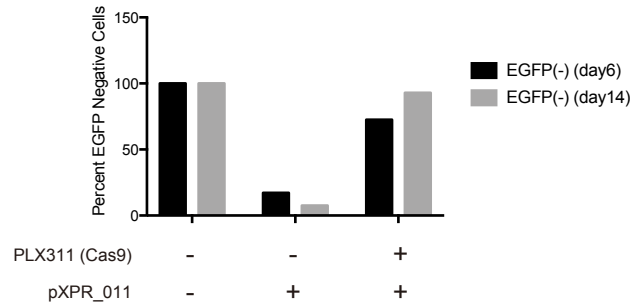
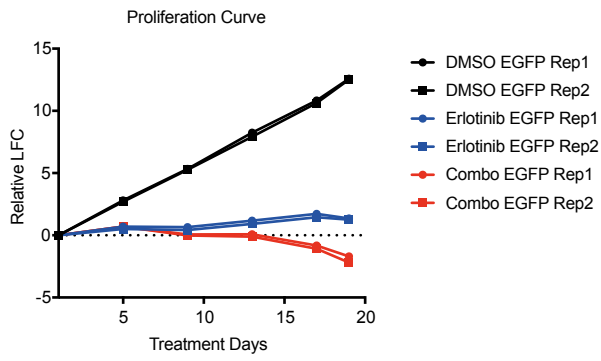
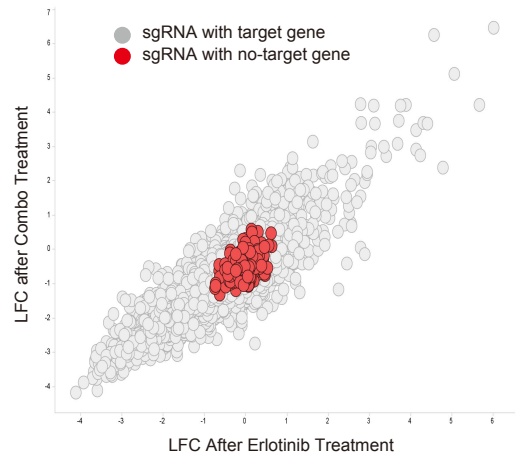


Figure S1

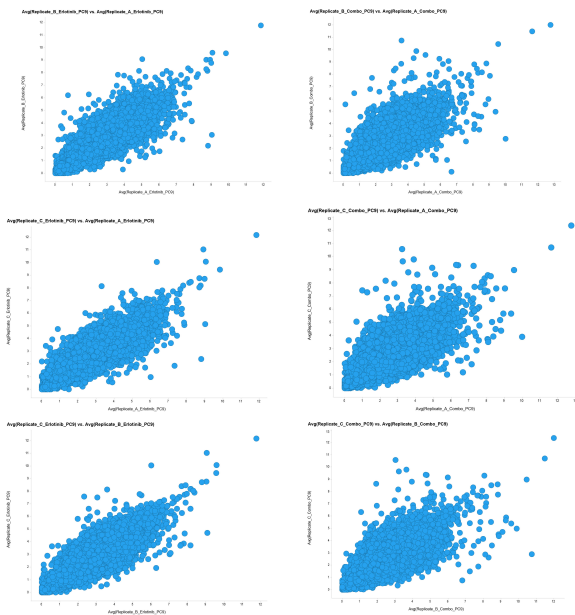
A



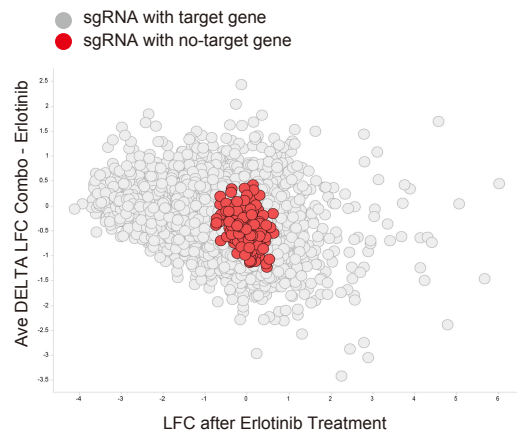
B



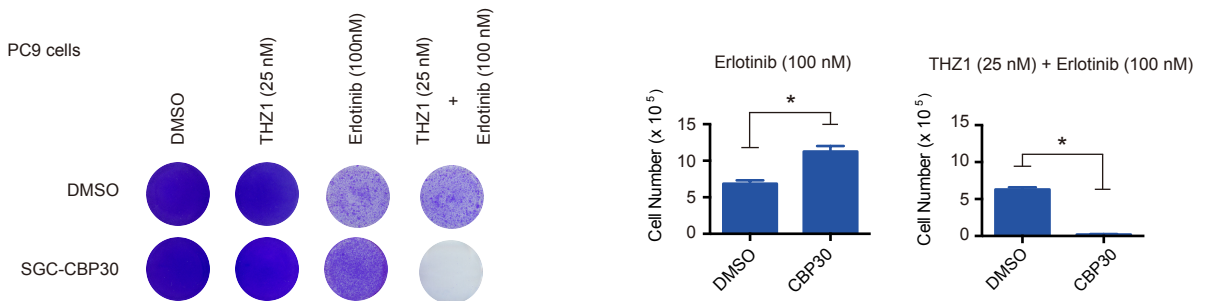
D



C



E



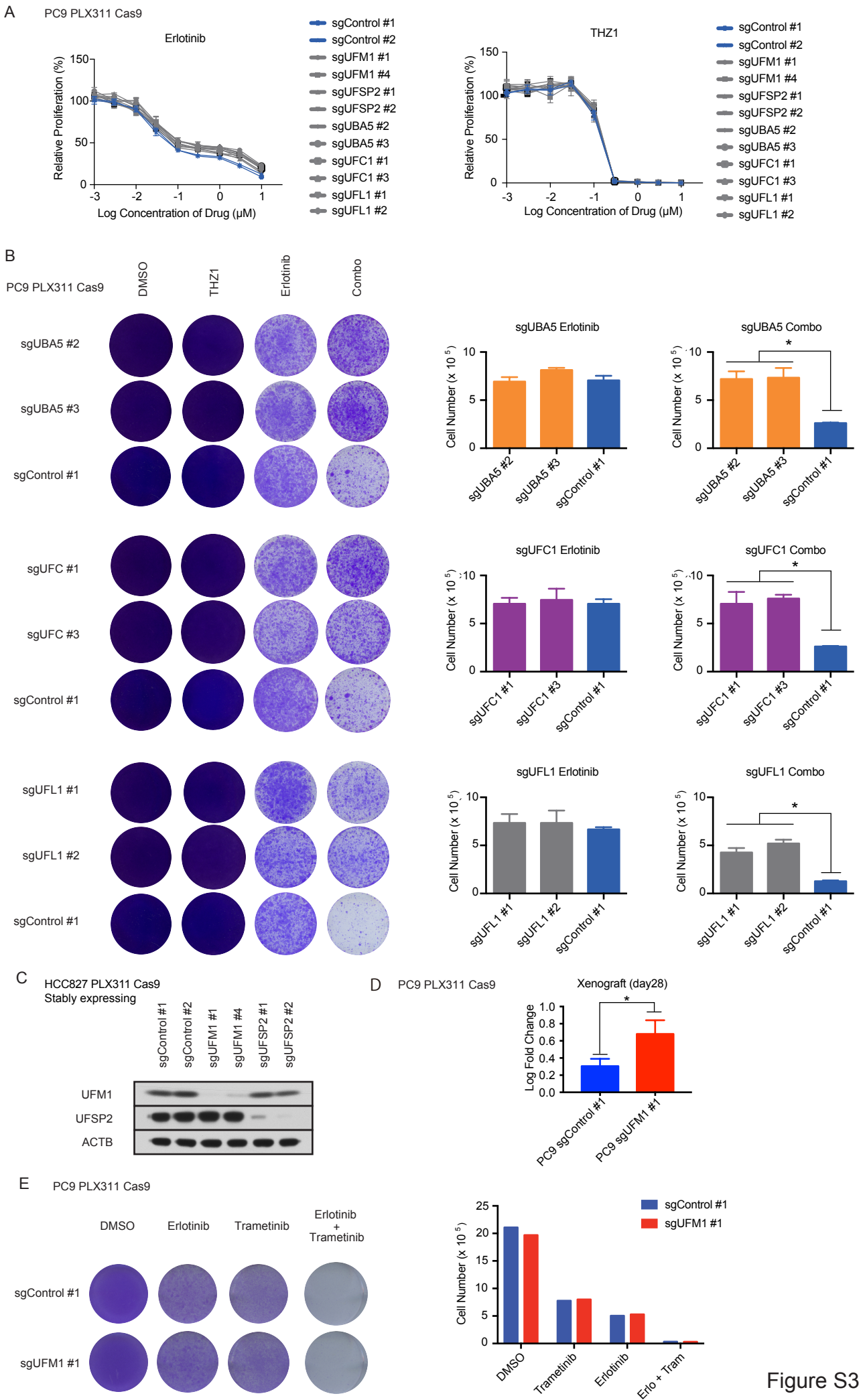


Figure S3

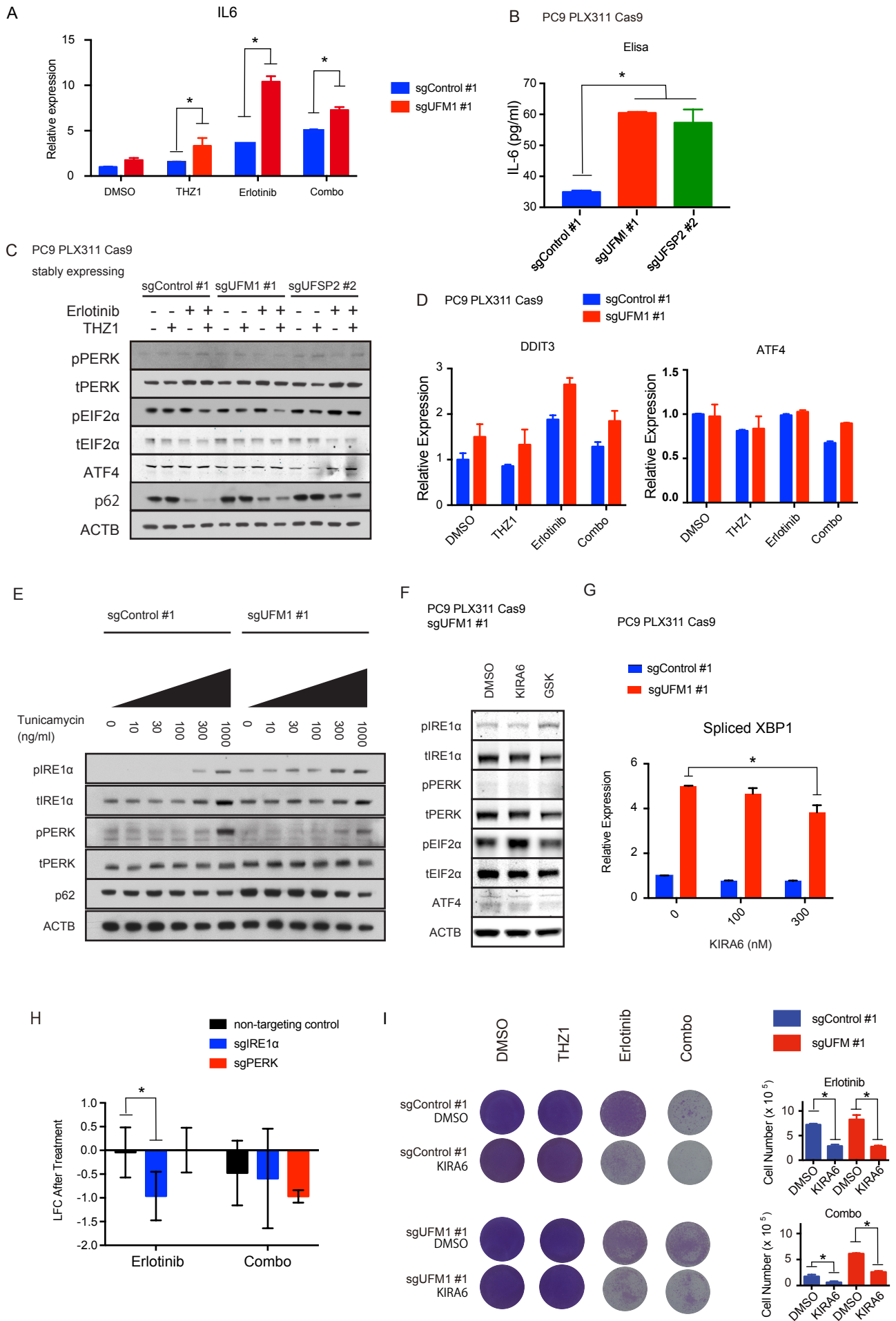
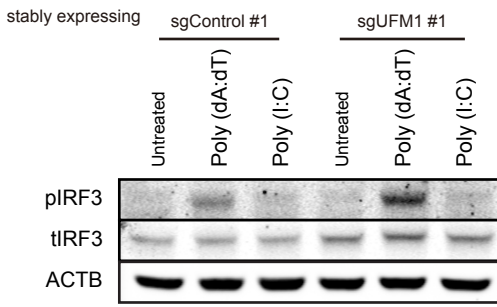
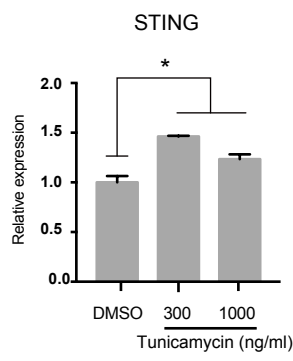


Figure S4

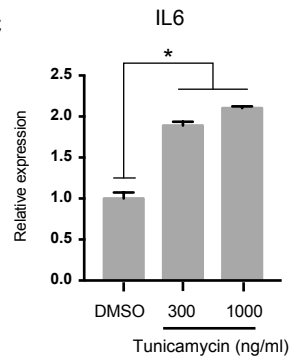
**A** PC9 PLX311 Cas9



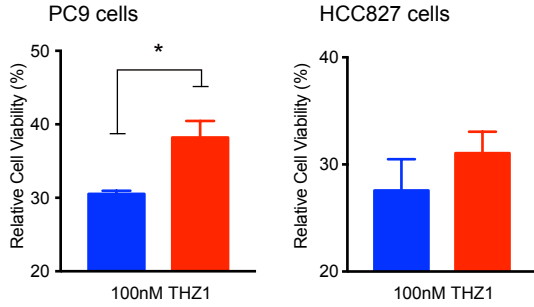
**B**



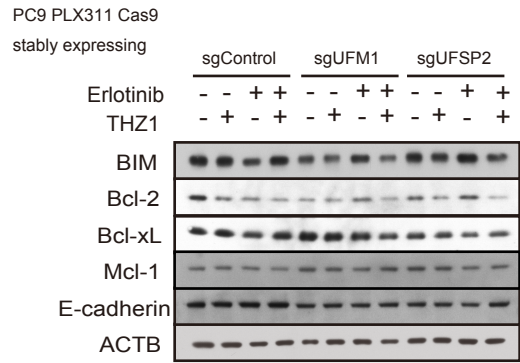
**C**



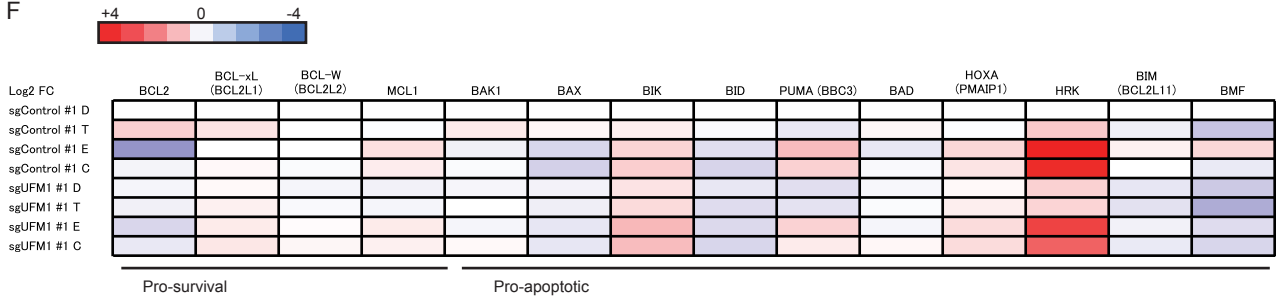
**D** Erlotinib + DMSO Pretreated Erlotinib + Tunicamycin Pretreated



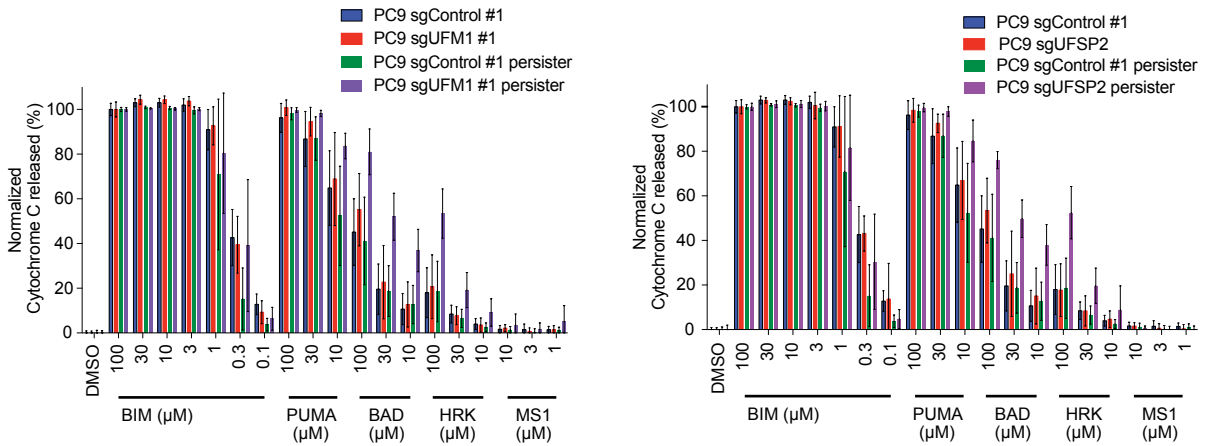
**E**



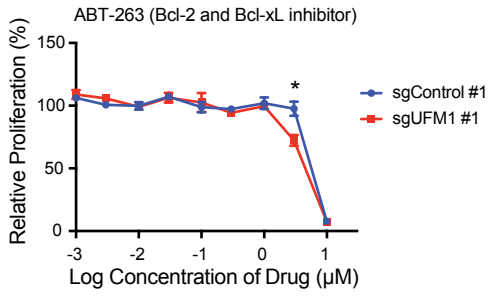
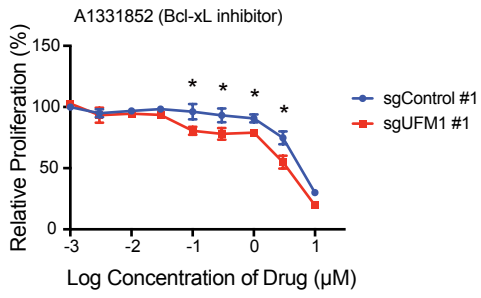
**F**



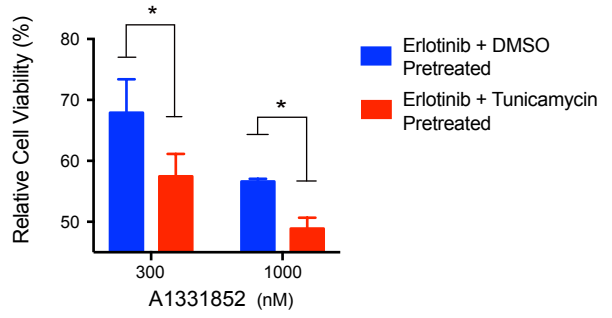
**G**



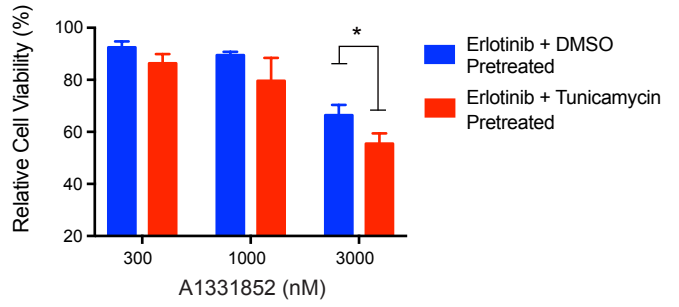
A HCC827 cell



B PC9 cells



C HCC827 cell



## Figure legends for supplementary figures

### Figure S1 Preparation experiments for CRIPSR screening

A) Proliferation curves of PC9 cells or HCC827 cells infected with EGFP expressing plasmid under the indicated concentration of drugs (DMSO (D), erlotinib (E), THZ1 (T)) treatment. Experiments have been performed in duplicate. Cell number was counted by Vi-cell counter every 4 days. B) Cas9 activity assay with PLX311 Cas9 expressing plasmid infected PC9 cell and HCC827 cell. Each bar indicates the percentage of the EGFP negative cell population.

### Figure S2 Quality control of the result of CRISPR screening.

A) Proliferation curves of PC9 cells infected with EGFP expressing plasmid. Experiments were performed simultaneously with genome wide CRISPR screen experiment. Cells were treated with DMSO, 100 nM erlotinib or 100 nM erlotinib + THZ1 (combo). Experiments were performed in duplicate. B, D) Scatter plots for the results of CRISPR screen. The dots indicate non-targeting control sgRNAs were emphasized with dots in red color. C) Correlation plots between each replicate in the indicated treatment condition. E) Colony formation assay results with EP300 inhibitor SGC-CBP30 (5 $\mu$ M). PC9 cells were incubated with DMSO, low dose THZ1 (25nM), Erlotinib (100 nM) or Combo with or with out sub-lethal dose of SGC-CBP30 for 18 days.

Figure S3 Validation experiments with PC9 or HCC827 cells transduced sgRNAs targeting ufmylation

A, Drug sensitivity assay was performed with ufmylation genes depleted PC9 cells. Relative proliferation was measured by cell titer glo assay on day 4 after indicated drug treatment. B) UBA5, UFC1 or UFL1 depleted or control sgRNA infected PC9 cells were treated with DMSO, 50nM THZ1 (THZ1), 100nM erlotinib (Erlo) or 50nM THZ1 + erlotinib (Combo) for 18 days. C) Immunoblotting analysis showed the protein expression of UFM1 or UFSP2 of UFM1 or UFSP2 deleted HCC827 cells. D) The fold change of combo treated PC9 xenograft tumors compared with untreated xenograft tumors at day 28th. PC9 cells were transduced indicated sgRNAs. E) PC9 cells transduced sgUFM1 #1 or sgControl #1 were incubated with DMSO, trametinib (30nM), erlotinib (100nM) or combo for 18 days. After treatment, cell number was counted by Vi-cell counter at day 18 to quantify the proliferation.

Figure S4 ER stress pathway response involve in the phenotypic change of the PC9 cells in the absence of ufmylation

A) RNA-seq result of IL-6 expression levels in PC9 cells transduced indicated sgRNAs incubated with indicated drugs for 48 hr. B) Elisa experiment of IL6 expression in UFM1 or UFSP2 deleted PC9 cells and control PC9 cells. C) Immunoblotting analysis of indicated sgRNA infected PC9 cells. Lysates were extracted from the cells after 72 hr indicated drug treatment. D) qRT-PCR of DDIT3 or ATF4 in PC9 cells transduced indicated sgRNAs. E) Immunoblotting analysis with UFM1 depleted or control PC9 cells. Cells were incubated with indicated concentration of Tunicamycin for 24 hr before protein extraction. F) Immunoblotting analysis of downstream pathway gene proteins of unfolded protein pathway. Cells were treated with DMSO, IRE1 $\alpha$  kinase inhibitor KIRA6 (100 nM) or PERK inhibitor GSK2606414 (300 nM). G) qRT-PCR of SQSTM1 in UFM1 or control sgRNA infected PC9 cells after incubated with KIRA6. H) Curated results of CRISPR screen of non-targeting control sgRNAs (n=1000), sgIRE1 $\alpha$  (n=4) and sgPERK (n=4). Each bar indicates the log fold change



after indicated treatment. I) PC9 cells were treated with DMSO, THZ1, erlotinib or combo ± KIRA6 (100 nM) for 18 days. After treatment, cell number was counted by Vi-cell counter at day 18 to quantify the proliferation.

Figure S5 Inflammation pathway activation affect the status of cancer cells through modifying the apoptosis pathway.

A) Immunoblotting analysis of indicated proteins. Cells were incubated 3 hr with 1 µg/ml of poly (dA:dT) or poly (I:C) before protein extraction. B), C) qRT-PCR of STING or IL6 in PC9 cells after 24 hr tunicamycin treatment. D) Relative cell viability after 96 hr of 100nM THZ1 treatment in PC9 cells or HCC827 cells. Cells were pre-treated with 100nM erlotinib plus DMSO or 30 ng/ml tunicamycin for 24 hr. E) Immunoblotting analysis of UFM1 or UFSP2 deleted PC9 cells. Proteins were extracted after 72hr incubation with media contains indicated drugs. F) E) Curated RNA-seq data about pro-apoptotic and anti-apoptotic pathway genes. Cells were treated with DMSO (D), 50nM THZ1 (T), 100nM erlotinib (E) or 50nM THZ1 plus 100nM erlotinib (C) for 48 hr. Values shown are log<sub>2</sub> fold change after each treatment normalized by DMSO treatment. G) BH3 profiling was performed to show the alteration of mitochondrial permability of PC9 cells after variety of BH3 peptide incubation.

Figure S6 Bcl-xL dependency in the cells with increased ER stress

A) Drug sensitivity assay of indicated drugs in PC9 cells transduced indicated sgRNAs. B), C) Relative cell viability after 96 hr of indicated concentration of A1331852 treatment in PC9 cells or HCC827 cells. Cells were pre-treated with 100nM erlotinib plus DMSO or

30 ng/ml tunicamycin for 24 hr.