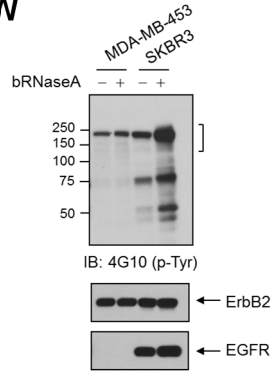
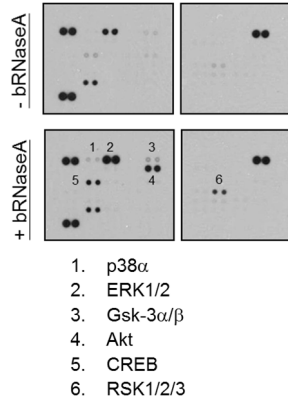
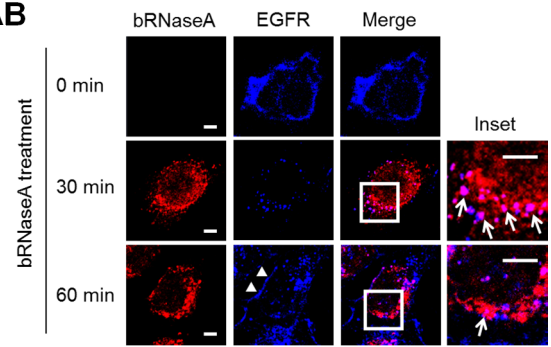
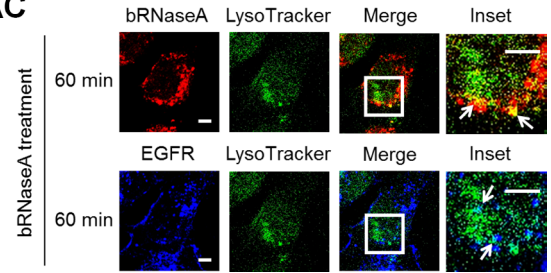
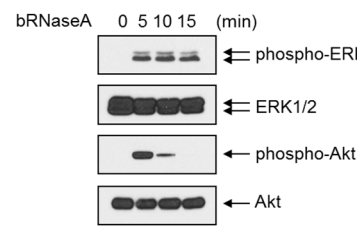
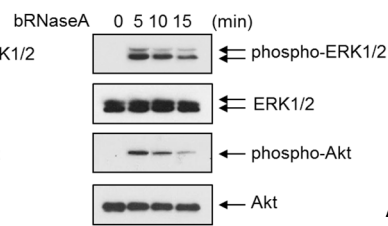
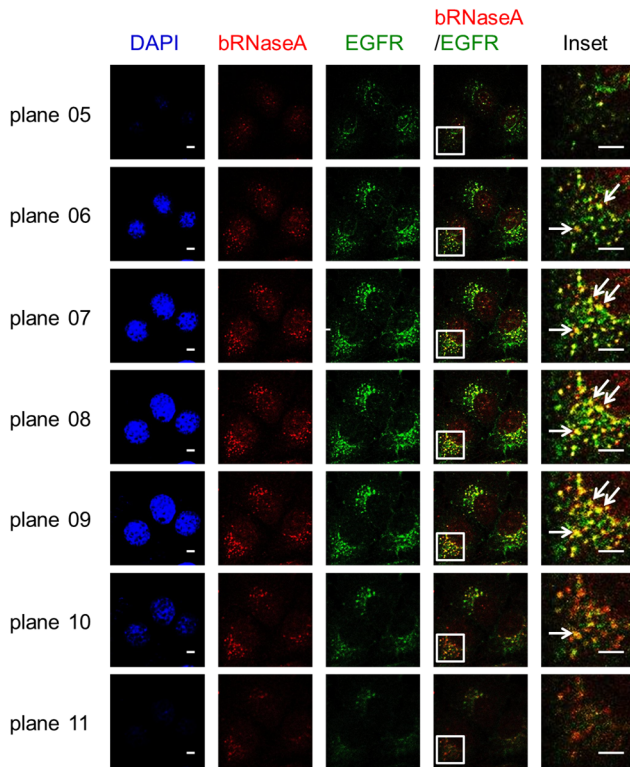
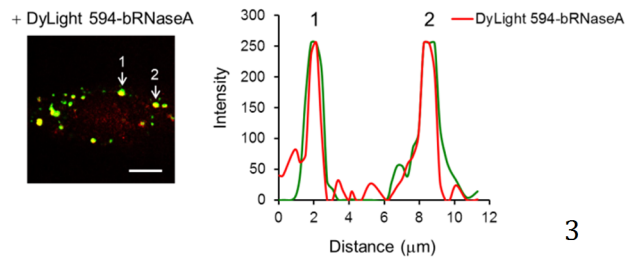
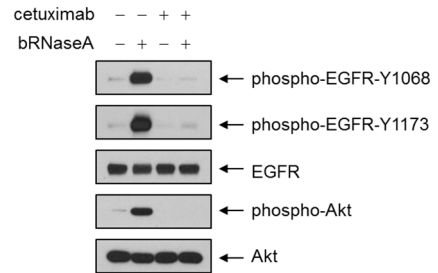
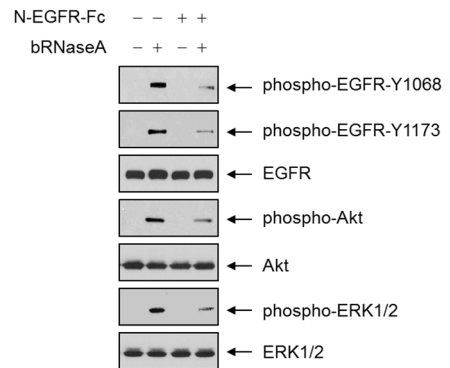
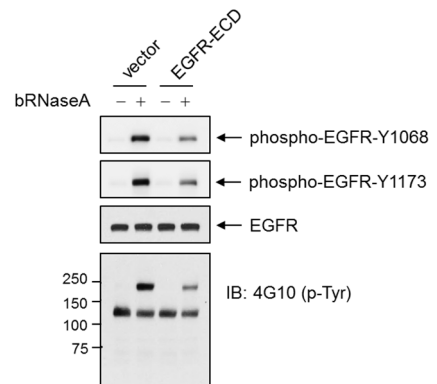


W**X****AB****AC****Y** HeLa cellsAsPC-1**Z****AA****AD****AE****AF**

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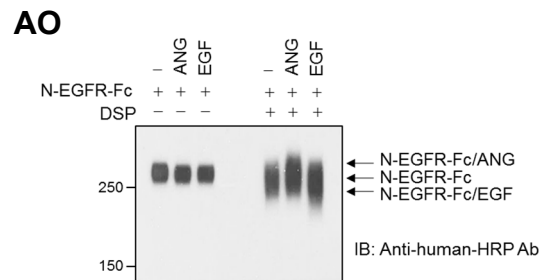
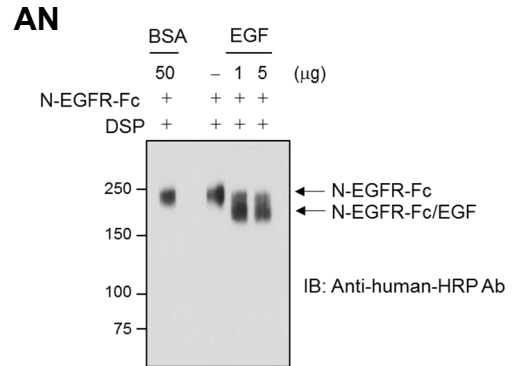
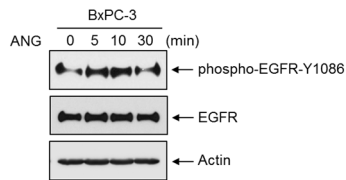
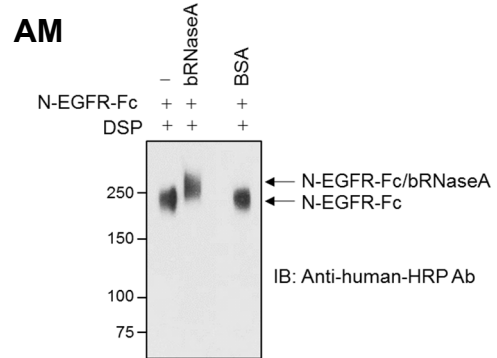
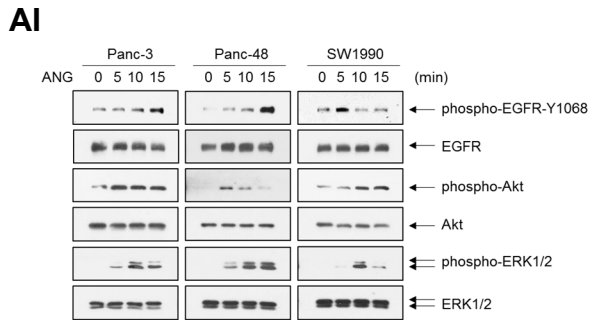
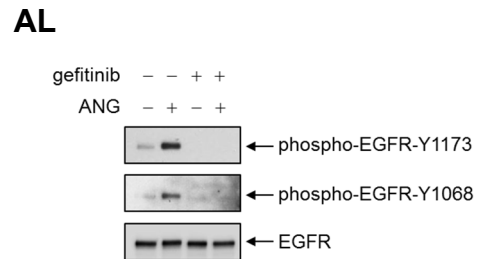
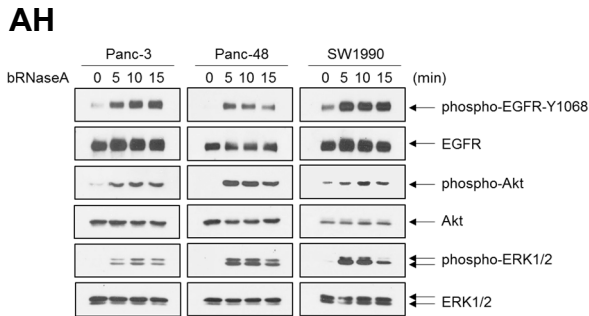
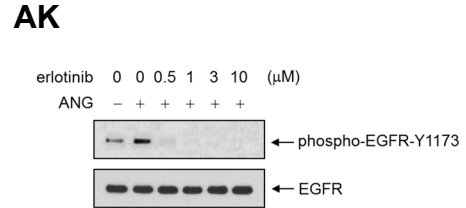
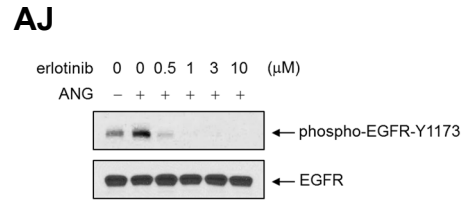
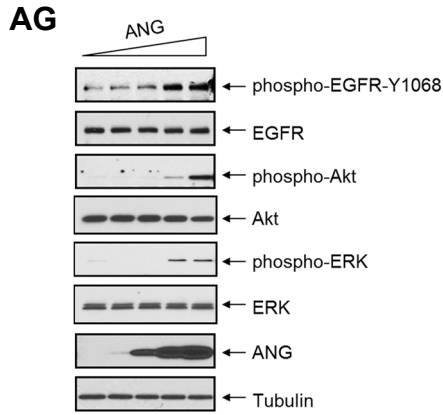


Figure S1. bRNaseA and ANG associate with EGFR and induce EGFR signaling cascades.

Related to Figure 1.

(A) Detection of bRNaseA enzyme activity, at 50 pg/ml, using an RNaseAlert[®] Lab Test kit monitored by a real-time fluorometer.

(B) Sedimentation pattern of p68 RNA helicase, a RNA binding protein as a positive control, through linear 10-40% (top-bottom) sucrose gradients.

(C) Images showing morphological changes in pancreatic cells treated with bRNaseA (100 µg/ml) for 2 days. Bar, 100 µm.

(D) Images showing morphological changes in HeLa cells treated with bRNaseA at the indicated concentrations for 1 day. Bar, 100 µm.

(E) Images showing morphological changes in H226 (lung) and SkOV3 (ovarian) cancer cells treated with bRNaseA (100 µg/ml) for 2 days. Bar, 100 µm.

(F–H) IB of AsPC-1 (F), Panc-1 (G), and HeLa (H) cells treated with bRNaseA (100 µg/ml) at various time points and probed with the indicated EMT antibodies.

(I) Wound healing assay of HeLa cells treated with bRNaseA (100 µg/ml) at the indicated time points. Bar, 200 µm. The distance of the wound gaps was determined by using the ImageJ software program (version 1.38x; National Institutes of Health) and normalized against the width at time 0, which was plotted diagrammatically in the right panel. Error bars represent SD. * $p < 0.05$; ** $p < 0.01$, Student's *t*-test.

(J) Top, representative images of migration (in transwells) and invasion (in matrigel-coated invasion chambers) of HeLa cells treated with bRNaseA at various concentrations for 3 days. Bar, 500 µm. Bottom, quantification of cell migration and invasion. Error bars represent SD. * $p < 0.05$; ** $p < 0.01$, Student's *t*-test.

(K and L) Cell counting, measured by a Coulter[®] Particle Counter (Beckman Coulter) of MDBK (K) and HeLa (L) cells treated with bRNaseA at various concentrations for 3 days. Error bars represent SD. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$, Student's *t*-test.

(M) Cell viability assay of HeLa cells treated with various concentrations of bRNaseA. Absorbance was measured at 595 nm with a reference wavelength of 650 nm.

(N) IB of HeLa cells treated with bRNaseA (100 $\mu\text{g/ml}$) at the indicated time points and probed with a phospho-tyrosine (p-Tyr) antibody.

(O–Q) IB of pancreatic (O), breast, ovarian, and lung cancer cells (P), and bovine MDBK cells (Q), treated with bRNaseA (100 $\mu\text{g/ml}$ or the indicated concentrations) for 5 min and probed with a p-Tyr antibody.

(R) Human phospho-RTK antibody array analysis of HeLa (left) and AsPC-1 (right) cells treated with or without EGF (50 ng/ml) for 5 min.

(S) Human phospho-RTK antibody array analysis of AsPC-1 cells treated with or without bRNaseA (100 $\mu\text{g/ml}$) for 5 min.

(T) IB of HeLa (left) and AsPC-1 (right) cells treated with bRNaseA (100 $\mu\text{g/ml}$) at various time points.

(U and V) IB of HeLa cells transfected with individual small interfering RNAs (siRNAs) against EGFR and ErbB2 (U) and EGFR-deficient HeLa stable transfectants expressing small hairpin RNA (shRNA) targeting EGFR (V) in the presence or absence of bRNaseA (100 $\mu\text{g/ml}$).

(W) IB of MDA-MB-453 and SKBR3 cells treated with or without bRNaseA (100 $\mu\text{g/ml}$).

(X) Human phospho-kinase antibody array analysis of AsPC-1 cells treated with or without bRNaseA (100 $\mu\text{g/ml}$) for 5 min.

(Y) IB of HeLa (left) and AsPC-1 (right) cells treated with bRNaseA (100 $\mu\text{g/ml}$) at different

time points.

(Z) Confocal microscopy of HeLa cells stained with DAPI (blue), bRNaseA (red), or EGFR (green) antibodies. A single cell was dissected into 32 focal sections with a thickness of 0.5 μm each. The nucleus spanned between focal plans 04-12. Co-localization of EGFR and bRNaseA, as indicated by the yellow signals in the merged images, is shown from plans 06-10 in the insets (white arrows). Insets, enlargements of the boxed areas (10.0 \times magnification). Bar, 5 μm .

(AA) Intensity profile of two yellow signals (arrows in the merged image) as shown in inset 1 in Figure 1H. Bar, 5 μm .

(AB) Confocal microscopy of HeLa cells stained with bRNaseA (red) and EGFR (blue) antibodies. Insets, enlargements of the boxed areas (7.0 \times magnification). Bar, 5 μm .

(AC) Confocal microscopy of HeLa cells stained with LysoTracker (green) and bRNaseA (red) or EGFR (blue) antibodies. Insets, enlargements of the boxed areas (7.0 \times magnification). Bar, 5 μm .

(AD) IB of HeLa cells pretreated with cetuximab (10 $\mu\text{g/ml}$) at 4 $^{\circ}\text{C}$ for 1 hr and followed by bRNaseA stimulation (100 $\mu\text{g/ml}$).

(AE) IB of HeLa cells pre-incubated with or without N-EGFR-Fc in the presence or absence of bRNaseA (100 $\mu\text{g/ml}$).

(AF) IB of HeLa cells transfected with empty vector and the extracellular domain of EGFR (EGFR-ECD) in the presence or absence of bRNaseA (100 $\mu\text{g/ml}$).

(AG) IB of HeLa cells treated with increasing concentrations (0.2, 0.5, 1, 2 $\mu\text{g/ml}$) of ANG for 5 min.

(AH and AI) IB of pancreatic cancer cells treated with bRNaseA (100 $\mu\text{g/ml}$) (AH) or ANG (1 $\mu\text{g/ml}$) (AI) at the indicated time points.

(AJ and AK) IB of AsPC-1 (AJ) and Panc-1 (AK) cells pretreated with erlotinib (10 μ M), followed by ANG (1 μ g/ml) treatment for 5 min.

(AL) IB of HeLa cells pretreated with gefitinib (10 μ M), followed by ANG (1 μ g/ml) treatment for 5 min.

(AM and AN) In vitro binding assay of N-EGFR-Fc with bRNaseA (AM) or EGF (AN) cross-linked with [dithiobis(succinimidylpropionate)] (DSP) followed by IB under a non-reducing and non-denaturing condition. BSA serves as a negative control.

(AO) In vitro binding assay of N-EGFR-Fc with ANG or EGF cross-linked with or without DSP followed by IB under a non-reducing and non-denaturing condition.

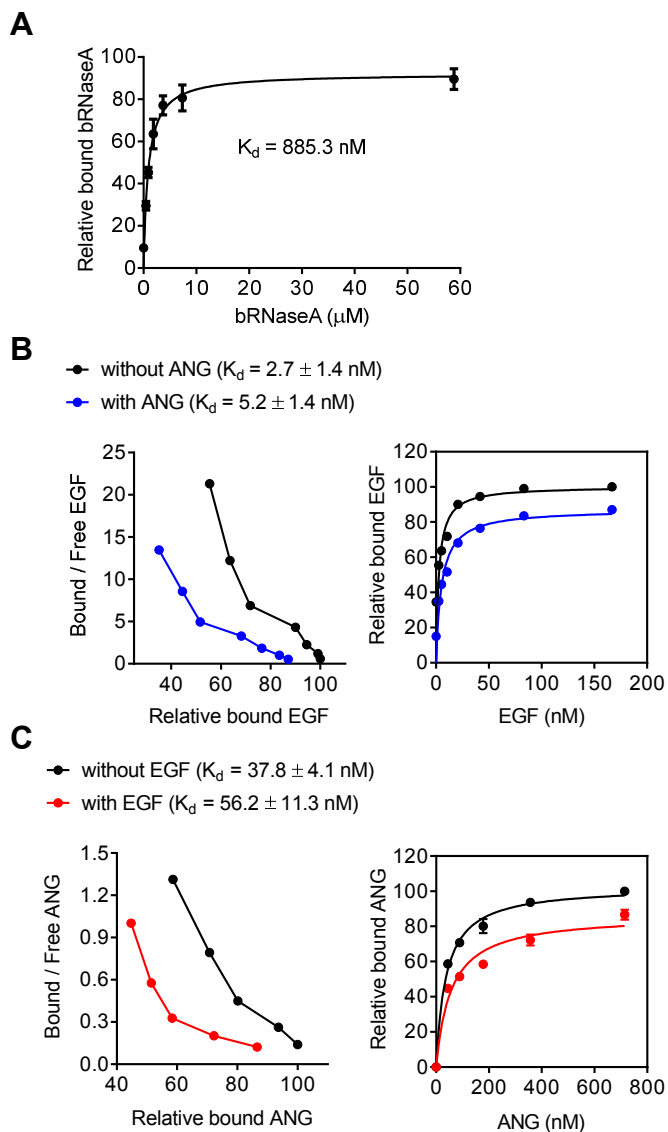


Figure S2. ANG competes with EGF for EGFR binding. Related to Figure 2.

(A) Saturation binding assay of the K_d value determination for bRNaseA binding toward EGFR in A431 cell lysates.

(B) Scatchard plot (left) and binding curves (right), which measured EGFR-EGF binding affinity of A431 cells with or without ANG (5 $\mu\text{g/ml}$ equivalent to 357.14 nM) treatment.

(C) Scatchard plot (left) and binding curves (right), which measured EGFR-ANG binding affinity of A431 cells with or without EGF (300 ng/ml equivalent to 50 nM) treatment.

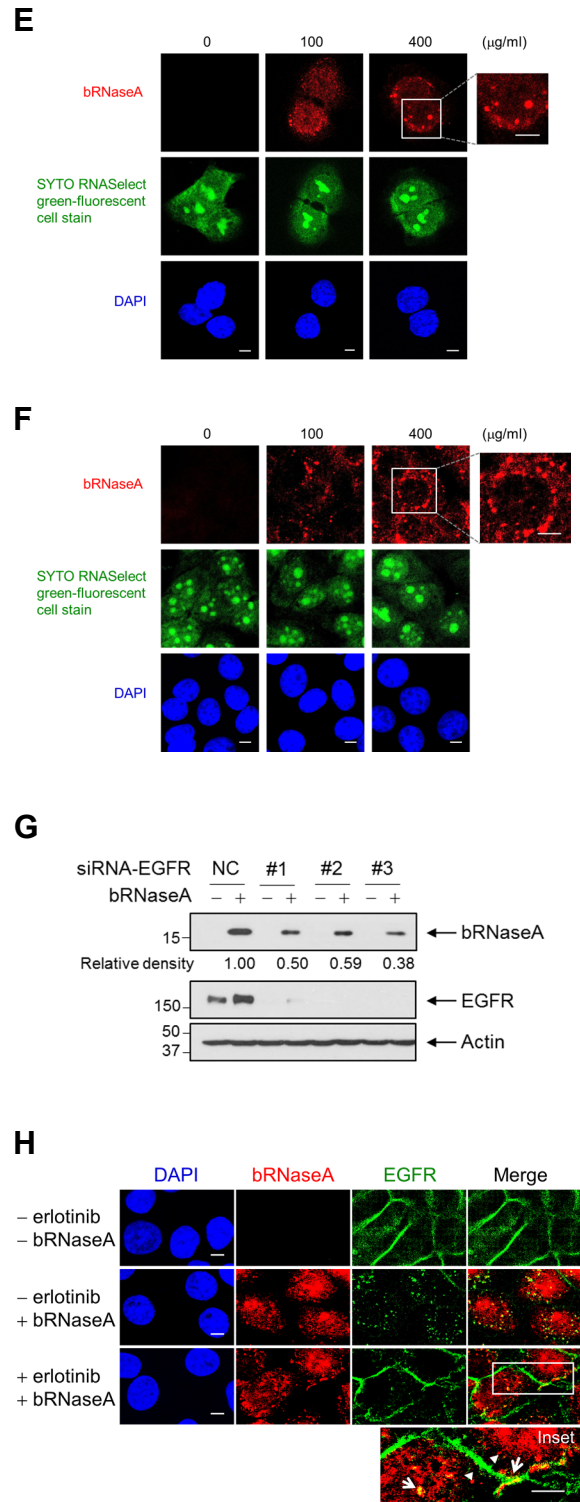
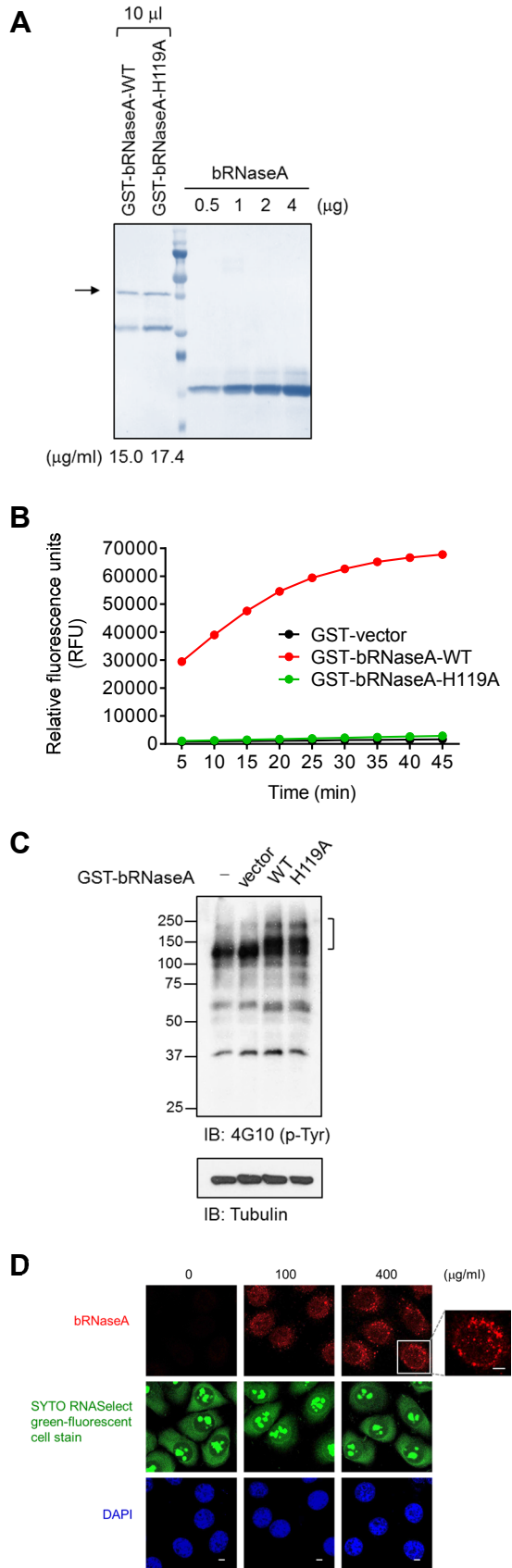


Figure S3. Catalytic activity of RNase is not required for activation of and binding to EGFR. Related to Figure 3.

(A) Coomassie blue staining of GST-tagged plasmids and increasing amounts of recombinant bRNaseA.

(B) Detection of RNase enzyme activity of the indicated plasmids with use of an RNaseAlert[®] Lab Test kit monitored by a real-time fluorimeter.

(C) IB of HeLa cells treated with the indicated proteins or water (–) for 5 min.

(D–F) Confocal microscopy of HeLa (D), AsPC-1 (E), and MDBK (F) cells, treated with the indicated concentrations of bRNaseA for 30 min and stained with DAPI (blue), bRNaseA antibody (red), or SYTO[®] RNASelect[™] green-fluorescent cell stain (green). Insets, enlargements of the boxed areas (4.0× magnification). Bar, 5 μm.

(G) IB of HeLa cells transfected with individual siRNAs against EGFR in the presence or absence of bRNaseA for 30 min.

(H) Confocal microscopy of HeLa cells pretreated with erlotinib at 37 °C for 18 hr followed by bRNaseA treatment for 30 min and staining with DAPI (blue), bRNaseA (red), or EGFR antibodies (green). Inset, enlargements of the boxed area (6.0× magnification). Bar, 10 μm

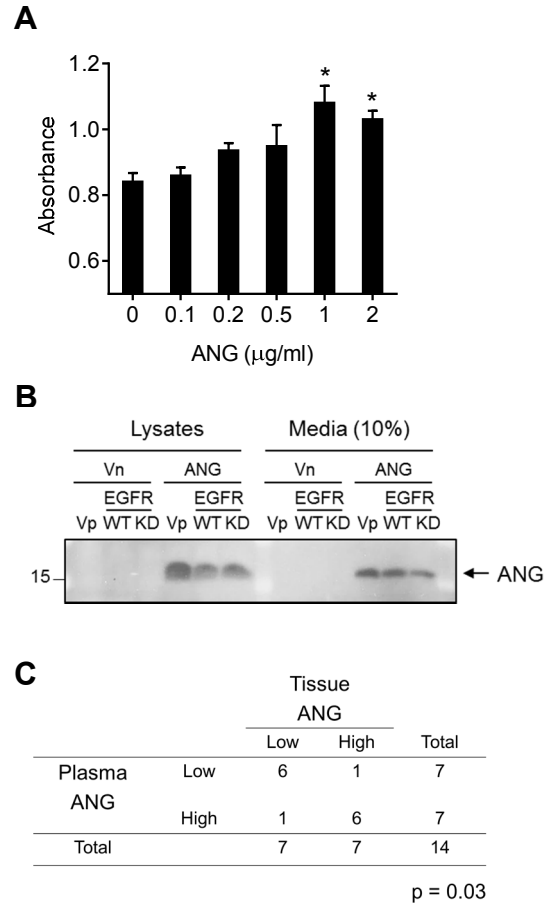


Figure S4. A positive correlation between ANG levels in tumor tissues and their matched plasma in pancreatic cancer patients. Related to Figure 4.

(A) Cell viability assay of HeLa cells treated the indicated concentrations of ANG. Absorbance was measured at 595 nm with a reference wavelength of 650 nm. Error bars represent SD. *p < 0.05, Student's *t*-test.

(B) IB of lysates and 10% of the secreted proteins from CM in NIH-3T3 stable transfectants expressing the indicated plasmids.

(C) Quantification for the correlation between tissue ANG and plasma ANG in pancreatic cancer patients. Fisher's exact test.

Table S1. Determination of ANG, hRNase1, EGF, and TGF- α proteins in the plasma of pancreatic cancer patients. Related to Figure 5.

Experiment-1					
		Normal		Cancer	
variables	n	Median (range; pg/ml)	n	Median (range; pg/ml)	p value
ANG	10	341053.95 (273450.31-765434.13)	30	458840.09 (273903.31-996966.31)	0.014
hRNase1	10	928456.06 (614538.13-1767189.9)	30	945943.16 (629581.25-1542261.1)	0.827
EGF	9	17.65 (1.87-58.860001)	28	18.07 (.31999999-120.06)	0.860
TGF- α	10	14.994 (12.959-24.878)	30	15.576 (12.378-44.355)	0.851
Experiment-2					
		Normal		Cancer	
variables	n	Median (range; pg/ml)	n	Median (range; pg/ml)	p value
ANG	20	220767.89 (43273-478269)	20	327361.2 (125984-569699)	0.011
hRNase1	11	1017414.63 (1674331-526226)	19	1278614.53 (2662773-462952)	0.45

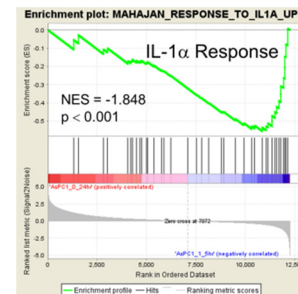
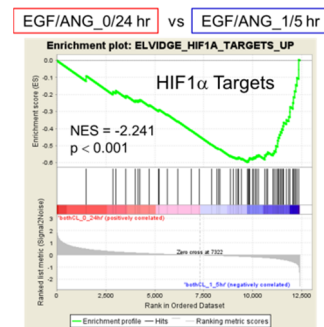
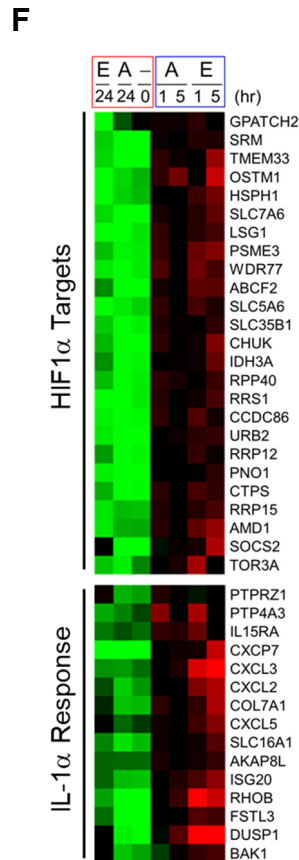
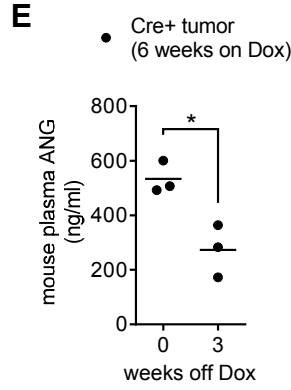
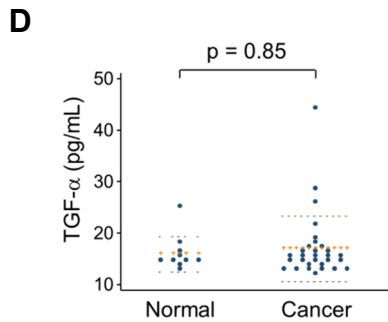
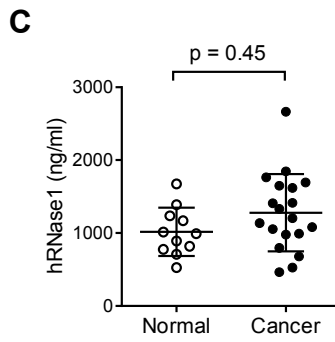
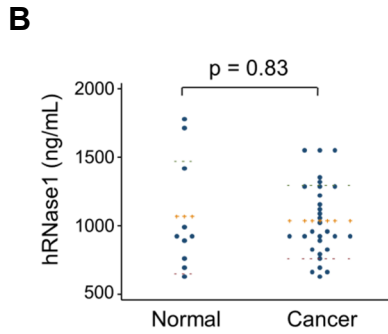
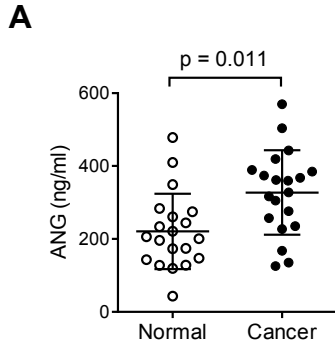


Figure S5. No significant differences in levels of hRNase1 and traditional EGFR ligands between the normal and pancreatic cancer patient samples. Related to Figure 5.

(A–D) ELISA assay of ANG (A; Experiment-2), hRNase1 (B; Experiment-1 and C; Experiment-2), and TGF- α (D; Experiment-1) in plasma samples of pancreatic cancer patients for comparison with a noncancerous normal group.

(E) ELISA of ANG level in plasma samples of *iKras;p53^{L/+}* PDAC mice (Cre⁺ tumor), followed by Dox withdrawal for 3 weeks. Line indicates the mean. * $p < 0.05$, Student's *t*-test.

(F) Left, heat maps of the genes expressed in HIF1 α targets and IL-1 α response upon EGF (50 ng/ml) and ANG (1 μ g/ml) treatment in the indicated time points in AsPC-1 cells. Right, representative GSEA results showing activated signaling pathways in both EGF (50 ng/ml) and ANG (1 μ g/ml) treatment (1/5-hr cluster versus 0/24-hr cluster). NES, normalized enrichment score.

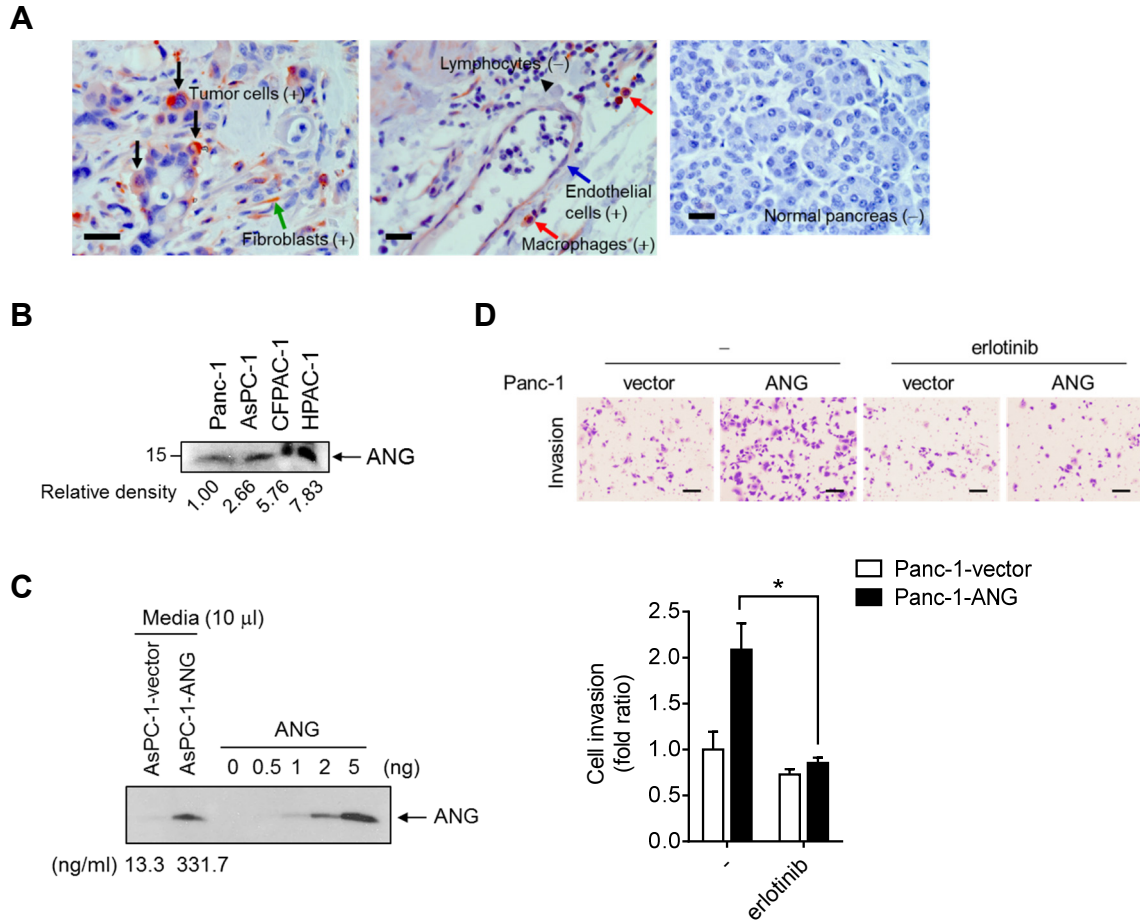


Figure S6. EGFR activation is responsible for ANG-triggered cell invasion in Panc-1 cells.

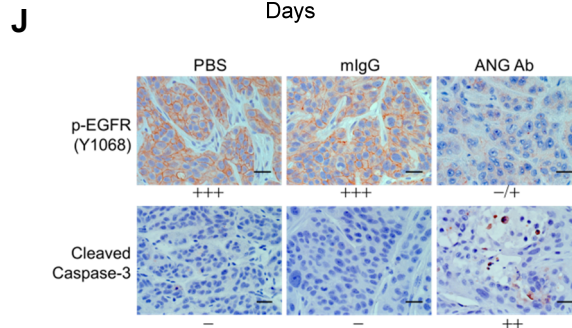
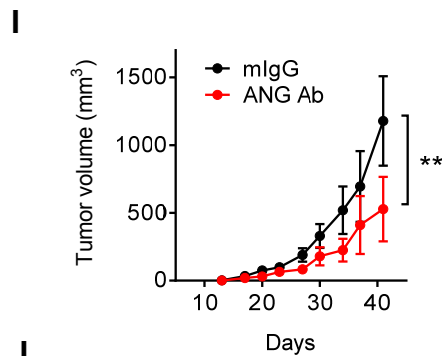
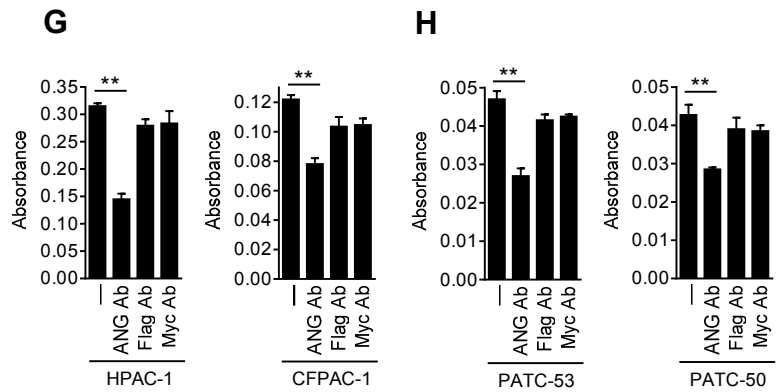
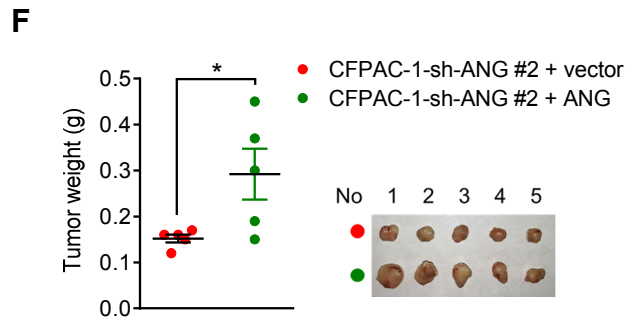
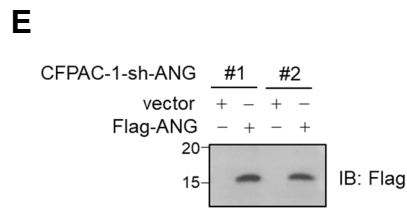
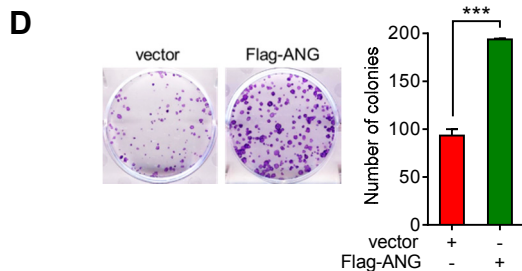
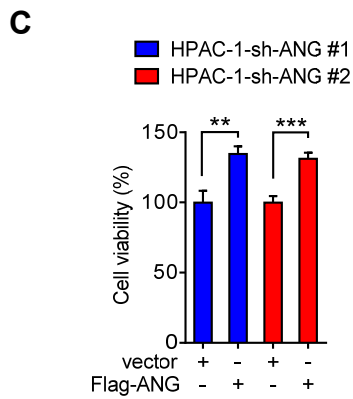
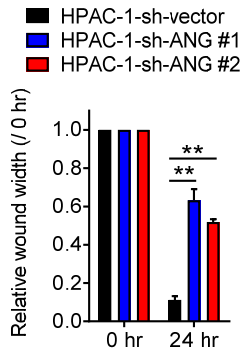
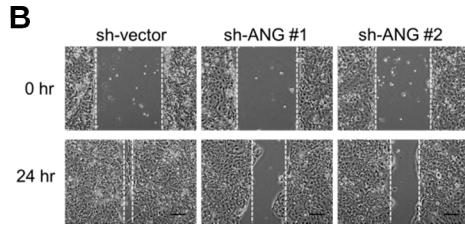
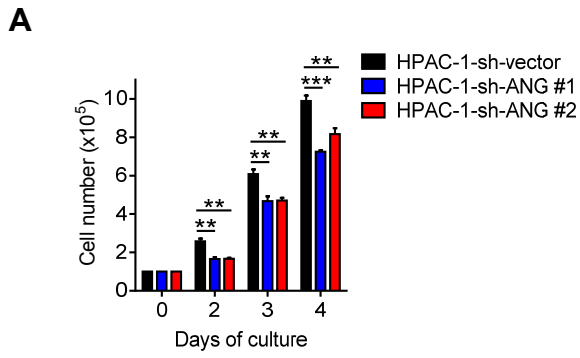
Related to Figure 6.

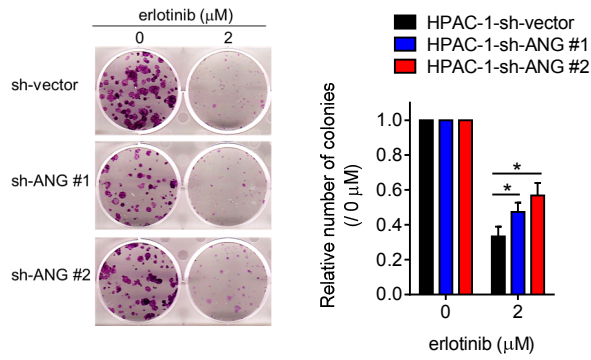
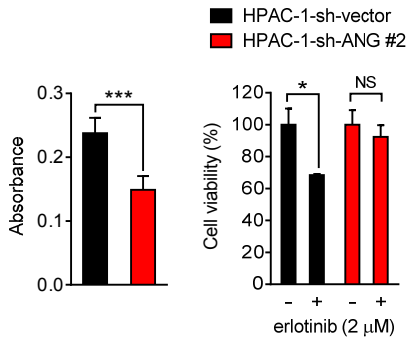
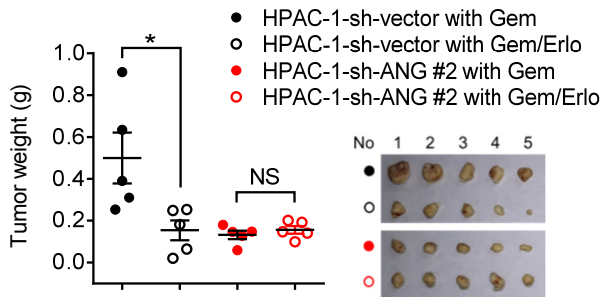
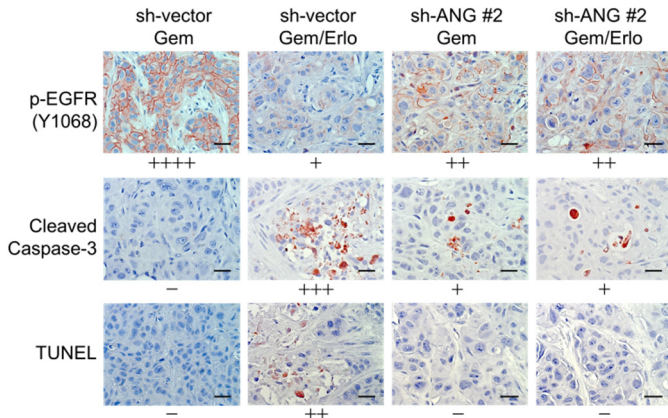
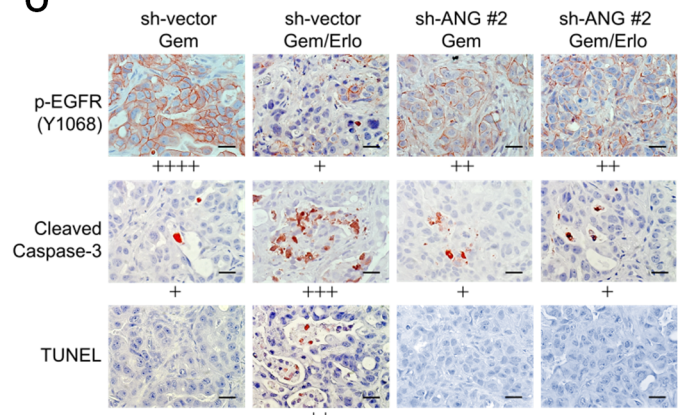
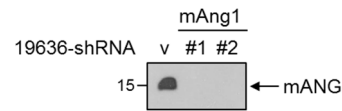
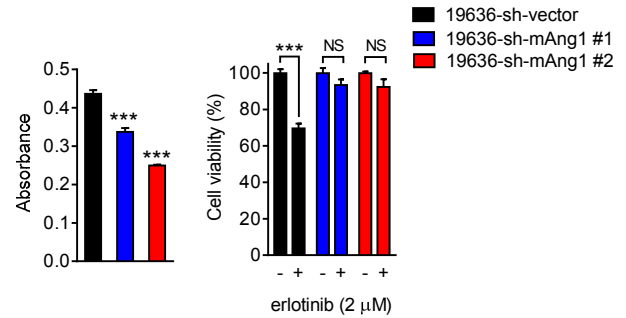
(A) Immunohistochemistry staining of representative cases in human pancreatic tumor tissues stained with anti-ANG antibody. Positive (+) signals: tumor cells (black arrows), fibroblasts (green arrow), macrophages (red arrows), and endothelial cells (blue arrow); negative (-) signals: lymphocytes (arrowhead) and normal pancreas. Bar, 50 μ m.

(B) Analysis of the expression level of ANG protein secreted in pancreatic cancer cell media by normalizing the cell number to 30,000 for each cell line.

(C) IB of secreted proteins in AsPC-1 stable transfectants expressing ANG (AsPC-1-ANG) and empty vector (AsPC-1-vector), compared with increasing amounts of recombinant ANG proteins.

(D) Top, representative images of cell invasion assay of Panc-1 stable transfectants expressing empty vector and ANG treated with or without erlotinib. Bar, 200 μm . Bottom, quantification of cell invasion. Error bars represent SD. * $p < 0.05$, Student's *t*-test.



K**L****M****N****O****P****Q****R**

Treatment	Median (Days)
— 19636-sh-vector	17.5
- - 19636-sh-vector with Erlo	28.5
- - - 19636-sh-vector with Gem/Erlo	25.0
- - - 19636-sh-mAng1 #2	26.5
- - - 19636-sh-mAng1 #2 with Erlo	25.0
- - - 19636-sh-mAng1 #2 with Gem/Erlo	25.0

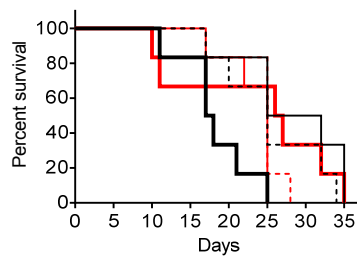
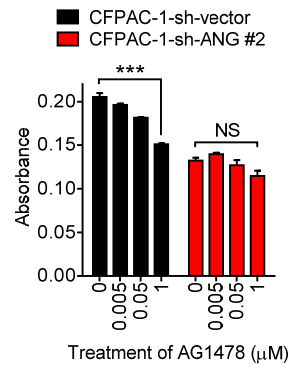
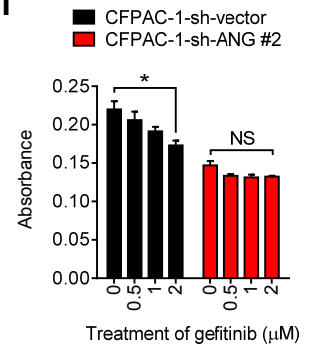
**S****T**

Figure S7. Knockdown of ANG decreases sensitivity to erlotinib treatment in pancreatic cancer cells. Related to Figure 7.

(A) Cell counting, measured by a Coulter[®] Particle Counter (Beckman Coulter), of HPAC-1 stable transfectants at the indicated time points. ** $p < 0.01$, *** $p < 0.001$, Student's t -test. Error bars represent SD.

(B) Top, representative images of wound healing assay of HPAC-1 stable transfectants at the indicated time points. Bar, 500 μm . The distance of the wound gaps was determined by using the ImageJ and normalized against the width at time 0, which was plotted diagrammatically in the bottom. ** $p < 0.01$, Student's t -test. Error bars represent SD.

(C) Quantification of MTT viability assay of HPAC-1 stable transfectants. The percentage of cell viability in HPAC-1 stable transfectant of the reconstitution of ANG (Flag-ANG) restored expression was normalized against that of vector restored. ** $p < 0.01$, *** $p < 0.001$, Student's t -test. Error bars represent SD.

(D) Left, representative images of colony formation capability of HPAC-1 stable transfectants (HPAC-1-sh-ANG #2) of the reconstitution of ANG (Flag-ANG) restored expression in 6-well plates at day 10. Right, quantification of colony formation capability. Each sample was performed in duplicate for three times. *** $p < 0.001$, Student's t -test. Error bars represent SD.

(E) IB of the reconstitution of ANG (Flag-ANG) restored expression in two independent sh-ANG stable clones of CFPAC-1 cells.

(F) Tumor weight analysis of the indicated groups in (E). $n = 5$. * $p < 0.05$, Student's t -test.

(G and H) Cell viability assay of HPAC-1 and CFPAC-1 (G) and PTAC-53 and PTAC-50 (H) cells incubated with ANG neutralization Ab compared with those against Flag or Myc Ab. Absorbance was measured at 595 nm with a reference wavelength of 650 nm. ** $p < 0.01$,

Student's *t*-test. Error bars represent SD.

(I) Tumor volume analysis of mice subcutaneously injected with CFPAC-1 cells, followed by treatment with mouse IgG (mIgG) or ANG Ab. Error bars represent SD. $n = 8$. $^{**}p < 0.01$, ANOVA analysis.

(J) Immunohistochemistry staining from tumors as indicated in Figure 7E (HPAC-1), stained with the indicated antibodies. Bar, 50 μm .

(K) Left, representative images of colony formation capability of HPAC-1 stable transfectants treated with erlotinib (2 μM) in 6-well plates at day 10. Right, quantification of colony formation capability. Each sample was performed in duplicate for three times. The number of colonies was normalized against that without erlotinib treatment (0 μM). $^{*}p < 0.05$, Student's *t*-test. Error bars represent SD.

(L) Left, cell viability assay of HPAC-1 stable transfectants. Absorbance was measured at 595 nm with a reference wavelength of 650 nm. Right, quantification of MTT viability assay of HPAC-1 stable transfectants treated with or without erlotinib (2 μM) for 72 hr. The percentage of cell viability in HPAC-1 stable transfectant with erlotinib treatment was normalized against that without erlotinib treatment. $^{*}p < 0.05$, $^{***}p < 0.001$, NS, not significant, Student's *t*-test. Error bars represent SD.

(M) Tumor weight analysis of mice subcutaneously injected with the indicated HPAC-1 cells, followed by treatment with gemcitabine plus either erlotinib (Gem/Erlo) or a matched vehicle (Gem). Error bars represent SD. $n = 5$. $^{*}p < 0.05$, Student's *t*-test. NS, not significant.

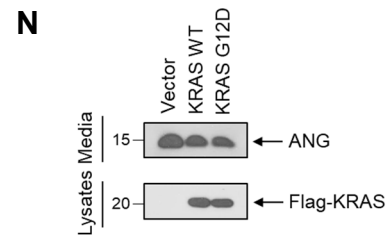
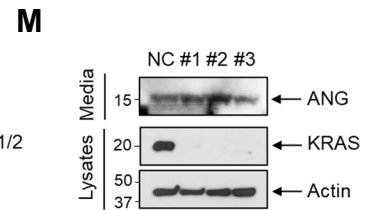
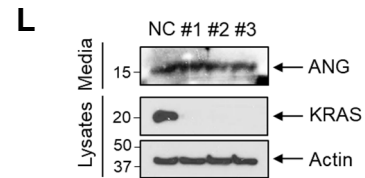
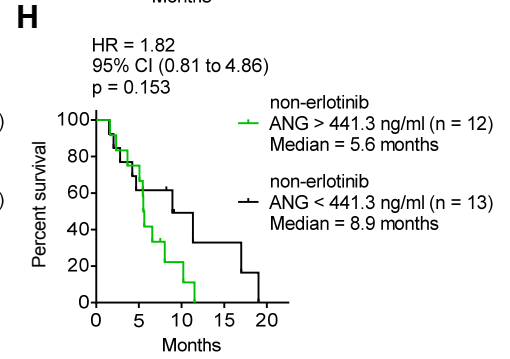
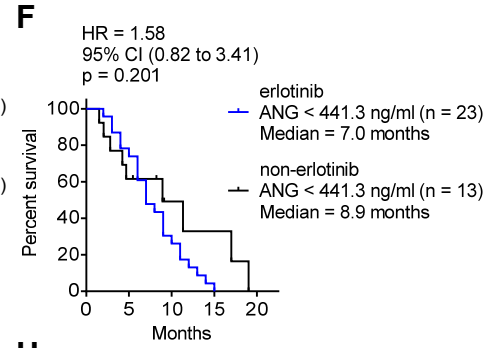
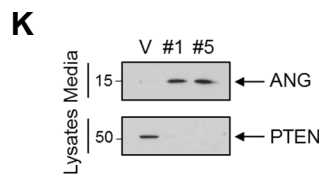
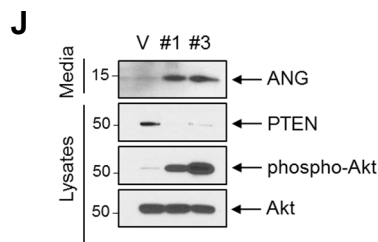
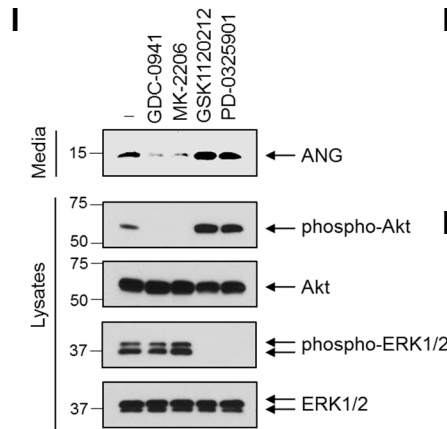
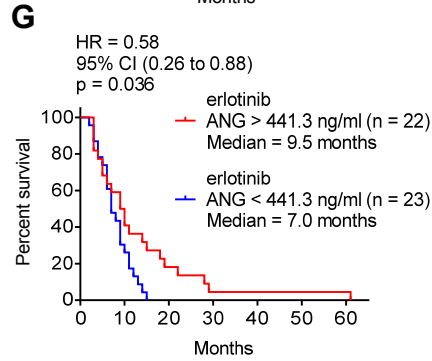
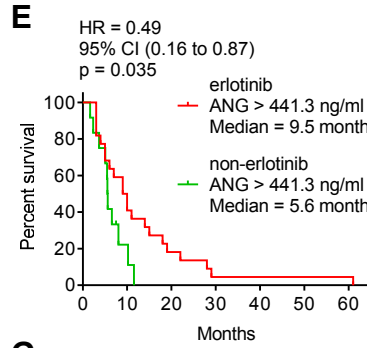
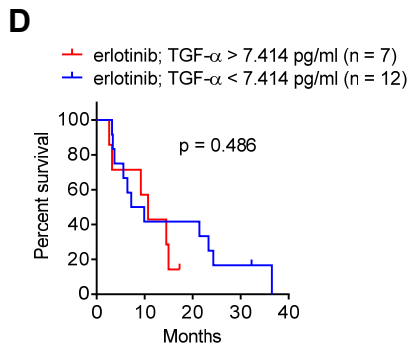
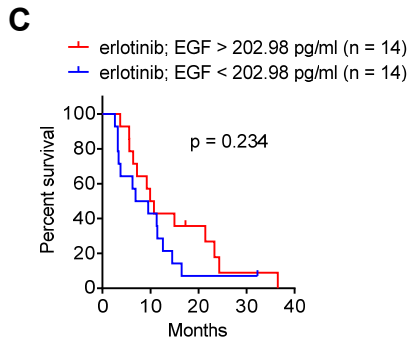
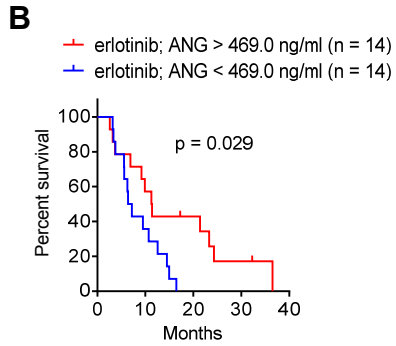
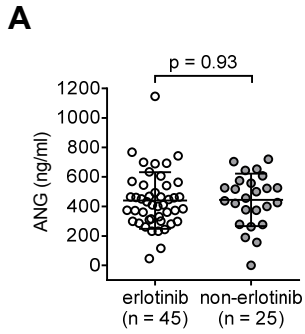
(N and O) Immunohistochemistry staining from tumors of HPAC-1 (N) and CFPAC-1 (O) stained with the indicated antibodies and a TUNEL kit. Bar, 50 μm .

(P) IB of secreted proteins in mouse 19636 stable transfectants knocking down mAng1 (19636-sh-mAng1 #1 and 19636-sh-mAng1 #2) and empty vector (19636-sh-vector).

(Q) Left, cell viability assay of 19636 stable transfectants. Absorbance was measured at 595 nm with a reference wavelength of 650 nm. Right, quantification of MTT viability assay of 19636 stable transfectants treated with or without erlotinib (2 μ M) for 72 hr. The percentage of cell viability in 19636 stable transfectant with erlotinib treatment was normalized against that without erlotinib treatment. *** $p < 0.001$, NS, not significant, Student's *t*-test. Error bars represent SD.

(R) Survival analysis of the indicated groups in mice subcutaneously injected with the indicated 19636 stable transfectants, followed by treatment as indicated.

(S and T) Cell viability assay of CFPAC-1 stable transfectants treated with increasing concentrations of AG1478 (S) and gefitinib (T). Absorbance was measured at 595 nm with a reference wavelength of 650 nm. * $p < 0.05$, *** $p < 0.001$, NS, not significant, Student's *t*-test. Error bars represent SD.



O

	KRAS			
	WT	Mutant	Total	
ANG/ p-EGFR	Low	2	23	25
	High	1	8	9
Total	3	31	34	

p = 0.786

Figure S8. ANG, but not EGF and TGF- α , enhances sensitivity to erlotinib treatment in pancreatic cancer and ANG expression is critically driven via the PTEN/PI3K/Akt activating pathway. Related to Figure 8.

(A) ELISA of ANG in plasma samples of the indicated groups in Figure 8B.

(B–D) Log-rank (Mantel-Cox) test for overall survival of pancreatic cancer patients who received erlotinib therapy (n = 28) in the indicated groups with different levels of ANG (B), EGF (C), and TGF- α (D). The median value (469.0 ng/ml) was used as cutoff to divide patients into high- or low- ANG group based on their ANG concentrations. Cohort size for each group is indicated.

(E and F) Log-rank (Mantel-Cox) test for overall survival of pancreatic cancer patients harboring higher levels of ANG with or without erlotinib therapy (E); lower levels of ANG with or without erlotinib therapy (F). The mean value (441.3 ng/ml) was used as cutoff to divide patients into high- or low- ANG group based on their ANG concentrations. HR (95% CI), Log-rank analysis.

(G and H) Log-rank (Mantel-Cox) test for overall survival of pancreatic cancer patients who received therapy with (G) or without (H) erlotinib in the indicated groups with different levels of ANG. Cohort size for each group is indicated. The mean value (441.3 ng/ml) was used as cutoff to divide patients into high- or low- ANG group based on their ANG concentrations. HR (95% CI), Log-rank analysis.

(I) IB of lysates and secreted proteins from CM in CFPAC-1 cells pretreated with the indicated inhibitors at 37 °C for 24 hr.

(J and K) IB of lysates and secreted proteins from CM in PTEN-deficient Panc-1 (J) and HeLa (K) stable transfectants expressing shRNA targeting PTEN.

(L and M) IB of lysates and secreted proteins from CM in HPAC-1 (L) and CFPAC-1 (M) cells

transfected with individual siRNAs against KRAS.

(N) IB of lysates and secreted proteins from CM in HeLa stable transfectants ectopically expressing KRAS WT and KRAS G12D.

(O) Quantification for the correlation between ANG/p-EGFR expression and KRAS status in pancreatic cancer patients. Fisher's exact test.