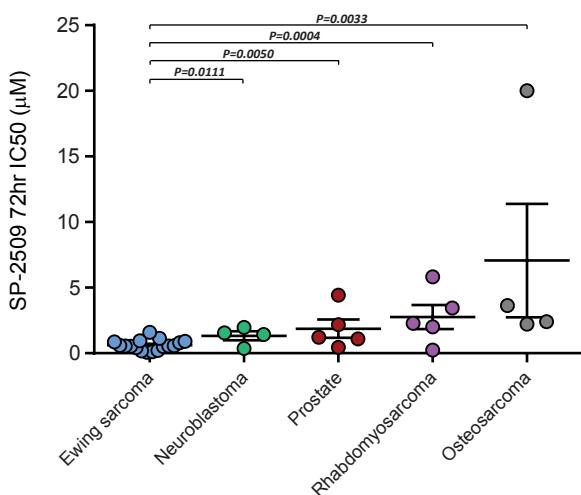
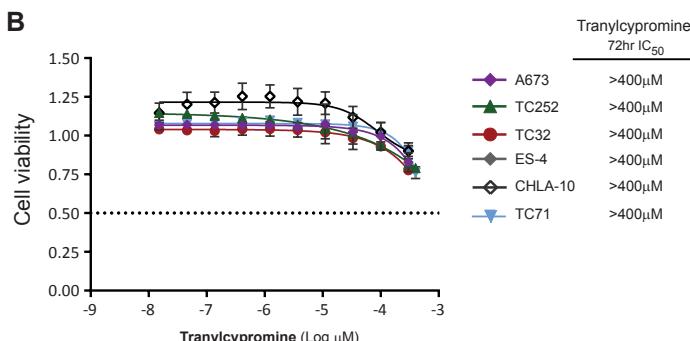
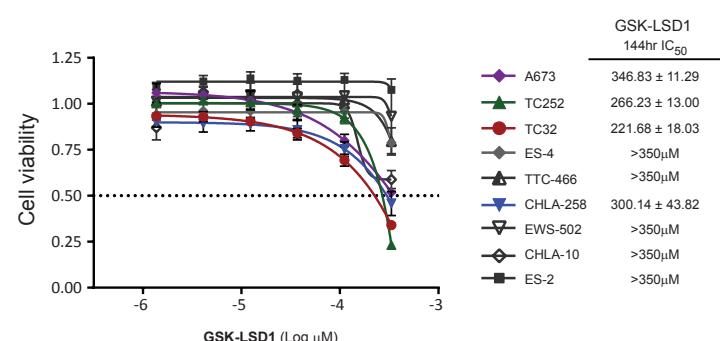
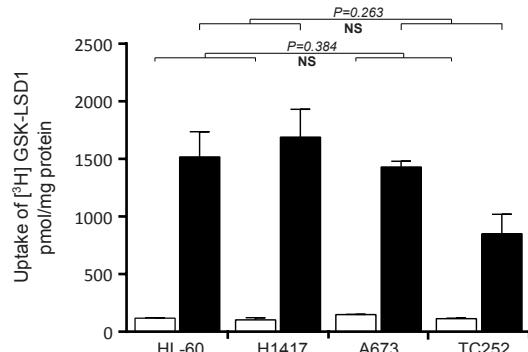
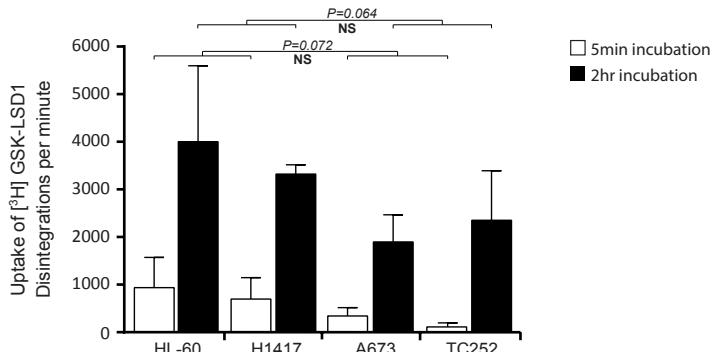
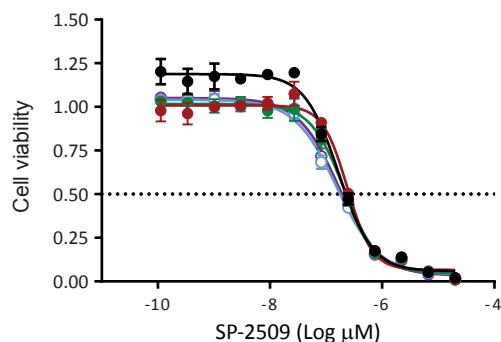
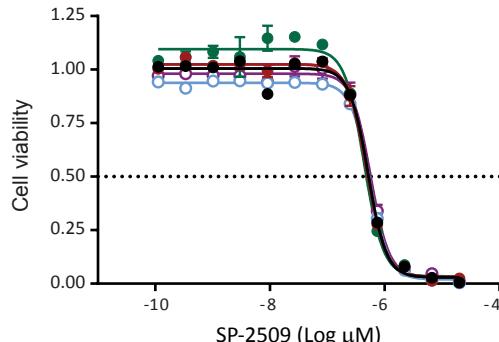


A72hr SP-2509 IC₅₀

Ewing sarcoma:	0.621 ± 0.095
Neuroblastoma:	1.323 ± 0.342
Prostate:	1.875 ± 0.698
Rhabdomyosarcoma:	2.761 ± 0.919
Osteosarcoma:	7.066 ± 4.323

BTranylcypromine 72hr IC₅₀**C****Whole Cell Lysate Uptake****Nuclear Uptake****D****A673****TC252**

- SP-2509 alone
- No pre-treatment/GSK-LSD1 2 μM alone
- No pre-treatment/GSK-LSD1 50 μM alone
- 2 μM GSK-LSD1 pre-treatment/2 μM GSK-LSD1 + SP-2509
- 50 μM GSK-LSD1 pre-treatment/50 μM GSK-LSD1 + SP-2509

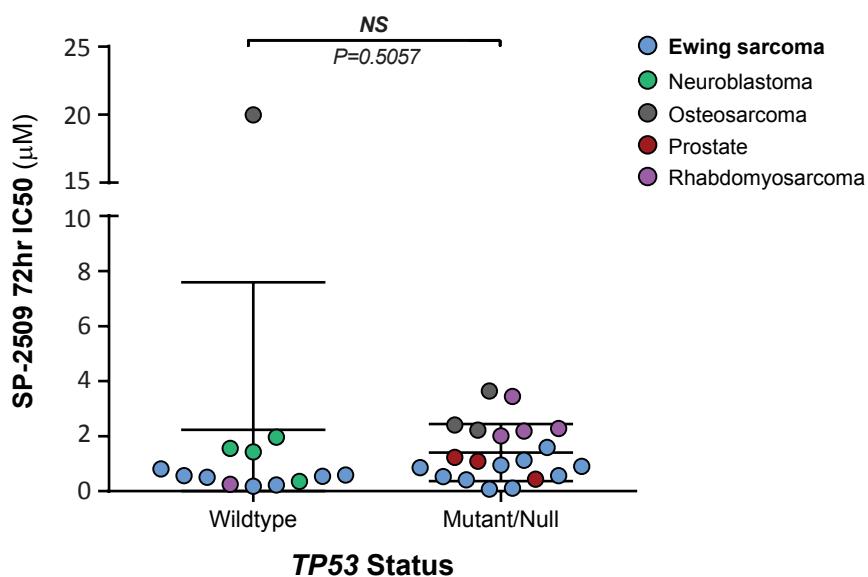
A673
72hr SP-2509 IC₅₀

0.224 μM
0.174 μM
0.191 μM
0.251 μM
0.219 μM

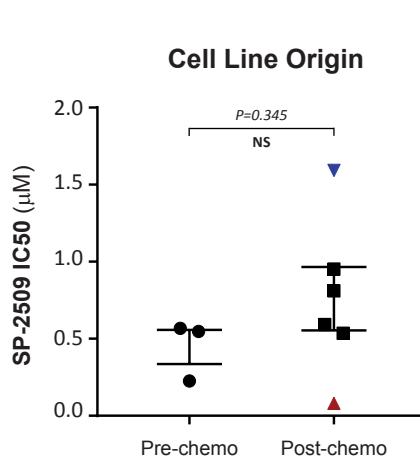
TC252
72hr SP-2509 IC₅₀

0.513 μM
0.525 μM
0.562 μM
0.525 μM
0.479 μM

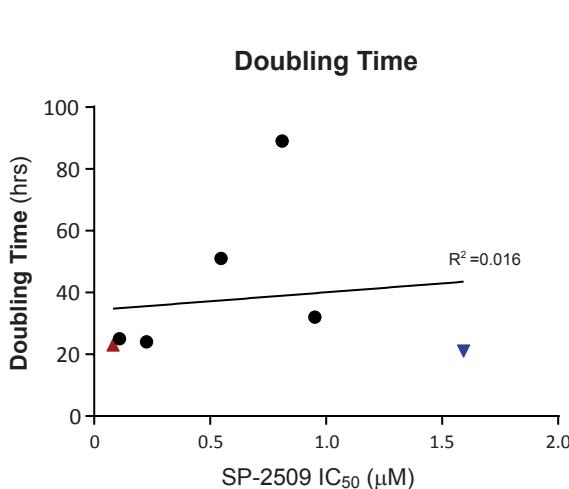
E



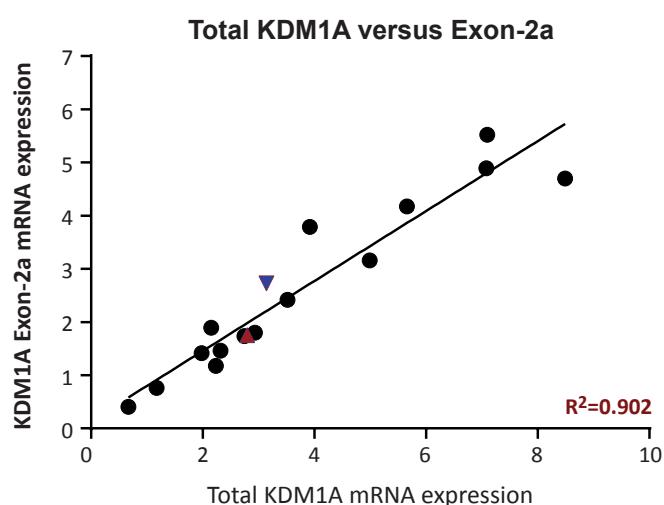
F



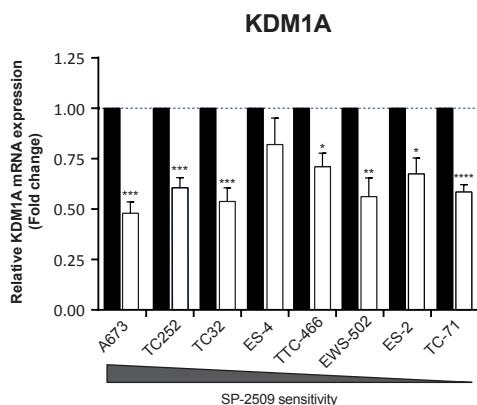
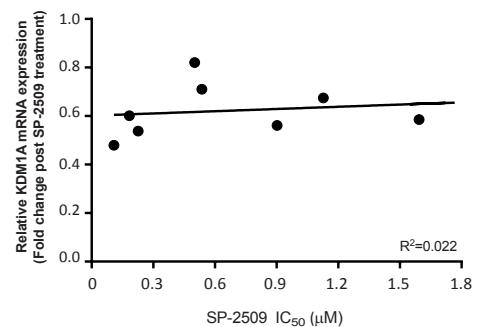
G



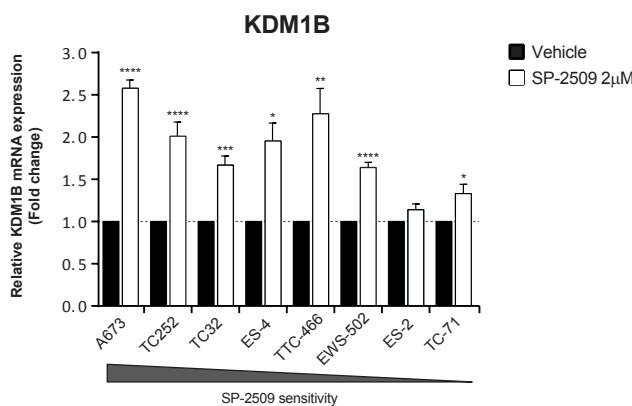
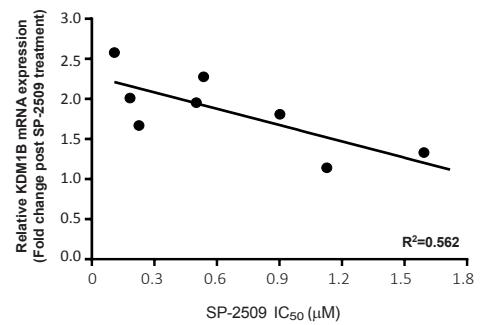
H



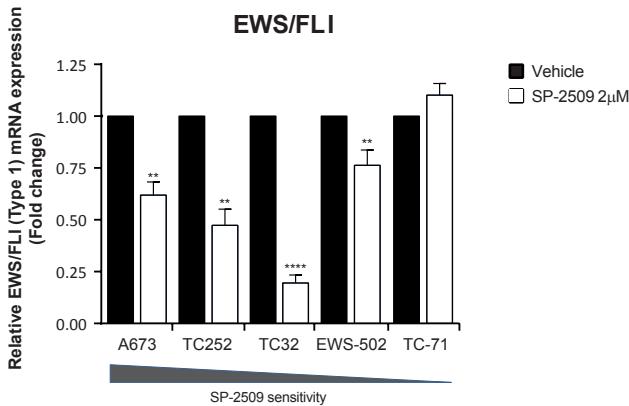
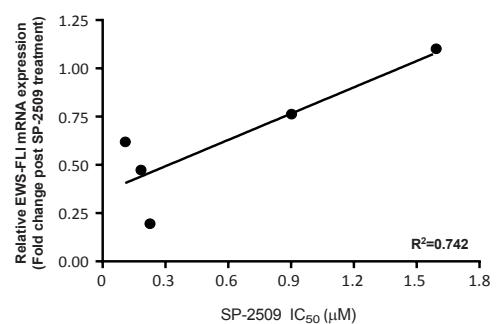
I

**KDM1A**

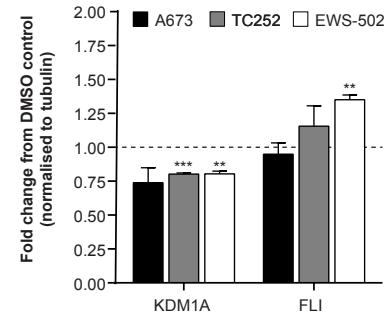
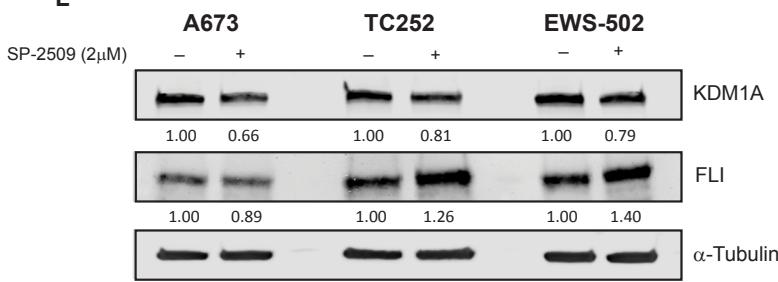
J

**KDM1B**

K

**EWS/FLI**

L



Supplementary Figure S3: Cytotoxic effects of the irreversible KDM1A inhibitors GSK-LSD1 and Tranylcypromine in Ewing sarcoma cell lines

(A) Sensitivity of Ewing (n=17), Neuroblastoma (n=4), Prostate (n=5), Rhabdomyosarcoma (n=5) and Osteosarcoma (n=4) cell lines to SP-2509. Cell viability determined through Cell Titer Glo (CTG) analysis 72hrs post treatment. Data represents mean ± SEM from three independent experiments. Neuroblastoma and Prostate IC₅₀ data taken from Gupta et al., 2016 and 2018. **(B)** Ewing sarcoma cell lines were treated with escalating concentrations of either Tranylcypromine or GSK-LSD1, with cell viability determined through CTG assays 72 and 144hrs post treatment respectively. Data represents mean ± STDEV from two independent experiments (GSK-LSD1) or mean ± SEM from three independent experiments (Tranylcypromine). **(C)** Whole cell and nuclear uptake of [³H] GSK-LSD1 in A673/TC252 (Ewing sarcoma), HL-60 (AML) and H1417 (SCLC) cell lines following 5min and 2hr incubation with tritiated compound. **(D)** A673 and TC252 cells were treated with either GSK-LSD1 (2µM or 50µM) or DMSO for 48hrs prior to treatment with SP-2509 alone or in combination with GSK-LSD1 for an additional 72hrs. Cell viability determined through CTG analysis. Data represents mean viability ± SEM from triplicate reactions. Lack of correlation between **(E)** TP53 status, **(F)** cell line origin (pre or post-chemotherapy treatment), and **(G)** cell line doubling time with SP-2509 sensitivity. Doubling time taken from May et al., 2013. **(H)** Correlation between total and Exon-2a specific KDM1A mRNA expression levels in our Ewing sarcoma cell line cohort (n=17). KDM1A mRNA levels (fold change) normalized to IMR90 cells. Data represents mean ± STDEV from two independent experiments. ▲▼ Denotes most and least SP-2509 sensitive cell line (SK-N-MC and TC-71) respectively. Relative mRNA expression levels of **(I)** KDM1A, **(J)** KDM1B and **(K)** EWS/FLI in Ewing sarcoma cell lines following treatment with vehicle control (DMSO) or SP-2509 (2µM) for 48hrs. Data represents mean expression ± SEM from three independent experiments. Cell lines are ranked in order of SP-2509 sensitivity (IC₅₀). Correlation between KDM1A, KDM1B and EWS/FLI (Type 1) mRNA levels post SP-2509 treatment and SP-2509 sensitivity (IC₅₀) are also shown. **(L)** Western blot analysis of KDM1A and FLI protein levels in A673, TC252 and EWS-502 cells treated as in **(I)**. Quantification of protein levels (densitometry) following SP-2509 treatment (48hrs). Protein normalized to α-tubulin (loading control) and vehicle (DMSO) control. Data represents mean ± STDEV from two independent experiments. Asterisks denote statistical significance (*P < 0.05, **P < 0.01, ***P < 0.001, ****P < 0.0001).