

Supplementary Material

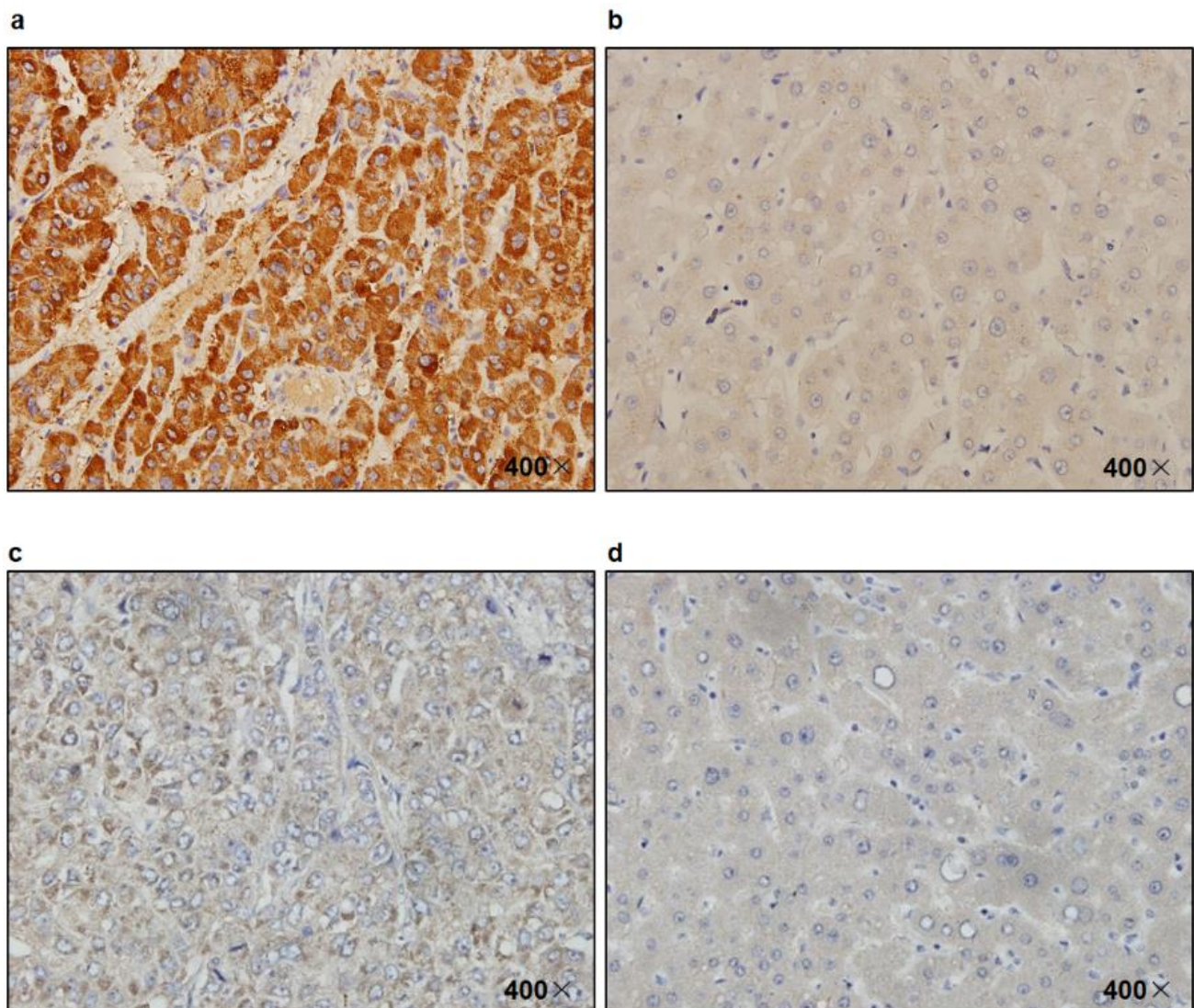
SMAC mimetic APG-1387 targets the inhibitor of apoptosis proteins and sensitizes immune-mediated cell apoptosis in hepatocellular carcinoma

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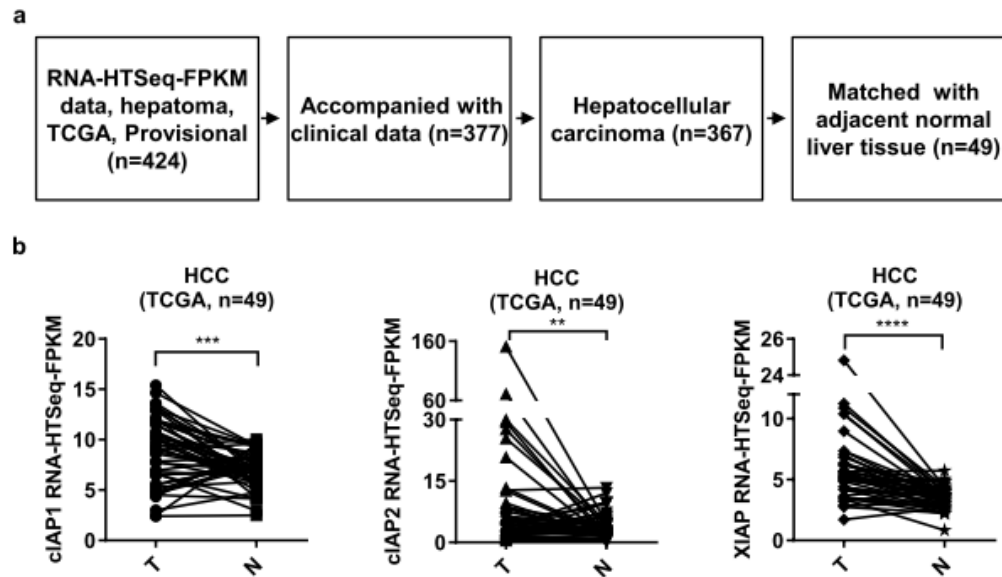
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Supplementary Figures and Tables

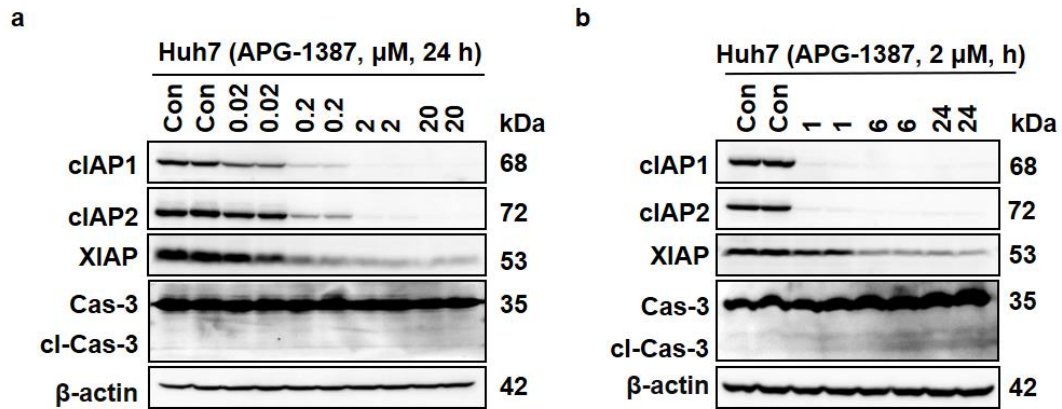
1 Supplementary Figures



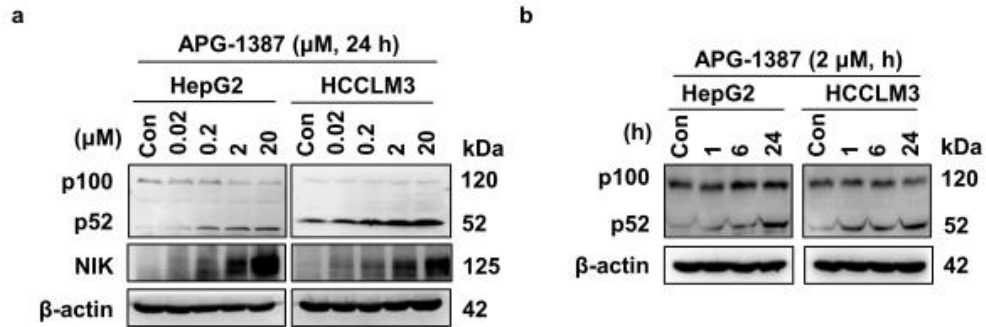
Supplementary Figure 1. The localization of cIAP1 and cIAP2 proteins in HCC tumor tissue. Immunohistochemical analysis of paraffin-embedded HCC (**a, c**) and adjacent normal liver tissue (**b, d**) showed that cIAP1 (**a, b**) and cIAP2 (**c, d**) were mainly located in the cytoplasm of hepatoma cells and normal hepatocytes. 400 × , 400 × magnification.



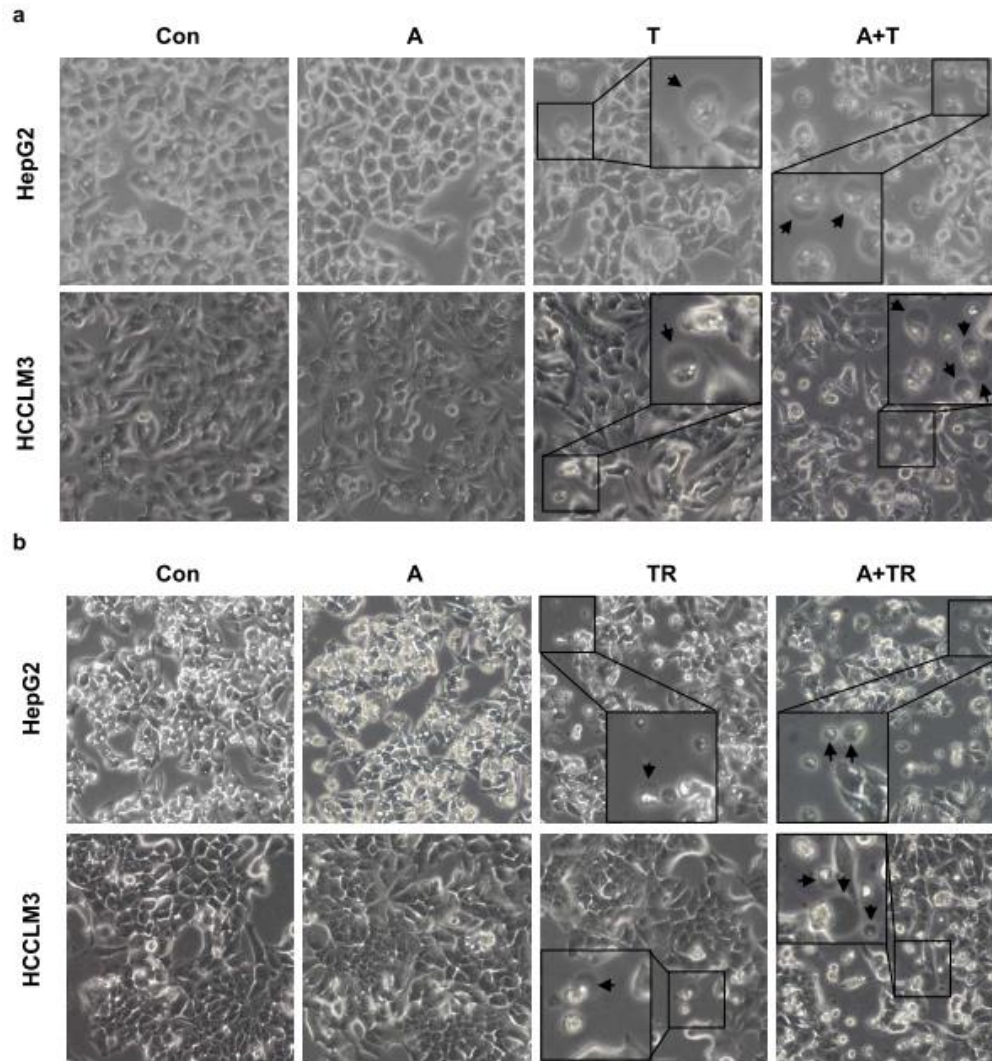
Supplementary Figure 2. Inhibitor of apoptosis protein (*IAP*) genes were highly expressed in HCC tissue. (a) Screening strategy of HCC patients from the cancer genome atlas (TCGA) database (updated until Jun 02, 2016; <http://tcga-data.nci.nih.gov/>). (b) The expressions of *cIAP1*, *cIAP2*, and *XIAP* mRNA in tumor and normal adjacent liver tissue from 49 HCCs were compared. RNA-HTSeq-FPKM, RNA-high throughput sequencing-fragments per kilobase of exon per million mapped reads; T, HCC tumor tissue; N, normal adjacent liver tissue. ** $p < 0.01$, *** $p < 0.001$, **** $p < 0.0001$, by two-tailed pair t-test.



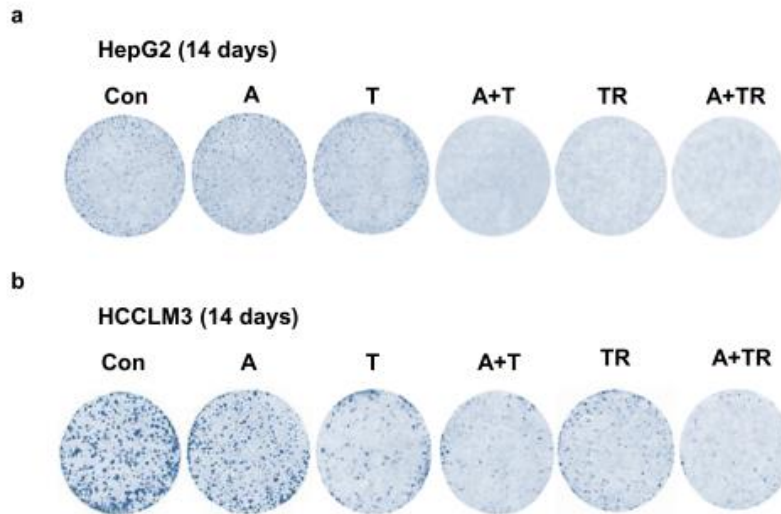
Supplementary Figure 3. The influence of APG-1387 on IAPs and caspase-3 in HCC cell line, Huh7, as a single drug. **(a, b)** Huh7 cells were seeded at 1.5×10^6 cells per well in 6-well plates for 12 hours. After 24 hours of stimulation with 0, 0.02, 0.2, 2, 20 μM APG-1387 respectively, or 0, 1, 6, 24 hours stimulation of 2 μM APG-1387, lysates of Huh7 cells were collected and analyzed by Western blot to show the changes in cIAP1, cIAP2, XIAP and caspase-3 protein levels. Con, control; Cas-3, caspase-3; kDa, kilodalton.



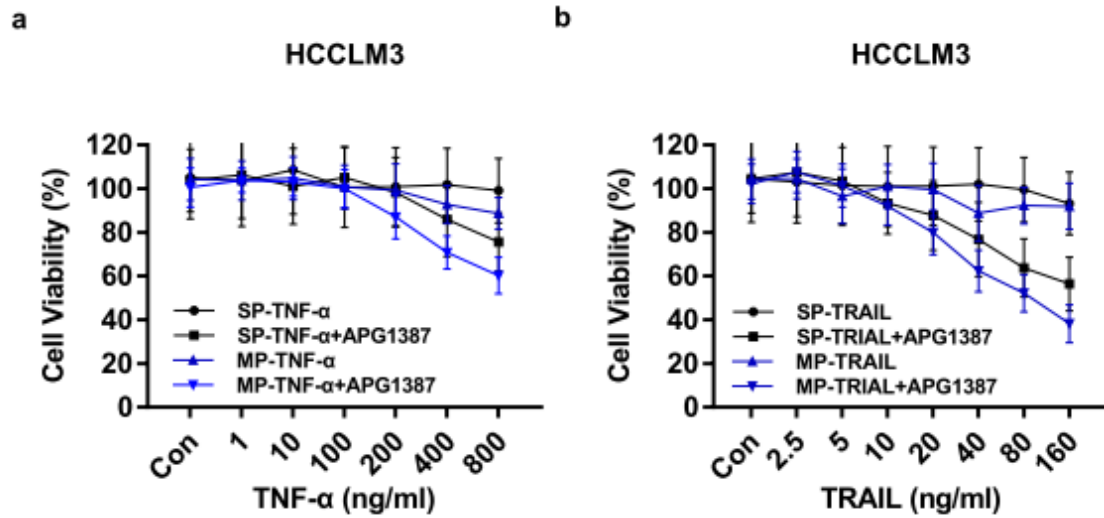
Supplementary Figure 4. APG-1387 activated non-classical NF- κ B signaling of HCC cell lines. HepG2 and HCCLM3 cells were seeded at 1.5×10^6 cells per well in 6-well plates for 12 hours. (**a**, **b**) After stimulating with different concentrations of APG-1387 for specified times, lysates of HepG2 and HCCLM3 cells were collected. The protein levels of p100, p52 and NF- κ B inducing kinase (NIK) were analyzed by Western blot. Con, control; kDa, kilodalton.



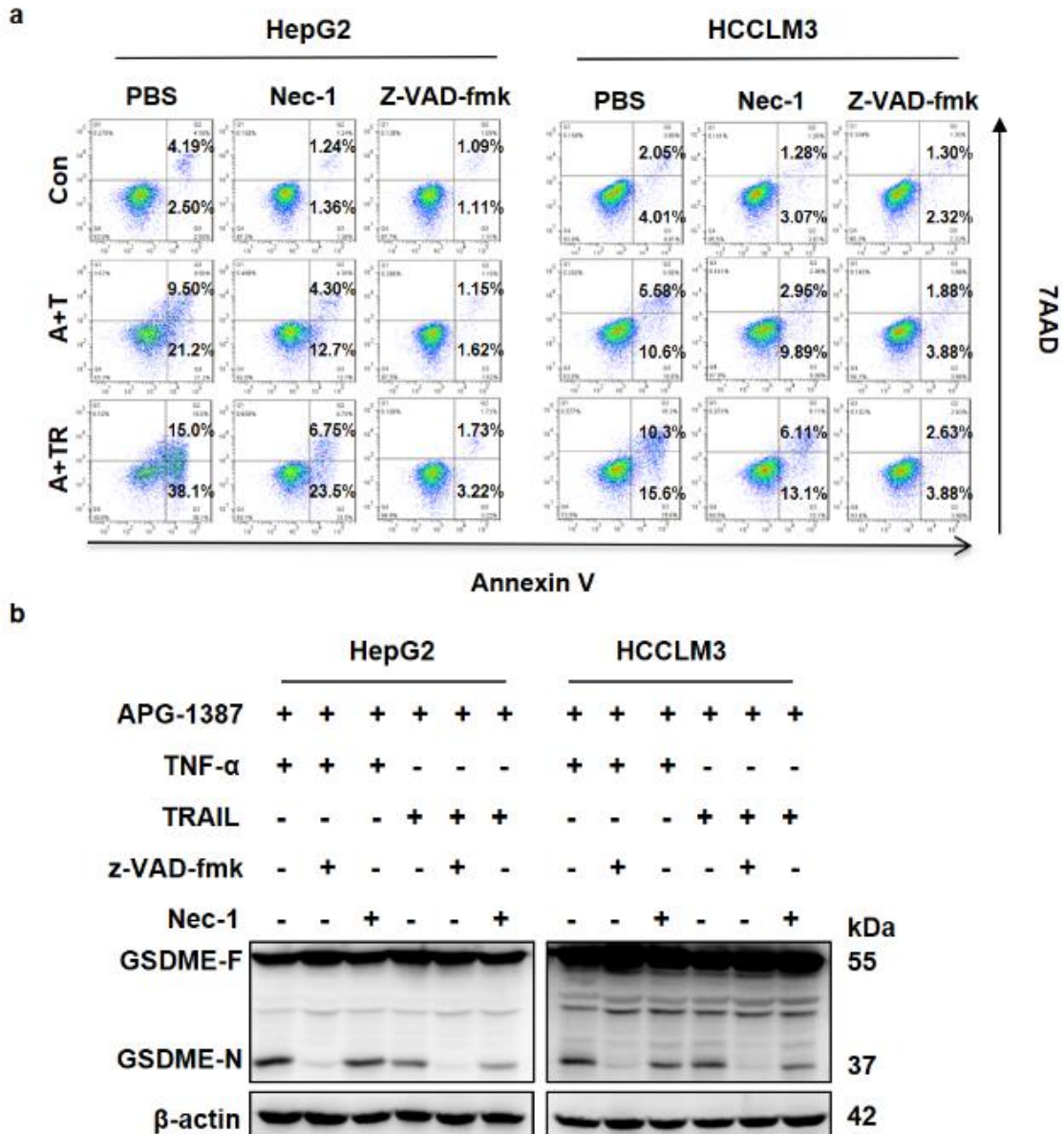
Supplementary Figure 5. The morphology changes of HCC cells, HepG2 and HCCLM3, after stimulation with APG-1387 and TNF- α or TRAIL. **(a)** HepG2 and **(b)** HCCLM3 cells were seeded at 1×10^6 cells per well in 6-well plates for 12 hours. After 24 hours of stimulation with APG-1387 and TNF- α or TRAIL, the morphologic alterations of HepG2 or HCCLM3 were captured under inverted optical microscope (magnification, 100 \times). The arrows in the enlarged part (magnification, 400 \times) of the picture showed the images of cell necrosis. Con, control; A, 2 μ M APG-1387; T, 100 ng/ml TNF α ; TR, 20 ng/ml TRAIL.



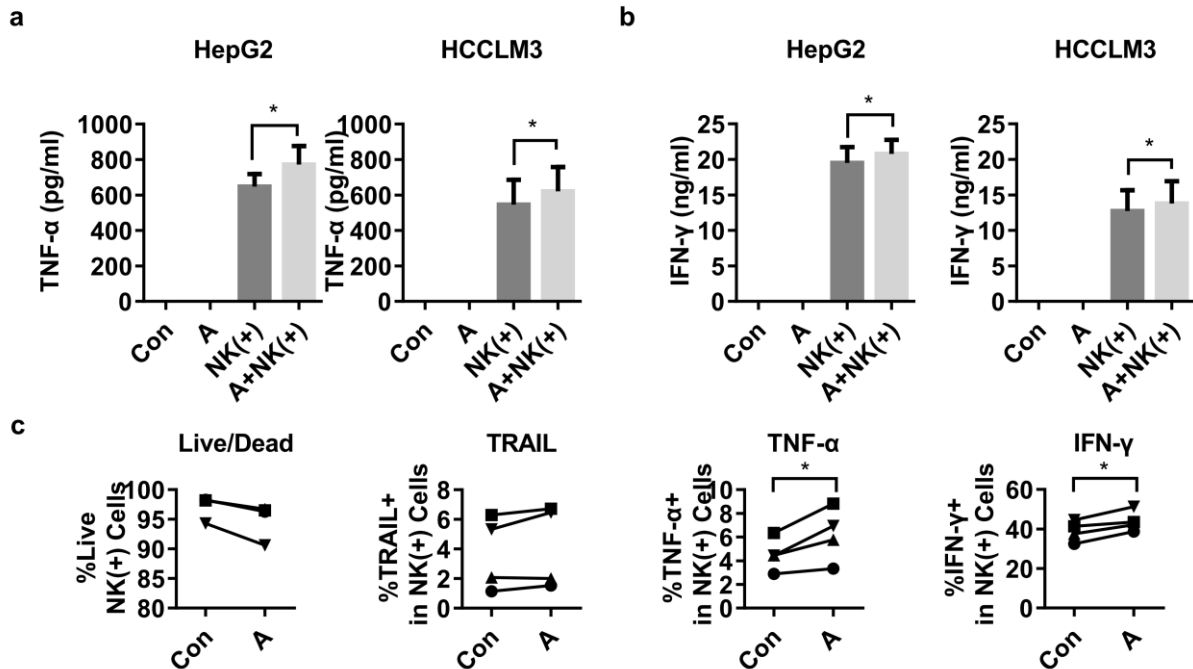
Supplementary Figure 6. APG-1387 treatment enhanced the inhibitory effect of TNF- α or TRAIL on the proliferation of HCC cells. **(a)** HepG2 and **(b)** HCCLM3 cells were pre-seeded in 6-well plates at 1,000 cells per well for 12 hours and then stimulated with 2 μ M APG-1387, 100 ng/ml TNF- α , 20 ng/ml TRAIL or their combination. After incubating for 14 days, the colonies were stained with Giemsa dye and counted with Image J software.



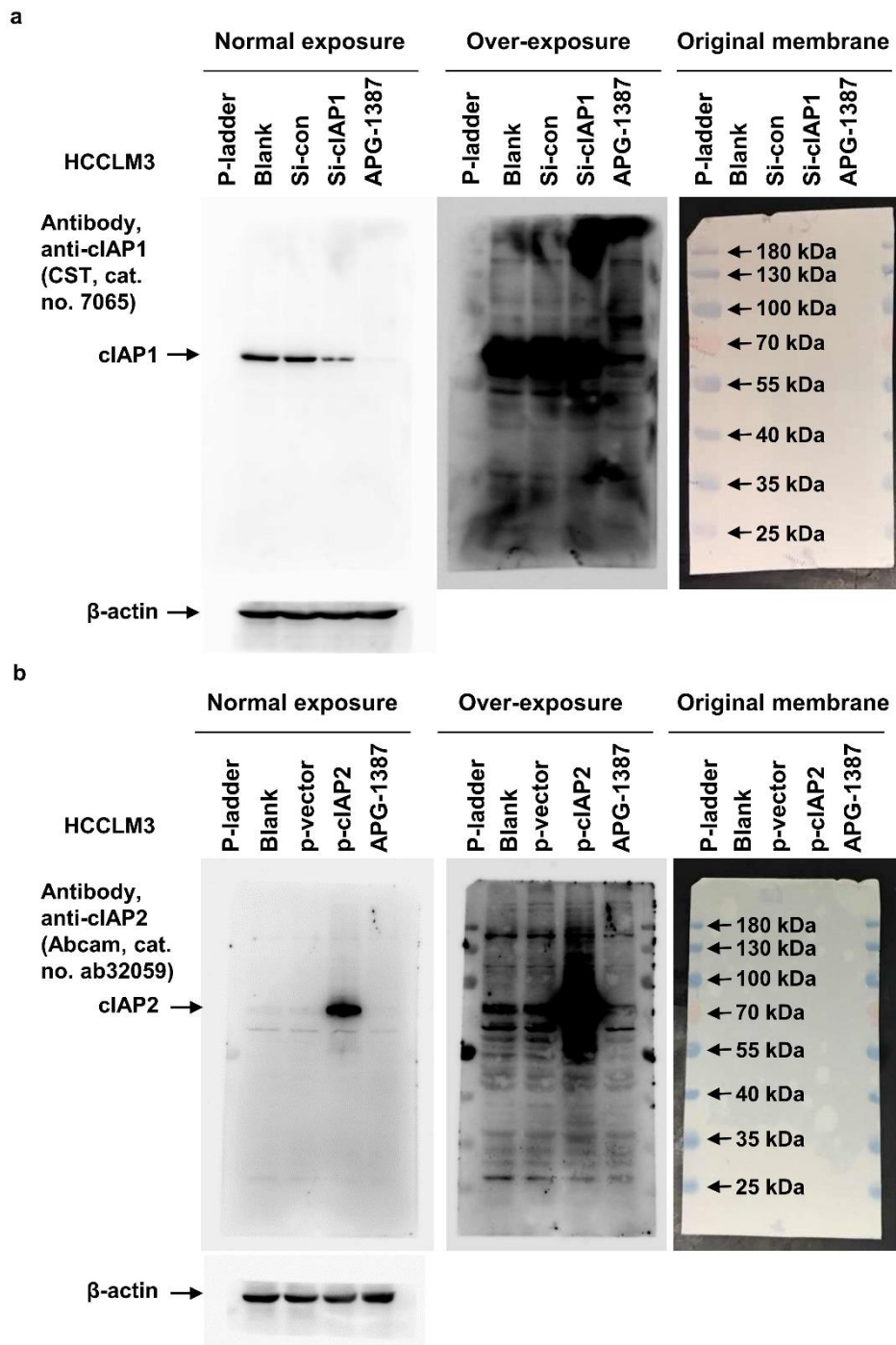
Supplementary Figure 7. The susceptibility of side population (SP) and major population (MP) cells in HCCLM3 cell line to the combination of APG-1387 and TNF- α /TRAIL. SP and MP cells were sorted from HCCLM3 cell line by flow cytometry and pre-inoculated in triplicate at 2,000 cells per well in 96-well plates for 12 hours. Cell viabilities were evaluated using a CCK-8 assay after 24 hours' stimulation with TNF- α (**a**) or TRAIL (**b**), or in combination with APG-1387. Con, control.



Supplementary Figure 8. APG-1387 treatment enhanced TNF- α - and TRAIL-induced cell death in HepG2 and HCCLM3 cells. HepG2 and HCCLM3 cells were pre-treated with a pan-caspase inhibitor (20 μ M Z-VAD-fmk) or RIPK1 inhibitor (50 μ M Nec-1) for 1 hour. Then the combination treatments involving 2 μ M APG-1387 with 100 ng/ml TNF- α or 20 ng/ml TRAIL were used. Cell death were assessed by flow cytometry (**a**) and Western blot (**b**). Nec-1, necrostatin-1; GSDME-F, full-length GSDME; GSDME-N, N terminal fragment of GSDME.



Supplementary Figure 9. Changes in cytotoxic potential of interleukin (IL)-12, IL-15, and IL-18 activated NK cells after APG-1387 stimulation. **(a, b)** HepG2 or HCCLM3 cells were co-cultured with purified NK cells, which stimulated with 10 ng/ml IL-12, 10 ng/ml IL-15 and 100 ng/ml IL-18, either alone or in the presence of 2 μ M APG-1387. After co-incubation for 24 hours, supernatants were collected for the examination of TNF- α and IFN- γ by ELISA. **(c)** NK cells stimulated with 10 ng/ml IL-12, 10 ng/ml IL-15 and 100 ng/ml IL-18, were co-cultured with 2 μ M APG-1387 or not for 24 hours, then the percentage of living cells, TRAIL expression, TNF- α and IFN- γ in NK cells were analyzed by flow cytometry. Con, control; A, 2 μ M APG-1387; NK(+), NK cells co-cultured with 10 ng/ml IL-12, 10 ng/ml IL-15 and 100 ng/ml IL-18; Live/Dead, a membrane and intracellular dye (ThermoFisher, cat. no. L34976) that can distinguish live cells from stained dead cells. Error bars represented the mean \pm S.E.M. of triplicate representative experiments; * $P < 0.05$, by two-tailed paired t-test.



Supplementary Figure 10. Validation of cIAP1 and cIAP2 antibody. **(a)** For cIAP1 antibody, HCCLM3 cells were transfected with cIAP1 small interfering RNA (si-cIAP1), control small interfering RNA (si-con) or 2 μ M APG-1387; **(b)** for cIAP2 antibody, HCCLM3 cells were transfected with cIAP2 plasmid (p-cIAP2), negative control plasmid vector (p-vector) or 2 μ M APG-1387. After 48 hours treatment, cell lysates were collected. Western blot analysis was used to detect specificity of cIAP1 antibody (CST, cat. no. 7065) and cIAP2 antibody (Abcam, cat. no. ab32059). P-ladder, Pre-stained protein ladder (Life, cat. no. 26616); APG-1387, 2 μ M APG-1387.

2 Supplementary Tables

Supplementary Table 1. Clinical characteristics of 12 HCC patients from Tongji hospital

Variable	Number/Mean \pm SD (range)
Age (year)	53.17 \pm 3.657, (26-68)
Gender (male or female)	10/2
HBV (+/-)	12/0
HBsAg (>250/ \leq 250 IU/mL)	9/3
HBsAb (>10/ \leq 10 IU/L)	2/10
HBeAg (>1/ \leq 1 S/CO)	4/8
HBeAb (>1/ \leq 1 S/CO)	5/7
HBcAb (>1/ \leq 1 S/CO)	12/0
HCV (+/-)	0/12
History of Schistosoma (+/-)	0/12
History of smoking (+/-)	4/8
History of drinking (+/-)	3/9
diabetes mellitus (+/-)	7/5
Hepatic encephalopathy (+/-)	1/11
Ascites (+/-)	4/8
Pathological grading (poorly/moderately/well differentiation)	4/4/4
Number of tumor nodules (>1/ \leq 1)	2/10

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Tumor size (>3/≤3 cm)	11/1
Portal vein tumor thrombus (+/-)	4/8
Distance metastasis (+/-)	1/11
Tumor encapsulation (+/-)	6/6
Cirrhosis (+/-)	10/2
Alanine aminotransferase (≥40/<40 U/L)	3/9
alpha-Fetoproteins (≥20/<20 μg/L)	8/4

SD, standard deviation;

HBV, hepatitis B virus; HBsAg, HBV surface antigen; HBsAb, antibody to HBsAg; HBeAg, HBV e Antigen; HBeAb, antibody to HBeAg; HBcAb, HBV core antibody; HCV, hepatitis C virus.

Supplementary Table 2. HCC patient characteristics data from TCGA public database

Characteristics	HCC matched with adjacent normal liver tissue (n=49)
Age (year)	61.4±16.2
(range)	(20-81)
Gender (male/female)	28/21
TNM	
T1/T2/T3/T4	20/13/13/3
N0/N1/Nx	31/1/17
M0/M1/Mx	32/1/16
Stage (I/II/III/IV/-)	18/10/12/1/8
Pathological grade (1/2/3/-)	5/26/15/3

HCC, hepatocellular carcinoma;

T, local tumor; N, lymph node; M, metastases.