

Supplementary Figure 1. LCL-161 synergizes with etoposide and vincristine in RRCL models. a) CI values for LCL-161 and vincristine show mostly additive (CI=1) or antagonistic (CI>1) interactions in the Raji cell line. b) Stronger synergy in the Raji 4RH cell line. c) Antagonism was observed between LCL-161 and etoposide in the Raji cell line at all concentrations tested; d) however, synergy was observed between etoposide and LCL-161 in the Raji 4RH cell line, suggesting combinations of LCL-161 and etoposide are more active in RRCLs.

Supplementary Figure 2. LCL-161 does not increase rituximab activity *in vivo*. Animals were inoculated with 1×10^6 Raji cells or 10×10^6 Raji 4RH cells. Treatment was administered 7 days after xenograft implantation. Treatment groups were rituximab alone (10mg/kg IV), LCL-161 alone (60mg/kg orally), or a combination of LCL-161 and rituximab given according to the above listed doses and routes of administration. LCL-161 and rituximab were given on day 7. No statistically significant difference in survival was observed between the LCL-161 and LCL-161 + rituximab treatment arms in either cell line model.

Supplementary Figure 3. LCL-161 does not increase carfilzomib activity *in vivo*. Animals were inoculated with 10×10^6 Raji 4RH cells. Treatment was administered 7 days after xenograft implantation. Treatment groups were LCL-161 alone (60mg/kg orally), carfilzomib alone (2mg/kg IV), or a combination of LCL-161 and carfilzomib given according to the above listed doses and routes of administration. LCL-161 was given on day 7, while carfilzomib was given on days 7 and 8. No treatment arms were statistically distinct from any other treatment arms.

Supplementary Figure 4. Statistical significance values and patient demographics for all samples in the LCL-161 *ex vivo* studies. a) A statistical comparison of anti-tumor responses in *ex vivo* patient samples. P values are for the comparison of 5nM carfilzomib to 5nM carfilzomib + 10uM LCL-161. b) Descriptive statistics of the patient population that *ex vivo* samples were collected from.

Figure S1

a.

Raji LCL-161 + Vincristine (Vin) CI values

	Vin 0.1nM	Vin 0.5nM	Vin 1nM
LCL161 10uM	1.841	5.908	1.214
LCL161 25uM	3.076	0.997	1.061
LCL161 35uM	0.564	0.979	0.967

b.

Raji 4RH LCL-161 + Vincristine (Vin) CI values

	Vin 0.1nM	Vin 0.5nM	Vin 1nM
LCL161 10uM	5.512	0.878	0.815
LCL161 25uM	0.749	0.399	0.385
LCL161 35uM	0.498	0.576	0.432

c.

Raji LCL-161 + Etoposide (Eto) CI values

	Eto 1uM	Eto 2.5uM	Eto 5uM
LCL161 10uM	5.69	2.24	1.944
LCL161 25uM	2.44	3.009	2.895
LCL161 35uM	1.465	1.766	1.755

d.

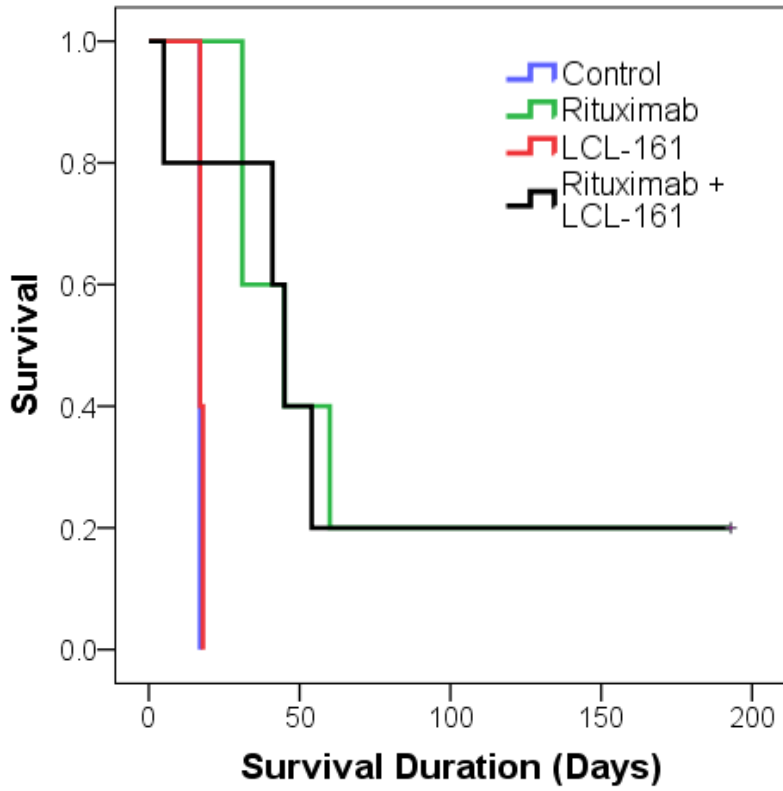
Raji 4RH LCL-161 + Etoposide (Eto) CI values

	Eto 1uM	Eto 2.5uM	Eto 5uM
LCL161 10uM	>10	>10	1.172
LCL161 25uM	1.071	1.48	0.326
LCL161 35uM	1.971	0.551	0.232



Figure S2

Raji



Raji 4RH

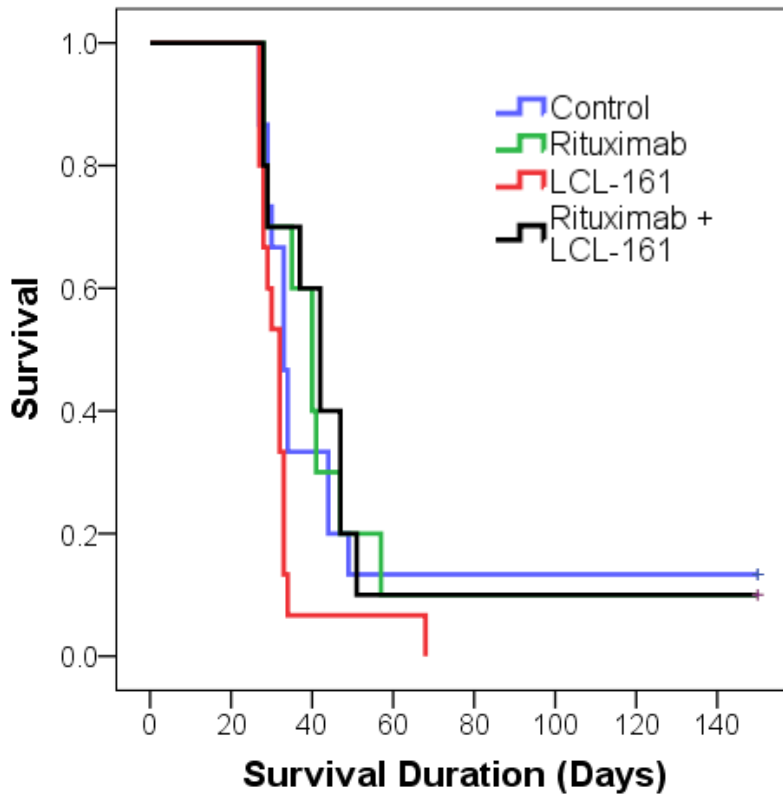


Figure S3

Raji 4RH

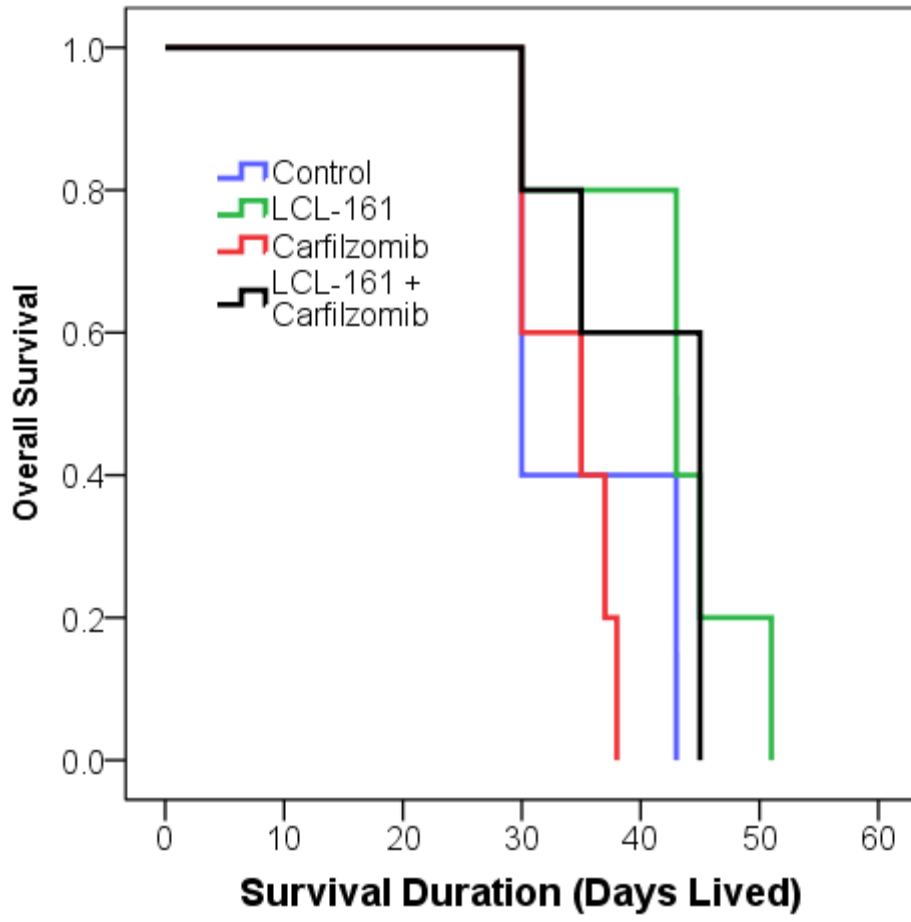


Figure S4

a.

Patient Number	Diagnosis	Biopsy Site	Age and Gender	Prior Therapy	Lifetime Rituximab (mg/m ²)
141	ABC-DLBCL	Lung	20, M	R-EPOCH, R-ICE, R-DHAC, HyperCVAD	3750
121	FL, grade IIIA	Tonsil	73, M	None	0
109	FL, grade IIIA	Lymph node	71, M	R-CHOP, R-Bendamustine	4500
123	FL, grade I-II	Lymph node	79, F	None	0
127	FL, grade not available	Lymph node	77, F	R-fludarabine, R-doxil	4500
130	FL, grade not available	Lymph node	69, F	R-CHOP, R-fludarabine	3375
139	MZL	Spleen	67, F	None	0
164	MZL	Spleen	69, M	None	0
110	MZL	Spleen	51, F	R-fludarabine	2250
160	MZL	Spleen	66, M	Steroids	0
128	MCL	Lymph node	66, M	None	0
137	MCL	Blood	62, M	None	0
138	MCL	Bone marrow	51, M	None	0
165	MCL	Lymph node	39, M	None	0
146	MCL	Blood	M, 56	R-hyperCVAD, HDC-ASCT, BTZ, Ibrutinib	2250

b.

Number of Cases	15
Median age, years (Range)	61 (20-79)
Sex: M/F	10/5
Disease Status •De Novo/Relapse	7/8

ABC-DLBCL: Activated B-cell diffuse large B-cell lymphoma, FL: Follicular lymphoma, MZL: Marginal zone lymphoma, MCL: Mantle cell lymphoma, R-EPOCH: Rituximab, Etoposide phosphate, Prednisone, Vincristine sulfate, Cyclophosphamide, and Doxorubicin hydrochloride, R-ICE: Rituximab, Ifosfamide, Carboplatin and Etoposide, R-DHAC: Rituximab, Dexamethasone and high-dose Cytarabine, HyperCVAD: Cyclophosphamide, Vincristine, Doxorubicin and Dexamethasone, HDC-ASCT: high-dose chemotherapy and autologous stem cell transplantation, BTZ: Bortezomib, M: Male, F: Female