

Figure S1: Characterization of screen reproducibility and pathway-level analysis, related to Figure 1.

(A) Replicate-to-replicate comparison of gene-level essentiality phenotypes in THP-1. Essential controls are shown in red, non-essential controls in yellow, and non-targeting controls in blue. **(B)** GSEA enrichment plots for five top-scoring pathways pulled out from pre-ranked GSEA analysis of a CRISPR-based metabolic screen performed in the presence versus absence of ABT-199. **(C)** Metabolic library genes were binned into metabolic pathways. Overall essentiality score for a pathway, shown in light blue, was calculated as the average essentiality TS of all genes binned in that pathway. Sensitizing score, shown in dark blue, was calculated as the average sensitizing TS of all genes binned.

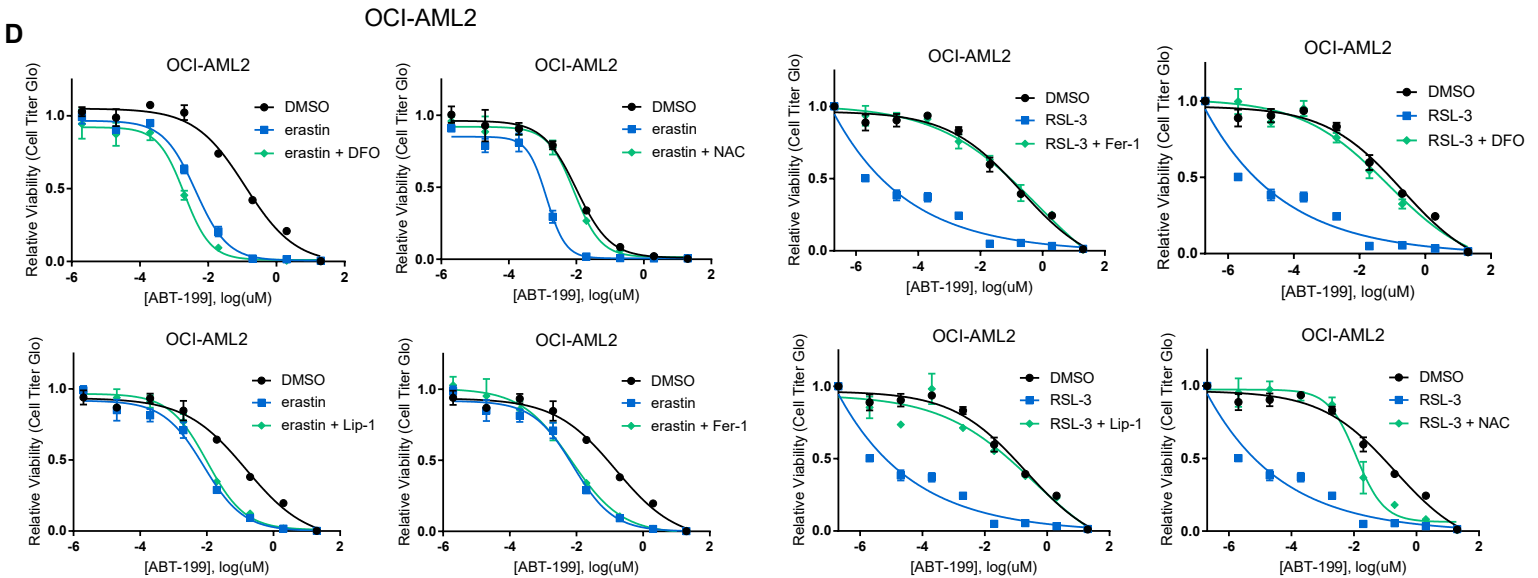
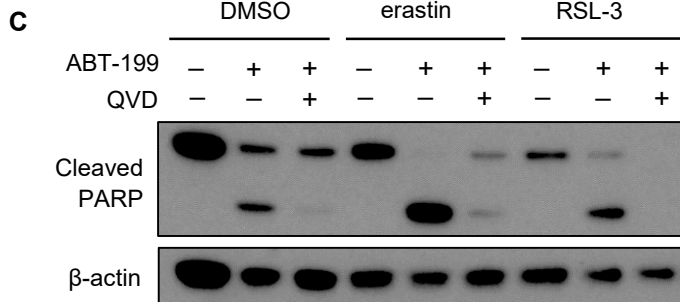
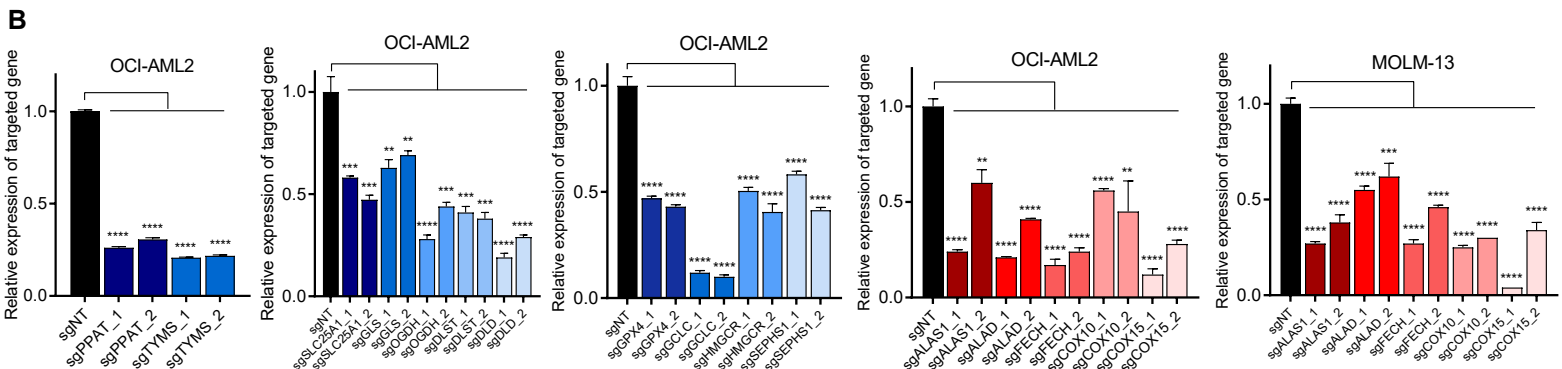
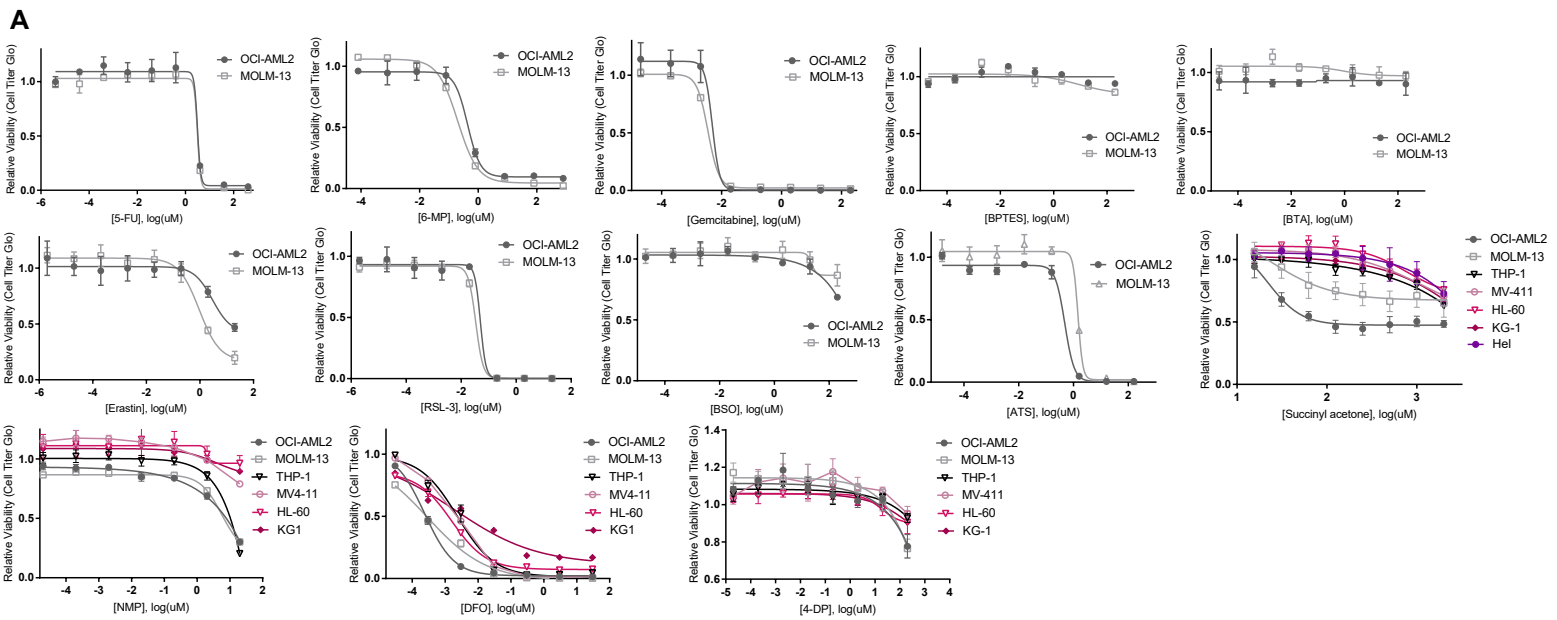


Figure S2: Validation of therapeutic / genetic perturbations, related to Figure 3.

(A) 72hr dose-response curves for drugs used to validate hits. Sub-lethal doses for combination treatment with ABT-199 were selected based on reported curves. **(B)** Relative mRNA expression of targeted metabolic genes measured by qRT-PCR. OCI-AML2 or MOLM-13 cells were transduced with CRISPR constructs targeting each of the stated genes. Reported values represent relative depletion of the targeted gene against nontargeting sgRNA. **(C)** Immunoblots of cleaved-PARP in OCI-AML2 cells treated for 24hr with ABT-199 30nM, QVD 20 μ M, and erastin 4 μ M or RSL-3 600nM. **(D)** 72hr ABT-199 dose-response curves for OCI-AML2 cells treated with background doses of erastin 4 μ M or RSL-3 200nM, DFO 2.5 μ M, NAC 1mM, Lip-1 1 μ M, and Fer-1 1 μ M.

** $p \leq 0.01$, *** $p \leq 0.001$, **** $p \leq 0.0001$ by student's t-tests; n=3. Data are mean \pm SD.

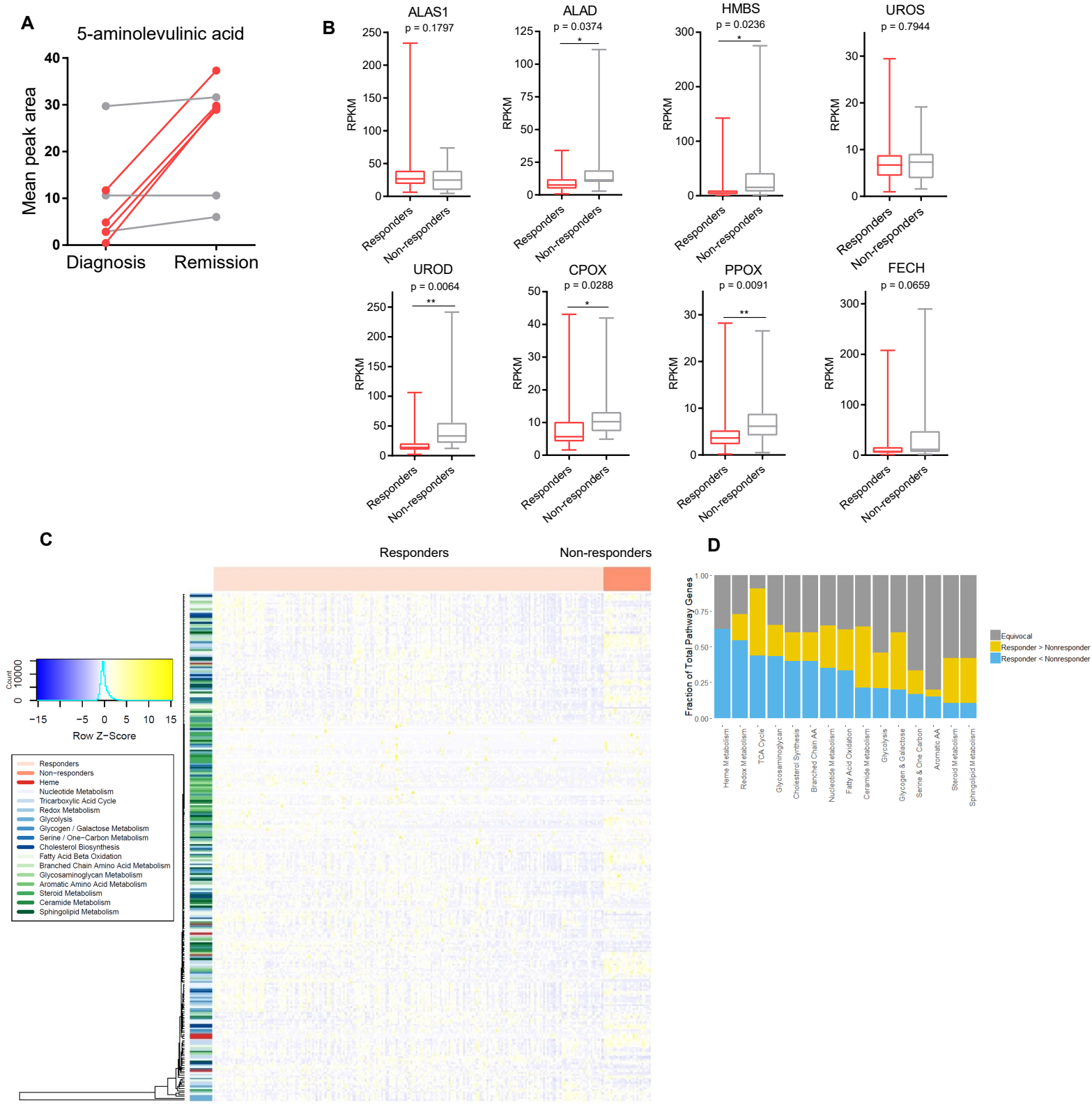


Figure S3: Matched patient samples exhibit restoration of heme pathway upon remission, related to Figure 4.

(A) Comparison of 5-aminolevulinic acid levels from pediatric AML patients taken at diagnosis vs. upon remission ($n = 7$). Data shown reflect matched 5-ALA levels for each individual. (B) Expression pattern of heme biosynthetic pathway genes in on-diagnosis samples from pediatric patients who achieved remission with induction therapy (responders) $n = 213$, or pediatric patients who failed to achieve remission within two rounds of induction therapy (non-responders) $n = 25$. $*p \leq 0.05$, $**p \leq 0.01$ by student's t-tests with Welch's correction. Data are mean \pm SD. (C) Heatmap of metabolic gene expression from responder samples and non-responder samples, with unsupervised clustering of rows. Data displayed as RPKM intensities, mean-centered across all samples. (D) Expression of each metabolic gene was individually compared between responder and non-responder groups and binned into one of three categories based on two-sided t-tests ($p \leq 0.05$): no significant difference, significantly higher expression in responders, and significantly higher expression in non-responders. The proportion of pathway genes scoring in each category is displayed.

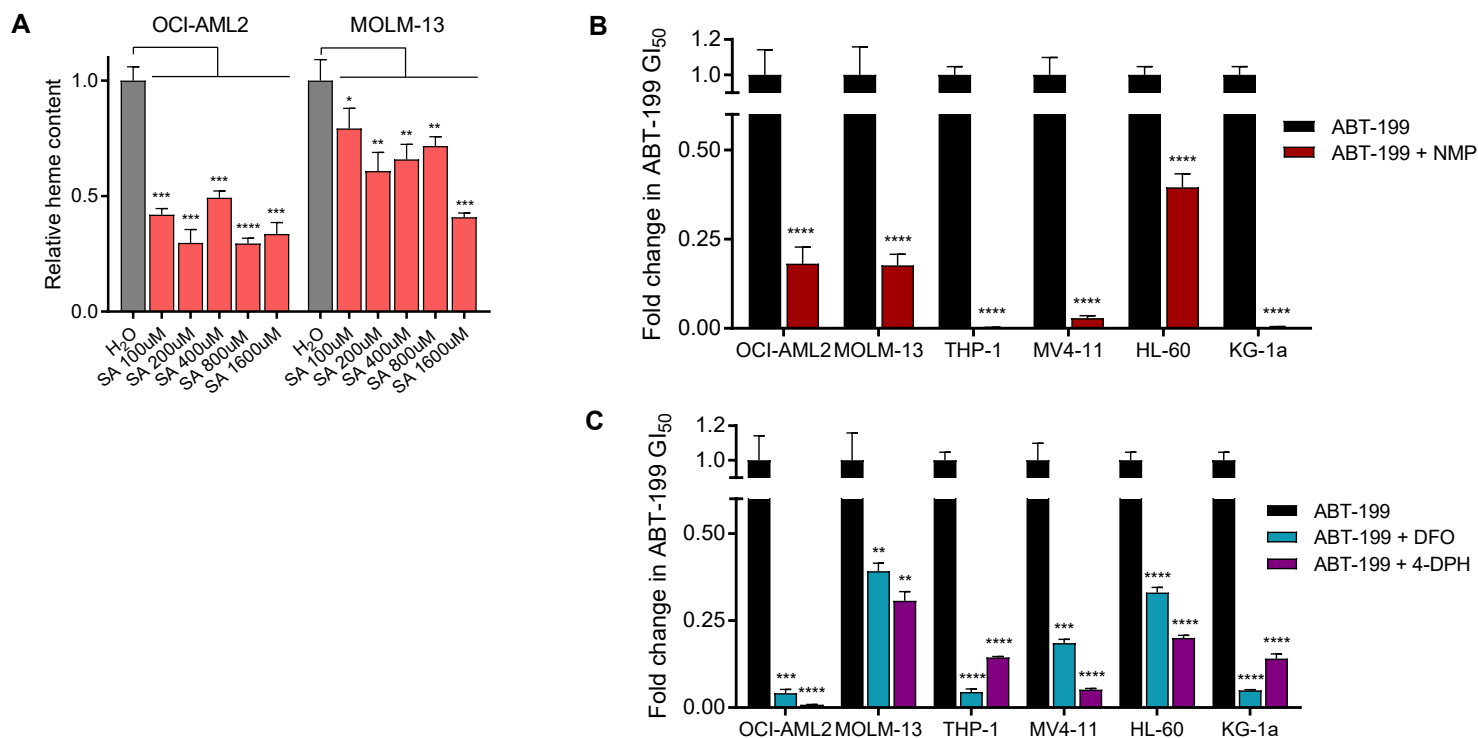


Figure S4: Effects of heme manipulation on heme levels and ABT-199 sensitivity, related to Figure 5.

(A) Heme assay assessing relative heme content. OCI-AML2 and MOLM-13 cells were treated for 48h with increasing doses of SA. **(B)** Fold change in 72hr GI_{50} values derived from ABT-199 dose-response curves, in the presence and absence of NMP. OCI-AML2 cells were pre-treated with NMP for 48h before plating (OCI-AML2: 10µM, MOLM-13: 12µM, THP-1: 6µM, MV-411: 10µM, HL-60: 4µM, KG-1: 10µM). Absolute GI_{50} values were normalized to viability in NMP alone to permit observation of supra-additive effects. **(C)** Fold change in ABT-199 72hr GI_{50} values derived from ABT-199 dose-response curves, in the presence and absence of DFO or 4-DPH. OCI-AML2 cells were pre-treated with DFO (OCI-AML2: 4µM, MOLM-13: 2.5µM, THP-1: 4µM, MV-411: 4µM, HL-60: 4µM, KG-1: 4µM) or 4-DPH (OCI-AML2: 3mM, MOLM-13: 3mM, THP-1: 6mM, MV4-11: 6mM, HL-60: 6mM, KG-1: 6mM) for 48h before plating. Absolute GI_{50} values were normalized to viability in each background drug alone.

* $p \leq 0.05$, ** $p \leq 0.01$, *** $p \leq 0.001$, **** $p \leq 0.0001$ by student's t-tests; $n=3$, data are mean \pm SD.

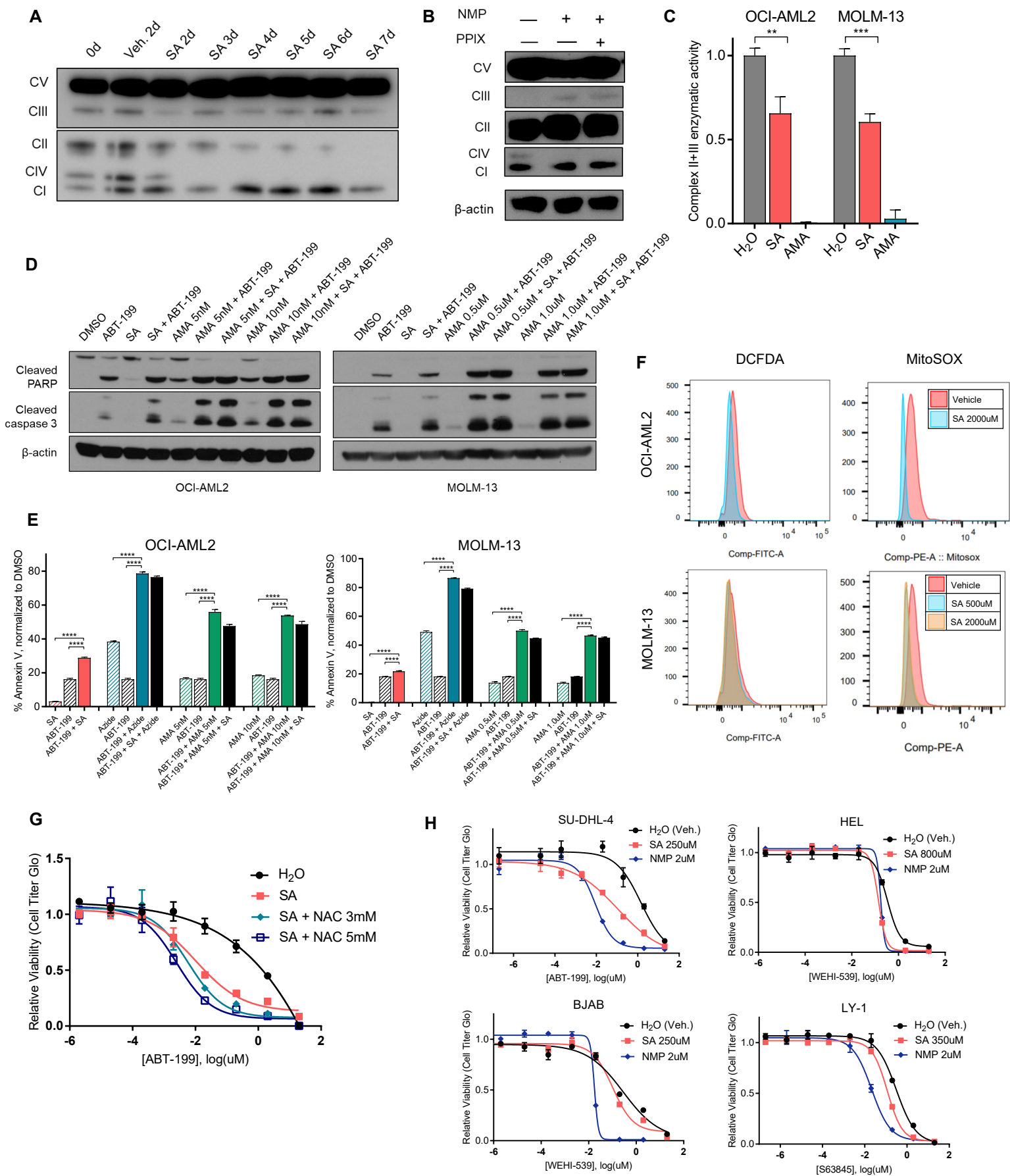


Figure S5: Effects of heme manipulation on the ETC and apoptosis, related to Figure 6.

(A) Immunoblot of subunits of ETC complexes I – V in OCI-AML2 cells treated with SA 250 μ M for between 2 and 7 days. Complex IV is durably suppressed over 2-day to 7-day SA treatment. Complex II is suppressed around Day 4. **(B)** Immunoblot of subunits of ETC complexes I – V in OCI-AML2 cells treated with NMP 5 μ M and NMP + PPIX 2.5 μ M for 48h. **(C)** Enzymatic activity of complexes II + III in cells treated with SA (OCI-AML2: 250 μ M, MOLM-13: 750 μ M) and antimycin A (AMA) 5 μ M for 48hr. Enzymatic activity normalized to vehicle treatment. **(D)** Immunoblots of cleaved-PARP and cleaved-caspase 3 in cells treated with SA for 48hr (OCI-AML2: 100 μ M, MOLM-13: 750 μ M), AMA for 48hr (OCI-AML2: 5nM and 10nM, MOLM-13: 0.5 μ M and 1.0 μ M), ABT-199 for 8h (OCI-AML2: 50nM, MOLM-13: 30nM), or the combinations. **(E)** Percentage of drug-induced apoptosis (annexin V+) in cells treated with SA for 48hr (OCI-AML2: 100 μ M, MOLM-13: 750 μ M), azide (OCI-AML2: 200 μ M, MOLM13: 2mM) for 48hr, AMA (OCI-AML2: 5nM and 10nM, MOLM-13: 0.5 μ M and 1.0 μ M) for 48hr, ABT-199 (OCI-AML2: 50nM, MOLM-13: 30nM) for 8h, or in shown combinations. **(F)** Cytosolic and mitochondrial ROS production assessed by flow cytometry using H₂DCFDA and MitoSOX, with SA treatment for 24h in OCI-AML2 and MOLM-13. **(G)** 72hr ABT-199 dose-response curves for OCI-AML2 cells treated with background dose of SA 300 μ M and rescued with NAC 3mM and 5mM. **(H)** ABT-199 dose response curves for SU-DHL-4 cells (BCL-2-dependent), WEHI-539 dose response curves for HEL cells and BJAB cells (BCL-xL-dependent), and S63845 dose response curves for OCI-LY-1 cells (MCL-1-dependent), in indicated background doses of SA and NMP, demonstrating sensitization to BH3 mimetics in non-BCL2-dependent, non-AML models.

** p \leq 0.01, *** p \leq 0.001, **** p \leq 0.0001 by student's t-tests; n=3, data are mean \pm SD.

Figure S6: Capacity of heme depletion to sensitize ABT-199 is driven by baseline mitochondrial membrane depolarization, not by induction of ROS or BCL-2-specific interaction, related to Figure 6.

(A) Immunoblots of anti-apoptotic proteins Bcl-2, Bcl-xL, Mcl-1 and pro-apoptotic proteins Bim, Bid, Bax, Bak, Bad, phospho-Bad sites (S112 and S136), PUMA, and NOXA in cells treated with SA for 48hr (OCI-AML2: SA 250 μ M and PPIX 5 μ M, THP1: 2mM, KG-1 α : 1.5mM, MOLM13: SA 750 μ M, HL-60: 2mM, MV-411: 1mM). **(B)** Immunoblots of Bax (N terminus epitope) in cells treated with SA for 48hr (OCI-AML2: 100 μ M, MOLM-13: 750 μ M) and ABT-199 (OCI-AML2: 50nM, MOLM-13: 30nM) for 8h. Cells were collected and fractionated. Shown are the membrane fractions. **(C)** Immunoblots examining Bax bound to Bcl-2, after immunoprecipitation for Bcl-2. OCI-AML2 cells were treated with SA 100 μ M and 250 μ M for 48hr. **(D)** JC-1 fluorescence in OCI-AML2 cells transduced with two independent sgRNAs targeting ALAS1, ALAD, FECH, and COX10, relative to a non-targeting sgRNA. **(E)** Fold change in 72hr GI₅₀ values derived from ABT-199 dose-response curves treated in the presence and absence of FCCP (all lines: 2 μ M) and CCCP (OCI-AML2: 4 μ M, MOLM-13: 5 μ M, THP-1: 3 μ M, MV-411: 3 μ M, KG-1 α : 6 μ M, HL-60: 3 μ M). Absolute GI₅₀ values were normalized to viability in FCCP or CCCP alone. **(F)** JC-1 fluorescence in OCI-AML2 cells treated with FCCP (all lines: 2 μ M) and CCCP (OCI-AML2: 4 μ M, MOLM-13: 5 μ M, THP-1: 3 μ M, MV-411: 3 μ M, KG-1 α : 6 μ M, HL-60: 3 μ M) for 72hr. **(G)** BH3 profiling. OCI-AML2 cells treated with SA 100 μ M for 48hr, then JC-1 fluorescence was read out over 3hr after addition of Bim 100 μ M and Bid 100 μ M. Shown are fluorescence units relative to the maximum fluorescence in control condition (H₂O + DMSO). **(H)** Membrane potential timecourse, with JC-1 fluorescence read out over 2.5hr after addition of ABT-199. Shown are fluorescence units relative to the maximum fluorescence in control condition (H₂O + DMSO). **(I)** Immunoblots of cytochrome c and beta-actin in OCI-AML2 and MOLM-13 cells treated with SA for 24h, 48h, and 72h.

** p \leq 0.01, *** p \leq 0.001, **** p \leq 0.0001 by student's t-tests; n=3, data are mean \pm SD.