

Loss of histone macroH2A1 in hepatocellular carcinoma cells promotes paracrine-mediated chemoresistance and CD4⁺CD25⁺FoxP3⁺ regulatory T cells activation

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Supplementary Figures

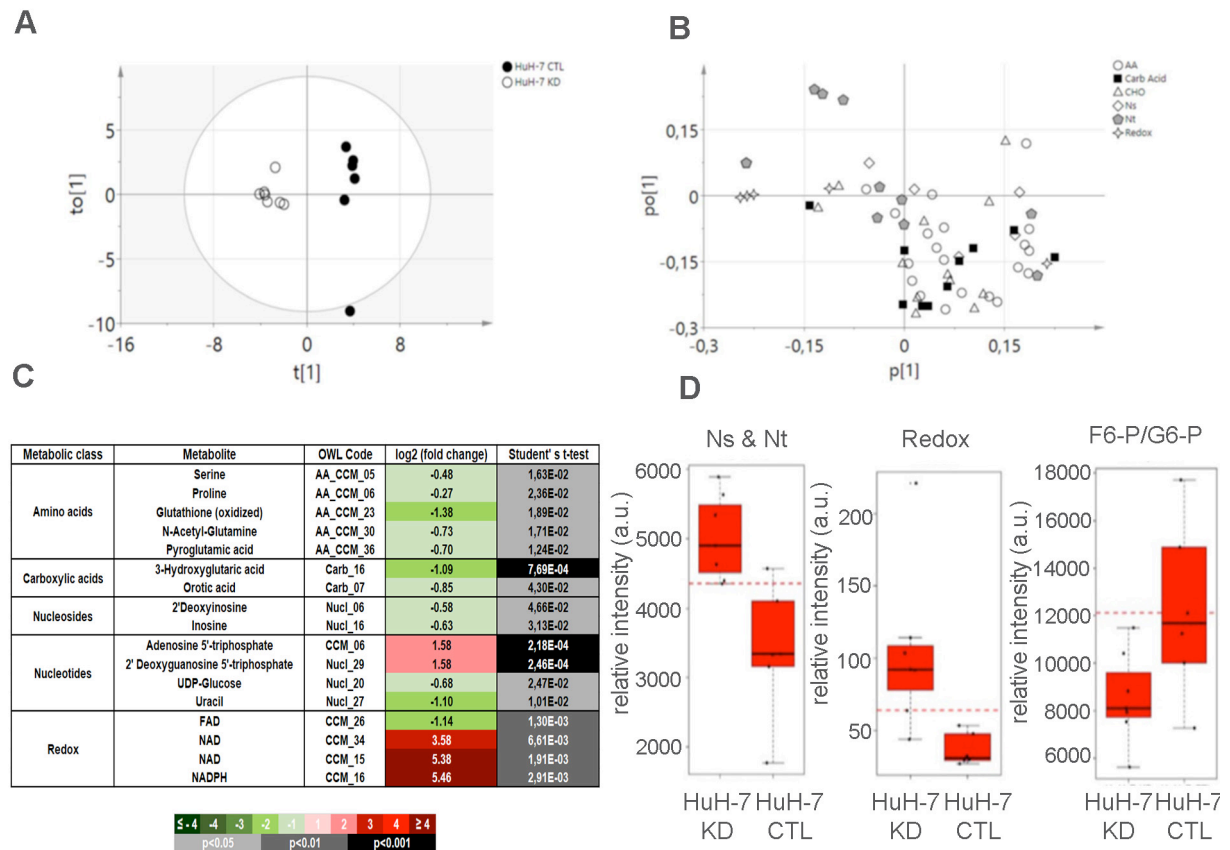


Figure S1. Metabolomic analysis of one carbon metabolism in HCC cells. A. Score scatter plot and B. Loading scatter plot of the OPLS-DA model of Huh-7 control (CTL) versus macroH2A1 KD cells. C. Significantly altered metabolites in Huh-7 KD compared to Huh-7 control CTL cells. FAD (Flavin adenine dinucleotide), NAD (nicotinamide adenine dinucleotide), NADP (NAD phosphate), NADPH (NADP reduced). D. Boxplots of nucleosides and nucleotides (Ns & Nt), redox electron carriers (Redox), and the ratio Fructose-6-phosphate/Glucose-6-phosphate in Huh-7 KD versus Huh-7 CTL cells.

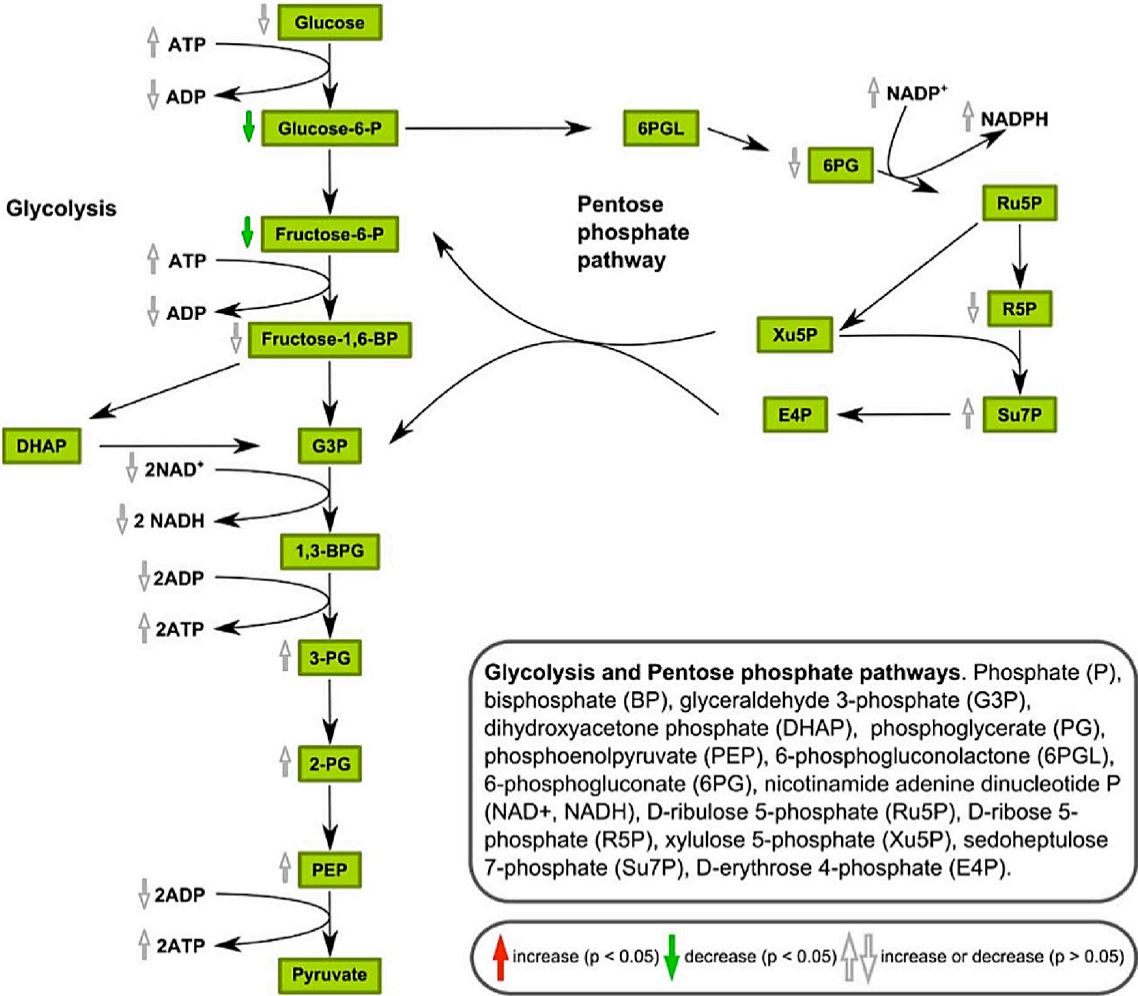


Figure S2. Changes in glycolysis and the pentose phosphate pathway (PPP) in Huh-7 macroH2A1 knockdown (KD) compared to control (CTL) cells. Red arrows indicate significant increases ($P < 0.05$), green arrows indicate significant decreases ($P < 0.05$), and white arrows indicate non-significant changes ($P > 0.05$).

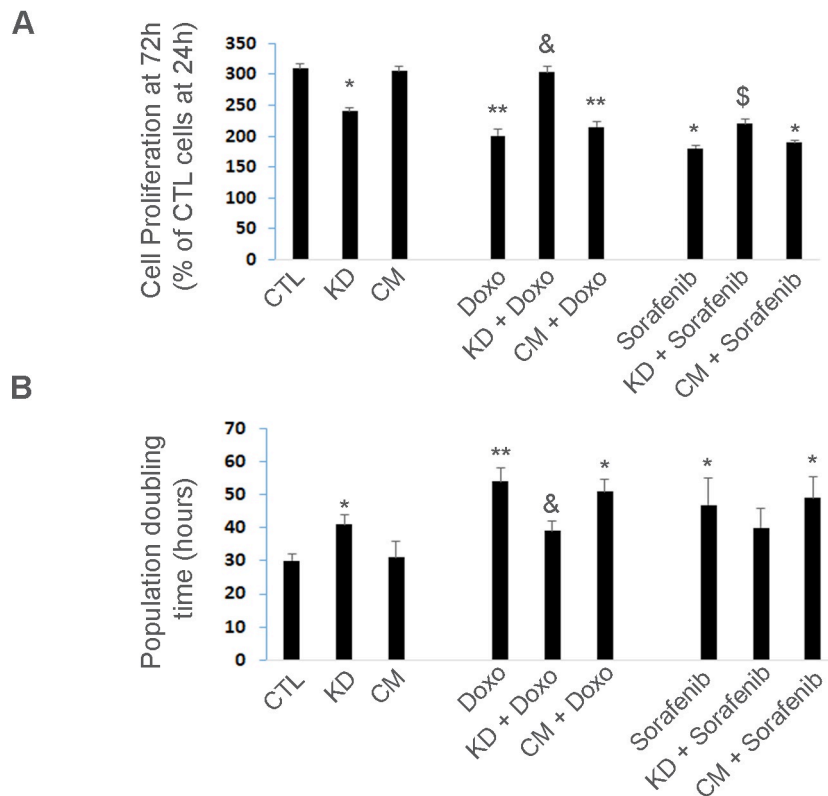


Figure S3. HepG2 macroH2A1 KD cells do not confer chemoresistance to parental cells. A. Three experimental conditions: control (CTL), KD and CTL cells plus KD conditioned medium (CM). C. MTT assay in CTL, KD or CTL + CM cells incubated with or without vehicle (DMSO), 2 μ M Doxorubicin (Doxo) or 1 μ M Sorafenib for 72 h. Data represent the mean cell proliferation \pm s.d. relative to CTL cells at 24 h. N=3. D. Population doubling time in CTL, KD or CTL + CM cells incubated with or without vehicle (DMSO), 2 μ M Doxorubicin (Doxo) or 1 μ M Sorafenib for 72 h. Data represent the mean cell proliferation \pm s.d. N = 3. *P < 0.05, ** P < 0.01 relative to CTL; & P < 0.05 relative to Doxo; § P < 0.05 relative to Sorafenib.

Supplemental Material

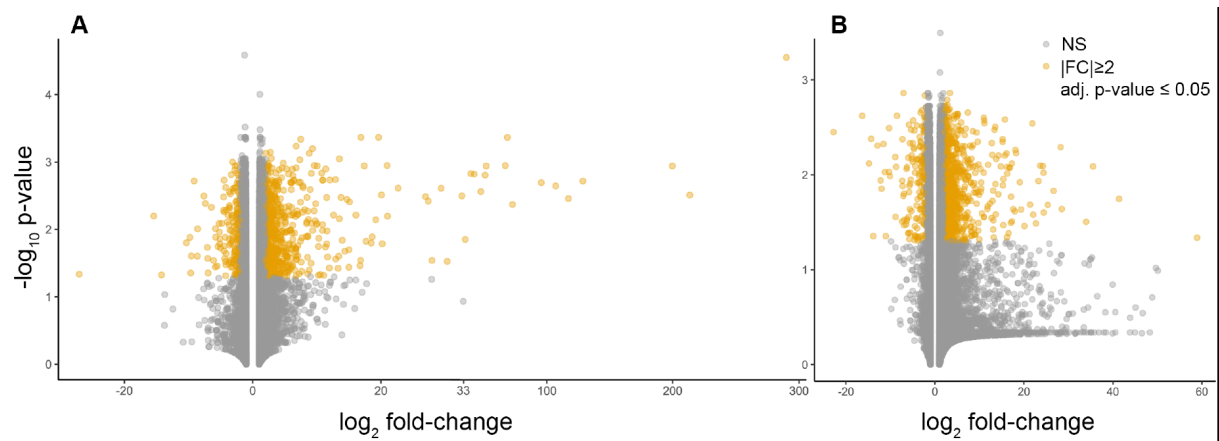


Figure S4. Volcano plot representing differentially expressed genes between macroH2A1 KD versus control cells (A), and between conditioned media (CM) KD treated cells versus control Huh-7 cells. Orange dots: significant and differentially expressed genes. Grey dots: statistically nonsignificant (NS) expressed genes. 783 and 987 genes were significantly and differentially expressed ($|FC| \geq 2$, $\text{adj. } p\text{-value} \leq 0.05$) over a total number of 26439 screened genes, in macroH2A1 KD or CM KD versus control Huh-7 cells, respectively.

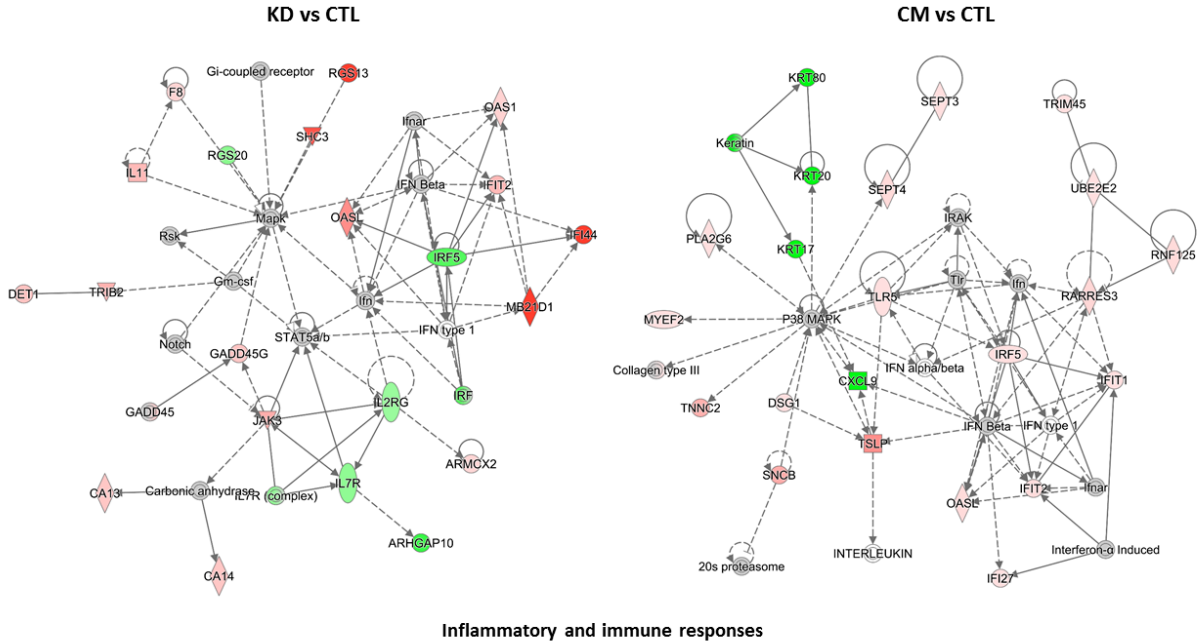


Figure S5. Functional enrichment analysis of commonly and differentially expressed genes in control (CTL), macroH2A1 knockdown (KD) and conditioned media (CM) Huh-7 cells. C. Networks of differentially expressed genes in KD vs CTL (left) and CM vs CTL (right) involved in the Inflammatory and Immune Responses functions. Over-expressed and down-regulated molecules are colored in red and green, respectively.

Supplemental Material

A

POS	POS	NEG	NEG	ENA-78	GCSF	GM-CSF	GRO	GRO- α	I-309	IL-1 α	IL-1 β
POS	POS	NEG	NEG	ENA-78	GCSF	GM-CSF	GRO	GRO- α	I-309	IL-1 α	IL-1 β
IL-2	IL-3	IL-4	IL-5	IL-6	IL-7	IL-8	IL-10	IL-12 P40/p70	IL-13	IL-15	INF- γ
IL-2	IL-3	IL-4	IL-5	IL-6	IL-7	IL-8	IL-10	IL-12 P40/p70	IL-13	IL-15	INF- γ
MPC-1	MCP-2	MPC-3	MCSF	MDC	MIG	MIP-16	RANTES	SCF	SDF-1	TARC	TGF- β 1
MPC-1	MCP-2	MPC-3	MCSF	MDC	MIG	MIP-16	RANTES	SCF	SDF-1	TARC	TGF- β 1
TNF α	TNF- β	EGF	IGF-I	Angiogenin	OncostatinM	Thrombopoietin	VEGF	PDGF BB	Leptin	NEG	POS
TNF- α	TNF- β	EGF	IGF-I	Angiogenin	OncostatinM	Thrombopoietin	VEGF	PDGF BB	Leptin	NEG	POS

B



Figure S6. Conditioned media (CM) from HepG2 macroH2A1 KD cells has similar cytokine/chemokine content to HepG2 control cells. A. 48 human cytokines/chemokines were analyzed in the Huh-7 control (CTL) and KD cell supernatants.

Supplemental Material

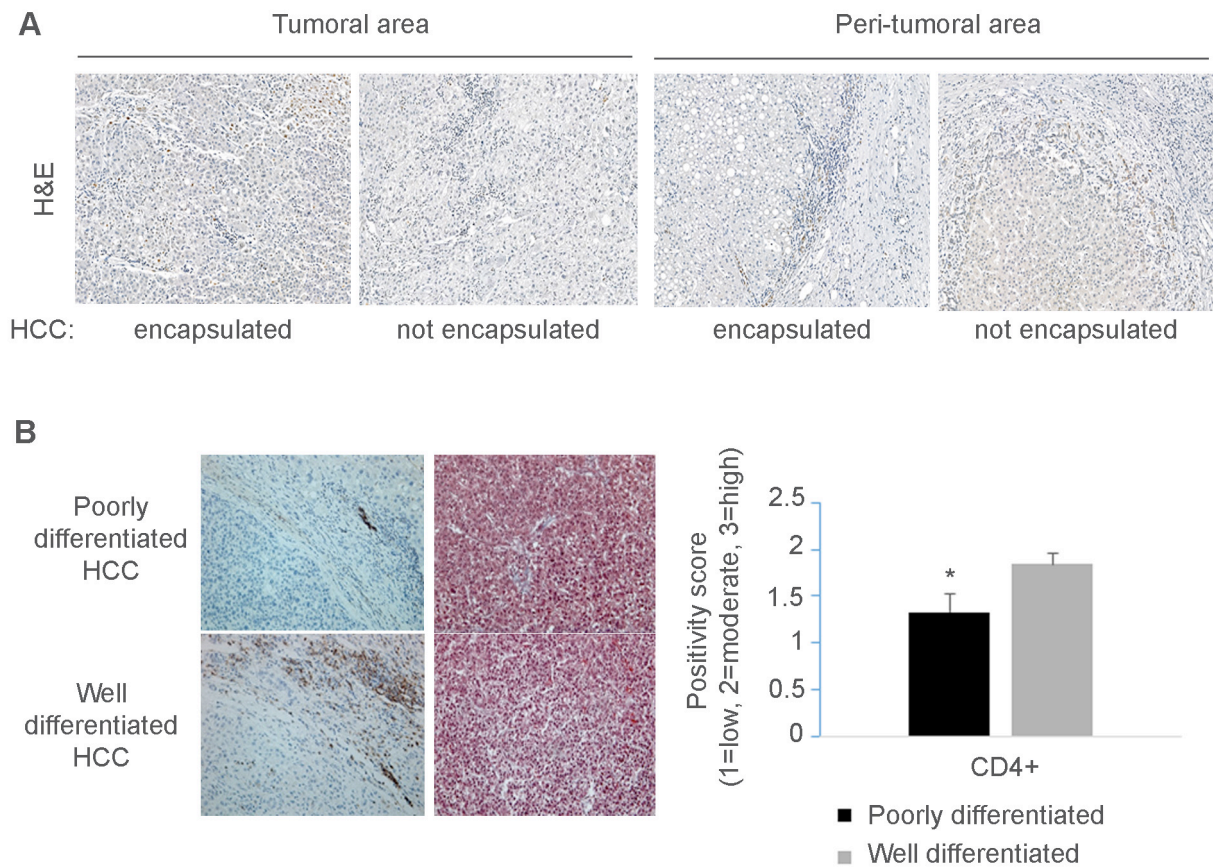


Figure S7. HCC harboring low macroH2A1 expression displays decreased CD4(+) lymphocyte infiltration. A. Representative hematoxylin & eosin (H&E) staining of encapsulated versus non-encapsulated Hepatocellular carcinoma (HCC) tumors from explanted livers of patients undergoing liver transplantation as in Figure 2. Magnification, 100 X. B. Immunohistochemical staining for CD4⁺ cells and H&E staining on poorly-differentiated (n=18) and well-differentiated (n=16) HCC samples, from a previously characterized cohort [1]. The right panel shows a corresponding semi-quantitative evaluation of positivity scores (1=low, 2=moderate, 3=high) for CD4 staining for the same cases. *p < 0.05 compared to well differentiated.

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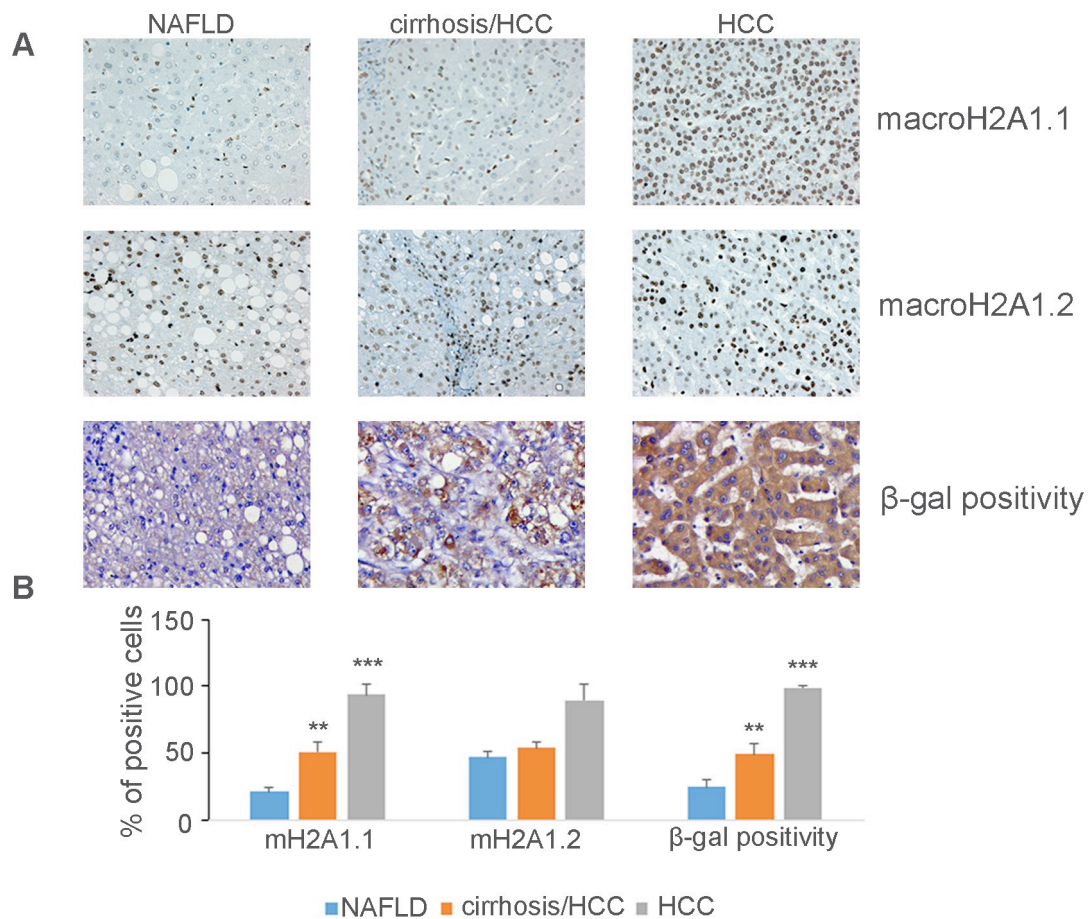


Figure S8. A. Representative pictures of macroH2A1.1, macroH2A1.2 and β -gal immunostaining of human liver samples with NAFLD, cirrhosis, and HCC (n = 10 per condition) [2, 3]. All HCC cells were highly positive for macroH2A1.1, macroH2A1.2 and β -gal; positivity of hepatocytes with NAFLD was significantly lower and was intermediate in viral cirrhosis. Magnification: 400 X. B. After performing quantitative analysis, the results were expressed in a semiquantitative scale (0, 0%; 1, 1%–33%; 2, 34%–66%; 3, 67%–100%). Data were expressed as means \pm SE. **, P < 0.01 and ***, P < 0.001.

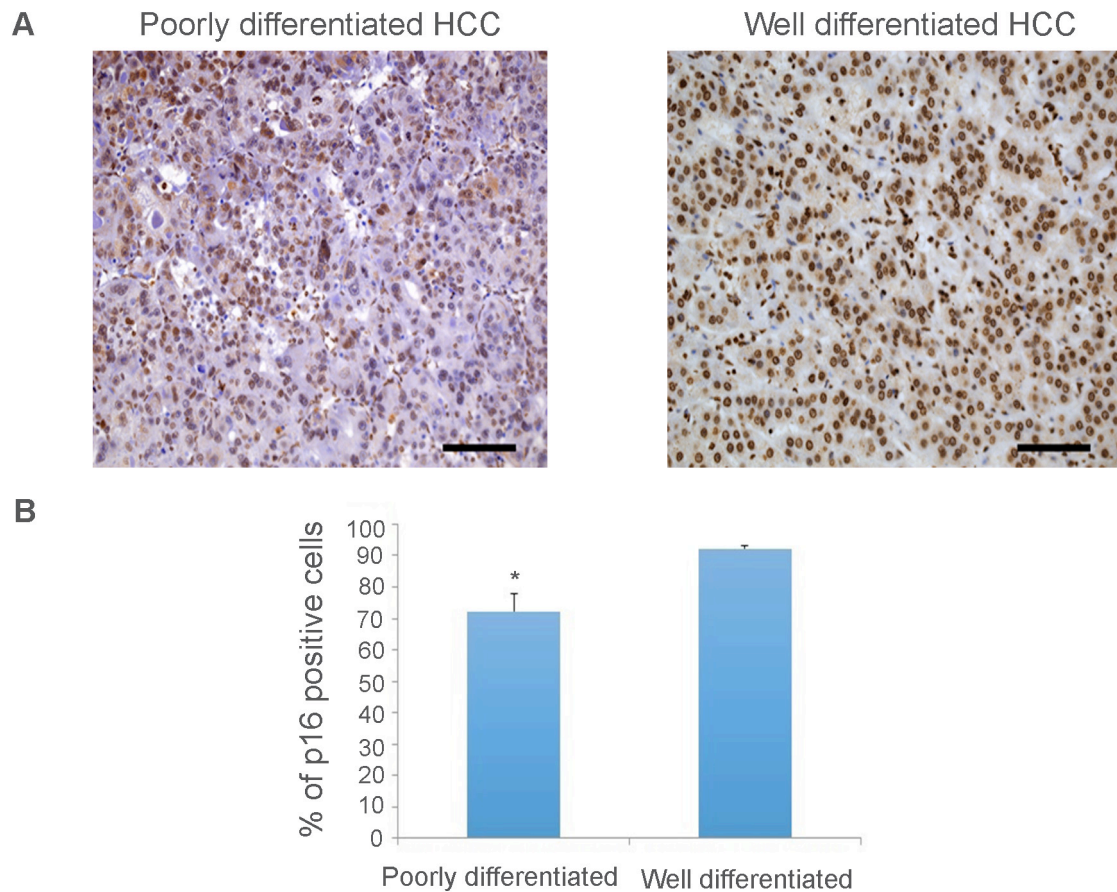


Figure S9. A. Representative immunohistochemical staining for p16 cells on poorly differentiated (n = 18) and well-differentiated (n = 16) HCC samples, from a previously characterized cohort [1]. After performing quantitative analysis, the results were expressed in a semiquantitative scale (0, 0%; 1, 1%–33%; 2, 34%–66%; 3, 67%–100%). Data were expressed as means \pm SE. * $p < 0.05$ compared to well differentiated.

Supplemental Material

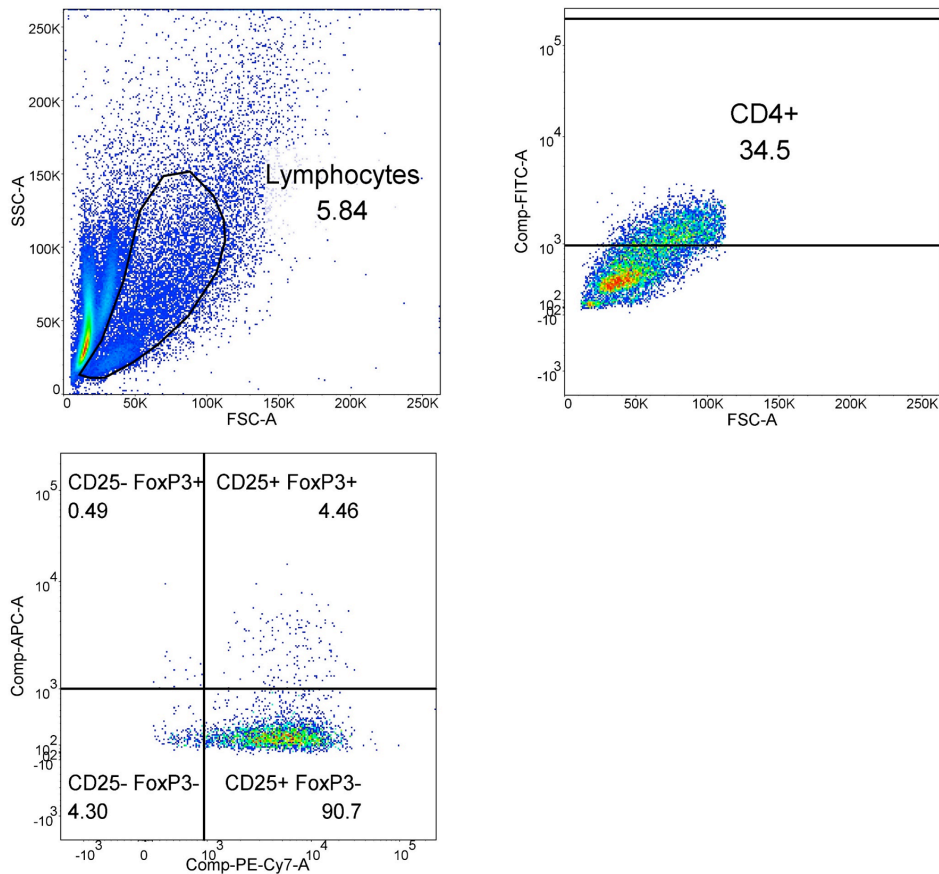


Figure S10. MacroH2A1 KD conditioned media trigger $CD4^+/CD25^+/FoxP3^+$ Treg cells expansion. T cells isolated from peripheral blood mononuclear cells of healthy volunteers were exposed to the culture media as described in Figure 8 Legend. The Figure shows a representative flow cytometric plot. Cells were stained for Treg markers with antibody combination CD4/CD25/FoxP3 and gated for lymphocytes (SSC-A, FSC-A) (upper left panel) and for CD4⁺ (upper right panel). Four populations were then gated: CD4⁺/CD25⁻/FoxP3⁻, CD4⁺/CD25⁻/FoxP3⁺, CD4⁺/CD25⁺/FoxP3⁻ and CD4⁺/CD25⁺/FoxP3⁺ cells (lower left panel).

Supplemental Material

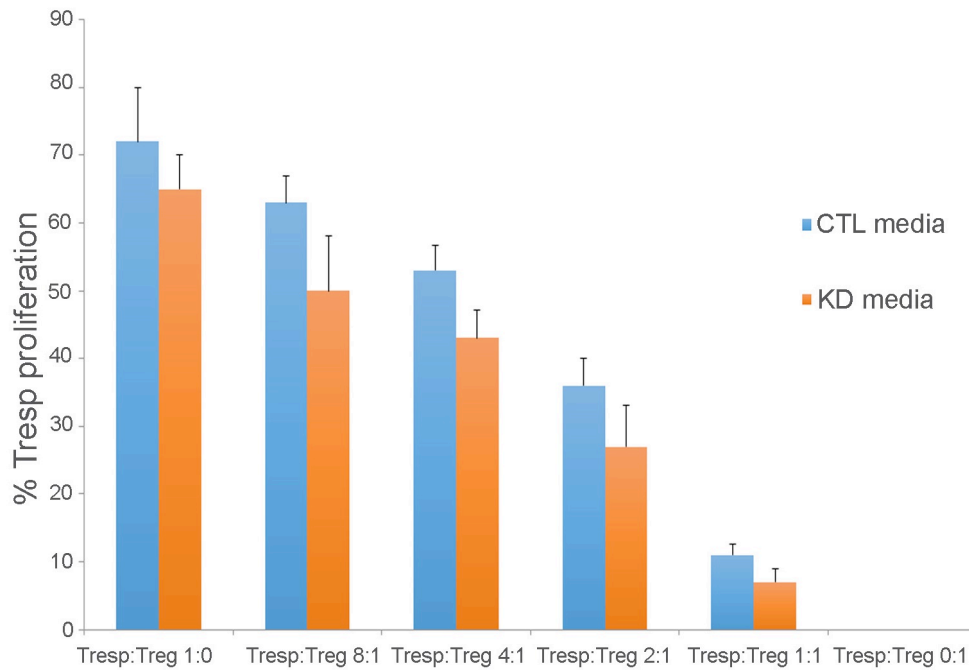


Figure S11. CTL and macroH2A1 KD conditioned media trigger similar CD4⁺/CD25⁺/FoxP3⁺ Treg cells functional activation. The suppressing function was analyzed by CFSE-labeled CD4⁺ CD25⁻ T cells co-cultured with CD4⁺ CD25⁺ Tregs and Treg Suppression Inspector, which was composed of anti-biotin MACSiBead™ particles preloaded with biotinylated anti-CD2, anti-CD3, and anti-CD28 antibodies. After 4 days of culture, proliferation was measured based on CFSE signal.

Supplemental Tables

Supplemental Table 1. Fold changes and unpaired Student's t-test of each individual metabolite and of each metabolic class.

Supplemental Material

Class	Metabolite	Fold change	Log ₂ (fold change)	Student's t-test (p)
AA	Serine	1.06	0.09	6.78E-01
	Proline	1.05	0.07	6.13E-01
	Valine	1.29	0.36	4.87E-02
	Threonine	0.93	-0.11	6.65E-01
	Taurine	0.68	-0.56	1.61E-01
	Isoleucine	0.99	-0.02	9.47E-01
	Leucine	0.94	-0.09	6.71E-01
	Asparagine	0.96	-0.05	8.48E-01
	Glutamine	0.22	-2.20	2.69E-01
	Methionine	0.87	-0.20	4.51E-01
	Phenylalanine	1.28	0.36	9.13E-02
	Tyrosine	1.00	0.00	9.97E-01
	Tryptophan	1.14	0.19	4.29E-01
	Glutathione (reduced)	1.82	0.87	1.97E-01
	Glutathione (oxidized)	0.10	-3.36	2.61E-01
	S-Adenosylhomocysteine	0.93	-0.10	9.51E-01
	N-Acetylglutamic acid	1.44	0.53	2.61E-01
N-Acetyl-glutamine	0.37	-1.44	2.25E-01	
Pyroglutamic acid	0.78	-0.36	2.70E-01	
Hippuric acid	1.38	0.47	1.96E-01	
Carbohydrates	2,3-bisphosphoglycerate	2.00	1.00	4.75E-01
	2-phosphoglycerate / 3-phosphoglycerate	1.11	0.15	8.46E-01
	6-Phosphogluconate	0.07	-3.86	2.70E-01
	D-Mannose 6-phosphate and 1D-myo-Inositol 3-phosphate	0.16	-2.61	3.02E-02
	D-Ribose 5-phosphate	0.12	-3.12	9.58E-02
	Fructose 1,6-bisphosphate	0.40	-1.33	3.85E-01
	Fructose 6-phosphate	0.03	-5.28	1.80E-02
	Glucose	0.68	-0.56	5.66E-02
	Glucose-6-phosphate	0.20	-2.30	3.83E-02
	Phosphoribosyl pyrophosphate	0.18	-2.44	1.80E-01
	Sedoheptulose	1.33	0.41	3.78E-01
Sorbitol	0.79	-0.34	3.99E-01	
Carboxylic acids	3-Hydroxyglutaric acid	1.00	0.01	9.81E-01
	4-Pyridoxic acid	1.54	0.63	4.29E-02
	5-Methyltetrahydrofolic acid	1.32	0.40	3.78E-01
	Citrate / iso-Citrate	0.92	-0.13	6.66E-01
	Fumaric acid	0.87	-0.20	1.13E-01
	Malate	0.86	-0.22	6.59E-02
	N-Acetylneuraminic acid	0.93	-0.10	7.96E-01
	Orotic acid	1.19	0.25	4.89E-01
	Phosphoenolpyruvate	1.94	0.95	4.51E-01
Succinate	0.58	-0.79	6.79E-02	
Fatty acid ester	Acetyl-coenzyme A	25.77	4.69	3.15E-02
Nucleosides	2'Deoxyinosine	0.79	-0.34	4.58E-01
	Guanosine	0.29	-1.81	5.63E-02
	Inosine	0.58	-0.79	1.24E-01
	Uridine	0.99	-0.02	9.69E-01
	Xanthosine	0.60	-0.73	4.24E-01
Nucleotides	Adenosine 5'-diphosphate	0.61	-0.71	5.34E-01
	ADP-Glucose	1.21	0.28	2.49E-01
	Adenosine 5'-monophosphate	0.50	-0.99	5.36E-01
	Adenosine 5'-triphosphate	1.29	0.36	2.65E-01
	Cytidine 5'-triphosphate	1.53	0.61	4.26E-02
	2'-Deoxyguanosine 5'-triphosphate	1.28	0.36	2.83E-01
	Guanosine 5'-diphosphate	0.66	-0.60	5.27E-01
	Guanosine 5'-triphosphate	1.29	0.37	1.99E-01
	UDP-Glucose	0.93	-0.11	7.21E-01
	Uracil	0.87	-0.20	2.99E-01
Uridine 5'-triphosphate	1.26	0.33	3.13E-01	
Redox electron carriers	Flavin adenine dinucleotide	0.70	-0.51	1.67E-01
	Nicotinamide adenine dinucleotide	0.91	-0.14	2.36E-01
	Nicotinamide adenine dinucleotide reduced	0.28	-1.82	2.71E-01
	Nicotinamide adenine dinucleotide phosphate	1.35	0.44	1.31E-01
	Nicotinamide adenine dinucleotide phosphate reduced	1.44	0.53	1.18E-01

Supplemental Table 2. Clinic-pathological features of 20 patients (N=10 with encapsulated HCC + N=10 with not encapsulated/infiltrative HCC) undergoing liver transplantation for HCC in the period 1995-2000 at the Royal Free Hospital (London, UK), included in this study. Demographic information and HCC etiology is shown for encapsulated versus non-

Supplemental Material

encapsulated cases. Viral hepatitis: HBC, HCV, HBV/HCV, HBC/HDV. Cryptogenic: of unknown origin; Alpha 1 T: alpha-1-antitrypsin deficiency.

HCC	N	Male gender	Age	Viral hepatitis	Alcohol	Viral hepatitis + alcohol	Cryptogenic	Alpha 1 T
Not encapsulated	10	100%	53.9±8.3	3	3	2	1	1
Encapsulated	10	70%	53.6±7.7	7	2	0	1	0

References

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2. Borghesan M, Fusilli C, Rappa F, Panebianco C, Rizzo G, Oben JA, et al. DNA Hypomethylation and Histone Variant macroH2A1 Synergistically Attenuate Chemotherapy-Induced Senescence to Promote Hepatocellular Carcinoma Progression. *Cancer research*. 2016; 76: 594-606.
3. Rappa F, Greco A, Podrini C, Cappello F, Foti M, Bourgoïn L, et al. Immunopositivity for histone macroH2A1 isoforms marks steatosis-associated hepatocellular carcinoma. *PloS one*. 2013; 8: e54458.