

**Chronic IL-1 $\beta$ -induced inflammation regulates epithelial-to-mesenchymal transition memory phenotypes via epigenetic modification in non-small cell lung cancer**

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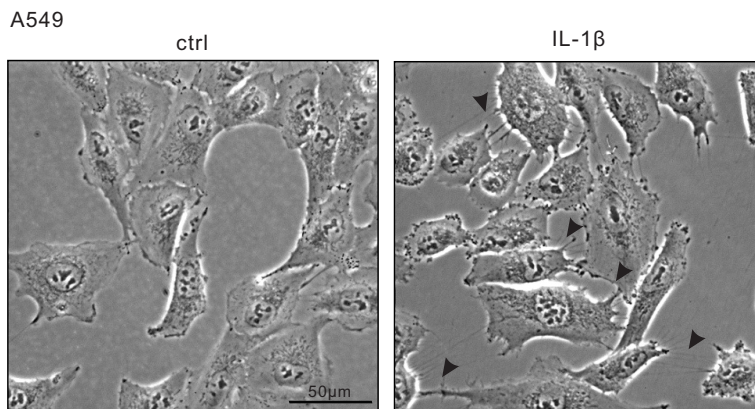
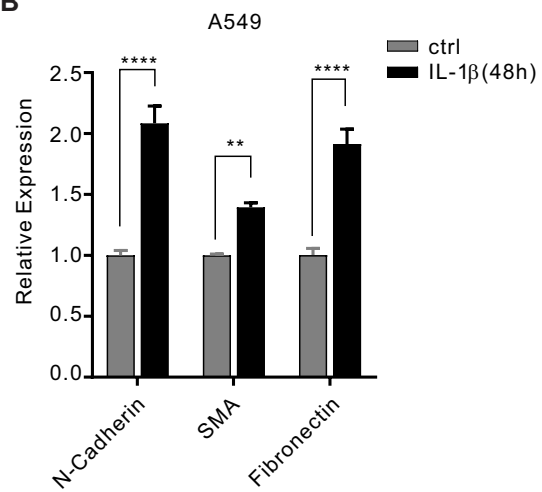
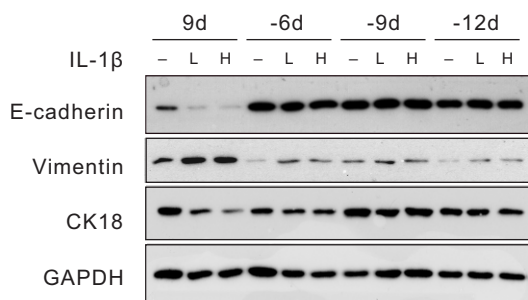
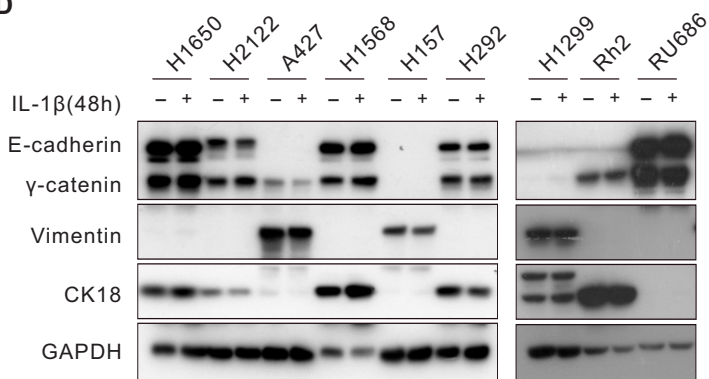
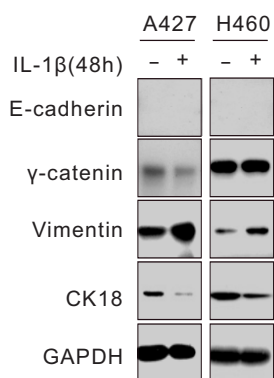
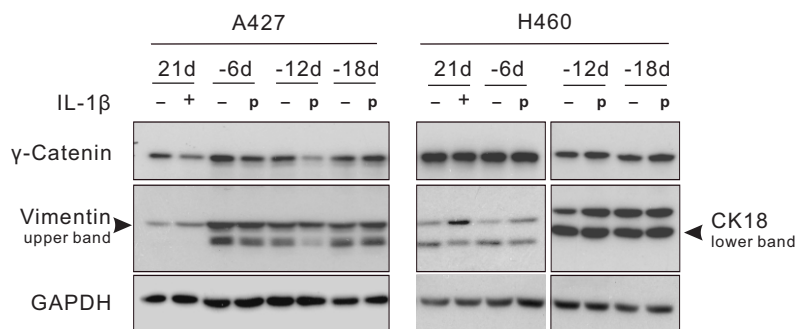
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**A****B****C****D****E****F****Figure S1**

**Figure S1 related to Figure 1. Chronic cytokine exposure leads to EMT memory in NSCLC.**

**A**, Phase-contrast microscopy showed decreased cell-to-cell contacts and increased cell protrusions (indicated by arrow head) following 48-hour IL-1 $\beta$  exposure in A549 cells. **B**, Gene expression of indicated mesenchymal markers by RT-PCR. **C**, High dose of IL-1 $\beta$  exposure did not lead to EMT memory following 9-day IL-1 $\beta$  exposure in A549 cells. **D**, A screening of EMT in indicated NSCLC cell lines following 48-hour IL-1 $\beta$  treatment. **E**, EMT markers in A427 and H460 cell lines following 48-hour IL-1 $\beta$  exposure. E-cadherin was not detected in these two cell lines. **F**, Prolonged EMT phenotype was observed in A427 and H460 following chronic IL-1 $\beta$  exposure. L, low dose (1 ng/ml); H, high dose (10 ng/ml). “p”, previously treated with IL-1 $\beta$ . All results were reported as mean  $\pm$  SEM. \*\*  $P < 0.002$ , \*\*\*\*  $P < 0.0001$ .

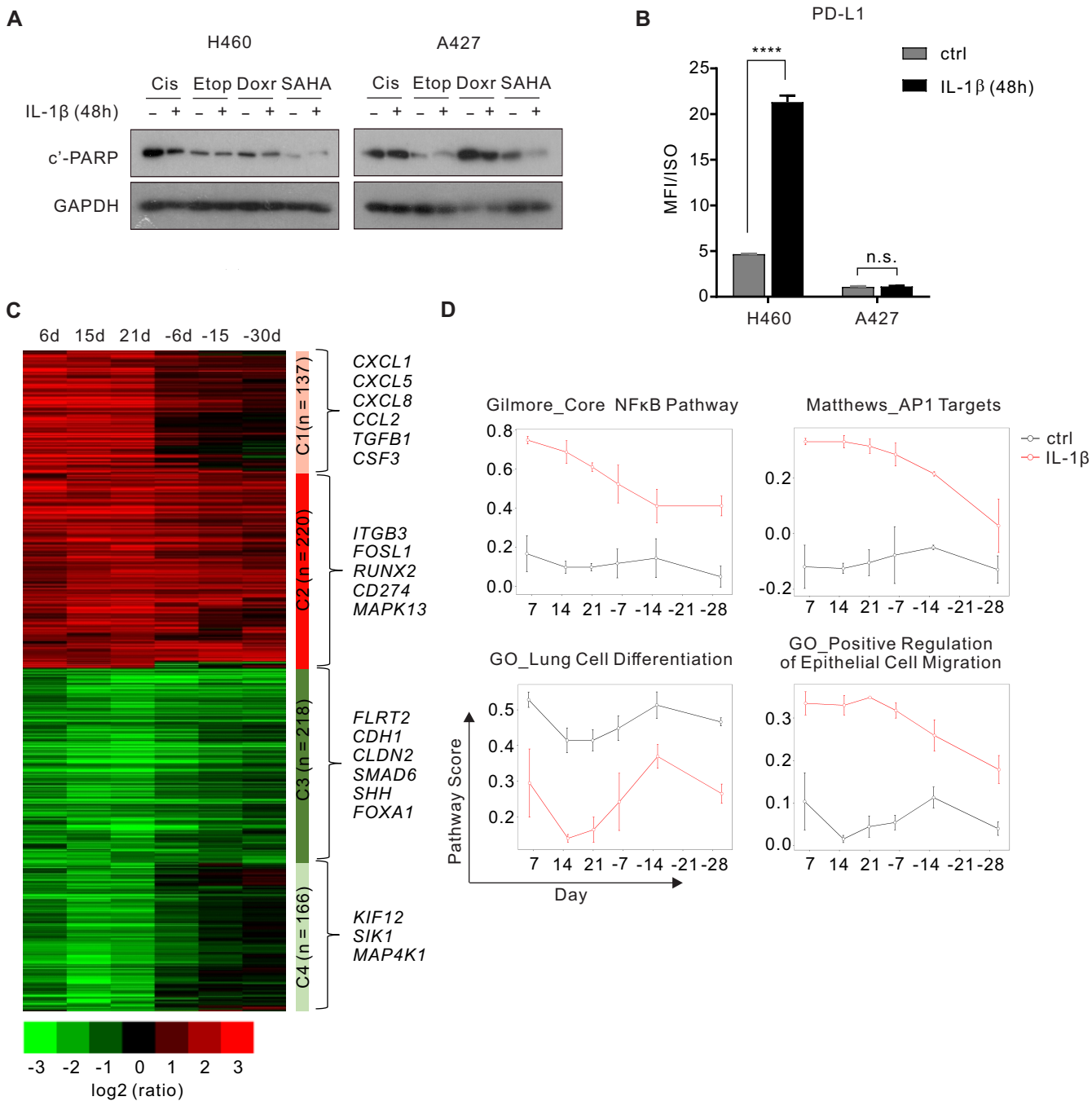
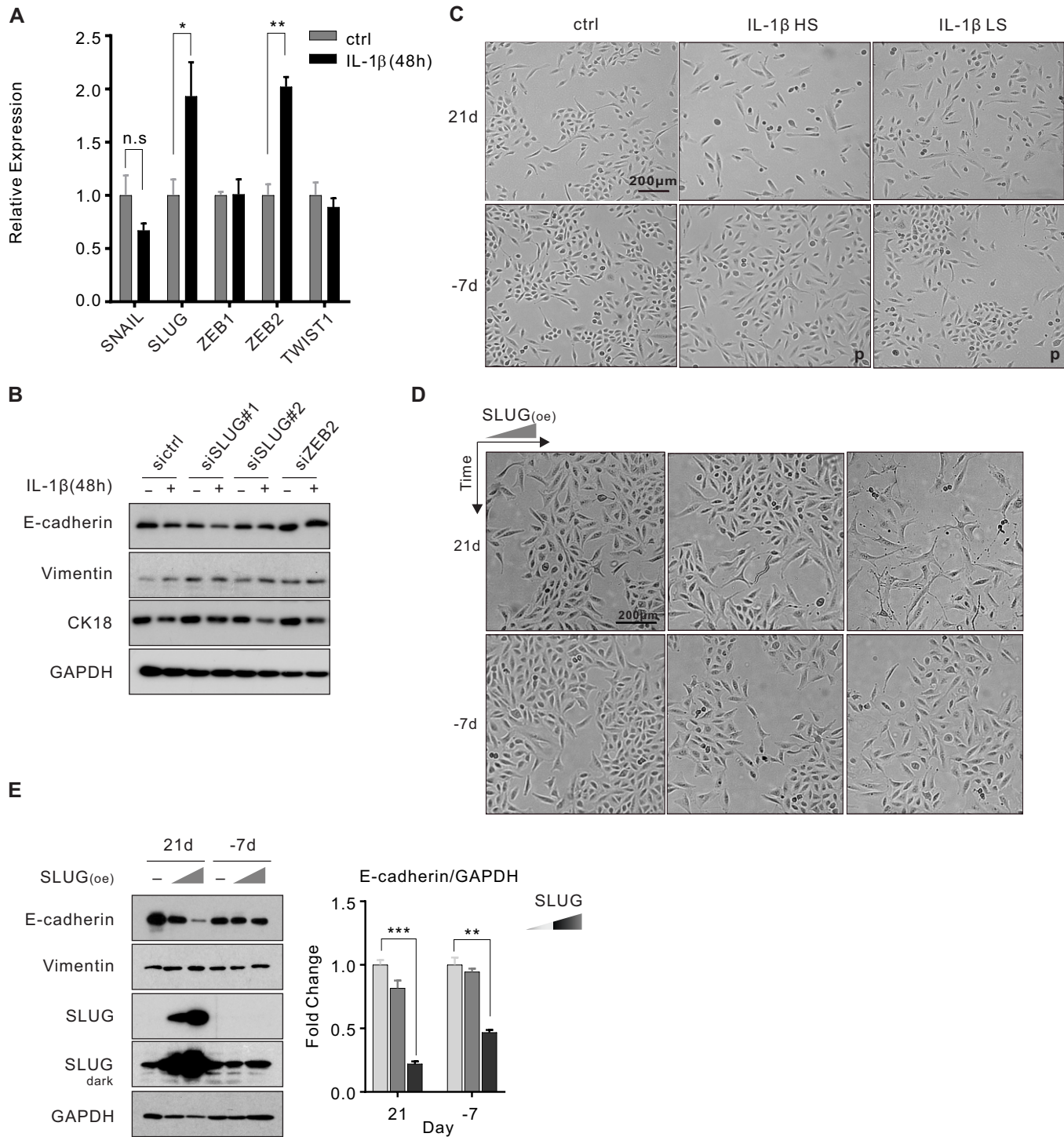
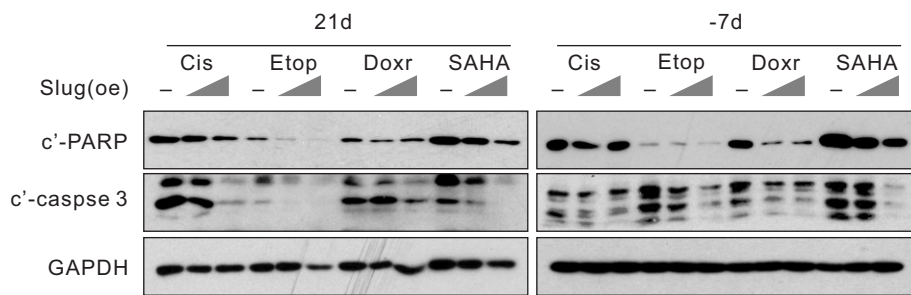
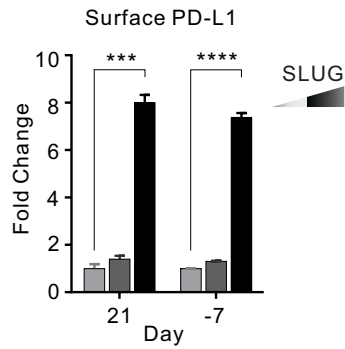


Figure S2

**Figure S2 related to Figure 2. EMT-associated phenotypes induced by chronic IL-1 $\beta$  exposure are also memorized.** **A**, Chemotherapy-induced apoptosis following the acute IL-1 $\beta$  exposure in H460 and A427 cells. **B**, Surface PD-L1 expression following the acute IL-1 $\beta$  exposure in H460 and A427 cells. **C**, A heatmap of differentially expressed genes at indicated time points following IL-1 $\beta$  exposure, which were divided into four clusters. C1 and C4, genes sensitive to IL-1 $\beta$  exposure; C2 and C3, genes memorizing their expression patterns following IL-1 $\beta$  withdrawal. **D**, Pathway analysis in A549 cells showing that pathways, such as the NF- $\kappa$ B and AP-1 pathways, and phenotypes, such as cell differentiation and migration, are IL-1 $\beta$  sensitive. Cis, cisplatin; Etop, etoposide; Doxr, doxorubicin. All results were reported as mean  $\pm$  SEM. \*\*\*\*  $P$  <0.0001, n.s, not significant.



**Figure S3**

**F****G**

**Figure S3 related to Figure 3. Accumulation of SLUG is indispensable for the establishment of the memory phenotypes.** **A**, Relative expression of EMT-associated transcription repressors by RT-qPCR following the acute IL-1 $\beta$  exposure. **B**, Knockdown of SLUG or ZEB2 is sufficient to prevent E-cadherin downregulation following the acute IL-1 $\beta$  exposure. **C**, Morphological changes of the untreated, LS, and HS cells by bright-field microscopy. **D**, Morphological changes with various levels of SLUG at day 21 of SLUG overexpression (21d) and day 7 after the overexpression was terminated (-7d). **E-G**, Evaluation of EMT markers, apoptosis resistance, and surface PD-L1 expression with various levels of SLUG overexpression at indicated time points. “p”, previously treated with IL-1 $\beta$ . “oe”, overexpression. Cis, cisplatin; Etop, etoposide; Doxr, doxorubicin. All results were reported as mean  $\pm$  SEM. \*  $P < 0.03$ , \*\*  $P < 0.002$ , \*\*\*  $P < 0.0002$ , \*\*\*\*  $P < 0.0001$ , n.s, not significant.



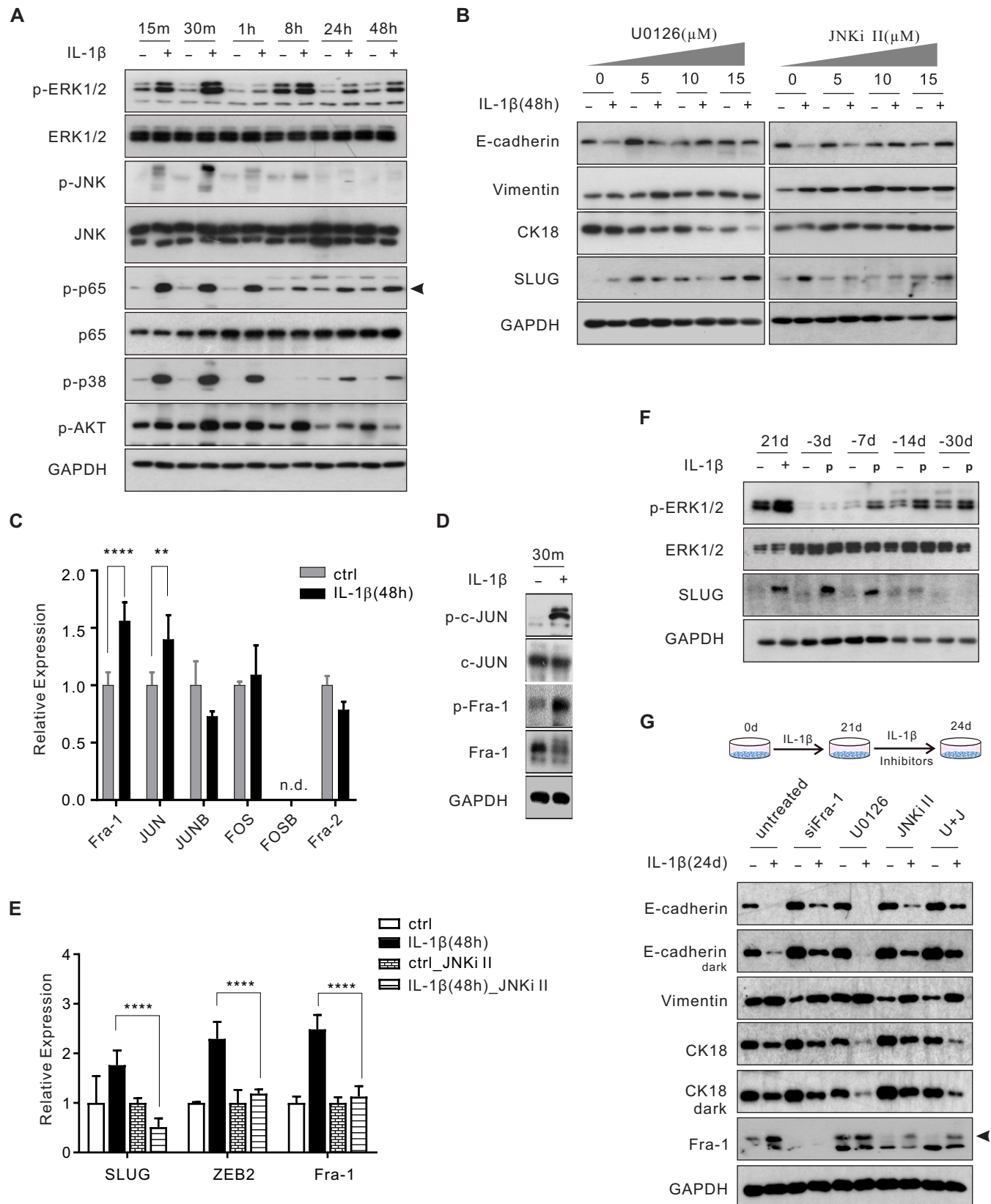


Figure S4

**Figure S4 related to Figure 4. Pathways mediating acute EMT are not required for the maintenance of chronic EMT or EMT memory.** **A**, Signaling pathways activated by IL-1 $\beta$  within 48 hours in A549 cells. **B**, A dose-dependent response of E-cadherin expression to the ERK or JNK inhibitor in acute EMT. **C**, Expression levels of the transcription factor AP-1 components by RT-qPCR at 48 hours following the IL-1 $\beta$  treatment. **D**, Phosphorylation of Fra-1 and c-JUN upon 30 minutes of IL-1 $\beta$  exposure, examined by immunoblotting. **E**, Relative expression of Fra-1, SLUG and ZEB2 with the JNK inhibition followed by the acute IL-1 $\beta$  exposure by RT-qPCR. **F**, Persistent activation of the ERK pathway in chronic EMT and EMT memory. **G**, EMT markers following 72-hour inhibition of the MAPK (ERK and JNK) - AP - 1 - SLUG axis in chronic EMT, examined by immunoblotting. U0126, ERK pathway inhibitor; JNKi II, JNK inhibitor; “U+J”, U0126 and JNKi II combination treatment. “-d”, days after IL-1 $\beta$  withdrawal; “p”, previously treated with IL-1 $\beta$ . “n.d.”, non-detectable. All results were reported as mean  $\pm$  SEM. \*\*  $P < 0.002$ , \*\*\*\*  $P < 0.0001$ , N.D., not detectable.

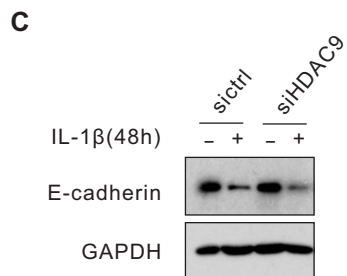
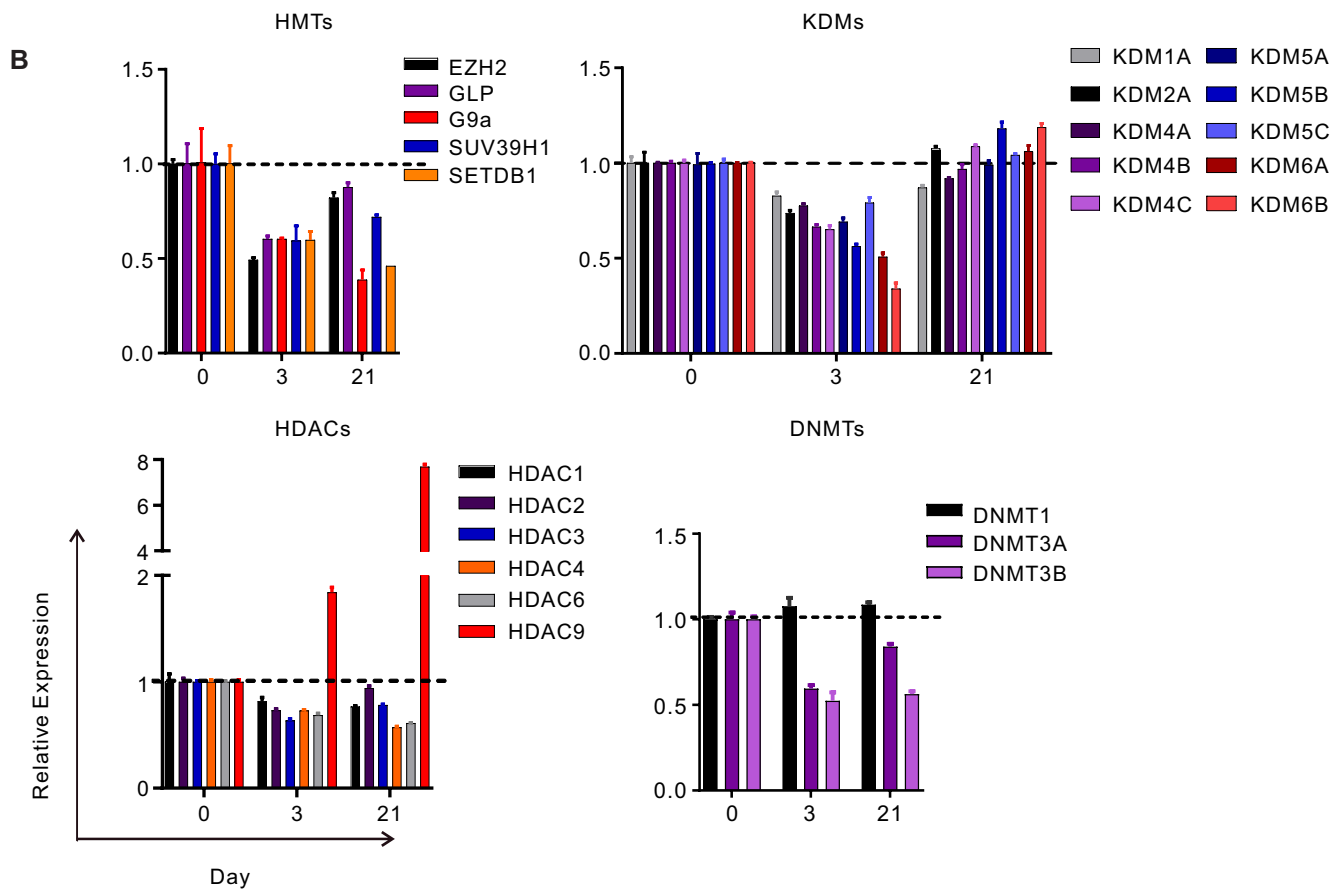
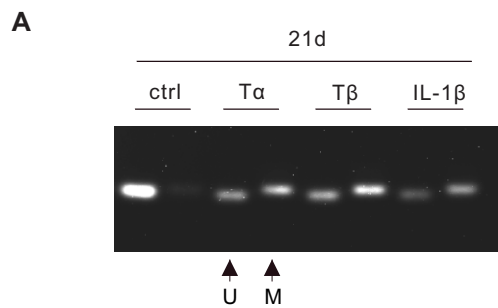
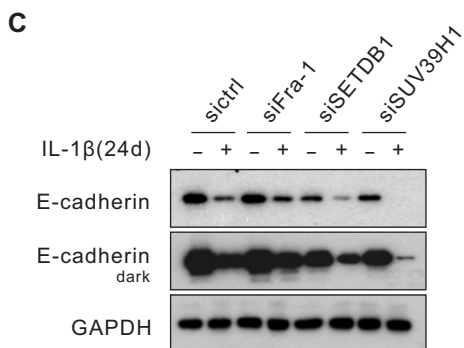
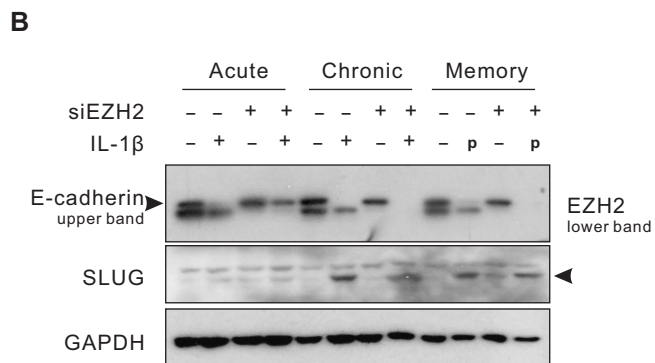
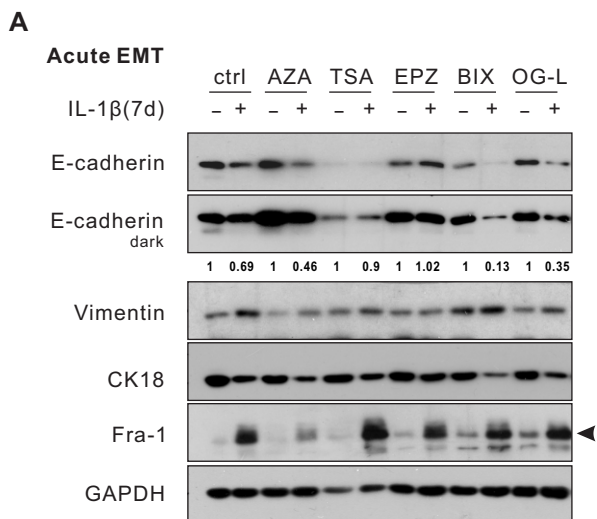


Figure S5

**Figure S5 related to Figure 5. Dynamic epigenetic modifications of the *CDH1* promoter in IL-1 $\beta$ -induced EMT. A,** Increased DNA methylation in the *CDH1* promoter upon the chronic TNF- $\alpha$  (10 ng/ml) or TGF- $\beta$  (5 ng/ml) exposure. IL-1 $\beta$  served as a positive control. **B,** RT-qPCR revealed the expression levels of various histone methyltransferases (HMTs), lysine demethylases (KDMs), histone deacetylases (HDACs), and DNA methyltransferases (DNMTs) following the IL-1 $\beta$  treatment at indicated time points. **C,** HDAC9 knockdown did not affect E-cadherin expression in acute EMT. T $\alpha$ , TNF- $\alpha$ ; T $\beta$ , TGF- $\beta$ . M, methylated; U, unmethylated.



**Figure S6**

**Figure S6 related to Figure 6. Blockade of epigenetic modifications restores E-cadherin expression and cellular sensitivity to chemotherapy in EMT memory.** **A**, Epigenetic inhibitors were added following 4 days of IL-1 $\beta$  exposure. TSA and EPZ reversed the downregulation of E-cadherin in acute EMT. Quantification of E-cadherin expression was normalized to samples without IL-1 $\beta$  exposure. **B**, E-cadherin expression was evaluated following EZH2 knockdown for 72 hours in acute, chronic EMT, and EMT memory. **C**, E-cadherin expression in chronic EMT following SETDB1 or SUV39H1 knockdown for 72 hours. AZA, 5'-azacytidine-2'-deoxycytidine (decitabine), DNA methyltransferase inhibitor; TSA, pan HDAC inhibitor; EPZ, EPZ-6438, EZH2 inhibitor; BIX, BIX01294, G9a inhibitor; OG-L, OG-L002, LSD1 inhibitor. "p", previously treated with IL-1 $\beta$ .

**Table S1 related to Figure 2. EMT-associated phenotypes induced by chronic IL-1 $\beta$  exposure are also memorized. Differentially expressed gene upon IL-1 $\beta$  exposure.**

**Table S2 related to Figure 2. EMT-associated phenotypes induced by chronic IL-1 $\beta$  exposure are also memorized. Pathway analysis based on the Molecular Signature Database.**