

## Supplementary data

Prediction of clinical benefit from androgen deprivation therapy in salivary duct carcinoma patients

### Authors

Wim van Boxtel, Gerald W. Verhaegh, Ilse A. van Engen - van Grunsven, Dianne van Strijp, Leonie I. Kroeze, Marjolein J. Ligtenberg, Hans B. van Zon, Yara Hendriksen, Diederick Keizer, Anja van de Stolpe, Jack A. Schalken, Carla M. van Herpen

### Table of contents

#### Supplementary tables

1: Sequences and amplicon sizes of primer pairs used for qPCR analysis	2
2: Target genes in 29-gene panel for smMIP analysis	2
3: Specification of DNA mutations and allele frequencies of patients in the R/M cohort	3
4: Overview of palliative systemic treatments of patients in the R/M cohort	4

#### Supplementary figures

1: Box plots of ADT primary resistance mechanisms	5
2: Correlation of relative AR and AR-V7 expression levels	6
3: Kaplan-Meier overall survival curves after ADT in the R/M cohort	7
4: Box plots of relative SRD5A1 gene expression levels and AR pathway activity scores	7
5: Box plots of relative SRD5A1 gene expression levels and AR pathway activity scores in metastatic tissue only	7
6: ROC-curves to predict clinical benefit from ADT by using metastatic tissue only	8

**Supplementary table 1:** Sequences and amplicon sizes of primer pairs used for qPCR analysis.

Gene	Forward primer 5' → 3'	Reverse primer 5' → 3'	Amplicon size (bps)
<i>AR</i> (full-length)	TACCAGCTCACCAAGCTCCT	CAGGTCAAAAGTGAAGTATGATGC	72
<i>AR-V7</i>	CGTCTTCGGAAATGTTATGAAGC	TGCAATTGCCAACCCGGAAT	64
<i>AKR1C3</i>	CCAGGACTCAAGTACAAGCCT	TCTAGCAATTTACTCCGGTTGA	74
<i>CYP17A1</i>	AAGGGCAAGGACTTCTCTGG	ACCCTTACGGTTGTTGGACG	69
<i>SRD5A1</i>	AGGAATCTCAGAAAACCAGGAGA	GTTGGCTGCAGTTACGTATTCA	78
<i>SRD5A2</i>	CCCTGATGGGTGGTACACAG	TGAATGTTTATTCCCATTCCCAA	78
<i>HPRT1</i>	CTGGAAGAATGTCTTGATTGTGG	GCCTGACCAAGGAAAGCAAAG	78

**Supplementary table 2:** Target genes in 29-gene panel for smMIP analysis.

Gene	NCBI Reference Sequence Database	Region of interest
<i>AKT1</i>	NM_005163.2	Codon 17
<i>AKT2</i>	NM_001626.5	Codon 17
<i>AKT3</i>	NM_181690.2	Codon 17
<i>ALK</i>	NM_004304.4	Codons 1059-1150, 1173-1278
<i>ARAF</i>	NM_001654.4	Codon 214
<i>BRAF</i>	NM_004333.4	Codons 455-488, 566-580, 594-605
<i>DDR2</i>	NM_006182.2	Codons 503-856
<i>EGFR</i>	NM_005228.4	Codons 434-499, 688-875
<i>ERBB2</i>	NM_004448.3	Codons 310, 650-883
<i>GNA11</i>	NM_002067.4	Codons 183 and 209
<i>GNAQ</i>	NM_002072.4	Codons 183 and 209
<i>GNAS</i>	NM_000516.5	Codons 201 and 227
<i>HRAS</i>	NM_005343.3	Codons 12, 13, 59 and 61
<i>IDH1</i>	NM_005896.3	Codon 132
<i>IDH2</i>	NM_002168.3	Codons 140 and 172
<i>JAK2</i>	NM_004972.3	Codon 617
<i>KIT</i>	NM_000222.2	Codons 412-513, 550-591, 640-787, 799-850
<i>KRAS</i>	NM_004985.4	Codons 12, 13, 59, 61, 117 and 146
<i>MAP2K1</i>	NM_002755.3	Codons 28-231
<i>MET</i>	NM_001127500.2	Codons 168, 375, 982-1027, 1230-1284, 1304
<i>MTOR</i>	NM_004958.3	Codons 1458-1489, 1789-1820, 1971-1995, 2194-2220, 2404-2433, 2484-2509
<i>NRAS</i>	NM_002524.4	Codons 12, 13, 59, 61, 117 and 146
<i>PDGFRA</i>	NM_006206.5	Codons 552-595, 632-667, 824-848
<i>PIK3CA</i>	NM_006218.3	Codons 345, 420, 539-554, 1043-1050
<i>POLE</i>	NM_006231.3	Codons 268-491
<i>PTEN</i>	NM_000314.6	Codons 86-267, 276-342
<i>RAF1</i>	NM_002880.3	Codons 257-261
<i>ROS1</i>	NM_002944.2	Codons 1927-2189
<i>TP53</i>	NM_000546.5	>95% of the coding sequences and splice sites (-5/+5)

**Supplementary table 3:** Specification of DNA mutations and allele frequencies of patients in the recurrent/metastatic cohort.

Patient no.	Driver mutations	Allele frequency
1	None	-
2	TP53: c.587G>A (p.(Arg196Gln))	6%
3	TP53: c.549_558del (p.(Asp184fs))	22%
4	ERBB2: c.2263_2264delinsCC (p.(Leu755Pro))	42%
	TP53: TP53 c.626_627del (p.(Arg209fs))	24%
5	PTEN c.528T>G (p.(Tyr176*))	55%
	TP53 c.1024C>T (p.(Arg342*))	28%
6	TP53 c.854_855del (p.(Glu285fs))	43%
	PTEN c.569_570dup (p.(Val191fs))	21%
7	None	-
8	TP53 c.892G>T (p.(Glu298*))	53%
9	None	-
10	None	-
11	HRAS: c.181C>A (p.(Gln61Lys))	17%
	PIK3CA: c.3140A>G (p.(His1047Arg))	23%
12	AKT1: c.49G>A (p.(Glu17Lys))	17%
	BRAF: c.1799T>A (p.(Val600Glu)) alias p.V600E	24%
13	ERBB2: c.2264T>C (p.(Leu755Ser))	26%
	TP53: c.1000G>T(p.(Gly334Trp));	24%
14	PIK3CA: c.1633G>A (p.(Glu545Lys))	15%
	HRAS c.182A>G (p.(Gln61Arg))	23%
15	None	-
16	None	-
17	None	-
18	BRAF: c.1799T>A (p.(Val600Glu)) alias p.V600E	39%
19	None	-
20	None	-
21 <sup>#</sup>	TP53: c.578A>G (P.(His193Arg))	29%
22	TP53: c.370del (p.(Cys124fs))	14%
23	TP53: c.949C>T (p.(Gln317*))	29%
24	TP53: c.626_627del (p.Arg209Lysfs*6))	30%
25	None	-
26	PIK3CA: c.3140A>T (p.(His1047Leu))	22%
27	None	-
28	HRAS: HRAS: c.181C>A (p.(Gln61Lys))	28%
	PIK3CA: c.1633G>A (p.(Glu545Lys))	20%
	PIK3CA: c.3140A>G (p.(His1047Arg))	17%
29	None	-
30	PIK3CA c.3140A>G (p.(His1047Arg))	16%
	HRAS c.182A>G (p.(Gln61Arg))	32%

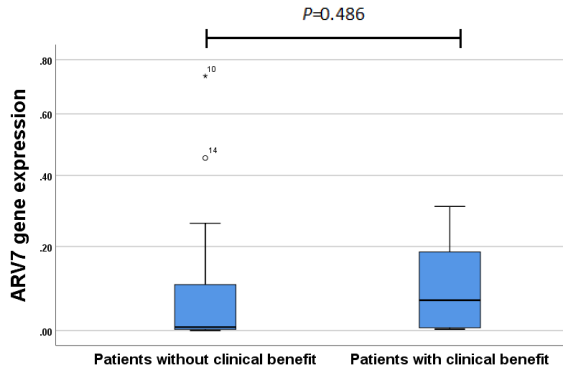
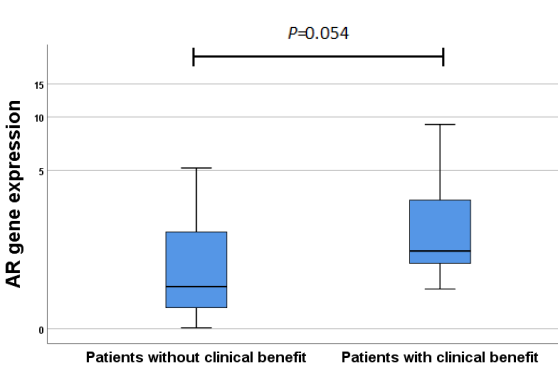
<sup>#</sup>, Because of low DNA yield other mutations could have been missed.

**Supplementary table 4:** Overview of palliative systemic treatments of patients in the recurrent/metastatic (R/M) cohort

	Patients with an inactive AR pathway (n=24) No. of patients (%)	Patients with an active AR pathway (n=6) No. of patients (%)
1 <sup>st</sup> -line ADT		
• Bicalutamide 150 mg OD	19 (79.2%)	4 (66.7%)
• LHRH-analog plus bicalutamide 50 mg OD	5 (20.8%)	2 (33.3%)
2 <sup>nd</sup> -line ADT		
• LHRH-analog plus bicalutamide 50 mg OD	7 (29.2%)	1 (16.7%)
• LHRH-analog	2 (8.3%)	0 (0.0%)
3 <sup>rd</sup> -line ADT		
• LHRH-analog plus enzalutamide 160 mg OD	2 (8.3%)	0 (0.0%)
1 <sup>st</sup> -line chemo and/or targeted therapy		
• Docetaxel	3 (12.5%)	0 (0.0%)
• Docetaxel plus trastuzumab plus pertuzumab	2 (8.3%)	1 (16.7%)
• Trastuzumab plus pertuzumab	0 (0.0%)	1 (16.7%)
• Carboplatin plus paclitaxel	1 (4.2%)	0 (0.0%)
• Cyclophosphamide plus doxorubicin plus cisplatin	1 (4.2%)	0 (0.0%)
• Pembrolizumab	1 (4.2%)	0 (0.0%)
• Vemurafenib plus cobimetinib	1 (4.2%)	0 (0.0%)
2 <sup>nd</sup> -line chemo and/or targeted therapy		
• Trastuzumab-emtansin	1 (4.2%)	0 (0.0%)

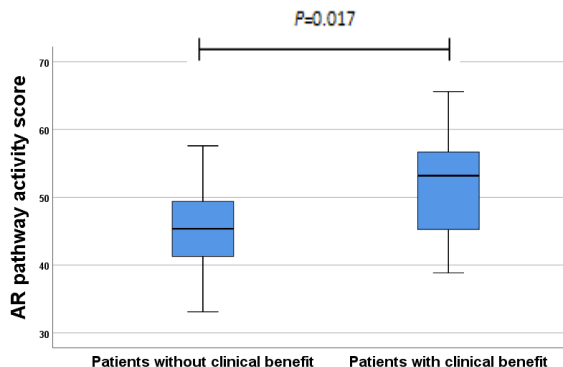
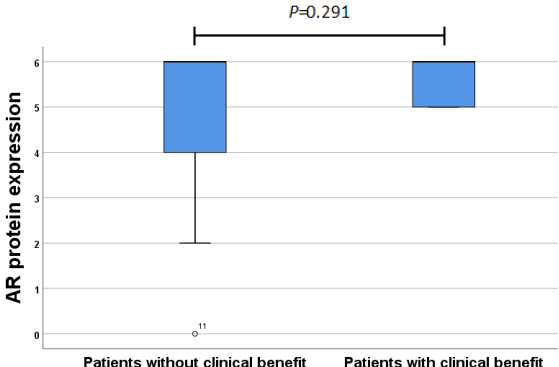
ADT: androgen deprivation therapy, OD: once daily, AR: androgen receptor.

**Supplementary figure 1:** Box plots of androgen deprivation therapy (ADT) primary resistance mechanisms in patients with recurrent/metastatic salivary duct carcinoma with and without clinical benefit from ADT. **A:** AR gene expression levels. **B:** androgen receptor splice variant 7 (AR-V7) gene expression levels. **C:** Androgen receptor (AR) protein expression levels. AR expression was scored considering the staining intensity (0=negative, 1=weak, 2=moderate, 3=strong) and the percentage of positive nuclei (0=<10%, 1=10-30%, 2=30-70%, 3=>70%). The final staining score was recorded as the sum of the staining intensity and the staining extent.<sup>10</sup> **D:** Androgen receptor (AR) pathway activity scores. **E:** Aldo-keto reductase family 1 member C3 (AKR1C3) gene expression levels. **F:** Steroid 5 alpha-reductase 1 (SRD5A1) gene expression levels. **G:** SRD5A2 gene expression levels. All gene expression levels were normalized to hypoxanthine phosphoribosyltransferase 1 (HPRT1) housekeeping gene levels. Progressive disease at first evaluation or stable disease <6 months was categorized as no clinical benefit, and complete remission, partial response or stable disease for >6 months was defined as clinical benefit, both according to RECIST criteria.



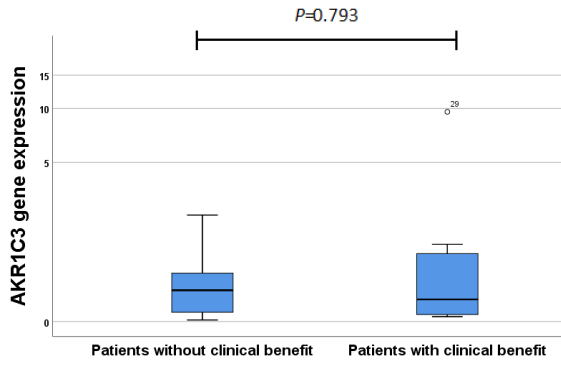
Supplementary figure 1a

Supplementary figure 1b

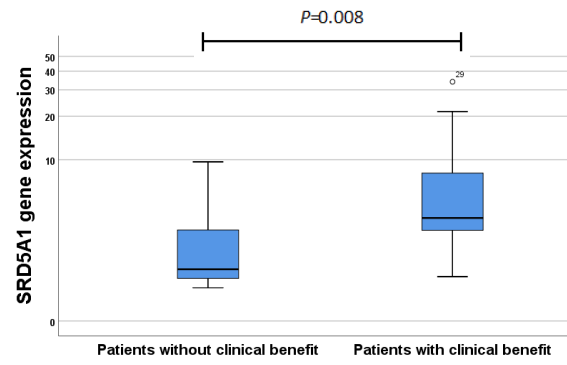


Supplementary figure 1c

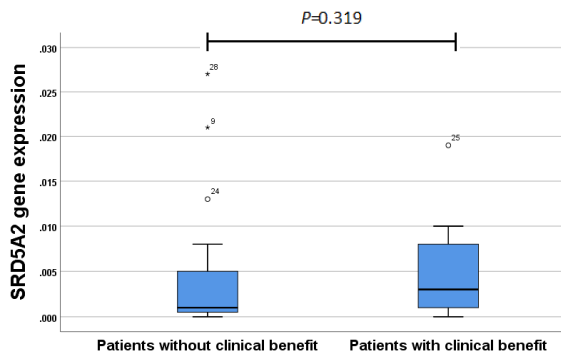
Supplementary figure 1d



Supplementary figure 1e

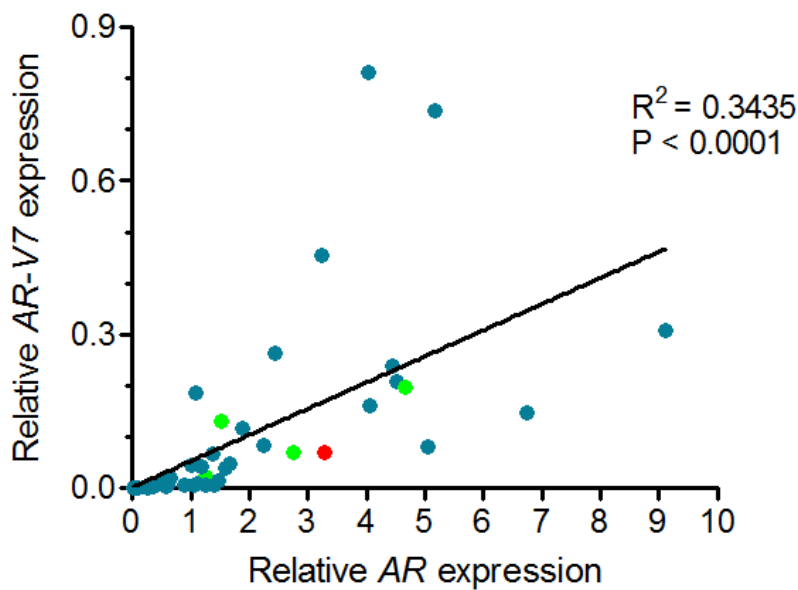


Supplementary figure 1f

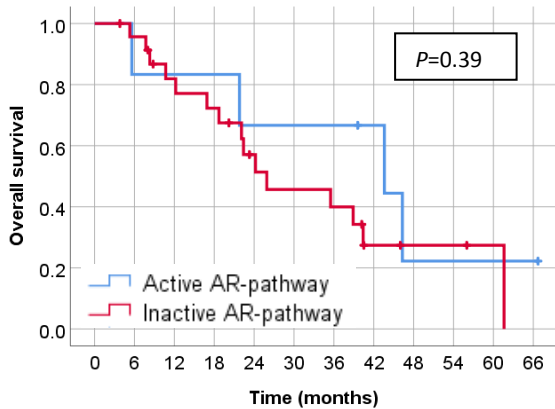


Supplementary figure 1g

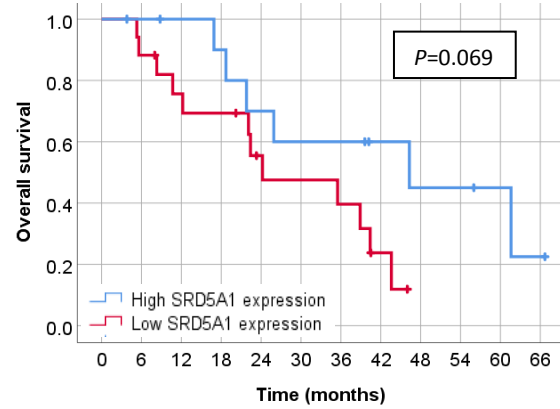
**Supplementary figure 2:** Correlation of relative *AR* and *AR-V7* expression levels (normalized to *HPRT1* housekeeping gene levels) measured in primary salivary duct carcinomas (in blue,  $n=36$ ), regional lymph node metastases (in green,  $n=5$ ) and distant metastases (in red,  $n=2$ ) of patients in the recurrent/metastatic cohort and locally advanced cohort. R-squared and p-values of the linear regression analysis are shown.



**Supplementary figure 3:** Kaplan-Meier overall survival (OS) curves after androgen deprivation therapy (ADT) in patients in the recurrent/metastatic (R/M) cohort for AR pathway activity score (a) and *SRD5A1* expression (b).

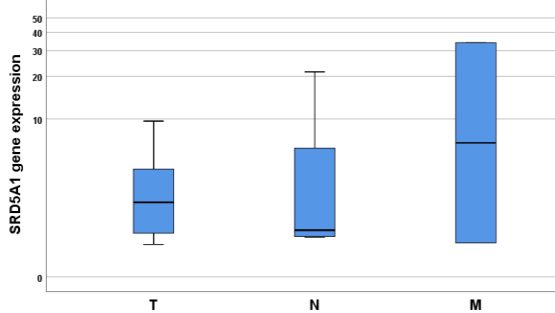


Supplementary figure 3a

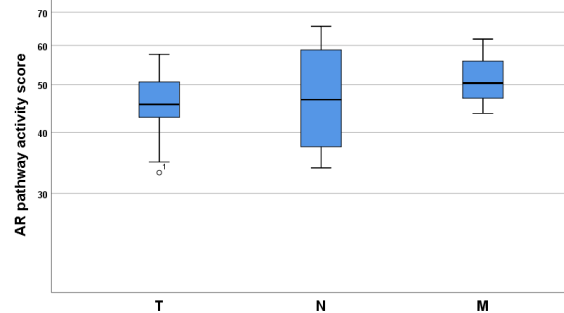


Supplementary figure 3b

**Supplementary figure 4:** Box plots of relative *SRD5A1* gene expression levels (a) and AR pathway activity scores (b) in the recurrent/metastatic cohort. T, primary SDC tumor ( $n=23$ ); N, lymph node metastasis ( $n=4$ ); M, distant metastasis ( $n=3$ ).

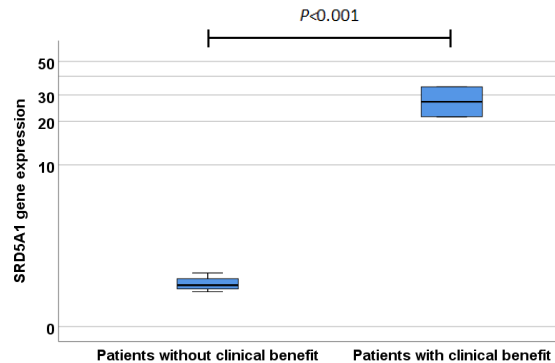


Supplementary figure 4a

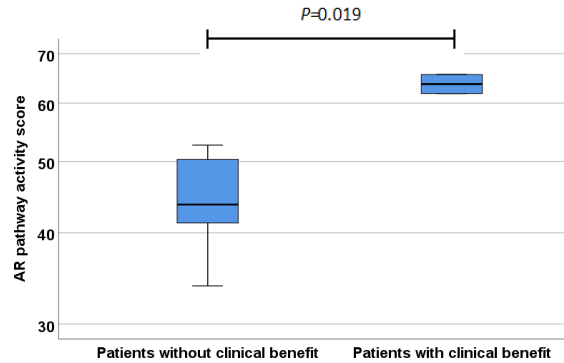


Supplementary figure 4b

**Supplementary figure 5:** Box plots of relative *SRD5A1* gene expression levels (a) and AR pathway activity scores (b) in metastatic tissue ( $n=7$ ) of patients with recurrent/metastatic salivary duct carcinoma with and without clinical benefit from ADT.

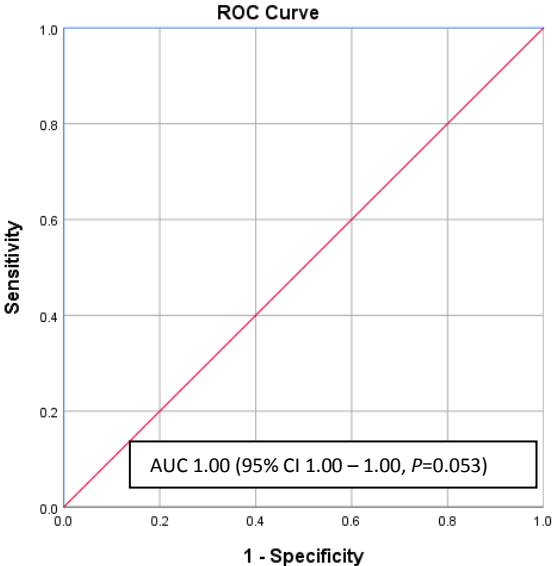


Supplementary figure 5a

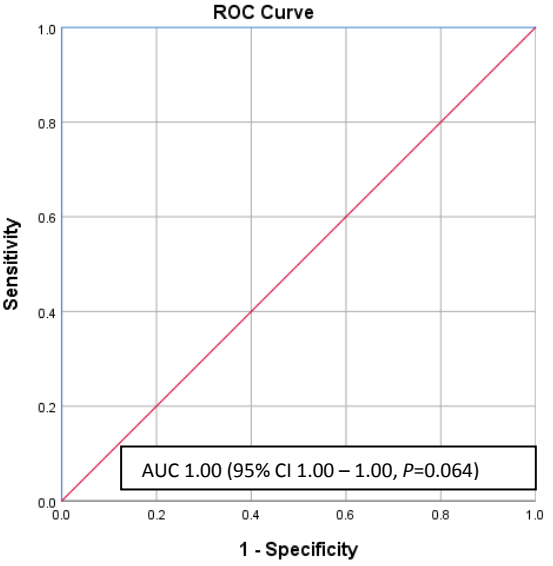


Supplementary figure 5b

**Supplementary figure 6:** Receiver operating characteristic (ROC)-curves describing the sensitivity and specificity to predict clinical benefit from androgen deprivation treatment by using metastatic tissue only in the R/M cohort ( $n=7$ ). a: ROC-curve of androgen receptor pathway analysis. A cut-off value of 57.2 was used for the subsequent survival analyses, which has a sensitivity of 1.000 and 1-specificity of 0.000 in this cohort. b: ROC-curve of *steroid 5 alpha-reductase 1 (SRD5A1)* gene expression levels. A cut-off value of 11.34 was used, which has a sensitivity of 1.000 and 1-specificity of 0.000 in this cohort. AUC: area under the curve. CI: confidence interval.



Supplementary figure 6a



Supplementary figure 6b