

# Supplementary Materials:

## Personal Medicine and Bone Metastases: Biomarkers, Micro-RNAs and Bone Metastases

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**Table 1.** Genomic and protein markers predictive of bone metastatic outcomes within bone-metastatic cancers.

Prostate Cancer			
Genomic/functional genomic studies			
Study samples	Method used	Key findings	Reference
Germline DNA analysed from patients with bone metastatic PCa.	Analysis using cancer SNP panel containing 1421 cancer-related SNPs.	14 candidate SNPs within 6 cancer-related genes (XRCC4, GATA3, PMS1, IL13, CASP8 and IGF1) correlates with disease survival.	[1]
PCa cell-lines DU145, LNCaP, PC-3 and PC-3M.	Methylation analysis of the promoter for BMP6.	Bone metastatic clones have promoter demethylation resulting in elevated BMP6 expression and bone homing.	[2]
Laser-capture and microdissected samples from PCa tumours, as well as analysis of the PCa cell-lines LNCaP and DU145.	Bisulphite sequencing and treatment of cells with demethylating agents.	ER-beta expression is high in normal prostate epithelium and bone metastases but low in grade 4/5 tumours, a phenomenon inversely correlated with ER-beta promoter methylation.	[3]
Prostate tissues from WT mice and mice with homozygous deletion of the HOXC6-gene.	Genome-wide localization analysis for HOXC6.	HOXC6 regulates both tumour promoters and suppressors related to bone metastasis including BMP7, FGFR2, IGFBP3 and PDGFRA.	[4]
DTCs from patients with organ confined disease and patients with advanced disease.	Array-comparative Genomic Hybridization.	Copy number changes (8p-loss, 8q-gain and androgen-receptor gene gain in metastatic patients.	[5]
PC3-prostate cancer cells isolated from bone.	Selective knockdown of CD44 and $\alpha v\beta 3$ -integrin with expression analysis for RANKL.	Signalling via $\alpha v\beta 3$ -integrin to SMAd5 and CD44 to RUNX2 both required for RANKL expression and osteoclastogenesis.	[6]
Bone metastatic samples PCa patients.	SNP-analysis focussing on genomic IGF-1 regulatory regions.	Three SNPS identified for IGF1 with significantly shorter overall survival time for patients with all three SNPs.	[7]
Proteomic studies			
Study samples	Method used	Key findings	Reference
Exosomes isolated from PCA patients with vertebral metastases.	2D-PAGE and MALDI-TOF-based protein identification.	Five proteins identified as being released within prostate derived exosomes including annexins-A1, A3 and A5 and dimethylarginine dimethylaminohydrolase.	[8]
Bone marrow aspirates from PCa patients.	Lectin enrichment, 2D-gel electrophoresis and mass-spectrometry.	Katanin-p60 is expressed in bone-metastatic PCa cells, along with basal-cell type markers p63 and	[9]

		high molecular weight cytokeratins.	
Pooled serum samples from BPH patients, patients with non-progressing PCa, patients with evidence of biochemical progression and patients with bone metastatic PCa.	iTRAQ analysis following serum-igh abundance depletion.	25 proteins identified which could distinguish progressing from non-progressing PCa. One protein eukaryotic translation elongation factor 1 alpha (eEF1A1) validated by IHC as being elevated within osteoblasts adjacent to PCa tumour cells.	[10]
Conditioned media profiled from three PCa cell-lines - PC3 (bone metastasis), LNCaP (lymph-node metastasis) and 22Rv1 (prostate localized). Validation of markers performed using serum.	2D-LC and MSMS bottom-up analysis of conditioned media and serum samples.	Four proteins identified as potential PCa markers including; follistatin, pentraxin-3, spondin-2 and chemokine (C-X-C motif) ligand 16.	[11]
Urine samples from PCa patients and BPH-donors.	2D-PAGE based study.	Calgranulin-B/MRP-14 elevated within PCa urine compared to BPH urine.	[12]
Post-DRE urine samples from PCa and BPH donors.	MudPIT-shotgun proteomic analysis.	7 proteins identified which distinguish PCa from BPH.	[13]
Urine samples from PCa donors and healthy controls.	CE-MS.	Peptide panel which distinguishes PCa from healthy patients.	[14]
Urine samples from patients with benign lesions and PCa.	SELDI-TOF-MS.	72-peak peptide panel which distinguishes PCa from benign conditions.	[15]
Urine samples from PCA patients	ICAT-labelling and MSMA analysis.	Presence of CD90 within PCa urine with elevated CD90/Thy-1 in PCa urine. CD90 detected following collagenase digestion of PCA tissues.	[16]

### Breast Cancer

#### Genomic/functional genomic studies

Study samples	Method used	Key findings	Reference
Epithelial cells from primary breast tumours, as well as metastases to bone, brain and lung.	Methylation-specific PCCR with validation by IHC.	Hypermethylation silences HIN-1 and RAR $\beta$ within BCa bone metastases.	[17]
FFPE tumour sections from BCa patients treated with trastazumab	FISH and SNP genotyping.	Mutations within PIK3Ca and loss of PTEN correlate with shorter survival times and reduced efficiency of treatment.	[18]
Breast tumour-cells lines cultured +/- DNA-demethylating agents.	RT-PCR and IHC validation.	Differentiation-related-gene (Drg-1) is silenced by promoter methylation within highly metastatic BCa cell-lines.	[19]
Bone marrow micro-metastatic cells from breast cancer patients.	Array-CGH.	DNA amplifications as small as 4.4-5 MBytes within bone marrow micrometastases.	[20]
Bone-homing breast cancer cell-lines.	Electrophoretic Mobility Shift Assays (EMSA).	Promoter methylation for E-cadherin and WWdomain-containing oxidoreductase (Wwox) within bone metastatic cell-lines.	[21]

mRNA-profiling during breast cancer metastasis.	Array-based profiling.	Down-regulation of miR-335 during bone metastasis. miR-335 targets SOX4 and tenascin. Correlation with risk of relapse.	[22]
Breast cancer metastatic cells.	cDNA-Microarray	Essential role for Src and AKT pathways within survival of BCa metastatic cells.	[23]
MDA-MB-231 cell-line and variants with increasing degrees of bone homing ability.	MSP and bisulphite sequencing and cDNA-microarray.	Bone homing ability correlates with differential expression of 128-protein panel including cystatin-E/M (CST6).	[24]
Primary breast tumours	cDNA-microarray.	70-gene signature identified which predicts poor-prognosis, hazard ration for presence of signature 5.1.	[25]
Breast cancer cell-line panel including MDA-MB-231.	qRT-PCR.	Upregulation of miR-224 with resulting down-regulation of RKIP expression and de-repression of MMP1, CXCR4 and OPG.	[26]
Publicly available gene-expression datasets from breast cancer metastasis studies.	Computational analysis of gene expression datasets.	SMAD4 and HIF1 identified as regulators of bone metastasis, BACH1 identified as a master regulator of bone-homing.	[27]
Breast cancer metastases to bone, brain and lung.	cDNA-microarray analysis with network-based classification analysis.	A protein-protein network identified with metastasis to bone mainly involving immune-response proteins.	[28]
<b>Proteomic studies</b>			
<b>Study samples</b>	<b>Method used</b>	<b>Key findings</b>	<b>Reference</b>
MCF-7/ <i>neo</i> and MCF-7/ <i>Her2</i> over-expressing cell-lines,	Cytokine-Antibody Arrays.	GRO and IL-8 expression levels alter in response to HER2 over-expression. Treatment with the TKI-gefitinib reverses these alterations.	[29]
Breast tumour derived cell-lines and tissue microarrays.	SILAC-MS followed by validation by IHC of TMAs.	Protein-expression signature predictive of breast cancer stage within ER-negative BCa. Signature validated by TMA studies.	[30]
MDA-MB-231 cell-line and bone homing variants.	LFQ-MS.	128-proteins identified as differentially expressed during development of bone-homing, including Cystatin-E/M (CST6).	[24]
Co-cultured MDA-MB-231 cells and osteoblast cell-line.	iTRAQ	Increased expression of MMP13 by osteoblasts in response to oncostatin-M and SAA3 secretion by breast cancer cells.	[31]
Invasive breast cancer specimens.	Tissue Arrays.	Elevated levels of MMP -2, -7 and -14 and TIMP-3 and low expression of MMP-9 are predictive of breast cancer metastasis.	[32]
Breast cancer cell line series from low-grade through to high-grade.	iTRAQ	Warburg-effect proteins elevated as well as altered expression of adenylate-kinase-1, copper-transport-protein ATOX1 and histone H2B type 1M.	[33]

Breast cancer section TMAs.	TMA-analysis	Identification of MMP1 and ADAMTS1 as active enzymes within the release of soluble EGF-like ligands promoting breast cancer metastasis.	[34]
Primary breast cancer specimens.	IHC within TMAs.	Altered expression of serpins, laminin chains and MMPs within subclasses of tumours correlating with altered invasiveness. elevated levels of integrins and metalloproteases as well as reduced expression of laminins correlates with poor prognosis.	[35]

#### Lung Cancer

##### Genomic/functional genomic studies

Study samples	Method used	Key findings	Reference
Analysis of lung cancer cell-lines.	qRT-PCR analysis.	The Nm23-H1 gen suppresses expression of micro-RNA. miR-660-5p regulates metastasis via regulation of SMARCA5.	[36]
Lung cancer samples from 8 NSCLC patients with linked data relating to bone metastasis occurrence.	Next Generation Sequencing (NGS)	Bone metastasis associated with fibroblast growth factor receptor – (FGFR), ataxia telangiectasia mutated (ATM), and cyclin dependent kinase-12 (CDK12) expression.	[37]

##### Proteomic studies

Study samples	Method used	Key findings	Reference
NSCLC primary tumours and paired bone metastasis samples,	IHC analysis.	(BMP-4, CXCR4, osteopontin levels predict lung cancer metastasis to bone.	[38]
Patient-derived lung adenocarcinoma and bone metastasis sections	2D-gel electrophoresis and mass-spectrometry.	Increased expression of enolase 1 - ENO1, NME/NM23 nucleoside diphosphate kinase 2 (NME1-NME2) and ribosomal protein lateral stalk subunit P2 (RPLP2) in poor survival patients.	[39]
Lung adenocarcinoma patient serum.	ELISA assay.	PTHrP levels predict bone metastatic outcomes, hypercalcaemia and survival.	[40]
NSCLC serum samples.	ELISA assay.	Sclerostin levels downregulated within bone metastasis.	[41]
NSCLC serum samples.	ELISA assay.	DKK1 levels elevated within serum of bone metastatic patients.	[42]

#### Renal Cell Carcinoma (RCC)

##### Genomic/functional genomic studies

Study samples	Method used	Key findings	Reference
RCC primary tumours and patient samples from metastatic sites.	Next Generation Sequencing (NGS).	Mutations within the SETD2 (SET Domain Containing 2, Histone Lysine Methyltransferase in RCC bone metastasis.	[43]

##### Proteomic Studies

Study samples	Method used	Key findings	Reference
RCC cell-lines and a bone homing variant cell line.	LC-MS analysis.	Eight proteins involved in mitochondrial metabolism altered in bone homing cells.	[44]
Patient derived samples (tissues and serum).	IHC (tissues) and ELISA (serum).	c-MET and CCL20 levels correlate with bone metastasis.	[45]

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