SUPPLEMENTAL INFORMATION

Acetyl-CoA synthetase 2: a critical linkage in obesity-induced tumorigenesis in myeloma

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Figure S1. Association of obesity with multiple myeloma. Related to Figure 1. (A) A

snapshot of the risk of obesity to myeloma from previous studies of single cohort or pooled data. Shown is the examined risk in the types of relative risk (RR), hazard rate (HR), or odd ratios (OR), along with its 95% confidence intervals (CI). The distinction of assessment from incidence (I) or mortality (M) are hyphenated next to the type of risk. Gender choices are men (M), women (W), or all (A). (B) An estimated attributable risk as measured by percentage of population attributable fraction (PAF) and attributable cases to obesity from 2011 to 2016 in men or women of US. (C-F) Mouse body weights (C), levels of IgG2b in mouse sera (D), percentages of marrow-infiltrated CD138⁺ myeloma cells (E), representative images of mouse spleens (upper) and percentages of spleen-infiltrated CD138⁺ myeloma cells (lower, F) in C57BL/6J ND or DIO mice that were intrafemorally injected with Vk12598 cells (n=8/group). (G) Myeloma incidence rate in ND or DIO mice that were intravenously injected with myeloma 5TGM1 cells after 8 weeks (n=10/group). (H-J) Illustrated injection sites and representative images (H), summarized data of bioluminescent signals (I), and tumor weights (J) in NSG mice 4 weeks after subcutaneously injected with luciferase-labeled ARP-1 cells alone or mixed with MSCs or adipocytes. (K) Illustrated injection sites, representative images, and summarized data of bioluminescent signals in NSG mice 4 weeks after subcutaneously injected with luciferaselabeled ARP-1 cells mixed with adipocytes isolated from ND (ND ADs) or DIO mice (DIO ADs). Data shown as mean \pm SD are representative of 3 independent experiments. **P*<0.05. ***P<0.001. ****P<0.0001. P values were determined by two-tailed Student's *t*-test.



Figure S2. The role of ACSS2 in myeloma growth *in vitro*. Related to Figures 2 and 3. (A) ACSS1 and ACSS2 protein levels in myeloma cell lines. (B-E) Myeloma cells were infected with lentivirus carrying non-targeted control (shCtrl) or two clones of short-hairpin RNAs against human ACSS1 (shACSS1) or ACSS2 (shACSS2). (B, D) Protein levels of ACSS2 (B) or ACSS1 (D) in myeloma cells. (C, E) Representative images of shACSS2 (C) or shACSS1 (E) myeloma cell colonies (upper) and summarized data for relative colony formation (lower). (F-H) Myeloma cell lines ARP-1, MM.1S, or U266 cells were infected with lentivirus carrying nontarget control (sg*Ctrl*) or sequences encoding a guide RNA against ACSS2 gene (sgACSS2). (F) ACSS2 protein level in sgCtrl and sgACSS2 myeloma cells. (G) Proliferation of sgCtrl and sgACSS2 myeloma cells over time. (H) Colony formation of sgCtrl or sgACSS2 myeloma cells. (I) Relative expression of ACSS2 mRNAs in normal plasma cells from healthy donors (nPCs; n=11) or malignant plasma cells isolated from bone marrow aspirates of myeloma patients (PtMM; n=15). (J) Representative images of immunohistochemical staining show ACSS2 or CD138 expression in a tissue array containing bone marrow biopsy segments of myeloma patients (n=6), patients with Ewing's sarcoma (n=2; CD138⁻ controls), and normal bone marrow biopsies (n=4). (K) Percentages of viability in human myeloma cell lines (left) and primary myeloma cells isolated from bone marrow aspirates of myeloma patients (n=4, right) 48 hours after treatment of ACSS2 inhibitor (ACSS2i). Cells without the treatment were set to 100%. (L) Colony formation of myeloma cells treated with indicated doses of ACSS2i. (M) Percentages of apoptotic cells in myeloma cells treated with indicated doses of ACSS2i. (N) Viability of myeloma cells expressing sgCtrl or sgACSS2 after 48 hours of ACSS2i treatment. Data shown as mean \pm SD are representative of 3 independent experiments. ns, not significant. *P < 0.05. **P < 0.01. ***P < 0.001. ****P < 0.0001. P values were determined by two-tailed Student's t-test

(C, E, and H), one-way ANOVA with Newman-Keuls post hoc test (L, M) or two-way ANOVA with Bonferroni's post hoc test (G, N).



Figure S3. ACSS2 promotes myeloma development in vivo. Related to Figures 2 and 3. (A-C) Luciferase-labeled shACSS2 myeloma cells were subcutaneously injected into the right flank of NSG mice, while an equal number of shCtrl cells were injected into the left flank of the same mice. Shown are representative images (A) and summarized data (B) for bioluminescent signals and tumor weights after tumor cell implantation. (C) Immunohistochemical staining of ACSS2, Ki67, and CD138 expression in tumor tissues (left) and summarized data for ACSS2 and Ki67 (rights). Scale bar, 100 µm. (D-E) Luciferase-labeled ARP-1 cells were infected with lentivirus expressing a doxycycline-inducible ACSS2 shRNA (TetON-shACSS2) or non-targeting control (TetON-shCtrl). (D) The protein expression of ACSS2 (left) and colony formation (right) of myeloma cells expressing TetON-shCtrl or TetON-shACSS2 with or without doxycycline induction. (E) Schematic setting, representative bioluminescent images, and summarized data for bioluminescent signals of NSG mice that were intrafemorally injected with ARP-1 cells carrying inducible TetON-shCtrl or TetON-shACSS2 at week 0 and 3 post-doxycycline treatment. (F) Shown are representative images of bioluminescent signals 3 weeks after ACSS2i treatment (left) and changes in mouse body weights (right) in NSG mice that were intravenously injected with luciferase-labeled ARP-1 cells and treated with various dosages of ACSS2i. (G-H) Representative images (G) and H&E staining (H) of vital organs from NSG mice treated with vehicle control or ACSS2i at 25 mg/kg dosage after 3 weeks. Scale bar, 100 µm. (I-J) Shown are representative images (left) and summarized data (right) of bioluminescent signals and serum Mprotein levels in NSG mice that were intravenously injected with luciferase-labeled ARP-1 cells (I) or MM.1S cells (J) and treated with 25 mg/kg ACSS2i. Data shown as mean \pm SD are representative of three independent experiments. ns, not significant. *P<0.05, **P<0.01. ***P<

0.001. ****P < 0.0001. P values were determined by two-tailed Student's *t*-test (B, C, and E) or two-way ANOVA with Bonferroni's multiple comparisons test (D, F, I, and J).



Figure S4. Adipocytes isolated from obese subjects produce more angiotensin II. Related to Figure 4. (**A-C**) Adipocytes isolated from visceral adipose tissue of ND (ND ADs) or DIO mice (DIO ADs) were cultured for 3 days to collect conditioned medium. (**A**) ACSS2 protein expression in ARP-1 cells cultured in the conditioned medium. (**B**) ELISA shows the concentration of angiotensin II in the conditioned medium. (**C**) Relative expression of *Ace* and *Ren* mRNAs in murine adipocytes. (**D-F**) Adipocytes isolated from visceral adipose tissue of human subject with obesity (Ob ADs) or with normal weight (Non-ob ADs) were cultured for 3 days to collect conditioned medium. (**D**) Expression of ACSS2 protein in ARP-1 cells cultured in the conditioned medium. (**E**) ELISA shows the concentration of angiotensin II in the conditioned medium. (**F**) Relative expression of *ACE* and *REN* mRNAs in adipocytes isolate from visceral adipose tissue of human subjects with obesity (Ob ADs) or with normal weight (Non-ob ADs).

Data shown as mean \pm SD are representative of three independent experiments. ***P*<0.01.

*****P*< 0.0001. *P* values were determined by two-tailed Student's *t*-test.



Figure S5. Identification of the oncogenic protein IRF4 that interacts with ACSS2. Related to Figure 5. (A) Mass spectrometry analysis of immunoprecipitates pulled down by anti-FLAG resin from ARP-1 cells infected with lentivirus carrying FLAG-tagged ACSS2. Cells infected with empty vector served as control. (B) List of identified peptides matching the sequence of IRF4 protein from mass spectrometry. (C) Co-immunoprecipitation of HA-tagged *IRF4* (HA-*IRF4*) and FLAG-tagged *ACSS2* (FLAG-*ACSS2*) in HEK293T cells. Cells co-transfected with FLAG-*ACSS2* and HA-*IRF4* were immunoprecipitated with anti-FLAG resin and immunoblotted with anti-HA or anti-FLAG antibodies. Cells transfected with HA-*IRF4* and FLAG-tagged control vector served as controls. (D) Immunoprecipitation of ARP-1 or MM.1S cells infected with lentivirus carrying FLAG-*ACSS2* or empty vector control. Cell lysates were immunoprecipitated with anti-FLAG and anti-IRF4

antibodies. (E) Immunoprecipitation of ARP-1 or MM.1S cell lysates using antibody against ACSS2 or IRF4 to detect endogenous ACSS2-IRF4 interaction. The immunoprecipitates were immunoblotted with anti-ACSS2 and anti-IRF4 antibodies. (F) Representative immunofluorescent graphs of myeloma ARP-1 cells stained with DAPI and antibodies against IRF4 or ACSS2. Arrows: co-location of ACSS2 and IRF4 proteins. Scale bar, 10 µm. (G) Immunoprecipitation of cytoplasmic or nuclear fractions of ARP-1 cells using the antibody against IRF4. The immunoprecipitates were immunoblotted with anti-ACSS2 or anti-IRF4 antibodies. Immunoglobulin G (IgG) was used as control, and lysates from cytoplasmic or nuclear fractions were used as input control. Immunoblotting with β-actin was used as cytosolic marker; immunoblotting with lamin A was used as nuclear marker.



Figure S6. IRF4 is implicated in adipocyte-enhanced myeloma tumorigenesis. Related to Figure 5. (A) IRF4 protein (left) and colony formation (right) in sh*IRF4*-expressing ARP-1 cells that were cultured in adipocyte conditioned medium (AD-CM). (**B**) Protein levels of IRF4, ACSS2, and FLAG-ACSS2 (left) and colony formation (right) in FLAG-ACSS2–expressing ARP-1 cells that were infected with lentivirus carrying sh*Ctrl* or sh*IRF4*. (**C**) Protein levels of IRF4, HA-tagged IRF4 (HA-IRF4), and ACSS2 (left) and colony formation (right) in sh*ACSS2*-expressing ARP-1 cells that were infected with lentivirus carrying HA-tagged IRF4 or empty control. (**D-E**) Luciferase-labeled MM.1S cells expressing sg*Ctrl* or sg*ACSS2* were infected with

lentivirus carrying HA-IRF4 or empty vector control. (D) Protein levels of IRF4, HA-IRF4, and ACSS2 (left) and colony formation (right). (E) Representative images of bioluminescent signals (left) and summarized data for the relative bioluminescent signals (right) in NSG mice 3 weeks after intrafemoral injection with myeloma cells. (**F-G**) The mRNA and protein levels of IRF4 (F) and relative expression of *WHSC1*, *PIM2*, *LDHA*, *MYC*, and *PRDM1* mRNAs (G) in ARP-1 cells that were cultured in AD-CM for 24 hours. Data shown as mean \pm SD are representative of 3 independent experiments. ns, not significant. **P*<0.05. ***P*<0.01. ****P*<0.001. *****P*< 0.0001. P values were determined by two-tailed Student's *t*-test (F, G), one-way ANOVA with Bonferroni's post hoc test (B-E) or two-way ANOVA with Bonferroni's post hoc test (A).



Figure S7. ACSS2 enhances IRF4 stability and tumor growth in melanoma. Related to Figure 5. (A-B) IRF4 protein level in human melanoma A375 cells treated with various concentrations of ACSS2i for 24 hours (A) or A375 cells carrying non-target control shRNA (sh*Ctrl*) or shRNA targeting ACSS2 (sh*ACSS2;* B). (C) Time course in hours (h) of IRF4 protein levels in A375 cells treated with 10 μ M ACSS2i and 100 μ M cycloheximide (CHX). Right: normalized IRF4 levels against GAPDH. (D) Colony formation assay shows the summarized data from A375 cells carrying sh*Ctrl* or one of the two clones of sh*ACSS2.* (E) IRF4 protein level (upper) and soft agar growth (lower) of A375 cells carrying sh*Ctrl* or one of the two clones of shRNA targeting IRF4 (sh*IRF4*). (F) IRF4, HA-IRF4, and ACSS2 protein levels (left) and relative colony formation (right) in sh*ACSS2*-expressing A375 cells that were infected with lentivirus encoding HA-IRF4 or empty control. Data shown as mean \pm SD are representative of 3 independent experiments. ****P*<0.001. *****P*< 0.0001. *P* values were determined by two-tailed Student's *t*- test (D, E), one-way ANOVA with Newman-Keuls post hoc test (F), or two-way ANOVA with Bonferroni's post hoc test (C).

Supplementary Tables

Table S1. Summarized	characteristics of myeloma	patients with normal weight,
overweight, or obesity.	Related to Figures 1 and 7,	and STAR Methods.

Average			
(Range)			
	Normal (n=11)	Overweight (n=9)	Obese (n=11)
Age	66.2	56.1	64.8
	(50-84)	(42-70)	(51-90)
Male	54.5%	44.4%	54.5%
Female	45.5%	55.6%	45.5%
BMI	22.7	26.2	32.4
	(20.8-24.4)	(25.1-28.4)	(30-35.9)
Disease	Newly diagnosed	Newly diagnosed	Newly diagnosed
Status	MM	MM	MM
Bone lesion	70.0%*	88.89%	81.82%

*Several cases have missing information.

Gene	Forward	Reverse
ACSS2	TTGGGGCCTTTGCACTCCATT	AGGCATCTGTAGTGATGAGAAGA
IRF4	CCTACACCATGACAACGCCT	CTGTCACCTGGCAACCATTT
AGTR1	ATTTAGCACTGGCTGACTTATGC	CAGCGGTATTCCATAGCTGTG
AGTR2	AAACCGGTTCCAACAGAAGC	GAGCCTCAAAGCAAGTAGCC
WHSC1	CCTCCAACAGCATCATCTGC	CGTCAGGCATCTCGATGTTC
PIM2	GCTATGGAAAGTGGGTGCAG	ATGAAGCCCTCCTGTGTCTC
LDHA	ATGGCAACTCTAAAGGATCAGC	CCAACCCCAACAACTGTAATCT
МҮС	CTGCGACGAGGAGGAGAA	CCGAAGGGAGAAGGGTGT
PRDM1	AAGCAACTGGATGCGCTATGT	GGGATGGGCTTAATGGTGTAGAA
ACE	GGAGGAATATGACCGGACATCC	TGGTTGGCTATTTGCATGTTCTT
REN	ACCTTTGGTCTCCCGACAGA	CACCTCGTTCCTTCAGGCTTT
GAPDH	GCACCGTCAAGGCTGAGAAC	TGGTGAAGACGCCAGTGGA
Irf4	TCCGACAGTGGTTGATCGAC	CCTCACGATTGTAGTCCTGCTT
Acss2	AAACACGCTCAGGGAAAATCA	ACCGTAGATGTATCCCCCAGG
Whsc1	TGCCAAAAAGGAGTACGTGTG	CTTCGGGAAAGTCCAAGGCAG
Мус	CCGCCCTTTATATTCCGGGG	CCTTCTTTTTCCCGCCAAGC
Pim2	CACGGATAGACGTCAGGTGG	AAACCAGTCAAGCAGGCGTA
Ldha	TGTCTCCAGCAAAGACTACTGT	GACTGTACTTGACAATGTTGGGA
Prdm1	TTCTCTTGGAAAAACGTGTGGG	GGAGCCGGAGCTAGACTTG
Ace	AGGTTGGGCTACTCCAGGAC	GGTGAGTTGTTGTCTGGCTTC
Ren	CTCTCTGGGCACTCTTGTTGC	GGGAGGTAAGATTGGTCAAGGA
Gapdh	AGGTCGGTGTGAACGGATTTG	TGTAGACCATGTAGTTGAGGTCA

 Table S2. Primers for real-time RT-PCR analysis. Related to STAR Methods.

shRNA	Direction	Sequence
shACSS1-1	Forward	CCGGCTGTTGCTGAAATACGGTGATCTCGAGATCACCGTATTT
		CAGCAACAGTTTTTG
	Reverse	AATTCAAAAACTGTTGCTGAAAATACGGTGATCTCGAGATCAC
		CGTATTTCAGCAACAG
shACSS1-2	Forward	CCGGCCAGTTAAATGTCTCTGTCAACTCGAGTTGACAGAGAC
		ATTTAACTGGTTTTTG
	Reverse	AATTCAAAAACCAGTTAAATGTCTCTGTCAACTCGAGTTGACA
		GAGACATTTAACTGG
shACSS2-1	Forward	CCGGGCTTCTGTTCTGGGTCTGAATCTCGAGATTCAGACCCAG
		AACAGAAGCTTTTTG
	Reverse	AATTCAAAAAGCTTCTGTTCTGGGTCTGAATCTCGAGATTCAG
		ACCCAGAACAGAAGC
shACSS2-2	Forward	CCGGCGGTTCTGCTACTTTCCCATTCTCGAGAATGGGAAAGTA
		GCAGAACCGTTTTTG
	Reverse	AATTCAAAAACGGTTCTGCTACTTTCCCATTCTCGAGAATGGG
		AAAGTAGCAGAACCG
sh/RF4 Forward CCGGTTTACTGAAATGCGCTCTTTACTCGAGTA		CCGGTTTACTGAAATGCGCTCTTTACTCGAGTAAAGAGCGCAT
		TTCAGTAAATTTTTG
	Reverse	AATTCAAAAATTTACTGAAATGCGCTCTTTACTCGAGTAAAGA
		GCGCATTTCAGTAAA
sh <i>p62</i> -1	Forward	CCGGGCAGATGAGAAAGATCGCCTTCTCGAGAAGGCGATCTT
		TCTCATCTGCTTTTTG
	Reverse	AATTCAAAAAGCAGATGAGAAAGATCGCCTTCTCGAGAAGGC
		GATCTTTCTCATCTGC
sh <i>p62</i> -2	Forward	CCGGGCCCTCCATTTGTAAGAACAACTCGAGTTGTTCTTACAA
		ATGGAGGGCTTTTTG
	Reverse	AATTCAAAAAGCCCTCCATTTGTAAGAACAACTCGAGTTGTTC
		TTACAAATGGAGGGC
sh <i>Ctrl</i>	Forward	CCGGCCTAAGGTTAAGTCGCCCTCGCTCGAGCGAGGGCGACT
		TAACCTTAGGTTTTTG
	Reverse	AATTCAAAAACCTAAGGTTAAGTCGCCCTCGCTCGAGCGAG
		GCGACTTAACCTTAGG

Table S3. Primers used in subcloning of short-hairpin RNA into the pLKO.1 vector.Related to STAR Methods.

sgRNA	Direction	Sequence
sgACSS2	Forward	CACCGATTCTGGGGAGACATTGCCA
	Reverse	TTTGACCGTTACAGAGGGGTCTTAG
sgCtrl	Forward	CACCGCCAGGCTGAAGTTCGTACCT
	Reverse	TTTGTCCATGCTTGAAGTCGGACCG

Table S4. Primers used in subcloning of single-guide RNA into the lentiCRISPRv2 vector. Related to STAR Methods.

Table S5. Primers used in ChIP assay. Related to STAR Methods.

Genes	Direction	Sequence
PRDM1	Forward	GGACAGAGGCTGAGTTTGAAGA
	Reverse	CGCCATCAGCACCAGAATC
МҮС	Forward	GAACGCGCGCCCATTAATAC
	Reverse	CTCGCTAAGGCTGGGGAAAG
PIM2	Forward	TCTCAACTCCAAGAGCAGCC
	Reverse	GGGAACCCCTACCATCAACG
LDHA	Forward	GAGATGAGATGCCAGTGGGG
	Reverse	TTTCCCTCTGCTGCTAAGCC
WHSC1	Forward	GGACTCGTTCACGCCCTG
	Reverse	GAGAGGGTCAGACGCCACG