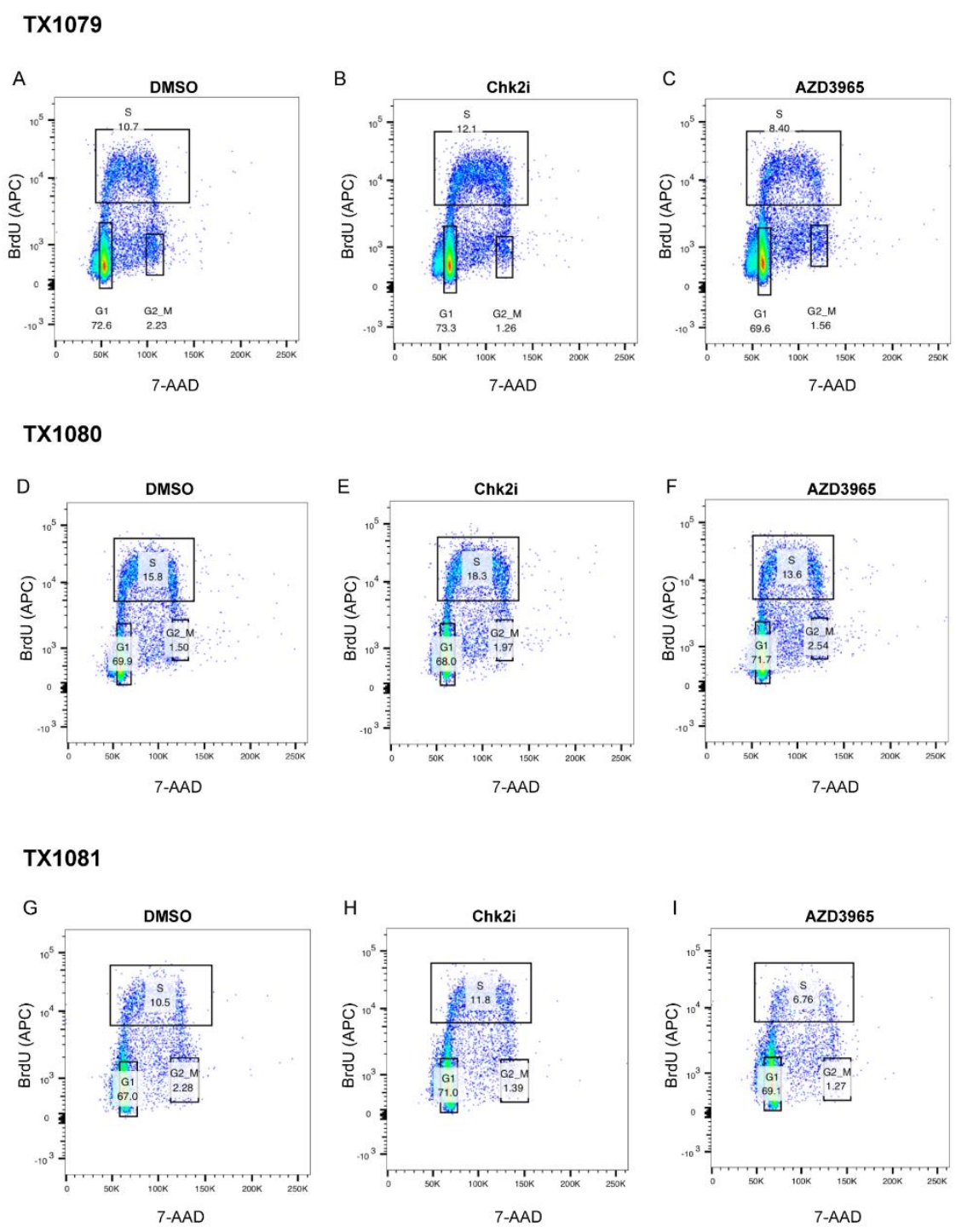
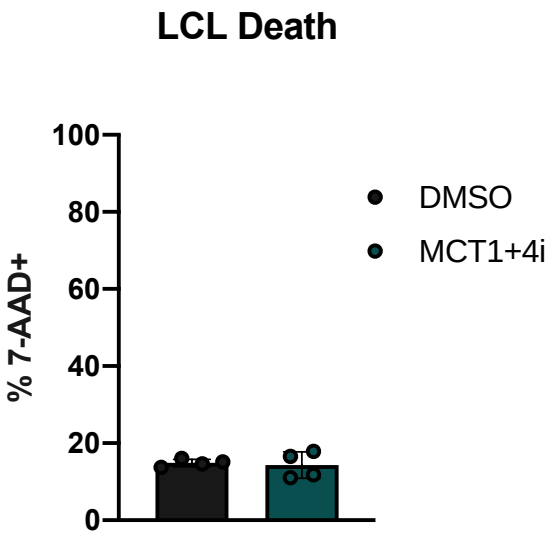
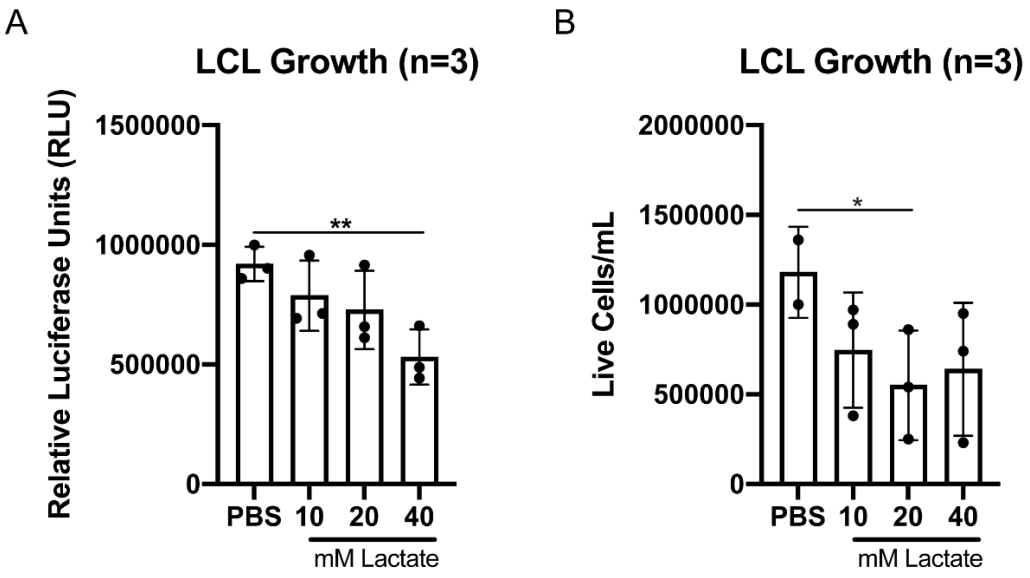


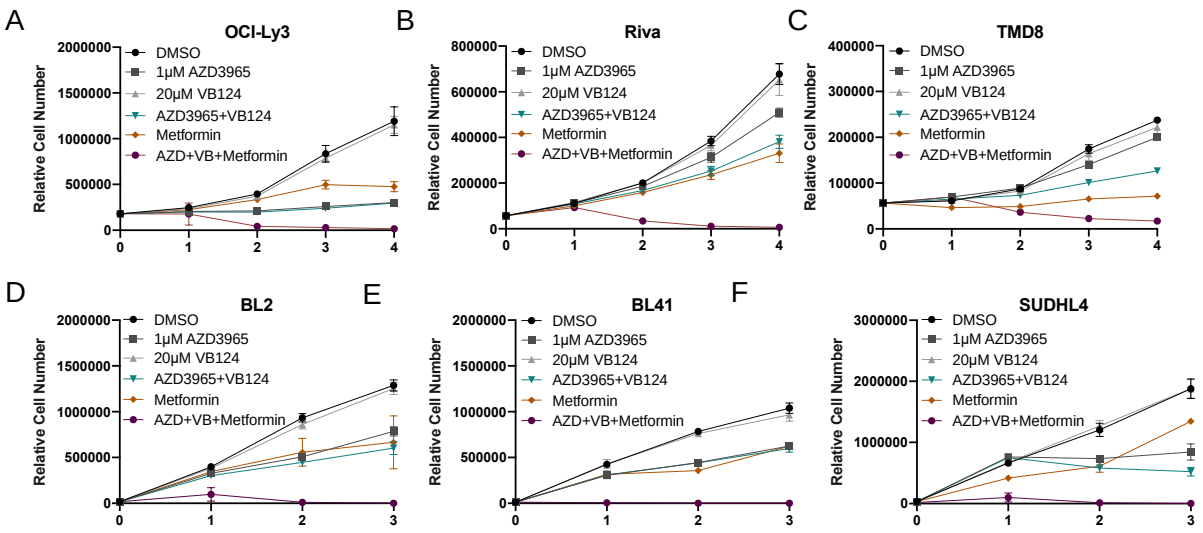
Supplementary Figure 1. MCT1 inhibition in early EBV-infected B cells leads to a G1/S-phase growth arrest, and not cell death. ***A-I.*** Three PBMC donors (TX1079, TX1080, and TX1081) were treated with either DMSO, 5μM Chk2 inhibitor II, or 250nM AZD3965 for 48h. After 48h, cells were pulsed with BrdU for 2h, and cell cycle progression assessed by flow cytometry. Chk2i = positive proliferation control.



Supplementary Figure 2. Dual MCT1/4 inhibition in LCLs does not result in cell death. Two LCL donors were treated in duplicate (n=4) with either DMSO or 1µM AZD3965 + 20µM VB124 for 72h, and 7-AAD positivity was assessed via fluorescence-activated cell sorting (FACS).



Supplementary Figure 3. Exogenous L-lactate treatment in LCLs leads to growth arrest. LCLs were treated for 72h with varying concentrations of L-lactate. Growth was assessed by either CellTiter Glo (***A***) or trypan blue exclusion counting (***B***). Statistical significance was determined by paired t-test. *=p<0.05, **=p<0.01.



Supplementary Figure 4. Combined MCT1/4 inhibition sensitizes nonviral, Burkitt Lymphoma and Diffuse Large B-Cell Lymphoma cell lines to killing by metformin. *A-E.* Cells were seeded in triplicate at 300,000 cells/mL, and treated with DMSO, 1μM AZD3965, 20μM VB124, 1μM AZD3965+20μM VB124 (AZD+VB), 2mM Metformin, or AZD3965+20μM VB124+2mM Metformin (AZD+VB+Metformin). Growth was assessed daily for three days by CellTiter Glo luminescence.