

The role of anlotinib-mediated EGFR blockade in a positive feedback loop of CXCL11-EGF-EGFR signalling in anaplastic thyroid cancer angiogenesis

Supplementary Table legends

Table S1. Sense and anti-sense sequences of siRNA used in this study.

Table S2. Primers used in this study.

Table S3. IC₅₀ values of anlotinib in ATC cell lines. IC₅₀ 50% inhibitory concentration.

Supplementary Figure legends

Figure S1. Anlotinib suppresses hypoxia-activated angiogenesis in ATC. **A.** ATC cells were treated with control medium or a series of concentration of anlotinib (0.5, 1, 2, 5, 10, 20, 40 and 80 μ M) under hypoxia for 24 h, 48 h and 72 h. Cell viability was assessed by CCK-8 assay (hypoxia: 2% concentration of O₂). **B-C.** HUVEC was incubated with supernatants from CAL-62 and KHM-5M cells treated with hypoxia or anlotinib. Angiogenic assays included tubule formation, HUVEC migration, 3D sprouting and CAM assay. Data were obtained from three independent experiments. **D.** EndMT markers (α SMA, Vimentin and Snail) were detected in HUVEC incubated with supernatants from CAL-62 and KHM-5M cells treated with hypoxia or anlotinib. Representative WB and its quantification from three independent experiments were shown. **E.** Immunofluorescence of α SMA and Vimentin were detected in HUVEC incubated with supernatants from CAL-62 and KHM-5M cells treated with hypoxia or anlotinib. Representative images and its quantification from three independent

experiments were shown. * $p < 0.05$; ** $p < 0.01$.

Figure S2. CXCL11 mediates anlotinib inhibition of hypoxia-activated

angiogenesis. **A.** Angiogenesis antibody array was performed. CAL-62 was pre-incubated under hypoxia for 24 h. Control medium and anlotinib (5 μ M) were added into CAL-62 for another 24 h under hypoxia (2% concentration of O₂). Left images are the raw experimental array, and the gray density represents the protein expressive level in each group (Control vs Anlotinib). There are two panels with different targets for each group. In each panel, every dot symbolizes an antibody target, and every target is spotted in duplicate vertically. Right tables are the corresponding molecular name of raw data in left panels. The most significant change protein expression is framed using Red or Green. Red means the increased expressions after Anlotinib exposure, whereas, Green means the decreased expressions. **B.** Venn diagram of anlotinib-downregulated factors and HIF1 α -induced angiogenic genes. CXCL11, MMP9, VEGFR2 and GCSF were downregulated by anlotinib and also induced by HIF1 α . **C.** The production of MMP9, GCSF and VEGFR2 was assayed under hypoxia or anlotinib treatment. **D&E.** Elisa (**D**) and PCR (**E**) targeting CXCL11 confirmed that anlotinib could decrease the hypoxia-upregulated of CXCL11 expression. **F-G.** Adding rhCXCL11 into the supernatants collected from CAL-62 and KHM-5M cells treated with anlotinib could reverse anlotinib's anti-angiogenic abilities; adding CXCL11 neutralize antibody into the supernatants collected from CAL-62 and KHM-5M cells treated with hypoxia

could partly attenuate hypoxia-induced angiogenesis. **H.** EndMT markers (α SMA and Vimentin) stressed the necessity of CXCL11 in promoting or inhibiting EndMT by hypoxia or anlotinib, respectively. All data were obtained from three independent experiments. * $p < 0.05$; ** $p < 0.01$.

Figure S3. CXCL11 promotes angiogenesis by promoting EGF expression in ATC.

A. The representative IHC images of positive and negative CXCL11 in tumour and peritumour, respectively. Tissue microarray included a cohort of ATC tumour with matched peritumour tissues from 25 patients. Twenty-five patients (16 females and 9 males) had a mean age of 59.96 ± 13.50 years. All patients were categorized as stage IV according to AJCC TNM staging system. The average survival time was 2.56 ± 1.34 months. **B.** CXCL11 expression in multiple ATC cell lines was examined. **C.** rhCXCL11 (100 ng/mL for 2 h) was proved to promote tube formation and migration in HUVEC. **D.** CXCL11 was ectopically overexpressed and knocked down in CAL-62 and KHM-5M cells. **E-G.** Supernatants from CAL-62 and KHM-5M cells with CXCL11 silencing led to repressed tube formation and migration (**E**), EndMT (**F**) and HUVEC proliferation (**G**). **H-J.** Supernatants from CAL-62 and KHM-5M with CXCL11 overexpression could improve tube formation and migration abilities (**H**) and EndMT (**I**), and HUVEC proliferation (**J**). **K.** PCRs of EGF, CXCL5, LEP, TPO and IGNG were completed in HUVEC exposed with rhCXCL11 (100 ng/ml for 2 h) against negative control. **L.** CXCR7 and CXCR3 were knocked down by siRNA in HUVEC. **M.** mRNA production of EGF increased under rhCXCL11 treatment (100

ng/ml for 2 h), when silencing CXCR3 but not CXCR7. **N.** mRNA production of CXCL11 was not significantly changed after rhCXCL11 incubation. The high amount CXCL11 protein in Western Blot, independent to CXCR3 or CXCR7 knockdown, was mainly from exogenously administrated rhCxcl11, but not produced by cells themselves. **O.** The apoptotic rate of HUVEC/siNC and HUVEC/siCXCR7 incubated with rhCXCL11. **P.** CXCR7 production in HUVEC incubated with rhCXCL11; CXCR7 production in HUVEC/siEGFR against HUVEC/siNC. **Q.** Basal expression of CXCR7 in ATC cells and HUVEC. **R.** The expression levels of p-EGFR, α SMA and Vimentin in HUVEC/siNC and HUVEC/siEGFR incubated with rhEGF (10 nmol/L for 5 minutes). All data are obtained from three independent experiments. * $p < 0.05$; ** $p < 0.01$. (AJCC: American Joint Committee on Cancer; Demographic data was presented as mean \pm SD).

Figure S4. EGFR upregulates CXCL11 in a positive feedback loop in ATC. A. The representative IHC images of positive and negative phospho-EGFR (phospho-Y1068) in tumour and peritumour, respectively. **B.** Expression of phospho-EGFR in multiple ATC cell lines. **C&D.** CXCL11 production and AKT-mTOR signaling were increased in CAL-62 and KHM-5M cells with EGFR overexpression (**C**) and rhEGF incubation (**D**). **E.** Adding rhCXCL11 into the supernatants from CAL-62 and KHM-5M with EGFR knockdown could partly relieved the reduced tubule formation and cell migration. **F.** EndMT markers were examined when rhCXCL11 added into the supernatants from CAL-62 and KHM-5M

cells with EGFR knockdown. **G.** Adding anti-CXCL11 into the supernatants from CAL-62 and KHM-5M with EGFR overexpression could attenuate the EGFR-promoted tubule formation and migration. **H.** EndMT markers were examined when anti-CXCL11 added into the supernatants of CAL-62 and KHM-5M cells with EGFR overexpression. All data were obtained from three independent experiments. * $p < 0.05$; ** $p < 0.01$.

Figure S5. Anlotinib directly targets EGFR kinase. **A.** Phospho-RTK antibody array was performed in CAL-62. This array was completed with the same samples as that in angiogenesis antibody array. Left images are the raw experimental array, and the gray density represents the protein expressive level in each group (Control vs Anlotinib). Every dot symbolizes an antibody target, and every target is spotted in duplicate horizontally. Right tables are the corresponding molecular name of raw data in left images. The most significant change protein expression is framed using Red or Green. Red means the increased expressions after Anlotinib exposure, whereas, Green means the decreased expressions. **B.** Representative WBs of p-EGFR, p-FGFR1, p-ALK and p-JAK2 expressions in CAL-62, KHM-5M, BHT101 and C643 treated by anlotinib or control medium. **C.** Cartoon representations of anlotinib occupying the binding pocket of EGFR. **D.** Anlotinib repressed angiogenic abilities by directly inhibiting HUVEC, including tubule formation, migration, 3D sprouting buddings and CAM vessels. All data were obtained from three independent experiments.

Table S1. Sense and anti-sense sequences of siRNA used in this study.

Genes	siRNA	Sense	Anti-sense
EGFR	si1	CCUCCAGAGGAUGUUCAAUAATT	UUAUUGAACAUCCUCUGGAGGTT
	si2	GCCAAGCCAAAUGGCAUCUUUTT	AAAGAUGCCAUUUGGCUUGGCTT
	si3	GCCACAAAGCAGUGAAUUUAUTT	AUAAAUUCACUGCUUUGUGGCTT
CXCL11	si1	CCUUCUAGAUUUGAUGCUUTT	AAGCAUCAAAUCUAGAAGGTT
	si2	GGGAGACAUUCUUAUGCAUTT	AUGCAUAAGAAUGUCUCCTT
	si3	GGUAUACUCAAGACUAGUUTT	AACUAGUCUUGAGUAUACCTT
CXCR3	si1	UUUAGUCUGUGAUUUACUCUG	GAGUAAAUCACAGACUAAAUC
	si2	ACUCUUUUGUGAUUGAGUCUG	GACUCAAUCACAAAAGAGUUC
	si3	AGAAGUUGAUGUUGAAGAGGG	CUCUUCAACAUCAACUUCUAC
CXCR7	si1	UUGUACUAGGCAAAACCAGCC	CUGGUUUUGCCUAGUACAAGG
	si2	UAACAAUCCUUGUACUAGGCA	CCUAGUACAAGGAUUGUUACC
	si3	UAGAAAAAAGCAUAUGCACCC	GUGCAUAUGCUUUUUUCUAGG

Table S2. Primers used in this study.

Gene	Sense primer 5'-3'	Anti-sense primer 5'-3'
CXCL5	TGTTGGTGCTGCTGCTGCTG	GGATGAACTCCTTGCGTGGTCTG
LEP	ATTTACACACGCAGTCAGTCTCC	CCCAGGCTGTCCAAGGTCTCC
TPO	GCTGTCTGTCACGCTGGTTATGG	AATCACTCCGCTTGTTGGCTCAG
IFNG	TTGGGTCTCTTGCTGTTACTGC	TGCTTTGCGTTGGACATTCAAGTC
CXCL11	TGCTACAGTTGTTCAAGGCTTCCC	CTGCCACTTTCACTGCTTTTACCC
EGF	CTGGAAGCCTTTATAGAGCAG	CTTATCAAGCACATCCAATGA
GAPDH	CATGAGAAGTATGACAACAGCCT	AGTCCTTCCACGATACCAAAGT

Table S3. IC50 values of anlotinib in ATC cell lines. IC50 50% inhibitory concentration.

ATC cell lines	IC 50 (μ M)					
	24 h		48 h		72 h	
	Normoxia	Hypoxia	Normoxia	Hypoxia	Normoxia	Hypoxia
KHM-5M	7.22	6.95	4.11	3.88	3.25	3.06
CAL-62	8.62	8.24	4.96	4.80	4.05	3.88
C643	12.57	12.14	7.35	7.15	5.22	5.07
BHT-101	5.58	5.40	3.21	3.12	2.95	2.90
BCPAP	16.15	15.87	9.12	8.75	6.45	6.39
Nthy-ori 3-1	42.85	41.60	19.25	19.10	17.22	17.05

Fig S1

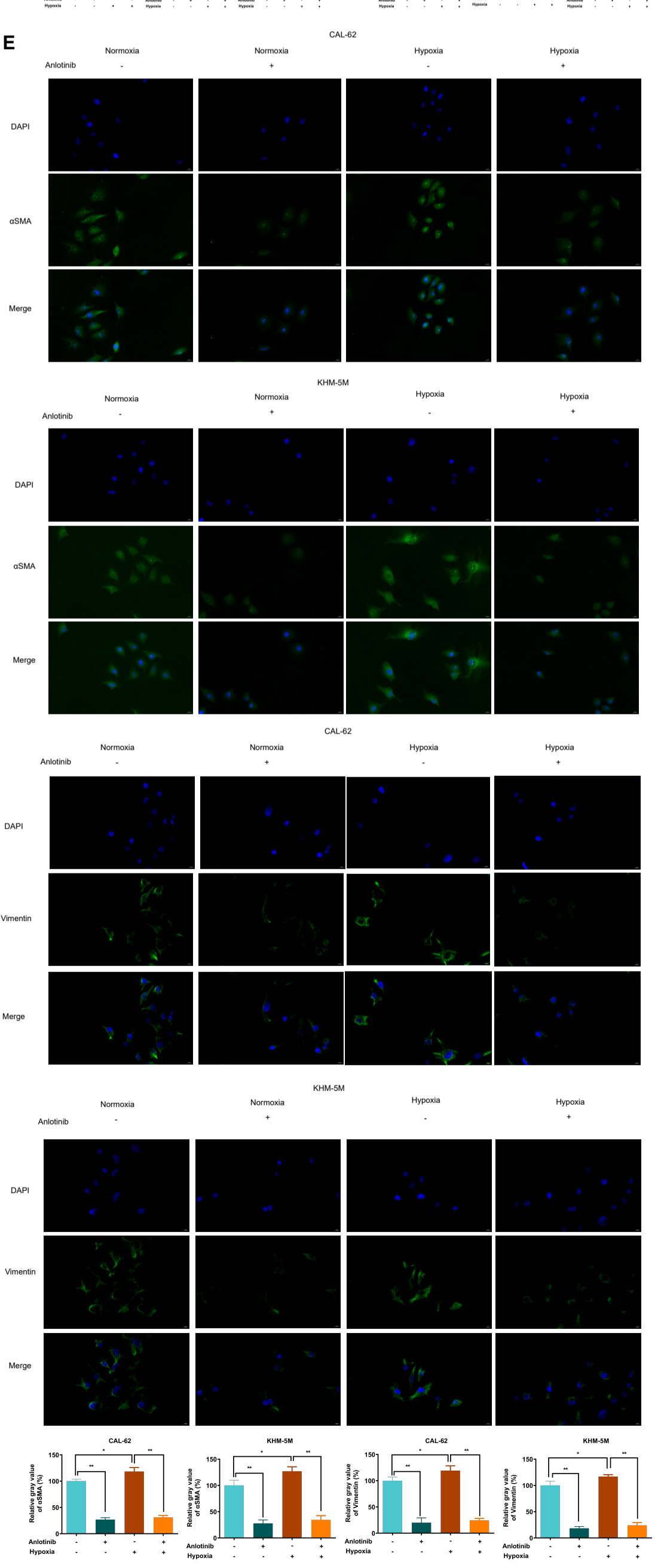
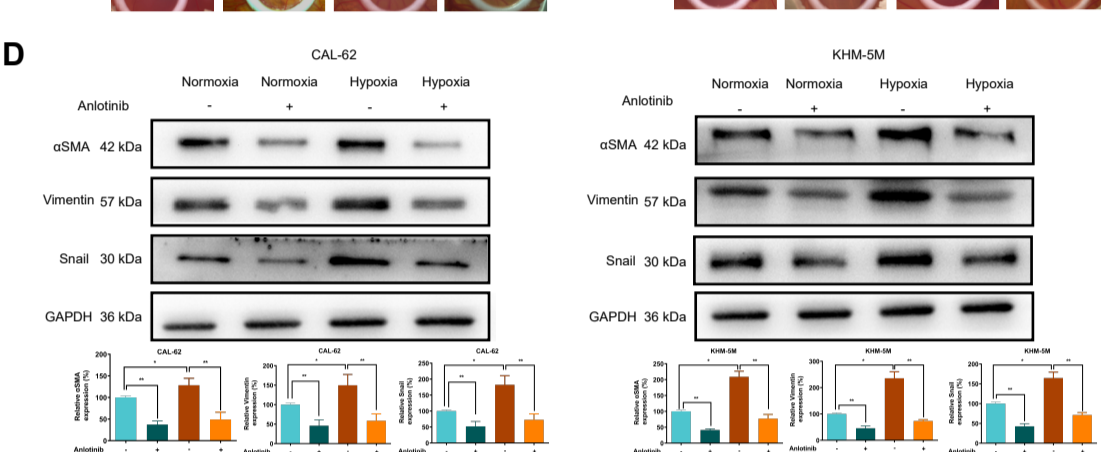
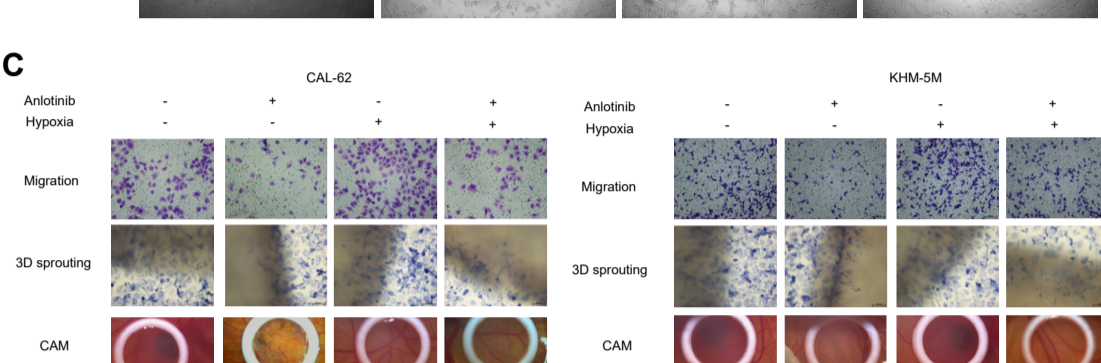
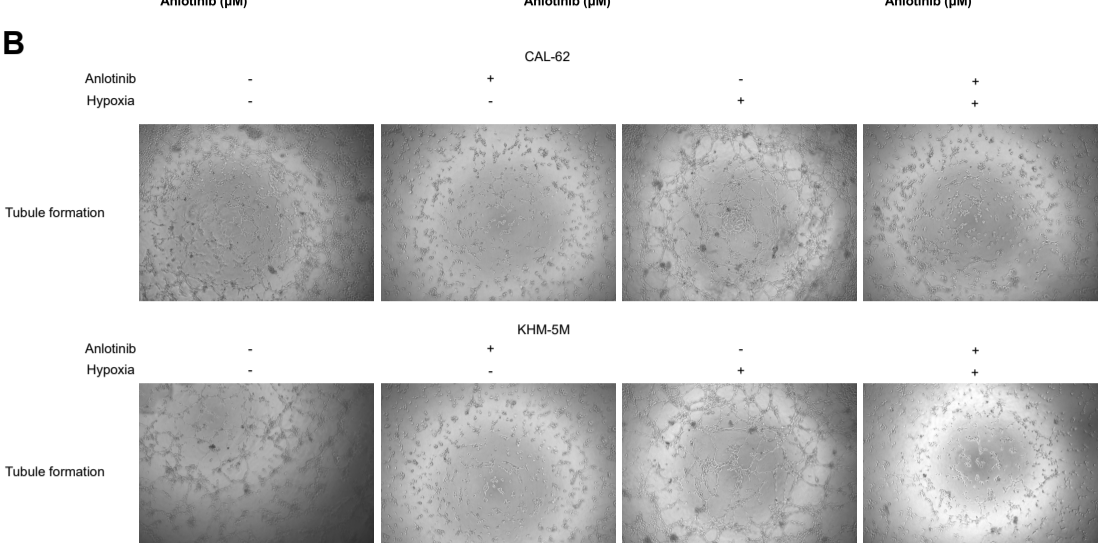
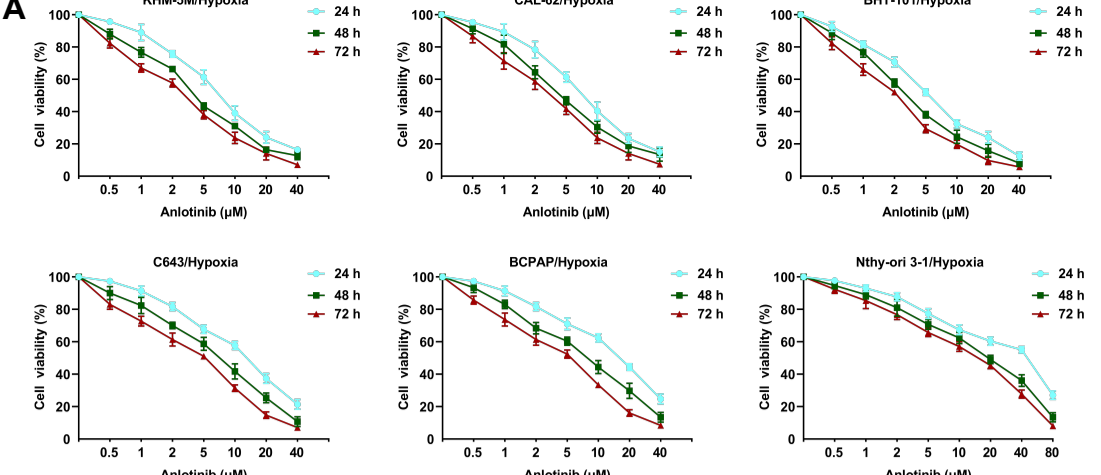
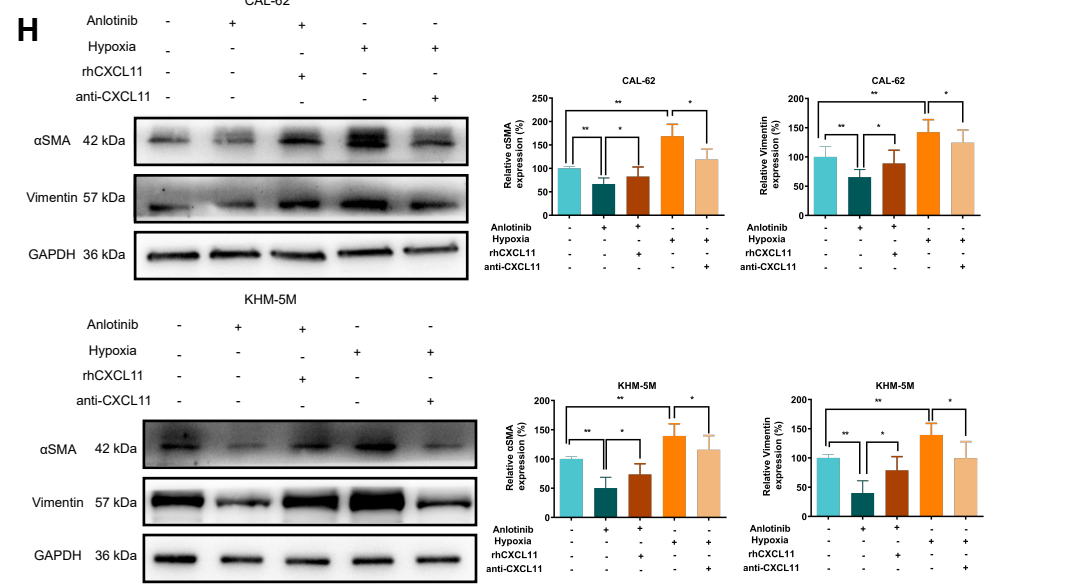
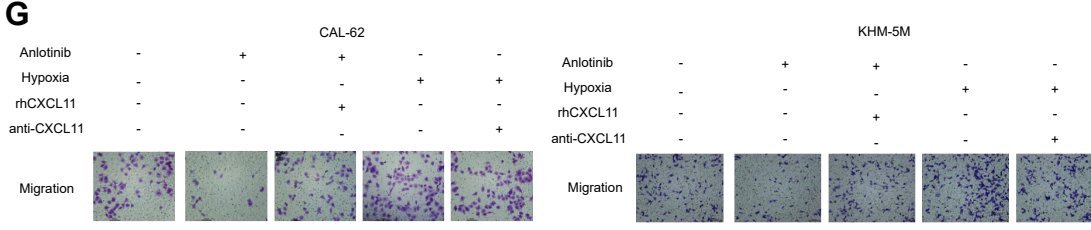
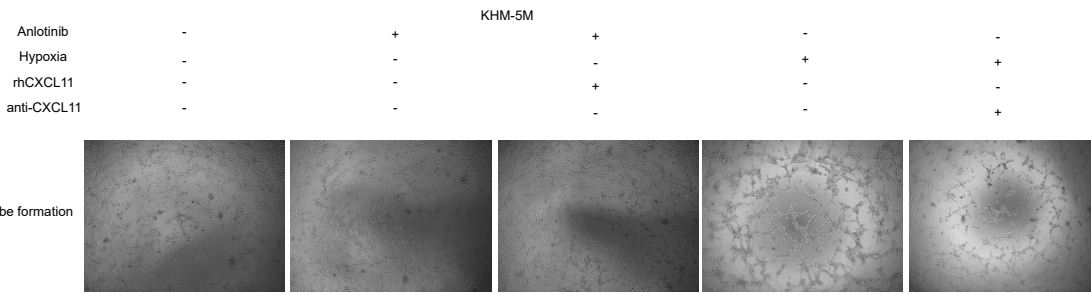
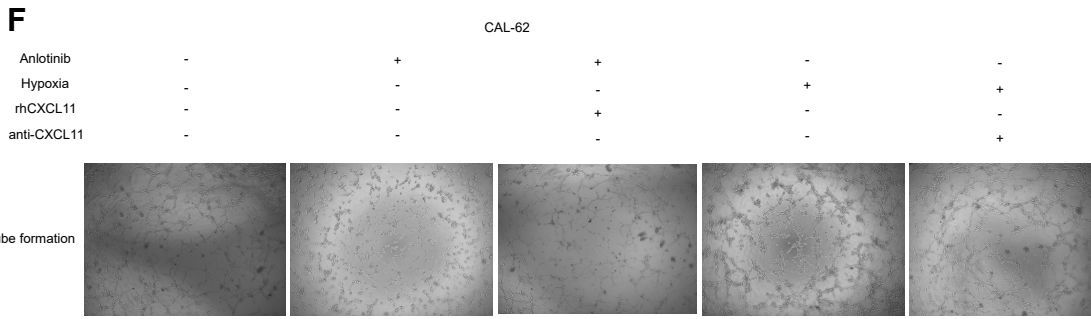
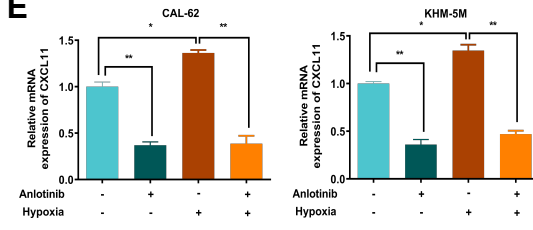
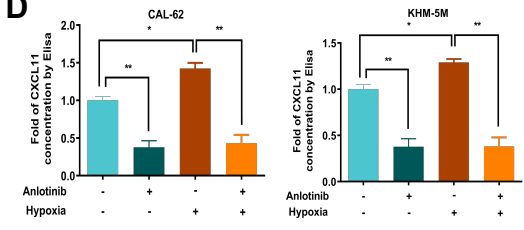
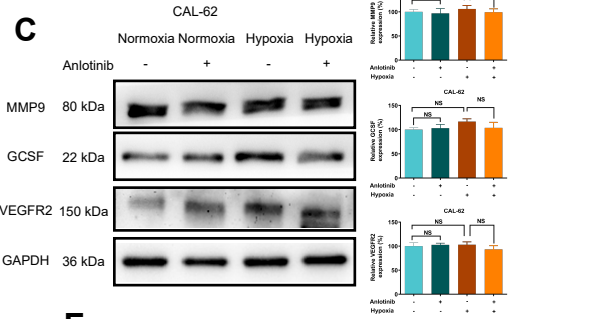
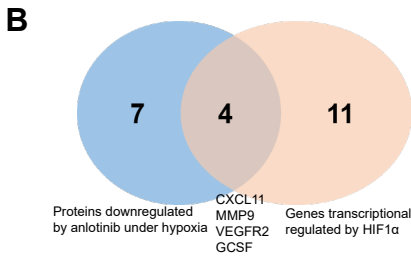
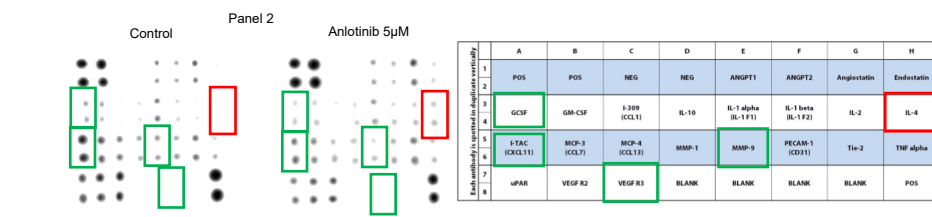
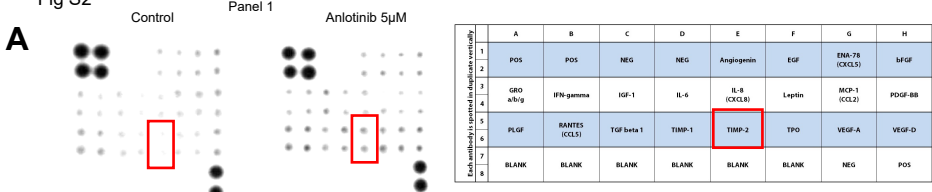
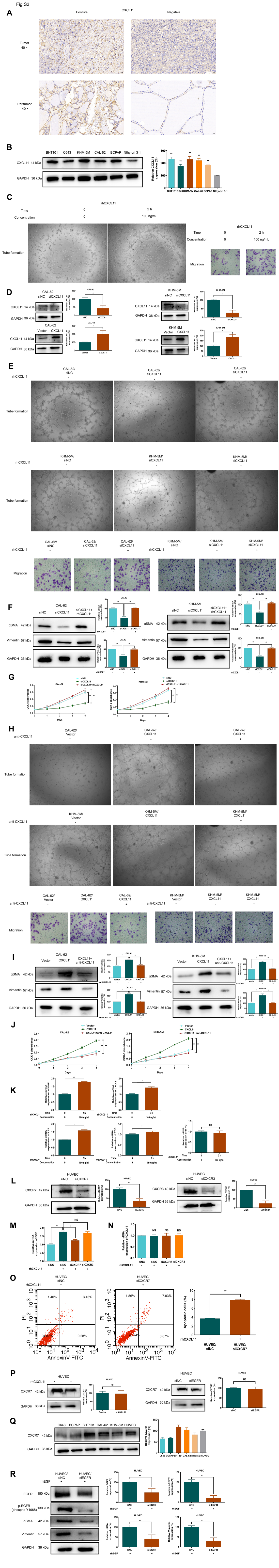


Fig S2





A Fig S4 p-EGFR (phospho Y1068)

