## Supplementary information for

## Therapeutic advantage of targeting PRMT5 in combination with chemotherapies or EGFR/HER2 inhibitors in triple-negative breast cancers

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| Cell line  | Doubling Time | Treatment       | Proliferation |
|------------|---------------|-----------------|---------------|
|            | (hours)       | duration (days) | assay         |
| MCF10A     | 16            | 3               | MTT           |
| T47D       | 43            | 7               | MTT           |
| MCF7       | 45            | 7               | MTT           |
| HCC1954    | 40            | 7               | MTT           |
| BT474      | 40            | 7               | MTT           |
| HCC38      | 60            | 7               | WST-1         |
| MDA-MB-453 | 55            | 7               | MTT           |
| MDA-MB-468 | 45            | 7               | MTT           |
| BT20       | 50            | 7               | MTT           |
| HCC70      | 50            | 7               | MTT           |
| MDA-MB-231 | 25            | 4               | CTG           |

Table S1: Doubling time of the breast cell lines, and the assays used to measure proliferation

Abbreviations: CTG, CellTiter-Glo luminescent cell viability assay; MTT, 3-(4,5dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide-based assay; WST-1, water-soluble tetrazolium salt based assay.

| Cell line  | Classification    | EPZ015938                  | EPZ015666                  |  |
|------------|-------------------|----------------------------|----------------------------|--|
|            |                   | IC <sub>50</sub> (nM ± SD) | IC <sub>50</sub> (nM ± SD) |  |
|            |                   | This study                 | From Ref. 23               |  |
| MCF10A     | Normal epithelial | 722.8 ± 122                | 42684 ± 14200              |  |
| MCF12A     | Normal epithelial | ND                         | 47078 ± 11200              |  |
| T47D       | Luminal           | 304 ± 244.8                |                            |  |
| MCF7       | Luminal           | 191.5 ± 47                 | 2642 ± 1010                |  |
| HCC1954    | HER2-positive     | 54.2 ± 19.4                | 812 ± 140                  |  |
| SKBr3      | HER2-positive     | ND                         | 3939 ± 1930                |  |
| BT474      | HER2-positive     | 625.5 ± 217.6              | ND                         |  |
| HCC38      | TNBC (BL1)        | 21.9 ± 8.7                 | 2770 ± 1430                |  |
| MDA-MB-453 | TNBC (LAR)        | 109.4 ± 13.4               | 4 985 ± 256                |  |
| MDA-MB-468 | TNBC (BL1)        | 319.3 ± 226.2              | 5.2 2224 ± 909             |  |
| BT20       | TNBC              | >1000                      | 12316 ± 7800               |  |
|            | (unclassified)    |                            |                            |  |
| HCC70      | TNBC (BL2)        | >1000                      | 29852 ± 5650               |  |
| MDA-MB-231 | TNBC (M)          | >1000                      | ND                         |  |
| MDA-MB-157 | TNBC (M)          | ND                         | 33365 ± 1729               |  |
| Hs578T     | TNBC (M)          | ND                         | 67847 ± 17600              |  |

## Table S2: Sensitivity of breast cell lines to EPZ015938 and EPZ015666

Abbreviations: BL1, basal-like 1; BL2, basal-like 2; IC<sub>50</sub>, half-maximal inhibitory concentration; LAR, luminal androgen receptor; M, mesenchymal; ND, not determined; SD, Standard deviation; TNBC, Triple-negative breast cancer.

|              | IC <sub>50</sub> (nM ± SD) |                 |               |               |            |  |
|--------------|----------------------------|-----------------|---------------|---------------|------------|--|
|              | BT20                       | MDA-MB-231      | MDA-MB-468    | MDA-MB-453    | HCC1954    |  |
| Neratinib    | 1502 ± 519                 | 918.3 ± 478     | 30.9 ± 14     | 22.6 ± 10     | 14.2 ± 1.8 |  |
| Tucatinib    | >5000                      | ND              | >5000         | 431.2 ± 162   | 508.6 ± 61 |  |
| Erlotinib    | 2379 ± 911                 | >5000           | 1950 ± 490    | >5000         | ND         |  |
| Cisplatin    | 155.7 ± 56.5               | >5000           | 133.8 ± 49.5  | 949.1 ± 340   | ND         |  |
| Camptothecin | 6.2 ± 2.1                  | 53.8 ± 15       | 7.7 ± 2.9     | $6.9 \pm 0.4$ | ND         |  |
| Paclitaxel   | 1.39 ± 0.5                 | 5.8 ± 3         | $5.4 \pm 0.4$ | 1.05 ± 0.2    | ND         |  |
| Doxorubicin  | 7.08 ± 1.2                 | $0.07 \pm 0.03$ | 19.9 ± 6.7    | 0.04 ± 0.01   | ND         |  |

Abbreviations: IC<sub>50</sub>, half-maximal inhibitory concentration; ND, not determined; SD, Standard deviation.



**Supplementary figure 1. PRMT5 expression in breast cell lines.** PRMT5 expression was assessed in breast cancer cells of the different subtypes (TNBC, luminal, HER2-positive) and normal breast cell lines by western blotting. Actin was used as a loading control. The graphs represent the relative amount of PRMT5 normalized to actin. Noteworthy, the levels of actin may vary across the different cell lines.



Supplementary figure 2. Effect of the inhibition of PRMT5 in combination with chemotherapies, erlotinib and neratinib on MDA-MB-231 cell proliferation. MDA-MB-231 TNBC cells were seeded in 96-well plates and treated with varying concentrations of EPZ015938 (PRMT5i) and/or cisplatin, doxorubicin, camptothecin, paclitaxel, erlotinib, or neratinib, then cell proliferation was measured after four mitotic cycles (4 days). Percentage of viable cells was normalized to DMSO or DMSO + H2O (when cisplatin was used)-treated cells. Each drug was used at a maximal concentration of 2xIC<sub>50</sub> or 5 µM maximum when MDA-MB-231 are resistant to the inhibitor, followed by two-fold serial dilutions. The nature of drug interaction between EPZ015938 and the different inhibitors was assessed using the Loewe model on the Combenefit software. The synergy matrix (upper panel) and isobologram (bottom panel) for each combination are shown. The isobolograms represent the IC<sub>60</sub> of neratinib, IC<sub>70</sub> of paclitaxel and camptothecin or IC<sub>75</sub> of doxorubicin (X-axis) obtained at various EPZ015938 concentrations (Y-axis). CI were calculated at the different EPZ015938 and cisplatin or erlotinib could not be plotted as the treatment with cisplatin or erlotinib alone did not impair cell viability more than 20% and are indicated as NA (not applicable). Data are representative of at least three independent experiments.



Supplementary figure 3. Effect of the inhibition of PRMT5 in combination with paclitaxel on TNBC cell proliferation. BT20, MDA-MB-468, and MDA-MB-453 TNBC cells were seeded in 96-well plates and treated with varying concentrations of EPZ015938 (PRMT5i) and/or paclitaxel, then cell proliferation was measured after four mitotic cycles (7 days). Percentage of viable cells was normalized to DMSO-treated cells. Each drug was used at a maximal concentration of 2xIC<sub>50</sub> for sensitive cell lines (5 µM maximum for resistant cells), followed by two-fold serial dilutions. The nature of drug interaction between EPZ015938 and paclitaxel was assessed using the Loewe model on the Combenefit software. The synergy matrix (upper panel) and isobologram (bottom panel) for each cell line are shown. The isobolograms represent the IC<sub>50</sub> of paclitaxel (X-axis) obtained at various EPZ015938 concentrations (Y-axis). CI calculated at the different EPZ015938 concentrations used and are shown on the isobolograms. Data are representative of at least three independent experiments.



Supplementary figure 4. mRNA expression of the four HER family members in breast cancer cell lines. mRNA expression (log2 transformed) of EGFR, HER2, HER3 and HER4 in BT20, MDA-MB-468, MDA-MB-231, MDA-MB-453, and HCC1954 cells.



Supplementary figure 5. Effect of the inhibition of PRMT5 in combination with neratinib on TNBC cell colony formation. BT20 and MDA-MB-468 cells were seeded at low densities then treated with DMSO, EPZ015938 (PRMT5i), neratinib, or a combination (combo) of the two inhibitors. Colonies were quantified using ImageJ software. An image for each condition is shown and is representative of three independent experiments (left panel). Quantification of colony number is expressed as a percentage relative to DMSO-treated cells and represented as a mean  $\pm$  SD of three independent experiments (right panel). P values were calculated using student t-test and presented as: \*p<0.05, \*\*p<0.01, \*\*\*p<0.001, \*\*\*\*p<0.0001, ns = non-significant.