

Supplemental material

Buczacki et al., https://doi.org/10.1084/jem.20171385

Data S1 contains summary RNAseq DE tables, phenotype signatures, additional drug data, PDO sequencing data, and raw experimental data and is included as a separate Excel document.

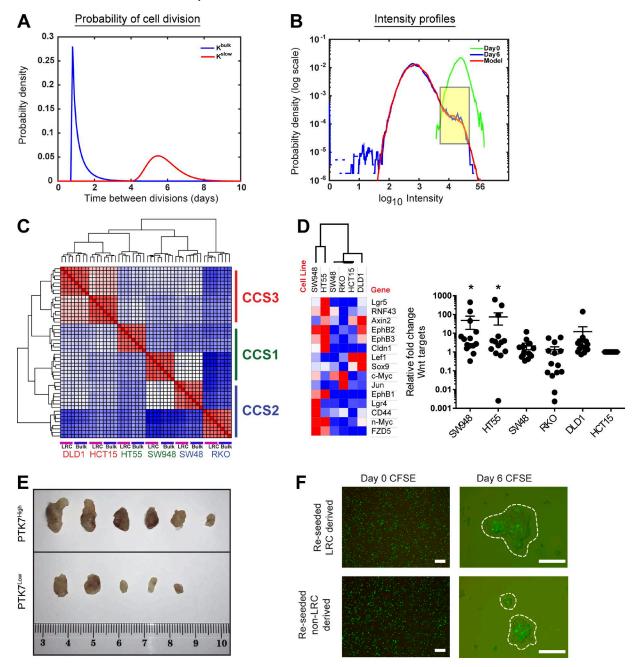


Figure S1. **Dormant CRC cells are contextually plastic. (A)** Optimum division time distributions for SW48 cells were calculated as described in Materials and methods, leading to a population making up the bulk of cells (blue) and a slowly cycling population (red). Distributions normalized to 1 for clarity. (B) Optimum CFSE model–generated intensity (red) was calculated as described in methods given an observed initial intensity at day 0 (green) and final intensity at day 6 (blue). A log scale is applied to each axis. Highlighted yellow box indicates the "kick," which identifies the slower cycling population in both simulated and real data. **(C)** Hierarchical clustering of RNAseq data from CFSE^{High} (LRC) and CFSE^{Bulk} (Bulk) from six CRC cell lines representing the three main subtypes. **(D)** Heat map with hierarchical clustering and accompanying dot plot of Wnt target gene expression levels in LRCs from the six CRC cell lines (red, up-regulated; blue, down-regulated). Expression levels in the dot plot are relative to HCT15-LRC levels. Mean ± SEM; *, P < 0.05 by one-way ANOVA. **(E)** Photograph of tumor xenograft sizes from SW948 FACS sorted PTK7^{High} and PTK7^{Low} spheroid cells. Ruler shows centimeter increments. **(F)** Fluorescent microscopy images of reseeded and CFSE-restained populations cultured as spheroids from LRCs and non-LRCs at initial seeding and 6 d later showing recapitulation of cell cycle hierarchies in derived spheroids. Bars, 100 μm.



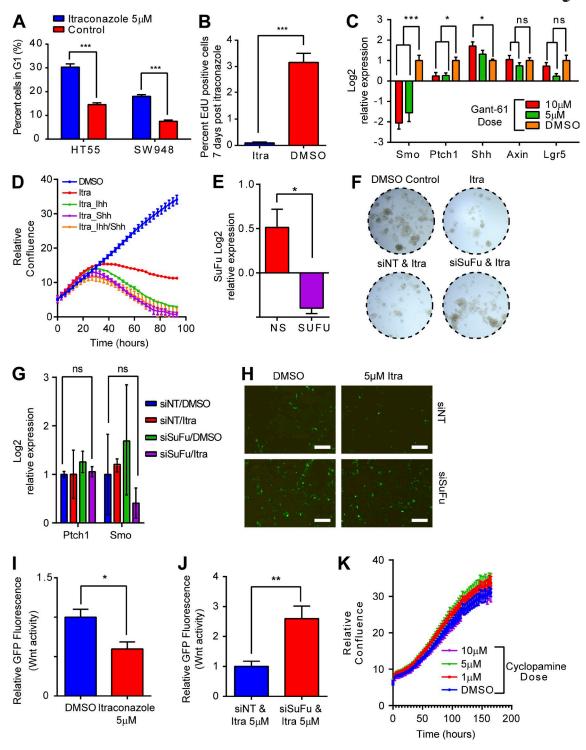


Figure S2. Inhibition of SuFu-mediated Wnt activation drives the itraconazole phenotype. (A) Histogram of the proportion of HT55 and SW948 cells arrested in G1, as determined by FACS analysis with PI staining, 48 h after itraconazole or DMSO control treatment and 24 h after labeling with EdU. ****, P < 0.005 by independent *t* tests on each cell line. (B) Histogram showing the proportion of EdU* SW948 cells 1 wk after treatment with itraconazole or DMSO control and 2 h after labeling with EdU. ****, P < 0.005 by unpaired *t* test. (C) RT-PCR data showing the response of SW948 cells to Gant-61 treatment. *, P < 0.05; ****, P < 0.001 by two-way ANOVA. (D) Live cell confluence graph showing recombinant lhh (5 mg/ml) or Shh (7.5 mg/ml) fails to rescue the itraconazole phenotype in SW948 cells. (E) siRNA-mediated knockdown of SuFu reduces SuFu levels. *, P < 0.05 by unpaired *t* test. (F) Representative bright field images of SW948 cellular confluence after treatment with siSuFu, itraconazole, and controls. (G) Histogram of Hh target gene changes in response to itraconazole treatment. ns, not significant by two-way ANOVA. (H) Fluorescence microscopy images of GFP reporter activity in SW948 cells after transfection with TCF/ LEF-GFP reporter construct, siNT, or siSuFu with and without itraconazole treatment. Bars, 100 µm. (I) FACS quantification of TCF/LEF-GFP fluorescence 48 h after itraconazole treatment and construct transfection. Data normalized to itraconazole-treated sample. *, P < 0.05 by unpaired *t* test. (K) Live cell confluence graph of the response of SW948 cells to cyclopamine. Itra, itraconazole. *n* = 3; mean ± SEM.



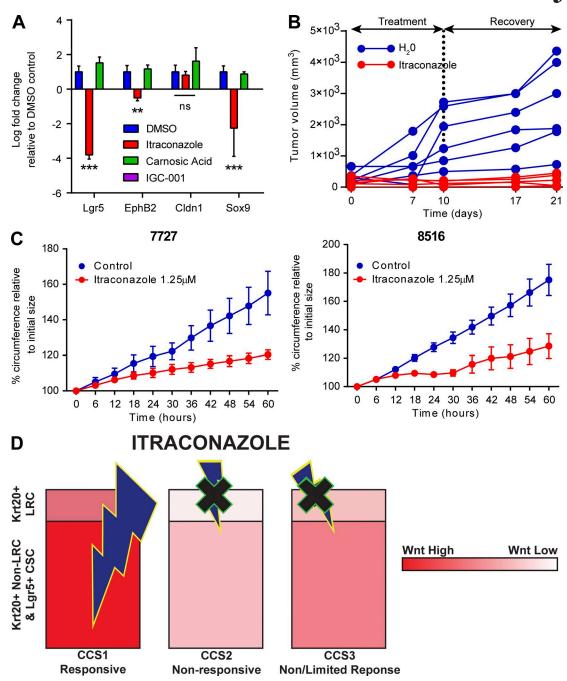


Figure S3. The phenotype associated with itraconazole treatment is derived from Wnt inhibition. (A) RT-PCR data showing changes in Wnt target gene expression in relation to treatment with DMSO control, itraconazole, and Wnt inhibitors carnosic acid and IGC-001. n = 4; mean \pm SEM; ***, P < 0.001; **, P < 0.01 by two-way ANOVA. ns, not significant. (B) Graph showing the changes in tumor size of itraconazole-treated (red) or control-treated (μ_2 0; blue) animals after establishment of SW948 xenografts and then after cessation of treatment. (C) Growth curves of the change in circumference of patient derived liver metastasis organoids with time after treatment with itraconazole for two further separate patient-derived lines. (D) Schematic representing the correlation in response to itraconazole with the molecular features of LRCs and non-LRCs across CRC subtypes.



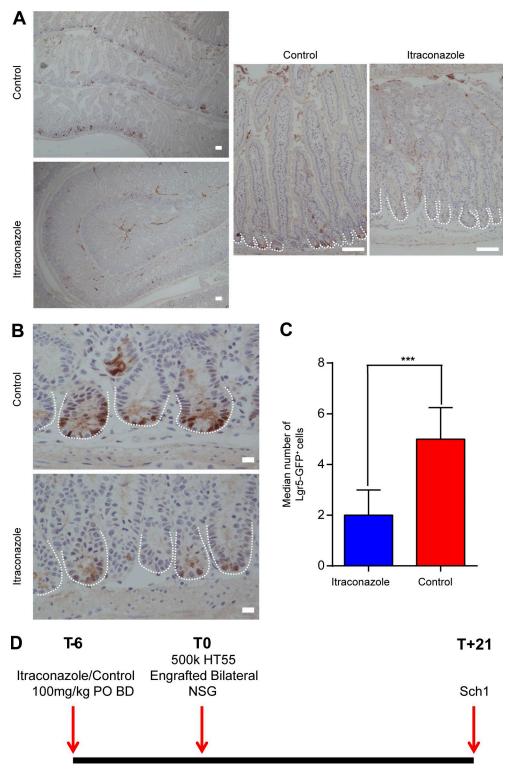


Figure S4. In vivo, itraconazole diminishes the numbers of Lgr5-expressing intestinal stem cells. (A) Bright field images of sections of small intestines from control and itraconazole-treated $Lgr5-Cre^{ER}_Apc^{fl/fl}$ mice stained with anti-GFP antibody to identify Wnt-active Lgr5 stem cells. Bars, 100 μ m. (B) Higher magnification images of A, demonstrating loss of expression of the Wnt target gene Lgr5 in the base of small intestinal crypts. Bars, 10 μ m. (C) Histogram showing the median number of GFP+ cells per crypt in those with at least one identifiable GFP-expressing cell. n = 50; median \pm interquartile range. ***, P < 0.001 by two-tailed Mann-Whitney test. (D) Schematic of the dosing and engraftment regimen of a 3 × 3 mouse comparison of the effects of itraconazole treatment on xenograft engraftment and growth. Mice were dosed with itraconazole (100 mg/kg) twice daily or water (10 ml/kg) for 6 d to reach steady-state serum levels. 500,000 HT55 cells were engrafted into the flanks bilaterally and mice monitored for tumor development. BD, bis in die (twice daily). PO, per os (by mouth).