

## Supplementary Materials For

### Synthetic lethality in ATM-deficient RAD50-mutant tumors underlie outlier response to cancer therapy

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#### Supplementary Methods

##### *Targeted capture and sequencing*

We utilized a solution phase hybridization-based exon capture and massively parallel DNA sequencing assay (IMPACT) to profile mutations and copy number alterations in 281 key cancer-associated genes in both the pre- and post-etoposide/cisplatin tumors of the index patient. Custom oligonucleotides (Nimblegen SeqCap) were designed to capture all protein-coding exons and select introns of 279 commonly implicated oncogenes, tumor suppressor genes, and members of pathways deemed actionable by targeted therapies. Capture probes targeting all exons of two additional genes of interest that were found to be mutated in the index whole genome (*RAD50* and *ATR*) were synthesized as biotinylated oligonucleotides and spiked into the hybridization reaction (Integrated DNA Technologies, xGen lockdown probes). The identities of the 281 target genes and the 119 probe sequences for *RAD50* and *ATR* are provided as in Supplementary Tables 3 and 4.

Barcoded sequence libraries were prepared according to the manufacturer's instructions (New England Biolabs) using DNA isolated from FFPE tissue. Between 199 and 250ng of genomic FFPE DNA was input for library construction. Libraries were amplified using Kapa HiFi DNA polymerase (Kapa Biosystems) for 10 cycles and quantified by Qubit (Invitrogen). Barcoded libraries were mixed at equimolar concentrations (100ng per sample) with up to 21 libraries per pool. Each pool was input to a single exon capture reaction as previously described(1). IDT capture probes for *RAD50* and *ATR* were pooled, and 10 picomoles of the oligonucleotide pool were spiked into each Nimblegen hybridization reaction. To prevent off-target hybridization, we also spiked in a separate pool of blocker oligonucleotides complementary to the full sequences of all barcoded adaptors to a final total concentration of 10 micromolar. DNA was subsequently sequenced on an Illumina HiSeq 2000 to generate paired-end 75-bp reads.

##### *Sequence analysis*

The alignment, processing, and variant detection analyses (point mutations, insertions and deletions, copy number alterations, and structural rearrangements) were performed for the tumor and matched normal whole genome sequences all as previously described (2). Due to the phenotype-to-genotype nature of this WGS analysis, we assessed somatic nonsynonymous mutations, CNAs, and rearrangements in the context of the observed phenotype, durable treatment response. We evaluated the membership of genes bearing candidate mutations in the proximal pathways up- and down-stream of the mechanism of action of both AZD7762 and irinotecan. Additionally, germline SNPs were identified in the matched normal genome using the

UnifiedGenotyper and 94 genes previously implicated in drug metabolism (drug transporters, metabolizing enzymes, and related genes) were screened for the presence of variants that may contribute to the clinical response to therapy. None were observed after excluding common polymorphisms. Mutation rates were calculated from only those sequenced bases that were covered at sufficient depth and quality for variant calling (88.6% of total), which was performed with Mutect(3) and the Genome Analysis Toolkit (GATK)(4). IMPACT data was analyzed similarly. Briefly, sequence data were demultiplexed using CASAVA, adapter sequence was trimmed from the 3' ends, and reads were aligned to the reference human genome (hg19) using the Burrows-Wheeler Alignment tool v0.6.2(5). Duplicate marking, local realignment, and quality score recalibration were performed using GATK v2.3-9 according to GATK best practices(4). Local realignment was performed jointly for samples coming from the same patient. We achieved an average unique sequence coverage of 250-fold per tumor sample. IMPACT sequence data were analyzed to identify three classes of somatic alterations: single-nucleotide variants, small insertions/deletions (indels), and copy number alterations. Single-nucleotide variants were called using muTect v1.0.27783(3), and indels were called using the SomaticIndelDetector tool in GATK. All candidate mutations and indels were reviewed manually(6). The mean sequence coverage for each target region was calculated using the GATK DepthOfCoverage and was used to compute copy number as described previously(1). Increases and decreases in the coverage ratios (tumor:normal) were used to infer amplifications and deletions, respectively.

To assess the clonality of individual mutations (Supplementary Fig. 3) detected by whole-genome sequencing in the index responder, we performed analysis with the ABSOLUTE algorithm using total copy number segmentation inferred from the WGS data and a MAF file of somatic mutations to calculate purity and ploidy and estimate the fraction of cancer cells harboring each somatic mutation(7). While we sought to assess the significance of mutual exclusivity in the pattern of mutations within Mre11 complex members (*RAD50*, *MRE11A*, and *NBN*) in the cross-cancer cohort, due to the rate of such mutations (~4%), we lacked sufficient power to test the significance of this event among the 7,494 tumors available. Nevertheless, only those tumors that were hyper- or ultra-mutated, defined as having a mutation count greater than 1.5x the interquartile range of the distribution of all mutation counts by tumor type, harbored co-occurring mutations in two more genes, and when excluded, indicate mutations in Mre11 complex members are mutually exclusive. Organism abbreviations and Uniprot accession numbers for Rad50 D-loop conservation are: Hs, human (Q92878); Mm, mouse (P70388); Dm, fly (Q9W252); At, arabidopsis (Q9SL02); Sc, budding yeast (P12753); Sp, fission yeast (Q9UTJ8); Ec, E. coli (C8TIY7); Pf, P. furiosus (P58301); T4, bacteriophage T4 (P04522).

#### *In silico analysis of the predicted functional significance of mutations*

All somatic mutations identified from WGS in the index patient were assessed computationally for their effect on protein structure and function initially with Mutation Assessor(8), and then manually inspected after integration with DNA copy number alterations and structural rearrangements. Aside from TP53 A161T, the ATR H585D and RAD50 L1237F mutations were deemed likeliest to directly affect the machinery of checkpoint control and DNA repair. The criteria used to predict which of these mutations likely served as the basis of the exceptional response in this patient are described in the main text. In addition to these, the *ATR* locus (3q23), unlike *RAD50*, was not affected by a focal copy number alteration (CNA). Instead, a low-level genomic gain spanned the majority of the q-arm of chromosome 3, but the CNA appeared to be subclonal and the mutation was heterozygous. Additionally, an ATR abnormality does not appear to correlate with the observed phenotype of profound response to the combination of checkpoint inhibition and mutagenic chemotherapy. Indeed, if ATR function was impaired then

one would predict checkpoint inhibition with AZD7762 would be less effective due to the diminished ATR-dependent activation of the pathway. Additionally, *mec1Δ* mutants were ~100-fold less sensitive than *rad50Δ* mutants to the same concentration of CPT (data not shown). Together, these results indicated that mutant ATR would not be predicted to cause sensitivity to AZD7762.

#### *MRN complex mutations in human cancer*

The mutational status of *RAD50*, *MRE11A*, and *NBN*, the three genes that comprise the Mre11 complex, were assessed across cancer types in the following manner. First, the reported somatic mutations in public studies of exome or genome sequencing in cancer were converted into MAF file format ([https://wiki.nci.nih.gov/display/TCGA/Mutation+Annotation+Format+\(MAF\)+Specification](https://wiki.nci.nih.gov/display/TCGA/Mutation+Annotation+Format+(MAF)+Specification))(9-40). These were supplemented by the available mutation data from The Cancer Genome Atlas deposited at the Data Coordinating Center (DCC) for public access (<http://cancergenome.nih.gov/>). Non-synonymous mutations affecting any of the three genes were considered and subsequently annotated for their sequence context and affect with Oncotator (<http://www.broadinstitute.org/oncotator/>). For the purposes of this analysis, we excluded synonymous, intronic, and potential regulatory mutations (those appearing in the 5' or 3' untranslated regions or flanking sequence). Due to the variable reporting of sequencing data in the literature, we were unable to calculate a conventional mutation rate per million bases for each tumor and study, predominantly due to the absence of the number of unique bases sufficiently sequenced for variant calling in each of the studies and samples. We did, however, use the count of mutations detected in each sample as proxy for mutation rate.

## Supplementary Note

To address the impact of *rad50*<sup>L1240F</sup> on the activity of Tel1 (ATM), we generated cells that are dependent on the conserved TM pathway (Mre11 complex-Tel1 dependent). The TM pathway in yeast corresponds to the Mre11 complex-ATM pathway in human cells and is unmasked through the deletion of *Sae2* in a *mec1Δ* cell. *Sae2* deletion hyper-activates Tel1 to the extent that it can compensate for DNA damage response phenotypes associated with the loss of *Mec1* (ATR). Therefore, *Sae2* deletion in a *mec1Δ* cell will restore wildtype responses to checkpoint activation, as indicated by downstream targets such as Rad53. Consistent with this prediction, we show here that whereas *mec1Δ* cells are sensitized to CPT only after *Sae2* loss, the opposite is true upon treatment with the DNA damaging agent methyl methanesulfonate (MMS), to which *mec1Δ* cells are initially highly sensitivity and *Sae2* deletion rescues essentially wildtype MMS resistance via activation of Tel1 (*mec1Δ* and *mec1Δ sae2Δ* mutants respectively, Fig. 3B and Supplementary Fig. 7). This compensation requires a functional Mre11 complex. Therefore, any Mre11 complex mutation that blocks the ability to compensate for *mec1Δ* cannot activate Tel1.

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