

Nobiletin and Xanthohumol Sensitize Colorectal Cancer Stem Cells to Standard Chemotherapy

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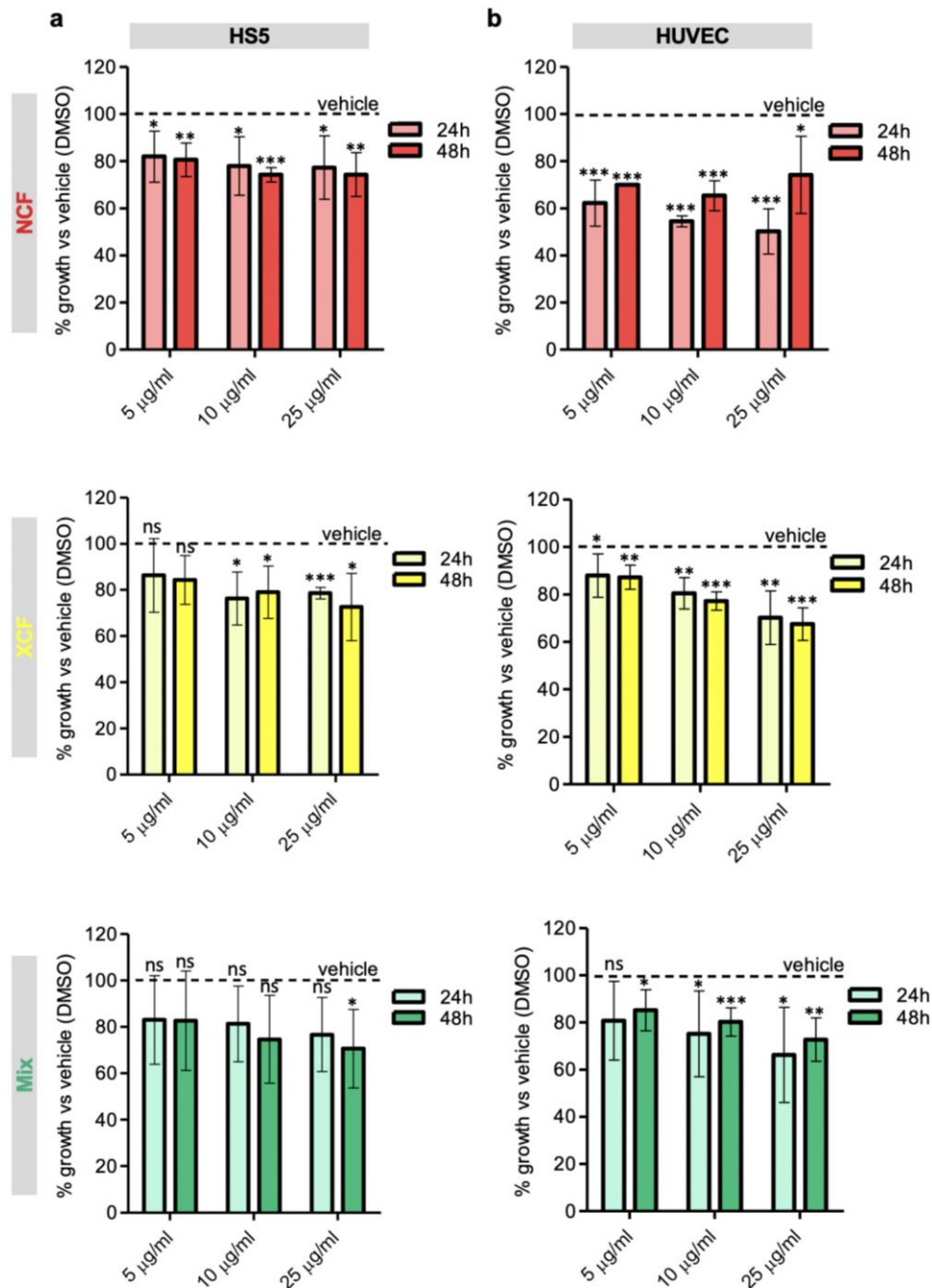
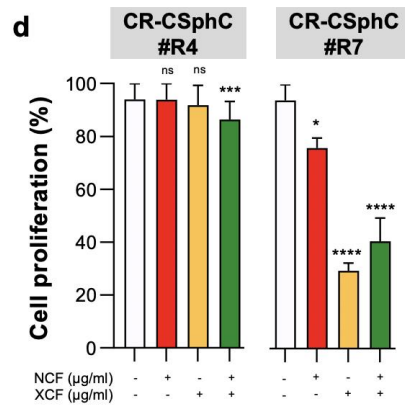
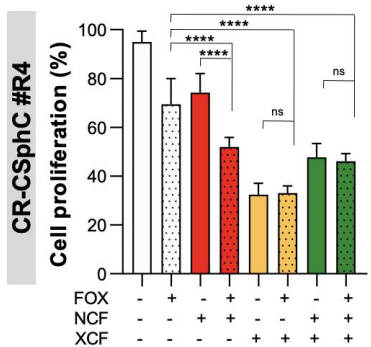
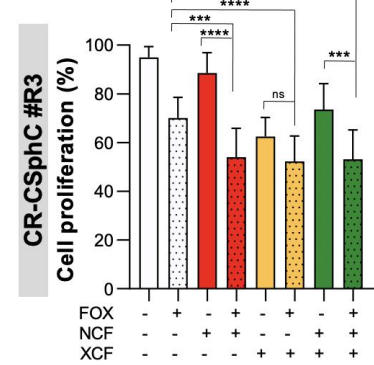
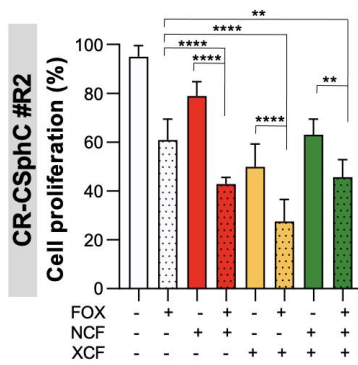
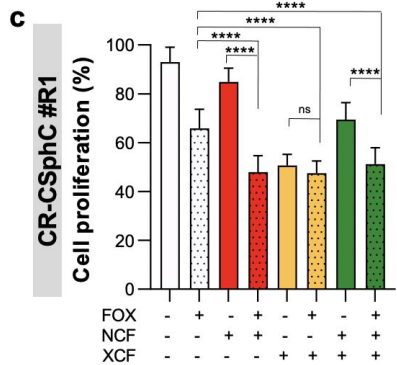
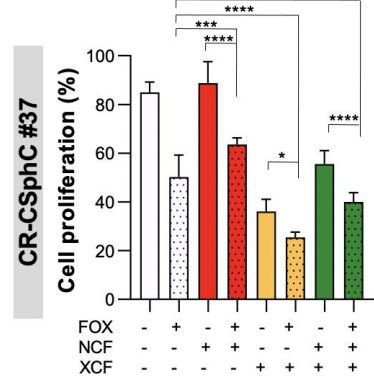
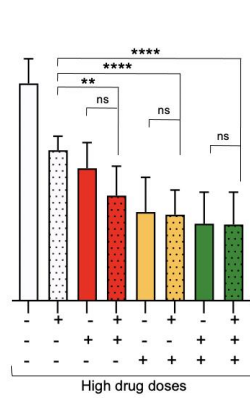
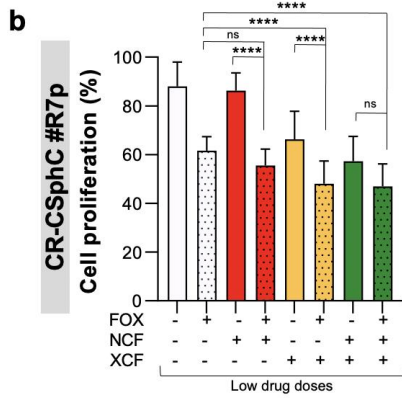
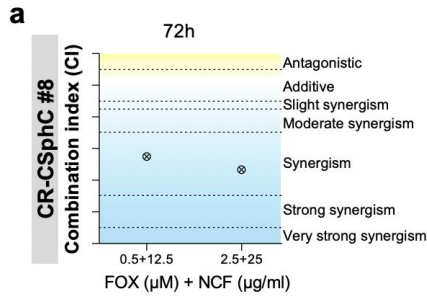


Figure S1. NCF and XCF do not affect non-transformed cells. Percentage of growth of HS5 (a) and HUVEC (b) cell lines treated with 5, 10, and 25 µg/ml of NCF, XCF, or the Mix of extracts for 24 and 48 hours. Values are plotted as the percentage of 5 growth versus the vehicle (DMSO, dotted line). Data are represented as means ± SD. Comparisons between two groups (cells treated with the extracts vs cells treated with the vehicle) were made using a two-tailed Student's t-test: * $p \leq 0.05$, ** $p \leq 0.01$, *** $p \leq 0.001$.



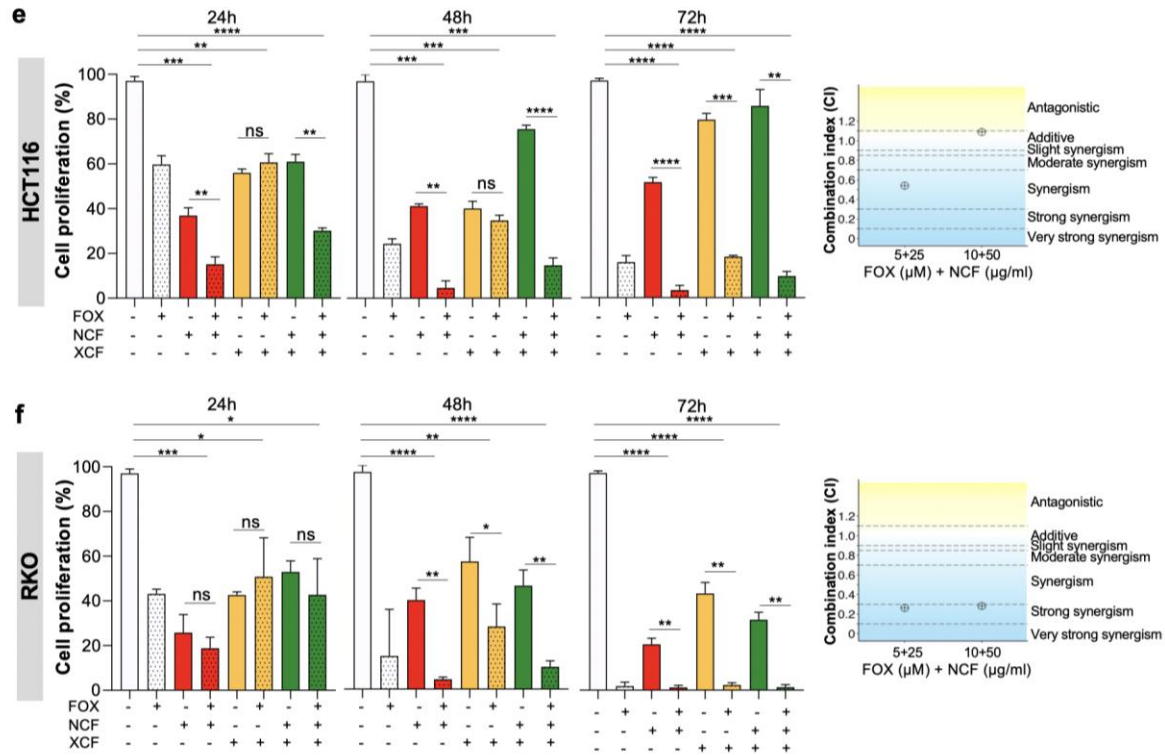


Figure S2. NCF and XCF sensitize cancer cells to chemotherapy (a) Synergy plot representing the combination index (CI), computed in CompuSyn by using Chou-Talalay method, calculated from cell proliferation data of CR-CSphCs (#8) treated with different FOX and NCF dose pair at 72 hours; (b) Cell proliferation percentage of primary CR-CSphCs (#R7p) treated with 25 and 40 μg/ml of NCF, XCF or Mix extracts alone or in combination with 5 μM FOX for 72 hours (left panel) and CR-CSphCs (#37) treated with 25 μg/ml of NCF, XCF or Mix extracts alone or in combination with 1.25 μM FOX for 72 hours (right panel); (c) Cell proliferation percentage of CR-CSC #R1, #R2, #R3, #R4 treated with 40 μg/ml of NCF, XCF or Mix extracts alone or in combination with 5 μM FOX for 72 hours; (d) Cell proliferation percentage of CR-CSC #R4 and #R7 treated with 25 μg/ml of NCF, XCF or Mix extracts for 72 hours; (e,f) Cell viability of CRC cell lines (HCT116 and RKO) treated with 25 μg/ml of NCF, XCF or Mix extracts alone or in combination with 5 μM FOX at the indicated time points (left panel). Synergy plot representing the combination index (CI), computed in CompuSyn by using Chou-Talalay method, calculated from cell proliferation data of CRC cell lines treated with different FOX and NCF dose pair at 48 hours (right panel). Data are represented as mean ± SD of three independent experiments. Percentage of untreated control (vehicle) is shown. Comparisons between two groups were made using a two-tailed Student's t-test: ns, not significant, * $p \leq 0.05$, ** $p \leq 0.01$, *** $p \leq 0.001$, **** $p \leq 0.0001$.

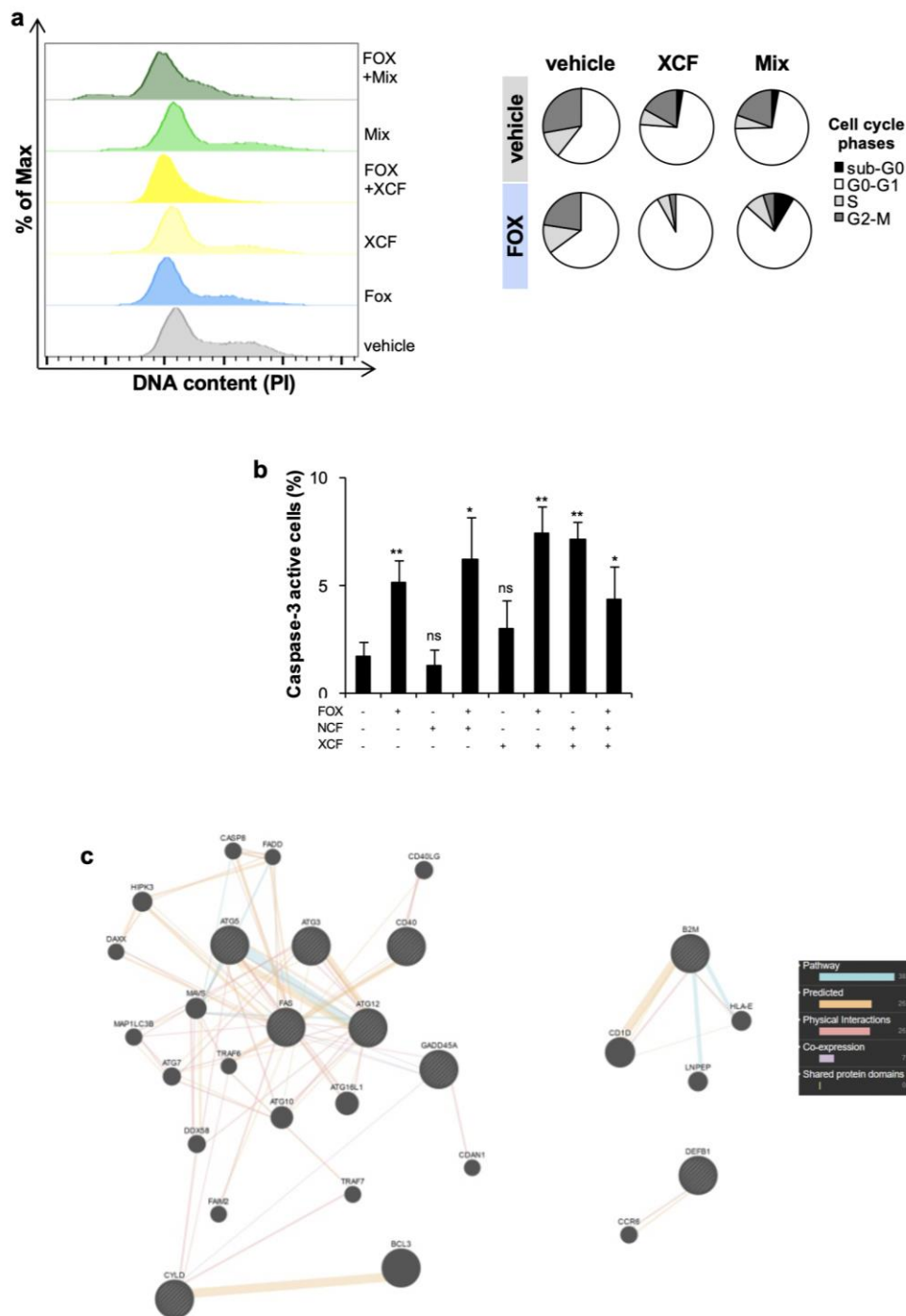


Figure S3. NCF and XCF plus chemotherapy induce apoptosis in CR-CSphCs (a) Representative flow cytometry analysis of cell cycle phases distribution in CR-CSphCs (#8) exposed to 0.5 μ M FOX and 12.5 μ g/ml Xanthohumol or Mix, alone or in combination, for 48 hours. DNA content was assessed by propidium iodide (PI) staining; (b) Percentage of cells treated as in (a) showing caspase-3 activity assessed by flow cytometry analysis; (c) Network integration of multiple genes showed in Figure 3C calculated by geneMANIA software.

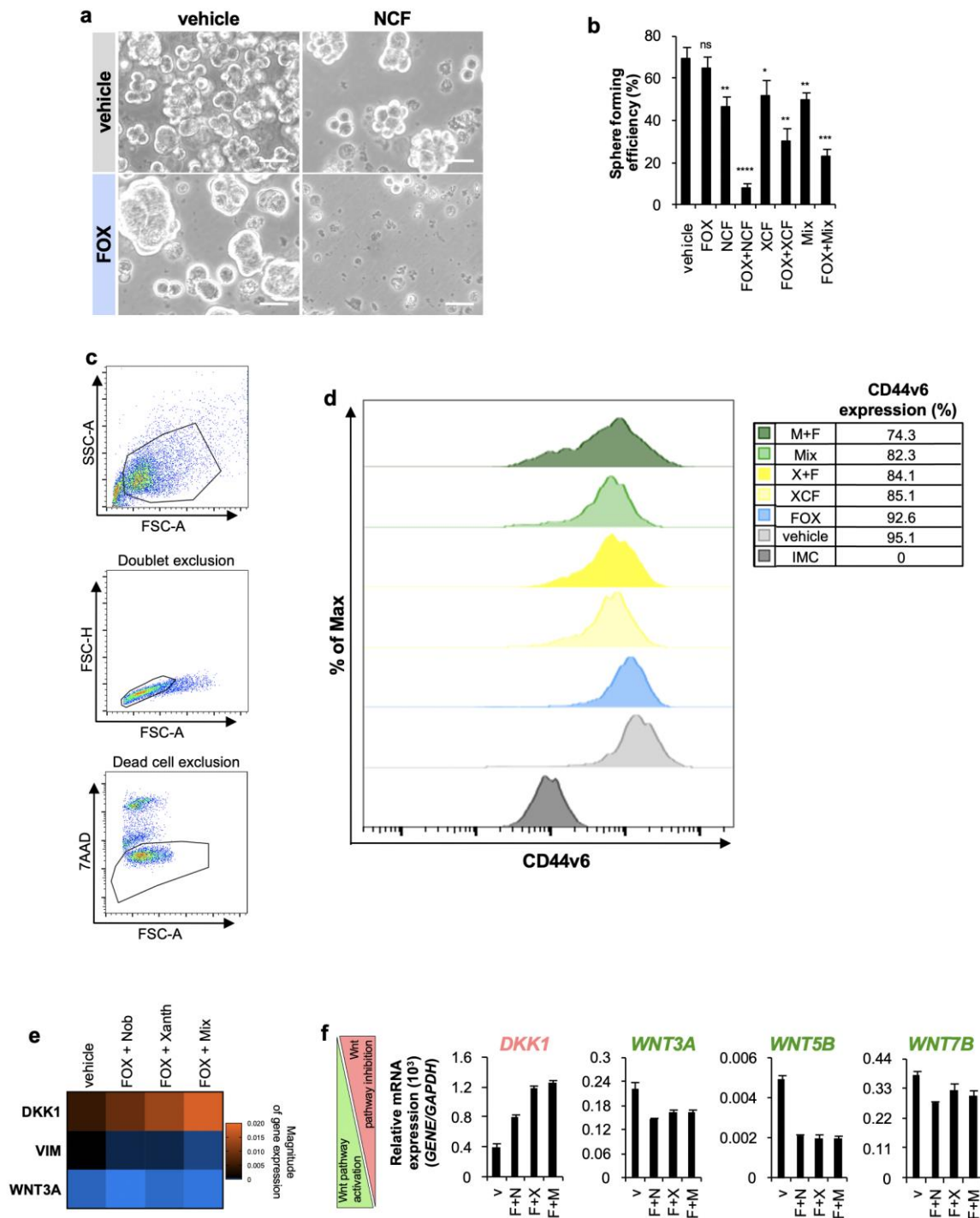


Figure S4. NCF and XCF plus chemotherapy counteract the stemness potential of CR-CSCs (a) Phase contrast image showing the sphere forming capability of CR-CSCs, cultured at low cell density, treated with 0.5 μ M FOX and 12.5 μ g/ml NCF, alone or in combination, for 48 hours, scale bar represents 25 μ m; (b) Sphere forming efficiency of CR-CSCs treated with 0.5 μ M FOX and 12.5 μ g/ml NCF, alone or in combination, for 48 hours (c) Representative flow cytometry analysis showing the gating strategies of CR-CSPHC shown in Figure 3D; (d) Representative flow cytometry analysis of CD44v6 expression on CR-CSCs following 48 hours treatment with 12.5 μ g/ml of NCF, XCF or Mix extracts alone or in combination with 0.5 μ M FOX for 72 hours; (e) Gene expression analysis of genes involved in stemness and EMT in CR-CSPHCs after exposure to 0.5 μ M FOX and 12.5 μ g/ml NCF, XCF or Mix, as compared to control (vehicle) for 48 hours. Data are expressed as $2^{-\Delta\Delta Ct}$ expression values normalized to *GAPDH* and *HPRT* genes; (f) Relative mRNA expression levels of genes involved in Wnt pathway activation (*DKK1*, *AXIN1*, *AXIN2*, *CK1*) and inhibition (*WNT3A*, *WNT5B*, *WNT7B*). *GAPDH* was used as control.

	#	Age	Gender	Site	Stage	Grading	TNM classification	MSI clinical relevant	CD44v6 (%)	KRAS	BRAF	APC	PIK3CA
CR-CSphC	3	85	F	colon (right site)	IIIC	G3	T3N2M0	MSI	33	wt	mut	wt	mut
	8	57	F	colon (right site)	IV	G3	T3N2M1	MSS	92.3	mut	wt	mut	mut
	24	51	F	colon (right site)	IIA	G2	T3N0M0	MSI	9.96	wt	wt	mut	wt
	37	82	M	colon (right site)	IIIC	G3	T3N2M0	MSI	46	wt	wt	mut	wt
	59	78	M	colon	IIIB	G3	T3N1M0	MSS	85.4	mut	wt	wt	wt
	R7p	70	M	colon (left side)	NA	NA	NA	NA	NA	wt	mut	NA	wt
Chemoresistant CR-CSphC	R1	65	M	liver metastasis of colon cancer (sigmoid)	IIA	NA	T3N0M0	MSS	13.7	wt	wt	NA	NA
	R2	61	F	liver metastasis of colon cancer (rectum)	IV	NA	T3N1M1	MSS	19.1	wt	wt	NA	NA
	R3	62	F	liver metastasis of colon cancer (rectum)	IIIB	NA	T3N1M0	MSS	22.8	mut	wt	NA	NA
	R4	38	M	liver metastasis of colon cancer (rectum)	IV	NA	T4N1M1	MSS	93	wt	mut	NA	NA
	R6	69	F	liver metastasis of colon cancer (left site)	NA	NA	NA	NA	NA	wt	wt	NA	wt
	R7	70	M	liver metastasis of colon cancer (left site)	NA	NA	NA	NA	NA	wt	mut	NA	wt

Table S1. CR-CSphCs characterization, CD44v6 expression, MSI profile, and *KRAS*, *BRAF*, *APC* and *PIK3CA* gene mutational profile. TNM classification is referred to the time of initial diagnosis. Wt, wild-type; mut, mutated; NA, data not available.