L-Arginine dependence of breast cancer – molecular subtypes matter.

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Supplementary Material

Supplementary Table

Supplementary Table 1. Specific TaqMan gene expression assays for real-time quantitative PCR for each of the genes analyzed in this study.

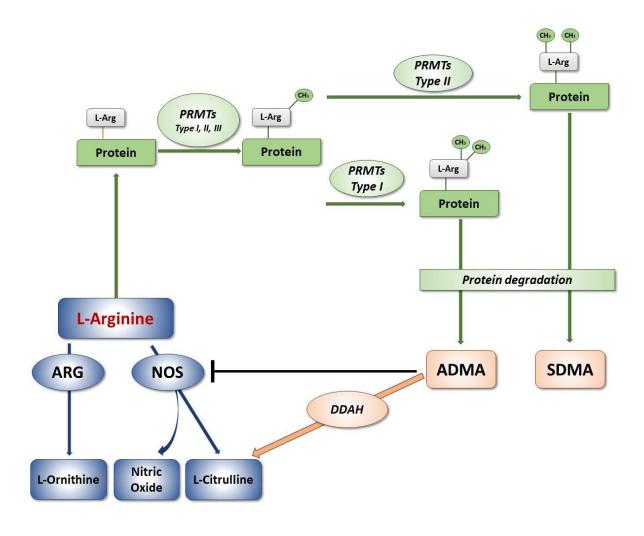
Target Gene	Taqman gene expression assay identifier
ARG1	Hs00968979_m1
ARG2	Hs00982833_m1
DDAH1	Hs00201707_m1
DDAH2	Hs00967863_g1
ASS1	Hs01597989_g1
ASL	Hs00902699_m1
PRMT1	Hs01587651_g1
PRMT2	Hs00895397_m1
PRMT3	Hs00969596_m1
PRMT4	Hs00406354_m1
PRMT5	Hs01047356_m1
PRMT6	Hs05054640_s1
PRMT7	Hs00219300_m1
PRMT8	Hs00998598_m1
PRMT9	Hs00378858_m1

Gene names: ARG, arginase; DDAH, dimethylarginine dimethylaminohydrolase; ASS, L-arginine succinate synthase; ASL, L-arginine succinate lyase; PRMT, protein-arginine methyltransferase.

Supplementary Figures

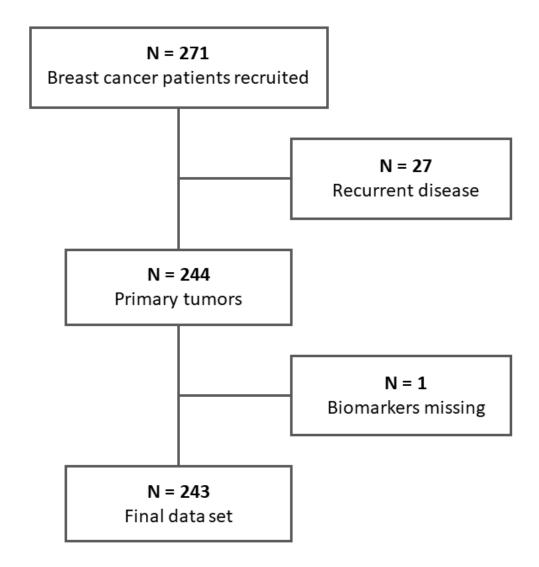
Supplementary Figure 1.

Schematic representation of major L-arginine-metabolizing pathways. L-arginine is converted to L-citrulline and nitric oxide by nitric oxide synthases or to L-ornithine and urea by arginases. Further, it can be methylated by a family of protein-arginine N-methyltransferases (PRMTs), of which three distinct subtypes can be discriminated. The dimethylarginines, ADMA and SDMA, are released upon hydrolytic degradation of methylated proteins. ADMA is metabolically cleaved to L-citrulline and dimethylamine by dimethylarginine dimethylaminohydrolases (DDAHs).



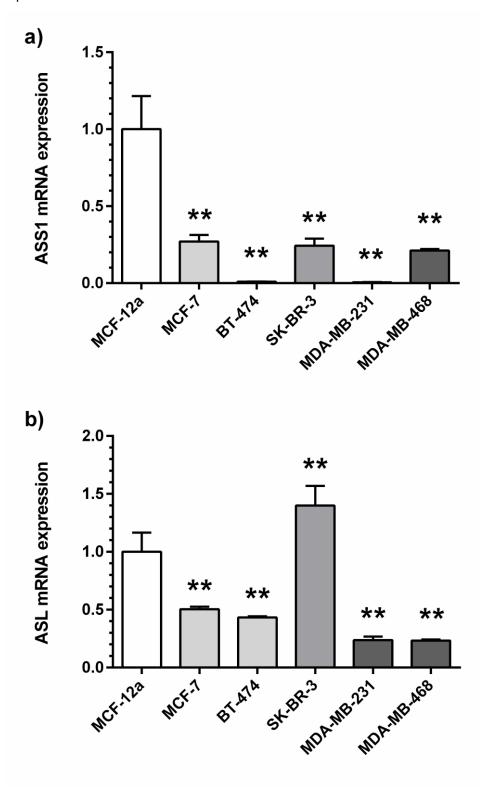
Supplementary Figure 2.

CONSORT flow diagram of the breast cancer study population.



Supplementary Figure 3.

Gene expression measured by quantitative real-time RT-qPCR for genes involved in the L-arginine salvage pathway: a) argininosccinate synthase-1 (ASS1), b) argininosuccinate lyase (ASL). ** p < 0.001 as compared to MCF-12A normal breast epithelial cells in two-way ANOVA followed by Dunnett's multiple comparisons test.



		for Breast Co	ancer Follow-up Stuay, UK
Data documenta	ation for study particip	ant No.	
Date of docume	ntation:		
General Patient	<u>Characteristics</u>		
Date of birth		Date of diagnosis	
Body weight at diagnosis	(kg)	Height	(cm)
Date of surgery -		Serum creatinine (pre-surgery)	(mg/dL)
Diagnosis / Med	lical History		
☐ Primary breast	cancer \square Recurrent	carcinoma 🗵 left	☐ right breast
	IDC (Invasive, ductal card	cinoma)	
	ILC (Invasive, lobular car	cinoma)	
	DCIS (Ductal carcinoma i	n situ)	
	LCIS (Lobular carcinoma	in situ)	
Remarks: (e.g., IDC with DCIS components; bifocal; microcalcifications)			
Histological Type	<u>e</u>		

 \square papillary

 $\;\square\; {\rm other}$

☐ serous-papillary

Participant No:__

 \square ductal

 \square tubular

 \square endometrioid

 \square lobular

 \square mucinous

 \square inflammatory

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 \square serous

 \square clear-cell

 $\hfill\square$ not specified

yes, which ype, date, c.) —			
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ype, date, c.)			
mily History of B			
THIS THIS COLY OF D	reast Cancer or ot	her Malignant Diseases	
	reast carrier or ot	ner wangnant biseases	•
M-State & Gradi	ing		
rading:	1 🗆 2	□ 3	
ımor size	р т		
entinel node	N	positive LN/dissecte	d LN/
etastasis	M	If positive, where?	
mphatic invasion	□ L0	□ L1	
ascular invasion	□ V0	□ V1	□ V2
	□ R0	□ R1	□ R2
esection			··-

Receptor S	tate / Molec	ular Marke	<u>rs</u>			
ER	/12	□ N/A		PR	/12	□ N/A
HER2	□ 0 (neg)	□ 1 (pos)	□ N/A	Ki-67	%	□ N/A
E-cadherin	□ neg	□ pos	□ N/A			
Therapy						
Surgery						
☐ Masted	tomy [Lumpecto	omy	<u> </u>		□ None
Chemother	ару					
□ None	☐ Yes, regimen:					
Radiothera	ру	☐ Yes		□ No		
Endocrine Therapy						
□ None □ Yes, which:						
	,					

Partici	pant	No:	•			

Follow Up

Phone call on:			_(date)		
Talked with:		·			
	_				
Deceased	□ No	☐ Yes, on	(date)		
Cause of death: _					
Recurrence	□ No	\square Yes, diagnosed on	(date)		
2 nd malignancy	□ No	☐ Yes, diagnosed on	(date)		
		Which:			
Remarks:					