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UNIVERSITY OF CALIFORNIA,
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Adaptations to glutamine deprivation in cancer and its use as a dietary supplement in cancer
therapeutics

DISSERTATION

submitted in partial satisfaction of the requirements
for the degree of

DOCTOR OF PHILOSOPHY

in Biological Sciences

by

Mari B. Ishak Gabra

Dissertation Committee:
Associate Professor Mei Kong, Chair
Professor David Fruman
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2019

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DEDICATION

To

my parents and friends

in recognition of their endless support

“The three great essentials to achieve anything worth while are: Hard work, Stick-to-itiveness,
and Common sense.”

-- Thomas A. Edison

TABLE OF CONTENTS

	Page
LIST OF FIGURES	v
LIST OF TABLES	vii
ACKNOWLEDGMENTS	viii
CURRICULUM VITAE	ix
ABSTRACT OF THE DISSERTATION	xii
INTRODUCTION	1
CHAPTER 1: Reprogramming of glutamine metabolism in cancer	1
Cancer and its microenvironment	2
Deregulated glucose and glutamine metabolism in cancer	3
Tumors often persist under glutamine-deprived conditions	6
Metabolites and deregulated epigenetics	7
Glutamine deprivation promotes dedifferentiation in cancer	9
Summary and research direction	10
References	12
CHAPTER 2: IKK β activates p53 to promote cancer cell adaptation to glutamine deprivation	18
Abstract	20
Introduction	21
Results	
Glutamine deprivation induced p53 activation is IKK β dependent	23
Mutant p53 activation is also dependent on IKK β under low glutamine	25
p53 activation upon glutamine deprivation is NF- κ B independent	25
IKK β phosphorylates p53 on Ser392 in response to low glutamine	28
Low glutamine induces phosphorylation of p53 on Ser392	30
Phosphorylation of p53 on Ser392 is required for p53 activation upon glutamine deprivation	32

Discussion	34
Materials and Methods	37
References	41
CHAPTER 3: Dietary glutamine supplementation suppresses epigenetically-activated oncogenic pathways to inhibit melanoma tumour growth	44
Abstract	46
Introduction	47
Results	
Dietary glutamine supplementation inhibits melanoma tumour growth in vivo	48
Dietary and oral glutamine intake effectively hinders melanoma tumour progression	51
Glutamine supplementation impedes growth in wildtype and mutant BRAF melanoma PDX tumours	51
Glutamine supplementation downregulates expression of melanoma-associated oncogenes	54
Dietary glutamine supplementation increases intra-tumoural α -ketoglutarate but not biosynthetic intermediates	56
High glutamine deters melanoma progression through decreasing H3K4me3 dependent gene expression	58
Reduction in H3K4me3 by dietary glutamine supplementation downregulates oncogenic pathways and cooperates with targeted therapies	62
Discussion	65
Materials and Methods	68
References	78
Supplementary Information	88
CHAPTER 4: Conclusion and future directions	110
Metabolic adaptations via IKK β -p53 signaling axis	110
Glutamine supplementation in cancer therapy	113

LIST OF FIGURES

		Page
CHAPTER 1		
Figure 1	Tumors are metabolically heterogenous	2
Figure 2	Anabolic pathways that promote tumor growth	4
Figure 3	Mechanism of metabolite dependent histone methylation	9
CHAPTER 2		
Figure 1	Glutamine deprivation induced p53 activation is IKK β dependent	24
Figure 2	Mutant p53 activation is also dependent on IKK β under low glutamine	26
Figure 3	p53 activation upon glutamine deprivation is NF- κ B independent	27
Figure 4	IKK β phosphorylates p53 at Ser392 in response to low glutamine	29
Figure 5	Low glutamine induces phosphorylation of p53 on Ser392	31
Figure 6	Phosphorylation of p53 on Ser392 is required for p53 activation upon glutamine deprivation	33
CHAPTER 3		
Figure 1	Dietary glutamine supplementation inhibits melanoma tumour growth <i>in vivo</i>	49
Figure 2	Dietary and oral glutamine intake effectively hinders melanoma tumour progression	52
Figure 3	Glutamine supplementation impedes growth in wildtype and mutant BRAF melanoma PDX tumours	53
Figure 4	Glutamine supplementation downregulates expression of melanoma-associated oncogenes	55
Figure 5	Dietary glutamine supplementation increases intra-tumoural α -keto glutarate but not biosynthetic intermediates	57
Figure 6	High glutamine deters melanoma progression through decreasing	59

H3K4me3 dependent gene expression

Figure 7	Reduction in H3K4me3 by dietary glutamine supplementation downregulates oncogenic pathways and cooperates with targeted therapies	63
Supplementary Figures		89
CHAPTER 4		
Figure 1	Cellular signals regulate p53 function in cancer	111
Figure 2	Upregulation of p53-inducible genes upon glutamine deprivation	112
Figure 3	Activation of p53 under metabolic stress	113
Figure 4	Glutamine supplementation increases glutamine in tumors and serum	114
Figure 5	Glutamine supplementation downregulates genes in an H3K4me3 dependent manner	115
Figure 6	Glutamine supplementation inhibits B16 melanoma tumors growth	117

LIST OF TABLES

CHAPTER 3

Supplementary Data 1	98
Supplementary Data 2	99
Supplementary Data 3	109

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My current research interest focuses on understanding the aberrant metabolism in cancer, and the mechanisms of metabolic adaptation in response to the tumor microenvironment to promote cancer survival.

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ABSTRACT OF THE DISSERTATION

Adaptations to glutamine deprivation in cancer and its use as a dietary supplement in cancer therapeutics

By

Mari B. Ishak Gabra

Doctor of Philosophy in Biological Sciences

University of California, Irvine, 2019

Assistant Professor Mei Kong, Chair

Tumors reprogram pathways of nutrient acquisition and metabolism to meet their bioenergetic needs and fast proliferation. Glutamine, a non-essential amino acid, was shown to contribute to several core metabolic pathways, as well as epigenetic modifications, in proliferating tumor cells. However, neovasculature development in growing tumors fail to deliver oxygen and key nutrients, such as glutamine, to regions of solid tumors. Concurrently, increased glutamine utilization in cancer cells often lead to its depletion. Similar to hypoxia, cancer cells initiate remodeling of metabolism and gene expression to adapt to these periods of glutamine deprivation.

This dissertation will present recent understanding of nutrient stress in the microenvironment, with special focus on glutamine metabolism, and the role of glutamine metabolism in supporting deregulated epigenetics in cancer. Specifically, we demonstrate a potential survival mechanism mediated by an IKK β -p53 signaling axis in cancer upon glutamine deprivation. We found that, upon glutamine depletion, IKK β can directly phosphorylate p53 on Serine 392, which activates

it, independent of the NF- κ B pathway. The newly identified IKK β -p53 signaling axis is necessary in mediating survival through the upregulation of p53 downstream genes.

Finally, we investigate the therapeutic potential of using dietary glutamine supplementation to inhibit tumor growth by exploiting the protean role of glutamine in cancer metabolism and epigenetics. Our results indicate glutamine supplementation in melanoma tumors downregulates the expression of oncogenes via epigenetic reprogramming and cooperates with targeted therapies. These results further solidify the connection between metabolites and epigenetic changes that can be detrimental to cancer cells that adapted to glutamine deprivation in their microenvironment.

INTRODUCTION

CHAPTER 1: Reprogramming of glutamine metabolism in cancer

Background

Before the discovery of oncogenes and tumor suppressors, the first observations on metabolic reprogramming in cancer was characterized over a century ago when Otto Warburg observed an increase in glucose utilization by tumor cells. Since then, the field of cancer metabolism has gained interest in order to understand the principles of how metabolic pathways are altered in cancer cells compared to normal cells, and how these alterations can support the acquisition and maintenance of tumorigenesis. Of interest, glutamine plays a major role in supporting cancer progression despite its depletion from the cancer environment. How glutamine metabolism is reprogrammed to drive tumor progression, how does its metabolism drive epigenetic changes, and how to exploit these metabolic adaptations for therapeutic benefits are still key questions driving the field of cancer metabolism. In this chapter, I highlight recent understanding in glutamine metabolism in cancer, its effect on epigenetics, and potential therapeutic opportunities.

Cancer and its microenvironment

Solid tumors are highly disorganized and interact with various cell types including endothelial cells, stromal fibroblast, other cancer cells, and immune cells (1). These interactions can directly inflict changes in signal transduction, gene expression, metabolic rewiring, as well as, proliferation within regions of the tumor (2). Thus, the collective properties compromising the tumor microenvironment (TME) leads to a heterogenous population in cancer cells, with varying metabolic requirement and properties within the same tumor (3). This TME creates many challenges for cancer cells including oxidative stress, nutrient depletion, hypoxia, and immune surveillance (Figure 1). Additionally, the fast proliferative nature of cancer cells often leads to poor blood vessel development, which are characterized by leaky vessels that do not deliver sufficient nutrients or effectively remove metabolic waste products such as lactate (4).

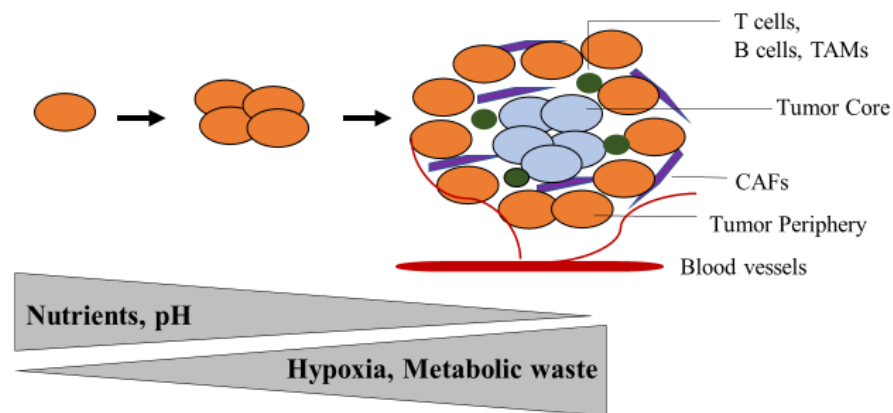


Figure 1: Tumors are metabolically heterogenous. Heterogeneity in the microenvironment with cancer progression. Cancer cells experience intrinsic (epigenetic, genetic, and metabolic programs) and extrinsic variables (nutrient and oxygen availability, waste and pH gradients). CAF, cancer associated fibroblast. TAM, tumor associated macrophage.

In addition to surviving metabolic stress due to insufficient nutrients and accumulated waste products, the dysregulated vasculature surrounding the tumor limit gas exchange and creates regions of hypoxia. Hypoxia has been extensively studied and has been shown to enhance the glycolytic pathway driven by the activation of the transcription factor, hypoxia-inducible factor

1 α (HIF-1 α), and consequently lead to additional lactate deposition (5). The buildup of lactate creates an acidic TME that directly influences immune cell response, as well as, provide a carbon source to neighboring cancer cells (6, 7). This complex TME can allow cancer cells to outcompete immune and stromal cells for nutrients necessary to carry out biosynthesis and bioenergetic activities.

Deregulated glucose and glutamine metabolism in cancer

Despite the harsh conditions in the TME, fast-growing cancer cells, driven by oncogenes, exhibit increased uptake of nutrients from the environment to support their fast proliferation (8, 9). For example, cancer cells have a higher demand for glucose, which is converted to lactate even in the presence of oxygen, a phenomenon known as the “Warburg effect” (10) (Figure 2). This feature was successfully exploited for diagnostic imaging in positron emission tomography (PET) scanning using ¹⁸F-deoxyglucose (FDG), which is a radioactive glucose analog (11). Further studies supported the Warburg effect in showing that alterations in PI-3 kinase/Akt signaling act as a master regulator for glucose uptake and metabolism in cancer. For instance, PI3K/Akt increases the expression and translocation of GLUT1 for the uptake of extracellular glucose, while Akt enhances the activity of hexokinase to prevent the efflux of glucose back outside the cells (12, 13). This diversion of glucose in cultured cancer cells to produce more lactate serves to recycle the pool of NADH and allow glycolysis to persist. Additionally, as previously mentioned, higher lactate production allows for its secretion through monocarboxylate transporters such as MCT4 to acidify the extracellular space (14). Lactate can also be internalized as source of carbon to maintain tumor growth by directly contributing to tricarboxylic acid (TCA) cycle *in vivo* (15) and blocking lactate uptake reduced respiration and suppressed xenograft tumor growth in mice (16). Nonetheless, many studies have now

demonstrated that cancer cells are still capable of producing energy through glucose oxidation and mitochondrial function.

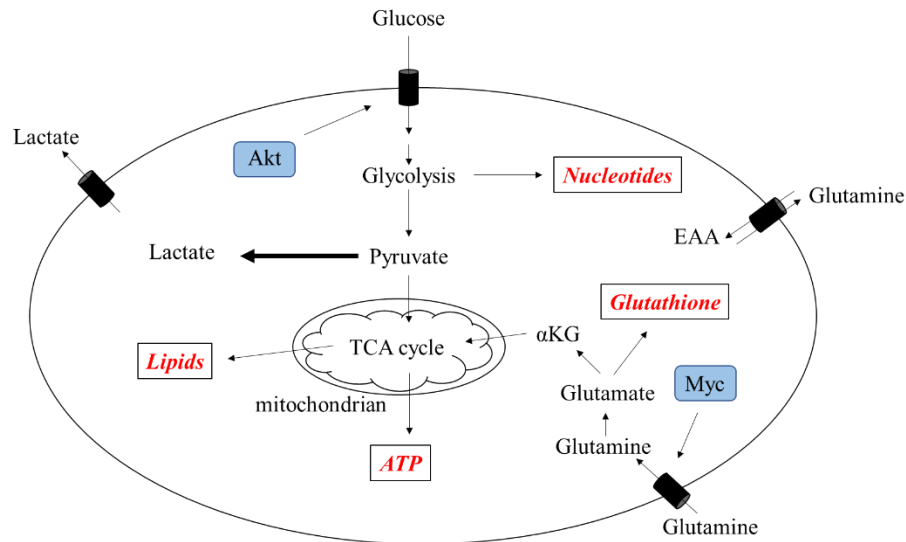


Figure 2: Anabolic pathways that promote tumor growth. Tumor cells depend on glucose to generate glycolytic intermediates to support biosynthetic pathways for nucleotide and lipid biosynthesis and energy production. Tumor cells also exhibit increased uptake of glutamine, which is converted to glutamate by glutaminase to support glutathione production and other biosynthetic processes. Glutamine derived α -ketoglutarate (α KG) can enter the tricarboxylic acid (TCA) cycle to generate energy for the cell.

Glutamine metabolism has been tightly connected to deregulation in glucose metabolism in cancer. As cancer cells divert glucose from the TCA cycle, these cells demonstrate a higher uptake of glutamine *in vitro* (17). The high demand for glutamine in proliferating cells was first observed in the 1950s by Harry Eagle, who demonstrated that *in vitro* cultured HeLa cells required excess glutamine in medium compared to other amino acids (18). The increased reliance on glutamine is critical for the proliferative nature of cancer cells as it is converted to α -ketoglutarate (α KG) and enters the TCA cycle (Figure 2) (19). Moreover, glutamine provides a nitrogen source for the biosynthesis of other amino acids and nucleotides needed for fast growth and replication (20). Finally, glutamine can combat cellular oxidative stress as it supports the synthesis of the antioxidant, glutathione (GSH) (21).

Glutamine is highly abundant in tissue and plasma and the conversion of glutamine to α KG catalyzed by glutaminase enzyme (GLS) often prevents the depletion of the TCA cycle intermediates in cultured cell lines and some tumors in mice (17). Glutamine can also play a role in the uptake of essential amino acids. For instance, the import of the essential amino acid leucine through the neutral antiporter LAT1 was shown to be coupled with the efflux of glutamine (22). This can also be extended to the broad substrates of LAT1 including isoleucine, valine, methionine, and several others (23). While the signaling pathways regulating glutamine uptake are still under investigation, several oncogenes that drive glutamine utilization have been identified. One major oncogenotype is enhanced MYC expression in certain cancer cells (24, 25). MYC is a transcription factor upregulated in proliferating cell and is a driver of glutamine utilization as it induces the expression of the glutamine transporters ASCT2 and SN2, as well as GLS1 among other enzymes that catalyze glutamine (26-28). Similarly, KRAS has been implicated in driving the upregulation of key metabolic enzymes such as GOT1, which would convert glutamine-derived aspartate into oxaloacetate to support growth in pancreatic cancer cells (29).

Tightly linked to metabolism, tumors show heterogeneity in how they experience hypoxia, which directly impacts the metabolism of glucose and glutamine. For instance, HIF-1 α increases the expression of several glycolytic enzymes as well as glucose transporters to increase lactate production from glucose (30, 31). In comparison, the effect of HIF-1 α on glutamine metabolism is still unclear. A recent study shows that glutamine is effectively shuttled to support lipid synthesis through reductive metabolism of α KG to synthesize acetyl coenzyme A, a central biosynthetic precursor in fatty acid synthesis (32). HIF1 α activation also reprograms glutamine reductive metabolism in order to synthesize citrate to maintain cell growth in cells with defective

mitochondria (33). Further work still needed to understand the role glutamine plays in cancer survival and growth under hypoxic stress.

Tumors often persist under glutamine-deprived conditions

It has become more apparent that the paradox of nutrient-addicted cancer cells is that they deplete extracellular nutrients from their environment, and usually become nutrient poor compared to normal tissues (34). As solid tumors grow, increased uptake of glutamine and dysfunctional tumor vascularization often deplete extracellular glutamine from the environment. In fact, like hypoxia, multiple *in vivo* studies demonstrated that glutamine depletion is observed in several solid tumors, including melanomas (35), pancreatic adenocarcinoma (34), colorectal cancer (36), hepatoma and squamous cell carcinoma (37). Therefore, cancer cells develop several mechanisms to survive periods of nutrient starvation and several studies have already begun to delineate some of these alternate adaptations.

One mode of metabolic adaptation in cancer cells is through activating signaling pathways to reduce their glutamine dependency. For instance, recent studies demonstrated metabolic adaptation to glutamine deprivation through the activation of both wild type and mutant p53 in cancer cells to promote survival through the induction of downstream genes such as p21 (38, 39). The activation of p53 under low glutamine has also been shown to induce the expression of microRNA or the arginine transporter SLC7A3 to induce further metabolic adaptations and promote survival (40, 41). In a different study, glutamine deprivation was shown to activate IKK β , which directly phosphorylates 6-phosphofructo-2-kinase/fructose-2,6-biphosphatase isoform 3 (PFKFB3) and drive aerobic glycolysis to reduce dependence on glutamine (42).

Alternatively, cancer cells can actively promote the uptake of other nutrients to supply their bioenergetic needs or sustain survival upon glutamine depletion. For example, asparagine was sufficient in suppressing apoptosis upon glutamine withdrawal by activating ATF4-dependent adaptive stress response and rescuing cell survival (43). While in KRAS-driven pancreatic cancer cells, they can escape the effects of glutamine withdrawal through activating micropinocytosis, which is a feeding mechanism that internalizes and degrades proteins from their microenvironment (44). This mechanism was also demonstrated in lung, sarcoma, and colon cancer cells expressing mutant KRAS (45). Thus, the activation of oncogenes or loss of tumor suppressors can poise cancer cells in a state of active nutrient scavenging to support their uncontrolled proliferation. The specific mechanisms of how cancer cells attain this metabolic reprogramming and promote survival are continuously being elucidated in order to advance targeted therapies.

Metabolites and deregulated epigenetics

It has become evident that metabolic reprogramming and changes in TME can drive changes in epigenetics that are necessary for cancer survival and progression (46, 47). Indeed, several interactions exist between metabolites and epigenetics modifications such as methylation and acetylation of DNA or histones. These epigenetics modifications are dynamic, reversible, and control gene transcription in response to the changing microenvironment to regulate tumor progression (48).

The epigenetic state is governed by the status of DNA methylation, histone modifications, and chromatin structure. DNA methylation involves the addition of a methyl group to the 5' cytosine in a cluster of CpG islands and is generally associated with repressed transcription. In

comparison, there are several identified histone modifications. Histone acetylation increases accessibility to the DNA and contribute to active transcription (49). In comparison, trimethylation of histone at lysine 9, 27, and 20 (H3K9, H3K27 and H3K20) are associated with repressed transcription and H3K4, H3K36 are often associated with active transcription. Specifically, histone methylations are controlled by the activity of various histone methyltransferases (HMTs) and histone demethylases (HDMs) that govern cellular processes such as transcription and replication (50). Defects in this epigenetic system is apparent in cancer. For example, mutations in the DNA methyltransferase 3-A (DNMT3A) and HMTs, such MLL2 and EZH2, are commonly observed in several human cancers (51-53).

Almost all chromatin modifications require specific metabolites as cofactors. Specifically, HMTs require S-adenosylmethionine (SAM), which is an intermediate metabolite in one-carbon metabolism (Figure 3) (54). In comparison, certain HDMs require α KG as a cofactor for the removal of methyl groups from histones (55). In such a way, the availability of metabolites can directly lead to genetic alterations in response to nutrient availability in the tumor cells or the microenvironment. Interestingly, several studies have begun to delineate this link between cancer metabolism and epigenetics. For instance, it has been previously shown that, under methionine restricted regimen, one-carbon metabolism regulation determines the availability of methionine and modulates levels of H3K4me3 to alter gene transcription (56). Moreover, glucose metabolism, specifically the pentose phosphate pathway, has also been shown to affect regions of chromatin with histone H3K9 modifications that contribute to metastasis in pancreatic cancer (57).

Of interest, JHDMs, Jumonji-domain containing HDMs, which require α KG as a cofactor to mediate histone demethylase activity, further link metabolism and epigenetics (Figure 3) (58).

For instance, JARID1B, a demethylase of H3K4me3 that requires α KG as a cofactor, has been associated with tumor suppressive activity in melanoma (59). Other studies show that cancer cells expressing isocitrate dehydrogenase 1 (IDH1) and IDH2 that catalyze the production of 2-hydroxyglutarate, an analogue of α KG, were able to inhibit H3K9 JHDM activity and increase histone methylation to induce dedifferentiation (60). Similarly, previous work in our lab show that low glutamine in the core regions of solid tumors led to histone hypermethylation due to decreased α KG levels and inhibition of JHDM demethylases (35).

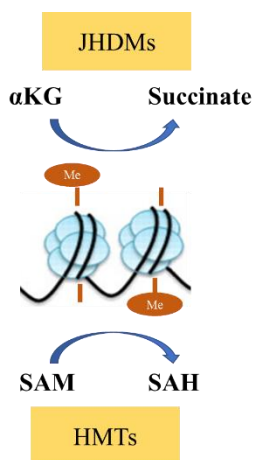


Figure 3: Mechanism of metabolite dependent histone methylation. JmjC-domain-containing histone demethylases (JHDMS) use α -ketoglutarate (α KG) to remove methylation from histones and forms succinate. Histone methylation transferases (HMTs) use S-Adenosyl methionine (SAM) as a cofactor to methylate histones and release S-adenosyl-L-homocysteine (SAH)

Glutamine deprivation promotes dedifferentiation in cancer

In order to metastasize and induce resistance to targeted therapies, tumor cells can dedifferentiate and acquire mesenchymal traits such as motility, invasiveness and stem cell attributes. This reversible process where cells can undergo mesenchymal transitions during tumor progression is known as epithelial–mesenchymal transition (EMT) (61). It is becoming evident that the EMT state in cancer is controlled by reversible changes in epigenetics and extracellular conditions such hypoxia and nutrient availability (62, 63). For instance, changes in levels of H3K4 and

H3K27 methylation have been shown to control key developmental genes, and consequently affect tumor plasticity and biology (64, 65). Similarly, increase in H3K27 methylation by the activity of the methyltransferase, EZH2 and its analog EZH1, was sufficient to maintain embryonic stem pluripotency (66). Furthermore, activated PI3K/AKT pathway increased metastasis in breast cancer cells by inhibiting the activity of the H3K4 demethylase KDM5A (67).

Since key JHDMs depend on cofactors such as α KG, it is plausible that nutrient deprivation experienced by tumor cells would consequently elicit epigenetic changes and EMT-associated dedifferentiation (61). Indeed, low glutamine levels in the core region of melanoma tumors affect histone methylation and contribute to dedifferentiation and resistance to therapeutics (35). Variation in the intracellular levels of α KG and succinate can also contribute to the histone/DNA demethylation to govern pluripotency in mouse embryonic stem cells (68). This study and others indicate a possible therapeutic potential in exploiting the link between metabolism and epigenetics, which reversibly control the dedifferentiation state in cancer cells and affect tumor growth progression as well as therapeutic response. However, the mechanism of how *in vivo* levels of glutamine and its downstream metabolites in different regions of solid tumors affect growth and resistance remains unclear.

Summary and research direction

It is evident that metabolic heterogeneity rises from both environmental and genetic factors that influence cancer cell metabolism. Additionally, given the reversible nature of epigenetics modifications, it is imperative to understand the impact of metabolism, in particularly *in vivo* levels of glutamine, on cancer. Therefore, understanding the role of metabolic interactions and adaptive pathways in tumor development and progression can provide a strategy to improve

cancer therapies. Therefore, the work discussed in this thesis dissertation is divided between two goals. First, contribute to ongoing research on delineating the survival mechanisms that allow cancer cells to survive periods of glutamine deprivation. This stemmed from the observation that the knockdown of IKK β , which is activated in the absence of glutamine to modulate glycolysis and survival, directly affected p53 activation, a major metabolic regulator in cancer. Thus, characterizing a novel IKK β -p53 signaling axis would be beneficial in understanding adaptive mechanisms in cancer cells upon metabolic stress.

This thesis dissertation also focuses on understanding the role of glutamine metabolism *in vivo* and the potential for the use of glutamine supplementation in modulating melanoma epigenetics to inhibit tumor progression and increase the efficacy of targeted therapies. Despite being widely studied *in vitro*, glutamine metabolism *in vivo* was not directly assessed. With the recent reports using infusion of labeled glucose and glutamine, it has become apparent that certain tumors in mice and humans has higher preference for pyruvate carboxylation in supplying the TCA intermediates versus glutamine catabolism and led to accumulation of glucose-derived glutamine (69, 70). Furthermore, *in vitro* conditions that reproduce *in vivo* levels of nutrients demonstrate the increased glutamine uptake did not directly lead to increased growth (71). More importantly, breast cancer cells exhibit differences in glutamine metabolism with basal-type cells being highly dependent on glutamine while luminal-type cells are glutamine independent (72). Thus, an important note to consider is that not all cancer cells depend on exogenous glutamine and more studies are needed to understand the role of glutamine metabolism in cancer cells in the context of the complex microenvironment.

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CHAPTER 2: IKK β activates p53 to promote cancer cell adaptation to glutamine deprivation

Background:

Previously, IKK complex was shown to be activated in response to nutrient starvation as well as increased ROS levels upon glutamine deprivation. These studies highlight the important role of IKK β activation upon stress to promote metabolic adaptation independent of NF- κ B. However, there remains a gap in our understanding of the changes in IKK β downstream signaling events that lead to cell survival upon metabolic stress. This chapter will provide evidence for the activation of p53 and its downstream genes in an IKK β dependent manner under low levels of glutamine. This is especially important since p53 has been established as a key regulator of metabolic adaptation in response to various stress conditions. Moreover, the identified mechanism would expand our understanding of how cancer cells could potentially develop resistance to glutamine metabolism targeted inhibitors. This chapter has been adapted from a publication (Ishak Gabra et al., *Oncogenesis*, 2018)

IKK β activates p53 to promote cancer cell adaptation to glutamine deprivation

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Abstract

One of the hallmarks of cancer is the ability to reprogram cellular metabolism to increase the uptake of necessary nutrients such as glucose and glutamine. Driven by oncogenes, cancer cells have increased glutamine uptake to support their highly proliferative nature. However, as cancer cells continue to replicate and grow, they lose access to vascular tissues and deplete local supply of nutrients and oxygen. We previously showed that many tumor cells situate in a low glutamine microenvironment in vivo, yet the mechanisms of how they are able to adapt to this metabolic stress are still not fully understood. Here, we report that I κ B kinase β (IKK β) is needed to promote survival and its activation is accompanied by phosphorylation of the metabolic sensor, p53, in response to glutamine deprivation. Knockdown of IKK β decreases the level of wildtype and mutant p53 phosphorylation and its transcriptional activity, indicating a novel relationship between IKK β and p53 in mediating cancer cell survival in response to glutamine withdrawal. Phosphopeptide mass spectrometry analysis further reveals that IKK β phosphorylates p53 on Ser392 to facilitate its activation upon glutamine deprivation, independent of the NF- κ B pathway. The results of this study offer an insight into the metabolic reprogramming in cancer cells that is dependent on a previously unidentified IKK β -p53 signaling axis in response to glutamine depletion. More importantly, this study highlights a new therapeutic strategy for cancer treatment and advances our understanding of adaptive mechanisms that could lead to resistance to current glutamine targeting therapies.

Keywords:

IKK β , p53, metabolic stress, glutamine

Introduction

The increased importance of glutamine uptake driven by oncogenes in cancer cells makes targeting glutamine metabolism an appealing approach for improved cancer therapy [1-3]. Glutamine, a non-essential amino acid, can be utilized by highly proliferative cancer cells to support cancer growth by replenishing the tricarboxylic acid (TCA) cycle intermediates, and providing a nitrogen source for the biosynthesis of other amino acids and nucleotides [4-6]. Moreover, glutamine can combat cellular oxidative stress as it supports the synthesis of the antioxidant, glutathione (GSH) [7]. However, as tumors continue to grow, increased glutamine demand and poor vascularization lead to its depletion in the microenvironment [8]. Multiple *in vivo* studies, including our recent publication, reveal that glutamine is among the amino acids depleted in the core of several xenograft tumors including melanoma, pancreatic adenocarcinoma, and colorectal cancer [9-11]. Therefore, cancer cells develop mechanisms to survive periods of nutrient starvation as new vascularization is developed. We recently reported that cancer cells are able to survive glutamine deprivation through the activation of cell cycle arrest genes mediated by p53, or metabolic reprogramming of glycolytic enzymes, but other mechanisms can also contribute to cell survival [12, 13]. Thus, understanding the molecular mechanisms of how cancer cells attain this metabolic reprogramming and promote survival in a glutamine poor environment needs to be fully understood in order to increase the efficacy of targeting glutamine metabolism therapeutically.

Recently, several studies have shown that the tumor suppressor p53 plays a critical role in the aberrant metabolism in cancer and can orchestrate cellular adaptations to metabolic stress [14-17]. For instance, p53 was shown to upregulate oxidative phosphorylation and modulate antioxidants in lung cancer cells in response to glycolytic stress [18]. This role was further demonstrated by

the activation of p53 upon glucose starvation and its regulation of TIGAR, a novel regulator of glycolytic genes, in response to this metabolic stress [19]. Similarly, serine or glutamine deprivation have been shown to activate p53 to promote survival through the induction of downstream genes such as the cyclin dependent kinase inhibitor, p21 [13, 20]. Thus, it has become apparent that p53 acts as a master metabolic regulator, which can promote cancer cell survival in response to metabolic stress through multiple mechanisms.

The activation of the I-kappa-B-kinase (IKK) complex and the nuclear factor kappa B (NF- κ B) subunits is implicated in the inflammatory response, cell survival, and cancer [21-23]. Despite the homology between the IKK complex kinases, IKK α and IKK β , the IKK β subunit is required for the rapid activation of NF- κ B in response to stimuli, and is shown to phosphorylate other substrates directly, such as BAD, p85 α , and β -catenin, independent of the IKK complex [24-26]. Recent studies reveal a role for IKK β in sensing metabolic stress. For instance, IKK β is activated upon leucine starvation and promotes feedback inhibition of the PI3K/AKT signaling pathway [27]. Moreover, the IKK complex regulates oxidative phosphorylation in normal and cancer cells by upregulating mitochondrial synthesis of cytochrome c oxidase 2 when glucose levels are low [28]. IKK β is also activated upon glutamine deprivation, and inhibits PFKFB3, a major driver of glycolysis, to regulate cellular metabolic adaptation [29].

Even though several studies demonstrate the activation of IKK β and p53 under low glutamine conditions to promote cellular adaptation, the mechanism of how these major metabolic sensors interact to promote cell survival upon metabolic stress remains unknown. Here, we show that IKK β modulates the activity of p53 in response to glutamine depletion to promote cancer cell adaptation. We further demonstrate that IKK β phosphorylates p53 on Ser392 to enhance its transcriptional activity, independent of the NF- κ B pathway. Our data provide a mechanistic

insight into the role of an IKK β -p53 signaling axis that mediates cancer survival in the nutrient deprived tumor microenvironment.

Results

Glutamine deprivation induced p53 activation is IKK β dependent

Previously, we reported that IKK β is phosphorylated at Ser177 in response to low glutamine to downregulate glycolysis [29]. To further confirm the role of IKK β in mediating cell survival, we stably knocked down IKK β in HT1080 cells using shRNA and cultured IKK β -deficient and control cells in glutamine free medium. Consistently, we found that IKK β -deficient cells were more sensitive to glutamine deprivation (Fig. 1a). Since p53 is known to be phosphorylated in response to glutamine deprivation and its phosphorylation is reversed by the use of antioxidants [12], we asked whether IKK β and p53 are acting synergistically to mediate cell survival. To test this, we cultured Ras-transformed 3T3 mouse embryonic fibroblast (MEF) cells with wild type, *Ikk α* *-/-* or *Ikk β* *-/-* alleles in glutamine free medium for 24 hours. p53 phosphorylation on Ser18 was observed in control and IKK α knockout cells in response to glutamine starvation. In contrast, the increase in p53 phosphorylation was blocked in IKK β knockout cells (Fig. 1b). Consistently, HT1080 cells transiently transfected with siRNA against scrambled control, IKK α , or IKK β and cultured in glutamine free medium for 24 hours show that only the loss of IKK β decreased the levels of p53 phosphorylation at Ser15 (Fig. 1b). This attenuation in p53 phosphorylation in IKK β -deficient cells prompted us to investigate whether the loss of IKK β affected the transcription activity of p53. Thus, we evaluated the expression levels of CDKN1A and GADD45A in MEF and HT1080 cells cultured in glutamine free medium. Interestingly, we found significant induction of these p53-target genes in control cells that is lost in IKK β -deficient cells (Fig 1c. d), suggesting the requirement for IKK β in p53 activation under low

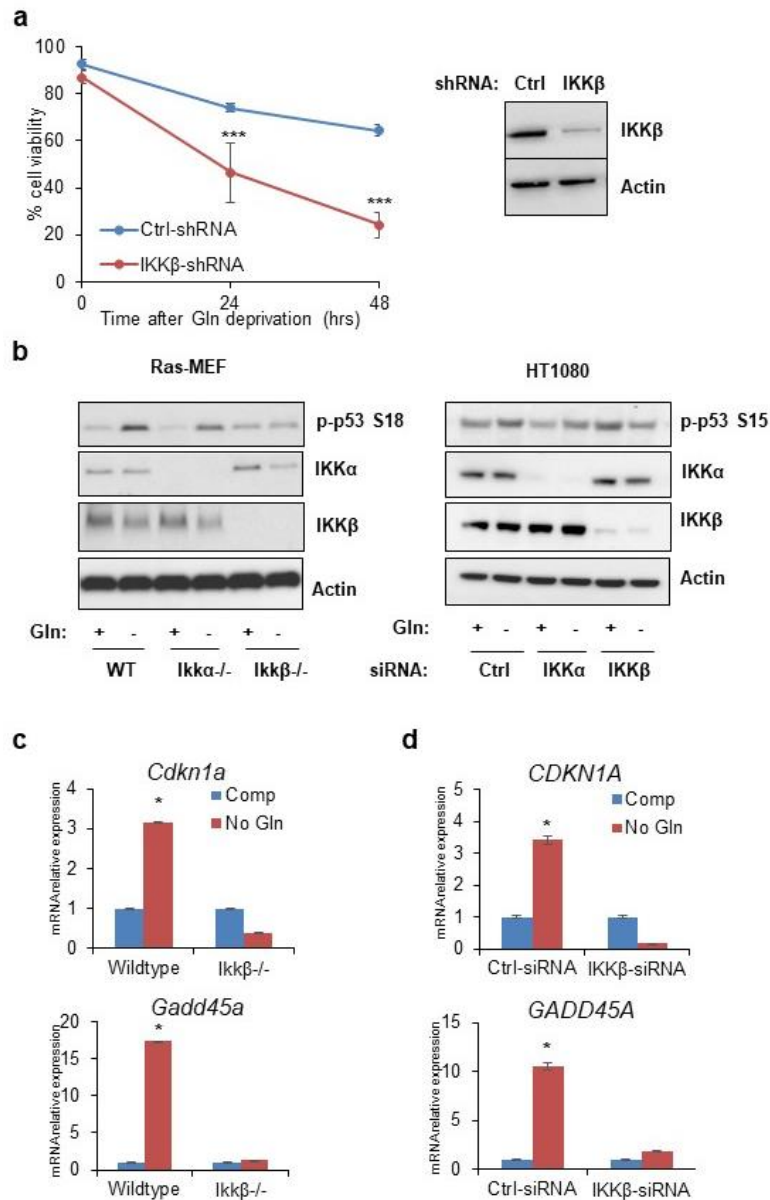


Figure 1: Glutamine deprivation induced p53 activation is IKKβ dependent. (a) HT1080 transduced with control (Ctrl) or IKKβ shRNA were cultured in glutamine free medium for 24 and 48 hours. Cell viability was assessed by PI exclusion. Cell lysate was collected for western blotting with the indicated antibodies. (b) Western blot analysis of wildtype (WT), *Ikkα*^{-/-} or *Ikkβ*^{-/-} MEFs and HT1080 cells transiently transfected with siRNA against scrambled control, IKKα, or IKKβ cultured in complete and glutamine (Gln) free medium overnight and cell lysate was used for immunoblotting using the antibodies indicated. (c) Wild type and *Ikkβ*^{-/-} MEFs were cultured in complete (Comp) or glutamine free (No Gln) media overnight and mRNA was extracted for qPCR analysis of p53-target genes. (d) HT1080 cells transiently transfected with siRNA against scramble control or IKKβ were cultured in complete or glutamine free media overnight. mRNA was extracted, and expression of p53-target genes was determined using qPCR. a, c, and d represent means ± s.d. of triplicates from three independent experiments (*p<0.05, **p<0.01, ***p<0.001 using Student's *t*-test).

glutamine conditions.

Mutant p53 activation is also dependent on IKK β under low glutamine

The p53 protein is mutated in over 50% of all human cancer, with a high prevalence in mutation of the DNA-binding domain [30, 31]. More importantly, mutant p53 (mutp53) has been shown to gain oncogenic functions through its transcriptional activity, which promotes cancer tumorigenicity [32]. We have previously shown that mutp53 is phosphorylated upon glutamine deprivation and subsequently leads to the induction of CDKN1A, which was necessary for the survival of cancer cells [13]. Therefore, we tested two cell lines with mutation in p53, the triplenegative breast cancer cell line, MDA-MB-231, and the pancreatic cancer cell line, MIA PaCa-2, with Arg280 and Arg248 mutation respectively to see whether loss of IKK β affects the activation of mutp53. Similar to HT1080 cells, we transfected both MDA-MB-231 and MIA PaCa-2 cells with siRNA against scrambled control, IKK α , and IKK β and incubated cells in control and glutamine free medium overnight. Strikingly, mutp53 activation by phosphorylation at Ser15 was lost in IKK β knockdown cells but not in control or IKK α knockdown cells (Fig. 2a, c). This decrease in mutp53 phosphorylation was also accompanied by a loss in the induction of p53-target genes CDKN1A and GADD45A (Fig. 2b, d). These data further suggest an important correlation between IKK β and p53 activation, indiscrimination of wildtype or mutant p53, upon glutamine deprivation.

p53 activation upon glutamine deprivation is NF- κ B independent

Next, we sought to determine whether IKK β activated p53 through the NF- κ B pathway. IKK β is known to be a master regulator of several NF- κ B subunits including RelA (p65), a dominant NF- κ B transactivating subunit [33]. Therefore, we tested whether p65 knockdown affected p53

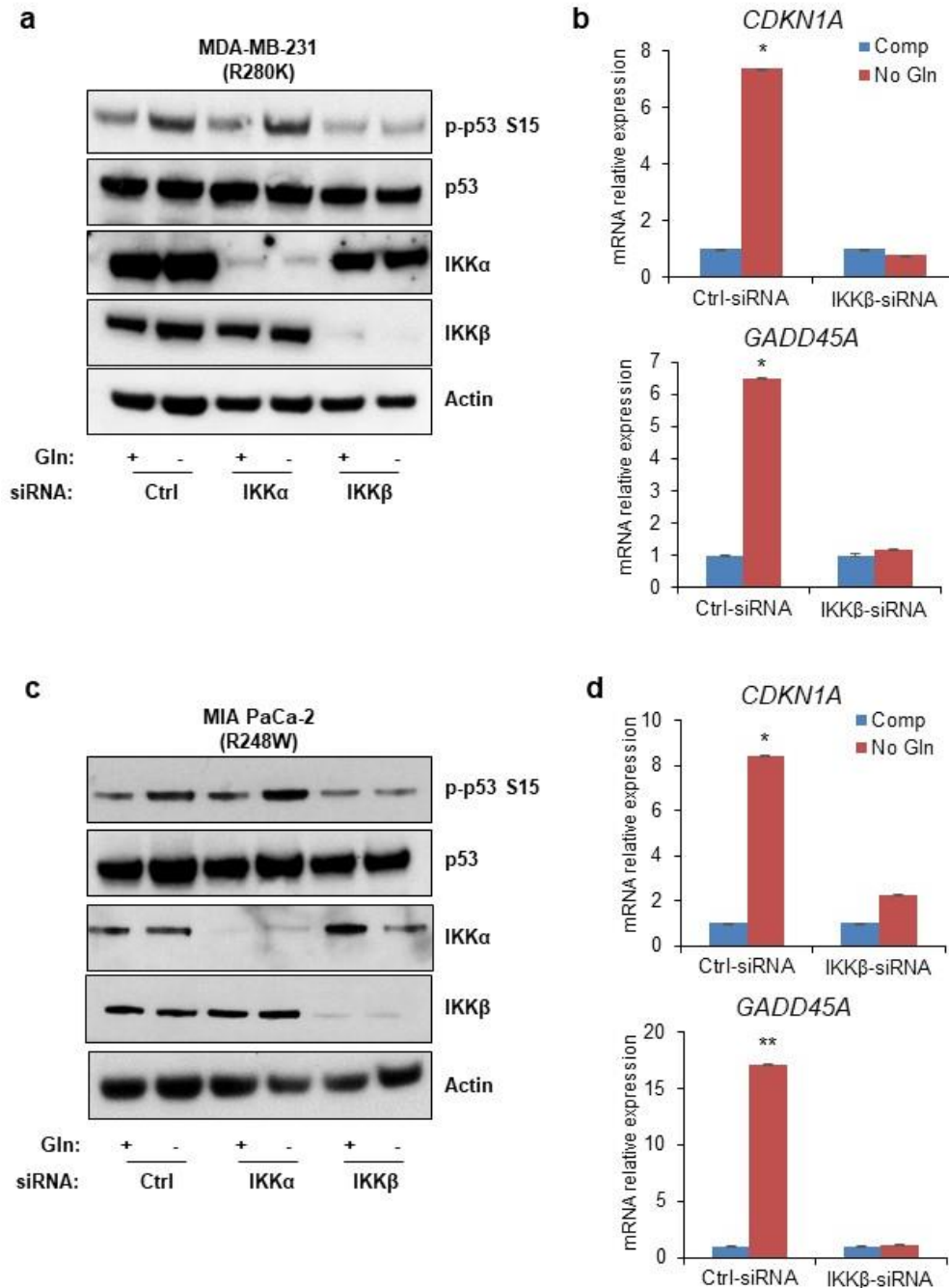


Figure 2: Mutant p53 activation is also dependent on IKK β under low glutamine. (a, c) Western blot analysis of MDA-MB-231 and MIA PaCa-2 cells transiently transfected with siRNA against scramble control (Ctrl), IKK α , or IKK β cultured in complete and glutamine (Gln)-free media overnight. Cell lysate was used for immunoblotting using the antibodies indicated. (b,d) MDA-MB-231 and MIA PaCa-2 cells transiently transfected with siRNA against scrambled control or IKK β were cultured in complete (Comp) or glutamine-free (No Gln) media overnight. mRNA was extracted, and expression of p53-target genes was determined using qPCR. b and d represent means \pm s.d. of triplicates from three independent experiments (* p <0.05, ** p <0.01, *** p <0.001 using Student's t -test).

phosphorylation and induction of p53-target genes upon glutamine deprivation. Consistent with our previous results, the loss of IKK β significantly attenuated the phosphorylation of p53.

Interestingly, HT1080 transiently transfected with siRNA against p65 showed an increase in the phosphorylation of p53 upon glutamine withdrawal to similar level as the scramble control (Fig. 3a). Moreover, the expression of p53-target genes, CDKN1A and GADD45A, was significantly induced in p65 knockdown cells cultured in glutamine free medium overnight, similar to control

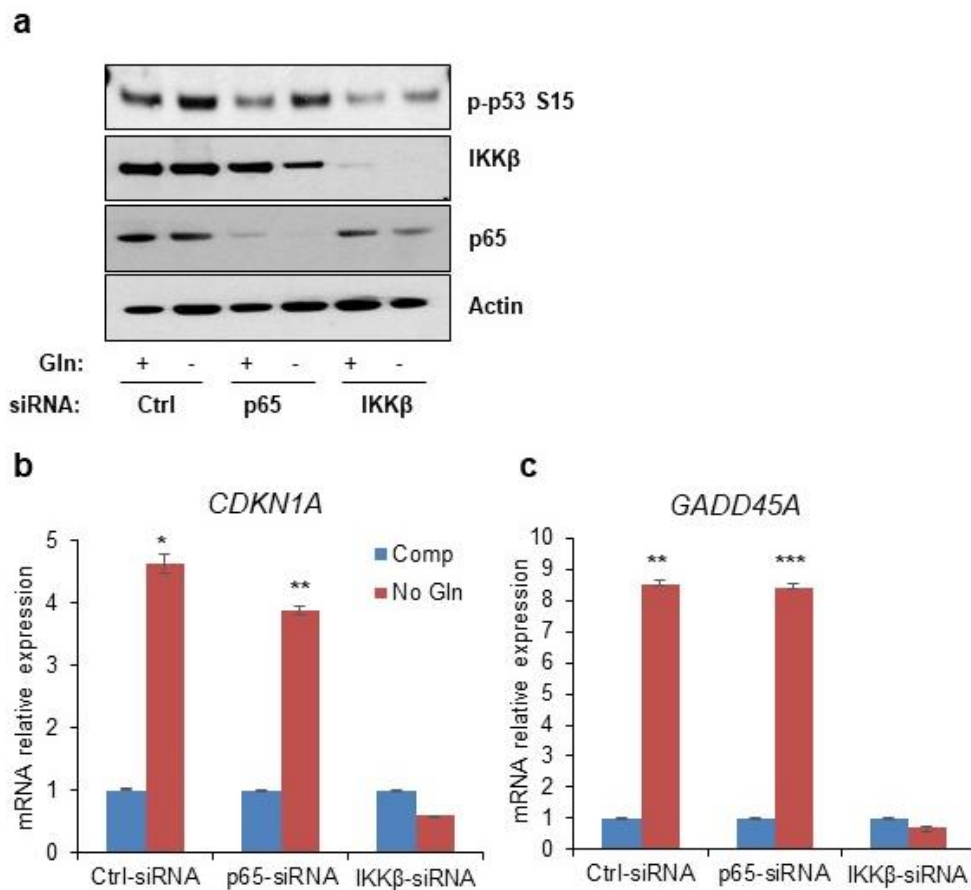


Figure 3: p53 activation upon glutamine deprivation is NF- κ B independent. (a) HT1080 cells transiently transfected with siRNA against scrambled control (Ctrl), p65, or IKK β cultured in complete or glutamine (Gln)-free media overnight. Cell lysate was used for immunoblotting using the antibodies indicated. (b, c) HT1080 cells transiently transfected with siRNA against scramble control, p65, or IKK β were cultured in complete (Comp) or glutamine-free (No Gln) media overnight. mRNA was extracted, and expression of p53-target genes was determined using qPCR. b and c represent means \pm s.d. of triplicates from three independent experiments (* p <0.05, ** p <0.01, *** p <0.001 using Student's t -test).

cells (Fig. 3b). Meanwhile, IKK β knockdown cells lost this induction of p53 downstream genes. These data suggest that IKK β is regulating the phosphorylation of p53 independent of NF- κ B transactivation.

IKK β phosphorylates p53 on Ser392 in response to low glutamine

Since IKK β has been previously shown to directly phosphorylate its substrates, we tested whether IKK β could phosphorylate p53 under glutamine deprivation. Thus, we overexpressed Flag-tagged IKK β in 293T cells and starved cells of glutamine overnight followed by immunoprecipitation using anti-Flag conjugated agarose beads to purify IKK β -interacting proteins. We found that p53 interacts directly with IKK β , albeit rather weakly, which could be due to the transient nature of the kinase-substrate interaction (Fig. 4a). To further confirm this finding, we transiently co-expressed HA-tagged IKK β and p53 in 293T cells and cultured these cells in glutamine free medium. Cells were collected at 0, 0.5, 1, 3, and 6 hours and lysates were immunoprecipitated using anti-p53 antibody. Interestingly, IKK β interaction with p53 appeared as early as 1 hour post glutamine withdrawal followed by its dissociation at 6 hours (Fig. 4b). Next, to identify which residue on p53 is phosphorylated by IKK β , we performed an in vitro kinase assay using recombinant GST- IKK β , which is constitutively active, and recombinant GST-p53 followed by phosphopeptide mapping using mass spectrometry. We found that p53 was phosphorylated on Ser392 in the c-terminal domain (Fig. 4c, d). To confirm the phosphorylation of p53 on Ser392 by IKK β , we performed an in vitro kinase assay followed by immunoblotting and found that IKK β phosphorylated GST-I κ B α , a known IKK β substrate, and GST-p53 on Ser392, but not on Ser15 (Fig. 4e). Taken together, these results indicate that IKK β phosphorylates p53 on Ser392 as an early response to glutamine deprivation and possibly later facilitates its phosphorylation at Ser15 and transcriptional activity.

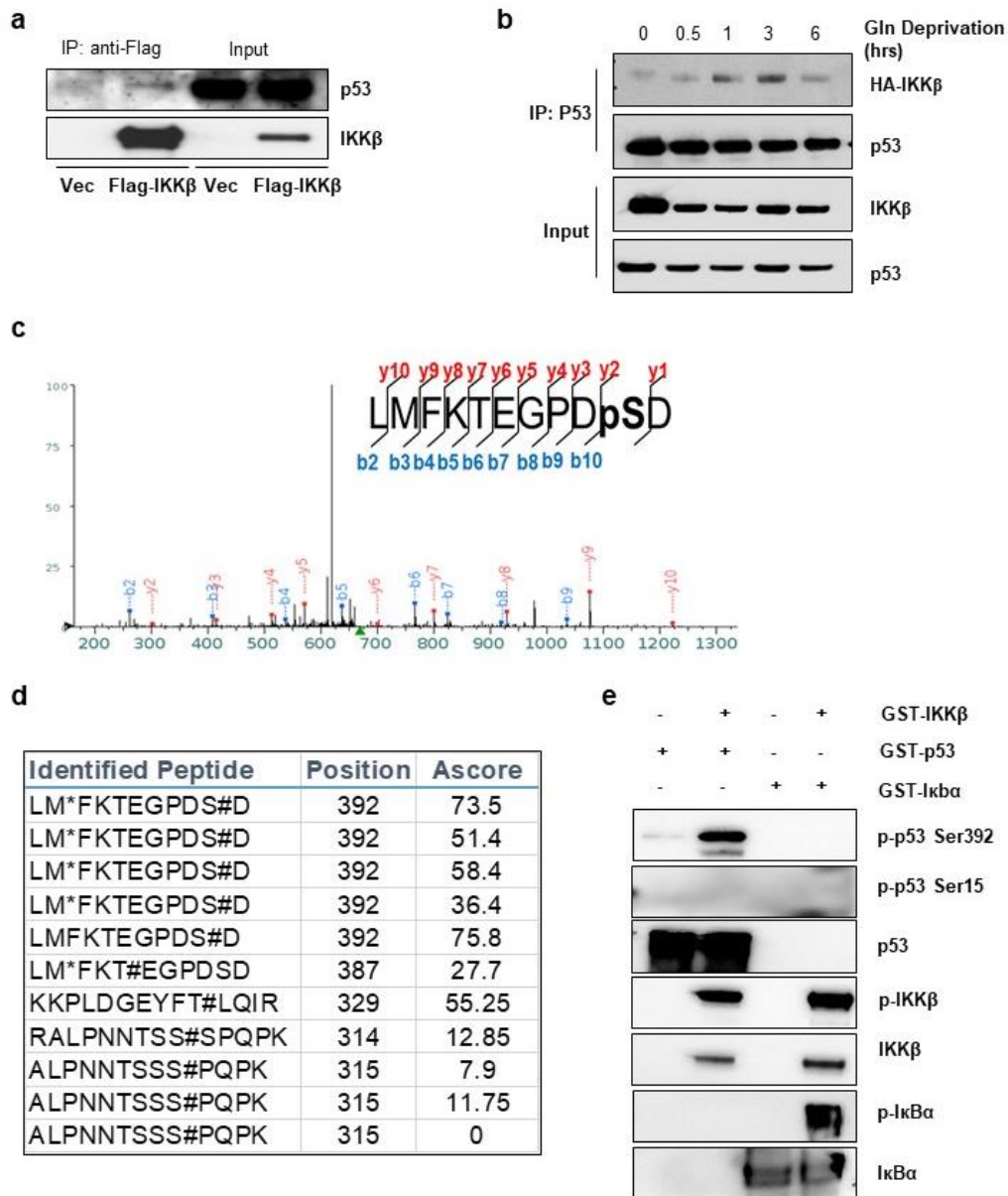


Figure 4: IKK β phosphorylates p53 at Ser392 in response to low glutamine. (a) 293T cells transiently expressing vector (Vec) or Flag- IKK β were cultured in glutamine-free medium overnight and immunoprecipitated with anti-Flag conjugated beads followed by immunoblotting with the indicated antibodies. (b) 293T cells transiently expressing HA- IKK β and wild type p53 were cultured in glutamine free medium for 0, 0.5, 1, 3, and 6 hours. Cell lysate was immunoprecipitated with anti-p53 antibody followed by immunoblotting with the indicated antibodies. (c) Kinase assay using recombinant GST- IKK β and recombinant GST-p53 was performed followed by SDS-PAGE and phosphopeptide mapping. Mass spectra of identified phosphopeptide sequence on Ser392 of p53 is presented. (d) Identified phosphopeptides (as described in c) with positions on p53 and confidence score (A score) are presented. (e) Kinase assay using recombinant GST- IKK β and recombinant GST-p53 or GST-I κ B α (positive control) was performed followed by immunoblotting with the indicated antibodies.

Low glutamine induces phosphorylation of p53 on Ser392

Phosphorylation of p53 on Ser392 is shown to increase in response to various stimuli, such as treatment with genotoxic inducing agents, UV irradiation, and the MDM2 inhibitor Nutlin-3a [34]. Therefore, to illustrate that phosphorylation of p53 on Ser392 is induced in response to glutamine deprivation, we cultured HT1080 cells in complete medium, glutamine free medium, and complete medium with doxorubicin (Doxo), a DNA damaging reagent used as a positive control, and compared the phosphorylation of p53 on Ser392 by western blotting.

Phosphorylation of p53 on Ser392 was induced in response to glutamine deprivation at a similar level to the genotoxic stress caused by Doxo treatment (Fig. 5a). Next, we wanted to evaluate the persistence of this phosphorylation with prolonged glutamine starvation by culturing HT1080 cells with no glutamine and collecting cell lysate over the course of 18 hours. Interestingly, phosphorylation on Ser392 seemed to increase with prolonged glutamine withdrawal, corresponding also with an increase in Ser15 phosphorylation, indicating its importance in mediating cellular response upon this metabolic stress (Fig. 5b). To determine the role of IKK β in glutamine deprivation-induced p53 phosphorylation on Ser392, we compared wildtype Rastransformed MEF with Ikk β $-/-$ MEF cells. Similarly, the phosphorylation of p53 on Ser389 (the analog of Ser392 in human p53) in wildtype cells seemed to increase with glutamine deprivation over time and was completely abolished by the loss of IKK β in Ikk β $-/-$ MEF cells (Fig. 5c).

Concurrently, phosphorylation of p53 on Ser18 also increased over time upon glutamine deprivation. However, the level of p53 Ser18 phosphorylation in Ikk β $-/-$ MEF cells was delayed, with a decreased level at 18 hours compared to wildtype cells. Furthermore, the phosphorylation

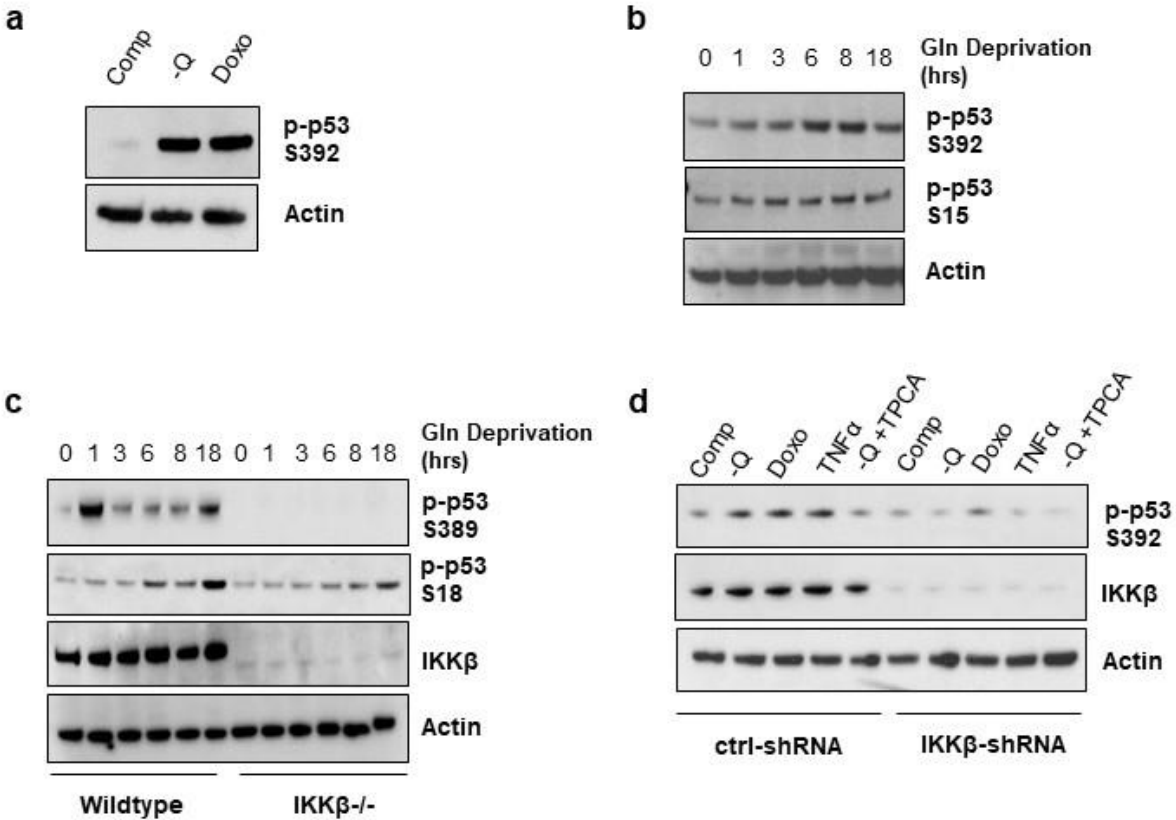


Figure 5: Low glutamine induces phosphorylation of p53 on Ser392. (a) HT1080 cells cultured in complete medium (Comp), glutamine-free (-Q) medium or complete medium with 2 μ M Doxorubicin (Doxo) overnight. Cell lysate was collected for immunoblotting using the indicated antibodies. (b) Time course of p53 phosphorylation on Ser392 using HT1080 cells cultured in glutamine free medium for 0, 1, 3, 6, 8, and 18 hours. Cell lysate was collected for immunoblotting using the indicated antibodies. (c) Time course of p53 activation on Ser389 using wild type and *Ikkβ*^{-/-} MEFs cultured in glutamine (Gln) free medium for 0, 1, 3, 6, 8 and 18 hours. Cell lysate was collected for immunoblotting using indicated antibodies. (d) HT1080 cells transduced with shRNA against control (Ctrl) or IKK β were cultured in complete medium, glutamine free medium, complete medium with 2 μ M Doxo, or glutamine free medium with 200nM TPCA-1 (-Q+TPCA) for 6 hours, or complete medium with 15ng/ml TNF α for 15 min. Cell lysate was collected for immunoblotting with indicated antibodies.

of p53 on Ser392 was dependent on IKK β activity since it was induced in HT1080 cells treated with TNF α , which is known to activate IKK β [35], and was attenuated when cells were cultured in low glutamine with the addition of TPCA-1, an IKK β inhibitor (Fig. 5d) [36]. Consistently, the phosphorylation on Ser392 was completely lost in HT1080 IKK β knockdown cells treated with the same conditions (Fig. 5d). These results demonstrate that low glutamine conditions lead

to the phosphorylation of p53 on Ser392 in an IKK β dependent manner.

Phosphorylation of p53 on Ser392 is required for p53 activation upon glutamine deprivation

To further investigate how Ser392 phosphorylation affects p53 activity upon glutamine deprivation, we ectopically expressed both wild type and S392A mutant p53 in the p53-null prostate cancer cells, PC3. We then cultured wildtype and S392A expressing PC3 cells along with null cells in glutamine free medium and collected cell lysate at 0, 3, and 6 hours.

Interestingly, we found that the expression of the p53 point mutant, S392A, hampered the phosphorylation of p53 on Ser392 and Ser15 in response to glutamine withdrawal (Fig. 6a). We next assessed whether the mutation on Ser392 would affect the transcriptional activity of p53.

Thus, we expressed wildtype and S392A p53 in PC3 and cultured these cells under no glutamine for 6 hours. Consistently, the expression levels of CDKN1A and GADD45A increased upon glutamine deprivation in wildtype p53 expressing cells (Fig. 6b, c). However, this induction was attenuated by the mutation on Ser392, further suggesting that the phosphorylation of p53 on this residue plays a role in the transcriptional activity of p53 in response to low glutamine. Next, we wondered if mutation on Ser392 would affect the role p53 plays in survival. We expressed wild type and S392A p53 in PC3 and assessed cell viability after 48 hours in glutamine free medium. Indeed, S392A p53 expressing cells had significantly less cell viability compared to wild type (Fig. 6d). This data further supports a model, in which activation of IKK β in response to glutamine deprivation leads to the phosphorylation of p53 on Ser392, which is required for p53 activity in the transcription of downstream target genes and in promoting cancer cell survival (Fig. 6e).

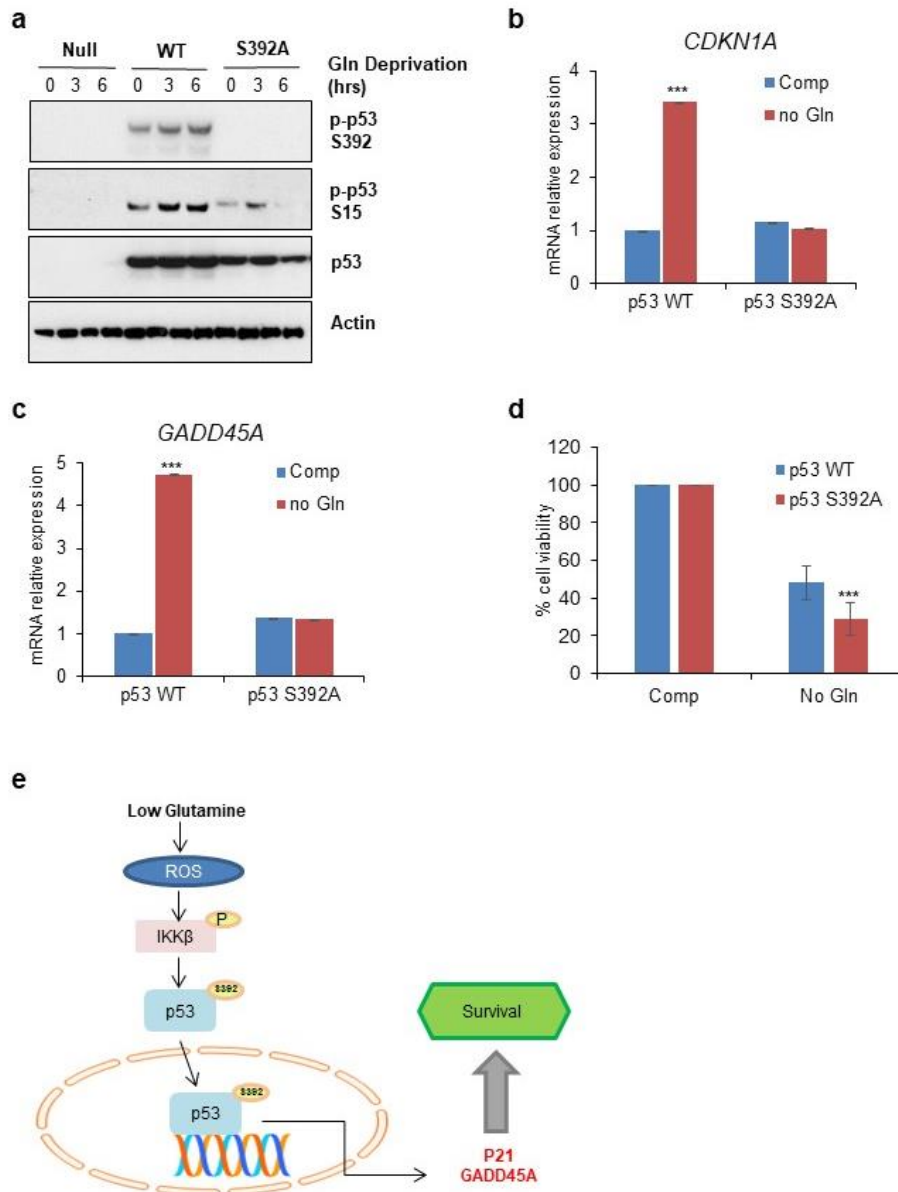


Figure 6: Phosphorylation of p53 on Ser392 is required for p53 activation upon glutamine deprivation. (a) Western blot analysis of p53-null PC3 cells and PC3 cells transiently expressing wild type p53 (WT) or Flag-p53 S392A cultured in glutamine free medium for 0, 3, and 6 hours. Cell lysates were collected for immunoblotting with the indicated antibodies. (b, c) PC3 transiently expressing wild-type p53 (WT) or Flag-p53 S392A were cultured in glutamine free medium for 6 hours. mRNA was extracted, and expression of p53-target genes was determined using qPCR. (d) PC3 transiently expressing p53 WT or Flag-p53 S392A were cultured in glutamine-free medium for 48 hours. Cell viability was assessed using trypan blue exclusion assay at time 0 or 48 hours of glutamine deprivation. (e) Schematic showing molecular mechanism by which cells survive glutamine deprivation via the suggested IKK β -p53 signaling axis. b, c, and d represent means \pm s.d. of triplicates from three independent experiments (* p <0.05, ** p <0.01, *** p <0.001 using Student's t -test).

Discussion

IKK β and the NF- κ B pathway have been implicated in cancer cell response to metabolic stress and their activation is necessary for cancer cell survival [27]. Similarly, p53 has been shown to regulate glycolysis, cell cycle arrest, and expression of metabolic enzymes to promote survival in many cancer models [17, 37, 38]. As these pathways function to promote survival in cancer, it is critical to delineate whether IKK β and p53 work synergistically or independently to combat metabolic stress or induce therapeutic resistance to drugs targeting glutamine metabolism. Here, we demonstrate a role for IKK β in phosphorylating p53 upon glutamine depletion to promote cancer cell survival. Loss of IKK β in cancer cells harboring both wild type and mutant variants of p53 significantly reduced the phosphorylation of p53 and its transcriptional activity under low glutamine. Specifically, these results indicate that IKK β can phosphorylate p53 on Ser392 in response to glutamine depletion and induce its transcriptional activity. Additionally, the mutation of Ser392 residue attenuated the activation of p53 and sensitized cancer cells to glutamine deprivation. This study highlights a new IKK β -p53 signaling axis that is critical to cancer cell adaptation to metabolic stress.

Previously, there have been several studies indicating crosstalk between the IKK β / NF- κ B pathway and p53 stabilization and activation. For instance, under genotoxic conditions, IKK β acts as a regulator of p53 via the association with β -TrCP1 in MEF cells to destabilize its protein levels, independent of Mdm2, and the loss of IKK β via chemical inhibition in lung adenocarcinoma cells reduced proliferation and invasion in these cells, and was accompanied by the stabilization of p53 [39, 40]. Moreover, several studies link the activity of the DNA damage kinase, ATM, to the activation of the IKK complex and NF- κ B under genotoxic stimuli [41, 42]. These studies indicate the dynamic nature of p53 regulation by the IKK complex that is highly

dependent on the type of stress. The realization that cancer cells experience metabolic stress in vivo prompted further investigation into the connection between the IKK pathway and p53. Interestingly, the activation of the NF- κ B pathway is necessary to regulate p53 activity and protects cells against glucose starvation, while the loss of p53 leads to the upregulation of GLUT3 expression and glycolysis by the hyperactivation of NF- κ B [21, 28]. These studies further indicate the existence of a feedback loop connecting the activity of the IKK β /NF- κ B pathway and p53 in modulating cancer metabolism. Therefore, the connection between IKK β and p53, which are both activated in cancer, in response to glutamine starvation and other metabolic stress needs to be fully understood.

Post-translational modification of p53 is rapid and results in its stabilization in response to various stress stimuli [43]. The phosphorylation of p53 on the highly conserved residue, Ser392 (Ser389 in mice), was shown to have a role in site-specific DNA binding, formation of the p53 tetramer, and inducing cell arrest [44-46]. Additionally, a mutation of Ser392 to alanine was sufficient in disrupting p53 localization to the nucleus and its degradation in response to DNA damage [47, 48]. Later studies indicated p53 has a basal level of phosphorylation on Ser392 in unstressed cells that increases when exposed to various stress conditions, such as irradiation, UV exposure, and etoposide treatment. To date, several kinases of Ser392 under genotoxic stress were identified such as CK2 and p38 MAPK, but other kinases that are resistant to CK2 inhibition remain to be identified [49-51]. More importantly, the phosphorylation of p53 on Ser392 in response to metabolic stress and the kinases that catalyze this phosphorylation remains to be elucidated. Our study provides an unprecedented signaling pathway connecting IKK β to p53 phosphorylation on Ser392 in response to glutamine deprivation as a mechanism of survival in cancer cells.

The connection between the phosphorylation of p53 on Ser392 and Ser15 and their effect on p53 activity remains unclear in literature. p53 activation by Ser15 phosphorylation was observed in several cancer cell lines when cultured under metabolic stress. For instance, serine and glutamine withdrawal induced phosphorylation of p53 and its activation [12, 20]. Similarly, glucose starvation and nutrient stress led to the activation of p53 by phosphorylation on Ser15 [28]. Our findings suggest that the phosphorylation of p53 on Ser392 is required for its activity and role in cell survival upon glutamine withdrawal. Thus, it would be interesting to unveil whether Ser392 is also critical for p53 phosphorylation on Ser15 and its activity under different metabolic stress conditions. It is also possible that IKK β could be activating p53 at Ser392 as an early response to glutamine deprivation followed by a later induction of Ser15 phosphorylation and p53 activity. However, more studies would be needed to further understand the regulation of p53 and its phosphorylation on both Ser15 and Ser392 in response to metabolic stress.

Our findings indicate that an IKK β -p53 signaling axis could promote tumor growth despite glutamine deprivation. Furthermore, IKK β knockdown affected the phosphorylation and activity of both wild type and mutant p53 when cells were cultured in glutamine free medium. As more in vivo studies reveal glutamine depleted niches due to rapid glutamine consumption by cancer or poor vascularization networks, it is important to understand how cells adapt to this metabolic stress in order to develop better therapeutic strategies. Therefore, future experiments will further investigate the attenuation of p53 phosphorylation by targeting IKK β in vivo through combination treatment using IKK β inhibitors and glutaminase inhibitors in cancer cells harboring wild type or mutant p53. This study highlights the potential efficacy of a combination therapeutic strategy in targeting cancer growth and identifies a potential resistance mechanism to ongoing clinical trials that use glutaminase inhibitors.

Materials and methods

Reagents and Plasmids

Antibodies to IKK β (8943), IKK α (2682), p-p53 S15 (9284), p-p53 S392 (9281), p-p65 (3033), p65 (3987), p-Ikba (2859), Ikba (4814) were from Cell Signaling (Danvers, MA, USA), beta actin (A1978) was from Sigma (St. Louis, MO, USA), and p53 DO-1 (SC126) was from Santa Cruz Biotechnology (Dallas, TX, USA). Recombinant active GST- IKK β (31176) was purchased from Active Motif (Carlsbad, CA, USA). Recombinant GST-p53 (14-865) was purchased from Millipore (Temecula, CA, USA). Recombinant GST- IkB α (P323-30G) was purchased from SignalChem (Richmond, BC, Canada). pcDNA3.0-p53wt (69003), pCMV2-Flag- IKK β (11103) were purchased from Addgene (Cambridge, MA, USA). pUNO1-HA-IKK β was purchased from InvivoGen (puno1ha-hikkb). pcDNA3.0-Flag-p53 S392A was custom ordered from SignalChem. Doxorubicin (Doxo) (D2141) was purchased from Sigma (St. Louis, MO, USA). TPCA-1 (15115) was purchased from PerkinElmer (Waltham, MA, USA). Lipofectamine RNAiMAX and Lipofectamine 2000 transfection reagents were purchased from Life Technologies (Carlsbad, CA, USA). TRC human IKK β shRNA (TRCN0000018917) was purchased from Dharmacon (Lafayette, CO, USA) and pLKO.1 scramble (1864) was purchased from Addgene.

Cell Culture

HT1080, MIA PaCa-2, MDA-MB-231, PC3, and 293T cell lines were purchased from American Type Culture Collection (ATCC, Manassas, VA, USA). Wild type, Ikk α $-/-$ or Ikk β $-/-$ mouse embryonic fibroblasts (MEFs) were kindly provided by Dr. Michael Karin's laboratory at University of California, San Diego. All cells were cultured in Dulbecco's modified Eagle's medium (DMEM, Corning) containing 25mM glucose and 4mM L-glutamine supplemented with 10% fetal bovine serum (FBS), 100 U/ml penicillin, and 100 ug/ml streptomycin (Gemini Bio-

Products). PC3 cells were cultured in RPMI 1640 medium supplemented with 10% FBS and 100 U/ml penicillin, and 100 ug/ml streptomycin. All cells were regularly tested for mycoplasma. For glutamine free medium, DMEM without L-glutamine (11960, Life Technologies) was supplemented with 10% dialyzed FBS (Gemini Bio-Products). Cell viability was either determined using propidium iodide exclusion flow cytometry or using trypan blue exclusion counted by TC20 automated cell counter (Bio-Rad, Hercules, CA, USA).

siRNA and shRNA silencing

Cells were transiently transfected according to manufacturer's protocol with on-target SMARTpool control siRNA (D-001810-10-20) and siRNA targeting human IKK β (L-003503-00-0005), human IKK α (L-0034733-00-0005), human p53 (L-003533-00-0005) purchased from Dharmacon. For stable gene silencing, HT1080 cells were generated via lentiviral mediated gene transfer followed by puromycin selection.

Quantitative Real-time Polymerase-chain Reaction

Total RNA was extracted and purified using Trizol reagent (Life Technologies, Carlsbad, CA, USA) according to manufacturer's guidelines. 1ug RNA was used for qScript cDNA Synthesis Kit (Quanta Biosciences, Beverly, MA, USA). qRT-PCR analyses were performed with SYBR Green PCR (Quanta Biosciences) using CFX Connect Real-Time PCR Detection System (Bio-Rad, Hercules, CA, USA). The following forward and reverse primers were generated to check gene expression: HUMAN (F: forward, R: reverse) ACTIN-F: 5'-CACCAACTGGGAGGACAT-3' R: 5'-GCACAGCCT GGATAGCAAC-3'; CDKN1A-F: 5'-AGGTGGACCTGGAGACTCTCAG-3' R: 5'-TCCTCTTGGAGAAGATCA GCCG-3'; GADD45A-F: 5'-CTGGAGGAAGTGC TCAGCAAAG-3' R: 5'-AGAGCCACA TCTCTGTCGTCGT-3'; 18S-F 5'-CCCGTTGAACCCCATTCGTGA-3'; R: 5'-

GCCTCACTAAACCATCCAATCGG-3', MOUSE Cdkn1a-F: 5'-
TCGCTGTCTTGCACCTCTGGTG-3'; R: 5'-CCAATCTGCGCTTGGAGTGATAG-3';
Gadd45a-F: 5'-GCCACATCCCGGTCGTCGTC-3'; R: 5'-CGCACCATTACGGTCGGCGT-3';
18S F: 5'-CGCTTCCTTACCTGGTTGAT-3' R: 5'-GAGCGACCAAAGGAACCATA-3'.

Western Blotting and Immunoprecipitation

Cells were lysed in buffer (50 mM Tris-HCL [pH 7.4], 5 mM Sodium Fluoride, 5 mM Sodium Pyrophosphate, 1 mM EDTA, 1 mM EGTA, 250 mM Mannitol, 1% [v/v] Triton X-100) containing protease inhibitor complex (Roche) and phosphatase inhibitor (Life Technologies). Equal amounts of protein were loaded on precast NuPAGE Bis-Tris Gels (Life Technologies) followed by transfer onto nitrocellulose. For co-immunoprecipitation, one 15-cm plate containing 80% cell confluency was used for each experimental condition. Cells lysate was scrapped with lysis buffer (150 mM KCl, 0.2% [v/v] NP-40, 10% [v/v] glycerol, 20 mM Tris at pH 7.5, 0.5mM DTT) with protease inhibitor complex (Roche) and phosphatase inhibitor (Life Technologies) on ice. Equal amounts of lysate (500µg to 1mg) were immunoprecipitated with 4µg of anti-p53 (Santa Cruz). Protein G agarose or anti-Flag conjugated agarose beads (20µl) were added to each tube and rotated at 4°C for 24 hours. Beads were washed four times with lysis buffer and resuspended in SDS loading dye and boiled for immunoblotting.

Kinase Assay

Recombinant active GST- IKKβ was incubated for 30 min at 30°C with: kinase buffer, 200 µM ATP (Cell Signaling), and the specified recombinant proteins (GST-p53 or GST- IκBα). The reaction was quenched with 10uL of SDS loading dye and was separated by SDS-PAGE. For phospho-peptide mass spectrometry, the reaction was repeated using the same protocol with the addition of gel drying at 80°C for 2 hours, followed by coomassie blue staining. The respective

p53 band was excised from gel and sent for mass spectrometry analysis.

Statistics

Data are represented as means + standard deviation; statistical analysis were done in Excel. A two-tailed Student's t-test was used to determine the statistical significance with * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

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Author contributions

M.B.G performed most of the experiments, analyzed the data, prepared figures and wrote the manuscript. M.A.R contributed to several experiments included in figures 1 and 2. Y.Y., X.H.L., and T.Q.T. contributed to experimental design, data analysis, and manuscript editing. M.K. conceived and designed experiments and contributed manuscript writing.

Competing interests

The authors declare no competing interests.

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CHAPTER 3: Dietary glutamine supplementation suppresses epigenetically-activated oncogenic pathways to inhibit melanoma tumor growth

Background

We previously demonstrated that core regions of solid tumors experience lower levels of glutamine and glutamine-derived α KG, an essential cofactor for histone demethylases. As a result, these cancer cells exhibit histone hypomethylation leading to the upregulation of dedifferentiation genes and resistance to targeted therapeutics. Thus, in this chapter, we investigate whether glutamine supplementation could affect tumor growth through epigenetic reprogramming and contribute to a differentiated state. These results demonstrate the potential for using dietary glutamine supplementation as a novel therapeutic direction to impede tumor growth while enhancing therapeutic response by exploiting the connection between cellular metabolites and epigenetics to control gene expression.

Dietary glutamine supplementation suppresses epigenetically-activated oncogenic pathways to inhibit melanoma tumour growth

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Abstract:

Tumour cells adapt to nutrient deprivation *in vivo*, yet strategies targeting the nutrient poor microenvironment remain unexplored. We recently found, in melanoma, tumour cells often experience low glutamine levels, which induce histone hypermethylation, promote dedifferentiation, and increase resistance to BRAF inhibitors. These findings raise the possibility that increased glutamine levels can be detrimental to melanoma tumours. Here, we show that dietary glutamine supplementation significantly inhibits melanoma tumour growth, prolongs survival in transgenic mouse model, and increases sensitivity to BRAF targeted inhibitors in both melanoma xenograft and patient-derived xenograft (PDX) models. Notably, metabolomic analysis reveals that dietary uptake of glutamine effectively increases the concentration of glutamine and its downstream metabolite, α KG, in serum and tumours, without increasing biosynthetic intermediates necessary for cell proliferation. Mechanistically, we find that glutamine supplementation uniformly alters the transcriptome and suppresses expression of many melanoma-associated genes. Our data further demonstrate that increase in intra-tumoural α KG concentration, following glutamine supplementation, drives hypomethylation of H3K4me3, thereby suppressing epigenetically-activated oncogenic pathways in melanoma. Therefore, our findings provide important evidence that glutamine supplementation can serve as a potential dietary intervention to block melanoma tumour growth and sensitize tumours to targeted therapy via epigenetic reprogramming.

Keywords: melanoma, glutamine supplementation, metabolism, and epigenetics.

Introduction

Despite the fact that glutamine is the most abundant amino acid in serum, several studies indicate solid tumours, such as melanoma, pancreatic cancer, and colorectal cancer, reside in a glutamine deprived microenvironment (34-36). As a result, tumour cells must develop strategies to adapt to glutamine deprivation for tumourigenesis to persist. For instance, tumour cells can undergo metabolic reprogramming to utilize other carbon sources, like asparagine and aspartate, to promote cell survival (21, 73, 74). In melanoma, low glutamine in the core regions led to the depletion of α -ketoglutarate (α KG), a key cofactor for the Jumonji-domain-containing (JmjC) histone demethylases (JHDMs), which catalyze the removal of methyl marks from histones (35, 75). This low glutamine-induced histone hypermethylation promoted melanoma tumour dedifferentiation and resistance to BRAF inhibitors. These results suggest that low glutamine in the tumour microenvironment, similar to hypoxia, may drive cancer progression and augment resistance to treatment via epigenetic regulation. However, whether increased glutamine levels *in vivo* can be detrimental to melanoma cells, which have well adapted to a low glutamine environment, remains unknown.

In vitro conditioned cancer cells convert glucose to lactate and rely on glutamine to replenish tricarboxylic acid (TCA) cycle intermediates (8). However, in contrast to previous *in vitro* results, accumulating evidence from *in vivo* experiments demonstrate that glutamine is not an essential nutritional source to support tumour growth. For instance, *in vivo* trace-labeling studies, in lung cancer patients and animal models, indicated minimal utilization of glutamine in the TCA cycle with glucose and lactate identified as the main contributors to TCA intermediates (76, 77). Similarly, human glioblastoma cells relied more on glucose to support anapleurotic and biosynthetic pathways and led to accumulation of glucose-derived glutamine in the tumours *in*

vivo (70). Furthermore, as *in vitro* conditions rely on the use of culturing medium with excess nutrients, a recent study used a modified medium, in combination with hypoxia, to reproduce the *in vivo* metabolic environment and demonstrate that an increase in glutamine consumption does not predict its essentiality for growth (71). Therefore, a more objective evaluation of how glutamine can affect tumour growth *in vivo* is needed.

Here, using several patient-derived melanoma tumour models, we found that glutamine supplementation suppressed epigenetically-activated oncogenic pathways and inhibited melanoma tumour growth. Importantly, dietary glutamine supplementation increased survival in a transgenic melanoma model and improved therapeutic response to BRAF inhibition. Our work highlights the importance of understanding the *in vivo* effect of glutamine on melanoma tumour growth for better therapeutic strategies targeting the nutrient poor tumour microenvironment.

Results

Dietary glutamine supplementation inhibits melanoma tumour growth *in vivo*

To test the effect of glutamine supplementation on melanoma tumour growth, we used a diet supplemented with 20% glutamine compared to control diet (Fig. 1a). We based the diet composition on previous clinical studies demonstrating benefits to using up to 30 grams per day in patients and *in vivo* studies with 20-30% glutamine supplementation in rodent diet (78-80).

We found the rate of change in tumour volume was significantly different between high glutamine supplementation and control diet groups when mice were placed on high glutamine diet one week after subcutaneous xenograft injections of the patient-derived M229 cells, which harbor a BRAF V600E mutation and *PTEN* deletion (Fig. 1b-d) (81). Using a linear mixed model, we observed a difference in growth rate of 70 mm³ per week (95% CI: 48-92, P < 0.001)

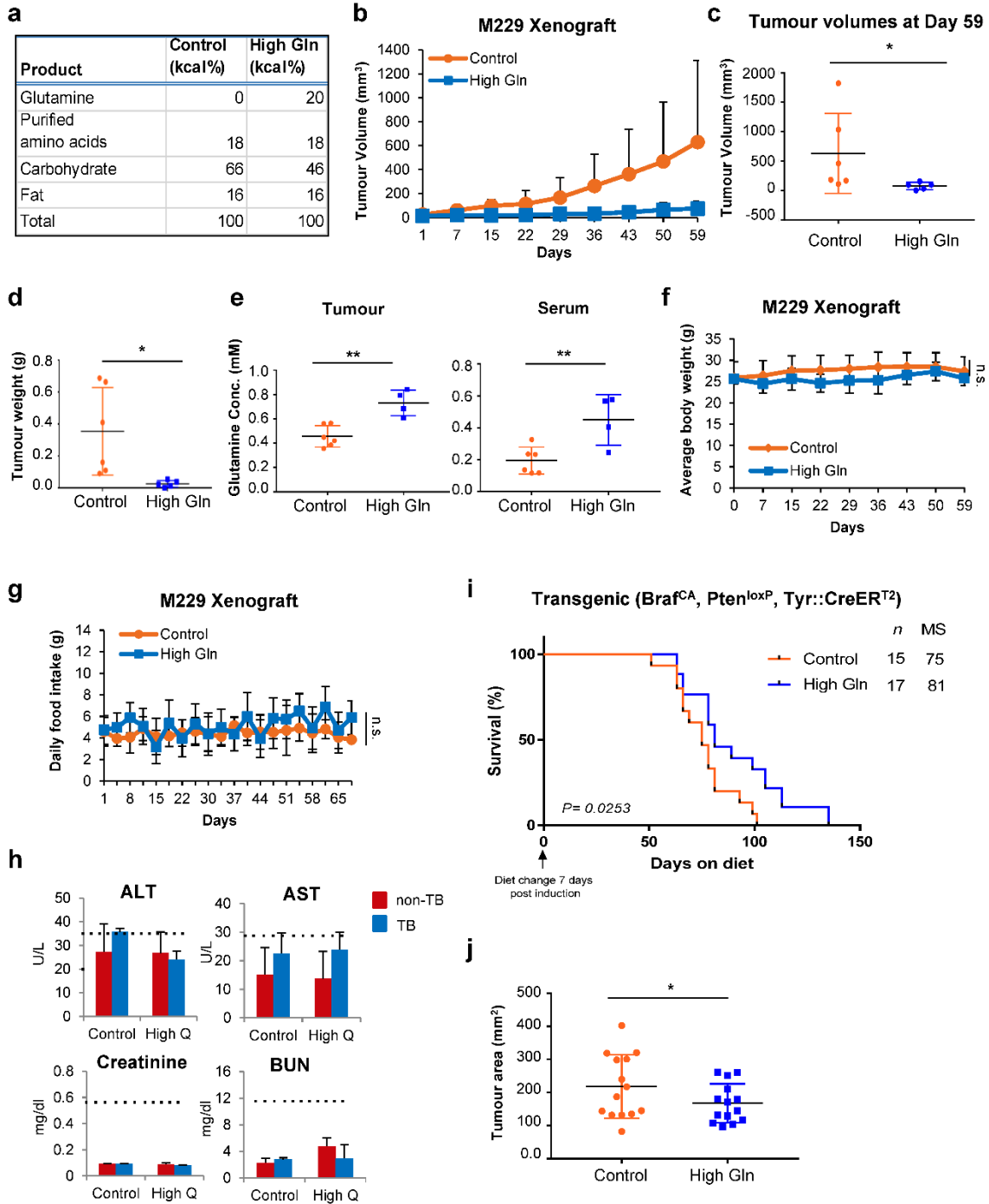


Figure 1. Dietary glutamine supplementation inhibits melanoma tumour growth *in vivo*. **a.** Percentage of kcal of main food groups in purified amino acid control diet compared to glutamine supplemented (High Gln) diet. **b.** Nude mice with subcutaneous injection of M229 cells received control or high glutamine (High Gln) diet one-week post injection. Tumours were measured twice weekly (Control, $n=6$; High Gln, $n=5$). **c.** Final tumour volumes at day 59 in control and High Gln diet groups. P value calculated using Mann-Whitney test. **d.** M229 xenograft tumour weights post-mortem. **e.** Glutamine concentration from M229 tumours and nude mice serum measured by EIA kit ($n=6$ for Control and $n=4$ for High Gln biological replicates). **f, g.** Body weight (**f**) and food intake (**g**) of nude mice injected with M229 xenografts (Control, $n=6$; High Gln, $n=5$). **h.** Blood from M229 tumour-bearing (TB) and non-TB nude mice fed control or glutamine supplemented (High Q) diet. Blood was collected by cardiac puncture and analysed for liver and kidney function evaluation by EIA kit. (Control non-TB $n=2$, Control TB $n=4$, High Q non-TB $n=4$, High Q TB $n=4$, biological replicates performed in triplicates). **i.** B6.BRaf^{CA}, Pten^{loxP}, Tyr::Cre^{ERT2} tri-allelic transgenic mice placed on control or glutamine supplemented (High Gln) diet one-week post 4-hydroxytamoxifen topical administration until clinical end point. P value calculated by Mantel-Cox test. **j.** B6.BRaf^{CA}, Pten^{loxP}, Tyr::Cre^{ERT2} tumour areas post mortem. Data represent means and error bars are s.d. P value calculated by t -test (unpaired, two-tailed) unless specified otherwise, * $p<0.05$, ** $p<0.01$, *** $p<0.001$, n.s. not significant.

between the two diet groups. Moreover, supplementation of glutamine in the diet significantly increased the concentration of glutamine in serum and tumours (Fig. 1e), without any significant difference in body weight, food intake, or liver and kidney physiological functions (Fig. 1f-h). Since mutant NRAS is known to drive glutamine dependency in melanoma(82), we investigated the effect of glutamine supplementation in HMCB xenografts, which express BRAF wildtype and mutant NRAS, and found that increased glutamine intake hindered growth in these tumours compared to control diet group (Supplementary Fig. 1a, b). To further test glutamine supplementation on mice melanoma models, we used B16 xenografts and observed a similar confounding inhibitory effect on tumour growth (Supplementary Fig. 1c). Moreover, we sought to test whether increased dietary glutamine can extend the survival rate of tumour bearing mice in a spontaneous, more aggressive, mouse melanoma model, B6.BRaf^{CA}, Pten^{loxP}, Tyr::Cre^{ERT2} tri-allelic transgenic mice placed on control or glutamine supplemented diet one week after administering 4-hydroxytamoxifen to induce melanoma tumours(83). We found that dietary

glutamine supplementation modestly, albeit significantly, extended the survival in these mice and reduced overall tumour burden (Fig. 1i, j).

Dietary and oral glutamine intake effectively hinders melanoma tumour progression

To maintain isocaloric intake, glutamine supplementation in diet resulted in a 20% reduction in carbohydrate content (Fig. 1a). Low carbohydrate diet has previously been shown to affect growth in prostate cancer, we sought to confirm that the observed effect on tumour growth was specific to glutamine supplementation, and not the reduction in dietary carbohydrates(84). Thus, we designed another control diet to replace the 20% glutamine increase with equal increase in all purified amino acids already present in rodent diet (labelled “Amino Acids” diet) and equal percentage of carbohydrates (Fig. 2a, Supplementary Data 1). Consistently, high glutamine in diet led to significant reduction in M229 xenograft tumour volumes. Importantly, increasing amino acids in the diet did not have an effect on tumour growth. These results suggest that the observed change in melanoma tumour growth is specific to the increased glutamine, and not the decrease in the kcal percentage of carbohydrate, in the diet (Fig. 2b, c). Notably, serum glutamine levels were significantly increased only by glutamine supplementation in diet and no difference in body weight or food intake was observed between the diet groups (Fig. 2d-f). We also found glutamine supplementation in drinking water was as effective in deterring melanoma tumour growth as dietary glutamine intake (Fig. 2g-j). Together, these data demonstrate that glutamine supplementation via food or water is sufficient to inhibit melanoma tumour growth.

Glutamine supplementation impedes growth in wildtype and mutant BRAF melanoma PDX tumours

To further test the effect of increased dietary glutamine on larger, established tumours, as often seen in patients, we used two melanoma PDX models with different genetic background,

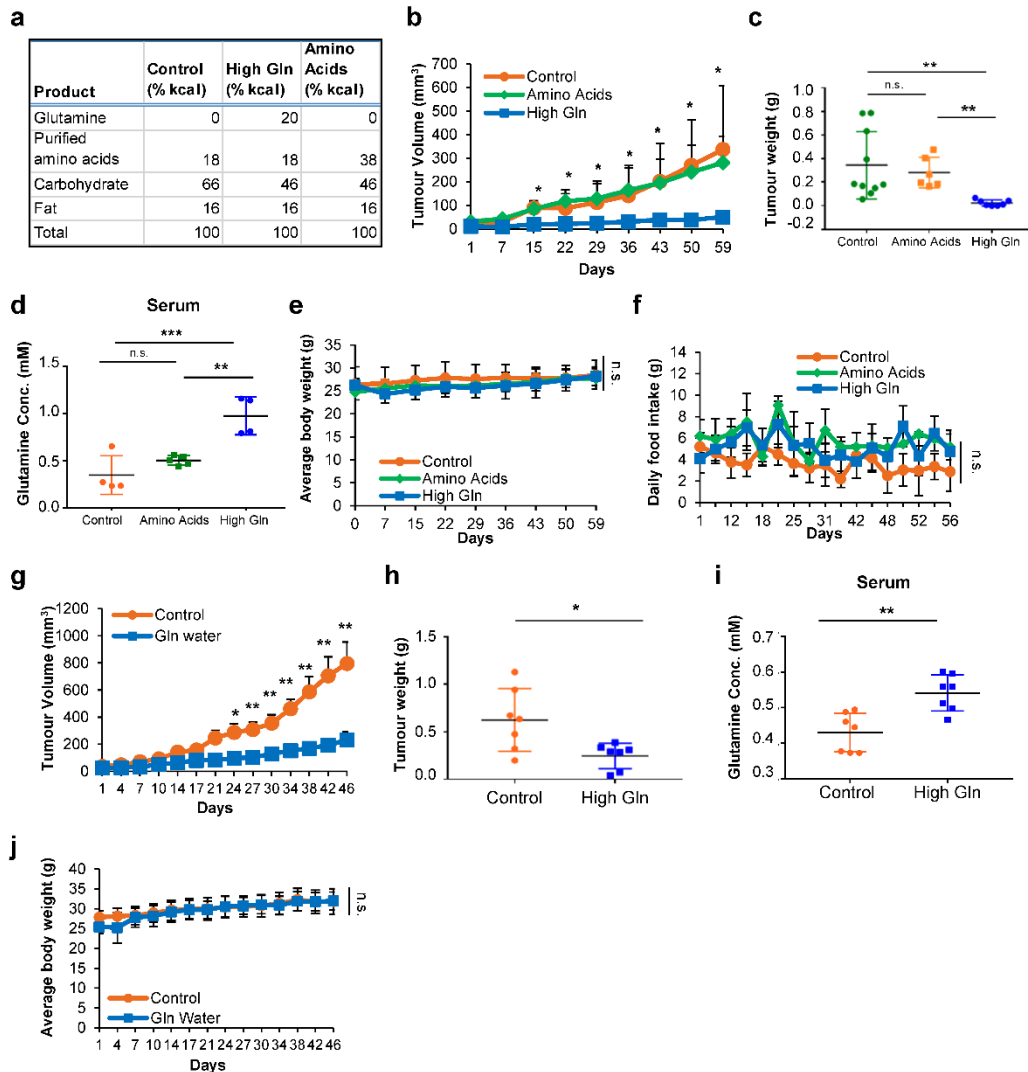


Figure 2. Dietary and oral glutamine intake effectively hinders melanoma tumour progression. **a.** Percentage of kcal of main food groups in Control and high glutamine (High Gln) diet compared to Amino Acids diet. **b.** Nude mice with M229 xenografts received Control, Amino Acids or High Gln diet. Tumours were measured twice weekly (Control, $n=10$; Amino Acids, $n=6$; High Gln, $n=7$). **c.** Tumour weights post-mortem. **d.** Glutamine concentration in serum measured by EIA kit ($n=$ biological replicates performed in triplicates). **e, f.** Nude mice with subcutaneous injection of M229 cells receiving control, amino acids or High Gln diet were weighed (**e**) and monitored for food intake (**f**) (Control, $n=10$; amino acids, $n=6$; High Gln, $n=7$). **g.** Nude mice with subcutaneous injection of M229 cells placed on regular (control) water, or glutamine supplemented (Gln) water one-week post injection. Tumours were measured twice weekly (Control, $n=7$; High Gln, $n=7$). **h.** Tumour weights post-mortem. **i.** Glutamine concentration in serum measured by EIA kit ($n=$ biological replicates performed in triplicates). **j.** Nude mice with subcutaneous injection of M229 cells placed on control water or Gln water were weighed twice weekly. Data represent means and error bars are s.d. **b-f,** P value calculated using one-way ANOVA followed by post-hoc Tukey's HSD test. **g-j,** P value calculated by t -test (unpaired, two-tailed), * $p<0.05$, ** $p<0.01$, *** $p<0.001$, n.s. not significant.

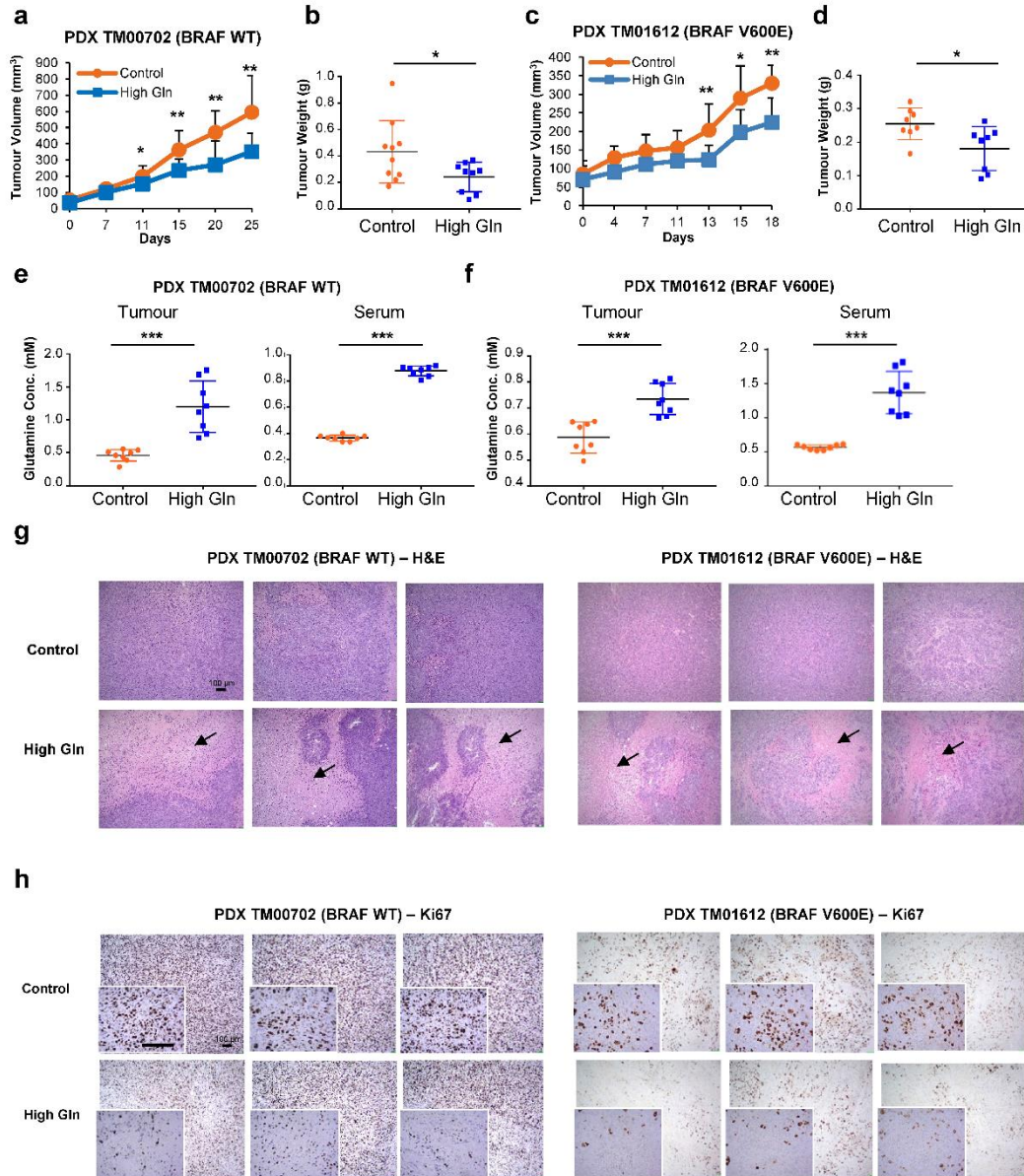


Figure 3. Glutamine supplementation impedes growth in wildtype and mutant BRAF melanoma PDX tumours. **a.** NSG mice with subcutaneous implantation of melanoma PDX tumour TM00702 (Control, $n=10$; High Gln, $n=9$) received control or high glutamine (High Gln) diet and tumours were measured twice weekly. **b.** Tumour weights post-mortem. **c.** NSG mice with subcutaneous implantation of melanoma PDX tumour TM01612 (Control, $n=8$; High Gln, $n=8$) received control or High Gln diet and tumours were measured twice weekly. **d.** Tumour weights post-mortem. **e, f.** Glutamine concentration in PDX TM00702 (**e**) and TM01612 (**f**) serum and tumours measured by EIA kit ($n=8$ biological replicates). **g.** Cross-sections of PDX_TM00702 (left) and PDX_TM01612 (right) tumours were H&E stained. Scale bar = $100\mu\text{m}$ at $10\times$. Arrows indicate regions of necrosis/apoptosis. **h.** Cross-sections of PDX_TM00702 (left) and PDX_TM01612 (right) tumours were Ki67 stained (Control, $n=3$; High Gln, $n=3$). Scale bar = $100\mu\text{m}$. Data represent means and error bars are s.d. P value calculated by t -test (unpaired, two-tailed), * $p<0.05$, ** $p<0.01$, *** $p<0.001$, n.s. not significant.

PDX_TM00702 (with wild type BRAF) and PDX_TM01612 (with BRAF V600E mutation), and placed mice on either control or glutamine rich diet when tumours reached an average of 50 mm³. Interestingly, we found that dietary glutamine supplementation significantly reduced tumour growth in both melanoma PDX models regardless of BRAF status (Fig. 3a, b and 3c, d). Consistently, we did not observe any significant difference in body weight or food intake in mice with PDX_TM00702 tumours (Supplementary Fig. 2a, b). However, mice with PDX_TM01612 tumours exhibited weight loss in both dietary groups with no difference in food intake, which concluded this study at day 18 (Supplementary Fig. 2c, d). Serum and tumour tissues from both models showed increased glutamine levels in mice receiving the experimental diet (Fig. 3e, f), while having inconsistent or no effect on other amino acids (Supplementary Fig. 3). In addition to the marked difference in tumour volumes, cross-sections of PDX tumours from mice fed with glutamine supplemented diet appeared to have more necrotic or apoptotic regions by haematoxylin and eosin staining (Fig. 3g) accompanied by decreased proliferation by Ki67 staining compared to control (Fig. 3h and Supplementary Fig. 2e).

Glutamine supplementation downregulates expression of melanoma-associated oncogenes

Low glutamine levels in tumour regions have been shown to induce upregulation of melanoma dedifferentiation genes via the inhibition of the α KG-dependent JHDMs (35). We tested whether dietary glutamine supplementation is affecting growth through transcriptomic alternations by performing RNA-sequencing analysis in PDX melanoma tumours. We compared differentially expressed genes (DEGs) coupled with pathway enrichment and GSEA analyses in control versus high glutamine tumours. From DEGs analysis, we observed a major and uniform change in the gene expression profile in all tumours from glutamine fed mice with an observed overall down-regulation of genes as a result of high glutamine levels (Fig. 4a and Supplementary Data 2).

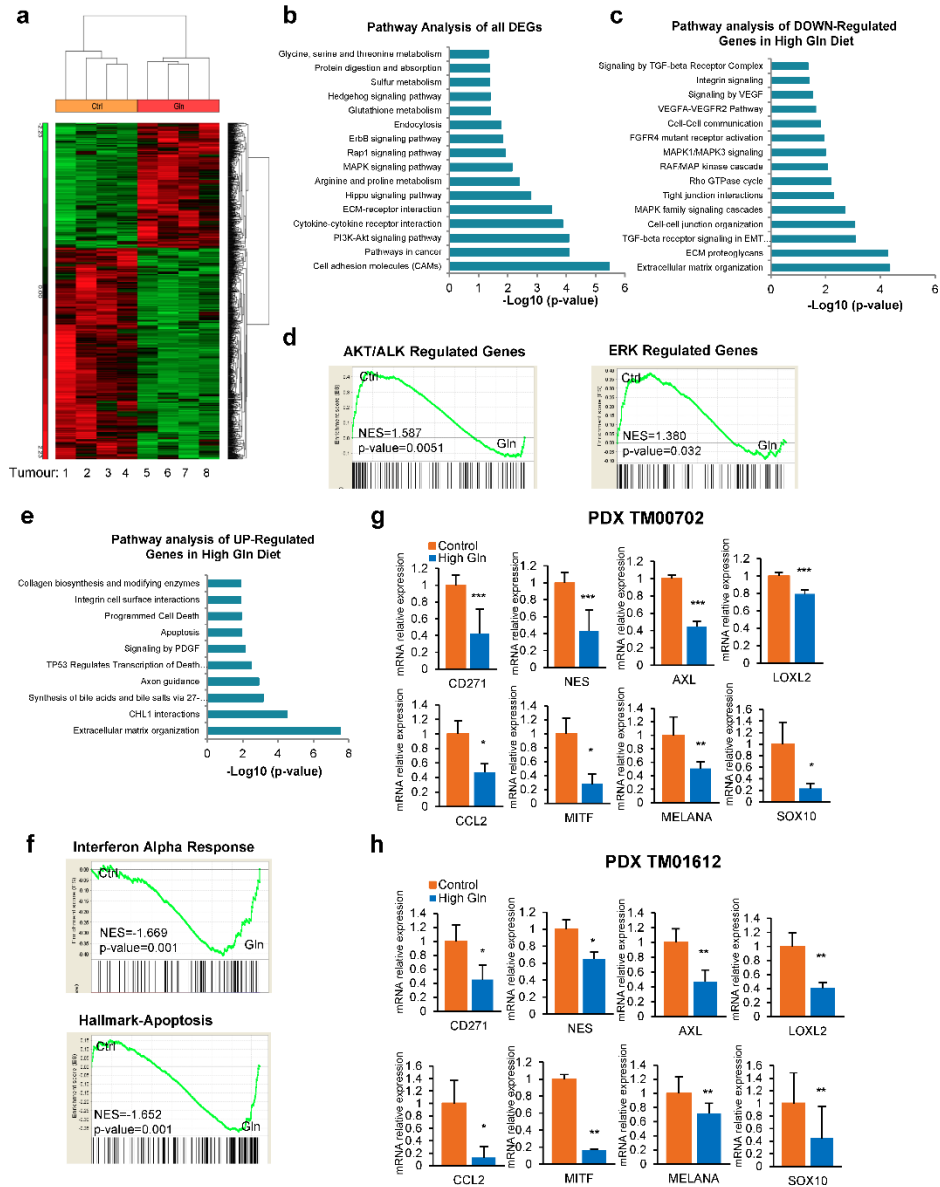


Figure 4. Glutamine supplementation downregulates expression of melanoma-associated oncogenes. **a.** Cluster and heat map of differentially expressed genes (DEGs) in PDX_TM00702 tumours from control (Ctrl) or glutamine supplementation (Gln) mice groups ($n=4$, biological replicates). **b.** Pathway enrichment analysis of all DEGs ($p < 0.05$ and $FDR < 0.05$) in Gln versus Ctrl groups with foldchange = ± 1.5 . **c.** Pathway enrichment analysis of DEGs downregulated in Gln versus Ctrl groups with foldchange ≥ 1.5 , $p < 0.05$ and $FDR < 0.05$. **d.** GSEA analysis in control (Ctrl) versus glutamine supplemented (Gln) tumours. **e.** Pathway enrichment analysis of DEGs upregulated in Gln versus Ctrl groups with foldchange ≤ -1.5 , $p < 0.05$ and $FDR < 0.05$. **f.** GSEA analysis in control (Ctrl) versus glutamine supplemented (Gln) tumours. **g, h.** Melanoma-associated oncogenes expression in PDX_TM00702 (**g**) and PDX_TM01612 (**h**) tumours verified by qPCR. ($n=3$, biological replicates performed in triplicates). Data represent means and error bars are s.d. P value calculated by t -test (unpaired, two-tailed). * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

Broad pathway enrichment analyses revealed several pathways impacted by glutamine supplementation (Fig. 4b). Specifically, significantly down-regulated gene sets ($p < 0.05$, $FDR < 0.05$) indicated a downregulation in major oncogenic pathways in mice groups receiving dietary glutamine supplementation (Fig. 4c). Moreover, GSEA analyses demonstrate control tumours, but not tumours from mice supplemented with glutamine, have stronger enrichments for AKT and ERK related genes, both of which are major melanoma oncogenic signalling pathways (Fig. 4d) (85). In comparison, up-regulated genes ($p < 0.05$, $FDR < 0.05$) in tumours from mice group receiving glutamine supplementation show significant changes in pathways related to apoptosis regulation (Fig. 4e, f and Supplementary Data 2). Furthermore, qPCR analysis of melanoma oncogenic genes (CD271, NES, AXL, LOXL2, MITF, MELANA, SOX10) and the melanoma chemotactic gene, CCL2, showed significant down-regulation and a change in downstream signalling of these genes by glutamine supplementation in both PDX tumour models (Fig. 4g, 4h, and Supplementary Fig 2f) (86, 87). These data indicate that glutamine supplementation suppresses tumour growth via global repression of melanoma oncogenic genes.

Dietary glutamine supplementation increases intra-tumoural α -ketoglutarate but not biosynthetic intermediates

We next analyzed metabolites from tumour tissues by liquid chromatography-mass spectrometry (LC-MS) to evaluate changes in tumour metabolism as a result of the high glutamine diet. As expected, glutamine supplementation resulted in significant changes in several metabolites, particularly in metabolites downstream of glutaminolysis including α KG (Fig. 5a, b). Pathway analysis of significantly changed metabolites ($p < 0.05$, $FDR < 0.05$) indicated an increase in pathways directly linked to glutamine, such as nucleotides and glutathione metabolism, in

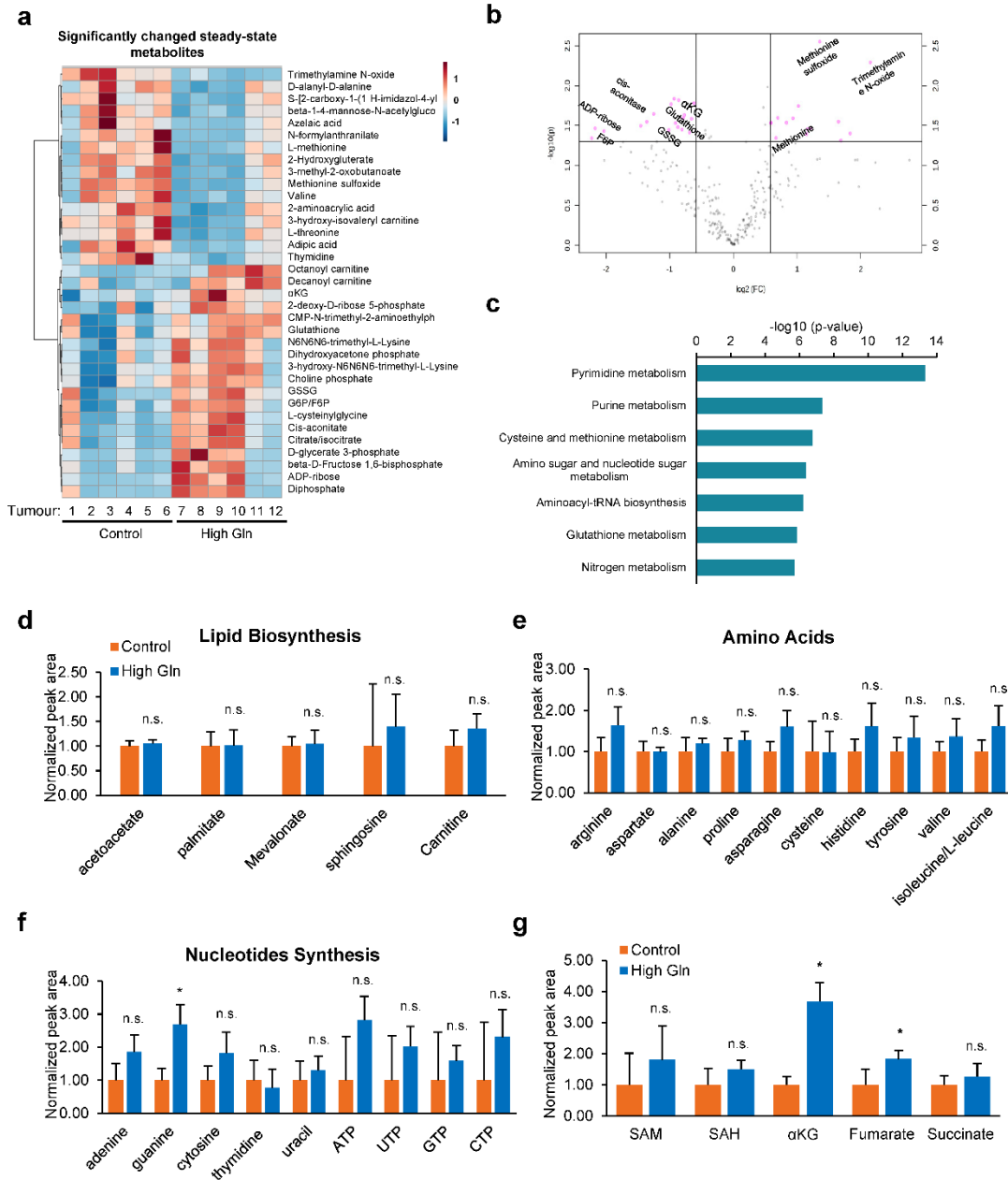


Figure 5. Dietary glutamine supplementation increases intra-tumoural α -ketoglutarate but not biosynthetic intermediates. **a.** Heat map of metabolites measured by LC-MS in PDX_TM00702 tumours ($p < 0.05$, $n = 6$, biological replicates). **b.** Volcano plot of significantly changed metabolites. **c.** Pathway analysis on significantly changed ($p < 0.05$, and $\text{FDR} < 0.05$) metabolites in control versus high glutamine PDX_TM00702 tumours. **d,e,f.** Peak area of selected metabolites related to lipid biosynthesis, amino acids, and nucleotide synthesis normalized to control tumours. **g.** Peak area of epigenetic-related metabolites normalized to control tumours. Data represent means and error bars are s.d., P value calculated by t -test (unpaired, two-tailed). * $p < 0.05$, n.s. not significant.

tumours from mice receiving glutamine supplementation (Fig. 5c and Supplementary Data 3). Despite the increase in nucleotide metabolism, tumours from mice supplemented with glutamine were not rapidly proliferating or increasing in size (Fig. 3a, h). Thus, to further confirm that glutamine supplementation is not contributing to biosynthetic pathways necessary for cell proliferation *in vivo*, we evaluated levels of cellular substrates for lipid, amino acids, and nucleotides biosynthesis (88, 89). The metabolite profile of each of these pathways revealed no significant change in their levels as a result of increased glutamine (Fig. 5d-f). Alternatively, glutamine supplementation could be inhibiting melanoma tumour growth through metabolite-driven gene expression based on the change observed in transcriptomic profile of these tumours (Fig. 4a). This is consistent with previous studies linking glutamine levels to gene expression via α KG-mediated epigenetic reprogramming (62, 90). Thus, we examined all metabolites that were previously linked to epigenetics modifications, such as *S*-adenosyl methionine (SAM), *S*-adenosylhomocysteine (SAH), and the TCA cycle intermediates α KG, fumarate, and succinate (46, 56, 91, 92). We found α KG is the most increased metabolite in tumours from mice fed with high glutamine diet (Fig. 5g and Supplementary Fig. 4a). These results indicate that significant increase in α KG could be mediating transcriptomic changes as a result of the increase in glutamine in the tumour microenvironment.

High glutamine deters melanoma progression through decreasing H3K4me3 dependent gene expression

α KG is a necessary cofactor for several JHDM enzymes that mediate the demethylation of histones H3 on lys4, lys27 and lys9 thereby affecting access of transcriptional machinery to gene loci (58, 62, 90). Histone immunoblots from PDX_TM00702, PDX_TM01612, and M229 xenograft tumours revealed a decrease in H3K4me3, H3K27me3, and H3K9me3 levels as a

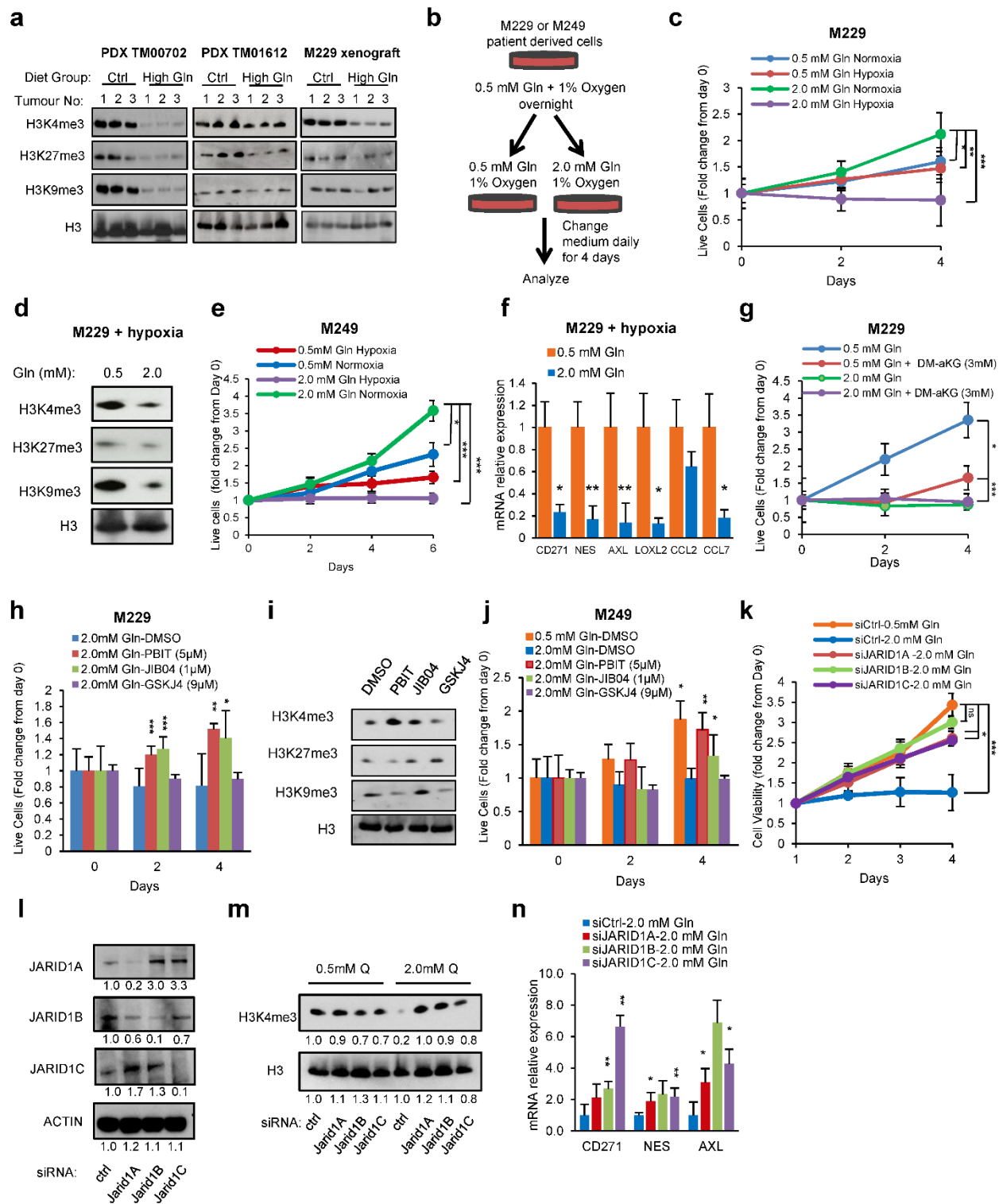


Figure 6. High glutamine deters melanoma progression through decreasing H3K4me3 dependent gene expression. **a.** Tumours from control (Ctrl) or glutamine supplemented (High Gln) groups were used for histone extraction and assessed by western blotting using the indicated histone antibodies. **b.** Schematic of modified cell culturing conditions *in vitro* to mimic tumour microenvironment. **c.** M229 cells culture in 96-well plate as in **(b)**. Cell viability was assessed using CellTiter Glo assay ($n=3$, independent experiments). **d.** M229 cells, cultured as in **(b)**, were lysed and used for histone extraction and immunoblotting with the indicated antibodies. **e.** M249 cells, cultured as in **(b)**, were assessed using Trypan blue exclusion ($n=3$, independent cell cultures). **f.** M229 cells, cultured as in **(b)**, were used for qPCR analysis ($n=3$, independent cell cultures). **g.** M229 cells cultured as in **(b)** with or without 3mM DM- α KG. Cell viability was assessed using CellTiter Glo assay ($n=3$, independent cell cultures). **h, i.** M229 cells cultured as in **(b)** and treated with DMSO, PBIT (5 μ M), JIB04 (1 μ M) or GSKJ4 (9 μ M). Cells were assessed for viability by CellTiter Glo assay (**h**) ($n=3$, independent experiments) or collected for western blotting using indicated antibodies (**i**). **j.** M249 cells cultured as in **(b)** and treated with DMSO, PBIT (5 μ M), JIB04 (1 μ M) or GSKJ4 (9 μ M). Live cell numbers were assessed using Trypan blue exclusion ($n=3$, independent experiments). **k, l.** M229 cells were transfected with siRNA against scramble control (siCtrl), JARID1A, JARID1B or JARID1C and cultured as in **(b)**. Live cell numbers were assessed using Trypan blue exclusion (**k**) ($n=3$, independent cell cultures) or collected for immunoblotting as indicated (**l**). **m.** siCtrl, JARID1A, JARID1B or JARID1C were collected for histone extraction and immunoblotting. Immunoblots were quantified using ImageJ, and the graph represents the mean of each group divided by actin or total H3 histones normalized to the control treatment values. **n.** siCtrl, JARID1A, JARID1B or JARID1C cells cultured as in **(b)** were collected for qPCR analysis ($n=3$, independent cell cultures). Data represents means and error bars are s.d. P value calculated by t -test (unpaired, two-tailed). * $p<0.05$, ** $p<0.01$, *** $p<0.001$.

result of glutamine supplementation (Fig. 6a). Notably, only the decrease in H3K4me3 was consistent across all tumour models. To further investigate whether high glutamine-induced melanoma growth inhibition is mediated by histone hypomethylation, we cultured two parental patient-derived melanoma cells, M229 and M249, in tumour-like conditions, under low glutamine (0.5mM) and 1% oxygen. We then proceeded to switch the medium to either low glutamine (0.5mM) or high glutamine (2.0mM), under hypoxic conditions, with the medium changed daily (Fig. 6b). Both M229 and M249 cells cultured under normoxia had increased rate of proliferation with higher glutamine concentration, in agreement with previous *in vitro* studies. However, we found that, using these patient-derived cells under more physiological oxygen levels, increased glutamine dramatically reduces cellular proliferation (Fig. 6c, e). This is in line

with several studies indicating that non-physiological culturing conditions can skew cancer cells metabolism (71, 93). Additionally, reduced histone methylation was observed in cells cultured with high glutamine under hypoxia, similar to the effect seen in melanoma tumours *in vivo* (Fig. 6d). As seen in the PDX tumours, the expression of melanoma associated genes were also decreased in M229 cells cultured with high glutamine under hypoxia (Fig. 6f). Moreover, to further confirm that the effect of high glutamine, under hypoxia, on viability is mediated through the increase in α KG-dependent demethylation of histones, we cultured cells in different glutamine concentrations with the addition of dimethyl- α KG. The addition of cell permeable dimethyl- α KG to cells cultured under low glutamine reduced cell viability and levels of H3K4me3 similar to the effect observed by high glutamine in the medium (Fig. 6g and Supplementary Fig. 3b). To further delineate which histone modification is critical in mediating the effect of glutamine supplementation, we treated cells cultured in high glutamine with JIB04 (a pan demethylases inhibitor), PBIT (an H3K4me3 demethylases inhibitor), or GSKJ4 (an H3K27me3 demethylase inhibitor) to determine if either of these histone marks are necessary for the effect of high glutamine (68, 94, 95). We found the pan inhibitor JIB04 effectively rescued cell viability in cells cultured in high glutamine. Importantly, the H3K4me3 demethylases inhibitor PBIT treatment alone was sufficient to rescue cell viability to a similar extent as the pan inhibitor, suggesting H3K4me3 is critical in the glutamine regulated modification of chromatin (Fig. 6h-j). In contrast, we did not observe an effect of JHDMS inhibition on growth in cells cultured under low glutamine (Supplementary Fig. 4c). In line with these results, we further tested several melanoma cell lines with different genetic background. We found that the response in these cell lines (HMCB, SK-MEL-2, WM-266-4, and M249R) was tightly correlated with the decrease in H3K4me3 as a result of increased glutamine levels under hypoxia (Supplementary

Fig. 4d, e). While the non-responding cell line, A375, had no change in H3K4me3 levels. PBIT specifically inhibits the JARID1 family demethylases, which include JARID1A, JARID1B, and JARID1C, that mediate the demethylation of H3K4me3 (94). Consistently, we found that knockdown of these enzymes rescued melanoma cells cultured under high glutamine, while having no effect on cells cultured in low glutamine (Fig. 6k-m and Supplementary Fig. 4f). Despite the increase in JARID1A expression in JARID1B and JARID1C knockdown cells, these cells still had better survival at high glutamine and an overall increase in levels of H3K4me3. Moreover, the knockdown of JARID1 demethylases induced the expression of melanoma related oncogenes, which are suppressed by increased levels of glutamine (Fig. 6n).

Reduction in H3K4me3 by dietary glutamine supplementation downregulates oncogenic pathways and cooperates with targeted therapies

As H3K4me3 is a marker for transcription initiation, we investigated whether downregulation of melanoma genes in tumours was directly linked to decrease in H3K4me3 levels. We performed H3K4me3 ChIP-sequencing and observed a significant decrease in H3K4me3 overall and near the promoter regions in PDX_TM00702 tumours from mice receiving glutamine supplementation (Fig. 7a, and Supplementary Fig. 5). GSEA analysis indicated glutamine supplementation affected H3K4me3 enrichment at genes involved in melanoma oncogenic pathways such as AKT and ERK, previously observed by RNA-seq analysis (Fig. 7b). Correlating downregulated DEGs by RNA-seq and genes with decreased H3K4me3 ChIP-seq enrichment at the promoter showed an overlap of 51 genes, which are involved in several oncogenic pathways such as RAS and FGFR4 signalling pathways (Fig. 7c, d)(96, 97). Importantly, we observed a significant decrease in H3K4me3 enrichment at the melanoma-associated genes, CD271, AXL, SOX10, and MITF (Fig. 7e). These results further suggest that

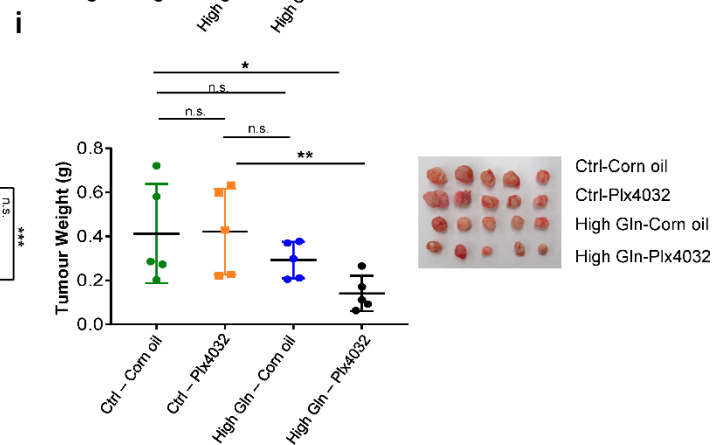
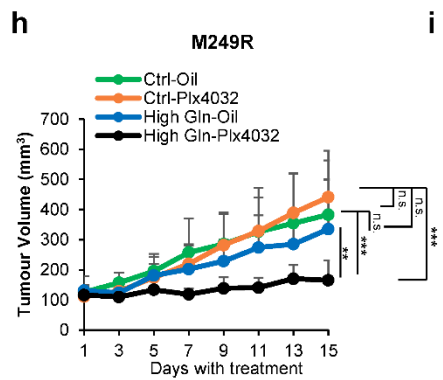
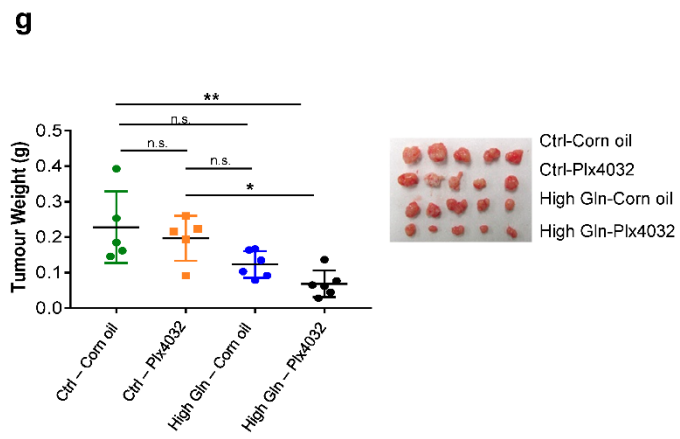
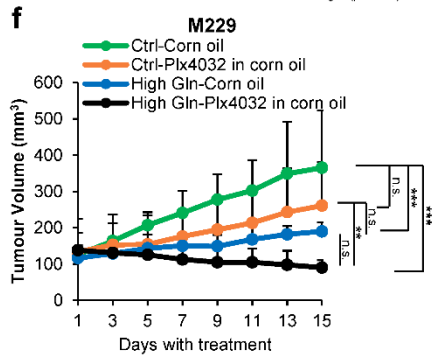
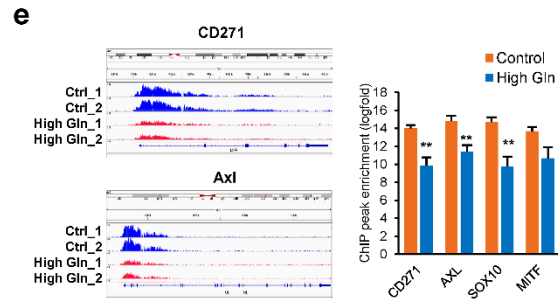
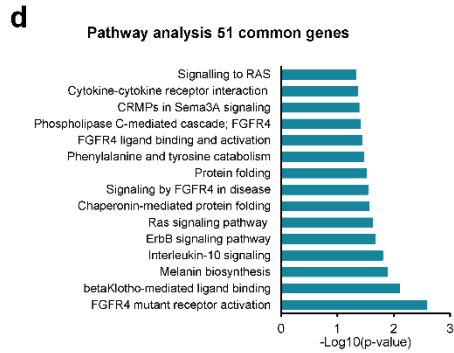
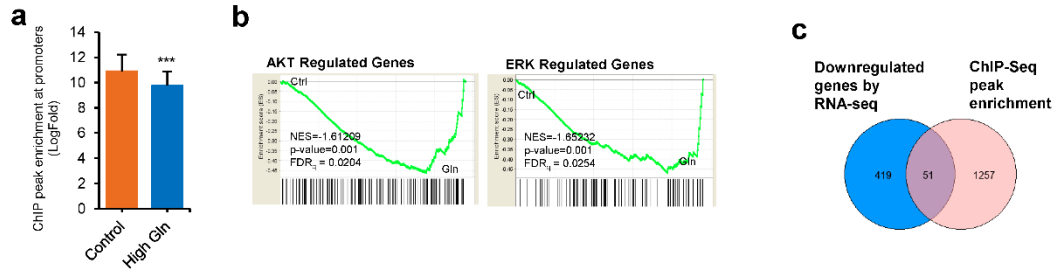


Figure 7. Reduction in H3K4me3 by dietary glutamine supplementation downregulates oncogenic pathways and cooperates with targeted therapies. **a.** PDX_TM00702 tumours were used for ChIP-sequencing analysis using H3K4me3 antibody. ChIP peaks average at promoter regions of associated genes (LogFC between ChIP and Input) in control and High Gln tumour samples ($n=3$, biological replicates per group performed in technical duplicates). **b.** GSEA analysis of H3K4me3 ChIP peak associated genes in control (Ctrl) versus glutamine supplemented (Gln) tumours. **c.** Venn diagram of DEGs downregulated in RNA-seq ($p<0.05$, $FDR<0.05$) and ChIP-seq gene peaks specific to promoter region in PDX-TM00702 tumours ($p<0.05$, $\text{LogFC}=1.2$). **d.** Pathway analysis of 51 common genes between RNA-seq and ChIP-seq ($p<0.05$). **e.** Representation (left) and quantitation (right) of average H3K4me3 peaks at promoter regions in melanoma associated oncogenes. **f.** Nude mice with M229 xenografts received control (Ctrl) or glutamine supplemented (High Gln) diets one-week post injection. When tumours reached an average of 100 mm^3 in volume, mice were treated with corn oil or 10 mg kg^{-1} PLX4032 in corn oil by oral gavage for 2 weeks. (Control-oil, $n=5$; Control-Plx4032, $n=5$; High Gln-oil, $n=6$; High Gln-Plx4032, $n=6$). **h.** Nude mice with M249R xenografts received control (Ctrl) or glutamine supplemented (High Gln) diets one-week post injection. When tumours reached an average of 100 mm^3 in volume, mice were treated with corn oil or 10 mg kg^{-1} PLX4032 in corn oil by oral gavage for 2 weeks. (Control-oil, $n=5$; Control-Plx4032, $n=5$; High Gln-oil, $n=5$; High Gln-Plx4032, $n=5$). Data represent mean and error bars are s.d. **g.** **i.** M229 and M249R xenograft tumours were weighed post mortem. **e.** P value calculated by t -test (unpaired, two-tailed). **f-i.** P value calculated by two-way or one-way ANOVA followed by post-hoc Tukey's multiple comparison test. * $p<0.05$, ** $p<0.01$, *** $p<0.001$, n.s not significant.

high glutamine levels in the tumour microenvironment reduces H3K4me3-dependent transcription and affect the expression of critical melanoma-associated oncogenes. Since our RNA-seq and ChIP-seq analyses indicated that increased glutamine levels repressed the expression of melanoma oncogenes, we sought to test whether glutamine supplementation can cooperate with BRAF targeted therapies. We used the BRAF inhibitor, PLX4032, in M229 and PLX4032-resistant M249R xenograft tumours when tumours reached an average of 100 mm^3 in volume (98). Interestingly, tumours in mice fed with high glutamine diet were much more sensitive to PLX4032 treatment indicating combining these interventions could improve therapeutic response (Fig. 7g, h). More importantly, even though glutamine supplementation had a very modest effect on tumour growth in M249R tumours, these tumours exhibited significantly slower growth when glutamine supplementation was combined with PLX4032 treatment (Fig. 7h, i). These results indicate that glutamine supplementation in diet can potentially re-sensitize

tumours by downregulating MAPK and other oncogenic pathways that give rise to targeted resistance in melanoma.

Discussion

Our results show unprecedented evidence that glutamine supplementation can slow growth in melanoma tumours with different BRAF status by inhibiting epigenetically-activated oncogenic pathways. Taken with previous studies on glutamine supplementation to boost the immune response without any side effects, this highlights the potential benefit of glutamine supplementation in melanoma patients (79, 80, 99). Similarly, several studies have now explored the therapeutic benefits of disrupting the tumour microenvironment *in vivo*. For instance, dietary serine and glycine limitation or use of ketogenic diet effectively inhibited tumour growth in several models (100-102). In addition, supplementation with histidine or adopting a ketogenic regimen sensitized cancer to targeted treatments (103, 104). The effect of dietary intervention in treating several metabolic diseases, including cancer, has been gaining interest. Therefore, it is critical to scientifically examine how diet can serve as a molecular therapeutic tool in cancer treatments as part of a “personalized diet” for patients. Our current work focused on melanoma, and further work is needed to determine whether other solid tumours are also sensitive to glutamine supplementation.

In vitro studies showing glutamine can be utilized by tumour cells raise a concern that glutamine will provide nutritional support to promote tumour growth *in vivo*. Here, we found that glutamine supplementation increased several TCA intermediates; however, it was not directly utilized for growth and proliferation as indicated by Ki67 staining in melanoma tumours. Consistently, independent trace-labeling studies in human lung cancer indicated minimum glutamine utilization *in vivo* with glucose and lactate being the main contributors to the TCA cycle (76,

105). In addition, using a modified *in vitro* culturing system, which combines hypoxia and physiological levels of glutamine, we found patient-derived melanoma cells exhibit differential metabolism in normoxia compared to hypoxia, indicating that hypoxia in the tumour microenvironment greatly affect glutamine metabolism. In support with this, several studies highlighted that cells experiencing hypoxia or mitochondrial dysfunction have decreased glutamine oxidation and rely on carbon sources, other than glucose and glutamine, to supply metabolic intermediates under hypoxic conditions (32, 33, 106). These studies and others support the idea that, under low oxygen levels in the tumour microenvironment, glutamine supplementation may not increase tumour growth *in vivo*.

Accumulating evidence indicate that epigenetic modifications contribute to tumour progression and therapeutic responses (107). The reversible nature of epigenetic modifications led to the emergence of novel epigenetic therapeutics and several types of these medications have been approved by the FDA. Despite the success of these drugs in changing the epigenetics of various cancers, its efficacy in solid tumours is lagging behind. In melanoma, a solid tumour, how epigenetic reprogramming affect tumour growth is not well-studied. Our data indicate that expression of several oncogenic genes in melanoma tumours are regulated at the epigenetic level, particularly, by H3K4me3. Global increased H3K4me3 levels have been associated with metastasis and poor prognosis in cancer(108, 109). Thus, a regimen that can decrease levels of H3K4me3 would be clinically beneficial. More importantly, glutamine suppression of melanoma oncogenic pathways via global decrease in H3K4me3 levels can not only cooperate with, but re-sensitize resistant tumours to, targeted therapies. This data also suggests that developing inhibitors targeting H3K4me3 methyltransferases may inhibit melanoma tumour growth and sensitize tumours to current treatments.

Additionally, the availability of several metabolites has been long suspected to play a role in regulating enzymes that carry out several epigenetic modifications. Of which, α KG has been realized as a key glutamine-metabolite that regulate the activity of several JHDMs (92, 110). Although the specificity of each JARID1 enzyme to particular genes or regions in the genome remains unknown, the knockdown of JARID1A, JARID1B, and JARID1C in our study directly impacted the expression of several melanoma oncogenes. Notably, we observed an increase in the expression of JARID1A by the knockdown of JARID1B or JARID1C, however, these cells still exhibited an increase in H3K4me3. Despite the fact that our results suggest that the inhibition of H3K4me3 demethylation enzymes is able to reverse the effect of high glutamine on cell growth, we are not able to exclude the potential role of these demethylases in other cellular functions.

Taken together, our results provide a previously unidentified mechanism by which glutamine supplementation inhibits melanoma tumour growth and suggests a previously unrealized therapeutic avenue using glutamine supplementation in melanoma to cooperate with current therapies and potentially combat resistance mechanisms. Furthermore, our results provide important evidence that glutamine supplementation, rather than the nutrient limiting approaches, is a simple dietary intervention that has the potential to block melanoma tumour growth and potentiate the effects of anti-melanoma treatments by suppressing epigenetically-activated oncogenic pathways.

Materials and Methods

Cell culture. Patient-derived melanoma M229, M249, and M249R cells were obtained from Roger S. Lo's lab (UCLA)(111). B16-OVA cells were kindly provided by Roberto Tinoco's lab (UCI). HMCB, SK-MEL-2, A375, and WM-266-4 cells were purchased from ATCC. Cells were cultured at 37°C in 5% CO₂ in Dulbecco's modified Eagle's medium (DMEM) with high glucose (4.5g/L) (DM-22, Omega, Tarzana, CA) supplemented with 10% dialyzed fetal bovine serum (FBS) (FB-07, Omega, Tarzana, CA), 100 units/mL of penicillin, and 100µg/mL of streptomycin (Gemini Bio-Products, Sacramento, CA) and either 0.5mM or 2.0mM L-glutamine (GS-60, Omega, Tarzana, CA). For hypoxia culture, cells were seeded in DMEM supplemented with 10% dialyzed FBS and 0.5mM glutamine under 1% O₂ in BioSpherix Xvivo system (Parish, NY, USA). After 24 hours, the medium was changed to DMEM supplemented with 10% dialyzed FBS and either 0.5 mM glutamine or 2.0 mM glutamine. Cells were incubated under hypoxic conditions for 4 days with the medium changed daily. Cells were tested for mycoplasma using MycoAlert mycoplasma detection kit (Lonza, Switzerland).

Histone extraction and western blotting. Tumour tissues and cells were used for histones extraction as previously described(35). Briefly, 3x10⁶ cells or 20mg of homogenized tissues (homogenized using Percellys Ceramic kit with Percellys 24 homogenizer) were lysed in hypotonic lysis buffer (10 mM HEPES, 10 mM KCl, 1.5 mM MgCl₂, 0.5 mM dithiothreitol) with protease inhibitor (Roche) on ice for 1 hour. Lysate was rotated at 4°C overnight in a final concentration of 0.2N H₂SO₄. Samples were centrifuged, and supernatants were used for histone precipitation using 30%(w/v) TCA for 1 hour on ice. Pellet was washed with ice cold acetone and dissolved with water. For western blotting, cells or tumour tissues were lysed in RIPA buffer. Protein concentration was determined using BCA protein assay kit (Life

Technologies, Carlsbad, CA, USA). Blots were blocked for 1 hour in 5% non-fat milk in PBS with 0.05% Tween-20 and membranes were probed with primary antibodies overnight and horseradish-peroxidase-conjugated secondary antibodies (Bio-Rad, Hercules, CA, USA). Signal was visualized by Western Lightning Plus-ECL (PerkinElmer, Waltham, MA, USA). The antibodies used for western blotting can be found in Supplementary Table 2.

Cell viability assays. Cells were seeded in 96-well or 12-well plates and allowed to adhere overnight in 0.5mM glutamine medium. Afterwards, medium was changed to either medium containing 0.5mM or 2.0mM glutamine. Reagents such as DMSO and dimethyl- α KG were purchased from Sigma Aldrich (St. Louis, MO, USA) and PBIT, JIB04, and GSKJ4 were purchased from Tocris Bio-Techne (Minneapolis, MN, USA). Medium was replaced daily. Viable cell number was assessed by CellTiter Glo (Promega, Madison, WI, USA) or Trypan Blue exclusion and counted by TC20 automated cell counter (Bio-Rad, Hercules, CA, USA).

Animal models. All studies involving animals were performed according to and approved by the Institutional Animal Care and Use Committee (IACUC) protocols at the University of California, Irvine in compliance with ethical regulations. NCr Nude mice (nu/nu, male 4-week old, Taconic Bioscience) were used for xenograft studies and NSG mice (NOD scid gamma, male 4-week old, The Jackson Lab) were used for patient-derived xenografts (PDX) studies. For xenograft studies, 2×10^6 or 5×10^6 of M229 and M249R in 100 μ l DMEM without FBS or antibiotics were injected subcutaneously into 6 weeks old male NCr Nude mice. Mice were on normal chow diet for one-week post xenograft injection. In mice melanoma model, 1×10^5 B16 cells in 100 μ l DMEM without FBS or antibiotics were injected subcutaneously into 6 weeks old male C57BL/6 mice and placed on diets immediately. Tumour bearing mice were placed randomly on control, glutamine rich or amino acids diets. For PDX studies, NSG mice were purchased from the

Jackson Lab carrying the TM00702 or TM01612 tumours. The tumours were excised, and small pieces were implanted subcutaneously in 6-week old male NSG mice as previously described (112). Mice were placed randomly into 2 dietary groups one-week post engraftment. Tumour size was measured every 2-3 days with callipers and tumour volume was calculated using the formula $\frac{1}{2}(\text{length} \times \text{width}^2)$. Mice were euthanized when tumours reached 1 cm³ in volume, upon ulceration/bleeding, drop in weight, or signs of lethargy. For PLX4032 treatment, when the tumour volume reached an average of 100mm³, mice were placed randomly into 4 experimental groups and treated with corn oil (control) or PLX4032 (dissolved in DMSO and diluted in corn oil to 10 mg kg⁻¹) by oral gavage daily. Mice were euthanized after 2 weeks of treatment. The B6.BRaf^{CA}, Pten^{loxP}, Tyr::Cre^{ERT2} tri-allelic transgenic mouse model was purchased from the Jackson Lab (4 weeks old). Mixed male and female population were used. Activation of BRAF and *Pten* deletion were induced by topical administration of 4-hydroxytamoxifen (4-OHT) as previously described (83). Mice were placed into 2 dietary groups one week following 4-OHT administration. All mice were monitored to determine a humane clinical end point. Animals that died from illnesses unrelated to tumour growth were included as censored observations. Sample sizes for each animal study were estimated based on preliminary data or previous experience with these models predicting variance within each group.

Immunohistochemistry. After euthanization, tumours were collected and fixed in 10% formalin. Formalin-fixed, paraffin embedded blocks of melanoma PDX tumours were used for haematoxylin and eosin (H&E) and Ki67 staining. Slides were blindly evaluated by two independent pathologists to assess the extent of necrosis or apoptosis and Ki67 staining in tumours. Ki67 microscope images of PDX TM00702 and PDX TM01612 tumors were

quantified using Image Pro Plus software. % total area of pixels selected by threshold for the Ki67 stain was calculated using Image Pro's Count/Size tool.

Diets. All mice were kept on normal chow diet until the start of the experiments. Three diets were used in this study based on the OpenStandard diet with 15 kcal% fat with crystalline amino acids from Research Diets Inc (New Brunswick, NJ). The "Control diet" (A11112201) contained all essential amino acids and non-essential amino acids as specified by Research Diets. The "Glutamine supplemented diet" contained all amino acids equal to the control diet with the addition of 200g of glutamine. Corn starch content was adjusted to achieve the isocaloric intake. The "Amino acids diet" contained all amino acids equal to the control diet with a proportional increase in each amino acids to achieve the same total protein as the "Glutamine rich diet". For glutamine supplementation in drinking water, the amount of "Glutamine supplemented diet" food intake per day was calculated to be 0.5g per cage per day. The same amount of glutamine was dissolved in the drinking water and changed daily.

siRNA cell transfection. M229 cells were transiently transfected with siRNA according to manufacturer's protocol by Lipofectamine RNAiMAX (Life Technologies, Carlsbad, CA, USA) with on-target SMARTpool control siRNA (D-001810-10-20) and siRNA targeting human JARID1A (KDM5A) (L-003297-02-0005), human JARID1B (KDM5B) (L-003297-02-0005), human JARID1C (KDM5C) (L-010097-01-0005) purchased from Dharmacon (Lafayette, CO, USA). Transfected M229 cells were cultured in medium with 0.5 mM glutamine. Medium was changed to 2.0mM glutamine after 24 hours and changed daily for 4 days for cell viability or 3 days for mRNA extraction.

Glutamine extraction and measurement. Glutamine was extracted from 20-40mg of tumour tissues homogenized in 70% ethanol by a Percellys 24 homogenizer. After spinning down cell debris, the supernatant was evaporated to dryness and dissolved in distilled water (1ul water per mg of tissue). Glutamine concentration was determined by the EnzyChrom Glutamine kit (EGLN-100, BioAssay Systems, Hayward, CA, USA). Whole blood was collected from mice by cardiac puncture in BD vacutainer tubes (Fisher Scientific, Hampton, NH, USA) and centrifuged for 40 minutes at 2000 RPM to separate serum. Non-haemolyzed serum was used according to the manufacturer's protocol.

Physiological markers. Mouse liver functions were assessed by measuring serum alanine transaminase (ALT) and aspartate transaminase (AST) (EALT-100, EASTR-100, respectively, EnzyChrom, BioAssay Systems) according to manufacturer's protocol. Mouse kidney functions were assessed by measuring serum creatinine and blood urea nitrogen levels (BUN) (DICT-500, DIUR-500, respectively, Quantichrome, BioAssay Systems) according to manufacturer's protocol. Samples with insufficient volumes were diluted with assay buffer provided from the manufacturer. All assays were run with biological replicates in technical triplicates normalized to control levels.

Liquid chromatography-mass spectrometry (LC-MS). 10-15mg of tumour tissues were cut on dry ice and soaked in pre-cooled 80% methanol in HPLC-grade water. Samples were homogenized by Percellys 24 homogenizer using Percellys Ceramic kit. Samples were centrifuged at 4°C for 15 mins and 500µL of supernatant was transferred to a new tube and evaporated to dryness at room temperature. For serum, 20µL was dissolved in 80µL ice cold HPLC-grade water. 400µL of cold HPLC-grade methanol were added to each sample (for a final concentration of 80% v/v). Samples were vortexed and left on ice for 10min. After

centrifugation, supernatant was transferred to new tube and evaporated to dryness using speed vacuum. The samples were prepared and analysed by LC-MS at Duke University as previously described (113). MetaboAnalyst was used to analyze significantly changed metabolites and generate heat map, PCA, and volcano plot (www.metaboanalyst.ca/).

RNA-sequencing library preparation. Total RNA was extracted using Trizol reagent (15596026, Life Technologies, Carlsbad, CA, USA) from tumour tissues. RNA sequencing libraries were prepared with Kapa RNA mRNA HyperPrep kit (Kapa Biosystems, Cat KR1352) according to the manufacturer's protocol. Briefly, 100 ng of total RNA from each sample was used for polyA RNA enrichment using magnetic oligo-dT beads. The enriched mRNA was fragmented using heat and magnesium and the first strand cDNA was made using random priming. The libraries were validated with the Agilent Bioanalyzer and quantified with Qubit. The RNA-seq sequence reads were mapped to *Homo sapiens* genome assembly GRCh37 (hg19) using open source RNA-seq alignment tool HISAT2. The alignment results were converted to RNA-seq gene expression measurement as RPKM (reads/kilo base of total exon length/million mapped) using Partek Genome Suite (v6.6) and normalized to gene models in the NCBI RefSeq database. Gln sample were compared with Control Sample group using ANOVA analysis with ± 1.5 fold change (p value < 0.05 , FDR <0.05) as the minimum threshold. Maximum expression < 0.5 RPKM was used to filter and exclude very low expressing genes. Common genes between RNA-seq and ChIP-seq were analysed using IMPaLA version 11 pathway over-representation analysis.

Sequencing with Illumina Hiseq2500. Both RNA-seq and ChIP-seq Library templates were prepared for sequencing using cBot cluster generation system (Illumina, San Diego, CA, USA) with HiSeq SR Cluster V4 Kit. Sequencing run was performed in the single read mode of

51 cycle of read1 and 7 cycles of index read using Illumina HiSeq 2500 with HiSeq SBS V4 Kits. Real-time analysis (RTA) 2.2.38 software was used to process the image analysis and base calling.

Quantitative Real-time PCR. Total RNA, from cell culture or tumour tissues, was extracted and purified using Trizol reagent (Life Technologies, Carlsbad, CA, USA) according to manufacturer's guidelines. 1 µg RNA was used for qScript cDNA Synthesis Kit (Quanta Biosciences, Beverly, MA, USA). qPCR analyses were performed with SYBR Green PCR (Quanta Biosciences) using CFX Connect Real-Time PCR Detection System (Bio-Rad, Hercules, CA, USA). Expression results were normalized to β-actin levels and all qPCR amplifications were performed in triplicates and repeated in three independent experiments. The following forward and reverse primers were generated to check gene expression: HUMAN (F: forward, R: reverse) ACTIN-F: 5'-CACCAACTGGGAGGACAT-3' R: 5'-GCACAGCCTGGATAGCAAC-3'; CD271-F: 5'-TTGGGGGCTTGCAAGTATGT-3' R: 5'-GTTTCAGGAGGGCCCAAGAA-3'; NES-F: 5'-CCCAACTTGGAGGGGAAGTC-3' R: 5'-TCTCCCTCAGAGACTAGCGG-3'; AXL-F 5'-ATTCATTCCAAACCCCTGACT-3'; R: 5'-ACTGGTTAGTGATGGCCCTA-3'; LOXL2-F: 5'-CTGGTCAACAAGGCAAGAG-3'; R: 5'-AGGAATTCAGGGTCTTGCTA-3'; CCL2-F: 5'-CCAAAGAAGCTGTGATGTGA-3'; R: 5'-GCACTCTCTGACTCTAGGTTT-3'; CCL7-F: 5'-AAAATCCCTAAGCAGAGGCT-3' R: 5'-ACCTAGGACTGAGGTGTGAG-3'; MITF-F: 5'-GATCCTATGGACTGGGCTAT-3' R: 5'-CCAACCAAGGACATGAGAAT-3'; MELANA-F: 5'-AAGAAGGGTTTGATCATCGG-3' R: 5'-ACAGCCATTCATGAAAATACC-3'; SOX10-F: 5'-CCAGCTAAACCCATCTGG-3' R: 5'-CACACCAAGAGACGGTTG-3'.

Chromatin Immunoprecipitation (ChIP) sequencing library preparation. 10 mg of frozen tumour tissue was minced and cross-linked using 1% formaldehyde in PBS for 10 mins at room temperature. Cross-linking was stopped following centrifugation by resuspending the pellet in 125mM glycine in PBS for 5 minutes at RT. Pellets were washed twice with PBS followed by lysis in SDS lysis buffer [1% SDS, 10 mM ethylenediaminetetraacetic acid (EDTA), 50 mM Tris-HCl, pH 8] supplemented with protease inhibitors (Roche). Sonication was performed using Diagenode BioruptorR pico (Leige, Belgium) for 7 cycles (30 sec on/30 sec off) to produce DNA fragments of 100–300 bp in length. The sonicated lysate was centrifuged and diluted using 10 volumes of cold ChIP-dilution buffer (0.01% SDS, 1.1% Triton X-100, 1.2 mM EDTA, 16.7 mM Tris-HCl, pH 8, 167 mM NaCl). The pull-down was performed with anti-H3K4me3 antibody (Millipore Sigma, Burlington, MA, USA) and magnetic protein G Dynabeads (Cat. No. 10004D; Life Technologies, Carlsbad, CA, USA) overnight at 4°C. Beads were washed with low salt buffer (0.1% SDS, 1% Triton X-100, 2 mM EDTA, 20 mM Tris-HCl, pH 8, and 150 mM NaCl), high salt buffer (0.1% SDS, 1% Triton X-100, 2 mM EDTA, 20 mM Tris-HCl, pH 8, and 500 mM NaCl), LiCl buffer (250 mM LiCl, 1% NP40, 1% NaDOC, 1 mM EDTA, and 10 mM Tris-HCl, pH 8), and twice with TE buffer (10 mM Tris-HCl, pH 8, and 1 mM EDTA). Elution buffer (1% SDS and 100 mM NaHCO₃). The DNA-protein complexes were then reverse cross-linked by adding 200 mM NaCl, 20 µg Proteinase K (Sigma Aldrich, St. Louis, MO, USA) and incubated at 65 °C for 4 h. Subsequently, 20 µg of RNaseA (Sigma Aldrich) was added and further incubated for 15 minutes at 37 °C. The immunoprecipitated DNA was extracted using phenol-chloroform and ethanol precipitation. Resultant ChIP DNA was quantified using Quant-iT™ dsDNA Assay Kit (Cat No. Q33120; ThermoFisher Scientific) and used for library preparation. ChIP-seq libraries were prepared with Kapa DNA HyperPrep Kit (Cat No. KK

8700, Kapa) according to the manufacturer's protocol. A 10 cycles of PCR was performed to produce the final sequencing library. The libraries were validated with the Agilent Bioanalyzer DNA High Sensitivity Kit and quantified with Qubit. The ChIP-Seq sequence reads were mapped to Homo sapiens genome assembly GRCh37 (hg19) using open source DNA-seq alignment tool BWA (v). High quality unique alignments were used with SAM Tag (XA:Z and SA:Z) as filter, and removed the duplicated alignments caused by PCR duplication using SAMTools (ver 0.1.19). The unmapped reads were removed using SAMTools based on the alignment quality tag (-F 4 -F 256). The cross-correlation of the reads aligned to both strands was tested as ChIP QC using R's SPP package (v1.13) before ChIP-seq peak calling using MACS2 (v2.1.2) with broad option to detect the H3K4me3 binding sites with FDR<0.005 cutoff.

GSEA analysis. Gene set enrichment analysis (GSEA) was performed against hallmarks and oncogenic signature gene set MSigDB database v6.2 database with dataset ranked from LogFC. (<http://software.broadinstitute.org/gsea/msigdb>).

Statistics. All *in vitro* experiments were repeated three independent times with at least technical triplicates. Results are shown as means; error bars represent standard deviation (s.d.) as specified in figure legends. Unpaired t-test, one-way or two-way ANOVA followed by post hoc test were used to determine the statistical significance of differences between means and were calculated in Microsoft Excel or GraphPad Prism (v7) software. Statistical comparison of the survival curves was calculated using GraphPad Prism (v7) software using Mantel-Cox (Log Ranks) test. (* $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$, unless indicated separately).

Data availability. The authors declare that all data generated from this study are included in this publication and its supplementary information files. Data that support the findings of this study

have been deposited in the Gene Expression Omnibus (GEO) under accession code GSE125822. Source Data are also provided with the online version of the paper. All other datasets are available from the corresponding author upon request.

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Author contributions

M.B.G performed most of the experiments, analyzed the data, prepared figures, and wrote the manuscript. Y.Y. assisted in xenograft and PDX animal experiments. H.L. performed bioinformatic analysis for RNA-seq and ChIP-seq samples. P.S. and D.E.S. assisted with the ChIP-seq experiment. E.A.H., and X.H.L. helped with IHC and metabolomics analysis. T.Q.T. assisted with viability testing *in vitro* and hypoxia system. L.Z assisted with the statistical analysis. L.D and X.X. provided IHC scoring analysis. D.A.F assisted in the experimental design and manuscript writing. M.K. conceived and designed experiments and contributed manuscript writing.

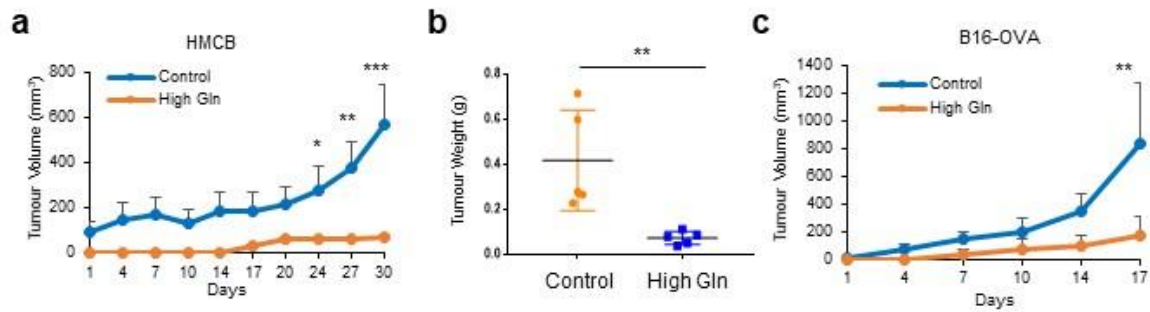
Competing interests

The authors declare no competing interests.

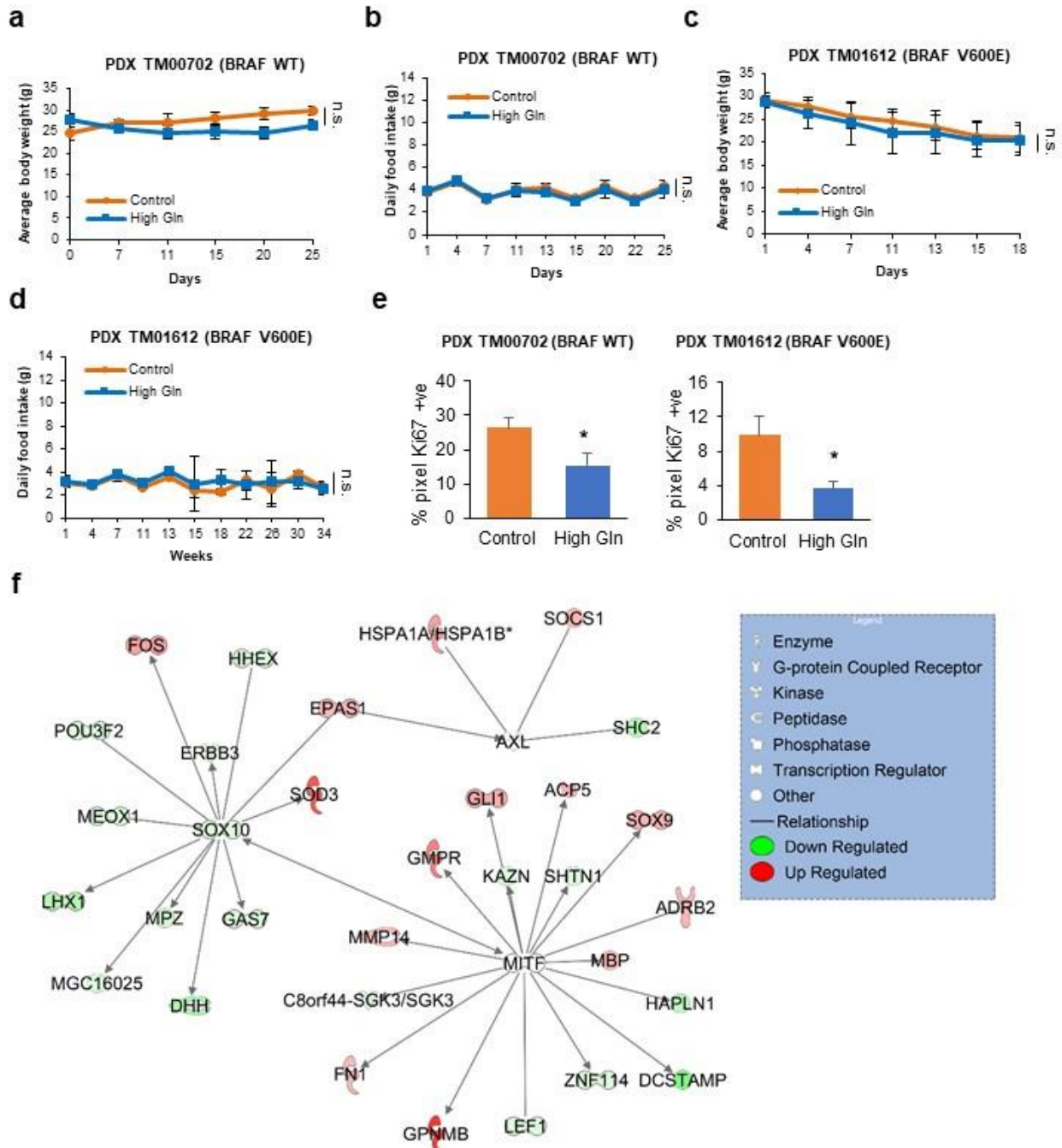
Supplementary Information

Dietary glutamine supplementation suppresses epigenetically-activated oncogenic pathways to inhibit melanoma tumour growth

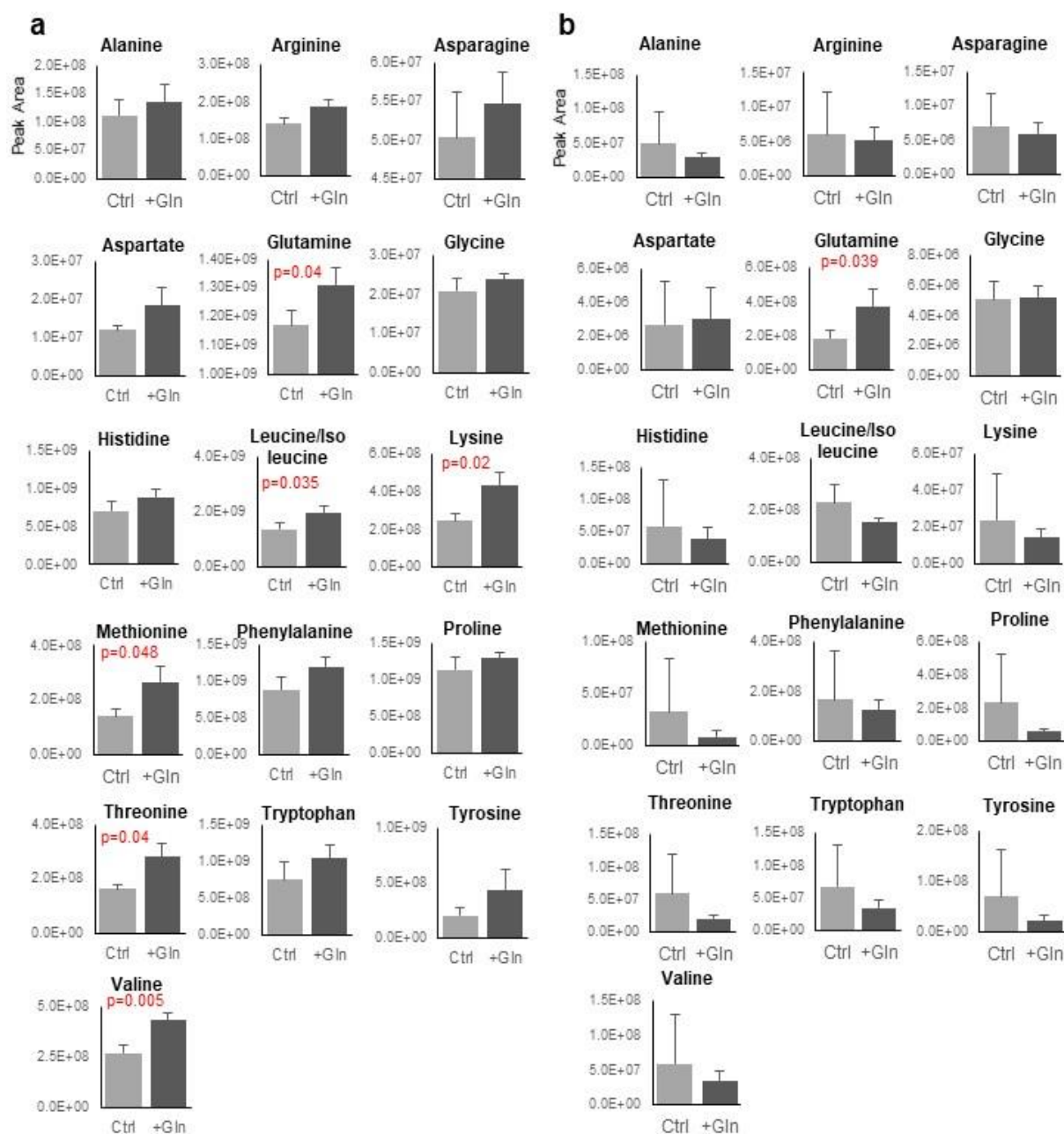
Ishak Gabra et al.



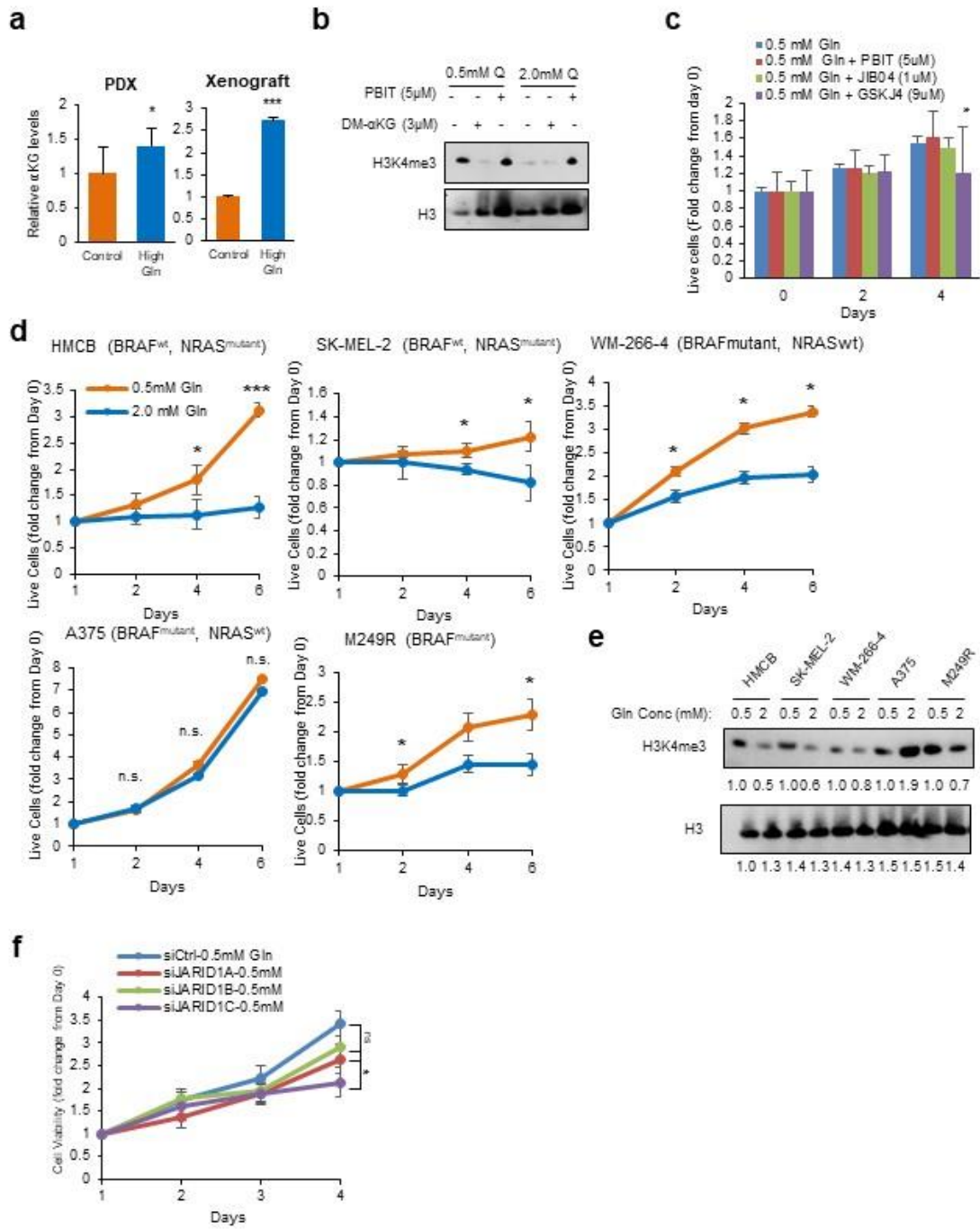
Supplementary Figure 1. a. Nude mice with subcutaneous injection of HMCB cells received control or high glutamine (High Gln) diet one-week post injection. Tumours were measured twice weekly (Control, n=5; High Gln, n=5). **b.** HMCB xenograft tumour weights post-mortem. **c.** B16 cells were injected subcutaneously in C57BL/6 mice and randomly placed on control or high glutamine (High Gln) diet post injection. Tumours were measured twice weekly (Control, n=6; High Gln, n=6).



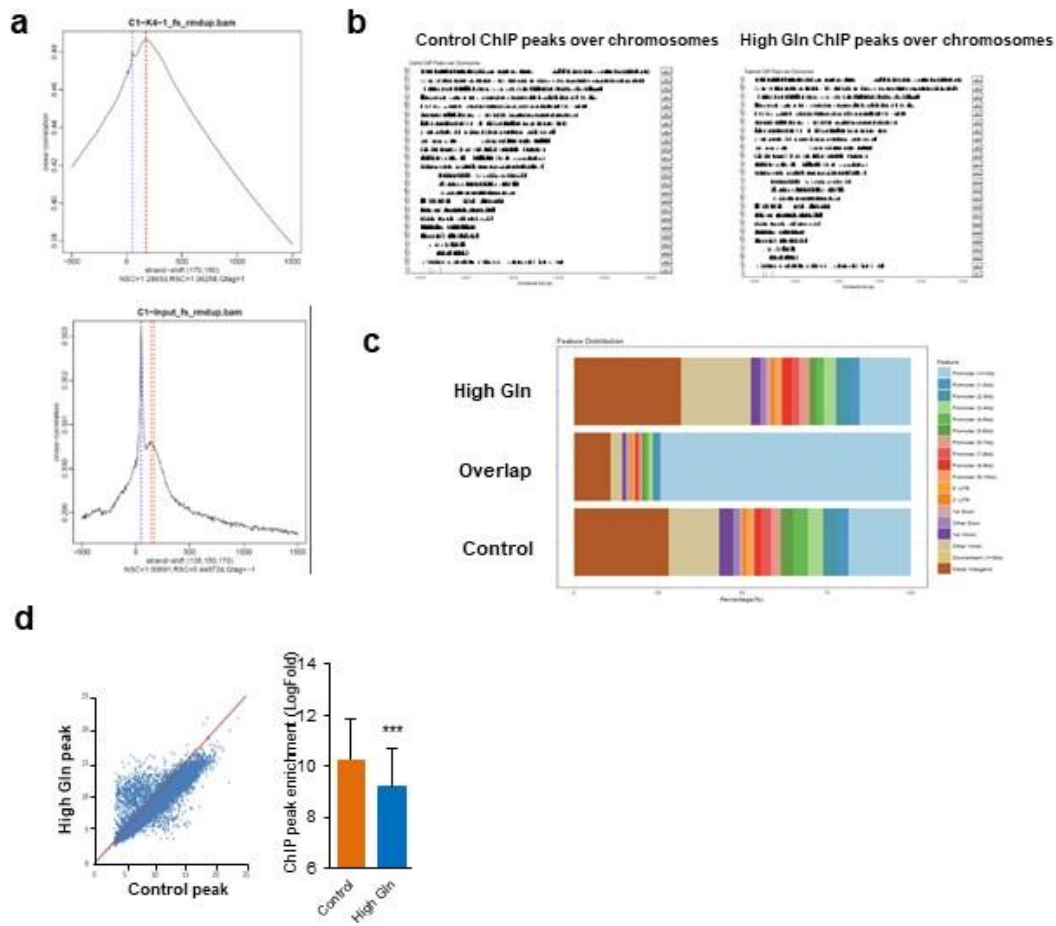
Supplementary Figure 2. a, b. Body weight (a) and food intake (b) of NSG mice with PDX TM00702 tumours (Control, n=10; High Gln, n=9). **c, d.** Body weight (c) and food intake (d) of NSG mice with PDX TM01612 tumours (Control, n=8; High Gln, n=8). **e.** Ki67 microscope images of PDX TM00702 and PDX TM01612 tumours were quantified using Image Pro Plus software. % total area of pixels selected by threshold for the Ki67 stain was calculated using Image Pro's Count/Size tool. **f.** Downstream signalling network of SOX10, AXL and MITF, established using Ingenuity Pathway Analysis (IPA)'s Grow tool with Ingenuity Knowledge Base. 31 downstream genes of these three seed genes are significantly changed between control and high glutamine diet groups. Data represent means. Error bars are s.d. *P* value calculated by t-test (unpaired, two-tailed). **p*<0.05, n.s. not significant..



Supplementary Figure 3. NSG mice subcutaneously engrafted with PDX_TM00702 (a) or nude mice with M229 xenograft tumours (b) were placed on control (Ctrl) or glutamine supplemented (+Gln) diet and blood was collected with cardiac puncture at the end of the study. Serum was analyzed by LC-MS for relative levels of metabolites (presented as peak area on Y-axis). Error bars are s.d. *P* value calculated by t-test (unpaired, two-tailed). Only *P* value < 0.05 are indicated.



Supplementary Figure 4. a. α -ketoglutarate levels were measured in PDX TM00702 and M229 xenograft tumours using EIA kit. (n=3, biological replicates) b. M229 cells culture in 6 cm dish. After 24 hours, medium was changed to either medium containing 0.5mM or 2.0mM glutamine with DMSO, PBIT (H3K4me3 demethylase inhibitor), or dimethyl- α KG. Medium was changed daily for 4 days. Cell lysate was used for histone extraction and immunoblotting with the indicated antibodies. c. M229 cells cultured overnight in medium containing 0.5mM glutamine under 1% hypoxia. Medium was changed after 24 hours to 0.5mM glutamine medium with DMSO, PBIT (5 μ M), JIB04 (1 μ M) or GSKJ4 (9 μ M), with medium changed daily. Cell viability was assessed by CellTiter Glo assay. (n=3, independent cell cultures). d. HMCB, SK-MEL-2, WM-266-4, A375, and M249R cells were seeded in medium with 0.5mM glutamine overnight. Medium was changed daily and cultured under 0.5mM or 2.0mM glutamine and live cells were counted at indicated time points (n=3, independent cell cultures). e. HMCB, SK-MEL-2, WM-266-4, A375, and M249R cells were seeded in 6cm dish as in d-f. Medium was changed daily for 4 days, and cell lysate was used for histone extraction and immunoblotting with the indicated antibodies. f. M229 cells were transfected with siRNA against control, JARID1A, JARID1B or JARID1C and seeded in medium with 0.5mM glutamine overnight. Medium was changed daily and cultured under 0.5mM glutamine. Live cell number was assessed using Trypan blue exclusion (n=3, independent cell cultures). Data represents means. Error bars are s.d. *P* value calculated by t-test (unpaired, two-tailed). **p*<0.05, ****p*<0.001, n.s. not significant.



Supplementary Figure 5. a. Cross-correlation of ChIP-seq reads in sample versus sample input. One control sample and control sample input are shown as an example. b. ChIP-seq peaks distribution of chromosomes from control and glutamine supplemented (High Gln) samples. c. ChIP peaks annotation and closet genomic feature distribution in High Gln and control samples. d. PDX_TM00702 tumours were used for ChIP-sequencing analysis using H3K4me3 antibody. ChIP peaks of associated genes (LogFC between ChIP and Input) in control and High Gln tumour samples are represented as an average in each group (n=3, biological replicates per group performed in technical duplicates).

Figure 6a

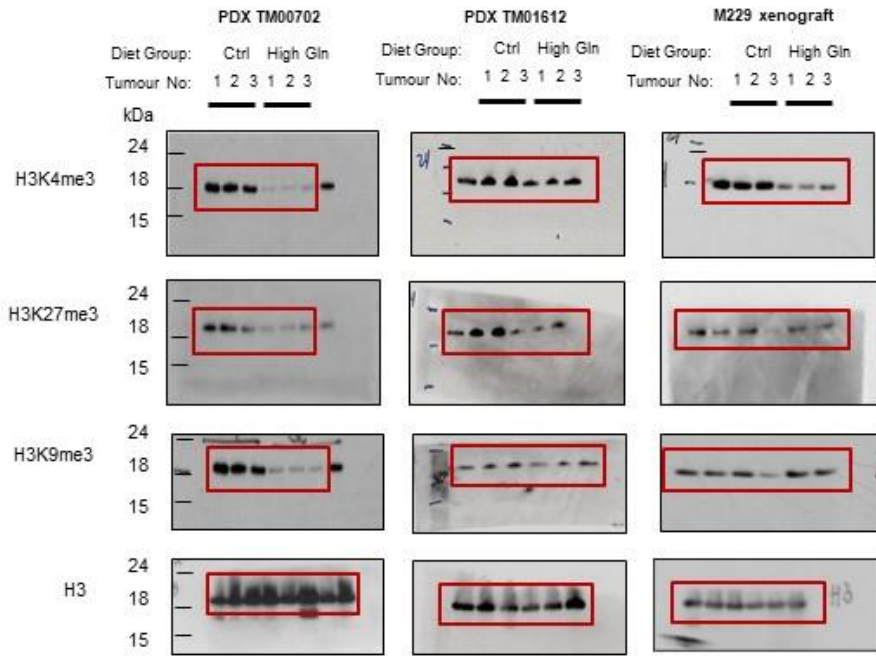


Figure 6d

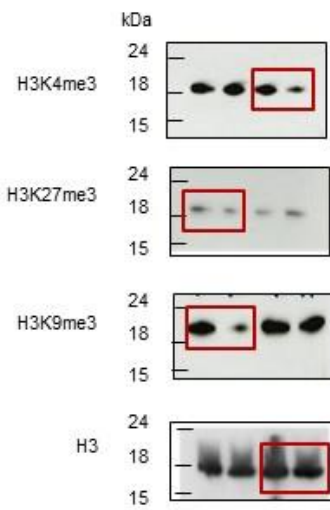


Figure 6i

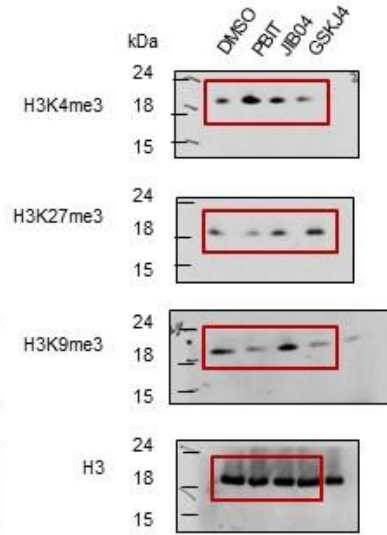


Figure 6l

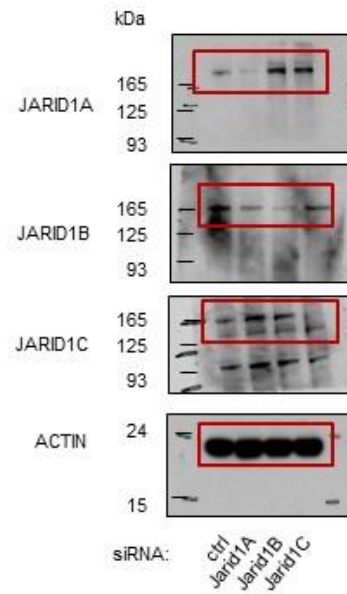
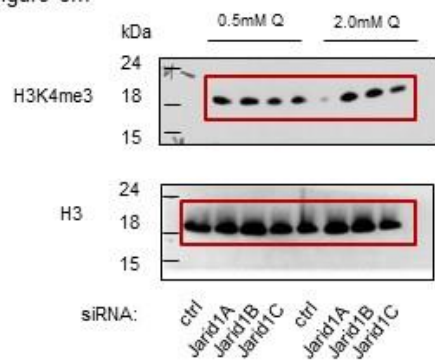
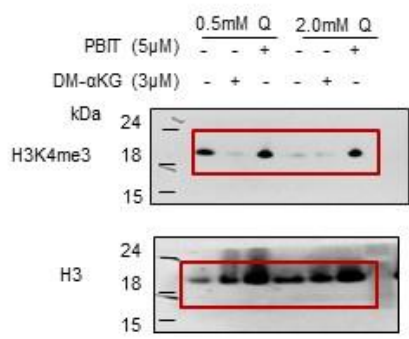


Figure 6m

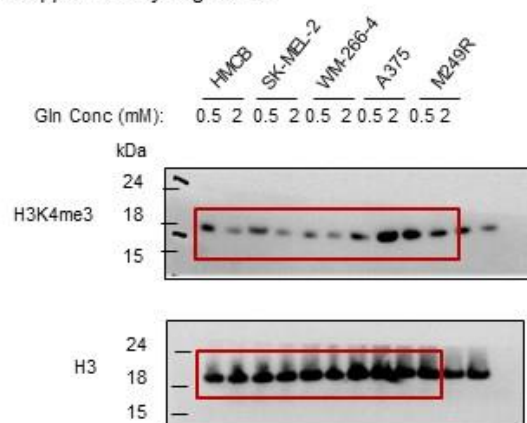


Supplemental Figures

Supplementary Figure 4b



Supplementary Figure 4e



Supplementary Data 1: Diets formulated for the study of glutamine supplementation in vivo, Related to Figure 1 and 2

Diets were formulated by Research Diets, Inc

OpenStandard Diet with 15 kcal% Fat with Crystalline Amino Acids

	Control (A11112201)	High glutamine	Amino Acids
Ingredient	gm	gm	gm
L-Cystine	4.2	4.2	8.9
L-Isoleucine	7.6	7.6	16.1
L-Leucine	15.8	15.8	33.5
L-Lysine	13.2	13.2	28.0
L-Methionine	5.1	5.1	10.8
L-Phenylalanine	8.4	8.4	17.8
L-Threonine	7.2	7.2	15.2
L-Tryptophan	2.1	2.1	4.4
L-Valine	9.3	9.3	19.7
L-Histadine	4.6	4.6	9.7
L-Alanine	5.1	5.1	10.8
L-Arginine	6.0	6.0	12.7
L-Aspartic Acid	12.1	12.1	25.6
L-Glutamine	0.0	200.0	0.0
L-Glutamine Acid	38.2	38.2	80.9
Glycine	3.0	3.0	6.4
L-Proline	17.8	17.8	37.7
L-Serine	10.0	10.0	21.2
L-Tyrosine	9.2	9.2	19.5
Total Amino Acids	178.9	378.9	378.9
Corn Starch	381.0	181.0	181.0
Maltodextrin 10	110.0	110.0	110.0
Dextrose	150.0	150.0	150.0
Cellulose, BW200	75.0	75.0	75.0
Inulin	25.0	25.0	25.0
Soybean Oil	70.0	70.0	70.0
Mineral Mix	10.0	10.0	10.0
DiCalcium Phosphate	13.0	13.0	13.0
Calcium Carbonate	5.5	5.5	5.5
Potassium Citrate, 1 H	16.5	16.5	16.5
Vitamin Mix	10.0	10.0	10.0
Choline Bitartrate	2.0	2.0	2.0
Total	1046.95	1046.95	1046.95
kcal%			
Protein	18.0	38.0	38.0
Carbohydrate	66.0	46.0	46.0
Fat	16.0	16.0	16.0
Total	100.0	100.0	100.0

PRR15	0.045773	0.0936225	0.249379	0.447345	1.79384	1.79384
LINC02263	0.0459316	0.0937398	0.449275	0.259798	0.578261	-1.72932
MPZ	0.0459858	0.0937556	9.61725	3.21639	0.33444	-2.99007
SNORD29	0.0460665	0.0938438	7.98859	5.1383	0.643205	-1.55472
WISP1	0.046189	0.0939336	1.95287	4.009	2.05288	2.05288
TACSTD2	0.0469999	0.0947541	0.21978	0.109682	0.499051	-2.0038
ACPP	0.0471987	0.0950424	9.36394	4.37556	0.467278	-2.14006
NROB1	0.0475139	0.0953959	2.46895	1.56582	0.634205	-1.57678
TPM3P9	0.0475899	0.0954975	0.409737	0.129682	0.316501	-3.15955
SGK3	0.0479706	0.0960051	0.568757	0.349846	0.615107	-1.62573
LIMD1-AS1	0.0480565	0.0960725	3.29437	5.31492	1.61334	1.61334
ZNF790-AS1	0.048729	0.0969548	0.204282	0.465853	2.28044	2.28044
OLFML2B	0.0492189	0.0975165	1.70671	2.95933	1.73393	1.73393
PHF21B	0.0495284	0.0976682	0.732828	0.346855	0.47331	-2.11278
TMTC1	0.0495684	0.0976682	0.796885	1.26718	1.59017	1.59017
ACP5	0.0496681	0.0977877	0.469382	0.796801	1.69755	1.69755

REACTOME pathway enrichment for downregulated genes by glutamine supplementation, related to Figure 4

Pathway	log p-value	p-value	# genes in list	genes in list
Extracellular matrix organization	4.33	4.72E-05	294 (294)	F11R;TGFB3;MMP15;ITGAX;MMP7;ITGB3;COL6A3;MATN4;BCAN;COL11A1;ADAMTS8;COL16A1;HAPLN1
ECM proteoglycans	4.26	5.54E-05	57 (57)	TGFB3;ITGAX;ITGB3;MATN4;BCAN;HAPLN1
TGF-beta receptor signaling in EMT	3.09	0.000816	16 (16)	F11R;CGN;PRKCZ
Cell-cell junction organization	3.05	0.000886	63 (64)	F11R;CADM1;PARD6B;CDH15;CLDN3
MAPK family signaling cascades	2.70	0.002	236 (237)	PAK3;ITGB3;RASGRP1;ERBB3;IGF2BP1;GFRA3;FGFR4;DUSP9;SHC2
Tight junction interactions	2.28	0.00524	30 (31)	F11R;PARD6B;CLDN3
Rho GTPase cycle	2.19	0.00642	140 (144)	ARHGAP45;PREX1;ARHGAP26;TIAM2;ARHGAP27;ARHGAP40
RAF/MAP kinase cascade	2.05	0.00882	196 (197)	ITGB3;RASGRP1;ERBB3;GFRA3;FGFR4;DUSP9;SHC2
MAPK1/MAPK3 signaling	1.99	0.0103	202 (203)	ITGB3;RASGRP1;ERBB3;GFRA3;FGFR4;DUSP9;SHC2
FGFR4 mutant receptor activation	1.92	0.0119	1 (1)	FGFR4
Cell-Cell communication	1.81	0.0155	123 (124)	F11R;CADM1;PARD6B;CDH15;CLDN3
VEGFA-VEGFR2 Pathway	1.63	0.0237	92 (92)	ITGB3;PAK3;PRKCZ;SHC2
Signaling by VEGF	1.51	0.031	100 (100)	ITGB3;PAK3;PRKCZ;SHC2
Integrin signaling	1.39	0.0404	27 (27)	ITGB3;RASGRP1
Signaling by TGF-beta Receptor Complex	1.35	0.0451	67 (67)	F11R;CGN;PRKCZ

REACTOME pathway enrichment for upregulated genes by glutamine supplementation, related to Figure 4

Pathway	log p-value	p-value	# genes in list	genes in list
Extracellular matrix organization	7.51	3.07E-08	294 (294)	MMP14;CTSB;VCAN;P4HA3;BMP4;COL6A1;COL6A2;NTN4;BMP7;ITGA10;FBLN5;HTRA1;ITGA1;FN1
CHL1 interactions	4.50	3.18E-05	9 (9)	ITGA1;ITGA10;ANK1
Synthesis of bile acids and bile salts via 27-hy	3.78	0.000167	15 (15)	AKR1C3;CYP7A1;AKR1C2
Axon guidance	2.89	0.00128	357 (358)	ITGA10;COL6A1;COL6A2;NTN4;DPYSL3;UNC5B;ITGA1;ANK1;NGEF
TP53 Regulates Transcription of Death Recept	2.47	0.0034	12 (12)	TP63;FAS
Signaling by PDGF	2.13	0.00738	54 (54)	PDGFRA;COL6A1;COL6A2
Apoptosis	1.95	0.0113	118 (118)	UNC5B;TP63;FAS;PMAIP1
Programmed Cell Death	1.91	0.0123	121 (121)	UNC5B;TP63;FAS;PMAIP1
Integrin cell surface interactions	1.88	0.0133	67 (67)	ITGA1;ITGA10;FN1
Collagen biosynthesis and modifying enzymes	1.86	0.0139	68 (68)	P4HA3;COL6A1;COL6A2

Supplementary Data 3: KEGG global gene-metabolic network, related to Figure 5

Pathway	Total Cmpd	Hits	Raw p	log pvalue	FDR	Impact
Pyrimidine metabolism	47	12	1.65E-06	13.318	0.000132	0.3356
Purine metabolism	38	11	0.000636	7.3602	0.025442	0.22282
Cysteine and methionine metabolism	27	8	0.001131	6.7851	0.030146	0.44391
Amino sugar and nucleotide sugar metabolism	48	10	0.001693	6.381	0.031692	0.27581
Aminoacyl-tRNA biosynthesis	32	9	0.001981	6.2243	0.031692	0
Glutathione metabolism	41	6	0.002873	5.8525	0.03761	0.23743
Nitrogen metabolism	88	6	0.003291	5.7166	0.03761	0

CHAPTER 4: Conclusion and future direction

The work presented in this dissertation demonstrates a previously unidentified role for IKK β in phosphorylating p53 upon glutamine depletion to promote cancer cell survival by driving the upregulation of pro-survival genes. These results delineate a new IKK β -p53 signaling axis that is critical to cancer cell adaptation to metabolic stress. Additionally, it explores the therapeutic potential for using glutamine supplementation in reprogramming cancer epigenetics and inhibiting tumor growth. The availability of circulating glutamine increases cellular pools of α KG, thereby, promoting the activity of histone demethylases and leading to a state of histone hypomethylation. Specifically, H3K4me3, a mark for active promoters, is significantly reduced in tumors from mice receiving glutamine supplementation and directly leads to the down-regulation of key melanoma oncogenes. This chapter aims to highlight future experiments based on these results.

Metabolic adaptations via IKK β -p53 signaling axis

The results shown in Chapter 2 suggest that cancer cells can adapt to the low glutamine levels in their microenvironment and modulate the activity of p53 to promote its survival and progression. Accumulating evidence now indicate a more complex role for p53 in cancer cells. In contrast to its role in inducing apoptosis in response to DNA damage or oncogene activation, p53 can promote cancer survival during metabolic stress (Figure 1) (1). For instance, p53 activation during serine deprivation modulates the serine synthesis pathway and suppresses aerobic glycolysis to support survival in cancer cells (2). Similarly, wild type and mutant p53 activation upon glutamine deprivation promote survival in various cancer types by mediating metabolic

adaptions as well as expression of downstream genes that support survival under this metabolic stress (3-5).

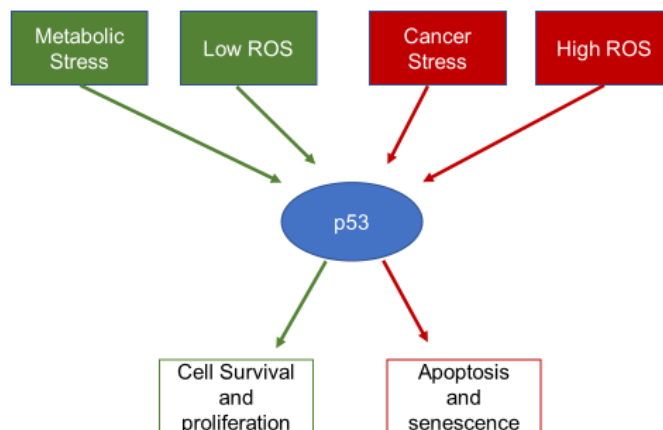


Figure 1: Cellular signals regulate p53 functions in cancer. p53 can promote cell survival in cancer under metabolic stress signals including transient oxidative stress and nutrient starvation. p53 can also induce cell death under cancer associated signals including high levels of ROS, DNA damage and oncogene activation.

In chapter 2, we demonstrated that glutamine deprivation induces the phosphorylation of IKK β , which can directly interact with p53 and phosphorylates it on Ser392. We showed that activated p53 can in turn upregulate p21 and Gadd45, previously shown to be expressed in response to glutamine deprivation, and rescue cells by inducing growth arrest (4). Recently, p53 has also been shown to modulate glycolysis in response to glutamine depletion in pancreatic cancer (5). Given this data, it is possible that p53 activation promotes survival in cancer cells under glutamine deprivation by inducing cell arrest to allow time for necessary metabolic adaptions. This hypothesis is supported by our preliminary observation that p53-downstream genes involved in metabolic regulation are also induced in an IKK β dependent manner (Figure 2). Tp53-inducible glycolysis and apoptosis regulator (TIGAR), phosphoglycerate dehydrogenase (PHGDH) and glutaminase 2 (GLS2), all identified as p53 inducible genes, play a role in modulating cancer metabolism to support survival and proliferation (6-8). Thus, it would be interesting to perform a time course study in order to observe whether there is a sequence in the

activation of p53-downstream genes and their effect on cell proliferation upon glutamine deprivation at different time points. Additionally, glucose tracing experiment can help in understanding the changes in glycolysis mediated by TIGAR and PHGDH in response to low glutamine levels and whether knockdown of IKK β or p53 affect the ability of cancer cells to survive under this metabolic stress.

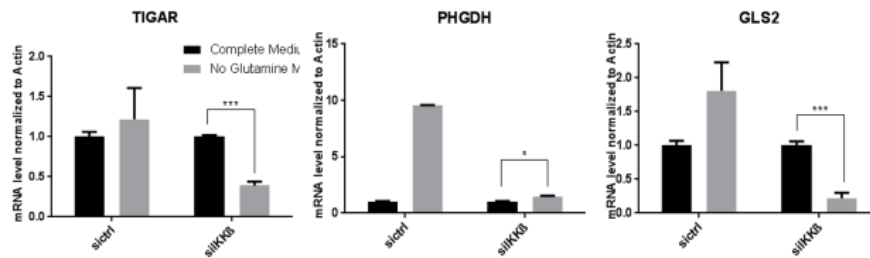


Figure 2: Upregulation of p53-inducible genes upon glutamine deprivation. HT1080 cells transiently transfected with siRNA against scramble control or IKK β were cultured in complete or glutamine free media overnight. mRNA was extracted, and expression of p53-target genes was determined using qPCR. Data represents means + s.d. of triplicates from three independent experiments (* $p < 0.05$, *** $p < 0.001$ using Student's *t*-test).

Moreover, the connection between IKK β and the phosphorylation of p53 on Ser392 and Ser15 under different metabolic stress remains unclear. Several studies indicated the activation of p53 via phosphorylation on Ser15 under glutamine, serine, glucose, and arginine (2-4, 9). We wondered if IKK β affected p53 activation upon withdrawal of serine and arginine. Our preliminary results indicate a link between loss of IKK β and p53 phosphorylation at Ser15 upon glutamine and serine deprivation (Figure 3). However, arginine withdrawal stimulated p53 phosphorylation in control and IKK β knockdown cells. Thus, it is interesting to further investigate whether the IKK β -p53 signaling axis mediates survival upon serine deprivation through the expression of p53-downstream genes, similar to glutamine-deprived conditions. More importantly, it would be interesting to delineate why arginine deprivation does not depend on IKK β and identify other kinases mediating this effect by performing immuno-precipitation

experiments of p53 from cells deprived of arginine and screen for interacting kinases by protein mass spectrometry.

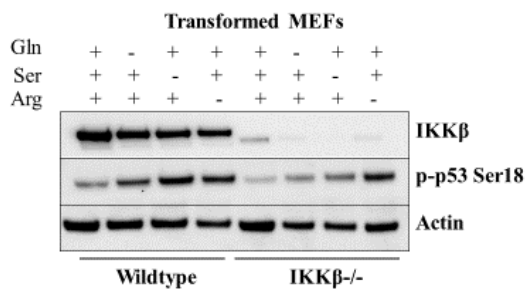


Figure 3: Activation of p53 under metabolic stress. Western blot analysis of wild type (WT), or *Ikkβ*^{-/-} MEFs cultured in complete, glutamine (Gln) free, serine (Ser) free, and arginine (Arg) free medium overnight and cell lysate was used for immunoblotting using the antibodies indicated.

Finally, it remains to be known whether cancer cells will be able to resist the effect of glutamine depletion and exhibit resistance to glutaminase inhibitors, currently used in patients, due to the activation of IKK β and p53 signaling pathways or other parallel pathways. Thus, as a continuation of the work presented in this thesis dissertation, it will be interesting to test the efficacy of targeting IKK β activation of p53 and glutamine metabolism as a dual strategy in the treatment of various cancer types and combating potential resistance to glutamine targeted treatments.

Glutamine supplementation in cancer therapy

Tumors experience differential levels of glutamine, as well as oxygen, which have been previously shown to promote an epigenetic state that favors the expression of several dedifferentiation genes and promote resistance to targeted therapies in melanoma tumors. The data presented in Chapter 3 explores the use of glutamine supplementation in cancer therapy,

however, there are a number of biological questions that deserve further study based on these results. For example, under hypoxic conditions, how do cells allocate glutamine in numerous pathways. Several studies indicated a profound difference in glutamine utilization in normoxia versus hypoxia (10-12). It is apparent that more work is needed to elucidate the exact mechanism of how glutamine is utilized under more physiological or tumor-like conditions. This work in melanoma tumors supports previously published observations showing that glutamine does not directly replenish the TCA intermediate under hypoxic conditions. In order to further test this hypothesis, glutamine tracing can be used in cells cultured under hypoxia and either low or high levels of glutamine. Mass spectrometry analysis can then be used to show how glutamine-derived carbon is being utilized in these cells (13). Delineating how glutamine is metabolized would also support the use of glutamine supplementation in other solid tumors based on their metabolic profile.

Another fundamental question regarding the use of glutamine supplementation is understanding how glutamine can effectively reach the core regions of solid tumors. Indeed, the complexity of the *in vivo* microenvironment in solid tumors poses multiple biological barriers for the delivery of molecular agents (14). In Chapter 3, we demonstrated that glutamine supplementation in diet

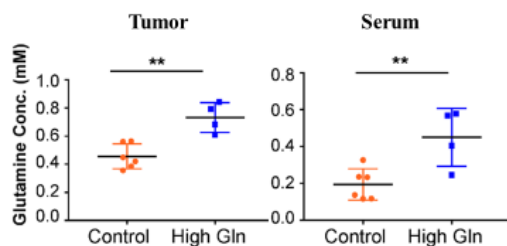


Figure 4: Glutamine supplementation increases glutamine in tumors and serum. Glutamine concentration from M229 tumors and nude mice serum measured by EIA kit (n=6 for Control and n=4 for High Gln biological replicates).

effectively increased the concentration of glutamine in serum and tumors (Figure 4). Thus, it is reasonable to believe that metabolites with low molecular weight would be able to reach the tumor through diffusion as well as membrane transporters expressed on the different cells present in the tumor microenvironment. To test this hypothesis, glutamine infusion experiment can be conducted, where ^{13}C -labelled glutamine is administered through the tail vein of tumor-bearing mice over a period of one hour (13). Tumor tissues are then collected for cell sorting to separate the different cell populations, which can be analyzed by mass spectrometry analysis to trace the accumulation of ^{13}C -labeled glutamine in these cell population and reconstruct a potential molecular map of glutamine delivery *in vivo*.

The results in Chapter 3 also indicate that glutamine supplementation can cooperate with BRAF targeted therapy to inhibit tumor growth. More importantly, the use of glutamine supplementation re-sensitized resistant melanoma to BRAF inhibition. We hypothesized that glutamine-induced hypomethylation of H3K4 led to the downregulation of oncogenes, which directly impacted the RAS pathway (Figure 5a) further increasing the efficacy of targeted

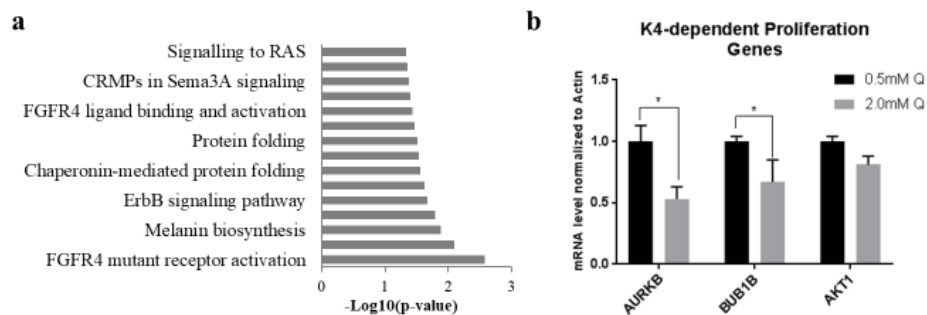


Figure 5: Glutamine supplementation downregulates genes in an H3K4me3 dependent manner. a. Pathway analysis of 51 common genes between RNA-seq and ChIP-seq high glutamine supplemented tumors compared to control ($p < 0.05$). b. M229 cells cultured under hypoxia and either 0.5 or 2.0mM glutamine (Q) medium for 4 days with medium changed daily. Cells were collected for qPCR analysis ($n=3$, independent cell cultures). Data represent means. Error bars are s.d. P value calculated by *t*-test (unpaired, two-tailed). * $p < 0.05$

therapy. The success of using BRAF inhibitor in combination with glutamine supplementation suggest that BRAF was not completely suppressed by dietary glutamine and it is also possible that glutamine can be mediating its effect through other pathways. Thus, identification of the mechanism of how glutamine supplementation inhibits tumor growth can help identify other targets. Since we noted a decreased in Ki67 in melanoma tumors from mice receiving glutamine supplementation, we used M229 cells to investigate changes in K4-dependent genes involved in proliferation (15). We noted a decrease in proliferation genes that could cooperate with the effects of BRAF inhibitors and potentially other targeted therapies (Figure 5b). It would be necessary to study the changes in other K4-dependent genes that affect tumor growth and proliferation. Furthermore, we noted that the knockdown of JARID1A, JARID1B or JARID1C rescues melanoma cells cultured under high glutamine. Thus, it would be interesting to delineate whether all JARID1 demethylases act on the identified proliferation genes. This can be tested using ChIP analysis with JARID1 specific antibodies followed by qPCR to confirm whether these enzymes demethylate H3K4me3 at the promoter of these genes.

Another exciting direction for the use of glutamine supplementation to induce epigenetic reprogramming that inhibit tumor progression *in vivo* is to study its effect in combination with immune-therapy. T-cell activation and proliferation is highly dependent on aerobic glycolysis and glutamine metabolism. In fact, glutamine supplementation has been used clinically to boost immune response in hospitalized patients and expediate recovery (16, 17). This work also demonstrates that dietary glutamine was effective in the inhibition of the syngeneic B16 melanoma in mice with intact immune response (Figure 6). Thus, it would be interesting to study whether glutamine supplementation can synergize with immune therapy to enhance killing of cancer cells or reverse resistance via altered epigenetics. Future experiments with the anti-PD1

responsive syngeneic melanoma YUMM cells can be used to demonstrate whether glutamine supplemented diet can work synergistically with checkpoint inhibitors (18).

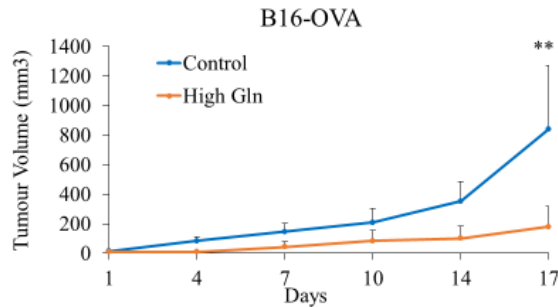


Figure 6: Glutamine supplementation inhibits B16 melanoma tumors growth. B16 cells were injected subcutaneously in C57BL/6 mice and randomly placed on control or high glutamine (High Gln) diet post injection. Tumours were measured twice weekly (Control, n=6; High Gln, n=6). Data represent means. Error bars are s.e.m. P value calculated by *t*-test (unpaired, two-tailed). **p<0.01

In conclusion, this dissertation provides an alternative mechanism to survive glutamine deprivation in cancer via the activation of wild type or mutant p53 and potentially leads to the rise of a resistant population to glutaminase targeted inhibition. More importantly, there is a need to understand glutamine metabolism and adaptive mechanism *in vivo*. This work challenges the current understanding of glutamine metabolism and demonstrate that glutamine supplementation is detrimental to melanoma tumors via epigenetic reprogramming and can increase susceptibility to current cancer therapeutics.

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