IDENTIFYING INHIBITORS OF BREAST TUMOR-INITIATING CELLS

A HIGH-THROUGHPUT SCREEN TO IDENTIFY SMALL MOLECULES THAT SELECTIVELY TARGET TUMOR-INITIATING CELLS IN A MOUSE MODEL OF HER2-INDUCED BREAST CANCER

Ву

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Title: A high-throughput screen to identify small molecules that selectively target tumor-initiating cells in a mouse model of Her2-induced breast cancer

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ABSTRACT

A growing body of evidence suggests that most human tumors, including those of the breast, are organized as cellular hierarchies. Positioned at the apex of these hierarchies are tumor-initiating cells (TICs), which are capable of limitless self-renewal and also differentiate, to give rise to various populations of non-tumorigenic cells that make up the bulk of the tumor. Importantly, recent findings have demonstrated that TICs are refractory to current best practice therapies, and thus likely account for high rates of tumor recurrence following remission. Therefore, it will likely be important to identify novel means of targeting TICs in order to achieve durable cancer cures.

Using a highly sensitive transplantation assay, our laboratory previously showed that mammary tumors arising in various strains of transgenic mice comprise a very high fraction of TICs, and that when cells from these tumors are propagated in serum-free medium as tumorspheres, the high frequency of TICs is maintained. We therefore sought to use mouse mammary tumorspheres as an *in vitro* system with which to identify TIC-targeted agents and carried out a high-throughput screen of nearly 32,000 small molecules. To eliminate compounds showing general toxicity, we employed mouse mammospheres, which primarily comprise normal mammary epithelial stem and progenitor cells, in a secondary screen. Using this platform, we identified a small molecule that selectively targeted tumorsphere-derived cells *in vitro* and led to tumor growth arrest and tumor cell death *in vivo*. This study illustrates the utility of mouse models and high throughput screening to identify compounds which may target TICs but spare untransformed stem cells.

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LIST OF ABBREVIATIONS

ALDH1 – aldehyde dehydrogenase 1 AML – acute myeloid leukemia aS MA – alpha smooth muscle actin bFGF - basic fibroblast growth factor BSA – bovine serum albumin CI – 95% confidence interval CMV – cytomegalovirus CSC – cancer stem cell DAPI – diamidinophenylindoline DFF-dA – difluorofluorescein diacetate DMEM – Dulbecco's Modified Eagle Media DMSO – dimethyl sulfoxide EDAC - 1-ethyl-3-(3-dimethylaminopropyl) carbodiimide EDTA – ethylenediaminetetraacetic acid EGF – epidermal growth factor EGFR – epidermal growth factor receptor ESA – epithelial specific antigen FACS – fluorescence activated cell sorting FBS – fetal bovine serum GPX – glutathione peroxidase GSH – glutathione (reduced) GSK3 β – glycogen synthase kinase 3- β GSSG - glutathione (oxidized) GST – glutathione S-transferase H&E - hematoxylin and eosin HTS – high-throughput screening IC₅₀ – concentration that inhibits activity/viability by 50% IgG – immunoglobulin gamma MMS – mammospheres MMTV - mouse mammary tumor virus MOPS – 3-(N-morpholino)propanesulfonic acid NHS - N-hydroxysuccinimide NOD/SCID - non-obese diabetic/severe combined immune-deficient NSG – NOD/SCID/interleukin-2 receptor $v^{KO/KO}$ PBS – phosphate buffered saline ROS - reactive oxygen species SCM - stem cell media SDS – sodium dodecyl sulfate SFE – sphere-forming efficiency TMS – tumorspheres TUNEL – terminal dUTP nick-end label

1. INTRODUCTION

1.1. Tumor cell heterogeneity and the cancer stem cell model

Human tumors are often complex tissues that, in addition to supporting stromal, endothelial, and hematopoietic cells, comprise a collection of clonally derived, but phenotypically distinct cancer cells. This phenomenon was first realized in the early 20th century, but has only recently been linked to disease progression and response to therapy (Dick 2008). The cancer stem cell hypothesis proposes that this cellular heterogeneity is the result of an abnormal developmental program, initiated by cancer cells with stem cell-like properties, equivalently termed cancer stem cells (CSCs), tumorigenic cells, or tumor-initiating cells (TICs) (Reya et al. 2001). In a process that mirrors normal organogenesis and tissue repair, TICs give rise to all the various tumor cell types through a defined, albeit aberrant program of differentiation (Figure 1). Just as somatic stem cells are unique in their ability to generate and maintain complete normal tissues for the lifetime of an organism, in the abnormal hierarchy of a tumor, only the TICs are thought to possess long term self-renewal and tumor reconstitution potential (Reya et al. 2001). The remaining cancer cells, although capable of rapid short-term proliferation, are thought to be incapable of sustaining tumor growth or initiating malignant metastases. Whereas recent evidence suggesting that TICs may be generated from nontumorigenic cells has rendered the absoluteness of this hypothesis somewhat contentious (Roesch et al. 2010; Vermeulen et al. 2010; Chaffer et al. 2011; Iliopoulos et al. 2011), it nevertheless represents a significant advance in our understanding of tumor biology and also appears to have important clinical ramifications.

Support for the CSC hypothesis has been garnered through the application of functional tests of developmental potential and self-renewal to populations of tumor cells. Analogous to assays for somatic stem cells, bona fide tumorigenic cells must be able to engraft an immunecompromised or syngeneic recipient animal and generate a secondary tumor that recapitulates the tumor of origin, in terms of its cellular heterogeneity and capacity for serial transplantation. Although autologous tumor cell transplantation experiments, which would be considered unethical by today's standards, initially suggested that human tumors comprise rare populations of TICs (Dick 2008), John Dick and colleagues at the University of Toronto were the first to rigorously apply the principles of stem cell biology to isolate and quantify TICs in human tumors (Lapidot et al. 1994). Using a combination of fluorescence activated cell sorting (FACS) and limiting-dilution xenotransplant assays, this group was able to reproducibly separate human acute myeloid leukemia (AML) samples into tumorigenic and non-tumorigenic cell fractions (Lapidot et al. 1994). The cells having tumorigenic potential were characterized by high expression of CD34 and low expression of CD38, a cell surface phenotype normally associated with hematopoietic stem cells. When transplanted into immune-compromised mice, as few as 1000 CD34⁺/CD38⁻ cells could engraft and reproduce the cellular heterogeneity of the primary tumor, whereas CD34⁺/CD38⁺ and CD34⁻ cells never engrafted, even when up to a million cells were transplanted. Since this initial demonstration, analogous protocols have illustrated that minority TIC populations can also be purified from a variety of solid tumor types, including those of the breast (Al-Hajj et al. 2003), brain (Singh et al. 2003), neural crest (Hansford et al. 2007), head and neck (Prince et al. 2007), skin (Quintana et al. 2008; Schatton et al. 2008), colon (O'Brien et al. 2007), and prostate (Collins et al. 2005).

In human breast cancer, cells having tumorigenic potential were first prospectively purified from pleural effusions using antibodies against lineage (Lin) markers (CD2, CD3, CD10, CD16, CD18, CD31, CD64, and CD140b), the epithelial specific antigen, ESA, the hyaluronic acid receptor, CD44, and the heat stable antigen, CD24 (Al-Hajj et al. 2003). Those cells which displayed a Lin⁻/ESA⁺/CD44⁺/CD24⁻ marker profile were capable of generating serially transplantable xenografts in non-obese diabetic/severe combined immune deficient (NOD/SCID) mice 10- to 50-fold more efficiently than unsorted tumor cells, or cells from other sorted fractions. Interestingly, the CD44⁺/CD24⁻ surface phenotype is also associated with basal cells in the mammary gland as well as mammary epithelial cells experimentally induced to undergo an epithelial-to-mesenchymal transition (Mani et al. 2008). Moreover, the CD44⁺/CD24⁻ populations of normal mammary epithelial cells and breast cancer cells have an enhanced capacity to form non-adherent spherical colonies when cultured in serum-free medium, suggesting that they may be stem-like (Dontu et al. 2003; Fillmore and Kuperwasser 2008; Mani et al. 2008).

A complementary approach to enrich for normal and tumorigenic human mammary stem-like cells uses the Aldefluor[™] assay, in which a weakly fluorescent substrate is converted to a more highly fluorescent form in cells having high aldehyde dehydrogenase 1 (ALDH1) activity (Ginestier et al. 2007). Upon transplant, FACS-sorted Aldefluor^{hi} cells have an increased capacity for generating xenografts in NOD/SCID mice as compared to unsorted cells, whereas Aldefluor^{lo} cells do not engraft. Notably, the Aldefluor assay has also been used to further enrich the purity of TICs in the CD44⁺/CD24⁻ population of breast tumor xenografts, and in one experiment, as few as twenty Lin⁻/Aldefluor^{hi}/CD44⁺/CD24⁻ cells were capable of generating

tumors in subsequent recipients. Interestingly, CD44⁺/CD24⁻ and ALDH1⁺ cells are more often found in breast tumors of the basal molecular subtype (Lee et al. 2011), however, it is presently unclear whether this reflects an increased frequency of TICs in basal versus luminal breast cancer, or whether TICs in luminal breast cancers express different cell-surface markers or functional activities.

Importantly, numerous pre-clinical and clinical studies have demonstrated that many front-line chemotherapeutics, including anthracyclines, alkylating agents, taxanes, antiestrogens, and nucleoside analogues can increase the frequency of CD44⁺/CD24⁻, ALDH1⁺, and/or sphere-forming cells in human breast cancer cell lines (Fillmore and Kuperwasser 2008), xenografts (Yu et al. 2007), and patient tumors (Li et al. 2008; Creighton et al. 2009; Lee et al. 2011), suggesting that although these agents can shrink tumors, they may be ineffective at targeting rare TICs. Given that TICs are capable of limitless expansion and possess tumorreconstitution potential, these findings offer an explanation for the eventual failure of current therapeutic regimens and stress the importance of finding novel means of targeting these stemlike cells in order to achieve long-lasting cures. Moreover, because cancer stem cells and normal somatic stem cells likely share many but not all attributes, and the latter cells are critical for the maintenance of normal tissue homeostasis, it would be advantageous to identify agents which target TICs but not untransformed stem cells (Figure 2).

1.2 Mouse models of human breast cancer

Unfortunately, extensive molecular characterization of TICs from tumors generally, and in particular human breast tumors, has been hindered by an inability to obtain sufficiently pure populations with which to perform analyses – and this in turn has impeded drug discovery

efforts. The difficulties stem primarily from the relative rarity of TICs within human breast tumors (1 in $10^4 - 1$ in 10^5 cells), the small quantity of tumor tissue made available following surgical resection (<1 cm³), the failure of current culture techniques to permit maintenance or expansion of the number of TICs *in vitro*, and the lack of unambiguous markers to distinguish TICs from the more abundant non-tumorigenic cells. By contrast, mammary tumors that arise in various strains of transgenic mice can be grown to larger sizes (~5 cm³) and comprise a very high fraction of TICs (Kurpios et al. 2011). As determined by limiting-dilution cell transplant assay, approximately 30% of bulk tumor cells from each of 3 independent strains are functional TICs, and remarkably, single unpurified tumor cells can generate large tumors in as little as 16 weeks. One such transgenic strain, in which Her2 is overexpressed and activated in mammary epithelial cells, serves as a good illustration of how mouse models of breast cancer can be used to circumvent some of the issues associated with working with human breast tumors, and can serve as tool to aid in discovery of agents that target breast TICs.

Her2 (c-ErbB2, Neu) is a receptor tyrosine kinase of the epidermal growth factor receptor (EGFR) family that is amplified and/or overexpressed in approximately 20-30% of human breast cancers, and whose expression is inversely correlated with patient survival (Slamon et al. 1987). Two targeted therapies are currently approved to treat patients with Her2positive breast tumors: Trastuzumab (Herceptin™), a humanized monoclonal antibody directed against the extracellular domain of Her2 (Hortobagyi 2001), and Tykerb (Lapatinib™) (Strecker et al. 2009), a dual-specificity EGFR1/Her2 kinase inhibitor. Although these therapies are often able to prolong survival, they are rarely curative, and patients generally relapse with resistant disease (Harris et al. 2011). These observations suggest that tumorigenic cells may be spared by these

treatments and emphasizes the need to develop new approaches to treat patients whose tumors overexpress Her2.

Several mouse models of Her2-overexpressing breast cancer have been developed (reviewed in (Ursini-Siegel et al. 2007), and for a variety of reasons we have chosen to focus on the N#202 strain developed by Bill Muller and colleagues (Guy et al. 1992). This particular strain expresses the cDNA for normal rat Neu under transcriptional control of the mouse mammary tumor virus (MMTV) promoter/enhancer, and was initially developed as an alternative to earlier MMTV-Neu-NT models, which were engineered to express a mutant and constitutively active form of Neu (Muller et al. 1988). In the latter model, transgenic females develop synchronous multi-focal mammary tumors with early onset and high penetrance, however in the N#202 strain, mammary tumors arise after a long latency period (50% of virgin mice develop tumors by 205 days of age), often comprise a single focus, and have a propensity to metastasize to the lung, suggesting that additional mutagenic events are required for frank tumor development. Interestingly, the majority of N#202 tumors feature in-frame mutations in the transgene, which eliminate or add an odd number of cysteine residues in the extracellular juxtamembrane region of the Neu protein (Siegel et al. 1994). This causes intermolecular disulfide bonds to form between receptors and leads to constitutive, ligand-independent activation of Neu tyrosine kinase activity and downstream signaling events, including the Phosphatidyl-inositol-3 kinase (PI3K) and Src pathways.

Given that the same or similar processes lead to tumor formation in most mice of this strain, it is not surprising that global transcriptomic analyses demonstrated a homogeneous pattern of gene expression among nearly all N#202 tumors examined (9 of 10) (Herschkowitz et

al. 2007). This suggests that studies of tumor progression or response to therapy in this model are likely to yield similar results across individual mice, which in turn simplifies the interpretation of experimental results. Furthermore, by comparing the gene expression profiles of this and 12 other mouse models of breast cancer with those of 184 primary human breast tumors, it was demonstrated that N#202 tumors cluster most closely with human luminal B tumors, which overexpress Her2, lack estrogen and progesterone receptor expression, and exhibit poor prognosis. Thus, this strain provides an accurate and experimentally tractable model of a clinically relevant subset of human breast cancers.

1.3. Sphere culture for propagation of normal and malignant mammary stem cells

As mentioned above, results from our laboratory have demonstrated that approximately 30% of freshly-isolated primary N#202 tumor cells are functional TICs. Moreover, the proportion of tumorigenic cells can be maintained indefinitely by culturing these cells in serum-free, chemically-defined medium containing epidermal growth factor (EGF), basic fibroblast growth factor (bFGF), and B27 nutrient supplement (Kurpios et al. 2011); a medium initially developed to propagate normal mouse neuronal stem cells *in vitro* as neurospheres (Reynolds and Weiss 1992) and later used to propagate normal human mammary epithelial cells as mammospheres (MMS) (Dontu et al. 2003). Under these growth conditions, individual tumor cells give rise to non-adherent colonies we previously termed tumorspheres (TMS) (Youn et al. 2005) (Figure 3), which according to global gene expression profiling, very closely mimic the primary tumor from which they were derived. Importantly, in this model, TMS-forming cells cofractionate with tumorigenic cells, suggesting that sphere-formation is likely a good surrogate assay for TICs (Liu et al. 2007). It is also noteworthy that in contrast to cells grown in serum-

containing medium in two-dimensional (2D) culture systems, which are depleted by orders of magnitude in TICs (Kurpios et al. 2011), cells within TMS bear a striking morphological resemblance to tumor cells *in situ*. Collectively, these findings provided us with a compelling rationale to use mouse mammary TMS as a renewable source of breast TICs for study *in vitro*.

Using the same media and growth conditions that promote neurosphere and TMS formation, we have been able to propagate normal mouse mammary epithelial stem and progenitor cells as MMS (Figure 3). The functionality of these cells is preserved for several passages *in vitro*, and when transplanted orthotopically into the cleared fat pads of syngeneic recipient mice, MMS-derived cells can give rise to duct-limited outgrowths, lobule-limited outgrowths, or complete mammary outgrowths that include both ducts and lobules (Liao et al. 2007) (N. Kurpios and J. A. Hassell, unpublished data). These outgrowths can be serially transplanted in successive recipient animals, formally demonstrating that MMS comprise functional stem and progenitor cells. Furthermore, recent work suggests that mammosphere-initiating cells, identified by their relative quiescence in culture, represent a population of *bona fide* mammary epithelial stem cells (Cicalese et al. 2009). Because these cells likely represent the precursors to breast TICs *in vivo* and are not transformed through *in vitro* sphere culture, MMS are presumed to be an excellent normal cell control for studies carried out in TMS.

2. MATERIALS AND METHODS

2.1. alamarBlue proliferation assay

Thoracic #3 and abdominal #4 mammary glands isolated from 6-8 week old virgin FVB/N females, or mammary tumors isolated from transgenic N#202 females were diced by razor

blade, digested enzymatically (trypsin/collagenase), washed in F12 (Gibco), and resuspended in mouse stem cell media (mSCM) [low glucose DMEM (Gibco)/F12 (Gibco) (3:1) containing mouse EGF (Invitrogen) (20 ng/mL), bFGF (Invitrogen) (40 ng/mL), B27 (Gibco) (4 ng/mL), fungizone (Gibco) (1 mg/mL), penicillin/streptomycin (Gibco) (1%), and Heparin (Sigma) (4 ng/mL)].

Human breast cancer cell line spheres are grown in human Stem Cell Media (hSCM) [low glucose DMEM/F12 (3:1) containing human EGF (Invitrogen) (20 ng/mL), bFGF (10 ng/mL), human insulin (Sigma) (40 μg/mL), B27 (2 ng/mL), fungizone (1 mg/mL), penicillin/streptomycin (1%), and Heparin (4 ng/mL)].

Adherent human breast cancer cell lines were propagated in RPMI (Gibco) supplemented with 10% FBS (Gibco), fungizone (1 mg/mL), and penicillin/streptomycin (1%).

In preparation for alamarBlue assays, sphere cultures were centrifuged and dissociated, or adherent cell cultures trypsinized, washed, and resuspended. Total viable cell number was measured by Trypan Blue (Gibco) exclusion and cell number determined using a hemocytometer. Cells were then diluted 20,000 cells/mL and 50 µL pipetted into wells of a black 384-well plastic dish using a Beckman Coulter Biomek 3000 or Biomek FX. Following addition of cells and compound, the plates are incubated for 24 hours at 37°C, 5% CO₂. alamarBlue (5 µL) (Gibco) is then added to each well, and plates are incubated for a further 24 hours. Fluorescence is read at $\lambda_{\text{excitation}} = 535$ nm and $\lambda_{\text{emission}} = 600$ nm using a Perkin Elmer EnVision or a Beckman Coulter Multimode Detector Dx. High (+) control wells contain cells in media and vehicle without compound, low (–) control wells contain media and vehicle with no cells.

% Residual Activity = (Relative Fluorescence Units - μ / (μ - μ) x 100%

% Inhibition of Proliferation = 100% - % Residual Activity

$$Z' = 1 - ((3\sigma_+ + 3\sigma_-) / |\mu_+ - \mu_-|)$$

 μ refers to the mean Relative Fluorescence Units of the controls, σ represents their standard deviation.

Dose response curves are generated using GraphPad Prism[™] non-linear regression analysis software (unconstrained, variable Hill slope).

2.2. Sphere-forming assay

In preparation for sphere-forming assays, single cell suspensions derived from primary tumors, primary mammary epithelial cells, or established TMS and MMS cultures were obtained as in the alamarBlue assay. Cells were pipetted into wells of a 96-well clear plastic plate using a Beckman Coulter Biomek 3000, and serially diluted compound was then added into triplicate wells. Following 4-7 day incubation at 37°C, 5% CO₂, spheres were counted and normalized to vehicle-treated control wells.

2.3.Animal studies

All experiments were carried out under the auspices of the Canadian Council on Animal Care (CCAC). Mice were housed in the central animal facility at McMaster University and provided food and water *ad libitum*. Female FVB/N mice were used as recipients for N#202 tumor cells and NOD/SCID/IL- $2\gamma^{KO/KO}$ (NSG) mice were used as recipients for HCC1954 cells. Single cell suspensions were prepared at a 2X concentration in phosphate buffered saline (PBS)/5% FBS

prior to being mixed with Matrigel[™] (BD Biosciences) at a 1:1 ratio. One hundred microlitres of the resulting 1X cell suspensions were injected subcutaneously into recipient mice, which were then monitored for tumor growth.

Drug treatments were initiated when tumors reached ~1 cm³. In these instances, mice were treated with Compound X (4 mg/kg in 10 μ L DMSO (FVB/N) or 2 mg/kg in 5 μ L DMSO (NSG)) or an equivalent volume of DMSO vehicle by intraperitoneal injection using a Hamilton syringe. Following treatment, animals were sacrificed by carbon dioxide suffocation and tumors were harvested for fixed tissue or live cell analysis. Serial transplantation assays using cells from these tumors were similarly conducted, however no further treatment was administered to the recipient mice.

2.4. Immunofluorescence microscopy

Formalin-fixed paraffin-embedded tissue fragments were cut into 5 µm sections and placed onto glass slides. Following dewaxing in xylenes and incubation in antigen retrieval solution (Vectashield), sections were washed in PBS (2 x 5 minutes), blocked for 1 hour in blocking buffer (PBS/0.03% Tween-20/3% normal goat serum) prior to incubation with primary antibodies (1.5 hours at room temperature). Sections were then washed (3 x 5 minutes) in PBS prior to incubation with fluorochrome-coupled secondary antibodies (45 minutes at room temperature). After final washes in PBS (3 x 5 minutes), slides were dried, spotted with mounting media containing DAPI (Vectashield), and sealed with coverslips. Primary antibodies and dilutions were as follows: CK8 - polyclonal rat anti-human (Troma hybridoma supernatant) 1/15, aSMA monoclonal mouse anti-human (Sigma) 1/750. Secondary antibodies (used at a 1/200 dilution) were as follows: goat anti-mouse AlexaFluor 488 (Invitrogen), goat anti-rat AlexaFluor 568

(Invitrogen). TUNEL staining was carried out according to the manufacturers protocol (Millipore). All fluorescence images were taken on Leica DMIRB fluorescence microscope.

2.5. Combination matrix models

Where I_A and I_B indicate the % Inhibition of Proliferation achieved by either single agent, and I_{Model} indicates the predicted % Inhibition of Proliferation:

 $I_{Highest Single Agent} = max (I_A, I_B)$ $I_{Bliss Independence} = I_A + I_B - (I_A I_B)$

To provide the highest stringency for quantifying synergy or antagonism, the Highest Single Agent model was applied when antagonistic interactions were inferred, whereas the model for Bliss independence was used for additive or synergistic interactions.

2.6. Affinity purification

Mammary tumors from female N#202 mice weighing approximately 1 g were placed in 1 mL of hypotonic lysis buffer (25 mM MOPS, pH = 7.2, 15 mM EDTA, 15 mM MgCl₂, Protease inhibitors (Roche) 1/10, Phosphatase inhibitors (Roche) 1/10, 0.5% NP-40) and homogenized on ice using a tissue homogenizer (5 second bursts followed by 10 second recovery/cooling periods). Vials were left on ice for 1 hour prior to being centrifuged at 14,000 rpm for 10 minutes at 4°C. Supernatants were then collected as cytoplasmic extracts and, when nuclear extracts were required, the pellet was resuspended in hypertonic lysis buffer (same as above but containing 400 mM NaCl) for a further 20 minutes prior to centrifugation and supernatant collection. Protein concentration in the lysates was estimated using a Bradford assay (BioRad), and was typically 25-50 mg/mL.

Prior to the binding assay, lysates were diluted to 2-4 mg/mL in cold (4°C) binding buffer (50 mM Tris, pH = 7.4, 150 mM NaCl, 5 mM EDTA, Protease inhibitors (Roche) 1/10, Phosphatase inhibitors (Roche) 1/10, 0.5% NP-40) and Compound X (200 μ M unless otherwise indicated) or an equivalent volume of DMSO vehicle was added to the lysates. Affinity probe-coupled magnetic beads (~2 x 10⁸ beads per reaction) were washed 3 times in cold binding buffer, collected by magnet, resuspended in lysate and incubated at 4°C for 1 hour using slow-tilt rotation. The beads were then collected by magnet and washed 3 times in cold PBS to remove non-specifically-bound proteins. Beads were then resuspended in SDS buffer containing reducing agent (Invitrogen) and incubated for 5 minutes at 90°C to elute specifically-bound proteins. Lysate (at various dilutions) was similarly incubated in reducing SDS buffer. Beads were then collected a final time by magnet and the supernatants removed for analysis.

Lysates, eluates from the beads, and protein standard ladder (Frogga Biosciences) were then loaded into wells of 4-12% Bis-Tris polyacrylamide gel (BioRad) for electrophoresis. Subsequently, gels were subjected either to silver staining or Western blot.

2.7. Silver stain

Following electrophoresis, gels were removed from their casing and fixed in 50% methanol/12% acetic acid/0.05% formalin for 2 hours, washed in 35% ethanol (3 x 20 minutes), sensitized in 0.02% $Na_2S_2O_3$ for 2 minutes, washed in milliQ water (3 x 5 minutes), and stained in 0.2% $AgNO_3/0.076\%$ formalin for 20 minutes. Gels were then washed again in milliQ water (2 x 1 minute) and developed in 6% $Na_2CO_3/0.05\%$ formalin/0.0004% $Na_2S_2O_3$. Staining was terminated by incubating in 50% methanol/12% acetic acid for 5 minutes. Gels were then

imaged using a Canon CanoScan scanner and stored in 1% acetic acid until bands were excised and sent for proteolytic digestion and mass spectrometry.

2.8. Western blot

Following electrophoresis, proteins in polyacrylamide gels were transferred onto polyvinylidine fluoride membranes (Millipore) and then incubated for 2 hours at 37°C in blocking buffer (PBS/0.1% Tween-20/5% BSA). Membranes were then placed in blocking buffer containing primary antibodies and incubated overnight at 4°C. These were then washed (3 x 10 minutes) in PBS/0.1% Tween-20 before being placed in blocking buffer containing fluorochrome-coupled secondary antibodies and incubated for 1 hour at room temperature. After a final series of washes in PBS/0.1% Tween-20 (8 x 5 minutes), membranes were imaged using an Odyssey scanner (Leica). Primary antibodies and dilutions were as follows: CK5 - monoclonal rabbit antihuman (AbCam) 1/500, CK79 - polyclonal mouse anti-human (AbCam) 1/500, E-cadherin monoclonal mouse anti-human (Invitrogen) 1/1000, β -catenin - polyclonal rabbit anti-human (Invitrogen) 1/1000, Serum Albumin - polyclonal goal anti-mouse (AbCam) 1/1000. Secondary antibodies (all used at a 1/5000 dilution) were as follows: goat anti-rabbit AlexaFluor 680 (Invitrogen), goat anti-mouse AlexaFluor 680 (Invitrogen), donkey anti-goat AlexaFluor 680 (Invitrogen), goat anti-mouse Infrared Dye 800 (Sigma).

2.9. Reactive oxygen species detection assay

MCF7 cells were seeded in 384-well plates in DMEM/10% FBS and allowed to adhere for 24 hours. Media was removed and cells were washed in PBS. DFF-dA probe (Invitrogen) (10 μ M in PBS) was then added and cells incubated for 1 hour before this was removed and fresh PBS

added. Compound X, H_2O_2 , or Fervenulin X was then added and fluorescence measurements were taken after 24 hours. Oxidized DFF-dA signal for each assay was normalized to the signal generated by the DMSO control in that assay.

2.10. Wnt reporter assay

Stable cell lines were generated by infecting either adherent MCF7 breast cancer cells or HCT116 colon carcinoma cells with lentivirus particles encoding a TOP-FLASH reporter containing 7 repeats of the TCF4 consensus sequence driving expression of firefly Luciferase and a CMV-driven puromycin resistance gene (Invitrogen) at a multiplicity of infection of less than 1 particle/cell. Infected cells were then cultured under puromycin selection as populations comprising greater than 500 clones. Prior to reporter assays, cells were trypsinized and seeded into wells of 384-well plates at 5000 cells/well. Compound dilutions were then added and plates incubated for 22 hours. alamarBlue was then added to each well and cells were incubated for 2 hours further prior to reading fluorescence and performing luminescence assays using SteadyGlo luciferin (Promega). Fluorescence and luminescence readings were obtained using a Beckman Coulter Multimode Detector Dx.

Note: Experiments were conducted a minimum of two times and a representative experiment shown unless otherwise stated in figure captions.

3. RESULTS

3.1. Chemical screens

Using the murine sphere cultures as model systems, we set out to identify small molecular weight compounds that would target breast TICs but not normal mammary epithelial

cells. To this end, we developed an alamarBlue-based high throughput screening (HTS) assay that quantifies cell proliferation and metabolism during the time that spheres are formed (Figure 4). Using this assay, we carried out a primary screen of nearly 32,000 compounds in duplicate in TMS at a concentration of 5 µM, and in so doing, employed TMS preparations from 10 different primary tumors. Z' values, which take into account replicate error and signal to noise ratio, were greater than 0.5, indicating excellent assay quality (Zhang et al. 1999). The libraries screened include the Canadian Compound Collection, which comprises novel synthetic compounds from Chembridge and Maybridge as well as known bioactive molecules from BIOMOL, Sigma, Prestwick, and MicroSource; the Johns Hopkins Clinical Compound Collection, a library comprising approved drugs, pharmaceutical excipients, and food additives; a library of approved drugs from Dr. Aaron Schimmer at the University of Toronto; and three natural product-inspired synthetic libraries from Prabhat Arya of the National Research Council of Canada. A scatterplot (Figure5A) and histogram (Figure 5B) of the primary screen illustrate that the activity of all tested compounds conformed to a Gaussian distribution centered at ~94% residual activity with a standard deviation of ~15%.

Compounds that inhibited proliferation by greater than 75% in the primary screen were identified as hits and selected for follow up dose-response alamarBlue assays carried out in TMS and MMS in parallel. In addition, we assayed compounds that enhanced proliferation by greater than 250%. Importantly, cells from established TMS and MMS preparations exhibit nearly identical sphere-forming efficiencies (~1 in 100), and over the course of the 48 hour assay display very similar growth kinetics (A. Kreso and J. A. Hassell, unpublished data). As such, a comparative chemical sensitivity analysis between TMS- and MMS-derived cells is unlikely to be

biased by differences in the cellular proliferation rates or the number of sphere-forming units present in these two populations.

3.2. Chemical biology identifies similarities among hit compounds

The screening campaign yielded more than 250 hits, nearly 200 of which had IC_{50} values (the concentration required to inhibit proliferation by 50%) of less than 5 μ M in TMS and MMS (Table 1, Appendix 1). Furthermore, we found that several compounds having agonistic effects in the primary screen elicited dose dependent increases in proliferation in the follow-up assays (Figure 5H). Although the vast majority of compounds were found to act similarly on both populations (Figure 5C), and several compounds were more potent in MMS than in TMS (Figure 5F), we nevertheless sought commonalities among our hits at both the structural and mechanistic levels.

Structural similarity searches were carried out with the aid of PowerMV[™] software, and the results were manually curated to eliminate false positives. This exercise allowed us to identify 38 classes of structurally related compounds, each of which comprises two or more structural analogues (Table 2). As a small molecule's structure is often related to its biological function, hit compounds that exhibit significant structural relatedness and have comparable potencies might be expected to share a common molecular target.

As a complementary approach, we carried out literature searches to discover common biological indications among structurally distinct hits (Figure 5D, Table 3). In this way, we identified a number of molecular targets, cellular processes, and signaling pathways that likely play important roles in breast TIC and mammary epithelial stem and progenitor cell biology.

Several of these have been previously implicated in human breast cancer and mammary gland development, including the estrogen receptor and NFkB transcription factors, as well as topoisomerase II. However, in addition, this approach implicated a number of molecular targets whose roles in the normal or malignant mammary epithelium have not been well established. Most notable among these are several classes of G-protein coupled receptors (GPCRs) including serotonin, histamine, dopamine, and adrenergic receptors. In fact, one of the largest classes of structurally related hit compounds included phenothiazines and thioxanthenes, whose actions on a subset of these neurotransmitter receptors are thought to confer them with antipsychotic (i.e. Thioridazine) or anti-emetic (i.e. Triflupromazine) properties.

Because these and many other hit compounds are drugs approved for a variety of indications other than cancer, and have well defined pharmacological, toxicological, and drug interaction profiles (Regenthal et al. 1999), it may be a worthwhile exercise to determine whether they could be safely re-purposed to treat breast cancer patients (Chong and Sullivan 2007). For example, we found that Disulfiram, an alcohol deterrent and reported alcohol dehydrogenase (Sharkawi 1980) and proteasome inhibitor (Chen et al. 2006), exhibited an IC₉₀ of less than 200 nM in TMS (Figure 4H), a concentration 8 to 10 times lower than the plasma concentration that elicits toxic side effects in humans (Regenthal et al. 1999). Notably, clinical trials involving this compound as a single agent or as a component of combination therapy are underway in prostate (ClinicalTrials.gov Identifier: NCT01118741) and liver (NCT00742911) cancer patients, and have been completed in melanoma (NCT00256230) and lung cancer (NCT00312819) patients, although data from the latter trials are not yet published.

3.3. Identification and characterization of Compound X

Whereas the screening campaign successfully identified hundreds of potent hits, only one compound in all the libraries (Chembridge 5234104, a structural analogue of toxoflavin that we termed Compound X) exhibited significant TMS-selectivity (IC_{50-TMS} = 63 nM (95% Confidence Interval (CI) = 19-210 nM) and IC_{50-MMS} = 1.4 μ M (CI = 1.3-2.3 μ M)) (Figure 5E). Sphere-forming assays confirmed that Compound X selectively blocks the formation of TMS as compared to MMS, whether from primary cell isolates or established sphere cultures (Figure 6A-B), suggesting that this compound preferentially targets TMS-forming cells relative to MMS-forming cells. In addition, at doses similar to those which inhibited mouse mammary TMS formation, we found that Compound X effectively blocked sphere formation in a panel of 9 human breast cancer cell lines representative of the various molecular subtypes of human breast cancer (Table 4), and inhibited the proliferation of 14 human breast cancer cell lines and 2 quasi-normal human breast epithelial cell lines growing adherently in serum-containing medium (Table 5), demonstrating that the activity of this compound is not limited to murine breast tumor cells. Although adherent cell cultures may be depleted in TICs, the rationale for performing proliferation assays under these conditions was provided by the wealth of knowledge related to breast cancer cell lines propagated in serum-containing medium, including detailed portraits of their genomic aberrations, as well as transcriptomic and protein expression profiles (Neve et al. 2006).

To establish the extent to which the activity and selectivity of Compound X might be explained by its chemical structure, and to determine whether we could find more potent or more selective analogues, we assayed a compendium of small molecules that share structural features with the screening hit. Interestingly, we discovered that the unsubstituted parent

molecule, toxoflavin, although active was not selective (Figure 6C ii), whereas a number of analogues having aromatic ring substitutions at the 3-position on the azapteridine ring were both active and selective (Figure 6C iv-vi), though none to the same extent as Compound X. By contrast, analogues retaining aromatic substitutions but having a fervenulin core rather than a toxoflavin core were unable to inhibit cell proliferation, even at doses up to 100 μ M (Figure 6C iii). Collectively, these observations demonstrate that the toxoflavin core is required for activity and that the aromatic substitutions confer selectivity. Furthermore, this analysis suggested that the most promising compound in the series was in fact Compound X, prompting us to focus on this molecule for the remainder of our study.

3.3.1. Compound X alters the morphology, marker expression patterns, and apoptotic index of sphere-resident cells

To identify phenotypic changes that occur in TMS- and MMS-resident cell populations upon exposure to Compound X, we examined histological sections of 4-day old spheres that had been treated *in vitro* for 24 hours with varying concentrations of the compound. Analysis of hematoxylin and eosin (H&E) stained sphere sections revealed distinct morphological differences between Compound X- and vehicle-treated spheres (Figure 6D-E). Whereas cells within vehicle-treated TMS and MMS were densely packed, had high nuclear-to-cytoplasmic ratios, and stained intensely with hematoxylin, cells within Compound X-treated spheres were larger, more loosely associated, exhibited lower nuclear-to-cytoplasmic ratios, and stained less intensely. These observations suggest that Compound X altered the nature of sphere-resident cells in both TMS and MMS.

To determine whether the morphological changes induced by Compound X were accompanied by differences in the expression of lineage markers, we stained sphere sections with antibodies to alpha-smooth muscle actin (aSMA), which identifies myoepithelial- and mesenchymal cells in the mouse mammary gland, and cytokeratin 8 (CK8), which identifies mammary epithelial cells of the luminal lineage (Figure 6D-E). Whereas TMS-resident cells normally co-express aSMA and CK8 in all cells, treatment with 2.5 µM Compound X caused a segregation of these markers into distinct TMS-resident cell populations (Figure 6D, 5Fi). Interestingly, upon treatment, cells at the periphery of TMS retained expression of CK8 but lost expression of aSMA, whereas cells in the centers of spheres lost expression of CK8 and retained expression of aSMA.

Unlike TMS, MMS generally express myoepithelial-, but not luminal-lineage markers (Figure 6E, 5Fii). When treated with Compound X however, some MMS-resident cells were found to express CK8. These changes in marker expression in TMS and MMS may be due to the induction of a program of differentiation, or could alternatively be a byproduct of cell death.

To determine whether the differential activity of Compound X on TMS- and MMSderived cells was a result of selective induction of cell death, we performed quantitative terminal dUTP nick-end label (TUNEL) staining on sphere sections. Whereas TUNEL-positive cells were rare in dimethyl sulfoxide (DMSO)-treated TMS and MMS (<1 %), exposure to Compound X increased their abundance in a dose-dependent manner (Figure 6G). Notably, 24 hours after treatment with 2.5 µM Compound X, fragmented DNA could be detected in nearly 90% of TMSresident cells. By contrast, when MMS were treated with 2.5 µM Compound X, fewer than 10% of MMS-resident cells became TUNEL-positive, suggesting that the selective activity of this

compound was likely due to preferential induction of cell death in TMS-resident cells. Notably, the observation that Compound X induced cell death in the vast majority of TMS-resident cells implies that all tumor cell types present in TMS, including TICs (which represent ~30% of TMS-resident cells) and non-tumorigenic cells (which represent the remaining ~70%) are sensitive to the compound.

3.3.2. Compound X inhibits the growth of mouse mammary tumors

The results of our in vitro analyses suggested that Compound X may target tumor cells more readily than normal cells, which we hypothesized might manifest itself as a high therapeutic index in vivo. Using the LD₅₀ (dose which is lethal to 50% of animals) of toxoflavin as a starting point, we determined the maximum tolerated dose (MTD) of Compound X to be between 2 and 4 mg/kg by intraperitoneal injection, depending on the strain of mouse used the in the study (Figure 7A). To assess the therapeutic potential of Compound X in mammary tumorbearing mice, we seeded subcutaneous tumors using two general models: primary murine N#202 tumor cells transplanted into syngeneic, immune-competent FVB/N recipients at 10,000 cells/injection, and human Her2-positive HCC1954 sphere-derived breast cancer cells transplanted into immune-compromised NOD/SCID/IL-2v^{KO/KO} (NSG) recipients at 50,000 cells/injection. When tumor grafts reached ~1cm³, mice were treated with Compound X at 4 mg/kg/day (FVB/N) or 2 mg/kg/day (NSG) by intraperitoneal injection, for two cycles of 5 days on and 2 days off. Over this period, control animals were injected with an equivalent volume of DMSO vehicle (10 or 5 μ L, resepectively). Tumor dimensions were measured every 2-5 days, and volumes were inferred (I x w x h) and normalized to the volume of the tumor at the time treatment began. Six hours after the last treatment in FVB/N recipients, or 48 hours after the

last treatment in NSG recipients, mice were sacrificed and their tumors were harvested for analysis.

In the N#202 model, using three independent primary tumors, Compound X significantly inhibited tumor growth by comparison to DMSO-treated controls (*p* < 0.0001) (Figure 7B-C), and induced a marked change in gross tumor morphology and cellular composition as judged by histological analysis (Figure 7D-E). Whereas tumors from DMSO-treated animals were composed almost entirely of tumor epithelial cells, those of the Compound X-treated mice contained a mixture of tumor and reparative/regenerative tissue – features which are similar to those seen in human breast tumors excised following chemotherapy (Anita Bane, personal communication).

Immunostaining patterns were also different in DMSO- and Compound X-treated tumors. Whereas the DMSO-treated tumors were devoid of cells expressing aSMA, Compound X-treated tumors contained streaks of aSMA-positive cells that covered approximately 10% of the tumor sections (Figure 8A). Although this marker is used to identify mature myoepithelial cells in the mouse mammary gland and ostensibly differentiated N#202 tumor cells (Kondratyev et al. 2011), it also stains fibroblasts. Because the aSMA-positive cells were elongated, had cytoplasmic projections, and were localized to regions of the tumor that showed signs of repair and regeneration, we concluded that this antibody was most likely marking the latter cells.

CK8 is a marker of luminal-lineage epithelial cells in the mouse mammary gland and is ubiquitously expressed in N#202 tumor cells *in situ*. Whereas in DMSO-treated tumors, CK8 was expressed throughout the tumor, in Compound X-treated tumors it was not expressed in aSMApositive cells but was expressed at normal levels in the remaining 90% of cells present in the sections (Figure 8A). Finally, we observed intense TUNEL staining in the reparative regions of Compound X-treated tumors, indicating the presence of fragmented DNA. Interestingly, this stain was localized not only to nuclear regions, but also to cytoplasmic and apparently extracellular regions. These observations suggest that the treatment caused tumor cells to undergo cell death *in vivo*, and that the nucleic acid debris had not been fully cleared from the affected region of the tumor (Figure 8B). Incidentally, we did not observe a difference in the Ki67 proliferation index between Compound X- and vehicle-treated tumors (data not shown).

Contrasting the findings in the N#202/FVB/N model, in the HCC1954/NSG model, no clear differences in tumor size were observed between DMSO- and Compound X-treated cohorts (Figure 9A-B), nor were there overt differences in their hematoxylin & eosin- (Figure 9C-D), CK8-, aSMA- or TUNEL-staining patterns (Figure 10A-B). Several differences between the mouse-in-mouse and human-in-mouse models might explain these disparities. First, the twofold reduced dose of Compound X required to treat the NSG mice may not have provided sufficient drug to the site of action to trigger tumor cell response. Second, immune cells present in FVB/N but not NSG mice, including mature B- and T-cells, may be critical in mediating the effects of the compound. Third, although HCC1954 tumor cells overexpress Her2, they are classified as basal, whereas N#202 tumors are luminal – thus, the nature of these tumor cells is fundamentally different, and while Compound X similarly blocks sphere formation by N#202 and HCC1954 cells *in vitro*, there may be differences in their response to the compound *in vivo* as a result of their genetic makeup or gene expression profiles. Finally, we cannot exclude the possibility that some cells within the HCC1954 tumors may have been targeted by the compound, but that these cells may have been so rare as to have yielded no obvious phenotype.

Despite the apparent lack of activity against HCC1954 tumors, the observation that Compound X effectively halts the growth of N#202 tumors and induces tumor cell death argue that this compound might show promise in treating a subset of breast cancer patients whose tumors are classified as luminal B and Her2-positive.

3.3.3. Treatment with Compound X in vivo does not increase the number of sphere-forming cells resident in tumors and does not cause the emergence of resistant sphere-forming cells

Because Compound X treatment induced tumor cell death and led to a reduction in N#202 tumor volume relative to vehicle-treated controls, we questioned whether this regimen also reduced the number of tumor-resident TICs. Because TMS formation can be used as a surrogate assay for TICs, we attempted to address this query by quantifying the sphere-forming efficiencies of cells isolated from compound- and vehicle-treated tumors (Figure 11A).

Vials of tumor fragments (~250 mg), which had been frozen and stored in 90% FBS/10% DMSO at -80°C, were thawed at 37°C, washed in F12, and processed to single cells using mechanical and enzymatic dissociation. Four matched pairs of tumors were analyzed – two from cohort 811, one from cohort 7782B, and one from cohort 890 – each pair consisting of a Compound X-treated and a vehicle-treated tumor. Once processed, the isolated cells were seeded in chemically-defined medium at 100,000 viable cells/mL in ultra-low attachment 96-well dishes and after 7 days, the spheres were counted.

Notably, the percentage of viable cells recovered from these tumors ranged from 20 to 40%, which contrasts with the viability obtained from fresh tumors, which typically exceeds 90%. Furthermore, cells from the 890 cohort yielded no spheres, and the sphere-forming

efficiencies of cells from the remaining tumors averaged approximately 1 in 500, or about 5-fold lower than normally observed. Collectively these observations imply that the freeze-thaw procedure had highly deleterious consequences to both the viability and functionality of sphereforming cells in tissue fragments. Nonetheless, it is interesting to note that the frequency of sphere-forming cells was not significantly different among Compound X- and vehicle-treated tumors (SFE_{DMSO} = 1/560 (1/290 – 1/6,700) and SFE_{Compound X} = 1/480 (1/340 – 1/833)), implying that, all deleterious consequences being equal, compound treatment did not alter the frequency of TICs in these tumors relative to those in vehicle-treated controls. However, because treatment halted tumor growth and in many cases caused tumors to regress, the compound may have led to a reduction in the absolute number of sphere-forming cells resident in tumors.

It is conceivable that the viable sphere-forming cells which remained in the tumors of Compound X-treated animals might have survived treatment because of an intrinsic or adapted resistance to the compound. To rule out this possibility, we also subjected the cells isolated above to sphere-forming assays in the presence of varying concentrations of Compound X. In these assay, cells isolated from Compound X- and vehicle-treated tumors were approximately equally sensitive to the compound when treated *in vitro* (IC_{50-DMSO} = 1 μ M (CI = 0.6-1.7 μ M) and IC_{50-Compound X} = 1.4 μ M (CI = 1.1-1.8 μ M)) (Figure 11B). Therefore the compound did not cause the emergence of resistant clones. It is notable that the IC₅₀ observed in these assays was considerably higher than previously observed from freshly-isolated tumor cells, however a number of differences between the experiments may account for this disparity, including the higher cell density and ultra-low attachment plates used in these latter assays. These alterations to the protocol were intended to counteract the low cell viability and functionality, since in a
previous experiment using cells isolated from frozen tumor samples, incubating cells at a lower cell density in normal tissue-culture treated dishes caused many of the cells to adhere to the plastic and prevented them from forming spheres (data not shown).

3.3.4. Compound X-treated tumor cells form tumors more efficiently than cells from vehicletreated tumors

To more formally address whether *in vivo* treatment had affected the frequency of TICs present in N#202 tumors, we performed comparative serial transplantation assays in parallel to the experiments described above. Cells isolated from the four matched pairs of tumors were transplanted into 6-8 week old female FVB/N recipient mice at 5,000 and 50,000 viable cells per subcutaneous injection. Four mice were injected per condition, and the animals were monitored for tumor growth over the course of the next 20 weeks. All mice in a given condition were sacrificed when the first mouse in that group reached endpoint.

Notably, cells from both Compound X- and vehicle-treated 890 tumors did not form tumors upon re-transplant, paralleling their inability to form spheres in suspension culture. Furthermore, in the remaining samples, the latency to tumor incidence was considerably longer than expected, likely because the TIC frequency was reduced. Thus, the transplantation assays appear to have suffered from the poor cell viability and loss of functionality that plagued the sphere-forming assays.

Disappointingly, in two of the three cohorts which did engraft (each comprising a Compound X- and a vehicle-treated tumor) tumor cells isolated from Compound X-treated animals formed large secondary tumors faster than those isolated from vehicle-treated animals

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(Figure 11C-D), whereas in the third cohort the opposite was true (Figure 11E). Because data from our laboratory has previously suggested a direct correlation between the number of TICs injected, and either the time to frank tumor onset or the size of the resulting tumor (Kurpios et al. 2011), the observations made in former two cases suggest that the compound may have preferentially ablated non-tumorigenic cells, resulting in an enrichment in TICs. However, results from the third experiment call this into question and suggest that the compound may have led to a modest reduction in TICs. Although these experiments have not shown a consistent trend, collectively they suggest that Compound X does not lead to a dramatic increase or decrease in the frequency TICs in N#202 tumors. In addition, it bears mention that the *in vivo* treatment regimen may not have been optimized, and thus we cannot rule out the possibility that a longer treatment period may eventually have eliminated all TICs resident in these tumors.

3.4. Identifying the molecular target and mechanism of action of Compound X

To the best of our knowledge, Compound X's molecular target and mechanism of action in mammalian cells has not been fully characterized. However, it is a structural analogue of toxoflavin, a toxin that has been isolated from certain pathogenic bacteria including strains of *Pseudomonas* and *Burkholderia* (Latuasan and Berends 1961; Levenberg and Linton 1966; Garcia et al. 1999).

In addition to its ability to act as an electron carrier (Latuasan and Berends 1961), toxoflavin and its analogues have been reported to affect the activity of numerous proteins including Hepatitis C Virus RNA-dependent RNA-Polymerase (HCV RdRP) (Middleton et al. 2007), human RNA-Polymerase II (PolII) (Middleton et al. 2007), Polo-Like Kinase 1 (Plk1) (Goh et al. 2004), and a number of other kinases, phosphatases, and transcription factors (Lepourcelet et al. 2004; Pharmaceutica 2004b, a; Frank 2008). As a first pass attempt to identify the molecular target of this compound, we sent several milligrams to Millipore so that it could be subjected to a series of *in vitro* kinase assays at a concentration of 2 µM. The rationale for assaying this compound against kinases is related to the reported importance of various kinases in human cancer (Zhang et al. 2009). However, at this concentration, the compound did not appreciably inhibit the activity of any of the 82 human kinases in the panel (Table 6), suggesting that Compound X does not target this class of proteins. Thereafter we undertook a more rigorous program to define the compound's molecular target and mechanism of action and, given the plethora of potential molecular targets, our primary approach was to attempt unbiased affinity purification.

3.4.1. Affinity purification of proteins that interact with Compound X

To unambiguously identify the target of Compound X, we sought to develop an affinity probe, which could be linked to a solid substrate and used to screen cell lysate for proteins that physically interact with the pharmacophore of the compound. To learn whether we could modify the structure of Compound X without affecting its activity, we extended the findings of our initial structure activity relationship (SAR) analysis using additional Compound X analogues (Table 7) (Todorovic et al. 2010). This exercise illustrated that derivatives containing a 4-carbon alkyl or 6-carbon acyl chain modification at the para-position on the aromatic ring retained potent activity, suggesting that a linker might be tolerated at this position. Replacing these groups with an amide-linked 8-chain polyethyleneglycol-carboxylic acid (PEG8-COOH) moiety resulted in a compound which, although less potent than the acylated derivative, still retained activity (Figure 12A). This ligand (Compound X-PEG8-COOH) was then coupled to amine coated

magnetic beads by amide bond formation catalyzed by 1-ethyl-3-(3-dimethylaminopropyl) carbodiimide (EDAC) and *N*-hydroxysuccinimide (NHS) (manufacturers protocol) (Figure 12B). The remaining free amines present on the beads were then capped using excess sodium acetate in a second EDAC/NHS-catalyzed reaction to create the final affinity resin.

Tumor lysates were prepared by homogenizing freshly-isolated ~1g N#202 tumor chunks under mild detergent and hypotonic salt conditions in the presence of protease and phosphatase inhibitors (Chen et al. 2007). Following a one hour lysis on ice, the suspensions were centrifuged and supernatants collected as cytoplasmic fractions. When indicated, nuclear extracts were prepared by resuspending the pellet in hypertonic lysis buffer containing 400 mM sodium chloride and incubating for a further 20 minutes on ice prior to centrifugation and supernatant collection. In the latter cases, the two fractions were mixed to generate whole cell lysates. Protein concentration in the lysates was quantified using a Bradford assay (typically 25-50 mg/mL) and aliquots were frozen at -20° C. Prior to the affinity experiments, lysates were thawed and diluted to 2 mg/mL in binding buffer (Chen et al. 2007) then incubated with the affinity resin (~2 x 10⁸ beads) in the presence or absence of 100 µM competing Compound X for 1 hour at 4°C. Beads were then collected by magnet and washed 3 times with excess phosphatebuffered saline (PBS) to eliminate proteins that were non-specifically bound to the resin. Material that remained on the beads after washing was eluted by boiling in reducing SDS buffer and run on a 4-12% Bis-Tris polyacrylamide gel. Gels were then silver stained to visualize proteins present in the various lanes.

Using this strategy, we reproducibly observed a small number of bands in the lanes containing eluate from the non-competition assay (when excess soluble Compound X was

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omitted from the binding buffer), but not the competition assay (when Compound X was included) (Figure 12C-D). These bands as well as control blank bands from each gel were excised and subjected to proteolytic digestion and mass spectrometry. The resulting peptide fingerprints were then used to search online databases (SwissProt, NCB, and Mascot) to identify the proteins present in the bands. Unfortunately, these first analyses yielded no significant results, presumably because the concentration of protein in the bands was below the detection limit of the mass spectrometer. We therefore attempt to scale up the affinity purification step, combined several lanes from two gels, and resubmitted these as a single sample (Figure 12E). In so doing, we obtained the identity of a small number of mouse proteins that were not found in the blank band; namely cytokeratin 5 (CK5), cytokeratin 79 (CK79), and murine serum albumin. We attempted to directly assess whether these proteins were responsible for the band of interest by repeating the binding assay and performing a Western blot (Figure 13A-C). In the case of CK5 and CK79, the banding patterns produced by antibodies against these two proteins did not indicate that they represented the band in the silver stained gel. Furthermore, these two proteins were not detected in tumor lysate, although as expected, CK5 was detected in mouse hide lysate. Unfortunately the antibody against CK79, which was raised in mice against human CK79, proved to be incompatible with our system. This may have been because the protein was simply not expressed in the tumor, or because the primary antibody was unable to recognize the mouse variant of CK79. Alternatively, the AlexaFluor-coupled anti-mouse IgG secondary antibody, which reacted with abundant mouse immunoglobulin heavy chain (50 kDa) present in the lysate, may have obscured detection of the 58 kDa keratin.

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Unlike the anti-keratin antibodies, the antibody against murine serum albumin did produce a band of the same molecular weight as the band identified in the silver stained gel, as is clearly illustrated by a juxtaposition of scanned images of these materials (Figure 13C). In addition, the apparent molecular weight and/or the intensity of this band was altered when excess Compound X was included in the binding assay, though it is difficult to assess the latter quantitatively because these experiments are inherently not conducive to inclusion of loading controls. Nonetheless, these observations strongly suggest that the protein identified in the silver stain was in fact albumin. It should be noted that the anti-albumin antibody also reacts with bovine serum albumin (BSA) (data not shown) and that this protein is a component of the bead storage buffer, as suggested by the bead manufacturer. Therefore, we cannot exclude the possibility that the albumin in both the silver stain and the Western blot was of bovine origin. Nevertheless, it is interesting to note that whatever the source of the albumin, addition of Compound X to the binding assay altered its ability to bind to the affinity resin and thus, Compound X likely directly physically interacts with this protein. This may not be surprising since albumin is known to bind a wide range of small molecules (Martinez-Gomez et al. 2006), and although such an interaction does not offer an attractive explanation for the activity of this compound against tumor cells, this finding is nonetheless interesting in light of the observation that serum, which contains albumin in abundance, can render Compound X less effective.

3.4.2. Serum protects cells from Compound X

We noted a profound difference in the potency of Compound X when we compared N#202 tumor cells propagated adherently in serum-containing medium to matched samples of TMS propagated in serum-free medium using proliferation assays (Figure 14A). Because fetal

bovine serum (FBS) is present in adherent tumor cell cultures, but not in sphere cultures, we investigated the relationship between serum and the activity of Compound X using combination assays.

In order to assay two agents simultaneously, the individual components are first serially diluted and then combined in a matrix, such that all pair-wise combinations are produced (Greco et al. 1995; Borisy et al. 2003; Lehar et al. 2007). Cells were subjected to the combination matrix in an alamarBlue assay under sphere-forming conditions and the response at each combination dose was compared to the response predicted at that dose by mathematical models, which are built based on the activity of the single agents. In this way, the interaction between compounds can be classified as masked, additive, synergistic, or antagonistic, and the degree of synergy or antagonism can be quantified (Loewe and Muischenek 1926; Chou and Talalay 1984; Greco et al. 1995; Borisy et al. 2003; Lehar et al. 2007).

Using this experimental protocol, we determined that FBS decreased both the potency and efficacy of Compound X in a dose-dependent manner, and exerted its protective effects at concentrations as low as 0.16% (Figure 14B). Because serum causes tumor cells to adhere and loose tumorigenic capacity (Cariati et al. 2008; Kurpios et al. 2011), it is conceivable that FBS might reduce the compound's apparent effectiveness by inducing a program of differentiation and eliminating sensitive cells from the population. Indeed, in these experiments, addition of FBS to chemically-defined medium caused sphere-derived MCF7 cells to adhere to the plastic. To address this possibility, we subjected MCF7 cells propagated as either spheres (enriched in TICs (Cariati et al. 2008)) or adherent cells (depleted of TICs (Cariati et al. 2008)) to Compound X in either their standard growth media or in serum-free, growth factor-free media. To accomplish

this task we seeded adherent and sphere-derived cells (passaged greater than 5 times) into wells of a 384-well plate and incubated these for 24 hours. We then removed the media, added serum-free/growth factor-free DMEM, and incubated for 1 hour to wash out the serum. The wash media was then removed and replaced with either fresh serum-free/growth factor-free media, or cell-specific standard growth media (DMEM with 10% FBS for adherent cells or human stem cell medium for sphere-derived cells). Compound X was then added and plates and cells were incubated for 24 hours. alamarBlue was then added and fluorescence was read 24 hours thereafter.

As expected, the adherent cells were resistant to Compound X's anti-proliferative effects when treated in the presence of serum. However, when these same cells were treated in the absence of serum, they were as sensitive to the compound as their sphere-derived counterparts (Figure 14C). This demonstrates that serum's ability to induce an adherent phenotype in tumor cells is unrelated to its ability to protect them from Compound X, and suggests that both tumorigenic and non-tumorigenic cells are sensitive to the effects of the compound when treated in the absence of serum. Moreover, the cells propagated in serum-free growth factor-free medium were slightly more sensitive to the compound than cells growing in chemically-defined medium containing EGF, bFGF, and B27, suggesting that these components may also provide some protection from Compound X. In support of this conclusion, B27 is capable of shifting the IC₅₀ of this compound in a dose-dependent manner (Figure 15A).

To determine whether albumin, the most abundant protein species in both serum- (3.5-5.0 mg/mL) (Shen et al. 2004) and B27-containing medium (1.25-2.5 mg/mL) (Fedoroff and Richardson 2001) might be responsible for the protective action of these agents, we subjected

MCF7 cells to Compound X in the presence of varying doses of BSA. Although BSA alone inhibited proliferation at doses higher than 1.25 mg/mL, at this dose it provided modest protection from Compound X, shifting the IC_{50} but not the maximal effect of the compound (Figure 15B). This suggests that although BSA may bind and sequester the compound, other factors are required to achieve the levels of protection provided by serum or B27.

3.4.3. Compound X produces reactive oxygen species

Along with other biologically active molecules, serum and B27 contain anti-oxidants. Because toxoflavin has been shown to generate hydrogen peroxide (H₂O₂) (Latuasan and Berends 1961), we inquired whether Compound X might do the same, and if so, whether antioxidants were capable of abrogating its anti-proliferative effects. To address the first question, we performed a reactive oxygen species (ROS) detection assay using oxidized difluorofluorescein diacetate (DFF-dA) as a readout. DFF-dA is a cell-permeable fluorescein-based molecule, which in its reduced form is non-fluorescent, but when oxidized by H_2O_2 or other ROS, fluoresces with spectral characteristics similar to fluorescein (Diehn et al. 2009). Using this probe in a microplate-based assay, we determined that Compound X and H_2O_2 induced a dose-dependent increase in the oxidized DFF-dA signal relative to DMSO treated controls (Figure 16A). After 24 hours incubation, fluorescence measurements indicated that 5-20 μ M Compound X generated a signal comparable to 1-7 mM H_2O_2 , suggesting that the compound acted as a catalyst. It is notable that the dose of Compound X required to generate large quantities of H_2O_2 was ~50-fold higher than than the IC₅₀ in proliferation assays in spheres. However, the dose-response curves elicited by Compound X in these and many other assays were generally very shallow (Hill slope <

0.5) and the maximal effect was often only achieved at doses of 1-10 μ M. Therefore, although not conclusive, it is possible that production of ROS can account for the toxicity of Compound X.

The mechanism of H₂O₂ production by Compound X may proceed by transient reduction of the flavin ring to a non-aromatic, high-energy species that is stabilized by up to 6 resonance structures, which may subsequently reduce molecular oxygen to H₂O₂ in a manner that regenerates the aromatic parent compound (Figure 16C-D). Alternatively, Compound X may simply oxidize the DFF-dA probe. Interestingly, the non-toxic fervenulin derivative of Compound X (Fervenulin X) did not cause oxidation of the DFF-dA probe and therefore likely did not produce ROS (Figure 16B). This may be because reduced Fervenulin X can only exist in two energetically-unfavorable, non-aromatic resonance forms (Figure 16E). Of note, the addition of 10 mM reduced glutathione (GSH), a ubiquitous intracellular peptide, which acts a key mediator of redox balance, diminished the oxidized DFF-dA signal induced by 10 µM Compound X (Figure 16B).

In light of this latter finding, we next questioned whether GSH could provide protection from the anti-proliferative activity of Compound X in serum-free medium. When we incubated MCF7 sphere-derived cells with various concentrations of GSH for 2 hours and then subjected them to various concentrations of Compound X, we found that both agents acted as antiproliferatives but that each agent protected cells from the other (Figure 17). Interestingly, in these experiments, the IC₅₀ of Compound X alone was higher than in previous proliferation assays using MCF7 sphere-derived cells. This may have been because in these experiments, cells were seeded into 384-well plates 2 hours prior to the addition of compound whereas in other experiments compound was added immediately after cells were seeded.

The observation that Compound X and GSH act as an antagonistic pair is interesting for a number of reasons. First, glutathione can be converted from its reduced (GSH) to oxidized (GSSG) forms by glutathione peroxidases (GPX) in the presence of H₂O₂, and from GSSG to GSH by glutathione reductases in the presence of NADPH (Ng et al. 2007). Thus, this peptide can act as a reservoir of oxidized or reduced substrate to consume reactive molecules with one or the other propensity. Second, GSH can be conjugated to electrophilic groups by glutathione s-transferases (GST), and can thus detoxify a variety of reactive compounds (Dourado et al. 2008). Therefore, two explanations, which are not necessarily mutually exclusive, might explain these antagonistic effects. First, GSH might allow cells to cope with excess H₂O₂ produced by Compound X through the action of GPX, and second, conjugation of GSH to Compound X by GST may prevent it from acting as an oxidizing agent. Both explanations are also consistent with the antagonistic effect of Compound X on GSH-induced toxicity.

While it is unclear whether Compound X differentially induces ROS production in TMS and MMS, global gene expression profiling of these cells suggests that enzymes responsible for metabolizing ROS are collectively expressed at lower levels in TMS than in MMS (Table 8), and gene set enrichment analysis (Subramanian et al. 2005) suggests that this difference is significant (p = 0.002). Thus, the hypothesis that Compound X induces oxidative cell death might offer an explanation for its selectivity, as well as its reduced potency in serum-containing media.

Hydrogen peroxide typically exerts cytotoxic effects by generating oxygen radicals in the so-called Fenton reaction:

(1)
$$Fe^{2+} + H_2O_2 \rightarrow Fe^{3+} + OH_1 + OH_2$$

(2)
$$Fe^{3+} + H_2O_2 \rightarrow Fe^{2+} + OOH + H^+$$

These radicals can then oxidize protein, DNA, and lipids – altering their chemical structure and biological function. Previous work has shown that compounds which chelate iron can reduce the toxicity of H_2O_2 as well as the toxicity of compounds that produce H_2O_2 (Nakagawa et al. 2004). We therefore sought to determine whether such a compound would protect cells from Compound X. Indeed, in combination assays, *O*-phenanthroline provided modest protection from both Compound X and H_2O_2 , shifting the IC₅₀ of Compound X by twofold and maximal effect level by 10-20% when used at a concentration of 10 μ M (Figure 18A-B), a result consistent with the hypothesis that Compound X exerts its toxic effects through a peroxide intermediate.

One of the primary mechanisms by which cells protect themselves from peroxide damage is through expression of catalase, which converts H_2O_2 to water and molecular oxygen (Thorpe et al. 2004). To determine whether overexpression of catalase might protect cells from Compound X we transfected adherent MCF7 cells with a DNA construct encoding the human cDNA for catalase, expressed under control of the CMV promoter (Origene pCMV-XL5). Twentyfour hours after transfection, the cells were trypsinized, plated in 384-well plates at 20,000 cell/well in either DMEM supplemented with 10% FBS or serum-free/growth factor-free DMEM, and treated with either Compound X or H_2O_2 . At the time of trypsinization and resuspension, crude estimates of catalase activity were taken by administering a high concentration of H_2O_2 to each cell suspension. Although catalase-transfected cells generated substantially more oxygen bubbles than did non-transfected or salmon sperm DNA-transfected controls when H_2O_2 was added, all cells were about equally sensitive to both H_2O_2 and Compound X as determined by alamarBlue fluorescence assays (Figure 19A). Interestingly, in these experiments, the raw

alamarBlue signals produced from cells plated in the absence of serum and growth factors (~1 x 10^8 relative fluorescence units) indicated that they were indeed viable, although they did not proliferate to the same extent as those plated in serum-containing medium (~2 x 10^8 RFU).

It is unclear why catalase overexpression does not render toxic concentrations of H_2O_2 non-toxic, however it may be the result of incomplete transfection of the target population. Alternatively, the toxic effects of H₂O₂ might be mediated extracellularly through lipid or cell surface protein peroxidation, and because in this system catalase was confined to the cytosol, we may not have observed any effect. To rule out the latter possibility, we attempted to supplement the growth medium with catalase by adding lysate derived from either catalase- or salmon sperm DNA-transfected cells to MCF7 cells grown as spheres. Interestingly, in these experiments, cell lysate from catalse-transfected cells provided modest protection from both Compound X and H_2O_2 as compared to lysate from salmon sperm DNA-transfected cells (Figure 19B) (Compound X: IC_{50-SS DNA} = 210 nM (CI = 150-300 nM) and IC_{50-Catalase} = 520 nM (CI = 410-680 nM), H₂O₂: IC_{50-SS DNA} = 3.7 mM (CI = 3.3-4.2 mM) and IC_{50-Catalase} = 7.4 nM (CI = 6.0-9.1 mM)). This suggests that addition of extracellular catalase can reduce the toxicity of both Compound X and H_2O_2 . It is possible that increasing the amount of extracellular catalase beyond that used in these assays may have provided a greater degree of protection from Compound X- or H₂O₂induced cell death, however, it was not possible to increase the concentration of lysate beyond 2.5 µg protein/mL as this led to unacceptable toxicity. Thus although we cannot formally conclude that the toxicity of Compound X is mediated by an ability to generate H_2O_2 , the collection of experiments described above strongly suggest that the activity of this molecule against breast cancer cells is likely related to its chemical reactivity as an oxidizing agent.

3.5. Compound *X* and the Wnt/β-catenin pathway

In addition to the affinity purification/silver stain and ROS assays, we carried out a separate series of experiments to determine whether another published activity of toxoflavin – namely its ability to disrupt the physical interaction between the sequence-specific transcription factor, T-cell factor 4 (TCF4) and the co-activator, β -catenin (Lepourcelet et al. 2004) – might explain the activity of Compound X. Together, these proteins form a complex that activates the transcription of gene-targets of the canonical Wnt signaling pathway – a pathway which is thought to play an important role in embryonic stem cells (Ying et al. 2008), mammary stem cells (Shackleton et al. 2006; Zeng and Nusse 2010), and cancer stem cells (Zhao et al. 2007; Malanchi et al. 2008; Barker et al. 2009; Vermeulen et al. 2010). Notably, a number of components of the Wnt/ β -catenin pathway and its transcriptional targets are overexpressed in TMS compared to MMS and MMS induced to differentiate *in vitro*, suggesting that canonical Wnt signaling may play an important role in Her2/Neu-induced mammary tumorigenesis (R. M. Hallett, D. Ilieva and J. A. Hassell, unpublished data). Collectively, these findings led us to speculate that Compound X's selectivity might be explained if it were a Wnt pathway inhibitor, acting by a mechanism that involves disruption of the TCF4/ β -catenin complex.

To assess whether Compound X physically interacts with TCF4 or β -catenin, we opted to use the affinity resin/Western blot protocol described above. Disappointingly, we were unable to detect TCF4 in tumor lysates even when up to 40 µg of protein was loaded, and were furthermore unable to enrich for the protein using the affinity resin (data not shown). By contrast, we detected β -catenin and another of its protein partners, E-cadherin, in abundance in tumor lysate (Figure 20). These two proteins form a complex at adherens junctions and

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constitute the major pool of β -catenin within epithelial cells (Huber and Weis 2001). Interestingly, both of these proteins bound to the affinity resin at approximately the same ratio as they were present in the lysate, suggesting that they bound as a complex. However, an equal amount of protein was eluted from the resin, whether or not Compound X was included as a competitor in the binding assay. This suggests that the binding of this complex is not specific to the pharmacophore of Compound X and is either due to interaction with the PEG linkers, the acetate caps, or the beads themselves. As an alternative explanation, we may not have included a sufficient amount of soluble Compound X to overcome binding to the affinity resin, and thus we cannot rule out the possibility that the interaction between the resin and the β -catenin/Ecadherin complex may have indeed been specific to the pharmacophore of Compound X. Unfortunately, for these experiments, as for the previous set of affinity purification experiments, it is not a simple task to include loading controls, as one cannot readily predict which proteins might bind to the column in an unchanging manner.

Wnt reporter assays

We also inquired whether Compound X could in fact inhibit TCF4/ β -catenin-dependent transactivation in human cancer cells. To this end, we generated stable populations of MCF7 breast cancer cells and HCT116 colon carcinoma cells by infecting with a 7xTOP-FLASH reporter vector containing a puromycin resistance cassette, and selecting with puromycin. We validated that the stable reporter lines accurately read out Wnt/ β -catenin signaling using BIO ((2'Z,3'E)-6-Bromoindirubin-3'-oxime) and CHIR99021 (Figure 21 A-D). These small molecules are inhibitors of GSK3 β , a key catalytic component of the destruction box, which also comprises Axin, APC, LRP5/6 and CKI α (Behrens et al. 1998; Tseng et al. 2006; Ying et al. 2008). Among many other

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substrates, GSK3 β phosphorylates β -catenin, which targets it for poly-ubiquitination and subsequent proteasomal degradation. Accordingly, inhibition of GSK3 β allows free β -catenin to accumulate in the cytosol, enter the nucleus and activate transcription of Wnt target genes.

Importantly, in both cell lines, both BIO and CHIR99021 led to a robust induction of luciferase activity, demonstrating that the integrated reporter was responsive to increases in free β-catenin levels. Interestingly, in these assays the basal level of Wnt activity was nearly undetectable in MCF7 cells (~2 luminescence units/well), although it was 15- to 20-fold higher in HCT116 cells, which harbor an activating mutation in β-catenin (Taketo 2004). Thus, although both MCF7 and HCT116 cells contained an integrated and transcriptionally active reporter construct, we were unable to determine whether Compound X was capable of abrogating Wnt signaling in the stably-infected MCF7 cells, as there was no detectable Wnt signaling to inhibit. However, using the HCT116 cells, we showed that Compound X reduced luminescence values in a dose-dependent manner, although the magnitude of the decrease was nearly identical to the reduction in cell viability as judged by alamarBlue (Figure 21E). This suggested that the reduction in reporter activity induced by Compound X was merely a consequence of toxicity, not specific activity against β-catenin-dependent transcription. However, we cannot exclude the possibility that HCT116 cells require β-catenin-dependent transcription to remain viable and that it may therefore be impossible to inhibit Wnt-signaling in these cells without inducing cell death.

4. DISCUSSION

In an attempt to identify small molecular weight compounds that target breast TICs, but not normal stem cells, we developed a high-throughput proliferation screen and employed mouse mammary TMS and MMS as the respective model systems. Whereas the ultimate goal of

the research program was to identify agents that target human breast TICs, we opted to use the murine systems primarily because they offered a much richer and more renewable source of stem cells than are available from human tissue sources. Supporting this decision are several lines of evidence which suggest that the chosen model of murine mammary cancer provides an accurate representation of a subset of human breast cancers (Guy et al. 1992; Herschkowitz et al. 2007). However, it bears mention that there are several important differences between human and murine breast tumors.

First, the genetic alterations in human Her2-positive tumors are distinctly different than those in the N#202 model. In human tumors, Her2 is more often overexpressed due to amplifications at the genomic level (Slamon et al. 1987), whereas in the mouse model, Neu is overexpressed under the control of a strong, hormonally-responsive viral promoter (Stewart et al. 1984). Moreover, whereas mutations in the *Neu* transgene are commonplace in the N#202 model (Siegel et al. 1994), mutations in the *Her2* locus are not typically observed in human Her-2 positive tumors (Lemoine et al. 1990). Thus, although activation of this EGFR family member likely plays a causal role in some human and mouse mammary cancers, the mechanism of its activation is likely quite different between naturally occurring human Her2-positive tumors and tumors arising in N#202 transgenic mice.

Second, human breast tumors are often found to comprise a very small fraction of functional TICs (AI-Hajj et al. 2003; Ishizawa et al. 2011), whereas in transgenic mouse models the frequency of TICs is orders of magnitude higher (Kurpios et al. 2011) – an incongruency which has also been raised in tumors of the hematopoietic system, and has called into question the validity of the cancer stem cell hypothesis. Whereas the first group to prospectively isolate

human leukemia-initiating cells reported that they were rare among bulk tumor cells, estimating their frequency to be about 1 in 250,000 (Lapidot et al. 1994), a report presented in Science in 2007 showed, using a syngeneic transplantation assay, that hematopoietic malignancies arising in certain strains of transgenic mice contain a high fraction of TICs, at least as high as 1 in 10, and likely much higher (Kelly et al. 2007). The authors of the latter study suggest that the apparent paucity of TICs in human malignancies is due to inadequacies in the xenotransplantation assays used to detect them - citing the occurrence of residual immune response in some strains of immune-compromised mice, as well as the inability of some mouse growth factors to act upon their human growth factor receptor counterparts (Kelly et al. 2007). Detracting from the definitiveness of this claim, however, are observations that tumors arising in other transgenic mouse models of cancer, including hematopoietic (Jaiswal et al. 2003; So et al. 2003), mammary (Cho et al. 2008), intestinal (Barker et al. 2009) and brain (Read et al. 2009) cancers, do in fact contain rare tumorigenic cells. Hence, it appears as though many tumors do follow a cancer stem cell model, since transplantation deficiencies alone cannot explain the rarity of TICs in these mouse-in-mouse studies. Furthermore, different investigators have obtained vastly different frequencies of TICs even within a single model (Liu et al. 2007; Vaillant et al. 2008; Kurpios et al. 2011), suggesting that transplantation technique plays a key role estimates on TIC frequency. Moreover, even in tumor models which comprise rich populations of TICs, and thus might be assumed not to follow a cancer stem cell model, propagating tumor cells in serum-containing medium can dramatically reduce the frequency of TICs despite the continued proliferation of tumor cells in culture (Kurpios et al. 2011). This implies that TICs in these models are in fact capable of differentiation and loss of tumorigenicity, and hence follow the central tenets of the cancer stem cell hypothesis. Still, the fact that the frequency of TICs

within human breast tumors is so different than those in the N#202 model might raise some concerns about using these tumors to identify compounds to treat human breast cancer patients, yet ultimately, we felt that this increased frequency of TICs would be advantageous to our drug discovery efforts.

Another caveat to using the experimental system we set forth relates to the issue of selectivity. The rationale for using mouse MMS in our counter-screen was founded upon several key assumptions. First, we assumed that MMS comprise a normal population of stem cells that are most similar to breast TICs in the N#202 model. Second, we hypothesized that a common set of signaling pathways govern the survival and self-renewal of most normal somatic stem cells, whereas this machinery may be different in TICs. Third, we hypothesized that compounds that exhibited low toxicity in MMS would be well tolerated in vivo. In retrospect, this last assumption may have been slightly off-the-mark, given that the MTD of Compound X in mice was a mere 4 mg/kg. Indeed, for the purpose of future drug discovery screens, it may be wiser to use cells that are more directly responsible for adverse toxic events in patients, such as cardiomyocytes (Sawyer et al. 2010), hepatocytes (Martinez et al. 2010), or hematopoietic cells (Crivori et al. 2011) to attempt to predict whole-organism toxicity. Furthermore, as judged by gene set enrichment analysis, MMS represent a more mesenchymal cell type than TMS (Gene set: Jechlinger EMT down in TMS, p < 0.001), and given that normal mammary epithelial cells induced to undergo an EMT have been employed to identify compounds which target breast TICs (Gupta et al. 2009), compound which target MMS may also be useful anti-breast TIC agents. Hence, by focusing our search on compounds that selectively target TMS, we may have missed other interesting compounds.

Nevertheless, using our high-throughput screening strategy, we identified a selective compound that showed activity in both mouse and human breast TMS *in vitro* and mouse mammary tumors *in vivo*. We demonstrated that the activity of this compound required a central toxoflavin moiety and that its selectivity was dependent on the presence of an aromatic ring substitution at position 3 on the azapteridine ring. The observation that toxoflavin itself is active, but not selective, begs for a comparison to be made between this molecule and the more decorated and selective derivatives. It is notable that although MMS are relatively resistant to Compound X, these cells are in fact targeted at doses above 5 µM, suggesting that even in resistant cells, Compound X exhibits some toxicity. Moreover, this toxicity is likely not due to general high-dose toxicity since Fervenulin X, which is identical to Compound X, but for the position of a single methyl group, is non-toxic at does up to 100 µM.

One of the most notable changes induced in toxoflavin by the addition of an aromatic ring is a change in the molecule's hydrophobicity. As evidenced by the estimated logP_(octanol/water) values of toxoflavin (logP = -1.5) and Compound X (logP = 0.82) (logP calculator available online at: <u>http://intro.bio.umb.edu/111-112/OLLM/111F98/jlogp/test.html</u>), toxoflavin is preferentially soluble in aqueous solvents whereas Compound X is preferentially soluble in hydrophobic solvents. Indeed, Compound X and other aromatic ring-substituted analogues have a tendency to precipitate out of solution when the 10 mM stocks (dissolved in 100% DMSO) are diluted in water at too high a concentration (i.e. 1 mM in 10% DMSO). This physical feature may in of itself explain the difference in activity of these two classes of compounds. For example, if TMS contain greater amount of lipid per cell than MMS, Compound X might preferentially accumulate to higher local concentration in TMS and therein exert a more toxic effect. Toxoflavin, by contrast,

might be equally distributed in the media and intracellular aqueous compartments in both TMS and MMS preparations and thus exert toxic effects that are equivalent in both cell types.

Another possible explanation for the selectivity of Compound X may be related to the relative ability of MMS or TMS to metabolize the compound or eliminate it from the cell interior. If MMS degrade or efflux Compound X more readily than do TMS, this might explain the compound's selective toxicity. Such an explanation would also imply that both cell populations metabolize or eliminate toxoflavin with equal efficiency.

Finally, the difference in selectivity between toxoflavin and Compound X might reflect a difference in their protein interaction specificities. Unfortunately, our affinity experiments did not yield any conclusive results with respect to the molecular target of Compound X in mammary tumors cells, therefore it becomes difficult to make comparisons between these two molecules with respect to the proteins they may target.

The results of the DFF-dA assay demonstrate that Compound X generates ROS, an activity which has previously been ascribed to toxoflavin. Whereas the ROS generated by toxoflavin is thought to be H_2O_2 (Latuasan and Berends 1961), in the case of Compound X, the nature of the ROS produced is unclear. Given that catalase overexpression did not protect cells from Compound X, the hypothesis that this molecule is H_2O_2 may not be fully supported. Yet in these experiments catalase was also unable to protect cells from H_2O_2 . Therefore, it is likely that the set up of this assay was not optimized, and it is remains a distinct possibility that H_2O_2 is the toxic species produced by Compound X. In addition, it is worth mentioning that different reactive oxygen species are metabolized by different families of enzymes (Thorpe et al. 2004), and thus even if an optimized catalase expression system failed to protect cells from Compound

X, the hypothesis that Compound X is toxic due to production of ROS would not be fully negated – indeed the observations that serum, GSH, B27, and *o*-phenanthroline provide protection from Compound X are fully consistent with a role of ROS in the activity of this compound.

Because toxoflavin has previously been shown to interrupt the interaction between TCF4 and β -catenin *in vitro* and because of the putatively important role of the Wnt pathway in N#202 tumors, we sought to determine whether Compound X might act as a Wnt inhibitor. Although we were able to pull down β -catenin using the affinity resin, the interaction between the resin and this protein seemed to be unrelated to the chemical moiety representing the pharmacophore of Compound X. The results of our TOP-FLASH reporter assays offered some evidence that this compound inhibits Wnt signaling, but whether the observed decrease in luminescence is due to specific activity on β -catenin-dependent transcription, or is rather a result of reduced cell viability is unclear.

5. CONCLUSION

Through our screening campaign, we identified more than 200 compounds which potently inhibited the proliferation of mouse mammary TMS-derived cells, suggesting that they may target breast TICs in the N#202 model. Structural and mechanistic analyses of these hit compounds allowed us to infer proteins and processes that likely are important for the viability and/or proliferation of these cells, including several proteins which have not previously been shown to play a role in breast cancer. Among our hits, we identified a number of drugs that are approved for indications unrelated to cancer, but that may in fact show efficacy in breast cancer patients. It may therefore be interesting to learn whether these drugs have additive or greater than additive effects when used in combination with currently approved breast cancer therapies

in vitro or *in vivo*. If such combinations prove efficacious, it may provide a rationale to fast-track these drugs into clinical breast cancer trials.

Unique among the nearly 32,000 compounds in the screen was Compound X, as it was more potent in TMS-derived cells than in normal MMS-derived cells. We later showed that this compound shrank mouse mammary tumors and induced tumor cell death, though whether this treatment strategy reduced the TIC-burden in these tumors was not entirely clear. Nonetheless, the interesting biological activities exhibited by this compound prompted us to define its molecular target and mechanism of action. Through this exercise, we hoped to gain insight into a pertinent biological difference that exists between normal stem cells and their transformed counterparts.

Because of its structural similarity to toxoflavin, we questioned whether Compound X displays some of the same properties as have been published for this less decorated flavin. Unfortunately, the results of the molecular target identification study identified albumin as the primary binding partner of Compound X, and this offered little explanation for the compound's mechanism of action. Interestingly though, several experiments suggested that the potency of Compound X in breast tumor cells was related to its chemical reactivity as an oxidizing agent.

Finally, because this compound exhibited a very low MTD in mice and activated cytochrome P450 enzymes (data not shown) it will likely never become a drug. Despite the unfavorable properties exhibited by Compound X, this study illustrates how serum-free culture systems that promote stem cell self-renewal can be used to discover compounds that may show activity against breast TICs *in vivo*.

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7. FIGURES



Figure 1. *Normal and tumor tissues are organized as cellular hierarchies.* In normal tissues, exemplified here by the mammary gland, only somatic stem cells are capable of re-growing a complete organ following transplant into a recipient animal. Of the cells in a tumor, only TICs possess true tumor reconstitution potential. FACS analysis can be used to prospectively isolate stem and non-stem, as well as tumorigenic and non-tumorigenic cell populations.



Figure 2. *Targeting TICs may lead to more durable cancer cures*. Although current front-line therapies effectively shrink tumors, the minority TICs may be refractory. These residual cells have the capacity to regenerate a tumor that is more highly enriched in TICs. By contrast, agents that target TICs would be expected to shrink tumors and prevent relapse, even if some non-tumorigenic cells were spared. In addition, if normal stem cells are spared, tissue homeostasis can be maintained. Depicted in the figure is a mammary tumor before and after standard or TIC-targeted treatment.



Figure 3. *Mammosphere and tumorsphere formation*. Following tissue resection, dissociation, and seeding in chemically-defined medium containing EGF, bFGF, and B27 (SCM), differentiated cells rapidly perish within 6 hours. Thereafter, stem and/or progenitor cells proliferate to form spheres.



Figure 4. *A high-throughput chemical screen to identify selective inhibitors of TMS-derived cells.* Prior to screening, established TMS and MMS preparations are dissociated to single cells and seeded in 384-well plates in the presence of compound. Twenty-four hours thereafter, alamarBlue is added, and following a further 24 hours, fluorescence is read.



Figure 5. *High throughput screen analysis and identification of Compound X.* (A) A scatterplot of compound activities in the primary screen reveals that most compounds have no appreciable effect on TMS-derived cells. (B) A histogram demonstrates that these conform to a Gaussian distribution. (C) Plotting the IC₅₀ of inhibitory compounds in TMS- and MMS-derived cells helps identify potent and selective compounds. (D) Literature searches were carried out to discover common biological indications among hit compounds. (E-H) Selected dose-response curves illustrate TMS- and MMS-selective compounds, as well as non-selective, and agonistic compounds.



Figure 6. In vitro *characterization of Compound X.* Sphere-forming assays carried out using established sphere preparations (A) or primary cells (B) demonstrate that Compound X significantly preferentially inhibits the formation of TMS (red) compared to MMS (blue) (** *p* < 0.005, *** *p* < 0.0001, data shown is average of 3 biological replicates). (C) Preliminary SAR analyses were carried out using Compound X analogues in dose-response proliferation assays in TMS and MMS. (D-E) Compound X induces morphological and maker expression changes in intact TMS and MMS, and preferentially induces cell death in TMS (Images captured at 400x magnification, scale bars = 50 µm). (F) Quantification of mammary epithelial lineage marker expression in TMS (i) and MMS (ii) in the absence or presence of Compound X. (G) Quantification of apoptotic nuclei in TMS and MMS in the absence or presence of Compound X.



Figure 7. Compound X significantly inhibits N#202 tumor growth in mice. (A) The maximum tolerated dose was established by one time intraperitoneal injection of FVB/N mice. (B) FVB/N mice bearing mammary tumors established by subcutaneous injection of N#202 tumor cells were treated with Compound X at 4 mg/kg/day. Tumor size was measured and normalized to the size before treatment began. (C) A pooled analysis reveals that the effect on N#202 tumors is significant (*** p < 0.0001). (D-E) Hematoxylin and eosin staining reveals differences in tumor morphologies among Compound X and DMSO-treated cohorts (top – low power (100x), bottom – high power (400x), scale bars = 50 µm).



Figure 8. Compound X alters lineage marker expression and induces cell death in N#202 tumor cells. (A) aSMA and CK8 differentially stain treated versus control tumors. (B) Groups of TUNEL-positive cells were found only in Compound X-treated tumors (Images captured at 200x magnification, scale bars = 50 μ m).


Figure 9. Compound X does not significantly inhibit HCC1954 tumor growth in mice. (A-B) NSG mice bearing mammary tumors established by subcutaneous injection of HCC1954 tumor cells were treated with Compound X at 2 mg/kg/day. Tumor size was measured and normalized to the size before treatment began. (C-D) Hematoxylin and eosin staining revealed no obvious differences in tumor morphologies among Compound X and DMSO-treated cohorts (top – low power (100x), bottom – high power (400x), scale bars = 50 μ m).



Figure 10. Compound X does not alter the expression of lineage markers or induce cell death in *HCC1954 tumors*. (A) aSMA and CK8 do not differentially stain treated versus control tumors. (D) TUNEL-positive debris was present in both treated and control tumors (Images captured at 200x magnification, scale bars = 50 μ m).



Figure 11. Compound X does not affect the sphere-forming cells present in treated tumors, but alters the latency to tumor formation in serial transplants. Tumors from treated N#202 mice were dissociated and seeded in chemically-defined medium using no treatment (A) or various doses of Compound X (B), and spheres were counted following a 7-day incubation. (C-E) Tumor cells from these cohorts were also transplanted subcutaneously into recipient FVB/N mice at 50,000 (50K) or 5000 (5K) cells per dose and tumor size was monitored (C – cohort 7782B, D – cohort 811a, E – cohort 811b).



Figure 12. *Development and application of an active Compound X affinity probe.* (A) Single MCF7 cells were seeded in 384-well plates in the presence of the compounds indicated. The plates were incubated for 24 hours prior to addition of alamarBlue. Following a further 24 hours of incubation fluorescence was read and normalized. (B) The carboxylic acid group of Compund X-PEG8-COOH was activated using *N*-hydroxysuccinimide (NHS) and 1-ethyl-3-(3-dimethylaminopropyl) carbodiimide (EDAC) and coupled to amine-coated magnetic beads. Tumor lysate was incubated with this affinity resin in the presence or absence of soluble competing Compound X. After washing and eluting bound protein by boiling in SDS buffer, the eluate was run on a denaturing gel and silver stained (C-E). Bands present in the absence but not in the presence of Compound X (arrows) were excised and submitted for mass spectrometric analysis.



Figure 13. Western blots reveal that albumin likely physically interacts with Compound X. Following affinity experiments, Western blots were carried out using antibodies against CK5 (~55kDa) (A), CK79 (~58 kDa) (B), and serum albumin (~60 kDa) (C). Multiple preparations of beads and lysates were used in these experiments, as indicated. The right hand side of panel C is a cropped image of a non-competition lane in the silver stain, note the band at ~60 kDa.



Figure 14. Serum antagonizes Compound X. (A) Compound X has no effect on adherent N#202 tumor cells up to 25 μ M as judged by an alamarBlue proliferation assay. (B) FBS shifts the IC50 and maximal effect of Compound X in a dose dependent manner in MCF7 sphere-derived cells. (C) Adherent and sphere-derived MCF7 cells were seeded in wells of a 384-well plate and incubated for 24 hours. Media was then removed and serum-free/growth factor-free DMEM was added for 1 hour. This media was then removed and replaced with either serum-free/growth factor-free media (DMEM), or standard growth media (DMEM with 10% FBS or human stem cell medium (hSCM)). Compound X was then added and plates were incubated for 24 hours then added and fluorescence was read 24 hours thereafter.



Figure 15. *B27 and BSA reduce the potency of Compound X*. B27 (A) and BSA (B) were serially diluted and combined with serially-diluted Compound X in a matrix. MCF7 sphere-derived cells were then subjected to the matrix in an alamarBlue assay.



Figure 16. *Compound X, but not Fervenulin X, produces reactive oxygen species*. (A-B) Adherent MCF7 were subjected to ROS detection assays using DFF-dA. (C) Compound X might be reduced by molecular hydrogen or some reducing equivalent to yield a high-energy, but moderately stable intermediate, which then can reduce molecular oxygen to produce hydrogen peroxide. The reason that Compound X, but not Fervenulin X, produces H₂O₂ may be because the reduced Compound X intermediate is stabilized by up to 6 resonance forms (D), whereas the Fervenulin X intermediate can only exist in two resonance forms (E) and therefore may be so energetically unfavorable as to never exist.



Figure 17. *Compound X and reduced glutathione partially antagonize one another*. GSH decreases the maximal inhibitory effect achieved by Compound X in MCF7 sphere-derived cells, and vice versa.



Figure 18. O-Phenanthroline protects cells from Compound X and hydrogen peroxide. Ophenanthroline, a compound which chelates iron, shifts the IC_{50} and maximal effect levels of Compound X and H_2O_2 to higher doses in MCF7 sphere-derived cells.



Figure 19. Cells transfected with a catalase expression plasmid are not resistant to hydrogen peroxide or Compound X. Adherent cells were transiently transfected with pCMV-XL5 plasmid (Origene) and 24 hours later were trypsinized, reseeded in DMEM/10% FBS or DMEM lacking serum and subjected to treatment with varying doses of Compound X (A) or H_2O_2 (B). alamarBlue was added 12 hours after compound addition and the plates were read following another 12 hours incubation (assay was completed 48 hours post transfection). (C) MCF7 sphere-derived cells were grown in the presence of lysate from salmon sperm-transfected (lysate D) or catalase-transfected (lysate C) cells (average of 3 biological experiments).



Figure 20. Affinity-Western for β -catenin and E-cadherin. Following affinity purification experiments carried out in the absence (DMSO) or presence of various concentrations of Compound X. We performed a Western blot using antibodies against β -catenin (~90 kDa) (green) and E-cadherin (~120 kDa) (red).



Figure 21. *Wnt reporter assays.* Adherent MCF7 cells (A-B) or adherent HCT116 cells (C-E) harboring an integrated Wnt reporter were treated with inhibitors of GSK3β or Compound X and subjected to a multiplexed alamarBlue/firefly luciferase assay.

8. TABLES

Table 1. IC_{50} values for all compounds tested in proliferation assays in TMS- and MMS-derived cells.

Supplier	Compound Name	MMS IC50 TMS IC (nM) (nM)	
Maybridge	BTB 02467	6.8E+02	2.3E+03
Maybridge	BTB 07373	7.2E+01	2.8E+02
Maybridge	BTB 10303	>1.0E+03	1.3E+03
Maybridge	BTB 14417	1.8E+02	1.6E+03
Maybridge	BTB 14447	1.4E+02	1.8E+03
Maybridge	CD 00793	3.8E+02	2.2E+03
Maybridge	AW 00934	8.7E+02	>3.2E+02
Maybridge	CD 11507	1.3E+03	>1.0E+03
Maybridge	HTS 06488	4.6E+01	1.7E+03
Maybridge	HTS 07592	1.6E+03	1.9E+03
Maybridge	HTS 12742	1.5E+03	1.6E+03
Maybridge	JFD 00035	1.0E+03	1.2E+03
Maybridge	JFD 00597	1.7E+03	1.6E+03
Maybridge	JFD 00742	1.3E+04	4.0E+03
Maybridge	JFD 00787	1.1E+03	>1.0E+03
Maybridge	JFD 00972	1.4E+03	2.7E+03
Maybridge	JFD 00979	5.3E+00	3.8E+01
Maybridge	JFD 01136	2.3E+03	3.3E+03
Maybridge	JFD 02816	1.3E+03	1.5E+03
Maybridge	KM 00713	1.9E+03	1.0E+03
Maybridge	KM 00767	1.2E+03	1.2E+03
Maybridge	KM 00794	1.2E+03	1.4E+03
Maybridge	KM 00909	1.8E+03	>1.0E+03
Maybridge	KM 02595	2.5E+03	2.6E+03
Maybridge	KM 03341	>1.0E+03	>1.0E+03
Maybridge	KM 03684	2.5E+02	1.2E+03
Maybridge	KM 03776	2.1E+02	6.8E+02
Maybridge	KM 04416	2.5E+02	2.0E+03
Maybridge	KM 05413	2.3E+02	3.2E+03
Maybridge	KM 05590	>1.0E+03	1.4E+03
Maybridge	KM 05882	>3.2E+03	5.7E+03
Maybridge	KM 06346	1.5E+02	1.2E+03
Maybridge	KM 06874	1.2E+03	1.6E+03

Maybridge	KM 07965	1.3E+03	1.4E+03
Maybridge	KM 08041	>3.2E+03	6.6E+03
Maybridge	MWP 00602	>3.2E+03	9.6E+02
Maybridge	MWP 01055	9.0E+02	>3.2E+03
Maybridge	NRB 04094	5.7E+02	7.7E+02
Maybridge	NRB 04162	3.0E+02	4.6E+02
Maybridge	PD 00433	>3.2E+03	4.8E+03
Maybridge	PHG 00966	1.1E+03	1.4E+03
Maybridge	PHG 00967	1.5E+03	1.4E+03
Maybridge	RB 00158	2.5E+03	2.3E+03
Maybridge	RF 01687	2.1E+03	>1.0E+03
Maybridge	RH 01403	1.6E+03	1.2E+03
Maybridge	RH 02211	1.6E+03	1.3E+03
Maybridge	RJC 02988	8.0E+02	1.3E+03
Maybridge	RJC 02997	2.5E+03	2.4E+03
Maybridge	RJC 03760	2.6E+03	3.7E+03
Maybridge	RJF 00706	5.4E+03	4.8E+03
Maybridge	RJF 01666	2.4E+03	2.4E+03
Maybridge	S 01369	1.2E+03	>1.0E+03
Maybridge	S 02829	5.1E+03	>3.2E+03
Maybridge	S 03980	1.0E+03	1.0E+03
Maybridge	S 04055	1.8E+02	2.9E+02
Maybridge	S 05237	2.1E+02	8.4E+02
Maybridge	S 05384	4.0E+02	5.1E+02
Maybridge	S 07429	9.2E+02	1.1E+03
Maybridge	S 07624	2.4E+03	3.2E+03
Maybridge	S 10252	1.0E+03	1.1E+03
Maybridge	S 11423	2.2E+03	>1.0E+03
Maybridge	S 11897	8.3E+01	3.1E+02
Maybridge	S 12950	9.1E+02	1.0E+03
Maybridge	S 14295	>1.0E+03	1.4E+03
Maybridge	S 14683	3.6E+03	3.3E+03
Maybridge	S 14685	2.9E+03	2.3E+03
Maybridge	SEW 06256	>3.2E+03	>3.2E+03
Maybridge	SJC 00391	5.0E+03	5.0E+03
Maybridge	SPB 01621	1.8E+03	1.1E+03
Maybridge	SPB 01622	>1.0E+03	1.6E+03
Maybridge	SPB 01986	1.1E+03	1.3E+03
Maybridge	SPB 02669	1.0E+03	>1.0E+03

Maybridge SPB 06553 2.6E+03 1.4E Maybridge SPB 07215 7.9E+02 8.8E Maybridge SPB 07445 1.4E+03 >1.0E Maybridge SPB 07895 1.8E+03 1.3E Maybridge TL 00165 2.8E+03 2.9E Maybridge XBX 00150 >1.0E+03 1.3E Maybridge XBX 00315 N/A N/ Maybridge XBX 00316 N/A N/ Chembridge 5108260.0 1.8E+03 1.6E Chembridge 5124607.0 >1.0E+03 >1.0E Chembridge 5169083.0 1.2E+03 1.2E Chembridge 5175150.0 1.2E+03 1.3E	+03 +02 +03 +03 +03 +03 /A /A +03 +03 -02
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	+03
Chembridge 5217336.0 3.2E+03 >3.2E	E+03
Chembridge 5234104.0 1.4E+03 6.3E	+01
Chembridge 5267003.0 5.2E+01 7.0E	+02
Chembridge 5272685.0 >1.0E+03 1.7E	+03
Chembridge 5279631.0 1.7E+03 1.8E	+03
Chembridge 5282288.0 >1.0E+03 >1.0E	-+03
Chembridge 5310885.0 2.4E+02 2.3E	+03
Chembridge 5352494.0 1.8E+03 2.6E	+03
Chembridge 5354204.0 >3.2E+03 5.0E	+03
Chembridge 5355207.0 3.1E+03 >3.2E	E+03
Chembridge 5457220.0 3.5E+03 3.4E	+03
Chembridge 5454910.0 >1.0E+03 2.4E	+03
Chembridge 5456843.0 2.7E+03 3.4E	+03
Chembridge 5537491.0 >3.2E+03 5.0E	+03
Chembridge 5543164.0 8.7E+02 3.2E	+03
Chembridge 5540635.0 >3.2E+03 4.7E	+03
Chembridge 5557823.0 2.5E+03 3.2E	+03
Chembridge 5565451.0 6.7E+02 >3.2E	E+03
Chembridge 5611138.0 9.9E+02 2.4E	+03
Chembridge 5603579.0 8.1E+02 2.9E	+03
Chembridge 5672102.0 1.6E+03 1.6E	+03
Chembridge 5653447.0 1.5E+03 2.4E	+03
Chembridge 5670412.0 2.6E+03 2.0E	+03
Chembridge 5664149.0 1.6E+03 2.5E	+03
Chembridge 5685331.0 2.6E+03 >1.0E	E+03
Chembridge 5781441.0 1.1E+03 >1.0E	-TU2
Chembridge 5712612.0 1.3E+03 >1.0E	-705

Chembridge	5670522.0	1.6E+03	1.2E+03
Chembridge	5749131.0	>1.0E+03	1.2E+03
Chembridge	6627149.0	1.5E+03	1.7E+03
Maybridge	HTS 07931	5.1E+03	>3.2E+03
Maybridge	HTS 08181	5.7E+03	4.9E+03
Maybridge	HTS 08797	5.5E+03	4.5E+03
Maybridge	HTS 09779	5.0E+03	5.6E+03
Maybridge	HTS 12431	5.0E+03	6.8E+03
Maybridge	JFD 03101	7.6E+03	4.7E+03
Maybridge	KM 01952	4.3E+03	4.3E+03
Maybridge	KM 04625	4.3E+03	>3.2E+03
Maybridge	KM 04736	>3.2E+03	>3.2E+03
Chembridge	5230315.0	4.1E+03	4.3E+03
Chembridge	5256886.0	>3.2E+03	>3.2E+03
Chembridge	5265303.0	>3.2E+03	>3.2E+03
Chembridge	5306189.0	>3.2E+03	>3.2E+03
Chembridge	6615462.0	>3.2E+03	>3.2E+03
BIOMOL	Hypocrellin A	5.7E+03	>3.2E+03
Prestwick	Monensin Sodium Salt	8.9E+02	1.0E+02
BIOMOL	Mitomycin C	2.5E+03	2.9E+03
Prestwick	Acacetin	5.2E+03	N/A
Prestwick	Azaguanine-8	>2.0E+02	2.0E+02
Prestwick	Mitoxantrone	2.0E+03	2.5E+03
MicroSource	Dactinomycin	1.2E+02	4.1E+01
Prestwick	Doxorubicin HCl	8.9E+01	5.7E+01
BIOMOL	Lapachone, b-	1.7E+03	1.7E+03
MicroSource	Amsacrine	9.7E+02	3.0E+03
BIOMOL	Mycophenolic Acid	N/A	N/A
Prestwick	Anisomycin	7.0E+01	7.2E+01
Prestwick	Lycorine HCl	5.1E+03	3.6E+03
MicroSource	Allodeoxycholic Acid	3.2E+03	5.3E+03
BIOMOL	Rifamycin SV-Na	6.7E+02	7.2E+02
Sigma	Dequalinium Analog C-14 linker	2.5E+02	3.5E+02
BIOMOL	Phorbol 12-myristate 13-acetate, 4a-	8.6E+02	1.6E+03
MicroSource	Sanguinarine Sulfate	8.9E+02	1.1E+03
MicroSource	Tetrachloroisopthalonitrile	3.3E+01	8.0E+01
MicroSource	Pristimerin	2.7E+02	6.5E+02
MicroSource	Pristimerol	1.9E+02	2.6E+02
Prestwick	Terconazole	>2.0E+03	4.4E+03

MicroSource	Obtusaquinone	3.3E+02	8.2E+02
Prestwick	Amodiaquin diHCl diH2O	>6.3E+02	1.6E+03
MicroSource	Oxyquinoline hemisulfate	N/A	N/A
Prestwick	Chrysene-1,4-quinone	1.5E+03	2.0E+03
Prestwick	Cantharidin	2.3E+03	2.3E+03
MicroSource	Tyrothricin	6.7E+02	7.0E+02
MicroSource	Lasalocid Sodium	1.1E+03	1.2E+03
MicroSource	Benzalkonium chloride	1.9E+03	1.9E+03
MicroSource	Cetylpyridinium chloride	1.0E+03	1.0E+03
MicroSource	Helenine	2.4E+03	4.0E+03
Prestwick	Metergoline	2.0E+03	2.4E+03
Prestwick	R(-) Apomorphine HCl	4.8E+02	1.0E+03
MicroSource	Thiothixene	1.9E+02	1.7E+03
Prestwick	Thioridazine	2.4E+02	7.7E+02
MicroSource	Rosolic Acid	2.0E+03	8.3E+02
Prestwick	Clomiphene Citrate (Z,E)	4.1E+02	1.9E+02
Prestwick	Suloctidil	4.0E+02	1.6E+03
MicroSource	Niloticin	2.4E+03	>2.0E+03
Novartis	PKF118-310	7.4E+02	9.5E+02
Novartis	PKF115-584	4.6E+03	4.9E+03
Novartis	CGP049090	4.3E+03	7.9E+03
Prestwick	Sulconazole nitrate	5.0E+03	5.0E+03
Prestwick	Miconazole	5.0E+03	5.0E+03
Prestwick	Clemizole Hcl	N/A	N/A
Prestwick	Sertaconazole	N/A	N/A
Sigma	Sandoz 58-035	N/A	N/A
BIOMOL	Gambogic Acid	2.8E+01	5.3E+01
MicroSource	Dihydrogambogic Acid	5.5E+01	7.2E+01
MicroSource	Tetrahydrogambogic Acid	1.2E+03	4.0E+03
MicroSource	Decahydrogambogic Acid	8.4E+02	1.6E+03
MicroSource	Gambogic Acid Amide	7.7E+01	1.7E+02
MicroSource	Acetyl Isogambogic Acid	6.8E+01	8.7E+01
	Rapamycin	>6.3E+03	>6.3E+03
	LY294002	1.6E+04	2.0E+04
BIOMOL	E6 Berbamine	2.5E+03	3.0E+03
BIOMOL	Brefeldin A	>1.0E+04	>1.0E+04
BIOMOL	Саре	1.8E+03	1.3E+03
BIOMOL	Chaconine, a -	1.6E+03	1.6E+03
BIOMOL	Geldanamycin	8.0E+00	9.8E+00

BIOMOL	Gliotoxin	6.2E+01	7.2E+01
BIOMOL	Ochratoxin A	N/A	N/A
BIOMOL	Patulin	3.5E+03	2.7E+03
BIOMOL	Radicicol	8.0E+01	1.5E+02
BIOMOL	Shikonin	2.0E+02	2.1E+02
BIOMOL	Tubercidin	8.3E+02	2.9E+03
BIOMOL	Tunicamycin B	2.0E+02	3.3E+02
BIOMOL	Vineomycin A1	1.9E+02	1.9E+02
Prestwick	(-)-Eseroline fumarate salt	N/A	N/A
Prestwick	Alexidine dihydrochloride	1.5E+03	1.7E+03
Prestwick	Astemizole	7.0E+02	1.7E+03
Prestwick	Ciclopirox ethanolamine	>1.0E+04	>1.0E+04
Prestwick	Disulfiram	9.7E+01	1.7E+02
Prestwick	Fendiline hydrochloride	7.4E+03	5.9E+03
Prestwick	GBR 12909 dihydrochloride	5.7E+03	6.1E+03
Prestwick	Hycanthone	8.5E+03	5.6E+03
Prestwick	Ivermectin	2.0E+03	4.9E+03
Prestwick	Mefloquine hydrochloride	3.3E+03	2.6E+03
Prestwick	Methiothepin maleate	5.0E+03	2.8E+03
Prestwick	Oxyphenbutazone	N/A	N/A
Prestwick	Parthenolide	3.6E+03	6.2E+03
Prestwick	Perhexiline maleate	1.2E+03	1.3E+03
Prestwick	Perphenazine	3.8E+03	3.3E+03
Prestwick	Piperacetazine	8.9E+03	8.2E+03
Prestwick	Prazosin hydrochloride	4.8E+03	5.1E+03
Prestwick	Sertraline	3.8E+03	3.3E+03
Prestwick	Terfenadine	1.1E+03	1.2E+03
Prestwick	Tetrandrine	1.6E+03	1.8E+03
Prestwick	Tomatine	2.8E+02	4.0E+02
Prestwick	Trifluoperazine dihydrochloride	5.0E+03	4.2E+03
Sigma	(R)-(+)-WIN 55,212-2 mesylate	N/A	N/A
Sigma	Bay 11-7085	8.8E+02	1.0E+03
Sigma	Calmidazolium chloride	1.6E+03	1.7E+03
Sigma	CGP-74514A hydrochloride	1.6E+03	1.7E+03
Sigma	DL-erythro-Dihydrosphingosine	5.1E+03	7.8E+03
Sigma	GR 127935 hydrochloride	1.9E+03	1.9E+03
Sigma	SB 224289 hydrochloride	5.0E+03	5.0E+03
MicroSource	AMLODIPINE BESYLATE	1.7E+03	1.8E+03
MicroSource	ANTHOTHECOL	8.1E+02	1.1E+03

MicroSource	ERYSOLIN	N/A	N/A
MicroSource	N,N-HEXAMETHYLENEAMILORIDE	N/A	N/A
MicroSource	NONOXYNOL-9	9.9E+03	1.2E+04
MicroSource	PHENYLMERCURIC ACETATE	1.4E+02	1.1E+02
MicroSource	THIMEROSAL	2.4E+02	2.9E+02
MicroSource	THIRAM	N/A	N/A
MicroSource	TRIFLUOPERAZINE HYDROCHLORIDE	3.2E+03	3.1E+03
Sigma	Metrazoline oxalate	4.3E+04	4.2E+04
	Na-p-Tosyl-L-lysine chloromethyl ketone		
Sigma	hydrochloride	4.4E+03	7.2E+03
BIOMOL	Cyclopamine	7.1E+04	7.6E+04
	3,4-DIDESMETHYL-5-DESHYDROXY-3'-		
MicroSource	ETHOXYSCLEROIN	N/A	N/A
MicroSource	VIOLASTYRENE	3.9E+04	3.4E+04
Prestwick	Cephalothin sodium salt	N/A	N/A
Prestwick	Chlorambucil	N/A	N/A
Prestwick	Salmeterol	1.5E+04	1.9E+04
Prestwick	Trioxsalen	N/A	N/A
Sigma	Betaine hydrochloride	N/A	N/A
OICR	Cyclopamine	N/A	N/A
	AM0019-051-001 (p-fluorophenyl-	N/A	
OICR	fervenulin	,	N/A
OICR	OICR00254A	1.0E+04	1.0E+04
OICR	JM0010-058-08	2.8E+03	3.2E+03
OICR	FK-506	N/A	N/A
OICR	Cerosporine	5.2E+03	4.5E+03
Capretta	p-fluorophenyl-toxoflavin	6.6E+02	3.1E+02
Capretta	Compound X	1.5E+03	7.5E+02
MicroSource	Lasalocid Sodium	1.6E+03	1.8E+03
Prestwick	Clomiphene Citrate (Z,E)	1.9E+03	1.9E+03
Prestwick	Disulfiram	3.2E+03	7.0E+01
Prestwick	Ivermectin	4.9E+03	4.0E+03
Cayman	PI-103	9.0E+03	9.0E+03
Prestwick	Thioridazine	2.7E+03	2.6E+03
Prestwick	Parthenolide	3.0E+03	2.9E+03
Prestwick	Mefloquine hydrochloride	3.0E+03	5.2E+03
Maybridge	KM 08041	>2.0E+03	2.6E+03
Maybridge	NRB 04094	2.0E+03	1.6E+03
Maybridge	PD 00433	9.9E+03	8.9E+03
Maybridge	SPB 06553	1.5E+03	1.1E+03

Prestwick	Disulfiram	2.1E+03	2.2E+03
BIOMOL	Gambogic Acid	3.7E+02	4.6E+02
Capretta	p-fluorophenyl-toxoflavin	4.8E+02	6.9E+02
OICR	AM0019-051-001 (p-fluorophenyl- fervenulin	N/A	N/A
Schimmer	Bortezomib	<2.0E+01	<2.0E+01
Schimmer	Fingolimod	N/A	N/A
Schimmer	Hydroxychloroquine	N/A	N/A
Schimmer	Imatinib	>6.3E+02	>2.0E+03
Schimmer	Masitinib	6.8E+03	6.6E+03
Schimmer	Rifapentine	N/A	N/A
Schimmer	Rifamixin	N/A	N/A
Schimmer	Salinomycin	1.0E+03	9.1E+02
Schimmer	Sunitinib	>6.3E+02	6.2E+03
Schimmer	Tandutinib	N/A	N/A
Schimmer	Vandetanib	>6.3E+03	>6.3E+03
Schimmer	VX-680/MK-0457	>6.3E+03	>6.3E+03

Category #	Structuralliy Related Compounds
1	Alpha-Chaconine, Tomatine, Digitonin, Ivermectin, Beta-Escin,
2	Gentian Violet, Rosolic Acid, Pararosaniline
3	Tetrandrine, Berberamine, E6 Berberamine, Hernandezine, Cepharanthine, Cephaeline, 7-Oxycanthine, Emetine
4	Dihydrocelastryl Diacetate, Dihydrocelastrol, Celastrol, Pristimerin, Anthothecol
5	Sanguinarine, Chelerythrine
	Juglone, Plumbagin, Shikonin, Chrysene-1,4-Quinone, Sappanone, JFD 03185, 3,4-Dimethoxydalbergione, 4-
c.	Methoxydalbergione, BTB 14417, Aklavine HCl, Pyrromycin, Obtusaquinone, RJC 02988, BTB 14447, JFD 02731,
6	Daunorubicin, Doxorubicin, Idarubicin, Vineomycin
7	Quinachne, Phinaquine, Amoulaquin, Dequaimium C-14, Menoquine, Aminachn, Amsachne, Achilavinium HCI, Acrisorcia, Prazosia HCI, XRX 00150
8	Chlorhevidine Alexidine BIE 00706
9	Tegaserod Maleate 5/22924
10	Issalocid Sodium Monensin Salinomycin Narasin Nigericin
10	S 07624_S 04055_RB 00158_S 10252_S 03980_S 07429_S 01369
12	KM 03341 BTB 02467 KM 05590 KM 06346 Bay 11-7085 KM 03776
12	CD 00702 KM 00767 KM 00704 KM 02505 KM 00900 \$ 05227 IED 00070 IED 00072
15	SPB 07895, MW 00707, KW 00704, KW 02555, KW 00505, 5 05257, 110 00575, 110 00572
14	07592, SPB 07445
15	Thiram, Disulfiram, TL 00165
16	S 14683, S 14685
17	SB 224289, GR 127935,
	Cetylpyridinium chloride, Cetrimonium bromide, Benzalkonium chloride, Benzethonium chloride,
18	Methylbenzethonium chloride, Thonzium bromide, DL-erythro-dihydrosphingosine, Dequalinium C-14
19	XBX 00315, XBX 00316, S 11897, 5543164
20	Antiarol, S 14295
21	N,N-Hexamethyleneamiloride, 3',4'-Dichlorobenzamil
22	Thimerosal, Phenylmercuric acetate
23	JFD 00742, JFD 01136, Oxiconazole nitrate, 5352494, SPB 07215
24	Thapsigargin, Patulin, Parthenolide, Cantharadin
25	5781441, 5279631, 5537491, 5429924, HTS 06488, 5457220, 5169083, 5611138, 5456843, 5603579, 5664149,
25	SS3/491, S2/2685
20	
27	GBR 12909, 5454910
28	50/0522, 50/2102
29	NI 00/13, 5001403, 5 05384, 5 05237, BTB 02101
30	
31	5/12012, PRG 00900, PRG 00907
32	5070412, 5053447
32	KM 0//16 HTS 12050
25	KM 06974 KM 06900
35	Actomizala CGD 74514A HCI 5256220
27	Asceniizore, Cur-74314A TCI, 3230223
57	Chlorpromazine, Chlorprothixene, Flupentixol, Metixene, Perphenazine, Thiothixene, Triflupromazine
38	Thiethylperazine, Thioridazine, Trifluoperazine, Zuclopenthixol

Table 2. Structural analysis of hit compounds identifies classes of structurally related compounds.

Compound Name	Mechanistic or Biological Indication	Compound Name	Mechanistic or Biological Indication
	Alcohol Dehydrogenase		Serotonin
Disulfiram	Alcohol dehydrogenase inhibitor, Proteasome Inhibitor	Cephaeline dihydrochloride heptahydrate	emetic, serotonin receptor binding
	Protein Kinase C	Methiothepin maleate	receptor antagonist
Chelerythrine Cl Dequalinium analog, C-14 linker	PKC inhibition antibacterial, antifungal, PKC inhibition	GR 127935 hydrochloride SB 224289 hydrochloride	neurotransmission, serotonin receptor antagonist neurotransmission, serotonin receptor antagonist neurotransmission, serotonin receptor antagonist,
Sanguinarine Sulfate	antineoplastic, antiplaque	(±)-Pindobind	adrenoceptor alkylating agent neurotransmission, serotonin receptor antagonist, antihistamine, Ach receptor
Sanguinarine	antineoplastic, antiplaque	Nortriptyline hydrochloride	antagonist
	Glutathione reductase antifungal, glutathione reductase inhibition, ALDH	Sertraline	neurotransmission, SSRI
Thiram	Golgi Transport	Paroxetine Hydrochloride	neurotransmission, SSRI treats IBS, serotonin receptor agonist
Profoldin A			Bhonothioring
Brefeldin A from Penicillium brefeldianum	antiviral, protein transport	Thioridazine hydrochloride	neurotransmission, phenothiazine
	CDK1	Perphenazine	neurotransmission, phenothiazine
CGP-74514A hydrochloride	cell cycle inhibitor	Chlorprothixene	neurotransmission,
	Tubulin polymerization/Chaperone	Zuclopenthixol hydrochloride	neurotransmission, phenothiazine
Pristimerin Dihydrocelastryl Acetate	antineoplastic, antiinflammatory, inhibit tubulin polymerization chaperone stimulant	Thiethylperazine malate Chlorpromazine	neurotransmission, phenothiazine neurotransmission, phenothiazine
Coloctrol	antineoplastic, antiinflammatory, inhibit	Chlorpromazine	neurotransmission,
Celasti Ol		Triflupromazine hydrochloride	neurotransmission, phenothiazine
Tamoxifen citrate	estrogen receptor inhibition	Metixene hydrochloride Trifluoperazine	neurotransmission, phenothiazine neurotransmission,
Clomiphene citrate (Z,E)	estrogen receptor inhibition	dihydrochloride	phenothiazine neurotransmission, phonothiazino
Geldanamycin	HSP90 inhibition	Piperacetazine	neurotransmission, phenothiazine
Radicicol	HSP90 inhibition	cis-(Z)	phenothiazine

Table 3. Mechanistic information and biological indications related to hit compounds.

	NFkB		Chlorprothixene hydrochloride	neurotransmission, phenothiazine
			Triflupromazine	neurotransmission,
Shikonin	proteasome inhibition		hydrochloride	phenothiazine
Cepharanthine	NFkB inhibition			Cannabinoid receptor
			(R)-(+)-WIN 55,212-2	neurotransmission,
Bay 11-7085	NFkB inhibition		mesylate	cannabinoid receptor agonist
	NFkB inhibition,			
Chaconine, a -	cholinesterase inhibition			Dopamine
Parthonolido	NERB INNIBITION, OXIDATIVE		R(-) Apomorphine	depamine recentor agenist
Faithenolide	immunosuppressant.		ingulocition de tiermingulate	neurotransmission
Gliotoxin	proteasome inhibition		GBR 12909 dihydrochloride	dopamine uptake inhibitor
	PP1/PP2A			Opioid Receptor
	•			neurotransmission, opioid
Cantharidic Acid	phosphatase inhibition		(-)-Eseroline fumarate salt	agonist
Cantharidin	phosphatase inhibition			Adrenergic receptor
	PKC/PLC/PLA2/Smase		Prazosin hydrochloride	antiadrenergic
DL-erythro-	PKC inhibition, PLC inhibition,			
Dihydrosphingosine	PLA2 inhibition		Fiduxosin hydrochloride	antiadrenergic
dibydrate	antimalarial PLA2 inhibition		Bromoacetyl alprenolol	antiadrenergic
unyurate	antianginal		mentinane	Angiotensin converting
Perhexiline maleate	sphingomyelinase inhibition			enzyme
Oxyphenbutazone	antiinflammatory		Fosinopril Sodium	antihypertensive
	Prolyl hydroxylase			Histamine receptor
Vineomycin A1	prolyl hydroxylase inhibition		Astemizole	antihistamine
	Glycosylation		Terfenadine	antihistamine
	protein glycosylation			
	inhibitor, activates unfolded			
Tunicamycin B	protein response			Topoisomerase
	Transforrin recentors		Lanachono h	RT inhibition, DNA synthesis
	transferrin recentors NEkB		Lapachone, b -	
Gambogic acid	inhibition		Dihvdrotanshinone	Topo inhibition
Acetyl Isoallogambogic	transferrin receptors, NFkB		,	
Acid	inhibition		Hycanthone	antischistosomal agent
	transferrin receptors, NFkB			antineoplastic (antileukemic),
Dihydrogambogic Acid	inhibition		Amsacrine hydrochloride	intercalating agent
	inhibition		Radicicol	HSP90 inhibition
Acetyrisoganibogie Acid	ministion		Radicicol	antineoplastic, intercalating
	transferrin receptors, NFkB			agent, topoisomerase lla
Dimethyl Gambogate	inhibition		Idarubicin	inhibitor
				antineoplastic, intercalating
	transferrin receptors, NFkB		Daunorubicin	agent, topoisomerase lla
Gambogic Acid Amide	inhibition	-	hydrochloride	inhibitor
				antineoplastic, intercalating
	Calcium		Doxorubicin hydrochloride	inhibitor
	antiarrhythmic. antianginal.	1		
Fendiline hydrochloride	calcium balance			Oxygen stress
Calmidazolium chloride	calcium balance		Rubescensin A	oxygen stress, antineoplastic
Amlodipine Besylate	calcium balance		Plumbagin	antifertilyaction

	1	1
Oxyacanthine sulfate	calcium balance	Parthenolid
Hernandezine	calcium balance	
Berbamine 2HCl	calcium balance	Iodoacetam
E6 Berbamine	calcium balance calcium balance.	Hydrochlori
Tetrandrine	antifibrogenic	Aminacrine
Isotetrandrine	calcium balance, antifibrogenic	Idarubicin
Thansgargin	calcium balance, induces	Daunorubic
mapsgargin		nyarocinioni
	Cationic lonophores	Doxorubicin
	antibacterial, antiprotozoal,	
Monensin sodium salt	(Na+K+Li+Rb+Tl+Ag+)	Actinomycir
	antibacterial, antiprotozoal, ionophore	
Monensin Na	(Na+K+Li+Rb+Tl+Ag+) antibacterial, antiviral, H+/K+	Dactinomyc
Nigericin Na salt	ionophore	Amsacrine h
Narasin	antibacterial, ionophore	Celastrol
Salinomycin	antibacterial, ionophore	Echinomyci
Lacalacid Cadium Salt	ionophoro (cationic)	Chromomy
Lasalociu Soulum Sait	antibacterial, ionophore,	Chromoniye
Lasalocid sodium salt	calcium balance	Tubercidin
	Na+/K+ ATPase	Anisomycin
Ciclopirox ethanolamine	antifungal, ion balance	
	Na+/H+ antiporter	Anisomycin
N,N- Hexamethyleneamiloride	H+/Na+ balance, antiviral	Anisomycin
	Na+/Ca2+	Cycloheximi
3',4'-Dichlorobenzamil	ion balance	Emetine dih
	Chloride channel	Harringtoni
Ivermectin	antiparasitic, chloride channel	Ochratoxin
		Puromycin
		Tubercidin

Parthonolido	NFkB inhibition, oxidative
Faithenolide	
	DNA Polymerase
Iodoacetamide	alkylating agent
Acriflavinium	antibacterial, antiviral,
Hydrochloride	Intercalating agent
Aminacrine	antimiective, intercalating
Anindernie	antineoplastic, intercalating
	agent, topoisomerase lla
Idarubicin	inhibitor
	antineoplastic, intercalating
Daunorubicin	agent, topoisomerase lla
hydrochloride	inhibitor
	antineoplastic, intercalating
Deverybicin bydrochlorido	agent, topoisomerase lla
Doxorabicin nyarocinonae	antinoonlastic intercalating
	agent DNA synthesis
	inhibition. RNA synthesis
Actinomycin D	inhibition
	antineoplastic, intercalating
	agent, DNA synthesis
	inhibition, RNA synthesis
Dactinomycin	inhibition
Amsacrine hydrochloride	agent immunosuppressant
Ansachne nydrochionde	chaperone stimulant.
	antineoplastic,
	antiinflammatory, inhibit
Celastrol	tubulin polymerization
	DNA synthesis inhibition,
Echinomycin	intercalating agent
Lennonyem	DNA synthesis inhibition.
	RNA synthesis inhibition,
Chromomycin A3	intercalating agent
lubercidin	nucleoside analog
Anisomycin	DNA synthesis inhibition
	Protein Synthesis Inhibition
Anisomycin	protein synthesis inhibition,
7 millionnychi	nrotein synthesis inhihition
Anisomycin	DNA synthesis inhibition
Cycloheximide	protein synthesis inhibition
Emetine dihydrochloride	protein synthesis inhibition
Harringtonine	protein synthesis inhibition
	protein synthesis inhibition,
Ochratoxin A	calcium balance
Puromycin dihydrochloride	protein synthesis inhibition
	Glycolysis inhibition
	nucleoside analog, glycolysis
Tubercidin	inhibition

Table 4. Compound X inhibits sphere formation in a panel of human breast cancer cell lines. The molecular subtypes (Luminal, BasalA, or BasalB), estrogen receptor (ER) status, progesterone receptor (PR) status, and Her2 status, are listed, along with the values of the $IC_{50} \pm SD$.

Cell Line	Gene Cluster	Estrogen Receptor	Progesterone Receptor	HER2	IC50 (nM)
BT474	Luminal	+	[+]	+	100 ± 70
HCC202	Luminal	-	[-]	+	140 ± 30
MDAMB361	Luminal	+	[-]	+	130 ± 50
MDAMB453	Luminal	-	[-]		210 ± 90
MCF7	Luminal	+	[+]		100 ± 10
HCC1569	Basal A	-	[-]	+	110 ± 30
HCC1954	Basal A	-	[-]	+	160 ± 40
HCC38	Basal B	-	[-]		140 ± 70
MDAMB231	Basal B	-	[-]		190 ± 70

Table 5. Human breast cancer cell lines show differential sensitivity to Compound X. Fourteen human breast cancer cell lines representing a variety of molecular subtypes and two quasinormal breast epithelial cell lines (MCF10a, HMLE) were subjected to treatment with Compound X in a 48-hour proliferation assay. Cell lines are arranged with the most sensitive lines at the top of the chart and the most resistant at the bottom (lowest to highest % Residual Activity at 4.4 μ M). Information for Relative Fluorescence Units of the DMSO controls, Z' values of the assays, and percent viable cells at the outset of the assay are included.

Definition of Clincial Variables: Lu = luminal, BaA = basal A, BaB = basal B, W = wild type, M = mutant, ER = estrogen receptor, PR = progesterone receptor, P.BR = primary breast tumor, PE = pleural effusion, AC = adenocarcinoma, IDC = intraductal carcinoma, Duc.Ca = ductal carcinoma, MC = medullary carcinoma.

			Clinical	Variable	5			% Residual Activity							Assay Metrics		
	Gene						Tumor	15 μM		[Comp	ound X]		3 μΜ	DMSO			
Cell line	cluster	ER	PR	HER2	TP53	Source	type								RFU (DMSO ctrl)	Z'	% Viability (t = 0)
MDAMB361	Lu	+	-	+	- ^{WT}	P.Br	AC	3	4	5	6	9	20	100	3.44E+08	0.74	99
BT483	Lu	+	+		-	P.Br	IDC, pap	10	8	11	18	11	33	100	4.08E+07	-0.70	55
HS578T	BaB	-	-		+ ^M	P.Br	IDC	4	4	5	7	15	29	100	2.09E+08	0.50	99
HCC1500	BaB	-	-		-	P.Br	Duc.Ca	8	9	11	13	23	47	100	4.39E+07	-0.30	68
T47D	Lu	+	+		++ ^M	PE	IDC	3		3	6	25	70	100	3.24E+08	0.83	96
MCF10A	BaB	-	-		+/- ^{wt}	P.Br	F	4	4	4	8	32	82	100	1.35E+08	0.67	82
HMLE						P.Br	Norm.	4	4	5	16	38	78	100	1.12E+08	0.47	89
MCF7	Lu	+	+		+/- ^{WT}	PE	IDC	15	20	25	25	41	73	100	3.87E+08	0.71	96
ZR751	Lu	+	-		-	AF	IDC	4		3	12	41	57	100	3.56E+08	0.77	82
MDAMB231	BaB	-	-		++ ^M	PE	AC	3	3	6	23	42	68	100	3.19E+08	0.71	74
MDAMB157	BaB	-	-		-	PE	MC	3		11	35	51	68	100	4.14E+08	0.74	90
BT20	BaA	-	-		++ ^{WT}	P.Br	IDC	15	11	16	33	64	83	100	3.80E+08	0.78	87
MDAMB453	Lu	-	-		_ ^{WT}	PF	AC	3	3	10	40	66	86	100	3.99E+08	0.76	98
HCC38	BaB	-	-		++ ^M	P.Br	Duc.Ca	8	17	40	57	70	88	100	2.87E+08	0.76	79
BT549	BaB	-	-		++ ^M	P.Br	IDC, pap	4	5	19	49	71	81	100	4.00E+08	0.74	89
HCC1954	BaA	-	-	+	[+/-]	P.Br	Duc.Ca	20	21	34	68	90	92	100	3.52E+08	0.73	93
SKBR3	Lu	-	-	+	+	PE	AC	5	20	66	85	91	88	100	3.90E+08	0.76	86

Cell line information adapted from Neve et al. Cancer Cell. 2006

Kinase	%	Kinase	%	Kinase	Kinase % Kinase		%
Abl(h)	123	CSK(h)	102	IGF-1R(h)	125	PKCμ(h)	90
Abl(T315I)(h)	85	DAPK1(h)	90	IKKα(h)	106	PKC0(h)	111
ALK(h)	101	DDR2(h)	105	KDR(h)	110	PKD2(h)	118
ARK5(h)	116	DYRK2(h)	99	LKB1(h)	115	Plk1(h)	108
Aurora-A(h)	138	EGFR(h)	100	MAPK2(h)	108	Plk3(h)	114
Aurora-B(h)	119	EphA2(h)	106	MEK1(h)	109	Ret(h)	111
Axl(h)	107	EphA7(h)	106	MELK(h)	96	ROCK-II(h)	112
Blk(m)	101	EphA8(h)	109	Met(h)	118	Ron(h)	101
Bmx(h)	121	EphB1(h)	110	MST3(h)	114	Ros(h)	106
BRK(h)	103	EphB4(h)	116	NEK2(h)	103	Snk(h)	107
CDK1/cyclinB(h)	119	FAK(h)	113	NEK3(h)	101	TAK1(h)	105
CDK2/cyclinA(h)	114	Fer(h)	97	p70S6K(h)	102	Tie2(h)	107
CDK5/p25(h)	106	Fes(h)	112	PAK4(h)	104	TrkA(h)	100
CDK6/cyclinD3(h)	97	FGFR1(h)	109	PDGFRα(h)	100	Yes(h)	109
CDK7/cyclinH/MAT1(h)	98	FGFR2(h)	104	PDK1(h)	107	ZAP-70(h)	105
CDK9/cyclin T1(h)	106	FGFR3(h)	97	Pim-1(h)	99	ZIPK(h)	101
CHK1(h)	101	FGFR4(h)	96	PKBα(h)	91		
CHK2(h)	103	Flt1(h)	109	PKCα(h)	91		
CK1γ1(h)	99	Flt3(h)	77	PKCβI(h)	97		
CK1γ2(h)	106	Flt4(h)	115	PKCε(h)	100		
CK1γ3(h)	119	Hck(h)	106	PKCη(h)	96		
cKit(h)	96	HIPK2(h)	95	PKCı(h)	79		

Table 6. Compound X does not target 82 human kinases. In vitro kinase activity was quantified in the presence of 2 μ M Compound X

Table 7. *Relative potency values for Compound X analogues*. Analogues purchased from Chembridge, or synthesized by Nick Todorovic (Fred Capretta's group) were assayed in sphere forming assays using MCF7A cells. The IC₅₀ value of each compound was normalized to the IC₅₀ value obtained for Compound X in that particular assay.

		Experiment #													
	1	2	3	4	5	6	7	8	9	10	11	12	13	Avg	SD
Compound X – 5234104 Hef $f = f = f = f = f = f = f = f = f = f$	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	0.0
Toxoflavin		0.0	0.0	1.9	0.8	1.4	0.1	0.4	0.1	0.2	0.2			0.5	0.7
$\begin{array}{c} \textbf{5234105} \\ \textbf{H}_{SC} \rightarrow \textbf{C}_{SC} $			5.3	9.7	21	35	3.9	14	1.4					13	12
		2.1	4.6	30										12	16
5728421 H.C. L. N. C. of N. C. of N. C.			3.0	38										20	25
6323599			4.4	34										19	21
			11	37										24	18
			0.9	13	1.5	1.6								4.2	5.8
9019754		1.2	2.1	25										9.4	13

IC50 Compound N / IC50 Compound X

0020450	1			1	r				1	1			r
		0.0	2.4	8.7								3.7	4.5
9021269		0.0	2.6	16								6.1	8.3
9023239 HC J H J C T CH ₉ O H H J C H S		0.3	0.9	13	1.1	1.6						3.4	5.5
9023745			3.4	5.7								4.5	1.6
9024894 $H = \begin{pmatrix} 1 & H_{1}C \\ 0 & - & - & - \\ 0 & - & - & - \\ CH_{2} & - & - \\ CH_{3} & - & $			1.3	14								7.8	9.2
9028945			50	670								360	440
3-parabrowski star $\mu \neq \int_{\varphi_{i}} \psi_{i} + \int_{\varphi$					1.7	1.8						1.7	0.0
3-parafluorophenyl-toxoflavin $\underset{o \in \mathcal{A}_{r}}{\overset{\circ}{\underset{c_{r_{s}}}}} + \underbrace{(f)}_{c_{r_{s}}} + \underbrace{(f)}_{c_{r_{s}}}$					0.8	0.8	1.7	0.2	0.1			0.7	0.7
6-butyl-3-parachlorophenyl- toxoflavin					4.9	12						8.4	5.0
3-parabutylphenyl-toxoflavin											2.5	2.5	N/A
3-paracyanophenyl-toxoflavin $h \in f_{0} = f_{0} + f_$											0.9	0.9	N/A

3-paramethylphenyl-toxoflavin									
Hyper and the second se						1.1		1.1	N/A
3-paramethoxyphenyl-toxoflavin									
HAC I HAC CHA						1.0		1.0	N/A
3-orthochlorophenyl-toxoflavin									
						1.9		1.9	N/A
3-metachlorophenyl-toxoflavin									
Hydry L Hy of the CHy						0.8		0.8	N/A
3-o,p-dichlorophenyl-toxoflavin	l I								
						3.0		3.0	N/A
1-demethyl-Compound X									
							23	23	N/A
3-p-acylphenyl-toxoflavin									
HSC I A CH							0.7	0.7	N/A
dag-Tuso3									
							40	40	N/A
dag-Tuso4	1								1
							40	40	N/A

Table 8. *Genes involved in consumption of ROS are downregulated in TMS*. Collectively, genes that consume oxygen radicals, hydrogen peroxide, and other reactive oxygen species are downregulated in TMS as compared to MMS. Gene set enrichment analysis determined that this gene set is significantly overexpressed in MMS (p = 0.002).

Gene Name	Symbol	Expn (TMS/ MMS)	Gene Name	Symbol	Expn (TMS/ MMS)
catalase	Cat	0.85	thioredoxin 1	Txn1	0.76
catalase	Cat	0.69	thioredoxin 2	Txn2	0.96
glutathione peroxidase 1	Gpx1	0.85	thioredoxin 2	Txn2	0.87
glutathione peroxidase 3	Gpx3	0.97	thioredoxin 2	Txn2	0.87
gratatilione peroxidade e	Op/10	0.01	thioredoxin domain		0.01
glutathione peroxidase 4	Gpx4	1.0	containing 1	Txndc1	0.77
alutathione peroxidase 4	Gnx4	12	thioredoxin domain	Tyndc1	0.67
giulalinone peroxidade 4	Орлч	1.2	thioredoxin domain	TXIIdoT	0.07
			containing 12		
glutathione peroxidase 7	Gpx7	0.61	(endoplasmic reticulum)	Txndc12	0.76
nucleoredoxin	Nxn	0.88	containing 14	Txndc14	0.69
			thioredoxin domain		
nucleoredoxin	Nxn	0.85	containing 14	Txndc14	1.0
			thioredoxin domain		
peroxiredoxin 1	Prdx1	0.88	(endoplasmic reticulum)	Txndc4	0.80
		0.00	thioredoxin domain		0.00
			containing 4		
peroxiredoxin 1	Prdx1	0.87	(endoplasmic reticulum)	Txndc4	0.79
peroviredovin 1	Prdv1	0.83	thioredoxin domain	Typdc5	0.65
		0.05	thioredoxin domain	TANGUS	0.05
peroxiredoxin 1	Prdx1	0.57	containing 5	Txndc5	0.61
		0.70	thioredoxin domain	T 1.0	0.00
peroxiredoxin 2	Prdx2	0.79	containing 9	Txndc9	0.93
peroxiredoxin 3	Prdx3	0.82	containing 9	Txndc9	0.79
			Thioredoxin peroxidase	LOC5451	
peroxiredoxin 4	Prdx4	0.66	2	61	0.64
peroxiredoxin 4	Prdx4	0.40	thioredoxin-like 1	Txnl1	0.94
peroxiredoxin 5	Prdx5	0.74	thioredoxin-like 1	Txnl1	0.89
peroxiredoxin 6	Prdx6	1.2	thioredoxin-like 1	Txnl1	0.81
superoxide dismutase 1,	0.14				0.70
SOIUDIE	Sod1	1.4	thioredoxin-like 1	I xnl1	0.79
soluble	Sod1	1.2	thioredoxin-like 1	Txnl1	0.77
superoxide dismutase 2,	000				0.111
mitochondrial	Sod2	1.3	thioredoxin-like 2	Txnl2	0.75
superoxide dismutase 2,	CodO	1.2	thiorodovin like 2	TypiO	0.59
superoxide dismutase 2	3002	1.3	thoredoxin-like 2	1 X1112	0.56
mitochondrial	Sod2	0.97	thioredoxin-like 4	Txnl4	1.0
superoxide dismutase 3,					
extracellular	Sod3	0.94	thioredoxin-like 5	Txnl5	0.69
superoxide dismutase 3, extracellular	Sod3	0.91	thioredoxin-like 5	Txnl5	0.67
		0.01			0.07
1/3 1	L	3	thioredoxin-like 5	Txnl5	0.56

10. APPENDIX
























































123



124



[compound] nM

10000

Transform of Nalpha-p-Tosyl-L-Lysine chloromethyl ketone

10

[compound] nM

0.1

1















