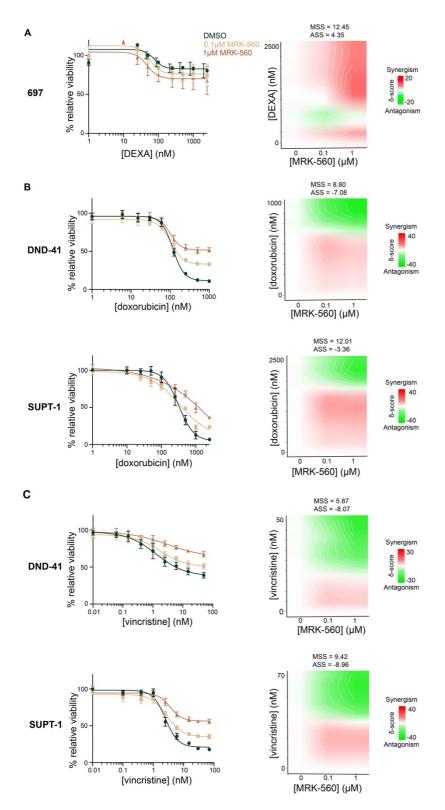
Combination therapy of a PSEN1-selective γ-secretase inhibitor with dexamethasone and an XPO1 inhibitor to target T-cell acute lymphoblastic leukemia

Charlien Vandersmissen,^{1,2,3} Cristina Prieto,^{1,2,3} Olga Gielen,^{1,2,3} Kris Jacobs,^{1,2,3} David Nittner,² Johan Maertens,^{3,4,5} Heidi Segers^{3,6,7} and Jan Cools^{1,2,3}

¹Center for Human Genetics, KU Leuven; ²Center for Cancer Biology, VIB; ³Leuvens Kanker Instituut (LKI), KU Leuven – UZ Leuven; ⁴Department of Hematology, UZ Leuven; ⁵Department of Microbiology, Immunology and Transplantation, KU Leuven; ⁶Department of Oncology, KU Leuven and ⁷Department of Pediatric Oncology, UZ Leuven, Leuven, Belgium

Correspondence: J. COOLS - jan.cools@kuleuven.be https://doi.org/10.3324/haematol.2022.282144

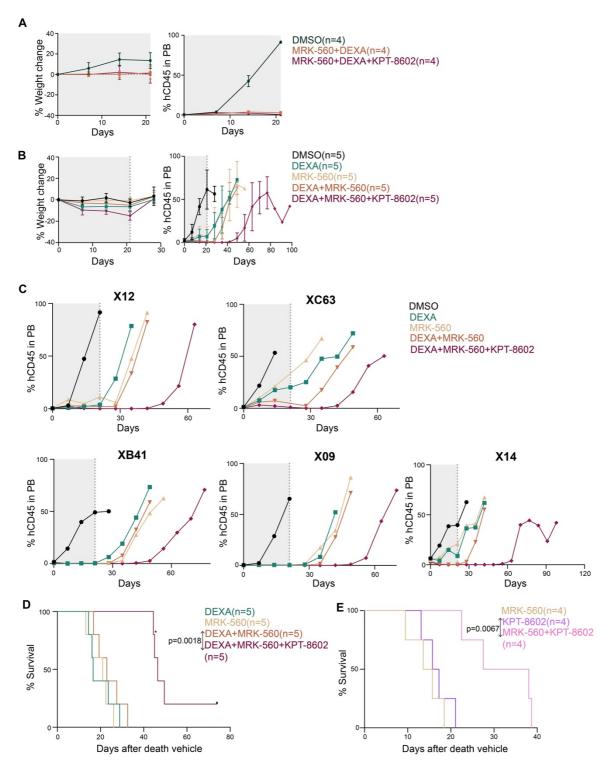


Supplemental Figure S1. Other chemotherapeutic compounds (doxorubicin and vincristine) have an additive effect with MRK-560 on cell viability.

The effect of MRK-560 treatment was visible after 5-7 days and therefore, cells were always pretreated with DMSO/MRK-560 for 5 days, followed by 48h treatment with DMSO/MRK-560 alone or in combination with dexamethasone/doxorubicin/vincristine. (A) Dose response curve and synergy plot of a NOTCH1-independent B-ALL cell line (697). The relative viability was calculated based on the DMSO condition of each pretreatment group (DMSO/MRK-560). (B) Dose response curves and synergy plots of DND-41 and SUPT-1 cells for the combination of MRK-560 with doxorubicin. (C) Dose response curves and synergy plots of DND-41 and SUPT-1 cells for the combination of MRK-560 with vincristine. All graphs show mean and standard deviation (error bars) of 3 replicates. MSS: maximum synergy score for a specific drug combination. ASS: Average synergy score for all drug combinations.

Supplemental Table S1. Mutations of PDX T-ALL samples

PDX sample	Mutations
X10-Luc	NOTCH1 (F1617P, P1618R)
	TLX1 overexpression
X12	FBXW7 (G557R)
	NUP214-ABL1
	TLX3 overexpression
X09	NOTCH1 (F1606insTP)
	SPI1-TCF7
	NRAS
XC63	NOTCH1 (L1678P, D1698D)
	JAK3 (M511I)
	TAL1 overexpression
X14	NOTCH1 (L1579M, D1698D, S2533T)
	PTEN (R233_fs)
	RPL10 (R98S)
XB41	NOTCH1 (L1600P)
	TAL1 overexpression
	RPL10 (R98S)
	TCRG deletion



Supplemental Figure S2. Treatment efficiency varies along different T-ALL PDX models.

(A) Percentage of weight changes compared to initial weight at start treatment and percentage of human CD45⁺ cells in peripheral blood (PB) of all treatment groups at different time points. This data belongs to the *in vivo* experiment of Figure 3A. (B) Percentage of weight changes compared to initial weight at start treatment and percentage of human CD45⁺ cells in peripheral blood of all treatment groups at different time points. This data belongs to the *in vivo* experiment of CD45⁺ cells in peripheral blood of all treatment groups at different time points. This data belongs to the *in vivo* experiment of Figure 3E. (C) Percentage of human CD45⁺ cells in peripheral blood for each PDX model during (grey) and after treatment. Each dot represent one mice. (D) Kaplan-Meier survival plots, normalized to death of vehicle, for 5 different PDX samples (X09, X14, XB41, XC63, X12). *XC63 mouse was treated with 2.5mg/kg KPT-8602 instead of 5mg/kg. The experiment was stopped after 98 days, the last triplet combination mice was sacrificed and leukemia was detected in bone marrow. (E) Kaplan-Meier survival plots, normalized to death of vehicle, from Govaerts *et al.* for X09, X14, XB41, XC63.