

## Metabolic Deregulation in Prostate Cancer

Srihari S et al. (2018)

### Supplementary Figures

**Figure S1: Overview of the discovery and validation process for the six metabolic clusters of PCa** (a) RNASeq data from 498 PCa patients from TCGA dataset were clustered using hierarchical clustering to identify the best set of clusters (number of clusters  $k$ ) that gave the most significant separation in terms of disease-free survival outcomes (here,  $k=6$  and logrank-test  $p<0.0001$ ); and (b) binomial classifiers were then trained to separate each such cluster from the others clusters, and the genes that were most significantly ( $p<0.05$ ) associated with these classifications were combined into a multinomial (multi-class) classifier. The multinomial classifier was validated by five-fold cross-validation (80-20%) on TCGA and then retrained on 100% TCGA data and validated on independent datasets including from the Taylors et al. (2010) ( $p=0.00088$ ). Clusters C5 and C3 consistently showed poor prognosis in these datasets.

**Figure S2:** Curves showing days to complete remission / response for the 6 TCGA clusters upon (a) primary drug therapy and followup drug therapy; clusters reproducible from the (b) Hieronymus et al. (2014) (overall and/or disease-free survival), (c) Ross-Adams et al. (2015) (biochemical relapse), and (d) Jain et al. (metastasis) datasets.

**Figure S3:** Overall and/or disease-free survival (if alive, disease-free survival) of patients divided by percentiles of their metabolic deregulation scores.

**Figure S4:** 'Oncoprint' genetic alteration profiles for the six clusters using key known genes in prostate cancer.

**Figure S5:** Deregulation of the homologous recombination DNA-damage response pathway in the six clusters.

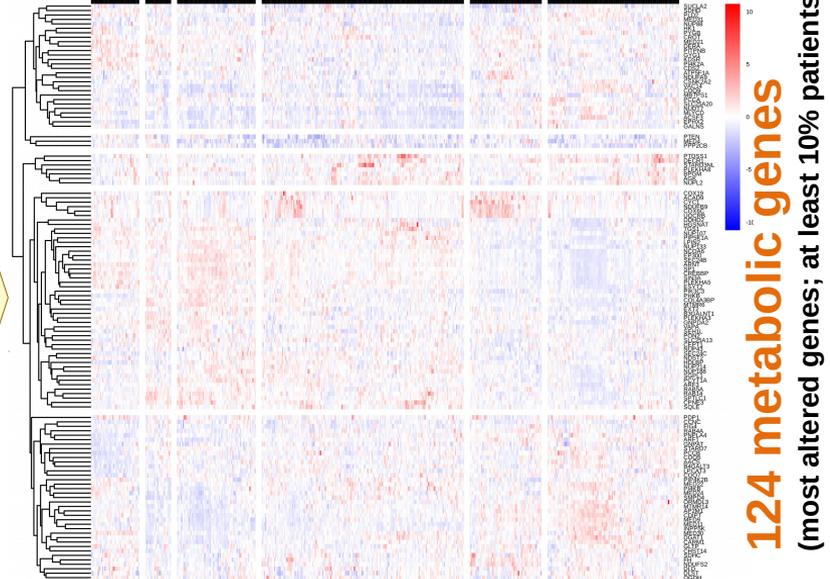
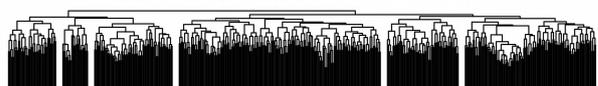
**Figure S6:** Predicted Sensitive and Resistant subgroups within the six metabolic subtypes for Olaparib response – TCGA and Taylors et al. (2010) and Hieronymus et al. (2014) datasets.

**Figure S7:** Curves showing (a) days to biochemical relapse and (b) actual relapse for the 6 TCGA clusters.

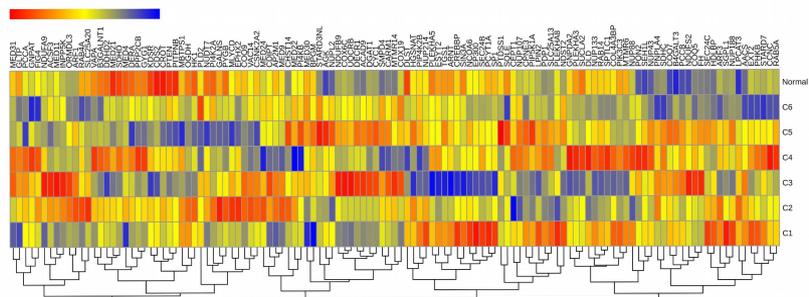
# Metabolism pathways (>1,000 genes)

[see main text for source]

(Try  $k=2$  to 10 clusterings)



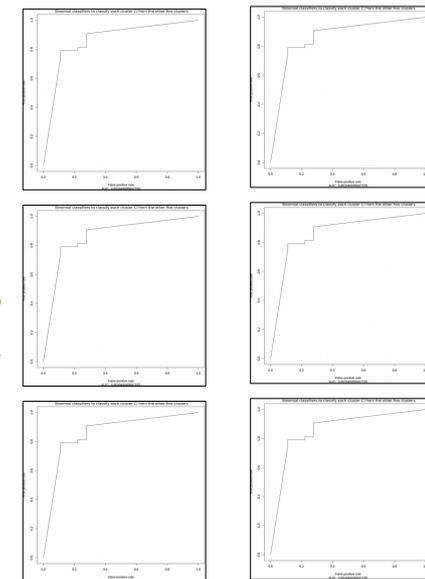
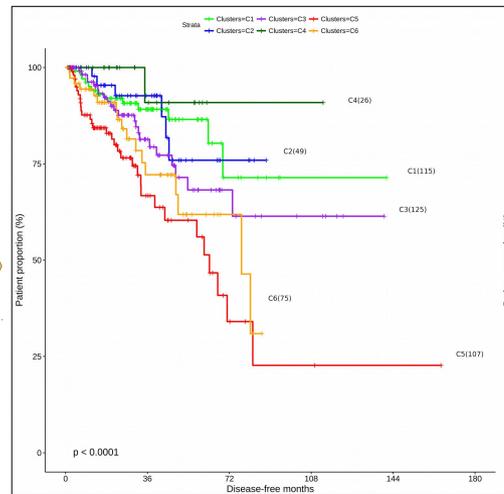
TCGA RNAseq data (498 patients)



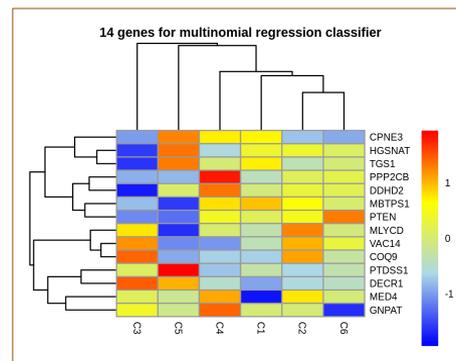
Average expression levels of genes in the six clusters vis-a-vis normal tissues (just to give a comparison; not used in the model)

(a)

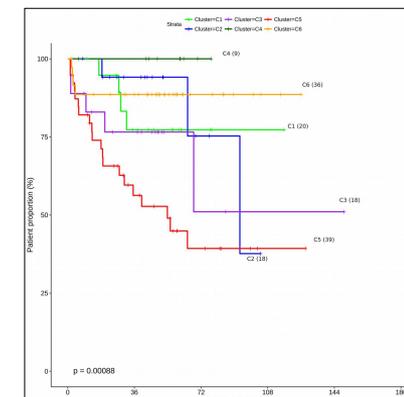
Select the most significant separation (logrank test p-value) Binomial classifiers to classify each cluster  $C_i$  in terms of disease-free survival outcomes (here,  $k=6$  clusters, C1, C2, C3, C4, C5, and C6) from the remaining five clusters



Select genes into multinomial classifier



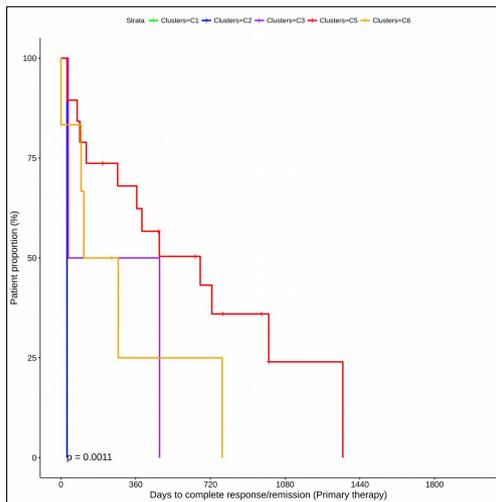
(b)



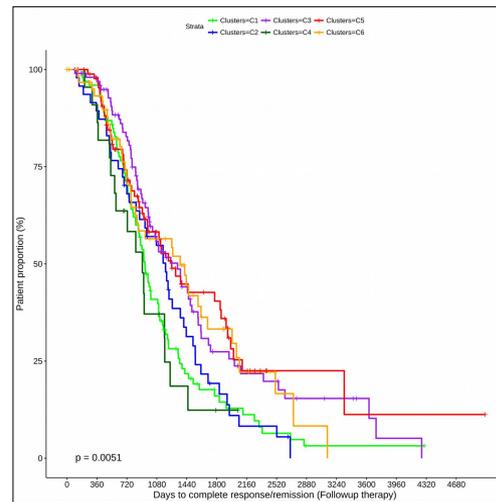
Validate multinomial classifier on TCGA by five-fold cross-validation

Validate on independent datasets

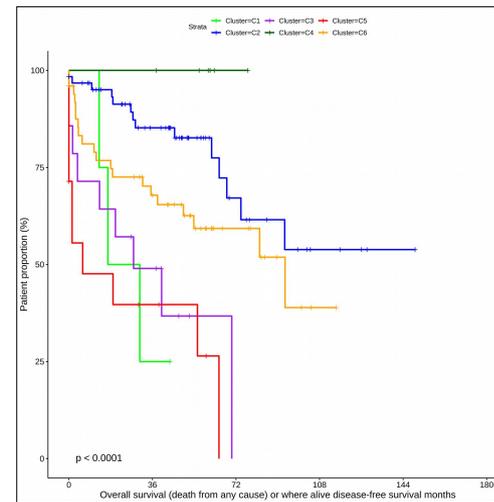
Figure S1



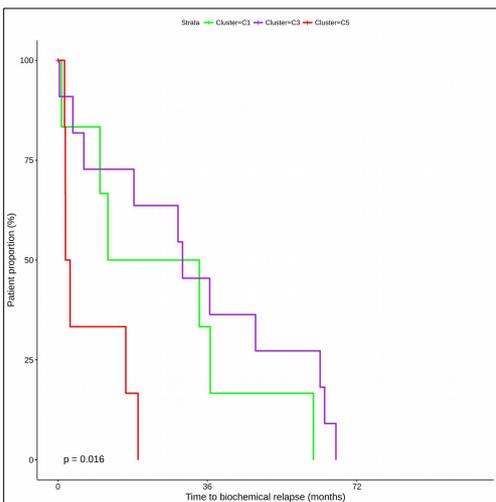
(a) Response to primary therapy (TCGA)



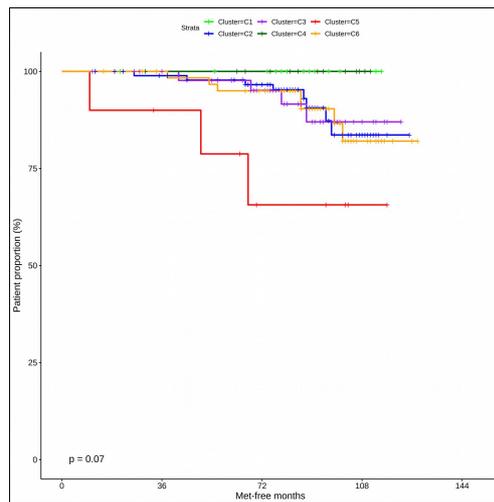
Response to followup therapy (TCGA)



(b) Hieronymus et al. (2014) – OS / DF

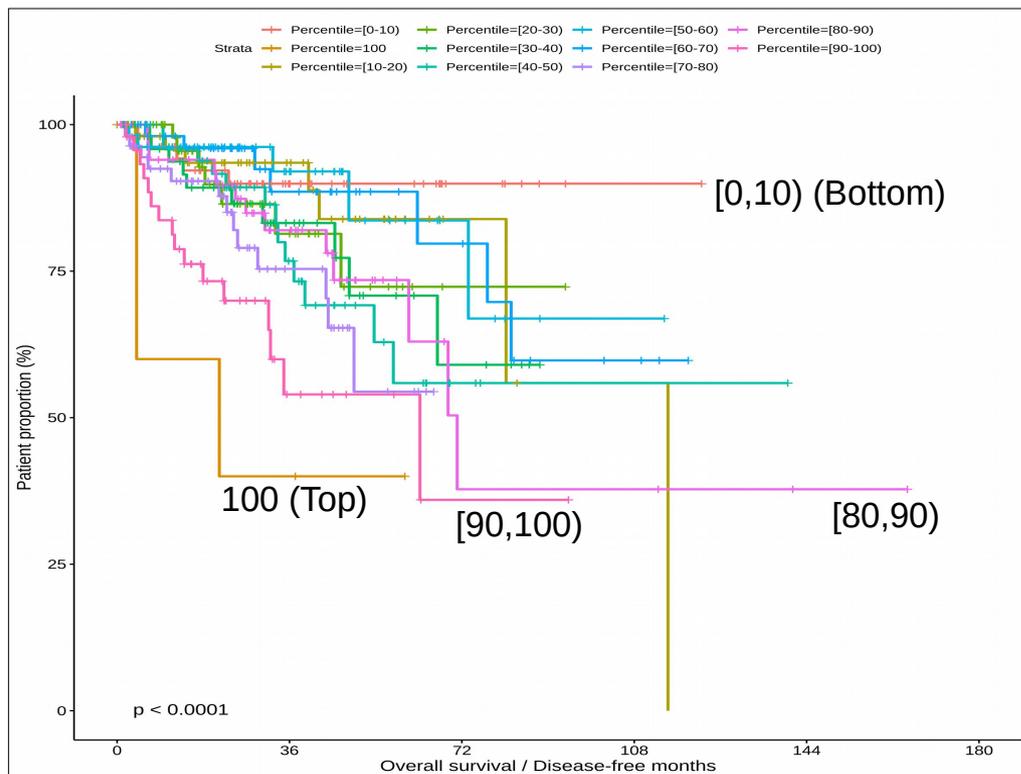


(c) Ross-Adams et al. (2015) - BCR



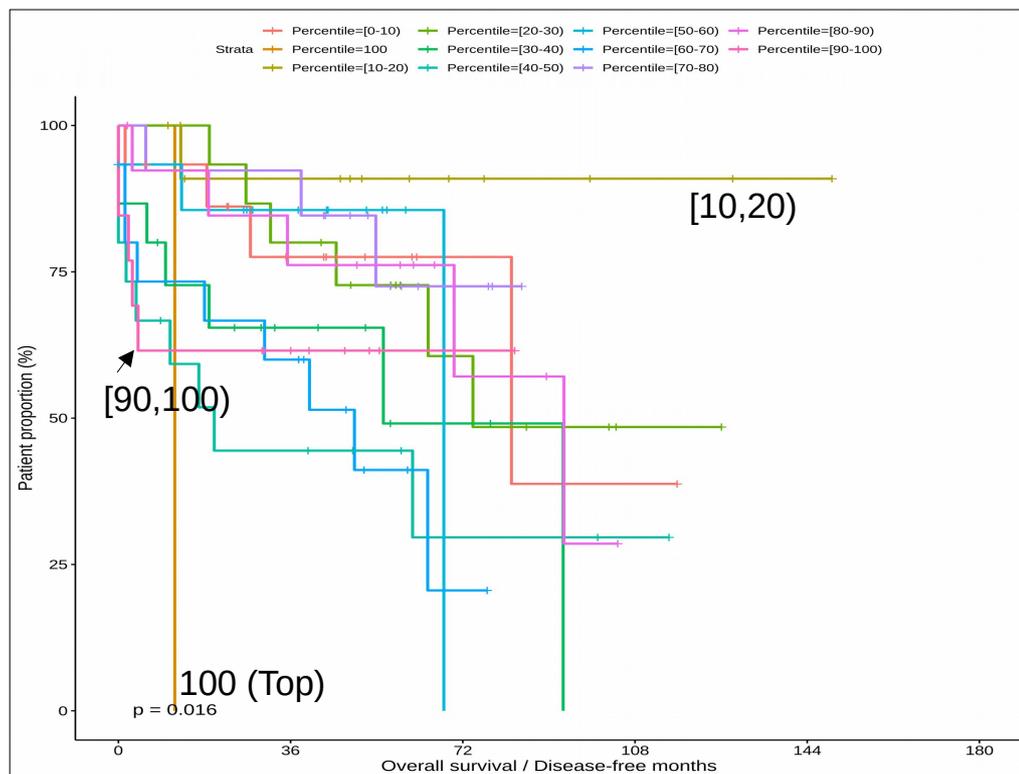
(d) Jain et al. (2017) – Met

OS = Overall survival  
 DF = Disease-free survival  
 OS/DF = OS but if alive, DF  
 Met = Metastasis



**TCGA (498 patients)**

OS/DFS months



**MSKCC Hieronymus et al. (150 patients)**

Figure S3

# All TCGA tumours

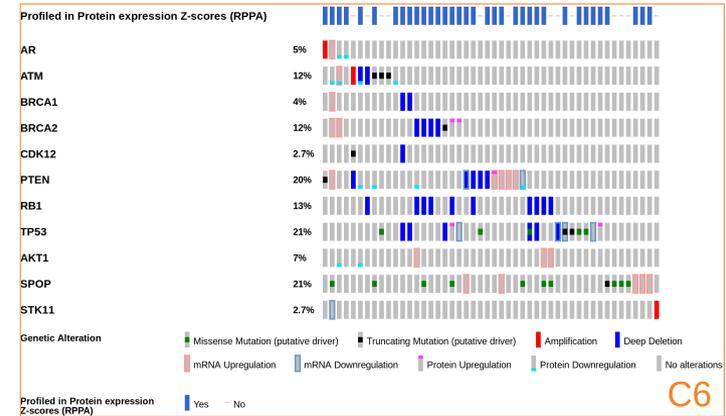
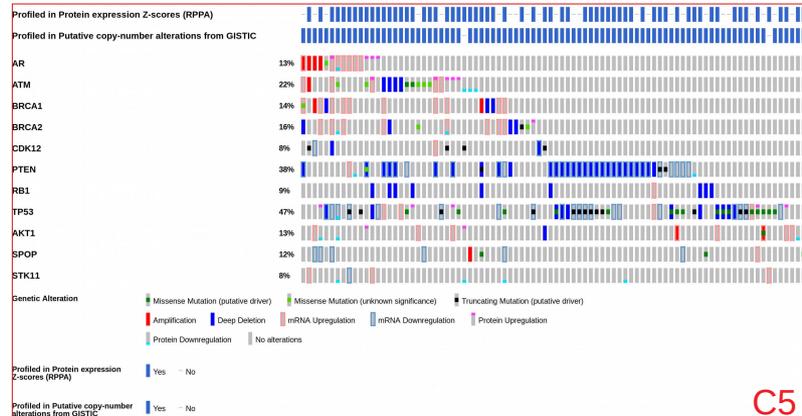
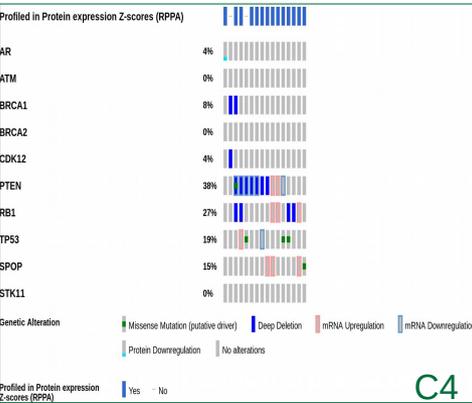
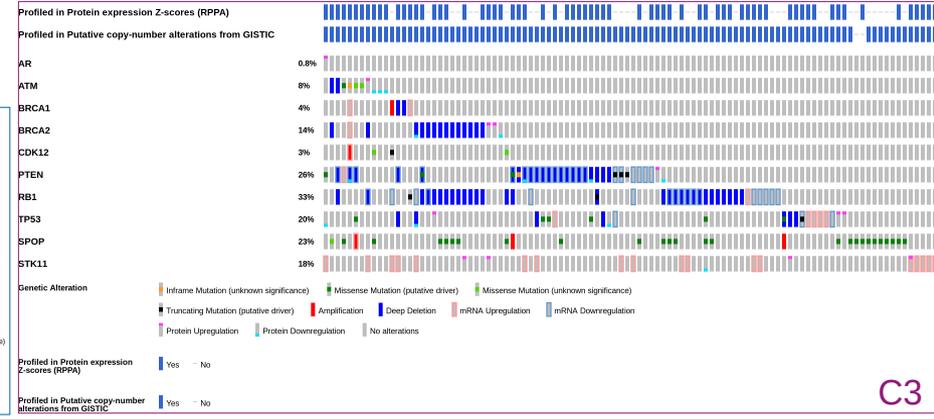
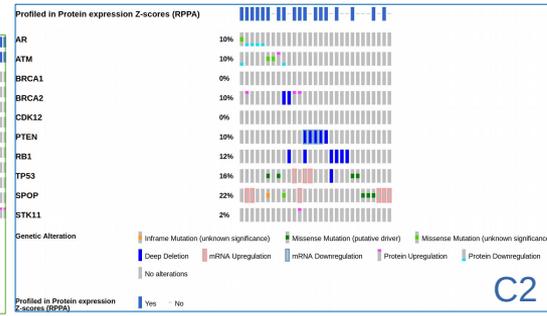
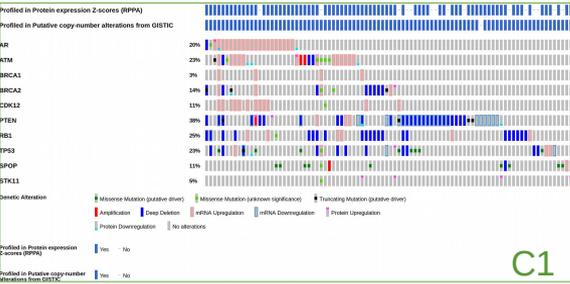
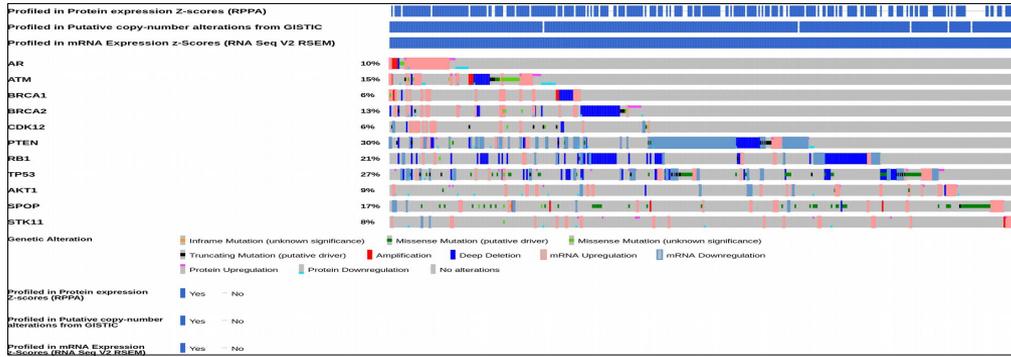
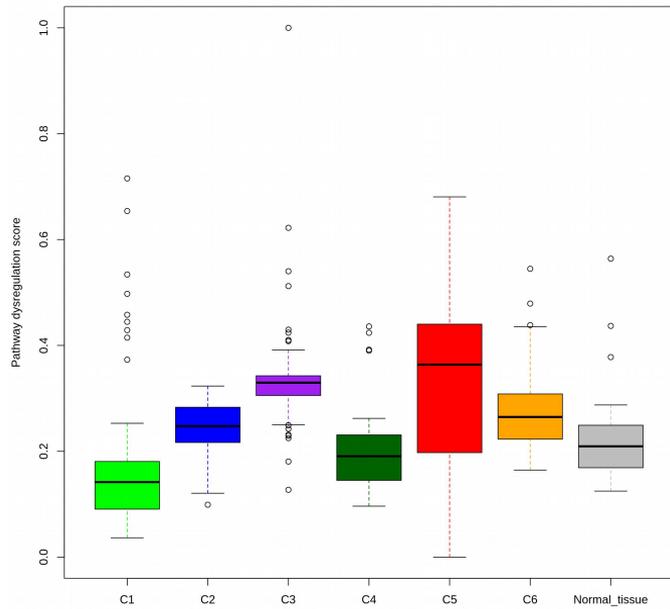
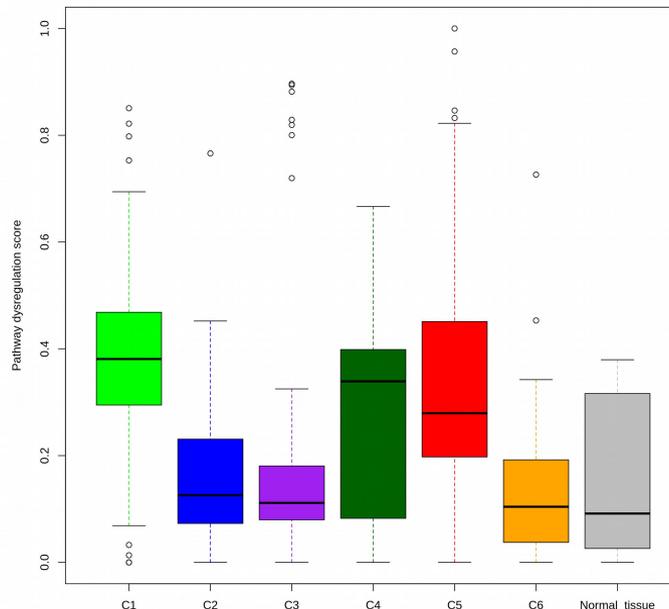


Figure S4

Homologous recombination



Non-homologous end joining



Mismatch repair

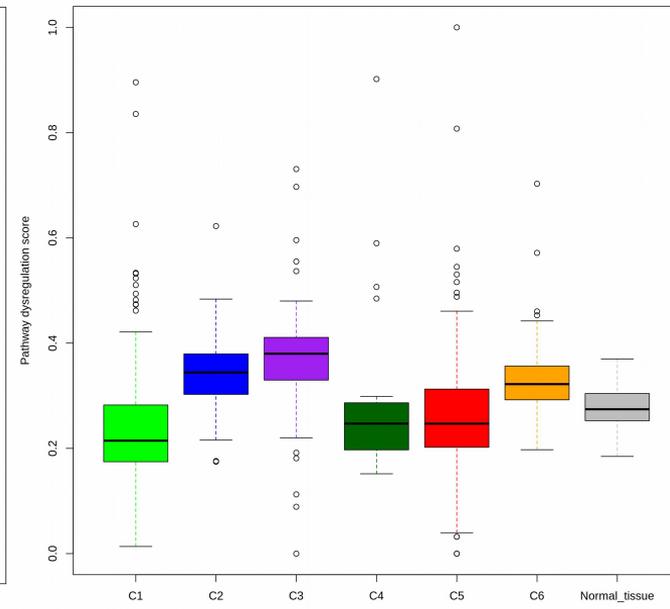
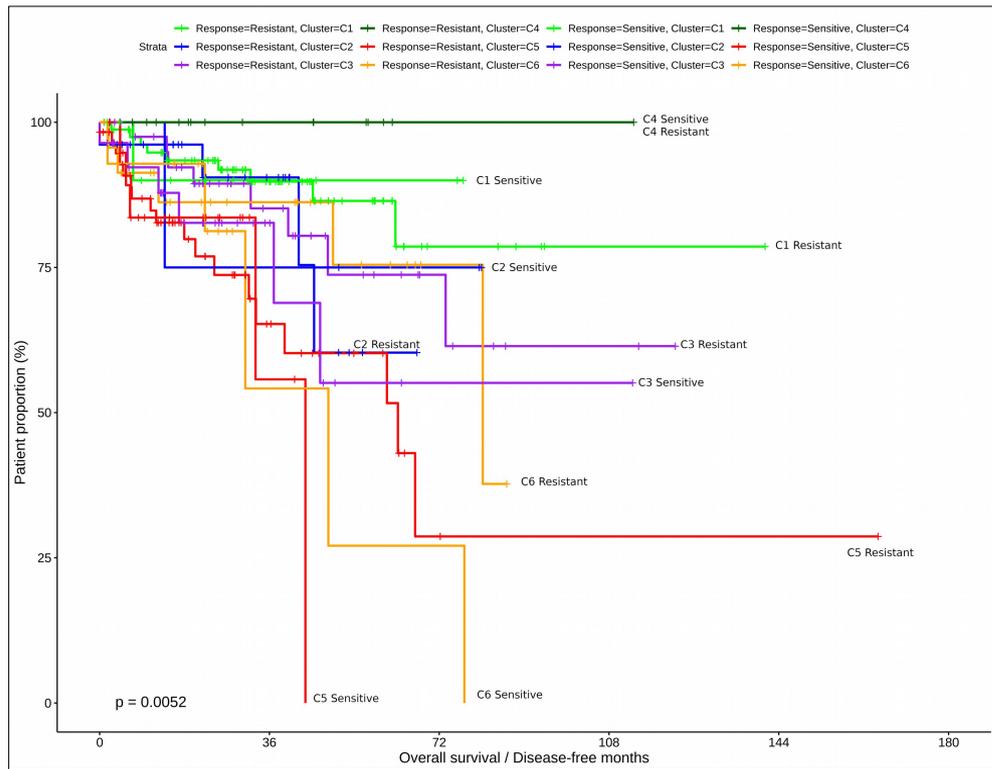
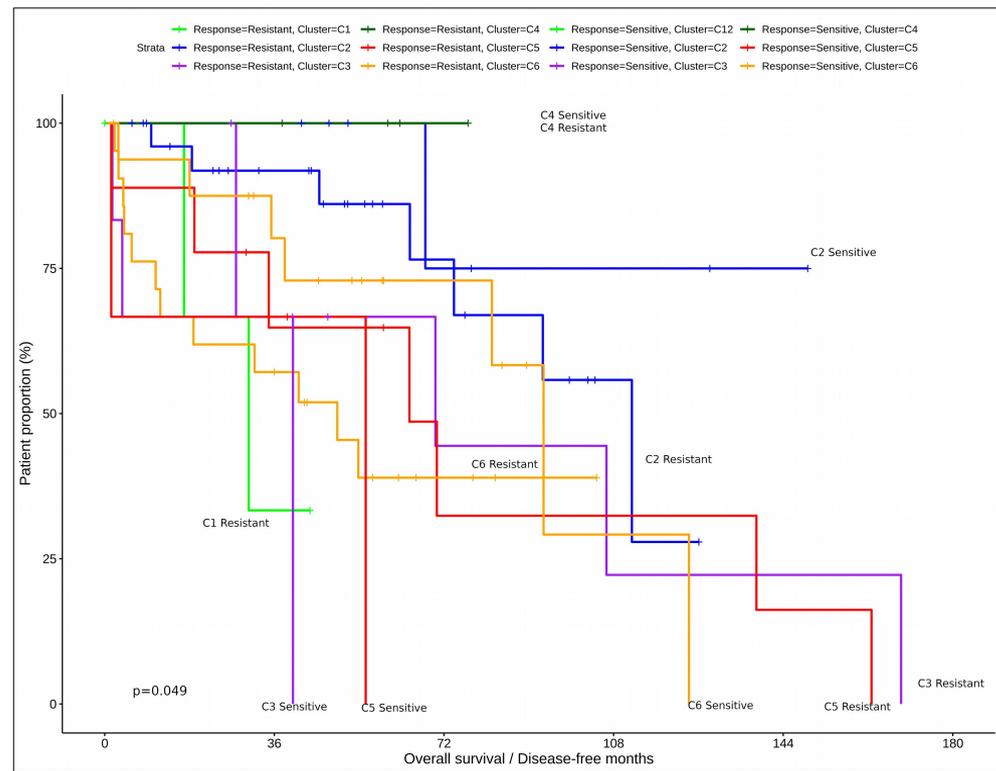


Figure S5

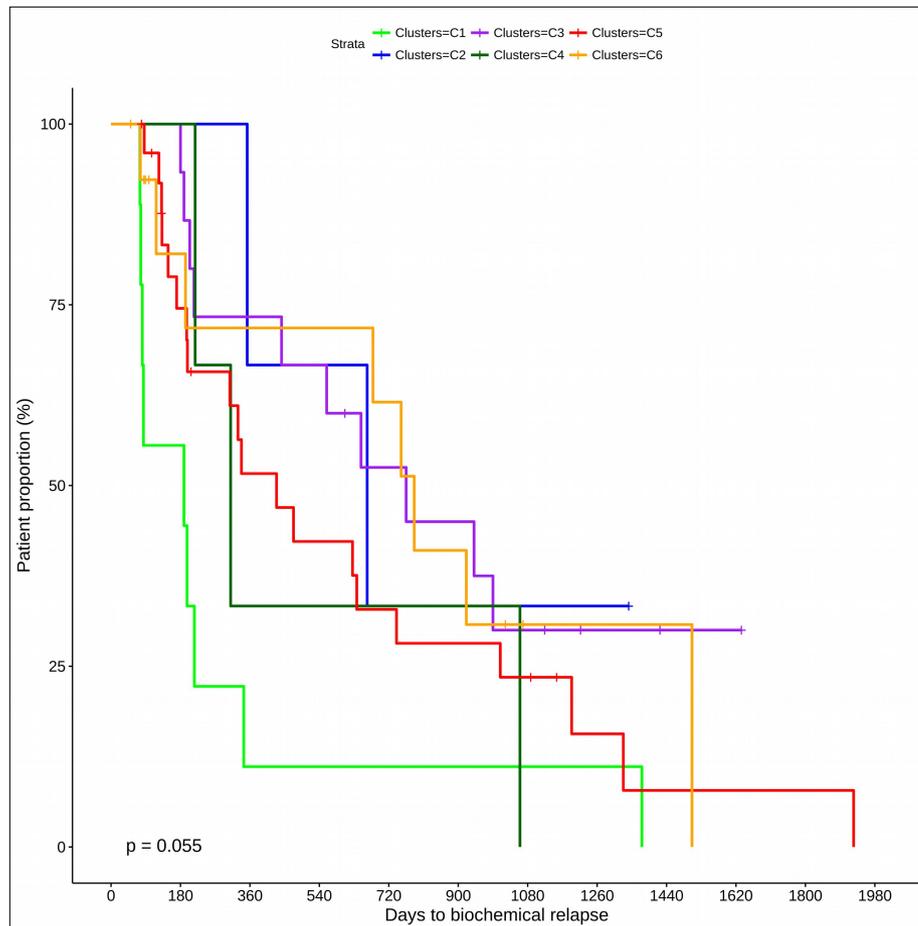


TCGA – DF / OS

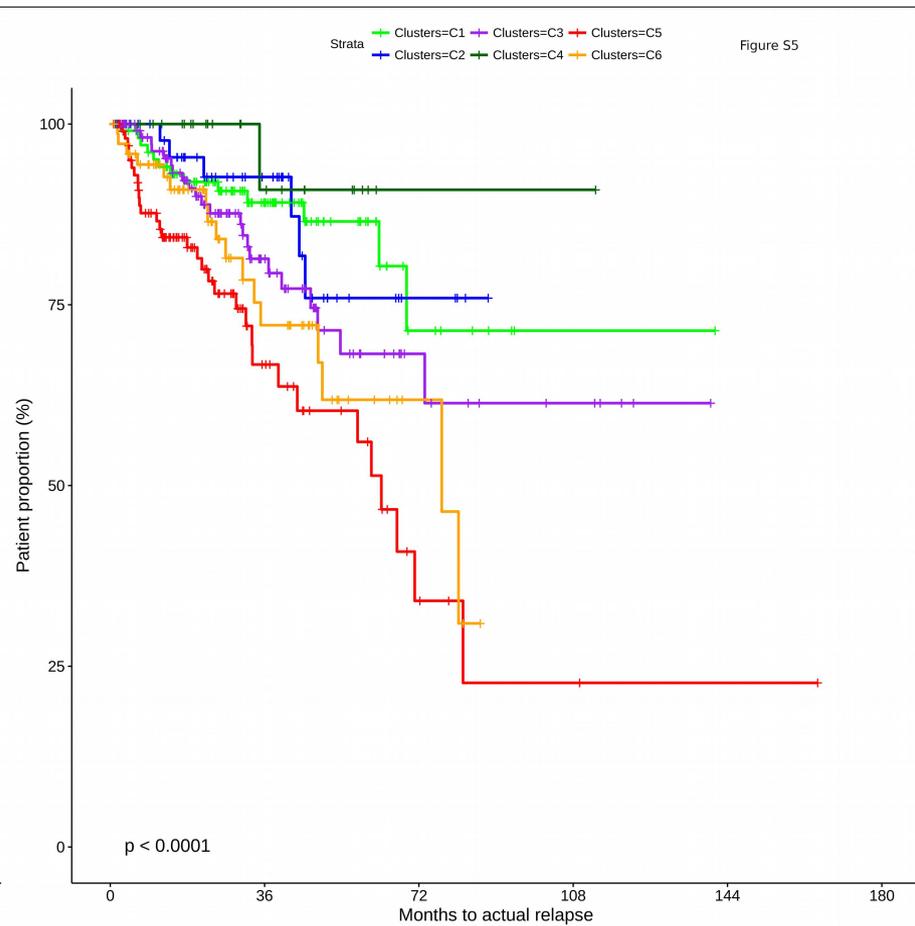


MSKCC (Hieronymus et al. (2014)) – DF / OS

Figure S6



(a)  
Figure S7



(b)

## Supplementary Tables

**Table S1:** List of genes involved in the 20 metabolic pathways studied in this work.

**Table S2:** Patient clusters identified from TCGA and other datasets – Taylors et al. (2010), Hieronymus et al. (2014), Ross-Adams et al. (2015), and Jain et al. (2018) datasets along with relevant clinical information.

**Table S3:** Enrichments (hypergeometric test p-values) for genetic alterations in the six clusters.

**Table S4:** proportions of ACRPC and AS patients from the Olmos et al. (2012) dataset that were predicted to be in the six PCa clusters.