Expression Ratios of the Anti-Apoptotic BCL2 Family Members Dictate the Selective

Addiction of KSHV-Transformed Primary Effusion Lymphoma Cell Lines to MCL1

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Running Head: MCL1 Addiction in KSHV-transformed PEL Cells

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Abstract Word Count: 247, Article Word Count: 4085

ABSTRACT

Kaposi's sarcoma-associated herpesvirus (KSHV) causes several malignancies in people living

with HIV, including primary effusion lymphoma (PEL). PEL cell lines exhibit oncogene addictions

to both viral and cellular genes. Using CRISPR screens, we previously identified cellular

oncogene addictions in PEL cell lines, including MCL1. MCL1 is a member of the BCL2 family,

which functions to prevent intrinsic apoptosis and has been implicated in several cancers.

Despite the overlapping functions of the BCL2 family members, PEL cells are only dependent

on MCL1 suggesting that MCL1 may have non-redundant functions. To investigate why PEL

cells exhibit selective addiction to MCL1, we inactivated the intrinsic apoptosis pathway by

engineering BAX/BAK1 double knockout cells. In this context, PEL cells become resistant to

MCL1 knockdown or MCL1 inactivation by the MCL1 inhibitor S63845, indicating that the main

function of MCL1 in PEL cells is to prevent BAX/BAK1-mediated apoptosis. The selective

requirement to MCL1 is due to MCL1 being expressed in excess over the BCL2 family. Ectopic

expression of several BCL2 family proteins, as well as the KSHV BCL2 homolog, significantly

decreased basal caspase 3/7 activity and buffered against staurosporine-induced apoptosis.

Finally, over-expressed BCL2 family members can functionally substitute for MCL1, when it is

inhibited by S63845. Together our data indicate that the expression levels of the BCL2 family

likely explain why PEL tumor cells are highly addicted to MCL1. Importantly, our results suggest

that caution should be taken when considering MCL1i as a monotherapy regimen for PEL,

because resistance can easily develop.

IMPORTANCE

Primary effusion lymphoma (PEL) is caused by Kaposi's sarcoma-associated herpesvirus. We

previously showed that PEL cell lines require the anti-apoptotic protein MCL1 for survival, but

not the other BCL2 family proteins. This selective dependence to MCL1 is unexpected as the

BCL2 family functions similarly in preventing intrinsic apoptosis. Recently, new roles for MCL1

not shared with the BCL2 family have emerged. Here, we show that non-canonical functions of

MCL1 are unlikely essential. Instead, MCL1 mainly functions to prevent apoptosis. The specific

requirement to MCL1 is due to MCL1 being expressed in excess over the BCL2 family.

Consistent with this model, shifting these expression ratios changes the requirement away from

MCL1 and towards the dominant BCL2 family gene. Together, our results indicate that although

MCL1 is an attractive chemotherapeutic target to treat PEL, careful consideration must be taken

as resistance to MCL1-specific inhibitors easily develops through BCL2 family overexpression.

KEYWORDS: KSHV, primary effusion lymphoma, MCL1, cell death, apoptosis, cell death,

BCL2, vBCL2, S63845

INTRODUCTION

Kaposi's sarcoma-associated herpesvirus (KSHV) establishes lifelong latency in B cells. While KSHV infections are often asymptomatic, they can develop into lymphoproliferative disorders such as multicentric Castleman disease and primary effusion lymphoma (PEL) in people living with HIV (1). PEL is a monoclonal B cell malignancy often found as effusions in body cavities (2). Patients treated with modified etoposide, vincristine, and doxorubicin with cyclophosphamide and prednisone (EPOCH) have a median survival time of 22 months and a three-year survival rate of 47% (3). To date, no cancer-specific treatment is available for PEL.

PEL cell lines exhibit gene expression profiles closest to plasma cells (4-6) with elevated levels of key plasma cell-associated transcripts such as the master transcription factor interferon regulator factor 4 (IRF4) and genes involved in the unfolded protein response and endoplasmic reticulum stress (ER) pathways (4, 7). The majority of PEL tumors (~80%) are also co-infected with the related gammaherpesvirus Epstein-Barr virus (EBV). The presence of EBV appears to improve prognosis in patients (3). Genetic analyses of PEL tumors do not show mutations or translocations found in other hematological malignancies such as *TP53*, *MYC*, *BCL2*, or *BCL6* (2, 8-10) although alterations in fragile site tumor suppressors have been reported (11). Instead, the defining feature of PEL is that all tumor cells are latently infected with KSHV. The latent virus constitutively expresses only a narrow subset of latency genes and at least 20 mature viral microRNAs.

It is thought that constitutive expression of the KSHV latency genes drives the transformation of PEL. Knockdown of the viral cyclin, viral FLICE inhibitory protein, viral interferon regulatory factors 1-3 (vIRF1 to 3), or viral interleukin 6 all led to a decrease in survival of PEL cells in culture (12-16). These latency genes regulate cellular networks to constitutively activate pathways necessary to support the survival and proliferation of these infected cells. This creates

"oncogenic dependencies or addictions" to cellular genes, because tumor cells rely on the

continuous signaling of these pathways. For instance, addictions to several oncogenes have

been reported in PEL cell lines including the constitutive NF-κB signaling, phosphatidylinositol-

3-kinase-mTOR signaling, gp130-STAT3 signaling, high expression of the p53 inhibitor MDM2

and the IRF4 transcription factor, and c-Myc stabilization (9, 17-25).

We recently performed genome-wide CRISPR knockout screens to comprehensively identify

human oncogenic addictions or cellular genes that are required for the survival and/or

proliferation of PEL cell lines (26). Our study confirmed the addictions to well-described

pathways above. Importantly, we uncovered new dependencies that are consistently required in

eight different PEL cell lines which included genes that are commonly essential regardless of

cell type and genes that are strongly selective. Of note, we identify a strong addiction to the

myeloid cell leukemia-1 gene (MCL1). MCL1 belongs to the BCL2 gene family, of which there

are six members: MCL1, BCL2, BCL-xL (encoded by *BCL2L1*), BCL-W (encoded by *BCL2L2*),

A1 (encoded by *BCL2A1*), or Diva (encoded by *BCL2L10*). The BCL2 family functions to inhibit

intrinsic apoptosis. In healthy cells, monomers of the apoptotic effector BAX or BAK1 are

sequestered on the mitochondrial outer membrane (MOM) by the BCL2 family proteins (Fig.

1A). When intrinsic apoptosis is initiated, pro-apoptotic BH3-only proteins (e.g. PUMA, NOXA)

bind to the BCL2 family proteins to release the BAX/BAK1 monomers. The monomeric effectors

oligomerize to form pores in the MOM and trigger an apoptotic cascade (27). MOM

permeabilization is often considered to be the "point-of-no-return" for cell death.

Although the BCL2 family members share the same function in BAX/BAK1 sequestration, PEL

cell lines appear to be only addicted to MCL1 (Fig. 1B). In recent years, new roles beyond

apoptosis have been described for MCL1. MCL1 has been implicated in mitochondrial fusion,

respiration, fatty acid oxidation, and autophagy (28-30). In this study, we investigate the basis

for why KSHV-transformed PEL cell lines exhibit selective dependence on only MCL1 among

the BCL2 gene family. Here, we show that the main essential function of MCL1 in PEL cells is to

block intrinsic apoptosis and that non-canonical roles are unlikely. PEL cell lines likely depend

on MCL1 because it is expressed at 15-60-fold higher levels than the other BCL2 family

members. Altering the expression ratios by over-expression of the other BCL2-related proteins,

including the KSHV BCL2 homolog, rescues cells from intrinsic apoptosis induced by an

inhibitor of MCL1. This suggests that endogenous expression levels of the BCL2 proteins

determine the selective addiction to MCL1 in KSHV-transformed PEL cell lines.

RESULTS

Primary effusion lymphoma cells are selectively addicted to MCL1

We previously identified host gene addictions of KSHV-transformed PEL cell lines using

genome-wide CRISPR screens (26). Our work showed that these tumor cells require high

expression of the oncogene MCL1 for survival. Although the BCL2 family proteins share similar

roles in preventing intrinsic apoptosis (Fig. 1A), none of the other BCL2 family genes scored in

our CRISPR screens (Fig. 1B). To exclude the possibility that the selective addiction to MCL1 is

due to the absence of the other BCL2 family proteins, we performed Western blotting for

endogenously expressed BCL2, BCL-xL, BCL-W, A1, Diva, or MCL1 proteins in a panel of PEL

cell lines (Fig. 1C). This panel included five cell lines that are co-infected with EBV (BC-1, BC-2,

BC-5, CRO-AP5, and JSC-1) and five that are only infected with KSHV (APK-1, BC-3, BCBL-1,

BCLM, VG-1). Our immunoblots show that PEL cell lines uniformly express BCL-xL, BCL-W,

and MCL1. In contrast, BCL2 expression is detectable only in BC-1 and BC-3 cells, while we do

not detect A1 or Diva in any of the cell lines. Similar expression patterns of MCL1, BCL2, and

BCL-xL were recently reported in additional PEL cell lines (31).

To confirm the selective dependence of PEL cell lines to MCL1, we treated BC-1 or BC-3 cells

with small molecule inhibitors that are specific for MCL1 (S63845, "MCL1i"), BCL2 (ABT-

199/venetoclax, "BCL2i") or BCL-xL (WEHI-539, "BCL-xLi"). These are not expected to cross-

inhibit the other BCL2 members. No BCL-W-specific inhibitors have been developed to date.

Consistent with our previous work (26), BC-1 and BC-3 cells are sensitive to MCL1i with an

estimated half maximal inhibitory concentration (IC50) of 177-228 nM (Fig. 1D). In contrast, both

cell lines are resistant to BCL2i and BCL-xLi. These results are consistent with a study showing

that PEL cell lines are sensitive to another MCL1i inhibitor AZD-5991 but are resistant to the

dual BCL2/BCL-xL inhibitor ABT-263 (31).

To further demonstrate that PEL cell lines selectively depend on MCL1 but not the other BCL2

family members, we targeted the endogenously expressed MCL1, BCL2, or BCL-xL for pooled

CRISPR knockout (KO) in BC-3 Cas9 cell lines. Our efforts to target BCL-W for CRISPR KO

were unsuccessful. Similar to what we previously observed (26), pooled MCL1 KO cells

significantly decreased cell viability by 70-90% as early as two days after transduction of

lentivirus encoding MCL1 guide RNAs (gRNAs) (Figs. 1E, 1F). In contrast, pooled BCL2, BCL-

xL, and BCL-W cells had similar viability compared to a negative control which targets the

AAVS1 safe harbor locus (gAAVS1) for two weeks. In sum, our data indicate that PEL cell lines

express the other BCL2 family proteins, but are selectively addicted to MCL1.

BAX/BAK1 double knockout cell lines

Roles beyond inhibiting apoptosis have emerged for MCL1, including facilitating mitochondrial

respiration and fatty acid oxidation (28-30). We thus explored whether MCL1 may have critical

non-canonical functions in PEL cells that necessitate MCL1 expression, but not the expression

of other BCL2 proteins, in addition to its canonical role in inhibiting intrinsic apoptosis.

Loss-of-function studies on the non-canonical roles of MCL1 pose a technical hurdle because

these are confounded by effects from cell death. To address this issue, we derived clonal BAX

and BAK1 double knockout (DKO) cell lines from BC-1 (KSHV+EBV+) and BC-3 (KSHV+) cells

(Figs. 2A, 2B). This inactivates the intrinsic apoptosis pathway since pore formation by BAX or

BAK1 is considered the necessary step to irreversibly initiate intrinsic apoptosis (Fig. 1A).

We tested whether the DKO mutations successfully inactivate the intrinsic apoptotic pathway

after treatment with staurosporine. Staurosporine induces intrinsic apoptosis by broadly

inhibiting protein kinases. In parallel, we also tested the sensitivities of the DKO cells to different

antibiotics. Dose response curves for these inhibitors show that DKO cell clones are

substantially resistant to treatment with staurosporine, but remain sensitive to the antibiotics

puromycin, blasticidin, zeocin, and hygromycin (Figs. 2C-G). Our data thus confirm that our

DKO cell clones successfully inactivate the intrinsic apoptotic pathway but not other cell death

mechanisms.

Knockout of BAX and BAK1 eliminates the dependency of PEL cells to MCL1

We used the BC-1 and BC-3 DKO cell clones to investigate their dependency on MCL1. If

inactivation of MCL1 continues to affect the viability of DKO cells, this would suggest that MCL1

has an essential role in PEL that is independent of intrinsic apoptosis. In contrast, if the DKO

cells are unaffected by MCL1 inhibition, then the main essential function of MCL1 is to inhibit

BAX/BAK1-mediated cell death.

We therefore treated BC-1 and BC-3 wild type (WT) and DKO cells with increasing doses of the

MCL1 inhibitor S63845 (MCL1i) (32). Consistent with our previous work (26) and Fig. 1D, WT

BC-1 and BC-3 cells are sensitive to MCL1i (Fig. 3A). However, both DKO cell clones were

resistant to MCL1i and viable even at the maximum dose used (20 μM).

To confirm whether MCL1i induces apoptosis in PEL cells, we treated the WT and DKO cells

with a sublethal dose of MCL1i (100 nM) overnight and measured apoptotic markers using

Annexin V/7-AAD staining and Caspase 3/7 Luciferase Assay. We also included a sublethal

dose of staurosporine (20 nM) treatment as a positive control. Exposure to MCL1i or

staurosporine of BC-1 or BC-3 WT cells decreased live cells between 5-40% compared to the

DMSO control (Fig. 3B). This is accompanied by a proportional increase in cells undergoing

early and late apoptosis (Fig. 3B) as well as an increase in caspase 3/7 activities (Fig. 3C). In

contrast, all of these markers of programmed cell death are completely rescued in BC-1 and

BC-3 DKO cells. Thus, apoptotic cell death induced by the pharmacological inhibition of MCL1

is prevented by genetically ablating BAX and BAK1.

Since MCL1i was specifically designed to bind to the BH3-binding groove of MCL1 (32), it is

possible that MCL1i induces cell death by only inhibiting the anti-apoptotic role of MCL1 without

affecting putative non-canonical functions. We therefore targeted MCL1 for RNAi knockdown in

both BC-3 WT and DKO cells using a doxycycline (DOX)-inducible lentiviral shRNA. Total MCL1

protein was reduced by ~70% by quantitative Western blot in both WT and DKO cells using the

sh2MCL1 construct after Dox addition (Fig. 4A). This is not seen in the absence of DOX nor in a

negative control shRNA construct targeting the *Renilla* luciferase (33). Similar to our previous

work (26), MCL1 knockdown lead to a significant decrease in the total number of live cells in

BC-3 WT cells as early as two days after DOX treatment (Fig. 4B, dotted red line). This is

accompanied by a ~7-fold increase in caspase 3/7 activity (Fig. 4C). In contrast, MCL1

knockdown in BC-3 DKO cells did not substantially affect viability even after 12 days of DOX

treatment (Fig. 4B, dotted purple line) nor induce caspase 3/7 activity (Fig. 4C). We note the

efficiency of MCL1 knockdown is sustained at this time point as evidenced by reduced MCL1

protein (Fig. 4A, bottom). Taken together, our results from MCL1i treatment or shRNA

knockdown of the DKO cells suggest that the essential function of MCL1 in PEL cell lines is to

prevent intrinsic apoptosis.

Over-expression of BCL2 proteins in PEL cell lines

Our results thus far indicate that the main role of MCL1 in PEL cell lines is to inhibit cell death.

However, this does not address why we observe a selective addiction to MCL1 in our CRISPR

screens despite co-expression of functionally similar BCL2 proteins. Because a minimum

number of pro-survival BCL2 family protein molecules is required to successfully neutralize

BAX/BAK1 monomers and prevent pore formation, we hypothesized that the expression ratios

of the BCL2 family directly influence the addiction to MCL1. Although we detected BCL-xL and

BCL-W proteins in all PEL cell lines and BCL2 in BC-1 and BC-3 (Fig. 1C), Western blotting

does not allow for relative quantification between different proteins even in the same sample.

We therefore reanalyzed publicly available mRNA-seq datasets from different PEL cell lines

including other B cell malignancies to determine the abundance of the BCL2 family transcripts

(34). As seen in Figure 5A, endogenous MCL1 is the most highly expressed BCL2 family gene

in all six PEL cell lines. In contrast, BCL2, BCL-xL, and BCL-W mRNA levels are only modestly

expressed (15- to 60-fold less compared to MCL1) while A1 and Diva mRNAs are not detected.

This expression profile reflects the degree of depletion of gRNAs from the CRISPR screens

(Fig. 1B) consistent with the model that expression ratios of the BCL2 family may influence the

selective addiction to MCL1. Notably, these ratios and magnitude of MCL1 expression in PEL

cell lines are similar to what is seen in multiple myeloma cell lines which are also considered to

be plasma cell-like. This is consistent with previous reports demonstrating that the PEL and

multiple myeloma cell lines have similar gene expression profiles (4-6). These expression

patterns of the BCL2 family genes are distinct from those observed in other B cell malignancies

that represent different stages of B cell maturation (Fig. 5A). It is possible that the stoichiometry

of the BCL2 family members is a function of the stage of B cell differentiation.

If the skewed expression of MCL1 explains the dependency of PEL cell lines to this BCL2 family

member, we expect that changing the ratios of the BCL2 family genes would shift the

dependency to the most abundant BCL2 family protein and away from MCL1. We thus

transduced BC-1 or BC-3 cells with lentiviruses constitutively expressing the different BCL2

genes under the major immediate-early promoter and enhancer of the human cytomegalovirus

at a multiplicity of infection of 5. We chose to only over-express the proteins that are expressed

endogenously at the RNA and protein levels: BCL2, BCL-xL, BCL-W, or MCL1. In addition, we

also expressed the KSHV homolog of BCL2, vBCL2 (35, 36), that has been dually tagged with

FLAG-hemagglutinin (HA) epitopes at the N-terminus (N-vBCL2). Although vBCL2 is a lytic

gene and is not expressed in latently infected PEL cells, we were curious if this can functionally

substitute for MCL1 in PEL. Western blots confirm that each protein is expressed above

endogenous levels in both BC-1 and BC-3 backgrounds (Fig. 5B).

To confirm that the over-expressed proteins are functional in inhibiting intrinsic apoptosis, we

induced cell death in these cell lines using staurosporine and measured cellular viability using

CellTiterGlo 2.0 and apoptosis using Caspase 3/7 Luciferase Assay. All of the ectopically

expressed BCL2 family proteins and vBCL2 reduced basal caspase 3/7 activity in the absence

of staurosporine in both BC-1 and BC-3 cells (Figs. 5C, 5D). Reduction of caspase 3/7 activity

was consistently stronger in the BC-1 cell lines compared to the BC-3 cell lines. In both cases,

over-expression of BCL2, BCL-xL, or BCL-W inhibited basal caspase 3/7 activity the most while

MCL1 or N-vBCL2 had modest to no effects. It is possible that this minor effect of MCL1 or N-

vBCL2 in decreasing basal caspase 3/7 activity may be due to insufficient over-expression of

these proteins.

In the presence of staurosporine, naïve and mCherry-expressing cells had significantly reduced

cellular viability after overnight treatment as expected (Figs. 5E, 5F). Cell death was rescued in

all instances by all the BCL2 family proteins including N-vBCL2 although to a lesser extent

compared to the mCherry control. These effects in cell viability are conversely accompanied by

a reduction in caspase 3/7 activities (Figs. 5G, 5H). These experiments demonstrate that the

ectopically expressed BCL2 family proteins in BC-1 or BC-3 cells are functional in inhibiting

intrinsic apoptosis.

Over-expression of BCL2 family proteins desensitizes PEL cells to MCL1i-induced

apoptosis

We next tested whether over-expression of the BCL2-related proteins in BC-1 or BC-3 can shift

the dependency to a different BCL2 family protein and cause to cells to be less reliant to MCL1

for survival. We therefore inactivated MCL1 with MCL1i. Similar to staurosporine, overnight

treatment with MCL1i reduced the viability of naïve or mCherry-expressing cells (Fig. 6A). In

contrast, ectopic BCL2, BCL-xL, or BCL-W fully protected BC-1 and BC-3 cells against MCL1i

toxicity. N-vBCL2- and surprisingly, MCL1-expressing cells were sensitive to MCL1i with only a

marginal rescue of cell viability (20-30%) compared to mCherry. These effects in cell viability

are likely due to apoptosis as seen with the opposite pattern of caspase 3/7 activity in these cell

lines (Fig. 6B). Relative to naïve and mCherry-expressing cells, ectopic BCL2, BCL-xL, or BCL-

W inhibited caspase 3/7 activity induced by MCL1i to the same degree in both BC-1 and BC-3.

Ectopic N-vBCL2 moderately reduced caspase 3/7 activity while MCL1 had no measurable

effect.

Finally, we treated the cells with varying doses of MCL1i to calculate their relative sensitivities to

this inhibitor. Consistent with what we observed in Figs. 6A and 6B, over-expression of BCL2,

BCL-xL or BCL-W desensitized cells from MCL1i and increased the IC50 values by 100- to

1000-fold (Fig. 6C). The N-vBCL2 construct did not alter the over-all sensitivities of BC-1 or BC-

3 cells to MCL1i. While ectopic MCL1 increased the average MCL1i IC50 by ~2- (BC-3) to 3-fold

(BC-1), these effects were not statistically significant. In sum, our data demonstrates that

expression levels of the BCL2 family genes is the major determinant for the dependency to

MCL1 by PEL cell lines.

DISCUSSION

In this report, we explore why KSHV-transformed PEL cell lines exhibit selective addiction to the

oncogene MCL1, despite having shared functions with the related BCL2 family proteins. While

new roles beyond those shared with the other BCL2 family members have been attributed to

MCL1, we show that the essential function of MCL1 in PEL cell lines is to prevent intrinsic

apoptosis. This selective addiction to MCL1 is explained by the 15- to 60-fold stoichiometric

excess of MCL1 expression relative to other BCL2-related proteins as demonstrated by mRNA-

seq and functional rescue from MCL1i-induced cell death by over-expression of any of the BCL2

family proteins.

The failure to rescue MCL1i-induced apoptosis by the MCL1 or N-vBCL2 constructs may be due

to the degree of ectopic expression achieved in these cells. It is possible that the total amount of

BCL2 family proteins in any of these cases did not reach the minimum required to neutralize all

available MCL1i molecules.

It is not clear why BCL2 family expression is skewed towards MCL1 in PEL cell lines. We

speculate that this may be a consequence of the plasma cell-like B cell differentiation stage of

PEL tumors (4-6). Similarly, Fig. 5A and the Cancer Dependency Map (37) shows that multiple

myeloma cell lines, which are considered to be of plasma cell lineage, have high MCL1

expression and are selectively dependent on MCL1. In contrast, cell lines derived from B cell

malignancies representing earlier B cell stages have distinct expression patterns where the

other BCL2 family members are expressed at higher levels (Fig. 5A). Studies done in mice by

the Tarlinton group indicate that the requirements for the Bcl2 family members during B cell

development are dynamic and complex. It was shown that Mcl1 but not Bcl-xL is required for the

formation but not persistence of germinal center B cells and memory B cells using conditional

knockout models (38). This points to a transient dependence of antigen-specific B cells on Mcl1

for competition within germinal centers during maturation but not for their survival after their

establishment. Mcl1, however, is indispensable for the survival of plasma cells in culture and in

vivo in a tamoxifen-inducible Mcl1 knockout mouse model in a cell intrinsic manner (39). In

contrast, inducible knockout of Bcl-xL or treatment with ABT-737, a preferential inhibitor of BCL2

with modest effects on Bcl-xL and Bcl-W, have no effect in the survival of existing plasma cells

in culture or in vivo, respectively (39, 40). They propose that plasma cells require high levels of

Mcl1 along with other factors to provide an intrinsic survival potential in combination with

extrinsic survival signals from tissue-specific niches (e.g. secondary lymphoid tissues or bone

marrow) to ensure long-lived plasma cells (41). The requirement for the high expression of

MCL1 in plasma cells may be driven by master transcription factors such as IRF4 that occupy

lineage-specific super-enhancer regulatory regions. Indeed, we and others have identified a

super-enhancer element around the MCL1 locus bound by IRF4 in PEL cell lines (21, 42, 43).

Upon activation and during maturation, B cells undergo dramatic changes to support their

effector functions in immune defense (Reviewed in 44). A large part of the plasma cell

differentiation program is the remodeling and expansion of the endoplasmic reticulum (ER) to

prepare for immunoglobulin production and secretion (45). Nutrient transporters and metabolic

enzymes are upregulated to sustain antibody production and organelle maintenance by the

lineage transcription factor Blimp-1 (46). High expression of MCL1 may thus act as a buffer

from this increased ER stress and metabolic load to ensure the survival of these B cells.

Knockdown of the glucose transporter GLUT4 in multiple myeloma cell lines induced apoptosis

by decreasing MCL1 mRNA expression (47), thereby supporting this link between metabolism

and apoptosis.

In the case of PEL, the infected tumor cells neither express nor secrete immunoglobulin

molecules. However, recent work from the Gottwein laboratory shows that PEL cell lines need

to constitutively counteract death signals originating from the ER and Golgi compartments in the

absence of any exogenous trigger (48). Consistent with this, PEL cell lines have elevated

expression of genes involved in the unfolded protein response, often triggered by ER stress (4).

These suggest that the ER and Golgi bodies in PEL cells are also under stress despite the

absence of antibody production. In line with this, KSHV is known to activate ER stress

responses during lytic reactivation (49, 50). Therefore, KSHV needs to counter these ER, Golgi

and metabolic stresses by possibly reinforcing or amplifying existing survival pathways in

plasma cells such as MCL1. More recently, the latency-associated nuclear antigen (LANA) was

shown to indirectly enhance the steady state levels of the MCL1 protein by binding to the E3

ubiquitin ligase FBW7 and preventing MCL1 degradation (51). As mentioned above, although

we find binding sites for the lineage transcription factor IRF4 on the MCL1 super-enhancer in

PEL cells, we recently reported that the B cell-specific latency gene vIRF3 largely co-occupies

similar sites as IRF4, including the MCL1 super-enhancer and promoter (21). This suggests that

vIRF3 may function to enhance MCL1 expression. We are currently investigating how vIRF3

regulates MCL1 expression at the transcriptional level.

A parallel relationship between lineage-specific expression and dependence to the BCL2 family

proteins is also seen in lymphatic endothelial cells (LECs) which are thought to be candidates

for the cellular origin of Kaposi's sarcoma spindle cells (52). In this case, LECs express and

depend on high levels of BCL-xL instead of MCL1 for survival. This dependency dramatically

increases during KSHV infection (Dr. Michael Lagunoff, personal communication) which

supports the model where the virus reinforces pro-survival pathways already present in the cell.

The selective dependence of PEL cell lines to MCL1 makes it an attractive target for therapy.

We have previously shown that the MCL1 protein is highly expressed in primary tumors from

patients (26). Candidate MCL1-selective drugs are now in various stages of clinical trials to treat

hematologic malignancies (53) and have the potential to be repurposed to treat PEL.

Venetoclax, the first approved BH3 mimetic drug, has over-all response rates of ~80% in

relapsed and/or refractory chronic lymphocytic leukemia (54) and ~75% in relapsed and/or

refractory mantle cell lymphoma (55) with a durable response even after ~3 years (56).

However, other cancers like acute myelogenous leukemia exhibit a lower response rate to

venetoclax (19%) where non-responsive patients had an increase in BCL-xL or MCL1

expression (57). Our data similarly shows that over-expression of any of the BCL2 family

proteins or loss of BAX or BAK1 leads to resistance to MCL1 inhibitors. Thus, care must be

taken when testing MCL1 inhibitors in PEL patients to avoid resistance. One strategy is using

high but tolerable doses of MCL1 drugs to minimize selection for resistant tumor cells. Another

approach is to combine this with other regimens that do not act on the same pathway. These

strategies need to be explored to provide the most effective treatment for KSHV-induced PEL.

MATERIALS AND METHODS

Cells. Cells were cultured as described (21). HEK293T cells were cultured in Dulbecco's modified Eagle medium with L-glutamine and 4.5 g/L glucose (Corning Life Sciences, Tewksbury, MA) supplemented with 10% Serum Plus II medium (Millipore-Sigma, Burlington, MA) and 10 µg/ml gentamicin (Gibco, Waltham, MA). BC-1 and BC-3 cell lines were grown in RPMI 1640 (Corning) supplemented with 10 µg/ml gentamicin (Life Technologies, Carlsbad, CA), 0.05 mM β-mercaptoethanol (Sigma-Aldrich, St. Louis, MO), and 10% (BC-1) or 20% (BC-3) Serum Plus II medium. All PEL cell lines were grown at 37°C with 5% CO_2 and maintained at log phase between 2×10^5 and 1×10^6 cells/mL.

Primers and synthetic genes. All primers were purchased from Integrated DNA Technologies (Coralville, IO). Synthetic genes for eGFP fragment, shRNA cassettes and MCL1 cDNA were synthesized by Twist Bioscience (South San Francisco, CA). Sequences and primer combinations for cloning are listed in Tables 1 and 2.

shRNAs. A self-inactivating version of the pLVX-TetOne-Zeo lentiviral vector (58) (a gift from Dr. Britt Glaunsinger) was first made via PCR mutagenesis. A deletion in the U3 region of the 3'LTR was introduced using primer pairs 169/171 and 172/170. The PCR products were fused with primers 169/170 and cloned into pLVX-TetOne-Zeo using the KpnI and NheI restriction sites (New England Biolabs, Ipswich, MA). The new vector is renamed pLVX-SIN-TetOne-Zeo (pSTZ) to denote the self-inactivating deletion (SIN).

shRNAs were designed using the SplashRNA algorithm (33) using default parameters (http://splashrna.mskcc.org). sh2MCL1 was synthesized as a gene fragment (Twist Bioscience) while shREN was amplified from pZIP-ZsGreen-T2A-Hyg-shRen.713 (48). These shRNA cassettes were assembled in the 3'UTR of a synthetic eGFP gene (Twist Bioscience) via two-fragment Gibson assembly into the pSTZ backbone linearized by EcoRI and BamHI (NEB).

BCL2 cDNAs. cDNAs for human BCL2, BCL-xL, and BCL-W were amplified from pCDNA3-HA-

BCL2, pCDNA-HA-BCL-xL (59) (gifts from Dr. Timothy Chambers), and pLX304-BCL2L2 (Clone

HsCD00440394 from Human ORFeome Collection from DNASU (60)). vBCL2 sequence was

amplified from BC-1 genomic DNA. The Flag-HA dual tag cassette was amplified from pLC-

FLAG-HA-vIRF3-P2A-hyg (Manzano and Gottwein, unpublished). Internal restriction sites were

repaired using PCR mutagenesis. Details on primer sequences and primer combinations for

each PCR step are listed in Tables 1 and 2.

Lentiviruses. The day prior to transfections, $4-5x10^6$ 293T cells were plated in 10 cm dishes.

Lentiviral transfer vectors (5 μg) were co-transfected with pMD2.G (2.44 μg) and psPAX2 (3.74

μg) packaging vectors and 39.13 μL 1 mg/mL polyethylenimine (Sigma Catalog #408727) in

500 μL OptiMEM (Gibco). After 4-6 hours, media was replaced with complete RPMI medium

supplemented with 10% Serum Plus II medium. Supernatants containing lentiviruses were

harvested after three days by filtering through a 0.45 μm pore membrane.

Lentiviral titers were determined by functional titration. Increasing volumes of supernatant

containing lentiviruses were added to $1x10^5$ naïve BC-1 or BC-3 cells in 0.5 mL media with 0.5

μL 8 μg/mL polybrene. The day after, appropriate antibiotics were added to select for infected

cells. Number of surviving cells was compared to uninfected cells to determine infection rates

and viral titers. Final lentiviral transductions were performed in $4x10^5$ BC-1 or BC-3 cells in 2 mL

media with 8 μg/mL polybrene at defined MOIs.

Generation of BAX/BAK1 DKO cells. Two gRNAs targeting the human *BAX* or *BAK1* gene

were chosen from the genome-wide Brunello CRISPR library to increase the efficiency of editing

in all alleles (61). Based on these gRNAs, primer pairs were designed to create dsDNA

duplexes with compatible BbsI overhangs. These primer pairs were assembled by heat-

denaturation and annealing in Buffer 3.1 (NEB), then cloned into BbsI-linearized pX458 (62) (a

gift from Dr. Feng Zhang, Addgene #48138).

BC-1 and BC-3 cells were adjusted to $2x10^5$ cells/mL the day before transfection. On the day of

transfection, $1x10^6$ BC-1 or BC-3 cells were pelleted in 50 mL tubes at 90g, for 10 min. Each

pellet was carefully resuspended in 20 μL of SF Cell Line Nucleofector Solution with

Supplement 1 (Lonza Cat. #V4XC-2032, Basel, Switzerland) and 1.5 μL of pX458 plasmids (150

ng each of BAX g2, BAX g3, BAK1 g1, BAK1 g3; 600 ng total). Cells transferred to

Nucleocuvette strips and pulsed with program CA-189 using the 4D-Nucleofector X (Lonza).

Transfection reactions were allowed to recover at room temperature for 10 min. Afterwards, 80

μL of pre-warmed complete media was added. Cells in the Nucleocuvette strips were incubated

at 37°C for 10 min. Finally, cells were collected with an additional 120 μL of pre-warmed

complete media and transferred to a round-bottom 96-well plate. Cells were expanded for 5-7

days to at least $2x10^6$ total cells. Two additional rounds of nucleofection were performed as

above to ensure efficient editing in all four alleles.

After a week of recovery from the third nucleofection, cells were individually cultured in round

bottom 96-well plate using dilution cloning. Clones were screened for successful editing. We

first triaged the clones based on the absence of full length BAX and BAK1 proteins by Western

blotting. Next, we further screened clones using genotyping primers (189 and 190 for *BAX*; 215

and 216 for *BAK1*). We would expect that simultaneous cutting of the two guides in an allele will

lead to ~100-400 bp deletions that can be distinguished from wt or single cut alleles by PCR.

While this assay does not discriminate between unedited from single editing events, this allows

us to limit our final validation to those with at least one allele deleted. Finally, we confirmed

frameshift indels by amplifying the targeted loci for Sanger or Illumina sequencing. Illumina

sequencing and analysis were performed by the Massachusetts General Hospital Center for

Computational and Integrative Biology DNA Core Facility.

CRISPR targeting of BCL2 family. Clonal BC-1 Cas9 or BC-3 Cas9 cells (26) were transduced

with lentiviruses encoding gRNAs targeting the BCL2 family genes at MOI 1. gRNAs targeting

BCL2 or BCL-W were cloned in pLentiGuide (Addgene #117986) that was linearized with BsmBI

(NEB). gRNAs for gAAVS1, BCL-xL and MCL1 have been previously cloned and described

(26). Live cells were measured every 2-3 days on the BD FACS Celesta Flow Cytometer (BD

Biosciences, Franklin Lakes, NJ) using a known amount of spike-in AccuCount Blank particles

(Spherotech, Lake Forest, IL, Cat. #ACBP-50-10). Data analysis was performed using FlowJo

v10.8.1 software (BD Biosciences). Cells were split to 3 x 10^5 cells/mL to ensure that all cells

were continuously dividing.

Western blots. Cells were washed with phosphate buffered saline and lysed with RIPA lysis

buffer (50 mM Tris, 150 mM NaCl, 1% IGEPAL CA-630, 0.5% sodium deoxycholate, 0.1%

sodium dodecyl sulfate, pH 7.4) with protease inhibitor cocktail III (Calbiochem, EMD Millipore).

Lysates were incubated on ice for 10 minutes and clarified by spinning at 12,000 g for 10

minutes. Total protein was quantified the Pierce BCA Protein Assay Kit (Thermo Fisher).

Equivalent amounts of total proteins were run in Bolt 4%-12% Bis-Tris gradient gels (Thermo

Fisher Scientific) or 15% tris-glycine-SDS acrylamide gels and transferred to 0.2 μm-pore size

nitrocellulose membranes in Towbin buffer (25 mM Tris, 192 mM glycine, 20% methanol, pH

8.3) for 90 min at 400 mA. Membranes were blocked with a 1:3 dilution of Intercept (TBS)

Blocking Buffer (Li-Cor Biosciences, Lincoln, NE) in TBS for 1 h at room temperature.

Membranes were incubated with primary antibodies diluted 1:3000 in blocking buffer–0.1%

Tween 20 overnight at 4°C. Primary antibodies were purchased from Cell Signaling Technology

(Danvers, MA): anti-BCL2 clone D55G8, anti-BCL-xL clone 54H6, anti-BCL-W clone 31H4, anti-

MCL1 clone D2W9E, anti-HA clone C29F4, anti-A1 clone D1A1C, anti-Diva (Catalog # 3869),

anti-BAK clone D4E4, and anti-BAX clone D2E11; or Sigma: anti-beta-actin clone AC-15 and

anti-alpha-tubulin clone B-5-1-2; or Santa Cruz Biotechnology (Dallas, TX): anti-GAPDH clone

0411.

Immunoblots were washed five times with TBST for 5 min each then incubated for 1 hour with

IRDye 800 CW-conjugated secondary antibodies (Li-Cor Biosciences) diluted in TBS (1:20,000).

Membranes were finally washed four times with TBST and once in TBS. Western blots were

imaged on the Odyssey Fc or M Imager (Li-Cor Biosciences).

Dose Response Curves. Serial dilutions of the different inhibitors/drugs were added to each

well containing 5×10^3 BC-1 or BC-3 cells in a U-bottom 96-well plate. At designated time points

(2 days for puromycin (Cayman Chemicals, Ann Arbor, MI); 3 days for MCL1i

(MedChemExpress, Monmouth Junction, NJ), ABT-199 (Tocris Bioscience, Minneapolis, MN),

WEHI-539 (APExBIO, Houston, TX) and staurosporine (APExBIO); 6 days for blasticidin

(Gibco), zeocin (Invivogen, San Diego, CA), and hygromycin (Gibco)), 20 µL aliquots of the cells

were used to measure cell viability using 20 µL CellTiter-Glo 2.0 Cell Viability Reagent

(Promega). Luminescence was read using Synergy H1 microplate reader (Biotek, Winooski, VT)

with an integration time of 2 sec. Raw luminescence readings were normalized as a percentage

of the DMSO control. Normalized values were used to calculate the IC50 using the "[inhibitor]

vs. normalized response (variable slope)" function in Prism 9 (GraphPad, San Diego, CA).

Caspase 3/7 Assay. 2×10^4 BC-1 or BC-3 cells were seeded in each well of a U-bottom 96-well

plate and treated with staurosporine (20 nM for BC-1, 100 nM for BC-3), 100 nM MCL1i, or

DMSO. These concentrations were chosen because they approximate the IC50 values of each

drug for each cell line. After 24 hours, 20 µL of cells were mixed with 20 µL of the CellTiter-Glo

2.0 Cell Viability Reagent or Caspase-Glo 3/7 Assay substrate (Promega). Luminescence was

measured after 2 min incubation for CellTiter-Glo 2.0 or 30 min incubation for Caspase-Glo 3/7

Assay using the Synergy H1 microplate reader as above. Raw luminescence values for caspase

3/7 activities were sequentially normalized to the matched raw CellTiter-Glo 2.0 readings, then

to the DMSO controls and finally, to the mCherry-expressing cell line.

Annexin V/7-AAD staining. BC-1 or BC-3 wt or DKO cells (4 x 10^5 cells/mL, 3 mL plated in 6-

well plate) were treated overnight with DMSO, 20 nM staurosporine, or 100 nM MCL1i. 7 x 10^5

live cells were pelleted and washed twice with wash buffer (2% bovine serum albumin in PBS).

Cells were resuspended in 100 µL Annexin V Binding Buffer (Biolegend, San Diego, CA). Cells

were stained for 15 min in the dark with 5 µL APC Annexin V (Biolegend) and 5 µL 7-AAD

Viability Staining Solution (Biolegend). After incubation, 400 µL of Annexin V Binding Buffer was

added and the cells were analyzed on a flow cytometer. In parallel, cellular viability and caspase

3/7 activities were measured as described above from 20 µL aliquots.

ACKNOWLEDGMENTS

We thank Logan Moorhead for initial help with engineering the DKO cell lines, Dr. Eva Gottwein

for the pZIP-ZsGreen-T2A-Hyg-shRen.713 and pLC-FLAG-HA-vIRF3-P2A-hyg plasmids, Dr.

Britt Glaunsinger for the pLVX-TetOneZeo plasmid, and Dr. Timothy Chambers for the BCL-xL

and BCL2 expression vectors. We thanks Drs. Eva Gottwein, Youssef Aachoui, Changhoon Oh,

and J. Craig Forrest for helpful discussion and feedback on the manuscript.

This work is supported by a Transition Career Development Award K22 CA241355 from the

National Cancer Institute of the National Institutes of Health (NIH) to M.M. Additional support

was provided by the Center for Microbial Pathogenesis and Host Inflammatory Responses

program grant P20 GM103625 from the National Institute of General Medical Sciences (NIGMS)

of the NIH, Winthrop P. Rockefeller Cancer Institute at UAMS, and an equipment grant from the

UAMS Office of the Vice Chancellor for Research and Innovation. J.G. is a recipient of the

Undergraduate Summer Research Fellowship from the Arkansas IDeA Network of Biomedical

Research Excellence (INBRE) funded by program grant P20 GM103429 from NIH/NIGMS. The

content is solely the responsibility of the authors and does not necessarily represent the official

views of the funding bodies. The authors declare no conflicts of interests.

    FIGURE LEGENDS

Figure 1. *A*. The BCL2 family proteins (including MCL1) block intrinsic apoptosis by

sequestering activated BAX or BAK1 monomers on the outer membrane of the mitochondria.

During intrinsic apoptosis, pro-apoptotic BH3-only proteins inactivate the BCL2 family proteins

and release the BAX/BAK1 monomers. Free monomers assemble to create mitochondrial pores

and release cytochrome c to initiate the apoptotic cascade in the cytoplasm. ***B***. Only gRNAs

targeting MCL1 among the BCL2 family are significantly depleted in all PEL cell lines that were

previously screened (26). ***C***. Western blots of the different BCL2 family proteins in a panel of

PEL cell lines that are infected with KSHV only or co-infected by KSHV and EBV. A1 and Diva

proteins are not detected. ***D.*** Dose-response curves of BC-1 and BC-3 cells treated with MCL1i,

BCL2i or BCL-xLi. ***E***. Cumulative live cell plot of BC-3 Cas9 cells that were transduced with

lentiviruses expressing gRNAs against AAVS1, MCL1, BCL2, or BCL-xL. MCL1 g1 and g2 cells

were not counted beyond day 2 because of low number of live cells. Statistical differences were

calculated using two-way ANOVA with Dunnett's multiple comparison test (n=3). ***F.***

Representative Western blots of MCL1, BCL2, BCL-xL, or GAPDH at day 2 from panel E.

Samples targeting MCL1 and BCL-xL were ran on the same gel flanking the same gAAVS1

control.

Figure 2. *A.* Summary of CRISPR edits in BC-1 BAX/BAK1 double knockout (DKO) clone #28

and BC-3 DKO clone #12. ***B.*** Western blots for BAX, BAK1 and tubulin proteins of WT or DKO

cells in panel A. . ***C-G.*** Dose response curves of BC-1 or BC-3 cells with BAX/BAK1 wildtype or

DKO background upon exposure to different inducers of cell death: *C*. staurosporine, *D.*

puromycin, *E*. blasticidin, *F.* hygromycin, or *G***.** zeocin. Statistical differences were calculated

using two-way ANOVA with Tukey's multiple comparison post-hoc test (n=3). Adjusted *p* values

reflect post-hoc comparisons between the responses of the wt cell line compared to the DKO

cell line at the specific time point. Error bars, standard error of mean. n.s., not significant.

Figure 3. *A*. MCL1i dose response curves of BC-1 or BC-3 cells with BAX/BAK1 WT or DKO

background. ***B.*** Distribution of live, early apoptotic or late apoptotic cell populations of BC-1 and

BC-3 WT or DKO cells after an overnight treatment of 100 nM MCL1i or 20 nM staurosporine as

determined by Annexin V/7AAD staining. ***C***. In parallel, caspase 3/7 activities were measured

using a luciferase assay from cells in panel B. Statistical differences were calculated using one-

way ANOVA with Tukey's multiple comparison test (n=3). Error bars, standard error of mean.

n.s., not significant.

Figure 4. *A*. Western blots for total MCL1 in BC-3 BAX/BAK wt or DKO #12 cells transduced

with lentiviruses expressing a doxycycline (DOX)-inducible shRNA against Renilla luciferase or

MCL1. Shown are samples taken after 2, 3, or 12 days of DOX-treatment (1 μg/mL). ***B.***

Cumulative live cell count of BC-3 cells upon DOX treatment (dotted lines). Cell counts were

terminated for DOX-treated BC-3 wt cells with sh2MCL1 (dotted red line) at day 9 of DOX-

treatment due to significant amount of cell death. Statistical differences were calculated using

one- or two-way ANOVA with Tukey's multiple comparison test (n=3). One-way ANOVA for

each time point was instead done for *C.* since two-way ANOVA requires matched data for all

time points. Adjusted *p* values reflect post-hoc comparisons between the responses of the wt

cell line compared to the DKO cell line at the specific time point or Dox-treated cell line

compared to matched untreated cell line (n=3). C. Caspase 3/7 activities were measured using

a luciferase assay from cells after 2 days of DOX treatment. Statistical differences were

calculated using one-way ANOVA with Tukey's multiple comparison test (n=3). Error bars,

standard error of mean. n.s., not significant.

Figure 5. *A*. Normalized expression values (fragments per kilobase of exon per million mapped

fragments, FPKM) of BCL2 family transcripts in B cell lines representing different malignancies

and stage of B cell differentiation from the Cell Model Passports database (34). These cancers

include: pre-B cell acute lymphoblastic leukemia (pre-B-ALL), mantle cell lymphoma (mantle

CL), follicular lymphoma (FL), Burkitt lymphoma (EBV-infected or uninfected), diffuse large B

cell lymphoma germinal center subtype (DLBCL GC) or activated B cell subtype (DLBCL ABC),

chronic lymphocytic leukemia (CLL), multiple myeloma and PEL. **B.** Western blots of the BCL2

family members and HA-tagged vBCL2 in BC-1 or BC-3 cells transduced with lentiviruses over-

expressing these cDNAs. **C-D.** Basal caspase 3/7 activity of BC-1 (n=11) or BC-3 cells (n=7)

normalized to total live cells measured by a caspase 3/7 luciferase assay. **E-F.** Cell viability

measured by CellTiterGlo 2.0 assay or **G-H.** relative caspase 3/7 activity in live BC-1 (n=3) or

BC-3 cells (n=4) after overnight treatment of 20 nM or 100 nM staurosporine. Statistical

differences were calculated using one- or two-way ANOVA with Tukey's multiple comparison

post-hoc test. Adjusted *p* values reflect post-hoc comparisons between the cell lines in response

to staurosporine or DMSO unless indicated otherwise. Error bars, standard error of mean. n.s.,

not significant.

Figure 6. A. Cell viability measured by CellTiterGlo 2.0 assay or **B.** relative caspase 3/7 activity

in live BC-1 or BC-3 cells over-expressing BCL2 family cDNAs after overnight treatment of 100

nM MCL1i. Statistical differences were calculated using one- or two-way ANOVA with Tukey's

multiple comparison test (n=5). Adjusted *p* values reflect post-hoc comparisons between the cell

lines in response to staurosporine or DMSO unless indicated otherwise. **C.** IC50 values of

MCL1i in BC-1 or BC-3 cells. For BC-1, one-way ANOVA with Tukey's multiple comparison test

was used for statistical tests (n≥3). Since BC-3 cell lines over-expressing BCL2, BCL-xL or

BCL-W were highly resistant to MCL1i even at high doses, IC50 values derived from these

incomplete sigmoidal dose-response curves had low confidence intervals. Thus, non-parametric

Kruskal-Wallis post-test was used. Adjusted *p* values reflect post-hoc comparisons between the

cell lines to the mCherry control. Error bars, standard error of mean. n.s., not significant.

584 **TABLES**

585 **Table 1. Primer sequences.**

5	CACCGACGGCAGCTCGCCATCATCG
6	AAACCGATGATGGCGAGCTGCCGTC
50	GCTAGCGCTACCGGTGCCGCCACCATGGCGCACGCTGGGAGAACAGGG
51	GGGAGAGGGGCGGATCCTCACTTGTGGCCCAGATAGGC
54	GCTAGCGCTACCGGTGCCGCCACCATGTCTCAGAGCAACCGGGAGCTGG
55	GGGAGAGGGGCGGATCCTCATTTCCGACTGAAGAGTGAGCCC
56	CCACCTAGAGCCTTGGATTCAGGAGAACGGCGGCTGG
57	CCAGCCGCCGTTCTCCTGAATCCAAGGCTCTAGGTGG
62	GCTAGCGCTACCGGTGCCGCCACCATGGCGACCCCAGCCTCGGCCCCAG
63	GGGAGAGGGGCGGATCCTCACTTGCTAGCAAAAAAGGCCCCTAC
64	GCAGCTGGCTGACTGGATTCACAGCAGTGGGGGCTGG
65	CCAGCCCCCACTGCTGTGAATCCAGTCAGCCAGCTGC
66	CCCGATTACGCTAGCGGCGACGAGGACGTTTTGCCT
67	AGGCAAAACGTCCTCGTCGCCGCTAGCGTAATCGGG
68	GAGATTTCACAGCACCACTGGTATAAACCAGCTTGGG
69	CCCAAGCTGGTTTATACCAGTGGTGCTGTGAAATCTC
70	GGGAGAGGGGCGGATCCTTATCTCCTGCTCATCGCGACCGC
97	CACCGTTTCATCCAGGATCGAGCA
98	AAACTGCTCGATCCTGGATGAAAC
99	CACCGGACGAACTGGACAGTAACA
100	AAACTGTTACTGTCCAGTTCGTCC
103F	CACCGCTCACCTGCTAGGTTGCAG
103R	AAACCTGCAACCTAGCAGGTGAGC
161	GACACCGGTGCAGCGGCCGCTGTTTGAATGAGGCTTCAGTAC
162	GTCCAGCTTAGCTCGCAGGGGAGGTGGTCTGGATCCTAAAGTGATTTAATTTATACCATT
169	CTACCAATGCTGATTGTGCCTGGC
170	AACAGCTATGACCATGATTACGCC
171	CTAACCAGAGAGACCCAGTACAGTCCGGATGCAGCTCTCGGGCCAC
172	GTGGCCCGAGAGCTGCATCCGGACTGTACTGGGTCTCTCTGGTTAG
189	GAGTTTGAGGTCTGATTATTGTGG
190	GAAGTTGCCGTCAGAAAACATGTC
197	CACCGGCCTTCTTTGAGTTCGGTG
198	AAACCACCGAACTCAAAGAAGGCC
199	CACCGCTGACGCCCTTCACCGCGCG
200	AAACCGCGCGGTGAAGGGCGTCAGC
215	CTCCCTGACTCCCAGCTTTG
216	CCTGGTGGCAATCTTGGTGA
219	CACCGAGACAAAGAAGGCTACAAGG
220	AAACCCTTGTAGCCTTCTTTGTCTC
221	CACCGTGTGCTGAGAGTGTCAACA
222	AAACTGTTGACACTCTCAGCACAC
EHG4087	GAGCTGGTTTAGTGAACCG
eGFP cassette	ACTTTCCGTACCACTTCCTACCCTCGTAAAGAATTCATGGTGAGCAAGGGC GAGGAGCTGTTCACCGGGGTGGTGCCCATCCTGGTCGAGCTGGACGGCG

	ACGTAAACGGCCACAAGTTCAGCGTGTCCGGCGAGGGCGAGGGCGATGC CACCTACGGCAAGCTGACCCTGAAGTTCATCTGCACCACCGGCAAGCTGC CCGTGCCCTGGCCCACCCTCGTGACCACCCTGACCTACGGCGTGCAGTG CTTCAGCCGCTACCCCGACCACATGAAGCAGCACGACTTCTTCAAGTCCG CCATGCCCGAAGGCTACGTCCAGGAGCGCACCATCTTCTTCAAGGACGAC GGCAACTACAAGACCCGCGCCGAGGTGAAGTTCGAGGGCGACACCCTGG TGAACCGCATCGAGCTGAAGGGCATCGACTTCAAGGAGGACGGCAACATC CTGGGGCACAAGCTGGAGTACAACTACAACAGCCACAACGTCTATATCAT GGCCGACAAGCAGAAGAACGGCATCAAGGTGAACTTCAAGATCCGCCACA ACATCGAGGACGGCAGCGTGCAGCTCGCCGACCACTACCAGCAGAACAC CCCCATCGGCGACGGCCCCGTGCTGCTGCCCGACAACCACTACCTGAGC ACCCAGTCCGCCCTGAGCAAAGACCCCAACGAGAAGCGCGATCACATGGT CCTGCTGGAGTTCGTGACCGCCGCCGGGATCACTCTCGGCATGGACGAG CTGTACAAGTAGGACACCGGTG CAGCGGCCGCTGTTTGAATGAGGCTTCAGTACTTTACAGA
sh2MCL1 cassette	TGTTTGAATGAGGCTTCAGTACTTTACAGAATCGTTGCCTGCACATCTTGG AAACACTTGCTGGGATTACTTCTTCAGGTTAACCCAACAGAAGGCTAAAGA AGGTATATTGCTGTTGACAGTGAGCGCTCCCAGTATACTTCTTAGAAATAG TGAAGCCACAGATGTATTTCTAAGAAGTATACTGGGAATGCCTACTGCCTC GGACTTCAAGGGGCTACTTTAGGAGCAATTATCTTGTTTACTAAAACTGAAT ACCTTGCTATCTCTTTGATACATTTTTACAAAGCTGAATTAAAATGGTATAAA TTAAATCACTTTAGGATCCAGACCACCTCCCCTGCGAGCTAAGCTGGAC

588 **Table 2. Combinations of primers used for cloning constructs.**

Construct	PCR	Primers	Template	Source
pLV-SIN-TetOne-ZeoR (pSTZ)	1	169, 171	pLVX-TetOne-Zeo	(58)
	2	170, 172		
	Overlap	169, 170	PCR 1 and 2	
shREN	N/A	161, 162,	pZIP-ZsGreen-T2A-Hyg-shRen.713	(48)
BCL2	N/A	50, 51	pCDNA3 HA-BCL2	
BCL-xL	1	54, 57	pcDNA3 HA-BCL-xL	(59)
	2	55, 56		
	Overlap	54, 55	PCR 1 and 2	
BCL-W	1	62, 65	pLX304 BCL2L2	DNASU
	2	63, 64		
	Overlap	62, 63	PCR 1 and 2	
vBCL2 N-FLAG-HA	1	EHG4087, 67	pLC-FLAG-HA-vIRF3-P2A-hyg	Manzano & Gottwein, unpublished
	2	66, 69	BC-1 genomic DNA	
	3	68, 70	BC-1 genomic DNA	
	1+2	EHG4087, 69	PCR 1 and 2	
	Final	EHG4087, 70	PCR 1+2 and 3	
BAX g2	Anneal	97, 98		
BAX g3	Anneal	99, 100		
BAK1 g1	Anneal	5, 6		
BAK1 g2	Anneal	103F, 103R		
BCL2 g1	Anneal	197, 198		
BCL2 g2	Anneal	199, 200		
BCL-W g1	Anneal	219, 220		
BCL-W g2	Anneal	221, 222		

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796

A

Intracellular stress

BAX/BAK1 monomer

BCL2 family (e.g. MCL1)

BH3-only protein

cyt C

Pore formation

Apoptosis

B

Gene essentiality from CRISPR screens
Source: Manzano et al., 2018

	BC-1	BC-2	BC-5	JSC-1	BC-3	BCBL-1	APK-1	VG-1
MCL1								
BCL2								
BCL2L1 (BCL-xL)								
BCL2L2 (BCL-W)								
BCL2A1 (A1)								
BCL2L10 (Diva)								

0 ——— adj. *p* ——— >0.05

C

Infected with KSHV only | Infected with KSHV and EBV

APK-1, BC-3, BCBL-1, BCLM, VG-1, BC-1 | BC-2, BC-5, CRO-AP5, JSC-1

MCL1 —40
BCL2 —25
BCL-xL —25
BCL-W —15
GAPDH —40

A1 and Diva proteins are not detected.

D

% Live Cells Rel. to DMSO control vs [BCL2 family inhibitor] (µM)

MCL1i (n=3)
BC-1 IC50 228 nM
BC-3 IC50 177 nM

BCL2i (n=3)
BC-1 IC50 35 µM
BC-3 IC50 >40 µM

BCL-xLi (n=3)
BC-1 IC50 >40 µM
BC-3 IC50 >40 µM

E

BC-3 Cas9 (n=3)

Cumulative live cells vs Days post transduction

adj. *p* < 0.0001
adj. *p* < 0.0001

gAAVS1
MCL1 g1
MCL1 g2
BCL2 g1
BCL2 g2
BCL-xL g1
BCL-xL g2

F

gAAVS1 | MCL1 g1 g2
MCL1 —40
GAPDH —40 —35

gAAVS1 | BCL2 g1 g2
BCL2 —25 —40
GAPDH —35

gAAVS1 | BCL-xL g1 g2
BCL-xL —35 —25
GAPDH —40 —35

Expression levels of BCL2 family in B cell lines from mRNA-seq
Source: Cell Model Passports, Wellcome Sanger Institute

A

	697	KOPN-8	NALM-6	GRANTA-519	JVM-2	REC-1	SU-DHL-16	KARPAS-422	Raji	Daudi	P3HR-1	BL-41	DG-75	BL-70	OCI-LY-19	OCI-LY-7	DOHH-2	NU-DHL-1	RI-1	NU-DUL-1	JVM-3	MEC-1	L-363	LP-1	OPM-2	BC-3	BCP-1	CRO-AP3	BC-1	CRO-AP2	JSC-1
MCL1	43	36	45	62	106	98	125	117	59	122	98	147	97	122	44	76	50	54	58	116	87	72	304	316	211	208	116	233	390	254	479
BCL2	17	14	13	192	33	14	50	37	3	0	0	3	1	0	38	1	25	33	168	3	39	22	79	11	5	0	7	0	10	4	0
BCL-xL	10	18	14	12	49	46	13	9	9	21	5	8	24	5	20	37	4	5	33	13	13	6	4	10	8	8	4	13	14	16	18
BCL-W	3	4	9	4	9	1	7	17	5	7	6	2	2	2	15	6	7	7	2	5	8	6	6	1	3	7	7	6	9	5	8
A1	0	0	0	53	99	112	30	0	4	7	1	1	4	1	0	2	2	0	33	1	81	34	0	0	0	0	0	0	0	0	0
Diva	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	17	4	0	0	0	0	0	0	0	0	0

Pre-B-ALL | Mantle CL | FL | Burkitt EBV+ | Burkitt EBV- | DLBCL GC | DLBCL ABC | CLL | Myeloma | PEL EBV- | PEL EBV+

Pre-B | Pre-GC | Germinal Center (GC) | Post-GC | Plasma Cell

FPKM scale: 0 – 500

B

BC-3 / BC-1

BCL2 / actin (30, 40)
BCL-xL / actin (30, 40)
BCL-W / actin (15, 40)
MCL1 / tubulin (40, 55)
HA / actin (25, 40)

(lanes: Naïve, mCherry, BCL2 / BCL-xL / BCL-W / MCL1 / N-vBCL2)

C — Basal Casp3/7 Activity in Live Cells (BC-1)
Casp3/7 activity rel. to mCherry
n.s.
* adj. p < 0.0001

D — Basal Casp3/7 Activity in Live Cells (BC-3)
Casp3/7 activity rel. to mCherry
n.s. / 0.0003 / * / * / 0.0035 / n.s.
* adj. p < 0.0001

E — Cell Viability (BC-1)
Live cells rel. to DMSO
0.014
* / n.s. / n.s. / n.s. / n.s. / 0.06
20 nM Staurosporine

F — Cell Viability (BC-3)
Live cells rel. to DMSO
0.0367
* adj. p < 0.0001
100 nM Staurosporine

G — Rel. Casp3/7 Activity in Live Cells (BC-1)
Casp3/7 activity Rel. to DMSO and mCherry
n.s.
20 nM Staurosporine
* adj. p < 0.01

H — Rel. Casp3/7 Activity in Live Cells (BC-3)
Casp3/7 activity Rel. to DMSO and mCherry
n.s. / 0.0008 / * / * / * / 0.0011
100 nM Staurosporine
* adj. p < 0.0001

Legend: Naïve, mCherry, BCL2, BCL-XL, BCL-W, MCL1, N-vBCL2