Actinomycin D and bortezomib disrupt protein homeostasis in Wilms tumor

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ABSTRACT

Wilms tumor is the most common kidney cancer in children, and diffusely anaplastic Wilms

tumor is the most chemoresistant histological subtype. Here we explore how Wilms tumor cells

evade the common chemotherapeutic drug actinomycin D, which inhibits ribosomal RNA

biogenesis. Using ribosome profiling, protein arrays, and a genome-wide knockout screen, we

describe how actinomycin D disrupts protein homeostasis and blocks cell cycle progression. We

found that, when ribosomal capacity is limited by actinomycin D treatment, anaplastic Wilms

tumor cells preferentially translate proteasome components and upregulate proteasome

activity. Furthermore, the proteasome inhibitor bortezomib sensitizes cells to actinomycin D

treatment by inducing apoptosis both *in vitro* and *in vivo*. Lastly, we show that increased levels

of proteasome components are associated with anaplastic histology and with worse prognosis

in non-anaplastic Wilms tumor. In sum, maintaining protein homeostasis is critical for Wilms

tumor proliferation, and it can be therapeutically disrupted by blocking protein synthesis or

turnover.

INTRODUCTION

Wilms tumors, or nephroblastomas, are the most common pediatric kidney cancer. Globally, Wilms tumor is diagnosed in 10.4 per 1 million children less than 15 years old each year [1]. North American risk stratification criteria classify Wilms tumors as having favorable or anaplastic histology. The development of effective combinations of chemotherapy, radiation, and surgery has pushed the 5-year overall survival rate to over 90% for those with favorable histology Wilms tumor (FHWT). These strong cure rates have allowed us to de-intensify therapy for FHWT, where up to 24% of long-term survivors who were treated on historical regimens developed therapy-related chronic health conditions [2]. On the other hand, patients with diffusely anaplastic Wilms tumor (DAWT), which accounts for ~10% of Wilms tumor patients, continue to have a relapse rate of over 40% and a 4-year overall survival rate of 66% despite being treated with more aggressive drugs such as doxorubicin, etoposide, cyclophosphamide, and carboplatin [1,3-5]. Recent attempts to intensify chemotherapy for those with DAWT have increased short-term toxicity with minimal improvements in cure rate [6]. Anaplastic histology is associated with loss or mutation of p53 [7,8], but the molecular mechanisms underpinning chemoresistance in anaplasia are unknown, and there remain no targeted therapies effective in Wilms tumor.

Since the 1960s, chemotherapy regimens utilizing actinomycinD (actD), also called dactinomycin, have been routinely used to treat Wilms tumors [9,10], rhabdomyosarcoma, and other sarcomas [11,12]. In DAWT, however, actD has been replaced by doxorubicin, which can provide higher rates of cure but carries significantly more short- and long-term toxicity [13]. It is unknown why DAWT is less sensitive to actD. Understanding how to improve actD sensitivity and avoid the toxicities associated with anthracyclines like doxorubicin could improve outcomes for Wilms tumor as well as other malignancies.

ActD is a DNA-intercalating agent that can block transcription and DNA replication at high concentrations. However, at the low-nanomolar serum concentrations typically achieved in patients, it primarily inhibits transcription of ribosomal RNA (rRNA), which is transcribed by RNA polymerase I (Pol I) and transfer RNA (tRNA), which is transcribed by RNA polymerase III (Pol III)

[14-18]. Ribosomes are composed of rRNA and ribosomal proteins (RP), and impaired Pol I activity

results in fewer fully formed ribosomes, which consequently reduces global translation. In

ribosome-depleted settings, the remaining ribosomes are not uniformly distributed across

remaining transcripts; instead, they favor certain transcripts, based on factors such as their

intracellular localization, secondary structure, and presence of specific sequence motifs [18,19]

(Supplementary Figure S1A). We thus reasoned that preferentially translated genes following

actD exposure could be targetable vulnerabilities in anaplastic Wilms tumor cells. To date,

however, no published findings have characterized how actD affects translation in Wilms

tumors.

In this study, we used ribosome profiling to find that proteasome components are

preferentially translated in anaplastic Wilms tumor cell lines following actD treatment. The

proteasome inhibitor bortezomib (BTZ) increases sensitivity of anaplastic Wilms tumor cells to

actD *in vitro* and *in vivo*. Lastly, DAWTs express higher levels of proteasome components than

FHWTs, and higher levels of proteasome components are associated with worse prognosis.

MATERIALS AND METHODS

Tissue culture

The anaplastic, *TP53*-mutated Wilms tumor cell line WiT49 (RRID: CVCL_0583) was

maintained in Dulbecco's Modified Eagle Medium (DMEM) with 1000 mg/L glucose, 4 mM L-

glutamine, 1 mM pyruvate (Gibco 11995065) supplemented with antibiotic-antimycotic (Gibco

15240062) and fetal bovine serum (Sigma F2442) to 10% final concentration in 37°C at 5% CO_2.

A second anaplastic, *TP53*-mutated Wilms tumor cell line 17.94 (Ximbio 153333,

RRID:CVCL_D704) was grown in DMEM supplemented with antibiotic-antimycotic and heat

inactivated fetal bovine serum (Gibco 16140063) to 20% final concentration in 37°C at 5% CO_2.

Cell line identity is annually verified by short tandem repeat genotyping (last verified February

2024 for WiT49 and April 2024 for 17.94). They are also tested biannually for mycoplasma

contamination (Latest negative screen February 2024, Lonza LT07-318).

Ribosomal RNA quantification

To determine the effect of actD on rRNA expression, WiT49 or 17.94 cells were seeded at

~50% confluency in 3 different plates. The following day, cells were treated with either vehicle

(DMSO) or 2nM actD for 6 hours or 24 hours. At experiment endpoint, total RNA was extracted

using the miRNeasy kit with DNase I digestion (Qiagen 217004 and 79254), and cDNA synthesis

was performed with iScript™ Reverse Transcription Supermix (Bio-Rad 1708841). Quantitative

PCR (qPCR) was performed using iTaq™ Universal SYBR® Green Supermix (Bio-Rad 1725125)

with primers listed: *18s* rRNA (GTAACCCGTTGAACCCCATT, CCATCCAATCGGTAGTAGCG); *45s* pre-

rRNA (ACCCACCCTCGGTGAGA, CAAGGCACGCCTCTCAGAT); *GAPDH* (CGGAGTCAACGGATTTGGT,

ACCAGAGTTAAAAGCAGCCC). Relative expression was calculated by the $2^{-\Delta\Delta Ct}$ method by

normalizing each rRNA species to *GAPDH*. Significance was determined by unpaired two-tailed

Student's T-test versus vehicle control.

Protein synthesis quantification

To determine the effect of actD on protein synthesis, WiT49 cells were seeded at ~30%

confluency in cell culture chamber slides. The following day, cells were treated with either

vehicle (DMSO) or 2nM actD for 48 hours or 72 hours. At the endpoint, protein synthesis was

measured using a fluorescence-based O-propargyl-puromycin (OPP) incorporation kit

(Invitrogen C10457) according to manufacturer protocols. Nuclei were counterstained with DAPI

(4',6-diamidino-2-phenylindole). Each condition was photographed at 5 non-overlapping regions

at 20x magnification on a BZ-X810 Fluorescence microscope (Keyence Corporation) and

quantified using Fiji [20]. Necrotic regions were disregarded. Relative fluorescence units were

calculated from the blue (DAPI) and red (OPP-Alexa Fluor 488) channels. The number of nuclei

was counted from the DAPI channel using the Watershed and Analyze Particles functions in Fiji.

Raw protein synthesis was calculated as the average red fluorescence intensity in pixels with any

fluorescence using the Area and Integrated Density functions in Fiji. For each image, raw

protein synthesis was then normalized to the number of nuclei in that field of view. Each field of

view was treated as a replicate, and statistical analysis was performed by unpaired two-tailed

Student's t-test against untreated cells.

Reverse phase protein array

WiT49 cells at 20% density were treated with 1 nM actD or DMSO as vehicle control for

72 hours in duplicate. 1×10^6 cells were collected, washed, and frozen in liquid nitrogen, and sent

to the MD Anderson Functional Proteomic Reverse Phase Protein Array Core [21-23]. Normalized,

log2-transformed, median-centered values from "validated" antibodies were used for analysis

[24]. The log2-fold-change for each antibody was calculated as the difference between the means

of actD-treated and DMSO-treated samples, and the standard deviation for each antibody was

calculated as the standard deviation of all four values.

Ribosome profiling

WiT49 cells were incubated in complete growth medium with 2nM actD or DMSO for 6

or 72 hours, in three replicates per condition. For 2-week long treatments, WiT49 were

maintained and passaged in two 7-day cycles of drug/vehicle-supplemented media for 3 days,

followed by drug-free complete growth media for 4 days, three replicates per condition.

1.5×10^7 cells were used for each replicate for ribosome sequencing. Ribosome

footprints were isolated based on previous publications [25,26], and each RNA sample was spiked

with 24 fmol of the synthetic 28-nt RNA oligo 5'-AUGUAACACGGAGUCGACCCGCAACGCGA-3'.

rRNA depletion was performed using the Low Input RiboMinus™ Eukaryote System v2 (Thermo

Fisher A15027), and sequencing libraries were generated using the NEBNext® Small RNA Library

Prep Set for Illumina® (NEB E7330). Libraries were pooled and sequenced using NextSeq 500

High Output, single-end reads, 75 cycles. In parallel, RNA was extracted for total RNA

sequencing using the Direct-zol RNA Miniprep Kit (ZymoResearch R2050) or the miRneasy Mini

Kit (Qiagen 217004) according to manufacturer protocols, followed by rRNA depletion as above

and DNase-treatment. Sequencing libraries were prepared with the TruSeq Stranded Total RNA

LT or TruSeq Stranded Total RNA-seq Sample Prep Kit from Illumina and sequenced paired-end

for 6-hour and 72-hr, and single-end for 72-hour time points.

Trimmed reads from ribosome profiling and RNA sequencing were aligned to the hg38

reference genome using HISAT2 [27]. For ribosome profiling, reads longer than 30 nucleotides

were filtered out, and remaining reads were assembled to GENCODE v26 transcript annotations

using StringTie [28]. Ribosome profiling quantifications were normalized to mapped spike-in reads,

and RNA-seq reads were normalized to million mapped reads. Translational efficiency (TE) for

each gene was calculated by dividing the number of normalized ribosome footprint reads by the

number of normalized RNA sequencing reads. Differential TE was calculated using t-tests on

log2-transformed TE of three actD-treated replicates versus three DMSO-treated replicates.

Geneset enrichment analysis (GSEA) was performed using the fgsea package (v1.26.0) on log2-

fold change of TE using gene sets from MSigDB v7.1[17,29-31].

CRISPR screen

CRISPR knock-out screen was performed on WiT49 cells using the Human Brunello

CRISPR knockout pooled library, a gift from David Root and John Doench (Addgene 73178). The

plasmid library was propagated, verified for maintenance of representation, and transfected as

recommended [32]. The viral supernatant was transduced into 1.0×10^8 WiT49 cells, at

multiplicity of infection of 0.3. Forty-eight hours after transduction, the cells were selected with

0.5 µg/ml puromycin for 7 days. After selection, 3×10^7 transduced cells were collected as

transduction reference, and the rest were split into two groups. These remaining cells were

expanded and treated with either 2nM actD or DMSO for 4 days. The media was then replaced

in both conditions for a washout of 3 days without actD or DMSO. Following this, another 7-day

cycle (4 days actD or DMSO treatment followed by 3 days washout) was carried out. Finally,

genomic DNA was extracted using DNeasy Blood & Tissue Kit (Qiagen 69506), and a sequencing

library was prepared from genomically-integrated single guide RNA (sgRNA) sequences [32]. These

were gel-size selected and sequenced at ~2.4 million single-end reads each, 100-bp length.

Computational analysis of CRISPR screens was performed using the MAGeCKFlute

pipeline follow published guidelines [33]. In brief, we mapped reads using the command 'mageck

count', and we tested sgRNA knockout efficiency using the command 'mageck mle'.

Downstream analysis was performed using the FluteRRA function in the MAGeCKFlute R

package, with the 'mageck mle' output file as the input. To perform KEGG pathway enrichment

analysis, the 'mageck pathway' command was used with the KEGG gene set from the Molecular

Signatures Database (v7.1) [29].

Western blot

For the actD timecourse, WiT49 or 17.94 was seeded at ~30% confluency overnight. The

following day, without replacing the media, actD (or an equivalent volume of DMSO) was spiked

into the media to a final concentration of 2 nM, for 72-hour treatment. The next day, another

plate of WiT49 or 17.94 began 48-hour treatment with 2nM actD. We repeated this the

following day for the 24-hour treatment and 18-hour treatments. Upon completion of the

allotted incubation times, we collected cells for protein lysate extraction. For actD and BTZ *in*

vitro drug treatments, we seeded WiT49 or 17.94 at 20-30% confluency overnight. We then

treated cells with either 2nM actD alone, 8nM BTZ alone, 2nM actD + 8nM BTZ, or DMSO at

equivalent volume without changing media. After 48 hours of drug exposure, cells were

collected for protein lysate extraction.

Protein lysates were extracted from flash-frozen pellets with RIPA buffer (Sigma R0278),

supplemented with protease and phosphatase inhibitors (Invitrogen A32961), sonicated, and

quantified by BCA protein assay (Thermo Scientific 23227). Following denaturing SDS-PAGE and

transfer to PVDF or nitrocellulose membranes, blots were blocked with 5% bovine serum

albumin in tris-buffered saline with Tween-20. Primary antibodies used are as follows and were

diluted to 1:3,000 unless otherwise stated: Tubulin (Cell Signaling Technology 3873,

RRID:AB_1904178), GAPDH (Cell Signaling Technology 97166, RRID:AB_2756824), Caspase-3

(Cell Signaling Technology 9665, RRID:AB_2069872), cleaved Caspase-3 (Cell Signaling

Technology 9664, RRID:AB_2070042; 1:1,000), Caspase-7 (Cell Signaling Technology 12827,

RRID:AB_2687912), cleaved Caspase-7 (Cell Signaling Technology 8438, RRID:AB_11178377;

1:1,000), Caspase-9 (Cell Signaling Technology 9508, RRID:AB_2068620), cleaved Caspase-9 (Cell

Signaling Technology 7237, RRID:AB_10895832; 1:1,000), Cyclin D2 (Cell Signaling Technology

3741; RRID:AB_2070685), CDT1 (Cell Signaling Technology 8064, RRID:AB_10896851), Cyclin E1

Cell Signaling Technology 20808, RRID:AB_2783554), Cyclin A2 (Cell Signaling Technology

91500RRID:AB_3096041), PARP (Cell Signaling Technology 9532, RRID:AB_659884), cleaved

PARP (Cell Signaling Technology 5625, RRID:AB_10699459; 1:1,000), POMP (Cell Signaling

Technology 15141, RRID:AB_2798726), PSMA6 (Cell Signaling Technology 2459,

RRID:AB_2268879), PSMB1 (Invitrogen PA5-49648, RRID: AB_2635102; 1:5,000), PSMB2

(Proteintech 15154-1-AP, RRID:AB_2300322; 1:5,000), PSMB5 (Cell Signaling Technology 12919,

RRID:AB_2798061; 1:5,000), PSMD1 (Sigma SAB2104781, RRID:AB_10668741), RPL5 (Cell

Signaling Techonology 51345, RRID:AB_2799391), RPL7 (abcam ab72550, RRID:AB_1270391),

RPL11 (Cell Signaling Technology 18163, RRID:AB_2798794), RPL26 (Cell Signaling Technology

2065, RRID:AB_2146242), Total AKT (Cell Signaling Technology 9272, RRID:AB_329827),

Phospho-AKT (Ser473) (Cell Signaling Technology 4060, RRID:AB_2315049; 1:1,000), Total 4E-

BP1 (Cell Signaling Technology 9452, RRID:AB_331692), Phospho-4E-BP1 (Thr37/46) (Cell

Signaling Technology 2855, RRID:AB_560835; 1:1,000), Total P70-S6K1 (Cell Signaling

Technology 34475, RRID:AB_2943679), and Phospho- P70-S6K1 (Thr389) (Invitrogen 710095,

AB_2532559; 1:1,000). HRP-conjugated secondary antibodies used are Anti-Mouse IgG (Cell

Signaling Technology 7076, RRID:AB_330924; 1:10,000) or Anti-Rabbit IgG (Cell Signaling

Technology 7074, RRID:AB_2099233; 1:5,000).

In vitro drug inhibition

To quantify drug inhibitory activity, 1,000 cells per well were seeded in black-walled 96-

well plates at 100 µl/well. The following day, serial dilutions of actD (Sigma A1410), BTZ (Sigma

5043140001), or Rapamycin (Selleckchem S1039) were added in 3 replicates per dose. Vehicle

control was also included to yield equivalent final concentrations of DMSO (<0.1%) in all wells.

For synergy determination experiments, each drug of interest was serially diluted alone and

then mixed into a range of combinations. Each dose was then added onto the cells in triplicate.

After 72 hours, cell density was assayed by adding 20 µL 0.15 mg/ml resazurin in phosphate-

buffered saline in each well, including cell-free wells as background controls and drug-free wells

as normalization controls. After 1-4 hours at 37°C, fluorescence was measured using a

microplate reader with excitation set at 550 nm and emission at 590 nm. Combination

treatment effects were determined using the Loewe synergy model dose-response calculation

through Synergyfinder+ [34].

Proteasome activity assay

To measure proteasome enzymatic activity, we seeded 1,000 cells per well concurrently

in duplicate 96-well plates: one black-walled and one white-walled. The following day, the cells

were treated with each of the following conditions in quadruplicate with identical conditions in

both plates: 2nM actD, 2 nM actD + 1 mM MG-132 (Selleckchem S2619), 8 nM BTZ, 8 nM + 1

mM MG-132, DMSO, or DMSO + 1 mM MG-132. Wells without cells were used as background

controls. After 48 hours, the black-walled plate was used to determine cell viability as described

above. The white-walled plate was used to quantify proteasome enzymatic activity. We used

Proteasome-Glo™ Chymotrypsin-like Assay (Promega G8621) and calculated the proteasome

enzymatic activity in accordance with manufacturer recommendations. Briefly, after subtracting

background controls, we normalized each condition to viability based on the corresponding

wells in the black-walled plate to account for differences in cell density. We then subtracted the

normalized luminescence of each condition with MG-132 from the corresponding wells without

MG-132 to yield the viability-normalized luminescence attributable to proteasome activity.

Statistical significance was calculated using unpaired, two-tailed Student's T-test.

Xenograft tumor models

All experiments involving animals were reviewed, approved, and monitored for

compliance by the UT Southwestern Institutional Animal Care and Use Committee.

To generate xenografts, log growth-phase 17.94 cells or freshly-thawed cryopreserved

TP53 mutated anaplastic Wilms tumor PDX line KT-53 [35] were injected subcutaneously into the

flanks of NOD *scid* gamma (NSG) mice in 1 part DPBS and 1 part Matrigel (Corning 354234) at 4

million 17.94 per 100 μl or 1.6 million KT-53 cells per 100 μl per mouse. Tumor growth was

measured once a week with calipers in two dimensions. Tumor volume was calculated by

dividing the product of the length and the square of the width by 2. Upon reaching the

thresholds of 150 mm^3 for 17.94 and 100 mm^3 for KT-53, mice were entered into one of four

treatment arms: actD only, BTZ only, both actD + BTZ and vehicle. Mice in the actD only and

actD+BTZ arms were dosed with actD (in 2.5% DMSO, 40% PEG300, 5% Tween-80, 52.5% saline)

once a week intraperitoneally (0.2 mg/kg for 17.94, 0.15 mg/kg for KT-53). Mice in the BTZ only

or actD+BTZ arms were dosed with BTZ (in 0.5% DMSO, 30% PEG300, 69.5% distilled deionized

water) once a week intravenously (0.2mg/kg). Mice in the vehicle arm received both solvents

once a week. Treatment continued until tumor volumes reached 1,500 mm^3. At the end of

therapy, tumors were harvested for histological processing. Statistical analyses for tumor

volume were performed by two-tailed Student's T-test for each pairwise comparison between

the four treatment arms. Kaplan-Meier survival curves were compared between each group by

log-rank test.

IHC & TUNEL

Two representative samples from each treatment arm were formalin-fixed, paraffin-

embedded, and sectioned at 4 μm thickness. These were used for immunohistochemistry (IHC)

and TUNEL assay.

For IHC, antibodies used were Ki-67 (Abcam ab15580, RRID:AB_443209, 1:1,000 for

primary) with anti-Rabbit HRP (Vector Laboratories Inc. MP-7451, RRID:AB_2631198 for

secondary). Each slide was photographed in at least four distinct 40x magnified fields of view

(Keyence Corporation). Numbers of total nuclei and DAB-positive nuclei in each field were

quantified using Fiji [36]. Non-tumor regions were omitted from quantification. Statistical analysis

was performed by unpaired two-tailed Student's t-test between each pair of treatment arms.

To measure apoptosis in tumor sections, we used Click-iT™ Plus TUNEL Assay kit

(Invitrogen C10617) according to the manufacturer recommendations and counterstained nuclei

with DAPI. Each tissue slide was photographed in at least four distinct 40x magnified fields of

view (Keyence Corporation). Numbers of total nuclei and TUNEL-positive nuclei and quantified

using Fiji [36]. Non-tumor regions were omitted from quantification. Statistical analysis was

performed by unpaired two-tailed Student's t-test between each pair of treatment arms.

TARGET database reanalysis

Tables of Wilms tumor RNA-seq counts and clinical annotation were downloaded from

the NCI TARGET[8] website on May 21, 2019. Protein-coding genes were identified based on

ENSEMBL v86 annotations. Differential expression analysis for DAWT versus FHWT was

performed with DESeq2 (v1.40.2), followed by gene set enrichment analysis using fgsea

(v1.26.0) based on MSigDB v7.1 gene sets [17,31,37].

We compared outcomes for these patients according to expression of proteasome

enzymatic subunits in cBioportal [38,39]. Specifically, we obtained RNA-seq RPKM z-scores for each

gene of interest compared to tumors that are diploid for that gene. For patients with multiple

samples, the primary tumor sample was used. Based on expression of *PSMB5*, *PSMB6*, and

PSMB7, tumors with at least one gene z-score ≥ +1 were categorized as "PSMs high", while

those with at least one gene z-score ≤ -1 were categorized as "PSMs low". Samples with z-scores

between -1 and +1 for all three genes were categorized as "PSMs medium". Those with one

gene z-score ≥ +1 and another gene z-score ≤ -1 were omitted (n=8). Log-rank tests were used

to compare survival curves.

Data availability

Ribosome profiling and accompanying RNA-seq data from WiT49 are deposited in the

NCBI GEO database under accession GSE270330.

RESULTS

Actinomycin alters the translational landscape of anaplastic Wilms tumor cells

ActD blocks rRNA transcription at nanomolar doses and mRNA transcription at

micromolar doses [18]. To examine whether actD is effective at nanomolar doses in anaplastic

Wilms tumor, we measured 72-hour actD sensitivity in two anaplastic Wilms tumor cell lines,

WiT49 and 17.94 (Supplementary Figure S1B). For these cell lines, we measured IC50 to be 1.3

and 2.2 nM, respectively. Next, we confirmed that 2 nM actD reduces levels of 45s pre-rRNA

and 18s mature rRNA in both cell lines (Supplementary Figure S1C). This results in decreased

overall protein synthesis, consistent with specific impairment of Pol I activity (Supplementary

Figure S1D and Figure 1A).

Thus, to understand how actD affects protein levels and cellular functions in Wilms

tumor, we next performed three assays in parallel: ribosome profiling, to identify preferentially

translated transcripts; reverse-phase protein arrays (RPPA), to identify differences in protein

levels and post-translational modifications; and a CRISPR dropout screen, to identify targetable

vulnerabilities.

First, to ascertain preferentially translated transcripts, we performed ribosome profiling

in WiT49 cells treated with actD or vehicle control at 6 hours, 72 hours, and two weeks. At each

timepoint, we performed ribosome profiling to quantify gene-level differences in translational

efficiency in actD- versus vehicle-treated cells. To confirm the expected effect of depleting

ribosomes, we examined the locations of the ribosome footprint edges in metagene plots

around translation start sites (Supplementary Figure S2A). As expected, in both DMSO- and

actD-treated cells, there were essentially no detectable reads in 5' untranslated regions (UTRs),

while coding sequences exhibit a trinucleotide periodicity, reflecting the reading frame of

elongating ribosomes. In DMSO-treated cells, the left edge of ribosome footprints accumulated

just upstream of translation start sites, which reflects pausing of the ribosome at the initiation

site, as expected for normal conditions. In actD-treated cells, however, the initiation site peak

was blunted, suggesting that when ribosomes are depleted, the ribosomes that remain spend

less time paused at initiation. For all durations of treatment, actD appeared to have minimal

effect on the transcriptome (Supplementary Figure S2B). On the other hand, ribosome

footprints revealed gross perturbation of translational landscapes by actD (Supplementary

Figure S2C). After two weeks of intermittent actD dosing, cells appear to return to a new steady

state with globally reduced translation.

We next compared the translational efficiency of each gene in actD-treated cells at 6 and

72 hours, and we connected preferentially translated genes (Supplementary Tables S1, S2) into

Kyoto Encyclopedia of Genes and Genomes (KEGG) pathways using GSEA. The most enriched

KEGG pathway by translational efficiency at both timepoints was KEGG_RIBOSOME, which is

composed of RPs and genes that regulate ribosome biosynthesis (Figures 1B, 1C; Supplementary

Figures S3A, S3B; Supplementary Tables S3, S4). This is consistent with reports that RPs are

unstable when actD depletes rRNA, and a decrease in ribosomes leads to feedback signaling to

upregulate translation of RPs via the mTORC1 pathway [40,41]. KEGG_PROTEASOME was the only

other gene set in the top five most preferentially translated gene sets at both timepoints (Figure

1B, 1C; Supplementary Figure S3C, S3D; Supplementary Tables S3, S4). On the other hand, the

most downregulated gene sets at 6 hours entailed nucleotide turnover, which led to a depletion

of cell cycle genes at 72 hours (Figure 1D, 1E; Supplementary Tables S3, S4).

Next, we used a genome-wide CRISPR screen to identify therapeutic vulnerabilities in

cells with intermittent actD or DMSO for 14 days. We again used KEGG pathways to categorize

dependency genes (Figure 1F; Supplementary Table S5). Here, we again found enrichment for

pathways related to protein turnover, including KEGG_PROTEASOME, as well as nucleic acid

turnover and cell cycle.

Thirdly, since actD regulates protein synthesis, we also performed RPPA on WiT49 cells

treated with actD or DMSO for 72 hours to understand how actD affects protein levels and post-

translational modifications (Figure 1G; Supplementary Table S6). We found an increase in

phosphorylation of some components of the mTORC1 signaling pathway, which mediates the

feedback signaling to upregulate translation of RPs in the setting of rRNA depletion [41]. On the

other hand, cell cycle markers such as CDT1, CDC6, and phosphorylated RB1 were depleted in

actD-treated cells. This is consistent with depletion of cell cycle gene sets in ribosome profiling

at 72 hours.

mTORC1 inhibition does not sensitize Wilms tumor cells to actinomycin D

Based on phosphorylation of mTORC1 signaling intermediates in RPPA and prior interest

in mTORC1 signaling in Wilms tumor [42,43], we next investigated how actD affected mTORC1

signaling in WiT49 and a second anaplastic Wilms tumor cell line, 17.94. Using Western blots,

we confirmed that actD induced phosphorylation of AKT and 4E-BP1 in WiT49 and 17.94 cells

(Supplementary Figure S3E). (The phosphorylation of another mTORC1 target, p70S6K, was not

clearly upregulated.) We treated WiT49 and 17.94 with rapamycin at doses up to 100 μM and

found that this drug confers a more cytostatic rather than cytotoxic effect (Supplemental Figure

S3F). We also measured cell viability in combinations of actD and the mTORC1 inhibitor

rapamycin using the Loewe independence model (Supplementary Figure S3G). However, the

interaction did not show synergy at the serum concentrations of these drugs typically achieved

in patients. In other words, mTORC1 inhibition with rapamycin did not appear to sensitize Wilms

tumor cells to actD.

ActD induces proteotoxic stress and cell cycle arrest in anaplastic Wilms tumor cells

One effect of mTORC1 signaling is to upregulate translation of RPs [44], and

KEGG_RIBOSOME was the most enriched gene set in actD-treated cells. Although actD induced

preferential translation of RPs, we found that actD treatment in fact reduced total protein levels

of multiple RPs in both WiT49 and 17.94 (Figure 2A). This is consistent with prior reports that

excess RP subunits are unstable without rRNA and are degraded by the proteasome to maintain

appropriate RP:rRNA stoichiometry [40,45,46]. For some RPs, this effect was partially rescued by the

proteasome inhibitor bortezomib (BTZ).

On the other hand, preferential translation of proteasome components led to their

accumulation. When we exposed WiT49 and 17.94 to actD for up to 72 hours, both cell lines

exhibited an appreciable increase in proteasome complex subunits PSMD1 (also known as

P112), PSMA6 (subunit α1), PSMB1 (β6), PSMB2 (β4), and PSMB5 (β5), as well as the molecular

chaperone for proteasome assembly, POMP, at one or more timepoints (Figure 2B). These

increases in protein levels of proteasome components corresponded to increased proteasome

chymotrypsin-like enzymatic activity in both cell lines, which was blunted by bortezomib (Figure

2C).

Because actD caused preferential translation of proteasome subunits, we next examined

how WiT49 and 17.94 respond to proteasome inhibition. These two cell lines were sensitive to

BTZ alone at nanomolar concentrations, in the range of serum levels typically achieved in

patients [47,48] (Figure 3A). Furthermore, in this dose range, actD and BTZ synergistically inhibited

both WiT49 and 17.94 (Figure 3B). In other words, BTZ could be a way to enhance or restore

actD sensitivity in anaplastic Wilms tumors.

BTZ has previously been shown to trigger cell death, cell cycle arrest, and autophagy in

cancer cell lines [49-54]. To understand whether actD and BTZ could cooperate in Wilms tumor, we

treated WiT49 and 17.94 with actD and/or BTZ for 48 hours. In both cell lines, actD alone

reduces cell cycle markers, including chromatin licensing and DNA replication factor 1 (CDT1),

cyclin D2, cyclin E1, and cyclin A2 (Figure 3C) [55-57]. These cell cycle regulators are synthesized

and degraded in each turn of the cell cycle [58,59]. These support our findings from CRISPR screen

and protein arrays, which showed that actD induced a dependency on cell cycle genes and led

to a fall in cell cycle markers (Figures 1F, 1G) Together, these results suggest that the proteotoxic

stress caused by actD triggers cell cycle arrest.

In addition to impaired cell cycle progression, use of the proteasome inhibitor BTZ

resulted in the accumulation of apoptotic markers in both cell lines (Figure 3C) [60-63]. ActD alone

induced cleaved caspase-7 and PARP in 17.94 cells, but even more so in BTZ alone and

combination treatment for 17.94 and for WiT49. The combination of these effects supports the

potential for using actD and BTZ to target anaplastic Wilms tumors.

Combined treatment of actinomycin D and bortezomib in Wilms tumor xenografts suppresses

growth *in vivo*

We next examined the effect of combining BTZ with actD against two anaplastic Wilms

tumor lines *in vivo*: cell line-derived xenografts from 17.94 and the *TP53* mutated patient-

derived xenograft (PDX) line KT-53 [35,64]. We implanted both lines into NSG mice and treated

them with vehicle only, actD, BTZ, or both. We found that combination treatment significantly

reduced tumor volume and conferred a significant survival advantage for mice bearing KT-53

xenografts compared to the other three arms (Figure 4A, 4B, Supplementary Figure S4A).

Similarly, 17.94 xenografts treated with the combination of actD and BTZ were significantly

smaller than those who received vehicle control or BTZ alone (Figure 4C, 4D, Supplementary

Figure S4B). (Although it did not reach statistical significance, tumor volume in the combination

treatment cohort was also smaller than the actD-only arm.)

Based on the effects of actD and BTZ on cell cycle and apoptosis we had observed *in*

vitro, we next measured cell cycle and apoptosis markers in these subcutaneous tumors. We

used immunohistochemistry for Ki-67 as a marker of proliferation and TUNEL assay as a marker

of apoptosis. In both lines, tumors from combination-treated mice had a statistically significant

reduction in proliferation compared to vehicle or BTZ alone (Figure 4E, Supplemental Figure

S4C, S4D). Similarly, in both lines, combination treatment yielded significantly more apoptosis

than vehicle and actD alone (Figure 4F, Supplemental Figure S4E, S4F). Taking these into

consideration, we find that the compounding effects of adding BTZ to actD could be a powerful

approach to targeting anaplastic Wilms tumor cells.

Proteasome subunit expression levels correlate with outcome

Lastly, we examined expression of proteasome genes in publicly available RNA-seq data

from 42 DAWT and 83 relapsed FHWT samples generated by the NCI Therapeutically Applicable

Research to Generate Effective Treatments (TARGET) project [8]. Compared to FHWT, the single

most enriched KEGG gene set in DAWT was KEGG_PROTEASOME (Figure 5A, Supplementary

Figure S5A, Supplementary Table S7). Similarly, two of the three most enriched Reactome gene

sets were related to APC/C-mediated degradation of cell cycle proteins, suggesting that

proteasomal degradation promotes proliferation in DAWT by degrading proteins in each cell

cycle (Figure 5B, Supplementary Figure S5B, Supplementary Table S8).

Next, we examined whether expression of proteasome subunits correlated with

outcome in Wilms tumor. We stratified FHWT and DAWT patients into three categories based on

high, medium, or low expression of the enzymatic proteasome subunits *PSMB5* (β5), *PSMB6*

(β1), and *PSMB7* (β2). Among relapsed FHWT patients, who usually receive actD-based

chemotherapy regimens at diagnosis, proteasome-high patients fared far worse than

proteasome-low or proteasome-medium patients (Figure 5C). Among DAWT patients, who do

not usually receive actD-based therapy regimens, the relationship between proteasome

expression and outcome was less evident; proteasome-medium patients fared worse than

proteasome-low patients, but proteasome-high patients were not significantly different from

proteasome-medium or -low [8,38,39] (Figure 5D). In the entire Wilms tumor cohort, nevertheless,

higher proteasome subunit expression correlated with worse survival (Supplementary Figure

S5C). Together, these data suggest that proteasome subunit levels may underlie some of the

clinical differences between DAWT and FHWT, and that FHWT with high proteasome subunit

levels are as aggressive as DAWT. Proteasome inhibition could benefit both subgroups.

DISCUSSION

Developments in Wilms tumor research have illuminated the mutational, epigenetic, mRNA, and miRNA expression landscapes of these tumors, yet relevant targetable vulnerabilities remain elusive [8,65-69]. Anaplastic Wilms tumors exhibit relative resistance to conventional chemotherapy, including actD, and little is known about why anaplastic Wilms tumors are resistant to actD or how to overcome such resistance. Furthermore, despite its widespread use, little is known about how actD influences the translational landscape of cancer. Understanding the mechanisms underlying these effects and their consequences could potentially uncover targetable vulnerabilities in relatively chemo-refractory anaplastic Wilms tumors, which could enhance outcomes while minimizing off-target toxicities in survivors. Through several orthogonal approaches, our work reveals that actD disrupts protein homeostasis in Wilms tumor and suggests proteasome inhibition as a potential targeted therapy for inducing actD sensitivity in anaplastic Wilms tumors.

Protein homeostasis involves a synchronized and responsive balance between protein synthesis and degradation, which are both affected by actD. Since protein synthesis is energy-intensive, particularly in rapidly proliferating cancers where proteins like cyclins are continuously synthesized and degraded, maintaining protein homeostasis is crucial to ensure optimal levels of amino acids and other nutrients for growth [70-72]. Blocking protein synthesis with actD mimics amino acid starvation, leading cells to upregulate Akt/mTORC1 signaling, which in turn increases the translation of ribosomal protein (RP) genes [44,73-75]. Although the mTOR pathway is a potential therapeutic target in Wilms tumor and other cancers [76-78], the combination of actD and rapamycin did not consistently show synergy *in vitro* for either cell line, and rapamycin alone only exhibited a cytostatic effect. Our cells were in nutrient-rich media which may be compounding to the variables that dictate the effect of rapamycin [77,79], and our results do not rule out the possibility that other mTOR signaling inhibitors could still have potential.

On the other hand, based on our finding that proteasome subunits were preferentially translated after actD exposure, we found that proteasome inhibition with BTZ sensitizes cells to actD *in vitro* and *in vivo*. The proteasome is upregulated in response to proteotoxic stresses

[45,46,80], and Akt/mTORC1 activates proteasome subunit expression via *Nrf1/NFE2L1* [81-84] to

enhance the intracellular amino acid pool and the unfolded protein response. BTZ was the first

proteasome inhibitor approved by the United States Food and Drug Administration [85-87], and it

has been tested in pediatric cancer patients [47,88,89]. However, other than a study showing a lack

of cross-resistance between actD and BTZ in gliobastoma [90], no published studies have explored

combinatorial treatment of actD and BTZ to our knowledge. Compellingly, for both KT-53 and

17.94, combination treatment reduced proliferative cells and increased apoptosis. In particular,

our study on KT-53 recapitulated a previously demonstrated insensitivity to actD [35], which we

found could be overcome by BTZ. Thus, our findings indicate that the combined use of actD and

BTZ can be a promising strategy for combating therapy resistance in anaplastic Wilms tumors.

We demonstrated that actD impairs cell cycle progression *in vitro* and *in vivo*, which we

attribute to dysregulated proteostasis [15,91,92]. Normally, D-type cyclin levels accumulate in

response to mitogenic signaling, promoting the transcription of S-phase genes such as E-type

cyclins and chromatin licensing and DNA replication factor 1 (CDT1) [58,93,94]. Consistent with our

RPPA in WIT49, we observed in both cell lines that actD reduces Cyclin D2, Cyclin E1, and CDT1

levels, suggesting that actD prevents transition to S-phase, when cyclin A is produced. On the

other hand, these proteins are normally targeted for proteasomal destruction by the SKP1-

CUL1-F-boc protein (SCF) ubiquitin ligase [95], and indeed, we found that BTZ caused them to

accumulate. Moreover, BTZ treatment induced apoptosis *in vitro* and *in vivo*, consistent with

studies on other cancer cell lines [49-54].

In the TARGET cohort [8], we found that higher levels of proteasome gene expression

correlate with anaplastic histology and with poor outcome among favorable-histology Wilms

tumors. Studies across other types of cancer show that the association of proteasome activity

with prognosis is context-specific [96]. Lower expression of proteasome subunit genes was

associated with reduced survival in head and neck squamous cell carcinoma [97], while studies in

breast cancer, glioma, and hepatocellular carcinoma found that higher expression of

proteasome subunit genes is associated with worse survival [98-100]. To our knowledge, this is the

first study to correlate proteasome expression with worse outcome in Wilms tumor. Anaplastic

Wilms tumors are strongly associated with P53 mutation [7,8], and P53 mutation is known to

contribute to proteasome subunit overexpression [101]. Taken together with our experimental

data, these data provide a potential molecular basis to explain the divergent efficacy of actD in

FHWT versus DAWT.

To our knowledge, this is the first study to explore the translational landscape of actD

treatment and highlight the importance of the proteasome in Wilms tumor. Through *in vitro* and

in vivo models, we propose a model of protein homeostasis-dependent actD sensitivity

(Supplementary Figure S5D). Use of actD impairs ribosome biogenesis and cell cycle

progression while upregulating proteasome activity. Higher proteasome capacity may help

Wilms tumor cells escape chemotherapeutics like actD, and this effect may be reversed with

proteasome inhibition. For these reasons, proteasome inhibition could improve outcomes in

both favorable-histology and diffusely anaplastic Wilms tumor. Repurposing widely used drugs

like BTZ could allow for an accelerated path to clinical translation. This strategy could improve

treatment not only for Wilms tumor, but also for other tumors where actD is used, such as

rhabdomyosarcoma and Ewing sarcoma.

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FIGURE LEGENDS

Figure 1. ActD disrupts protein homeostasis in anaplastic Wilms tumor cells

(A) Quantification of protein synthesis assay (OPP incorporation) in WiT49 cells treated with 48

and 72 hours of 2nM actD or vehicle DMSO.

(B,C) Most enriched KEGG gene sets in ribosome profiling of actD- vs. DMSO-treated WiT49

after 6 hours **(B)** or 72 hours **(C)**.

(D,E) Most depleted KEGG gene sets in ribosome profiling of actD- vs. DMSO-treated WiT49

after 6 hours **(D)** or 72 hours **(E)**.

(F) GSEA of genome-wide CRISPR knockout library screen reveals top 10 most significant KEGG

canonical pathways that sensitize WiT49 to actD pathways, ranked by p-value. Highlighted are

the KEGG_PROTEASOME and KEGG_CELL_CYCLE, where the dotted line represents p-value at

0.05.

(G) Heatmap displaying results from RPPA of actD- versus DMSO-treated WiT49. Normalized,

log2-transformed, median-centered values from validated antibodies with standard deviation

over 0.1 are shown here.

Figure 2. ActD promotes proteasome level and activity in anaplastic Wilms tumor cells

(A) Western blots for ribosomal protein subunits RPL5, RPL7, RPL11, and RPL26 in WiT49 and

17.94 following 48-hour treatment of DMSO, 2nM actD, 8nM BTZ, or 2nM ActD + 8nM BTZ.

(B) Protein levels of proteasome subunits PSMA6 (α1), PSMB1 (β6), PSMB2 (β4), PSMB5 (β5),

and PSMD1 (P112), and POMP in WiT49 and 17.94 following 18-, 24-, 48-, and 72-hour 2nM

actD treatment versus vehicle (DMSO).

(C) Quantification of relative proteasome-specific chymotrypsin-like activity in WiT49 and 17.94

cells following 24 hours of DMSO versus 2nM actD, 8nM BTZ, or 2nM actD + 8nM BTZ

treatments (Student's t-test p-value versus vehicle: *<0.05, ** <0.01, ****<0.0001).

Figure 3. BTZ sensitizes anaplastic Wilms tumor cell lines to actD *in vitro*

(A) BTZ kill curves for WiT49 and 17.94 with IC50 values indicated (four-point regression line with shaded region representing 95% confidence interval).

(B) Heat maps of Loewe synergy scores for combinations of actD and BTZ in WiT49 and 17.94 cells.

(C) Effect of 48-hour treatment WiT49 and 17.94 cells with DMSO, actD, BTZ, and combination actD + BTZ on cell cycle and apoptosis markers by Western blot.

Figure 4. BTZ sensitizes subcutaneous anaplastic Wilms tumor xenografts to actD

(A) Subcutaneous tumor volumes of NSG mice bearing KT-53 xenografts treated with vehicle, actD, BTZ, and combination actD + BTZ (Student's t-test of endpoint volumes of combination versus vehicle or actD only: * <0.05).

(B) Kaplan-Meier survival curves for KT-53 tumor-bearing mice treated with vehicle, actD only, BTZ only, and combination (log-rank test versus vehicle ** <0.01).

(C) Subcutaneous tumor volumes of NSG mice bearing 17.94 xenografts treated with vehicle, actD only, BTZ only, and combination (Student's t-test of endpoint volumes of combination versus vehicle: ***<0.001).

(D) Kaplan-Meier survival curves for 17.94 tumor-bearing mice treated with vehicle, actD only, BTZ only, and combination.

(E,F) Quantification of Ki-67 positive nuclei (E) and TUNEL positive nuclei (F) in in KT-53 and 17.94 subcutaneous tumors treated with vehicle, actD only, BTZ only, or combination actD + BTZ (Student's t-test p-value versus vehicle unless otherwise indicated: * <0.05, **<0.01, ***<0.001, ****<0.0001).

Figure 5. RNA expression of proteasome genes in TARGET favorable and anaplastic histology Wilms tumors

(A) Top KEGG pathways enriched in RNA-seq of DAWT versus FHWT.

(B) Top reactome pathways enriched in RNA-seq of DAWT versus FHWT.

(C,D) Overall survival of tumors stratified according to expression of proteasome enzymatic

subunit genes *PSMB1, PSMB2, PSMB5* among patients with favorable histology tumors **(C)** or

anaplastic histology **(D)**. (Log Rank test p-value: *<0.05, ** 0.01)

SUPPLEMENTARY FIGURES

Supplementary Figure S1. ActD alters global translation in WiT49 anaplastic Wilms tumor cells

(A) Diagram of the effect of actD on Wilms tumor cells at the translational level. ActD depletes

fully-formed ribosomes and reduces translational capacity. The reduced ribosomes are

distributed unevenly, resulting in an altered translational landscape. Identification of the

ribosomal footprints by ribosome profiling provides a snapshot of transcripts actively

undergoing translation.

(B) ActD kill curves for anaplastic Wilms Tumor cell lines WiT49 and 17.94 with IC50 values

indicated (four-point regression line with shaded region representing 95% confidence interval).

(C) Levels of 45s pre-rRNA and 18s mature rRNA in anaplastic Wilms tumor cell lines WiT49 and

17.94, quantified by qPCR following actD treatment for 6 and 24 hours.

(D) Micrographs of protein synthesis assay. Red fluorescence measures OPP incorporation

relative to total area of WiT49 cells treated with 48 and 72 hours of 2nM actD or vehicle DMSO.

Supplementary Figure S2. Ribosome profiling metrics in actD-treated WiT49.

(A) Position of left edge of ribosome footprints relative to translation initiation site (0), on the

top 30% most abundant transcripts, in DMSO and actD samples at 72 hours. Peak position

highlighted in red.

(B,C) Log2-transformed counts aligning to each gene, by RNA-seq **(B)** and translation efficiency

by ribosome profiling **(C)** after 6-hour, 72-hour, and 2-week treatments of WiT49 with actD (y-

axes) versus DMSO (x-axes).

Supplementary Figure S3. ActD induces translation of ribosome and proteasome subunits and

upregulates Akt/mTOR signaling.

(A,B) KEGG_ RIBOSOME pathway enrichment plots after 6 hours (A) and 72 hours (B) of

exposure to actD versus DMSO. (NES, Normalized Enrichment Score)

(C,D) KEGG_ PROTEASOME pathway enrichment plots after 6 hours (C) and 72 hours (D) of

exposure to actD versus DMSO. (NES, Normalized Enrichment Score)

(E) Changes in phosphorylation of Akt/mTOR signaling components visualized by western blot in

WiT49 and 17.94 following 2nM actD treatment versus vehicle (DMSO).

(F) Rapamycin kill curves for anaplastic Wilms Tumor cell lines WiT49 and 17.94 (four-point

regression line with shaded region representing 95% confidence interval)

(G) Heat maps of Loewe synergy scores for combinations of actD and rapamycin in WiT49 and

17.94 cells.

Supplementary Figure S4. Bortezomib enhances cytotoxicity of actinomycin D in anaplastic

Wilms tumor xenografts.

(A,B) Low-power and high-power H&E images of **(A)** KT-53 and **(B)** 17.94 subcutaneous tumors

(Black bar = 1.0 mm; Blue Bar =100 μm)

(C, D) High-power photomicrographs of Ki-67 immunohistochemistry of KT-53 (Bar =100 μm) **(C)**

and 17.94 **(D)**.

(E, F) High-power photomicrographs of TUNEL stain of KT-53 (Bar =100 μm) **(E)** and 17.94 **(F)**.

Supplementary Figure S5. Enrichment for proteasome gene sets in anaplastic Wilms tumor.

(A,B) GSEA plot showing enrichment for KEGG_PROTEASOME **(A)** and

REACTOME_APC_C_MEDIATED_DEGRADATION_OF_CELL_CYCLE_PROTEINS **(B)** in anaplastic

Wilms tumor vs. favorable-histology Wilms tumors in TARGET dataset.

(C) Overall survival of Wilms tumors, regardless of histology, stratified according to expression of

proteasome enzymatic subunit genes *PSMB1, PSMB2, PSMB5* among patients (Log rank test p-

value: *<0.05, *** 0.001).

(D) Model for effect of actinomycin D on protein homeostasis in Wilms tumor cells.

SUPPLEMENTARY TABLES

Supplementary Table S1. Average log2-transformed translational efficiency for WiT49 in 6-hour

actD versus DMSO treatments derived from ribosome profiling sequencing.

Supplementary Table S2. Average log2-transformed translational efficiency for WiT49 in 72-

hour actD versus DMSO treatments derived from ribosome profiling sequencing.

Supplementary Table S3. GSEA of translationally enriched KEGG pathways for WiT49 6-hour

actD versus DMSO treatments from ribosome profiling sequencing.

Supplementary Table S4. GSEA of translationally enriched KEGG pathways for WiT49 72-hour

actD versus DMSO treatments from ribosome profiling sequencing.

Supplementary Table S5. KEGG pathway enrichment summary table from Mageck-Flute

pathway output.

Supplementary Table S6. Normalized, log2-transformed, median-centered RPPA values of

validated antibodies from WiT49 cells treated with actD or DMSO.

Supplementary Table S7. GSEA of enriched KEGG pathways in DAWT versus FHWT.

Supplementary Table S8. GSEA of enriched Reactome pathways in DAWT versus FHWT.

REFERENCES

Howlader N, N. A., Krapcho M, Miller D, Brest A, Yu M, Ruhl J, Tatalovich Z, Mariotto A, Lewis DR, Chen HS, Feuer EJ, Cronin KA (eds). . *SEER Cancer Statistics Review, 1975-2018, National Cancer Institute*, <https://seer.cancer.gov/csr/1975_2018/, > (2018).

Termuhlen, A. M. *et al.* Twenty-five year follow-up of childhood Wilms tumor: a report from the Childhood Cancer Survivor Study. *Pediatr Blood Cancer* **57**, 1210-1216 (2011). https://doi.org:10.1002/pbc.23090

Ehrlich, P. *et al.* Results of the First Prospective Multi-institutional Treatment Study in Children With Bilateral Wilms Tumor (AREN0534): A Report From the Children's Oncology Group. *Ann Surg* **266**, 470-478 (2017). https://doi.org:10.1097/SLA.0000000000002356

Groenendijk, A. *et al.* Prognostic Factors for Wilms Tumor Recurrence: A Review of the Literature. *Cancers (Basel)* **13** (2021). https://doi.org:10.3390/cancers13133142

Brok, J. *et al.* Unmet needs for relapsed or refractory Wilms tumour: Mapping the molecular features, exploring organoids and designing early phase trials - A collaborative SIOP-RTSG, COG and ITCC session at the first SIOPE meeting. *Eur J Cancer* **144**, 113-122 (2021). https://doi.org:10.1016/j.ejca.2020.11.012

Daw, N. C. *et al.* Activity of Vincristine and Irinotecan in Diffuse Anaplastic Wilms Tumor and Therapy Outcomes of Stage II to IV Disease: Results of the Children's Oncology Group AREN0321 Study. *Journal of clinical oncology : official journal of the American Society of Clinical Oncology* **38**, 1558-1568 (2020). https://doi.org:10.1200/JCO.19.01265

Ooms, A. H. *et al.* Significance of TP53 Mutation in Wilms Tumors with Diffuse Anaplasia: A Report from the Children's Oncology Group. *Clinical cancer research : an official journal of the American Association for Cancer Research* **22**, 5582-5591 (2016). https://doi.org:10.1158/1078-0432.CCR-16-0985

Gadd, S. *et al.* A Children's Oncology Group and TARGET initiative exploring the genetic landscape of Wilms tumor. *Nature genetics* **49**, 1487-1494 (2017). https://doi.org:10.1038/ng.3940

Macmahon, H. E., Bedizel, M. & Ellis, C. A. Vincristine (Leurocristine) Sulfate in the Treatment of Children with Metastatic Wilms' Tumor. Pediatric Division, Southwest Cancer Chemotherapy Group. *Pediatrics* **32**, 880-887 (1963).

Windmiller, J., Berry, D. H., Haddy, T. B., Vietti, T. J. & Sutow, W. W. Vincristine sulfate in the treatment of neuroblastoma in children. *Am J Dis Child* **111**, 75-78 (1966). https://doi.org:10.1001/archpedi.1966.02090040111014

Gaspar, N. *et al.* Ewing Sarcoma: Current Management and Future Approaches Through Collaboration. *Journal of clinical oncology : official journal of the American Society of Clinical Oncology* **33**, 3036-3046 (2015). https://doi.org:10.1200/JCO.2014.59.5256

Miwa, S. *et al.* Recent Advances and Challenges in the Treatment of Rhabdomyosarcoma. *Cancers (Basel)* **12** (2020). https://doi.org:10.3390/cancers12071758

758 13 D'Angio, G. J. The National Wilms Tumor Study: a 40 year perspective. *Lifetime Data Anal*
759   **13**, 463-470 (2007). https://doi.org:10.1007/s10985-007-9062-0
760 14 Veal, G. J. *et al.* Pharmacokinetics of dactinomycin in a pediatric patient population: a
761   United Kingdom Children's Cancer Study Group Study. *Clinical cancer research : an*
762   *official journal of the American Association for Cancer Research* **11**, 5893-5899 (2005).
763   https://doi.org:10.1158/1078-0432.CCR-04-2546
764 15 Walsh, C. *et al.* Development of a physiologically based pharmacokinetic model of
765   actinomycin D in children with cancer. *Br J Clin Pharmacol* **81**, 989-998 (2016).
766   https://doi.org:10.1111/bcp.12878
767 16 Perry, R. P. Selective effects of actinomycin D on the intracellular distribution of RNA
768   synthesis in tissue culture cells. *Experimental Cell Research* **29**, 400-406 (1963).
769 17 Subramanian, A. *et al.* Gene set enrichment analysis: a knowledge-based approach for
770   interpreting genome-wide expression profiles. *Proc Natl Acad Sci U S A* **102**, 15545-
771   15550 (2005). https://doi.org:10.1073/pnas.0506580102
772 18 Schöfer, C., Weipoltshammer, K., Almeder, M., Muller, M. & Wachtler, F. Redistribution of
773   ribosomal DNA after blocking of transcription induced by actinomycin D. *Chromosome*
774   *Res* **4**, 384-391 (1996). https://doi.org:10.1007/BF02257274
775 19 Mills, E. W. & Green, R. Ribosomopathies: There's strength in numbers. *Science* **358**
776   (2017). https://doi.org:10.1126/science.aan2755
777 20 Schindelin, J. *et al.* Fiji: an open-source platform for biological-image analysis. *Nat*
778   *Methods* **9**, 676-682 (2012). https://doi.org:10.1038/nmeth.2019
779 21 Ju, Z. *et al.* Development of a robust classifier for quality control of reverse-phase
780   protein arrays. *Bioinformatics (Oxford, England)* **31**, 912-918 (2015).
781   https://doi.org:10.1093/bioinformatics/btu736
782 22 Shehwana, H. *et al.* RPPA SPACE: an R package for normalization and quantitation of
783   Reverse-Phase Protein Array data. *Bioinformatics (Oxford, England)* **38**, 5131-5133
784   (2022). https://doi.org:10.1093/bioinformatics/btac665
785 23 Siwak, D. R., Li, J., Akbani, R., Liang, H. & Lu, Y. Analytical Platforms 3: Processing Samples
786   via the RPPA Pipeline to Generate Large-Scale Data for Clinical Studies. *Adv Exp Med Biol*
787   **1188**, 113-147 (2019). https://doi.org:10.1007/978-981-32-9755-5_7
788 24 Hoff, F. W., Lu, Y. & Kornblau, S. M. Antibody Screening. *Adv Exp Med Biol* **1188**, 149-163
789   (2019). https://doi.org:10.1007/978-981-32-9755-5_8
790 25 McGlincy, N. J. & Ingolia, N. T. Transcriptome-wide measurement of translation by
791   ribosome profiling. *Methods* **126**, 112-129 (2017).
792   https://doi.org:10.1016/j.ymeth.2017.05.028
793 26 Ingolia, N. T., Brar, G. A., Rouskin, S., McGeachy, A. M. & Weissman, J. S. The ribosome
794   profiling strategy for monitoring translation in vivo by deep sequencing of ribosome-
795   protected mRNA fragments. *Nature protocols* **7**, 1534 (2012).
796   https://doi.org:10.1038/nprot.2012.086
797 https://www.nature.com/articles/nprot.2012.086#supplementary-information
798 27 Kim, D., Paggi, J. M., Park, C., Bennett, C. & Salzberg, S. L. Graph-based genome
799   alignment and genotyping with HISAT2 and HISAT-genotype. *Nat Biotechnol* **37**, 907-915
800   (2019). https://doi.org:10.1038/s41587-019-0201-4

28   Pertea, M. *et al.* StringTie enables improved reconstruction of a transcriptome from
RNA-seq reads. *Nat Biotechnol* **33**, 290-295 (2015). https://doi.org:10.1038/nbt.3122
29   Liberzon, A. *et al.* The Molecular Signatures Database (MSigDB) hallmark gene set
collection. *Cell Syst* **1**, 417-425 (2015). https://doi.org:10.1016/j.cels.2015.12.004
30   Mootha, V. K. *et al.* PGC-1alpha-responsive genes involved in oxidative phosphorylation
are coordinately downregulated in human diabetes. *Nature genetics* **34**, 267-273 (2003).
https://doi.org:10.1038/ng1180
31   Korotkevich, G. *et al.* Fast gene set enrichment analysis. *bioRxiv*, 060012 (2021).
https://doi.org:10.1101/060012
32   Doench, J. G. *et al.* Optimized sgRNA design to maximize activity and minimize off-target
effects of CRISPR-Cas9. *Nat Biotechnol* **34**, 184-191 (2016).
https://doi.org:10.1038/nbt.3437
33   Wang, B. *et al.* Integrative analysis of pooled CRISPR genetic screens using
MAGeCKFlute. *Nature protocols* **14**, 756-780 (2019). https://doi.org:10.1038/s41596-
018-0113-7
34   Zheng, S. *et al.* SynergyFinder Plus: Toward Better Interpretation and Annotation of Drug
Combination Screening Datasets. *Genomics Proteomics Bioinformatics* **20**, 587-596
(2022). https://doi.org:10.1016/j.gpb.2022.01.004
35   Murphy, A. J. *et al.* Forty-five patient-derived xenografts capture the clinical and
biological heterogeneity of Wilms tumor. *Nature communications* **10**, 5806 (2019).
https://doi.org:10.1038/s41467-019-13646-9
36   Perry, R. P. & Kelley, D. E. Inhibition of RNA synthesis by actinomycin D: characteristic
dose-response of different RNA species. *J Cell Physiol* **76**, 127-139 (1970).
https://doi.org:10.1002/jcp.1040760202
37   Love, M. I., Huber, W. & Anders, S. Moderated estimation of fold change and dispersion
for RNA-seq data with DESeq2. *Genome Biol* **15**, 550 (2014).
https://doi.org:10.1186/s13059-014-0550-8
38   Cerami, E. *et al.* The cBio cancer genomics portal: an open platform for exploring
multidimensional cancer genomics data. *Cancer Discov* **2**, 401-404 (2012).
https://doi.org:10.1158/2159-8290.CD-12-0095
39   Gao, J. J. *et al.* Integrative Analysis of Complex Cancer Genomics and Clinical Profiles
Using the cBioPortal. *Sci Signal* **6** (2013). https://doi.org:ARTN pl1
DOI 10.1126/scisignal.2004088
40   Lam, Y. W., Lamond, A. I., Mann, M. & Andersen, J. S. Analysis of nucleolar protein
dynamics reveals the nuclear degradation of ribosomal proteins. *Curr Biol* **17**, 749-760
(2007). https://doi.org:10.1016/j.cub.2007.03.064
41   Liu, R. *et al.* Impairing the production of ribosomal RNA activates mammalian target of
rapamycin complex 1 signalling and downstream translation factors. *Nucleic Acids Res*
42, 5083-5096 (2014). https://doi.org:10.1093/nar/gku130
42   Huang, C. C. *et al.* Predicting relapse in favorable histology Wilms tumor using gene
expression analysis: a report from the Renal Tumor Committee of the Children's
Oncology Group. *Clinical cancer research : an official journal of the American Association*
for Cancer Research **15**, 1770-1778 (2009). https://doi.org:10.1158/1078-0432.CCR-08-
1030

43   Flores, L. G., 2nd *et al.* Monitoring therapy with MEK inhibitor U0126 in a novel Wilms
846   tumor model in Wt1 knockout Igf2 transgenic mice using 18F-FDG PET with dual-
847   contrast enhanced CT and MRI: early metabolic response without inhibition of tumor
848   growth. *Mol Imaging Biol* **15**, 175-185 (2013). https://doi.org:10.1007/s11307-012-0588-
849   5
850   44   Iadevaia, V., Liu, R. & Proud, C. G. mTORC1 signaling controls multiple steps in ribosome
851   biogenesis. *Semin Cell Dev Biol* **36**, 113-120 (2014).
852   https://doi.org:10.1016/j.semcdb.2014.08.004
853   45   Sung, M. K. *et al.* A conserved quality-control pathway that mediates degradation of
854   unassembled ribosomal proteins. *Elife* **5** (2016). https://doi.org:10.7554/eLife.19105
855   46   Sung, M. K., Reitsma, J. M., Sweredoski, M. J., Hess, S. & Deshaies, R. J. Ribosomal
856   proteins produced in excess are degraded by the ubiquitin-proteasome system. *Mol Biol*
857   *Cell* **27**, 2642-2652 (2016). https://doi.org:10.1091/mbc.E16-05-0290
858   47   Hanley, M. J. *et al.* Population Pharmacokinetic Analysis of Bortezomib in Pediatric
859   Leukemia Patients: Model-Based Support for Body Surface Area-Based Dosing Over the
860   2- to 16-Year Age Range. *J Clin Pharmacol* **57**, 1183-1193 (2017).
861   https://doi.org:10.1002/jcph.906
862   48   Moreau, P. *et al.* Pharmacokinetic, pharmacodynamic and covariate analysis of
863   subcutaneous versus intravenous administration of bortezomib in patients with relapsed
864   multiple myeloma. *Clin Pharmacokinet* **51**, 823-829 (2012).
865   https://doi.org:10.1007/s40262-012-0010-0
866   49   Gupta, I., Singh, K., Varshney, N. K. & Khan, S. Delineating Crosstalk Mechanisms of the
867   Ubiquitin Proteasome System That Regulate Apoptosis. *Front Cell Dev Biol* **6**, 11 (2018).
868   https://doi.org:10.3389/fcell.2018.00011
869   50   Ling, Y. H. *et al.* Mechanisms of proteasome inhibitor PS-341-induced G(2)-M-phase
870   arrest and apoptosis in human non-small cell lung cancer cell lines. *Clinical cancer*
871   *research : an official journal of the American Association for Cancer Research* **9**, 1145-
872   1154 (2003).
873   51   Nawrocki, S. T. *et al.* Effects of the proteasome inhibitor PS-341 on apoptosis and
874   angiogenesis in orthotopic human pancreatic tumor xenografts. *Mol Cancer Ther* **1**,
875   1243-1253 (2002).
876   52   Selimovic, D. *et al.* Bortezomib/proteasome inhibitor triggers both apoptosis and
877   autophagy-dependent pathways in melanoma cells. *Cell Signal* **25**, 308-318 (2013).
878   https://doi.org:10.1016/j.cellsig.2012.10.004
879   53   Bao, X. *et al.* Bortezomib induces apoptosis and suppresses cell growth and metastasis
880   by inactivation of Stat3 signaling in chondrosarcoma. *Int J Oncol* **50**, 477-486 (2017).
881   https://doi.org:10.3892/ijo.2016.3806
882   54   Lou, Z. *et al.* Bortezomib induces apoptosis and autophagy in osteosarcoma cells through
883   mitogen-activated protein kinase pathway in vitro. *J Int Med Res* **41**, 1505-1519 (2013).
884   https://doi.org:10.1177/0300060513490618
885   55   Hofmann, J. F. & Beach, D. cdt1 is an essential target of the Cdc10/Sct1 transcription
886   factor: requirement for DNA replication and inhibition of mitosis. *EMBO J* **13**, 425-434
887   (1994). https://doi.org:10.1002/j.1460-2075.1994.tb06277.x

56   Fagundes, R. & Teixeira, L. K. Cyclin E/CDK2: DNA Replication, Replication Stress and
Genomic Instability. *Front Cell Dev Biol* **9**, 774845 (2021).
https://doi.org:10.3389/fcell.2021.774845
57   Caldon, C. E. & Musgrove, E. A. Distinct and redundant functions of cyclin E1 and cyclin
E2 in development and cancer. *Cell Div* **5**, 2 (2010). https://doi.org:10.1186/1747-1028-
5-2
58   Pozo, P. N. & Cook, J. G. Regulation and Function of Cdt1; A Key Factor in Cell
Proliferation and Genome Stability. *Genes (Basel)* **8** (2016).
https://doi.org:10.3390/genes8010002
59   Martinez-Alonso, D. & Malumbres, M. Mammalian cell cycle cyclins. *Semin Cell Dev Biol*
107, 28-35 (2020). https://doi.org:10.1016/j.semcdb.2020.03.009
60   Kaufmann, S. H., Desnoyers, S., Ottaviano, Y., Davidson, N. E. & Poirier, G. G. Specific
proteolytic cleavage of poly(ADP-ribose) polymerase: an early marker of chemotherapy-
induced apoptosis. *Cancer Res* **53**, 3976-3985 (1993).
61   Kaufmann, S. H. Induction of endonucleolytic DNA cleavage in human acute
myelogenous leukemia cells by etoposide, camptothecin, and other cytotoxic anticancer
drugs: a cautionary note. *Cancer Res* **49**, 5870-5878 (1989).
62   Boulares, A. H. *et al.* Role of poly(ADP-ribose) polymerase (PARP) cleavage in apoptosis.
Caspase 3-resistant PARP mutant increases rates of apoptosis in transfected cells. *J Biol*
Chem **274**, 22932-22940 (1999). https://doi.org:10.1074/jbc.274.33.22932
63   Rager, J. E. in *Systems Biology in Toxicology and Environmental Health*   187-205 (2015).
64   Stewart, E. *et al.* Orthotopic patient-derived xenografts of paediatric solid tumours.
Nature **549**, 96-100 (2017). https://doi.org:10.1038/nature23647
65   Walz, A. L. *et al.* Recurrent DGCR8, DROSHA, and SIX homeodomain mutations in
favorable histology Wilms tumors. *Cancer cell* **27**, 286-297 (2015).
https://doi.org:10.1016/j.ccell.2015.01.003
66   Wegert, J. *et al.* Mutations in the SIX1/2 pathway and the DROSHA/DGCR8 miRNA
microprocessor complex underlie high-risk blastemal type Wilms tumors. *Cancer cell* **27**,
298-311 (2015). https://doi.org:10.1016/j.ccell.2015.01.002
67   Torrezan, G. T. *et al.* Recurrent somatic mutation in DROSHA induces microRNA profile
changes in Wilms tumour. *Nature communications* **5**, 4039 (2014).
https://doi.org:10.1038/ncomms5039
68   Rakheja, D. *et al.* Somatic mutations in DROSHA and DICER1 impair microRNA biogenesis
through distinct mechanisms in Wilms tumours. *Nature communications* **2**, 4802 (2014).
https://doi.org:10.1038/ncomms5802
69   Tiburcio, P. D. B. *et al.* DROSHA regulates mesenchymal gene expression in Wilms tumor.
Mol Cancer Res (2024). https://doi.org:10.1158/1541-7786.MCR-23-0930
70   Matthews, H. K., Bertoli, C. & de Bruin, R. A. M. Cell cycle control in cancer. *Nat Rev Mol*
Cell Biol **23**, 74-88 (2022). https://doi.org:10.1038/s41580-021-00404-3
71   Zou, T. & Lin, Z. The Involvement of Ubiquitination Machinery in Cell Cycle Regulation
and Cancer Progression. *Int J Mol Sci* **22** (2021). https://doi.org:10.3390/ijms22115754
72   Alber, A. B. & Suter, D. M. Dynamics of protein synthesis and degradation through the
cell cycle. *Cell Cycle* **18**, 784-794 (2019).
https://doi.org:10.1080/15384101.2019.1598725

73 Mayer, C., Zhao, J., Yuan, X. & Grummt, I. mTOR-dependent activation of the
transcription factor TIF-IA links rRNA synthesis to nutrient availability. *Genes Dev* **18**,
423-434 (2004). https://doi.org:10.1101/gad.285504

74 Mayer, C. & Grummt, I. Ribosome biogenesis and cell growth: mTOR coordinates
transcription by all three classes of nuclear RNA polymerases. *Oncogene* **25**, 6384-6391
(2006). https://doi.org:10.1038/sj.onc.1209883

75 Ni, C. & Buszczak, M. The homeostatic regulation of ribosome biogenesis. *Semin Cell Dev*
Biol **136**, 13-26 (2023). https://doi.org:10.1016/j.semcdb.2022.03.043

76 Hua, H. *et al.* Targeting mTOR for cancer therapy. *J Hematol Oncol* **12**, 71 (2019).
https://doi.org:10.1186/s13045-019-0754-1

77 Saxton, R. A. & Sabatini, D. M. mTOR Signaling in Growth, Metabolism, and Disease. *Cell*
168, 960-976 (2017). https://doi.org:10.1016/j.cell.2017.02.004

78 Zou, Z., Tao, T., Li, H. & Zhu, X. mTOR signaling pathway and mTOR inhibitors in cancer:
progress and challenges. *Cell Biosci* **10**, 31 (2020). https://doi.org:10.1186/s13578-020-
00396-1

79 Park, S. H., Choi, W. H. & Lee, M. J. Effects of mTORC1 inhibition on proteasome activity
and levels. *BMB Rep* **55**, 161-165 (2022).
https://doi.org:10.5483/BMBRep.2022.55.4.032

80 Tye, B. W. *et al.* Proteotoxicity from aberrant ribosome biogenesis compromises cell
fitness. *Elife* **8** (2019). https://doi.org:10.7554/eLife.43002

81 Zhang, Y. & Manning, B. D. mTORC1 signaling activates NRF1 to increase cellular
proteasome levels. *Cell Cycle* **14**, 2011-2017 (2015).
https://doi.org:10.1080/15384101.2015.1044188

82 Zhang, Y. *et al.* Coordinated regulation of protein synthesis and degradation by mTORC1.
Nature **513**, 440-443 (2014). https://doi.org:10.1038/nature13492

83 Zhao, J., Zhai, B., Gygi, S. P. & Goldberg, A. L. mTOR inhibition activates overall protein
degradation by the ubiquitin proteasome system as well as by autophagy. *Proc Natl Acad*
Sci U S A **112**, 15790-15797 (2015). https://doi.org:10.1073/pnas.1521919112

84 Kaiser, M. S. *et al.* Dual roles of mTORC1-dependent activation of the ubiquitin-
proteasome system in muscle proteostasis. *Commun Biol* **5**, 1141 (2022).
https://doi.org:10.1038/s42003-022-04097-y

85 Chen, D., Frezza, M., Schmitt, S., Kanwar, J. & Dou, Q. P. Bortezomib as the First
Proteasome Inhibitor Anticancer Drug: Current Status and Future Perspectives. *Current*
Cancer Drug Targets **11**, 239-253 (2011). https://doi.org:Doi
10.2174/156800911794519752

86 Leonardo-Sousa, C. *et al.* Revisiting Proteasome Inhibitors: Molecular Underpinnings of
Their Development, Mechanisms of Resistance and Strategies to Overcome Anti-Cancer
Drug Resistance. *Molecules* **27** (2022). https://doi.org:10.3390/molecules27072201

87 Lu, S. & Wang, J. The resistance mechanisms of proteasome inhibitor bortezomib.
Biomark Res **1**, 13 (2013). https://doi.org:10.1186/2050-7771-1-13

88 August, K. J., Guest, E. M., Lewing, K., Hays, J. A. & Gamis, A. S. Treatment of children
with relapsed and refractory acute lymphoblastic leukemia with mitoxantrone,
vincristine, pegaspargase, dexamethasone, and bortezomib. *Pediatr Blood Cancer* **67**,
e28062 (2020). https://doi.org:10.1002/pbc.28062

89 Teachey, D. T. *et al.* Children's Oncology Group Trial AALL1231: A Phase III Clinical Trial
Testing Bortezomib in Newly Diagnosed T-Cell Acute Lymphoblastic Leukemia and
Lymphoma. *Journal of clinical oncology : official journal of the American Society of*
Clinical Oncology **40**, 2106-2118 (2022). https://doi.org:10.1200/JCO.21.02678
90 Styczynski, J., Olszewska-Slonina, D., Kolodziej, B., Napieraj, M. & Wysocki, M. Activity of
bortezomib in glioblastoma. *Anticancer Res* **26**, 4499-4503 (2006).
91 Chang, D., Chen, F., Zhang, F., McKay, B. C. & Ljungman, M. Dose-dependent effects of
DNA-damaging agents on p53-mediated cell cycle arrest. *Cell Growth Differ* **10**, 155-162
(1999).
92 Chen, C. S. *et al.* AKT mediates actinomycin D-induced p53 expression. *Oncotarget* **5**,
693-703 (2014). https://doi.org:10.18632/oncotarget.1328
93 Yang, V. W. in *Physiology of the Gastrointestinal Tract*   197-219 (2018).
94 Santo, L., Siu, K. T. & Raje, N. Targeting Cyclin-Dependent Kinases and Cell Cycle
Progression in Human Cancers. *Semin Oncol* **42**, 788-800 (2015).
https://doi.org:10.1053/j.seminoncol.2015.09.024
95 Chu, C., Geng, Y., Zhou, Y. & Sicinski, P. Cyclin E in normal physiology and disease states.
Trends Cell Biol **31**, 732-746 (2021). https://doi.org:10.1016/j.tcb.2021.05.001
96 Voutsadakis, I. A. Proteasome expression and activity in cancer and cancer stem cells.
Tumour Biol **39**, 1010428317692248 (2017).
https://doi.org:10.1177/1010428317692248
97 Lagadec, C. *et al.* Tumor cells with low proteasome subunit expression predict overall
survival in head and neck cancer patients. *BMC Cancer* **14**, 152 (2014).
https://doi.org:10.1186/1471-2407-14-152
98 Byers, H. A. *et al.* Evaluation of the NRF1-proteasome axis as a therapeutic target in
breast cancer. *Sci Rep* **13**, 15843 (2023). https://doi.org:10.1038/s41598-023-43121-x
99 He, W. *et al.* PSMB2 plays an oncogenic role in glioma and correlates to the immune
microenvironment. *Sci Rep* **14**, 5861 (2024). https://doi.org:10.1038/s41598-024-56493-
5
100 Liu, J., Mi, J., Liu, S., Chen, H. & Jiang, L. PSMB5 overexpression is correlated with tumor
proliferation and poor prognosis in hepatocellular carcinoma. *FEBS Open Bio* **12**, 2025-
2041 (2022). https://doi.org:10.1002/2211-5463.13479
101 Walerych, D. *et al.* Proteasome machinery is instrumental in a common gain-of-function
program of the p53 missense mutants in cancer. *Nat Cell Biol* **18**, 897-909 (2016).
https://doi.org:10.1038/ncb3380
1010

Figure 1. ActD disrupts protein homeostasis in anaplastic Wilms tumor cells
(A) Quantification of protein synthesis assay (OPP incorporation) in WiT49 cells treated with 48 and 72 hours of 2nM actD or vehicle DMSO. **(B,C)** Most enriched KEGG gene sets in ribosome profiling of actD- vs. DMSO-treated WiT49 after 6 hours **(B)** or 72 hours **(C)**. **(D,E)** Most depleted KEGG gene sets in ribosome profiling of actD- vs. DMSO-treated WiT49 after 6 hours **(D)** or 72 hours **(E)**. **(F)** GSEA of genome-wide CRISPR knockout library screen reveals top 10 most significant KEGG canonical pathways that sensitize WiT49 to actD pathways, ranked by p-value. Highlighted are the KEGG_PROTEASOME and KEGG_CELL_CYCLE, where the dotted line represents p-value at 0.05. **(G)** Heatmap displaying results from RPPA of actD- versus DMSO-treated WiT49. Normalized, log2-transformed, median-centered values from validated antibodies with standard deviation over 0.1 are shown here.

Figure 2. ActD promotes proteasome level and activity in anaplastic Wilms tumor cells
(A) Western blots for ribosomal protein subunits RPL5, RPL7, RPL11, and RPL26 in WiT49 and 17.94 following 48-hour treatment of DMSO, 2nM actD, 8nM BTZ, or 2nM ActD + 8nM BTZ. **(B)** Protein levels of proteasome subunits PSMA6 (α1), PSMB1 (β6), PSMB2 (β4), PSMB5 (β5), and PSMD1 (P112), and POMP in WiT49 and 17.94 following 18-, 24-, 48-, and 72-hour 2nM actD treatment versus vehicle (DMSO). **(C)** Quantification of relative proteasome-specific chymotrypsin-like activity in WiT49 and 17.94 cells following 24 hours of DMSO versus 2nM actD, 8nM BTZ, or 2nM actD + 8nM BTZ treatments (Student's t-test p-value versus vehicle: *<0.05, ** <0.01, ****<0.0001).

Figure 3. BTZ sensitizes anaplastic Wilms tumor cell lines to actD in vitro
(A) BTZ kill curves for WiT49 and 17.94 with IC50 values indicated (four-point regression line with shaded region representing 95% confidence interval). **(B)** Heat maps of Loewe synergy scores for combinations of actD and BTZ in WiT49 and 17.94 cells. **(C)** Effect of 48-hour treatment WiT49 and 17.94 cells with DMSO, actD, BTZ, and combination actD + BTZ on cell cycle and apoptosis markers by Western blot.

Figure 4. BTZ sensitizes subcutaneous anaplastic Wilms tumor xenografts to actD

(A) Subcutaneous tumor volumes of NSG mice bearing KT-53 xenografts treated with vehicle, actD, BTZ, and combination actD + BTZ (Student's t-test of endpoint volumes of combination versus vehicle or actD only: * <0.05). **(B)** Kaplan-Meier survival curves for KT-53 tumor-bearing mice treated with vehicle, actD only, BTZ only, and combination (log-rank test versus vehicle ** <0.01).**(C)** Subcutaneous tumor volumes of NSG mice bearing 17.94 xenografts treated with vehicle, actD only, BTZ only, and combination (Student's t-test of endpoint volumes of combination versus vehicle: ***<0.001). **(D)** Kaplan-Meier survival curves for 17.94 tumor-bearing mice treated with vehicle, actD only, BTZ only, and combination. **(E,F)** Quantification of Ki-67 positive nuclei (E) and TUNEL positive nuclei (F) in in KT-53 and 17.94 subcutaneous tumors treated with vehicle, actD only, BTZ only, or combination actD + BTZ (Student's t-test p-value versus vehicle unless otherwise indicated: * <0.05, **<0.01, ***<0.001, ****<0.0001).

Figure 5. RNA expression of proteasome genes in TARGET favorable and anaplastic histology Wilms tumors

(A) Top KEGG pathways enriched in RNA-seq of DAWT versus FHWT. **(B)** Top reactome pathways enriched in RNA-seq of DAWT versus FHWT. **(C,D)** Overall survival of tumors stratified according to expression of proteasome enzymatic subunit genes PSMB1, PSMB2, PSMB5 among patients with favorable histology tumors **(C)** or anaplastic histology **(D)**. (Log Rank test p-value: *<0.05, ** 0.01)

Supplementary Figure S1. ActD alters global translation in WiT49 anaplastic Wilms tumor cells
(A) Diagram of the effect of actD on Wilms tumor cells at the translational level. ActD depletes fully-formed ribosomes and reduces translational capacity. The reduced ribosomes are distributed unevenly, resulting in an altered translational landscape. Identification of the ribosomal footprints by ribosome profiling provides a snapshot of transcripts actively undergoing translation. **(B)** ActD kill curves for anaplastic Wilms Tumor cell lines WiT49 and 17.94 with IC50 values indicated (four-point regression line with shaded region representing 95% confidence interval). **(C)** Levels of 45s pre-rRNA and 18s mature rRNA in anaplastic Wilms tumor cell lines WiT49 and 17.94, quantified by qPCR following actD treatment for 6 and 24 hours. **(D)** Micrographs of protein synthesis assay. Red fluorescence measures OPP incorporation relative to total area of WiT49 cells treated with 48 and 72 hours of 2nM actD or vehicle DMSO.

Supplementary Figure S2. Ribosome profiling metrics in actD-treated WiT49.
(A) Position of left edge of ribosome footprints relative to translation initiation site (0), on the top 30% most abundant transcripts, in DMSO and actD samples at 72 hours. Peak position highlighted in red. **(B,C)** Log2-transformed counts aligning to each gene, by RNA-seq **(B)** and translation efficiency by ribosome profiling **(C)** after 6-hour, 72-hour, and 2-week treatments of WiT49 with actD (y-axes) versus DMSO (x-axes).

Supplementary Figure S3. ActD induces translation of ribosome and proteasome subunits and upregulates Akt/mTOR signaling.
(A,B) KEGG_ RIBOSOME pathway enrichment plots after 6 hours **(A)** and 72 hours **(B)** of exposure to actD versus DMSO. (NES, Normalized Enrichment Score). **(C,D)** KEGG_ PROTEASOME pathway enrichment plots after 6 hours **(C)** and 72 hours **(D)** of exposure to actD versus DMSO. (NES, Normalized Enrichment Score). **(E)** Changes in phosphorylation of Akt/mTOR signaling components visualized by western blot in WiT49 and 17.94 following 2nM actD treatment versus vehicle (DMSO). **(F)** Rapamycin kill curves for anaplastic Wilms Tumor cell lines WiT49 and 17.94 (four-point regression line with shaded region representing 95% confidence interval). **(G)** Heat maps of Loewe synergy scores for combinations of actD and rapamycin in WiT49 and 17.94 cells.

Supplementary Figure S4. Bortezomib enhances cytotoxicity of actinomycin D in anaplastic Wilms tumor xenografts.
(A,B) Low-power and high-power H&E images of **(A)** KT-53 and **(B)** 17.94 subcutaneous tumors (Black bar = 1.0 mm; Blue Bar =100 µm) **(C, D)** High-power photomicrographs of Ki-67 immunohistochemistry of KT-53 (Bar =100 µm) **(C)** and 17.94 **(D)**. **(E, F)** High-power photomicrographs of TUNEL stain of KT-53 (Bar =100 µm) **(E)** and 17.94 **(F)**.

Supplementary Figure S5. Enrichment for proteasome gene sets in anaplastic Wilms tumor.
(A,B) GSEA plot showing enrichment for KEGG_PROTEASOME **(A)** and REACTOME_APC_C_MEDIATED_DEGRADA-
TION_OF_CELL_CYCLE_PROTEINS **(B)** in anaplastic Wilms tumor vs. favorable-histology Wilms tumors in TARGET dataset.
(C) Overall survival of Wilms tumors, regardless of histology, stratified according to expression of proteasome enzymatic subunit
genes PSMB1, PSMB2, PSMB5 among patients (Log rank test p-value: *<0.05, *** 0.001).
(D) Model for effect of actinomycin D on protein homeostasis in Wilms tumor cells.