

1 **PDE $\delta$  inhibition impedes the proliferation and survival of human colorectal cancer**  
2 **cell lines harboring oncogenic KRas**

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19 **Short title:** PDE $\delta$  inhibition in colorectal cancer cells

20 **Keywords:** KRas, colorectal cancer, PDE $\delta$ , proliferation

21 **Abbreviations:** colorectal cancer (CRC), plasma membrane (PM), guanine nucleotide  
22 dissociation inhibitor (GDI), recycling endosome (RE), human pancreatic ductal  
23 adenocarcinoma cells (hPDACs), shRNA (short hairpin RNA), real-time cell analysis  
24 (RTCA), 7-AAD (7-Aminoactinomycin D),

25

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28 **Novelty and Impact:**

29 The 'undruggable' KRas is a prevalent oncogene in CRC with poor prognosis. In hPDAC  
30 cells pharmacological targeting of PDE $\delta$  affects oncogenic KRas signaling, but it  
31 remained unclear whether this approach is transferable to other cancer cells. Here, we  
32 show that genetic and pharmacologic PDE $\delta$  inhibition also impedes the proliferation of  
33 oncogenic, but not wild-type KRas bearing CRC cells indicating that PDE $\delta$  inhibition is a  
34 specific tool for targeting growth of oncogenic KRas bearing CRC.

35

36

37 **Abstract**

38 Ras proteins, most notably KRas, are prevalent oncogenes in human cancer. Plasma  
39 membrane localization and thereby signaling of KRas is regulated by the prenyl-binding  
40 protein PDE $\delta$ . Recently, we have reported the specific anti-proliferative effects of PDE $\delta$   
41 inhibition in KRas-dependent human pancreatic ductal adenocarcinoma cell lines. Here,  
42 we investigated the proliferative dependence on the solubilizing activity of PDE $\delta$  of  
43 human colorectal cancer (CRC) cell lines with or without oncogenic KRas mutations. Our  
44 results show that genetic and pharmacologic interference with PDE $\delta$  specifically inhibits  
45 proliferation and survival of CRC cell lines harboring oncogenic KRas mutations  
46 whereas isogenic cell lines in which the KRas oncogene has been removed, or cell lines  
47 with oncogenic BRAf mutations or EGFR overexpression are not dependent on PDE $\delta$ .  
48 Pharmacological PDE $\delta$  inhibition is therefore a possible new avenue to target oncogenic  
49 KRas bearing CRC.

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## 52        **Introduction**

53        Ras proteins, most prevalent isoform KRas4B [1], are mutated in around 30 % of all  
54        human cancers [2] and especially frequent in pancreatic, colorectal and lung tumors [3].  
55        Oncogenic mutations retain Ras in a constitutively active conformation [4], causing  
56        sustained activation of downstream signaling cascades leading to increased proliferation  
57        and survival [5]. Signal transduction from active KRas is dependent on its plasma  
58        membrane (PM) localization [6]. Despite a polybasic stretch and a farnesyl motif at the  
59        C-terminus of KRas conferring association to the negatively charged inner leaflet of the  
60        PM, this localization is compromised by endocytosis and entropy-driven re-equilibration  
61        to all endomembranes. The guanine nucleotide dissociation inhibitor (GDI-) like  
62        solubilization factor – PDE $\delta$  – counters this re-equilibration by binding the farnesyl-tail of  
63        KRas, thereby effectively increasing diffusion in the cytosol. KRas is then released in the  
64        perinuclear area by activity of the small GTPase Arl2 [7, 8] and electrostatically trapped  
65        and enriched on the recycling endosome (RE). This concentrated KRas on the RE is  
66        transported back to the PM via vesicular transport to maintain its enrichment there [8].  
67        Interference with the solubilizing PDE $\delta$  functionality stalls this spatial cycle that  
68        maintains KRas concentration on the PM [8], thereby impairing KRas signaling [8, 9].  
69        These findings led to the development of various small-molecule inhibitors of PDE $\delta$   
70        based on different chemical scaffolds (Deltarasin, Deltazinone 1, Deltasonamide 1 & 2)  
71        that all competitively interact with the farnesyl-binding pocket [10-12]. In previous  
72        studies, we investigated the applicability of these inhibitors on human pancreatic  
73        cancer cell lines since the majority (90 %) of pancreatic tumors harbor oncogenic KRas  
74        mutations [3, 13]. All three inhibitor classes reduced cell proliferation of KRas-dependent

75 human pancreatic ductal adenocarcinoma cells (hPDACs), whereas KRas-independent  
76 or wild-type KRas harboring hPDACs were less affected [10-12].  
77 Here, we expand the applicability of pharmacological PDE $\delta$  interference to colorectal  
78 cancer (CRC), another tumor class with prevalent (45 %) oncogenic KRas mutations [3].  
79 To date, targeted therapy with monoclonal antibodies against EGFR, such as  
80 Cetuximab, is a major alternative to systemic cytotoxic chemotherapy in CRC [14].  
81 However, therapy based on EGFR inhibition fails if oncogenic KRas [15, 16] or BRAf [16,  
82 17] are expressed in CRC. To assess if PDE $\delta$  inhibition could be a possible new avenue  
83 to affect oncogenic KRas bearing CRC, we studied the dependence of CRC cell  
84 proliferation and survival on PDE $\delta$  activity. For this, we compared the effects of  
85 doxycycline-induced shRNA mediated down regulation of PDE $\delta$  to the effects of  
86 pharmacological interference with PDE $\delta$  activity in a panel of human CRC cell lines  
87 harboring distinct oncogenic mutations. We find a high correlation between the effects of  
88 pharmacological inhibition and shRNA-mediated PDE $\delta$  knock down on CRC proliferation  
89 and survival, where oncogenic KRas bearing CRC cells are highly compromised in cell  
90 proliferation and survival, whereas CRC cell lines in which the KRas oncogene was  
91 removed, or that harbor other oncogenic mutations, are hardly or not affected by PDE $\delta$   
92 interference. Our findings suggest that PDE $\delta$  could be a valid therapeutic target for  
93 oncogenic KRas-driven colorectal cancer.

## 94 **Materials and Methods**

### 95 Cell culture

96 HCT-116 (ATCC American Type Culture Collection, Manassas, VA, USA), Hke3 (kind  
97 gift from Dr. Owen Sansom), Hkh2 (kind gift from Prof. Dr. Walter Kolch), DiFi (kind gift  
98 from Dr. Clara Montagut) and SW480 (ATCC) cell lines were maintained in DMEM  
99 (Dulbecco's modified Eagle medium, Sigma-Aldrich Biochemie GmbH, Taufkirchen,  
100 Germany) supplemented with 10 % FCS (fetal calf serum; Pan-Biotech GmbH,  
101 Aidenbach, Germany), 2 mM L-glutamine (Sigma-Aldrich Biochemie GmbH) and 1 %  
102 NEAA (non-essential amino acids) (Sigma-Aldrich Biochemie GmbH), at 37°C and 5 %  
103 CO<sub>2</sub> in a humidified incubator.

104 HT29 cells (ATCC) were maintained in Ham's medium (Sigma-Aldrich Biochemie  
105 GmbH), supplemented with 10 % FCS and 1 mM L-glutamine (Sigma-Aldrich Biochemie  
106 GmbH), at 37°C and 5 % CO<sub>2</sub> in a humidified incubator.

107 Cell line identity was validated by STR-profiling (DSMZ, Braunschweig, Germany) and  
108 all cell lines were routinely tested for mycoplasma.

109

### 110 Small-molecule inhibitors

111 Deltarasin (Lot. No. 1) was purchased from Chemietek, Indianapolis, In, USA.  
112 Deltasonamide 2 was synthesized in-house as described previously [12].

113

114

115 Virus production and generation of stable cell lines

116 Lentiviruses were produced and harvested as described previously, utilizing the most  
117 effective shRNA sequence against PDE6D (pLKO-PDE6D-572, see below) from a  
118 previous screen [10]. Viral supernatant, containing 10 µg/ml polybrene, was immediately  
119 used to infect target cells in 6-well plates at 50% confluence. After 24 h, lentivirus-  
120 containing supernatant was removed and fresh medium supplied, containing the  
121 appropriate amount of puromycin for selection. Puromycin tolerance was tested for all  
122 target cell lines prior to shRNA transduction.

123 *pLKO-shRNA-PDE6D-572:*

124

125 *sense:* 5'-CCGGGCACATCCAGAGTGAGACTTTCTCGAGAAAGTCTCACTCTGG

126 ATGTGCTTTTTG-3',

127

128 *antisense:* 5'-AATTCAAAAAGCACATCCAGAGTGAGACTTTCTCGAGAAAGTCTCA

129 CTCTGGATGTGC-3'

130

131 Western Blot analysis

132 For PDEδ protein level analysis, whole cell lysates (WCL) were prepared after 72 h of  
133 doxycycline (200 ng/ml) induction as described previously [11]. For enrichment of Ras-  
134 GTP, 3xRaf-RBD pull down was executed. Recombinant GST-3xRafRBD [9] was  
135 expressed in E. Coli BL21DE3 by induction with 0.1 mM IPTG for 5 h after the culture  
136 reached an OD<sub>600</sub> of 0.8. Afterwards, bacteria were harvested and lysed with bacterial  
137 lysis buffer (50 mM Tris-HCl, pH 7.5, 400 mM NaCl, 1mM DTT, 1 % Triton X-100, 1mM

138 EDTA, supplemented with Complete Mini EDTA-free protease inhibitor (Sigma-Aldrich  
139 Biochemie GmbH) and bacterial lysates were stored at – 20°C. For the pull down, 700  
140 µg crude bacterial lysate was incubated with magnetic GSH sepharose 4B beads for 2h  
141 at 4 °C on a rotating wheel and afterwards beads were re-equilibrated in cell lysis buffer  
142 (50 mM Tris-HCl pH 7.5, 200 mM NaCl, 10 % Glycerol, 2.5 mM MgCl<sub>2</sub>, 1 % Triton X-  
143 100, supplemented with Complete Mini EDTA-free protease inhibitor). Whole cell lysates  
144 were prepared after over night starvation in cell lysis buffer. 25 µg of WCL were used as  
145 “input control” to determine panRas, PDE6D and Cyclophilin B level, whereas 400 µg of  
146 WCL was subjected to GST-3xRaf-RBD, bound onto GSH sepharose 4B (GE) beads,  
147 pull down. After incubation for 30 min at 4 °C on a rotating wheel, beads were washed  
148 three times with cell lysis buffer. Then, bound Ras-GTP was eluted with SDS sample  
149 buffer for 10 min at 95 °C. Afterwards, SDS–polyacrylamide gel electrophoresis was  
150 carried out. Gels were blotted onto PVDF membrane (Immobilon, Millipore) and blocked  
151 for 1 h at room temperature with blocking buffer (LI-COR, Lincoln, NE, USA). The  
152 following antibodies were used for western blotting in the stated dilution: anti-PDE6D  
153 (Santa Cruz: sc-50260, 1:200), anti-Cyclophilin-B (Abcam: Ab16045, 1:3,000), anti-  
154 panRas (Calbiochem: OP40, 1:1,000) and matching secondary infrared antibodies IRDye  
155 680 donkey anti rabbit IgG, IRDye 800 donkey anti mouse/goat IgG, (LI-COR, 1:10,000).  
156 Blots were scanned on a LI-COR Odyssey imaging system. Western blots were  
157 quantified using the Gel profiler plugin of ImageJ. Uncropped blots are shown in  
158 Supplementary figures 1 and 2.

159

160



161 Clonogenic assays

162 Sparsely seeded cells ( $1-2 \cdot 10^3$  per well) were maintained in a 6-well plate in the  
163 presence or absence of doxycycline (200 ng/ml). Doxycycline was applied 24 h after  
164 seeding. After ten days, cells were fixed and stained with 0.05 % (v/v) crystal violet  
165 (Sigma-Aldrich Biochemie GmbH) to visualize individual colonies. The quantification was  
166 performed using the analyze particle plug-in of ImageJ to extract total cell number and  
167 average colony size after utilizing a cell profiler pipeline to separate overlapping  
168 colonies.

169

170 Real-time cell analyzer (RTCA)

171 RTCA measurements were performed using 16-well E-plates on a Dual Plate  
172 xCELLigence instrument (Roche Applied Science) in a humidified incubator at 37°C with  
173 5 % CO<sub>2</sub>. The system measures the impedance-based cell index (CI), a dimensionless  
174 parameter which evaluates the ionic environment at the electrode/solution interface and  
175 integrates this information on the cell number [18]. Continuous impedance  
176 measurements were monitored every 15 min for up to 300 hours. Blank measurements  
177 were performed with growth medium. Depending on the cell line,  $1 \cdot 10^4 - 2 \cdot 10^4$  cells  
178 were plated in each well of the 16-well plates for short-term measurements and  $0.75 - 2 \cdot$   
179  $10^3$  cells/well for long-term measurements. After seeding, cells were allowed to reach  
180 steady growth for 24 h before small-molecule inhibitor administration, whereas in case of  
181 cells stably expressing the inducible shRNA against PDE $\delta$ , doxycycline was directly  
182 applied to the wells of interest. In case of dose-dependent inhibitor measurements, the  
183 amount of DMSO was kept constant between the individual conditions and did not

184 exceed 0.24 %. Cell indices were normalized to the time point of drug administration.  
185 For shRNA experiments no normalization was applied.

186

### 187 Apoptosis assay

188 Apoptosis assays were performed on a LSR II flow cytometer (BD Bioscience,  
189 Heidelberg, Germany). For this, cells were seeded in 6-well plates at  $2 \cdot 10^5$  cells per  
190 well. Cells were treated with different concentrations of small-molecule inhibitors  
191 (Deltarasin or Deltasonamide 2) for 24 h. DMSO was used as a vehicle control.  
192 Subsequently, the supernatant was collected in FACS vials and the cells were washed  
193 with 1 mL PBS. Afterwards, cells were detached with 0.5 mL Accutase™ (EMD Millipore  
194 Corporation). The detached cells were re-suspended in 1 mL PBS and transferred to the  
195 respective FACS vials and centrifuged at 200 g for 5 min. The supernatant was  
196 discarded and the cells were washed twice with PBS. Cell pellets were re-suspended in  
197 100  $\mu$ L PBS containing 5  $\mu$ L of 7-AAD (BD Bioscience). Samples were vortexed and  
198 incubated in the dark at RT for 15 min. Afterwards, 200  $\mu$ L PBS were added and the  
199 samples transferred to fresh FACS vials through filter lids. The samples were measured  
200 within one hour after transfer using 488 nm as excitation wave length and the emission  
201 filter 695/40. Measurements were acquired and gated with the BD FACSDiva™  
202 software.

203

204

## 205           **Results and Discussion**

206    We studied the effects of genetic and pharmacological PDE $\delta$  interference in a cell panel  
207    containing six human CRC cell lines lacking or bearing distinct oncogenic mutations  
208    (table 1). While the SW480 cell line is homozygote for oncogenic KRas [19], HCT-116  
209    cells contain one mutant and one wild-type KRas allele [20]. With the goal to create  
210    isogenic cell lines to HCT-116 that do not harbor oncogenic KRas, the Hke3 and Hkh2  
211    cell lines were derived from HCT-116 by exchanging the mutant KRas allele with a non-  
212    transcribed KRas mutant (G12C) allele using homologous recombination [20]. However,  
213    the recombination was only successful in Hkh2, while Hke3 cells still contain an allele  
214    encoding oncogenic KRas that is expressed at lower levels (dosage effect mutant) [21].  
215    In addition, we studied two CRC cell lines expressing wild-type KRas that have other  
216    oncogenic mutations. The HT29 cell line bears an oncogenic BRaf mutation (V600E)  
217    [17], an effector of Ras [22], whereas DiFi cells harbor an amplification of the EGFR  
218    gene accompanied with increased level of EGFR protein expression [23, 24] and are  
219    one of the few available cell models that are sensitive to anti-EGFR mAb treatment [25].  
220    To study effects of PDE $\delta$  knock down on proliferation and viability, CRC cells were  
221    transduced with a lentivirus encoding a previously reported doxycycline-inducible short  
222    hairpin RNA (shRNA) sequence against PDE $\delta$  that is stably incorporated into their  
223    genome [10, 11]. shRNA expression was induced by doxycycline over several days and  
224    PDE $\delta$  protein levels were determined by western blot analysis at different time points in  
225    Hke3 cells. PDE $\delta$  levels decreased over time after doxycycline induction and a good  
226    knock down efficiency of >80 % was reached after 72 h (supplementary figure 1 A),  
227    which is consistent with the low protein turnover of PDE $\delta$  [9]. To now compare the  
228    amount of PDE $\delta$  expression levels of the different cell lines as well as to evaluate the

229 knock down efficiency, western blot analysis of PDE $\delta$  protein levels was performed  
230 with/without doxycycline induction for 72 h (figure 1 A). All transduced cell lines showed  
231 a clear reduction in PDE $\delta$  protein levels upon doxycycline induction with respect to the  
232 corresponding control. Comparison of PDE $\delta$  expression levels in the non-induced CRC  
233 cell lines revealed that SW480 cells (homozygote for KRasG12V) exhibited the highest  
234 PDE $\delta$  level, whereas the KRas wild-type expressing HT29 cell line contained the lowest  
235 amount of PDE $\delta$  protein. Since PDE $\delta$  is necessary to maintain the PM localization of  
236 KRas and thereby its signaling activity [8, 9], we next investigated if there was a  
237 correlation between PDE $\delta$  expression and KRas activity among the different CRC cell  
238 lines. For this, we quantified the expression levels of PDE $\delta$  and Ras within the parental  
239 cell lines by western blot analysis (figure 1 B). The amount of GTP-loaded Ras was also  
240 quantified by specific precipitation of Ras-GTP from whole cell lysates using 3xRBD  
241 (three repeats of Ras binding domain of cRaf [9]) from cells that were serum-starved 24  
242 hours prior to cell lysis. A strong correlation between PDE $\delta$  levels and total Ras  
243 expression (Pearson's correlation coefficient of  $r^2 = 0.974$ ) as well as Ras activity  
244 ( $r^2 = 0.949$ ) became apparent, suggesting a dependence of oncogenic Ras activity on  
245 PDE $\delta$  expression levels.

246 We next performed clonogenic assays [26] to study the effect of doxycycline induced  
247 PDE $\delta$  knock down on proliferation and viability of the different CRC cell lines (figure 2  
248 A). For this, CRC cells stably transduced with doxycycline-inducible shRNA against  
249 PDE $\delta$  were grown in the presence of doxycycline and the colony number and size was  
250 compared to that of untreated control after a growth period of ten days. Here, the  
251 number of colonies that remain after PDE $\delta$  knock down is a measure of cell viability,  
252 whereas the colony size is a measure of cell proliferation. Quantification of these two

253 parameters (figure 2 B) showed significant growth-inhibition and viability reduction as a  
254 result of PDE $\delta$  knock down only in the oncogenic KRas bearing SW480, HCT-116 and  
255 Hke3 cell lines, but not in the HT29 cell line (oncogenic BRafV600E) and DiFi cells with  
256 EGFR overexpression, while the isogenic oncogenic KRas-lacking Hkh2 cell line  
257 showed only a minimal decrease in cell proliferation. A clear correlation between  
258 oncogenic KRas expression and viability as well as proliferation could be observed upon  
259 doxycycline induced PDE $\delta$  knock down in the CRC cells (figure 2 E, Pearson's  
260 correlation coefficient of  $r^2 = 0.909$ ). A clear separation of CRC cells with and without  
261 KRas mutation became also apparent. Where SW480 cells, in which both KRas alleles  
262 are mutated, exhibited the strongest reduction in proliferation and cell viability. Both  
263 HCT-116 and Hke3 cells (heterozygote KRasG13D) showed a comparable reduction in  
264 cell proliferation upon PDE $\delta$  knock down, whereas the viability of the low oncogenic  
265 KRas-expressing Hke3 was substantially less affected. In contrast, the wild-type KRas  
266 bearing CRC cells (HT29, Hkh2) were hardly affected in their viability and proliferation  
267 and DiFi cells were not affected at all.

268 The clonogenic assays were complemented with real-time cell analysis (RTCA), where  
269 changes in the coverage of a surface by cells is measured by impedance (figure 2 C)  
270 [18]. Consistent with the clonogenic assays, PDE $\delta$  knock down resulted in a strongly  
271 reduced proliferation of CRC cell lines harboring oncogenic KRas, while the growth rates  
272 of KRas wild-type cell lines Hkh2, HT29 and DiFi were again comparable to the  
273 respective controls (figure 2 D). The CRC cells with heterozygote oncogenic KRas  
274 mutation (HCT-116 and Hke3) both exhibited reduced cell proliferation upon doxycycline  
275 induction. However, whereas Hke3 only exhibited a delay in cell proliferation after  
276 doxycycline administration, the rate of proliferation was affected in HCT-116, resulting in

277 a substantially reduced cell number. In contrast, the growth rate of homozygote  
278 oncogenic KRas mutation bearing SW480 cells completely stagnated after doxycycline  
279 administration and cell death became apparent after 175 h from the negative growth rate  
280 (decrease in cell index).

281 We next compared the effects of two small-molecule PDE $\delta$  inhibitors with different  
282 chemotypes, Deltarasin [10] and Deltasonamide 2 [12] (figure 3 A, F), on growth rate  
283 and cell viability within the CRC cell panel. Both inhibitors competitively bind to the  
284 hydrophobic binding pocket of PDE $\delta$  as mediated by hydrogen bonds (H-bonds).  
285 However, while Deltarasin engages only in 3 H-bonds exhibiting a corresponding  
286 moderate affinity ( $K_D = 38 \pm 16$  nM) [10], Deltasonamide 2 engages in 7 H-bonds and  
287 exhibits a high affinity ( $K_D = 385 \pm 52$  pM) [12]. To determine the effects of the dose of  
288 inhibitors on proliferation, we performed RTCA measurements for cell growth (figure 3 B,  
289 G; supplementary figure 3) and flow cytometry based 7-AAD (7-Aminoactinomycin D)  
290 single cell fluorescence assays that report on cell death [27] (figure 3C,H;  
291 supplementary figure 4, 5). We related the effects of the inhibitors on proliferation and  
292 cell viability by determining  $EC_{50}$  values by sigmoidal curve fitting of the calculated  
293 growth rates against inhibitor dose and plotted these against the difference in cell  
294 viability at highest inhibitor dose in comparison to the DMSO control ( $\Delta$  cell viability). In  
295 these inhibitor correlation plots (figure 3 D, I), SW480 exhibited the lowest  $EC_{50}$   
296 (Deltarasin:  $2.86 \pm 0.31$   $\mu$ M, Deltasonamide2:  $1.24 \pm 0.06$   $\mu$ M) as well as highly  
297 compromised viability. The three isogenic cell lines (HCT-116, Hke3, Hkh2) showed  
298 comparable  $EC_{50}$  values, while cell viability of oncogenic KRas-lacking Hkh2 was less  
299 affected compared to HCT-116 and Hke3. The DiFi and HT29 cells that lack oncogenic  
300 KRas were clearly separated from oncogenic KRas harboring cell lines, where DiFi

301 exhibited the highest  $EC_{50}$  (Deltarasin:  $8.92 \pm 0.7 \mu\text{M}$ , Deltasonamide2:  $4.02 \pm 1 \mu\text{M}$ )  
302 and HT29 viability was not affected by inhibitor administration. As expected, the high  
303 affinity inhibitor Deltasonamide 2 showed a shift to lower  $EC_{50}$  values for all CRC cell  
304 lines. Strikingly, the correlation plots of both Deltarasin (figure 3 D) and Deltasonamide 2  
305 (figure 3 I) showed a similar alignment of cell lines with respect to their KRas mutation  
306 status and this alignment was reminiscent to that of PDE $\delta$  knock down (figure 2 E). This  
307 further strengthens the argument [10, 12] that the effect of the inhibitors on proliferation  
308 is due to specific targeting of PDE $\delta$ . To further compare dose-response profiles between  
309 Deltarasin and Deltasonamide 2, we plotted viability (7-AAD staining) versus growth rate  
310 (RTCA) in dependence of the respective inhibitor dose and cell line (figure 3 E, J). This  
311 again revealed the similarity in dose-response profiles between SW480, HCT-116 and  
312 Hke3 regarding reduced viability and growth for both inhibitors. The wild-type KRas cell  
313 lines were clearly less affected in both proliferation readouts, with the HCT-116-derived  
314 Hkh2 cells being the most responsive to the inhibitory effects on growth rate and  
315 viability.

316 Both PDE $\delta$  knock down and small-molecule inhibition were most effective in SW480  
317 cells, which are homozygote for oncogenic KRas [19]. SW480 also exhibited the highest  
318 expression levels of Ras and PDE $\delta$ . Together, this implies that proliferation and survival  
319 of SW480 are depending on oncogenic KRas (and thereby PDE $\delta$ ) and that these cells  
320 have no compensatory mechanism to rescue for PDE $\delta$  loss or inhibition. The isogenic  
321 cell lines HCT-116, Hke3 and Hkh2 are a well-suited system to study effects of PDE $\delta$   
322 interference in a presumably isogenic background since they should only differ in their  
323 KRas mutation status [20]. Our results (figure 1 C) however showed that Hke3 cells still  
324 possess GTP-loaded Ras under serum-starved conditions and thereby confirmed that

325 they still harbor an oncogenic KRas mutation [21]. In contrast, the oncogenic allele was  
326 successfully removed in the Hkh2 cell line, manifested in the low level of detected Ras-  
327 GTP (figure 1 C). Indeed, the parental HCT-116 cell line showed a stronger reduction in  
328 cell growth and viability by PDE $\delta$  knock down or inhibitor treatment compared to Hkh2.  
329 In contrast, effects on growth rate and cell viability were comparable between HCT-116  
330 and Hke3 after PDE $\delta$  inhibition, whereas cell viability of Hke3 was less affected by PDE $\delta$   
331 knock down. This indicates that the oncogenic KRas expression levels are an important  
332 determinant for cell survival but less for proliferation in CRC cells. This would also point  
333 at that oncogene addiction is related to the expression level of the oncogene. In this  
334 context, the reported correlation between increased Ras expression levels and  
335 oncogenic KRas mutations [28] was also apparent within our CRC cell panel.

336 Strikingly, the proliferation and survival of BRAf(V600E) bearing HT29 [17] and EGFR  
337 overexpressing DiFi [23, 24] was not affected by PDE $\delta$  knockout and were the least  
338 sensitive to both tested PDE $\delta$  inhibitors. In the MAP kinase signaling network [29], BRAf  
339 is activated downstream of KRas, making those cells that harbor the BRAf(V600E)  
340 mutation independent of KRas signal input and thereby its localization. This is consistent  
341 with PDE $\delta$  interference not affecting the proliferation of these cells. However, DiFi cells  
342 feature an up-regulated EGFR expression level [23, 24] and EGFR is located upstream  
343 of KRas in the MAP kinase signaling network. One would therefore assume that PDE $\delta$   
344 down modulation would affect signal propagation in the MAPK network in these cells,  
345 which was not the case. However, DiFi cells also exhibit low levels of Ras protein (figure  
346 1B), and it is therefore likely that other signals emanate from overexpressed EGFR,  
347 possibly via the PI3K-Akt axis, that sustain proliferation and survival. Both DiFi and  
348 HT29 cells, expressed the lowest amount of PDE $\delta$  as well as Ras proteins among our



349 tested CRC cell lines, and PDE $\delta$  expression level was correlated to oncogenic Ras  
350 activity. This indicates the interdependence of oncogenic Ras activity and the  
351 solubilizing activity of PDE $\delta$  that can be exploited to affect oncogenic KRas signaling in  
352 cancer cells by inhibition of PDE $\delta$ . Indeed, small molecule inhibition of PDE $\delta$  in these  
353 CRC cell lines phenocopied PDE $\delta$  knock down. The latest generation of high affinity  
354 PDE $\delta$  inhibitors such as Deltasonamide 2 thereby proved to be the superior inhibitor  
355 [12]. The discrepancy between the  $\mu$ M concentration of Deltasonamide 2 that induce a  
356 growth inhibitory effect and its  $K_D$  for PDE $\delta$  ( $\sim$ 385 pM) is due to its low partitioning in the  
357 cytosol. However, our results show that potent inhibitors of the KRas- PDE $\delta$  interaction  
358 might impair the growth of CRC driven by oncogenic KRas and may offer new  
359 therapeutic angles for colorectal cancers harboring oncogenic KRas mutations that are  
360 unresponsive to treatment [14, 15].

361

362

363 **Conflict of interest**

364 A patent form for Deltasonamide 2 was filled previously. Apart from that, the authors  
365 declare no competing financial interest.

366

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370

371 **Author contributions**

372 P.I.H.B. conceived the project. D.C.T. and C.H.K. generated stable inducible shRNA-  
373 PDE $\delta$  cell lines. C.H.K. and D.C.T. performed western blot analysis. C.H.K. performed  
374 clonogenic assays and J.H. and C.H.K. analyzed the data. C.H.K. and H.A.V. performed  
375 real-time cell analysis measurements. C.H.K. performed viability assays. S.M. and  
376 P.M.G. synthesized Deltasonamide 2. C.H.K. and P.I.H.B. wrote the manuscript.

377

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478

479 **Table 1** Overview of colorectal cancer cell lines used in this study including KRas mutation  
480 status as well as other relevant oncogenic mutations.

Cell line	KRas status	Other onc. mutations
SW480	G12V//G12V	-
HCT-116	G13D//wt	-
Hke3	G13D//wt	-
Hkh2	-//wt	-
HT29	wt//wt	BRaf (V600E)
DiFi	wt//wt	EGFR overexpression

481

482

### 483 **Figure legends**

484 **Figure 1 PDE $\delta$  and Ras levels in colorectal cancer cell lines.** (A) Left: PDE $\delta$  protein level of  
485 distinct colorectal cancer cell lines in absence or presence of PDE $\delta$  shRNA induced by  
486 doxycycline after 72 h determined by western blot analysis. Cyclophilin B was used as loading  
487 control. Right bar graph: quantification of endogenous PDE $\delta$  levels of each cell line with (red)  
488 and without (black) doxycycline induction. (B) Left: PDE $\delta$  and panRas protein level (I) and Ras-  
489 GTP level (PD) of distinct CRC cell lines determined by western blot analysis. Cells were serum-  
490 starved 24 h before lysis and active Ras was enriched by 3xRaf-RBD pull-down. Middle and  
491 right: Correlation plots of PDE $\delta$  and panRas expression  $\pm$  s.e.m of four biological replicates as  
492 well as PDE $\delta$  and active Ras levels  $\pm$  s.e.m of four biological replicates (normalized to HCT-116  
493 data). Pearson's correlation analysis shows a high correlation of 0.974 and 0.949 between the  
494 respective expression levels.



495

496 **Figure 2 PDE $\delta$  knock down suppresses proliferation and survival of colorectal cancer cell**  
497 **lines harboring oncogenic KRas mutations. (A)** Representative example out of three  
498 independent clonogenic assay experiments for the cell lines indicated. Cells were grown for ten  
499 days in the presence (+dox) or absence (-dox) of doxycycline. **(B)** Quantification of colony  
500 number  $\pm$  s.d. and average colony size  $\pm$  s.d. of three independent experiments. Knock down  
501 wells were normalized to the respective untreated control (dashed line). Significance was  
502 calculated using one sample *t* test. **(C)** Representative RTCA profiles out of three independent  
503 experiments. Cell indices  $\pm$  s.d. of four replicates were measured in the presence (red) or  
504 absence (black) of doxycycline. Doxycycline was added at the beginning of the measurement.  
505 **(D)** Growth rates  $\pm$  s.d in the presence (red) and absence (black) of doxycycline of three  
506 independent experiments. Growth rates were calculated by the area under curve over 240 h and  
507 normalized to the respective untreated condition. Significance was calculated using one sample *t*  
508 test. **(E)** Correlation plot of colony number  $\pm$  s.d. versus average colony size  $\pm$  s.d relative to  
509 respective control conditions under PDE $\delta$  knock down as determined in (B). Pearson's  
510 correlation analysis shows a correlation of 0.909.

511

512 **Figure 3 Dose-dependent inhibition of proliferation and viability reduction in human**  
513 **colorectal cancer cell lines by PDE $\delta$  inhibitors. (A, F)** Chemical structures of the small  
514 molecule PDE $\delta$  inhibitors Deltarasin and Deltasonamide 2. **(B, G)** Growth rate  $\pm$  s.d. in  
515 dependence of Deltarasin or Deltasonamide 2 dose. Growth rates were determined by  
516 integration of the area below the RTCA curves (Sup. Fig 3) over 60 h after drug administration  
517 and normalized to the DMSO control. **(C, H)** Cell viability  $\pm$  s.d. in dependence of Deltarasin or  
518 Deltasonamide 2 dose in CRC cell lines after 24 h of drug administration. Cell death was  
519 determined by viability staining using 7-AAD. DMSO was used as vehicle control. **(D, I)**

520 Correlation of  $\Delta$  Cell viability  $\pm$  s.d. versus  $EC_{50} \pm$  s.d. for Deltarasin (D) and Deltasonamide 2 (I).

521  $\Delta$  cell viability was calculated between DMSO control and the highest used inhibitor

522 concentration, respectively.  $EC_{50}$  values were determined by sigmoidal curve fit of the growth

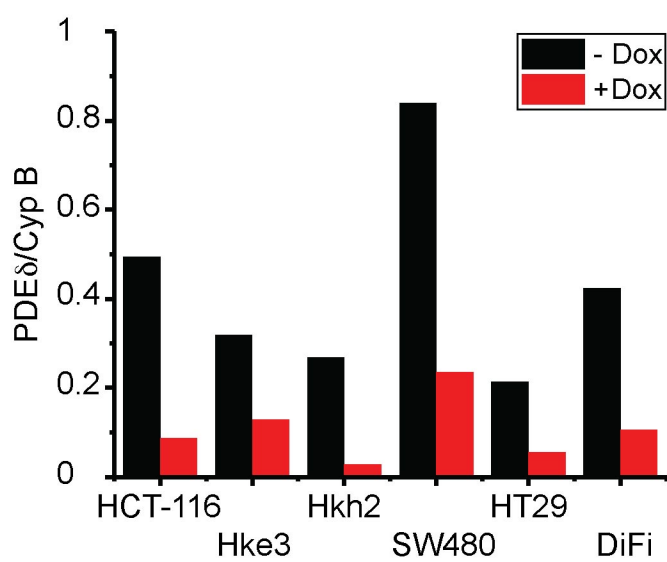
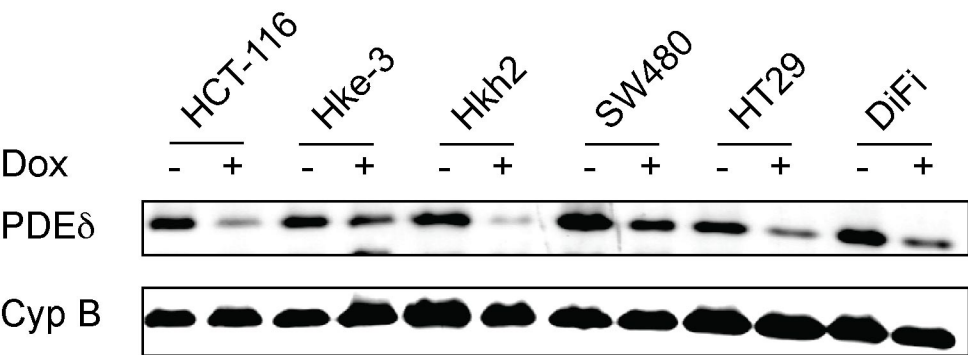
523 rates depicted in B and G. **(E, J)** Four-dimensional correlation of growth rate and cell viability in

524 dependence of inhibitor dose and CRC cell line for Deltarasin (E) and Deltasonamide 2 (J). The

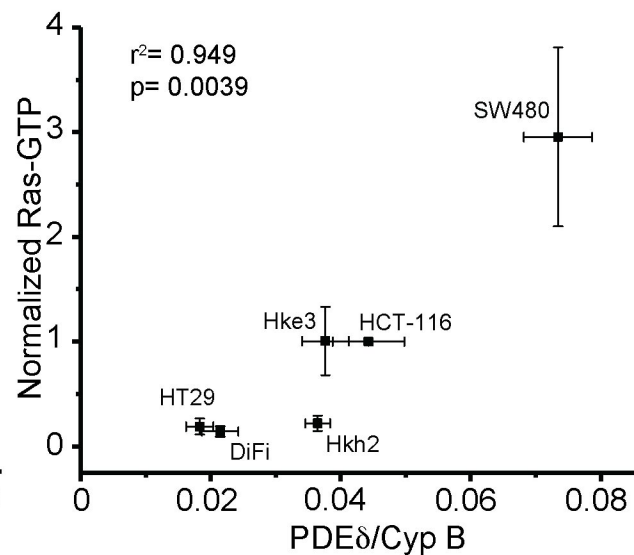
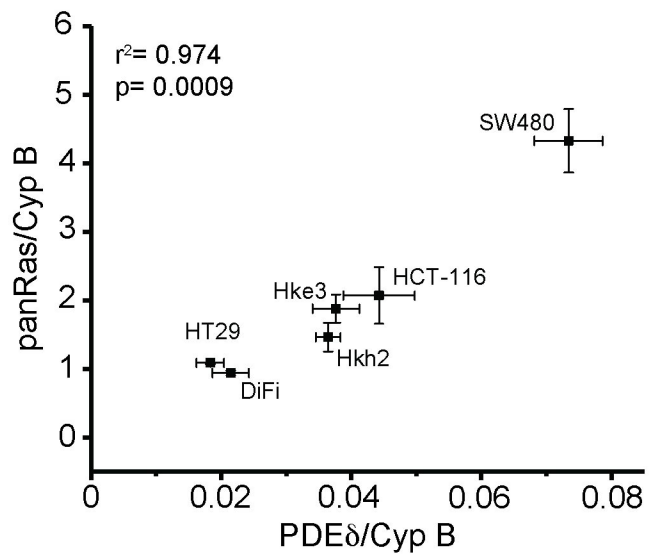
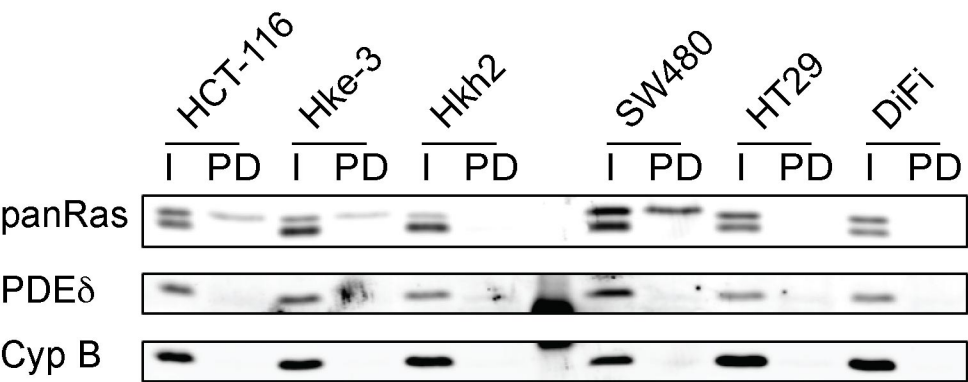
525 dot size is proportional to the applied inhibitor concentration.

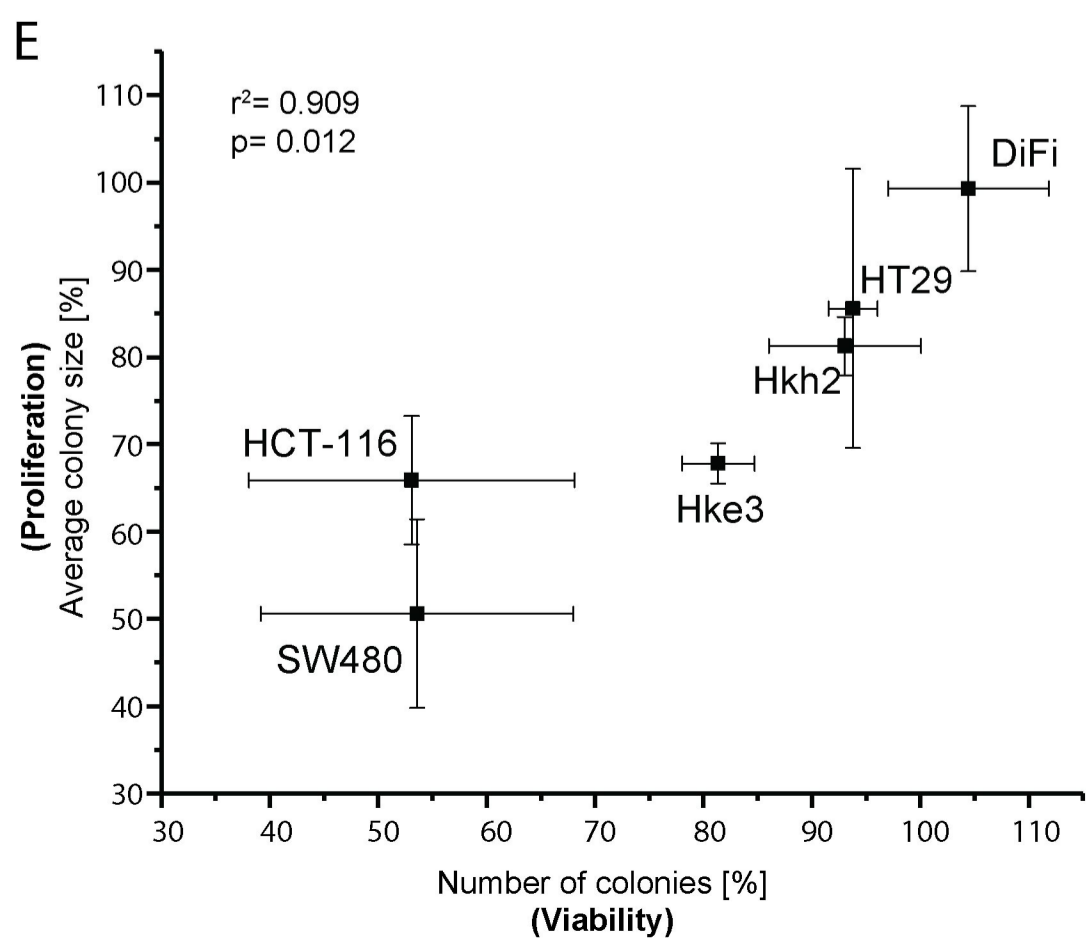
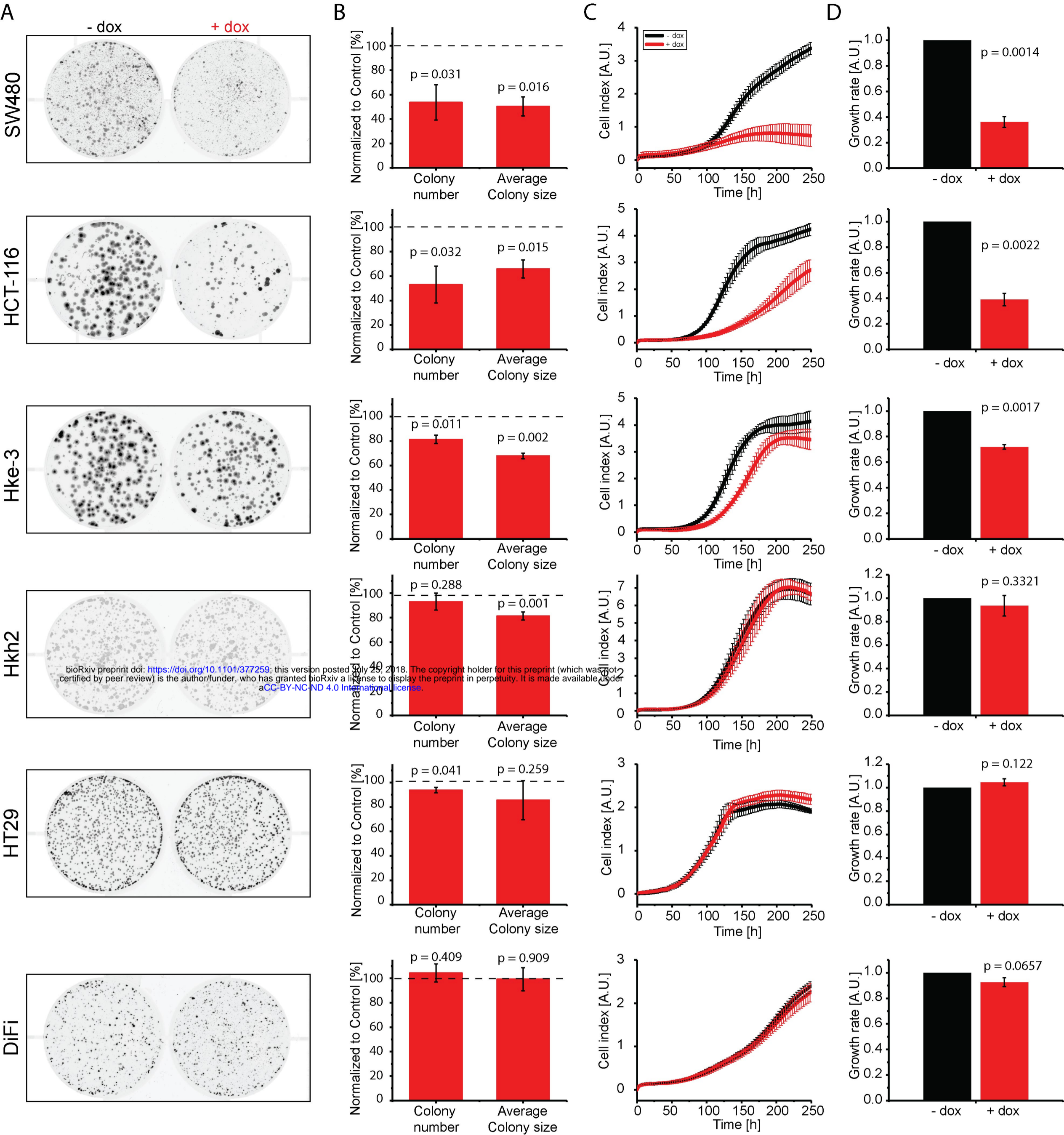
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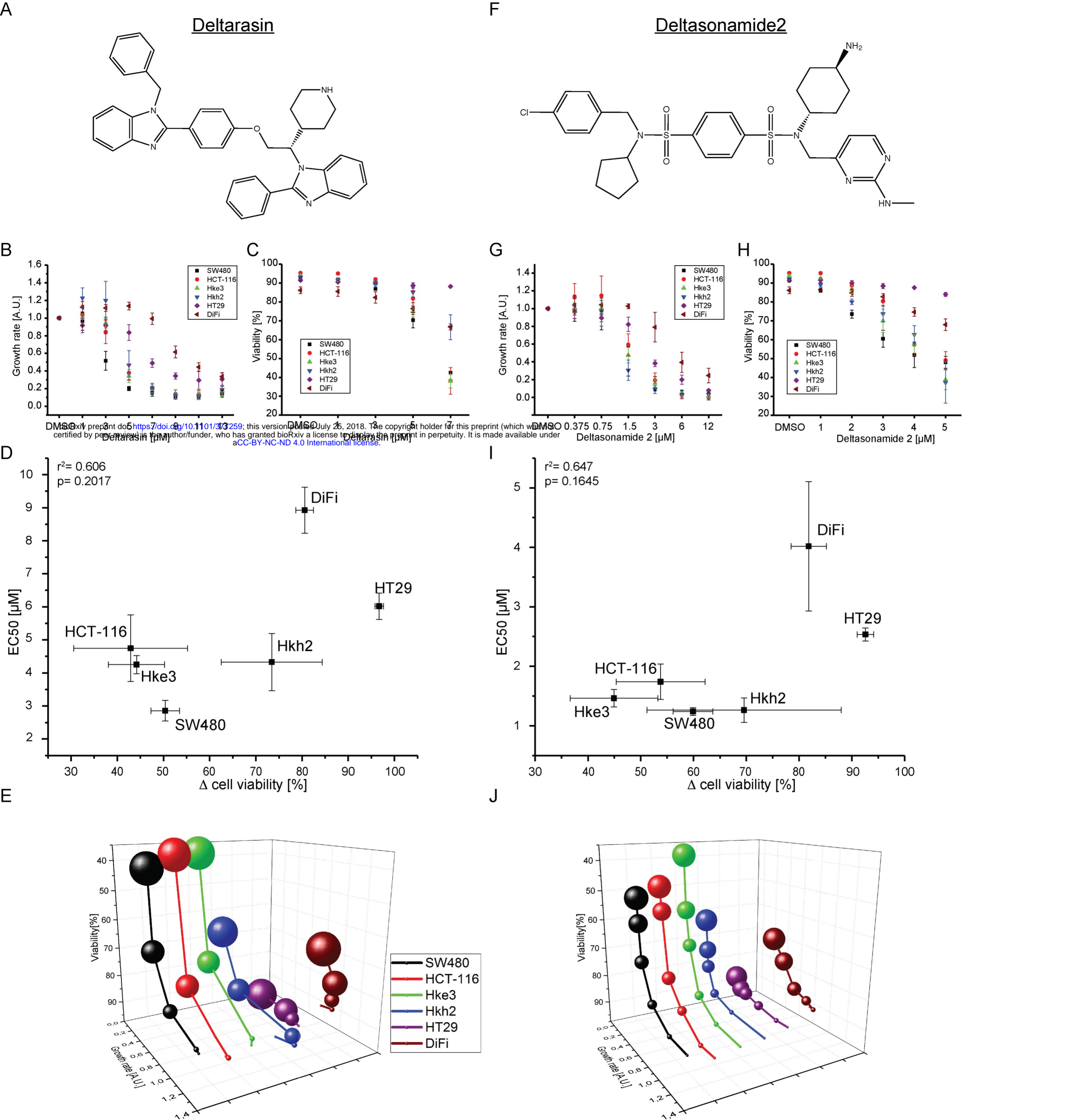
A



B







527 **Supplementary figure 1: (A)** Left: PDE $\delta$  protein level in Hke3 cells after increasing doxycycline  
528 administration periods determined by western blot. Cyclophilin B was used as loading control.  
529 Right bar graph: quantification of PDE $\delta$  protein levels normalized to the untreated control. **(B)**  
530 Uncropped western blot used for (A). **(C)** Uncropped western blot used for inset and  
531 quantification in figure 1 A.

532  
533 **Supplementary figure 2:** Uncropped western blots (n=4) used for inset and quantitative  
534 analysis in figure 1 B.

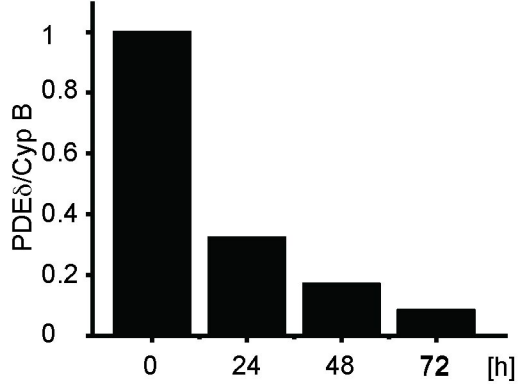
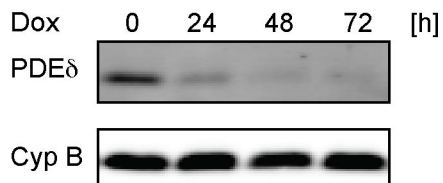
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536 **Supplementary figure 3: (A) – (B)** Representative RTCA profiles (n=3) of colorectal cancer cell  
537 lines with distinct KRas mutation status treated with different doses of Deltarasin (A) or  
538 Deltasonamide 2 (B). Cell indices  $\pm$  s.d. were measured in duplicates and normalized to the time  
539 point of drug administration (arrow).

540 **Supplementary figure 4:** Representative contours plots (n=3) of side scattering (SSC) versus  
541 7-AAD fluorescence of CRC cells treated with different doses of Deltarasin. 7-AAD negative cells  
542 are shown in black, 7-AAD positive cells are shown in orange. Viable, 7-AAD negative cells  
543 (black) were gated based on unstained control cells.

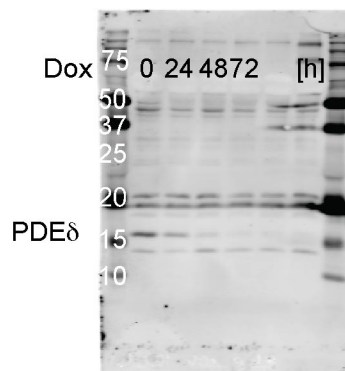
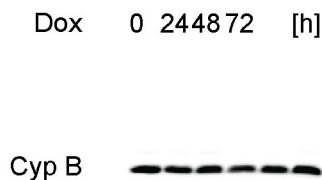
544  
545 **Supplementary figure 5:** Representative contours plots (n=3) of side scattering (SSC) versus  
546 7-AAD fluorescence of CRC cells treated with different doses of Deltasonamide 2. 7-AAD  
547 negative cells are shown in black, 7-AAD positive cells are shown in orange. Viable, 7-AAD  
548 negative cells (black) were gated based on unstained control cells.

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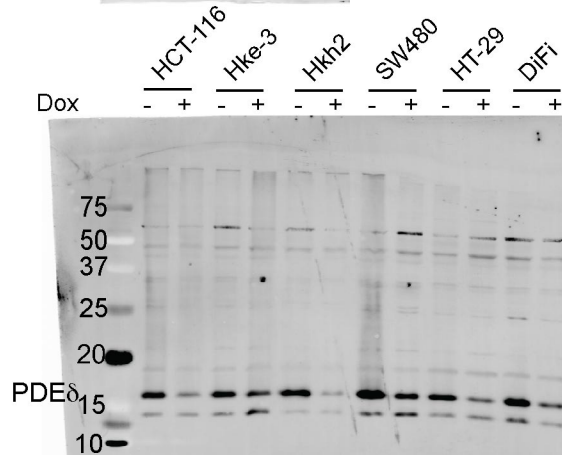
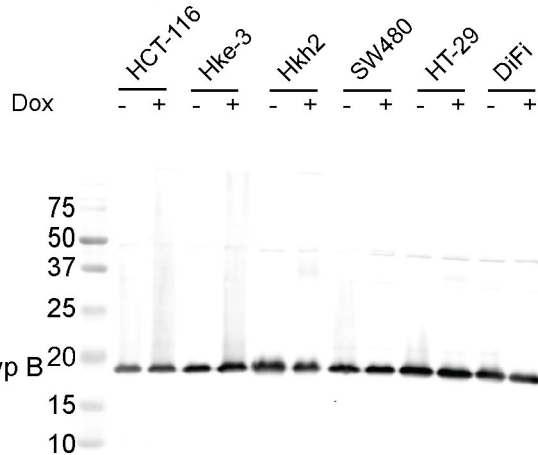
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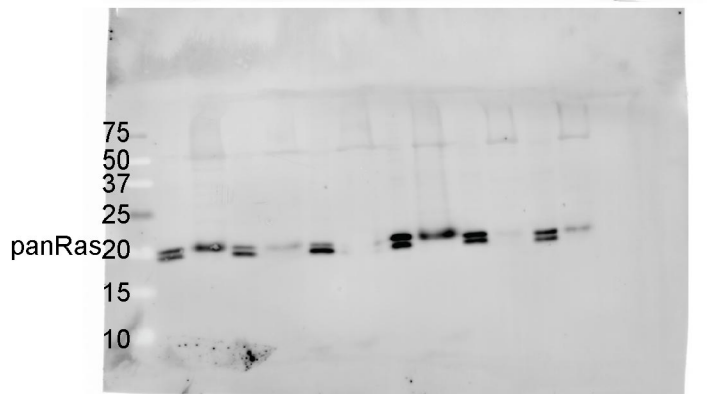
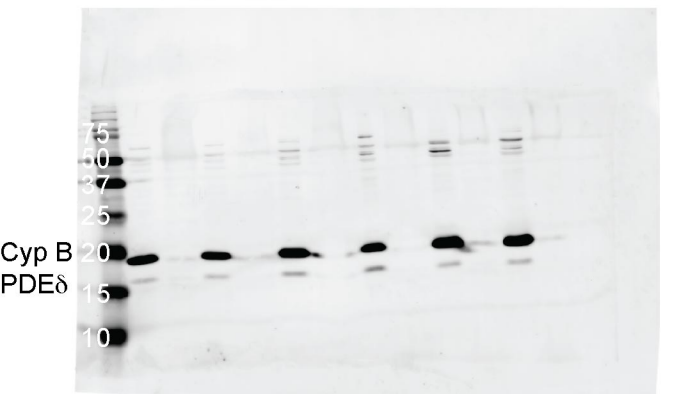
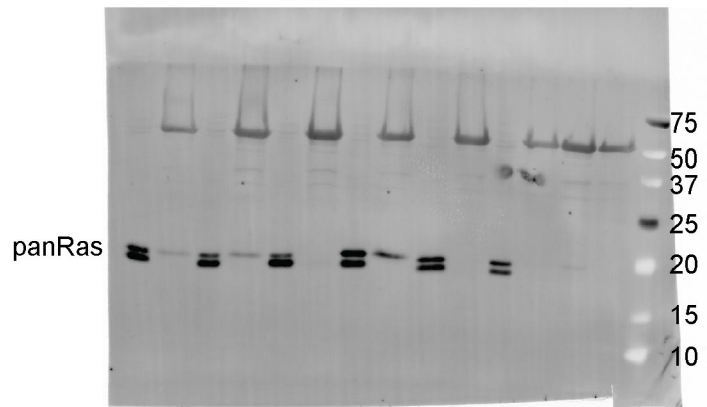
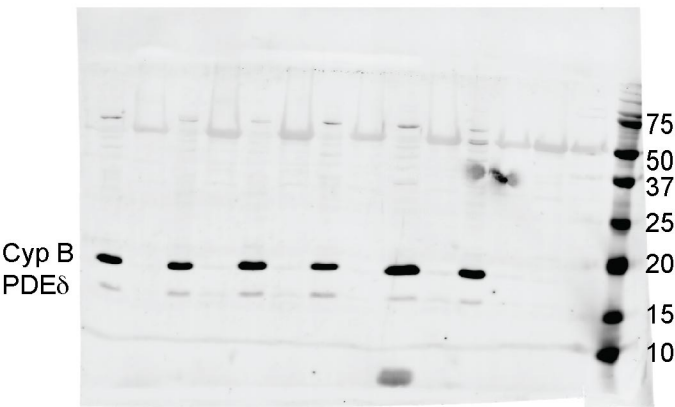
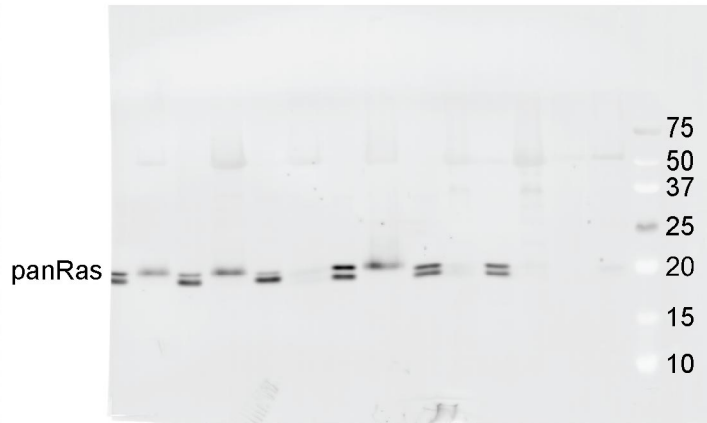
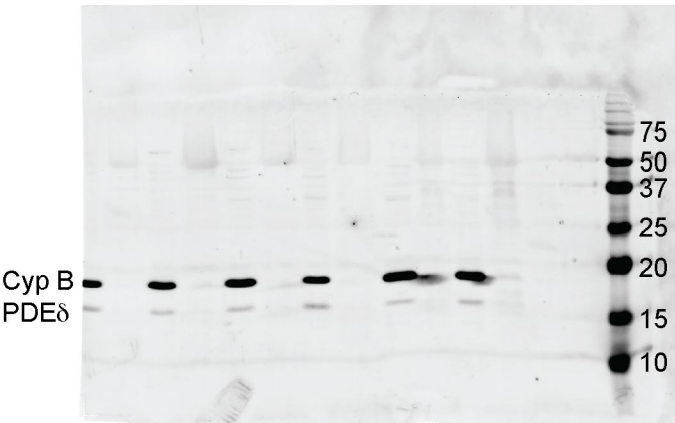
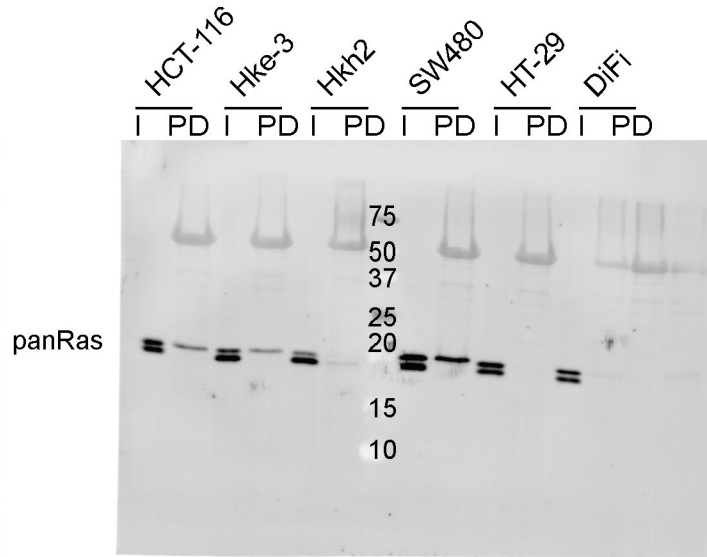
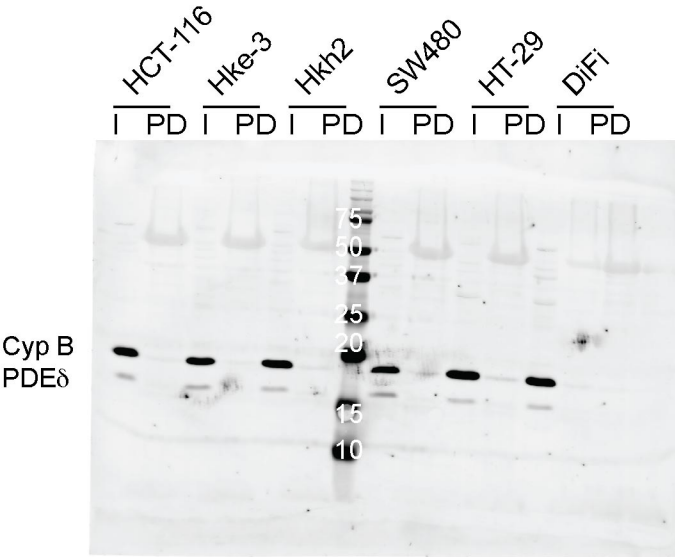


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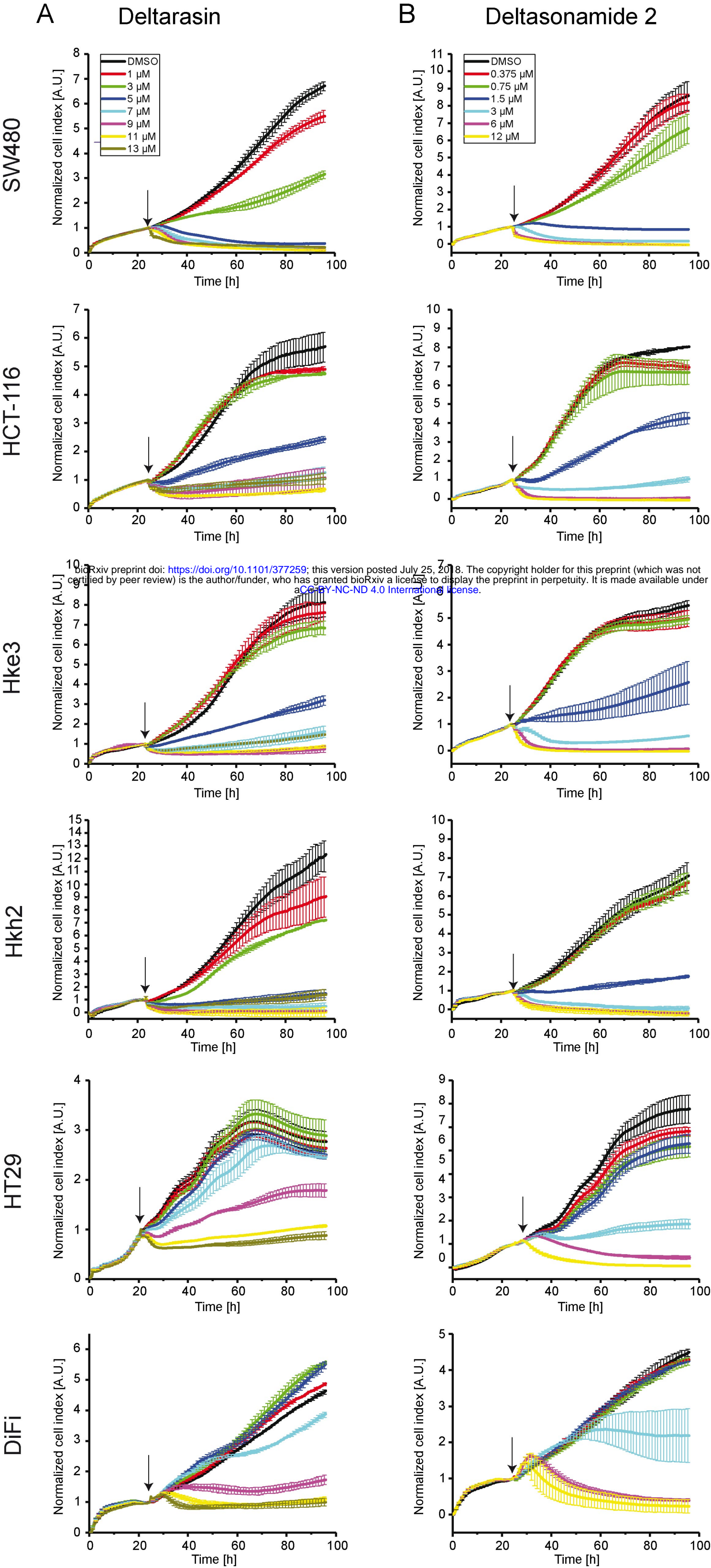


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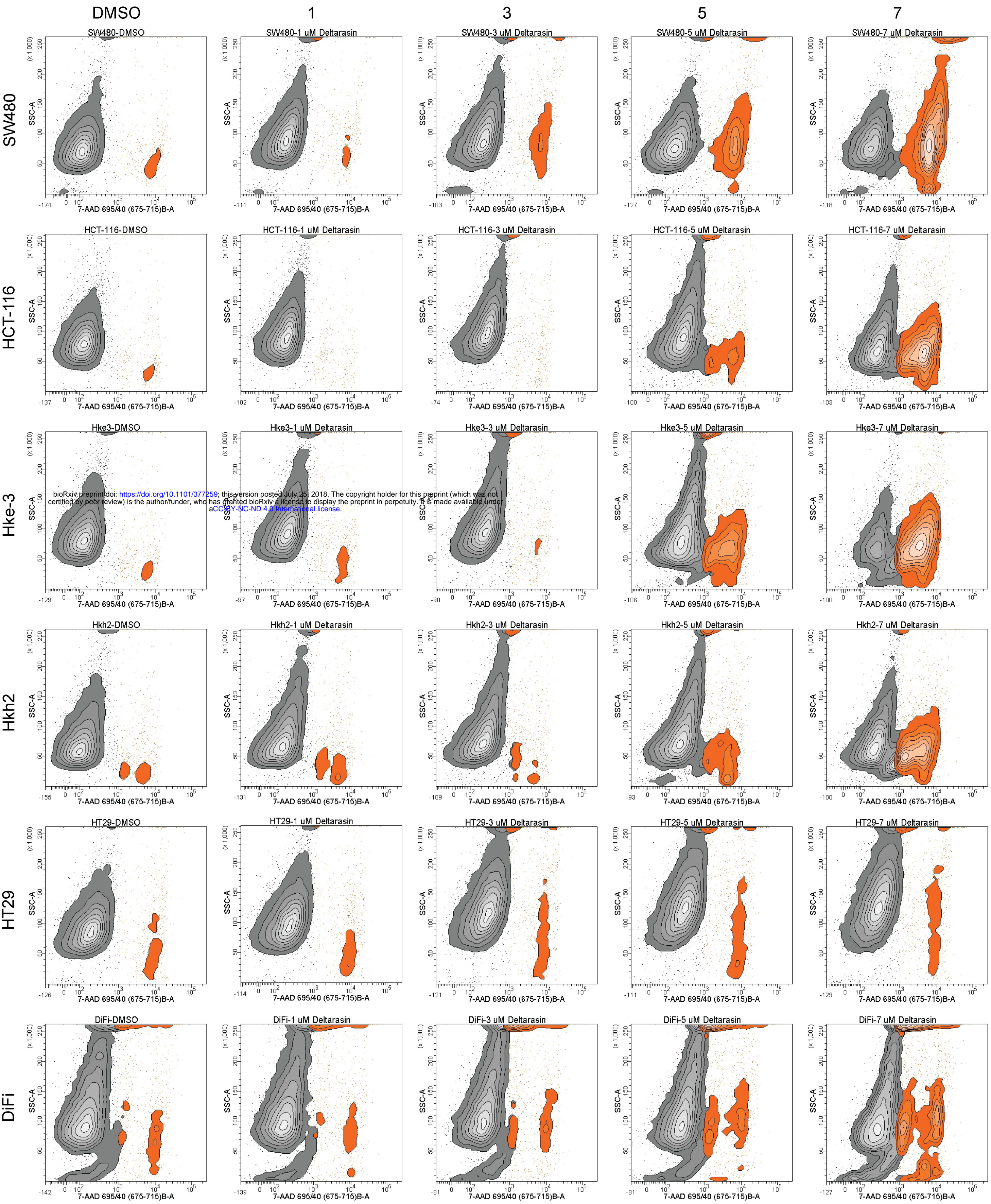








Deltarasin [ $\mu\text{M}$ ]



Deltasonamide 2 [μM]

