#### RESEARCH ARTICLE

### NFκB signaling in alveolar rhabdomyosarcoma

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#### ABSTRACT

Alveolar rhabdomyosarcoma (aRMS) is a pediatric soft tissue cancer commonly associated with a chromosomal translocation that leads to the expression of a Pax3:Foxo1 or Pax7:Foxo1 fusion protein, the developmental underpinnings of which may give clues to its therapeutic approaches. In aRMS, the NFkB-YY1-miR-29 regulatory circuit is dysregulated, resulting in repression of miR-29 and loss of the associated tumor suppressor activity. To further elucidate the role of NFkB in aRMS, we first tested 55 unique sarcoma cell lines and primary cell cultures in a large-scale chemical screen targeting diverse molecular pathways. We found that pharmacological inhibition of NFkB activity resulted in decreased cell proliferation of many of the aRMS tumor cultures. Surprisingly, mice that were orthotopically allografted with aRMS tumor cells exhibited no difference in tumor growth when administered an NFkB inhibitor, compared to control. Furthermore, inhibition of NF $\kappa$ B by genetically ablating its activating kinase inhibitor,  $IKK\beta$ , by conditional deletion in a mouse model harboring the Pax3:Foxo1 chimeric oncogene failed to abrogate spontaneous tumor growth. Genetically engineered mice with conditionally deleted  $IKK\beta$  exhibited a paradoxical decrease in tumor latency compared with those with active NFkB. However, using a synthetic-lethal approach, primary cell cultures derived from tumors with inactivated NF $\kappa$ B showed sensitivity to the BCL-2 inhibitor navitoclax. When used in combination with an NFkB inhibitor, navitoclax was synergistic in decreasing the growth of both human and  $IKK\beta$  wild-type mouse aRMS cells, indicating that inactivation of NFkB alone may not be sufficient for reducing tumor growth, but, when combined with another targeted therapeutic, may be clinically beneficial.

KEY WORDS: Rhabdomyosarcoma, NFκB, IKKβ, Cancer

#### INTRODUCTION

Rhabdomyosarcoma (RMS) is an aggressive soft tissue cancer affecting approximately 350 people in the United States annually (Breitfeld and Meyer, 2005; Reis LAG et al., 1999). RMS is one of the most common pediatric sarcomas and, when diagnosed at

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advanced stages, carries a dismal outcome. The disease is divided into two major subtypes, embryonal (eRMS) and alveolar (aRMS), the latter of which is believed to often arise from the *Myf6* myogenic lineage (Abraham et al., 2014; Keller et al., 2004a; Keller and Capecchi, 2004). aRMS is more aggressive than eRMS and displays a poorly differentiated phenotype (Qualman et al., 2008). aRMS tumors exhibit a unique genetic profile, with 85% of aRMS cases associated with a t(2;13) or t(1;13) chromosomal translocation that results in the fusion of the Pax3 or Pax7 DNA-binding homeo- and paired-domains to the transactivation domain of the transcription factor Foxo1 (Davis et al., 1994; Galili et al., 1993). This fusion protein drives tumor cells into a state recapitulating fetal myogenic precursors (Keller et al., 2004a,b; Keller and Capecchi, 2004). Despite intensive chemotherapy and radiation, aRMS carries only a 71% survival rate when localized. When metastatic, 5-year survival is below 20% (Ognjanovic et al., 2009). Despite scientific advances over the last 30 years, mortality and morbidity rates for RMS have remained stagnant (Malempati and Hawkins, 2012; Ognjanovic et al., 2009) and thus novel treatments are needed.

The NFkB transcription factor family is a highly conserved group of proteins consisting of RelA/p65 (p65), c-Rel, Rel-B, p60/p105 and p52/p100. These factors are maintained as homodimers and heterodimers, and are involved in a wide range of normal cellular processes such as differentiation, apoptosis, senescence, cell survival and immune responses, as well as aberrant cellular events sometimes leading to muscle disorders and oncogenesis (Bakkar et al., 2008; Di Marco et al., 2005; Dolcet et al., 2005; Guttridge et al., 1999; Mourkioti et al., 2006; Wang et al., 2009). These proteins all contain the same N-terminal Rel homology domain (RHD) necessary for DNA binding, dimerization, and interaction with inhibitory IkB proteins (Bakkar et al., 2008; Baldwin, 1996; Ghosh et al., 1998); however, only p65, c-Rel and RelB contain the transactivation domain required for transcription (Hayden and Ghosh, 2004). In an inactive state, NF $\kappa$ B dimers are bound to I $\kappa$ B factors such as IkB $\alpha$  or IkB $\beta$ , which mask the nuclear localization signal of the RHD, effectively retaining the inactive NF $\kappa$ B complex in the cytoplasm (Ghosh et al., 1998; Liou, 2002). The dimers are released and become transcriptionally active when the IkB protein degrades owing to phosphorylation by one of the IkB kinase (IKK) complexes, either IKK $\alpha$ , IKK $\beta$  or IKK $\Upsilon$  (Perkins, 2006).

Although NF $\kappa$ B is present and active in many different cell types, its role is particularly complex in skeletal muscle development and maintenance, where NF $\kappa$ B serves dual, complex functions as a result of two distinct activation pathways (Bakkar and Guttridge, 2010; Bakkar et al., 2008; Wang et al., 2009). The alternative NF $\kappa$ B signaling pathway regulates mitochondrial biogenesis, energy production and muscle homeostasis (Bakkar et al., 2008), and is mediated through IKK $\alpha$  phosphorylation of p100 (Xiao et al., 2004). The classical signaling pathway is activated by TNF $\alpha$ , followed by IKK $\beta$  phosphorylation of I $\kappa$ B $\alpha$ , resulting in translocation of p65 to the nucleus. This pathway acts during myoblast proliferation and utilizes several different mechanisms to prevent premature differentiation,



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either by transcriptional activation of cyclin D1 to maintain myoblasts in a cycling state (Dahlman et al., 2009; Guttridge et al., 1999), p65mediated repression of *MyoD* mRNA or p65-mediated repression of muscle *miR-29* through the myofibrillar transcriptional repressor YinYang1 (YY1) (Wang et al., 2007). During normal myogenesis decreases in phosphorylated IkB $\alpha$  and phosphorylated p65 are observed, indicating a reduction in classical signaling, concomitant with increased alternative signaling as myoblasts begin differentiation and require energy from mitochondrial biogenesis (Bakkar et al., 2008; Guttridge et al., 1999). Increased levels of the p65 subunit of the NF $\kappa$ B complex have been reported in RMS cell lines and patient samples (Wang et al., 2008), suggesting that abnormal signaling of the transcription factor may play an oncogenic role in the disease.

Additionally, NF $\kappa$ B transcriptionally regulates Polycomb group member YY1 through binding of the p50/p65 subunit to the *YY1* promoter (Wang et al., 2007). YY1 epigenetically silences *miR-29*, which is decreased in RMS patient samples and cell lines, and retroviral delivery of *miR-29* to mice injected with Rh30 cells has been shown to slow tumor growth (Wang et al., 2008). These studies further implicate NF $\kappa$ B dysregulation in RMS.

Furthermore, high levels of the p65 subunit in RMS suggest activation of the classical pathway at a time during muscle development when the alternative pathway should be signaling. Although many cancers associate with classical signaling, the use of the alternative pathway in oncogenesis has been previously demonstrated (Demchenko et al., 2010; Nishina et al., 2009; Wharry et al., 2009). If the classical pathway is indeed active in aRMS, this offers a possible explanation for the characteristic undifferentiated morphology observed in patient tumors, the understanding of which may lead to novel therapeutic treatments of this disease.

Here, we attempt to elucidate the relevance of NF $\kappa$ B signaling in RMS initiation and progression, first by using pharmacological

inhibition of the transcription factor *in vitro*. We additionally utilized a genetically engineered mouse model (GEMM) to understand the significance of genetic ablation of NF $\kappa$ B activity on tumor activation and progression, and analyzed combination therapy to potentiate NF $\kappa$ B inactivation.

#### RESULTS

# Pharmacological NF<sub>K</sub>B inhibition reduces cell growth in a spectrum of soft tissue sarcomas

To investigate the role of NF $\kappa$ B in sarcoma, we first conducted a targeted chemical screen on 28 biologically independent mouse, canine and human cell lines and primary cell cultures, including aRMS, eRMS, undifferentiated pleomorphic sarcoma (UPS) and epithelioid sarcoma (EPS) (Table 1). We utilized the NF $\kappa$ B-inhibitor compound BAY 11-7082, which selectively inhibits TNF $\alpha$  phosphorylation of I $\kappa$ B $\alpha$ , effectively blocking the classical signaling pathway and preventing p65 translocation to the nucleus, resulting in abrogation of NF $\kappa$ B DNA-binding ability (Goffi et al., 2005; Lee et al., 2012). BAY 11-7082 resulted in a reduction of cell number in a variety of sarcomas when compared to untreated controls, as measured by CellTiter-Glo luminescent assay. This decrease in cell growth (IC<sub>50</sub>) was observed in most cases at concentrations that were comparable to NF $\kappa$ B-responsive cells in prior studies (8-10  $\mu$ M) (Lee et al., 2012).

#### Pharmacological inhibition *in vivo* of NF<sub>K</sub>B is not efficacious in reducing tumor growth of alveolar RMS orthotopic allografts

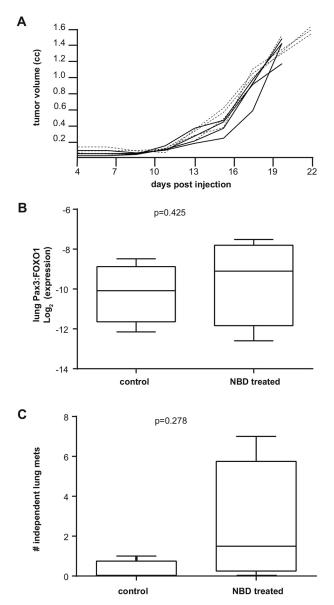
Encouraged by the effect of NF $\kappa$ B inhibition on sarcoma tumor samples *in vitro*, we tested the efficacy of NF $\kappa$ B pharmacological inhibition *in vivo* using the NF $\kappa$ B essential modulator (NEMO)binding domain (NBD) peptide, an independent and selective NF $\kappa$ B inhibitor. The NBD peptide is designed from the C-terminus of the IKK $\beta$  subunit and blocks activation of the IKK complex by

ID BAY 11-7082 IC<sub>50</sub> (nM) Species Genotype aRMS P3F, p53 U32951 Mouse Myf6Cre 1862 U21459 Myf6Cre P3F, p53 1983 Mouse U20325 Mouse Myf6Cre P3F, p53 4474 P3F, p53 4965 U66560 Mouse Mvf6Cre Rh4 Human P3F 4791 P3F, p53 U66176 Mouse Myf6Cre 5250 CW9019 P7F 5289 Human U34295 Pax7CreER 5382 Mouse p53 5790 U44927 Mouse Myf6Cre P3F, p53 eRMS U35545 Mouse Myf6Cre p53, Rb1 345 RD Human p53, NRAS 4466 UPS S1-12(PET-00038) Dog Pax7CreER P3F, p53 1411 U28285 Mouse U35855 Mouse Pax7CreER p53, Rb1 2326 U34279 Pax7CreER 2346 Mouse p53 U29415 Mouse Pax7CreER P3F, p53 6218 FPS VA-ES-BJ Human 484 PCB-490-5 Human 768 PCB-490-4 Human 1927 Retinoblastoma PCB 486 Human 1477

BAY 11-7082 was tested on a total of 28 alveolar rhabdomyosarcoma (aRMS; 23 mouse, 5 human), 7 embryonal rhabdomyosarcoma (eRMS; 5 mouse, 2 human), 7 undifferentiated pleomorphic sarcoma (UPS; 6 mouse, 1 canine) and 7 epithelioid sarcoma (EPS; 7 human) cell cultures. Only cultures with a 72-h IC<sub>50</sub> less than 10,000 nM are shown. Deeper red colors confer higher sensitivity. P3F, Pax3:Foxo1; P7F, Pax7:Foxo1.

interfering with IKK assembly (di Meglio et al., 2005; Strickland and Ghosh, 2006), thus diminishing NF $\kappa$ B transcriptional ability. NBD has previously been shown to be successful in blocking NF $\kappa$ B activation in mice (Reay et al., 2011).

U48484 mouse aRMS cells harboring the *Pax3:Foxo1* chimeric oncogene were orthotopically allografted in the gastrocnemius muscle of SCID/hairless/outbred (SHO) mice and, when tumors reached 0.25 cm<sup>3</sup>, mice were treated with 10 mg/kg body weight NBD peptide, or vehicle, 3 times per week by intraperitoneal injection. Survival was not extended in the NBD-treated cohort, and tumor growth was not significantly reduced (Fig. 1A). To evaluate disease progression, reverse transcription PCR (RT-PCR) was conducted to examine the amount of *Pax3:Foxo1* mRNA in the



**Fig. 1.** *In vivo* efficacy of an NBD peptide on aRMS. (A) Tumor growth over time of SHO mice orthotopically allografted with aRMS tumor cells. Mice were treated with NBD peptide (black line; *n*=4; 10 mg/kg 3× per week by intraperitoneal injection) or vehicle (dashed line; *n*=4; 100 µl PBS 3× per week by intraperitoneal route), with endpoint measurement of tumor volume being 1.4cc. (B) qRT-PCR showing mRNA levels of *Pax3:Foxo1* in lungs of mice treated with vehicle or NBD peptide. (C) Number of independent lung metastases counted during histological analysis.

lungs of NBD-treated and untreated mice. We found no significant difference in the total mRNA levels of *Pax3:Foxo1* in the lung, suggesting that the NBD peptide had no overt effect of reducing the rate of hematogenous metastasis (Fig. 1B). This result was confirmed by histological analysis, which showed no difference in the number of lung metastases between the groups (Fig. 1C).

# Genetic ablation of $IKK\beta$ causes highly aggressive RMS tumors with decreased latency

To specifically test the role of NFkB on initiation and progression of the disease, we utilized a well-characterized aRMS mouse model that conditionally expresses the Pax3:Foxo1 oncogene as a result of Cre recombination, and deletes p53 (designated hereafter as IKK $\beta^{wt}$ ), in skeletal muscles. IKK $\beta^{wt}$  mice develop tumors 100% of the time and faithfully recapitulate the histological phenotype of the human disease. We crossed IKKB<sup>wt</sup> mice with mice that exhibit reduced NFKB activity owing to ablation of the IKKB kinase in the presence of Cre recombinase (Acharyya et al., 2007; Mourkioti et al., 2006). The resulting mice harbor the Pax3:Foxo1 fusion protein, inactivated NF $\kappa$ B and deleted p53 in skeletal muscles (designated hereafter as IKK $\beta^{null}$ ). Mice were viable and fertile, born in normal Mendelian ratios and developed normally through adolescence. When tumors developed, western blot analysis was performed on primary tumor cell cultures to confirm deletion of the IKKß protein (Fig. 2C). Out of 17 primary cell cultures tested, 15 exhibited complete IKK<sup>β</sup> ablation in the tumor, whereas 1 showed partial reduction, and 1 sample exhibited no decrease of IKKB protein levels (Table S1). Some level of IKKB protein from non-muscle cells was expected owing to the fact that protein was isolated from primary tumor cells that were cultured from whole tumor pieces, which harbor residual stromal and fibroblast cells.

Interestingly, IKK $\beta^{null}$  mice exhibited a significant decrease in tumor latency (log-rank test, *P*=0.0017, Fig. 2A) and a decrease in time from tumor onset to death compared to mice with active IKK $\beta$ . Fig. 2G,H show the anatomical site and surgical stage of IKK $\beta^{null}$  mice versus IKK $\beta^{wt}$ . IKK $\beta^{null}$  mice exhibited a higher propensity for developing nonmetastatic stage-I tumors of the neck region than their wild-type counterparts.

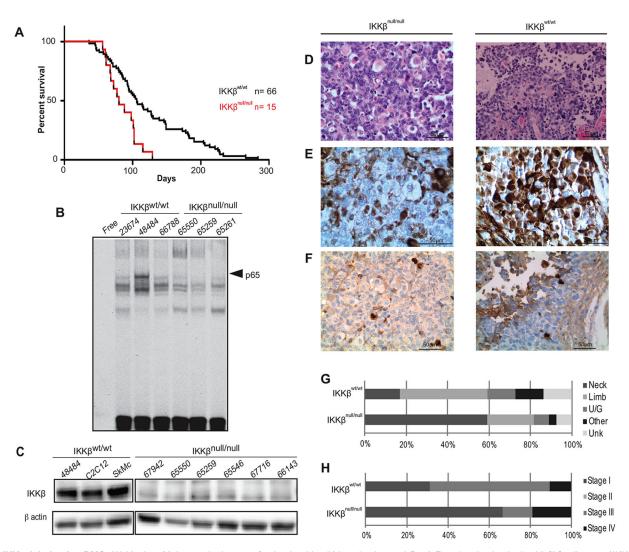
To confirm that  $IKK\beta$  deletion was having the intended effect on NF $\kappa$ B inactivation in genetically modified mice, nuclear extracts were prepared from IKK $\beta^{wt}$  and IKK $\beta^{null}$  primary tumor cell cultures and EMSA super-shift assay was performed. Results demonstrated that the p65 complex shifted only among the IKK $\beta^{wt}$  samples (Fig. 2B), indicating that deletion of IKK $\beta$  effectively prevents IKK-complex assembly, resulting in NF $\kappa$ B being relegated to the cytoplasm and unable to mediate transcription of target genes.

# IKK $\beta^{null}$ mice exhibit a histological phenotype similar to IKK $\beta^{wt}$

Hematoxylin and eosin (H&E) staining of IKK $\beta^{null}$  tumors showed a histological appearance similar to IKK $\beta^{wt}$  tumors (Fig. 2D). Tumors from IKK $\beta^{null}$  mice exhibited areas of rhabdomyoblastic differentiation mixed with cells generally negative for myogenin, whereas IKK $\beta^{wt}$  tumors consisted of characteristic clusters of small, round, myogeninpositive aRMS cells (Fig. 2E). Despite the aggressive nature of IKK $\beta^{null}$  tumors, Ki-67 staining showed no difference in proliferation index when compared to IKK $\beta^{wt}$  tumors (Fig. 2F), and no difference in frequency of rhabdomyoblasts between cohorts.

# IKK $\beta^{wt}$ primary tumor samples and cell lines are sensitive to combination therapy with a BCL-2 and NF $\kappa$ B inhibitor

To investigate whether combination drug therapy could potentiate  $NF\kappa B$  inactivation, we conducted a synthetic-lethal chemical screen



**Fig. 2.** *IKKβ* deletion in aRMS. (A) Kaplan–Meier survival curve of animals with *p53* inactivation and *Pax3:Foxo1* activation in the *Myf6Cre* lineage (*IKK*<sup>wt/wt</sup>) or *IKKβ* loss in combination with *p53* inactivation and *Pax3:Foxo1* activation (*IKK*<sup>null/null</sup>). The addition of *IKKβ* deletion to *Pax3:Foxo1*, *p53* mice significantly decreased tumor latency (paired *t*-test; *P*=0.0017). Conditional deletion of IKKβ protein was confirmed by western blot in all animals harboring the IKKβ<sup>null</sup> allele. (B) EMSA performed with *IKK*<sup>wt/wt</sup> or *IKKβ*<sup>null</sup> cell extracts. Arrowheads denote p65/DNA bound complexes. (C) Representative western blot of IKKβ protein expression in aRMS mice with IKKβ<sup>null</sup> allele. (D-F) Representative images of H&E (D), myogenin (E) or KI-67 (F) staining on tumors from *IKKβ*<sup>null</sup> mice (U65261) compared with those from *IKK*<sup>wt/wt</sup> control mice (U66564). (G,H) Anatomical site and tumor stage of tumors in *IKKβ*<sup>wt/wt</sup> control mice compared to those with IKKβ deletion. U/G, urogenital; Unk, unknown.

intended to reveal novel targets in aRMS tumors with deleted *IKKβ*. Five of 6 tested aRMS tumor cell samples exhibited sensitivity to the BCL-2 inhibitor navitoclax (Fig. 3A), an orally bioavailable small-molecule protein inhibitor that is currently in Phase 1 trials for recurrent non-small-cell lung carcinoma and recurrent hepatocellular carcinoma, and Phase 2 clinical trials for platinum resistant/refractory ovarian cancer. The IC<sub>50</sub> values for the 5 sensitive tumor cell samples treated with navitoclax ranged from 149 to 584 nM. We tested navitoclax in combination with the NF $\kappa$ B inhibitor BAY 11-7082 in the human aRMS cell lines Rh41 and Rh30, and mouse IKK $\beta^{wt}$  aRMS culture U66788 (Fig. 3B). Synergy (combination index <1) was detected in each of the three samples for navitoclax in the range of 0.08-0.156 µM and BAY 11-7082 in the range of 5-10 µM.

#### DISCUSSION

We sought to explore the role of NF $\kappa$ B in aRMS disease progression, at first with a small-molecule compound, then with a

peptide therapeutic, and finally by a genetic approach. The studies converged on the finding that canonical NF $\kappa$ B signaling plays no appreciable single pathway role in tumor progression. Interestingly, deletion of *IKK\beta*, thereby inactivating classical NF $\kappa$ B signaling, facilitated tumor initiation, best characterizing its role as a cooperative initiating mutation/event.

The *Myf6Cre*, conditional *Pax3:Foxo1*, conditional *p53* (aRMS) GEMM is well characterized and has effectively demonstrated the requirement (or lack thereof) of various pathways for RMS progression. Notably, the addition of conditional *Rb1* loss to the aRMS GEMM was found to be a disease modifier but not sufficient for initiation of sarcomagenesis (Kikuchi et al., 2013), even though *Rb1* gene mutation is frequently reported in eRMS (Rubin et al., 2011; Kohashi et al., 2008). Additionally, targets such as PDGFRA, which are typically overexpressed in clinical cases of RMS, appear crucial to tumor progression when tested *in vitro* (Taniguchi et al., 2008). However, when conditionally deleted from the aRMS GEMM, *PDGFRA*-null mice exhibit an earlier onset and increase in tumor

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В

		U65261 aRMS IKKβ null	U67122 aRMS IKKβ null	U65749 aRMS IKKβ null	U66560 aRMS IKKβ WT	U32951 aRMS IKKβ WT	U21459 aRMS IKKβ WT	C2C12 myoblast	SkMc myoblas
Target	Drug	mouse	mouse	mouse	mouse	mouse	mouse	mouse	human
H3K27 histone demethylase	GSK-J4 HCI	1758	6132	4640	10000	1372	1390	6410	10000
AURKA/B/C	Tozasertib	10000	870	2990	1616	356	10000	57	2613
Kit, PDGFR, SFK, Bcr-Abl	Dasatinib		71	2970	8762	2272	10000	210	48
BCL-2, BCL-XL, and BCL-W	Navitoclax	584	149	200	4816	585	197	10000	10000
BRD	JQ1	10000	1000	1620	155	139	10000		10000
Casein Kinase 2	CX-4945	10000	10000	10000	10000	4747	10000	4101	1134
CCR5	Maraviroc	10000	10000	10000	10000	10000	10000	10000	10000
CDK1/2; MuSK	Cdk1/2 inhibitor III	10000	10000	10000	6122	10000	10000	1443	289
CDK4/6	PD 0332991	10000	4979	10000	10000	10000	10000	10000	10000
CDKs	Dinaciclib	24	21	10	23	13	14	1	10000
Chk1	LY2606368	4661	1037	1640	1016	906	1117	1325	1284
CMV	Ganciclovir	10000	10000	10000	10000	10000	10000	10000	10000
NFkB	BAY-11-7082	2944	10000	10000	4965	1862	1983	10000	10000
DNA methylation	Zebularine	10000	10000	10000	10000	10000	10000	10000	10000
DOT1L	SGC0946	1	1616	1510	607	1386	1	59	98
EZH2	GSK126	1	4539	7020	3605	5004	10000	10000	432
FAK	PF 573228	10000	10000	10000	10000	10000	10000	759	10000
FGFR1-4	LY2874455	1	72	1590	687	4678	10000	367	10000
GSK3β	BIO	1	10000	10000	10000	10000	10000	10000	1671
GSK3β	LY2090314	1065	982	10000	10000	107	468	396	196
AMPKA	Metformin HCL	10000	10000	10000	10000	10000	10000	10000	10000
HDAC6 (histone, protein targeting)	Tubastatin A	10000	10000	10000	10000	10000	10000	10000	10000
Survivin	YM155	706	1014	300	400	371	362	2175	276
HDACs	Panobinostat	29	5	20	20	8	13	90	176
histone lysine demethylases	L-a-Hydroxyglutaric acid	10000	10000	10000	10000	10000	10000	10000	10000
histone-lysine methyltransferase	BIX 01294	981	938	790	1356	187	1396	2015	143
TORC1/2	INK 128	105	117	100	423	96	83	39	13
HMGA2	Netropsin Dihydrochloride	10000	10000	10000	10000	10000	10000	10000	10000
lgf1r	OSI-906	10000	10000	10000	10000	10000	10000	10000	10000
JAK2	Ruxolitinib	10000	10000	10000	10000	10000	10000	10000	10000
Wee1	MK-1775	974	272	1610	948	837	147	1699	157
KDM4	JIB-04	105	718	330	812	242	375	552	1407
nuclear export	CRM1 Inhibitor III	4462	1275	10000	10000	10000	2870	1100	10000
Leukotriene B4	LY293111	10000	10000	10000	10000	10000	10000	1859	10000
LSD1	LSD1 Inhibitor IV	447	10000	3090	10000	10000	10000	10000	10000
Notch	RO4929097	10000	10000	10000	10000	10000	10000	10000	3754
MEK	Trametinib	12	1078	10000	1080	194	920	430	923
resis	tant					se	nsitive		
	c	1.3 0.08	2.5 5	10	0.08	1.3 2.5	5 10	0	

RH 41

Fig. 3. Chemical screens for complementation of IKK genetic deletion. (A) Navitoclax (bold) was efficacious in abrogating tumor cell growth in aRMS tumors that expressed both active and inactive NF $\kappa$ B. Deeper red colors confer higher sensitivity. All concentrations listed are in nM. The complete results are listed in Table S2. (B) Combination indices reflecting mouse and human aRMS cell lines. A combination index 0<1 represents a synergistic combination, 1 represents a neutral combination, and 1>2.5 is antagonistic. Synergistic combinations were achieved at doses within the reported active NF $\kappa$ B inhibitory range.

progression compared to those with intact *PDGFRA* (Abraham et al., 2012). *IKK* $\beta$  deletion was similarly informative in these studies.

RH 30

Previous studies (Wang et al., 2008) were performed in Rh30, a 1987 cell line with gain of Pax3:Foxo1 and loss of p53 function, akin to our transgenic model. In those studies, miR-29b was overexpressed in the xenograft model and tumor growth slowed over a timescale of 20 days. The difference between these micro-RNA studies and the genetically deleted *IKK* $\beta$  studies might be explained by effects of miR-29b beyond NF $\kappa$ B signaling.

Our results point to NF $\kappa$ B still having a role in progression, but as a modifier of disease given that a synthetic-lethal interaction for Bcl2 inhibitors was seen for IKK $\beta^{null}$  aRMS primary cell cultures. This remains an area of open investigation.

### MATERIALS AND METHODS

#### **Drug sensitivity assays**

For the BAY 11-7082 drug screen, mouse, human and canine primary tumor cell cultures were plated in a 96-well plate at 2500 cells/well. After 24 h, cells were incubated with varying concentrations of BAY 11-7082 (Selleckchem, Houston, TX, USA) for 72 h. CellTiter96 Aqueous One Cell Proliferation Assay (MTS) (Promega, Madison, WI, USA) was performed according to

manufacturer's instructions, and a BioTek Synergy 2 plate reader (BioTek, Winooski, VT, USA) was used to evaluate the cytotoxic effect of the drugs. All concentrations were plated in triplicate. For synergistic combinational drug screens, mouse RMS primary tumor cell cultures (U65845; U66788) and human RMS cell lines (Rh30; Rh41) were plated and assayed as described above, with varying concentrations of Navitoclax (Selleckchem, Houston, TX, USA) or BAY 11-7082 (Selleckchem, Boston, MA, USA).

#### Western blotting

66788

Whole-cell lysate was taken from tumor cell cultures and cell lines when cells were 70% confluent at passage  $\leq$ 5. Cells were rinsed with cold HyClone phosphate-buffered saline (PBS; Fisher Scientific, Waltham, MA, USA), scraped, and lysed with radioimmunoprecipitation (RIPA) buffer supplemented with a cocktail of protease inhibitors and serine/threonine and tyrosine phosphatase inhibitors (Fisher Scientific). Protein supernatants were separated by 7.5% Mini-Protean pre-cast gels (Bio-Rad, Hercules, CA, USA) at 120 V for 1.5 h then transferred onto a PVDF membrane at 100 V for 1 h. The membrane was then blocked with 5% nonfat skim milk in TBS-T for 1 h then incubated overnight in primary antibody. Primary antibodies used were: mouse  $\beta$ -actin (1:10,000, A1978, Sigma Aldrich, St Louis, MO, USA); mouse IKK $\beta$  (1:250, IMG-129A, Novus Biologicals, Littleton, CO, USA); mouse myosin heavy chain (clone MF20) (1:500, MAb4470, R&D

Systems, Minneapolis, MN, USA); and phospho-p65 (1:1000, 4025, Cell Signaling, Danvers, MA, USA).

#### **Cell culture**

All mouse derived primary tumor cell cultures were generated as previously described (Taniguchi et al., 2008) and used at passage <5. Briefly, tumors were digested with 1% collagenase IV (17104019, Sigma Aldrich, St Louis, MO, USA) in Gibco Dulbecco's modified Eagle's medium (DMEM) (11965092, Thermo Fisher Scientific, Waltham, MA, USA) overnight then passed through a 70  $\mu$ M cell strainer into a 10 cm tissue culture treated dish. Cells were maintained in DMEM supplemented with 10% fetal bovine serum (FBS; 10438034, Thermo Fisher Scientific) and 1% Gibco PenStrep (15140122, Thermo Fisher Scientific) at 5% CO<sub>2</sub> in air at 37°C. The human RMS cell lines Rh30 and Rh41 were generously provided by the Houghton Laboratory at St Jude's Cancer Research Hospital (Memphis, TN, USA). Human SkMc cells were obtained from Lonza (cc-2561, Walkersville, MD, USA). C2C12 mouse myoblast cells were purchased from the American Type Culture Collection (CRL-1772, Manassas, VA, USA).

#### Mice

All animal procedures were conducted in accordance with the Guidelines for the Care and Use of Laboratory Animals and were approved by the Institutional Animal Care and Use Committee (IACUC) and housed at Oregon Health & Science University. The *Myf6Cre*, conditional *Pax3*: *Foxo1*, conditional *p53*, and IKK $\beta^{null}$  mouse lines and corresponding genotyping protocols have been described previously (Keller et al., 2004a; Keller and Capecchi, 2004; Mourkioti et al., 2006; Nishijo et al., 2009; Pasparakis et al., 2002). Owing to the sudden onset and aggressive nature of these tumors, tumor-prone mice were visually inspected every 2 days. Tumor staging was based on a previously described adaptation of the Intergroup Rhabdomyosarcoma Study Group Staging system.

#### In vivo study with NBD peptide

Female SCID/Hairless/Outbred mice were purchased from Charles River Laboratory (Crl:SHO-Prkdc<sup>scid</sup> Hr<sup>hr</sup>, Wilmington, MA, USA) at 8 weeks of age and were injected with cardiotoxin (217503, EMD Millipore, Bellerica, MA, USA) into the gastrocnemius muscle. After 24 h,  $1 \times 10^6$  U48484 mouse aRMS cells were injected into the same muscle. Tumor volume measurements were taken 3 times weekly and, when tumor volume reached 0.25 cm<sup>3</sup>, mice were given either 10 mg/kg body weight NBD peptide or an equal volume of PBS vehicle by intraperitoneal injection every other day. When tumor volume reached 1.5 cm<sup>3</sup>, mice were humanely euthanized and tissue samples were collected.

#### **RNA** isolation and quantitative **RT-PCR** (qRT-PCR)

Probes set for mouse tissue samples were *Gapdh*-Mm99999915\_g1, and *Pax3:Foxo15'*-6-FAM-AATTCGCCACCAATCTGTCCCTTCA-TAMRA-3'. From whole-tumor chunks, total RNA was isolated using Trizol (15596018, Thermo Fisher Scientific) following the manufacturer's instructions. The RNeasy mini kit (74104, Qiagen, Valencia, CA, USA) was then used to process RNA to cDNA. Mouse *Gapdh* was used as a control for relative gene expression and the mean of three experimental replicates per specimen was used to calculate the ratio of gene of interest/*Gapdh* expression for the Taqman assay using Bio-Rad CFX Manager software.

#### **EMSA** super-shift assay

EMSA was performed as previously described (Guttridge et al., 1999). Briefly, nuclear extracts were prepared from  $IKK\beta^{wt/wt}$  and  $IKK\beta^{null/null}$ mice and incubated with 20,000 cpm of radiolabeled probes. A rabbit polyclonal antibody against the p65 subunit (100-4165, Rockland, Gilbertsville, PA, USA) of NFkB was incubated with nuclear extracts for 15 min prior to the addition of poly(dI-dC) and a <sup>32</sup>P-labeled probe. Complexes were resolved on a 5% polyacrylamide gel in Tris-glycine buffer (25 mM Tris, 190 mM glycine, 1 mM EDTA) at 25 mA for 2-3 h at room temperature. The gels were dried and exposed on film for approximately 1-3 days. We thank AI Baldwin for comments made early in our study.

#### **Competing interests**

The authors declare no competing or financial interests.

#### Author contributions

Conceptualization: D.C.G., C.K.; Formal analysis: M.M.C.; Investigation: M.M.C., A.M., T.S., Y.I., K.G., M.N.S., B.P.R.; Data curation: M.M.C.; Writing - original draft: M.M.C.; Writing - review & editing: M.M.C., D.C.G., C.K.; Visualization: M.M.C.; Supervision: D.C.G., C.K.; Funding acquisition: D.C.G., C.K.

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#### Supplementary information

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