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**Universitat Autònoma  
de Barcelona**

PhD Thesis

**Targeting *NRAS* mutant melanomas  
through metabolic stress**

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*“Nothing in life is to be feared,  
it is only to be understood.  
Now is the time to understand more,  
so we may fear less”.*

Marie Curie



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## **SUMMARY/RESUMEN**





*BRAF* and *NRAS* are the most commonly found mutated genes in cutaneous melanoma. Alterations in these genes result in the constitutive activation of the RAS-ERK1/2 pathway, contributing to tumor development and progression. Beside both genes are consecutive located in the same signaling cascade, *BRAF* and *NRAS* mutated tumors are considered two different entities at clinical and molecular levels, resulting in distinct signaling patterns and different biological behavior. Furthermore, while there is a first line of treatment using targeted therapy against *BRAF* mutant melanomas, *NRAS* mutant tumors remain without specific line of treatment, showing low response rates and high toxicity to the currently applied therapies. Thus, the understanding of the molecular differences between *BRAF* and *NRAS* mutant tumors is essential to improve therapeutic opportunities for the treatment of patients carrying *NRAS* mutations.

Previous results in our group, together with additional investigations, have highlighted the presence of different metabolic settings subjected to *BRAF*<sup>V600E</sup> oncogene regulation. However, little is known about the role of *NRAS* mutations in metabolic rewiring. Deciphering metabolic settings in *NRAS* mutant melanomas could provide new avenues for the establishment of specific therapeutic approaches against these, until now, untargetable tumors.

In this study, we have investigated the molecular implications of glucose starvation in *NRAS*<sup>Q61</sup> and *BRAF*<sup>V600E</sup> mutant cells in order to establish whether the presence of *NRAS*-dependent metabolic settings can be exploited for the development of targeted therapies against *NRAS* mutant melanomas. Overall, in this study we have demonstrated the presence of *NRAS*<sup>Q61</sup> oncogene-dependent metabolic settings. *NRAS*<sup>Q61</sup> mutant cells show a differential response to metabolic stress when compared to *BRAF*<sup>V600E</sup> mutant cells, which results in the hyperactivation of the RAS-ERK1/2 pathway and the sensitization to the multi-kinase inhibitor Sorafenib. PFKFB2, PFKFB3 and PFK-1 are key players in the regulation of this process. We also propose a novel approach for the specific targeting of *NRAS*<sup>Q61</sup> mutant melanomas based on the combination of 2-deoxy-D-glucose (2DG) and Sorafenib. We conclude that *NRAS* and *BRAF* mutant tumors are different entities at different levels, not only at molecular and clinical levels but

## *Summary*

also at metabolic level and this fact provides a new therapeutic window for the targeting of *NRAS* mutant tumors.

Los genes *BRAF* y *NRAS* presentan una mayor incidencia mutacional en melanoma cutáneo. Alteraciones en estos genes resultan en la activación constitutiva de la vía de RAS-ERK1/2, lo que contribuye activamente al desarrollo y la progresión tumoral del melanoma. Aunque ambas mutaciones dan lugar a alteraciones de la misma vía de señalización, ha sido ampliamente descrito que los tumores que se generan de las mismas, constituyen dos entidades diferentes tanto a nivel molecular como desde el punto de vista clínico. Una cuestión relevante reside en el hecho de que mientras los melanomas mutados en *BRAF* disponen de terapias específicas dirigidas contra el oncogén, los melanomas que presentan mutaciones en *NRAS* carecen de tratamientos específicos. Como consecuencia, estos pacientes son tratados con tratamientos antitumorales más genéricos, que desembocan en tasas de respuesta mucho menores y en una elevada toxicidad. En este contexto, el desenmascaramiento de las diferencias moleculares existentes entre los tumores con mutaciones en *BRAF* y en *NRAS* es esencial para el establecimiento de nuevas estrategias terapéuticas dirigidas a pacientes que presentan mutaciones en *NRAS*.

Resultados obtenidos previamente en nuestro grupo de investigación, sumados a los de otras investigaciones, han confirmado la presencia de diferentes patrones metabólicos sujetos a la regulación por *BRAF<sup>V600E</sup>*. Sin embargo, apenas existe evidencia sobre el papel de las mutaciones en *NRAS* en la regulación metabólica. El establecimiento de características metabólicas específicas de melanomas con mutaciones en *NRAS* podría contribuir al desarrollo de nuevos enfoques terapéuticos dirigidos contra este tipo de tumor.

Durante el desarrollo de este estudio hemos investigado las implicaciones moleculares derivadas de la falta de glucosa en células de melanoma mutadas en *NRAS<sup>Q61</sup>* y *BRAF<sup>V600E</sup>*, con el fin de establecer si la presencia de características metabólicas dependientes de *NRAS* podría ser explotada para el desarrollo de nuevas terapias contra este tipo de tumor. En este estudio, hemos demostrado la presencia de patrones metabólicos bajo el control de *NRAS<sup>Q61</sup>*. Las células que presentan mutaciones en *NRAS<sup>Q61</sup>* muestran una respuesta diferencial al estrés metabólico, en comparación con las células mutadas en *BRAF<sup>V600E</sup>*, que desemboca en la hiperactivación de la vía de RAS-ERK1/2 y en la sensibilización de estas células al inhibidor multi-quinasa Sorafenib. PFKFB2, PFKFB3 y PFK-1 son

## *Resumen*

elementos clave en la regulación de este proceso. Adicionalmente, proponemos una nueva aproximación terapéutica para el tratamiento dirigido de los melanomas mutados en  $NRAS^{Q61}$ , basada en la combinación de 2-deoxi-D-glucosa (2DG) y Sorafenib. Tras los resultados obtenidos, podemos concluir que los tumores que presentan mutaciones en *NRAS* y *BRAF* son entidades diferentes a distintos niveles, no solo a nivel clínico y molecular, sino también a nivel metabólico, lo que implica la existencia de nuevas ventanas terapéuticas para el tratamiento de tumores que presentan mutaciones en *NRAS*.

# **INTRODUCTION**



## 1. Skin cancer

### 1.1. Subtypes, incidence and mortality

Skin cancer is the most frequently diagnosed cancer worldwide, with millions of new diagnosed cases each year<sup>1,2</sup>. It can be generally divided in three subtypes depending on the cell type the tumor is originated from: Basal Cell Carcinoma (BCC), Squamous Cell Carcinoma (SCC) and Melanoma (Table I.1)<sup>3,4</sup>. While BCC and SCC are both derived from epithelial cells (keratinocytes), melanomas arise from melanocytes, specialized cells originated from neural crest progenitors that migrate to eye, meninges, mucosal epithelia, and the skin during embryonic development. These cells are essential for protection against environmental mutagenic agents as they are involved in the synthesis of melanin, a photo-protective pigment that avoid DNA damage upon UV radiation<sup>5</sup>.

Skin cancer types	Origin	Incidence	Mortality
Basal Cell Carcinoma (BCC)	Basal cells (Deep epidermis)	75-80%	Low
Squamous Cell Carcinoma (SCC)	Squamous cells (Superficial epidermis)	15-20%	Low
Melanoma	Melanocytes	2-5 %	High

**Table I.1. Skin cancer subtypes.** Table includes information regarding tumor origin, incidence and mortality rate<sup>3,4</sup>.

In terms of frequency, BCC and SCC are the most frequent types of skin cancer and accounts for more than 90% of all the cases, however both types of tumors present a good prognosis due to its low proliferation rate and minimum invasion capacity. Melanoma, even accounting for less than five percent of all skin cancers, is the most aggressive and treatment-resistant form. It is a very heterogeneous disease that can be subclassified at the same time according to the histological and molecular features of the tumor. All melanoma subtypes are characterized by an increased proliferation rate and a high metastatic capacity, so these tumors present a bad prognosis and are responsible of more than 80% of skin cancer-related deaths<sup>6</sup>.



## 1.2. Risk factors

Several factors have been observed to influence the risk of suffering melanoma, including harboring multiple benign or atypical nevi, fair skin, previous melanoma, family history of melanoma, continued exposure to UV radiation and immunosuppression. These risk factors or environmental stressors involve a genetic predisposition to suffering skin cancer<sup>6</sup>. Particularly, repeated intense childhood sun damage influences potential risk of melanoma<sup>7</sup>. UV radiation has multiple effects in the skin including DNA damage, induction of oxidative stress, alteration of immune response and production of growth factors; and this is of particular relevance because it is responsible of the high mutational burden that characterize skin tumors and make of them a challenge as well as an opportunity in terms of treatment<sup>8</sup>.

## 2. Melanoma

### 2.1. Classification

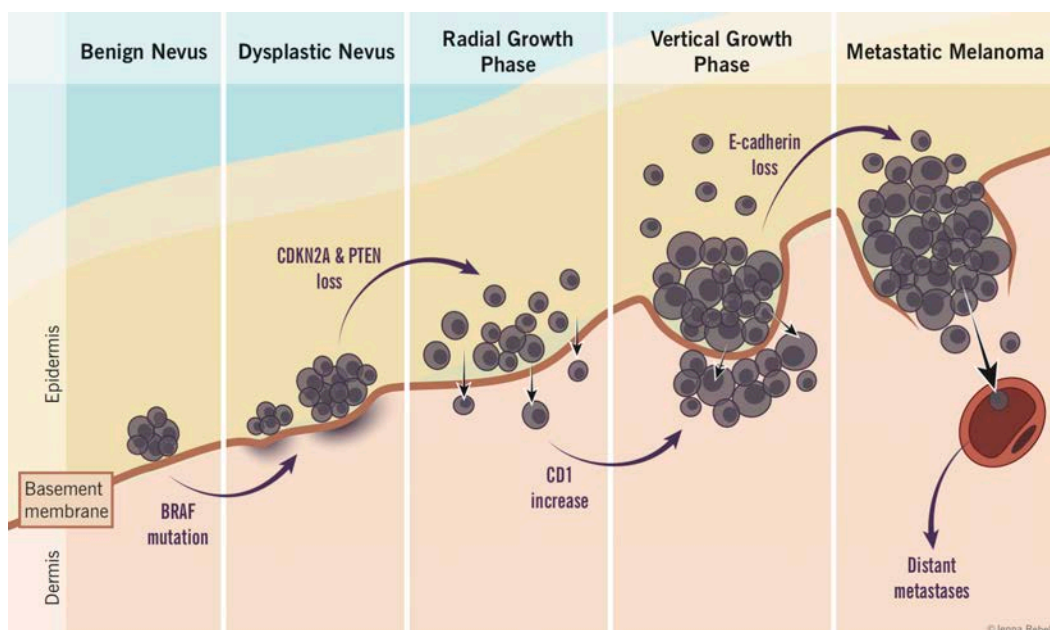
Melanoma is the most aggressive and treatment-resistant form of skin cancer. It can be subdivided according to its primary site of location into cutaneous, mucosal and uveal melanoma. Marked differences in the genomic landscape have been described depending on the origin of the tumor<sup>9</sup>. Cutaneous melanoma is the most frequent one and it is at the same time classified in four major subgroups: Superficial spreading, nodular, lentigo maligna and acral lentiginous (Table I.2)<sup>10-12</sup>.

Melanoma subtypes	Incidence	Main phenotypic features
<b>Superficial Spreading</b>	70%	It is often flat and thin but can undergo vertical growth.
<b>Nodular</b>	5%	It grows into the skin and spread quickly.
<b>Lentigo Maligna</b>	5-15%	It often develops in older people. It usually grows outward across the surface of the skin for many years before it starts to grow down into the skin.
<b>Acral</b>	5%	It locates to the soles of the feet, the palms of the hands or under the nails. It usually grows outward across the surface of the skin for a long time before it starts to grow down into the skin.

**Table I.2. Melanoma subtypes.** Incidence values correspond to Caucasian populations<sup>10-12</sup>.

## 2.2. Progression and prognosis

The Clark model of the progression of melanoma describes the transformation from normal to tumoral melanocytes. It starts from the development of a benign lesion or nevus resulting from the proliferation of normal melanocytes in the epidermis. Then, these cells undergo uncontrolled growth and acquire invasion capacities giving rise to metastasis. All these phenotypic changes are the reflection of genetic and epigenetic alterations taking place during the progression of the disease, which involve the acquisition of mutations in regulatory genes, the deregulation of growth factors secretion and the loss of adhesion receptors<sup>6,10</sup> (Figure I.1).



**Figure I.1. Clark Model.** Representation of melanoma progression since the formation of a benign melanocytic lesion (nevus) to the formation of a metastatic melanoma<sup>13</sup>.

Nevus growth has been attributed to a variety of mutations, being *BRAF* the most commonly found in until 50% of non-tumoral lesions<sup>14</sup>. Normally, nevus growth is limited, so its progression to a malignant lesion is infrequent. This limited growth has been explained by a process known as oncogene-induced senescence (OIS)<sup>15</sup>. Senescence is a key cellular protection against aberrant cell proliferation. In senescent nevi, genetic and epigenetic alterations can additionally occur allowing the cells to overcome senescence and resulting in the acquisition of malignancy and the consequent progression of the tumor<sup>6</sup>.

Once tumor cells acquire the ability of radial growth, intra-epidermal lesions can occur. Then, cells can progress to the vertical-growth phase, driven by the regulation of different adhesion molecules. These changes will allow the tumor cells to penetrate through the basement membrane and invade the dermis. Finally, the regulation of critical factors that drive tumor cell motility and dissemination into lymphatic and vascular vessels will allow cells to dissociate from the primary lesion and spread to other areas in the skin or even to other organs, being able to proliferate and establish metastatic nests in distant sites<sup>6</sup>.

It is important to highlight that not all melanomas start from the first step of the Clark model; more than 50% of melanoma tumors can be originated independently of the existence of a previous benign lesion<sup>16,17</sup>.

Currently, the staging system adopted by clinicians no longer considers Clark's model, because it is less prognostic and more subjective than other alternatives, but it is still useful for the understanding of biological and genetic changes taking place during melanoma progression. More recent models are based in the TNM classification system established by American Joint Committee on Cancer (AJCC)<sup>18</sup>.

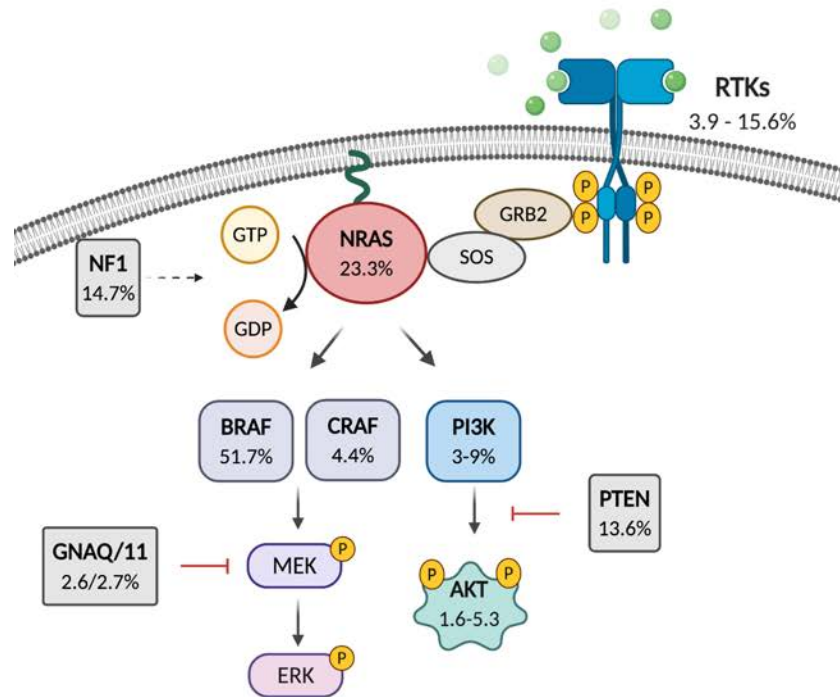
Independently of the used model, prognosis is getting worse with every step being metastatic melanoma the most aggressive and difficult to treat. For this reason, most efforts in the field are focused on the study of acquisition of malignancy and progression mechanisms as well as the establishment of new therapeutic approaches for the targeted treatment of these advanced tumors.

### **2.3. Molecular characterization of melanoma**

For the acquisition of malignancy, abnormal activation of the RAS-ERK1/2 pathway has been widely described, being *BRAF*, *NRAS* and *NF1*, a negative regulator of RAS, the most common genetic targets in melanoma (*TCGA database*). *BRAF* and *NRAS* are mutated in more than 70% of melanoma patients resulting in RAS-ERK1/2 pathway hyperactivation<sup>19</sup>. Moreover, deregulation of this pathway can also occur through the overexpression or hyperactivation of tyrosine kinase receptors (RTKs) such as proto-oncogene KIT<sup>20</sup>, hepatocyte growth factor receptor (HGFR/MET)<sup>21</sup> and vascular endothelial growth factor receptor (VEGFR)<sup>22</sup>. KIT

alterations are more common in acral and mucosal melanomas<sup>20</sup> while GNAQ and GNA11, two G protein subunits involved in MAPK signaling, are frequently activated in uveal melanomas<sup>23</sup> (Figure I.2).

Other recurrent genetic alterations include upregulation of *AKT* and *PTEN* loss, what involves the activation of the phosphatidylinositol 3-kinase (PI3K) pathway<sup>24,25</sup> (Figure I.2).



**Figure I.2. RAS-ERK1/2 pathway.** Percentages indicate mutational incidence in melanoma. Data obtained from *TCGA database*.

The MAPK pathway, or more specifically the RAS/RAF/MEK/ERK pathway, is involved in the transmission of the signal downstream of RTKs in response to growth factors. This signaling cascades start from the dimerization and intrinsic activation of the RTK and the consequent activation of RAS proteins, small GTPases that are recruited to the membrane and activates RAF (MAPKKK), that in turn activates MEK (MAPKK), which phosphorylates ERK (MAPK), resulting in gene expression regulation, cell division, metabolism, motility, survival, differentiation and apoptosis<sup>26</sup>.

Three different members including HRAS, KRAS (two alternative splice variants: KRASa and KRASb<sup>27</sup>) and NRAS compose the RAS family. When RAS proteins bind to GTP, become activated and can transactivate its effector

molecules, including RAF proteins, that initiates a phosphorylation cascade<sup>28</sup>.

The RAF family is composed by ARAF, BRAF and CRAF kinases, which are characterized by the presence of a RAS-binding domain (RBD) in the N-terminal region of the protein. Each of the members can dimerize with itself or with any other member of the family. This dimerization and consequent activation result in the phosphorylation and activation of MEK1/2, which in turns, phosphorylates and activates ERK1/2<sup>26,29,30</sup>. Activated ERK can phosphorylate multiple cytoplasmic and cytoskeletal proteins or can translocate to the nucleus, where it phosphorylates and activates several transcription factors<sup>26</sup>. Active ERK can also phosphorylate components of the RAS pathway attenuating the signal transmission and participating in its own regulation<sup>31</sup>.

Upon normal conditions, the RAS pathway is subjected to a tight regulation in order to modulate proliferation and survival mechanisms in non-malignant cells. However, there are many tumors where deregulation of growth factors-dependent signaling and mutations in the upstream effectors of the pathway have been observed, especially in melanoma<sup>19-23</sup>. Thus, understanding the behavior and regulation mechanisms of these altered genes is critical for the management of melanoma patients.

### **2.3.1. BRAF-mutant melanoma**

*BRAF* mutant melanoma is the most common molecular subtype, reaching an incidence of more than 50% of the cases (*TCGA database*). Most oncogenic *BRAF* mutations, accounting for a 90% of the total, cause valine to glutamic acid substitutions at codon 600 (*BRAF*<sup>V600E</sup>), which are the result of the point mutation T1799A and involves the constitutive activation of the *BRAF* kinase domain<sup>19,32</sup>. The second most common mutation, representing a 5-6% of the total, is *BRAF*<sup>V600K</sup>, where a valine is substituted by a lysine. Other oncogenic mutations in the *BRAF* gene are *BRAF*<sup>V600R</sup> and *BRAF*<sup>V600D</sup><sup>32</sup>. All these mutations result in the activation of *BRAF* and consequently, of the downstream molecules MEK and ERK, resulting in the hyperactivation of the RAS-ERK1/2 pathway and the regulation of cell growth and survival of tumoral cells<sup>19</sup> (Figure I.3).

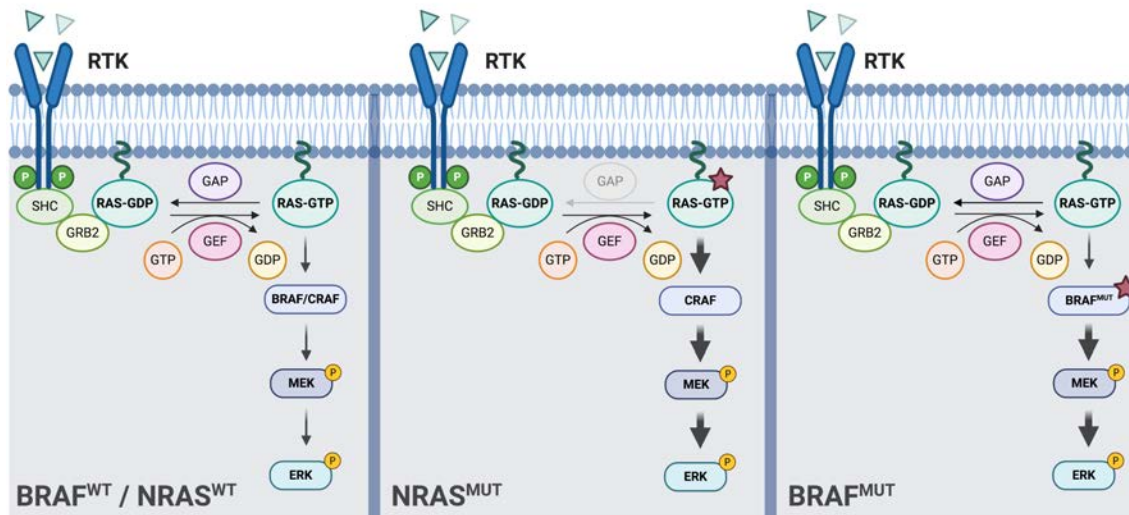


Figure I.3. RAS-ERK1/2 pathway regulation in *NRAS* and *BRAF* mutant tumors.

Since *BRAF* point mutations were discovered in 2002, the targeted therapy landscape for melanoma have changed dramatically and several therapies for the treatment of *BRAF* mutant melanomas have been proposed until now showing promising results. Small molecules that inhibit BRAF have been tested clinically alone and in combination with MEK inhibitors showing significant results in patients carrying *BRAF* mutations. These therapeutic strategies, even successful, have showed some limitations<sup>29</sup>.

### 2.3.2. *NRAS*-mutant melanoma

The RAS protein family is constituted by HRAS, KRAS and NRAS. These members establish a superfamily of small GTPases that plays an essential role in the transduction of signals from the extracellular media through the activation of RTKs. Under physiological conditions, RAS proteins can exist in either an active (GTP-bound) or an inactive (GDP-bound) conformation. The exchange of GDP for GTP, and consequently, the activation of RAS, is catalyzed by guanine nucleotide exchange factors (GEFs), including SOS1, SOS2 and RasGRF10. On the other hand, GTPase-accelerating proteins (GAPs) are involved in switching RAS from the active to the inactive state<sup>33,34</sup>. Under normal conditions RAS activation typically proceeds following RTK activation upon ligand binding, what results in the autophosphorylation of the receptor and its consequent dimerization. Adaptor molecules carrying an SH2 domain, such as GRB2, are then recruited, followed by GEFs<sup>33-35</sup>. Once activated, RAS is recruited to the membrane, binds downstream

intracellular effectors and stimulates different signaling pathways, including the RAS-ERK1/2 and PI3K/AKT pathways, what results in the coordination of multiple cellular responses including proliferation, survival, differentiation, apoptosis, senescence and metabolism<sup>28,34</sup>.

All isoforms share structural and functional similarities and, even are nearly ubiquitous and broadly conserved across species, they are differentially expressed depending on the tissue and the tumor type<sup>36,37</sup>. Regarding the sequence variability among the different isoforms, identical residues are found within the first half of the GTPase domain, while in the second half; an 82% of sequence identity can be appreciated. In the C-terminal domain, significant sequence variability can be observed, constituting the hypervariable region (HVR)<sup>36,37</sup>.

In general, *KRAS* is the most frequently found mutated isoform in cancer, including colorectal, lung and pancreatic cancers, however, in the specific case of melanoma, activating mutations in *NRAS* are the most common ones, accounting for more than 20% of the cases<sup>38</sup>. This has been proposed to be due to a higher expression of the *NRAS* isoform in melanocytes, when compared to other cell types<sup>39</sup>. In this isoform, mutations typically occur at codons 12 (*NRAS*<sup>G12</sup>) and 61 (*NRAS*<sup>Q61</sup>). *NRAS*<sup>G12</sup> mutation affects the conformation of the protein and decreases its sensitivity to GTPase-accelerating proteins (GAPs) while *NRAS*<sup>Q61</sup> mutations usually involves a substitution of glutamine to leucine (*NRAS*<sup>Q61L</sup>) and disrupts the GTPase activity of *NRAS* locking it in its active conformation<sup>34,40</sup> (Figure I.3). Both mutations are activating and involve the constitutive activation of the RAS-ERK1/2 cascade and the subsequent biological effect in cell proliferation and survival<sup>41</sup>. Furthermore, *NRAS* but not *BRAF* mutations, result in the regulation of additional signaling pathways, like PI3K/AKT pathway<sup>34</sup>, supporting the relevance of *NRAS* in growth, motility and survival and, as a consequence, in tumorigenesis and cancer progression.

When compared with *BRAF* mutations, *NRAS* mutations also involve differences at molecular level that affects the regulation of the RAS-ERK1/2 pathway. It has been described that *NRAS* mutant cells signal preferentially through CRAF rather than BRAF<sup>42</sup>. CRAF-mediated MAPK signaling depends on two parallel mechanisms: the inactivation of BRAF and deregulation of PKA

signaling that prevents CRAF inactivation<sup>42</sup>. The inactivation of BRAF occurs through a negative feedback mechanism in which ERK phosphorylates BRAF at the inhibitory phosphorylation sites S151, T401, S750 and T753<sup>43</sup>. Regarding PKA, it can be inhibited by several mechanisms preventing CRAF phosphorylation at its inhibitory sites<sup>42</sup>.

It has been widely described that constitutive activation of the pathway is essential for most melanomas but it is important to distinguish between the mutated agents within the pathway involved in this activation, as well as the molecular and phenotypic implications, in order to develop specific therapeutic strategies. Understanding molecular differences between both *BRAF* and *NRAS* mutant tumors would be essential to propose novel and/or more effective therapies.

### **2.3.3. Differences among *BRAF* and *NRAS* mutant tumors**

As previously explained, *BRAF* and *NRAS* mutations involve the activation of the RAS-RAF-MEK-ERK signaling pathway. These mutations have been observed to be mutually exclusive (*TCGA database*) and even the consequences of the mutations seem to be similar, *BRAF* and *NRAS* mutant tumors have been described to be different entities at different levels, including molecular and clinical levels<sup>40,44</sup>.

As described in Table I.3, *BRAF* and *NRAS* mutant tumors show different signaling patterns as well as different biological behavior. As previously mentioned, the incidence rate varies between both tumor types, being *BRAF* mutations more commonly found in both, malignant and non-malignant melanocytic lesions<sup>44</sup>. However, contrary to *NRAS* mutations, *BRAF* mutations are not found in congenital nevi<sup>44,45</sup>. While *NRAS* mutations appears in both, sun-exposed and sun-unexposed areas of the skin, *BRAF* mutations preferentially appears in those areas of the skin that have been intermittently exposed to UV radiation<sup>44,46</sup>. Differences in malignancy have been also described, being *NRAS* mutations the ones presenting worse prognosis, due to both, a high mitotic rate and a high metastatic capacity<sup>44,47</sup>. Molecularly, *NRAS* mutations are also involved in the activation of additional signaling pathways, including the PI3K/AKT pathway, whereas in the case of *BRAF* mutant tumors, additional mutations are required for PI3K pathway activation<sup>48,49</sup>. Furthermore, the age of diagnosis can



also differ between both types, being *NRAS* mutant tumors diagnosed in older patients<sup>44,50,51</sup>. An important final consideration is the availability of targeted therapy against *BRAF* mutant tumors, while *NRAS* mutant melanomas lack a specific line of treatment and are treated using other therapeutic alternatives, including chemotherapy and immunotherapy, showing low response rates and toxicity<sup>29,34,40,44</sup>.

	<i>BRAF</i> <sup>mut</sup>	<i>NRAS</i> <sup>mut</sup>	Reference
<b>Incidence</b>	~50%	~20%	<i>TCGA database</i>
<b>Location</b>	Intermittently sun-exposed areas	Sun-exposed and sun-unexposed areas	44,46
<b>Non-malignant melanocytic lesions (nevi)</b>	Yes	No	44
<b>Congenital nevi</b>	No	Yes	44,45
<b>Age at diagnosis</b>	Younger	Older (>55 years old)	44,50,51
<b>Malignancy</b>	Lower mitotic rates and thinner primary tumors	Higher mitotic rate and thicker primary tumors	44
<b>Prognosis</b>	It depends on additional mutations	Bad (high metastatic rate)	44,47
<b>Activation of additional signaling pathways</b>	Additional mutations are required (e.g. PTEN)	PI3K/Akt	48,49
<b>Targeted therapy</b>	Yes	No	29,34,40,44

**Table I.3. Differences among *BRAF* and *NRAS* mutant tumors.**

Recently, it has been described that metabolic settings can be driven by *BRAF* mutations, suggesting an oncogene-dependent metabolic rewiring<sup>52-57</sup>. However, most of the findings are related to *BRAF* mutant tumors, and little is known about the role of *NRAS* mutations in metabolism reprogramming. Deciphering metabolic settings in *NRAS* mutant melanomas could provide new avenues for the establishment of specific therapeutic approaches.

#### **2.4. Therapeutic strategies for the treatment of melanoma**

Surgery is the first option for the treatment of melanoma patients at initial diagnosis since primary cutaneous lesions are usually easily removable. However, most melanomas are diagnosed at late stages when metastasis has already occurred. Until 2011, advanced melanomas had been treated using standard chemotherapeutic regimes, like Dacarbazine, showing almost no effects in the overall survival of patients<sup>58</sup>. Significant advances in the understanding of the biological and molecular basis of this disease have been made since then, what

have resulted in the establishment of successful treatments, including targeted therapy and immunotherapy. Nevertheless, only a subset of patients benefits from these approaches and is able to achieve durable responses. Within these groups, the majority experience resistance acquisition and disease relapse, highlighting the need of establishing improved and novel therapeutic strategies<sup>59</sup>.

### **2.4.1. Targeted therapy**

As previously established, deregulation of the RAS-ERK1/2 pathway takes place in the majority of melanomas; where *BRAF* mutations, especially *BRAF*<sup>V600E</sup>, are found in approximately 50% of the cases. Vemurafenib and Dabrafenib were the two first *BRAF* inhibitors approved for the treatment of *BRAF* mutant melanoma in 2011 and 2013, respectively. In both cases survival benefit was demonstrated when compared to standard treatment (Dacarbazine)<sup>60,61</sup>. However, inhibition of *BRAF* alone has showed limited responses and has been associated with the development of resistance<sup>62</sup>. Furthermore, additional skin tumors such as cutaneous squamous carcinomas have been observed to appear after treatment<sup>63,64</sup>.

Distinct and heterogeneous mechanisms of resistance to targeted therapy have been described; including the reactivation of the RAS-ERK1/2 pathway by the acquisition of additional mutations<sup>65</sup>, the upregulation of alternative pathways, like PI3K/AKT pathway<sup>65,66</sup>, the regulation of cell cycle and apoptosis<sup>67-69</sup>, the constitutive activation of receptor tyrosine kinases such as platelet-derived growth factor receptor  $\beta$  (PDGFR $\beta$ ) or insulin-like growth factor 1 receptor (IGF1R)<sup>70,71</sup>, and metabolic reprogramming<sup>72,73</sup>. Moreover, reactivation of the RAS-ERK1/2 pathway can also occur due to molecular switches within the pathway, also known as the “paradoxical activation of the pathway”<sup>74</sup>. This phenomenon results from the activation of CRAF in cells carrying wild type *BRAF* in response to RAS-ERK1/2 pathway inhibition and is based on the ability of RAF proteins forming dimers. In *BRAF* mutant tumors, upon *BRAF* inhibition, CRAF can dimerize with another CRAF molecule, or can also forms heterodimers with wild type *BRAF*, what allows the downstream activation of the pathway<sup>74,75</sup>. This activation is even higher due to the increased kinase activity of *BRAF*-CRAF heterodimers when compared to *BRAF* and CRAF homodimers<sup>76</sup>.

In order to avoid the paradoxical activation of the pathway, as well as other mechanisms involving resistance acquisition, simultaneous inhibition of MEK and BRAF was proposed several years ago, leading to improved survival when compared to BRAF inhibitor monotherapy. When Dabrafenib, a BRAF inhibitor, and Trametinib, a MEK inhibitor, were administered together, increased clinical benefit and lower toxicity were observed<sup>77</sup>. Combined-treatment is now considered a standard therapeutic option for patients carrying *BRAF* mutations. Currently, several BRAF (Vemurafenib, Dabrafenib, Selumetinib) and MEK (Trametinib, Cobimetinib, Binimetinib) inhibitors have been approved by the FDA and different combinations of them are used in the clinics. Nevertheless, the efficacy of these combinations is restricted to the subset of patients with mutant *BRAF*. Moreover, combined therapies still results in the development of resistance and relapse after a limited period of time<sup>77-79</sup>.

The second most common oncogenic mutation in melanoma occurs in *NRAS*. Due to the role of *NRAS* activation in melanomagenesis and melanoma progression, inhibiting it would provide improved outcome in melanoma patients. Because the activation of RAS depends on previous association to the inner face of the plasma membrane, several efforts have been made to target the hydrophobic modifications of the C-terminal domain necessary for its anchorage. Specifically, farnesyl transferase inhibitors, such as Tipifarnib and Lonafarnib, and S-transfarnesylthiosalicylic acid, also known as Salirasib, have been tested in order to try to prevent *NRAS* localization to the plasma membrane. Unsuccessful results have been observed<sup>80,81</sup>, which can be explained by the presence of alternative modifications, such as geranylgeranyl that also allow *NRAS* association to the plasma membrane<sup>82</sup>. Moreover, toxicity has been observed due to the inhibition of a large family of proteins that also require farnesylation as a post-translational modification. An alternative mechanism for the specific inhibition of RAS proteins is the inhibition of its binding to the downstream effector RAF molecules. With this aim Rigosertib, a small molecule RAS mimetic, has been tested but no promising results have been obtained<sup>81</sup>. Additional efforts have been made trying to inhibit downstream RAS targets in order to mitigate the pathway activation but only partial responses have been observed<sup>81</sup>.

KIT specific targeting has been also tested using Imatinib and other tyrosine kinase inhibitors such as Nilotinib. Some beneficial effects have been observed for those patients carrying KIT mutations, which are mainly those with acral and mucosal melanomas<sup>83-85</sup>. This approach may be promising but accurate selection of specific cohorts of patients with this molecular subtype is essential for treatment success.

Targeting other upstream elements of the RAS-ERK1/2 signaling cascade has been also contemplated and inhibition of several tyrosine kinase receptors (RTKs) has been tested for the treatment of melanoma. Lenvatinib, which targets VEGFR, fibroblast growth factor receptor (FGFR), KIT and proto-oncogene tyrosine-protein kinase receptor RET (RET); and Axitinib, targeting VEGFR1/3, KIT and PDGFR, are some examples. In general, even potential benefit in patients outcome has been observed, further and more complete studies are needed<sup>59</sup>. Even successful, these kind of inhibitors are not expected to have a high impact in this kind of tumors, since amplifications or activating mutations in RTKs are not that frequent in melanoma (*TCGA database*).

#### **2.4.2. Immunotherapy**

Until now, several efforts have been made for the modulation and activation of the immune response against tumors. Since first immunotherapy-based trials using IL-2 were performed in the 1980s, showing long-term remission in a few patients<sup>86</sup>, several alternative therapies involving T-cells activation have been proposed.

Currently, the most effective immune-therapies are based in the inhibition of immun checkpoints, specially the inhibition of PD-1/PD-L1 and CTLA-4 axis with Pembrolizumab/Nivolumab and Ipilimumab respectively<sup>87-89</sup>. This approach is based in the blockage of tumor-induced inhibitory effect on effector T cells in order to avoid immune tolerance. This way, effector T cells become active and are able to react against the malignant cells, therefore eliminating the tumor. The combination of different immun checkpoint inhibitors has provided promising results during the last years, showing tumor regression and improved survival, what has been translated into a significant improve of clinical outcome<sup>90,91</sup>.

The past decade has been a time of accelerated progress in this field and although immune-based approaches, specially the use of immunecheckpoint inhibitors, have through light to the field of advanced melanoma therapy, there are still several limitations. In one hand, there are a high percentage of non-responders showing a low objective response rate (ORR), added to the intrinsic toxicity of being targeting the immune system. On the other hand, when compared to targeted therapies, response rates are lower<sup>92</sup>. Moreover, despite promising initial responses in some patients are observed, resistance to immune-based therapies can be developed. Several strategies including genetically modified virus, antibody-mediated inhibition of immunecheckpoints, cytokine-based approaches, vaccines and adoptive cell transfer, are being developed and clinically tested in order to deal with low response rates, treatment-derived toxicity and resistance development<sup>93</sup>.

Herpes simplex virus type I T-VEC is a genetically modified virus that preferentially replicates in tumor cells, enhances antigen loading of MHC class I and expresses granulocyte-macrophage colony-stimulating factor (GM-CSF), which results in an increased tumor-antigen presentation by dendritic cells (DCs). Combination with Ipilimumab and Pembrolizumab has showed an increase in the ORR in advanced melanoma patients. However, the majority of responses are limited to the site of injection, and the delivery to metastatic regions is limited<sup>93</sup>.

Inhibitors against lymphocyte activation gene-3 (LAG-3), an inhibitor of T-cell response, activation and growth; and T-cell immunoglobulin and mucin-domain containing-3 (TIM-3), a suppressor of FoxP3<sup>+</sup> Treg-cells, macrophages and DCs, are now in clinical development. LAG-3 inhibition with different monoclonal antibodies (Relatlimab, LAG525 and MK-4280) has showed promising results in combination with Pembrolizumab or Nivolumab. Regarding TIM-3, trials are ongoing and potential synergistic effects are expected in combination with other immunecheckpoint inhibitors<sup>94</sup>.

Several cytokines, including IL-12, IL-15, IL-18, IL-21 and GM-CSF have been tested showing reduction of tumor growth. However, the use of cytokine-based treatments as single agents is quite controversial due to their pleiotropic activity and derived-toxicity<sup>93</sup>.

Peptide vaccines have been proposed as an alternative mechanism to induce specific immune response against tumor antigens. The results have showed some potential synergistic effects in combination with other immuncheckpoint inhibitors<sup>93</sup>.

Adoptive cell transfer is emerging as a new strategy for the treatment of patients with non-functional tumor antigen-specific T-cells. Two different approaches, including transfer of expanded pre-existing anti-tumor T-cell populations and gene therapy based in the alteration of T-cells to express high affinity T-cell receptors (TCRs) becoming melanoma-specific have been described. CAR-T cells (chimeric antigen receptor T-cells) have been proposed for adoptive cell transfer, showing efficacy in hematological malignancies. However, lower responses have been described in solid tumors. Combination of CAR-T cells-based therapy with immuncheckpoint inhibitors is currently being tested<sup>93</sup>.

Future promising strategies include the combination of different immune-based therapies among them and with targeted therapy agents. Even several trials are ongoing trying to increase response rates and to deal with toxicity and resistance-development, it seems that only certain subsets of patients would benefit from these approaches.

### **2.4.3. Therapeutic needs**

Despite huge advances have been made in the landscape of metastatic melanoma treatment during the last decade, only a subset of patients achieves long-term responses. Moreover, there are still a significant percentage of patients that do not respond to any available therapy. Establishment of novel therapeutic approaches, together with the improvement of already available ones, are critical steps to further improve survival outcomes in patients with this disease.

Targeted therapies are only available for *BRAF* mutant tumors but, regarding those 50% of patients lacking *BRAF* mutations, few advances have been made in the development of specific targeted treatments. As already mentioned, the next most common mutation in melanoma occurs in *NRAS*, accounting for more than 20% of cases. *NRAS*-mutant patients have been observed to present a more aggressive disease that is associated with poorer prognosis<sup>44,47</sup>. Although the

relatively high incidence and relevance of this mutation in the disease, these tumors are still orphans in terms of therapy and are subjected to treatment with non-specific approaches, which includes chemotherapy and immunotherapy, resulting in low response rates and high toxicity. There is an urgent need to find new approaches for the treatment of *NRAS*-mutant melanoma in order to target these tumors in a more specific way, what will contribute to the improvement of patient's survival.

#### **2.4.3.1. *RAS: The undruggable oncogene***

RAS proteins have been observed to be highly relevant in melanoma biology, being mutated in more than 20% of the cases and playing a key role in the regulation of the RAS-ERK1/2 pathway. As explained above, these proteins need to be post-translationally modified in order to acquire acyl groups that allow its localization to the plasma membrane<sup>80-82</sup>. During the last years different post-translational modification inhibitors have been proposed, however, none of them have produced benefits in patient's outcome and serious side effects have been observed.

Due to the failure observed upon direct inhibition of *NRAS*, efforts have been focused in the inhibition of critical signaling pathways driven by RAS-mediated transformation. The most studied approach has been the inhibition of the RAS-ERK1/2 pathway using MEK inhibitors. After several clinical trials testing different MEK inhibitors from first to third generation, no specific response has been observed in patients carrying *NRAS* mutations<sup>95-98</sup>.

Next generation MEK inhibitors, such as Binimetinib and Pimasertib, have showed certain effects in progression-free survival (PFS) in *NRAS*-mutated advanced melanoma patients when compared to Dacarbazine, however, adverse effects are still observed<sup>99,100</sup>. In order to achieve more relevant clinical responses, MEK inhibitors are being tested in combination with additional agents. It is of especial interest the synergistic effect observed upon the combination with PI3K pathway inhibitors. Several clinical trials are ongoing in order to define the most efficient drug combination for the treatment of this molecular subtype<sup>40</sup>. For the moment, no clear effects are observed and further investigation is needed.

Although the currently implemented targeted and immunotherapeutic approaches may provide some benefit to patients with *NRAS*-mutant melanoma, none of these therapies are mutation specific and have shown partial responses and significant toxicity. In contrast with *BRAF* mutant melanoma, to date, there are no available specific and effective therapeutic strategies approved for *NRAS* mutant melanoma treatment. As a consequence, many clinicians do not perform mutational profiling of *NRAS* routinely although the presence of *NRAS* mutations may have prognostic implications and would facilitate patient management and clinical trial enrolment. A better understanding of the biological and signaling features of the *NRAS*-mutant melanoma subtype is urgently needed. This would help to the establishment of novel, specific and effective therapeutic strategies, what is essential to keep advancing in the management of this disease.

### **3. Cancer Metabolism: An Emerging Hallmark of cancer**

#### **3.1. Metabolic reprogramming in cancer**

During the last two decades interest in how cancer cells regulate metabolism has grown considerably. Tumor cells have to deal with stressful situations like low nutrient and oxygen accessibility at the same time that they need to maintain high proliferation rates and tumor growth. In order to adapt to such stressful situation and sustain tumor mass, cells have to provide enough energy as well as building blocks, like amino acids, nucleotides and lipids<sup>53,54</sup>. As a result, metabolism regulation is frequently altered in transformed cells, what results in an opportunity for the specific targeting of them. One of the most studied and established cancer hallmarks is the adaptation of glucose metabolism, involving an increase in aerobic glycolysis or *Warburg effect* even in the presence of enough oxygen<sup>53,54,101</sup>.

Tumor metabolism is a complex process that derives from intrinsic tumor properties together with tumor-microenvironment interactions and all the involved processes must be coordinated. The metabolic composition of the tumor microenvironment can determine the metabolic phenotype of the tumor cells, and vice versa. This fact results in high heterogeneity between different tumors or even within the same tumor<sup>54,102</sup>. Moreover, metabolic features of the tumor can also



change during time in order to adapt to the metabolic needs during cancer progression<sup>102,103</sup>. In this context, cancer cells are exposed to different levels of oxygen and nutrients, what determines the behavior of the cells that, depending on the location within the tumor, will rewire its metabolism in one way or another in order to adapt to these conditions<sup>102</sup>. Because of the complexity of this process, characterization of metabolic regulation in cancer has been a challenge during the last years.

Many studies indicate that targeting metabolism can result in the reduction of cancer growth. Furthermore, during the last years, evidence is growing about the fact that metabolic reprogramming can be subjected to regulation by oncogenes and/or tumor suppressors<sup>102,103</sup>. These discoveries open new avenues for therapeutic interventions based on targeting metabolism in tumor cells. Moreover, metabolic targeting could be combined with other anticancer drugs in order to improve the efficacy of the treatment, avoid resistance development and improve patient's outcome.

### ***3.2. Oncogene-dependent metabolic settings***

Metabolic reprogramming is the result of a complex interplay between oncogenes, tumor suppressors and components of the tumor microenvironment. These factors can modulate both the expression and the activity of a wide range of metabolic enzymes, giving rise to specific expression and activity patterns that differ from non-tumoral cells. These patterns will vary depending on the tissue of origin and the genetic and epigenetic features of the tumor cells.

Until now, several oncogenic drivers have been described to regulate different metabolic pathways. In the specific case of the RAS-ERK1/2 pathway, *BRAF* oncogenic mutations have been related to the regulation of several genes such as hypoxia-inducible factor 1 subunit  $\alpha$  (*HIF1 $\alpha$* ), *MYC* proto-oncogene (*MYC*) and melanocyte inducing transcription factor (*MITF*), which are responsible of the regulation of distinct metabolic pathways, including carbon metabolism, especially by regulating the balance between aerobic glycolysis and oxidative phosphorylation<sup>57,104–106</sup>.

### 3.2.1. Metabolic regulation in BRAF mutant tumors

It is well established that oncogenic *BRAF* mutations regulate metabolic reprogramming in melanoma<sup>52,53,57,107</sup>. In *BRAF* mutant tumors, pyruvate has been defined as a pivotal metabolite. It can fuel alternative metabolic pathways, what will define the tumor destiny. If it is metabolized through the TCA cycle and the consequent oxidative phosphorylation, oncogene-induced senescence (OIS) will be activated<sup>108,109</sup>. This is the result of the regulation of pyruvate dehydrogenase complex (PDH) regulated by both, pyruvate dehydrogenase kinases (PDKs) and phosphatases (PDPs). In senescent cells, PDH activity is increased due to a higher phosphatase activity, which result in the maintenance of OIS<sup>110</sup>. On the other hand, induction of aerobic glycolysis would result in the development of tumorigenesis, in this case, due to an increase of kinase activity<sup>108,109</sup>. It has been described *in vivo* that PDK1 silencing (both, genetically and chemically), decreases tumorigenesis and promotes regression of already established tumors. Moreover, it enhances sensitivity to BRAF inhibitors, suggesting the combination of PDK1 and BRAF inhibitors as a novel therapeutic approach<sup>111</sup>.

Another important metabolic pathway regulated in *BRAF* mutant tumors is ketogenesis. High expression of mitochondrial ketogenic enzymes, including HMG-CoA synthase 1/3 and hydroxyl-3-methylglutaryl-CoA lyase (HMGCL), have been described to cooperate with *BRAF* mutations<sup>112</sup>. In primary human melanomas, HMGCL overexpression on a BRAF<sup>V600E</sup> background is accompanied by elevated phosphorylation and activation of MEK and ERK in comparison to tumor cells with wild-type BRAF<sup>112</sup>. Importantly, HMGCL is required for BRAF-induced cell transformation, as knockdown of either mutant *BRAF* or *HMGCL* decreases cell proliferation and tumor growth in xenograft models<sup>112</sup>. Addition of acetoacetate, the HMGCL product, to the media of cultured cells selectively promoted proliferation of *BRAF* mutant cells and rescued growth phenotypes induced by *HMGCL* knockdown, what was accompanied by increased MEK and ERK phosphorylation<sup>112</sup>.

Moreover, BRAF inhibition promotes the overexpression of MITF and peroxisome proliferator-activated receptor  $\gamma$  coactivator 1 $\alpha$  (PGC1 $\alpha$ ) in order to adapt to low ATP levels and as a consequence, reduced glycolytic flow<sup>57</sup>. MITF

expression partially restores glycolysis through the induction of mitochondrial biogenesis and the increase of oxidative metabolism. ATP levels can be also restored through a PGC1 $\alpha$ -driven mitochondrial generation program that results in the upregulation of oxidative phosphorylation. This induction limits BRAF inhibitor efficacy. Thus, combining BRAF inhibition with inhibitors of mitochondrial function is a promising approach to inhibit tumor cell proliferation<sup>57</sup>.

Both, metformin and phenformin, known inhibitors of AMP-activated protein kinase (AMPK), have been described to enhance the therapeutic efficacy of BRAF<sup>V600E</sup> inhibitors in melanoma<sup>113,114</sup>. This efficacy is due to metformin- and phenformin-derived blockage of the boost in glycolytic and TCA cycle intermediates taking place during malignant transformation<sup>115</sup>. Moreover, BRAF<sup>V600E</sup> mutant tumors have been described to be insensitive to energy stress and consequently do not activate AMPK due to the uncoupling of liver kinase B1 (LKB1)-AMPK axis<sup>107</sup>.

BRAF alterations are also involved in glutamine metabolism. BPTES, an inhibitor of the enzyme glutaminase, synergizes with BRAF inhibitors due to the increased reliance of BRAF<sup>V600E</sup>-inhibited melanoma cells on glutamine<sup>72,116</sup>.

Overall, these studies independently confirm that combined targeting of mitochondrial oxidative metabolism and oncogenic BRAF signaling has a synergistic effect in the inhibition of tumor growth and resistance development. However, even more than 20% of melanomas have activating mutations in *NRAS*, surprisingly, much less is known about the metabolic consequences of this genetic alteration. In the case of *KRAS* mutations, several studies support metabolic rewiring in different types of cancers which involves changes in glucose metabolism, glutamine utilization, mitochondrial metabolism and reactive oxygen species (ROS) metabolism<sup>53</sup>.

### **3.3. Glucose metabolism**

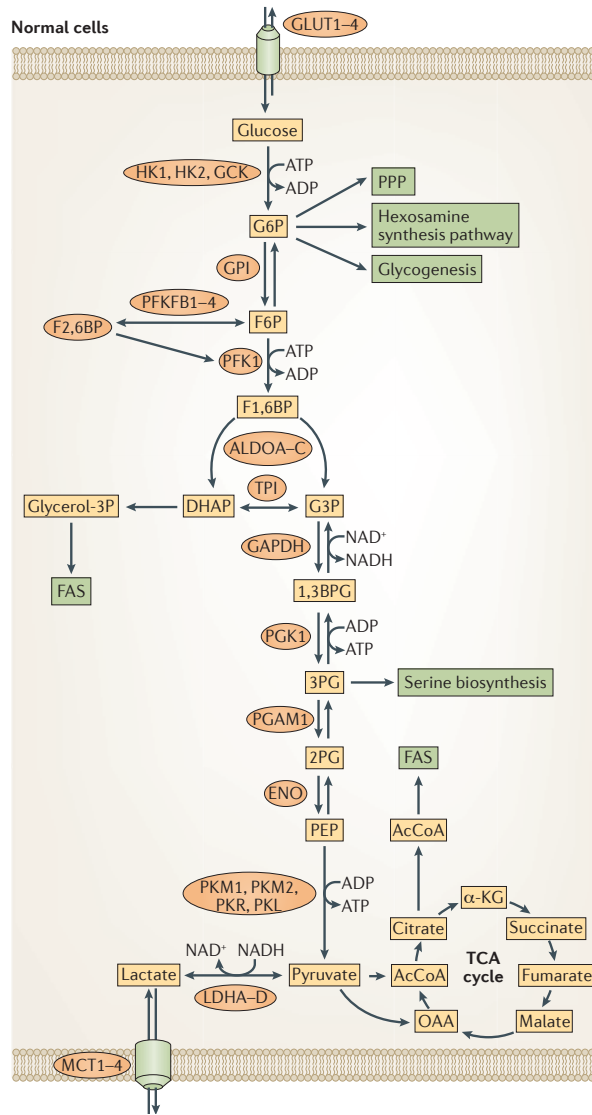
Glucose metabolism involves different metabolic pathways including glycolysis, which transform glucose to pyruvate with the consequent ATP generation; the pentose phosphate pathway (PPP), which generates ribulose-5-phosphate and

pentose phosphates for RNA and DNA synthesis, as well as NADPH; the hexosamine pathway, required for protein glycosylation; glycogenesis, which storage glucose for future needs; the serine biosynthesis pathway, involved in the generation of aminoacids; and the one-carbon metabolism cycle, required for purine and glutathione biosynthesis, as well as for NADPH generation<sup>103</sup>.

Until now, glycolysis has been the most studied and cancer-related metabolic pathway. It is a multistep process in which glucose is transformed into pyruvate in the cytoplasm (Figure I.4). First of all, glucose is internalized into the cell through specific transporters known as GLUT1-4. The different isoforms present different affinities for glucose and its expression can vary depending on the cell type and tissue<sup>103</sup>. Interestingly, certain oncogenes can regulate glucose uptake by switching from one isoform to another in tumor cells. For example both, *KRAS* and *BRAF* mutations, are known to induce the expression of GLUT1<sup>117,118</sup>. Nevertheless, targeting glucose carriers as a way of targeting cancer is not a good approach because of the derived toxicity from non-tumoral cells also expressing these same isoforms<sup>103</sup>.

The glycolytic pathway is composed by several reversible enzymatic reactions and three irreversible or committed steps, which are the most relevant ones in terms of regulation. Once glucose is internalized, it is phosphorylated by hexokinase (HK) to produce glucose 6-phosphate (G6P) in the first committed step. At this point glucose is trapped inside the cell. G6P is then rearranged to fructose 6-phosphate (F6P) by glucose phosphate isomerase (GPI). Fructose can also enter to the glycolytic pathway by phosphorylation at this point. The second committed step of glycolysis is driven by phosphofructokinase 1 (PFK-1) and catalyzes the conversion of F6P into fructose 1,6-bisphosphate (F 1,6-biP). The obtained hexose is split in two trioses: glyceraldehyde 3-phosphate (GA3P) and dihydroxyacetone phosphate (DHAP) by aldolase (ALDO). DHAP can be quickly converted into GA3P by a triosephosphate isomerase enzyme (TPI). Then, glyceraldehyde 3-phosphate dehydrogenase (GAPDH) catalyzes the conversion of GA3P into 1,3-bisphosphoglycerate (1,3-biPG). Subsequently, 1,3-biPG is converted into 3-phosphoglycerate (3PG) by phosphoglycerate kinase (PGK) in a reaction that generates ATP. Phosphoglycerate mutase (PGAM) isomerizes 3PG into 2-

phosphoglycerate (2PG). Enolase next converts 2PG to phosphoenolpyruvate (PEP) and finally PEP results in pyruvate upon pyruvate kinase (PKM) activation in the third and last committed step of the pathway, also involving the production of ATP<sup>103</sup>.



**Figure I.4. Glycolysis pathway.** Enzymes that catalyze the metabolic reactions are shown in ovals. GLUT=Glucose transporter; HK=Hexokinase; GCK=Glucokinase; G6P=Glucose 6-phosphate; GPI=Glucose 6-phosphate isomerase; F6P=Fructose 6-phosphate; PFKFB=6-Phosphofructo 2-kinase/fructose-2,6-bisphosphatase; F 2,6-biP=Fructose 2,6-bisphosphate; PFK-1=Phosphofructokinase; F 1,6-biP= Fructose 2,6-bisphosphate; ALDO=Aldolase; DHAP=Dihydroxyacetone-phosphate; TPI=Triosephosphate isomerase; G3P=Glyceraldehyde 3-phosphate; GAPDH=Glyceraldehyde 3-phosphate dehydrogenase; 1,3-biPG=1,3-bisphosphoglycerate; PGK=Phosphoglycerate kinase; 3PG=3-phosphoglycerate; PGAM=phosphoglycerate mutase; 2PG=2-phosphoglycerate; ENO=Enolase; PEP=Phosphoenol pyruvate; PK=Pyruvate kinase; LDH=Lactate dehydrogenase; MCT=Monocarboxylate transporter; AcCoA=acetyl-CoA; α-KG=α-ketoglutarate; OAA=Oxaloacetate; FAS=Fatty acids synthesis; PPP=Pentose phosphate pathway; TCA=Tricarboxylic acid. Hay et al., 2016<sup>103</sup>.

The energetic balance of the pathway results in the consumption of two molecules of ATP during the first half or preparatory phase of the pathway and the generation of four molecules of ATP during the second or payoff phase of the pathway. Moreover, two molecules of NADH are generated.

### **3.3.1. Glycolysis regulation**

The conversion of glucose into pyruvate is regulated to meet two major cellular needs: the production of ATP and the provision of building blocks to sustain cell proliferation and tumor growth. As previously explained, glycolysis involves several enzymatic reactions that can be classified into reversible and irreversible. Irreversible steps, which are known to be critical for the regulation of the process, are catalyzed by hexokinases (HKs), phosphofructokinases (PFKs) and pyruvate kinases (PKMs). These enzymes are subjected to a rigorous control by a wide range of mechanisms.

There are five different human hexokinases whose expression varies depending on the tissue. HK2 is the most expressed isoform in cancer cells, resulting in an increased glycolytic flux<sup>119</sup>. This step is known as the first committed step of glycolysis mainly for two reasons: it traps glucose inside the cell and it is the converging point of glycolysis, the pentose phosphate pathway (PPP), the hexosamine pathway and glycogen biosynthesis. Hexokinases can be allosterically inhibited by its own product glucose 6-phosphate (G6P)<sup>103</sup>.

In the case of phosphofructokinases, regulation is more complex. PFK-1 can be allosterically regulated (activated) by fructose 2,6-bisphosphate (F 2,6-biP), which is generated from fructose 6-phosphate (F6P) by 6-phosphofructo-2-kinase/fructose-2,6-bisphosphatase (PFK-2 or PFKFB) enzymes. Different downstream products of glycolysis, including phosphoenol pyruvate (PEP), lactate, citrate, palmitoyl-CoA and ATP, can also negatively regulate this enzyme. Moreover, PFK-1 activity can be inhibited by glycosylation at position S529 avoiding the binding to F 2,6-biP<sup>120</sup>. Regulation of this enzyme is essential for the control of metabolites derivation to branching pathways<sup>103</sup>.

Pyruvate kinases catalyze the last glycolytic step. There are four different pyruvate kinases: PKM1, PKM2, PKR and PKL. They can be activated by direct

binding of both, F 1,6-biP and serine; and inhibited by phosphorylation at Y105 or binding to phosphotyrosine peptides. PKM activity can be also modulated by high levels of reactive oxygen species (ROS), resulting in the derivation of metabolites to alternative pathways in order to generate NADPH to combat oxidative stress<sup>103,121</sup>. Cancer cells usually express pyruvate kinase PKM2, which is characterized by its low affinity for PEP and results in the attenuation of this step<sup>122</sup>. This suggests the existence of an alternative mechanism for the conversion of PEP into pyruvate. This reaction depends on PGAM1, the enzyme that catalyzes the conversion of 3PG into 2PG in the pathway. This enzyme, moreover, is able to generate pyruvate from PEP<sup>123</sup>. The attenuation of this step diverts metabolites into the branching pathways, such as the PPP and the serine biosynthesis pathway, in order to produce enough metabolic intermediates to sustain cell growth and proliferation.

### ***3.3.2. Regulation of glucose metabolism in cancer***

There is not a common mechanism for all cancer cells to regulate and reroute glucose metabolism, but some frequent strategies have been observed to occur in a significant number of tumors<sup>103</sup>.

Many malignant cells are characterized by an increased glucose uptake. Moreover, there are additional mechanisms that modify the glycolytic flux for an efficient adaptation to the changeable metabolic needs. These mechanisms are mainly focused in the regulation of the expression and activity of the three glycolytic pivotal enzymes. In one way, higher expression of hexokinases, being HK2 the most relevant isoform in cancer, has been described<sup>119</sup>. The second committed step of glycolysis is dependent on PFK-1, which catalyzes the conversion of F6P into F 1,6-biP. Cancer cells show increased activity of this enzyme due to the regulation of PFKFB1-4 enzymes, which produces F 2,6-biP, an allosteric regulator of PFK-1, being PFKFB3 isoform the most expressed one in tumor cells due to the higher kinase/phosphatase activity ratio of this isoform<sup>124,125</sup>. The third pivotal step of the glycolytic pathway is catalyzed by pyruvate kinases, converting PEP into pyruvate. In the case of this step, an attenuation of the reaction has been described in cancer cells, what is explained by a preference for cancer cells of using PKM2, an isoform presenting a lower affinity

for PEP<sup>122</sup>. This attenuation results in higher flux of glycolysis-derived metabolites to branching pathways.

As previously mentioned, one of the most relevant mechanisms involved in the adaptation of general metabolism and specifically, glucose metabolism, is oncogene-dependent metabolic rewiring. Some of the most studied oncogenes until now, including *KRAS*, *BRAF*, *AKT* and *MYC*, have been described to regulate glucose transporters<sup>117,118,126</sup>. Tumor suppressors also play an important role in the regulation of metabolism. *TP53* induces the expression of TP53-induced glycolysis and apoptosis regulator (*TIGAR*)<sup>127</sup>, which can decrease the levels of F 2,6-biP, and as a consequence decrease PFK-1 activity. *TIGAR* can also regulate *HK2*, promoting its activity in a PFKFB-independent manner<sup>128</sup>. PFKFB isozymes have been described to be relevant for malignancy acquisition, specifically *PFKFB2* and *PFKFB3*, which have been observed to be upregulated in cancer cells, are under the control of *AKT*<sup>129</sup>.

Environmental stressors, like hypoxia, and one of the most well-known hypoxia inducible factors, *HIF1 $\alpha$* , have been also described to accelerate glucose metabolism by a wide range of different mechanisms. One example is the increase in the expression of *GLUT1* and *HK2*<sup>130</sup>.

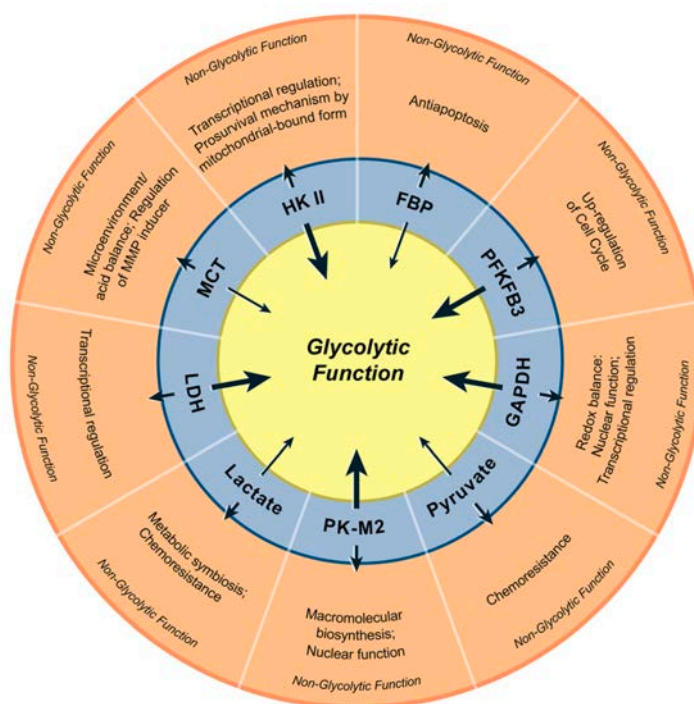
Events following glycolysis are also differentially regulated in cancer cells. Pyruvate conversion into lactate is increased in tumoral versus non-tumoral cells by an increased expression of lactate dehydrogenases (*LDHs*)<sup>131</sup>. These enzymes are bidirectional and different isoforms present different affinity for pyruvate and lactate. *LDHA* has higher affinity for pyruvate while *LDHB* present higher affinity for lactate. Depending on the most expressed isoform, the flux will go in one sense or another. The most expressed isoform in cancer is *LDHA*, what explains the increased flux from pyruvate to lactate in these cells. The produced lactate is mainly secreted to the extracellular media thanks to the presence of specific carriers known as monocarboxylate transporters (*MCTs*). Diminishing intracellular accumulation of lactate is essential in order to maintain low acidic environment as well as to avoid PFK-1 inhibition by this metabolite<sup>132</sup>. Lactate secretion also has some advantages for the extracellular environment including regulation of invasion<sup>133</sup> and its use as an energy source for adjacent cells<sup>134</sup>. Both,



LDHA and MCTs, can be regulated by HIF1 $\alpha$  and MYC<sup>130,135</sup>.

GAPDH, even it is not considered a pivotal enzyme in glycolysis regulation, is also relevant in terms of glucose diversification as its inhibition can reroute glucose to the PPP in order to generate reduction power. Under oxidative stress conditions, the channeling of metabolites to the PPP is further increased by the oxidative inhibition of GAPDH activity<sup>136</sup>.

Moreover, glycolytic enzymes present alternative functions that are not related to metabolism and promote malignant transformation<sup>137</sup> (Figure I.5). These functions are mainly associated with transcriptional regulation, cell cycle regulation and chemoresistance.



**Figure I.5. Non-metabolic functions of glycolytic enzymes and metabolic intermediates in cancer cells.** Ganapathy-Kanniappan and Geschwind, 2013.

### 3.3.2.1. Warburg effect

All these molecular changes taking place in malignant cells lead to an increase in glycolytic flux. However, this does not always result in an increase in oxidative phosphorylation (OXPHOS). Otto Warburg described this phenomenon in the late 1920s and since then it has been known as *Warburg effect* and it has been considered one of the most accepted and well-described cancer hallmarks<sup>101</sup>.

The rationale of regulating glucose metabolism in this way is that cancer cells present a high demand of energy, reduction power and building blocks for anabolic processes in order to sustain high proliferation rates and tumor growth. This means that glycolysis is accelerated in cancer cells to feed the branching pathways that generate enough biomass to sustain nucleic acid, protein and membrane synthesis, allowing tumor maintenance and growth. Even the yield of ATP per glucose molecule consumed is lower than through complete OXPHOS, it can surpass that produced from OXPHOS if the glycolytic flux is high enough. In summary, the *Warburg effect* has a positive impact on energy production, biomass generation and detoxification of reactive oxygen species (ROS) through the generation of reduction power<sup>138</sup>.

This discovery has been contemplated as an opportunity for the specific targeting of these cells and has been also used for many years for the development of tumor detection using image techniques. This difference in glucose consumption in tumoral versus non-tumoral cells can be used for the specific detection of tumors through positron emission tomography (PET), which is based in the use of labeled glucose analogue [<sup>18</sup>F] fluorodeoxyglucose (FDG), whose uptake is higher by high proliferative cells<sup>139</sup>.

### **3.3.2.2. Glucose deprivation**

Glucose deprivation is one of the most common environmental factors affecting tumor cells. This occurs in tumors with high growth rate, where cells that stay in the middle of the tumor mass are not well irrigated. This situation is especially harmful for cancer cells due to its dependence on glucose to maintain cell proliferation and survival. At the molecular level, glucose starvation results in the reduction of intracellular ATP and NADPH, generating an energetic imbalance and a stress condition derived from ROS intracellular accumulation, what can lead to cell death. In order to overcome this situation, cells activate AMP-activated protein kinase (AMPK). AMPK inhibits acetyl-CoA carboxylase 1/2 (ACC1/2), an essential enzyme for the regulation fatty acid synthesis (FAS) and fatty acid oxidation (FAO). As a consequence of this change in fatty acids synthesis regulation, NADPH consumption decreases. Moreover, NADPH synthesis is promoted upon FAO

induction and the activation of the folate pathway<sup>140</sup>. Glucose starvation can also promote the use of other alternative energy sources, like aminoacids. Many tumor cells rely on glutamine metabolism to fuel their cellular bioenergenicts, especially under energy stress conditions. Through conversion from glutamine to glutamate and  $\alpha$ -ketoglutarate, cells can fuel the TCA cycle. Glutamine metabolism has been described to be regulated by MYC, which can promote glutamine uptake, as well as glutamine catabolism. Serine and glycline are some other examples of alternative energy sources for cancer cell metabolism<sup>53,106</sup>.

### **3.3.3. Targeting metabolism as a novel therapeutic approach**

The exploitation of metabolic reprogramming may provide attractive and effective therapeutic approaches for the selective targeting of cancer cells. However, to be effective, there are different issues to consider: the efficacy of metabolic routes, in particular glycolysis, is in part due to the existence of several isoforms of the different glycolytic enzymes. Additionally, inhibitors may not distinguish between the cancer-specific isoform and the isoforms expressed by normal cells, and even if specificity could be achieved, the expression of the other isoforms could be induced in response to inhibition of the cancer-specific isoform, what would compensate the function of the inhibited isoform. Another concern is related to metabolic heterogeneity of the tumors. This condition can overwrite the inhibition of one metabolic pathway by the upregulation of alternative routes. To avoid this, different metabolic pathways should be inhibited at the same time.

## **4. Phosphofructokinase (PFK-1)**

### **4.1. Isozymes and structure**

PFK-1 enzymes, kinases involved in the phosphorylation of F6P to F 1,6-biP, are expressed by three different tissue-specific genes: *PFKM* in muscle, *PFKL* in liver and *PFKP* in platelets. The molecular weight of each subunit varies being 82.5 kDa, 77 and 86.5 respectively<sup>124</sup>. For the enzyme to be active, each subunit has to dimerize with three more subunits forming homo- or hetero-tetramers, depending on the cell type<sup>141</sup>. The main isoenzymes expressed in tumor cells are PFKP and PFKL. On the other hand, fructose 1,6-bisphosphatases (FBPases) catalyzes the opposite reaction in which F 1,6-biP is dephosphorylated back to F6P during the

gluconeogenesis pathway<sup>124</sup> (Table I.4).

Gene name	Chromosomal location (human)	Kinase/phosphatase activity	Regulation
<i>PFKM</i>	12q13.11	Kinase	PKA, PKC, AMPK
<i>PFKL</i>	21q22.3	Kinase	RAS, Src, HIF1 $\alpha$
<i>PFKP</i>	10p15.2	Kinase	AKT, EGFR, HIF1 $\alpha$ , Glycosylation, Snail
<i>FBPase1</i>	9q22.32*	Phosphatase	Snail
<i>FBPase2</i>	9q22.32*	Phosphatase	Not described

**Table I.4. Phosphofructokinase (PFK-1) and fructose-1,6-bisphosphate (FBPase) isoforms.** Table includes chromosomal location, enzyme activity and known regulation mechanisms. \*Same chromosomal region, different locus. *Modified from Bartrons et al., 2018*<sup>124</sup>.

## 4.2. Regulation and role in cancer

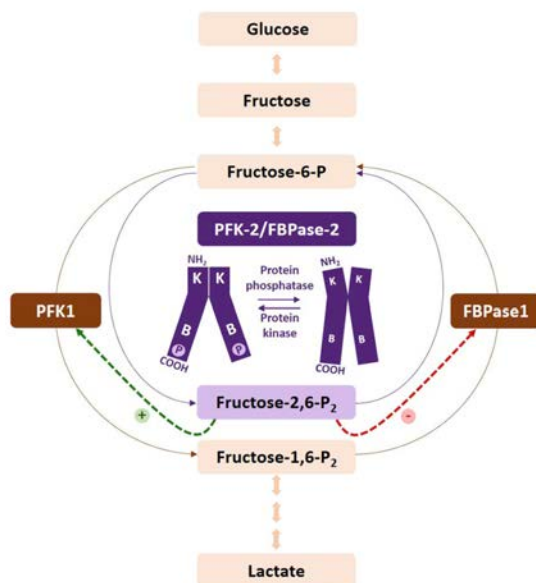
As previously mentioned, glycolysis is a tightly regulated process where the irreversible steps are key for the control of the pathway. The step catalyzed by PFK-1 is the most important one due to its role in the redirection of the glycolytic metabolites to branching metabolic pathways, which is essential for rapid proliferating cells to generate enough reduction power and biomass to sustain tumor growth.

This enzyme is subjected to a complex regulation process. Its functionality and regulatory characteristics depend on the composition of the different subunits forming the active tetramer. Furthermore, PFK-1 can be also regulated by different allosteric effectors, including negative (citrate, ATP, PEP, and [H<sup>+</sup>]) and positive effectors (F 2,6-biP, AMP, F 1,6-biP, G 1,6-biP, NH<sub>4</sub><sup>+</sup>, and P<sub>i</sub>). This fact results in the coordination of the response to the energy status of the cell<sup>141</sup>. Moreover, the presence of high amounts of lactate induces the dissociation of the tetramers reducing its enzymatic activity and consequently, reducing glycolytic flux<sup>132</sup>.

PFK-1 activity can be also induced by different oncogenes as well as cancer-related transcription factors. Overexpression of RAS, Src or HIF1 $\alpha$  has been described to be involved in the regulation of PFK activity<sup>142,143</sup>. The transcriptional repressor Snail can also reprogram glucose metabolism by suppressing lactate production and, as a consequence, PFKP<sup>144</sup>.

Postranslational modifications, such as glycosylation and phosphorylation, also modulate the activity of this enzyme. Glycosylation can occur in response to hypoxic stress, which results in the inhibition of PFK-1 activity and the consequent redirection of the glycolytic flux toward the PPP<sup>120</sup>. PFK-1 isozymes can be phosphorylated by different kinases but this does not have significant effects in the enzyme activity<sup>145,146</sup>. AKT can bind to and phosphorylate PFKP at S386, which inhibits its binding to TRIM21 E3. This results in the inhibition of PFKP polyubiquitylation and subsequent degradation, so an increase in glycolytic flux can be observed<sup>147</sup>. The enzyme location is also important for its regulation. PFKM activity has been observed to increase upon localization to the actin filaments of the cytoskeleton<sup>148</sup>.

PFKFB1-4 enzymes, which are characterized by dual kinase/phosphatase activity, as well as TIGAR, catalyze fructose-6-phosphate/fructose-2,6-bisphosphate cycle, thus playing a key role in the control of PFK-1 and consequently, of the glycolytic rate<sup>124</sup> (Figure I.6).



**Figure I.6. Regulation of the F6P/F 1,6-BP substrate cycle.** Bartrons et al. 2018.

As stated above, targeting metabolic enzymes as a therapeutic strategy against tumor cells may not be a good approach as normal cells also express the same enzymes and it could result in non-tolerable toxicity. Targeting specific mechanisms involved in the regulation of these enzymes in tumor cells, instead of directly targeting the glycolytic enzymes, could overcome these unspecific effects. Following this rational, PFK-1 enzyme could be inhibited by directly targeting

PFKFB enzymes, specifically those isoforms preferentially expressed by cancer cells. PFKFB enzymes product F 2,6-biP concentration inside the cell depends on the relative kinase and phosphatase activities of the different PFKFB isoforms so, specific inhibition of the kinase activity would result in a decrease of F 2,6-biP amount and the subsequent inhibition of PFK-1 activity. Thus, the use of small-molecule inhibitors that inhibit the kinase activity of cancer-specific PFKFB isoforms has been proposed as a possible therapeutic approach for the inhibition of PFK-1 in cancer cells<sup>149</sup>.

## 5. PFKFB (6-phosphofructo-2-kinase/fructose-2,6-bisphosphatase) enzymes

### 5.1. Isoenzymes and structure

PFKFB enzymes are structured in two tandem domains with opposing activities. The first one, with kinase activity, is able to phosphorylate F6P to F 2,6-biP; and the second one, with phosphatase activity, dephosphorylates F 2,6-biP back to F6P. Because F 2,6-biP has an allosteric effect in PFK-1 activity, the relative kinase to phosphatase activity ratio of PFKFB enzymes plays an essential role in the regulation of PFK-1 activity, modulating the intracellular levels of F6P and F 1,6-biP and consequently, regulating the glycolytic flux.

Gene name	Chromosomal location (human)	Kinase/phosphatase ratio	Regulation
<b>PFKFB1</b>	Xp11.21	1.2 (bovine liver), 2.5 (rat liver), 0.4 (rat muscle)	PKA, PP2A
<b>PFKFB2</b>	1q32.1	1.8 (bovine liver)	AMPK, PKA, AKT, PKC, RSK, Glucocorticoids, Androgens
<b>PFKFB3</b>	10p15.1	710 (human placenta), 3.1 (bovine brain)	AMPK, PKA, AKT, PKC, Smad, RSK, p38-MK2, Estrogens, Adenosine, LPS, P53, S-glutathionylation, demethylation
<b>PFKFB4</b>	3p21.31	0.9 (human testis), 4.1 (rat testis)	HIF1 $\alpha$ , P-PPAR $\gamma$ , testosterone, p53

**Table I.5. Phosphofructokinase-2 isoforms.** Table includes information regarding chromosomal localization of the different PFKFB isoforms, kinase to phosphatase activity ratio and known regulators. *Modified from Bartrons et al., 2018*<sup>124</sup>.

There are four isoforms of PFKFB (PFKFB1–4), each one encoded by a separate gene. The relative kinase to phosphatase activity of each isoform varies as well as their relative expression levels, which are tissue-specific (Table I.5, Figure I.6). It is important to remark the higher kinase to phosphatase ratio of PFKFB3

(710) in comparison with the rest of the isoforms, what explains why cancer cells preferentially express it.

PFKFB proteins are known to be homodimeric, composed of two 55 KDa subunits. Each monomer present both kinase and phosphatase domains within the same polypeptide chain, with the kinase domain at the N-terminal end of the protein and the phosphatase domain at the C-terminal end<sup>150</sup>.

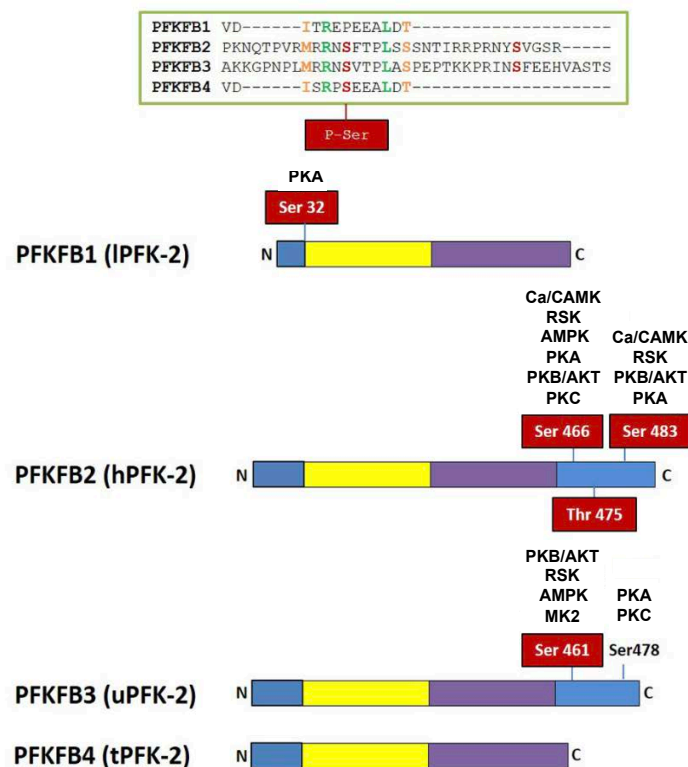
## ***5.2. Regulation and role in cancer***

As previously explained, PFKFB enzymes are regulators of PFK-1 through the generation of fructose 2,6-bisphosphate. This metabolite is a known allosteric regulator of PFK-1, which results in the increase of the affinity of PFK-1 for F6P and the modulation of ATP-mediated inhibition of PFK-1. It can also synergistically increase the affinity of PFK-1 for AMP, a positive allosteric effector of the enzyme. Moreover, it is involved in the inhibition of the phosphatase activity of the enzyme<sup>124</sup>. Furthermore, F 2,6-biP stabilizes PFK-1 and promotes its association into tetramers and higher oligomers with enhanced activity<sup>124,141,148</sup>. Therefore, changes in the concentration of this metabolite regulate the activity of PFK-1 and FBPase1, thereby conferring a key role of F 2,6-biP in the regulation of the glycolytic flux. These enzymes are mainly regulated by phosphorylation and its regulation varies depending on the isoform<sup>124</sup> (Figure I.7).

PFKFB1 can be phosphorylated at residue S32 by cAMP-dependent protein kinase (PKA), in response to glucagon, and dephosphorylated by protein phosphatase 2A (PP2A), activating the bisphosphatase and inhibiting the kinase activity respectively. This one is the only isoform that has not been found to be overexpressed in cancer cells<sup>124</sup>.

PFKFB2 has been described to be expressed in cancer cells<sup>151,152</sup>. This enzyme can undergo phosphorylation in different sites, integrating signals from many pathways. S466, T475 and S483 can be phosphorylated by 3-phosphoinositide-dependent kinase 1 (PDK-1), AMP-activated protein kinase (AMPK), PKA, PKB/AKT, PKC, p70 ribosomal protein S6 kinase (S6K1), calcium-calmodulin-dependent protein kinase (Ca/CAMK) and p90 ribosomal protein S6 kinase (RSK). Phosphorylation at these residues results in the activation of the

enzyme<sup>150</sup>. This enzyme is also subjected to transcriptional regulation. Regarding promotion of cancer phenotype, it has been described that PFKFB2 can contribute to metabolic reprogramming through the activation of the SLIT2/ROBO1 axis promoting proliferation, apoptosis and inducing the *Warburg effect* through the activation of the Src/ERK/MYC/PFKFB2 axis<sup>153</sup>. Additional regulation mechanisms, like non-coding RNAs can be also involved in PFKFB2 regulation<sup>154,155</sup>.



**Figure I.7. Domains organization of PFKFB enzymes.** Regulatory regions with residues susceptible of phosphorylation by different protein kinases are shown in blue. Modified from Bartrons et al., 2018.

PFKFB3 is the most expressed isoform in cancer cells. Like many proto-oncogenes PFKFB3 has many copies of the AUUUA sequence in their 3'UTR, which confers instability and enhanced translational activity<sup>156</sup>. PFKFB3 expression has been described to be regulated by several mechanisms, including response to stress, pro-inflammatory molecules and hormones, among others<sup>156-158</sup>. As well as the other isoforms, PFKFB3 activity can be modulated by phosphorylation at distinct sites. Different protein kinases, such as AMPK, PKA, AKT, PKC and RSK have been described to phosphorylate PFKFB3. Additional mechanisms of PFKFB3



## *Introduction*

regulation includes ROS-mediated S-glutathionylation and demethylation, both resulting in the inhibition of PFKFB3 kinase activity and the derivation of glycolysis intermediates to the pentose phosphate pathway (PPP)<sup>124,159</sup>. Due to its role in metabolism reprogramming in cancer cells, PFKFB3 has been proposed as a possible target for the establishment of novel therapeutic approaches<sup>149</sup>. Indeed, downregulation of *PFKFB3* expression with siRNAs has been reported to decrease cell viability in cancer cells<sup>160</sup>. Moreover, PFKFB3 small molecule inhibitors have been developed<sup>149</sup>. Recent studies in patients suggest significant effects in combination with standard chemotherapeutics in the treatment of recurrent tumors<sup>161</sup>.

PFKFB4 has been described to be upregulated in cell lines coming from prostate, liver, colon, bladder, stomach and pancreas tumors and its expression can be modulated by HIF1 $\alpha$ , PPAR $\gamma$  and p53<sup>124,151</sup>.

# **HYPOTHESIS AND OBJECTIVES**



*BRAF* and *NRAS* are the most commonly found mutated genes in melanoma, with an incidence of 50% and 20%, respectively. In both cases, alterations in these genes result in the constitutive activation of the RAS-ERK1/2 pathway, with a consequent increase in proliferation and survival deriving in increased tumorigenesis. However, even the same signaling pathway is affected, both types of tumors have been widely described to be different entities at clinical and molecular levels, which results in distinct signaling patterns as well as different biological behavior. Until now, several therapies against *BRAF* mutant tumors have been developed with some of them showing a high success rate. Surprisingly, for *NRAS* mutant tumors, there are no available specific therapies and these tumors are currently treated using more general approaches, including chemotherapy and immunotherapy, showing low response rates and toxicity.

Previous results in our group, together with additional investigations, have highlighted the presence of different metabolic settings subjected to *BRAF* oncogene regulation. However, little is known about the role of *NRAS* mutations in metabolic rewiring. Deciphering metabolic settings in *NRAS* mutant melanomas could provide new avenues for the establishment of specific therapeutic approaches against these, until now, untargetable tumors.

For this reason, the main aim of this thesis is to unveil new metabolic targets for therapy by the establishment of different metabolic settings under *NRAS* regulation.

Metabolic stress, specifically energy stress induced by either glucose removal or metformin treatment, has been observed to promote a differential response in *BRAF*<sup>V600E</sup> vs. *NRAS*<sup>Q61</sup> mutant cells, which results in the acquired sensitivity of *NRAS*<sup>Q61</sup> mutant cells to Sorafenib treatment, a multi-kinase inhibitor. To further study the differential metabolic settings among both groups of cells, and the molecular implications of energy stress, together with its relationship with RAS-ERK1/2 pathway regulation, the following objectives are proposed.

**Objectives:**

1. To elucidate the underlying mechanism in the differential response to metabolic stress of melanoma cells harboring NRAS<sup>Q61</sup> and BRAF<sup>V600E</sup> mutations and to establish the impact of glucose starvation in the regulation of the RAS-ERK1/2 pathway.
2. To study differences existing in the metabolic settings of NRAS<sup>Q61</sup> and BRAF<sup>V600E</sup> mutant melanoma cells.
3. To describe the link existing between metabolic stress, RAS-ERK1/2 pathway regulation, and cell death, as well as its differential regulation in NRAS<sup>Q61</sup> and BRAF<sup>V600E</sup> mutant melanoma cells.
4. To establish therapeutic approaches based on the differential metabolic features of NRAS<sup>Q61</sup> mutant tumors.

## **RESULTS**



***The RAS-ERK1/2 pathway is differentially regulated in NRAS<sup>Q61R</sup> and BRAF<sup>V600E</sup> mutant cells in response to metabolic stress***

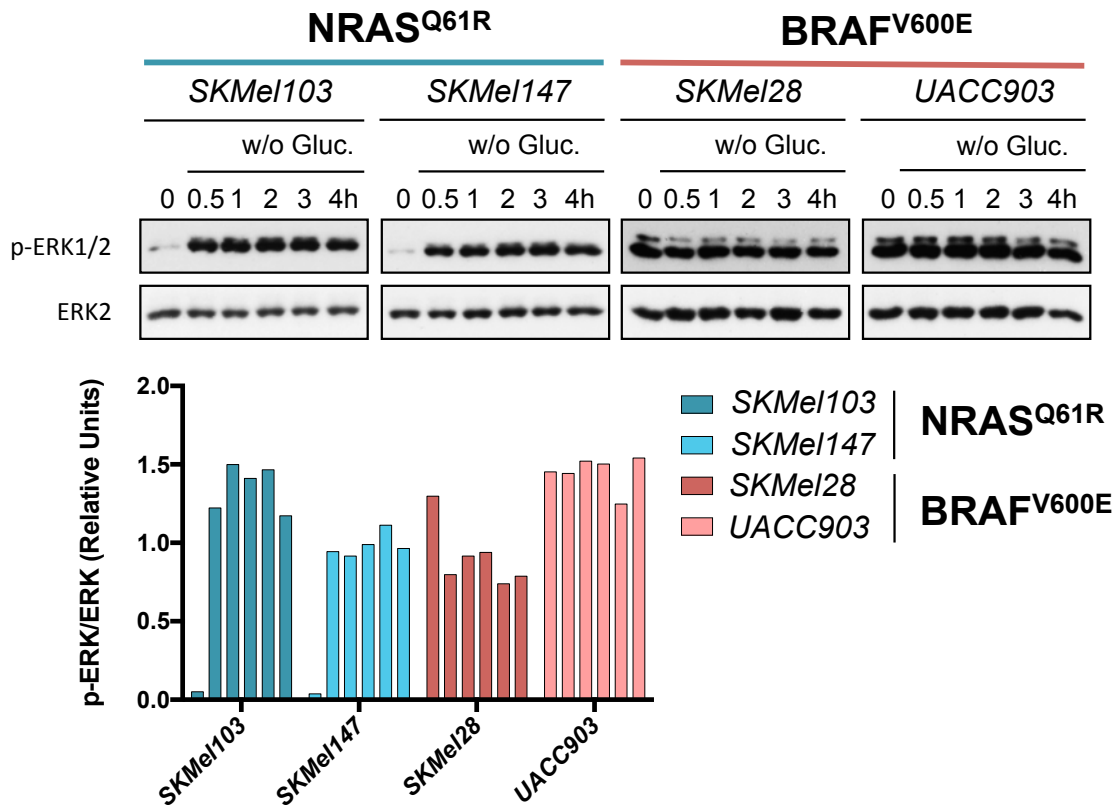
Previous results from our group established that BRAF<sup>V600E</sup> mutant cells are not able to sense low energy levels due to an uncoupling in the LKB1-AMPK axis<sup>107</sup>. Consequently, these cells do not activate the expected apoptotic response under energy stress conditions. This phenotype, which is oncogene-dependent, was rescued upon treatment with Sorafenib, a multi-kinase inhibitor that targets vascular endothelial growth factor receptors (VEGFR) 2/3, platelet-derived growth factor receptor  $\beta$  (PDGFR $\beta$ ), KIT, Fms related receptor tyrosine kinase 3 (FLT3), BRAF and CRAF proteins. This phenomenon was interpreted as an opportunity for the specific targeting of these cells as combination of energy stress (glucose starvation, metformin, phenformin) and RAS-ERK1/2 pathway inhibition (Sorafenib plus U0126, a MEK inhibitor) triggered apoptosis<sup>107</sup>. Effects of the combination of metformin, an AMPK activator mimicking low energy stress, and the inhibition of the RAS-ERK1/2 pathway, were evaluated in cells carrying mutations in *NRAS* and *BRAF*, the two most commonly altered components of the RAS-ERK1/2 pathway (*TCGA database*). The combined treatment resulted in cytotoxicity in both NRAS<sup>Q61</sup> and BRAF<sup>V600E</sup> mutant cells but surprisingly, NRAS<sup>Q61</sup> mutant cells showed higher sensitivity to the combined treatment (*Esteve-Puig R. Doctoral thesis 2011*).

To further analyze the molecular implications of metabolic stress in the regulation of the RAS-ERK1/2 pathway, the role of RAS-ERK1/2 pathway regulating the metabolic response to the stress, as well as the oncogene-mediated contributions to this process, we analyzed the effect of glucose withdrawal in different cell lines carrying mutations in *NRAS* and *BRAF*.

RAS-ERK1/2 pathway activation status was evaluated in *SKMel103* (NRAS<sup>Q61R</sup>), *SKMel147* (NRAS<sup>Q61R</sup>), *SKMel28* (BRAF<sup>V600E</sup>) and *UACC903* (BRAF<sup>V600E</sup>) cells in response to glucose starvation. To that end, cells were subjected to glucose withdrawal during 30 minutes, 1 hour, 2 hours, 3 hours and 4 hours and ERK1/2 phosphorylation at residues T202/Y204 was analyzed by Western Blot. Quantification of the obtained signal showed that NRAS<sup>Q61</sup> mutant cells experiment



a more than twenty-fold increase of ERK1/2 phosphorylation after 30 minutes of glucose starvation and that this activation is sustained during time. BRAF<sup>V600E</sup> mutant cells, which already present high-phosphorylated ERK1/2 amounts, did not respond to the treatment (Figure R.1). Thus, these data suggest an oncogene-mediated differential regulation of the RAS pathway in response to metabolic stress.



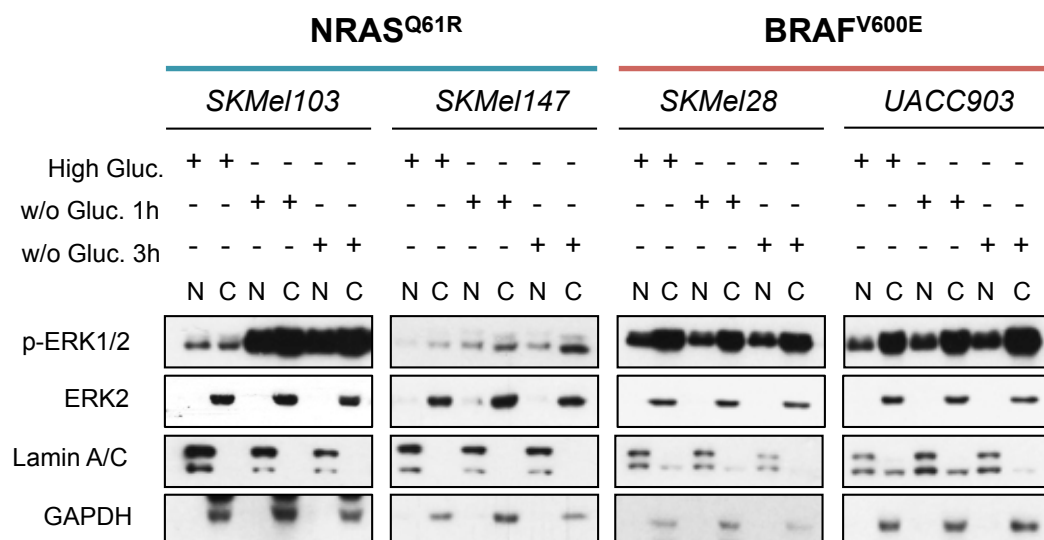
**Figure R.1. RAS-ERK1/2 regulation upon metabolic stress in NRAS<sup>Q61R</sup> and BRAF<sup>V600E</sup> mutant melanoma cells.** Western Blot showing ERK1/2 phosphorylation in response to glucose starvation. The bars graph represents quantification of ERK1/2 phosphorylation. Gluc.=Glucose.

### ***Activated ERK1/2 localization upon metabolic stress is predominantly cytoplasmic***

In order to determine the correct function of ERK after its activation we analyzed ERK1/2 localization in response to metabolic stress. In resting conditions, ERK localizes in the cytoplasm due to its interactions with anchoring proteins. Upon stimulation, it is activated by phosphorylation at residues T202 and Y204. This phosphorylation induces conformational changes and ERK is released from anchoring proteins and translocated to the nucleus. Nuclear translocation is

required to active ERK1/2 nuclear substrates and regulates proliferation and other relevant cellular processes<sup>162</sup>.

To establish ERK1/2 localization within the cell we proceeded to the fractionation of protein lysates. *SKMel103* (NRAS<sup>Q61R</sup>), *SKMel147* (NRAS<sup>Q61R</sup>), *SKMel28* (BRAF<sup>V600E</sup>) and *UACC903* (BRAF<sup>V600E</sup>) cells were subjected to glucose starvation for 1 and 3 hours and both, nuclear and cytoplasmic protein lysates were obtained. Protein extracts were subjected to electrophoresis and ERK1/2 phosphorylation was analyzed by Western Blot. In all cell lines phosphorylated ERK1/2 was observed to be located in both, nucleus and cytoplasm. Interestingly, phosphorylation increase was observed to be more evident in the cytoplasmic fraction of NRAS<sup>Q61R</sup> mutant cells. Lamin A/C and GAPDH, used as nuclear and cytoplasmic markers, confirmed the purity of the protein extracts (Figure R.2). Hence, these data indicate that activated ERK1/2 localization upon metabolic stress is predominantly cytoplasmic in NRAS<sup>Q61R</sup> mutant cells.



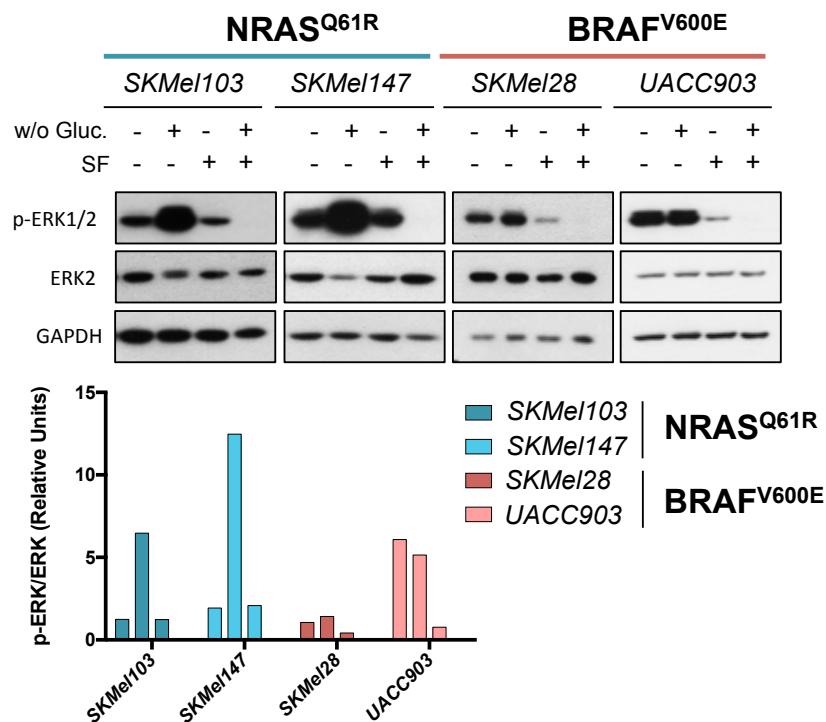
**Figure R.2. Subcellular localization of p-ERK1/2 upon metabolic stress.** Western Blot showing ERK1/2 phosphorylation in nuclear and cytoplasmic protein extracts in response to metabolic stress. Lamin A/C and GAPDH are used as nuclear and cytoplasmic markers, respectively. Gluc.=Glucose, N=Nucleus, C=Cytoplasm.

### ***Hyperactivation of the RAS-ERK1/2 pathway sensitizes NRAS<sup>Q61R</sup> mutant cells to treatment with the multi-kinase inhibitor Sorafenib***

As previously explained, Sorafenib, a multi-kinase inhibitor targeting RAF molecules, is able to sensitize *BRAF* mutant cells to low energy conditions<sup>107</sup>. Moreover, it has been observed that *NRAS* and *BRAF* mutant cells undergo a

differential response to glucose starvation regarding the hyperactivation of the RAS-ERK1/2 pathway. We wondered then if this differential behavior could have any impact in cell sensitivity in respect to the inhibition of the pathway.

Thus, *SKMel103* (NRAS<sup>Q61R</sup>), *SKMel147* (NRAS<sup>Q61R</sup>), *SKMel28* (BRAF<sup>V600E</sup>) and *UACC903* (BRAF<sup>V600E</sup>) cells were subjected to Sorafenib treatment in the presence and absence of glucose during 4 hours and pathway activation was determined analyzing ERK1/2 phosphorylation by Western Blot. Hyperactivation of the pathway upon glucose withdrawal was confirmed in NRAS<sup>Q61R</sup> mutant cells. Surprisingly, glucose starvation resulted in the sensitization of these cells to Sorafenib treatment and the complete ablation of ERK1/2 phosphorylation in response to the combined treatment. This effect, even less accentuated was also observed in BRAF<sup>V600E</sup> mutant cells, which are known to be sensitive to RAS pathway inhibition upon normal conditions<sup>29</sup> (Figure R.3). Altogether, the data suggest that NRAS<sup>Q61R</sup> mutant cells are sensitized to treatment with Sorafenib upon glucose starvation conditions.

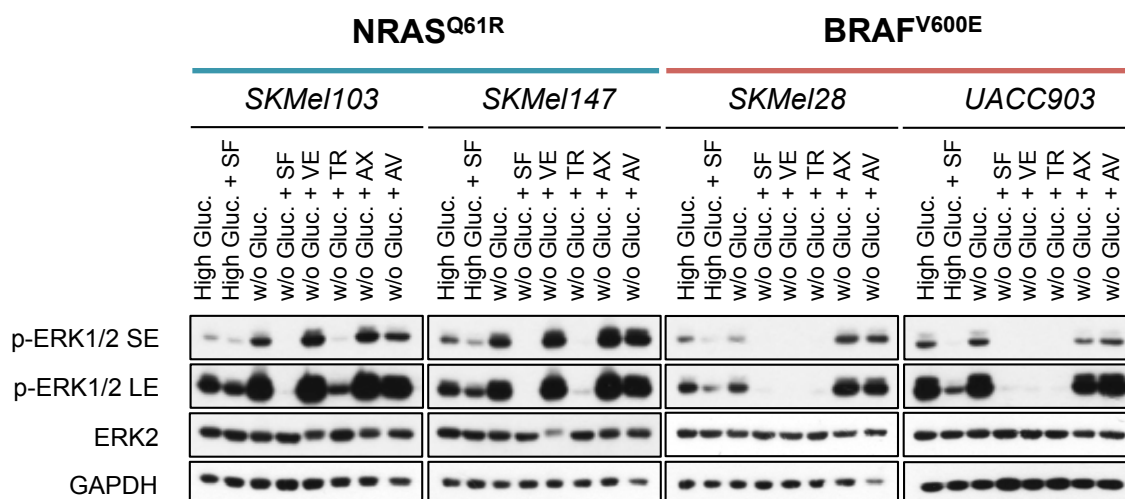


**Figure R.3. Glucose withdrawal sensitizes NRAS<sup>Q61R</sup>-mutated melanoma cells to treatment with Sorafenib.** Western Blot showing ERK1/2 phosphorylation in response to glucose starvation and treatment with Sorafenib (15  $\mu$ M, 4 hours). GAPDH is shown as a loading control. The bars graph represents quantification of ERK1/2 phosphorylation. Gluc.=Glucose, SF=Sorafenib.

***Sorafenib is the only inhibitor promoting synthetic lethality in NRAS<sup>Q61R</sup> mutant cells***

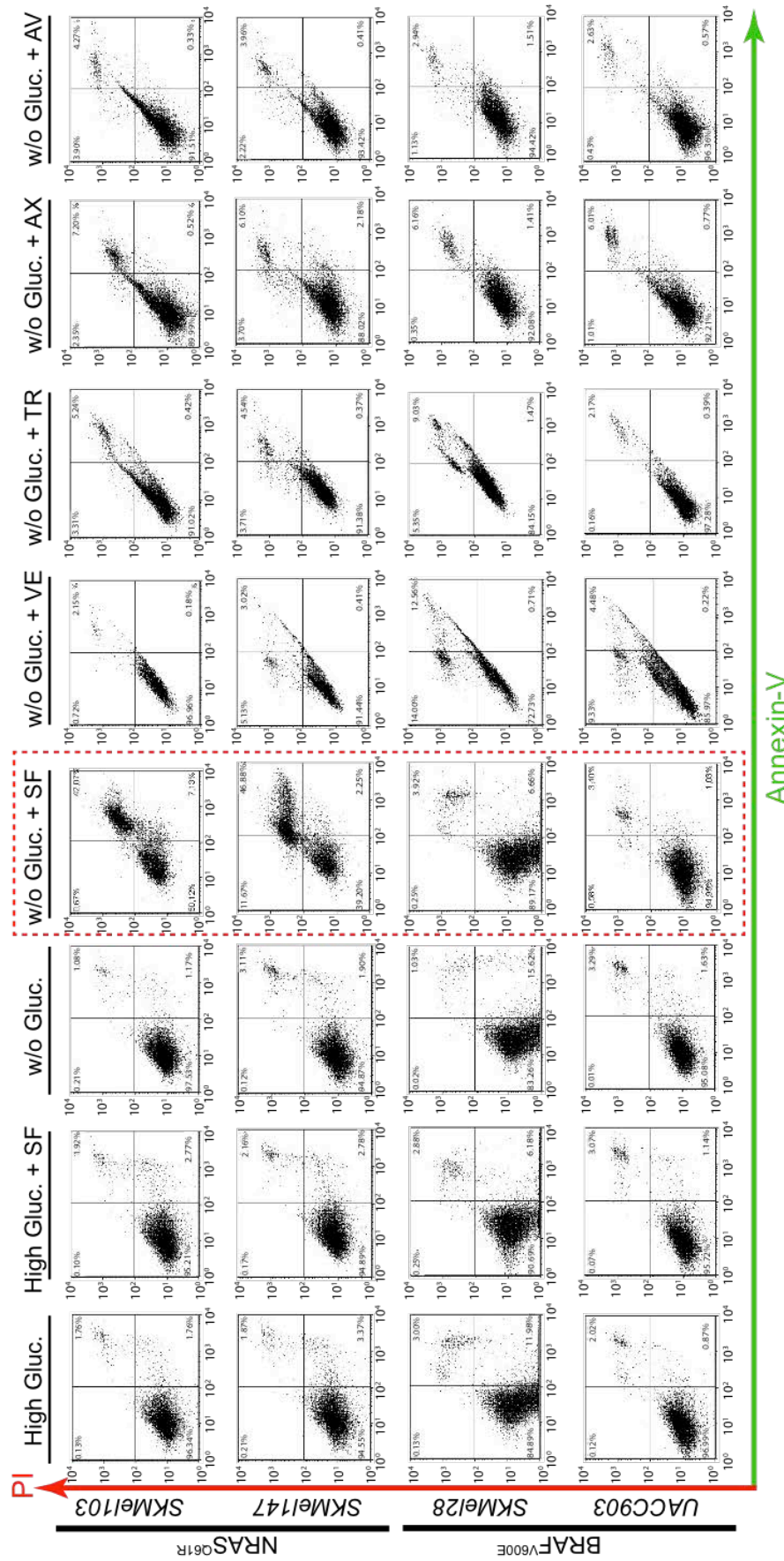
To determine whether the different targets of Sorafenib could be responsible of the hyperactivation of the RAS pathway and the consequent inhibition upon glucose starvation plus Sorafenib conditions we tested the effect of different inhibitors against the different Sorafenib targets. Thus, *SKMel103* (NRAS<sup>Q61R</sup>), *SKMel147* (NRAS<sup>Q61R</sup>), *SKMel28* (BRAF<sup>V600E</sup>) and *UACC903* (BRAF<sup>V600E</sup>) cells were subjected to glucose starvation in combination with Sorafenib (SF), Vemurafenib (VE), Trametinib (TR), Axitinib (AX), Avastin (AV), Lenvatinib (LEN), Sunitinib (SU) and CCT196969 (CCT). The rationale for the use of these inhibitors was to cover the whole range of Sorafenib targets. AX, AV, LEN and SU were used for the inhibition of receptor tyrosine kinases (RTKs). AX targets vascular endothelial growth factor receptors (VEGFR) 1/2/3, platelet-derived growth factor receptors (PDGFR)  $\alpha/\beta$  and KIT. AV is an anti VEGF-A antibody. LEN targets VEGFR1/2/3, PDGFR  $\alpha/\beta$ , KIT, Fibroblast growth factor receptor 1 (FGFR1) and RET. SU targets VEGFR2, PDGFR $\beta$ , KIT and FLT3. CCT is a PanRAS inhibitor. VE was used for the specific targeting of BRAF<sup>V600E</sup>, TR was used for the inhibition of MEK and SF was used for the inhibition of both RTKs and RAF proteins, including BRAF<sup>V600E</sup>.

Analysis of ERK1/2 phosphorylation by Western Blot showed ERK1/2 inhibition by SF, TR and CCT in all cell lines. VE effect, as expected, was only appreciated in cells carrying the BRAF<sup>V600E</sup> mutation. AX, AV, SU and LEN, did not show inhibition at ERK1/2 level, even more, an increase was appreciated in all cell lines with the exception of *UACC903* in the case of AX and AV, probably due to the upregulation of alternative RTKs and other elements of the pathway in response to the treatment (Figure R.4 and Supplementary Figure 1).



**Figure R.4. Molecular response to RAS-ERK1/2 pathway inhibition.** Western Blot showing ERK1/2 phosphorylation in response to glucose starvation and RAS-ERK1/2 pathway inhibition. Cells were treated with SF (15  $\mu$ M), VE (5  $\mu$ M), TR (100 nM), AX (10  $\mu$ M) and AV (0.5 mg/ml) during four hours, either with and without glucose. GAPDH is shown as a loading control. Gluc.=Glucose, SF=Sorafenib, VE=Vemurafenib, TR=Trametinib, AX=Axitinib, AV=Avastin, SE=Short exposure, LE=Long exposure.

Concomitant to the inhibition of ERK1/2 by Sorafenib upon metabolic stress, NRAS<sup>Q61R</sup> mutated cells were detached from the plate showing a phenotype compatible with cell death. Thus, we evaluated simultaneously by flow cytometry the apoptosis triggered by the different assayed conditions. All the samples showed between 1-4% of basal cell death. Neither glucose starvation nor Sorafenib treatment produced any effect in cell viability. However, the combination of both resulted in an increase of cell death in NRAS<sup>Q61R</sup> mutant cells (42.7% and 46.88% in SKMel103 and SKMel147, respectively), generating a condition of *synthetic lethality*. This behavior was not observed in BRAF<sup>V600E</sup> mutant cells, where cell death did not increase in response to combined treatment (3.92% and 3.40% in SKMel28 and UACC903, respectively). Regarding the rest of the inhibitors, cell death percentages from 2 to 7% were detected in NRAS<sup>Q61R</sup> mutant cells, showing no synergy between glucose starvation and the different inhibitors. BRAF<sup>V600E</sup> mutant cells showed between 2 and 12% of cell death, being VE and TR the most lethal inhibitors (Figure R.5). Overall, these data support the higher sensitivity of BRAF<sup>V600E</sup> mutant cells to the inhibition of the RAS-ERK1/2 pathway and propose Sorafenib as the only inhibitor promoting *synthetic lethality* in NRAS<sup>Q61R</sup> mutant cells upon metabolic stress.

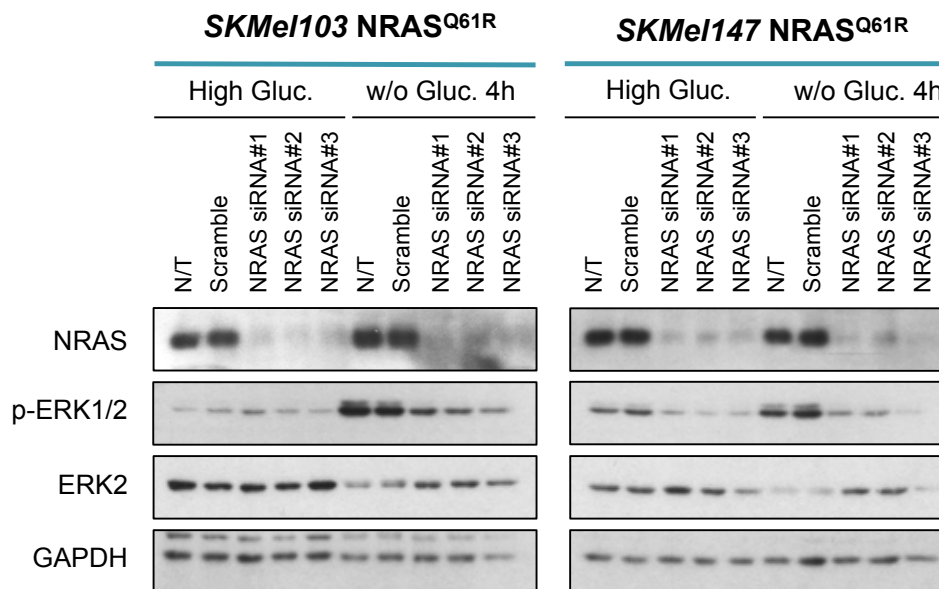


**Figure R.5. Sorafenib is the only inhibitor promoting synthetic lethality in NRAS<sup>Q61R</sup> mutant cells.** Graphs showing cell apoptosis measured by flow cytometry. Cells were treated with SF (15 μM), VE (5 μM), TR (100 nM), AX (10 μM) and AV (0.5 mg/ml) during four hours, either with and without glucose. Gluc.=Glucose, SF=Sorafenib, VE=Vemurafenib, TR=Trametinib, AX=Axitinib, AV=Avastin, AV=GFP-annexin V.

### ***Hyperactivation of the RAS-ERK1/2 pathway is NRAS<sup>Q61R</sup>-dependent and involves a switch from CRAF- to BRAF-dependent signaling***

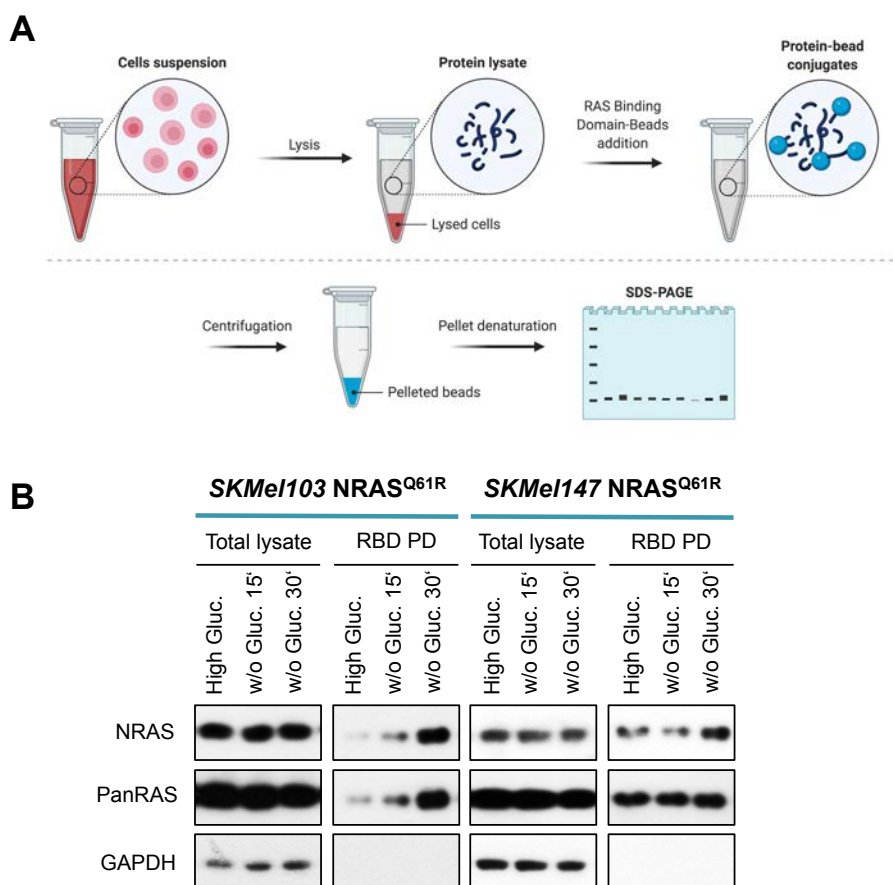
Altogether these results suggest the existence of oncogene-dependent metabolic settings in NRAS<sup>Q61R</sup> mutant cells. To investigate NRAS<sup>Q61R</sup> role in the ERK1/2 hyperactivation upon glucose starvation, we depleted NRAS<sup>Q61R</sup> oncogene using specific siRNAs in *SKMel103* and *SKMel147* NRAS<sup>Q61R</sup> mutant cells. Three different siRNAs were used for *NRAS* knockdown and a scrambled siRNA was used as a negative control. NRAS downregulation at protein level and the status of the RAS-ERK1/2 pathway activation under the different conditions were analyzed by Western Blot.

Both, non-transfected (N/T) and scramble-transfected NRAS<sup>Q61R</sup> mutant cell lines (*SKMel103* and *SKMel147*) showed ERK1/2 hyperactivation upon glucose withdrawal. In contrast, in NRAS depleted cells this response to metabolic stress was dramatically decreased. The observed effect associated to the knockdown of *NRAS* was consistent within the three different siRNAs, confirming the specificity of the assay (Figure R.6). Thus, the hyperactivation of the RAS-ERK1/2 pathway upon metabolic stress seems to be *NRAS* oncogene-dependent.



**Figure R.6. NRAS<sup>Q61R</sup> mutant cells do not respond to metabolic stress upon NRAS downregulation.** Western Blot showing ERK1/2 phosphorylation in response to metabolic stress upon NRAS silencing with three different siRNAs (NRAS siRNA#1, NRAS siRNA#2 and NRAS siRNA#3). GAPDH is shown as a loading control. Gluc.=Glucose. N/T=Non-transfected cells, Scramble=Cells transfected with scrambled siRNA.

The above results suggested the direct participation of the oncogene in the observed response. To further investigate the molecular mechanisms involved in the hyperactivation of the pathway we measured changes in NRAS activation in response to metabolic stress. As previously explained NRAS belongs to a family of small GTPases and it is activated upon binding to GTP. NRAS<sup>Q61</sup> mutation disrupts GTPase activity of NRAS. Thus, when NRAS<sup>Q61</sup> is activated in response to any stimulus, it binds to GTP and it becomes locked in its active conformation<sup>33,34</sup>. To establish NRAS activation status we performed a RAS activation assay based in RAS-GTP precipitation using agarose beads bound to a RAS-binding domain (RBD-agarose). Once precipitated, lysates were resolved by electrophoresis and NRAS was detected by Western Blot (Figure R.7A).



**Figure R.7. NRAS activation in response to metabolic stress.** (A) Diagram representing the experimental procedure followed to determine RAS activation. (B) Western Blot showing NRAS activation upon metabolic stress. GAPDH is shown as a loading control. Gluc.=Glucose, RBD=RAS binding domain, PD=Pull down.

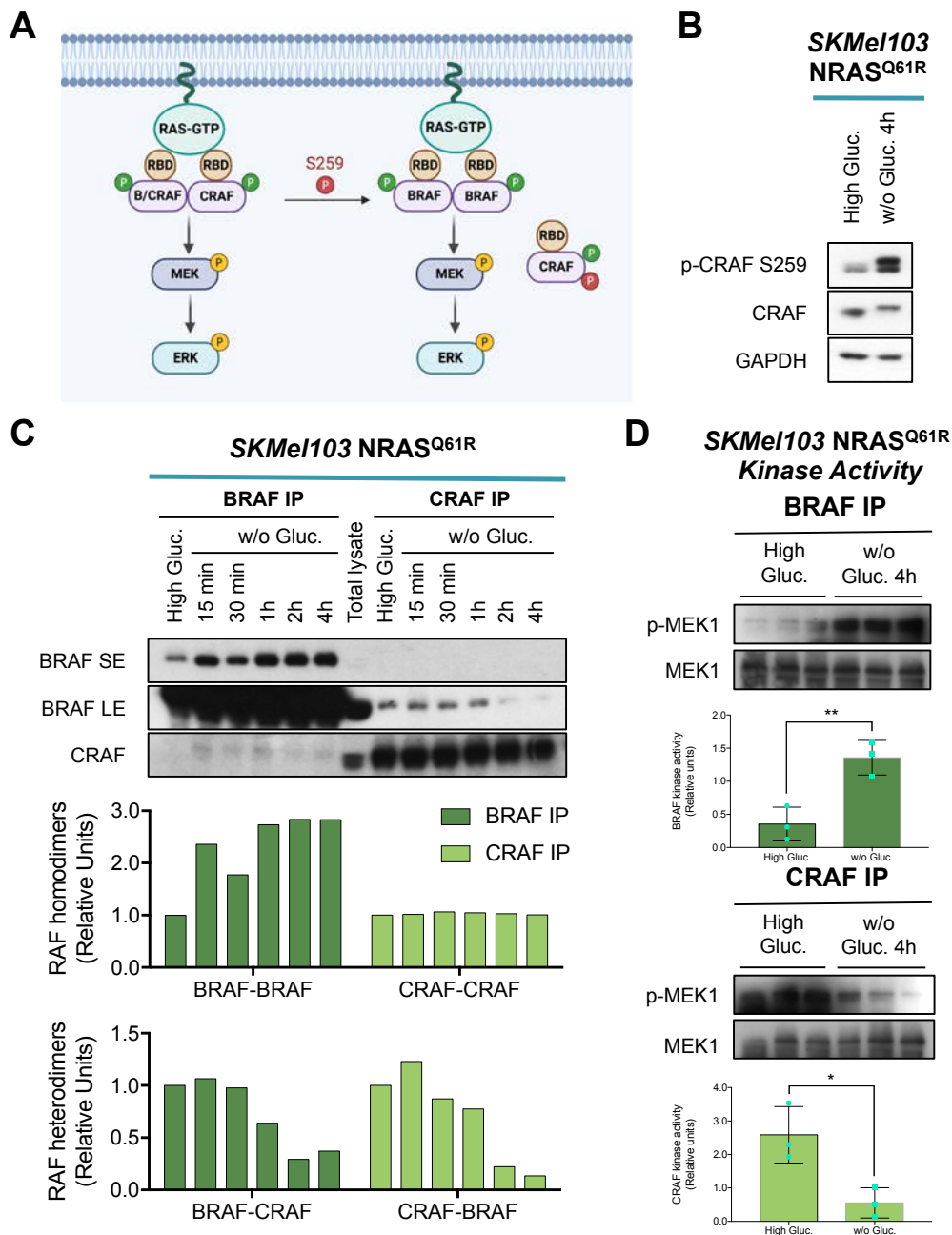


## Results

To assess RAS activation at early time point cells were subjected to glucose withdrawal for 15 and 30 minutes. An increase in RAS binding to GTP was observed after 30 minutes of glucose starvation in both, *SKMel103* and *SKMel147* NRAS<sup>Q61R</sup> mutant cell lines (Figure R.7B), confirming NRAS activation in response to metabolic stress.

As stated above one of the characteristics of *NRAS* mutant cells is the molecular switch taking place from BRAF- to CRAF-dependent signaling<sup>42</sup>. We wondered if the observed NRAS<sup>Q61R</sup>-dependent metabolic settings and the acquisition of RAS-ERK1/2 inhibition sensitivity derived from them could involve changes in *NRAS* mutant cells signaling regulation.

It is widely described that CRAF is tightly regulated by activating and inhibiting phosphorylation at different sites. One of the key modifications involved in the regulation of CRAF is inactivating phosphorylation at S259, which can be driven by AKT and PKA. Phosphorylation at this point results in the binding to inhibitory 14-3-3 proteins and the disruption of the RAS-RAF complexes, thus resulting in the inhibition of CRAF catalytic activity<sup>30,42</sup> (Figure R.8A). In order to establish CRAF S259 phosphorylation status *SKMel103* NRAS<sup>Q61R</sup> mutant cells were subjected to glucose starvation for 4 hours and CRAF phosphorylation at residue S259 was analyzed by Western Blot. Phosphorylation was observed to increase in response to metabolic stress, suggesting the inhibition of CRAF activity upon this condition (Figure R.8B).



**Figure R.8. Metabolic stress promotes a switch from CRAF to BRAF signaling in NRAS<sup>Q61R</sup> melanoma cells.** (A) Scheme indicating RAF dimerization regulation in response to phosphorylation at S259. (B) Western Blot showing CRAF phosphorylation at residue Ser259 in response to metabolic stress. GAPDH is shown as a loading control. (C) Western blot showing immunoprecipitated BRAF and CRAF in response to metabolic stress. The bars graphs represent quantification of BRAF and CRAF proteins amount. (D) Kinase assay showing MEK phosphorylation as a readout of BRAF and CRAF kinase activity in the presence and absence of glucose. The bars graphs represent quantification of phosphorylated MEK amount upon BRAF and CRAF immunoprecipitation. Three different replicates are shown. RBD=RAS Binding Domain, IP=Immunoprecipitation, Gluc.=Glucose, SE=Short exposure, LE=Long exposure, \*=*p*-value<0.05, \*\*=*p*-value<0.01.

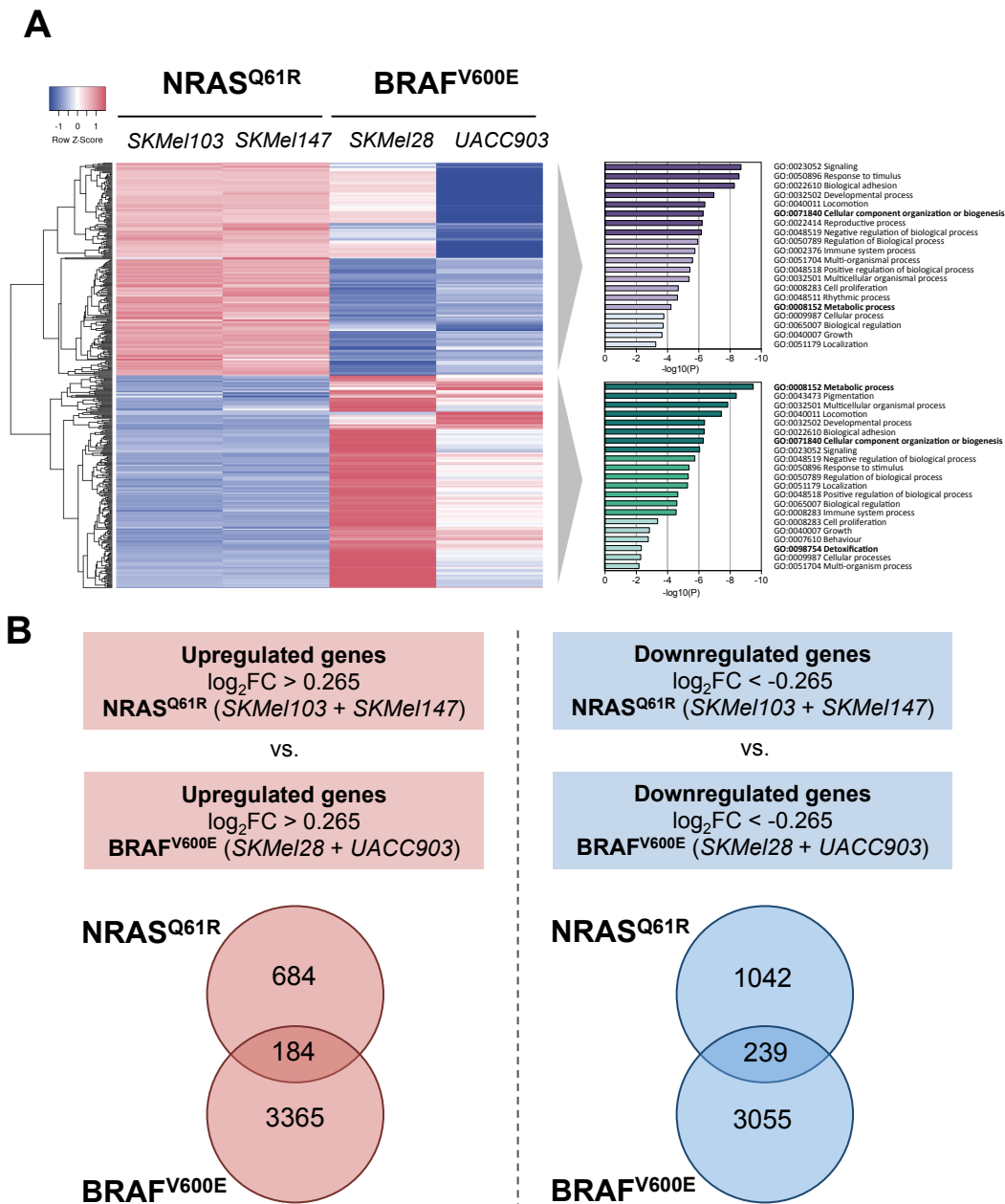
To investigate the consequences of CRAF inactivation in the dimerization of RAF proteins and the activation of the pathway we analyzed the composition of the dimers under normal conditions and in response to metabolic stress in *SKMel103*  $NRAS^{Q61R}$  mutant cells. To that end we immunoprecipitated BRAF and CRAF upon 15 minutes, 30 minutes, 1 hour, 2 hours and 4 hours of glucose starvation and a Western Blot was performed. BRAF-immunocomplexes showed an increasing amount of BRAF molecules in response to metabolic stress, concomitant to a decrease of CRAF molecules bound to BRAF after 2 and 4 hours of glucose withdrawal (Figure R.8C). This observation suggested an increase in BRAF homodimers together with a decrease in BRAF-CRAF heterodimers. CRAF homodimers amount did not change (Figure R.8C). The decrease in BRAF-CRAF heterodimers formation could be also appreciated in this case (CRAF immunocomplexes). Altogether, the data suggest that, in  $NRAS^{Q61R}$  mutant cells, metabolic stress promotes a switch in the use RAF signaling isoforms from CRAF to BRAF. This observation was confirmed by an increased BRAF kinase activity and a decreased CRAF kinase activity in  $NRAS^{Q61R}$  mutant cells subjected to four hours of glucose starvation (Figure R.8D).

### ***NRAS<sup>Q61R</sup> and BRAF<sup>V600E</sup> mutant cells differentially express metabolism-related genes***

Next, we aim to characterize *NRAS mutant cells*-specific metabolic settings. To that end, we performed a microarray study in two different  $NRAS^{Q61R}$  mutant cells (*SKMel103* and *SKMel147*) and two different  $BRAF^{V600E}$  mutant cells (*SKMel28* and *UACC903*), upon normal conditions and in response to glucose starvation. Data analysis showed that the 400 top differentially expressed genes among  $NRAS^{Q61R}$  and  $BRAF^{V600E}$  mutant cells under basal conditions were significantly associated with metabolism-related categories, including cellular components organization or biogenesis, metabolic processes and detoxification (Figure R.9A and Supplementary Table 1).

Moreover, response to metabolic stress was observed to be differential when comparing  $NRAS^{Q61R}$  and  $BRAF^{V600E}$  mutant cells (Figure R.9B and Supplementary Table 2). Comparison of upregulated and downregulated genes among  $NRAS^{Q61R}$  and  $BRAF^{V600E}$  mutant cells indicated than only a small

percentage of genes was common to both groups of cells (26.9% and 5.5% of upregulated genes in *NRAS* and *BRAF* mutant cells, respectively, and 22.9% and 7.8% of downregulated genes in *NRAS* and *BRAF* mutant cells). These data support the existence of metabolic settings that are under the regulation of the oncogene.



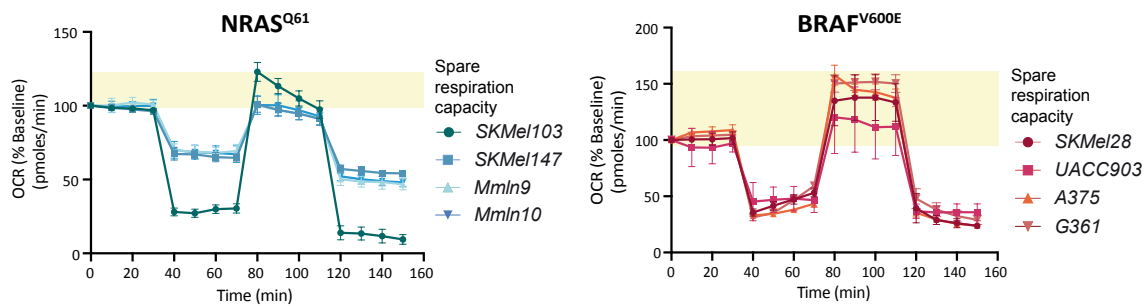
**Figure R.9. Differential expression of metabolism-related genes among NRAS and BRAF mutant cells.** (A) On the left, a heatmap representing the 400 most differentially expressed genes under basal conditions in *NRAS* vs. *BRAF* mutant melanoma cell lines ( $n=3$ ). On the right, gene ontology (GO) processes obtained from the analysis of upregulated and downregulated genes using *Metascape.org*. (B) On the top, scheme showing the flow followed to compare *NRAS* and *BRAF* mutant cells regulated genes in response to metabolic stress. On the bottom, Venn diagrams indicating upregulated ( $\log_2FC > 0.265$ ) and downregulated ( $\log_2FC < -0.265$ ) genes in response to glucose withdrawal in *NRAS<sup>Q61R</sup>* and *BRAF<sup>V600E</sup>* mutant melanoma cells.

### ***Mitochondrial response capacity is compromised in NRAS<sup>Q61</sup> mutant cells***

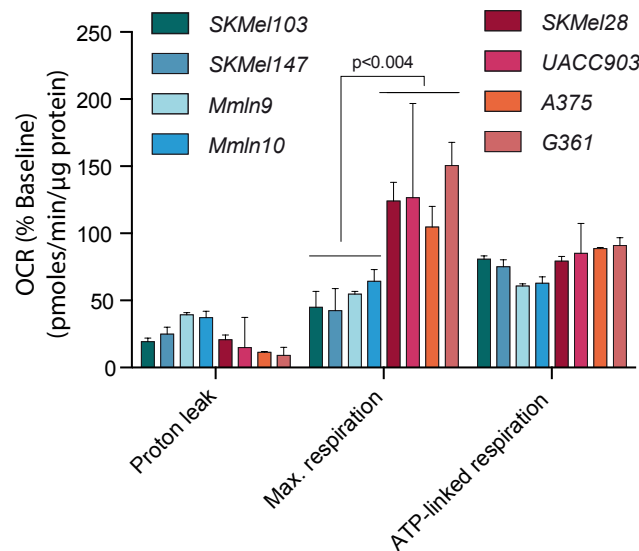
To further characterize the NRAS<sup>Q61</sup> oncogene-dependent metabolic features, we used Seahorse technology to profile the functional mitochondrial capacity of melanoma cells according to their mutational status (NRAS<sup>Q61</sup> vs. BRAF<sup>V600E</sup>). This technology is based in the establishment of key parameters of mitochondrial function by directly measuring the oxygen consumption rate (OCR) of cultured cells. To modulate the respiratory chain we added different regulators of respiration including oligomycin, phenylhydrazona (FCCP), rotenone and antimycin A to cells in culture. Olygomycin is used for the inhibition of ATP synthase (Complex V). It is involved in the decrease of electron flow through the respiratory chain resulting in the reduction of mitochondrial respiration and as a consequence the OCR. This decrease in OCR is linked to cellular ATP production. FCCP is an uncoupling agent that collapses the proton gradient and disrupts the mitochondrial membrane potential. It reverses the inhibition of respiratory chain and oxygen consumption by complex IV reaches the maximum. This allows the calculation of spare capacity, defined as the ability of the cell to respond to increased energy demand. Finally, rotenone and antimycin A are complex III inhibitors, which shut down mitochondrial respiration and enable the calculation of non-mitochondrial respiration driven by processes outside the mitochondria.

Cells were treated first with oligomycin following basal measurements. Then, FCCP, rotenone and antimycin were added successively. We measured mitochondrial respiration related parameters in *SKMel103* (NRAS<sup>Q61R</sup>), *SKMel147* (NRAS<sup>Q61R</sup>), *SKMel28* (BRAF<sup>V600E</sup>), *UACC903* (BRAF<sup>V600E</sup>), *A375* (BRAF<sup>V600E</sup>) and *G361* (BRAF<sup>V600E</sup>), as well as in patient-derived cell lines *Mmln9* (NRAS<sup>Q61</sup>) and *Mmln10* (NRAS<sup>Q61</sup>). Mitochondrial response capacity of NRAS<sup>Q61</sup> mutant cells was much more reduced when compared with BRAF<sup>V600E</sup> mutant cells (Figure R.10A). Furthermore, NRAS<sup>Q61</sup> mutant cells showed lower maximal and ATP-linked respiration together with an increased proton leak (Figure R.10B). Overall, this data highlight that NRAS<sup>Q61</sup> mutant cells have a reduced mitochondrial response capacity in comparison with BRAF<sup>V600E</sup> mutant cells.

A



B



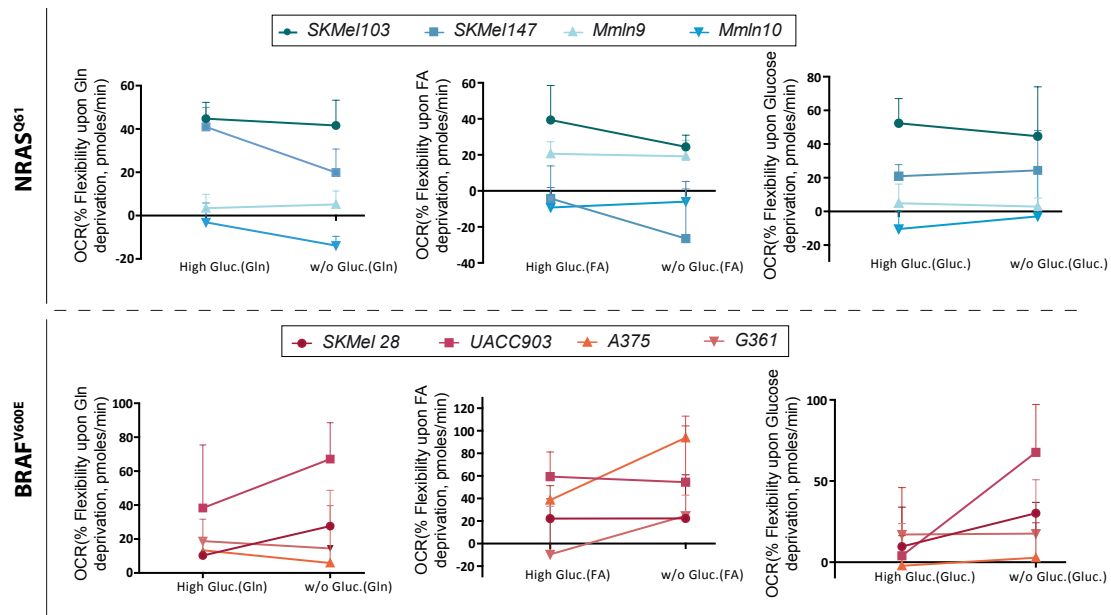
**Figure R.10. Mitochondrial response capacity is compromised in  $NRAS^{Q61}$  mutant cells.** (A) Graphs representing oxygen consumption rate (OCR) in  $NRAS^{Q61}$  (blue) and  $BRAF^{V600E}$  (red) mutant melanoma cells. The yellow area represents the spare respiration capacity. (B) Graph showing quantification of oxygen consumption-associated parameters including proton leak, mitochondrial maximal respiration and ATP-linked respiration. ( $n=5 \pm SD$ ; p-value was calculated by Student's t-test).

***$NRAS^{Q61R}$  mutant cells are less flexible than  $BRAF^{V600E}$  mutant cells using alternative fuels in the absence of glucose***

Metabolic plasticity characterize tumor cells, as they need to rewire metabolic settings in an attempt to adapt to stress and low energy conditions at the same time that they have to maintain high proliferation rates to sustain tumor growth. This plasticity is possible due to tumor cells high capacity and flexibility metabolizing different energy sources. As these cells need to adapt to continuously changeable environments, in the absence of any metabolite or energy source, cells have to reprogram its metabolism settings in order to survive<sup>53,54,103</sup>.

We assessed then how dependent, capable and flexible, *NRAS* and *BRAF* mutant cells were metabolizing the three most important energy sources for human cells metabolism: glucose, glutamine and long-chain fatty acids. Thus, we performed OCR measurements using Seahorse technology to determine the rate of oxidation of each fuel in the presence and absence of inhibitors of the different metabolic pathways: UK5099, an inhibitor of the mitochondrial pyruvate carrier (MPC), that inhibits glucose oxidation; BPTES, an inhibitor of glutaminase (GLS1) and consequently of glutamine oxidation; and etomoxir, a carnitine palmitoyl-transferase 1A (CPT1A) inhibitor that promotes the inhibition of long chain fatty acids oxidation. All measurements were taken in the presence and absence of glucose in the culture media. Inhibition of the pathway of interest followed by the two alternative pathways enabled the establishment of how cells depend on the pathway of interest to meet energy demand. Inhibiting the two alternative pathways followed by the pathway of interest enabled the establishment of cell capacity. Fuel flexibility was calculated subtracting fuel dependency from fuel capacity for each metabolic pathway.

Interestingly, *NRAS*<sup>Q61</sup> mutant cells were less efficient using alternative fuels in the absence of glucose than *BRAF*<sup>V600E</sup> mutant cells (Figure R.11), suggesting higher limitations of *NRAS*<sup>Q61</sup> mutant cells to meet energy demand upon glucose starvation conditions.



**Figure R.11. NRAS<sup>Q61</sup> mutant cells are less flexible using alternative fuels in the absence of glucose than BRAF<sup>V600E</sup> mutant cells.** On the top, from left to right, graphs represent NRAS<sup>Q61</sup> mutant cells flexibility metabolizing alternative fuels upon inhibition of glutamine (Gln), fatty acids (FA) and Glucose (Gluc.) metabolism. On the bottom, from left to right, graphs represent BRAF<sup>V600E</sup> mutant cells flexibility metabolizing alternative fuels upon inhibition of glutamine (Gln), fatty acids (FA) and Glucose (Gluc.) metabolism (n=5).

### ***Addition of glucose but not pyruvate is able to revert the RAS-ERK1/2 hyperactivation observed upon metabolic stress, as well as Sorafenib-induced apoptosis***

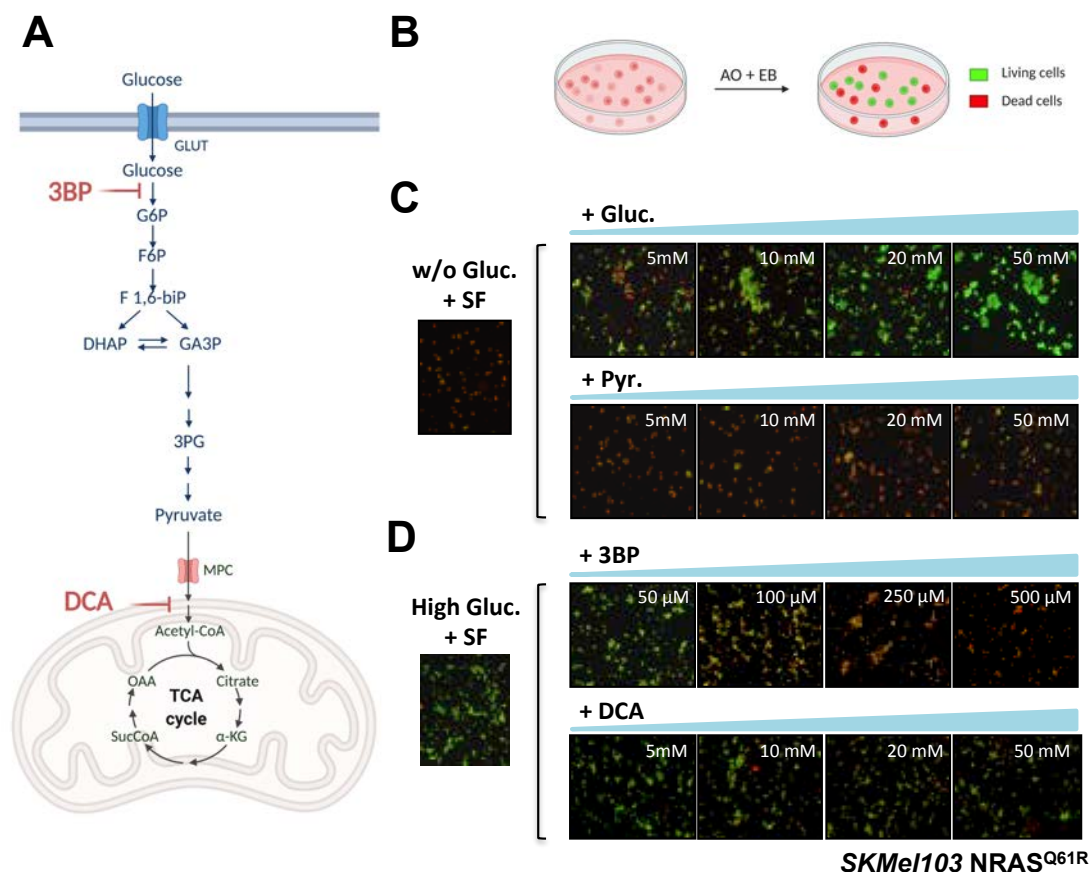
The above data suggests that NRAS<sup>Q61</sup> mutant cells depend on glucose as an energy source, but it seems that glucose is not oxidized to carbon dioxide and water through the TCA, due to the low mitochondrial response capacity previously demonstrated within these cells. This is also supported by the observation showing that they are not capable to compensate the lack of glucose through the use of alternative energy sources. As stated by Otto Warburg, cancer cells are characterized by an increased aerobic glycolysis, meaning that even in the presence of enough oxygen, glucose is metabolized until pyruvate and then converted to lactate but it does not go through oxidative phosphorylation<sup>101</sup>. The objective of this metabolic strategy is to produce enough reduction power and building blocks for the maintenance of high proliferative rates.

If glucose were oxidized to carbon dioxide and water, addition of either glucose or pyruvate to starved cells would result in the reconstitution of the



phenotype. However, this reconstitution would not be observed in response to pyruvate addition if glucose were derived to branching pathways, what would support the use of glucose essentially to generate building blocks and/or reduction power.

To confirm NRAS<sup>Q61</sup> mutant cells behavior regarding glucose metabolism and its relationship with RAS-ERK1/2 pathway regulation and sensitivity acquisition to Sorafenib, we followed two different strategies. In one hand we treated cells with Sorafenib and increasing concentrations of glucose or pyruvate in culture media lacking both, glucose and pyruvate. On the other hand, we tested whether inhibition of first and last glycolytic steps could mimic the lack of glucose. Combination of Sorafenib and agents mimicking low glucose conditions should result in the induction of apoptosis. Thus, cells were treated with 3-bromopyruvate (3BP), an hexokinase 2 inhibitor, and dichloroacetate (DCA), an inhibitor of pyruvate dehydrogenase (Figure R.12A) and cell viability was assessed upon fluorescence detection after addition of acridine orange (AO) and ethidium bromide (EB) (Figure R.12B). Addition of glucose was related with an increase of cell viability in a dose-dependent manner, an effect that was not observed upon pyruvate addition to the cells (Figure R.12C). In line with this, 3BP and Sorafenib combined treatment resulted in a dose-dependent increase of cell death while DCA addition did not produce any change in cell phenotype (Figure R.12D). These results indicated an important role of glycolysis in NRAS<sup>Q61</sup> mutant cells, likely involving the upper glycolytic steps rather than the lower part of the pathway and consequently glucose derivation to branching pathways rather than oxidative phosphorylation.

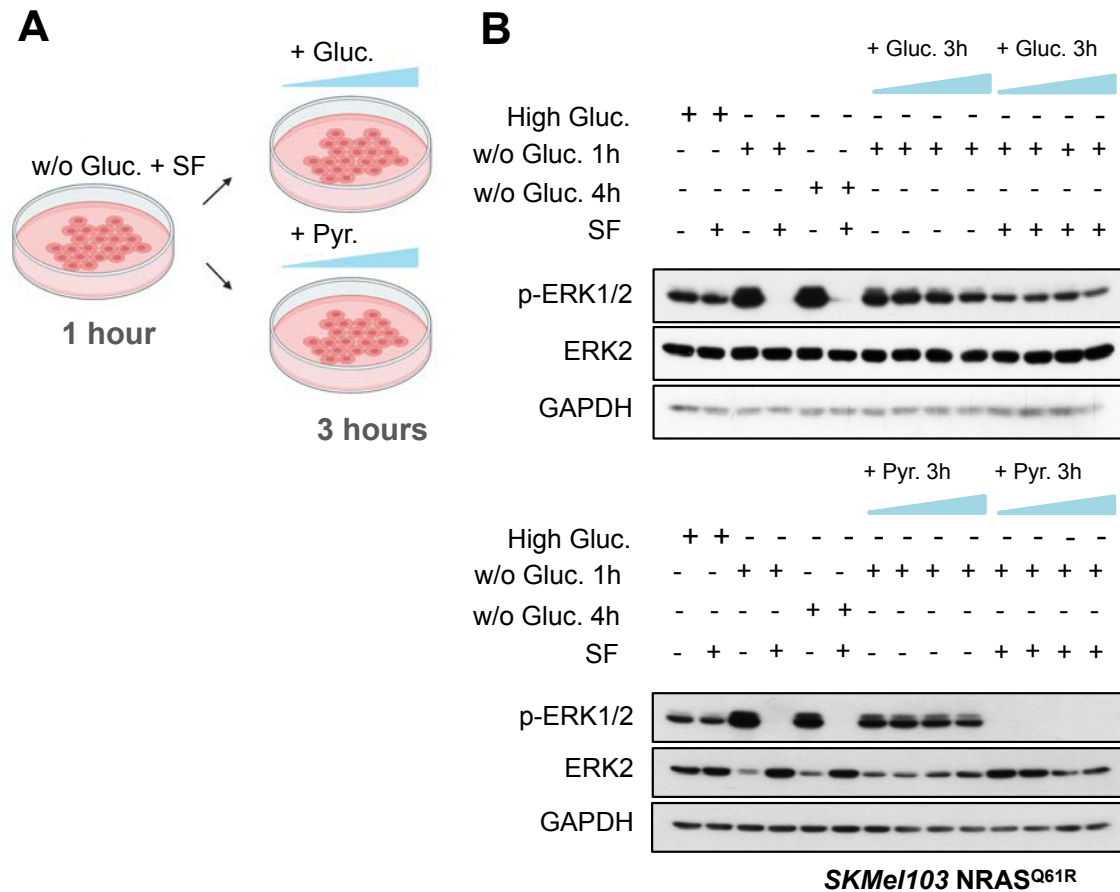


**Figure R.12. Sorafenib effects in combination with glucose, pyruvate, 3-bromopyruvate (3BP) and dichloroacetate (DCA).** (A) Schematic representation of the glycolytic pathway. (B) Scheme showing the procedure used for the analysis of cell death. (C) Cell pictures showing cell viability in response to Sorafenib (15  $\mu$ M) either alone or in combination with increasing concentrations of glucose and sodium pyruvate. (D) Cell pictures showing cell viability in response to Sorafenib (15  $\mu$ M) either alone or in combination with increasing concentrations of 3-bromopyruvate (3BP) and dichloroacetate (DCA). G6P=Glucose 6-phosphate, F6P=Fructose 6-phosphate, F1,6-biP=Fructose 1,6-bisphosphate, DHAP=Dihydroxyacetone phosphate, GA3P=Glyceraldehyde 3-phosphate, 3PG=3-Phosphoglycerate, OAA=Oxaloacetate, SucCoA=Succinyl-CoA,  $\alpha$ -KG= $\alpha$ -ketoglutarate, AO=Acridine Orange, EB=Ethidium Bromide, Gluc.=Glucose, Pyr.=Pyruvate.

To investigate whether the observed changes in cell viability correlated with the loss of cell sensitivity to the inhibition of the RAS-ERK1/2 pathway with Sorafenib, we also studied the phosphorylation status of ERK1/2 in Sorafenib-treated cells upon the addition of increasing concentrations of either glucose or pyruvate (Figure R.13A).

Addition of glucose, but not pyruvate resulted in the decrease of RAS-ERK1/2 pathway hyperactivation in a dose-dependent manner, and the loss of sensibility to Sorafenib. These molecular effects were not appreciable in pyruvate-treated cells (Figure R.13B).

Overall, these data highlight the relevance of glucose metabolism in NRAS<sup>Q61</sup> mutant cells. Moreover, the data provide evidence regarding the preferential glucose derivation to branching pathways rather than conversion to pyruvate for oxidative phosphorylation.

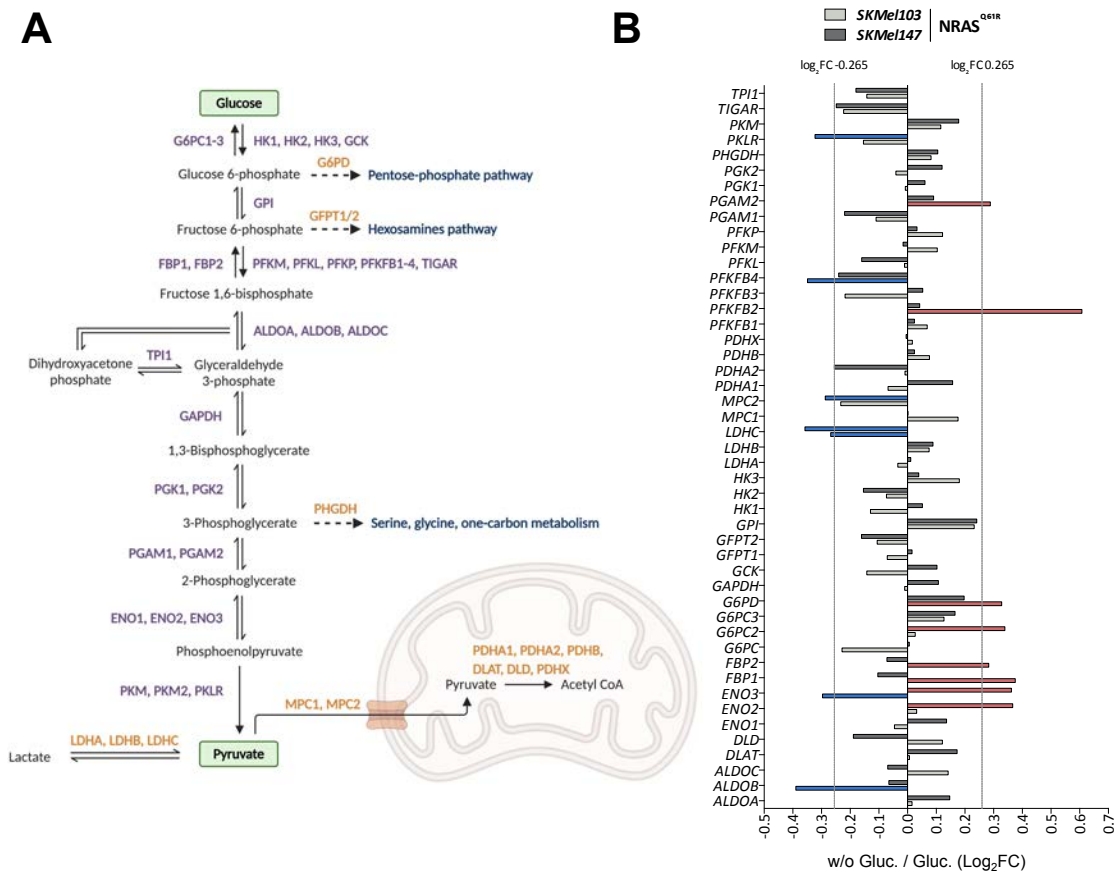


**Figure R.13. Sorafenib does not produce ERK1/2 inhibition in combination with glucose but it does when combined with sodium pyruvate.** (A) Scheme showing the followed experimental procedure. (B) Western Blot showing ERK1/2 phosphorylation in response to Sorafenib treatment, either alone or in combination with metabolic stress. Glucose and pyruvate concentrations correspond to 5 mM, 10 mM, 20 mM and 50 mM. Sorafenib was added at 15  $\mu$ M. GAPDH is shown as a loading control. Gluc.=Glucose, Pyr.=Pyruvate, SF=Sorafenib.

**Several glycolytic (*ALDOB*, *ENO2*, *ENO3*, *G6PC2*, *PGAM2* and *PKLR*) and glucose metabolism-related genes (*FBP1*, *FBP2*, *G6PD*, *LDHC*, *MPC2*, *PFKFB2* and *PFKFB4*) are regulated in *NRAS*<sup>Q61R</sup> mutant cells in response to metabolic stress**

Due to the observed relevance of the glycolytic pathway in *NRAS*<sup>Q61R</sup> mutant cells and using the gene expression profiles generated, we investigated the transcriptional regulation of several glycolytic enzymes involved in the conversion from glucose to pyruvate (purple) and the derivation to branching pathways (orange) in *NRAS*<sup>Q61R</sup> mutant cells (*SKMel103* and *SKMel147*) (Figure R.14A).

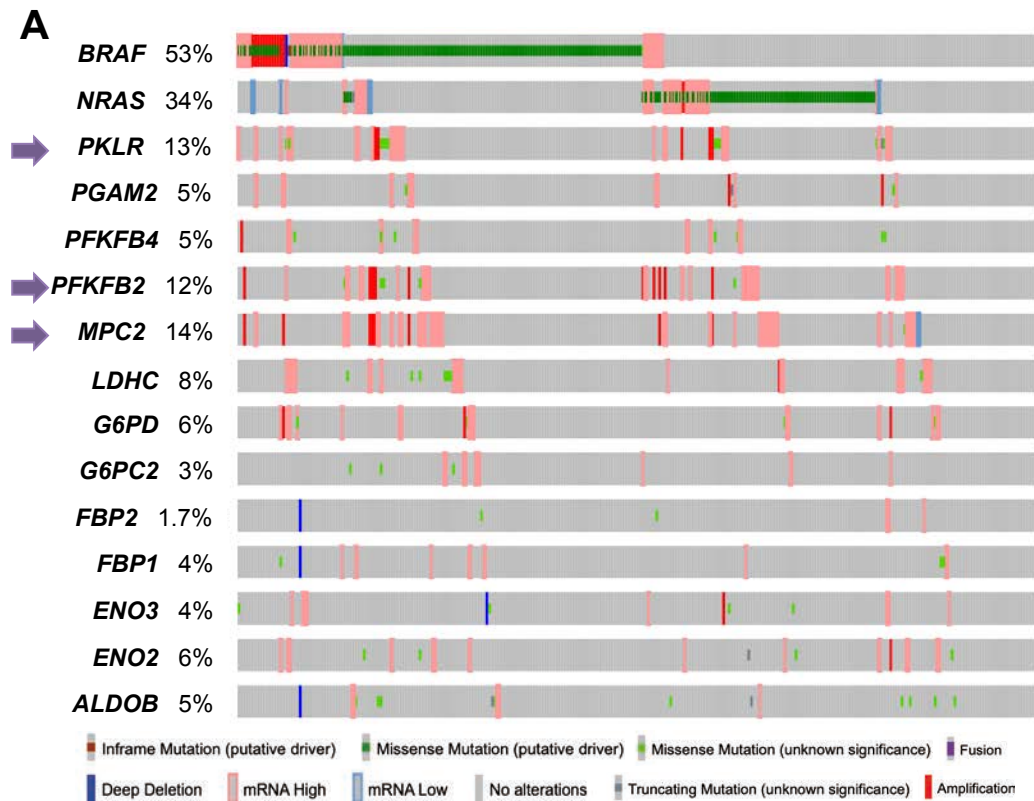
*PGAM2*, *PFKFB2*, *G6PD*, *G6PC2*, *FBP2*, *FBP1* and *ENO2* were upregulated in glucose-starved versus non-starved cells in at least one *NRAS*<sup>Q61R</sup> mutant cell line ( $\log_2FC > 0.265$ ). On the other hand *PKLR*, *PFKFB4*, *MPC2*, *LDHC* and *ALDOB* were downregulated ( $\log_2FC < -0.265$ ) upon glucose starvation. *ENO3* was regulated oppositely in the two investigated *NRAS*<sup>Q61R</sup> mutant cells, being upregulated in *SKMel147* and downregulated in *SKMel103* cells (Figure R.14B). Interestingly, upregulated genes were related with the metabolization of glucose to pyruvate or derivation of glycolysis intermediates to branching pathways. However, downregulated genes were mainly related to the use of pyruvate in the mitochondria (OXPHOS) or the conversion of pyruvate to lactate. Thus, metabolic stress is involved in the regulation of several glycolytic and glucose metabolism-related genes in *NRAS*<sup>Q61R</sup> mutant cells suggesting an increased glycolytic phenotype in response to glucose starvation.



**Figure R.14. Glycolysis-related genes regulation in response to metabolic stress.** (A) Schematic representation of the glycolytic pathway, highlighting enzymes involved in glucose to pyruvate conversion (purple) and the derivation to branching pathways (orange). (B) Graph showing glycolysis-related genes regulation upon metabolic stress in NRAS<sup>Q61R</sup> mutant cells. In red, significantly upregulated genes ( $\log_2FC > 0.265$ ) in starved vs. non-starved cells. In blue, significantly downregulated genes ( $\log_2FC < -0.265$ ) in starved vs. non-starved cells. Gluc.=Glucose, FC=Fold change.

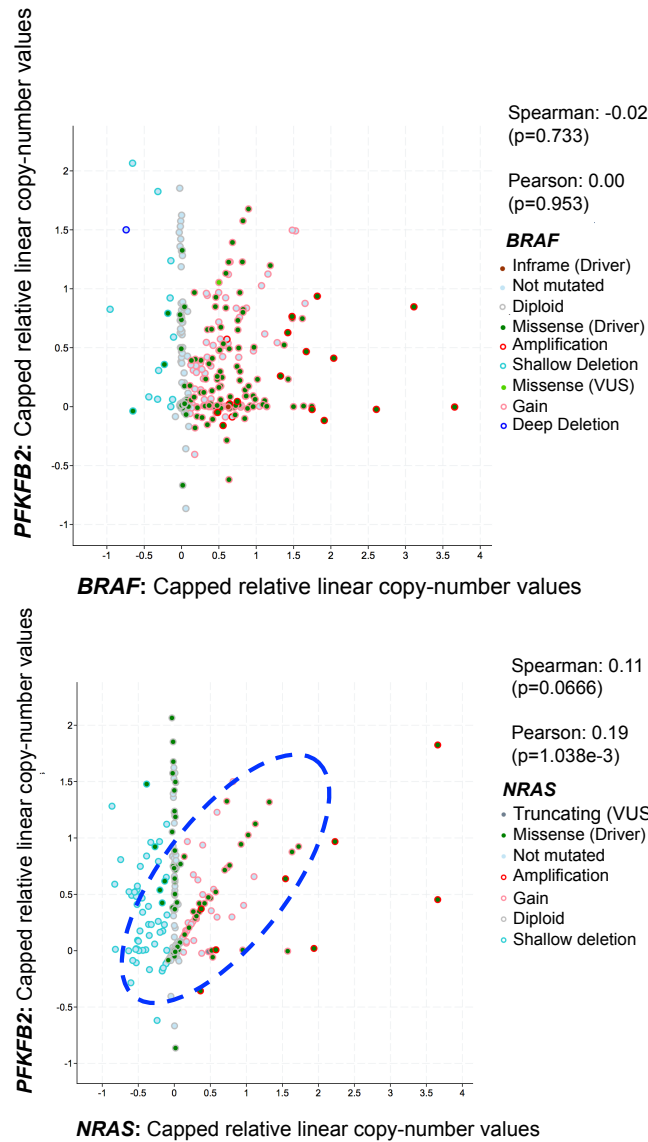
***Upregulation of PFKFB2 enzyme, which is regulated in response to metabolic stress, shows a significant tendency to co-occur with NRAS<sup>Q61</sup> mutations***

Upregulated enzymes in response to metabolic stress were subjected to a deeper analysis with the objective to establish its role in human melanoma biology. To this end, the enzymes genetic status was investigated in the *TCGA database (Melanoma Firehose Legacy study, 287 complete samples)*. *PKLR*, *PFKFB2* and *MPC2* were observed to be altered, mainly upregulated, in more than 10% of melanoma cases (Figure R.15A). Moreover, *PFKFB2* showed a significant tendency ( $q\text{-value} < 0.05$ ) to co-occur with *NRAS* mutations (Figure R.15B), what suggested a relevant role of this enzyme in *NRAS* mutant backgrounds.



**Figure R.15. Mutational status of glycolysis-related genes in human cutaneous melanoma.** (A) Genetic alterations of glycolysis-related genes in human samples obtained from *TCGA (Firehose Legacy study, 287 complete samples)*. Purple arrows indicate those genes altered in >10% of the samples. (B) Table showing co-occurrence tendency of *PFKFB2* and *NRAS* genetic alterations. Data obtained from *TCGA (Firehose Legacy study, 287 complete samples)*.

This co-occurrence was confirmed at the copy-number variant level, where a positive correlation tendency could be observed more clearly in *NRAS* mutant tumors than in *BRAF* mutant tumors (Figure R.16).

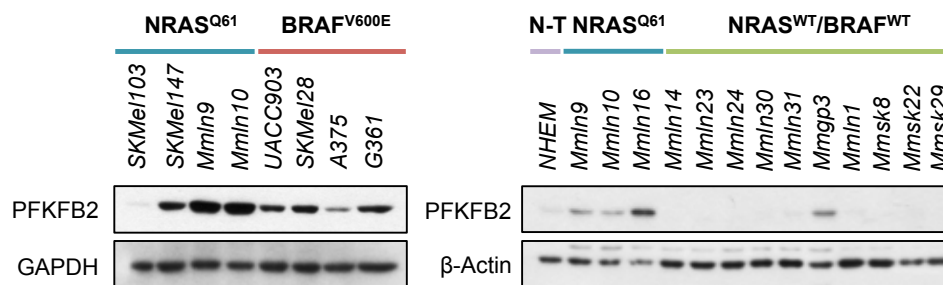


**Figure R.16. Positive correlation of NRAS and PFKFB2 copy number variations in human cutaneous melanoma.** Graphs represent BRAF copy number variation (CNV) relationship with PFKFB2 CNV (top) and NRAS CNV relationship with PFKFB2 CNV (bottom). Data obtained from TCGA database (Firehose Legacy study, 287 complete samples).

PFKFB2 is an important enzyme in terms of glycolytic regulation, as it is involved in the conversion from F6P to F 2,6-biP, an important allosteric regulator of PFK-1. PFK-1 is involved in one of the three most important steps in glycolysis regulation, being responsible of the redirection of metabolites to glycolysis branching pathways when reduction power and biomass are needed<sup>124</sup>.

To further confirm PFKFB2 upregulation taking place in NRAS mutant cells we analyzed PFKFB2 expression at protein level in two cell line panels, including

patient-derived cell lines. Cell lines were classified in non-tumoral cells (N-T), *BRAF* mutant cells (*BRAF*<sup>V600E</sup>), *NRAS* mutant cells (*NRAS*<sup>Q61</sup>) and tumor cells lacking both, *NRAS* and *BRAF* mutations (*NRAS*<sup>WT</sup>/*BRAF*<sup>WT</sup>). A clear tendency of *NRAS*<sup>Q61</sup> mutant cells expressing higher PFKFB2 amounts was observed in both panels (Figure R.17). Altogether, these data provide evidence about co-occurrence of *NRAS* mutations and PFKFB2 upregulation at protein level.



**Figure R.17. PFKFB2 is upregulated in *NRAS*<sup>Q61</sup> mutant cells.** On the left, commercial melanoma human cell lines panel. On the right, non-tumoral (N-T) human melanocytes and patient-derived cells. GAPDH and β-Actin are shown as loading controls.

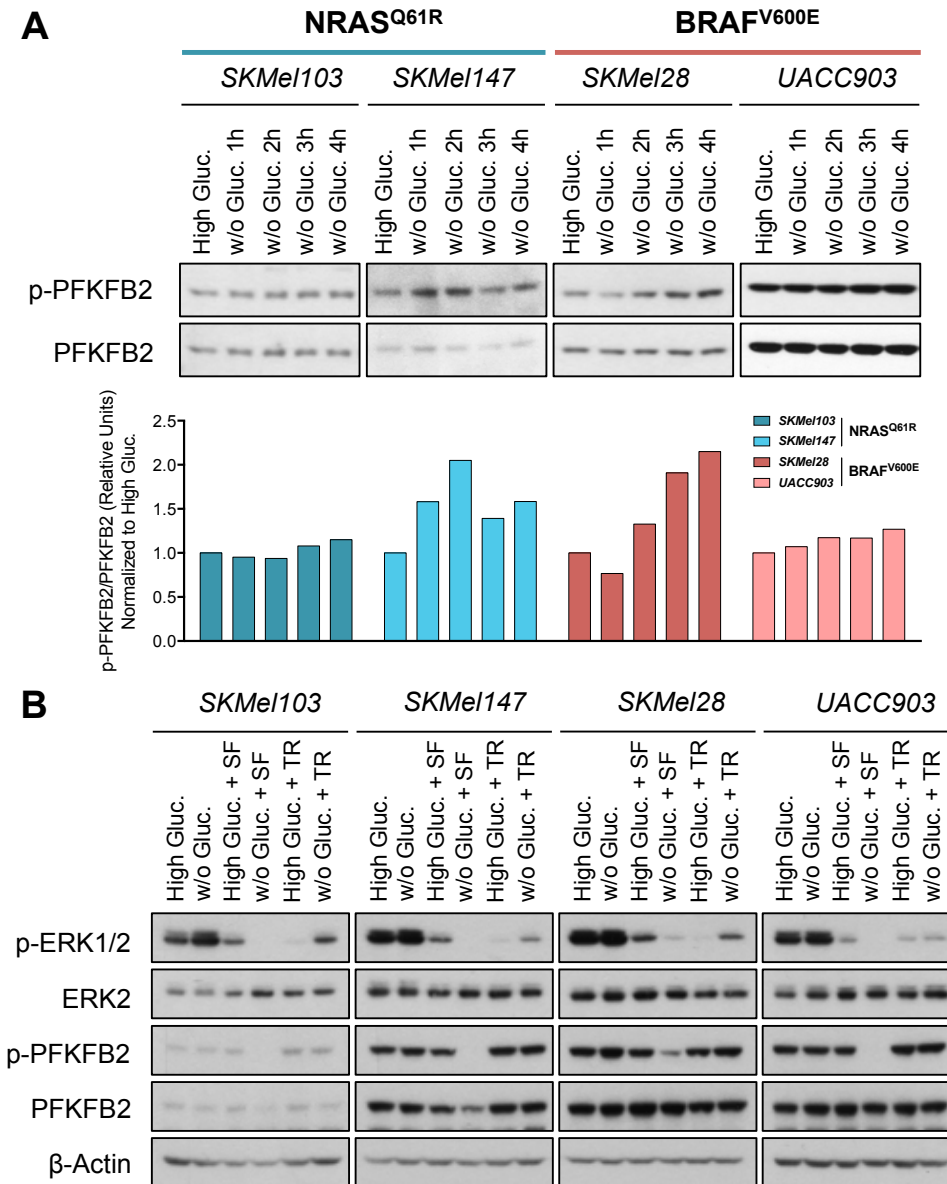
### ***PFKFB2 phosphorylation is regulated in response to metabolic stress and Sorafenib treatment***

Once established PFKFB2 relevance in *NRAS* mutant cells we investigated its regulation in response to metabolic stress and RAS-ERK1/2 pathway inhibition conditions. PFKFB2 has a dual role in glucose metabolism. Depending on its phosphorylation status it can act as a kinase, increasing the glycolytic flux, or as a phosphatase, promoting gluconeogenesis. It has been described that PFKFB2 kinase activity is mainly regulated by phosphorylation at residue S483, and that this regulation can be driven by PKA PKC, AKT, Ca/CAMK, S6K1 and RSK<sup>124</sup>.

In order to determine whether RAS-ERK1/2 pathway activation could be involved in PFKFB2 regulation, phosphorylation at S483 was analyzed by Western Blot in *SKMel103* (*NRAS*<sup>Q61R</sup>), *SKMel147* (*NRAS*<sup>Q61R</sup>), *SKMel28* (*BRAF*<sup>V600E</sup>) and *UACC903* (*BRAF*<sup>V600E</sup>) cell lines. Cells were subjected to one, two, three and four hours of glucose starvation alone and in combination with the RAS-ERK1/2 pathway inhibitors Sorafenib (SF) and Trametinib (TR). PFKFB2 phosphorylation at residue S483 was increased in all cell lines in response to metabolic stress; being *SKMel147* (*NRAS*<sup>Q61R</sup>) the cells showing the highest response with a 2-fold



increase of PFKFB2 phosphorylation (Figure R.18A). Moreover, phosphorylation was completely inhibited by Sorafenib upon glucose starvation in all cell lines (Figure R.18B). This phosphorylation inhibition was not observed in the rest of the treatments.



**Figure R.18. PFKFB2 regulation upon metabolic stress and RAS-ERK1/2 inhibition.** (A) Western Blot showing PFKFB2 phosphorylation at residue S483 and total PFKFB2 amount. The bars graph represents quantification of PFKFB2 phosphorylation. (B) Western Blot showing ERK1/2 and PFKFB2 phosphorylation at residue S483 in response to glucose starvation, Sorafenib (SF) and Trametinib (TR). Gluc.=Glucose.

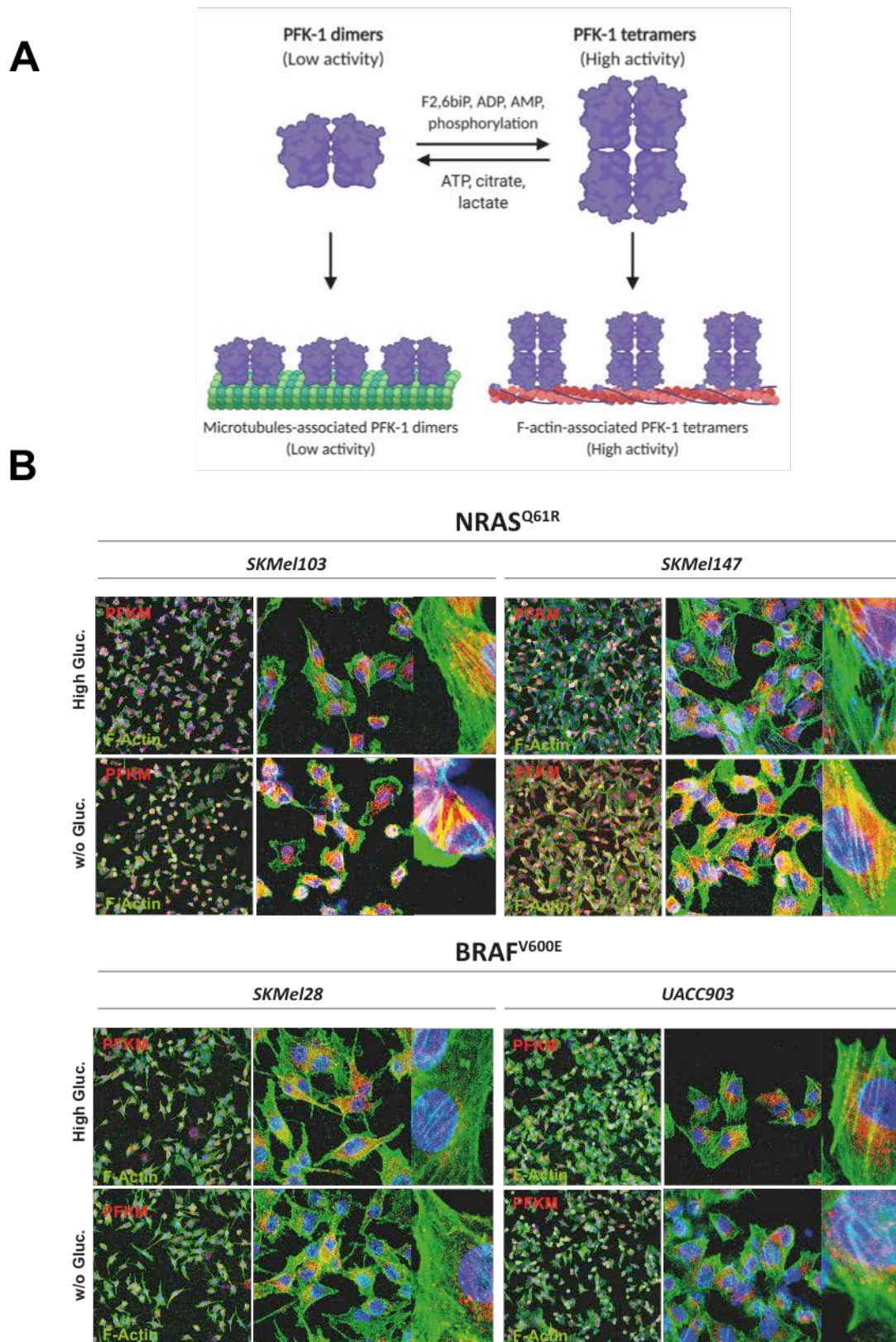
These results suggest the existence of a link between glycolysis and the RAS-ERK1/2 pathway. In one hand, PFKFB2 could be mediating the hyperactivation of the RAS-ERK1/2 pathway in response to metabolic stress and

on the other hand, RAS-ERK1/2 inhibition with Sorafenib but not with Trametinib promotes inhibition of PFKFB2 phosphorylation, suggesting that RAS-ERK1/2-driven regulation of PFKFB2 is likely, carried out by the RAF family of protein kinases.

### ***Glucose withdrawal induces PFK-1 activation through co-localization with actin fibers***

As previously mentioned, PFKFB2 is involved in the synthesis of one of the main regulators of PFK-1, fructose 2,6-bisphosphate. It has been described that PFK-1 tetramerization and co-localization with actin fibers has been associated with enzyme activation<sup>148</sup>. In order to prove that changes in PFKFB2 phosphorylation were related to changes in PFK-1 activity (Figure R.19A), we analyzed whether metabolic stress caused differential changes in PFK-1 localization according to the cells genotype (*SKMel103* (NRAS<sup>Q61R</sup>), *SKMel147* (NRAS<sup>Q61R</sup>), *SKMel28* (BRAF<sup>V600E</sup>) and *UACC903* (BRAF<sup>V600E</sup>)).

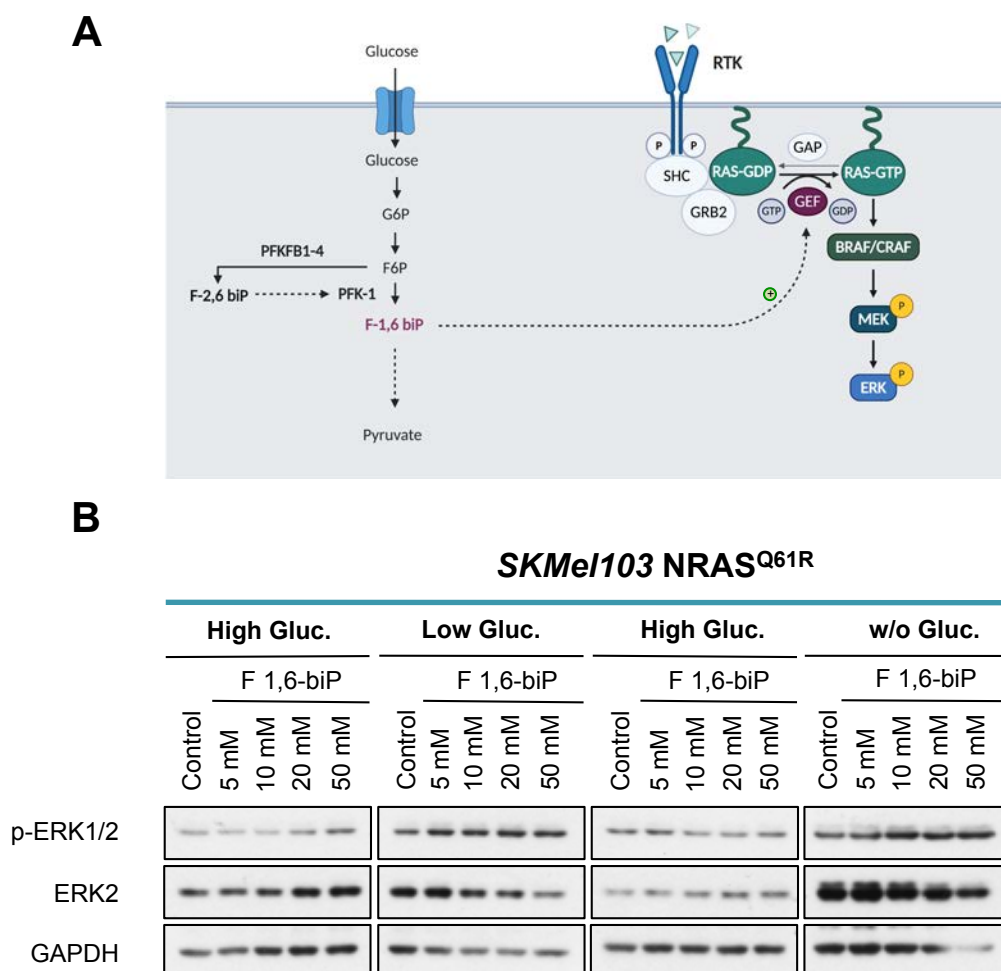
The results showed that while NRAS<sup>Q61R</sup> mutant cells (*SKMel103* and *SKMel147*) increased PFK-1 activity in response to metabolic stress according to its co-localization with actin fibers, no changes were detected in BRAF<sup>V600E</sup> mutant cells (*SKMel28* and *UACC903*) (Figure R.19B). Thus, these results indicate that glucose starvation induces PFK-1 activation through co-localization with actin fibers in NRAS<sup>Q61R</sup> mutant cells.



**Figure R.19. PFKM and actin fibers co-localization in response to metabolic stress.** (A) Schematic representation of activation mechanisms of PFK-1 activity. (B) Representative immunofluorescence images showing PFKM (Red) and actin fibers (Green) co-localization in NRAS<sup>Q61R</sup> and BRAF<sup>V600E</sup> mutant cells in response to glucose starvation.

## Fructose 1,6-bisphosphate produces an increase in ERK1/2 phosphorylation

Fructose 1,6-bisphosphate, the product of PFK-1 has been described to activate RAS through the activation of *Cdc25*, the yeast ortholog of *SOS1* (Figure R.20A)<sup>163</sup>. The above results demonstrated that PFK-1 activity is upregulated upon metabolic stress. Thus, we investigated whether the increased production of F 1,6-biP could be part of the mechanism responsible for RAS pathway activation upon glucose starvation. To that end, we mimicked PFK-1 activation by the treatment of cells with F 1,6-biP and investigated whether we could recapitulate the activation of the RAS-ERK1/2 pathway.



**Figure R.20. Fructose 1,6-bisphosphate induces RAS-ERK1/2 pathway activation.** (A) Schematic representation of glycolysis and the RAS-ERK1/2 pathway and possible described link among them. (B) Western Blot showing ERK1/2 phosphorylation regulation upon treatment with Fructose 1,6-bisphosphate (F 1,6-biP) at 5, 10, 20 and 50 mM in combination with high glucose (25 mM), low glucose (5 mM) and no glucose conditions. GAPDH is shown as a loading control.

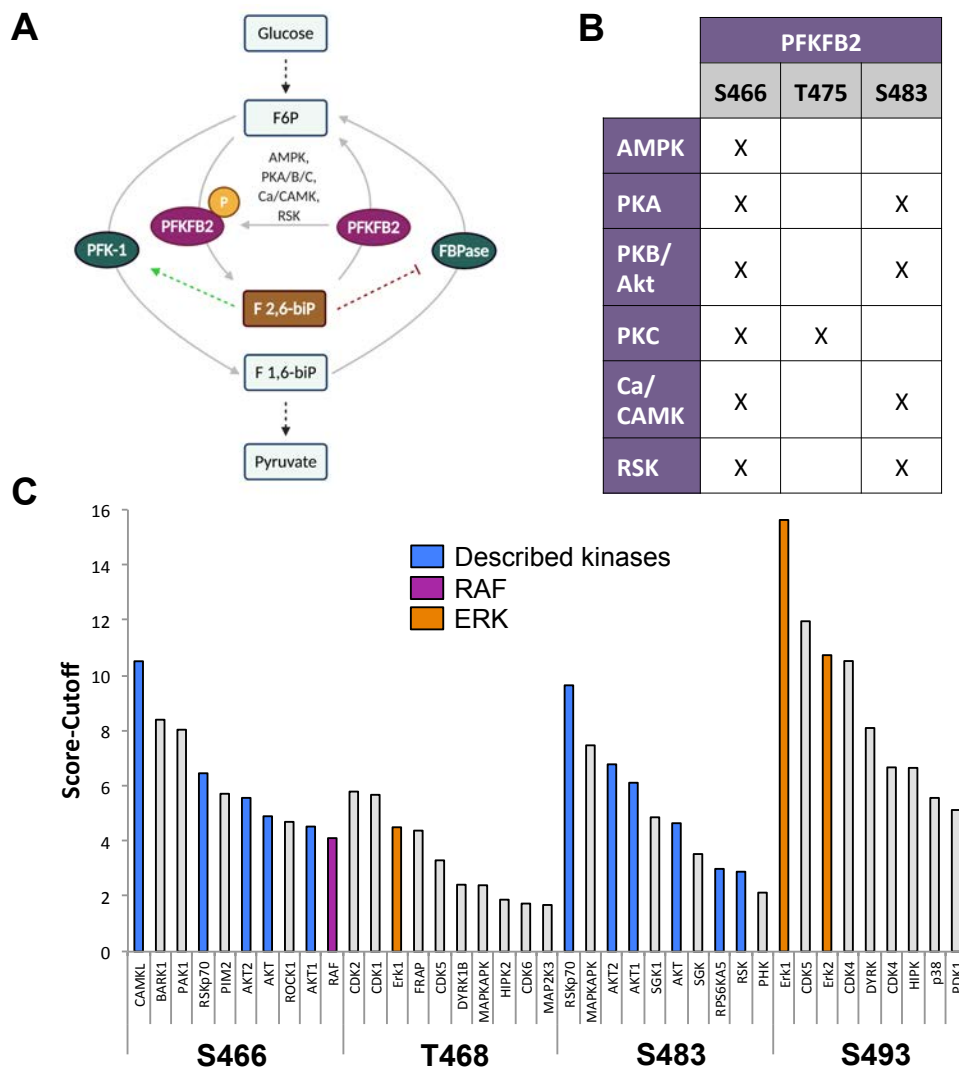
*SKMel103* cells (NRAS<sup>Q61R</sup>) were treated with increasing concentrations of F 1,6-biP in media containing no glucose, low glucose (5 mM) or high glucose (25 mM). The results showed that ERK1/2 phosphorylation increased in cells treated with F 1,6-biP plus no glucose and low glucose containing media (Figure R.20B). Thus, these results indicate that increased production of F 1,6-biP derived from increased PFK-1 activity promotes the hyperactivation of the RAS-ERK1/2 pathway in response to metabolic stress.

***In silico analysis shows PFKFB2 putative target sequences for confirmed kinases and new phosphorylation sites that may be regulated by RAF and ERK1/2 phosphorylation***

These findings link glycolytic activation through PFK-1 activation and increased production of F 1,6-biP with the hyperactivation of the RAS-ERK1/2 pathway. Moreover, we have previously demonstrated that RAS-ERK1/2 inhibition with Sorafenib in combination with metabolic stress results in the inhibition of PFKFB2 phosphorylation. As PFKFB2 regulation is mainly governed by phosphorylation at different residues (Figures R.21A and R.21B), we wondered whether RAF or downstream kinases might be involved in the regulation of PFKFB2 by direct phosphorylation.

We performed an *in silico* phosphorylation analysis of PFKFB2 using the *GPS 5.0* software<sup>164,165</sup>. This algorithm has the ability of predicting potential protein kinase-specific phosphorylation sites from protein sequences. The prediction resulted in the generation of several parameters including score and cutoff for each predicted phosphorylation site. The score parameter represents the possibility that a specific sequence is a phosphorylation site peptide for a given kinase. If the score of a peptide sequence is high enough to bypass the cutoff value, we may estimate that it is a potential phosphorylation site of the analyzed kinase. The analysis was performed using the high threshold, which corresponds to a theoretically maximal false positive rate (FPR) of 2% for serine/threonine kinases and 4% for tyrosine kinases. Ten kinases showing the highest score after subtracting the cutoff value were represented for each phosphorylation site. Some of the already described kinases phosphorylating PFKFB2 came out from the analysis, including CAMK, RSK and AKT. Interestingly, ERK1/2 and RAF proteins

also appeared as possible regulators, being ERK1 the kinase showing the highest score at position S493, a PFKFB2 residue that had not been previously described to be involved in its regulation (Figure R.21C). Hence, *in silico* analysis proposed ERK1/2 and RAF proteins as possible kinases phosphorylating PFKFB2, highlighting the possible role of ERK1/2 in the phosphorylation of residue S493, a phosphorylation site that has not been described so far.



**Figure R.21. Computational prediction of kinases involved in PFKFB2 phosphorylation.** (A) Schematic representation of PFKFB2 regulation and its consequences in glycolysis regulation through modulation of PFK-1 activity. (B) Table indicating PFKFB2 already described phosphorylation sites and kinases involved in its phosphorylation. (C) Barr graph indicating the probability for each kinase to phosphorylate PFKFB2 at each specific site. Analysis performed using *GPS 5.0 software*.

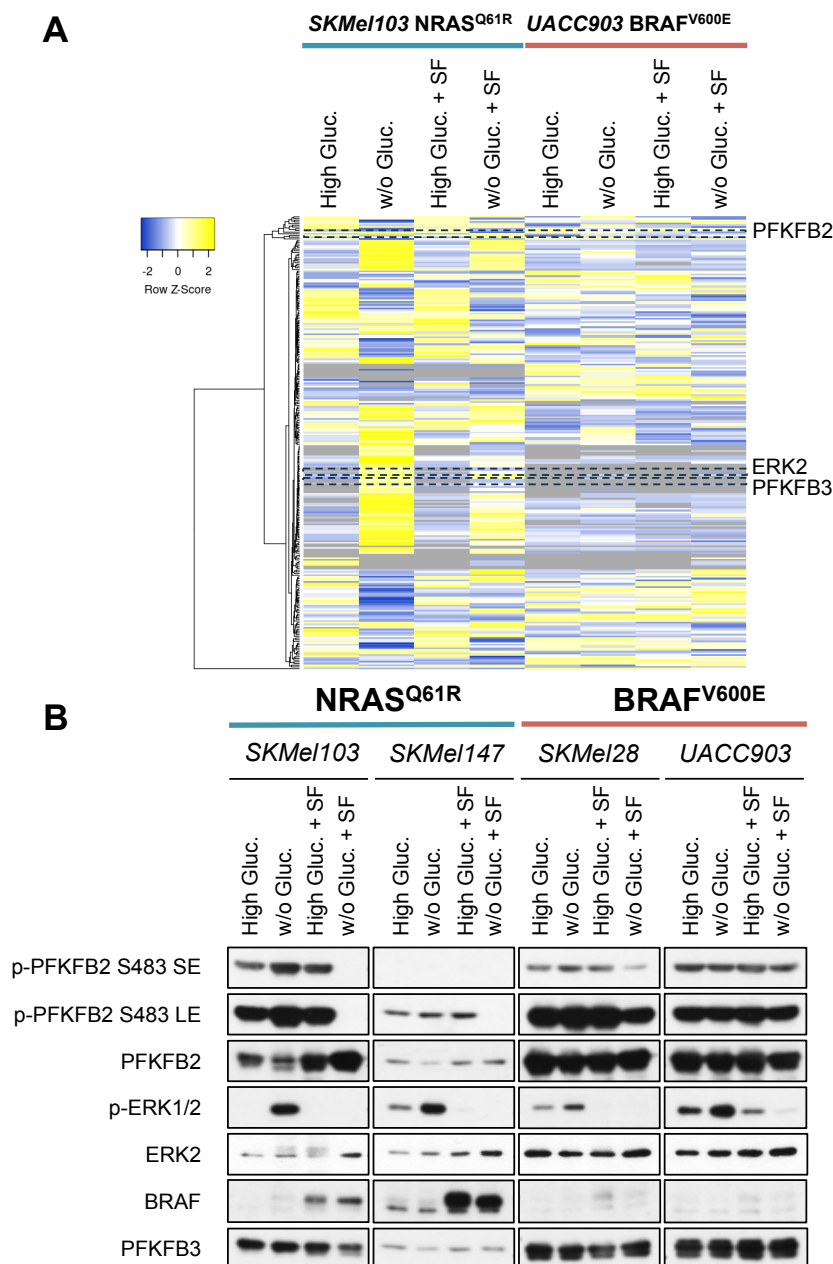
***Mass Spectrometry analysis reveals ERK2 and PFKFB3 as possible PFKFB2-interacting proteins as well as novel PFKFB2 phosphorylation sites, which are regulated in response to metabolic stress and Sorafenib treatment***

To confirm RAF and ERK proteins as interacting partners of PFKFB2, as well as to further study PFKFB2 phosphorylation regulation, we performed a mass spectrometry assay. To that end we generated an inducible lentiviral construct expressing His-tagged PFKFB2 (*pLenti-rtTA2-His-PFKFB2-IRES-GFP*) (Supplementary Figure 2A). *SKMel103* (NRAS<sup>Q61R</sup>) and *UACC903* (BRAF<sup>V600E</sup>) cells were infected with this construct and upon induction with doxycycline His-tagged PFKFB2 was expressed together with GFP, which was used for the establishment of infection and expression efficacy (Supplementary Figure 2B).

Next, cells were subjected to metabolic stress and to treatment with Sorafenib; and His-tagged PFKFB2 was pulled down using magnetic beads (Supplementary Figure 2C). Total lysates were analyzed by Western Blot to confirm RAS-ERK1/2 pathway hyperactivation in response to glucose starvation and ERK1/2 inhibition upon Sorafenib treatment (Supplementary Figure 3) and pulled down samples were subjected to mass spectrometry analysis.

Mass spectrometry analysis of obtained lysates after His-tag PFKFB2 pull down in *SKMel103* (NRAS<sup>Q61R</sup>) and *UACC903* (BRAF<sup>V600E</sup>) cell lines revealed the presence of ERK2 and PFKFB3 as possible direct or indirect interacting partners of PFKFB2 (Figure R.22A and Supplementary Table 3). Further validation by Western Blot in *SKMel103* (NRAS<sup>Q61R</sup>), *SKMel147* (NRAS<sup>Q61R</sup>), *SKMel28* (BRAF<sup>V600E</sup>) and *UACC903* (BRAF<sup>V600E</sup>) cell lines confirmed the presence of both proteins (Figure R.22B) and also revealed BRAF as a possible PFKFB2 interacting partner. Interestingly, BRAF-PFKFB2 immunocomplex was stabilized in response to Sorafenib treatment in NRAS<sup>Q61R</sup> mutant cells and not in BRAF<sup>V600E</sup> mutant cells. These results suggest the presence of BRAF and ERK2 as possible PFKFB2 phosphorylating kinases in *NRAS* mutant melanoma cells. Moreover, PFKFB3 may be forming heterodimers with PFKFB2, what would have implications at functional level due to the differential kinase/phosphatase activity ratio of these enzymes<sup>124</sup>,

and what would involve a novelty in the field, as PFKFB2 has been only described to homodimerize in order to be active<sup>124</sup>.



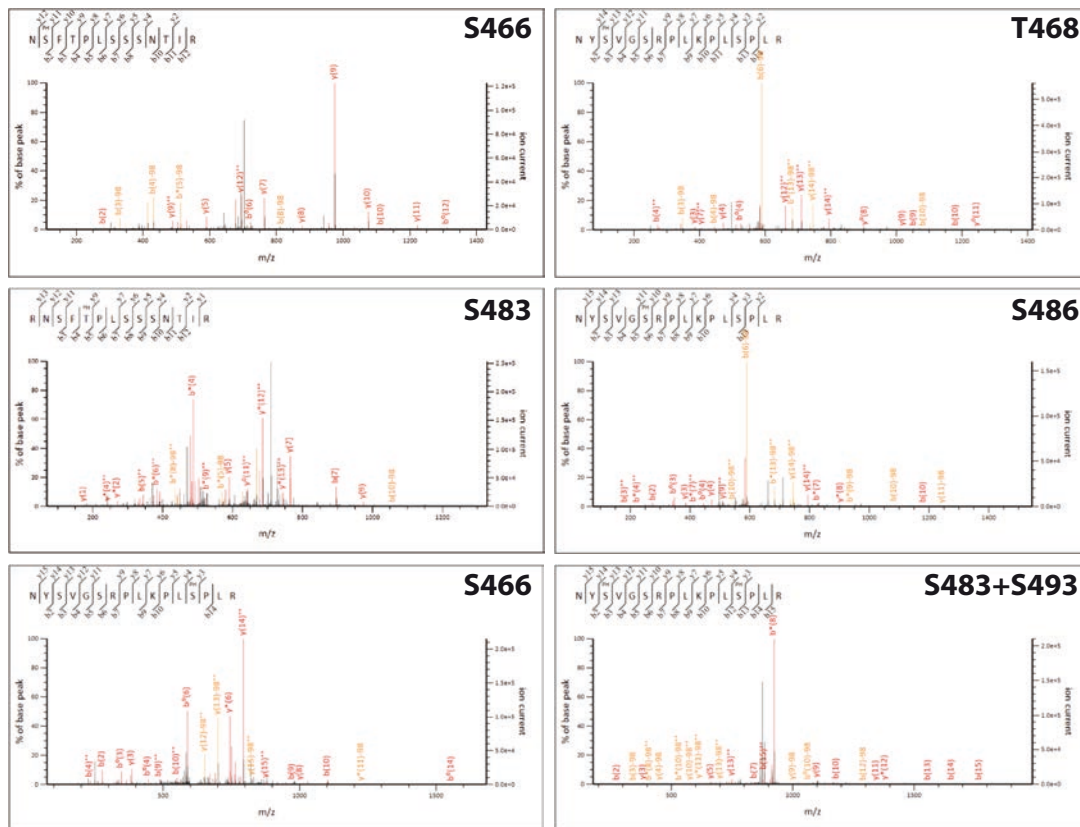
**Figure R.22. ERK2 and PFKFB3 are present in the same immunocomplex than PFKFB2.** (A) Heatmap representing mass spectrometry peptide counts (B) Western Blot showing proteins detected after His-tagged PFKFB2 pull down in response to metabolic stress and Sorafenib treatment (15  $\mu$ M, 4 hours). Gluc.=Glucose, SF=Sorafenib, SE=Short Exposure, LE=Long Exposure.

Enrichment in phosphorylated peptides using titanium dioxide (TiO<sub>2</sub>) followed by mass spectrometry and semi-quantitative analysis allowed us to infer phosphorylated changes of PFKFB2 in response to glucose starvation and Sorafenib treatment. Phosphorylation of PFKFB2 at residues S466, T468, S483,



## Results

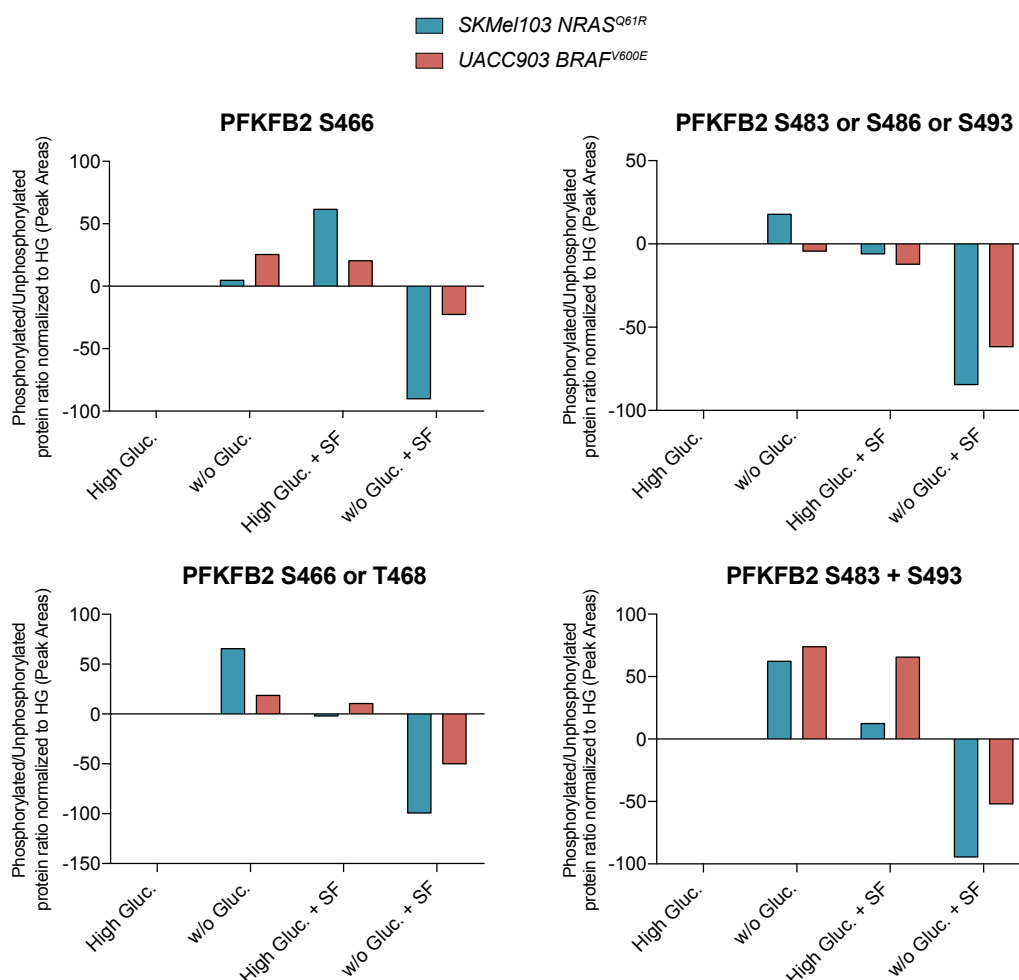
S486 and S493 was detected, confirming S493 as a new PFKFB2 phosphorylation site (Figure R.23 and Supplementary Table 4). Moreover, S483 and S493 were found to be simultaneously phosphorylated (Figure R.23 and Supplementary Table 4).



**Figure R.23. Identification of novel PFKFB2 phosphorylation sites.** Graphs showing the fragmentation spectrum of the phosphorylated PFKFB2 peptides identified by mass spectrometry.  $m/z$ =mass/charge ratio.

Phosphorylation at S466 was observed to increase in response to glucose withdrawal, as well as in response to Sorafenib, however, it was inhibited by the combination of both treatments. T468 residue could not be individually analyzed due to technical issues and obtained data could not discriminate among S466 and T468 phosphorylation. Something similar occurred in the case of S483, S486 and S493 residues, where phosphorylated peptides in either residue were indistinguishable. Analysis of all residues together showed the same tendency previously observed, an increase upon metabolic stress together with a marked decrease upon metabolic stress and Sorafenib treatment. Phosphorylation regulation at S483 and S493 residues could not be individually investigated however, S483 and S493 biphosphorylated peptides were detected and the

amount of them was increased in response to metabolic stress and decreased upon both, Sorafenib treatment and the combination of metabolic stress and RAS-ERK1/2 pathway inhibition (Figure R.24).



**Figure R.24. PFKFB2 phosphorylation regulation in response to metabolic stress and treatment with Sorafenib.** Graphs indicate the ratio of phosphorylated/unphosphorylated PFKFB2 at residues S466, T468, S483, S486 and S493 in response to metabolic stress and Sorafenib (15  $\mu$ M, 4 hours). Gluc.=Glucose, SF=Sorafenib.

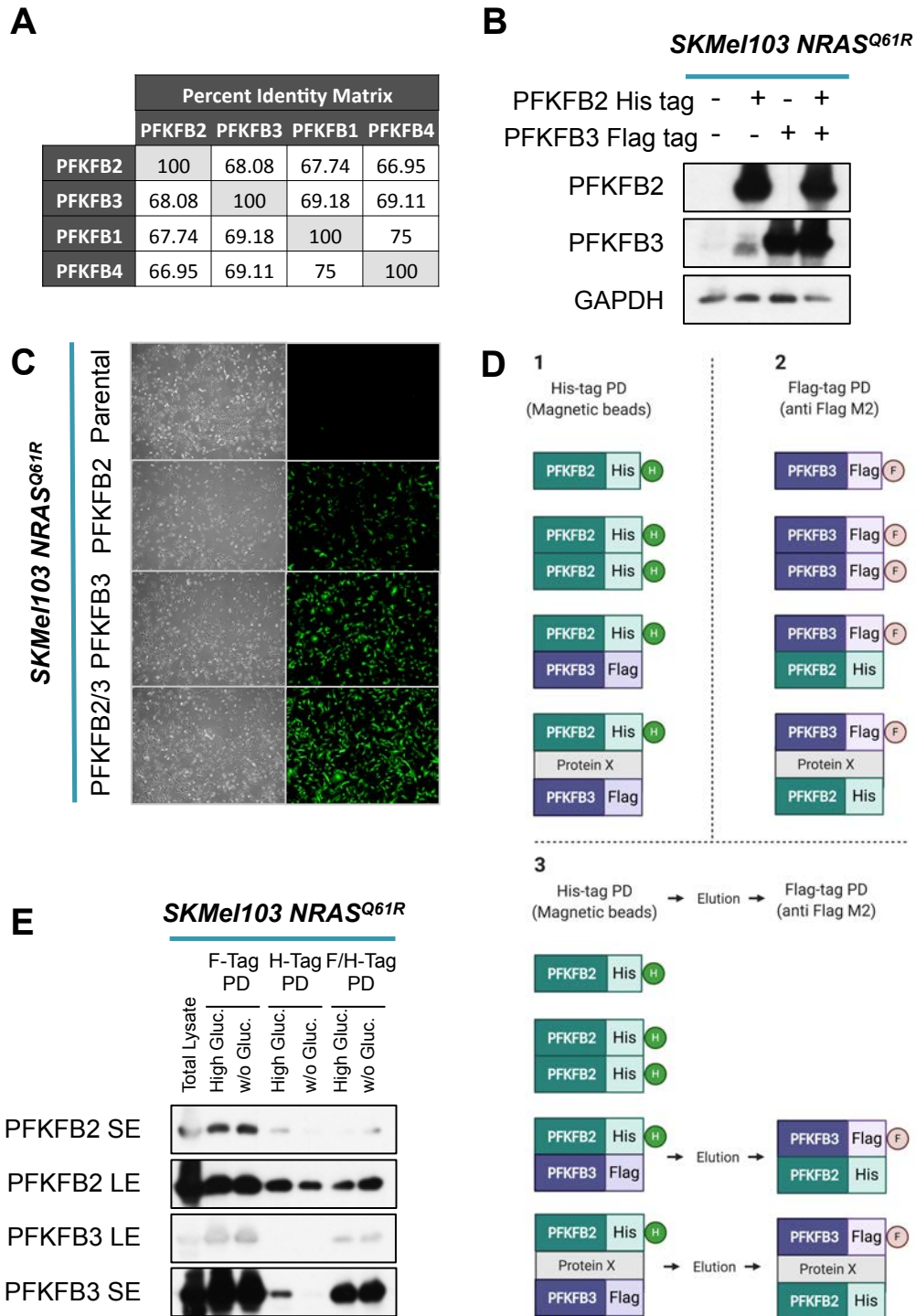
Overall, these data confirm that PFKFB2 phosphorylation is regulated in response to metabolic stress and RAS-ERK1/2 pathway inhibition. This regulation involves phosphorylation changes in residues S466, S483 and S493, being this last residue an unknown PFKFB2 phosphorylation site until now. Mass spectrometry analysis, followed by Western Blot validation, also identified BRAF, ERK2 and PFKFB3 as putative interaction partners of PFKFB2.

***PFKFB2 and PFKFB3 seem to be able to form heterodimers***

As previously explained, PFKFB family of enzymes (PFKFB1-PFKFB4 isoforms), which shows around 70% of sequence identity approximately among its members (Figure R.25A), has been described to be activated through homodimerization<sup>124</sup>. The above results generated from mass spectrometry analysis and Western Blot, suggest the possible heterodimers formation of PFKFB2-PFKFB3 isoforms in four different melanoma cell lines.

To confirm the existence of PFKFB2-PFKFB3 heterodimers we designed an inducible lentiviral construct expressing Flag-tagged PFKFB3 (*pLenti-rtTA2-Flag-PFKFB3-IRES-GFP*). *SKMel103* (NRAS<sup>Q61R</sup>) mutant cells were simultaneously infected with both *pLenti-rtTA2-His-PFKFB2-IRES-GFP* and *pLenti-rtTA2-Flag-PFKFB3-IRES-GFP*. Infection and expression efficacy were assessed by Western Blot and GFP detection (Figure R.25B and Figure R.25C). Both, His-tag and Flag-tag pull down assays were performed. Moreover, a double consecutive pull down was performed in order to assure the interaction between both proteins (Figure R.25D).

Presence of both, PFKFB2 and PFKFB3 was detected by Western Blot after His-tag pull down and Flag-tag pull down. Double His-tag pull down followed by Flag-tag pull down also revealed the presence of both proteins, supporting the previous observation that PFKFB2-PFKFB3 proteins may be interacting forming heterodimers (Figure R.25E).

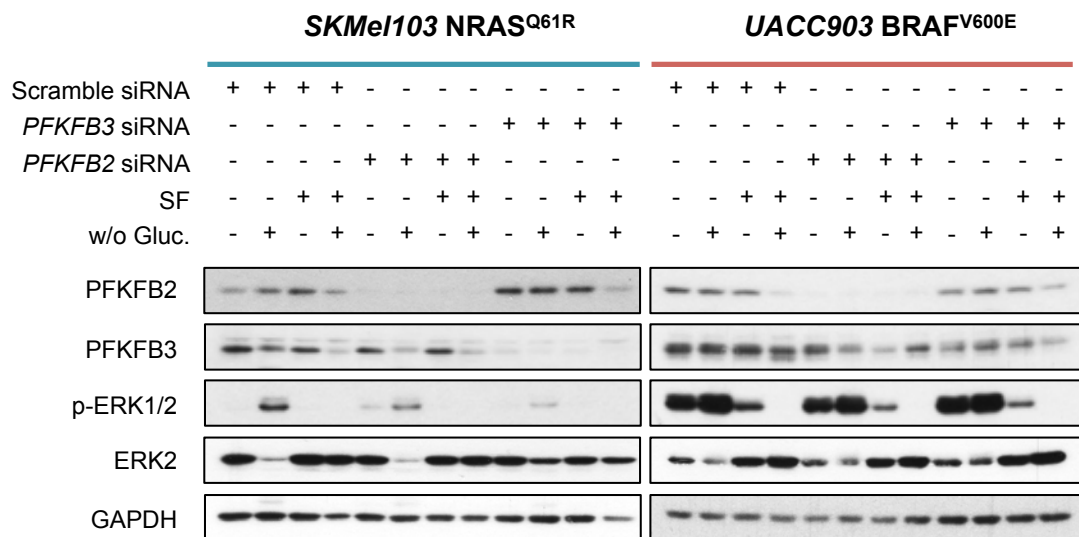


**Figure R.25. PFKFB2 dimerizes with PFKFB3.** (A) Table showing identity percentages obtained from the comparison between PFKFB2 and PFKFB3 isozyemes. (B) Western Blot showing cells infected with His-tagged PFKFB2 and Flag-tagged PFKFB3 constructs. GAPDH is shown as a loading control. (C) Expression of GFP in induced cells infected with the different constructs. (D) Scheme representing possible scenarios after His-tag (D1), Flag-tag (D2) and double pull down (D3) assays. (E) Western Blot showing obtained proteins after flag-tagged PFKFB3 pull down, His-tagged PFKFB2 pull down and Flag-tagged PFKFB3 followed by His-tagged PFKFB2 pull down, in response to one hour of glucose starvation. Gluc.=Glucose, PD=Pull down, SE=Short exposure, LE=Long exposure.

***PFKFB2 and PFKFB3 downregulation produces a decrease in ERK1/2 phosphorylation upon metabolic stress in NRAS<sup>Q61R</sup> mutant cells***

Taking into account the possible interaction between PFKFB2 and PFKFB3 which would promote the upregulation of PFK-1 activity in response to metabolic stress and consequently the RAS-ERK1/2 pathway activation due to increased levels of F 1,6-biP, we wondered whether the depletion of PFKFB2 or PFKFB3 could have any impact in the observed ERK1/2 hyperactivation in response to glucose deprivation.

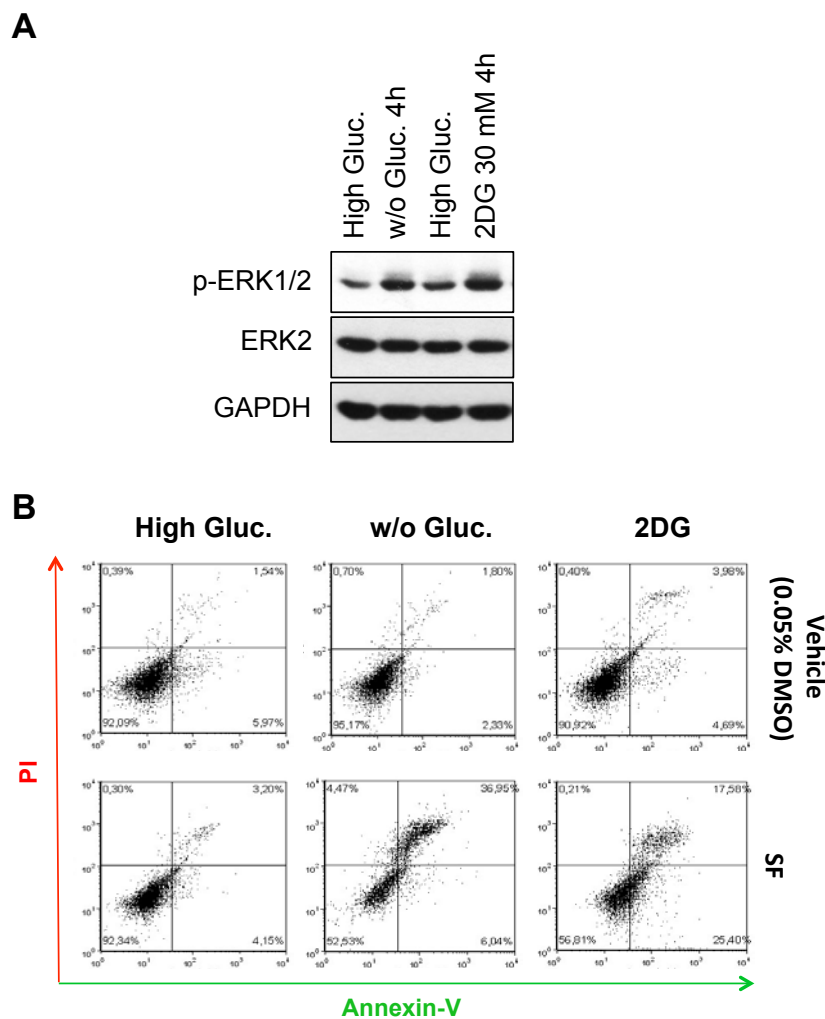
To that end we transfected *SKMel103* (NRAS<sup>Q61R</sup>) and *UACC903* (BRAF<sup>V600E</sup>) cell lines with *PFKFB2* and *PFKFB3* siRNAs. Activation status of the RAS-ERK1/2 pathway, as well as efficacy of the siRNAs, were analyzed by Western Blot. Depletion of either PFKFB2 or PFKFB3 resulted in the inhibition of RAS-ERK1/2 pathway hyperactivation in response to metabolic stress in NRAS<sup>Q61R</sup> mutant cells, while no effect was observed in BRAF<sup>V600E</sup> mutant cells (Figure R.26). This effect appeared to be more pronounced when we depleted PFKFB3, which has been described to have the highest kinase activity of all isoforms of the PFKFB family. Thus, these results confirm the role of PFKFB2 and PFKFB3 in the hyperactivation of the RAS-ERK1/2 pathway in response to metabolic stress.



**Figure R.26. PFKFB2 and PFKFB3 downregulation impedes RAS-ERK1/2 activation upon metabolic stress in NRAS<sup>Q61R</sup> mutant cells.** Western Blot showing PFKB2/PFKFB3 expression and ERK1/2 phosphorylation upon transient *PFKFB2* and *PFKFB3* silencing using specific siRNAs, both under basal conditions and in response to metabolic stress and treatment with Sorafenib (15 μM, 4 hours). GAPDH is shown as a loading control. Gluc.=Glucose. SF=Sorafenib.

### 2-Deoxy-D-glucose (2DG) mimics the low glucose effect *in vitro*.

The above results suggested that a therapeutic strategy combining metabolic stress and Sorafenib treatment might be an effective treatment against *NRAS* mutant melanomas. To translate the observed mechanism to an *in vivo* system we tested the efficacy of 2-deoxy-D-glucose (2DG) in an attempt to mimic glucose starvation derived effects. Over the last years, 2DG has been tested in clinical trials and overall, well toleration and non significant effects in tumor growth have been described when administered as a single agent<sup>166</sup>.



**Figure R.27. 2-Deoxy-D-glucose (2DG) mimics the glucose starvation effect *in vitro*.** (A) Western Blot showing ERK1/2 phosphorylation in response to glucose starvation and 2-Deoxy-D-glucose (2DG) treatment. (B) Graphs showing cell apoptosis measured by flow cytometry comparing glucose withdrawal and 2DG treatment (30 mM) in combination with either vehicle (0.05% DMSO) or Sorafenib (15  $\mu$ M, 4 hours). Gluc.=Glucose, SF=Sorafenib, PI=Propidium Iodide, Annexin V=GFP-annexin V.

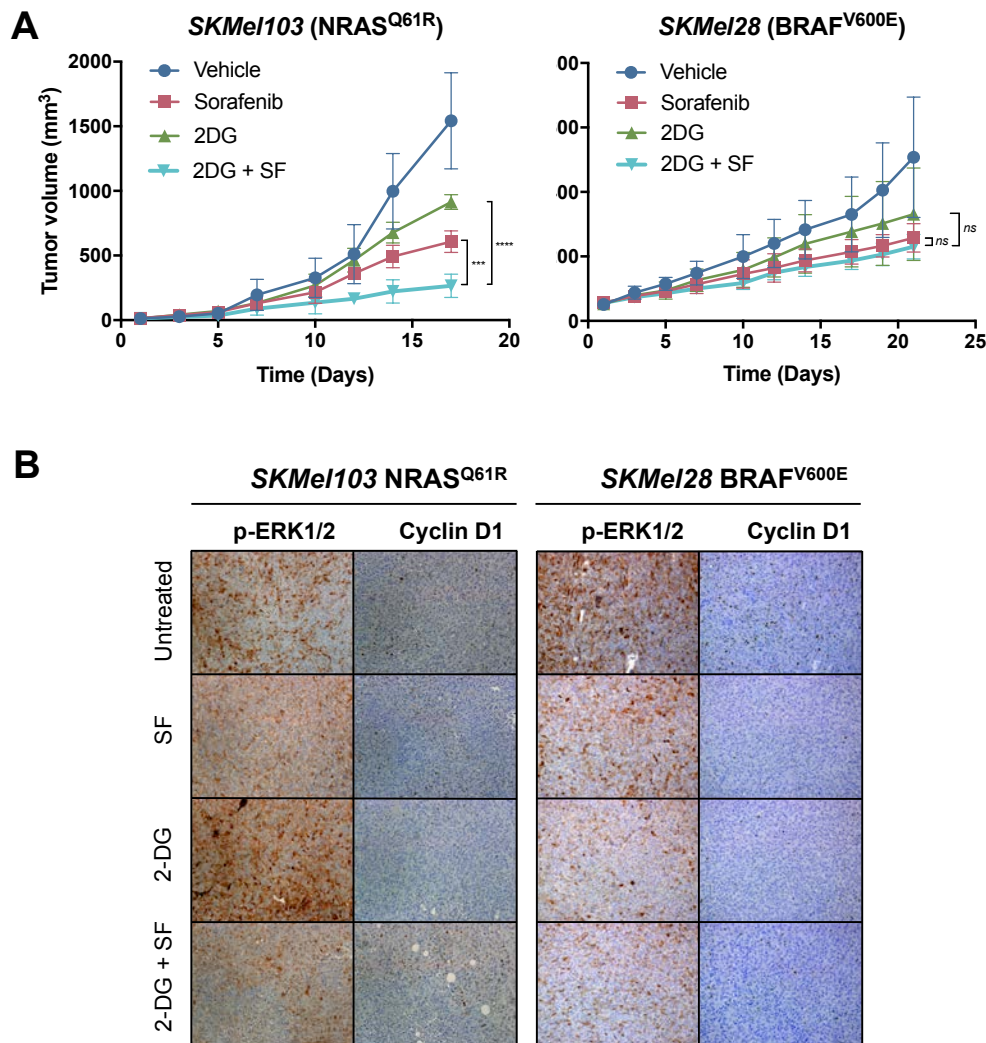
## Results

To confirm 2DG efficacy *in vitro* SKMel103 NRAS<sup>Q61R</sup> cells were treated with 30 mM 2DG and subjected to Western Blot and flow cytometry analysis. In a similar manner than glucose starvation, 2DG treatment increased ERK1/2 phosphorylation (Figure R.27A). Moreover, combination of 2DG and Sorafenib resulted in an increase in cell death (17.58%) (Figure R.27B). These results support the potential use of 2DG as a glucose starvation-mimicking agent for *in vivo* treatment.

### ***Combination of 2DG and Sorafenib has a synergistic effect in NRAS<sup>Q61</sup> mutant cells in vivo, including patient-derived cells***

SKMel103 (NRAS<sup>Q61R</sup>) and SKMel28 (BRAF<sup>V600E</sup>) cells were subcutaneously inoculated in immunosuppressed mice for the evaluation of 2DG and Sorafenib treatments *in vivo*. When the tumors reached a volume between 50-100 mm<sup>3</sup>, mice with similarly sized tumors were randomized into treatment groups ( $n= 5$  per group). Treated groups received glucose starvation treatment by the addition of 1000 mg/kg 2DG to drinking water and an intraperitoneal injection of 10 mg/kg Sorafenib every day. Control groups were treated with vehicle (PBS with 5% (v/v) DMSO).

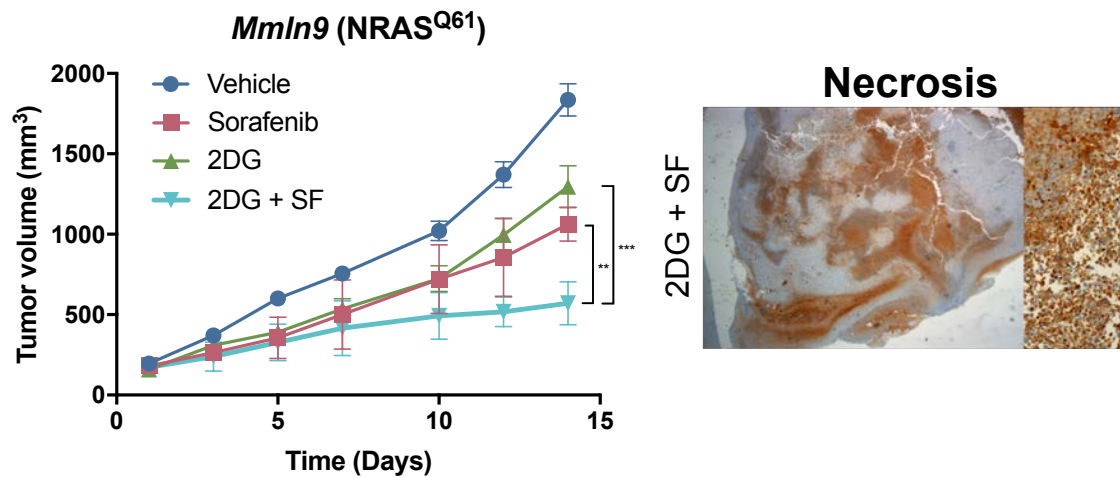
Either Sorafenib or 2DG single treatment promoted a decrease in tumor growth in both, NRAS<sup>Q61R</sup> and BRAF<sup>V600E</sup> mutant cells. However, in the case of NRAS<sup>Q61R</sup> mutant cells a significant additive effect was observed in response to the combination of both treatments, metabolic stress and Sorafenib ( $q\text{-value}<0.0001$  compared to 2DG and  $q\text{-value}<0.001$  compared to SF) (Figure R.28A). Further analysis of obtained tumors by immunohistochemistry confirmed ERK1/2 hyperactivation in response to 2DG in NRAS<sup>Q61R</sup> mutant cells and the expected inhibition of this phosphorylation upon combined treatment. These data correlated with a decrease in Cyclin D1 expression in treated cells, confirming the inhibition of cell division capacity in response to 2DG, SF and 2DG + SF treatments. In contrast, no regulation of these markers was appreciated in BRAF<sup>V600E</sup> mutant cells (Figure R.28B).



**Figure R.28. Combination of 2-Deoxy-D-glucose (2DG) and Sorafenib has a synergistic effect *in vivo* in NRAS<sup>Q61R</sup> mutant cells.** (A) Graphs showing *in vivo* tumor growth upon treatment with Sorafenib, 2DG and the combination of both ( $n=5 \pm$  SD). Vehicle-treated cells are shown as control cells. (B) Representative images of p-ERK1/2 and Cyclin D1 immunostaining of tumors are shown. SF=Sorafenib; ns=non-significant; \*\*\*= $q$ -value $<0.001$ ; \*\*\*\*= $q$ -value $<0.0001$ .

To further validate the efficacy and specificity of the proposed combined therapy in a patient-derived xenograft (PDX) model, we used NRAS<sup>Q61</sup> mutant patient-derived cells (*Mmln9*). As expected, significant decrease in tumor growth could be observed when we compared the combination of 2DG and SF with individual treatments ( $q$ -value $<0.001$  compared to 2DG and  $q$ -value $<0.01$  compared to Sorafenib). Moreover, necrotic areas could be detected in those tumors resulting for the double-treated mice (Figure R.29).





**Figure R.29. Combination of 2-Deoxy-D-glucose (2DG) and Sorafenib has a synergistic effect *in vivo* in patient-derived NRAS<sup>Q61R</sup> mutant cells.** On the left, graph shows *in vivo* tumor growth of *Mmln9* (patient-derived) cells upon treatment with Sorafenib, 2DG and the combination of both (n=5± SD). Vehicle-treated cells are shown as control cells. On the right, a representative tumor picture of a necrotic tumor from mice treated with 2DG + SF. SF=Sorafenib; \*\*=*q-value*<0.01; \*\*\*=*q-value*<0.001.

Overall, these data support the *in vivo* tolerability and efficacy of the combination of 2DG and Sorafenib, which involves a dramatic decrease of tumor growth in NRAS<sup>Q61</sup> mutant cells while non-significant effects are observed in BRAF<sup>V600E</sup> mutant cells.

## **DISCUSSION**



Activating mutations in *BRAF* and *NRAS* oncogenes are the most common genetic alterations in cutaneous melanoma (*TCGA database*). Both modifications lead to the constitutive activation of the RAS-ERK1/2 pathway<sup>19</sup>, however, it has been also noticed that *BRAF* and *NRAS* mutant tumors constitute two different tumoral entities at molecular and clinical levels<sup>40,44</sup>. An important consequence of this molecular scenario is the availability of targeted therapies against *BRAF* mutant melanomas, while *NRAS* mutant tumors are treated with the standard of care, showing low response rates and high toxicity<sup>29,34,40,44</sup>. Thus, understanding the molecular mechanisms governing *NRAS* mutated melanomas compared to *BRAF* mutant tumors would be essential to improve the therapeutic opportunities for the treatment of patients carrying *NRAS* mutations.

During the last years, an increased interest in how cancer cells regulate metabolism has emerged<sup>53,54</sup>. Moreover, evidence is growing on the fact that metabolic reprogramming can be subjected to regulation by oncogenes<sup>102,103</sup>. Recently, it has been described that metabolic settings can be driven by oncogenes in melanoma<sup>52,53,57,107</sup>, nevertheless, these findings are almost totally related to *BRAF* oncogenic activation, and little is known about the role of *NRAS* mutations in metabolism rewiring. In this matter, deciphering the metabolic settings of *NRAS* mutant melanomas could provide new avenues for the establishment of specific therapeutic approaches against these tumors.

Adaptation of glucose metabolism has been established as the most important cancer hallmark regarding metabolic reprogramming. In fact, glucose starvation is one of the most relevant stressors affecting tumor cells, due to its dependence on glucose to maintain cell proliferation. Previous results from our group established that *BRAF*<sup>V600E</sup> mutant cells are not able to sense low energy levels derived from glucose deprivation due to an uncoupling in the LKB1-AMPK axis promoted by *BRAF*<sup>V600E</sup> oncogene. In turn, these cells do not activate the expected apoptotic response under energy stress conditions<sup>107</sup>. This phenotype is *BRAF*-dependent and it can be restored upon treatment with Sorafenib, a multi-kinase inhibitor targeting RAF. Overall, this phenomenon was interpreted as an opportunity for the specific targeting of these cells, since the combination of energy stress and RAS-ERK1/2 pathway inhibition triggered apoptosis<sup>107</sup>.

Surprisingly, combination of metformin, an AMPK activator mimicking low energy stress, and the inhibition of the RAS-ERK1/2 pathway, resulted in an unexpected increased cytotoxicity in NRAS<sup>Q61</sup> mutant cells compared to BRAF mutant cells<sup>167</sup>. These results showed a differential response to metformin in NRAS<sup>Q61</sup> and BRAF<sup>V600E</sup> mutant cells that may be exploited for the direct targeting of tumors carrying NRAS mutations. Interestingly, these results are in agreement with improved disease control rate in KRAS mutant non-small cell lung cancer patients treated with metformin plus Sorafenib in comparison with Sorafenib as a single agent<sup>168</sup>. Thus, we investigated the molecular implications of glucose starvation in NRAS<sup>Q61</sup> mutant cells in order to establish whether the presence of NRAS-dependent metabolic settings can be exploited for the development of targeted therapies against NRAS mutant melanomas.

Our results confirmed that NRAS<sup>Q61</sup> and BRAF<sup>V600E</sup> mutant melanoma cells experiment a differential response to glucose deprivation that results in the hyperactivation of the RAS-ERK1/2 pathway in NRAS<sup>Q61</sup> mutant cells. Upon activation, phosphorylated ERK1/2 translocates to the nucleus<sup>162</sup>, however, NRAS<sup>Q61</sup> mutant cells subjected to metabolic stress showed a predominant cytoplasmic localization of activated ERK1/2. This unexpected localization may be related to the regulation of ERK1/2 cytoplasmic substrates and/or the saturation of the translocation systems to the nucleus within the cell. These results are in agreement with the described increased ERK1/2 cytoplasmic activity in myeloid leukemia cells describing a protection mechanism against apoptosis caused by prolonged serum starvation<sup>169</sup>. Moreover, deregulation of reactive oxygen species (ROS), a situation that can be promoted by glucose starvation, could be involved in the regulation of ERK1/2 activity in the cytoplasm<sup>170</sup>.

In line with previous results and the above data<sup>107,167</sup>, metabolic stress resulted in NRAS<sup>Q61</sup> mutant cells acquisition of sensitivity to Sorafenib treatment. Intriguingly, inhibition of the different Sorafenib targets using receptor tyrosine kinases inhibitors Axitinib, Avastin, Lenvatinib and Sunitinib; BRAF<sup>V600E</sup> inhibitor Vemurafenib; PanRAS inhibitor CCT196969; and MEK inhibitor Trametinib, did not mimic Sorafenib effect *in vitro*. The resulting phenotype may be the consequence of a higher Sorafenib efficiency in the inhibition of one or more of its

targets upon glucose starvation. It is important to remark that contrary to the rest of the tested inhibitors, Sorafenib is a known type II inhibitor, able to bind targets in their inactive conformation (*DGF-out*) occupying the hydrophobic pocket adjacent to the ATP binding site<sup>171</sup>. This feature, that has been demonstrated to confer efficacy and specificity, would explain why Sorafenib is so effective against certain molecular scenarios. Conformational changes of the different Sorafenib targets in response to metabolic stress may explain different affinity and consequently higher efficacy of Sorafenib in NRAS<sup>Q61</sup> mutant glucose-deprived cells. In line with this, Verlande et al. have described differential response to several metabolic stressors governed by RAF-KSR dimerization (CRAF in *NRAS* mutant cells and BRAF in *BRAF* mutant cells). The authors suggest that this differential association may be responsible of either conformational changes that involve regulation of RAF susceptibility to phosphorylation, or the stabilization of active-CRAF. Both events contemplate the hyperactivation of ERK1/2 in response to metabolic stress in *NRAS* mutant cells. However, contrary to our data, the authors describe this process as an *NRAS*-independent process<sup>172</sup>.

Concomitant to the inhibition of ERK1/2, sensitivity acquisition of NRAS<sup>Q61</sup> mutant cells resulted in the generation of a *synthetic lethality* condition, being cell death detected exclusively in NRAS<sup>Q61</sup> mutant cells subjected to glucose starvation and Sorafenib treatment. Remarkably, this effect was not observed in BRAF<sup>V600E</sup> mutant cells, which are known to be sensitive to the inhibition of the RAS-ERK1/2 pathway under normal conditions. The synergistic effect of Sorafenib and metabolic stress observed in NRAS<sup>Q61</sup> mutant cells provide a new therapeutic opportunity for the targeting of *NRAS* mutant melanomas, repurposing the use of drugs previously discarded for this disease<sup>173</sup>.

At the molecular level, these results suggest the existence of oncogene-dependent metabolic settings in NRAS<sup>Q61R</sup> mutant cells. In fact, the extraordinary decrease of ERK phosphorylation observed in *NRAS*-depleted cells in response to metabolic stress confirmed that the hyperactivation of the RAS-ERK1/2 pathway is an *NRAS* oncogene-dependent process.

Mutation of *NRAS* at residue Q61 is responsible for the disruption of the GTPase activity of the protein. Upon GTP binding to *NRAS*, this modification locks

the protein it in its active conformation resulting in the constitutive activation of the RAS-ERK1/2 cascade and the subsequent biological effects in cell proliferation and survival<sup>34,40</sup>. Thus, NRAS<sup>Q61</sup> mutations do not involve the direct activation of RAS. In other words, RAS has to be previously recruited to the membrane and activated (GTP-charged) by different stimuli within the cell and then, NRAS<sup>Q61</sup> mutation will be responsible for the sustained signal blocking RAS in the active or RAS-GTP conformation. Analysis of RAS-GTP binding in response to glucose starvation revealed an increased RAS binding to GTP, which correlates with previously obtained data and highlights the direct participation of RAS in the response to metabolic stress.

One of the molecular peculiarities of *NRAS* mutant cells is the use of CRAF instead of BRAF to transmit the downstream signal<sup>42</sup>. Our results demonstrate that there is a switch in the use of the RAF isoforms from CRAF to BRAF in response to glucose deprivation. This is supported by the increased phosphorylation of CRAF at S259 residue in response to metabolic stress, which leads CRAF to an inhibitory state<sup>30,42</sup>. In addition to this, CRAF inactivation is associated to the disruption of BRAF-CRAF heterodimers concomitant to the formation of BRAF homodimers. Moreover, the regulation of RAF activity and dimerization patterns upon glucose deprivation results in an increased BRAF kinase activity and a decreased CRAF kinase activity. Altogether, these data strongly support the existence of a specific NRAS-dependent signaling regulation in response to metabolic stress.

The analysis of the top 400 differentially expressed genes among NRAS<sup>Q61</sup> and BRAF<sup>V600E</sup> mutant cells in basal conditions, shows a significant association of these genes with metabolism-related processes, including metabolic process, cellular component organization or biogenesis and detoxification GO categories, thus involving *NRAS* mutant cells-specific metabolic settings. Moreover, in response to metabolic stress, only a small percentage of regulated genes were common to NRAS<sup>Q61</sup> and BRAF<sup>V600E</sup> mutant cells. To further analyze the metabolic implications of these molecular differences, we used a total of four BRAF<sup>V600E</sup> and four NRAS<sup>Q61</sup> mutant cell lines, including patient-derived cells. We have established that NRAS<sup>Q61</sup> mutant cell lines show a consistent reduced mitochondrial response capacity compared to BRAF<sup>V600E</sup> mutant cells. Several

studies have highlighted the presence of high mitochondrial capacity of BRAF<sup>V600E</sup> mutant cells, involving high oxidative phosphorylation rates, especially in response to BRAF<sup>V600E</sup> inhibition with Vemurafenib<sup>174–176</sup>. Regarding regulation of mitochondrial function in *RAS*-mutated backgrounds, attenuation of mitochondrial capacity has been described in glioblastoma, due to the inhibition of PDH phosphatase (PDP)<sup>177</sup>. Moreover, additional studies<sup>178,179</sup> have demonstrated a relationship existing between the presence of *KRAS* mutations and both, general autophagy and selective mitophagy, involving a glycolytic metabolic shift in breast and pancreatic cancers. Altogether these data strongly support that cells carrying *NRAS* mutations are characterized by a compromised mitochondrial capacity, contrary to BRAF<sup>V600E</sup> mutant cells. Furthermore, cells carrying *NRAS* mutations are not very efficient metabolizing alternative energy sources in the absence of glucose. This low metabolic flexibility is manifested in glucose deprived NRAS<sup>Q61</sup> mutant cells subjected to the metabolic inhibition of glucose, glutamine and long chain fatty acids catabolism, the most relevant energy sources used to meet energy demand in human cells. Overall, these data provide strong evidence supporting glycolysis regulation as a key process for NRAS<sup>Q61</sup> mutant cells.

It is important to highlight that glucose seems not to be preferentially metabolized to CO<sub>2</sub> and H<sub>2</sub>O due to the low mitochondrial capacity characterizing these cells. The importance of glucose as a fuel source resides in the different steps of glycolysis rather than in the full oxidation of glucose through oxidative phosphorylation, a phenomenon known as “Warburg effect”<sup>101</sup>. Increased glycolytic flux either can derive in glucose conversion to pyruvate and then to lactate; or glucose can be derived to glycolysis branching pathways in order to generate reduction power and building blocks for the maintenance of high proliferation rates. The addition of glucose but not pyruvate to cells growing in glucose and pyruvate free media in the presence of Sorafenib, is able to rescue the apoptosis induced by the combination of metabolic stress and Sorafenib, increasing cell viability in a dose-dependent manner. This piece of data allowed us to reinforce the fact that glucose is not fully metabolized through oxidative phosphorylation. Moreover, it can neither be converted into pyruvate and lactate, being likely derived to the branching pathways of the glycolysis to generate reduction power and tumor biomass. Consequently, the addition of 3BP, an



hexokinase 2 (HK2) inhibitor, is able to mimic glucose starvation-induced cell death in combination with Sorafenib, while DCA, a pyruvate dehydrogenase inhibitor, is not. Importantly, these phenotypic effects (increased cell viability and the loss of sensitivity to Sorafenib) also correlated with molecular changes in the RAS-ERK1/2 pathway. In this matter, the addition of glucose but not pyruvate is able to restore ERK1/2 phosphorylation. Moreover, in combination with Sorafenib, glucose addition can recover ERK1/2 phosphorylation basal levels while pyruvate can not. Thus, these data emphasize glucose metabolism relevance in NRAS<sup>Q61</sup> mutant cells and support the preferential metabolization of glucose to the branching pathways rather than conversion to pyruvate and later oxidative phosphorylation. These results are in agreement with previously described glycolysis intermediates channeling to the pentose phosphate pathway and hexosamine pathway in KRAS mutant pancreatic and colorectal cancers<sup>180,181</sup>.

Transcriptional analysis of the regulation of glycolytic and glycolysis-related genes has revealed *PFKFB2* as a key player in the regulation of glycolysis in NRAS<sup>Q61R</sup> mutant cells, which becomes upregulated in response to glucose deprivation. PFKFB2 has dual kinase and phosphatase activity and it is involved in the conversion from F6P to F 2,6-biP and vice versa. F 2,6-biP is an allosteric regulator of PFK-1. PFK-1 catalyzes one of the three most important steps in glycolysis regulation<sup>124</sup>. We have investigated the incidence of PFKFB2 alterations in human melanoma. PFKFB2 appears to be altered, mainly amplified, in 12% of cutaneous melanoma patients (*TCGA database*). Interestingly, these alterations show a significant tendency to co-occur with NRAS mutations (*q-value* < 0.05). This observation has been confirmed at the protein level, where NRAS<sup>Q61</sup> mutant cells tend to express larger amounts of PFKFB2. Furthermore, PFKFB2 activity is regulated by increased phosphorylation at residue S483, a phosphorylation site promoting kinase activity, in response to metabolic stress. Of note, these changes in PFKFB2 phosphorylation promote the activation of PFK-1 through co-localization with actin fibers in NRAS<sup>Q61R</sup> mutant cells and not in BRAF<sup>V600E</sup> mutant cells. This observation is in agreement with previous reports that have correlated PFK-1 tetramerization and co-localization to cytoskeleton with higher activity rates<sup>148</sup>.

A possible link existing among phosphofructokinase increased activity and RAS-ERK1/2 pathway activation has been described by Peeters et al<sup>163</sup>. The authors established that F 1,6-biP, the product of PFK-1 activity, can activate RAS through the activation of Cdc25 (yeast ortholog of SOS1), a GTPase accelerating protein<sup>163</sup>. We have reinforced these data by demonstrating ERK1/2 hyperactivation in response to F 1,6-biP treatment, providing a possible mechanism by which the activation of the kinase activity of PFKFB2 upon metabolic stress and the consequent allosteric activation of PFK-1 by F 2,6-biP, results in the increased production of F 1,6-biP leading to the hyperactivation of the RAS pathway. The activation mechanism is NRAS-dependent and involves increased RAS binding to GTP, likely mediated by SOS1, as well as changes in NRAS-dependent signaling patterns.

In addition to this, combination of metabolic stress and Sorafenib results in the inhibition of PFKFB2 phosphorylation establishing that activation of PFKFB2 is related with RAS-ERK1/2 pathway regulation. Intriguingly, combination of metabolic stress and RAS-ERK1/2 pathway inhibition downstream RAF with Trametinib does not have any effect in PFKFB2 phosphorylation. Known kinases phosphorylating PFKFB2 include PKA, PKB/AKT, PKC, Ca/CAMK, S6K1 and RSK<sup>124</sup>. Among these enzymes, the only one targetable by Sorafenib would be RSK<sup>182</sup>, which can be activated by ERK. We discarded this possibility because ERK inhibition with Trametinib does not have any effect in PFKFB2 phosphorylation. Our data provide new evidence about the existence of alternative protein kinases involved in PFKFB2 phosphorylation under certain metabolic situations, and these kinases may be targetable by Sorafenib and not by Trametinib.

A predictive phosphorylation analysis to establish putative kinases able to modify specific PFKFB2 residues, not only showed already described kinases including CAMK, RSK and AKT, but also disclosed ERK1/2 and RAF proteins as possible kinases of PFKFB2. In relation to this, ERK1 was the kinase showing the highest score able to phosphorylate the S493 position, a residue that has not been previously described to be involved in its regulation. Mass spectrometry and Western Blot analyses have confirmed the presence of BRAF and ERK2 in the same immunocomplex than PFKFB2, suggesting a new role of BRAF and ERK2 in the

phosphorylation and regulation of PFKFB2. This observation is in agreement with previously described cytoplasmic localization of ERK1/2 in NRAS<sup>Q61</sup> mutant cells subjected to metabolic stress.

Mass spectrometry analysis also highlighted the changes in PFKFB2 phosphorylation in response to both, metabolic stress and RAS-ERK1/2 pathway inhibition with Sorafenib. In line with the observed post-translational modifications of PFKFB2 by Western Blot, PFKFB2 phosphorylation is increased in response to glucose starvation and inhibited in cells subjected to glucose deprivation and Sorafenib treatment. Mass spectrometry data also confirms the existence of residue S493 as a new PFKFB2 phosphorylation site, whose regulation can be driven by metabolic stress and RAS-ERK1/2 pathway inhibition. Moreover, we provide evidence of simultaneous phosphorylation of S483 and S493. Additional investigation about the specific role of each phosphorylation site under both, basal and glucose starvation conditions will provide new insights into the regulation mechanisms of PFKFB2.

It has been widely described that PFKFB proteins are activated upon homodimerization<sup>124</sup>. Surprisingly, mass spectrometry analysis also showed PFKFB3 as a possible interacting protein partner of PFKFB2. Presence of PFKFB3 in PFKFB2 immunocomplex was further confirmed by Western Blot after PFKFB2 pull down, PFKFB3 pull down and consecutive double pull down. This observation, together with the fact that all PFKFB family members share around 70% of identity, strongly suggest the formation of PFKFB2-PFKFB3 heterodimerization capability. However, with these data we cannot conclude direct interaction between both molecules. Heterodimers formation capability would have an enormous impact in cell biology. As previously explained, PFKFB3 is the isoform showing the highest kinase to phosphatase activity ratio within the family, thus increased activation of this isoform would result in increased glycolytic flux. Depletion of either PFKFB2 or PFKFB3 results in the inhibition of the RAS pathway hyperactivation in response to metabolic stress in NRAS<sup>Q61</sup> mutant cells, highlighting the role of both isoforms in response to glucose starvation. Altogether, these data emphasize PFKFB2 and PFKFB3 as key players, probably forming

heterodimers, of glycolysis regulation in *NRAS*<sup>Q61</sup> mutant cells, especially under glucose starvation stress.

To translate the generated knowledge into a possible therapeutic strategy we used 2-deoxy-D-glucose (2DG) as a glucose starvation-mimicking agent. 2DG treatment not only promoted the hyperactivation of the RAS-ERK1/2 pathway, but also sensitizes cells to Sorafenib treatment inducing apoptosis. In line with previous *in vitro* data, Sorafenib treatment in combination with 2DG promotes a significant decrease of tumor growth in *NRAS*<sup>Q61R</sup> mutant cells ( $q\text{-value}<0.001$ ) but not in *BRAF*<sup>V600E</sup> mutant cells ( $q\text{-value}=ns$ ). Interestingly, these results have been confirmed in an *NRAS*<sup>Q61R</sup> mutated patient-derived xenograft model (PDX) ( $q\text{-value}<0.01$ ). Moreover, ERK1/2 phosphorylation in tumors follows the same regulation pattern previously described in response to both, metabolic stress and RAS-ERK1/2 pathway inhibition. The synergistic effect of Sorafenib and metabolic stress observed in *NRAS*<sup>Q61</sup> mutant cells provide a new therapeutic opportunity for the targeting of *NRAS* mutant melanomas. It is important to remark that both, 2DG and Sorafenib, have been already tested in clinical trials for the treatment of different tumors. In fact, synergistic effect of 2DG plus Sorafenib has been observed both, *in vitro* and *in vivo*, in papillary thyroid carcinoma and hepatocellular carcinoma. However, 2DG plus Sorafenib efficacy has been attributed to Sorafenib-induced mitochondrial damage and derived-energetic shift toward aerobic glycolysis in these particular type of cells, which results in increased glucose consumption and thereby, sensitivity to glucose metabolism inhibition by 2DG, and not to *RAS* mutant genetic backgrounds<sup>183-187</sup>. Moreover, the observed Sorafenib-induced metabolic reprogramming has been confirmed in patients by an increased [<sup>18</sup>F] fluorodeoxyglucose consumption<sup>188</sup>. These and other studies have shown that, in both cases (2DG and Sorafenib), tolerability has been acceptable but low efficacy has been achieved by its individual administration<sup>166,173,189-192</sup>. However our investigation posit the combination of 2DG and Sorafenib as a treatment for the specific targeting of *NRAS* mutant melanomas. This become particularly relevant knowing that both drugs are safe and have been authorized for human use.

Additionally, due to the described role of PFKFB2 and PFKFB3 in the regulation of the RAS-ERK1/2 pathway in response to stress, the development of inhibitors targeting these enzymes or their heterodimerization could be also relevant and effective. In the case of PFKFB3, some inhibitors are already available<sup>193</sup>. Due to the observed PFKFB2 activation in response to metabolic stress, as well as PFKFB2 and PFKFB3 dependency in the hyperactivation of the RAS pathway, an alternative approach would be to combine metabolic stress with the inhibition of PFKFB2 and/or PFKFB3.

Overall, in this study we have demonstrated the presence of *NRAS* oncogene-dependent metabolic settings. *NRAS*<sup>Q61</sup> mutant cells show a differential response to metabolic stress that results in the hyperactivation of the RAS-ERK1/2 pathway and the sensitization to the multi-kinase inhibitor Sorafenib. PFKFB2, PFKFB3 and PFK-1 are key players in the regulation of this process, which is *NRAS*-dependent and involves *NRAS* activation and changes in the signaling and dimerization patterns of RAF proteins. We also provide evidence about the possibility of PFKFB2 regulation by BRAF and ERK2 phosphorylation. Furthermore, we propose for the first time the possible formation of PFKFB2-PFKFB3 heterodimers. Finally, we have suggested a therapeutic approach for the specific targeting of *NRAS* mutant melanoma tumors, based on the combination of 2DG and Sorafenib. Interestingly, most of the described mechanisms are specific for *NRAS* mutant cells, highlighting that *NRAS* and *BRAF* mutant tumors are different entities at different levels, not only at molecular and clinical levels but also at metabolic level.

## **CONCLUSIONS**



1. The RAS-ERK1/2 pathway is hyperactivated in response to metabolic stress in NRAS<sup>Q61R</sup> mutant cells, generating a *synthetic lethal* condition that sensitizes these cells to Sorafenib.
2. Hyperactivation of the RAS-ERK1/2 pathway is NRAS oncogene-dependent and involves a switch from CRAF- to BRAF-dependent signaling.
3. NRAS<sup>Q61</sup> and BRAF<sup>V600E</sup> mutant cells present distinct metabolic settings and differentially regulate glycolytic enzymes as well as glucose metabolism-related genes in response to metabolic stress.
4. NRAS<sup>Q61</sup> mutant cells seem to have a compromised mitochondrial respiration capacity response and a diminished flexibility in metabolizing alternative energy sources in the absence of glucose.
5. PFKFB2 and PFK-1 are activated in response to metabolic stress in NRAS<sup>Q61R</sup> mutant cells resulting in the hyperactivation of the RAS-ERK1/2 pathway likely promoted by an increase in fructose 1,6-bisphosphate amount.
6. Phosphorylation of PFKFB2 residues related to its activity is regulated in response to metabolic stress and Sorafenib treatment, likely involving BRAF and ERK2 protein kinases.
7. PFKFB2 and PFKFB3 are involved in RAS-ERK1/2 hyperactivation in response to glucose starvation, probably through the formation of heterodimers.
8. 2-Deoxy-D-glucose (2DG) is able to mimic glucose starvation effect *in vitro* and *in vivo*, resulting in an additive effect in tumor growth inhibition in combination with Sorafenib in NRAS<sup>Q61</sup> mutant tumors, including patient-derived xenografts (PDX), but not in BRAF<sup>V600E</sup> mutant tumors.





# **METHODOLOGY**



### **Cell culture and treatments**

*SKMel103* and *SKMel147* cells were obtained from M. Soengas (CNIO Madrid, Spain). *UACC903* cells were a gift from J. Trent (P. Pollock, Tgen, Phoenix, AZ, USA). *SKMel28*, *A375* and *G361* were purchased from the American Type Culture Collection (ATCC, Manassas, VA, USA). *NHEM* were purchased from PromoCell (Heidelberg, Germany). Patient-derived cell lines, including *Mmln1*, *Mmln9*, *Mmln10*, *Mmln14*, *Mmln16*, *Mmln23*, *Mmln24*, *Mmln30*, *Mmln31*, *Mmgp3*, *Mmsk8*, *Mmsk22* and *Mmsk29*, were derived from patients after tumor surgery (Supplementary Table 5). All samples were obtained upon the informed consent of the patients and the Vall d'Hebron Hospital ethical committee approval. Tumors were disaggregated by mechanical disruption and cultured in Dulbecco's Modified Eagle Media (DMEM) (Biowest, Riverside, MO, USA) supplemented with 20% fetal bovine serum (FBS) (Gibco, Waltham, MA, USA), 2 mM L-Glutamine (Gibco), 100 U/ml penicillin, 100 µg/m streptomycin (Gibco) and 5 µg/ml Plasmocin (InvivoGen, Toulouse, France).

*SKMel103*, *SKMel147*, *A375* and *G361* cells were grown in Dulbecco's Modified Eagle Media (DMEM). *UACC903* cells were cultured in Roswell Park Memorial Institute (RPMI) media (Biowest). *SKMel28* cells were cultured in Eagle's Minimum Essential Media (EMEM)(ATCC). In all the cases media was supplemented with 10% FBS, 2 mM L-Glutamine, 100 U/ml penicillin, 100 µg/m streptomycin and 5 µg/ml Plasmocin. All cells were maintained at 37°C in a 5% CO<sub>2</sub> incubator.

For glucose starvation experiments cells were cultured in DMEM without glucose (Gibco). Sorafenib was obtained from Santa Cruz Biotechnology (SCBT, Santa Cruz, CA, USA). Trametinib was purchased from Deltaclon (Deltaclon, Madrid, Spain). Vemurafenib, Axitinib, Avastin, Lenvatinib, Sunitinib and CCT196969 were obtained from Selleckchem (Selleckchem, Houston, TX, USA). Sodium Pyruvate was purchased from Biowest. D-Glucose, Dichloroacetate (DCA), Fructose 1,6-bisphosphate (F 1,6-biP) and 2-Deoxy-D-Glucose (2DG) were obtained from Sigma (Sigma, St Louis, MO, USA). 3-Bromopyruvate (3BP) was obtained from Millipore (Millipore, Burlington, MA, USA).

### ***Protein isolation and Immunoblotting***

Cells were washed twice with phosphate-buffered saline (PBS) and lysed using a scraper in NP-40 lysis buffer (150 mM NaCl, 50 mM Tris, 1 mM EDTA and 1% (v/v) NP-40) containing protease and phosphatase inhibitor cocktails (Millipore). After an incubation of 20 minutes on ice for a highly efficient cell lysis, samples were centrifuged 30 minutes at 15.000 rpm. Then, supernatant was collected into a new tube and protein concentration was calculated using the Pierce BCA Protein Assay Kit (Thermo Fisher, Waltham MA, USA). Equal amounts of protein (30-50  $\mu$ g) were denatured by addition of Laemmli sample buffer 1X (62.5 mM Tris-HCl, 25% (v/v) glycerol, 2% (w/v) SDS, 0.01% (w/v) Bromophenol Blue and 5% (v/v)  $\beta$ -mercaptoethanol) and incubated at 95 °C during 5 minutes. Samples were next subjected to 8-12% SDS-PAGE and proteins were transferred to a previously activated PVDF membrane (Millipore) at a voltage of 400 mA during 90 minutes. Membranes were activated with methanol (Sigma) for one minute. Both electrophoresis and transfer were performed using mini-gel Bio-Rad (Bio-Rad, Hercules, CA, USA) equipment. Membranes were blocked with 5 % non-fat dry milk (SCBT) dissolved in 0.1% (v/v) Tween (Sigma) Tris-buffered saline (TBS-T) for one hour at room temperature. The membrane was rinsed three times with TBS-T and incubated with the primary and secondary horseradish peroxidase (HRP)-conjugated antibodies at the optimized concentrations (Table M.1). Primary antibodies against p-ERK1/2 T202/Y204, p-CRAF S259, PFKFB2 and p-PFKFB2 S483 were purchased from Cell Signaling (Cell Signaling, Danvers, MA, USA). ERK2, Lamin A/C, NRAS, BRAF and CRAF were purchased from SCBT. PFKFB3 and GAPDH were obtained from Proteintech (Rosemont, IL, USA). PanRAS was obtained from Millipore.  $\beta$ -Actin was obtained from Sigma. Secondary antibodies were obtained from GE Healthcare (Chicago, IL, USA). Incubation was at 4°C overnight for primary antibodies and one hour at room temperature for secondary antibodies. After incubation protein was detected using ECL (GE Healthcare).

Antibody	Application	Dilution	Commercial Reference	Commercial Source
<b>BRAF</b>	WB/IP	1:500/1ug/ml	sc-5284	SCBT
<b>p-CRAF S259</b>	WB	1:1000	#9421	Cell Signaling
<b>CRAF</b>	WB/IP	1:500/1ug/ml	sc-133	SCBT
<b>p-ERK1/2</b>	WB	1:1000	#9101	Cell Signaling
<b>ERK2</b>	WB	1:1000	sc-154	SCBT
<b>NRAS</b>	WB	1:200	sc-31	SCBT
<b>PanRAS</b>	WB	1:1000	05-516	Millipore
<b>p-PFKFB2 S483</b>	WB	1:1000	#13064	Cell Signaling
<b>PFKFB2</b>	WB	1:1000	#13029	Cell Signaling
<b>PFKFB3</b>	WB	1:1000	13763-1-AP	Proteintech
<b>Lamin A/C</b>	WB	1:500	sc-6215	SCBT
<b>GAPDH</b>	WB	1:10000	60004-1	Proteintech
<b>β-Actin</b>	WB	1:10000	A3854	Sigma
<b>PFK-1</b>	ICC	1:100	sc-67028	SCBT
<b>Actin</b>	ICC	1:100	sc-1615	SCBT
<b>p-ERK 1/2</b>	IHC	1:400	#4370	Cell Signaling
<b>Cyclin D1</b>	IHC	1:50	#2926	Cell Signaling
<b>Rabbit igG HRP-linked</b>	WB/IHC	1:10000	NA934	GE Healthcare
<b>Mouse IgG HRP-linked</b>	WB/IHC	1:10000	NA931	GE Healthcare

**Table M.1. Antibodies information.** In this table it is showed antibodies dilutions used in this work for the different applications, including Western Blot (WB), Immunohistochemistry (IHC), Immunocytochemistry (ICC) and immunoprecipitation (IP). Commercial references and sources are also indicated.

### ***Nuclear/Cytoplasmic protein purification***

*SKMel103*, *SKMel147*, *SKMel28* and *UACC903* cells were plated in p100 plates (VWR, Radnor, PA, USA) at a 70% confluence, incubated overnight and subjected to treatment with glucose starvation for one and three hours. Nuclear and cytoplasmic protein lysates were obtained using the NE-PER Extraction Kit from Thermo Fisher following manufacturer's indications. The procedure is based on a first membrane disruption and release of cytoplasmic contents using a hypotonic buffer (CERI and CERII). Then, nuclei are recovered from the cytoplasmic extract by centrifugation, and independently lysed using NER buffer. This way, two different protein lysates (nuclear and cytoplasmic) were obtained from each condition. Then, lysates were subjected to quantification and immunoblot as

previously explained.

### **Apoptosis assays**

*SKMel103*, *SKMel147*, *SKMel28* and *UACC903* cells were plated in p60 plates (Sarstedt, Nümbrecht, Germany) at a 70% confluence and incubated overnight. Then, cells were subjected to treatment with glucose starvation and the different RAS-ERK1/2 pathway and upstream inhibitors including Sorafenib (SF), Vemurafenib (VE), Trametinib (TR), Axitinib (AX) and Avastin (AV) for four hours.

Apoptosis detection is based on the observation that early apoptotic cells translocate the membrane phospholipid phosphatidylserine (PS) from the inner face to the cell surface. Once on the cell surface, PS can be easily detected by annexin V, a protein showing a strong natural affinity for PS. Thus, annexin V-EGFP fusion allows specific staining of apoptotic cells. Further distinction among apoptotic and necrotic cells is possible when combining annexin V with propidium iodide (PI). PI is a DNA-binding molecule that can enter to the cells depending on the membrane permeability. Alive and early apoptotic cells, with intact plasma membrane, cannot be stained with PI. However, ruptured membranes, which characterize late apoptotic and necrotic cells, allow PI to pass and intercalate into nucleic acids.

Cells were detached using trypsin and washed twice with PBS. To measure apoptosis, cells were stained with annexin V-EGFP and PI according to the manufacturer's protocol (Biovision, Milpitas, CA, USA). Apoptosis was then evaluated by flow cytometry using the analyzer FACSCalibur (BD Biosciences, San Jose, CA, USA).

### **siRNA transfection**

*SKMel103* and *SKMel147* cells were plated in p100 plates at a 70% confluence and incubated overnight. Transfection was performed during 8 hours with Lipofectamine® RNAiMAX (Thermo Fisher) following manufacturer's recommendations and cells were incubated for 60 hours before performing glucose starvation treatments. For *NRAS* downregulation three different siRNAs against *NRAS* were used (Table M.2). A total amount of 100 nM of siRNA was

transfected into the recipient cells. For *PFKFB2* and *PFKFB3* downregulation, 5 nM of siRNA were transfected to the cells (Table M.2). A scrambled siRNA was used as a control of cell transfection. All siRNAs were purchased from Invitrogen (Thermo Fisher). After the treatments, cells were subjected to protein isolation and western blotting as explained above.

siRNAs	Sense sequence (5' → 3')	C. Reference	C. Source
NRAS	CAAGUGUGAUUUGCCAACAAGGACA	HSS181572	Thermo Fisher
	CAAGAGUUACGGGAUUCCAUUCAU	HSS181573	Thermo Fisher
	AGUCAUUUGCGGAUAUUAACCUCUA	HSS107313	Thermo Fisher
PFKFB2	CCAAGAAACUAACACGCUA	s10356	Thermo Fisher
PFKFB3	GAGGAUCAGUUGCUAUGAA	s10358	Thermo Fisher

**Table M.2. siRNAs information.** Table includes sense siRNA sequences, commercial references and commercial sources.

### ***Ras activation Assay***

*SkMel103* and *SKMel147* cells were seeded at a 70% confluence in p100 plates and incubated overnight. After glucose starvation treatment (15 minutes and 30 minutes), it was proceeded to measure RAS activation using the RAS Activation Assay Kit #17-218 (Millipore) following the manufacturer's recommendations.

RAS activation assay is based in RAS-GTP precipitation using agarose beads bound to the CRAF RAS-binding domain (RBD-agarose). To do so, protein lysates from untreated and treated cells were obtained. For cell lysis, culture media was removed and cells were rinsed twice with ice-cold PBS. Then, ice-cold MLB buffer containing proteases and phosphatases inhibitor cocktail (Millipore) was added to cells on ice and cells were detached using a cell scraper. Lysates were then transferred to microcentrifuge tubes on ice and cleared of insoluble cell debris by centrifugation (5 minutes, 14.000xg, 4°C). Immediately after centrifugation, supernatant was recovered and protein was quantified as explained above. 1 mg of total protein lysate was diluted in 500 µl of buffer. To each condition, 7.5 µl of the CRAF RBD-agarose reagent were added and reaction mixtures were incubated at 4°C for 45 minutes with gentle agitation. Agarose beads were then pelleted by brief centrifugation (10 seconds, 14000xg, 4°C). After discarding the supernatant, beads were washed three times with MLB buffer and boiled in Laemmli buffer 2X at 95°C



for 5 minutes. Finally, the supernatant and the agarose pellet were mixed and loaded and resolved by electrophoresis, transferred to a PVDF membrane and probed with anti-NRAS and PanRAS antibodies as previously explained.

### ***Immunoprecipitation (IP)***

Immunoprecipitations were performed in NP-40 lysis buffer after the addition of Protein A/G agarose PLUS (SCBT). Immunoprecipitated samples were subjected to electrophoresis and proteins were visualized by Western Blot as described above.

*SKMel103* cells were seeded in p100 plates at a 70% confluence and incubated overnight. Cells were subjected to glucose starvation for 15 minutes, 30 minutes, 1 hour, 2 hours and 4 hours. Then, protein was isolated and quantified as previously explained. 800 µg of total protein were incubated with 10 µl of agarose beads for one hour at 4°C in order to avoid unspecific binding of the beads. After incubation, samples were centrifuged (300 rpm, 5 minutes) and supernatant was transferred to a clean tube. At that point, BRAF and CRAF antibodies were added to each sample at a concentration of 1 µg/ml and samples were incubated overnight at 4°C. The following day, 20 µl of beads were added to each condition and incubated 1 hour at 4°C. Samples were centrifuged in order to isolate the incubated beads-antibody-protein complexes. Then, supernatant was discarded and centrifuged beads were washed three times with NP-40 lysis buffer. Next, samples were subjected to denaturing conditions, including the addition of Laemmli buffer 2X and the incubation of the samples at 95°C during 5 minutes, and subjected to following applications.

### ***Kinase activity assay***

RAF kinases assays were performed with immunoprecipitated BRAF or CRAF as described in Wan et al.<sup>194</sup> The kinase activity of these proteins was determined by measuring their ability to directly phosphorylate kinase dead GST-MEK (<sup>KD</sup>MEK).

*SKMel103* cells were seeded in p100 plates at a 70% confluence. After overnight incubation, cells were subjected to glucose starvation for four hours. BRAF and CRAF proteins were immunoprecipitated as described above. The obtained immunoprecipitates were washed 3 times using 500 µl of wash buffer

(30 mM Tris HCl, 0.2 mM EDTA, 0.3% (v/v)  $\beta$ -mercaptoethanol, 10% (v/v) glycerol, 0.1% (v/v) Triton X-100, 5 mM NaF and 0.2 mM  $\text{Na}_3\text{VO}_4$ ) containing decreasing concentrations of KCl (1.0 M, 0.1 M and 0 M). Immunoprecipitates were resuspended in 25  $\mu\text{l}$  A/B Buffer (50 mM Tris [pH 7.5], 100 mM NaCl, 0.1% TX-100, 0.1 mM EDTA, 3% (v/v)  $\beta$ -mercaptoethanol, 50 mM NaF, 1 mM  $\text{Na}_3\text{VO}_4$  and 36  $\mu\text{M}$  GST-<sup>KD</sup>MEK (kinase dead MEK)) and reactions were initiated by the addition of 5  $\mu\text{l}$  ATP buffer (500  $\mu\text{M}$  ATP, 75 mM  $\text{MgCl}_2$  in A/B buffer w/o MEK kinase). Obtained products were resolved by SDS-PAGE and an immunoblot was performed against p-MEK1/2 as previously described. All experiments were performed in triplicates.

### ***RNA isolation, quantification and quality control***

*SKMel103*, *SKMel147*, *SKMel28* and *UACC903* cells were seeded in p60 plates at a 70% confluence and incubated overnight. Cells were subjected to glucose withdrawal for one hour and total RNA was isolated. For RNA purification the Direct-Zol RNA kit (Zymo Research, Irvine, CA, USA) was used. The isolation procedure was performed according to the manufacturer's recommendations. RNA was analyzed using a 2100 Bioanalyzer (Agilent, Santa Clara, CA, USA) to confirm amount and integrity of the sample. Only high quality samples (RNA Integrity Number (RIN)  $\geq 9$ ) were used for following applications. Each condition was performed in triplicates in order to obtain statistically significant data.

### ***Microarray***

Gene expression was analyzed using a *Clariom S Human Array* (Affymetrix Santa Clara, CA, USA). Raw data generated from the array were processed using the free-source software R studio. Intensity values were converted into gene expression values using Robust Multi-array Average (RMA) through the *BioConductor* package *oligo*, which consists on background correction, logarithmic transformation, quantile normalization and probe normalization.

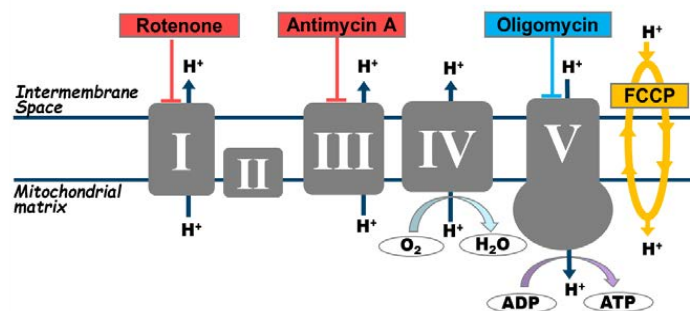
Identification of differentially expressed genes (DEG) was carried out using the *limma* package. A moderated *t*-test was applied for each comparison based on the empirical *Bayes* method. Then, top tables were generated, with genes sorted from most to least differentially expressed genes according to the  $\log_2\text{FC}$  value.

For functional analysis of the obtained differentially expressed genes *Metascape* was used (metascape.org)<sup>195</sup>. Heatmaps were generated using *Heatmapper* (heatmapper.ca)<sup>196</sup>.

### Metabolic profiling

Mitochondrial efficiency and metabolic features of *BRAF* and *NRAS* mutant cells were assessed using Seahorse technology: Seahorse XF Cell Mito Stress Kit and Seahorse XF Mito Fuel Flex Kit (Agilent, Santa Clara, CA, USA).

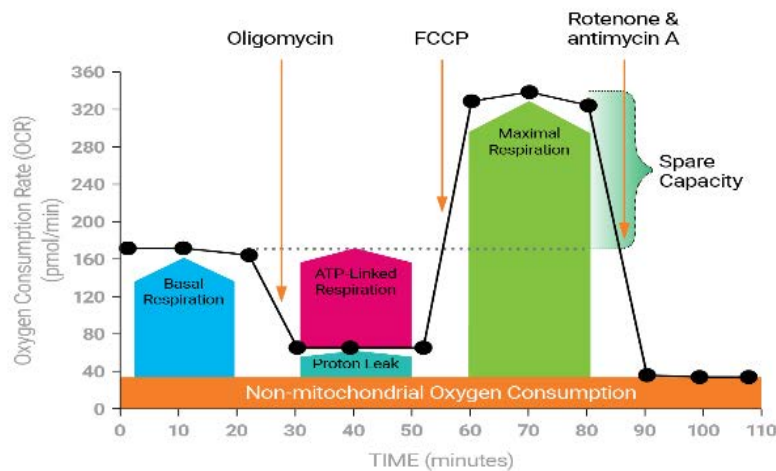
The Agilent XF Mito Stress Kit measures key parameters of mitochondrial function by directly measuring the oxygen consumption rate (OCR) of cultured cells. Different modulators of respiration, including oligomycin, phenylhydrazone (FCCP), rotenone and antimycin A are added to cells (Figure M.1) to modulate the respiratory chain.



**Figure M.1. Agilent Seahorse XF Cell Mito Stress** Modulators of the electron transport chain. *Seahorse, Agilent.*

*SKMel103, SKMel147, Mmln9, Mmln10, SKMel28, UACC903, A375* and *G361* cells were cultured on Seahorse XFe-24 plates (Agilent) at a density of 80.000 cells per well. On the day of metabolic flux analysis, cells were changed to unbuffered DMEM (DMEM base medium supplemented with, 1 mM sodium pyruvate, 2 mM Glutamine, pH 7.4)(Agilent) with or without 10 mM glucose (Sigma), and incubated at 37 °C in a non-CO<sub>2</sub> incubator for 1 h. Four baseline measurements of OCR were taken before and after sequential injection of mitochondrial inhibitors (1 μM oligomycin, 0.5 μM FCCP, 0.5 μM rotenone and 0.5 μM antimycin A). OCR was automatically calculated and recorded by the Seahorse XF-24 software (Figure M.2). After the assay, plates were saved and protein readings were measured for each well to normalize obtained data. The percentage of change

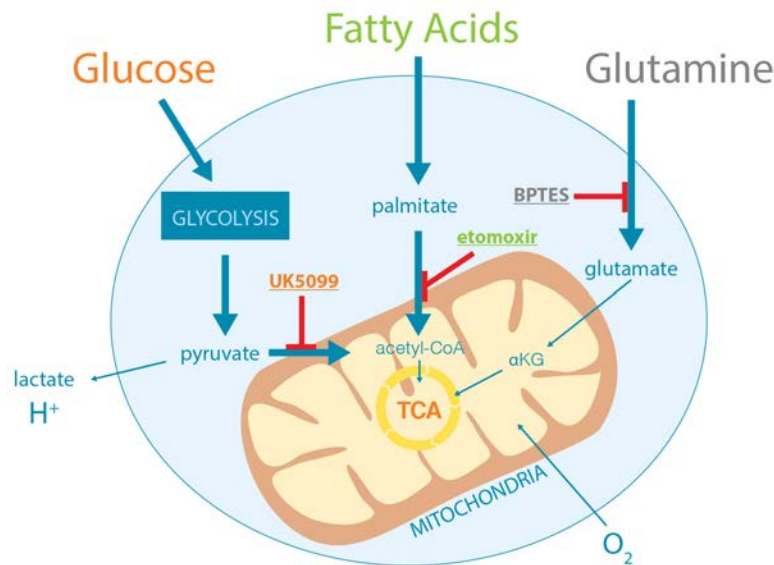
compared with the basal rates was calculated as the value of change divided by the average value of baseline readings.



**Figure M.2. Seahorse XF Cell Mito Stress Test profile.** Parameters related to mitochondrial function are shown. *Seahorse, Agilent.*

For the study of dependency, capacity and flexibility of the different cell lines we used the XF Mito Fuel Flex Kit following manufacturer's recommendations. This assay determines the rate of oxidation of each fuel, including glucose, fatty acids and glutamine, by measuring cells OCR in the presence or absence of the different pathways inhibitors (Figure M.3).

Inhibition of the pathway of interest followed by the two alternative pathways enable the establishment of how cells depend on the pathway of interest to meet energy demand. Dependency indicates that cells are unable to compensate for the blocked pathway by metabolizing other fuels. Inhibiting the two alternative pathways followed by the pathway of interest enables the establishment of cell capacity. Fuel flexibility can be calculated by subtracting fuel dependency from fuel capacity for the pathway of interest. It indicates the cells ability to compensate for the inhibited pathways by using alternative energy sources. High dependency rates combined with absence of flexibility indicate that the mitochondria require that fuel pathway to maintain basal OCR.



**Figure M.3. Agilent Seahorse XF Mito Fuel Flex Test.** Alternative sources for mitochondrial respiration and energy production. *Seahorse, Agilent.*

Three different inhibitors were used in order to establish dependency, capacity and flexibility of *NRAS* and *BRAF* mutant cells for glucose, glutamine and long chain fatty acids metabolism; UK5099, which blocks the mitochondrial pyruvate carrier (MPC), thus inhibiting glucose oxidation; BPTES, which inhibits glutamine oxidation by inhibiting glutaminase (GLS1) and etomoxir, an inhibitor of long chain fatty acid oxidation through the inhibition of carnitine palmitoyl-transferase 1A (CPT1A), a critical step for the translocation of fatty acids from the cytosol to the mitochondria for  $\beta$ -oxidation.

For the assay *SKMel103*, *SKMel147*, *Mmln9*, *Mmln10*, *SKMel28*, *UACC903*, *A375* and *G361* cells were cultured on Seahorse XFe-24 well plates at a density of 80.000 cells per well and incubated overnight at 37°C in a 5% CO<sub>2</sub> incubator. On the day of the assay, cells were changed to unbuffered DMEM (DMEM base medium supplemented with, 1 mM sodium pyruvate, 2 mM Glutamine, pH 7.4) with or without 10 mM glucose, and incubated at 37 °C in a non-CO<sub>2</sub> incubator for 1 h. All medium and injection reagents were adjusted to pH 7.4 on the day of assay. Four baseline measurements of OCR were taken before and after sequential injection of inhibitors, including UK5099 (3  $\mu$ M), BPTES (4  $\mu$ M) and etomoxir (2  $\mu$ M). Inhibitors were added following all possible sequence combinations in order to determine the different parameters for the three different assayed fuels:

glucose, glutamine and long chain fatty acids. OCR was automatically calculated and recorded by the Seahorse XF-24 software. After the assay, plates were saved and protein readings were measured for each well to normalize obtained data. Dependency, capacity and flexibility parameters were calculated using the following formulas:

$$\text{Dependency \%} = \left[ \frac{\text{Baseline OCR} - \text{Target inhibitor OCR}}{\text{Baseline OCR} - \text{All inhibitors OCR}} \right] * 100$$

$$\text{Capacity \%} = \left[ 1 - \left[ \frac{\text{Baseline OCR} - \text{Other two inhibitors OCR}}{\text{Baseline OCR} - \text{All inhibitors OCR}} \right] \right] * 100$$

$$\text{Flexibility \%} = \text{Capacity \%} - \text{Dependency \%}$$

### **Cell viability**

Acridine orange (AO) is a vital dye that stains both alive and dead cells. Ethidium bromide (EB) stains only cells that have lost membrane integrity, meaning apoptotic cells. Untreated and treated *SKMel103* cells were detached with trypsin and 500.000 cells were resuspended in 50 µl PBS. Cell suspension was stained with 50 µl of staining solution (5 µg/ml AO and 3 µg/ml EB in PBS) and placed on a microscope slide with a glass coverslip. Live cells appeared uniformly green while apoptotic cells also incorporated ethidium bromide and therefore stained red.

### **Immunocytochemistry (ICC)**

*SKMel103*, *SKMel147*, *SKMel28* and *UACC903* cells were seeded directly on cover slides in a 24-well plate (Sarstedt) at a 50% confluence and incubated overnight. Once attached cells were subjected to glucose withdrawal for four hours. After treatment, cells were rinsed twice with PBS and fixed with 4% paraformaldehyde (PFA) in PBS for ten minutes at room temperature. Once fixated, cells were washed three times with PBS (5 minutes/each), permeabilized using TBS 0.2% Triton for 5 minutes and blocked with TBS containing 1% BSA (Sigma) and 10% Horse Serum (ATCC) for one hour at room temperature. Following blocking incubation the primary antibody (diluted in TBS 1% BSA) was added to the samples at the optimized concentrations (Table M.1) and incubated overnight at 4°C. After two five minute-washes with TBS 0.025 % (v/v) Triton X-100 (Sigma) (TBS-Triton) samples were incubated with TBS-Triton containing the secondary antibody and 1 mg/ ml Hoescht for one hour at room temperature. To finish, covers were washed

three times with TBS-Triton and mounted with Vectashield fluorescent media (Vector Laboratories, Burlingame, CA, USA). Image acquisition was performed using the Spectral confocal microscope FV1000 (Olympus).

### ***Computational analysis of phosphorylation sites***

Analysis of PFKFB2 putative phosphorylation sites was performed using the *GPS 5.0* software<sup>164,165</sup>. This algorithm, known as Group-based Prediction System (GPS) has the ability of predicting potential protein kinases-specific phosphorylation sites from protein sequences by the combination of two different methods: position weight determination (PWD) and scoring matrix optimization (SMO).

The algorithm is based in 617 single predictors for the computational identification of specific phosphorylation sites of 479 human protein kinases. The prediction results in the generation of several parameters including position, protein kinase, flanking peptide, score and cutoff for each predicted phosphorylation site. The score parameter represents the possibility that a specific sequence is a phosphorylation site peptide for a given kinase. If the score of a peptide sequence is high enough, bypassing the cutoff value, we may estimate that it is a potential phosphorylation site of the analyzed kinase. The analysis was performed using the high threshold, which corresponds to a theoretically maximal false positive rate (FPR) of 2% for serine/threonine kinases and 4% for tyrosine kinases.

### ***Lentiviral Transduction for overexpression of PFKFB2 and PFKFB3***

The *pLenti-rtTA2-IRES-H2B-GFP* doxycycline-inducible plasmid was obtained from *S. Tenbaum, HG Palmer's Laboratory* (Vall d'Hebron Institute of Oncology, VHIO). Human *PFKFB2* and *PFKFB3* sequences were subcloned from *pCR4-TOPO-PFKFB2* (MHS6278-202856883) and *pBluescriptR-PFKFB3* (MHS6278-202808447) (Horizon Discovery, Cambridge, UK) to obtain *pLenti-rtTA2-His-PFKFB2-IRES-GFP* and *pLenti-rtTA2-Flag-PFKFB3-IRES-GFP*, respectively. During the cloning process a His-tag was added to the N-terminal end of the PFKFB2 protein and a Flag-tag was added to the N-terminal end of the PFKFB3 protein. Obtained constructs were validated by restriction analysis and sequencing.

To produce lentivirus, three millions *HEK-293-T* cells were seeded in p100 plates in 8 ml of DMEM supplemented with 10% FBS. One hour before transfection, media was replaced by DMEM supplemented with 10% FBS (Complement Inactivated) and Chloroquine (Sigma) at 25  $\mu\text{M}$  final concentration. 50  $\mu\text{g}$  of total DNA (25  $\mu\text{g}$  lentiviral vector, 18.75  $\mu\text{g}$  pPAX2 and 6,25  $\mu\text{g}$  pMD2.G) were added to 150 mM sodium chloride (NaCl) in a final volume of 800  $\mu\text{l}$ . Then, 200  $\mu\text{l}$  of PEI transfection reagent (1mg/ml) (Sigma) were added to the DNA solution and the mix was incubated at room temperature for 15 minutes. The mix was added to the cells drop by drop and incubated overnight at 37°C. Medium was then replaced by DMEM supplemented with 2% FBS (Complement Inactivated) and 5 mM Sodium Butyrate (Sigma). After 24 hours the supernatant containing the produced virus was collected and fresh media was added back to the cells. The collected supernatant was centrifuged five minutes at 1000 rpm and passed through a 0.2  $\mu\text{m}$  filter (Sarstedt). Cells were incubated for another 24 hours and the collection procedure was repeated. For cell infection, the processed supernatant containing 8  $\mu\text{g}/\text{ml}$  polybrene (SCBT) was added to the recipient cell lines. Infection efficacy was assessed after doxycycline (Sigma) induction through detection of the GFP signal.

### ***His-tag pull down***

*SKMel103*, *SKMel147*, *SKMel28* and *UACC903* cells were infected with the doxycycline-inducible construct *pLenti-rtTA2-His-PFKFB2-IRES-GFP* as previously explained. Infected cells were plated in p100 plates at a 50% confluence and induced with 1  $\mu\text{g}/\text{ml}$  doxycycline (Sigma) for 24 h. Then, cells were subjected to glucose withdrawal and Sorafenib treatment (15  $\mu\text{M}$ ) for one hour and it was proceeded to the pull down of the His-tagged PFKFB2 proteins.

For the pull down Dynabeads™ (Invitrogen, Thermo Fisher) were used. This technology is based in optimized cobalt-based immobilized metal affinity chromatography (IMAC). Cells were washed twice with PBS and lysed with 500  $\mu\text{l}$  of Wash/Binding buffer (100 mM sodium-phosphate pH 8.0, 600 mM NaCl, 0.02% (v/v) Twenn-20). 40  $\mu\text{l}$  of Dynabeads were added to each condition and samples were incubated 10 minutes at 4°C. After incubation, samples were cleared using a magnet. Beads were washed four times with Wash/Binding buffer and 50  $\mu\text{l}$  of His



elution buffer (300 mM imidazole, 50 mM sodium-phosphate pH 8.0, 300 mM NaCl, 0.01 % Tween-20) were added to elute the His-tagged proteins from the magnetic beads. Eluted His-tagged proteins were used for following applications, including immunoblot and mass spectrometry.

### ***Flag- tag pull down***

*SKMel103* cells were infected with the doxycycline-inducible construct *pLenti-rtTA2-Flag-PFKFB3-IRES-GFP* as previously explained. Infected cells were plated in p100 plates at a 50% confluence and induced with 1 µg/ml doxycycline for 24 h. Then, cells were subjected to glucose withdrawal for one hour and it was proceeded to the pull down of the Flag-tagged PFKFB3 proteins.

To pull down Flag-tagged proteins, anti Flag M2 Affinity Gel Kit was used (Invitrogen, Thermo Fisher). Cells were washed twice with PBS, lysed in NP-40 lysis buffer and centrifuged 30 minutes at 15000 rpm. Supernatant was transferred to a new tube and it was proceeded to the pull down assay. 40 µl of resin were used for each condition. Before adding the beads they were washed twice with TBS. Quantified cell lysates were added to the washed resin and incubated two hours at 4°C with constant agitation. Solution was then centrifuged (30 seconds, 8000xg) and supernatant was discarded. After three washes with TBS proteins were eluted by competition with Flag peptide. Flag-peptide stock elution solution was prepared by dissolving the Flag peptide in 0.5 M Tris HCl pH 7.5, 1 M NaCl at a concentration of 5 µg/µl. For elution, 3 µl of 5 µg/µl peptide stock solution were diluted in 100 µl of TBS (150 ng/µl final concentration) and added to the washed resin. Samples were incubated at 4°C during 30 minutes with gentle shaking. Finally, resin was centrifuged for 30 seconds and supernatant containing eluted proteins was transferred to a new tube.

For combined pull down assays cells were infected with both constructs (*pLenti-rtTA2-His-PFKFB2-IRES-GFP* and *pLenti-rtTA2-Flag-PFKFB3-IRES-GFP*) and His-tag pull down procedure started from the Flag-tagged eluted proteins.

### ***Mass Spectrometry***

After infection with *pLenti-rtTA2-His-PFKFB2-IRES-GFP*, *SKMel103* and *UACC903* cells were subjected to one hour of glucose withdrawal and/or Sorafenib

treatment (15  $\mu$ M) and a His-tag pull down was performed for both, untreated and treated cells following the procedure explained above. Obtained lysates were subjected to proteomic analyses following two different approaches, a first one looking for PFKFB2 protein partners and a second one following phosphorylated peptides enrichment to analyze changes in PFKFB2 phosphorylation in response to glucose starvation and Sorafenib treatment.

#### *Sample preparation and trypsin digestion*

His-tagged PFKFB2 was enriched by Ni-IMAC chromatography using His-Trap columns (Sigma). Samples were concentrated and buffer exchanged to 6 M Urea 50 mM ammonium bicarbonate using 0.5 ml 3KDa cut-off Amicon Ultra ultrafiltration devices (Millipore). Total protein content was quantified using RCDC kit (Bio-Rad), and around 5 mg of each sample were taken for tryptic digestion. Samples were first reduced with dithiothreitol (DTT) to a final concentration of 10mM, for 1h at room temperature, and then alkylated with 20 mM of iodoacetamide (IAA) for 30 min at room temperature in the dark. Carbamidomethylation reaction was quenched by addition of N-acetyl-L-cysteine to a final concentration of 35 mM followed by incubation for 15 min at room temperature in the dark. Samples were diluted with 50 mM ammonium bicarbonate to a final concentration of 1 M Urea, and then modified porcine trypsin (Promega) was added in a ratio of 1:10 (w/w), and the mixture was incubated overnight at 37°C. The reaction was stopped with formic acid to a final concentration of 0.5%. The digests were finally purified on reverse phase C18 micro columns (ZipTip, Millipore), and kept at -20°C until further analysis.

#### *Phosphopeptide enrichment using titanium dioxide*

Phosphopeptide enrichment was performed according to Thingholm and Larsen<sup>197</sup>, with some modifications. TiO<sub>2</sub> beads at 0.50 mg/ $\mu$ l were previously equilibrated in 1M glycolic acid, 80% acetonitrile (ACN) and 1% trifluoroacetic acid (TFA). Peptides were diluted in 60% ACN with 1% TFA and added to 0.5 mg TiO<sub>2</sub>. The suspension was incubated during 20 minutes at room temperature, with end-over-end rotation for phosphopeptide binding. The mixture was then centrifuged at 13000 rpm and supernatant containing non-phosphorylated peptides was discarded. TiO<sub>2</sub> beads with phosphopeptides were loaded on

## Methodology

previously prepared home made constructed stage tips (made using high performance C18 extraction disks into pipette tips). After two successive washes with 60% ACN and 1% TFA, bound phosphopeptides were eluted first with 5% NH<sub>4</sub>OH and then with 10% NH<sub>4</sub>OH with 25% ACN. Eluted phosphopeptides were evaporated, resuspended in 0.1% FA and stored at -20°C until further analysis.

### LC-MS analysis

Tryptic digests were analyzed using a linear ion trap Velos-Orbitrap mass spectrometer (Thermo Fisher Scientific). Instrument control was performed using Xcalibur software package, version 2.2.0 (Thermo Fisher Scientific). Peptide mixtures were fractionated by on-line nanoflow liquid chromatography using an EASY-nLC 1000 system (Proxeon Biosystems, Thermo Fisher Scientific) with a two-linear-column system. Digests (aprox. 500 ng) were loaded onto a trapping guard column (Acclaim PepMap 100 nanoviper, 2 cm long, inner diameter 75 µm packed with C18, 3 µm particle size from Thermo Fisher Scientific) at 4 ml/min. Then, samples were eluted from the analytical column (25 cm long, inner diameter 75 µm packed with Reprosil Pur C18-AQ, 3 µm particle size, *Dr. Maisch*). Elution was achieved by using a mobile phase from 0.1% FA (Buffer A) and 100% acetonitrile with 0.1% FA (Buffer B) and applying a linear gradient from 0 to 35% of buffer B for 60 min at a flow rate of 300 nl/min. Ions were generated applying a voltage of 1.9 kV to a stainless steel nano-bore emitter (Proxeon, Thermo Fisher Scientific), connected to the end of the analytical column, on a Proxeon nano-spray flex ion source.

The LTQ Orbitrap Velos mass spectrometer was operated in data-dependent mode. A scan cycle was initiated with a full-scan MS spectrum (from *m/z* 300 to 1600) acquired in the Orbitrap with a resolution of 30.000. The 20 most abundant ions were selected for collision-induced dissociation fragmentation in the linear ion trap when their intensity exceeded a minimum threshold of 1000 counts, excluding singly charged ions. Accumulation of ions for both MS and MS/MS scans was performed in the linear ion trap, and the automatic gain control (AGC) target values were set to  $1 \times 10^6$  ions for survey MS and 5000 ions for MS/MS experiments. The maximum ion accumulation time was 500 and 200 ms in the MS and MS/MS modes, respectively. The normalized collision energy was set to

35%, and one microscan was acquired per spectrum. Ions subjected to MS/MS with a relative mass window of 10 ppm were excluded from further sequencing for 20 s. For all precursor masses a window of 20 ppm and isolation width of 2 Da was defined. Orbitrap measurements were performed enabling the lock mass option ( $m/z$  445.120024) for survey scans to improve mass accuracy.

#### *Bioinformatics for peptide and protein identification and quantitation*

LC-MS/MS data were analyzed using the Proteome Discoverer software (Thermo Fisher Scientific) to generate mgf files. Processed runs were loaded to ProteinScape software (Bruker Daltonics, Bremen, Germany) and peptides were identified using Mascot (Matrix Science, London UK) to search the SwissProt database, restricting taxonomy to human proteins. MS/MS spectra were searched with a precursor mass tolerance of 10 ppm, fragment tolerance of 0.8 Da, trypsin specificity with a maximum of 2 missed cleavages, cysteine carbamidomethylation set as fixed modification and methionine oxidation, serine, threonine or tyrosine phosphorylation as variable modifications. Significance threshold for the identifications was set to  $p < 0.05$  for the probability-based Mascot score, minimum ions score of 20, and the identification results were filtered to 1% FDR at peptide level, based on searches against a Decoy database. Relative quantification of the peptides corresponding to PFKFB2 phosphorylation sites was based on the integrated areas of the extracted ion chromatograms for each of the corresponding observed  $m/z$  values. The areas for the signals corresponding to both the unphosphorylated and phosphorylated peptides observed were measured for each of the samples.

#### ***In vivo***

All mice were cared for and maintained in accordance with animal welfare regulations under an approved protocol by the Institutional Animal Care and Use Committee of Vall d'Hebron Research Institute (VHIR). For xenograft animal models,  $5 \times 10^5$  human *SKMel103*, *SKMel28*, or *Mmln9* cells were subcutaneously implanted in eight-week-old athymic Nude-*Foxn1<sup>nu</sup>* mice (Envigo, Indianapolis, IN, USA). Tumors were measured with a digital Vernier caliper, and the mice were weighed twice a week. Tumor volume was calculated as  $L \times w \times h$ , where “*L*” was the major diameter, “*w*” the minor diameter and “*h*” the third axis of the tumor

mass.

When the tumors reached a volume between 50-100 mm<sup>3</sup>, mice with similarly sized tumors were randomized into treatment groups ( $n= 5$  per group). Treated groups received glucose starvation treatment by the addition of 1000 mg/kg 2DG to drinking water and an intraperitoneal injection of 10 mg/kg Sorafenib every day. Control groups were treated with vehicle (PBS with 5% (v/v) DMSO).

Representative tumor pictures were taken and tumor samples were obtained for further analysis. The results are presented as tumor volume mean  $\pm$  SD.

### ***Immunohistochemistry (IHC)***

Paraffin-embedded tumor samples were subjected to immunohistochemistry according the manufacturer's antibody protocol. Samples were developed using secondary antibodies linked to horseradish peroxidase (HRP).

At the endpoint of the *in vivo* experiment, tumors were excised and fixed for 24 hours in formaldehyde (Sigma). Then, samples were embedded in paraffin blocks and sections of 4  $\mu$ m of thickness were obtained using Microm HM355S microtome (Thermo Fisher). Previous staining, samples were deparaffinated and rehydrated. To that end, paraffin sections were incubated at 56°C overnight. The deparaffination step was performed by two incubations in 100% xylol for 10 minutes at room temperature, followed by the ethanol rehydration chain, consisting in 5 minute-washes with 100% (v/v), 96% (v/v) and 70% (v/v) ethanol. Finally, samples were incubated 10 minutes in water. Then, samples were subjected to antigen retrieval using pH6 antigen retrieval solution (Agilent,) at 100 °C. After cool down samples were permeabilized. To do so, slides were washed with TBS 0.2% (v/v) Triton for 5 minutes at room temperature and samples were blocked for 1 hour in TBS containing 1% (w/v) BSA and 10% (v/v) goat serum. Then, slides were incubated overnight at 4°C with the primary antibody diluted in 1% (v/v) BSA, washed twice with TBS 0.025% (v/v) Triton (5 minutes/each) and incubated with HRP-linked secondary antibodies (Table M.1). Slides were developed using the Vector Laboratories 3-3'-diaminobenzidine (DAB) substrate

Kit. Substrate working solution was prepared by adding 2 drops of buffer stock solution, 4 drops of DAB stock solution and 2 drops of hydrogen peroxide solution to 5 ml of distilled water. Samples were incubated from 2 to 10 minutes at room temperature with the substrate working solution and washed in distilled water for 5 minutes. Finally samples were mounted by the addition of mounting media (Vector Laboratories). p-ERK 1/2 T202/Y204 antibody (Cell Signaling #4370) was used to confirm the response to glucose starvation and Sorafenib treatment; and Cyclin D1 (Cell Signaling #2926) was used as an indicator of proliferating cells.

### ***Statistical analysis***

ImageJ software was used for the quantification of the Western Blot signal and GraphPad Prism v6.0c was used for the graphic representation and statistical analysis of the data. Comparisons between groups were performed with Student's t test using GraphPad Prism v6.0c. The differences were considered significant if the *p-value* or *q-value* was  $\leq 0.05$ .



## **SUPPLEMENTARY INFORMATION**





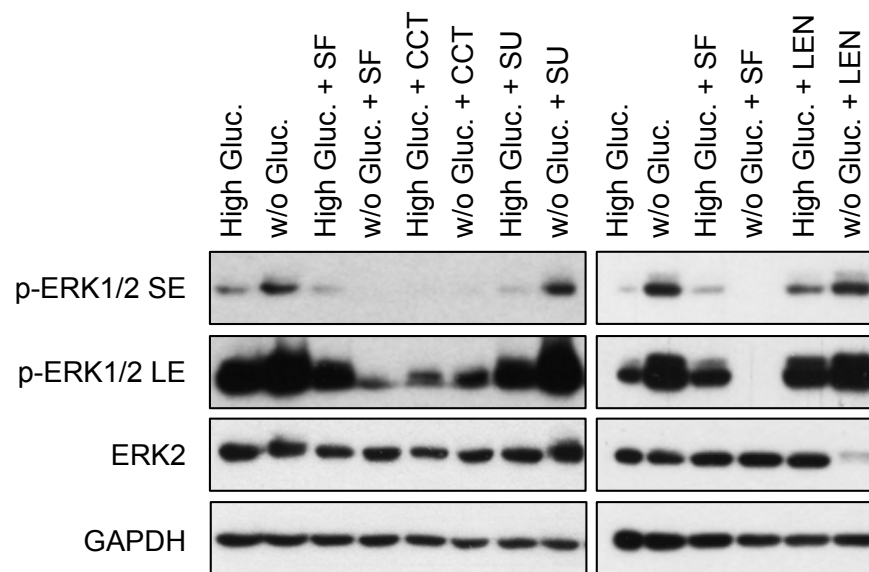
**ABBREVIATIONS LIST**

<b>1,3-biPG:</b> 1,3-bisphosphoglycerate	<b>DMEM:</b> Dulbecco's modified Eagle media
<b>2DG:</b> 2-deoxy-D-glucose	<b>DMSO:</b> Dimethyl sulfoxide
<b>2PG:</b> 2-phosphoglycerate	<b>DNA:</b> Deoxyribonucleic acid
<b>3'UTR:</b> 3' untranslated region	<b>DTT:</b> Dithiothreitol
<b>3BP:</b> 3-bromopyruvate	<b>EB:</b> Ethidium bromide
<b>3PG:</b> 3-phosphoglycerate	<b>EDTA:</b> Ethylenediaminetetraacetic acid
<b>ACC:</b> Acetyl-Coa carboxylase	<b>EGFP:</b> Enhanced green fluorescent protein
<b>ACN:</b> Acetonitrile	<b>EMEM:</b> Eagle's Minimum Essential Media
<b>AGC:</b> Automatic gain control	<b>ERK:</b> Extracellular signal-regulated kinase
<b>AJCC:</b> American joint committee on cancer	<b>F 1,6-biP:</b> Fructose 1,6-bisphosphate
<b>AKT/PKB:</b> Protein kinase B	<b>F 2,6-biP:</b> Fructose 2,6-bisphosphate
<b>ALDO:</b> Aldolase	<b>F6P:</b> Fructose 6-phosphate
<b>AMPK:</b> AMP-activated kinase	<b>FAO:</b> Fatty acid oxidation
<b>AO:</b> Acridine orange	<b>FAS:</b> Fatty acid synthesis
<b>ARAF:</b> ARAF serine/threonine kinase	<b>FBP/FBPase:</b> Fructose 1,6-bisphosphatase
<b>ATP:</b> Adenosine triphosphate	<b>FBS:</b> Fetal bovine serum
<b>AV:</b> Avastin	<b>FC:</b> Fold change
<b>AX:</b> Axitinib	<b>FCCP:</b> Trifluoromethoxy carbonylcyanide phenylhydrazone
<b>BCC:</b> Basal cell carcinoma	<b>FDA:</b> Food and drug administration
<b>BPTES:</b> bis-2-(5-phenylacetamido-1,3,4-thiadiazol-2-yl)ethyl sulfide	<b>FDG:</b> Fluorodeoxyglucose
<b>BRAF:</b> BRAF serine/threonine kinase	<b>FDR:</b> False discovery rate
<b>BSA:</b> Bovine serum albumin	<b>FGFR:</b> Fibroblast growth factor receptor
<b>Ca/CAMK:</b> Calcium-calmodulin-dependent protein kinase	<b>FLT3:</b> Fms related receptor tyrosine kinase 3
<b>cAMP:</b> Cyclic adenosine monophosphate	<b>FoxP3:</b> Forkhead box P3
<b>CAR-T:</b> Chimeric antigen receptor T-cells	<b>FPR:</b> False positive rate
<b>CCT:</b> CCT196969	<b>G 1,6-biP:</b> Glucose 1,6-bisphosphate
<b>Cdc25:</b> RAS-specific nucleotide exchange factor Cdc25	<b>G6P:</b> Glucose 6-phosphate
<b>CNV:</b> Copy number variation	<b>G6PC:</b> Glucose 6-phosphatase catalytic subunit
<b>CPT1A:</b> Carnitine palmitoyl-transferase 1A	<b>G6PD:</b> Glucose 6-phosphate dehydrogenase
<b>CRAF:</b> CRAF serine/threonine kinase	<b>GA3P:</b> Glyceraldehyde 3-phosphate
<b>CTLA-4:</b> Cytotoxic T-lymphocyte associated protein 4	<b>GAP:</b> GTPase-accelerating proteins
<b>DAB:</b> 3,3'-diaminobenzidine	<b>GAPDH:</b> Glyceraldehyde -3-phosphate dehydrogenase
<b>DCA:</b> Dichloroacetate	<b>GDP:</b> Guanosine diphosphate
<b>DCs:</b> Dendritic cells	<b>GEF:</b> GDP exchange factor
<b>DEG:</b> Differentially expressed genes	<b>GFP:</b> Green fluorescent protein
<b>DGF:</b> Aspartic acid-phenylalanine-Glycine	
<b>DHAP:</b> Dehydroxyacetone phosphate	

**GLS1:** Glutaminase 1  
**Gluc.:** Glucose  
**GLUT:** Glucose Transporter  
**GM-CSF:** Granulocyte-macrophage colony-stimulating factor  
**GNA11:** G protein subunit alpha 11  
**GNAQ:** G protein subunit alpha Q  
**GO:** Gene ontology  
**GPI:** Glucose phosphate isomerase  
**GPS:** Group-based prediction system  
**GRB2:** Growth factor receptor bound protein 2  
**GST:** glutathione S-transferase  
**GTP:** Guanosine triphosphate  
**H2B:** Histone 2B  
**HGFR/MET:** Hepatocyte growth factor receptor.  
**HIF1 $\alpha$ :** Hypoxia inducible factor 1 subunit  $\alpha$   
**HK:** Hexokinase  
**HMGCL:** Hydroxyl-3-methylglutaryl-CoA lyase  
**HRAS:** Harvey Rat Sarcoma Viral Oncogene Homolog  
**HVR:** Hypervariable Region  
**IAA:** Indolacetamide  
**ICC:** Immunocytochemistry  
**IGF1R:** Insulin-like growth factor 1 receptor  
**IHC:** Immunohistochemistry  
**IL:** Interleukin  
**IMAC:** Immobilized metal affinity chromatography  
**IP:** Immunoprecipitation  
**IRES:** Internal ribosome entry site  
**<sup>KD</sup>MEK:** Kinase dead MEK  
**KIT:** KIT tyrosine kinase  
**KRAS:** Kirsten Rat Sarcoma Viral Oncogene Homolog  
**LAG-3:** Lymphocyte activation gene-3  
**LDH:** Lactate dehydrogenase  
**LE:** Long exposure  
**LEN:** Lenvatinib  
**LKB1:** Liver kinase B1  
**MAPK:** Mitogen-activated protein kinase  
**MCT:** Monocarboxylate transporter  
**MEK:** Mitogen-activated protein kinase kinase  
**MHC:** Major histocompatibility complex  
**MITF:** Melanocyte inducing transcription factor  
**MPC:** Mitochondrial pyruvate carrier  
**MYC:** MYC proto-oncogene  
**NADPH:** Nicotinamide adenine dinucleotide phosphate  
**NF1:** Neurofibromin 1  
**NHEM:** Normal human epidermal melanocytes  
**NP-40:** Nonidet P-40  
**NRAS:** Neuroblastoma RAS viral oncogene homolog  
**OAA:** Oxaloacetate  
**OCR:** Oxygen consumption rate  
**OIS:** Oncogene-induced senescence  
**ORR:** Objective response rate  
**OXPHOS:** Oxidative phosphorylation  
**PBS:** Phosphate-buffered saline  
**PD-1:** Programmed cell death protein 1  
**PD-L1:** Programmed cell death 1 ligand 1  
**PDGFR:** Platelet-derived growth factor receptor  
**PDH:** Pyruvate dehydrogenase  
**PDK:** Pyruvate dehydrogenase kinase  
**PDP:** Pyruvate dehydrogenase phosphatase  
**PDPK-1:** 3-phosphoinositide-dependent kinase 1  
**PEP:** Phosphoenolpyruvate  
**PET:** Positron emission tomography  
**PFA:** Paraformaldehyde  
**PFK-1:** Phosphofructokinase 1  
**PFKFB/PFK-2:** 6-phosphofructo, 2-kinase/fructose, 2,6-bisphosphatase  
**PFKL:** Phosphofructokinase, liver  
**PFKM:** Phosphofructokinase, muscle  
**PFKP:** Phosphofructokinase, platelet  
**PFS:** Progression-free survival  
**PGAM:** Phosphoglycerate mutase  
**PGC1 $\alpha$ :** Peroxisome proliferator-activated receptor gamma coactivator 1 $\alpha$   
**PGK:** Phosphoglycerate kinase  
**PI3K:** Phosphatidylinositol 3-kinase

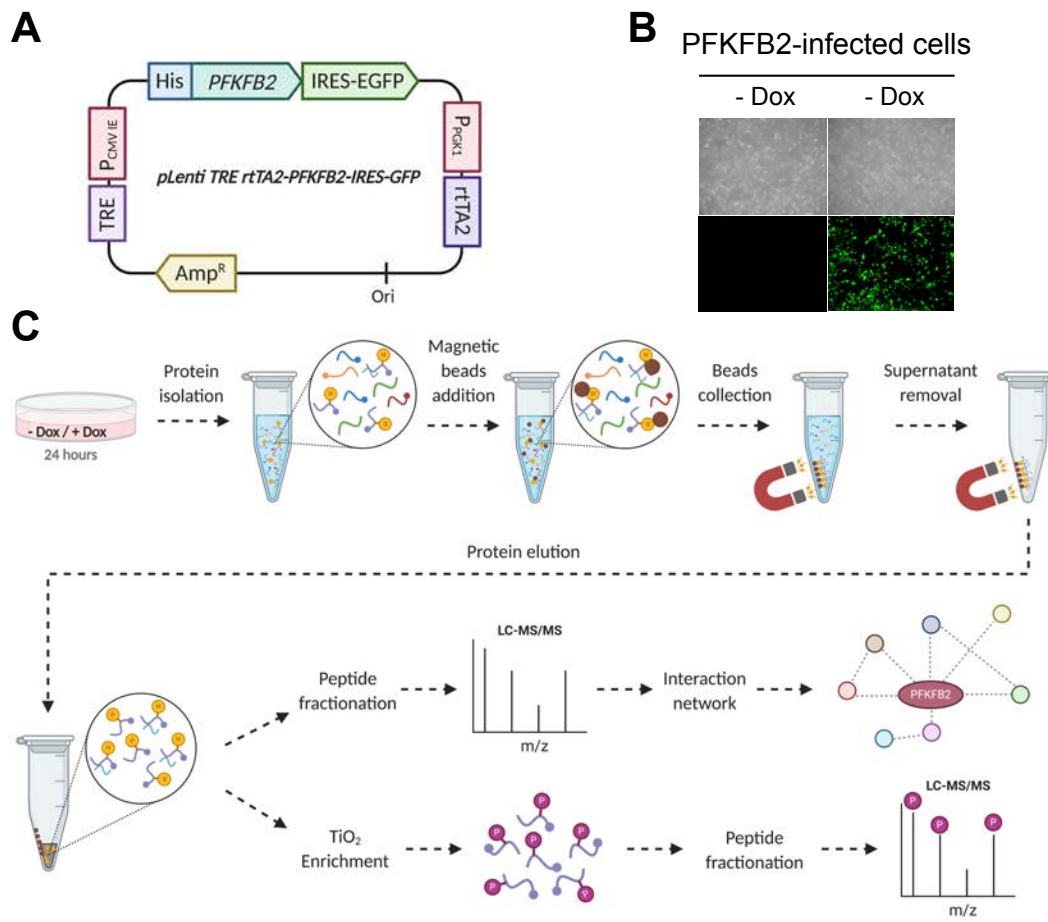
**PKA:** cAMP-dependent protein kinase catalytic subunit  $\alpha$   
**PKC:** Protein kinase C  
**PKLR:** Pyruvate kinase isozyme L/R  
**PKM:** Pyruvate kinase  
**PP2A:** Protein phosphatase 2A  
**PPAR $\gamma$ :** Peroxisome proliferator activated receptor  $\gamma$   
**ppm:** Parts per million  
**PPP:** Pentose phosphate pathway  
**PS:** Phosphatidylserine  
**PTEN:** Phosphatase and tensin homolog  
**PVDF:** Polyvinylidene difluoride  
**PWD:** Position weight determination  
**Pyr.:** Pyruvate  
**RASGRF10:** RAS protein specific guanine nucleotide releasing factor 10  
**RBD:** RAS binding domain  
**RET:** Proto-oncogene tyrosine-protein kinase receptor RET  
**RET:** Receptor tyrosine kinase RET  
**RIN:** RNA integrity number  
**RMA:** Robust multi-array average  
**RNA:** Ribonucleic acid  
**ROS:** Reactive oxygen species  
**Rpm:** Revolutions per minute  
**RPMI:** Roswell Park Memorial Institute  
**RSK:** Ribosomal protein S6 kinase  
**RTK:** Receptor Tyrosine Kinase  
**rtTA2:** Tetracycline-controlled transcriptional activator 2  
**S6K1:** P70 ribosomal S6 kinase  
**SCC:** Squamous cell carcinoma  
**SD:** Standard deviation  
**SDS-PAGE:** SDS-polyacrylamide gel electrophoresis  
**SDS:** Sodium dodecyl sulfate  
**SE:** Short exposure  
**SF:** Sorafenib  
**SH2:** Src homology 2 domain  
**siRNA:** small interfering RNA  
**SMO:** Scoring matrix optimization  
**SOS:** Son of sevenless homolog  
**Src:** Tyrosine kinase Src  
**SU:** Sunitinib  
**SucCoA:** Succinyl-CoA  
**T-VEC:** Talimogene laherparepvec  
**TBS:** Tris-buffered saline saline  
**TCA cycle:** Tricarboxylic acid cycle  
**TCGA:** The cancer genome atlas  
**TCR:** T-cell receptors  
**TFA:** Trifluoroacetic acid  
**TIGAR:** TP53-induced glycolysis and apoptosis regulator  
**TIM-3:** T-cell immunoglobulin and mucin-domain containing-3  
**TP53:** Tumor suppressor P53  
**TPI:** Triosephosphate isomerase  
**TR:** Trametinib  
**TRIM21 E3:** E3 ubiquitin-protein ligase TRIM21  
**UV radiation:** Ultraviolet radiation  
**VE:** Vemurafenib  
**VEGF:** Vascular endothelial growth factor  
**VEGFR:** Vascular endothelial growth factor receptor  
**VHIO:** Vall d'Hebron oncology institute  
**VHIR:** Vall d'Hebron research institute  
 **$\alpha$ -KG:**  $\alpha$ -Ketoglutarate



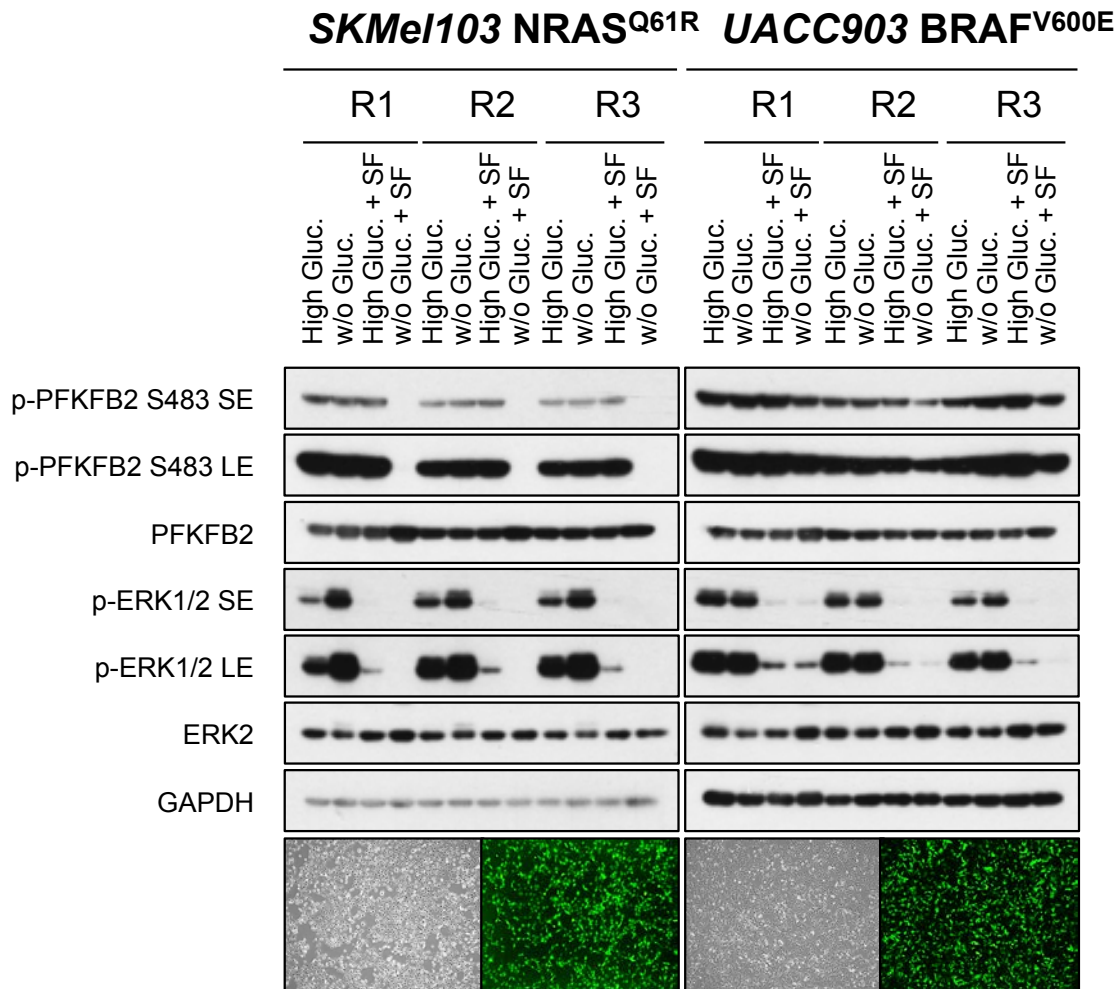


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**Supplementary Figure 1. RAS-ERK1/2 pathway activation status upon inhibition with Sorafenib (SF), CCT196969 (CCT), Sunitinib (SU) and Lenvatinib (LEN).** Western Blot showing ERK1/2 phosphorylation status in response to glucose starvation in combination with SF (15  $\mu$ M), CCT (10  $\mu$ M), SU (10  $\mu$ M) and LEN (20  $\mu$ M)(4 hours). GAPDH is shown as a loading control. Gluc.=Glucose; SE=Short exposure; LE=Long exposure.



**Supplementary Figure 2. His-tagged PFKFB2 obtention and pull down.** (A) Lentiviral inducible His-*PFKFB2* IRES-EGFP vector map. (B) Representative pictures of uninduced and induced infected cells. (C) Schematic representation of the procedure followed to pull down His-tagged PFKFB2 for further identification of interacting proteins and phosphorylation status.



**Supplementary Figure 3. His-tagged PFKFB2 infected cells.** Western Blot showing regulation of PFKFB2 phosphorylation at residue Ser483 and ERK1/2 phosphorylation in response to metabolic stress and treatment with Sorafenib (15  $\mu$ M, 1 hour). Three different biological replicates are represented (R1, R2 and R3). GAPDH is shown as a loading control. At the bottom representative pictures of infected induced cells are shown. Gluc.=Glucose, SF=Sorafenib, SE=Short Exposure, LE=Long Exposure.



Supplementary Information

Symbol	Gene description	log <sub>2</sub> FC	p-value	adj.p-value
TGFB1	transforming growth factor beta induced	-7.721	3.2E-16	9.6E-13
SLC14A1	solute carrier family 14 member 1 (Kidd blood group)	-6.476	5.5E-17	2.2E-13
S100A16	S100 calcium binding protein A16	-6.379	2.7E-20	7.4E-16
TMPPRSS15	transmembrane serine protease 15	-6.212	3.9E-10	9.2E-08
GLIPR1	GLI pathogenesis related 1	-6.116	5.4E-11	1.9E-08
MT1E	metallothionein 1E	-6.065	5.5E-13	4.5E-10
LY6K	lymphocyte antigen 6 family member K	-5.835	1.1E-11	5.7E-09
HLA-DRA	major histocompatibility complex, class II, DR alpha	-5.795	6.2E-05	1.5E-03
PNP	purine nucleoside phosphorylase	-5.756	5.8E-11	2.0E-08
SERPINB7	serpin family B member 7	-5.558	5.7E-17	2.2E-13
DKK3	dickkopf WNT signaling pathway inhibitor 3	-5.493	1.1E-12	8.3E-10
VEPH1	ventricular zone expressed PH domain containing 1	-5.448	9.3E-11	2.9E-08
PDE1C	phosphodiesterase 1C	-5.380	2.0E-12	1.4E-09
BCAT1	branched chain amino acid transaminase 1	-5.355	2.7E-13	2.4E-10
PRTFDC1	phosphoribosyl transferase domain containing 1	-5.265	1.0E-09	2.1E-07
IL24	interleukin 24	-5.204	3.5E-11	1.3E-08
MMP2	matrix metalloproteinase 2	-5.165	2.2E-16	7.5E-13
GALNT14	polypeptide N-acetylgalactosaminyltransferase 14	-5.158	7.8E-13	6.1E-10
PAX6	paired box 6	-5.028	1.7E-15	3.0E-12
HLA-DRB1	major histocompatibility complex, class II, DR beta 1	-4.992	3.3E-17	2.2E-13
ARNTL2	aryl hydrocarbon receptor nuclear translocator like 2	-4.961	1.8E-14	2.7E-11
S100A2	S100 calcium binding protein A2	-4.955	1.1E-10	3.2E-08
NCAM1	neural cell adhesion molecule 1	-4.953	2.2E-09	4.1E-07
XAGE1A	X antigen family member 1A	-4.913	2.9E-10	7.3E-08
TRHDE	thyrotropin releasing hormone degrading enzyme	-4.859	1.9E-12	1.3E-09
CDKN1A	cyclin dependent kinase inhibitor 1A	-4.853	1.2E-14	2.1E-11
XAGE1B	X antigen family member 1B	-4.852	2.0E-10	5.5E-08
ERRF1	ERBB receptor feedback inhibitor 1	-4.785	8.1E-04	1.0E-02
RUNX1	RUNX family transcription factor 1	-4.746	5.8E-11	2.0E-08
MECOM	MDS1 and EVI1 complex locus	-4.737	5.9E-12	3.4E-09
ODC1	ornithine decarboxylase 1	-4.729	5.3E-05	1.4E-03
FERMT1	fermitin family member 1	-4.727	1.6E-14	2.6E-11
LAYN	layilin	-4.702	1.1E-13	1.1E-10
SPTLC3	serine palmitoyltransferase long chain base subunit 3	-4.675	1.3E-11	6.0E-09
KRTAP2-3	keratin associated protein 2-3	-4.666	7.3E-08	7.5E-06
KRT80	keratin 80	-4.632	1.2E-11	5.8E-09
NGFR	nerve growth factor receptor	-4.614	1.9E-10	5.2E-08
STEAP3	STEAP3 metalloreductase	-4.605	4.3E-13	3.6E-10
NRP1	neuropilin 1	-4.564	1.3E-09	2.5E-07
PMPEA1	prostate transmembrane protein, androgen induced 1	-4.563	4.7E-11	1.7E-08
ADGR14	adhesion G protein-coupled receptor L4	-4.549	2.9E-07	2.2E-05
ZEB1	zinc finger E-box binding homeobox 1	-4.529	1.2E-15	2.4E-12
S1PR1	sphingosine-1-phosphate receptor 1	-4.512	4.9E-06	2.2E-04
DDAH1	dimethylarginine dimethylaminohydrolase 1	-4.503	1.1E-05	4.2E-04
GPRC5A	G protein-coupled receptor class C group 5 member A	-4.503	2.2E-10	5.7E-08
TM4SF1	transmembrane 4 L six family member 1	-4.493	8.4E-03	4.6E-02
IL7R	interleukin 7 receptor	-4.474	5.7E-09	9.2E-07
SAMHD1	SAM and HD domain containing dNTP triphosphohydrolase 1	-4.461	5.7E-11	2.0E-08
FADS2	fatty acid desaturase 2	-4.446	1.7E-11	7.2E-09
ITGA3	integrin subunit alpha 3	-4.433	1.7E-08	2.4E-06
TBX3	T-box 3	-4.426	3.2E-10	8.1E-08
LAPTM5	lysosomal protein transmembrane 5	-4.415	8.9E-11	2.8E-08
SERPINE1	serpin family E member 1	-4.356	2.6E-08	3.4E-06
HLA-DPB1	major histocompatibility complex, class II, DP beta 1	-4.318	2.8E-09	5.1E-07
WDR66	WD repeat domain 66	-4.299	2.1E-11	8.4E-09
INHBA	inhibin subunit beta A	-4.292	4.3E-07	3.1E-05
IL31RA	interleukin 31 receptor A	-4.289	2.4E-14	3.1E-11
DKK1	dickkopf WNT signaling pathway inhibitor 1	-4.280	2.4E-07	2.0E-05
IFITM3	interferon induced transmembrane protein 3	-4.208	8.4E-06	3.3E-04
CLMP	CXADR like membrane protein	-4.197	3.1E-09	5.5E-07
DBNDD2	dysbindin domain containing 2	-4.184	5.3E-16	1.4E-12
NID1	nidogen 1	-4.184	8.9E-09	1.4E-06
CLDN4	claudin 4	-4.154	1.1E-11	5.7E-09
IL1B	interleukin 1 beta	-4.123	1.7E-03	1.7E-02
SLEFN11	schlafen family member 11	-4.122	1.6E-09	3.0E-07
ANXA1	annexin A1	-4.120	7.9E-03	4.5E-02
BEX1	brain expressed X-linked 1	-4.116	1.5E-11	6.7E-09
RPS24	ribosomal protein S24	-4.086	1.7E-02	6.8E-02
TGFB2	transforming growth factor beta 2	-4.078	1.8E-10	4.9E-08
NRG1	neuregulin 1	-4.074	3.7E-14	4.4E-11
SMURF2	SMAD specific E3 ubiquitin protein ligase 2	-4.053	2.6E-08	3.4E-06
NFASC	neurofascin	-4.039	1.4E-10	4.1E-08
ANXA3	annexin A3	-4.033	1.5E-05	5.3E-04
CDH13	cadherin 13	-4.025	1.2E-09	2.5E-07
TPM1	tropomyosin 1	-4.006	1.2E-09	2.5E-07
E2F4	E2F transcription factor 4	-3.994	1.8E-04	3.5E-03
ADAM12	ADAM metalloproteinase domain 12	-3.993	6.9E-06	2.9E-04
ELL2	elongation factor for RNA polymerase II 2	-3.988	2.2E-07	1.8E-05
PAQR3	progesterone and adiponectin receptor family member 3	-3.976	6.1E-06	2.6E-04
FLI1	Fli-1 proto-oncogene, ETS transcription factor	-3.955	2.0E-14	2.9E-11
UCP2	uncoupling protein 2	-3.939	2.2E-13	2.1E-10
PDGFA	platelet derived growth factor subunit A	-3.929	7.3E-06	3.0E-04
AXL	AXL receptor tyrosine kinase	-3.925	1.1E-05	4.1E-04
MDK	midkine	-3.925	5.8E-06	2.5E-04
KCNMA1	potassium calcium-activated channel subfamily M alpha 1	-3.923	1.1E-10	3.5E-08
STC1	stanniocalcin 1	-3.909	1.3E-09	2.7E-07
NEXN	nexlin F-actin binding protein	-3.893	1.0E-15	2.2E-12
THBS1	thrombospondin 1	-3.878	2.6E-03	2.2E-02
AMIGO2	adhesion molecule with Ig like domain 2	-3.877	9.6E-16	2.2E-12
DCBLD2	discoidin, CUB and LCC domain containing 2	-3.859	3.8E-03	2.8E-02
TMEM154	transmembrane protein 154	-3.858	1.2E-12	8.6E-10
CLU	clusterin	-3.854	4.1E-11	1.5E-08
SNRPB	small nuclear ribonucleoprotein polypeptide B2	-3.845	9.6E-03	5.0E-02
SMN1	survival of motor neuron 1, telomeric	-3.831	1.8E-03	1.7E-02
ADAMTSL1	ADAMTS like 1	-3.828	3.0E-06	1.5E-04
RABGGTB	Rab geranylgeranyltransferase subunit beta	-3.828	2.3E-03	2.1E-02
IFI16	interferon gamma inducible protein 16	-3.790	5.6E-03	3.6E-02
CALB2	calbindin 2	-3.788	4.6E-07	3.3E-05
CD24	CD24 molecule	-3.766	2.8E-08	3.6E-06
MX2	MX dynamin like GTPase 2	-3.759	3.0E-09	5.4E-07

**Supplementary Table 1 (1/4).** 400 top differentially expressed genes in BRAF<sup>V600E</sup> vs. NRAS<sup>Q61R</sup> mutant cells.

Symbol	Gene description	log <sub>2</sub> FC	p-value	adj.p-value
MRPL51	mitochondrial ribosomal protein L51	-3.759	6.7E-03	4.1E-02
TXNL4B	thioredoxin like 4B	-3.738	8.6E-05	2.0E-03
STC2	stanniocalcin 2	-3.735	4.7E-09	7.8E-07
HLA-DMA	major histocompatibility complex, class II, DM alpha	-3.729	9.0E-04	1.1E-02
MLLT11	MLLT11 transcription factor 7 cofactor	-3.727	9.4E-05	2.1E-03
UBE2T	ubiquitin conjugating enzyme E2 T	-3.722	4.5E-03	3.1E-02
ABCA13	ATP binding cassette subfamily A member 13	-3.720	9.9E-09	1.5E-06
KRTAP2-1	keratin associated protein 2-1	-3.713	9.8E-06	3.8E-04
RPS29	ribosomal protein S29	-3.709	9.8E-03	5.0E-02
SKP2	S-phase kinase associated protein 2	-3.709	4.3E-04	6.4E-03
TFB2M	transcription factor B2, mitochondrial	-3.704	2.7E-04	4.6E-03
TPM2	tropomyosin 2	-3.699	3.8E-12	2.4E-09
TMEM123	transmembrane protein 123	-3.693	1.4E-02	6.0E-02
ALCAM	activated leukocyte cell adhesion molecule	-3.692	4.6E-05	1.2E-03
SLC38A1	solute carrier family 38 member 1	-3.686	2.2E-06	1.2E-04
GJA1	gap junction protein alpha 1	-3.678	5.4E-05	1.4E-03
CCL2	C-C motif chemokine ligand 2	-3.672	6.7E-03	4.1E-02
TMEM14B	transmembrane protein 14B	-3.665	1.4E-02	6.2E-02
SDC4	syndecan 4	-3.664	7.8E-05	1.8E-03
CACNA2D4	calcium voltage-gated channel auxiliary subunit alpha2delta 4	-3.661	6.5E-11	2.2E-08
AOX1	aldehyde oxidase 1	-3.661	3.4E-09	6.1E-07
ZNF804A	zinc finger protein 804A	-3.647	3.7E-11	1.4E-08
CLDN1	claudin domain containing 1	-3.643	3.7E-03	2.8E-02
MCL1	MCL1 apoptosis regulator, BCL2 family member	-3.643	1.9E-03	1.8E-02
LIMCH1	LIM and calponin homology domains 1	-3.641	7.1E-09	1.1E-06
AADAT	aminoadipate aminotransferase	-3.636	3.9E-07	2.9E-05
PDZD8	PDZ domain containing 8	-3.628	9.4E-04	1.1E-02
FOSL1	FOS like 1, AP-1 transcription factor subunit	-3.624	3.2E-05	9.3E-04
UQCRCQ	ubiquinol-cytochrome c reductase complex III subunit VII	-3.623	1.5E-02	6.4E-02
SPAN5	tetraspanin 5	-3.615	1.0E-10	3.1E-08
HIGD1A	HIG1 hypoxia inducible domain family member 1A	-3.613	1.5E-02	6.4E-02
CRIM1	cysteine rich transmembrane BMP regulator 1	-3.608	9.5E-10	2.0E-07
SLC38A2	solute carrier family 38 member 2	-3.603	8.8E-04	1.1E-02
KRTAP2-2	keratin associated protein 2-2	-3.601	3.0E-06	1.5E-04
FABP6	fatty acid binding protein 6	-3.594	1.6E-08	2.3E-06
HIST1H4C	histone cluster 1 H4 family member c	-3.588	2.9E-02	8.8E-02
DIS3	DIS3 homolog, exosome endoribonuclease and 3'-5' exoribonuclease	-3.587	2.9E-08	3.7E-06
OClAD2	OClA domain containing 2	-3.584	7.0E-13	5.6E-10
PRPF4	pre-mRNA processing factor 4	-3.583	1.4E-03	1.4E-02
SLC43A3	solute carrier family 43 member 3	-3.569	2.4E-02	8.1E-02
CDC123	cell division cycle 123	-3.569	4.0E-03	2.9E-02
NEGR1	neuronal growth regulator 1	-3.565	1.1E-12	8.3E-10
RFPL4A	ret finger protein like 4A	-3.552	3.8E-10	9.0E-08
CAPN2	calpain 2	-3.549	1.7E-02	6.9E-02
SYT1	synaptotagmin 1	-3.546	1.2E-06	7.1E-05
SH3BGR2	SH3 domain binding glutamate rich protein like 2	-3.535	5.3E-12	3.2E-09
TBL1X	transducin beta like 1 X-linked	-3.535	2.3E-07	1.9E-05
ZNF146	zinc finger protein 146	-3.530	4.8E-03	3.3E-02
TMEM14C	transmembrane protein 14C	-3.529	8.6E-03	4.7E-02
H1FO	H1 histone family member 0	-3.524	1.2E-06	7.1E-05
ITPR1L1	ITPRIP like 1	-3.524	4.2E-08	4.9E-06
ZNHIT6	zinc finger HIT-type containing 6	-3.524	5.3E-05	1.4E-03
RPL3	ribosomal protein L3	-3.523	2.4E-02	8.1E-02
COL12A1	collagen type XII alpha 1 chain	-3.521	1.5E-10	4.3E-08
PHLDB2	pleckstrin homology like domain family B member 2	-3.516	8.1E-12	4.6E-09
DMKN	dermokine	-3.509	4.1E-04	6.2E-03
GDI2	GDP dissociation inhibitor 2	-3.504	1.9E-02	7.1E-02
BASP1	brain abundant membrane attached signal protein 1	-3.503	3.5E-04	5.6E-03
KNSTRN	kinetochore localized astrin (SPAG5) binding protein	-3.501	1.3E-03	1.4E-02
PTX3	pentraxin 3	-3.496	1.1E-07	1.1E-05
KRT18	keratin 18	-3.492	1.9E-06	1.0E-04
TAF9	TATA-box binding protein associated factor 9	-3.492	5.7E-03	3.7E-02
PRKACB	protein kinase cAMP-activated catalytic subunit beta	-3.482	2.0E-03	1.9E-02
UTP4	UTP4 small subunit processome component	-3.482	4.0E-04	6.1E-03
CYB5R2	cytochrome b5 reductase 2	-3.477	8.4E-10	1.8E-07
MRFAP1	Morf4 family associated protein 1	-3.472	9.1E-04	1.1E-02
NTM	neurotrimin	-3.467	5.9E-08	6.3E-06
ZNF883	zinc finger protein 883	-3.458	4.6E-11	1.7E-08
HLA-DQA1	major histocompatibility complex, class II, DQ alpha 1	-3.456	1.2E-07	1.1E-05
AKAP12	A-kinase anchoring protein 12	-3.436	7.2E-03	4.2E-02
FLRT3	fibronectin leucine rich transmembrane protein 3	-3.431	3.6E-10	8.7E-08
SRP72	signal recognition particle 72	-3.430	1.0E-02	5.1E-02
PAK1IP1	PAK1 interacting protein 1	-3.425	8.4E-04	1.0E-02
NGDN	neuroguidin	-3.423	5.7E-04	7.7E-03
SLIRP	SRA stem-loop interacting RNA binding protein	-3.421	5.6E-03	3.6E-02
EBNA1BP2	EBNA1 binding protein 2	-3.419	1.9E-02	7.2E-02
SDHD	succinate dehydrogenase complex subunit D	-3.417	8.0E-03	4.5E-02
LDHB	lactate dehydrogenase B	-3.408	2.4E-02	8.1E-02
TOMM5	translocase of outer mitochondrial membrane 5	-3.399	6.0E-03	3.8E-02
NREP	neuronal regeneration related protein	-3.399	9.3E-09	1.4E-06
HLA-DPA1	major histocompatibility complex, class II, DP alpha 1	-3.398	2.8E-03	2.4E-02
JUN	Jun proto-oncogene, AP-1 transcription factor subunit	-3.390	4.1E-13	3.6E-10
NUP188	nucleoporin 188	-3.390	4.7E-03	3.3E-02
NIFK	nucleolar protein interacting with the FHA domain of MKI67	-3.389	8.9E-03	4.8E-02
SERPINB2	serpin family B member 2	-3.384	3.9E-08	4.7E-06
CIAO2B	cytosolic iron-sulfur assembly component 2B	-3.362	7.5E-04	9.5E-03
TXN	thioredoxin	-3.362	2.4E-02	8.0E-02
SMAD5	SMAD family member 5	-3.355	1.1E-02	5.2E-02
RPS13	ribosomal protein S13	-3.353	4.7E-02	1.1E-01
HIST1H2BK	histone cluster 1 H2B family member k	-3.351	9.8E-03	5.0E-02
ADORA2B	adenosine A2b receptor	-3.344	6.7E-16	1.7E-12
SUB1	SUB1 homolog, transcriptional regulator	-3.338	3.6E-03	2.8E-02
KIF20A	kinesin family member 20A	-3.337	5.0E-03	3.4E-02
DLGAP5	DLG associated protein 5	-3.333	1.6E-02	6.6E-02
HACD2	3-hydroxyacyl-CoA dehydratase 2	-3.327	4.7E-03	3.3E-02
DPYD	dihydropyrimidine dehydrogenase	-3.326	6.1E-09	9.9E-07
MRPL42	mitochondrial ribosomal protein L42	-3.322	1.3E-03	1.4E-02
SCML1	Scm polycomb group protein like 1	-3.321	1.6E-09	3.0E-07
MT2A	metallothionein 2A	-3.321	1.8E-02	7.0E-02
C12orf75	chromosome 12 open reading frame 75	-3.320	5.1E-04	7.1E-03

**Supplementary Table 1 (2/4).** 400 top differentially expressed genes in BRAF<sup>V600E</sup> vs. NRAS<sup>Q61R</sup> mutant cells.

Supplementary Information

Symbol	Gene description	log <sub>2</sub> FC	p-value	adj.p-value
NR4A3	nuclear receptor subfamily 4 group A member 3	2.560	3.3E-03	2.6E-02
ASRG1	asparaginase like 1	2.562	4.8E-05	1.3E-03
RNLS	renalase, FAD dependent amine oxidase	2.563	7.6E-05	1.8E-03
RAB11FIP4	RAB11 family interacting protein 4	2.568	1.4E-04	2.8E-03
HERC5	HECT and RLD domain containing E3 ubiquitin protein ligase 5	2.571	1.2E-03	1.3E-02
LPAR1	lysophosphatidic acid receptor 1	2.574	4.9E-06	2.2E-04
FRAS1	Fraser extracellular matrix complex subunit 1	2.581	2.9E-08	3.6E-06
ARPC1B	actin related protein 2/3 complex subunit 1B	2.587	1.7E-11	7.2E-09
CKMT1B	creatine kinase, mitochondrial 1B	2.599	5.0E-07	3.6E-05
TNFRSF19	TNF receptor superfamily member 19	2.601	1.5E-04	3.0E-03
ELOVL2	ELOVL fatty acid elongase 2	2.620	3.1E-04	5.0E-03
CPT1A	carnitine palmitoyltransferase 1A	2.635	5.8E-05	1.5E-03
ATP6V0D2	ATPase H+ transporting V0 subunit d2	2.640	7.5E-03	4.3E-02
CAB	carbonic anhydrase 8	2.641	6.7E-03	4.1E-02
ST8SIA6	ST8 alpha-N-acetyl-neuraminide alpha-2,8-sialyltransferase 6	2.645	1.1E-07	1.0E-05
RGMA	repulsive guidance molecule BMP co-receptor a	2.648	2.2E-02	7.7E-02
NR4A1	nuclear receptor subfamily 4 group A member 1	2.650	2.2E-05	7.1E-04
SLC22A23	solute carrier family 22 member 23	2.659	1.1E-03	1.2E-02
GSTM2	glutathione S-transferase mu 2	2.660	1.9E-05	6.2E-04
CHST11	carbohydrate sulfotransferase 11	2.673	1.4E-04	2.9E-03
LCP2	lymphocyte cytosolic protein 2	2.684	2.9E-04	4.8E-03
EIF1AY	eukaryotic translation initiation factor 1A Y-linked	2.687	6.6E-07	4.5E-05
RPS4Y1	ribosomal protein S4 Y-linked 1	2.690	8.8E-03	4.7E-02
LRRK1	leucine rich repeat kinase 1	2.691	1.0E-06	6.2E-05
COBL	cordón-bleu WH2 repeat protein	2.698	1.8E-08	2.5E-06
TFAP2A	transcription factor AP-2 alpha	2.698	1.3E-13	1.3E-10
FBLN5	fibulin 5	2.710	4.4E-08	5.1E-06
GATA4	GATA binding protein 4	2.712	2.1E-10	5.5E-08
CD200	CD200 molecule	2.717	2.2E-02	7.6E-02
PRKG2	protein kinase cGMP-dependent 2	2.719	2.6E-05	7.8E-04
SPSB1	splA/ryanodine receptor domain and SOCS box containing 1	2.722	9.7E-05	2.2E-03
TRPM1	transient receptor potential cation channel subfamily M member 1	2.728	2.0E-04	3.7E-03
CASP1	caspace 1	2.740	6.9E-03	4.1E-02
IL16	interleukin 16	2.750	2.3E-03	2.1E-02
TMEM198	transmembrane protein 198	2.758	9.4E-04	1.1E-02
ITGB3	integrin subunit beta 3	2.760	1.0E-03	1.2E-02
GPM6B	glycoprotein M6B	2.763	8.1E-05	1.9E-03
PNKD	PNKD metallo-beta-lactamase domain containing	2.767	2.2E-08	2.9E-06
LHX8	LIM homeobox 8	2.768	2.1E-03	2.0E-02
HIST1H3I	histone cluster 1 H3 family member i	2.768	2.5E-07	2.0E-05
LRRRC61	leucine rich repeat containing 61	2.776	5.3E-10	1.2E-07
ANKRD30B	ankyrin repeat domain 30B	2.778	1.6E-02	6.6E-02
PPP2R5A	protein phosphatase 2 regulatory subunit B'alpha	2.779	3.7E-07	2.8E-05
TMEM167B	transmembrane protein 167B	2.780	1.3E-06	7.7E-05
SESN3	sestrin 3	2.783	2.3E-03	2.1E-02
KAZN	kazrin, periaplan interacting protein	2.790	1.6E-11	7.1E-09
CYP7B1	cytochrome P450 family 7 subfamily B member 1	2.790	4.7E-04	6.9E-03
FNDC10	fibronectin type III domain containing 10	2.796	6.2E-08	6.5E-06
GPC4	glypican 4	2.797	7.9E-04	9.9E-03
TBC1D16	TBC1 domain family member 16	2.799	9.1E-05	2.1E-03
ACP5	acid phosphatase 5, tartrate resistant	2.814	8.9E-06	3.5E-04
FCRLA	Fc receptor like A	2.818	1.2E-07	1.1E-05
HIST1H3G	histone cluster 1 H3 family member g	2.821	2.5E-04	4.3E-03
LURAP1	leucine rich adaptor protein 1	2.822	1.5E-05	5.4E-04
VAMP8	vesicle associated membrane protein 8	2.825	6.0E-05	1.5E-03
BMT2	base methyltransferase of 25S rRNA 2 homolog	2.830	2.2E-04	3.9E-03
SLC17A9	solute carrier family 17 member 9	2.831	5.4E-05	1.4E-03
CSPG4	chondroitin sulfate proteoglycan 4	2.842	4.2E-06	2.0E-04
VAV3	vav guanine nucleotide exchange factor 3	2.844	4.1E-03	3.0E-02
IL12RB2	interleukin 12 receptor subunit beta 2	2.849	1.1E-04	2.4E-03
HENMT1	HEN methyltransferase 1	2.852	9.6E-04	1.1E-02
CCNA1	cyclin A1	2.855	3.6E-10	8.7E-08
TRIM63	tripartite motif containing 63	2.859	2.2E-03	2.0E-02
MERTK	MER proto-oncogene, tyrosine kinase	2.868	7.0E-03	4.2E-02
SLC2A11	solute carrier family 2 member 11	2.871	2.4E-05	7.5E-04
GLB1L2	galactosidase beta 1 like 2	2.871	4.3E-06	2.0E-04
BCL2A1	BCL2 related protein A1	2.875	5.3E-02	1.2E-01
CKMT1A	creatine kinase, mitochondrial 1A	2.901	3.3E-06	1.6E-04
GNF7	G protein subunit gamma 7	2.907	6.0E-05	1.5E-03
NFATC2	nuclear factor of activated T cells 2	2.922	4.1E-03	3.0E-02
OCA2	OCA2 melanosomal transmembrane protein	2.923	5.1E-04	7.2E-03
ENOSF1	enolase superfamily member 1	2.931	1.9E-05	6.3E-04
MITF	melanocyte inducing transcription factor	2.931	7.6E-03	4.4E-02
GRAMD4	GRAM domain containing 4	2.933	9.4E-03	4.9E-02
BMP7	bone morphogenetic protein 7	2.947	2.7E-07	2.1E-05
COL19A1	collagen type XIX alpha 1 chain	2.950	9.5E-03	5.0E-02
SGCD	sarcoglycan delta	2.970	1.8E-03	1.7E-02
OSR1	odd-skipped related transcription factor 1	2.976	4.0E-02	1.0E-01
MASP1	mannan binding lectin serine peptidase 1	2.979	1.9E-02	7.2E-02
PTPN3	protein tyrosine phosphatase non-receptor type 3	2.984	1.9E-04	3.5E-03
ZNF280B	zinc finger protein 280B	3.010	2.8E-04	4.7E-03
GABARAPL1	GABA type A receptor associated protein like 1	3.011	2.6E-04	4.5E-03
RXRG	retinoid X receptor gamma	3.018	1.6E-04	3.2E-03
H2AFJ	H2A histone family member J	3.021	8.2E-07	5.4E-05
SLCO2B1	solute carrier organic anion transporter family member 2B1	3.035	2.1E-06	1.1E-04
IDH2	isocitrate dehydrogenase (NADP(+)) 2, mitochondrial	3.036	1.2E-11	5.8E-09
ATP10B	ATPase phospholipid transporting 10B (putative)	3.041	5.2E-05	1.4E-03
P3H2	prolyl 3-hydroxylase 2	3.041	1.0E-02	5.1E-02
LXN	latexin	3.044	1.0E-02	5.1E-02
TSTD1	thiosulfate sulfurtransferase like domain containing 1	3.045	1.6E-04	3.1E-03
ITGA9	integrin subunit alpha 9	3.053	1.0E-07	9.8E-06
LAMA4	laminin subunit alpha 4	3.056	9.7E-07	6.1E-05
NDN	necdin, MAGe family member	3.066	2.3E-05	7.2E-04
FN1	fibronectin 1	3.075	1.4E-02	6.1E-02
CYP27A1	cytochrome P450 family 27 subfamily A member 1	3.077	2.4E-02	8.0E-02
TGFBR3	transforming growth factor beta receptor 3	3.088	9.1E-04	1.1E-02
CEACAM5	carcinoembryonic antigen related cell adhesion molecule 5	3.095	4.4E-03	3.1E-02
BIRC7	baculoviral IAP repeat containing 7	3.108	3.0E-10	7.6E-08
CTNBP1	catenin beta interacting protein 1	3.120	5.3E-10	1.2E-07
TRIB2	tribbles pseudokinase 2	3.126	1.8E-04	3.5E-03

**Supplementary Table 1 (3/4).** 400 top differentially expressed genes in BRAF<sup>V600E</sup> vs. NRAS<sup>Q61R</sup> mutant cells.

Symbol	Gene description	log <sub>2</sub> FC	p-value	adj.p-value
FYN	FYN proto-oncogene, Src family tyrosine kinase	3.133	9.3E-12	5.2E-09
HTR2B	5-hydroxytryptamine receptor 2B	3.135	9.1E-04	1.1E-02
ALDH1A1	aldehyde dehydrogenase 1 family member A1	3.161	4.7E-04	6.8E-03
SPRR2D	small proline rich protein 2D	3.179	1.7E-05	5.8E-04
PSCA	prostate stem cell antigen	3.184	1.3E-04	2.7E-03
DAPK1	death associated protein kinase 1	3.193	1.2E-07	1.1E-05
ABC5	ATP binding cassette subfamily B member 5	3.197	2.8E-04	4.7E-03
GDF15	growth differentiation factor 15	3.210	2.1E-07	1.7E-05
CST1	cystatin SN	3.212	1.1E-02	5.3E-02
QPRT	quinolinate phosphoribosyltransferase	3.245	5.9E-06	2.6E-04
SYNM	synemin	3.251	3.6E-07	2.7E-05
KREMEN1	kringle containing transmembrane protein 1	3.256	3.2E-12	2.0E-09
MMP17	matrix metalloproteinase 17	3.257	4.4E-06	2.0E-04
A2M	alpha-2-macroglobulin	3.265	1.7E-04	3.3E-03
DIPK1B	divergent protein kinase domain 1B	3.268	3.3E-05	9.6E-04
PYCARD	PYD and CARD domain containing	3.273	4.4E-05	1.2E-03
SIRPA	signal regulatory protein alpha	3.303	4.0E-03	2.9E-02
IGFBP7	insulin like growth factor binding protein 7	3.305	8.3E-05	1.9E-03
BAMBI	BMP and activin membrane bound inhibitor	3.315	9.4E-05	2.1E-03
FRMD4B	FERM domain containing 4B	3.324	4.2E-03	3.0E-02
GPRC5B	G protein-coupled receptor class C group 5 member B	3.327	6.3E-14	7.1E-11
ABCC2	ATP binding cassette subfamily C member 2	3.329	8.6E-04	1.0E-02
PCDH7	protocadherin 7	3.339	4.2E-07	3.1E-05
SLC14A4	solute carrier family 1 member 4	3.354	3.9E-03	2.9E-02
APOE	apolipoprotein E	3.372	8.5E-07	5.5E-05
MIR6809	microRNA 6809	3.374	5.0E-07	3.6E-05
ZNF518B	zinc finger protein 518B	3.376	1.9E-05	6.3E-04
PI15	peptidase inhibitor 15	3.387	2.8E-04	4.7E-03
LAMA1	laminin subunit alpha 1	3.414	1.4E-02	6.2E-02
SLC45A2	solute carrier family 45 member 2	3.434	7.8E-04	9.8E-03
IGSF11	immunoglobulin superfamily member 11	3.435	2.4E-05	7.5E-04
ITIH5	inter-alpha-trypsin inhibitor heavy chain 5	3.439	1.7E-08	2.3E-06
ADAMTS17	ADAM metalloproteinase with thrombospondin type 1 motif 17	3.440	1.7E-13	1.7E-10
MYLIP	myosin regulatory light chain interacting protein	3.445	7.9E-07	5.2E-05
TNFRSF14	TNF receptor superfamily member 14	3.454	9.4E-05	2.1E-03
TBX2	T-box 2	3.462	1.7E-08	2.4E-06
SCML4	Scm polycomb group protein like 4	3.483	4.4E-06	2.0E-04
PDE4B	phosphodiesterase 4B	3.505	1.8E-07	1.5E-05
SCIN	scinderin	3.528	7.1E-03	4.2E-02
PCSK2	proprotein convertase subtilisin/kexin type 2	3.546	1.1E-03	1.2E-02
GOLPH3L	golgi phosphoprotein 3 like	3.565	5.8E-11	2.0E-08
CPN1	carboxypeptidase N subunit 1	3.571	9.0E-04	1.1E-02
DAAM2	dishevelled associated activator of morphogenesis 2	3.598	9.7E-04	1.1E-02
NEO1	neogenin 1	3.618	9.4E-07	6.0E-05
BAIAP2L2	BAI1 associated protein 2 like 2	3.626	9.7E-05	2.2E-03
HAS2	hyaluronan synthase 2	3.634	1.5E-03	1.5E-02
PMP2	peripheral myelin protein 2	3.644	1.1E-03	1.2E-02
PLXNC1	plexin C1	3.676	2.9E-03	2.4E-02
CTSH	cathepsin H	3.679	7.8E-03	4.4E-02
SOX6	SRY-box 6	3.698	2.2E-05	7.1E-04
MMP8	matrix metalloproteinase 8	3.725	1.7E-02	6.8E-02
CTSK	cathepsin K	3.732	2.0E-04	3.7E-03
SDC3	syndecan 3	3.733	5.9E-03	3.7E-02
SLC27A3	solute carrier family 27 member 3	3.747	3.3E-04	5.3E-03
GMPR	guanosine monophosphate reductase	3.758	2.1E-03	1.9E-02
PRDM7	PR/SET domain 7	3.762	7.2E-05	1.7E-03
NRCAM	neuronal cell adhesion molecule	3.797	6.5E-05	1.6E-03
LGALS3	galectin 3	3.799	8.6E-03	4.7E-02
RUNX3	RUNX family transcription factor 3	3.850	5.6E-06	2.5E-04
CARD16	caspase recruitment domain family member 16	3.890	1.9E-05	6.4E-04
C1orf21	chromosome 1 open reading frame 21	3.908	4.1E-08	4.8E-06
IRF4	interferon regulatory factor 4	3.921	6.1E-07	4.2E-05
ENTPD1	ectonucleoside triphosphate diphosphohydrolase 1	3.992	1.2E-03	1.3E-02
RCN3	reticulocalbin 3	4.009	7.2E-06	3.0E-04
DCT	dopachrome tautomerase	4.019	1.6E-02	6.5E-02
SNX10	sorting nexin 10	4.020	2.1E-04	3.9E-03
ST6GALNAC2	ST6 N-acetylgalactosaminide alpha-2,6-sialyltransferase 2	4.022	6.3E-06	2.7E-04
BEST1	bestrophin 1	4.025	7.5E-04	9.5E-03
GYG2	glycogenin 2	4.045	4.6E-03	3.2E-02
C10orf90	chromosome 10 open reading frame 90	4.059	1.3E-03	1.4E-02
TTYH2	tweety family member 2	4.109	1.3E-07	1.2E-05
CELF2	CUGBP Elav-like family member 2	4.118	2.4E-05	7.5E-04
FXYD3	FXD domain containing ion transport regulator 3	4.155	2.3E-05	7.3E-04
S100B	S100 calcium binding protein B	4.183	1.0E-03	1.2E-02
TMTC1	transmembrane and tetratricopeptide repeat containing 1	4.234	2.2E-05	7.1E-04
GAPDH5	glyceraldehyde-3-phosphate dehydrogenase, spermatogenic	4.266	9.4E-04	1.1E-02
S100A1	S100 calcium binding protein A1	4.297	2.4E-06	1.3E-04
GPR143	G protein-coupled receptor 143	4.409	8.4E-04	1.0E-02
LINC00504	long intergenic non-protein coding RNA 504	4.411	3.3E-03	2.6E-02
SLC16A6	solute carrier family 16 member 6	4.424	1.5E-03	1.5E-02
TYRP1	tyrosinase related protein 1	4.512	2.4E-05	7.5E-04
CAPN3	calpain 3	4.590	1.7E-03	1.7E-02
GJB1	gap junction protein beta 1	4.745	2.9E-04	4.8E-03
SEMA6A	semaphorin 6A	4.900	5.6E-08	6.3E-06
GNPMB	glycoprotein nmb	5.065	1.5E-04	3.1E-03
PLA1A	phospholipase A1 member A	5.078	5.0E-04	7.1E-03
TYR	tyrosinase	5.101	6.5E-06	2.8E-04
ERBB3	erb-b2 receptor tyrosine kinase 3	5.230	6.7E-11	2.2E-08
SLC24A5	solute carrier family 24 member 5	5.237	1.8E-04	3.5E-03
TSPAN7	tetraspanin 7	5.275	2.7E-06	1.4E-04
KCNAB2	potassium voltage-gated channel subfamily A regulatory beta subunit 2	5.288	1.4E-05	4.9E-04
CEACAM1	carcinoembryonic antigen related cell adhesion molecule 1	5.312	3.9E-03	2.9E-02
APOD	apolipoprotein D	5.366	1.8E-04	3.5E-03
CAPG	capping actin protein, gelsolin like	5.573	2.7E-07	2.1E-05
QPCT	glutamyl-peptide cyclotransferase	5.621	1.1E-03	1.2E-02
SLC7A8	solute carrier family 7 member 8	5.964	1.9E-05	6.4E-04
MLANA	melan-A	6.195	1.6E-03	1.6E-02
MBP	myelin basic protein	6.244	1.0E-07	9.8E-06
PLP1	proteolipid protein 1	6.412	2.4E-19	3.3E-15
PMEL	premelanosome protein	6.797	1.4E-04	2.9E-03

**Supplementary Table 1 (4/4).** 400 top differentially expressed genes in BRAF<sup>V600E</sup> vs. NRAS<sup>Q61R</sup> mutant cells.













Downregulated in NRAS <sup>Q61R</sup> and BRAF <sup>V600E</sup> mutant cells		
ABL2	ITPKB	TRIM41
ADAM23	ITPRID2	TRIM65
ADAMTS16	JMJD4	TRIM66
ADARB1	KIAA2013	TRIO
ADCYAP1R1	KLHL25	TRRAP
AFF1-AS1	KLHL33	TXNIP
ALG12	LMNB2	UBAP1L
AMDHD2	LPO	UBE2O
AMER1	LRIF1	UGGT2
ANGPT4	LTBP2	USP31
ANKRD17	LZTS2	USP40
ANKRD20A3	MAB21L2	USP53
ANKRD36B	MAGEL2	VPS13C
ARAP1	MAPK8IP3	VPS37D
ARHGAP11B	MARCK2	VWVC1
ARHGAP17	MEX3C	ZBTB18
ARHGAP32	MKI67	ZBTB24
ARHGAP40	MMEL1	ZBTB39
ARHGEF1	MRPL33	ZFXH3
ARHGFE26	MSL1	ZFP69
ATRX	MTLN	ZNF107
AUTS2	MZF1	ZNF142
BBS9	NAA40	ZNF175
BORCS5	NACC1	ZNF275
BTBD7	NANOG	ZNF283
C1QTNF3-AMACR	NBPF10	ZNF292
C22orf46	NBPF14	ZNF304
C2orf81	NBPF8	ZNF316
C8orf58	NCOA6	ZNF318
CAPN10	NEK10	ZNF35
CAPN3	NES	ZNF462
CCL25	NEURL4	ZNF574
CD8B	NLRP1	ZNF624
CDAN1	NPIP6	ZNF646
CD42BPA	NPIP8	ZNF652
CDKL1	NPIP9	ZNF730
CDKN1B	NPL	ZNF774
CEP97	NR2C2	ZNF775
CERK	OGA	ZNF777
CHGA	OPRL1	
CHRM4	PCDH9	
CMTM4	PGAP1	
CNKSR3	PGBD2	
CNPY1	PHOSPHO2-KLHL23	
CRB1	PI4KB	
CSF1R	PIF1	
CUX1	PIK3R4	
DCST1	PLD5	
DDHD1	PLEKHM3	
DDR1	PNLIPRP2	
DEFB113	PRDM11	
DIAPH1	PROSER2	
DLEU2	PRR14L	
DMPK	PRRG2	
DMRTA1	PRSS53	
DOCK4	PSG5	
DOP1A	PTRJ	
DUSP19	PTRUJ	
DUSP7	PUS7L	
DVL1	PYM1	
DYNC2L1	PZP	
EZF8	RBP3	
EDRF1	RC3H2	
EFNA1	RDH5	
EFNB1	REL	
EFNB2	RNASEL	
ELFN1	RNF145	
ELP1	RNF180	
FAM156B	ROPN1L	
FAM160B1	RPS6KC1	
FAM200A	SARM1	
FANCF	SCG2	
FBXO30	SCUBE2	
FGD4	SEMA3B	
FLVCR1	SERPINA11	
FUT2	SERTAD3	
FUT3	SETD1B	
GATA5	SFMBT2	
GATAD1	SLC25A35	
GK5	SLC29A4	
GOLGA8H	SLC4A5	
GPR135	SMCR8	
GRIP1	SNX15	
GSC	SNX27	
HABP4	SNX9	
HARBI1	SPATA13	
HAUS5	SPATA2	
HCP5	SPATA2L	
HERC2P3	STAG3L1	
HIST1H1B	SYNGAP1	
HIST1H2BM	TAB2	
HIST1H3A	TAF1A	
HIVEP3	TBC1D3	
HMGXB3	TBC1D3L	
HRCT1	TBX15	
HTT	TCAF2	
IFFO2	TMEM200A	
IL18BP	TMEM273	
INPP5J	TOB1	
IRF2BPL	TRAF1	

**Supplementary Table 2 (6/9). Downregulated genes in response to metabolic stress ( $\text{Log}_2\text{FC} < -0.265$ ) in NRAS<sup>Q61R</sup> and BRAF<sup>V600E</sup> mutant cells.**





Downregulated in BRAF <sup>V600E</sup> mutant cells						
SMC2	STYX	TIMM10	TPO	UBTFL1	YIPF4	ZNF589
SMC3	STYXL1	TIMM10B	TPPP3	UBXN1	YKT6	ZNF599
SMG6	SUCLA2	TIMM21	TPRXL	UBXN2A	YME1L1	ZNF606
SMIM10	SUGT1	TIMP1	TPTE2	UCK2	YTHDF1	ZNF607
SMIM10L2A	SULT1E1	TIMP4	TRAK2	UCKL1	ZACN	ZNF621
SMIM10L2B-AS1	SUN5	TINAG	TRAM1L1	UCN	ZADH2	ZNF622
SMIM11A	SUPT16H	TIPRL	TRAPP13	UCP1	ZAP70	ZNF641
SMIM2	SUPT3H	TK2	TRAPP2	UEVLD	ZBED2	ZNF658B
SMIM25	SURF1	TKTL2	TRAPP5	UFSP2	ZBED3	ZNF667
SMIM29	SURF2	TLDC2	TRAPP6B	UGGT1	ZBED6CL	ZNF680
SMIM29	SURF4	TLE1	TREH	UGT2B28	ZBED8	ZNF681
SMIM4	SVEP1	TLK1	TRHR	UGT2B7	ZBTB32	ZNF683
SMIM6	SWSAP1	TLK2	TRIL	UGT3A1	ZBTB33	ZNF687
SMN1	SWT1	TLL2	TRIM13	UNC119B	ZBTB40	ZNF688
SMPD1	SYCE1L	TLNRD1	TRIM17	UNC13C	ZBTB41	ZNF692
SMYD3	SYK	TLR2	TRIM26	UNC93A	ZBTB42	ZNF697
SNAP25	SYNPO2L	TM2D2	TRIM28	UQCR11	ZBTB49	ZNF70
SNAP47	SYT15	TM4SF1-AS1	TRIM31	UQCRH	ZBTB80S	ZNF701
SND1	SYT9	TM4SF18	TRIM39-RPP21	UQCRHL	ZC3H12A	ZNF705B
SNHG32	SZRD1	TM4SF19-TCTEX1D2	TRIM40	URAD	ZC3H18	ZNF708
SNRNP40	TAF7	TM4SF20	TRIM54	URM1	ZC3H6	ZNF709
SNRNP48	TAF7L	TM75F2	TRIM6-TRIM34	USF1	ZC3H7B	ZNF718
SNRPA1	TAF44	TM95F3	TRIM60	USP10	ZCCHC18	ZNF724
SNRPD2	TANC1	TMCO1	TRIM9	USP15	ZCCHC7	ZNF746
SNRPD3	TANGO2	TMEM114	TRIML1	USP16	ZCRB1	ZNF761
SNRPE	TANK	TMEM132D	TRMT13	USP17L24	ZDHH1	ZNF764
SNRPN	TARP	TMEM138	TRPA1	USP17L25	ZDHH11	ZNF765
SNB2	TARS2	TMEM159	TRPC5	USP17L28	ZDHH12	ZNF768
SNUPN	TAS2R4	TMEM161B	TRPM8	USP17L7	ZDHH17	ZNF77
SNX1	TAS2R42	TMEM167A	TSEN34	USP21	ZDHH19	ZNF773
SNX10	TASP1	TMEM173	TSN	USP27X	ZDHH3	ZNF780A
SNX11	TATDN3	TMEM178A	TSNARE1	USP34	ZDHH7	ZNF785
SNX14	TBC1D16	TMEM178B	TSNAX	USP37	ZFP36	ZNF788B
SNX2	TBC1D2	TMEM181	TSNAX-DISC1	USP39	ZFP37	ZNF790
SNX7	TBC1D20	TMEM184A	TSNAXIP1	USP43	ZFP91	ZNF816
SOAT2	TBC1D22A	TMEM187	TSNAX33	USP6NL	ZFP91-CNTF	ZNF829
SOC53	TBC1D31	TMEM189-UBE2V1	TSPY3	USP8	ZG16	ZNF839
SOD1	TBC1D3C	TMEM191B	TSPY8	USP9X	ZGRF1	ZNF862
SOD2	TBC1D3H	TMEM191C	TSPYL1	VAMP3	ZIC1	ZNF865
SOHLH2	TBC1D3P5	TMEM192	TSPYL5	VANGL1	ZKSCAN7	ZNF879
SORD	TBC1D5	TMEM198	TSSC4	VAPA	ZMAT4	ZNF880
SOST	TBC1D7	TMEM199	TST	VARS	ZMYND8	ZNF90
SOWAHB	TBCD	TMEM200C	TSTD2	VBP1	ZNF10	ZNF91
SOX1	TBL1XR1	TMEM205	TTBK1	VCL	ZNF101	ZNF92
SOX14	TBL3	TMEM206	TTC1	VCP	ZNF131	ZNF98
SOX30	TBP	TMEM209	TTC14	VCPKMT	ZNF157	ZNF99
SPAG5	TBX18	TMEM211	TTC19	VENTX	ZNF174	ZNF92
SPANXB1	TBXT	TMEM214	TTC21B	VEZT	ZNF182	ZP2
SPATA25	TCEAL4	TMEM220	TTC36	VGLL2	ZNF185	ZPB2
SPATA3	TCEAL5	TMEM225B	TTC37	VIPR1	ZNF189	ZRANB2
SPATA31A7	TCEANC2	TMEM231	TTC39A	VKORC1	ZNF197	ZSWIM4
SPATA45	TCEG1	TMEM240	TTC8	VMP1	ZNF208	ZSWIM5
SPATA7	TCLF5	TMEM243	TTC9	VN1R2	ZNF211	ZSWIM7
SPC25	TCIM	TMEM244	TTC9B	VN1R5	ZNF217	ZUP1
SPC52	TCP10L2	TMEM25	TTC9C	VOPP1	ZNF224	ZW10
SPDY66	TCTA	TMEM267	TTI1	VPREB1	ZNF225	
SPECC1L	TCTE1	TMEM30A	TTI2	VPS13A	ZNF251	
SPG21	TCTEX1D2	TMEM30B	TTK	VPS16	ZNF257	
SPINK4	TDFG1	TMEM35B	TTL10	VPS4B	ZNF263	
SPIRE1	TDO2	TMEM37	TTL3	VSIG10L	ZNF264	
SPOPL	TDRD1	TMEM39B	TTL4	VSIG2	ZNF266	
SPOUT1	TECRL	TMEM41A	TUB	VSTM1	ZNF267	
SPRR2D	TEDDM1	TMEM42	TUBA3C	VTN	ZNF268	
SPRR4	TEKT1	TMEM45A	TUBB	VWA3B	ZNF273	
SPRTRN	TEKT2	TMEM52B	TUT1	VWA7	ZNF274	
SPTBN5	TEKT4	TMEM54	TVP23A	WASF2	ZNF276	
SPTLC1	TERF1	TMEM61	TVP23B	WASHC1	ZNF280D	
SPTS5B	TERF2IP	TMEM62	TWF2	WASHC2C	ZNF302	
SRD5A3	TESPA1	TMEM65	TWIST2	WASHC4	ZNF324B	
SRLF81	TEX26	TMEM69	TXLNB	WDFY1	ZNF329	
SRP14	TEX28	TMEM74	TXN	WDR19	ZNF331	
SRP19	TEX30	TMEM86B	TXN2	WDR35	ZNF337	
SRRM3	TEX46	TMEM97	TXNDC15	WDR41	ZNF33A	
SRRM5	TFAM	TMPRSS11A	TXNDC5	WDR47	ZNF354A	
SSB	TFAP2E	TMPRSS6	TXNDC9	WDR62	ZNF391	
SSBP2	TFCP2	TMSB15A	TYM5	WDR7	ZNF431	
SSC4D	TFCP2L1	TMTC2	TYR	WDR74	ZNF436	
SSH2	TFDP3	TMX1	TYRP1	WDR89	ZNF438	
SSR4	TFEC	TNFRSF13C	TYSD1	WDR92	ZNF440	
SSTR2	TFPT	TNFSF13B	UAP1L1	WDSUB1	ZNF442	
SSTR3	TGFA	TNIP3	UBA52	WFD10B	ZNF45	
SSX2	TGFB2	TNP1	UBA6	WIP1	ZNF474	
SSX2B	TGFB3	TNS2	UBAC1	WNK2	ZNF479	
SSX6P	TGIF2	TNXB	UBD	WNK3	ZNF491	
ST13	TGM1	TOGARAM2	UBE2D3-AS1	WNT10B	ZNF492	
ST3GAL4	TGM2	TOMM20	UBE2E1	WNT16	ZNF510	
ST8SIA6	THAP2	TOMM20L	UBE2E3	WSB1	ZNF525	
STAG3L3	THAP7-AS1	TOMM34	UBE2G1	XIRP1	ZNF529	
STAM2	THAP8	TOMM7	UBE2H	XPA	ZNF529-AS1	
STAR5D	THBS4	TOMM70	UBE2NL	XPNEP1	ZNF534	
STAR5D6	THEG	TOP3A	UBE2Q2L	XPO6	ZNF544	
STATH	THEG5	TOP3B	UBE2S	XPOT	ZNF547	
STK10	THEGL	TOPAZ1	UBE2U	XRCC5	ZNF548	
STK31	THEM6	TOR1A	UBL3	XRCC6	ZNF552	
STK33	THEMIS2	TOR2A	UBL4B	YAE1	ZNF57	
STK36	THNSL1	TOX3	UBL5	YAF2	ZNF572	
STOM	THOC6	TP53INP1	UBLCP1	YARS	ZNF576	
STX17	THSD4	TP53TG3D	UBQLN3	YDJC	ZNF582	
STXBP2	TIAM2	TP73-AS1	UBQLN4	YEATS2	ZNF585A	
STYK1	TIGD2	TPBG	UBR5	YIF1B	ZNF587B	

**Supplementary Table 2 (9/9). Downregulated genes in response to metabolic stress ( $\text{Log}_2\text{FC} < -0.265$ ) in BRAF<sup>V600E</sup> mutant cells.**

Protein	Description	SKMe103				UACC903			
		High Gluc.	w/o Gluc.	High Gluc. + SF	w/o Gluc. + SF	High Gluc.	w/o Gluc.	High Gluc. + SF	w/o Gluc. + SF
ACTB	Actin, cytoplasmic 1	0	21	4	11	3	4	3	5
AHNAK	Neuroblast differentiation-associated protein AHNAK	0	0	0	0	5	7	12	6
AKAP2	A-kinase anchor protein 2	17	8	11	5	0	0	2	0
ALB	Serum albumin	8	0	4	14	15	2	5	7
ANXA2	Annexin A2	0	12	1	6	0	0	0	0
ATXN2	Ataxin-2	1	13	3	9	6	6	6	5
ATXN2L	Ataxin-2-like protein	26	31	25	27	49	44	52	38
BAG3	BAG family molecular chaperone regulator 3	115	55	102	80	114	111	121	117
BCLAF1	Bcl-2-associated transcription factor 1	40	28	42	12	36	36	29	21
BRD4	Bromodomain-containing protein 4	19	16	19	21	17	17	18	14
C20orf27	UPF0687 protein C20orf27	10	16	8	11	4	7	5	6
CALM1	Calmodulin-1	20	14	21	21	17	19	17	19
CALU	Calumenin	4	0	6	2	8	9	10	10
CAMSAP2	Calmodulin-regulated spectrin-associated protein 2	1	11	1	9	0	0	0	0
CASC3	Protein CAS3	15	10	15	11	12	11	15	14
CCAR2	Cell cycle and apoptosis regulator protein 2	8	29	7	0	5	6	4	4
CDC50	Coiled-coil domain-containing protein 50	53	29	53	47	47	46	55	53
CDC6	Coiled-coil domain-containing protein 6	24	22	30	34	7	9	12	22
CDC9	Coiled-coil domain-containing protein 9	18	8	19	14	16	14	14	20
CDC97	Coiled-coil domain-containing protein 97	6	6	11	5	6	7	7	6
CCT2	T-complex protein 1 subunit beta	0	12	0	3	0	0	0	0
CDC37	Hsp90 co-chaperone Cdc37	10	7	10	10	6	7	9	8
CDK11B	Cyclin-dependent kinase 11B	0	16	3	16	0	0	2	0
CDK12	Cyclin-dependent kinase 12	2	17	3	0	5	5	5	4
CEP170	Centrosomal protein of 170 kDa	14	27	16	7	45	45	38	42
CEP55	Centrosomal protein of 55 kDa	8	5	11	6	9	11	16	15
CKAP4	Cytoskeleton-associated protein 4	32	35	32	37	30	32	32	33
CKS2	Cyclin-dependent kinases regulatory subunit 2	11	11	12	8	9	6	7	6
CLPB	Caseinolytic peptidase B protein homolog	0	10	0	2	0	0	0	0
CNN2	Calponin-2	7	2	7	2	11	5	9	3
CORO1C	Coronin-1C	1	14	2	8	0	0	0	0
CPSF6	Cleavage and polyadenylation specificity factor subunit 6	18	24	18	15	16	18	18	15
CPSF7	Cleavage and polyadenylation specificity factor subunit 7	12	18	11	13	13	14	10	11
CSRP2	Cysteine and glycine-rich protein 2	12	11	13	9	2	4	2	6
CSTF2	Cleavage stimulation factor subunit 2	11	6	13	9	7	5	10	6
CTTN	Src substrate cortactin	69	65	78	69	83	75	82	75
CWC22	Pre-mRNA-splicing factor CWC22 homolog	4	12	3	16	4	4	2	2
CYR61	Protein CYR61	45	31	36	30	15	11	13	18
DAP	Death-associated protein 1	19	8	17	11	2	5	5	10
DBR1	Lariat debranching enzyme	6	15	5	12	4	3	3	4
DDX1	OS=Homo sapiens OX=9606 GN=DDX1 PE=1 SV=2	0	16	0	6	2	3	1	1
DDX18	ATP-dependent RNA helicase DDX18	0	13	0	5	0	0	0	0
DDX3X	ATP-dependent RNA helicase DDX3X	0	32	0	16	0	1	0	0
DDX42	ATP-dependent RNA helicase DDX42	21	46	19	44	24	24	22	22
DDX47	Probable ATP-dependent RNA helicase DDX47	1	15	1	6	0	0	0	0
DDX6	Probable ATP-dependent RNA helicase DDX6	3	24	1	7	1	2	1	1
DHX15	Pre-mRNA-splicing factor ATP-dependent RNA helicase DHX15	6	50	5	20	2	2	2	3
DHX30	ATP-dependent RNA helicase DHX30	0	15	0	1	0	0	0	0
DHX36	ATP-dependent DNA/RNA helicase DHX36	1	20	0	5	1	2	0	1
DHX38	Pre-mRNA-splicing factor ATP-dependent RNA helicase PRP16	0	21	0	12	0	2	0	1
DNAJA1	Dnaj homolog subfamily A member 1	16	10	14	13	14	17	17	24
DNAJB11	Dnaj homolog subfamily B member 11	6	7	4	3	8	13	10	10
ECM1	Extracellular matrix protein 1	18	6	16	11	44	41	49	48
EEF1A1	Elongation factor 1-alpha 1	17	24	19	25	21	16	17	13
ELAVL1	ELAV-like protein 1	3	12	1	7	0	1	1	1
ELOA	Elongin-A	6	11	7	6	11	11	13	11
FAU	40S ribosomal protein S30	6	6	7	6	10	9	11	11
FIP111	Pre-mRNA 3'-end-processing factor FIP1	21	13	21	8	30	33	29	18
FUBP1	Far upstream element-binding protein 1	9	3	13	7	4	5	5	4
GAPDH	Glyceraldehyde-3-phosphate dehydrogenase	7	12	8	5	8	9	6	5
GPATCH4	G patch domain-containing protein 4	11	7	6	3	21	22	20	10
GNPMB	Transmembrane glycoprotein NMB	0	0	0	0	11	12	8	9
GRN	Granulins	26	18	21	19	31	30	33	29
HEXIM1	Protein HEXIM1	16	12	12	16	32	22	27	32
HEXIM2	Protein HEXIM2	4	0	4	2	10	12	15	12
HLA-DRB1	HLA class II histocompatibility antigen, DRB1-1 beta chain	0	2	0	0	10	10	9	8
HMG1	High mobility group protein B1	13	4	13	9	6	5	11	8
HMG2	High mobility group protein B2	8	2	10	7	0	0	3	0
HMMR	Hyaluronan mediated motility receptor	25	12	22	17	20	17	19	17
HNRNPH1	Heterogeneous nuclear ribonucleoprotein H	4	19	3	13	6	8	4	4
HNRNPL	Heterogeneous nuclear ribonucleoprotein L	8	33	13	26	10	13	13	6
HNRNPLL	Heterogeneous nuclear ribonucleoprotein L-like	2	13	3	9	0	2	2	3
HNRNPU	Heterogeneous nuclear ribonucleoprotein U	25	51	30	47	15	24	19	21
HOMER3	Homer protein homolog 3	11	8	6	5	6	5	4	4
HOXC4	Homeobox protein Hox-C4	16	7	18	9	14	12	12	14
HSP90AA1	Heat shock protein HSP 90-alpha	13	19	22	21	6	11	12	12
HSP90AB1	Heat shock protein HSP 90-beta	14	17	19	18	13	17	21	19
HSPA1A	Heat shock 70 kDa protein 1A	0	13	0	13	9	11	0	4
HSPA2	Heat shock-related 70 kDa protein 2	0	0	0	0	0	11	0	0
HSPA5	Endoplasmic reticulum chaperone BIP	26	31	30	20	42	44	34	40
HSPA8	Heat shock cognate 71 kDa protein	24	50	28	40	31	35	27	23
IGF2BP2	Insulin-like growth factor 2 mRNA-binding protein 2	2	15	4	9	4	5	2	1
ILF3	Interleukin enhancer-binding factor 3	2	16	3	9	0	0	0	0
IMPDH2	Inosine-5'-monophosphate dehydrogenase 2	0	18	0	22	1	0	0	2
KAZN	Kazrin	0	0	0	0	11	8	11	9
KIF5B	Kinesin-1 heavy chain	3	19	1	16	1	1	1	1
KNOP1	Lysine-rich nucleolar protein 1	8	6	6	9	12	10	8	6
KRT1	Keratin, type II cytoskeletal 1	33	15	23	40	16	7	27	39
KRT10	Keratin, type I cytoskeletal 10	20	8	15	21	14	12	18	28
KRT13	Keratin, type I cytoskeletal 13	0	0	0	0	0	0	0	14
KRT14	Keratin, type I cytoskeletal 14	24	0	0	7	0	0	0	8
KRT16	Keratin, type I cytoskeletal 16	34	0	0	8	0	0	0	8
KRT17	Keratin, type I cytoskeletal 17	13	0	0	0	0	0	0	0
KRT2	Keratin, type II cytoskeletal 2 epidermal	9	4	5	24	6	3	9	27
KRT4	Keratin, type II cytoskeletal 4	0	0	0	0	0	0	0	14
KRT5	Keratin, type II cytoskeletal 5	10	0	0	4	0	0	0	9
KRT6B	Keratin, type II cytoskeletal 6B	23	0	0	7	0	0	0	10
KRT6C	Keratin, type II cytoskeletal 6C	23	0	0	0	0	0	0	0
KRT9	Keratin, type I cytoskeletal 9	21	4	8	35	6	3	20	12
LANCL2	LanC-like protein 2	2	11	1	7	0	1	1	2

Supplementary Table 3 (1/3). LC-MS/MS obtained peptide counts. Gluc.=Glucose, SF=Sorafenib



Protein	Description	SKMe103				UACC903			
		High Gluc.	w/o Gluc.	High Gluc. + SF	w/o Gluc. + SF	High Gluc.	w/o Gluc.	High Gluc. + SF	w/o Gluc. + SF
SF3A3	Splicing factor 3A subunit 3	25	26	19	26	18	18	15	17
SF3B1	Splicing factor 3B subunit 1	7	53	1	39	2	2	3	5
SF3B2	Splicing factor 3B subunit 2	55	50	56	59	40	61	42	40
SF3B3	Splicing factor 3B subunit 3	10	48	8	33	3	5	0	4
SF3B4	Splicing factor 3B subunit 4	19	21	17	10	18	16	11	11
SF3B5	Splicing factor 3B subunit 5	10	9	8	9	7	7	6	10
SFPQ	Splicing factor, proline- and glutamine-rich	90	95	88	103	102	105	89	89
SKP1	S-phase kinase-associated protein 1	12	4	9	9	5	6	7	8
SLC9A3R2	Na(+)/H(+) exchange regulatory cofactor NHE-RF2	26	17	28	26	29	27	29	29
SMAP	Small acidic protein	19	14	19	16	9	10	8	16
SMARCC1	SWI/SNF complex subunit SMARCC1	1	10	0	9	0	3	0	0
SMARCE1	SWI/SNF matrix-associating actin-dependent regulator of chromatin E1	12	10	11	9	13	14	12	10
SNRPA1	U2 small nuclear ribonucleoprotein A'	3	6	3	10	4	4	4	7
SNW1	SNW domain-containing protein 1	15	15	12	25	11	16	15	22
SORBS2	Sorbin and SH3 domain-containing protein 2	6	5	5	3	17	13	11	13
SOX10	Transcription factor SOX-10	17	15	18	14	20	24	26	19
SOX5	Transcription factor SOX-5	0	0	0	0	8	8	7	6
SPATS2L	SPATS2-like protein	6	15	7	6	8	10	11	12
SPTY2D1	Protein SPT2 homolog	11	3	9	5	7	6	10	8
SRPK1	SRSF protein kinase 1	12	22	13	17	4	6	6	7
SRPK2	SRSF protein kinase 2	0	10	0	8	4	3	4	7
SRRM1	Serine/arginine repetitive matrix protein 1	6	2	8	25	5	7	6	14
SRRT	Serrate RNA effector molecule homolog	8	23	7	19	4	12	5	8
SYNJ2	Synaptojanin-2	0	10	0	3	0	0	0	0
SYNM	Synemin	0	0	0	0	11	8	6	4
TAO1	Serine/threonine-protein kinase TAO1	0	14	3	7	2	0	2	2
TCF20	Transcription factor 20	0	0	0	0	12	7	7	4
THRAP3	Thyroid hormone receptor-associated protein 3	23	23	32	7	33	36	24	20
TJAP1	Tight junction-associated protein 1	17	9	16	15	20	21	19	19
TJP1	Tight junction protein ZO-1	11	27	15	16	6	6	6	2
TJP2	Tight junction protein ZO-2	22	34	29	31	2	4	2	2
TMA16	Translation machinery-associated protein 16	17	14	17	17	26	21	23	23
TMSB4X	Thymosin beta-4	8	5	10	10	5	5	8	7
TNIP1	TNFAIP3-interacting protein 1	14	5	14	7	10	10	10	9
TOP1	DNA topoisomerase 1	17	41	14	33	7	18	8	9
TPM1	Tropomyosin alpha-1 chain	8	0	10	0	8	9	8	8
TPM3	Tropomyosin alpha-3 chain	16	8	17	14	12	14	15	16
TPM4	Tropomyosin alpha-4 chain	20	13	26	18	14	17	11	17
TPX2	Targeting protein for Xklp2	33	15	25	23	17	21	22	18
TRA2B	Transformer-2 protein homolog beta	17	7	15	9	14	13	10	8
TRIM28	Transcription intermediary factor 1-beta	2	12	4	4	0	3	1	1
TSR1	Pre-rRNA-processing protein TSR1 homolog	5	28	6	21	3	6	3	2
TUBA1B	Tubulin alpha-1B chain	0	30	13	23	11	15	0	16
TUBA1C	Tubulin alpha-1C chain	11	32	13	24	0	13	0	0
TUBB	Tubulin beta chain	23	48	20	38	17	18	14	15
TUBB2A	Tubulin beta-2A chain	0	32	0	0	0	0	0	0
TUBB4B	Tubulin beta-4B chain	21	42	20	38	15	16	12	13
TUBB6	Tubulin beta-6 chain	0	13	0	10	0	0	0	0
TUFM	Elongation factor Tu, mitochondrial	14	35	12	27	12	18	13	18
U2AF2	Splicing factor U2AF 65 kDa subunit	10	20	9	16	8	11	7	10
U2SURP	U2 snRNP-associated SURP motif-containing protein	4	20	6	20	5	5	5	1
UBAP2	Ubiquitin-associated protein 2	5	12	7	9	12	13	10	8
UBAP2L	Ubiquitin-associated protein 2-like	40	28	36	30	33	28	32	25
USP7	Ubiquitin carboxyl-terminal hydrolase 7	0	27	0	10	1	2	1	2
VGLL4	Transcription cofactor vestigial-like protein 4	16	8	14	15	20	22	20	22
VIM	Vimentin	73	90	76	21	75	71	54	32
WBP11	WW domain-binding protein 11	18	12	15	23	12	18	12	29
WDR33	pre-mRNA 3' end processing protein WDR33	6	5	12	10	19	16	14	8
WDR82	WD repeat-containing protein 82	0	11	0	6	0	0	0	0
WTAP	Pre-mRNA-splicing regulator WTAP	15	9	18	11	19	15	16	13
WWTR1	WW domain-containing transcription regulator protein 1	27	16	32	19	20	17	20	21
YBX1	Nuclease-sensitive element-binding protein 1	28	14	21	16	18	14	24	17
YY1	Transcriptional repressor protein YY1	14	11	15	8	12	11	10	12
ZC3H4	Zinc finger CCCH domain-containing protein 4	18	23	33	32	20	28	23	17
ZFP91	E3 ubiquitin-protein ligase ZFP91	7	6	6	6	5	5	4	3
ZNF593	Zinc finger protein 593	9	5	11	7	9	10	10	7
ZNF787	Zinc finger protein 787	11	7	8	8	7	6	4	6

Supplementary Table 3 (3/3). LC-MS/MS obtained peptide counts. Gluc.=Glucose, SF=Sorafenib



	Score	Mr calc.	Delta	Sequence	Site Analysis
<b>S466</b>	53.7	1502.6766	-0.0001	NSFTPLSSNTIR	<b>Phospho S2 99.12%</b>
	33.1	1502.6766	-0.0001	NSFTPLSSNTIR	<b>Phospho T4 0.86%</b>
	16.1	1502.6766	-0.0001	NSFTPLSSNTIR	<b>Phospho S7 0.02%</b>
	14.2	1502.6643	0.0122	ASLRAKTSPEGAR	
	11.9	1502.6766	-0.0001	GSEGTDPDSLHKAPK	
	10	1502.6766	-0.0001	NSFTPLSSNTIR	<b>Phospho S8 0.00%</b>
	8.8	1501.6674	1.009	ASTHDSLAHGASLR	
	6.1	1502.6701	0.0064	YPIRSGMVSSGNR	
	5.4	1502.6766	-0.0001	NSFTPLSSNTIR	<b>Phospho S9 0.00%</b>
5	1502.6766	-0.0001	KSSINEQFVDTR		
<b>T468</b>	26.7	1658.7777	-0.0013	RNSFTPLSSNTIR	<b>Phospho T5 49.85%</b>
	26.6	1658.7777	-0.0013	RNSFTPLSSNTIR	<b>Phospho S3 49.05%</b>
	12.1	1658.7681	0.0082	IKSTNPGISIGDVAK	
	7.1	1658.7777	-0.0013	RNSFTPLSSNTIR	<b>Phospho S9 0.55%</b>
	5.8	1658.7699	0.0065	RLGSDLTSAQKEMK	
	5.8	1658.7699	0.0065	RLGSDLTSAQKEMK	
	4.8	1657.7865	0.9899	GGPLDFSSIPSAFK	
	3.3	1657.76	1.1064	ADIIASSDIEEFLR	
	2.9	1657.76	1.1064	ADIIASSDIEEFLR	
2.9	1658.7777	-0.0013	RNSFTPLSSNTIR	<b>Phospho S8 0.21%</b>	
<b>S483</b>	34.7	1862.9767	0.0011	NYSVGSRPLKPLSPLR	<b>Phospho S3 95.97%</b>
	20.9	1862.9767	0.0011	NYSVGSRPLKPLSPLR	<b>Phospho S6 3.99%</b>
	10.7	1862.9615	0.0163	SHLSLVGTASGLGSNKKK	
	6	1861.9646	1.0132	IDDGQGVSAIIGHSLPR	
	3.7	1862.9924	-0.0146	QEYETKLGMPASLR	
	3.5	1861.9597	1.0181	RMHTAVKLNIVTR	
	3.1	1862.9615	0.0163	SHLSLVGTASGLGSNKKK	
	3.1	1861.9777	1.0001	ISSISKIFVLMLYR	
	1.9	1862.9615	0.0164	AQLEKQAEISQAARK	
1.6	1862.9625	0.0153	LKNAYEEALDQLETVK		
<b>S486</b>	20.4	1862.9767	0.0007	NYSVGSRPLKPLSPLR	
	20.3	1862.9767	0.0007	NYSVGSRPLKPLSPLR	
	8.9	1862.9924	-0.0149	QEYETKLGMPASLR	
	7.2	1861.9646	1.0128	IDDGQGVSAIIGHSLPR	
	5.4	1862.9615	0.0159	SHLSLVGTASGLGSNKKK	
	5.1	1862.9746	0.0028	EVQIMKMLDHPHIK	
	3.7	1862.9615	0.0159	KKSHLSLVGTASGLGSNK	
	3.1	1861.9568	1.0207	SLSSSLQAPVVSTVGMQR	
	2.6	1862.9729	0.0045	AFHLLQKLLTMDPIK	
1.7	1862.9811	-0.0037	AQMKEDPELAKSFIK		
<b>S493</b>	27.3	1862.9767	0.0029	NYSVGSRPLKPLSPLR	<b>Phospho S13 99.53%</b>
	2.4	1862.9767	0.0029	NYSVGSRPLKPLSPLR	<b>Phospho S6 0.32%</b>
	1.2	1861.9591	1.0206	TVQFGGTVEVLLKYK	
	0.1	1862.9823	-0.0027	ARGAAAGSGVPAAPGPSRTR	
<b>S483+ S493</b>	27.6	1942.9431	0.0017	NYSVGSRPLKPLSPLR	<b>Phospho S3, S13 88.19%</b>
	17.3	1942.9431	0.0017	NYSVGSRPLKPLSPLR	<b>Phospho S3, S6 8.29%</b>
	13.6	1942.9431	0.0017	NYSVGSRPLKPLSPLR	<b>Phospho S6, S13 3.52%</b>
	6.4	1942.9497	-0.0049	HGAGAEISTVNPEQYSKR	
	5.2	1942.9352	0.0096	AEALVLMGTKANLVTPR	
	1.8	1942.9278	0.017	ASLIGTPSRASLIGTPSR	
	1.5	1942.9278	0.017	ASLIGTPSRASLIGTPSR	
	1.2	1942.9587	-0.0139	QEYETKLGMPASLR	
	1.2	1942.9278	0.017	ALRLGDAILSVNGTDLR	
1	1942.9634	-0.0186	ASIMRLTISYLRMHR		

**Supplementary Table 4. Phosphorylation of PFKFB2 peptides identified by mass spectrometry.** Monoisotopic mass of neutral peptide (Mr calc.) values are represented along with the observed deviation of the measured values from the theoretical mass of the peptides (delta) and sequence. Score indicates how well the observed spectrum matches to the stated peptide. Large score differences will strongly favor one arrangement over the other (site analysis).

Cell line	Organism	Tissue	NRAS/BRAF mutational status	Culture media
<i>SKMel103</i>	<i>H. sapiens</i>	<i>Skin</i>	<i>NRAS<sup>Q61R</sup></i>	DMEM 10% FBS
<i>SKMel147</i>	<i>H. sapiens</i>	<i>Skin</i>	<i>NRAS<sup>Q61R</sup></i>	DMEM 10% FBS
<i>SKMel28</i>	<i>H. sapiens</i>	<i>Skin</i>	<i>BRAF<sup>V600E</sup></i>	EMEM 10% FBS
<i>UACC903</i>	<i>H. sapiens</i>	<i>Skin</i>	<i>BRAF<sup>V600E</sup></i>	RPMI 10% FBS
<i>A375</i>	<i>H. sapiens</i>	<i>Skin</i>	<i>BRAF<sup>V600E</sup></i>	DMEM 10% FBS
<i>G361</i>	<i>H. sapiens</i>	<i>Skin</i>	<i>BRAF<sup>V600E</sup></i>	DMEM 10% FBS
<i>NHEM</i>	<i>H. sapiens</i>	<i>Skin</i>	-	M2 media
<i>HEK-293-T</i>	<i>H. sapiens</i>	<i>Kidney</i>	-	DMEM 10% FBS
<i>Mmln1</i>	<i>H. sapiens</i>	<i>Skin</i>	-	DMEM 20% FBS
<i>Mmcp3</i>	<i>H. sapiens</i>	<i>Skin</i>	-	DMEM 20% FBS
<i>Mmsk8</i>	<i>H. sapiens</i>	<i>Skin</i>	-	DMEM 20% FBS
<i>Mmln9</i>	<i>H. sapiens</i>	<i>Skin</i>	<i>NRAS<sup>Q61</sup></i>	DMEM 20% FBS
<i>Mmln10</i>	<i>H. sapiens</i>	<i>Skin</i>	<i>NRAS<sup>Q61</sup></i>	DMEM 20% FBS
<i>Mmln14</i>	<i>H. sapiens</i>	<i>Skin</i>	-	DMEM 20% FBS
<i>Mmln16</i>	<i>H. sapiens</i>	<i>Skin</i>	<i>NRAS<sup>Q61</sup></i>	DMEM 20% FBS
<i>Mmsk22</i>	<i>H. sapiens</i>	<i>Skin</i>	-	DMEM 20% FBS
<i>Mmln23</i>	<i>H. sapiens</i>	<i>Skin</i>	-	DMEM 20% FBS
<i>Mmln24</i>	<i>H. sapiens</i>	<i>Skin</i>	-	DMEM 20% FBS
<i>Mmsk29</i>	<i>H. sapiens</i>	<i>Skin</i>	-	DMEM 20% FBS
<i>Mmln30</i>	<i>H. sapiens</i>	<i>Skin</i>	-	DMEM 20% FBS
<i>Mmln31</i>	<i>H. sapiens</i>	<i>Skin</i>	-	DMEM 20% FBS

**Supplementary Table 5. Cell lines information.** Compilation of cell lines information including organism and tissue of origin; mutational status for *BRAF* and *NRAS*; and cell culture media.



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