

1 **Complex roles of the actin-binding protein Girdin/GIV in**
2 **DNA damage-induced apoptosis of cancer cells**

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1 **Abstract**

2 The actin-binding protein Girdin is a hub protein that interacts with multiple proteins to
3 regulate motility and Akt and trimeric G protein signaling in cancer cells. Girdin expression
4 correlates with poor outcomes in multiple human cancers. However, those findings are not
5 universal, as they depend on study conditions. Those data suggest that multiple aspects of
6 Girdin function and its role in tumor cell responses to anticancer therapeutics must be
7 reconsidered. In the present study, we found that Girdin is involved in DNA
8 damage-induced cancer cell apoptosis. An esophageal cancer cell line that exhibited high
9 Girdin expression showed a marked sensitivity to ultraviolet (UV)-mediated DNA damage
10 compared to a line with low Girdin expression. When transcriptional activation of
11 endogenous Girdin was mediated by an engineered CRISPR/Cas9 activation system,
12 sensitivity to DNA damage increased in both stationary and migrating HeLa cancer cells.
13 High Girdin expression was associated with dysregulated cell cycle progression and
14 prolonged G1 and M phases. These features were accompanied by p53 activation, which
15 conceivably increases cancer cell vulnerability to UV exposure. These data highlight the
16 importance of understanding complex Girdin functions that influence cancer cell sensitivity
17 to therapeutics.

18 **Abbreviations:** UVC, ultraviolet C

19 **Keywords:** DNA damage, apoptosis, Girdin, cell cycle, cancer cell heterogeneity, cell
20 migration

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1 **1. Introduction**

2 Cancer cells develop remarkable mechanisms to promote their uncontrolled proliferation,
3 survival and motility. These characteristics contribute to their invasion of neighboring
4 tissues and metastasis to distant organs (1). Treating cancers by various therapeutic
5 modalities such as radiation and chemotherapeutic reagents is often unsatisfactory because
6 the tumor cells gain therapeutic resistance leading to subsequent recurrence (1-4). The
7 mechanisms of cancer therapeutic resistance have been the subject of intensive studies.
8 Obviously, one of the most important causes of the therapeutic resistance is genetic and
9 non-genetic heterogeneity and alterations of cancer cells, which becomes more prominent
10 and elaborate by cancer cell evolution during the progression of the diseases and treatments
11 (5, 6). The presence of cancer stem cells and dormant cancer cells is another cause of
12 therapeutic resistance in multiple cancers (7, 8).

13 Girdin, which is also known as G α -interacting vesicle-associated protein (GIV), was
14 previously identified as an actin-binding protein and a substrate of Akt that is involved in
15 the remodeling of the actin cytoskeleton (9, 10). It is essential for actin remodeling at the
16 leading edge of migrating cancer cells (9). Girdin is crucial for cell migration as well as cell
17 polarization and membrane trafficking (9, 11, 12). It also participates in Akt and
18 heterotrimeric G protein signaling downstream of growth factors and cytokines through
19 interactions with numerous proteins (9, 10, 13). Girdin-deficient mice exhibit a severe
20 defect in collective migration of newborn neurons in postnatal and adult brains (14). These
21 findings gave rise to the idea that Girdin is a conserved regulator of collective behavior of
22 cells across many cell types (15). Indeed, we recently reported that Girdin plays an essential
23 role in the collective invasion of human cancer cells (16). Supporting this view, many

1 studies have shown that high Girdin expression correlates with poor outcomes of patients
2 with cancers of the breast, colon and esophagus (17-21).

3 Other seminal studies have shown that Girdin functions as a hub protein that controls
4 the migration-proliferation dichotomy (“Go or Grow” mechanism) in HeLa cancer cells
5 (22). Cyclin-dependent kinase 5 (Cdk5)-mediated phosphorylation of Girdin has a crucial
6 role in promoting cell migration, whereas the non-phosphorylated form of Girdin promotes
7 cell proliferation (23). Given the general view that migratory cells are essentially not
8 proliferative and are resistant to DNA damage and cytotoxic reagents (24, 25), the
9 migration-proliferation dichotomy has a central role in tumor cells’ resistance to anticancer
10 therapeutics. Nonetheless, cell proliferation capacity is undoubtedly essential for cancer
11 progression, rendering the role of high Girdin expression in cancer progression rather
12 unclear.

13 Another issue in evaluating the significance of Girdin expression in cancer
14 progression is that its expression is not limited to tumor cells. That is, it is also found in
15 endothelial cells and cancer-associated fibroblasts (CAFs) that constitute the tumor
16 microenvironment, which confounds the interpretation of data obtained from mRNA
17 extracted from whole tumors (26, 27). Indeed, in contrast to previous studies that showed a
18 correlation of high Girdin expression in breast cancer cells to the poor outcome of the
19 patients (28), our previous study showed that Girdin activation in CAFs did not correlate
20 with patient outcomes (27). Interestingly, another study showed that Girdin is also
21 expressed by brain tumor stem cells (BTSCs) derived from human glioblastomas and is
22 involved in the maintenance of BTSC stemness (29). Girdin interacts with the 4F2 heavy
23 chain, a subunit of multiple amino acid transporters, to negatively regulate amino acid
24 signaling involving the mechanistic target of rapamycin complex 1 (mTORC1), further

1 showing the complexity of Girdin function (30). Consistent with these findings, a recent
2 study showed that mTORC1 signaling is suppressed in BTSCs rather than activated as
3 non-tumor stem cells in human gliomas (31), implying that Girdin may contribute to the
4 resistance of BTSCs to existing therapeutics by suppressing their metabolism.

5 In the present study, we examined the effect of Girdin expression on cancer cells'
6 sensitivity to cytotoxic therapeutics. We selected ultraviolet C (UVC)-induced DNA
7 damage as a model of radiation therapy. We first found that high Girdin expression was
8 associated with an increased sensitivity of cancer cells to UVC-mediated DNA damage.
9 Interestingly, migratory cells, which are known to exhibit significant resistance to DNA
10 damage-induced apoptosis, became prone to that by Girdin overexpression. This result
11 suggested that high Girdin expression counteracts or eliminates the DNA damage
12 protective effect of Girdin-mediated cell migration. Finally, we attempted to address the
13 mechanism of this observation by identifying a novel role of Girdin in cell cycle regulation.
14 These data suggested the presence of complex positive and negative roles of Girdin in
15 cancer progression that depended on the cancer type and therapeutic context. These finding
16 should be considered in the development of therapeutics that target pathways involving
17 Girdin.

18

19

20 **2. Materials and Methods**

21 **2.1 Human tissue samples**

1 Biopsy and surgically resected esophageal tissue samples from 28 esophageal squamous
2 cell carcinoma patients, who had provided informed consent, were obtained at Nagoya
3 University Hospital from 2006 to 2017 (Table 1). This study was conducted in accordance
4 with the Helsinki Declaration for Human Research and approved by the Ethics Committee
5 of Nagoya University Graduate School of Medicine (approval number: 2017-0127).

6 7 **2.2 Antibodies and Reagents**

8 The following antibodies were used in this study: anti-Girdin (R&D Systems, Minneapolis,
9 MN), anti-Girdin (IBL, Gunma, Japan), anti-Girdin phospho S1647 (ECM Biosciences),
10 anti-histone H3 (1B1B2) (Cell Signaling Technology), anti-histone H3 phospho S10
11 (Abcam, Cambridge, UK), anti-histone H3 phospho S28 (Abcam), anti-cleaved PARP1
12 (Abcam), anti-Cleaved PARP1 (Cell Signaling Technology), anti-Rb phospho Ser795 (New
13 England BioLabs, Ipswich, MA), anti-Rb (4H1) (Cell Signaling Technology), anti-p53
14 (Cell Signaling Technology), anti-p53 phospho S15 (Cell Signaling Technology), anti-p53
15 phospho S46 (Cell Signaling Technology), anti-Mad2 (C-10) (Santa Cruz Biotechnology),
16 anti- α -Tubulin (Sigma-Aldrich), anti- γ -Tubulin (Sigma-Aldrich), Alexa Fluor 488 goat
17 anti-mouse IgG (Thermo Fisher Scientific, Pittsburgh, PA), Alexa Fluor 488 goat
18 anti-rabbit IgG (Thermo Fisher Scientific), rabbit anti-sheep IgG (H+L), Human SP
19 ads-HRP (Southern Biotech, Birmingham, AL), and rabbit anti-rat IgG H&L (HRP)
20 (Abcam) antibodies.

21 22 **2.3 Cell lines and cell culture**

1 KYSE140 and KYSE150 cell lines (32) were purchased from the JCRB Cell Bank (Osaka,
2 Japan) and cultured in Ham's F-12 Nutrient Mix, GlutaMAX medium (Gibco 31765035,
3 Thermo Fisher Scientific, Waltham, MA) supplemented with 5% fetal bovine serum (FBS)
4 (Gibco 10270-106). The HeLa cell line was purchased from the American Type Culture
5 Collection (Rockville, MD). HEK293T cells were purchased from Invitrogen (Carlsbad,
6 CA). HeLa cells and HEK293T cells were cultured in Dulbecco's Modified Eagle Medium
7 (#08458-16, Nacalai Tesque, Kyoto, Japan) supplemented with 10% FBS. Cells were
8 cultured at 37°C in 5% CO₂ humidified air. The authenticity of HeLa cells (STR profile
9 analysis) was verified by BEX Co., Ltd. (Tokyo, Japan). Cell lines were routinely tested for
10 mycoplasma contamination by staining with DAPI (4', 6-diamidino-2-phenylindole) every
11 3 months.

12

13 **2.4 Induction of DNA damage by UVC radiation**

14 The culture medium was aspirated, and the cells were exposed at a dose of 20 or 100 J/m²
15 of UVC radiation with Microprocessor-Controlled UV Crosslinkers (Spectroline, Westbury,
16 NY) or were mock treated. Following the exposure, fresh medium was added, and the cells
17 were incubated at 37°C with 5% CO₂ for indicated periods of time.

18

19 **2.5 Establishment of a cell line that stably overexpresses Girdin**

20 A HeLa cell line that stably overexpresses Girdin via the endogenous *CCDC88A* promoter
21 was established by the CRISPR/single-guide RNA (sgRNA)-directed synergistic activation
22 mediator (SAM) system (33). The sgRNA was designed using the CRISPR design website

1 (http://sam.genome-engineering.org/database_request/) and the guide sequence
2 (5'-TTTCTTCTCCCACAATCCAG-3') was selected and cloned into the lenti-sgRNA
3 (MS2)-pure vector (#73795, Addgene, Watertown, MA) using the Golden-Gate sgRNA
4 cloning protocol described on <http://sam.genome-engineering.org/protocols/>. Sequencing
5 for the constructed plasmid was done before use. Lentiviruses expressing dCas9-VP64 and
6 MS2-P65-HSF1 were generated by transfection of the packaging plasmids psPAX2
7 (#12260, Addgene), pMD2.G (#12259, Addgene), and lenti dCAS-VP64_Blast (#61425,
8 Addgene) or lenti MS2-P65-HSF1_Hygro (#61426, Addgene) into HEK293T cells using
9 Lipofectamine 2000 (Thermo Fisher Scientific). HeLa cells were infected with the viruses,
10 followed by selection in the presence of blasticidin (Wako, Osaka, Japan) and hygromycin
11 (Invitrogen, Carlsbad, CA). Afterwards, the cells expressing the SAM components were
12 transduced with lentiviruses expressing the *CCDC88A* sgRNA. After 48 h of infection, the
13 cells were selected with puromycin (Sigma-Aldrich) for 14 days, replacing the puromycin
14 every 3 days. All of the experiments using lentivirus vectors were performed in a BSL2
15 environment approved by Nagoya University.

16

17 **2.6 Cell synchronization**

18 Cells were treated with 60 ng/mL of nocodazole (Sigma-Aldrich) for 16 h. The mitotic cells
19 were collected by mechanical shake-off (34), washed with PBS, and seeded on plates. The
20 cells were harvested at different time points for cell cycle analysis. For cell synchronization
21 at the G1/S boundary, cells were treated with 2 mM thymidine for 15 h, washed with PBS,
22 grown for 10 h in a regular medium, and then treated again with 2 mM thymidine for 15 h,

1 followed by wash with PBS. This marks time 0, after which the cells were collected at the
2 indicated times for analysis.

3

4 **2.7 Flow cytometric analysis**

5 For the quantitation of mitotic cells, cells were probed with anti-histone H3 (phospho S10)
6 antibody (Abcam). Cells were collected and incubated with anti-histone H3 (phospho S10)
7 antibody for 1 h at room temperature in the dark. Cells were fixed with 4%
8 paraformaldehyde for 15 min, followed by resuspension in solution with Alexa Fluor
9 488-conjugated rabbit anti-mouse IgG (Thermo Fisher Scientific) for 30 min at room
10 temperature in the dark. Data acquisition was performed using FACS Canto2 (BD
11 Biosciences, San Jose, CA) and results were analyzed with FlowJo software (BD
12 Biosciences).

13 To quantitate the DNA content by flow cytometry, the propidium iodide (PI) flow
14 cytometry kit (Abcam) was used according to the manufacturer's instruction. Cells were
15 collected and fixed by the addition of 66% ethanol at 4°C. On the following day, cells were
16 treated with propidium iodide and RNase at 37°C for 30 min. The modeling of DNA
17 content histograms was done by using ModFitLT software (Verity Software House).

18

19 **2.8 Statistical analysis**

20 Significant differences were determined by two-tailed *t*-tests for comparison of the means
21 between two sets of data, or one-way ANOVA for comparison of the means among 3 or

1 more sets of data using GraphPad Prism (GraphPad Software, San Diego, CA). All graphs
2 represent mean \pm standard deviation (SD). $P < 0.05$ was regarded as significant. For the
3 analysis of overall survival of the patients, data were plotted using Kaplan-Meier analysis
4 in GraphPad Prism and the significant differences were evaluated with a log-rank test.

5

6 **2.9 Data availability**

7 The data that support the findings of this study are available from the corresponding author
8 upon reasonable request.

9

10

11 **3. Results**

12 **3.1 Prognostic values of Girdin expression levels in esophageal cancer: variations and** 13 **inconsistencies**

14 Previous studies showed a significant correlation between Girdin (*CCDC88A*) mRNA
15 expression levels and poor clinical outcomes in esophageal cancer (17). Those data were
16 consistent with other studies showing correlations of Girdin expression with poor outcomes
17 of many types of cancer (18 – 21, 28). Our analysis of esophageal cancer cases in the
18 TCGA dataset, however, resulted in variable Kaplan-Meier survival curves and log-rank
19 P-values that fluctuated depending on cut-off values (**Fig. 1A-C**). Girdin gene expression
20 levels correlated with favorable prognosis of the patients with an empirically determined

1 cut-off value (75%). However, with other values (25 and 50%), they showed no correlation
2 with the prognosis.

3 We used immunohistochemistry (IHC) to examine Girdin protein expression in
4 tissue sections of surgically resected tumors obtained from esophageal cancer patients in
5 our institution (**Table 1**). The results showed varying degrees of Girdin expression between
6 cancer cells (**Fig. 1D**). We also examined Girdin expression in biopsy samples taken from
7 the patients before treatment and stratified their outcome by a scoring system based on
8 Girdin expression levels determined by IHC, but found no correlation between the patients'
9 survival and Girdin expression (**Fig. 1E**). Interestingly, even in the same tumor, Girdin
10 expression was different between different tumor lesions, as often observed for other cancer
11 cell markers (**Fig. 1D**). We speculated that the intra-tumor heterogeneity of Girdin
12 expression and its involvement in cancer cell sensitivity to anticancer therapeutics could
13 confound the analysis based on simple measurement of Girdin mRNA and protein
14 expression levels in whole tumors.

16 **3.2 High Girdin expression is associated with a high sensitivity to UVC irradiation**

17 Given the heterogeneous expression of Girdin between tumor cells and its unclear
18 prognostic significance in esophageal cancer, we speculated that Girdin may be involved in
19 tumor cell sensitivity to anticancer therapeutics. A previous study had reported that Girdin
20 expression regulates the sensitivity of colon cancer cells to the chemotherapeutic drug
21 oxaliplatin (35). In this study, we examined the significance of Girdin expression in cancer
22 cells' sensitivity to DNA damage induced by radiotherapy. As a model of radiotherapy, we
23 subjected cancer cells to high dose UVC irradiation (20-100 J/m²) that produces pyrimidine

1 dimers and double stranded DNA breaks that contribute to the induction of apoptotic cell
2 death (36). We first investigated two esophageal cancer cell lines KYSE140 and KYSE150
3 (32) that exhibited high and low levels of endogenous Girdin, respectively, and found that
4 Girdin expression was not affected by UVC irradiation in both cell lines (**Fig. 2A**). We
5 found that the number of cells that survived after UVC exposure, which was evaluated by
6 colony-forming capacity, was higher in KYSE150 cells than KYSE140 cells (**Fig. 2B, C**).
7 The data implied that Girdin expression may be associated with cancer cell sensitivity to
8 UVC exposure.

9 To interrogate whether Girdin expression conferred sensitivity to UVC exposure, we
10 attempted to exogenously overexpress Girdin by using lentiviral and retroviral expression
11 systems. However, the large size of Girdin cDNA (5,500 bp) made it difficult to achieve
12 high viral packaging efficiency. We therefore adopted the synergistic activation mediators
13 (SAM) system (33) that permitted us to express an engineered CRISPR/Cas9 complex to
14 augment endogenous Girdin expression by transcriptional activation of the Girdin gene
15 (*CCDC88A*) locus in HeLa human cervical cancer cells (**Fig. 2D**). Western blot analysis
16 showed successful overexpression (OE) of endogenous Girdin in HeLa cells (**Fig. 2E**).
17 Although H2AX phosphorylation was comparable between control (C) and Girdin OE cells,
18 Girdin OE cells exhibited high sensitivity to DNA damage as shown by a decreased
19 capacity in colony formation after UVC irradiation (**Fig. 2E-G**).

20

21 **3.3 HeLa cells overexpressing Girdin are vulnerable to UVC irradiation**

22 Using Western blot analysis of UVC-irradiated HeLa cells that expressed high levels of
23 endogenous Girdin, we found that they expressed higher levels of cleaved PARP1, a

1 marker of apoptosis, than did control cells (**Fig. 3A, B**). This was confirmed by
2 immunofluorescent (IF) staining of control and Girdin OE HeLa cells with an antibody
3 specific for cleaved PARP1 (**Fig. 3C, D**). Conversely, the knockdown of Girdin by
4 siRNA-mediated RNA interference resulted in a significant decrease in cleaved PARP1
5 levels compared to control cells after UVC irradiation (**Fig. 3E-H**). Exogenous
6 overexpression of Girdin in KYSE150 cells also resulted in an increase in cleaved PARP1
7 levels after UVC irradiation (**Fig. S1A, B**). Furthermore, KYSE140 cells, which express a
8 higher level of Girdin, exhibited a higher sensitivity to UV exposure than KYSE150 cells
9 with a low Girdin expression (**Fig. S1C**). These data suggested that Girdin expression is
10 associated with the sensitivity of cancer cells to UVC-mediated DNA damage and
11 subsequent cell apoptosis.

12

13 **3.4 The Girdin-mediated increase in UVC sensitivity eliminates the DNA** 14 **damage-protective effect of cell migration**

15 In contrast to proliferating cells, migrating cells are significantly resistant to DNA
16 damage-induced apoptosis (24, 25). Given the well-established roles of Girdin in cell
17 migration (9, 11, 15, 16, 26), it was plausible to speculate that the observed effect of Girdin
18 expression on UVC-induced apoptosis was attributed to an altered cell migratory response.
19 To address this question, we scratched confluent monolayers of HeLa cells to induce
20 directional cell migration, followed by UVC irradiation, Western blot analysis, and IF
21 staining (**Fig. 4A**). In a control experiment, the cells were fixed immediately after the
22 scratch and UVC irradiation without inducing cell migration (**Fig. 4A**). Throughout the

1 experiments, the cells were cultured with a low concentration of FBS (0.5%) in order to
2 minimize their proliferation.

3 Consistent with the known pro-migratory role of Girdin, Girdin OE cells exhibited
4 more rapid migration as assessed by the closure of the wounds made by scratching of cell
5 monolayers (**Fig. 4B**). Interestingly, IF staining of migrating HeLa cells showed an uneven
6 distribution of cleaved PARP1-positive cells in the scratched monolayers after UVC
7 irradiation (**Fig. 4C**). We therefore counted and quantified cleaved PARP1-positive
8 apoptotic cells in 3 groups of migrating cells: leading cells in the front line of migrating cell
9 groups (the first row of cells; L), the most anterior cells including the leading cells (300 μ m
10 in distance from the front line; zone 1), and cells behind the zone 1 cells (300 – 600 μ m
11 from the front line; zone 2) (**Fig. 4A, C**). In migrating cells, but not non-migrating cells, the
12 frequency of apoptotic cells in the L group was significantly lower than those in zones 1
13 and 2, further confirming that migrating cells are resistant to DNA damage-induced
14 apoptosis (**Fig. 4D**, left and middle panels). Interestingly, Girdin OE cells showed similar
15 proportions of apoptotic cells in L, zone 1 and zone 2 groups, and an increase in the
16 numbers of apoptotic cells across all the groups (**Fig. 4D**, right panel). Conversely, the
17 knockdown of Girdin equalized the distribution of apoptotic cells without increasing the
18 numbers of those cells across all the groups (**Fig. 4E**). These data suggested that Girdin OE
19 increases the sensitivity of cancer cells to UVC-induced DNA damage even when they
20 migrate, and eliminates the DNA damage-protective effect of cell migration.

21

22 **3.5 Altered cell cycle distribution in Girdin OE cells**

1 We next explored the mechanism by which high Girdin expression was linked to high
2 sensitivity to DNA damage and subsequent apoptosis. To that end, we examined the cell
3 cycle distribution of Girdin OE HeLa cells. Flow cytometric analysis of non-synchronized
4 cells stained with PI showed that Girdin OE cells accumulated in G1 phase with a lower
5 fraction in the S phase in both HeLa and the esophageal cancer cell line KYSE150 (**Fig. 5A,**
6 **Fig. S1D, E**). This was confirmed by another set of experiments, in which we analyzed the
7 cell cycle distribution using 5-ethynyl-2'-deoxyuridine (EdU) incorporation and PI
8 staining (**Fig. S2A, B**). WST-1 assay showed statistically significant but marginal
9 differences in cell proliferation between control and Girdin OE cells (**Fig. S2C**), suggesting
10 that Girdin OE perturbs cell cycle distribution without affecting the length of the cell cycle.

11 Further flow cytometric analysis showed that the number of mitotic cells identified
12 based on PI staining and their reactivity with anti-phospho histone H3 (Ser10) antibody was
13 increased in Girdin OE cells compared to control cells (**Fig. 5B, C**). This was confirmed in
14 synchronized HeLa cells in which cells were treated with nocodazole (60 ng/mL) for 16 h
15 to generate a mitotic block, followed by shaking off to select for mitotic cells and replating
16 them to release them from the block and induce progression to G1 phase (34) (**Fig. 5D**).
17 Flow cytometric analysis showed that the percentage of cells that remained arrested in M
18 phase 90 min after the release was higher in Girdin OE cells than in control cells (**Fig. 5E**).
19 The mitotic delay in Girdin OE cells compared to control cells was also manifest when the
20 cells were arrested by double thymidine block at the G1/S boundary and then released to
21 reach a peak at mitosis (**Fig. S3A, B**). These data showed that high expression of Girdin
22 was associated with the dysregulation of the cell cycle distribution with longer G1 and M
23 phases.

24

1 **3.6 Basal dysregulation of the cell cycle and p53 activation may increase apoptosis in**
2 **Girdin OE cells after UVC irradiation**

3 We next found that the exposure of control cells to UVC irradiation resulted in the
4 accumulation of cells in the G1 phase of the cell cycle (**Fig. 5F**), consistent with previous
5 studies (37). Although this effect was also observed in Girdin OE cells, the most
6 remarkable change found in Girdin OE cells after UVC irradiation was a decrease in the
7 number of cells in the G2/M phase (**Fig. 5F**). The data suggested that the longer M phase in
8 Girdin OE cells contributed to their vulnerability to DNA damage and apoptosis. Previous
9 studies have shown that p53 becomes stabilized and activated after prolonged mitosis and
10 mitotic arrest to inhibit cell growth (38). Consistent with this, Western blot analysis showed
11 the activation of p53, but not that of another tumor suppressor, Rb, in Girdin OE cells
12 before UVC irradiation, which became more apparent after the irradiation (**Fig. 5G**). Given
13 the established roles of p53 in apoptosis following DNA damage, it is plausible that
14 prolonged mitosis and concomitant p53 activation found in Girdin OE cells may sensitize
15 cells to subsequent UVC-induced DNA damage. The activation of p53 was also found in
16 the esophageal cancer cell lines KYSE140 and KYSE150 exposed to UVC (**Fig. S1C**).
17 However, it was not clear whether p53 activation levels correlated with Girdin expression
18 in those cells, suggesting that Girdin-mediated sensitization of cancer cells to UVC
19 irradiation may involve multiple mechanisms and not be simply explained by p53.

20
21 **3.7 Girdin OE increases the expression level of Mad2, a mitotic spindle checkpoint**
22 **protein, in HeLa cells**

1 The phenotype observed in Girdin OE cells was not likely to be explained by any
2 previously identified Girdin-interacting protein, including actin filaments, the cell polarity
3 regulator Par-3, disrupted-in-schizophrenia 1 (DISC1) or α subunits of trimeric G proteins
4 (9, 10, 11, 39), or cellular processes that Girdin is involved in. It was intriguing to find an
5 increase in Cdk5-dependent phosphorylation of Girdin in UVC-irradiated Girdin OE cells
6 (**Fig. S4**), but it was difficult to interpret the role of the Cdk5-Girdin pathway in the context
7 of UVC-mediated apoptotic cell death and Girdin-mediated mitotic delay. We therefore
8 searched for other mechanisms that involve Girdin to regulate cell cycle progression, and
9 found that Mad2, a key component of the spindle checkpoint machinery that is crucial for
10 anaphase onset in M phase (40-42), was highly upregulated in Girdin OE cells compared to
11 control cells at both the protein and mRNA levels (**Fig. 6A, B**). It was noted that Mad2
12 expression was significantly increased in both non-synchronized and synchronized Girdin
13 OE cells (**Fig. 6B-D**). Fractionation experiments showed that the Girdin OE-mediated
14 increase in Mad2 expression was more prominent in the cytosolic fraction of cells in
15 interphase but not M phase, suggesting a role of the aberrantly expressed Mad2 in
16 dysregulating the progression of the cell cycle in interphase (**Fig. 6D**). However, an IF
17 staining for tubulin proteins identified no apparent disorganization nor alignment of the
18 microtubules in interphase, but revealed that the number of metaphase or early anaphase
19 cells that undergo multipolar division was increased in Girdin OE cells compared to control
20 cells (**Fig. S5A, B**). Thus, it may be possible that Girdin OE induces mitotic delay by
21 interfering with Mad2-mediated regulation of the spindle checkpoint machinery. A
22 correlation between Girdin and Mad2 expression was also observed in tissue samples of a
23 human esophageal cancer cohort available from the TCGA database (**Fig. 6E**). Although
24 speculative, the data implied that Mad2 overexpression has a role in cell cycle
25 dysregulation found in Girdin OE cells also in human cancer.

1

2 **3.8 No significant statistical correlation was found between Girdin expression and**
3 **response to radiation therapy in esophageal cancer**

4 The findings described above were obtained with cultured cancer cells. To extend those
5 data, we asked whether Girdin expression was correlated with the response to radiotherapy
6 in cancer patients. Given the availability of both pre- and post-radiation tissue samples in a
7 cohort of esophageal cancer patients (N = 28) in our institution, we used IHC to examine
8 Girdin expression in the biopsies and surgical samples that were obtained both pre- and
9 post-radiation, respectively (**Table 1, Fig. 1E, Fig. S6A, B**). We adopted several scoring
10 systems including one developed in a previous study (17) to evaluate Girdin expression
11 levels in human esophageal cancer. The data from both pre- or post-radiation samples,
12 however, did not show a correlation between Girdin expression levels and histopathological
13 evaluation of the response to radiation therapy (**Fig. S6A, B**). Although not conclusive
14 (given the limited number of samples), it seems that elevated Girdin expression alone does
15 not confer sensitivity to radiotherapy, at least in esophageal cancer patients. That suggests a
16 far more complex mechanism of radiosensitivity or the need to stratify and select patients
17 who will benefit from elevated Girdin expression.

18

19

20 **4. Discussion**

21 The present study showed an unexpected link between Girdin (a regulator of cell migration
22 in development and cancer progression) and the sensitivity of cancer cells to DNA damage.

1 In contrast to the general view that migratory cells are resistant to DNA damage, HeLa cells
2 that expressed high levels of Girdin exhibited increased sensitivity to UVC-mediated DNA
3 damage and subsequent apoptosis (**Fig. 6F**). Pathological analysis showed extensive
4 intra-tumor heterogeneity of Girdin expression, supporting the view that the sensitivity to
5 DNA damage is also variable among cancer cells. Together with previous studies that have
6 shown a crucial role of Girdin in cancer cell invasion and metastasis, the data reveal
7 complex effects of Girdin expression on cancer patients' outcomes.

8 Previous studies of Girdin function, including those in our laboratory, have shown
9 that Girdin is involved in many cellular processes, including actin reorganization, cell
10 migration, polarization, proliferation and metabolism (9, 11, 12, 30). Studies of
11 Girdin-deficient mice indicated that a major *in vivo* role of Girdin is the regulation of
12 collective migration and proper positioning of newborn neurons in developing and young
13 adult brains (14, 39, 43). Given the results obtained from Girdin-deficient mice, the results
14 of Bhandari *et al.* were unexpected. They showed that Girdin functions as a regulator of the
15 migration-proliferation dichotomy (23). The migration-proliferation dichotomy is a
16 hallmark of normal as well as cancer cells that cell migration and proliferation do not occur
17 simultaneously (22). This mechanism helps to explain the resistance of migratory cancer
18 cells to various cytotoxic therapeutics that target proliferating cells (24, 25). Girdin
19 promotes migration upon phosphorylation by Cdk5, whereas nonphosphorylated Girdin
20 promotes proliferation (23). Our present study added a new dimension to Girdin function,
21 i.e., that high expression of Girdin enhances the vulnerability of cancer cells to DNA
22 damage. These results seem to contradict the previous finding that Girdin promotes cell
23 migration and cancer progression but may provide opportunities for therapeutic
24 intervention if Girdin expression could be manipulated in human malignancies.

1 An unexpected but intriguing finding of the present study was that overexpression of
2 Girdin delayed G1 and M phases, both of which are sensitive to UVC (**Fig. 6F**). This might
3 contribute to the increased sensitivity of Girdin OE cells to DNA damage. Our analysis
4 identified that Mad2 expression was transcriptionally upregulated in Girdin OE cells, which
5 may explain the dysregulation of the cell cycle in Girdin OE cells. We have not yet,
6 however, delved into the detailed mechanisms underlying this observation. Given the role
7 of Mad2 in prolonging checkpoint arrest caused by DNA damage (44), it is plausible that
8 elevated Girdin and Mad2 are both involved in the dysregulation of the cell cycle and
9 subsequent UVC-induced DNA damage and cell death.

10 Our clinicopathological analysis showed no correlation of Girdin expression levels
11 with the response to radiation therapy in a cohort of esophageal cancer patients. This
12 finding is inconsistent with the hypothesis proposed in the present study. Alternatively, it
13 suggests a complex compensatory mechanism underlying the resistance of cancer cells to
14 radiation therapy. Expression of Girdin in various compartments of the tumor
15 microenvironment including tumor vessels and cancer-associated fibroblasts must be
16 considered (27). Further studies will be needed to demonstrate the *in vivo* significance of
17 the present study, and care should be taken in developing new therapeutics that target
18 pathways involving Girdin.

19 One limitation of this study can be attributed to the sources of cells used in the analyses.
20 Given the availability of pre- and post radiation tissue samples, we examined tissue samples
21 obtained from patients with esophageal cancer. However, we mainly relied on a HeLa cell
22 line for *in vitro* studies because it had been widely used for cell cycle analysis. It is
23 plausible that the mechanisms and frequencies of the acquisition of resistance to cytotoxic
24 therapies are different across cancer types. The generality of the findings of this study,

1 therefore, must be confirmed by further studies in the future. Another concern regarding the
2 present study is that it was based on the use of UVC and not ionizing radiation such as that
3 used clinically, i.e., X-ray photon beams. Considering that the high dose of UVC adopted in
4 this study resulted in double-strand DNA breaks (DSB) similar to the DNA damage caused
5 by ionizing radiations, we believe that the present findings recapitulate the effects of X-ray
6 irradiation therapy and other radiation therapies (45). Further studies on tumor mouse
7 models with genetically engineered expression of Girdin could provide insights into the
8 biological significance of Girdin expression in cancer cell sensitivity to radiation therapies.

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22 **Conflict of interest**

1 No potential conflicts of interest were disclosed.

2

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17

18

19 **Figure Legends**

1 **Figure 1. Prognostic value and intratumoral heterogeneity of Girdin expression in**
2 **esophageal cancer**

3 **(A-C)** Comparison of the overall survivals of Girdin-high and -low esophageal cancer
4 samples available in the TCGA database. Ninety-six cases were classified according to
5 Girdin expression, and overall survival of the cases was plotted by Kaplan-Meier analysis.
6 Cut-off values of 25, 50, and 75% were selected and used to classify tumors as Girdin-low
7 or -high.

8 **(D)** Representative images of tissue sections of 3 independent cases with esophageal cancer
9 stained by Girdin antibody. The presence of Girdin-negative cells (white arrows) and
10 Girdin-positive cells (yellow arrows) indicates intratumoral heterogeneity of Girdin
11 expression.

12 **(E)** Comparison of the overall survivals of Girdin-high and -low esophageal cancer cases,
13 who were diagnosed in Nagoya University Hospital. Biopsy samples taken from 29 cases
14 were classified according to Girdin expression following the scoring system shown in left,
15 and overall survival of the cases was plotted by the Kaplan-Meier analysis.

16

17 **Figure 2. High Girdin expression is associated with increased vulnerability of cancer**
18 **cells to UVC-mediated DNA damage**

19 **(A)** KYSE140 and KYSE150 cell lines were exposed to UVC (100 J/m²) and incubated for
20 3 h, followed by Western blot analysis with the indicated antibodies.

1 **(B, C)** Representative images of colonies of KYSE140 and KYSE150 cells formed 6 days
2 after UVC irradiation are shown **(B)**. The locations of the colonies are indicated by the
3 circles. In **(C)**, the surviving fractions (SF), which were calculated by dividing the numbers
4 of colonies by the numbers of seeded cells that were multiplied by plating efficiencies, in 3
5 independent experiments were evaluated and quantified.

6 **(D)** Schematic illustration of the generation of Girdin OE HeLa cells by the
7 CRISPR/sgRNA-directed synergistic activation mediator (SAM) system. TSS, transcription
8 start site of the *CCDC88A* gene that encodes Girdin.

9 **(E)** Control (C) and Girdin OE HeLa cells were exposed to UVC irradiation (100 or 20
10 J/m²) for the indicated periods, followed by Western blot analysis.

11 **(F, G)** Control and Girdin OE HeLa cells exposed to UVC irradiation for 7 days, followed
12 by colony formation assay. The surviving fractions in 3 independent experiments were
13 evaluated and quantified.

14

15 **Figure 3. High Girdin expression is associated with increased apoptosis of HeLa cells**
16 **after UVC irradiation**

17 **(A, B)** Control and Girdin OE HeLa cells were exposed to UVC irradiation (100 J/m²) and
18 incubated for 3 h, followed by Western blot analysis **(A)**. The intensity of cleaved PARP1
19 signals was normalized against β -actin, and the data from 3 independent experiments is
20 shown **(B)**.

1 (C, D) Control and Girdin OE HeLa cells were exposed to UVC irradiation (100 J/m²) and
2 incubated for 3 h, followed by IHC for cleaved PARP1 (C). The percentage of cleaved
3 PARP1-positive cells was determined, and the data from 3 independent experiments is
4 shown (D).

5 (E-H) HeLa cells transfected with either control or Girdin siRNA were exposed to UVC
6 irradiation and incubated for 3 h, followed by Western blot analysis (E, F) and IHC for
7 cleaved PARP1 (G, H).

8

9 **Figure 4. Girdin-mediated sensitization of HeLa cells to UVC eliminates the protective**
10 **effect of cell migration against DNA damage**

11 (A) Schematic diagram of the experimental protocol to examine the effect of UVC
12 irradiation on migrating cells. Monolayers of confluent HeLa cells on glass-based dishes
13 (left, top) were scratched to initiate sheet migration into the wound (right, top), incubated
14 for 16 h, exposed to UVC irradiation and incubated for 3 h (right, bottom). After fixation
15 and IF staining, the leading cells in the front line of migrating cell group (L) and cells
16 included in zones 1 and 2 were examined for cleaved PARP1 expression.

17 (B) Monolayers of control and Girdin OE HeLa cells were scratched to induce migration
18 for 16 h, and the areas of wounds were measured by the ImageJ software and quantified.
19 The percentages of wound closure in 24 images taken from 4 independent experiments
20 were measured and quantified.

1 (C) A monolayer of HeLa cells was scratched to induce migration, followed by UVC
2 exposure and IF staining, showing an uneven distribution of cleaved PARP1-positive cells
3 across the cell groups.

4 (D-E) Monolayers of the indicated HeLa cells were subjected to UVC irradiation after cell
5 migration for 16 h (migration (+)), or just immediately after scratching (migration (-)),
6 followed by IF staining for cleaved PARP1 and quantification.

7

8 **Figure 5. Girdin OE HeLa cells exhibit dysregulated cell cycle progression with**
9 **prolonged G1 and M phases**

10 (A) Flow cytometric analysis of non-synchronized control and Girdin OE HeLa cells. Cell
11 cycle phase is shown at top.

12 (B, C) Non-synchronized control and Girdin OE HeLa cells were stained for
13 phospho-histone H3 and then PI, followed by flow cytometric analysis. Representative flow
14 histograms depicting mitotic fraction defined by arrows are shown in (B), and the
15 percentages of mitotic cells were quantified in (C). Results are expressed as the means \pm
16 SD of 3 independent experiments.

17 (D, E) HeLa cells were synchronized at M phase by incubating the cells with nocodazole at
18 60 ng/mL for 16 h, collecting mitotic cells by mitotic shaking and replating (D). Temporal
19 changes in cell cycle distribution after replating were examined by flow cytometric analysis
20 for PI stained cells (E).

1 **(F, G)** Non-synchronized control and Girdin OE HeLa cells were exposed to UVC
2 irradiation (100 J/m²) and incubated for 3 h, followed by cell cycle analysis by flow
3 cytometric analysis of PI stained cells (F) and Western blot analysis with the indicated
4 antibodies **(G)**.

5

6 **Figure 6. Upregulation of Mad2 in Girdin OE cells and expression correlation**
7 **between Girdin and Mad2**

8 **(A)** mRNAs for Girdin (left) and Mad2 (right) isolated from control and Girdin OE cells
9 were measured and quantified by quantitative PCR.

10 **(B)** Total cell lysates (Total) of control and Girdin OE HeLa cells were fractionated into
11 nuclear and cytosolic fractions, followed by Western blot analysis with the indicated
12 antibodies.

13 **(C, D)** HeLa cells were synchronized at M phase by incubating the cells with nocodazole at
14 60 ng/mL for 16 h, collecting mitotic cells by mitotic shake-off, and replating **(C)**. The
15 expression of Girdin and Mad2 was examined by Western blot analysis after the
16 fractionation of the attached cells and those in M phase (shake off and reseed) **(D)**.

17 **(E)** Correlation of Girdin and Mad2 expression in esophageal cancer samples (N =180)
18 available in the TCGA database.

19 **(F)** Schematic model of the increased sensitivity to UVC in cancer cells with high Girdin
20 expression. The data shown here suggest that the OE of Girdin perturbs cell cycle
21 distribution with prolonged G1 and M phases and aberrant p53 activation but without

1 affecting the length of the cell cycle, which leads to an increase in sensitivity to DNA
2 damage. The present study showed that the upregulation of the spindle checkpoint protein
3 Mad2 in Girdin OE cells may be involved in dysregulated cell cycle progression. However,
4 the detailed mechanism behind the observed vulnerability of Girdin OE cells to UVC is not
5 clear at present. Given the known function of Girdin in promoting cell migration and the
6 theory of migration-proliferation dichotomy, the present data reveals the complexity of
7 cellular responses to high Girdin expression and its role in cancer progression.

8

9 **List of Supporting Information**

10

11 **Supporting Figures: Fig. S1-6**

12

13 **Document S1 (Supporting Methods)**

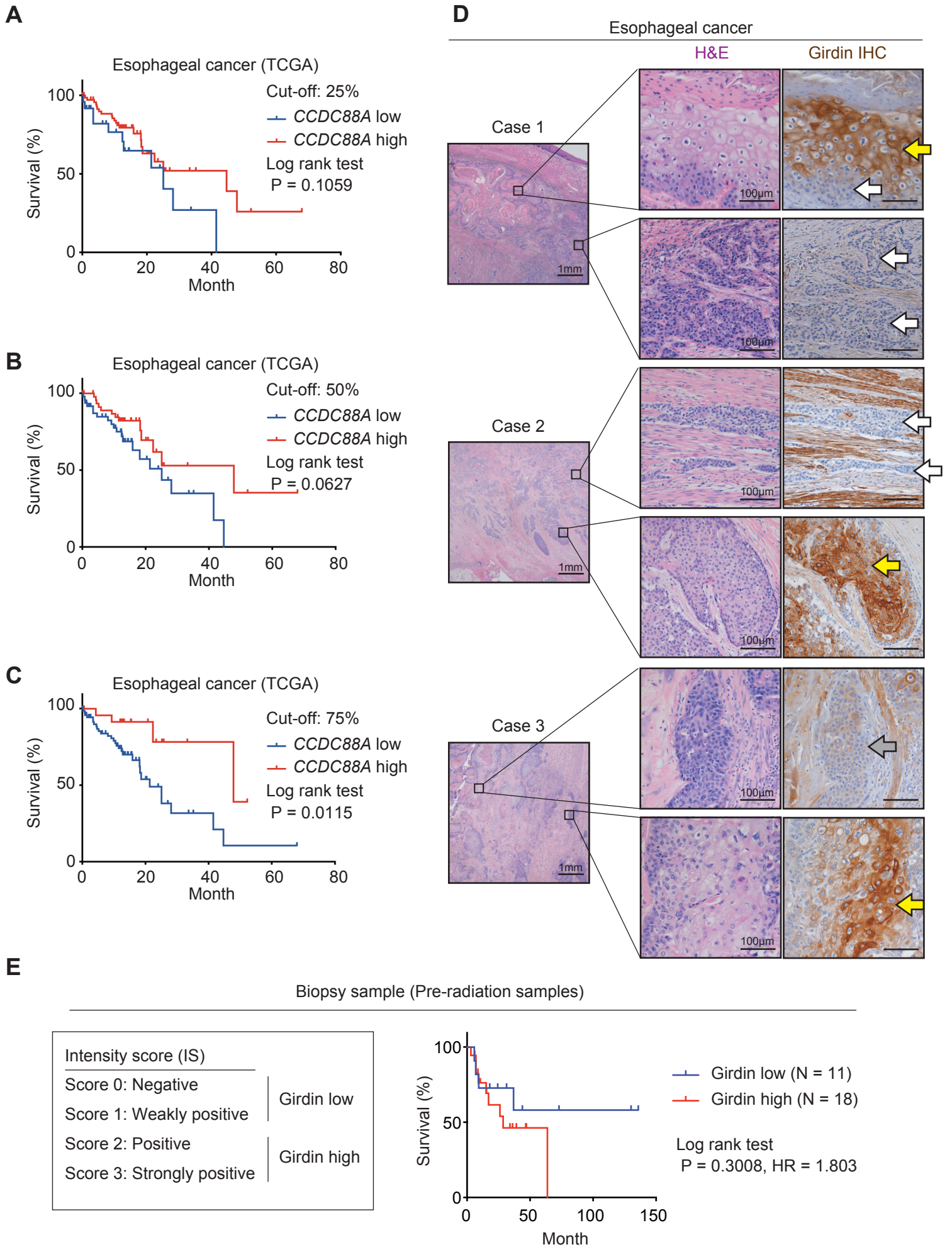
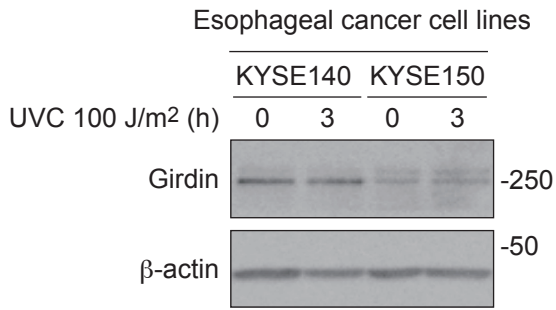
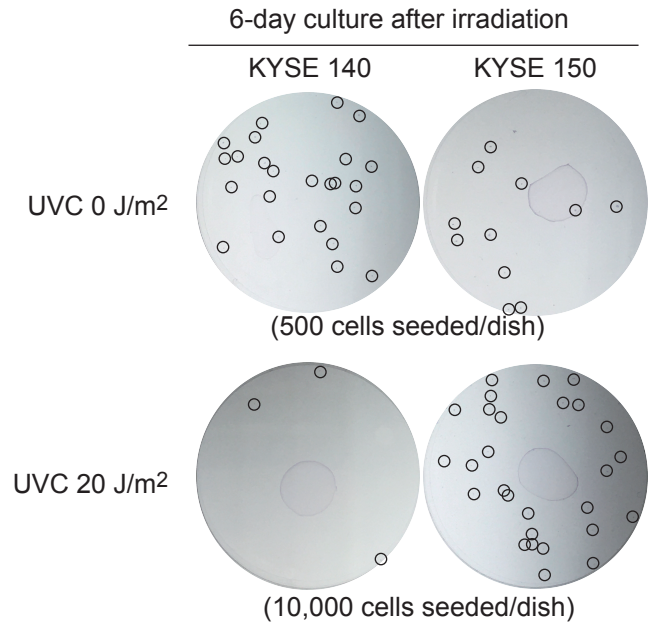
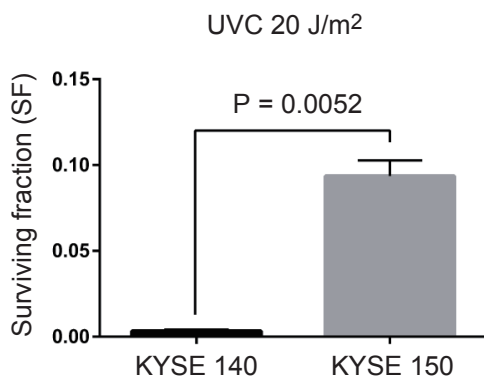
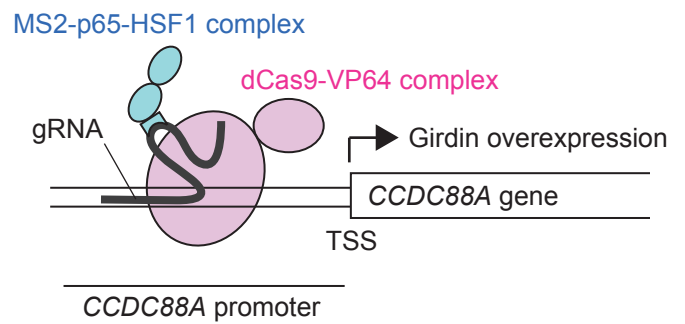
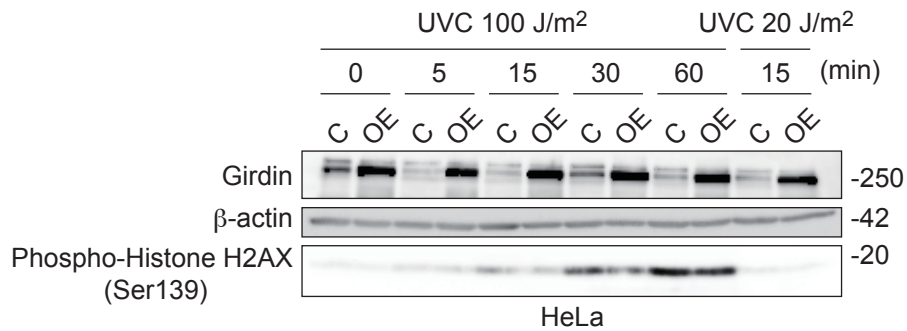
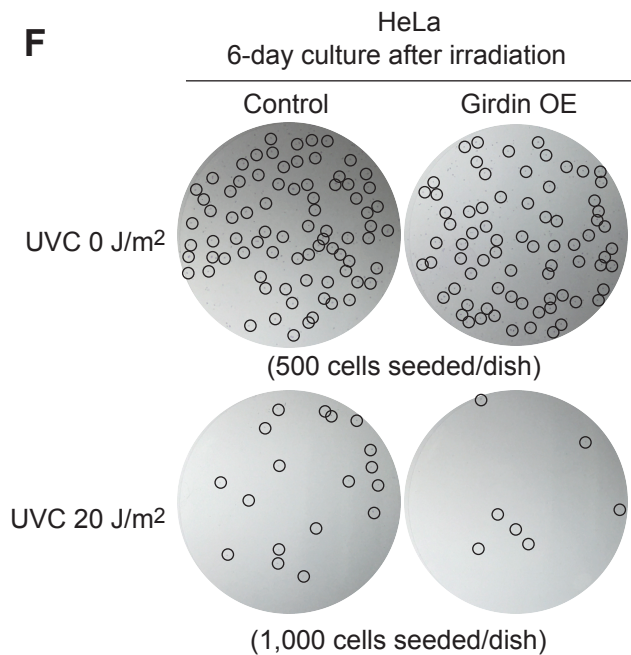
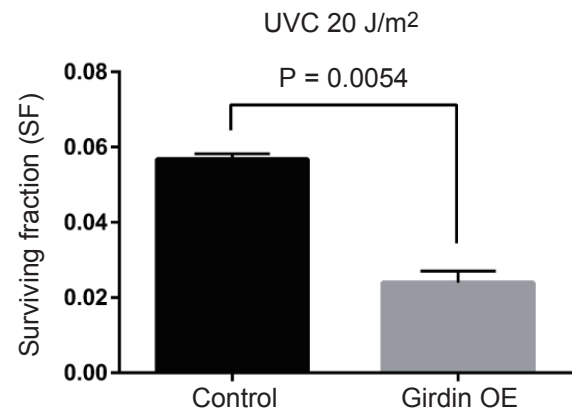


Figure 1

A**B****C****D****E****F****G****Figure 2**

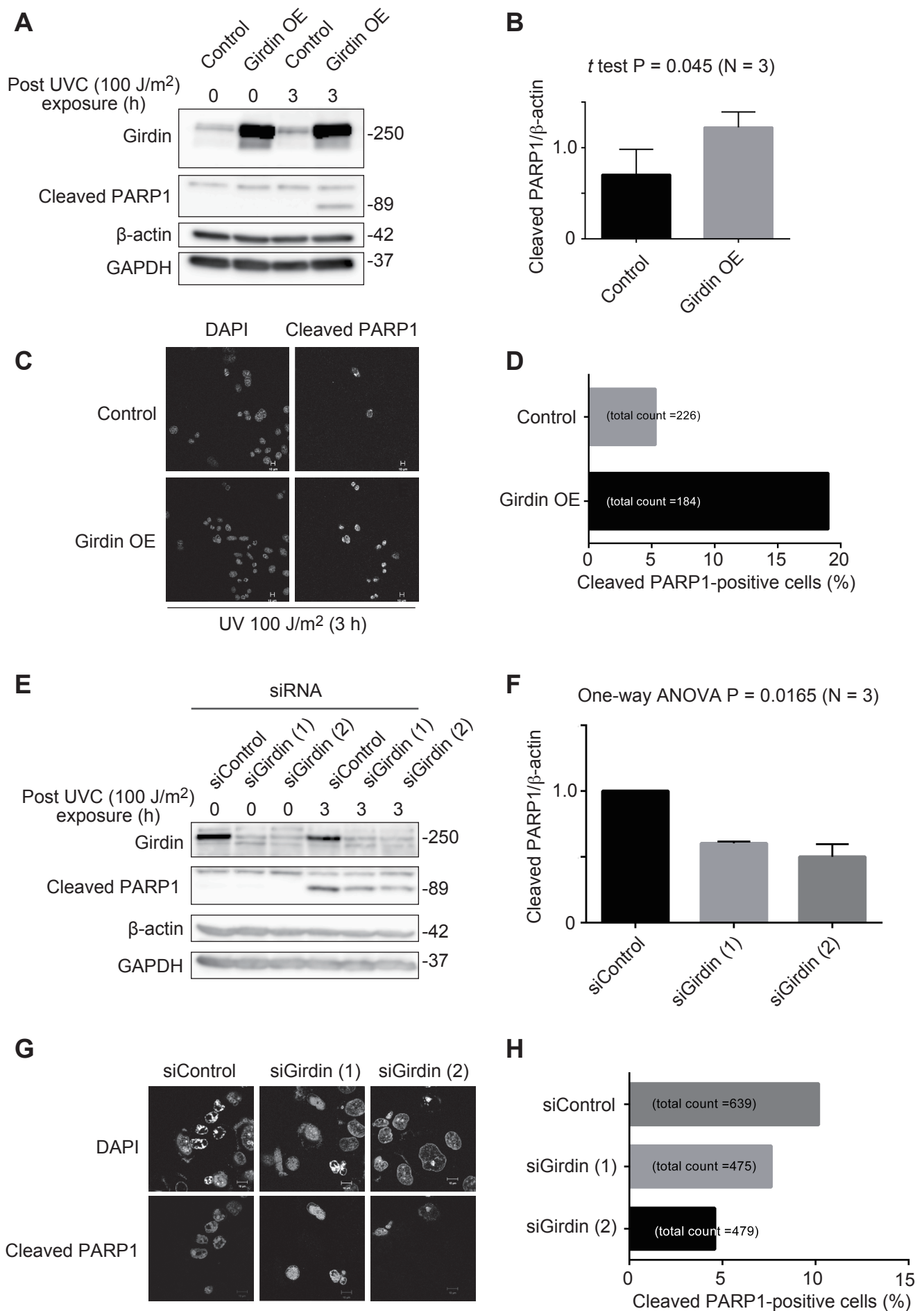


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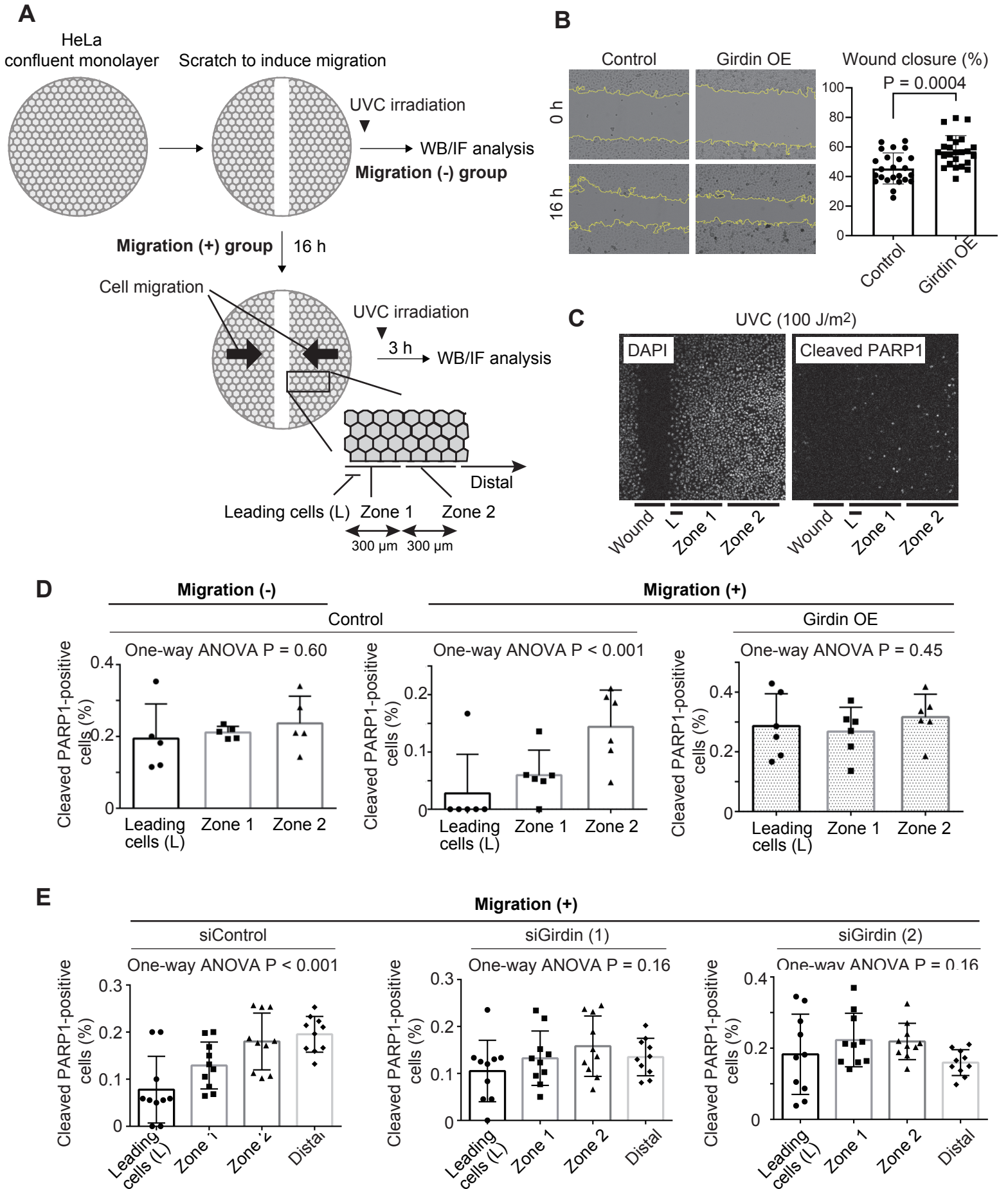


Figure 4

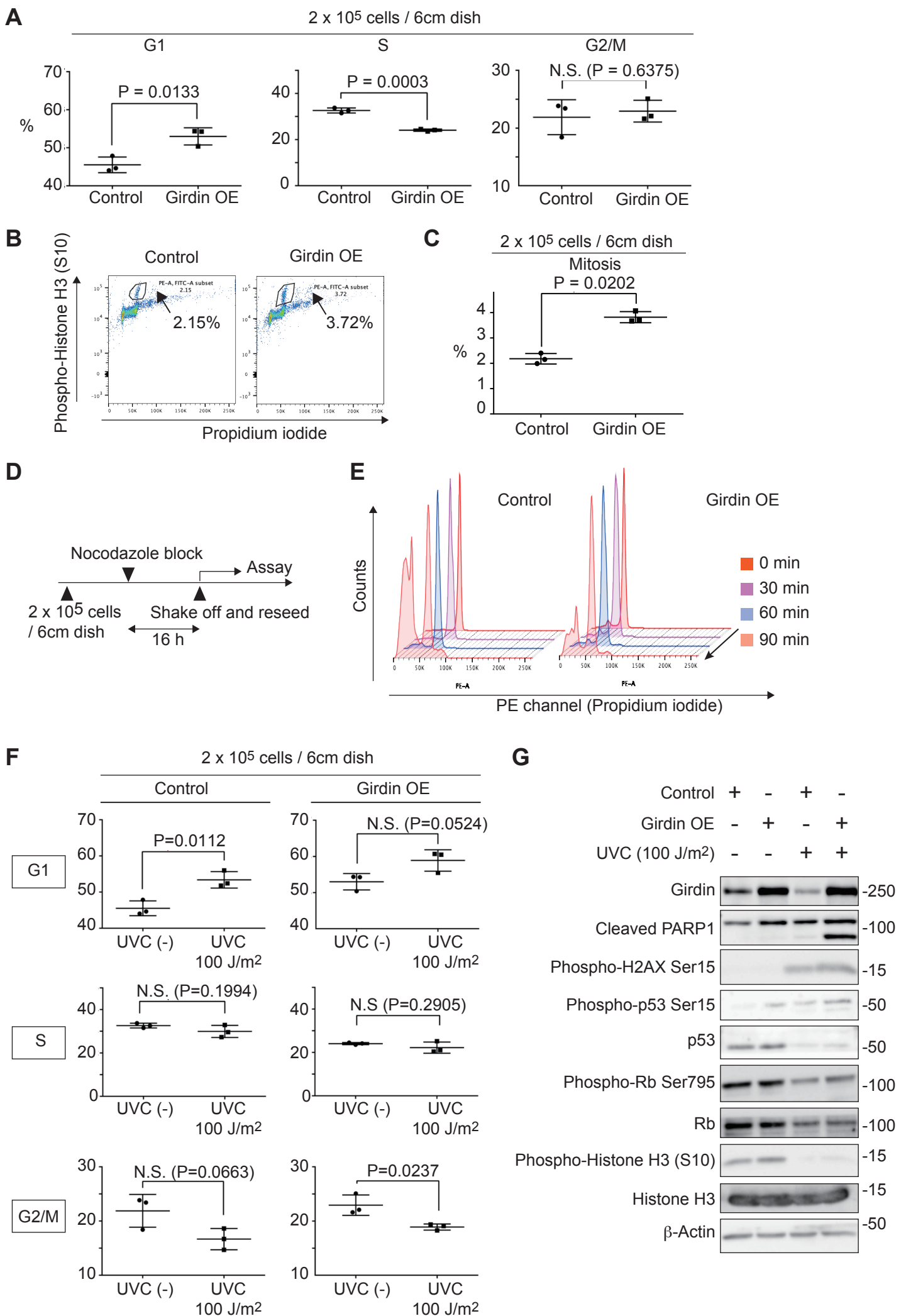


Figure 5

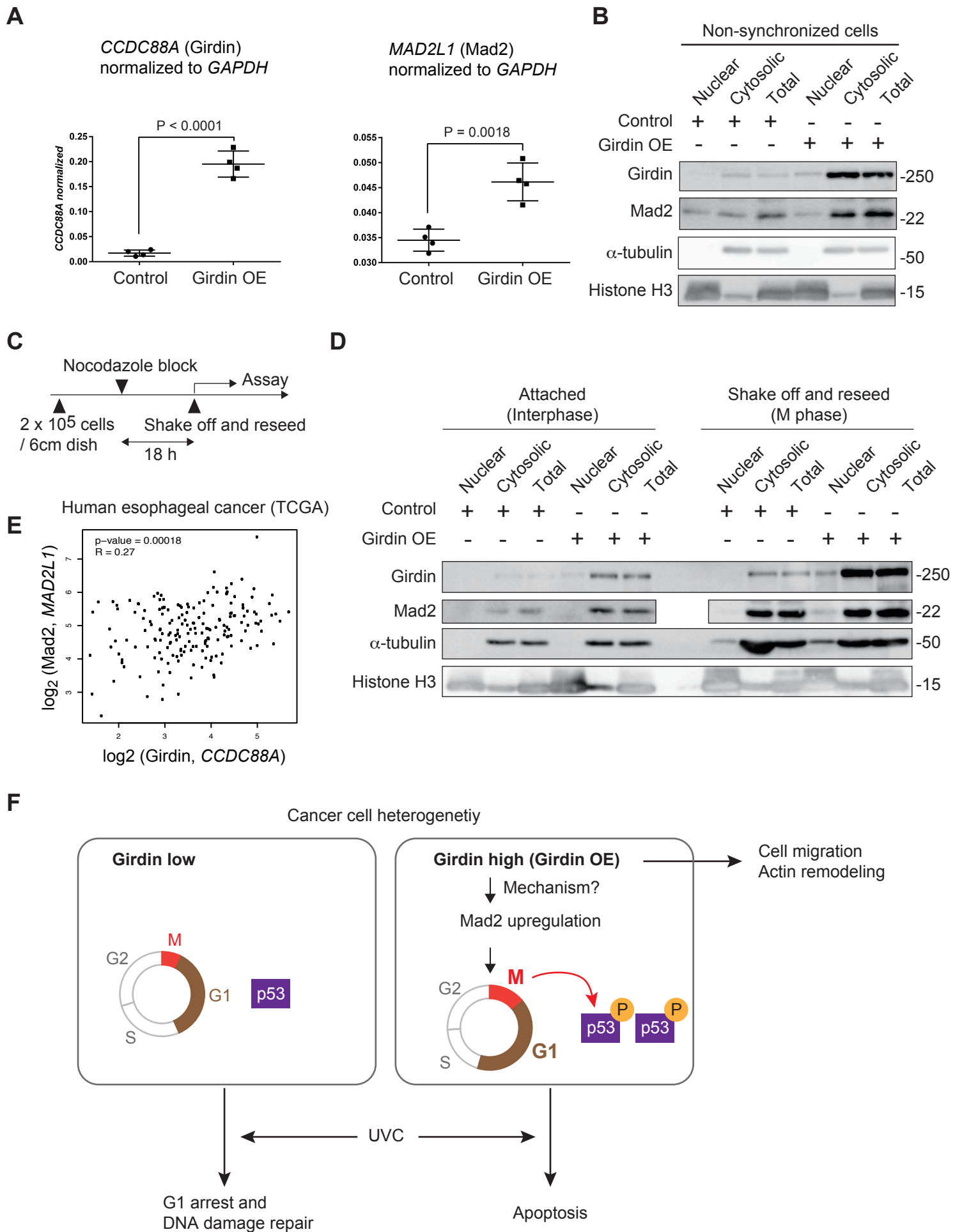


Figure 6

Table 1. Clinicopathological characteristics of esophageal cancer patients analyzed in the current study

Characteristics		Total	Girdin-low (%)	Girdin-high (%)	χ^2 test <i>P</i> value
Number		29	11 (37.9)	18 (62.1)	
Age (years)	< 65	70	8 (27.6)	8 (27.6)	0.1373
	≥ 65	130	3 (10.3)	10 (34.5)	
Sex	Male	24	8 (27.6)	16 (55.2)	0.2636
	Female	5	3 (10.3)	2 (6.9)	
Alcohol intake	No	9	2 (6.9)	7 (24.1)	0.2422
	Yes	20	9 (31.0)	11 (37.9)	
Brinkman index	< 1000	24	9 (31.0)	15 (51.7)	0.9165
	≥ 1000	5	2 (6.9)	3 (10.3)	
Tumor location	Cervix	1	1 (3.4)	0 (0.0)	0.3145
	Upper	7	3 (10.3)	4 (13.8)	
	Middle	18	7 (24.1)	11 (37.9)	
	Lower	3	0 (0.0)	3 (10.3)	
Histological grade	Grade 1	8	2 (6.9)	6 (20.7)	0.2284
	Grade 2	17	6 (20.7)	11 (37.9)	
	Grade 3	4	3 (10.3)	1 (3.4)	
Clinical stage	I	2	1 (3.4)	1 (3.4)	0.9849
	II	3	1 (3.4)	2 (6.9)	
	III	16	6 (20.7)	10 (34.5)	
	IV	8	3 (10.3)	5 (17.2)	

1 **Complex roles of the actin-binding protein Girdin/GIV in**
2 **DNA damage-induced apoptosis of cancer cells**

3 *Chen et al.*

4
5 **Supporting Methods**

6 **TCGA data analysis**

7 By using the GEPIA (Gene Expression Profiling Interactive Analysis) web server
8 (<http://gepia.cancer-pku.cn>), the mRNA expression data of esophageal carcinoma
9 samples from the The Cancer Genome Atlas (TCGA) database was analyzed.

10
11 **Immunohistochemistry (IHC) studies**

12 Formalin-fixed and paraffin-embedded tissue sections were deparaffinized, subjected to
13 antigen retrieval using Target-Retrieval Solution (Dako) at pH 6 or 9 for 30 min, and
14 stained using conventional procedures.

15
16 **Colony formation assay**

17 Colony formation assay was performed as described elsewhere (Franken *et al.*, Nat
18 Protocol 1:2315, 2006). Exponentially growing cells were plated on 60-mm dishes with
19 appropriate numbers of cells per dish. Six hours after plating, cells were confirmed to be
20 attached by using a microscope and then exposed to UVC and incubated for 6 days to
21 allow colony formation. The cells were fixed for 30 min using 100% methanol and
22 exposed to a May Grunwald Stain solution (MG500, Sigma-Aldrich) for 30 min. Dishes

1 were rinsed with tap water and dried at room temperature. Counting of clones was
2 performed on the following day.

3

4 **Transient transfection and RNA interference**

5 Transient transfections of siRNA or plasmid were performed by Lipofectamine 2000
6 following the manufacturer's instructions. The siRNAs including control siRNA were
7 purchased from Qiagen (Venlo, Netherlands). The target sequences of the siRNAs were
8 Girdin (1), 5'-AAGAAGGCTTAGGCAGGAATT-3' and Girdin (2),
9 5'-AACCAGGTCATGCTCCAAATT-3'.

10

11 **Plasmids**

12 The details of the Girdin-V5 expression plasmid were described previously (ref. 39,
13 Enomoto *et al.*, Neuron 63:774–787, 2009).

14

15 **Total RNA extraction and real-time qPCR**

16 Total RNA was extracted using an RNeasy Plus Mini Kit (Qiagen) according to the
17 manufacturer's instruction. cDNA was synthesized from 2 µg total RNA using
18 ReverTra Ace qPCR RT Master Mix (TOYOBO, Tokyo, Japan). Real time qPCR was
19 performed using a TaqMan Gene Expression assay (Thermo Fisher Scientific) on an
20 Mx3000P qPCR System (Agilent Technologies). Gene expression levels were analyzed
21 using the 2- $\Delta\Delta$ Ct method and normalized relative to the expression levels of the
22 housekeeping gene *GAPDH*. The TaqMan probes are listed as follows: human

1 *CCDC88A*, Hs00214014_m1; human *MAD2L1*, Hs01554513_g1; human *GAPDH*,
2 Hs02758991_g1. All experiments were performed in triplicates.

3

4 **Cell proliferation assay**

5 Cell proliferation was measured with a Cell Proliferation Reagent WST-1 kit (Roche
6 Diagnostics, Darmstadt, Germany) according to the manufacturer's instruction. Cells
7 (0.1 mL) were seeded in each well at a concentration of 10^4 cells/mL on 96-well plates.
8 After the indicated incubation periods, 10 μ L/well Premix WST-1 was added. Cells
9 were incubated for 3 h and the absorbance was measured at a wavelength of 450 nm on
10 a POWERSCAN4 (BioTek, Winooski, VT).

11

12 **Flow cytometric analysis for the detection of apoptotic cells**

13 For the analysis of apoptosis, cells were collected and fixed with 4% paraformaldehyde
14 for 15 min, followed by incubation with permeabilization buffer (0.2% Triton™ X-100)
15 for 15 min. Cells were incubated with anti-cleaved PARP1 antibody (Abcam) for 1 h at
16 room temperature, washed with PBS, and incubated with Alexa Fluor 488-conjugated
17 rabbit anti-mouse IgG (Thermo Fisher Scientific) for 30 min at room temperature in the
18 dark.

19

20 **Immunofluorescent (IF) staining**

21 Cells were fixed with 4% paraformaldehyde for 15 min, permeabilized with 0.15%
22 Triton X-100 for 30 min, and blocked with 10% goat serum (Nichirei Biosciences,

1 Tokyo, Japan) for 30 min. Cells were stained with anti-cleaved PARP1 antibody
2 overnight at 4°C. After 3 washes with PBS, the cells were incubated with Alexa Fluor
3 488-conjugated goat anti-mouse IgG (Thermo Fisher Scientific) for 1 h. DAPI was used
4 to stain the cell nuclei. For the staining of microtubules, cells were seeded at
5 poly-D-lysine-coated 35 mm glass base dishes (Iwaki, Tokyo, Japan). The next day,
6 cells were fixed with methanol for 5 min at -20°C, followed by blocking with 10% goat
7 serum for 1 h at room temperature. Cells were incubated with anti- α -Tubulin and
8 anti- γ -Tubulin antibodies for 1 h at room temperature, washed with PBS, and incubated
9 with Alexa Fluor 488-conjugated goat anti-mouse IgG and Alexa Fluor 488-conjugated
10 goat anti-rabbit IgG for 45 min at dark.

11

12 **Microscopic imaging**

13 For cell migration assays, the fluorescence of cleaved PARP1 and DAPI was detected
14 using a BZ-X710 microscope (Keyence, Osaka, Japan) with a CFI Plan Apochromat
15 20X/0.75 objective lens (Nikon, Tokyo, Japan). Images were collected using
16 BX-Viewer software (Keyence). For other imaging assay, images were obtained by an
17 LSM 700 confocal microscope equipped with a Plan Apochromat 63X/1.4 Oil DIC
18 objective lens (Carl Zeiss AG, Oberkochen Germany). Images were collected using
19 ZEISS ZEN software (Carl Zeiss AG).

20

21 **Western blot analysis**

22 Cells were washed with PBS and treated with lysis buffer (1% [w/v] SDS, 10 mM
23 Tris-HCl, 1 mM EDTA, pH 8.0 supplemented with cComplete Mini Protease Inhibitor
24 and PhosSTOP phosphatase inhibitor cocktails (Roche) followed by sonication. After

1 measuring protein concentrations, samples were standardized to the same protein
2 concentration. 5x sample buffer (0.35 M Tris-HCl, pH 6.8, 10%[w/v] SDS, 25%
3 glycerol, 0.075% bromophenol blue) with 80 mM dithiothreitol was added to the
4 samples, followed by boiling for 5 min at 95°C. Twenty µL samples were separated by
5 SDS-polyacrylamide gel electrophoresis, transferred to polyvinylidene difluoride
6 membranes and blocked with 5% nonfat milk in PBS-T (phosphate-buffered saline
7 containing 0.1% Tween-20) buffer. The membranes were probed with primary
8 antibodies overnight at 4°C and detected with horseradish peroxidase-conjugated
9 secondary antibodies and ECL Western Blotting Detection Reagents (GE Healthcare,
10 Chicago, IL) or ECL Prime Western Blotting Detection Reagents (GE Healthcare),
11 followed by imaging with ImageQuant LAS 4000 mini (GE Healthcare). Quantification
12 of band intensities was performed with ImageJ (NIH, Bethesda, MD).

13

14 **Cell migration assay**

15 Cells were plated uniformly into 35 mm Collagen type I-coated glass based dish (Iwaki,
16 Tokyo, Japan) and grown to 95% confluence. A scratch was made using a 200-µL
17 pipette tip, floating cells were washed off with phosphate-buffered saline (PBS), and
18 fresh medium containing 0.5% FBS was added to suppress cell growth. The cells were
19 incubated for the indicated periods of time, followed by exposure to UVC radiation.
20 After a duration of 3 h following exposure, the cells were fixed with paraformaldehyde
21 (4%, 15 min), followed by immunofluorescent (IF) staining.

22 For the assessment of cell migration, 24 wounds in 4 dishes were photographed at
23 zero time and after 16 h. The wound areas were analyzed using the ImageJ software.
24 The wound closure was calculated using the formula that wound closure =

1 (A0-A16)/A0×100%, where A0 represents the original wound area at 0 hr, and A16
2 represents the wound area at 16 hr.

3

4 **EdU proliferation assay**

5 To quantify cell proliferation in live cells, the EdU proliferation kit (iFluor 488) (Abcam,
6 ab219801) was used according to the manufacturer's instruction. EdU solution (10 μM)
7 was incubated with cells for 3 h at 37°C in 5% CO₂ humidified air. Cells were then
8 fixed with 4% formaldehyde for 15 min and permeabilized. EdU detection was
9 performed on a flow cytometer with the pretreatment as described in the provided
10 instruction.

A

KYSE 150

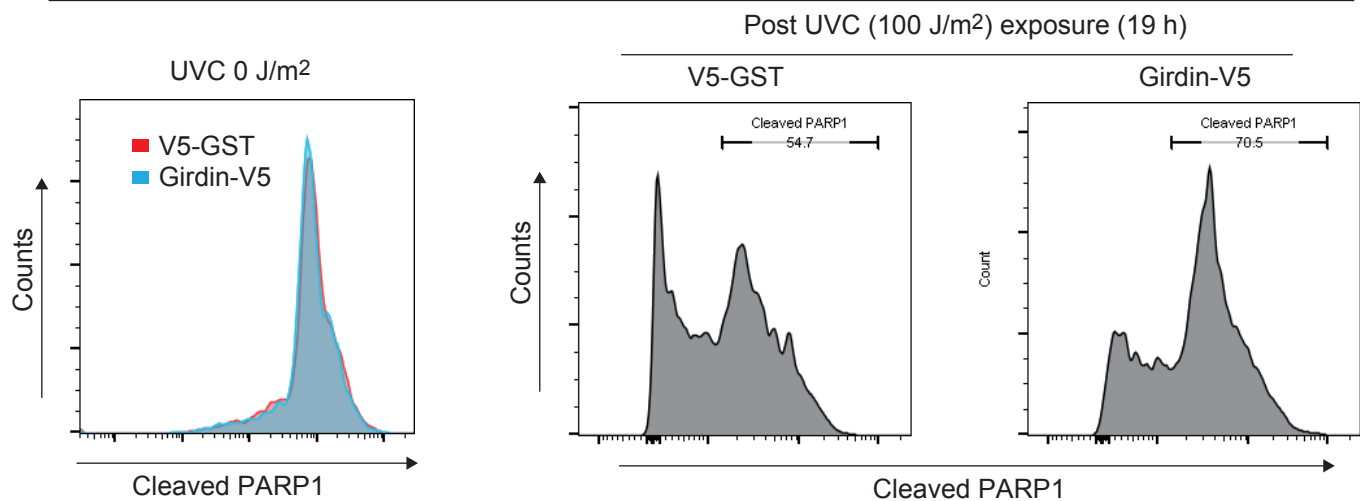
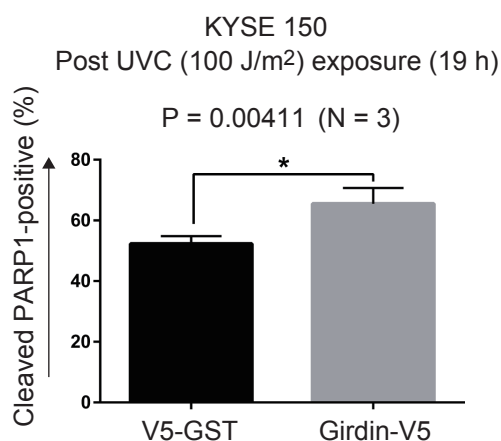
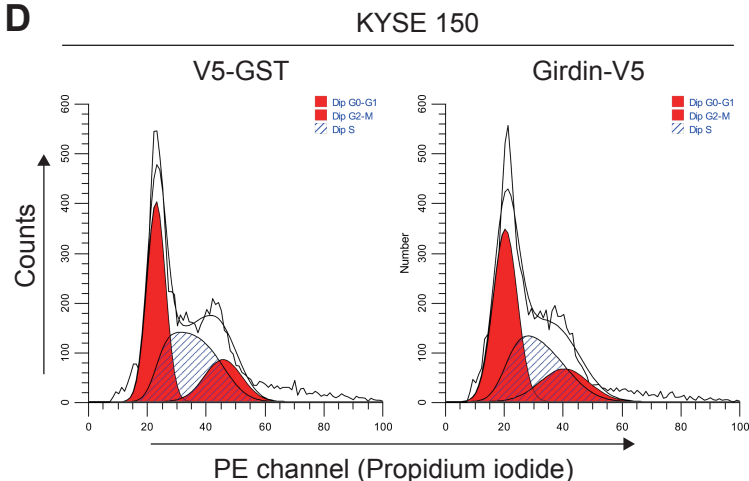
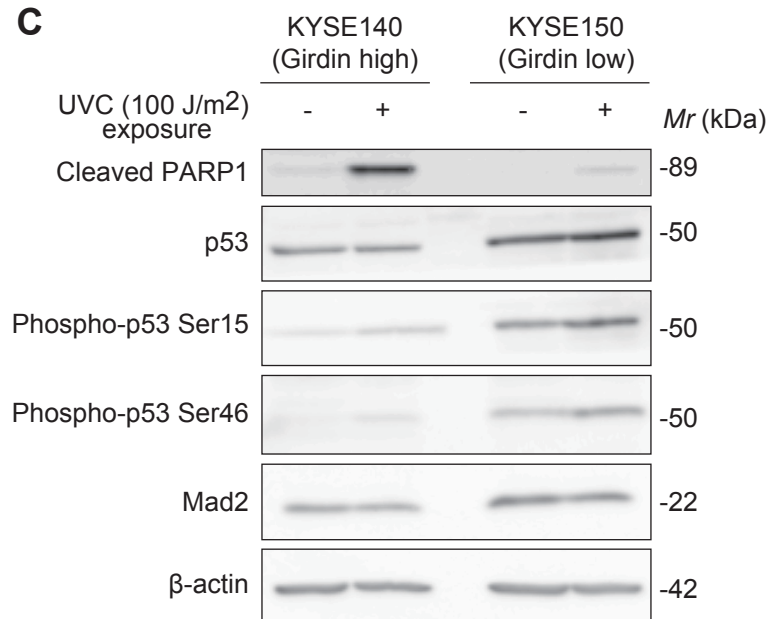
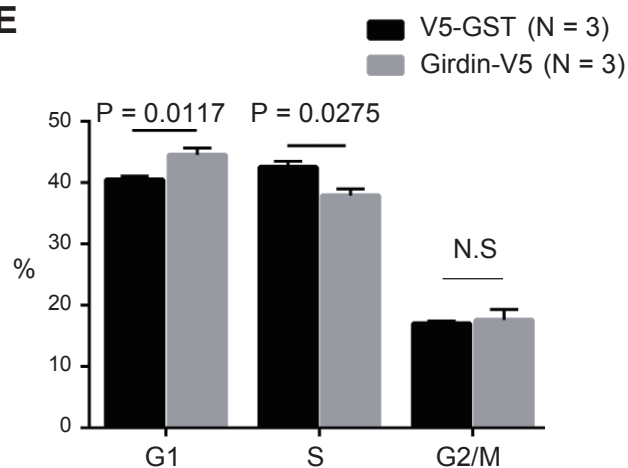
**B****D****C****E**

Figure S1. Effects of Girdin OE on UVC-mediated apoptosis and cell cycle progression in esophageal cancer cells
(A, B) Non-synchronized KYSE150 cells transiently transfected with V5-GST (control) or Girdin tagged with the V5 epitope (Girdin-V5) were exposed to UVC irradiation, followed by flow cytometric analysis to detect cleaved PARP1-positive cells. Representative flow histograms are shown in **(A)**, and the percentages of cleaved PARP1-positive cells are quantified in **(B)**. Results are expressed as the means \pm SD of 3 independent experiments. GST, glutathione S-transferase.

(C) KYSE140 and KYSE150 cells were exposed to UVC irradiation and incubated for 19 h, followed by Western blot analysis with the indicated antibodies.

(D, E) Non-synchronized KYSE150 cells transfected with V5-GST and Girdin-V5 were stained for PI (propidium iodide), followed by flow cytometric analysis. The crosshatched areas and those filled with orange and red represent S, G1, and G2/M phases, respectively, which were determined through curve fitting with the ModFitLT software. The percentages of cells in each phase were quantified in **(E)**. Results are expressed as the means \pm SD of 3 independent experiments.

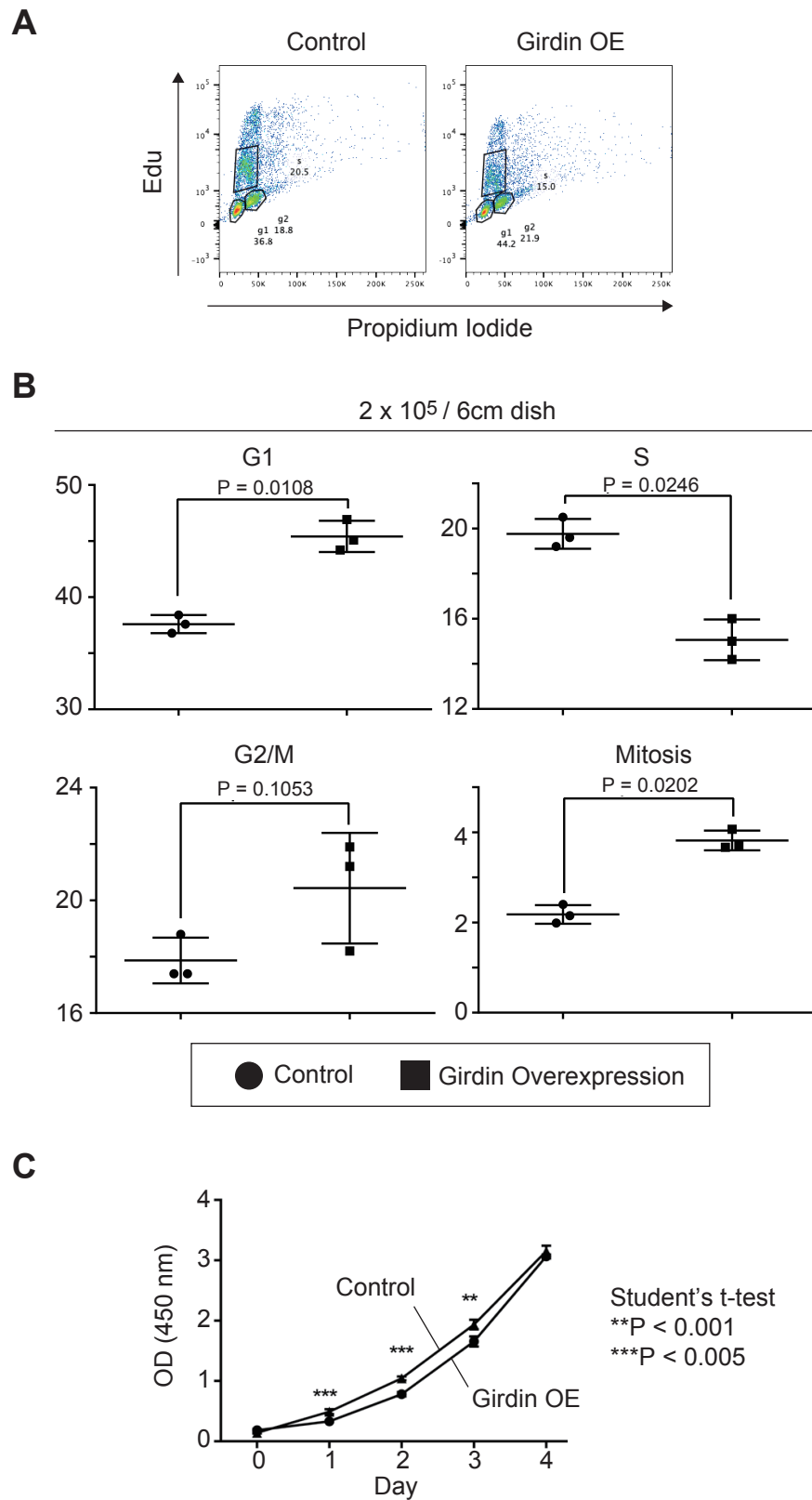


Figure S2. Girdin OE HeLa cells exhibit dysregulated cell cycle progression with prolonged G1 and M phases (A, B) Non-synchronized control and Girdin OE HeLa cells were incubated with EdU (10 μ M) for 3 h, followed by flow cytometric analysis. Representative flow histograms depicting the indicated fractions are shown in (A), and the percentages of cells in the indicated cell cycle phases are quantified in (B). Results are expressed as the means \pm SD of 3 independent experiments.

(C) Control and Girdin OE cells were seeded on petri dishes (10⁴ cells per dish), and the proliferation of the cells was quantified by the WST-1 assay.

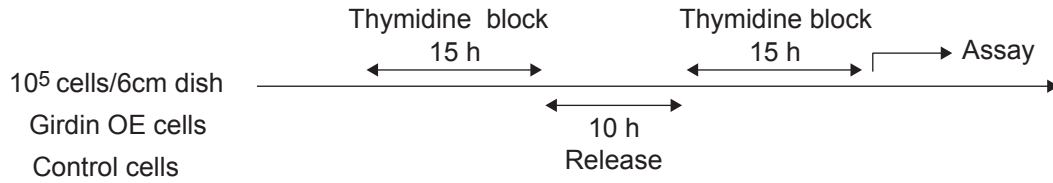
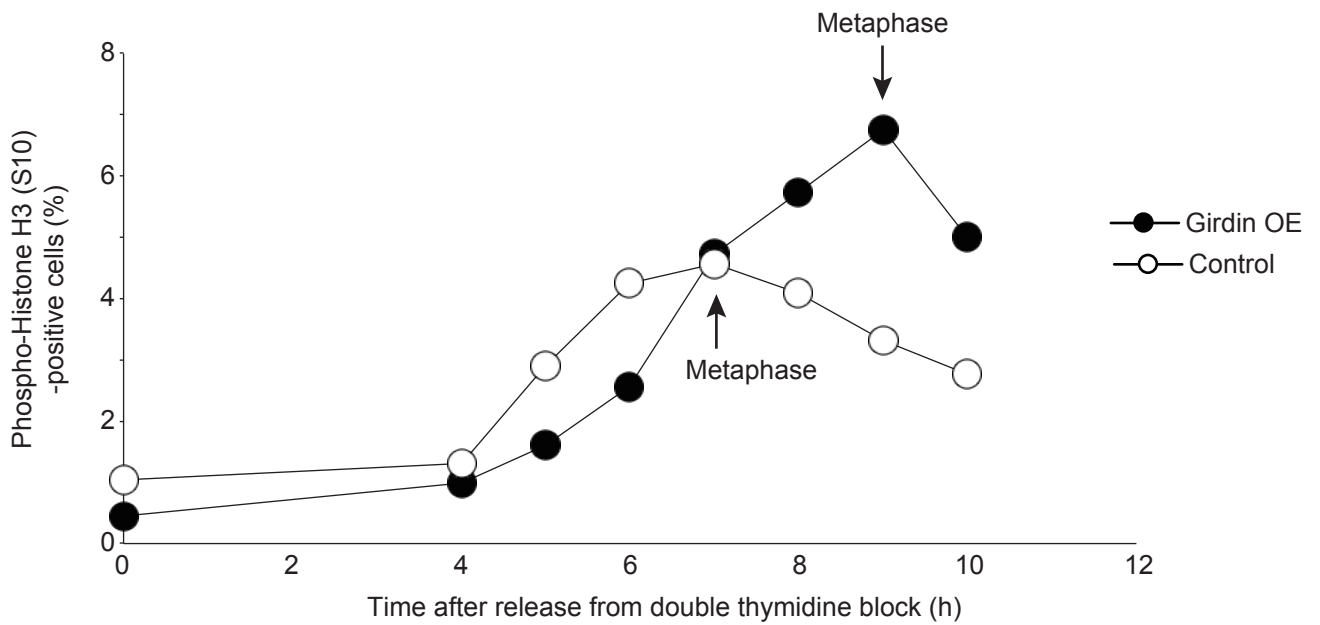
A**B**

Figure S3. M phase progression analysis in control and Girdin OE HeLa cells synchronized by double thymidine block

(A) HeLa cells were incubated with thymidine (2 mM) for 15 h and released for 10 h, followed by treatment with thymidine (2 mM) for additional 15 h.

(B) Temporal changes in the percentages of phospho-Histone H3 (S10)-positive control (open circles) and Girdin OE (closed circles) cells after releasing from thymidine block were examined by flow cytometric analysis. The peaks in the number of phospho-Histone H3 (S10)-positive cells are indicated by arrows.

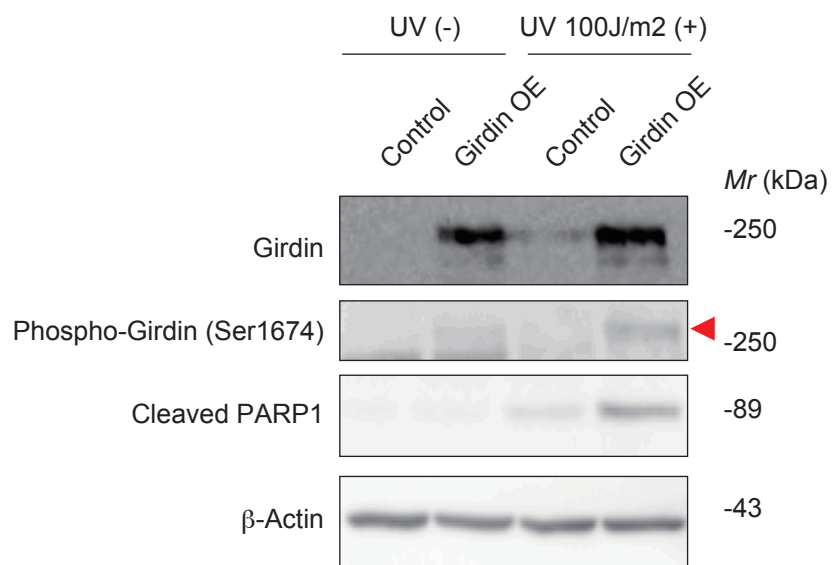


Figure S4. Cdk5-mediated Girdin phosphorylation in control and Girdin OE HeLa cells after UVC irradiation
Control and Girdin OE HeLa cells were exposed to UVC irradiation and incubated for 3 h, followed by Western blot analysis with the indicated antibodies. A red arrowhead denotes a band that represents Girdin phosphorylated by Cdk5 at Ser1674.

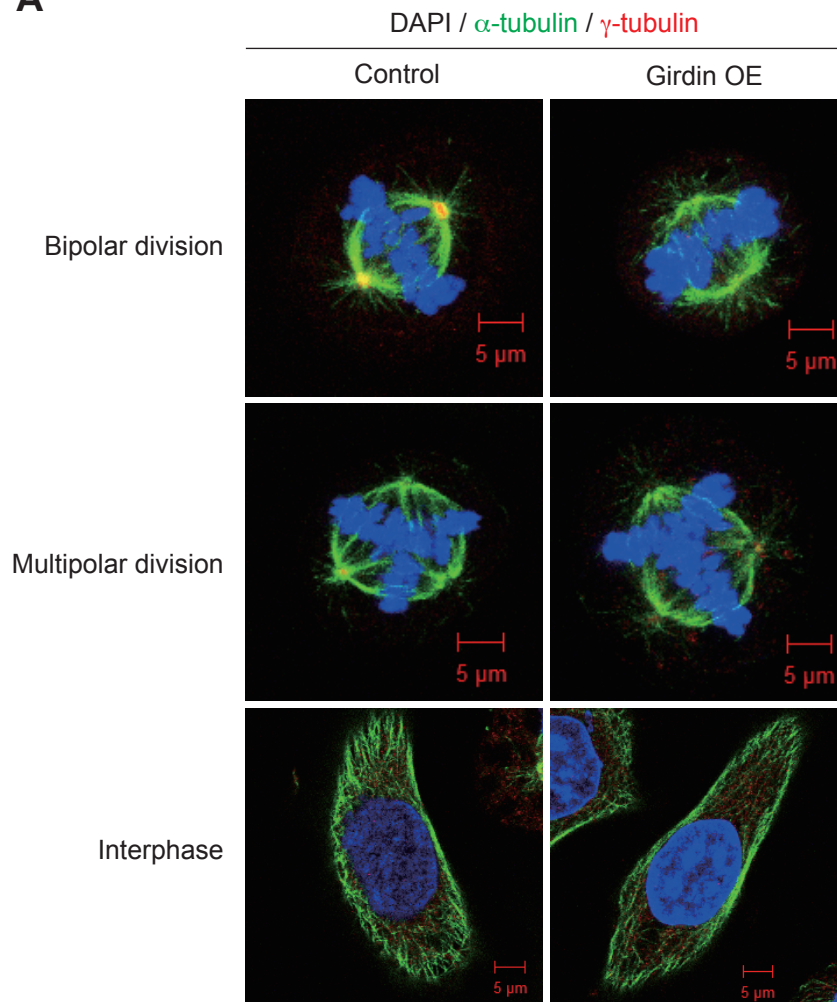
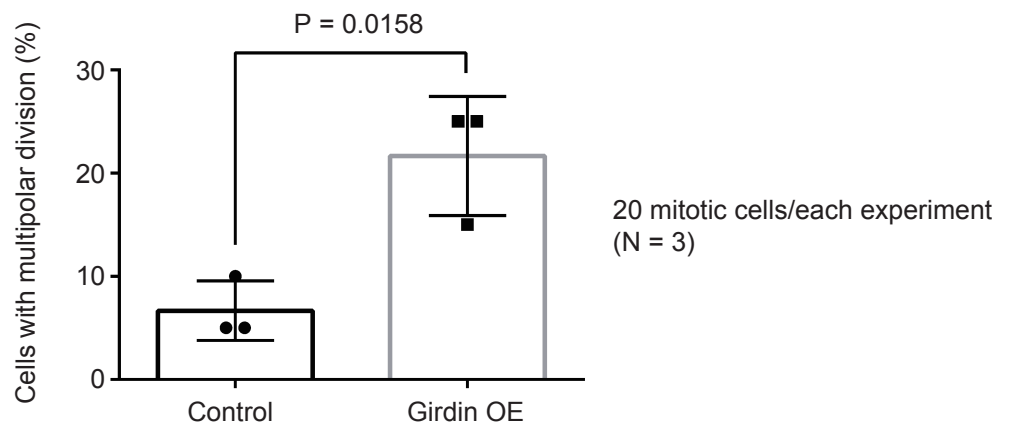
A**B**

Figure S5. Organization of microtubules and mitotic spindles in control and Girdin OE HeLa cells
(A) Control (left) and Girdin OE (right) HeLa cells were fixed with -20°C methanol and stained for microtubules by tubulin antibodies. Chromosome DNAs were visualized by DAPI staining. Representative images for bipolar and multipolar division in metaphase or early anaphase are shown. Scale bars: $5\ \mu\text{m}$.
(B) Number of cells with multipolar division in control and Girdin OE cells were counted and quantified. Twenty mitotic cells were examined in each experiment, and the results from 3 independent experiments are shown.

Correlation between Girdin expression and histological response to radiotherapy

A Pre-radiation samples (biopsy sample)

Intensity score (IS)

Score 0: Negative

Score 1: Weakly positive

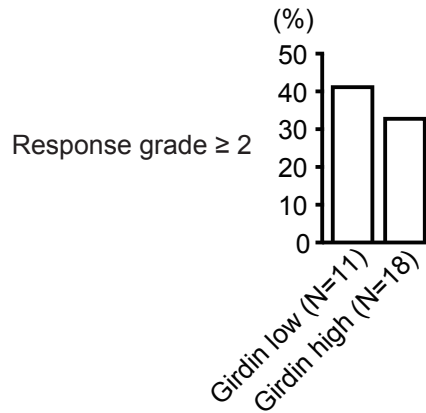
Score 2: Positive

Score 3: Strongly positive

Girdin low

Girdin high

Fisher exact test: $P = 0.7116$



B Post-radiation samples (surgically resected samples)

Intensity score (0,1,2,3)

Proportion score (0-15%; 0, 16-50%; 1, 51-85%; 2, 86-100%; 3)

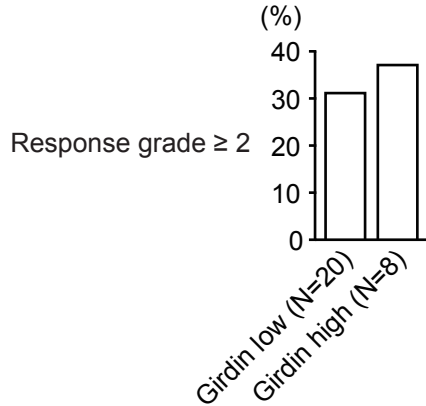
Intensity score (0,1,2,3)

Proportion score (0%; 0, 1-30%; 1, 31-60%; 2, 61-100%; 3)

IS ≥ 2 and PS ≥ 2 : Girdin high

IS + PS ≥ 4 : Girdin high

Fisher exact test: $P > 0.9999$



Fisher exact test: $P = 0.6828$

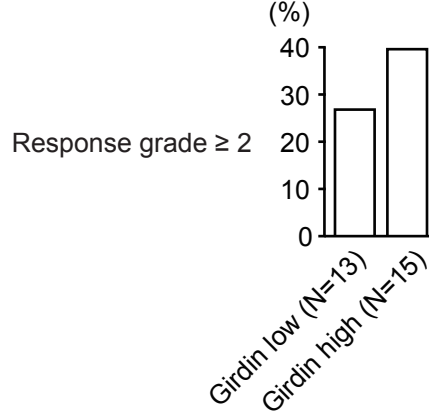


Figure S6. No significant correlation between Girdin expression and histological response to radiotherapy in esophageal cancer patients

(A) Girdin expression in pre-radiation biopsy samples taken from 29 cases of esophageal cancer was empirically evaluated by a scoring system, and the patients were classified into Girdin low and high groups (left panel). The percentage of cases with histological response greater than grade 2 in each group was plotted on the graph shown in the right panel.

(B) Girdin expression in post-radiation samples of 28 esophageal cancer cases was evaluated by two scoring systems, and the patients were classified into Girdin low and high groups (left and right panels). The percentage of cases with histological response greater than grade 2 in each group is plotted on the graphs.