

# BRD4 PROTAC Degradar ARV-825 Inhibits T-Cell Acute Lymphoblastic Leukemia by Targeting 'Undruggable' Myc-pathway Genes

**Shuiyan Wu**

Children's Hospital of Soochow University

**You Jiang**

Children's Hospital of Soochow University

**Yi Hong**

Children's Hospital of Soochow University

**Xinran Chu**

Children's Hospital of Soochow University

**Zimu Zhang**

Children's Hospital of Soochow University

**Yanfang Tao**

Children's Hospital of Soochow University

**Ziwei Fan**

Children's Hospital of Soochow University

**Zhenjiang Bai**

Children's Hospital of Soochow University

**Xiaolu Li**

Children's Hospital of Soochow University

**Yan-Ling Chen**

Children's Hospital of Soochow University

**Ziheng Li**

Children's Hospital of Soochow University

**Xin Ding**

Children's Hospital of Soochow University

**Haitao Lv**

Children's Hospital of Soochow University

**Xiaoli Du**

Cincinnati Children's Hospital Medical Center Center for Health Care Quality; Cincinnati Children's Hospital Medical Center James M Anderson Center for Health Systems Excellence

**Su Lin Lim**

Saint Michael's Medical Center

**Yongping Zhang**

Children's Hospital of Soochow University

**Saihu Huang**

Children's Hospital of Soochow University

**Jun Lu**

Children's Hospital of Soochow University

**Jian Pan** (✉ [panjian2019@suda.edu.cn](mailto:panjian2019@suda.edu.cn))

Children's Hospital of Soochow University <https://orcid.org/0000-0002-0292-5141>

**Shaoyan Hu**

Children's Hospital of Soochow University

---

## Primary research

**Keywords:** BRD4, ARV-825, T-Cell acute lymphoblastic leukemia, Pediatric, c-Myc

**Posted Date:** December 17th, 2020

**DOI:** <https://doi.org/10.21203/rs.3.rs-129258/v1>

**License:** © ⓘ This work is licensed under a Creative Commons Attribution 4.0 International License. [Read Full License](#)

---

**Version of Record:** A version of this preprint was published at Cancer Cell International on April 22nd, 2021. See the published version at <https://doi.org/10.1186/s12935-021-01908-w>.

# Abstract

## Background

T-cell acute lymphoblastic leukemia (T-ALL) is an aggressive disease with a high risk of induction failure and poor outcomes, with relapse due to drug resistance. Targeting bromodomains and extra-terminal (BET) protein inhibitors are promising anti-cancer agents, and ARV-825, comprising a BET inhibitor conjugated with cereblon, was recently shown to attenuate the growth of multiple tumors *in vitro* and *in vivo*. However, the functional and molecular mechanisms of ARV-825 in T-ALL remain unclear. This study aimed to investigate the therapeutic efficacy and potential mechanism of ARV825 in T-ALL.

## Methods

Expression levels of the BET protein BRD4 were determined in pediatric T-ALL samples and differential gene expression after ARV-825 treatment was explored by RNA-seq and quantitative reverse transcription-polymerase chain reaction. T-ALL cell viability was measured by CCK8 assay after ARV-825 administration. Cell cycle was analyzed by propidium iodide (PI) staining and apoptosis was assessed by Annexin V/PI staining. The functional and molecular pathways involved in ARV-825 treatment of T-ALL were verified by western blot and chromatin immunoprecipitation (ChIP).

## Results

BRD4 expression was higher in pediatric T-ALL samples compared with T-cells from healthy donors. High BRD4 expression indicated a poor outcome. ARV-825 suppressed cell proliferation *in vitro* by arresting the cell cycle and inducing apoptosis, with elevated poly-ADP ribose polymerase and cleaved caspase 3. BRD4, BRD3, and BRD2 were degraded in line with reduced cereblon expression in T-ALL cells. ARV-825 had a lower IC50 in T-ALL cells compared with the BET inhibitors JQ1 and dBET1. ARV-825 perturbed the H3K27Ac-Myc pathway and reduced c-Myc protein levels in T-ALL cells according to RNA-seq and ChIP. Moreover, ARV-825 inhibited cell proliferation by depleting BET and c-Myc proteins in T cell lines and in pediatric T-ALL patients.

## Conclusions

BRD4 indicates a poor prognosis in T-ALL. The BRD4 degrader ARV-825 can effectively suppress the proliferation and promote apoptosis of T-ALL cells via BET protein depletion and c-Myc inhibition, thus providing a new strategy for the treatment of T-ALL.

# Background

T-cell acute lymphoblastic leukemia (T-ALL) is serious disease with a high risk of induction failure, with up to 20% of children and 40% of adults relapsing after intensive combination chemotherapy [1]. Relapsed T-ALL is associated with poor outcomes, with an estimated 5-year overall survival of less than 10% [2, 3]. Chemoresistance is major cause of recurrence and refractory T-ALL in both adult and pediatric patients, despite the use of inhibitors targeting the NOTCH1 pathway [3]. There is thus an urgent need to discover new treatment strategies based on the genomic landscape.

The bromodomain and extraterminal (BET) protein family member BRD4 is a transcriptional and epigenetic regulator known to be involved in super-enhancer organization and transcriptional regulation in cancer [4, 5]. Previous studies reported that overexpression of BRD4 was linked to tumorigenesis and progression in solid tumors and some hematologic malignancies [6-9]; however, its role in T-ALL remains unclear. The need for effective treatments for T-ALL combined with the development of small-molecule BET inhibitors thus prompted us to investigate the suitability of BRD4 as a T-ALL drug target.

Several structure- and activity-based BET protein small-molecule inhibitors have been developed, including JQ1 and OTX015. These agents disrupt the binding of BRD4 to acetylated chromatin, and inhibit growth and induce apoptosis in a variety of cancers, including hematologic malignancies and solid tumors [10-13]. However, some studies found that BET inhibitors led to the accumulation of BRD4 protein in cancer cells, which, together with the reversible nature of inhibitor binding, could prevent efficient BRD4 inhibition [14-17]. Using the Proteolysis-targeting Chimera (PROTAC) platform, Lu et al. recently designed a novel chimeric molecule ARV-825, comprising OTX015 conjugated with the E3 ligase cereblon (CRBN), which could efficiently degrade BRD4 [18]. Several studies showed that ARV-825 suppressed proliferation and induced apoptosis more effectively and had longer-lasting effects than BRD4 inhibitors, possibly via the rapid and long-lasting degradation of BRD4 and suppression of downstream targets such as c-Myc [14, 15, 17-19]. Meanwhile, we previously showed that ARV-825 reduced cell growth and increased apoptosis in neuroblastoma and multiple myeloma [16]. We therefore investigated the antitumor activity of ARV-825 targeting BRD4 in T-ALL, with the aim of identifying effective strategies for the treatment of pediatric T-ALL.

# Methods

## Samples

This study was carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) and was approved by the ethics committee of the Children's Hospital of Soochow University (2020CS009). A total of 46 human diagnostic T-ALL bone marrow samples were collected from participants in the CCLG-2008 protocol [20], and BRD4 mRNA expression was determined by RNA sequencing (RNA-seq). The clinical features of the patients are shown in Supplemental Table 1. Nine diagnostic pediatric T-ALL bone marrow samples and three healthy donor samples selected by Dynabeads™ CD4 (Cat. No. 00737290; Thermo Fisher Scientific, Waltham, MA, USA), according to the manual, were used to detect BRD4 mRNA expression via real-time polymerase chain reaction (PCR). Samples from two patients with primary T-ALL who participated in the CCG 2015 protocol [21] were collected for cell viability and western blot analysis.

## Cell culture

Human T-ALL cell lines, including Jurkat, CCRF-CEM (CCRF), Molt4, and 6T-CEM, were obtained from the cell bank of the Chinese Academy of Science and cultured in RPMI medium (Thermo Fisher Scientific) containing 10% fetal bovine serum (Biological Industries, CT, USA), and 1% penicillin-streptomycin (Millipore, Billerica, MA, USA) at 37°C in a humidified incubator with an atmosphere of 5% CO<sub>2</sub> and tested routinely for Mycoplasma. All the cells were authenticated by short tandem repeat analysis in 2019 and 2020.

#### Cell viability assay

T-ALL cells were seeded in 96-well plates at a density of  $2 \times 10^4$  cells per well and treated continuously with different concentrations of ARV-825. Primary leukemic cells were isolated from bone marrow by Ficoll–Hypaque centrifugation, and then seeded in 96-well plates at a density of  $1 \times 10^5$  cells per well in culture medium for 7 days. Cells treated with 0.05% dimethyl sulfoxide (DMSO) in complete medium without ARV-825 were used as controls. ARV-825 (Sigma-Aldrich, St. Louis, MO, USA) was dissolved in 100% DMSO to obtain a 10 mM stock solution, aliquoted, and stored at -20°C until analysis. After drug treatment for 48 h, cell viability was determined by Cell Counting kit-8 (CCK8) assay (Dojindo Molecular Technologies, Tokyo, Japan) according to the manufacturer's instructions. Cell proliferation was calculated as a percentage of that in cells in control medium. Each concentration was tested in triplicate and repeated in at least three independent experiments. The half maximal inhibitory concentration (IC<sub>50</sub>) of ARV-825 was calculated using Graph Prism software 8.3.0 (GraphPad Software Inc., San Diego, CA, USA).

#### Lentivirus preparation and infection

Short hairpin RNA (shRNA) targeting CRBN (CCGGGCCACGAATA GTTGTCTTTCTCGAGAAATGACAACCTATTCGTGGGCTTTTGG) constructed in the pLKO.1 lentiviral vector [16] and pLX304-CRBN-V5 vector [22] was a kind gift from Dr. X. Liang (Cancer Science Institute, Singapore). For lentivirus preparation, the envelope plasmid and packaging plasmid were purchased from Addgene (pMD2.G: #12259; psPAX2: #12260; Cambridge, MA, USA). pMD2.G, psPAX2 and the transfer plasmid were cotransfected into 293FT cells using polyethylenimine (linear MW 25,000 Da, 5 mg/mL, pH 7.0) (Cat. No. 23966-1; Polysciences, Warrington, PA, USA) according to the manufacturer's instructions. After 6 h, the culture medium was completely replaced with fresh medium. The viral supernatant was harvested at 48 h post-transfection and filtered through a 0.22 µm filter. T-ALL cells were then infected with lentivirus in the presence of 10 µg/mL Polybrene (Sigma-Aldrich) for 24 h. Stable cell lines were selected with puromycin or blasticidin (Sigma-Aldrich).

#### RNA-seq and data processing

RNA-seq was carried out according to the protocols suggested by BGI (AppTec, Wuxi, China). First, total RNA was reverse transcribed to cDNA for library construction, and the cDNA library was then sequenced. The raw reads were filtered and clean reads were mapped according to Bowtie2 and HISAT. The gene expression level (as fragments per kilobase of exon model per million reads mapped) was then calculated. For analysis of differential gene expression, raw RNA sequencing data were analyzed using the DAVID Bioinformatics Resources v6.8 online server (<https://david.ncifcrf.gov>).

T-ALL cells (Jurkat, 6T-CEM) treated with DMSO (n = 2) or ARV-825 (n = 2) after 48 h were also subjected to RNA-seq. Differentially expressed genes (P < 0.001 and fold-change > 2) were identified using limma analysis. Gene set enrichment analysis (GSEA) using the Java GSEA Desktop Application (<http://www.broadinstitute.org/gsea/>) identified a set of genes that was subsequently subjected to Cytoscape analysis (<http://www.cytoscape.org/>) to detect cellular pathways influencing the level of ARV-825-induced cellular death.

#### RNA preparation and real-time PCR expression analysis

Total RNA was extracted from cell pellets using TRIzol® reagent (Invitrogen, CA, USA), according to the manufacturer's protocol. For cDNA synthesis, 2 µg of total RNA was converted to cDNA using a High-Capacity cDNA Reverse Transcription Kit (Applied Biosystems, CA, USA). Quantitative real-time PCR analysis was carried out using LightCycler® 480 SYBR Green I Master mix (cat. 04707516001; Roche, Penzberg, Germany) with a LightCycler 480 Real Time System (Roche), according to the manufacturer's protocol. mRNA expression levels were calculated using the Ct method with actin expression as an internal reference. The real-time PCR primers were as follows: β-actin: forward, 5'-TTGCT GACAGGATGCAGAAGGAGA-3' and reverse, 5'-ACTCCTGCTTGCTGA TCCACATCT-3'; BRD4 sense, 5'-ACCTCCAACCCTAACAGCC-3' and antisense, 5'-TTTCCATAGTGCTTGAGCACC-3'.

#### Cell cycle analysis

T-ALL cells were trypsinized, washed, and fixed in 70% ethanol at 4°C overnight. The cells were then washed with cold phosphate-buffered saline (PBS) and resuspended in 0.5 mL of PI/RNase Staining Buffer (cat. 550825; BD Pharmingen™, San Diego, CA, USA), followed by incubation at room temperature for 15 min. The cells were then subjected to flow cytometry using a Beckman Gallios™ Flow Cytometer (Beckman, Krefeld, Germany) and the cell cycle was analyzed with MultiCycle AV DNA analysis software (Verity Software House, Topsham, ME, USA).

#### Cell apoptosis assay

Cell apoptosis was determined as described previously [23]. Briefly, T-ALL cells were incubated with ARV-825 at the indicated concentrations for 48 h, harvested and washed with cold PBS, suspended in 1× binding buffer, and stained with fluorescein isothiocyanate (FITC)-Annexin V antibody and PI solution using an FITC-Annexin V apoptosis kit (cat. 556420; BD Biosciences, Franklin Lakes, NJ, USA), according to the manufacturer's instructions. Cell apoptosis was analyzed by flow cytometry (Beckman Gallios™ Flow Cytometer; Beckman).

#### Western blot analysis

Western blot analysis was conducted as described previously [23] using the following primary antibodies: BRD2 (Cat. No. 5848s; Cell Signaling Technology, Boston, MA, USA), BRD3 (Cat. No. 11859-1-AP; Proteintech, Chicago, IL, USA), BRD4 (Cat. No. 13440s; Cell Signaling Technology), CRBN (Cat. No. HPA045910;

Sigma-Aldrich), c-Myc (Cat. No. 9402; Cell Signaling Technology), cleaved caspase 3 (Cat. No. 9664; Cell Signaling Technology), and PARP (Cat. No. 9542; Cell Signaling Technology), with glyceraldehyde 3-phosphate dehydrogenase (Cat. No. MA3374; Millipore) as a reference protein. Peroxidase-conjugated Affiniure goat anti-rabbit IgG (H + L) (cat.111-035-003) and goat anti-mouse IgG (H+L) (Cat. No. 115-035-003) secondary antibodies were purchased from Jackson ImmunoResearch Laboratories, Inc. (West Grove, PA, USA).

### Chromatin immunoprecipitation (ChIP)

ChIP was performed as described previously [24]. Briefly,  $3-5 \times 10^7$  cells were crosslinked with 1% formaldehyde for 10 min and neutralized with 1.25 M glycine for 5 min at room temperature. Fixed cells were harvested, lysed, and sonicated using a Bioruptor (Diagenode, Liège, Belgium). Sonicated chromatin was incubated with anti-histone H3 (acetyl K27) antibody (cat. ab4729; Abcam, Cambridge, UK) overnight at 4°C. DNA was eluted and purified using a QIAquick PCR purification kit (Cat. No. 208106; Qiagen, Hilden, Germany). Samples were sequenced on an Illumina HiSeq platform (BGI, Wuhan, China).

### Statistical analysis

All experiments were performed independently in triplicate at least three times. Statistical analysis was performed using SPSS software version 17.0 (IBM Corporation, NY, USA). Survival analysis was performed by Kaplan–Meier estimates with log-rank tests. Percentages of cell apoptosis, BRD4 mRNA level, and cell viability were compared using Student's *t*-tests. Normally distributed measured data were expressed as mean  $\pm$  standard deviation. Differences between two groups were compared using *t*-tests,  $\chi^2$  tests, or the exact probability method. Non-normally distributed data were expressed as quartiles and compared using Mann–Whitney U tests. All tests were two-tailed and  $P < 0.05$  was considered statistically significant.

## Results

BRD4 was overexpressed in T-ALL patients and associated with poor prognosis

The Cancer Cell Line Encyclopedia (CCLE; <https://portals.broadinstitute.org/ccle>) includes BRD4 mRNA expression profiles for different types of cancer cell lines, and showed that BRD4 was highly expressed with no specificity for distinct cancers (Figure 1A). BRD4 mRNA expression levels in pediatric samples and healthy donors were detected by qPCR. BRD4 expression was increased in T-ALL cells compared with healthy donors (Figure 1B). To determine the potential utility of targeting BRD4 for the treatment of T-ALL, we analyzed BRD4 mRNA expression via RNA-seq in 46 T-ALL samples. The clinical and molecular characteristics of the patients are shown in Table 1. Reads per kilobase per million mapped reads-normalized gene expression data were used to evaluate the prognostic significance of BRD4 and the association between BRD4, and overall survival of T-ALL patients was also analyzed. BRD4 expression was not related to clinical characteristics, including age, sex, initial bone marrow blasts, white blood cell count, and prednisone response (Table 1). However, high BRD4 expression was associated with unfavorable outcomes in pediatric T-ALL patients (Table 1 and Figure 1C). There was no significant difference in relapse-free survival between the two groups, but there was an obvious tendency towards higher relapse-free survival in patients with higher BRD4 expression (Figure 1D). Additionally, multiple logistic regression analyses identified prednisone response as an independent factor affecting survival in pediatric T-ALL patients ( $P = 0.014$ ) (Table 2), while BRD4 expression was almost a significant independent risk factor for survival ( $P=0.064$ ). These results suggest that BRD4 might be a potential therapeutic target for pediatric T-ALL.

### ARV-825 has superior cytotoxicity in T-ALL via promoting apoptosis

The protein levels of BRD2, BRD3, and BRD4 are shown in Figure 2A. The BET family members were universally expressed in T-ALL cells. We further explored the cytotoxic effects of ARV-825 in T-ALL cells by examining the effects of 1  $\mu$ M ARV-825 for 7 days on the viability of Jurkat, CCRF, Molt4, and 6T-CEM cell lines. ARV-825 significantly reduced the viability of all the tested cell lines in a time-dependent manner (Figure 2B and C). We also examined the effects of the cell cycle by staining with PI. Most T-ALL cells were distributed in G1/S phase (Figure 3A), but the cell population in G1 phase increased dramatically after treatment with ARV-825 for 48 h (Figure 3A), suggesting that ARV-825 restrained T-ALL cell proliferation by blocking the cell cycle. Moreover, ARV-825 for 48 h increased the apoptotic rates of T-ALL cell lines, especially CCRF, Jurkat, and Molt4 cells (Figure 3B). We also assessed the expression levels of the apoptotic proteins cleaved caspase 3 and PARP by western blot. Cleaved caspase 3 was markedly upregulated in all treated cells and PARP was increased in most of ARV825-treated T-ALL cells, except CCRF (Figure 4). We evaluated the cytotoxic activity of ARV-825 in T-ALL cell lines by treating them with increasing doses of ARV-825, JQ1, and dBET1 for 48 h. T-ALL cell viability was reduced in a dose-dependent manner by treatment with these agents, as shown by CCK8 assay (Figure 2D), with ARV-825 having a superior cytotoxic effect to JQ1 and dBET1 in T-ALL cell lines. The IC50 values of ARV-825, JQ1, and dBET1 in Jurkat cells were  $0.254 \pm 0.011$ ,  $0.857 \pm 0.095$ , and  $0.981 \pm 0.069$ , in 6T-CEM cells were  $0.389 \pm 0.019$ ,  $1.117 \pm 0.088$ , and  $2.474 \pm 0.107$   $\mu$ M, in Molt4 cells were  $0.534 \pm 0.081$ ,  $1.910 \pm 0.102$ , and  $1.748 \pm 0.173$   $\mu$ M, and in CCRF cells were  $0.125 \pm 0.014$ ,  $1.064 \pm 0.096$ , and  $1.145 \pm 0.059$   $\mu$ M, respectively. Collectively, these data suggest that ARV-825 exerted a stronger anti-proliferative effect than other BET inhibitors in T-ALL cell lines.

### ARV-825 evicts BET protein expression in T-ALL cells

ARV-825 was designed by PROTAC technology to selectively degrade target proteins via the ubiquitin proteasome system. We therefore analyzed BET protein expression following ARV-825 treatment in T-ALL cells. Western blotting showed almost complete BRD4 protein degradation in T-ALL cell lines treated with ARV-825 (Figure 4). In addition to BRD4, ARV-825 also reduced BRD2 and BRD3 protein expression levels (Figure 4). These data suggest ARV-825 downregulated BET protein expression in T-ALL cells.

### CRBN was a powerful helper for ARV-825

We examined the expression of CRBN in T-ALL cell lines (Figure 5A). CRBN expression levels were lower in CCRF cells compared with the other three cell lines, and CRBN-overexpression was not studied in these cells due to difficulties in transfection. However, we successfully transfected CRBN-overexpression and

CRBN-knockdown vectors into Jurkat, 6T-CEM, and Molt4 cells and verified the expression by western blot (Figure 5B and C). ARV-825 comprises OTX015 and a CRBN-recruiting moiety connected by a linker. To confirm that BRD4 degradation induced by ARV-825 was mediated by CRBN, we treated T-ALL cells with ARV-825 in the presence of excess and depleted CRBN. As expected, excess CRBN reduced the IC50 of ARV-825 in 6T-CEM, Jurkat, and Molt4 cells (Figure 5D), while downregulated CRBN increased the IC50 of ARV-825 in these cells (Figure 5E). Taken together, these data demonstrate that ARV-825 caused growth inhibition via a CRBN-mediated and proteasome-dependent mechanism.

### ARV-825 reduces c-Myc expression in T-ALL cells

We explored the potential molecular mechanism responsible for the antiproliferative effect of ARV-825 in T-ALL using RNA-seq to identify transcriptionally regulated genes. A total of 1890 genes were downregulated and 1254 were upregulated in Jurkat cells treated with ARV-825 for 48 h compared with the DMSO control group. In 6T-CEM cells, 3122 genes were downregulated and 1898 were upregulated compared with the control group (Figure 6A). We screened for genes with fold-change of  $\log_2FC > 1$  and adjusted  $P < 0.05$ , and selected the top 20 downregulated and upregulated genes (Figure 6B). ARV-825 markedly downregulated *CARMIL2*, *IGLL1*, *MYC*, *ADAM33*, and *PTPRF*, and upregulated histones including *H1-0*, *H1-10*, *H2BC20P*, *H3-3B*, and *H1-2*. ChIP-seq confirmed that ARV-825 downregulated *CARMIL2* and *IGLL1* through disturbing H3K27Ac (Figure 6C). GSEA plot confirmed that most differentially expressed genes involved in the c-Myc signaling pathway were downregulated, because their running enrichment score was positive (Figure 6D). The basal c-Myc expression status of T-ALL cells is shown in Figure 6E. As expected, c-Myc protein expression was dramatically decreased by BET depletion by ARV-825 in all four T-ALL cells, in dose- and time-dependent manners (Figure 6F and G). These observations revealed that ARV-825 perturbed BRD4-H3K27Ac mediated c-Myc transcription, leading to reduced c-Myc protein expression.

### ARV-825 has potent antitumor effect in primary T-ALL patients

We determined if primary pediatric T-ALL cells were sensitive to ARV-825 treatment using two diagnostic pediatric T-ALL samples. The clinical characteristics of the patients are presented in Table 3. Both patients were primarily resistant to conventional chemotherapy, with induction failure in the CCCG2015 protocol. We treated the cells with DMSO or increasing doses of ARV-825. ARV-825 inhibited the cell growth in both pediatric T-ALL samples, and c-Myc protein levels were significantly reduced in all the ARV-825-treated cultures tested. Consistent with the hypothesis that ARV-825 inhibits c-Myc, the sensitivity of the samples to ARV-825 was correlated with the reduction in c-Myc. ARV-825 treatment also downregulated BRD2, BRD3, and BRD4 protein expression levels in primary T-ALL cells (Figure 7), consistent with the results in cell lines. Collectively, these *in vitro* studies revealed the therapeutic potential of ARV-825 for pediatric T-ALL.

## Discussion

T-ALLs are aggressive proliferations of transformed T-cell progenitors. Although intensification of chemotherapeutic schedules has greatly improved the prognosis of T-ALL in the past 10 years, around 30% of cases still relapse within the first 2 years following diagnosis [25]. A detailed understanding of the T-ALL oncogenic networks and the escape pathways involved in acquiring chemoresistance is therefore required.

BRD4 plays important roles in a number of cancer types, including prostate cancer, lung carcinoma, and melanoma, as well as hematologic malignancies [6-9, 12, 26]. However, the biological significance of BRD4 in T-ALL is less well known. We initially examined BRD4 expression. BRD4 was the top-ranked protein in T-ALL cell lines relative to other types of cancer cell lines in CCLE samples. Additionally, compared with healthy samples, T-ALL samples showed higher BRD4 mRNA expression levels. RNA-seq analysis in the current study accordingly showed that BRD4 was commonly expressed in T-ALL patients, while survival analysis indicated that BRD4 was a poor prognostic marker for pediatric T-ALL patients. Although BRD4 expression was not a significant independent factor affecting survival in pediatric T-ALL patients, according to multiple logistic regression analyses ( $P = 0.068$ ), patients with high expression had a four-fold greater risk of death compared with patients with low expression levels. BRD4 has been shown to cluster at super-enhancer regions involved in the control of pivotal oncogenes, such as c-Myc, Bcl-xl, and Bcl-2 [14, 27-29], suggesting that it might be a target providing an alternative strategy to improve outcomes for T-ALL patients.

There are currently numerous BRD4 inhibitors, such as JQ1 and OTX015. Indeed, both preclinical and clinical studies have shown that the effects of these inhibitors are largely cytostatic, with apoptosis limited to a few cell lines and tumors from phase I patients. These agents also showed limited clinical activity and a general lack of sustained transcriptional inhibition of their targets, which could significantly limit their potential clinical benefits [10, 11, 29]. One strategy to improve BRD4 inhibition that has seen renewed interest in recent years involves designing irreversible/covalent inhibitors able to achieve the desired pharmacological effect at lower drug concentrations. ARV-825 is a novel BRD4 degrader that exerts superior lethal activity compared with BET inhibitors in many tumors [15-17, 30, 31]. Saenz et al. demonstrated that ARV-825 mediated BET protein degradation and was more effective than existing BET inhibitors at blocking BET protein transcriptional function in lymphoma and acute myelocytic leukemia [14]. However, its cytotoxicity in T-ALL was not explored. The current study showed that ARV-825 could effectively attenuate T-ALL cell growth *in vitro* by suppressing cell proliferation and accelerating apoptosis. Meanwhile, ARV-825 also increased cleaved PARP and caspase 3 in Jurkat, Molt4, and 6T-CEM cells, consistent with increased apoptosis. Our data also indicated that triggering cell cycle arrest, resulting in more cells in the resting state, was key to treatment with ARV-825. These results were consistent with previous observations on solid tumors and acute myeloid leukemia (AML) [14-16].

BET proteins, including BRD2, BRD3, BRD4, and BRDT, are epigenome readers known to associate with acetylated chromatin and transcriptional regulation. Our findings confirmed that not only BRD4, but also BRD2 and BRD3 protein expression levels were reduced after ARV-825 treatment. Similar findings were reported in other studies [11, 16]. This phenomenon could be due to OTX015 in ARV-825, which can bind to all BET family members because of the high homology in domains among BET family members [30]. Compared with OTX015, ARV-825 is a PROTAC that targets BRD4 and BET family proteins for CRBN-mediated proteasomal degradation [14], potentially resulting in profound depletion of BET proteins. Further investigations are required to determine the different influences and intrinsic mechanisms of BET inhibitors on BET family proteins.

Previous studies showed that CRBN expression level was a predictive marker for ARV-825 efficacy [32]. The current findings confirmed that CRBN expression played an essential role in the sensitivity of T-ALL cells to ARV-825, given that shRNA-mediated knockdown or overexpression of CRBN reduced and increased their sensitivity to ARV-825, respectively. These results indicated that the enhanced antileukemic effect of ARV-825 was closely related to CRBN, consistent with results in other tumors [18, 33].

c-Myc is transcriptionally regulated by super-enhancers in several hematological malignancies. Super-enhancers comprise broad areas of active open chromatin marked by H3K27 acetylation. BRD4 densely occupies super-enhancers and its inhibition thus reduces c-Myc transcription, causing an anti-tumor effect [11, 13, 28, 29]. In the current study, inhibition of BET proteins by disturbing H3K27 acetylation led to the downregulation of multiple genes (*CARMIL2*, *IGLL1*, *MYC*, *ADAM33*, and *PTPRF*) and the upregulation of histones responsible for the nucleosome structure, including *H1-0*, *H1-10*, *H2BC20P*, *H3-3B*, and *H1-2*. Interestingly, GSEA demonstrated that BRD4 depletion following ARV-825 treatment reduced Myc-pathway genes, according to RNA-seq analysis, which was further verified by western blot analysis in cell lines and primary T-ALL cells. Similar results were obtained in AML and multiple myeloma, which depended on the BRD4-Myc axis to inhibit cell proliferation *in vitro* and *in vivo* through regulation by ARV-825 [6, 14, 16]. Previous studies also showed that samples from patients with induction failure and relapse resistant to  $\gamma$ -secretase inhibitor treatment remained sensitive to BET inhibitors, depending on c-Myc reduction [13], and suppression of Myc activity led to T-ALL remission [34]. Similarly, the two pediatric T-ALL patients in the present study who were primarily resistant to conventional chemotherapy in the CCCL2015 protocol remained sensitive to ARV-825 with c-Myc downregulation. Collectively, these results reveal a crucial role for c-Myc in drug resistance in leukemia.

The current study had some limitations. First, the sample size for primary T-ALL was small, which would have weakened the findings. Second, we did not confirm the cytotoxicity of ARV-825 *in vitro*. More studies are therefore needed to validate our conclusions to allow this drug to be entered into clinical trials to benefit more patients.

## Conclusions

The results of this study demonstrated that ARV-825 had potent anti-tumor activity in T-ALL cell lines and primary pediatric T-ALL samples. ARV-825 exerts its effects by degrading BET proteins, leading to c-Myc suppression. These findings suggest that ARV-825 may represent a promising therapeutic approach for T-ALL.

## Abbreviations

T-ALL: T-cell acute lymphoblastic leukemia

BET: bromodomain and extra terminal

BRD4: bromodomain-containing protein 4

CCK-8: Cell Counting Kit-8

IC50: half-maximal inhibitory concentration

PBS: phosphate-buffered saline

PCR: polymerase chain reaction

shRNA: short hairpin RNA

## Declarations

### Ethics approval and consent to participate

All procedures performed in studies involving human participants were in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) and approved by the ethics committee of the Children's Hospital of Soochow University (2020CS009).

### Consent for publication

All patients or their parent or legal guardian provided written informed consent for participation in this study.

### Availability of data and materials

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

### Competing interests

The authors have declared that no competing interest exists.

### Funding

This work was supported by grants from Natural Science Fund for colleges and universities of Jiangsu Province (project code: 18KJB320022); the National Natural Science Foundation (82072767,81770145, 81702339, 81701596, 817072737, 81802499, 81872845, 81902534, 81971867); Natural Science Foundation of Jiangsu Province (BK20180207, BK20180206, SBK2019021442, BK20191175, BK20190186); Jiangsu Provincial Medical Talent (Jian Pan); Jiangsu Provincial Medical Youth Talent (No.QNRC2016762, QNRC2016756, QNRC2016758, QNRC2016768); Gusu Health Talents program of Soochow City (2020-104); Department of Pediatrics Clinical Center of Suzhou (Szzx201504); and the Applied Foundational Research of Medical and Health Care of Suzhou City (SYS2019080, SYS2019082, SYS2018075, SYS2018074, SYS2019078, SS201809).

#### Authors' contributions

Jian Pan and Shaoyan Hu designed and directed the study; Zimu Zhang and Zhenjiang Bai helped with statistical analysis; Shuiyan Wu performed the experiments, analyzed the data, and wrote the paper; You Jiang and Yi Hong performed part of the experiments; Xinran Chu and Ziwei Fan performed lentivirus preparation and transfection; Yanfang Tao, Zhiheng Li, and Xiaolu Li participated in western blotting, PCR, and *in vitro* experiments; Jun Lu and Saihu Huang collected clinical data; Xin Ding and Haitao Lv supported the design of primers for real-time PCR; Yongping Zhang and Yanling Chen helped with the apoptosis and cell cycle analysis; Xiaoli Du and Su Lin Lim participated in plasmid construction. All authors contributed to the final approval of manuscript.

#### Acknowledgments

We would like to thank the patients and Department of Hematology, Children's Hospital of Soochow University, for providing us with the specimens to conduct experiments in this study. The authors also thank International Science Editing (<http://www.Internationalscienceediting.com>) for editing a draft of this manuscript. We would like to acknowledge Dr. X. Liang (Cancer Science Institute, Singapore) for kindly give us the pLKO.1 lentiviral and pLX304-CRBN-V5 vectors.

#### References

1. Pui CH, Robison LL, Look AT: Acute lymphoblastic leukaemia. *Lancet* 2008, 371(9617):1030-1043.
2. Oriol A, Vives S, Hernandez-Rivas JM, Tormo M, Heras I, Rivas C, Bethencourt C, Moscardo F, Bueno J, Grande C *et al*: Outcome after relapse of acute lymphoblastic leukemia in adult patients included in four consecutive risk-adapted trials by the PETHEMA Study Group. *Haematologica* 2010, 95(4):589-596.
3. Hefazi M, Litzow MR: Recent Advances in the Biology and Treatment of T Cell Acute Lymphoblastic Leukemia. *Current hematologic malignancy reports* 2018, 13(4):265-274.
4. Filippakopoulos P, Picaud S, Mangos M, Keates T, Lambert JP, Barseyte-Lovejoy D, Felletar I, Volkmer R, Muller S, Pawson T *et al*: Histone recognition and large-scale structural analysis of the human bromodomain family. *Cell* 2012, 149(1):214-231.
5. Chaidos A, Caputo V, Karadimitris A: Inhibition of bromodomain and extra-terminal proteins (BET) as a potential therapeutic approach in haematological malignancies: emerging preclinical and clinical evidence. *Therapeutic advances in hematology* 2015, 6(3):128-141.
6. Zuber J, Shi J, Wang E, Rappaport AR, Herrmann H, Sison EA, Magoon D, Qi J, Blatt K, Wunderlich M *et al*: RNAi screen identifies Brd4 as a therapeutic target in acute myeloid leukaemia. *Nature* 2011, 478(7370):524-528.
7. Valent P, Zuber J: BRD4: a BET(ter) target for the treatment of AML? *Cell cycle* 2014, 13(5):689-690.
8. Liao YF, Wu YB, Long X, Zhu SQ, Jin C, Xu JJ, Ding JY: High level of BRD4 promotes non-small cell lung cancer progression. *Oncotarget* 2016, 7(8):9491-9500.
9. Alsarraj J, Hunter KW: Bromodomain-Containing Protein 4: A Dynamic Regulator of Breast Cancer Metastasis through Modulation of the Extracellular Matrix. *International journal of breast cancer* 2012, 2012:670632.
10. Amorim S, Stathis A, Gleeson M, Iyengar S, Magarotto V, Leleu X, Morschhauser F, Karlin L, Broussais F, Rezai K *et al*: Bromodomain inhibitor OTX015 in patients with lymphoma or multiple myeloma: a dose-escalation, open-label, pharmacokinetic, phase 1 study. *The Lancet Haematology* 2016, 3(4):e196-204.
11. Coude MM, Braun T, Berrou J, Dupont M, Bertrand S, Masse A, Raffoux E, Itzykson R, Delord M, Riveiro ME *et al*: BET inhibitor OTX015 targets BRD2 and BRD4 and decreases c-MYC in acute leukemia cells. *Oncotarget* 2015, 6(19):17698-17712.
12. Asangani IA, Dommetti VL, Wang X, Malik R, Cieslik M, Yang R, Escara-Wilke J, Wilder-Romans K, Dhanireddy S, Engelke C *et al*: Therapeutic targeting of BET bromodomain proteins in castration-resistant prostate cancer. *Nature* 2014, 510(7504):278-282.
13. Roderick JE, Tesell J, Shultz LD, Brehm MA, Greiner DL, Harris MH, Silverman LB, Sallan SE, Gutierrez A, Look AT *et al*: c-Myc inhibition prevents leukemia initiation in mice and impairs the growth of relapsed and induction failure pediatric T-ALL cells. *Blood* 2014, 123(7):1040-1050.
14. Saenz DT, Fiskus W, Qian Y, Manshoury T, Rajapakshe K, Raina K, Coleman KG, Crew AP, Shen A, Mill CP *et al*: Novel BET protein proteolysis-targeting chimera exerts superior lethal activity than bromodomain inhibitor (BETi) against post-myeloproliferative neoplasm secondary (s) AML cells. *Leukemia* 2017, 31(9):1951-1961.
15. Lu Q, Ding X, Huang T, Zhang S, Li Y, Xu L, Chen G, Ying Y, Wang Y, Feng Z *et al*: BRD4 degrader ARV-825 produces long-lasting loss of BRD4 protein and exhibits potent efficacy against cholangiocarcinoma cells. *American journal of translational research* 2019, 11(9):5728-5739.
16. Lim SL, Damnemsawad A, Shyamsunder P, Chng WJ, Han BC, Xu L, Pan J, Pravin DP, Alkan S, Tyner JW *et al*: Proteolysis targeting chimeric molecules as therapy for multiple myeloma: efficacy, biomarker and drug combinations. *Haematologica* 2019, 104(6):1209-1220.
17. Li X, Song Y: Proteolysis-targeting chimera (PROTAC) for targeted protein degradation and cancer therapy. *Journal of hematology & oncology* 2020, 13(1):50.

18. Lu J, Qian Y, Altieri M, Dong H, Wang J, Raina K, Hines J, Winkler JD, Crew AP, Coleman K *et al*: Hijacking the E3 Ubiquitin Ligase Cereblon to Efficiently Target BRD4. *Chemistry & biology* 2015, 22(6):755-763.
19. Gadd MS, Testa A, Lucas X, Chan KH, Chen W, Lamont DJ, Zengerle M, Ciulli A: Structural basis of PROTAC cooperative recognition for selective protein degradation. *Nature chemical biology* 2017, 13(5):514-521.
20. Cui L, Li ZG, Chai YH, Yu J, Gao J, Zhu XF, Jin RM, Shi XD, Zhang LP, Gao YJ *et al*: Outcome of children with newly diagnosed acute lymphoblastic leukemia treated with CCLG-ALL 2008: The first nation-wide prospective multicenter study in China. *American journal of hematology* 2018, 93(7):913-920.
21. Zhu Y, Yang R, Cai J, Yu J, Tang Y, Chen Y, Wang N, He H, Wu X, Cheng FWT *et al*: Septicemia after chemotherapy for childhood acute lymphoblastic leukemia in China: A multicenter study CCG-ALL-2015. *Cancer medicine* 2020, 9(6):2113-2121.
22. Xu L, Chen Y, Mayakonda A, Koh L, Chong YK, Buckley DL, Sandanaraj E, Lim SW, Lin RY, Ke XY *et al*: Targetable BET proteins- and E2F1-dependent transcriptional program maintains the malignancy of glioblastoma. *Proceedings of the National Academy of Sciences of the United States of America* 2018, 115(22):E5086-E5095.
23. Li Z, Yang C, Li X, Du X, Tao Y, Ren J, Fang F, Xie Y, Li M, Qian G *et al*: The dual role of BI 2536, a small-molecule inhibitor that targets PLK1, in induction of apoptosis and attenuation of autophagy in neuroblastoma cells. *J Cancer* 2020, 11(11):3274-3287.
24. Pan J, Silva TC, Gull N, Yang Q, Plummer JT, Chen S, Daigo K, Hamakubo T, Gery S, Ding LW *et al*: Lineage-Specific Epigenomic and Genomic Activation of Oncogene HNF4A Promotes Gastrointestinal Adenocarcinomas. *Cancer research* 2020, 80(13):2722-2736.
25. Pui CH: Acute lymphoblastic leukemia: introduction. *Seminars in hematology* 2009, 46(1):1-2.
26. Segura MF, Fontanals-Cirera B, Gaziel-Sovran A, Guijarro MV, Hanniford D, Zhang G, Gonzalez-Gomez P, Morante M, Jubierre L, Zhang W *et al*: BRD4 sustains melanoma proliferation and represents a new target for epigenetic therapy. *Cancer research* 2013, 73(20):6264-6276.
27. Peirs S, Fris mantas V, Matthijssens F, Van Loocke W, Pieters T, Vandamme N, Lintermans B, Dobay MP, Bex G, Poppe B *et al*: Targeting BET proteins improves the therapeutic efficacy of BCL-2 inhibition in T-cell acute lymphoblastic leukemia. *Leukemia* 2017, 31(10):2037-2047.
28. Loosveld M, Castellano R, Gon S, Goubard A, Crouzet T, Pouyet L, Prebet T, Vey N, Nadel B, Collette Y *et al*: Therapeutic targeting of c-Myc in T-cell acute lymphoblastic leukemia, T-ALL. *Oncotarget* 2014, 5(10):3168-3172.
29. Delmore JE, Issa GC, Lemieux ME, Rahl PB, Shi J, Jacobs HM, Kastiris E, Gilpatrick T, Paranal RM, Qi J *et al*: BET bromodomain inhibition as a therapeutic strategy to target c-Myc. *Cell* 2011, 146(6):904-917.
30. Yang CY, Qin C, Bai L, Wang S: Small-molecule PROTAC degraders of the Bromodomain and Extra Terminal (BET) proteins - A review. *Drug discovery today Technologies* 2019, 31:43-51.
31. Piya S, Mu H, Bhattacharya S, Lorenzi PL, Davis RE, McQueen T, Ruvolo V, Baran N, Wang Z, Qian Y *et al*: BETP degradation simultaneously targets acute myelogenous leukemia stem cells and the microenvironment. *The Journal of clinical investigation* 2019, 129(5):1878-1894.
32. Chen Y, Xu L, Mayakonda A, Huang ML, Kanojia D, Tan TZ, Dakle P, Lin RY, Ke XY, Said JW *et al*: Bromodomain and extraterminal proteins foster the core transcriptional regulatory programs and confer vulnerability in liposarcoma. *Nature communications* 2019, 10(1):1353.
33. Minko T: Nanoformulation of BRD4-Degrading PROTAC: Improving Druggability To Target the 'Undruggable' MYC in Pancreatic Cancer. *Trends in pharmacological sciences* 2020, 41(10):684-686.
34. King B, Trimarchi T, Reavie L, Xu L, Mullenders J, Ntziachristos P, Aranda-Orgilles B, Perez-Garcia A, Shi J, Vakoc C *et al*: The ubiquitin ligase FBXW7 modulates leukemia-initiating cell activity by regulating MYC stability. *Cell* 2013, 153(7):1552-1566.

## Tables

Table 1. Clinical and molecular characteristics of patients with pediatric acute T-ALL with respect to BRD4 expression.

	High BRD4 expression	Low BRD4 expression	<i>P-Value</i>
Gender, n (%)			0.409
Male	26(57)	12(26)	
Female	7(15)	1(2)	
Age at diagnosis,years,median (range)	7.6(2.3-11.6)	7.9(1.2-12.2)	0.232
Hemoglobin, g/L, median (range)	102(54-152)	105(49-115)	0.518
Platelet, (x10 <sup>9</sup> /L), median (range)	78(10-263)	65(30-206)	0.634
Initial BM blast(%)	87(24-100)	92(71-97)	0.191
Initial WBC,(x 10 <sup>9</sup> /L), n (%)			1.000
< 100	14(31)	5(11)	
≥ 100	19(4)	8(17)	
Prednisone Response, n (%)			0.738
Good	12(26)	6(13)	
Poor	21(46)	7(15)	
Day 15 <sup>th</sup> BM, n (%)			0.675
M1+M2	20(43)	7(15)	
M3	13(28)	6(14)	
D33 <sup>th</sup> BM blast, n (%)			1.000
M1	29(63)	11(24)	
M2	4(9)	2(4)	
Week 12 <sup>th</sup> BM blast, n (%)			0.548
M1	30(65)	13(28)	
M2	3(7)	0(0)	
Risk group, n (%)			0.385
Intermediate risk	29(63)	10(22)	
High risk	4(9)	3(6)	
Relapse, n (%)			
Yes	12(26)	2(4)	0.286
No	21(46)	11(24)	
Survival times			
5-years OS, cumulative survival	0.480±0.08	0.846±0.100	0.045
5-years RFS,cumulative survival	0.577±0.094	0.833±0.108	0.155

Table 2. Multiple logistic regression analyses of clinical factors associated with overall survival (OS).

	OS				
	B	SE	Exp(B)	95% CI	P
BRD4 expression	1.411	0.762	4.101	0.921-18.258	0.064
Age	0.069	0.676	1.071	0.285-4.030	0.919
WBC(≥ 100)	-0.742	0.563	0.476	0.158-1.436	0.188
Prednisone Response	1.869	0.757	6.481	1.470-28.574	0.014
D15 <sup>th</sup> BM blast	0.023	0.333	1.023	0.533-1.965	0.945
Gender	0.120	0.661	1.128	0.309-4.117	0.856

Table 3. Clinical and molecular characteristics of 2 primary pediatric T-ALL.

Case	Gender	Age(y)	Karyotype comments	Fusion Gene	Mutation	Initial BM blast(%)	WBC (x10 <sup>9</sup> /L)	D15 <sup>th</sup> BM blast(%)	D33 <sup>th</sup> BM blast(%)
1	Male	3.75	88-92,XY,+X,+Y,+1×2,+2×2,+3×2,+4×2,+5×2,+6×2,+7×2,+8×2,+9×2+.....+22×2	PICALM/MLLT10	None	88	122.82	92	47
2	Female	10.25	46,XX,t(10,11)(p13,q23), add(15)(q25)/46,idem,+mar	DDX3X/MLLT10	NOTCH1(41.2%),NRAS(80.7%)	89	35.33	82	pendir

## Figures

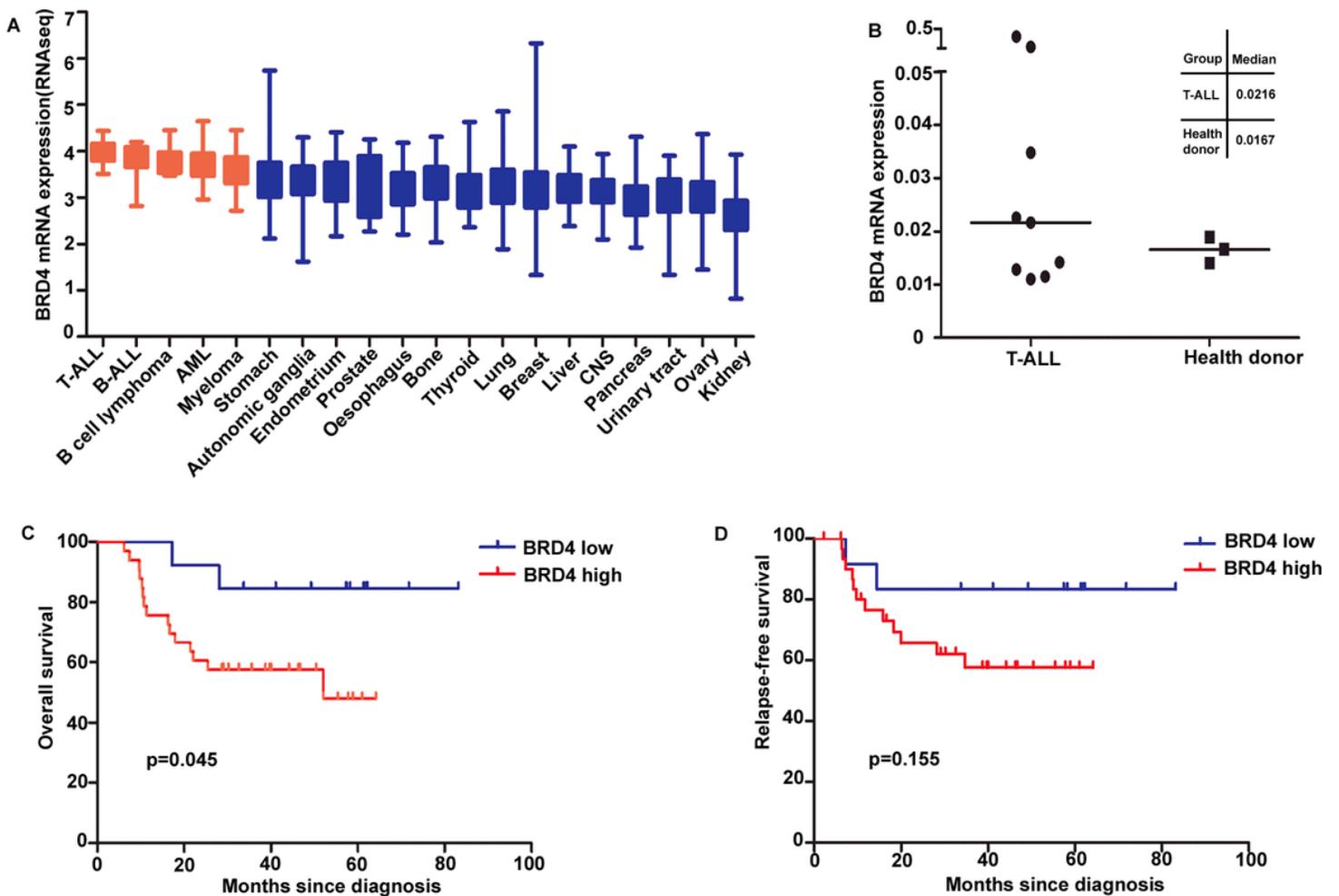
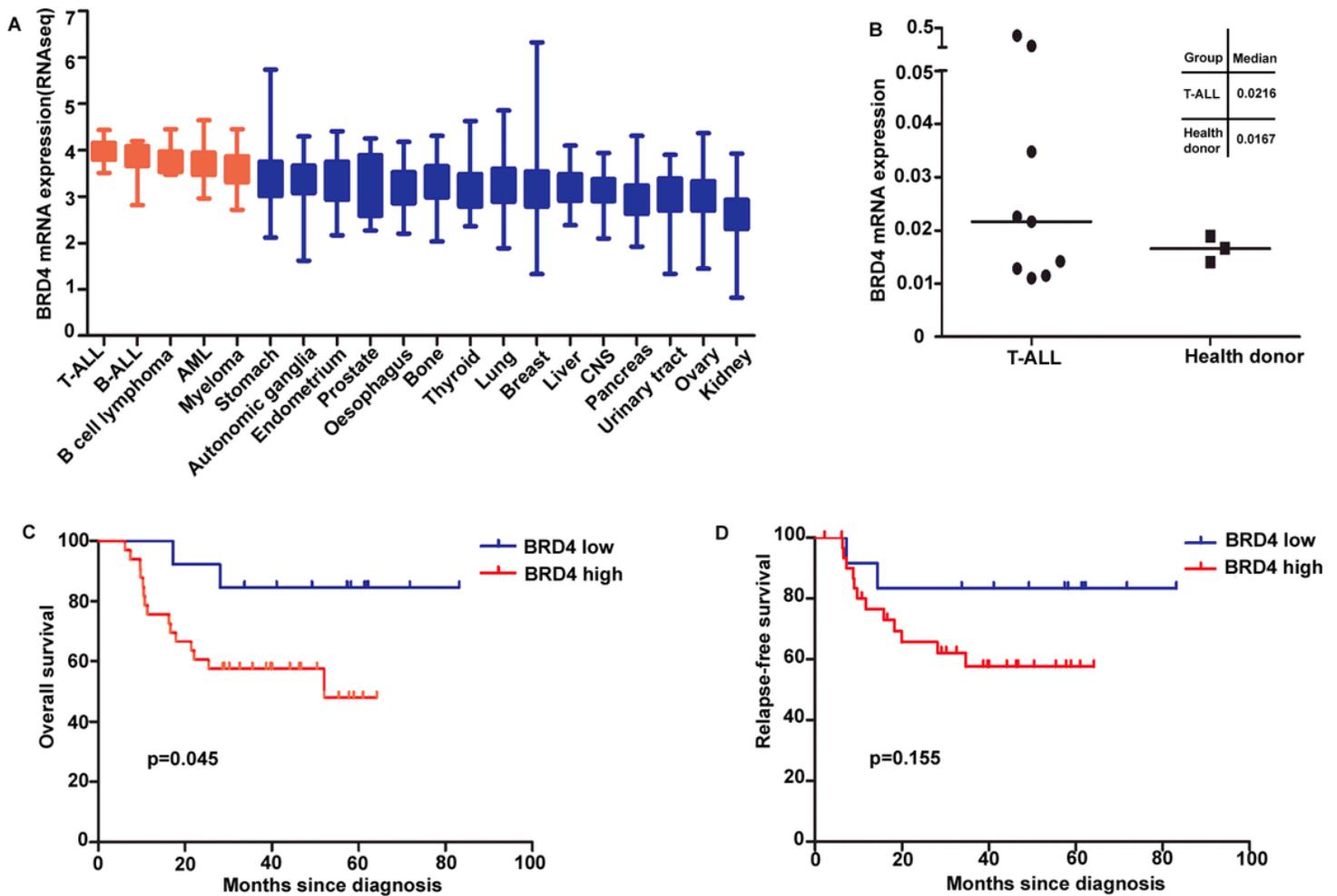


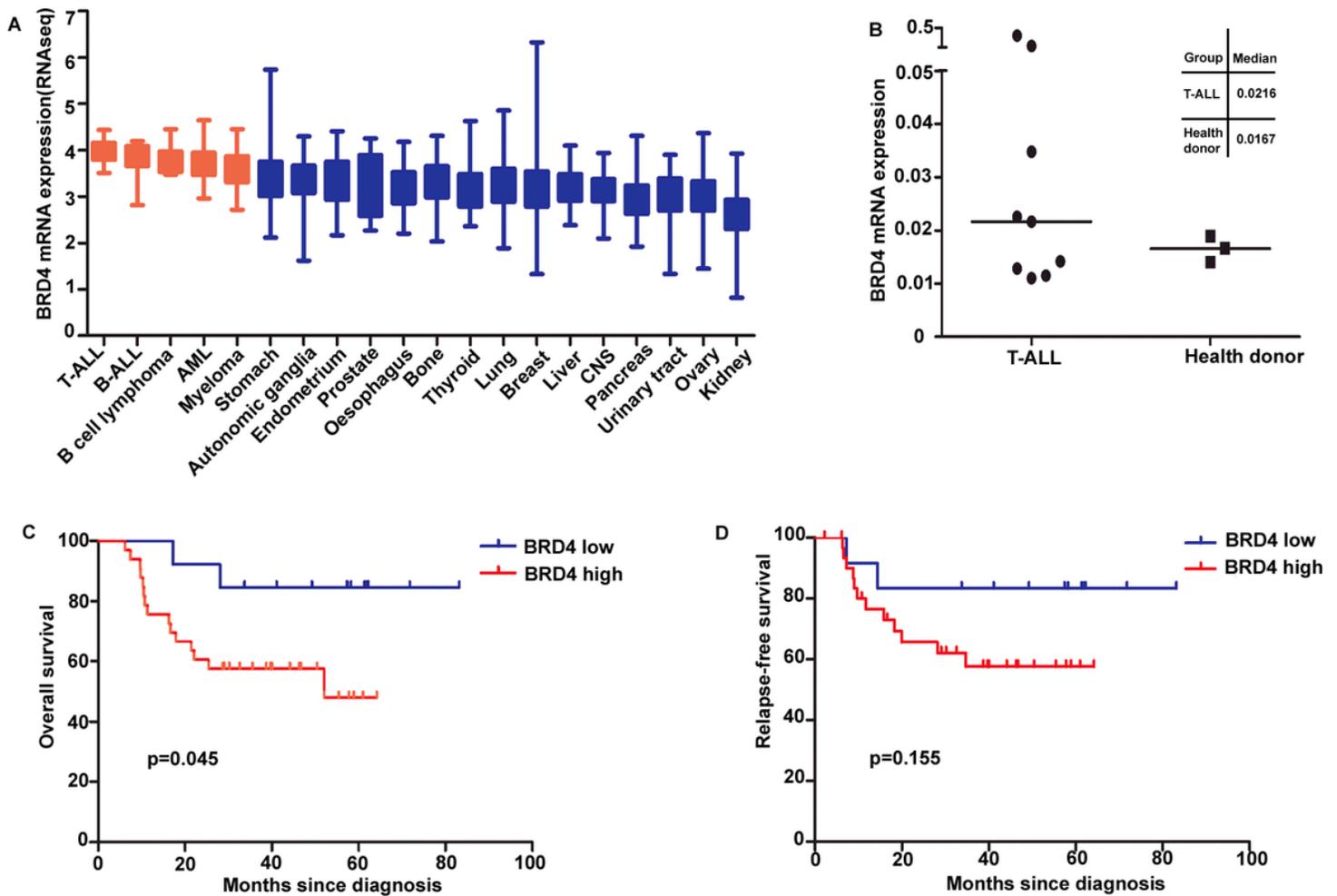
Figure 1

BRD4 is potentially good target of T-ALL (A) BRD4 mRNA expression level in a broad range of cancer cells (generated from Broad Cancer Cell Line Encyclopedia: <https://portals.broadinstitute.org/ccle>). (B) BRD4 expression was higher in T-ALL patients (n=9) than normal T cell samples (n=3) (p=0.42). BRD4 expression was detected by real-time quantitative reverse transcription polymerase chain reaction (RT-PCR) and relative expression was represented using comparative CT[2 (-ΔCT)]. (C and D) Overall survival and relapse-free survival curve using RNA-seq data of 46 diagnostic T-ALL patients. First quartile with BRD4 mRNA expression was used as a cutoff point for categorized as high or low expression. Overall survival analysis showed that high BRD4 expression was associated with unfavorable outcomes in pediatric T-ALL patients. Relapse-free survival analysis showed an obvious tendency towards higher relapse-free survival in patients with higher BRD4 expression.



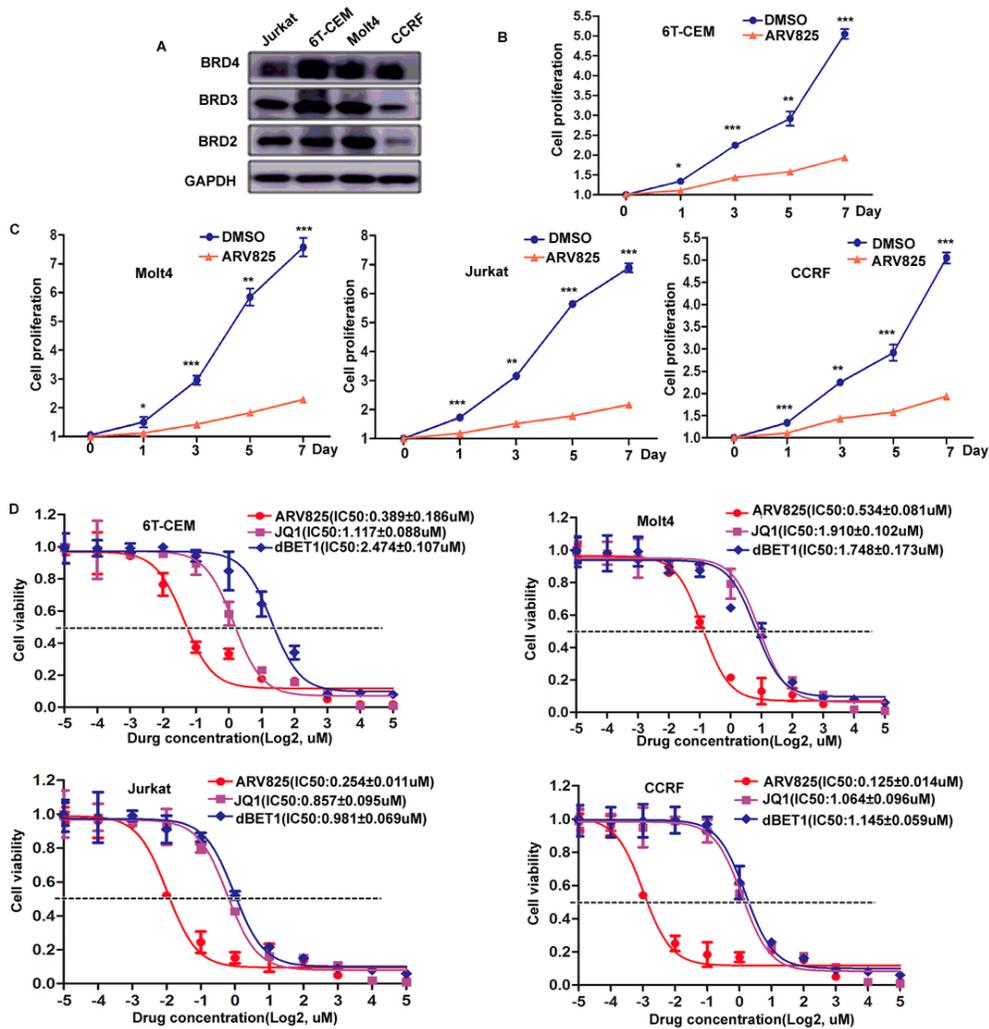
**Figure 1**

BRD4 is potentially good target of T-ALL (A) BRD4 mRNA expression level in a broad range of cancer cells (generated from Broad Cancer Cell Line Encyclopedia: <https://portals.broadinstitute.org/ccle>). (B) BRD4 expression was higher in T-ALL patients (n=9) than normal T cell samples (n=3) (p=0.42). BRD4 expression was detected by real-time quantitative reverse transcription polymerase chain reaction (RT-PCR) and relative expression was represented using comparative CT[2<sup>-ΔCT</sup>]. (C and D) Overall survival and relapse-free survival curve using RNA-seq data of 46 diagnostic T-ALL patients. First quartile with BRD4 mRNA expression was used as a cutoff point for categorized as high or low expression. Overall survival analysis showed that high BRD4 expression was associated with unfavorable outcomes in pediatric T-ALL patients. Relapse-free survival analysis showed an obvious tendency towards higher relapse-free survival in patients with higher BRD4 expression.

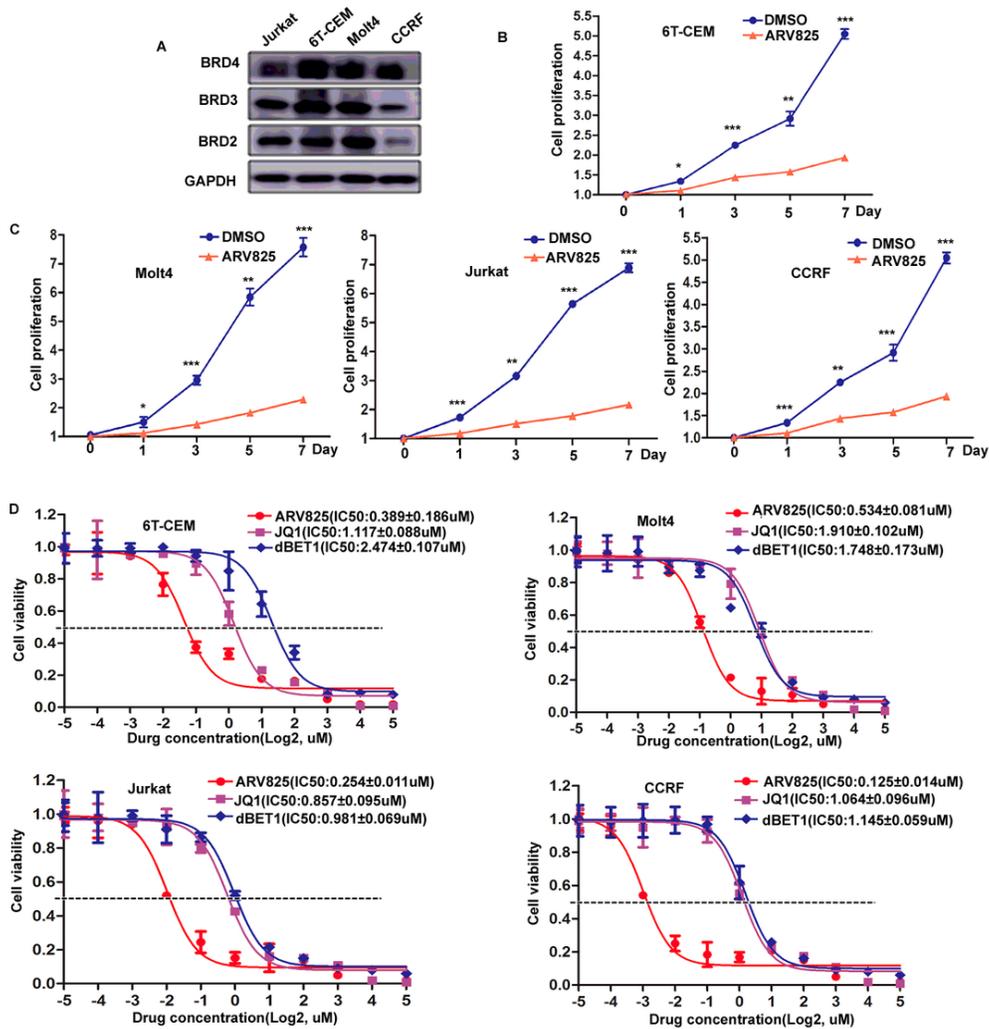


**Figure 1**

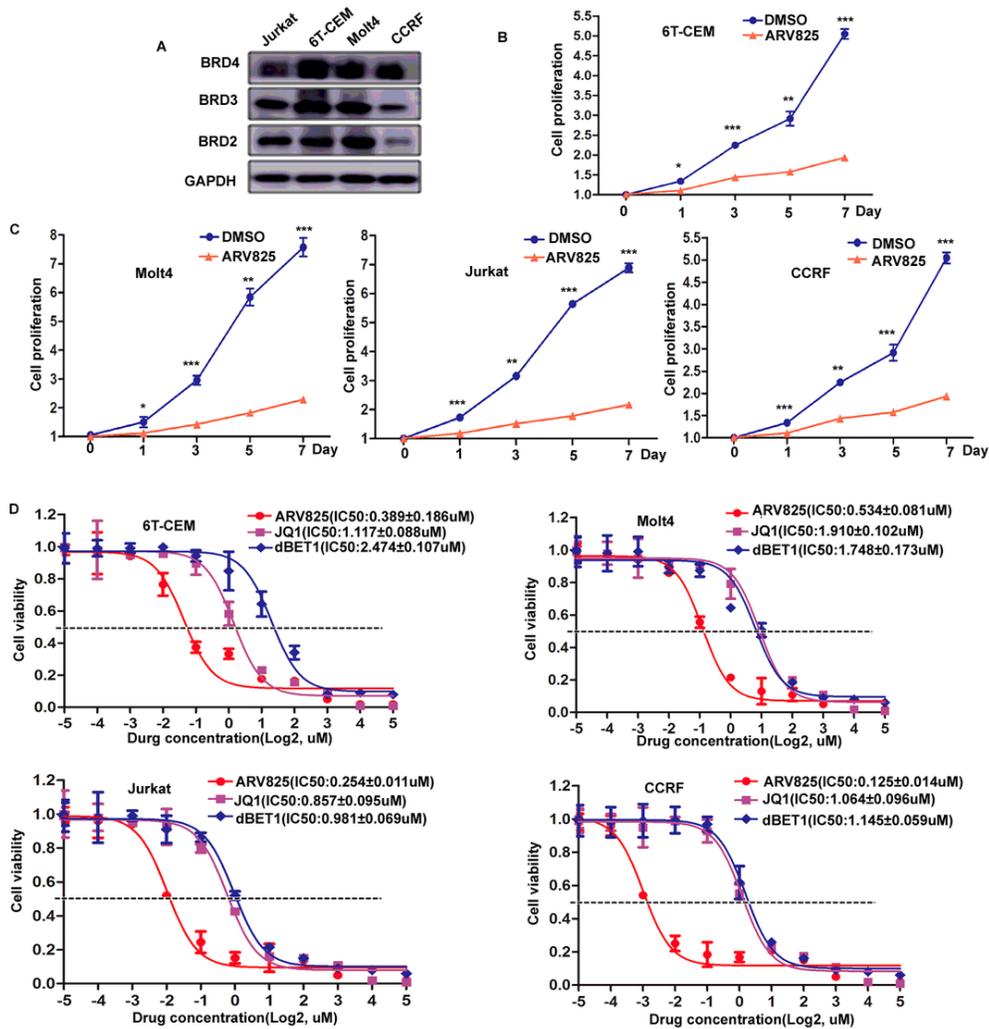
BRD4 is potentially good target of T-ALL (A) BRD4 mRNA expression level in a broad range of cancer cells (generated from Broad Cancer Cell Line Encyclopedia: <https://portals.broadinstitute.org/ccle>). (B) BRD4 expression was higher in T-ALL patients (n=9) than normal T cell samples (n=3) (p=0.42). BRD4 expression was detected by real-time quantitative reverse transcription polymerase chain reaction (RT-PCR) and relative expression was represented using comparative CT[2<sup>-ΔCT</sup>]. (C and D) Overall survival and relapse-free survival curve using RNA-seq data of 46 diagnostic T-ALL patients. First quartile with BRD4 mRNA expression was used as a cutoff point for categorized as high or low expression. Overall survival analysis showed that high BRD4 expression was associated with unfavorable outcomes in pediatric T-ALL patients. Relapse-free survival analysis showed an obvious tendency towards higher relapse-free survival in patients with higher BRD4 expression.



**Figure 2**  
 ARV-825 restrained the proliferation of T-ALL cell lines. (A) The basal BET protein level analysis in T-ALL cells, 6T-CEM, Molt4, Jurkat and CCRF. (B and C) The cell growth curve of 6T-CEM, Molt4, Jurkat and CCRF cells after treatment with DMSO or ARV-825 for 7 days. (D) Drug sensitivity assay of 6T-CEM, Molt4, Jurkat and CCRF cell lines after treatment with gradient concentrations of ARV-825, JQ1 and dBET1. The IC<sub>50</sub> values of ARV-825, JQ1, and dBET1 in Jurkat cells were 0.254 ± 0.011, 0.857 ± 0.095, and 0.981 ± 0.069, in 6T-CEM cells were 0.389 ± 0.019, 1.117 ± 0.088, and 2.474 ± 0.107 μM, in Molt4 cells were 0.534 ± 0.081, 1.910 ± 0.102, and 1.748 ± 0.173 μM, and in CCRF cells were 0.125 ± 0.014, 1.064 ± 0.096, and 1.145 ± 0.059 μM, respectively.



**Figure 2**  
 ARV-825 restrained the proliferation of T-ALL cell lines. (A) The basal BET protein level analysis in T-ALL cells, 6T-CEM, Molt4, Jurkat and CCRF. (B and C) The cell growth curve of 6T-CEM, Molt4, Jurkat and CCRF cells after treatment with DMSO or ARV-825 for 7 days. (D) Drug sensitivity assay of 6T-CEM, Molt4, Jurkat and CCRF cell lines after treatment with gradient concentrations of ARV-825, JQ1 and dBET1. The IC50 values of ARV-825, JQ1, and dBET1 in Jurkat cells were  $0.254 \pm 0.011$ ,  $0.857 \pm 0.095$ , and  $0.981 \pm 0.069$ , in 6T-CEM cells were  $0.389 \pm 0.019$ ,  $1.117 \pm 0.088$ , and  $2.474 \pm 0.107$   $\mu\text{M}$ , in Molt4 cells were  $0.534 \pm 0.081$ ,  $1.910 \pm 0.102$ , and  $1.748 \pm 0.173$   $\mu\text{M}$ , and in CCRF cells were  $0.125 \pm 0.014$ ,  $1.064 \pm 0.096$ , and  $1.145 \pm 0.059$   $\mu\text{M}$ , respectively.



**Figure 2**  
 ARV-825 restrained the proliferation of T-ALL cell lines. (A) The basal BET protein level analysis in T-ALL cells, 6T-CEM, Molt4, Jurkat and CCRF. (B and C) The cell growth curve of 6T-CEM, Molt4, Jurkat and CCRF cells after treatment with DMSO or ARV-825 for 7 days. (D) Drug sensitivity assay of 6T-CEM, Molt4, Jurkat and CCRF cell lines after treatment with gradient concentrations of ARV-825, JQ1 and dBET1. The IC50 values of ARV-825, JQ1, and dBET1 in Jurkat cells were  $0.254 \pm 0.011$ ,  $0.857 \pm 0.095$ , and  $0.981 \pm 0.069$ , in 6T-CEM cells were  $0.389 \pm 0.019$ ,  $1.117 \pm 0.088$ , and  $2.474 \pm 0.107$  μM, in Molt4 cells were  $0.534 \pm 0.081$ ,  $1.910 \pm 0.102$ , and  $1.748 \pm 0.173$  μM, and in CCRF cells were  $0.125 \pm 0.014$ ,  $1.064 \pm 0.096$ , and  $1.145 \pm 0.059$  μM, respectively.

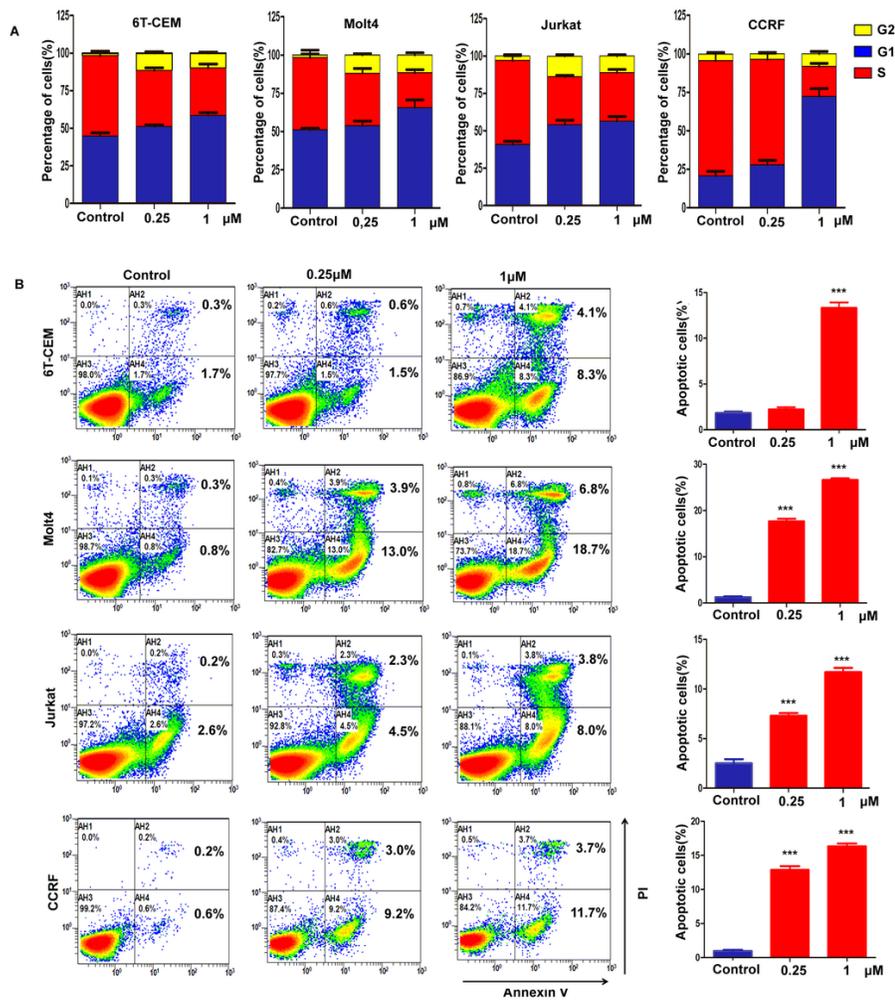
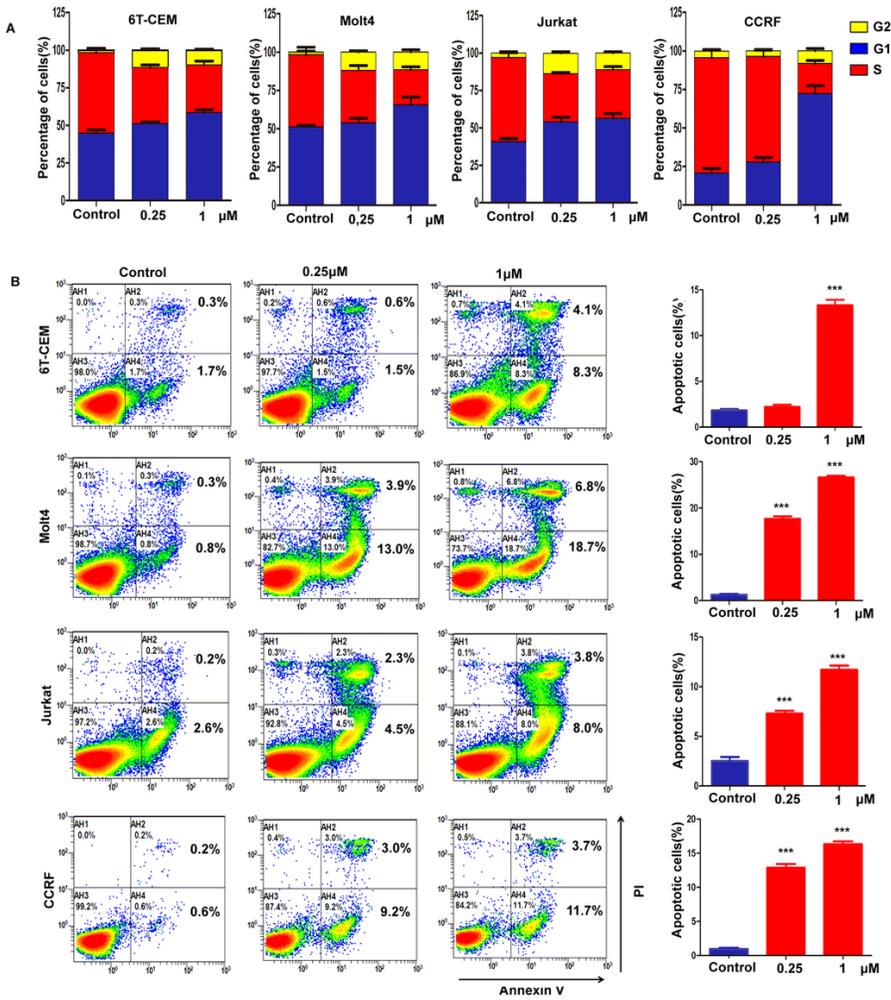


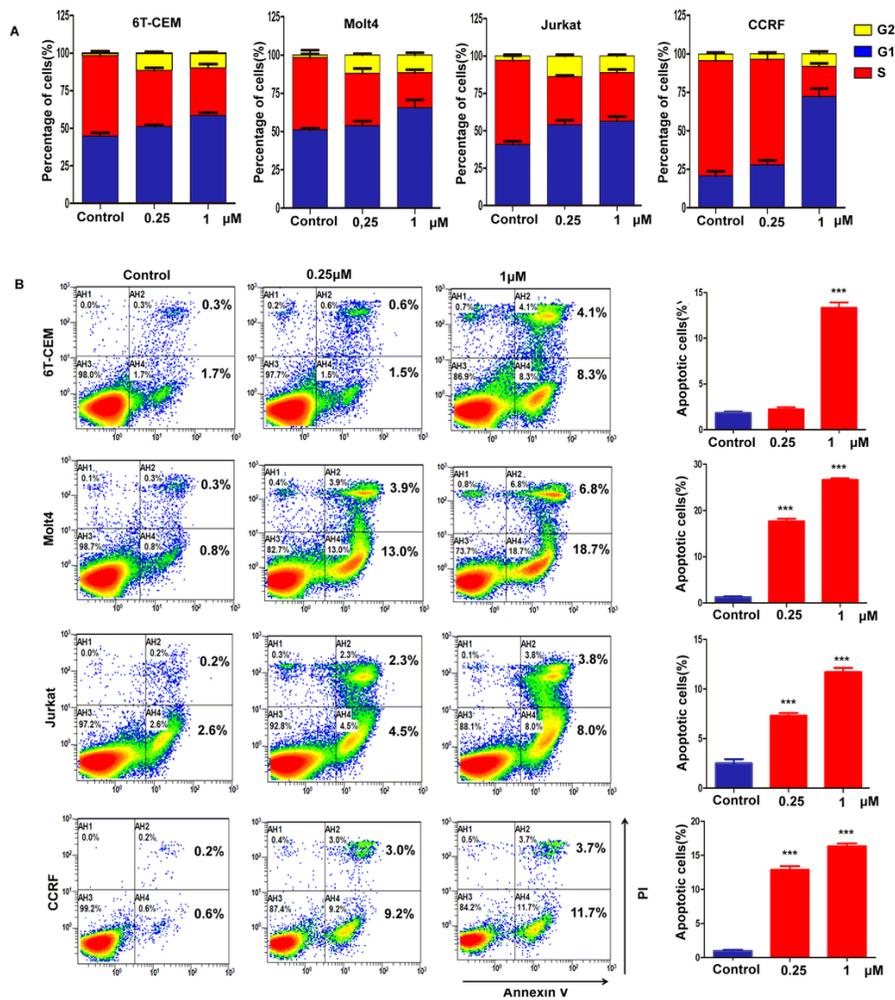
Figure 3

ARV-825 blocked cell cycle and promoted apoptosis of T-ALL cells. (A) PI-labeled cell cycle of 6T-CEM, Molt4, Jurkat and CCRF cells were analyzed after treatment with DMSO or ARV-825 (1 μM) for 48 h. T-ALL cells were distributed in G1/S phase and the cell population in G1 phase increased dramatically after treatment with ARV-825. (B) Annexin V and PI-labeled cell apoptosis of 6T-CEM, Molt4, Jurkat and CCRF cells analyzed by flow cytometry after DMSO or ARV-825 (1 μM) treatment for 48 h. The apoptotic rates of T-ALL cell lines were significantly increased after ARV-825 treatment, especially CCRF, Jurkat, and Molt4 cells.



**Figure 3**

ARV-825 blocked cell cycle and promoted apoptosis of T-ALL cells. (A) PI-labeled cell cycle of 6T-CEM, Molt4, Jurkat and CCRF cells were analyzed after treatment with DMSO or ARV-825 (1 μM) for 48 h. T-ALL cells were distributed in G1/S phase and the cell population in G1 phase increased dramatically after treatment with ARV-825. (B) Annexin V and PI-labeled cell apoptosis of 6T-CEM, Molt4, Jurkat and CCRF cells analyzed by flow cytometry after DMSO or ARV-825 (1 μM) treatment for 48 h. The apoptotic rates of T-ALL cell lines were significantly increased after ARV-825 treatment, especially CCRF, Jurkat, and Molt4 cells.



**Figure 3**

ARV-825 blocked cell cycle and promoted apoptosis of T-ALL cells. (A) PI-labeled cell cycle of 6T-CEM, Molt4, Jurkat and CCRF cells were analyzed after treatment with DMSO or ARV-825 (1  $\mu$ M) for 48 h. T-ALL cells were distributed in G1/S phase and the cell population in G1 phase increased dramatically after treatment with ARV-825. (B) Annexin V and PI-labeled cell apoptosis of 6T-CEM, Molt4, Jurkat and CCRF cells analyzed by flow cytometry after DMSO or ARV-825 (1  $\mu$ M) treatment for 48 h. The apoptotic rates of T-ALL cell lines were significantly increased after ARV-825 treatment, especially CCRF, Jurkat, and Molt4 cells.

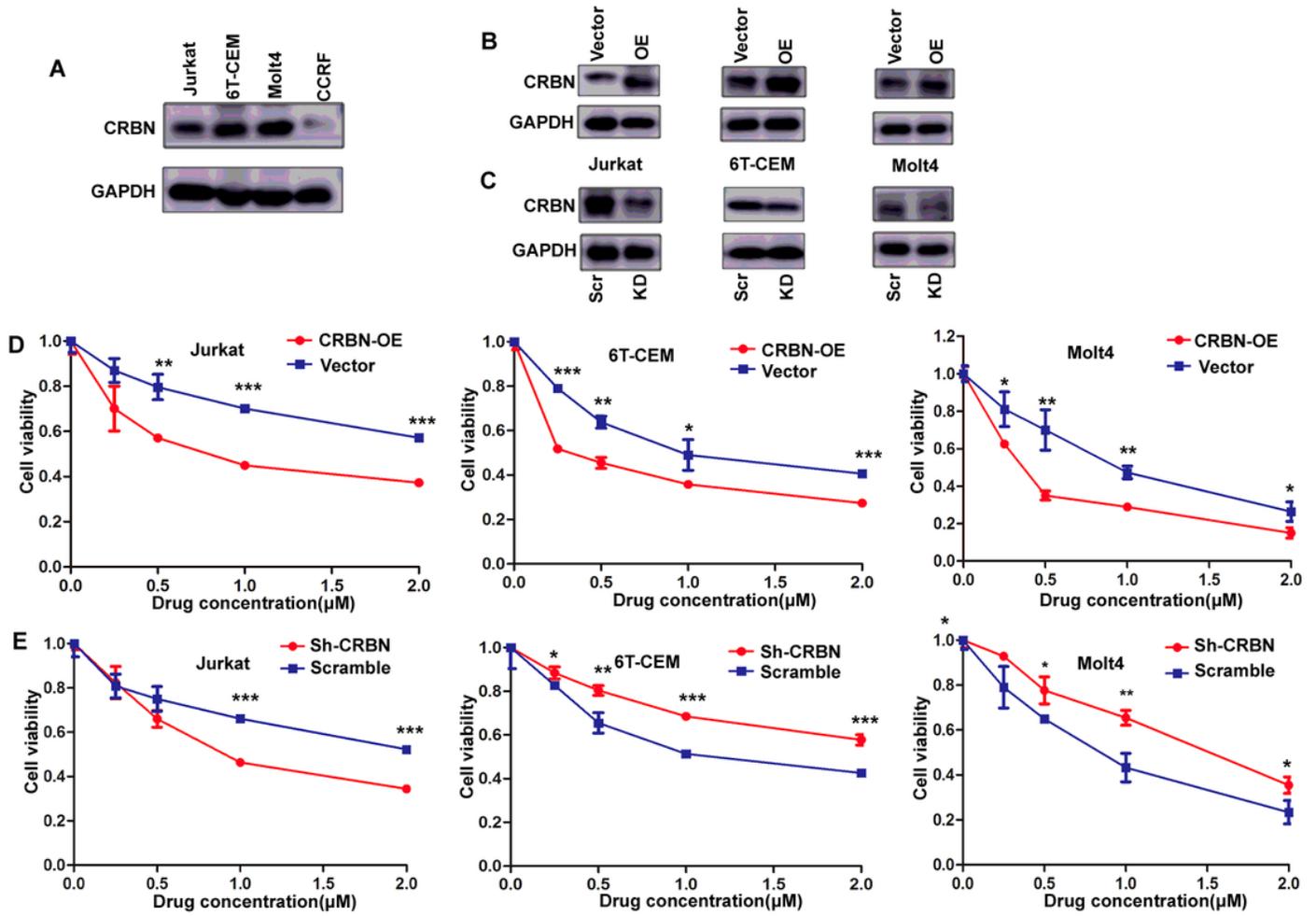


Figure 4

ARV-825 evicts BET protein expression in T-ALL cells Western blot analysis showed that ARV-825 induced BET proteins degradation, and caspase3 cleavage increase in 6T-CEM, Molt4, CCRF and Jurkat cells. PARP was increase in 3 of 4 cell lines with concentration-dependent manner.

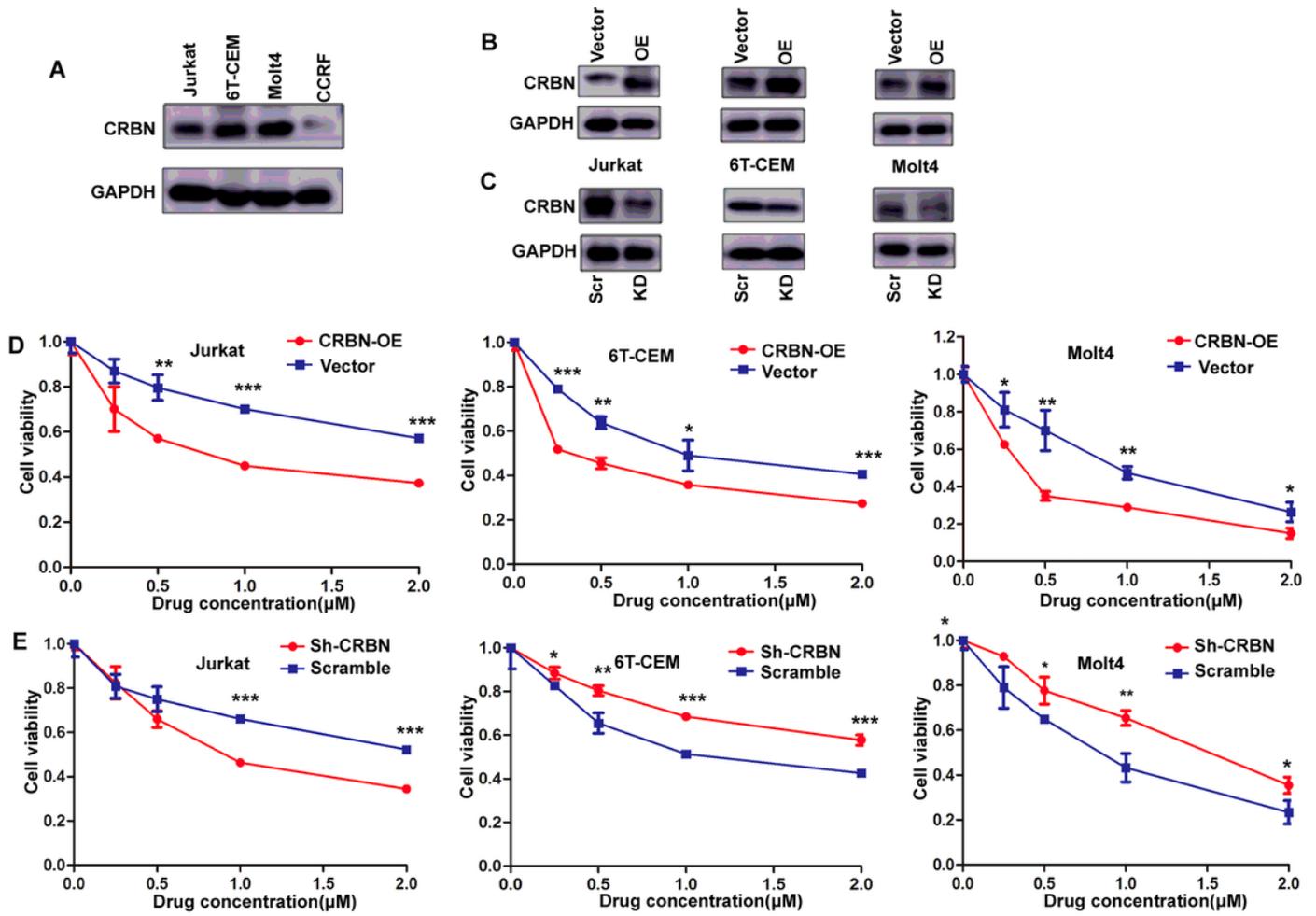


Figure 4

ARV-825 evicts BET protein expression in T-ALL cells. Western blot analysis showed that ARV-825 induced BET proteins degradation, and caspase3 cleavage increase in 6T-CEM, Molt4, CCRF and Jurkat cells. PARP was increase in 3 of 4 cell lines with concentration-dependent manner.

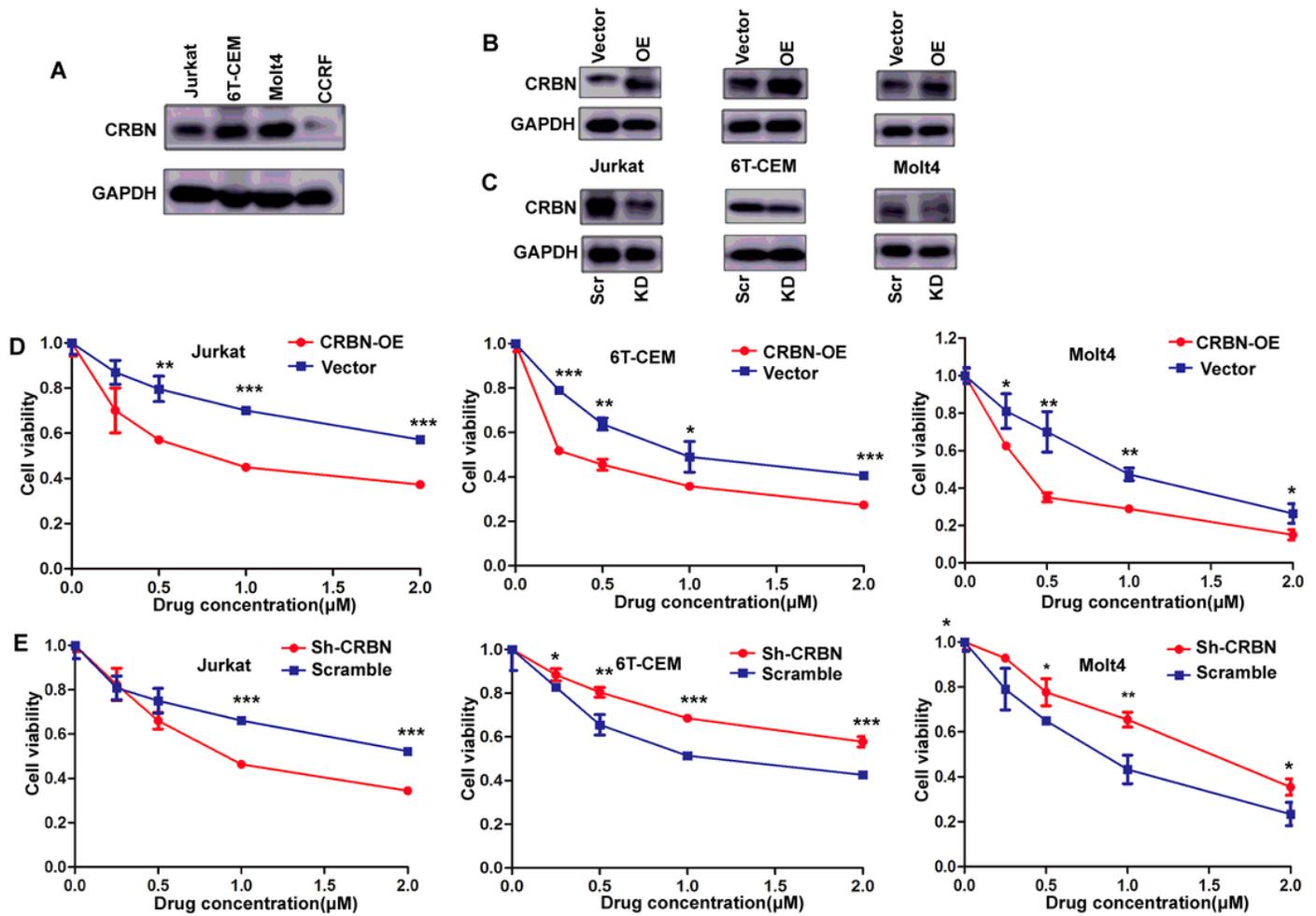


Figure 4

ARV-825 evicts BET protein expression in T-ALL cells. Western blot analysis showed that ARV-825 induced BET proteins degradation, and caspase3 cleavage increase in 6T-CEM, Molt4, CCRF and Jurkat cells. PARP was increase in 3 of 4 cell lines with concentration-dependent manner.

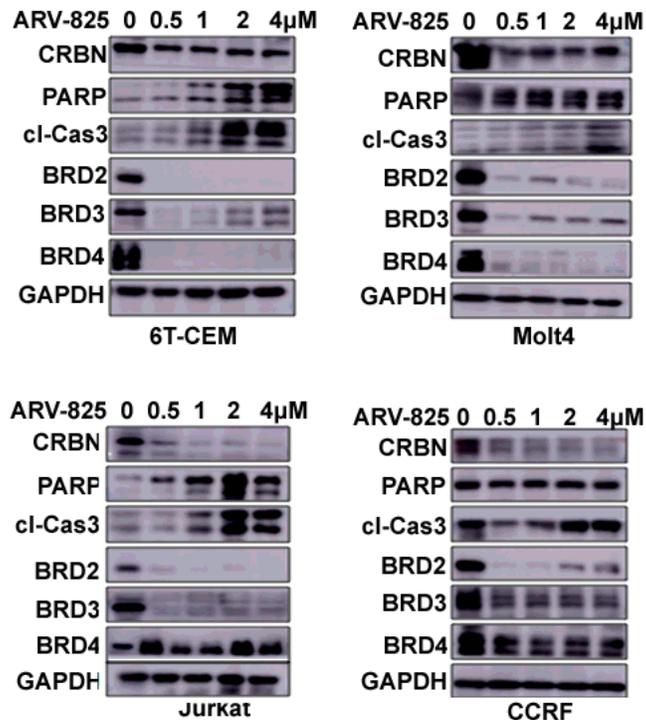


Figure 5

Cereblon was a powerful helper for ARV-825 in T-ALL cells. (A) Western blot analysis of CRBN protein expression in T-ALL cells. (B) Overexpressing CRBN in 6T-CEM, Molt4 and Jurkat cells with pLX304-CRBN-V5 lentivirus at 5 days. OE: overexpression. (C) Knockdown of CRBN expression by sh-CRBN lentivirus at 5 days in 6T-CEM, Molt4 and Jurkat cells. Scr: Scramble; KD: knockdown. (D) Comparison of sensitivity to ARV-825 between cells overexpressing CRBN and cells transfected by empty vector alone in 6T-CEM, Molt4 and Jurkat cells. The results showed excess CRBN reduced the IC50 of ARV-825 in these cells. OE: overexpression. (E) Sensitivity to ARV-825 of cells transfected with sh-CRBN and sh-scramble in 6T-CEM, Molt4 and Jurkat cells showed that downregulated CRBN increased the IC50 of ARV-825 in these cells.

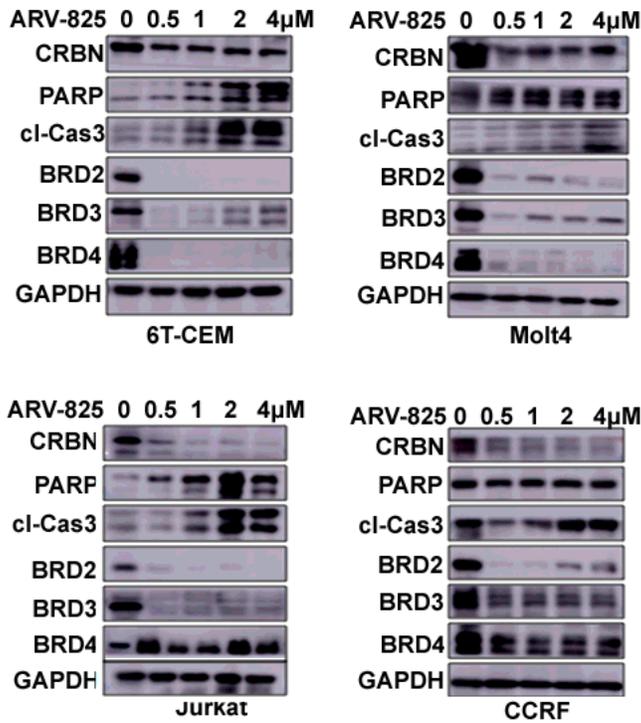


Figure 5

Cereblon was a powerful helper for ARV-825 in T-ALL cells. (A) Western blot analysis of CRBN protein expression in T-ALL cells. (B) Overexpressing CRBN in 6T-CEM, Molt4 and Jurkat cells with pLX304-CRBN-V5 lentivirus at 5 days. OE: overexpression. (C) Knockdown of CRBN expression by sh-CRBN lentivirus at 5 days in 6T-CEM, Molt4 and Jurkat cells. Scr: Scramble; KD: knockdown. (D) Comparison of sensitivity to ARV-825 between cells overexpressing CRBN and cells transfected by empty vector alone in 6T-CEM, Molt4 and Jurkat cells. The results showed excess CRBN reduced the IC50 of ARV-825 in these cells. OE: overexpression. (E) Sensitivity to ARV-825 of cells transfected with sh-CRBN and sh-scramble in 6T-CEM, Molt4 and Jurkat cells showed that downregulated CRBN increased the IC50 of ARV-825 in these cells.

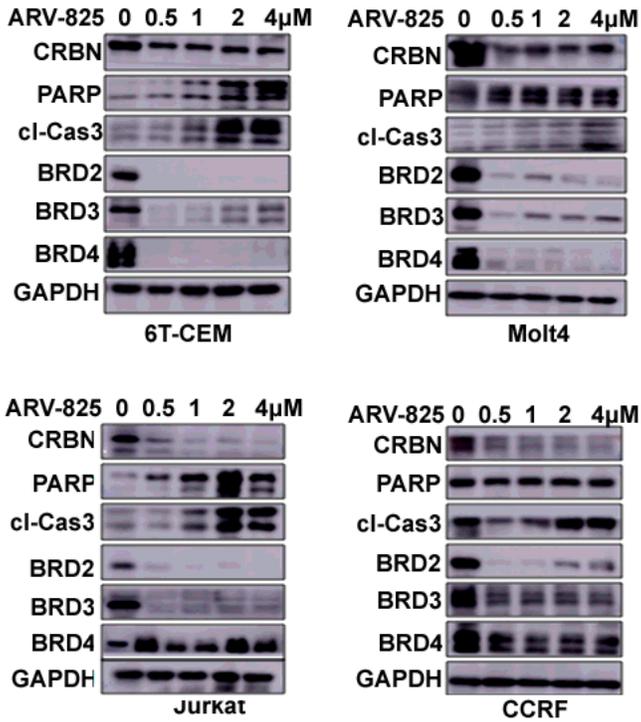
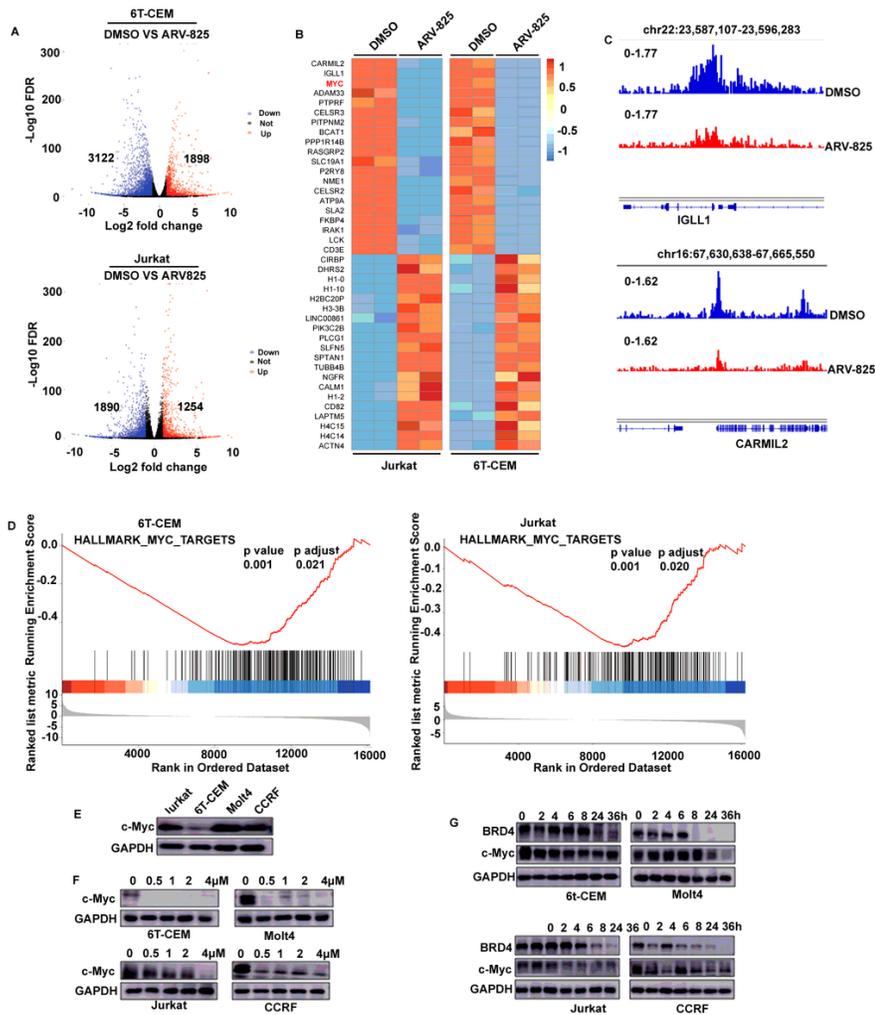


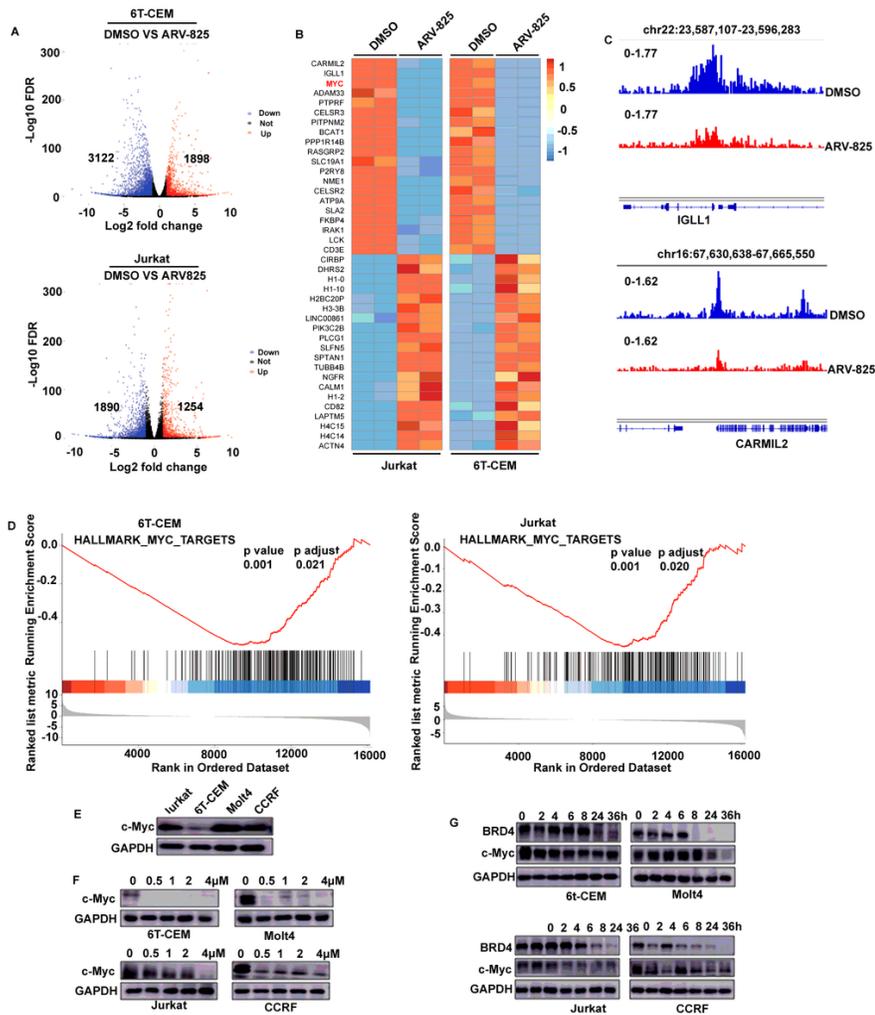
Figure 5

Cereblon was a powerful helper for ARV-825 in T-ALL cells. (A) Western blot analysis of CRBN protein expression in T-ALL cells. (B) Overexpressing CRBN in 6T-CEM, Molt4 and Jurkat cells with pLX304-CRBN-V5 lentivirus at 5 days. OE: overexpression. (C) Knockdown of CRBN expression by sh-CRBN lentivirus at 5 days in 6T-CEM, Molt4 and Jurkat cells. Scr: Scramble; KD: knockdown. (D) Comparison of sensitivity to ARV-825 between cells overexpressing CRBN and cells transfected by empty vector alone in 6T-CEM, Molt4 and Jurkat cells. The results showed excess CRBN reduced the IC50 of ARV-825 in these cells. OE: overexpression. (E) Sensitivity to ARV-825 of cells transfected with sh-CRBN and sh-scramble in 6T-CEM, Molt4 and Jurkat cells showed that downregulated CRBN increased the IC50 of ARV-825 in these cells.



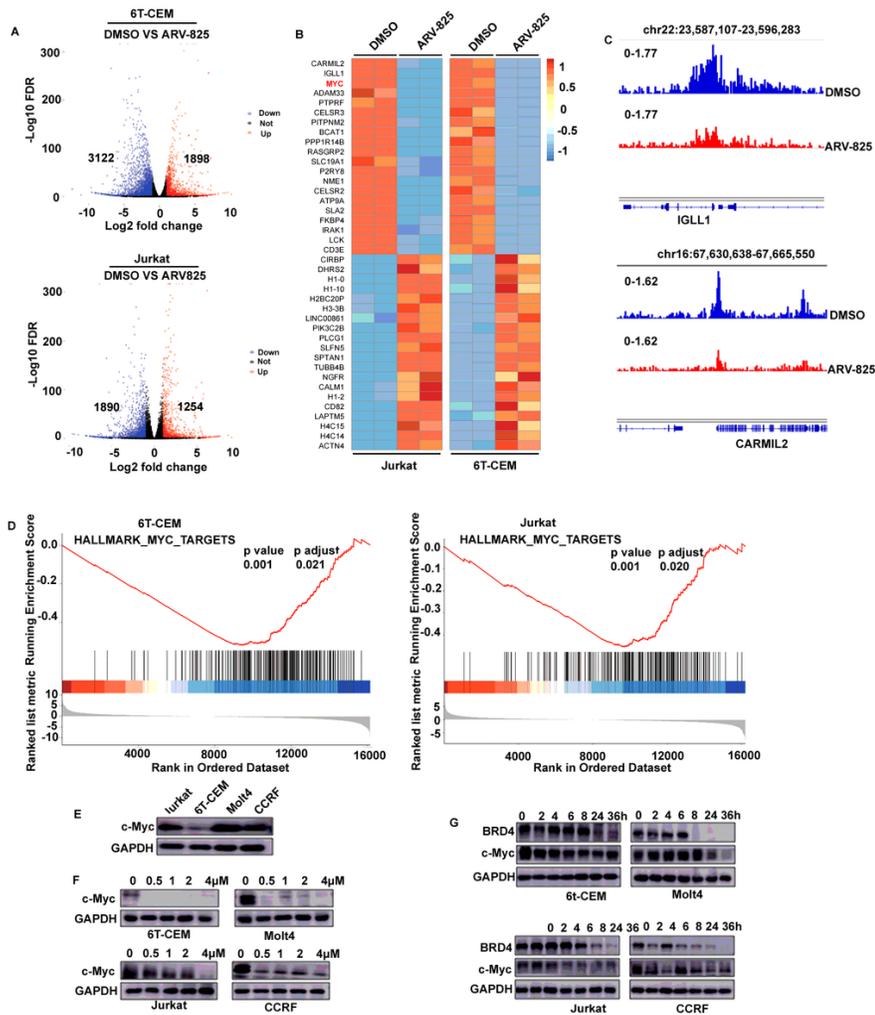
**Figure 6**

ARV-825 reduces c-Myc expression in T-ALL cells (A) Volcano plot of RNAseq analysis of gene expression changes in 6T-CEM and Jurkat cells after ARV-825 treatment. Genes highlighted in red form the up-fold changes, blue indicates down regulated genes and black on behalf of unchanging genes. (B) Heat-map view of the top differentially expressed genes with 20 upregulated and 20 downregulated in 6T-CEM and Jurkat cells treatment with 1  $\mu$ M ARV-825 for 48h ( $\log_2FC > 1$ ,  $P < 0.05$ ). Downregulated genes belong to multiple pro-survival pathways including c-Myc targets. Each column represents a different sample and each row represents a single gene. Color changes within a row indicate expression levels relative to the average of the same population. Red indicates upregulation and blue indicates downregulation. (C) ChIP-seq analysis showed H3K27Ac signal density down regulated with ARV-825 treatment in 6T-CEM cells. Downregulated genes, IGLL1 and CARMIL2, were confirmed by ChIP-seq analysis in the same T-ALL cells. Results showed that H3K27Ac modification was inhibited significantly with ARV-825 treatment. (D) GSEA plots showing the enrichment of genes in HALLMARK\_MYC\_TARGETS gene set in RNA-Seq following ARV-825 treatment in 6T-CEM and Jurkat cells. (E) Western blot analysis of c-Myc expression in 4 T-ALL cells. (F) Western blot analysis showed c-Myc protein was down regulated by treatment with ARV-825 at different concentration in 4 T-ALL cells. (G) Western blot analysis showed c-Myc protein was downregulated by treatment with 1  $\mu$ M ARV-825 at different times in 4 T-ALL cells.



**Figure 6**

ARV-825 reduces c-Myc expression in T-ALL cells (A) Volcano plot of RNAseq analysis of gene expression changes in 6T-CEM and Jurkat cells after ARV-825 treatment. Genes highlighted in red form the up-fold changes, blue indicates down regulated genes and black on behalf of unchanging genes. (B) Heat-map view of the top differentially expressed genes with 20 upregulated and 20 downregulated in 6T-CEM and Jurkat cells treatment with 1  $\mu$ M ARV-825 for 48h ( $\log_2FC > 1$ ,  $P < 0.05$ ). Downregulated genes belong to multiple pro-survival pathways including c-Myc targets. Each column represents a different sample and each row represents a single gene. Color changes within a row indicate expression levels relative to the average of the same population. Red indicates upregulation and blue indicates downregulation. (C) ChIP-seq analysis showed H3K27Ac signal density down regulated with ARV-825 treatment in 6T-CEM cells. Downregulated genes, IGLL1 and CARMIL2, were confirmed by ChIP-seq analysis in the same T-ALL cells. Results showed that H3K27Ac modification was inhibited significantly with ARV-825 treatment. (D) GSEA plots showing the enrichment of genes in HALLMARK\_MYC\_TARGETS gene set in RNA-Seq following ARV-825 treatment in 6T-CEM and Jurkat cells. (E) Western blot analysis of c-Myc expression in 4 T-ALL cells. (F) Western blot analysis showed c-Myc protein was down regulated by treatment with ARV-825 at different concentration in 4 T-ALL cells. (G) Western blot analysis showed c-Myc protein was downregulated by treatment with 1  $\mu$ M ARV-825 at different times in 4 T-ALL cells.



**Figure 6**

ARV-825 reduces c-Myc expression in T-ALL cells (A) Volcano plot of RNAseq analysis of gene expression changes in 6T-CEM and Jurkat cells after ARV-825 treatment. Genes highlighted in red form the up-fold changes, blue indicates down regulated genes and black on behalf of unchanging genes. (B) Heat-map view of the top differentially expressed genes with 20 upregulated and 20 downregulated in 6T-CEM and Jurkat cells treatment with 1  $\mu$ M ARV-825 for 48h ( $\log_2FC > 1$ ,  $P < 0.05$ ). Downregulated genes belong to multiple pro-survival pathways including c-Myc targets. Each column represents a different sample and each row represents a single gene. Color changes within a row indicate expression levels relative to the average of the same population. Red indicates upregulation and blue indicates downregulation. (C) ChIP-seq analysis showed H3K27Ac signal density down regulated with ARV-825 treatment in 6T-CEM cells. Downregulated genes, IGLL1 and CARMIL2, were confirmed by ChIP-seq analysis in the same T-ALL cells. Results showed that H3K27Ac modification was inhibited significantly with ARV-825 treatment. (D) GSEA plots showing the enrichment of genes in HALLMARK\_MYC\_TARGETS gene set in RNA-Seq following ARV-825 treatment in 6T-CEM and Jurkat cells. (E) Western blot analysis of c-Myc expression in 4 T-ALL cells. (F) Western blot analysis showed c-Myc protein was down regulated by treatment with ARV-825 at different concentration in 4 T-ALL cells. (G) Western blot analysis showed c-Myc protein was downregulated by treatment with 1  $\mu$ M ARV-825 at different times in 4 T-ALL cells.

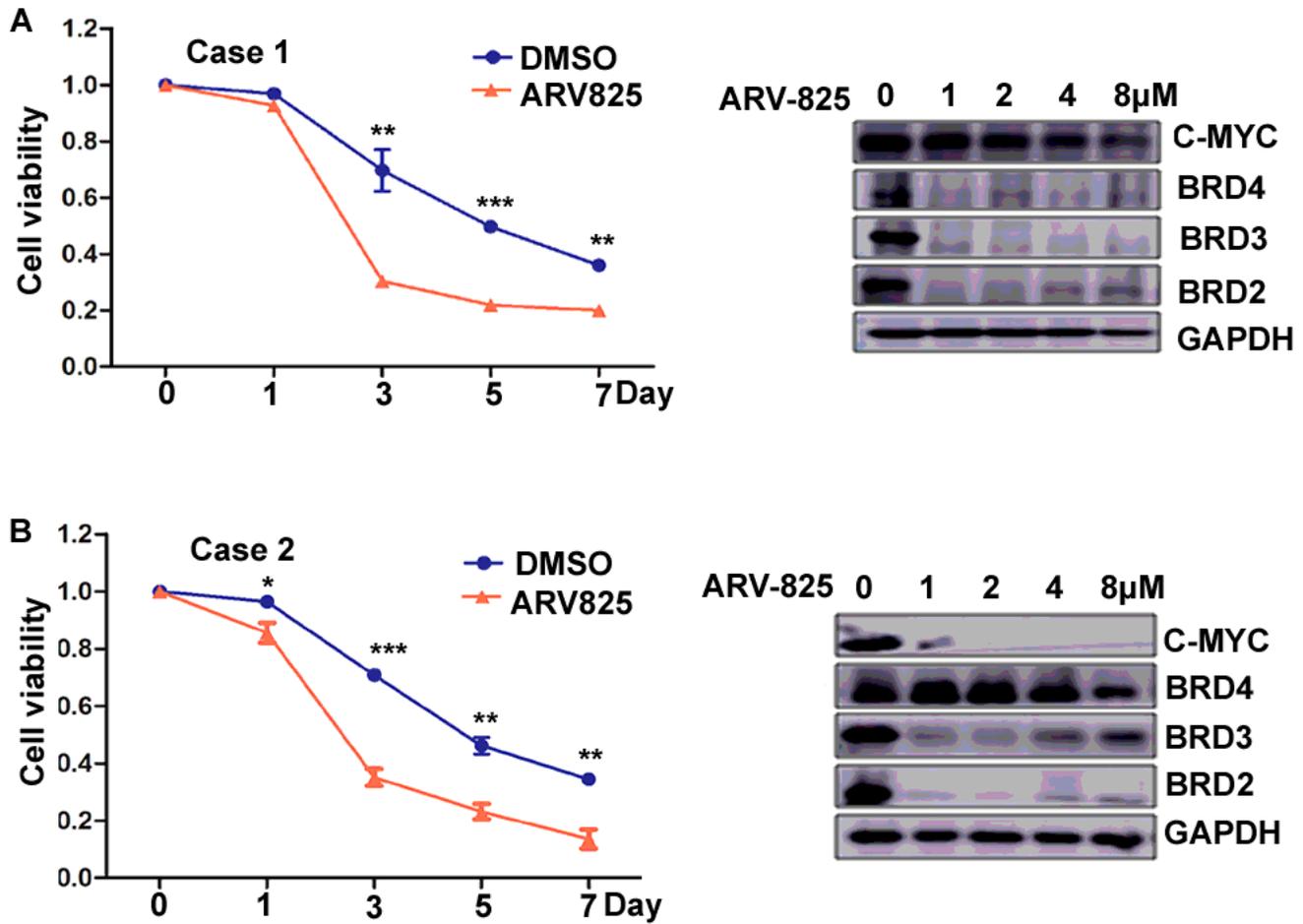


Figure 7

ARV-825 displays anti-tumor efficacy in primary T-ALL cells. (A) Growth of primary T-ALL cells treatment with 1µM ARV-825 (Case 1); ARV-825 suppressed BET and c-Myc protein expression in primary T-ALL cells from various concentration of ARV-825. (B) 8µM ARV-825 treatment impaired growth of pediatric primary T-ALL cells (Case 2). ARV-825 suppressed BET and c-Myc protein expression in primary T-ALL cells from various concentration of ARV-825.

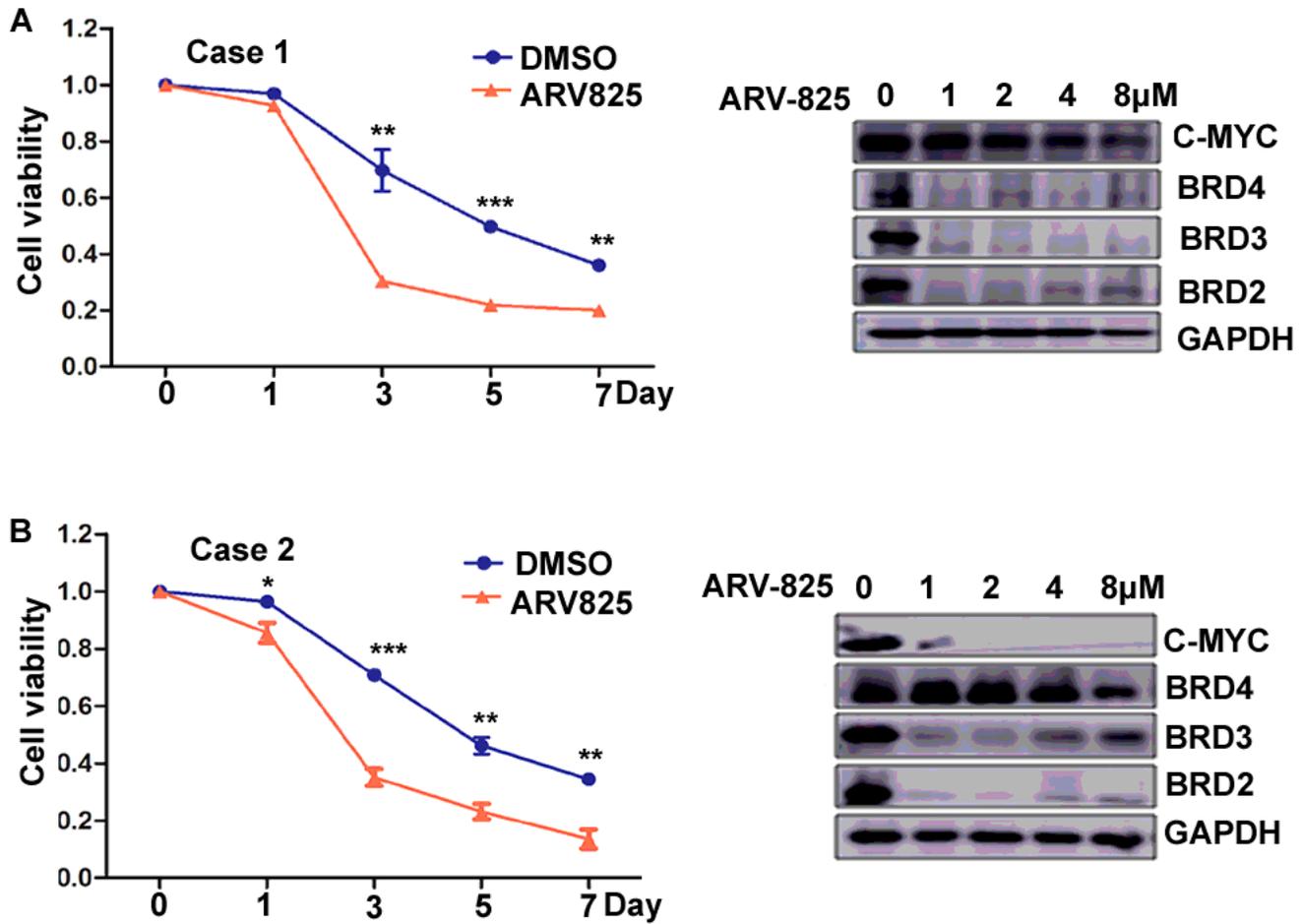


Figure 7

ARV-825 displays anti-tumor efficacy in primary T-ALL cells. (A) Growth of primary T-ALL cells treatment with 1µM ARV-825 (Case 1); ARV-825 suppressed BET and c-Myc protein expression in primary T-ALL cells from various concentration of ARV-825. (B) 8µM ARV-825 treatment impaired growth of pediatric primary T-ALL cells (Case 2). ARV-825 suppressed BET and c-Myc protein expression in primary T-ALL cells from various concentration of ARV-825.

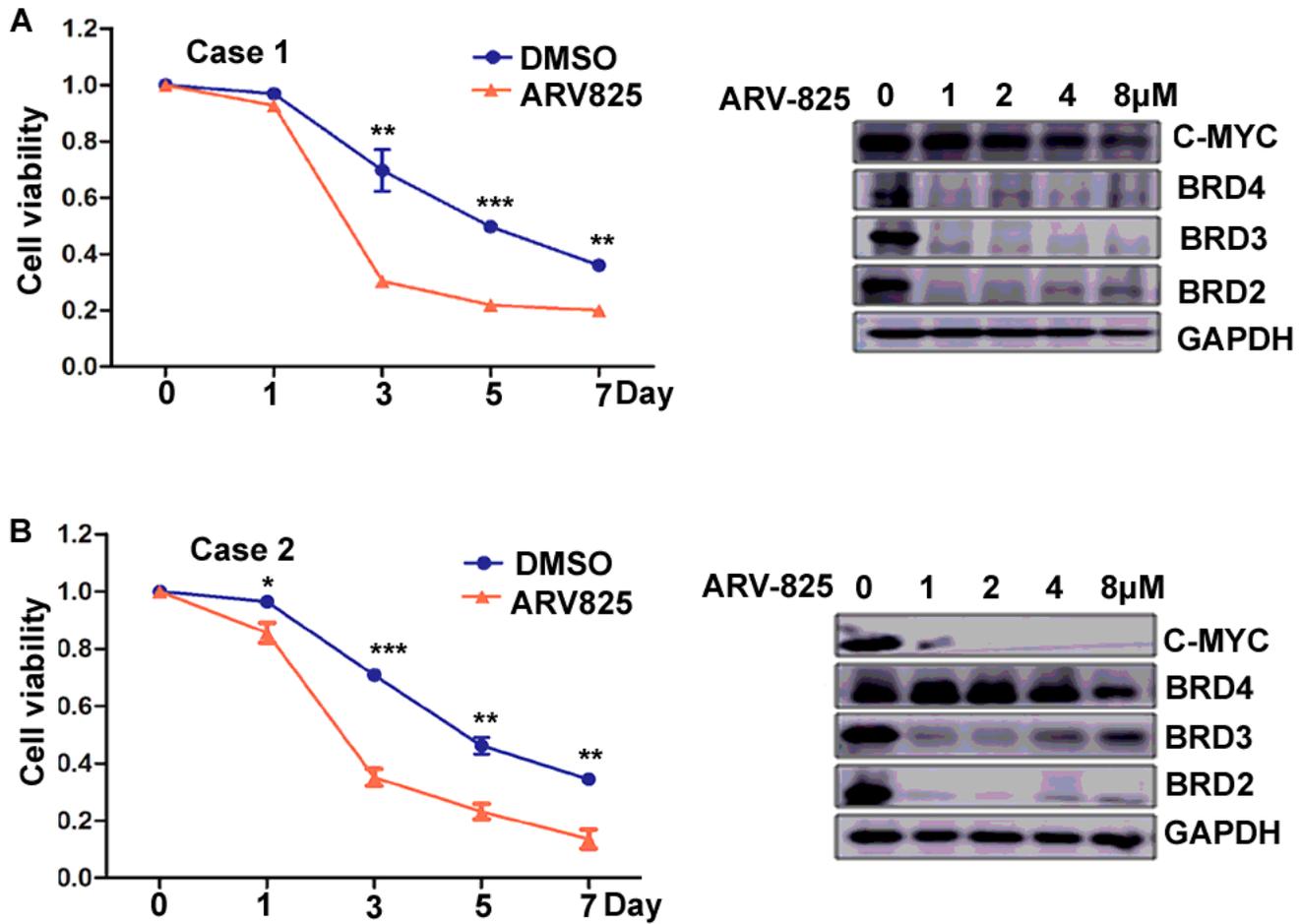


Figure 7

ARV-825 displays anti-tumor efficacy in primary T-ALL cells. (A) Growth of primary T-ALL cells treatment with 1 $\mu$ M ARV-825 (Case 1); ARV-825 suppressed BET and c-Myc protein expression in primary T-ALL cells from various concentration of ARV-825. (B) 8 $\mu$ M ARV-825 treatment impaired growth of pediatric primary T-ALL cells (Case 2). ARV-825 suppressed BET and c-Myc protein expression in primary T-ALL cells from various concentration of ARV-825.

### Supplementary Files

This is a list of supplementary files associated with this preprint. Click to download.

- [GSEAHALLMARKMYCTARGETSgenesetin6TCEM.xlt](#)
- [GSEAHALLMARKMYCTARGETSgenesetin6TCEM.xlt](#)
- [GSEAHALLMARKMYCTARGETSgenesetinJurkat.xlt](#)
- [SupplementalTables.docx](#)
- [SupplementalTables.docx](#)