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**Human endogenous retrovirus type K promotes proliferation and confers sensitivity to anti-retroviral drugs in Merlin-negative schwannoma and meningioma.**

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Running title: HERV-K in Merlin-negative schwannoma and meningioma tumours.

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## Abstract

1 Deficiency of the tumour suppressor Merlin causes development of schwannoma, meningioma,  
2 and ependymoma tumours, which can occur spontaneously or in the hereditary disease  
3 neurofibromatosis type 2 (NF2). Merlin mutations are also relevant in a variety of other  
4 tumours. Surgery and radiotherapy are current first-line treatments; however, tumours  
5 frequently recur with limited treatment options. Here, we use human Merlin-negative  
6 schwannoma and meningioma primary cells to investigate the involvement of the endogenous  
7 retrovirus HERV-K in tumour development. HERV-K proteins previously implicated in  
8 tumorigenesis were overexpressed in schwannoma and all meningioma grades, and disease-  
9 associated CRL4DCAF1 and YAP/TEAD pathways were implicated in this overexpression. In  
10 normal Schwann cells, ectopic overexpression of HERV-K Env increased proliferation and  
11 upregulated expression of c-Jun and pERK1/2, which are key components of known  
12 tumorigenic pathways in schwannoma, JNK/c-Jun and RAS/RAF/MEK/ERK. Furthermore,  
13 FDA-approved retroviral protease inhibitors ritonavir, atazanavir, and lopinavir reduced  
14 proliferation of schwannoma and grade I meningioma cells. These results identify HERV-K as  
15 a critical regulator of progression in Merlin-deficient tumours and offer potential strategies for  
16 therapeutic intervention.

17

18 Significance:

19 The endogenous retrovirus HERV-K activates oncogenic signalling pathways and promotes  
20 proliferation of Merlin-deficient schwannomas and meningiomas, which can be targeted with  
21 anti-retroviral drugs and TEAD inhibitors.

## 22 **Introduction**

23 Deficiency of the tumour suppressor Merlin leads to the development of multiple tumours of  
24 the nervous system such as schwannomas, meningiomas and ependymomas, which occur  
25 spontaneously or as part of the hereditary disease Neurofibromatosis type 2 (NF2) [1]. NF2  
26 commences in childhood/early adolescence, and it is common that patients develop multiple  
27 tumours simultaneously. Current treatments for Merlin-deficient tumours are restricted to  
28 surgery or radiosurgery, which have limitations when tumours occur at multiple sites or are  
29 situated where resection would risk neurological complications. An international meeting of  
30 researchers, clinicians, pharmaceutical companies, and patient advocates has stressed the  
31 urgent need to accelerate clinical trials [1]. The fastest way towards clinical trials is drug-  
32 repurposing, an approach pursued by the NF2 research community [2].

33 In this study we investigate Merlin-deficient schwannomas and meningiomas, and a potential  
34 therapeutic target called Human Endogenous Retrovirus (HERV) type K lineage HML2  
35 (HERV-K).

36 HERVs are the results of ancient germline retroviral infections that have been transmitted over  
37 the generations in a Mendelian fashion, and in total they comprise 8% of the human genome,  
38 with HERV-K consisting of approximately 100 individual viral sequences [3]. HERV-K  
39 proteins – Env, Rec and Np9 – are linked to tumourigenesis [4-8] and are upregulated in a  
40 variety of cancers [9]. Several FDA-approved HIV protease inhibitors appear to both affect  
41 HERV-K [10; 11] and show promise as anticancer drugs via other mechanisms [12], such as  
42 inhibition of Retinoblastoma (RB1) and phospho-AKT and downregulation of S phase genes  
43 [13].

44 We use an *in vitro* model for Merlin-deficient tumours consisting of patient-derived tumour  
45 cells that are cultured up to five passages. This model, in contrast to immortalised cell lines,  
46 more closely represents the *in vivo* tumour, thus facilitating the translation of *in vitro* studies

47 to phase 0 clinical trials [14-17]. We demonstrate that (i) HERV-K Env, Gag, Rec and Np9  
48 proteins are overexpressed in human Merlin-negative schwannoma (Sch-NF2<sup>-/-</sup>) and in all  
49 meningioma grades, (ii) ectopic Env overexpression in Schwann cells (Sch-NF2<sup>+/+</sup>)  
50 upregulates mitogenic pERK and c-Jun protein levels and increases proliferation, (iii) HERV-  
51 K Env is upregulated by Merlin-deficiency via the CRL4<sup>DCAF1</sup> and YAP/TEAD pathway, (iv)  
52 three FDA-approved antiretroviral drugs decrease both Sch-NF2<sup>-/-</sup> and Merlin-negative grade  
53 I meningioma (MN-GI-NF2<sup>-/-</sup>) cell proliferation.

## 54 **Materials and Methods**

### 55 **Cell culture**

56 Schwannoma and meningioma tissues were from Derriford Hospital (Plymouth, UK) and  
57 Southmead Hospital (Bristol, UK) under local R&D approval (Plymouth Hospitals NHS Trust:  
58 R&D No. 14/P/056 and North Bristol NHS Trust: R&D No. 3458). Normal peroneal nerve  
59 tissues (NNT) were from BRAIN UK (Neuropathology Department, Derriford Hospital),  
60 normal Schwann cells (sural nerve) from post-mortem donors (Derriford Hospital), normal  
61 meningeal tissues (NMT) from Novus Biologicals® and Analytical Biological Services Inc.,  
62 and Human Meningeal Cells (HMC) from ScienCell Research Laboratories. All meningiomas  
63 were graded by neuropathologist. Participants provided written informed consent and the study  
64 was conducted in accordance with the Declaration of Helsinki under institutional review board  
65 approval. Patient data are given in supplementary Tables 1 and 2. Schwannoma and Schwann  
66 cells were cultured as previously described [14]. All schwannoma cells and tissues used in this  
67 study are Merlin-negative and all Schwann cell cultures are S100 positive. Grade I meningioma  
68 cells were cultured as previously described [18]. All experiments except for some IHC were  
69 performed in Merlin-negative meningiomas. The human embryonic kidney (HEK) 293T cell  
70 line was grown in DMEM supplemented with 10% FBS and 100U/ml penicillin/streptomycin  
71 at 37°C (5% CO<sub>2</sub>).

72 **Inhibitors**

73 Ritonavir (Cat# SML0491), Atazanavir (Cat# SML1796), Lopinavir (Cat# SML1222),  
74 Sorafenib (Cat# SML2653), Selumetinib (Cat# AMBH2D6F1825) were from Sigma-Aldrich.  
75 Verteporfin (Cat# 5305) was from Tocris Bioscience, Bio-Techne and VT107 from Vivace  
76 Therapeutic.

77 **Lentiviruses**

78 CRL4<sup>DCAF1</sup> shRNA and scramble shRNA lentiviruses were provided by J. Lyons-Rimmer  
79 (Plymouth University, Plymouth, UK) or purchased from Santa Cruz (Cat# sc-76898-V, Cat#  
80 sc-108080). A HERV-K Env-expressing lentiviral vector and the empty vector were a kind gift  
81 from M. Dewannieux (Gustave Roussy Institute, Villejuif, France) [7]. Lentiviral particles  
82 were produced by co-transfection of HEK 293T cells with the lentiviral vector, packaging  
83 plasmids (pCMV-DR8.2; pVSV-G) in combination with MegaTran 1.0 (Cat# TT200005,  
84 Origene) mixed in Opti-MEM™ (Cat# 31985062, Thermofisher Scientific). Cells were  
85 incubated with lentiviral particles and 16-20 µg/ml protamine sulphate (Cat# 107689, Sigma-  
86 Aldrich) for 72 hours followed by selection with either 63.2 µg/ml Hygromycin B (Cat#  
87 10687010, Thermofisher scientific; Env overexpression) or 4.0 µg/mL puromycin (Cat#  
88 P9620, Sigma-Aldrich; CRL4<sup>DCAF1</sup> knockdown).

89 **Western Blotting**

90 Western blotting (WB) was performed as previously described [19] using anti-HERV-K Env  
91 (Cat# HERM-1811-5, AMSBIO), anti-HERV-K Gag (Cat# HERM-1841-5, AMSBIO), anti-  
92 phospho ERK (Cat# V803A, Promega), anti-ERK (Cat# 4695, New England Biolabs), anti-  
93 CRL4<sup>DCAF1</sup> (Cat# 11612-1-AP, Proteintech), anti-CTGF (Cat# ab6992, Abcam), anti-YAP  
94 (Cat# 14074, New England Biolabs), anti-Pan TEAD (Cat# 13295, New England Biolabs),  
95 anti-CD63 (Cat# 10628D, Thermofisher Scientific) and anti-Merlin (Cat# 6995, New England  
96 Biolabs) antibodies. For detection, secondary HRP-conjugated antibodies (Cat# 170-6516 and

97 Cat# 172-1019, Biorad) and Pierce ECL or Pierce ECL Plus substrates (Cat# 32209, Cat#  
98 32132X3, Thermofisher Scientific) were used. Anti-GAPDH (Cat# MAB374, Merck  
99 Millipore) and anti-Tubulin  $\alpha$  (ab4074, Abcam) antibodies were used for loading controls. WB  
100 bands densities were quantified using ImageJ software.

### 101 **Immunocytochemistry**

102 Immunocytochemistry (ICC) was performed as previously described [19] using anti-Rec and  
103 anti-Np9 polyclonal sera (kindly provided by F. Grässer, Universitätsklinikum des Saarlandes,  
104 Homburg, Germany) and anti-HERV-K Env (Cat# HERM-1811-5, AMSBIO), anti-HERV-K  
105 Gag (Cat# HERM-1841-5, AMSBIO), anti-CD63 (Cat#10628D, Thermofisher Scientific),  
106 anti-CD9 (Cat# orb235075, Biorbyt) and anti-c-Jun (Cat# 9165, New England Biolabs)  
107 antibodies.

108 Proliferating or apoptotic cells were detected using anti-Ki67 (Cat# M7420, Agilent) and anti-  
109 Cleaved Caspase 3 Asp 175 (Cat# 9661, Cell Signaling Technology) antibodies respectively.  
110 Secondary goat-anti-mouse Alexafluor 488 or 594 (Cat# A11001, Cat# A11005, Thermofisher  
111 Scientific) and goat-anti-rabbit Alexafluor 488 or 568 (Cat# A11008, Cat# A11011,  
112 Thermofisher Scientific) were used for detection. DAPI (Cat# D9542, Thermofisher Scientific)  
113 counter-stained nuclei were used for visualisation.

### 114 **Immunohistochemistry**

115 The 5- $\mu$ m paraffin-embedded tissue sections were deparaffinized, pre-treated in Tris/EDTA  
116 buffer (2.4mg/ml Tris, 0.2mg/ml EDTA, 2mM HCl pH9.0) for anti-HERV-K Gag and in citrate  
117 buffer (2.1mg/ml citric acid, 10mM NaOH, pH6.0) for anti-HERV-K Env, and heated for 30  
118 minutes. Tissue preparations were then incubated overnight with the primary antibodies (1:50).  
119 VECTASTAIN Elite ABC HRP Kit Universal (Cat# PK-6200, Vector Laboratories) was used  
120 for detection.

121

122 **Merlin re-introduction**

123 Merlin wild type (NF2-Ad) and control GFP (GFP-Ad)-containing adenovirus vectors were a  
124 kind gift from J. Testa (Fox Chase Cancer Center, Philadelphia, PA). Cells were infected for  
125 24 hours followed by incubation in fresh culture medium for an additional 48 hours. Successful  
126 infection was determined by the presence of GFP, and Merlin expression was quantified by  
127 WB.

128 **De-glycosylation of cellular proteins**

129 Cell lysates were treated with 5% sodium dodecyl sulphate, 1M Dithiothreitol, 0.5M sodium  
130 phosphate buffer (pH7.5), 10% Triton X-100 and PNGase F (Cat# V4831, Promega) at 37°C  
131 for 1-3 hours.

132 **Exosome isolation**

133 Cells were cultured for seven days in medium containing exosome-depleted FBS (Cat# EXO-  
134 FBS-250A-1, System Biosciences). Exosomes were isolated using Total Exosome Isolation  
135 Reagent (Cat# 4478359, Thermofisher Scientific). Exosomes were lysed with RIPA buffer  
136 supplemented with protease and phosphatase inhibitors [18]. HERV-K Env and CD63  
137 (exosome marker [20]) levels were assessed by WB. Tubulin was used as a cytoplasmic marker  
138 and Colloidal Gold Total Protein Stain (Cat#1706527, Biorad) was used as a loading control.

139 **TEAD binding site**

140 TEAD binding motifs (TGGAAT) were searched within HERV-K promoter regions using an  
141 alignment of proviruses [3] followed by chromatin immunoprecipitation sequencing (ChIP-  
142 Seq) (CD Genomics, USA).

143



144 **Microscopy**

145 Images were acquired with Zeiss LSM510 (Zeiss, Oberkochen, Germany) and Leica SPE  
146 (Leica Microsystems, Wetzlar, Germany) confocal units attached to Zeiss Axiovert and Leica  
147 IM8 microscopes respectively. Co-localisation was performed using z-stack. Proliferation  
148 assays used a 20x air objective and all other experiments were imaged using a 40x oil pH2  
149 objective. Zeiss image manipulation software (ZEN) was used for editing.

150 **Data Analysis**

151 Except for the IHC data, unpaired Student's two-tailed t-tests and one-way ANOVA with post-  
152 hoc Tukey statistical tests were used. Experiments were performed using samples from at least  
153 three different individuals. Mann-Whitney U tests were used on IHC data (GraphPad Prism).  
154 Scoring of IHC staining was done blind and was as follows: 0 = negative, 1 = weakly positive,  
155 2 = moderately positive, 3 = strongly positive. Statistical values are as follows: ns (not  
156 significant)  $p > 0.05$ , \*  $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\*  $p < 0.001$ . In figures the mean  $\pm$  SEM is given.

157

158 **Results**

159 **HERV-K proteins are overexpressed in Merlin-negative schwannoma**

160 Firstly, we determined HERV-K protein expression in human schwannoma tissues and primary  
161 cells, as well as control Schwann cell, by immunohistochemistry (IHC), immunocytochemistry  
162 (ICC) and western blotting (WB). In IHC nine of 10 Merlin-negative schwannoma (Sch-NF2-  
163 /-) tissues and four of 10 Merlin-positive (NF2+/+) normal nerve tissues stained positively for  
164 HERV-K Env, with the staining intensity in schwannomas usually higher (Mann-Whitney U  
165 test, P=0.009) (Fig. 1A). Correspondingly, ICC revealed strong HERV-K Env staining (in the  
166 cytoplasm and at the cell membrane) in both permeabilised and non-permeabilised Sch-NF2-  
167 /- cells *in vitro*, but staining was negligible in normal Schwann cells (Sch-NF2+/+) (Fig. 1B).  
168 Increased nuclear staining of HERV-K Rec and Np9 was also observed in Sch-NF2-/-  
169 compared to Sch-NF2+/+ cells (Fig. 1C).

170 The upregulation of HERV-K Env was verified by WB. HERV-K Env is translated as a full-  
171 length Env (Env-FL) precursor that is cleaved into a surface unit (Env-SU) and a  
172 transmembrane unit (Env-TM), and the anti-HERV-K Env antibody used binds to the latter.  
173 WB in Sch-NF2+/+ cells after ectopic overexpression of Env (Fig. S1A) confirmed the  
174 presence of both Env-FL and Env-TM proteins at the expected sizes of ~98 kDa and ~36 kDa  
175 respectively [21]. We also confirmed that Env-FL is glycosylated by using Peptide N-  
176 glycosidase (PNGase) treatment in Sch-NF2-/- cells (Fig. S1B) [21]. WB in Sch-NF2-/- tissues  
177 demonstrated significant upregulation of both Env-TM and Env-FL (Fig. 1D-F), as well as Rec  
178 and Np9 (Fig. 1D, G, H) proteins in Sch-NF2-/- tissues compared to very weak expression in  
179 normal nerve tissues (NNT). WB in Sch-NF2-/- cultured cells confirmed the above, revealing  
180 significant Env-FL and Env-TM upregulation in tumour cells compared to normal Sch-NF2+/+  
181 cells (Fig. 1I, J).

182 Merlin re-introduction into Sch-NF2<sup>-/-</sup> cells using a Merlin-expressing adenovirus (NF2-Ad)  
183 significantly reduced the expression of HERV-K Env-FL by ~30% and Env-TM by ~60% (Fig.  
184 1K, L).

185 In addition to the potentially tumourigenic proteins – Env, Rec and Np9 – we confirmed that  
186 HERV-K is upregulated in Sch-NF2<sup>-/-</sup> cells and tissues using another HERV-K protein,  
187 namely Gag. IHC demonstrated moderate or strong expression of HERV-K Gag in 13 of 15  
188 Sch-NF2<sup>-/-</sup> tissues compared to only three of 15 NNT (Mann-Whitney U test, P=0.0002; Fig.  
189 S1D), which was confirmed by ICC in primary Sch-NF2<sup>-/-</sup> cells (Fig. S1E). WB also  
190 demonstrated significant HERVK-Gag-FL overexpression in Sch-NF2<sup>-/-</sup> cells (the increase in  
191 mean HERVK-p15+CA/CA+NC expression was not significant) (Fig. S1F, G).

#### 192 **HERV-K Env protein contributes to schwannoma development**

193 We selected c-Jun and pERK as mitogenic/tumourigenic markers in schwannoma.  
194 Transcription factor c-Jun is a master regulator of Schwann cells (Sch-NF2<sup>+/+</sup>) differentiation  
195 and its expression strongly increases following nerve injury, which results in reactivation of  
196 proliferation [22]. C-Jun and its upstream activator, phosphorylated c-Jun N-terminal kinase  
197 (pJNK), are highly expressed in Merlin-negative schwannoma (Sch-NF2<sup>-/-</sup>) cells compared to  
198 normal Merlin-positive (Sch-NF2<sup>+/+</sup>) cells and contribute to increased cell proliferation and  
199 survival [23, 24]. pERK is also strongly activated in Sch-NF2<sup>-/-</sup> cells and, in addition to pJNK,  
200 is a component of the key mitogenic pathway [15; 17].

201 We demonstrate that ectopic overexpression (o/e) of Env in Sch-NF2<sup>+/+</sup> cells (Fig. 2A) did  
202 indeed increase proliferation (percentage of total cells monitored by DAPI that were Ki67+;  
203 (Fig. 2B, C), upregulated c-Jun expression (Fig. 2D, E) and increased levels of active pERK  
204 (Fig. 2F, G).

205 The involvement of HERV-K Env in Sch-NF2<sup>-/-</sup> cell proliferation is further supported by our  
206 observation that the monoclonal anti-HERV-K Env antibody added to cell culture medium

207 significantly reduced proliferation (Fig. 2H, J) and decreased the activity of pERK (Fig. 2L,  
208 M) in Sch-NF2<sup>-/-</sup> cells. Importantly, no effect of the antibody on normal Sch-NF2<sup>+/+</sup> cells  
209 proliferation was observed (Fig. 2I, K).

### 210 **HERV-K Env protein is released via exosomes in Merlin-negative schwannoma**

211 The observation that the anti-HERV-K Env antibody reduced proliferation in Merlin-negative  
212 schwannoma (Sch-NF2<sup>-/-</sup>) cells suggested that HERV-K Env action may also involve  
213 autocrine or paracrine signalling. Retroviral Env proteins are responsible for attachment of the  
214 viral particle to host cells, and the physiologically important Env proteins of another HERV  
215 family, Syncytin-1 and Syncytin-2, are crucial for exosome binding and internalization [25].  
216 We therefore investigated whether HERV-K Env is present in Sch-NF2<sup>-/-</sup> exosomes. ICC and  
217 confocal microscopy showed some HERV-K Env co-localisation in the cytoplasm with the late  
218 endosome/exosome marker CD9 (Fig. 3A). WB of exosomes extracted from Sch-NF2<sup>-/-</sup> cell  
219 culture medium collected after seven days of culture, using the additional late  
220 endosome/exosome marker CD63, revealed that the HERV-K Env protein is released from  
221 Sch-NF2<sup>-/-</sup> cells via exosomes and that the release is significantly increased in Sch-NF2<sup>-/-</sup>  
222 cells compared to Sch-NF2<sup>+/+</sup> cells (Fig. 3B, C). Note, the levels of Env-FL could not be  
223 measured due to a co-migrating band seen in negative control samples (which is the exosome  
224 fraction from culture medium not exposed to cells) (Fig. S1C). No Env protein was detected in  
225 exosome-free supernatant fractions collected after exosome isolation (Fig. 3B).

### 226 **Mechanism of HERV-K upregulation downstream of Merlin**

227 To understand why HERV-K is overexpressed in Merlin-deficient tumours we first  
228 investigated NFκB, which is strongly overexpressed in Merlin-negative schwannoma (Sch-  
229 NF2<sup>-/-</sup>) cells due to Merlin-deficiency and activates mitogenic signalling pathways [17]. NFκB  
230 is known to bind to and stimulate HERV-K expression [26]. However, by using the NFκB  
231 inhibitor SN50 at a concentration that inhibits NFκB translocation into the nucleus and

232 activation, and target gene expression [7] (Fig. S2A-D) – we demonstrated that NFκB is not  
233 involved in HERV-K expression in Sch-NF2<sup>-/-</sup> cells.

234 Next, we investigated if the CRL4<sup>DCAF1</sup> and YAP/TEAD pathways, both of which are activated  
235 in Merlin-deficient tumours [27], are involved in the increased expression of HERV-K.  
236 Depletion of CRL4<sup>DCAF1</sup> by shRNA knockdown significantly decreased Env-FL expression  
237 (Fig. 4A, B, K; by ~20-30% with one construct and by ~50-60% with a second construct).  
238 Inhibition of the downstream YAP/TEAD interaction, which prevents TEAD-mediated  
239 transcription, using either the YAP inhibitor Verteporfin (which promotes 14-3-3σ/YAP  
240 sequestration in the cytoplasm and its subsequent degradation [28]) or a novel TEAD-specific  
241 inhibitor VT107 (Vivace Therapeutics) [29] decreased expression of the HERV-K Env proteins  
242 by ~40-50% (Fig. 4C, D, I-K). The efficacy of the drugs was demonstrated by decreased  
243 expression of CTGF (a target gene of YAP/TEAD transactivation), YAP and Pan-TEAD (Fig.  
244 4C, I, J). In addition, Verteporfin decreased proliferation (Ki67) in Sch-NF2<sup>-/-</sup> cells (Fig. 4E,  
245 F) but had no effect on the proliferation of normal Schwann cells (Sch-NF2<sup>+/+</sup>) (Fig. 4G, H).  
246 Further downstream involvement of this pathway was suggested by the presence of a TEAD  
247 binding site on the HERV-K sequence *in silico* (Fig. S3); however, ChIP-Seq detected only a  
248 12% increase in the number of HERV-K matches compared to the experimental control.  
249 Thus, HERV-K upregulation is at least in part triggered by CRL4<sup>DCAF1</sup> and YAP/TEAD Hippo  
250 pathway deregulation due to Merlin-deficiency.

### 251 **Repurposing antiretroviral drugs in Merlin-negative schwannomas**

252 We tested whether three FDA-approved retroviral protease inhibitors – Ritonavir, Atazanavir  
253 and Lopinavir – have an anti-proliferative effect on Merlin-negative schwannoma (Sch-NF2-  
254 <sup>-/-</sup>) cells. All have been reported to have affinity for HERV-K protease [10; 11].

255 Ritonavir decreased Sch-NF2<sup>-/-</sup> cells proliferation (Ki67) with a half maximal inhibitory  
256 concentration (IC50) of 2.9 μM (Fig. 5A, C, and Table S3). This is 7.6-fold lower than the peak

257 plasma concentration ( $C_{max}$ ) of 22  $\mu\text{M}$ , and 3.6-fold lower than the trough plasma  
258 concentration ( $C_{min}$ ) of 10.4  $\mu\text{M}$  observed in HIV patients without side-effects [30].  
259 Importantly, Ritonavir had no effect on normal Schwann cells (Sch-NF2+/+) proliferation (Fig.  
260 5B, C). In addition, Ritonavir significantly downregulated two major proliferation markers in  
261 schwannoma: pERK, with  $IC_{50}=1.35 \mu\text{M}$ , and cyclin D1 [17], with  $IC_{50}=2.31 \mu\text{M}$  (Fig. 5D,  
262 S4A, and Table S3). As expected, Ritonavir appears to inhibit the HERV-K protease in Sch-  
263 NF2-/- cells, causing an increased expression of the uncleaved Gag-FL precursor protein and  
264 decreased expression of the second main band, which we interpret as representing cleaved  
265 p15+CA (15 kDa protein + capsid) and/or cleaved CA+NC (capsid + nucleocapsid) proteins  
266 (our antibody binds to CA) with  $IC_{50}=1.31 \mu\text{M}$  (Fig. 5D, S4B, and Table S3) [31]. In contrast  
267 to Gag, the Env-FL precursor protein is cleaved by a human furin proteases rather than the  
268 retroviral protease [32] and Ritonavir treatment decreased the expression of both Env-FL  
269 ( $IC_{50}= 1.23 \mu\text{M}$ ) and Env-TM ( $IC_{50}=0.55 \mu\text{M}$ ) (Fig. 5D, Fig. S4C, and Table S3).  
270 Lopinavir was as effective as Ritonavir and decreased Sch-NF2-/- cells proliferation with  
271  $IC_{50}=3.66 \mu\text{M}$ , which is  $\sim 4.7$ -fold lower than the plasma  $C_{max}$  ( $\sim 17 \mu\text{M}$ ) and  $\sim 2.6$ -fold lower  
272 than  $C_{min}$  ( $\sim 9.4 \mu\text{M}$ ) assessed by a pharmacokinetics study [33] (Fig. 5E, G, and Table S3). In  
273 addition to inhibiting cell proliferation, Lopinavir decreased pERK with  $IC_{50}= 1.26 \mu\text{M}$  (Fig.  
274 5H, S4D, and Table S3), inhibited Gag-FL cleavage and decreased cleaved p15+CA and/or  
275 CA+NC with  $IC_{50}=1.38 \mu\text{M}$  [10] and decreased the levels of Env-TM ( $IC_{50}=8.78 \times 10^{-3} \mu\text{M}$ )  
276 (Fig. 5H, S4E, F and Table S3). Atazanavir appears to be less effective than Ritonavir and  
277 Lopinavir. This drug decreased Sch-NF2-/- cell proliferation with  $IC_{50}=7.38 \mu\text{M}$ , which is  
278  $\sim 1.8$ -fold higher than the  $C_{max}$  ( $\sim 4.1 \mu\text{M}$ ) and  $\sim 10$ -fold higher than  $C_{min}$  ( $\sim 0.7 \mu\text{M}$ ) [33] (Fig.  
279 5F, G, and Table S3).

280

281

282 **Ritonavir has an additive effect with Selumetinib and Sorafenib *in vitro***

283 Ritonavir, in addition to its antiretroviral proprieties, can also inhibit CYP3A4 and thereby  
284 boost efficacy of drugs which are metabolised by CYP3A4 [34]. We therefore investigated  
285 whether Ritonavir would increase efficacy of the MEK inhibitor Selumetinib and the  
286 PDGFR/Raf inhibitor Sorafenib, both of which reduce proliferation of Merlin-negative  
287 schwannoma (Sch-NF2<sup>-/-</sup>) cells *in vitro* [15] and are known CYP3A4 substrates [35; 36].  
288 Sorafenib has been tested in phase 0 clinical trials in NF2 patients [37]. Treating Sch-NF2<sup>-/-</sup>  
289 cells with Ritonavir in combination with Selumetinib or Sorafenib showed that both  
290 Ritonavir+Sorafenib and Ritonavir+Selumetinib combinations have additive effects (Fig. 5I-  
291 K).

292 **HERV-K plays a similar role in Merlin-negative meningioma**

293 An increase of HERV-K expression was demonstrated by WB in all grades of Merlin-negative  
294 meningioma tissues (grade I, MN-GI-NF2<sup>-/-</sup>; grade II, MN-GII-NF2<sup>-/-</sup>; grade III, MN-GIII-  
295 NF2<sup>-/-</sup>) and in MN-GI-NF2<sup>-/-</sup> primary cells compared to control normal meningeal tissues  
296 (NMT) and Human Meningeal Cells (HMC), respectively.

297 Env-FL and Np9 expression in MN-GI-NF2<sup>-/-</sup> and MN-GII/III-NF2<sup>-/-</sup> tissues were increased  
298 (Env-FL average ~7-fold for G-I and average ~10-fold for GII/III; Np9 average ~4-fold for G-  
299 I and average ~12-fold for G-II/III) although not significantly compared to NMT (Fig. 6A, C,  
300 D, G). Env-TM was significantly increased in MN-GI-NF2<sup>-/-</sup> tissues (average ~7-fold) but not  
301 in MN-GII/III-NF2<sup>-/-</sup> tissues (Fig. 6A, E). Rec was observed only in MN-GI-NF2<sup>-/-</sup> and MN-  
302 GII/III-NF2<sup>-/-</sup> biopsies, but not in NMT (Fig. 6B, F). Gag-FL expression was higher in MN-  
303 GI-NF2<sup>-/-</sup> and MN-GII/III-NF2<sup>-/-</sup> biopsies although not significantly (Fig. S5A, B). Gag  
304 products p15+CA/CA+NC were significantly increased in MN-GI-NF2<sup>-/-</sup> but not in MN-  
305 GII/III-NF2<sup>-/-</sup> biopsies compared to NMT- (Fig. S5A, C).

306 The expression of Env-FL (Fig. 6H, I) and Gag-FL (Fig. S5D, E) was significantly increased  
307 in MN-GI-NF2<sup>-/-</sup> primary cells (Env-FL average ~3-fold; Gag-FL average ~6-fold) compared  
308 to HMC. The difference in the expression of Env-TM (Fig. 6H, I), and p15+CA/CA+NC (Fig.  
309 S5D, F) was however not significant.

310 IHC demonstrated moderate or strong staining for HERV-K Env in all eight MN-GI-NF2<sup>-/-</sup>  
311 tumours (Fig. S5G, I). Eight of 10 control NMT tissues were also positive for HERV-K Env  
312 but the average staining intensity was significantly weaker (Fig. S5G, I; Mann-Whitney U test,  
313 P=0.0015). HERV-K Gag staining was also moderate or strong in all eight MN-GI-NF2<sup>-/-</sup>  
314 tissues and the average staining intensity was significantly higher compared to NMT (Fig. S5H,  
315 J; Mann-Whitney U test, P=0.0005). We observed similar results with the higher meningioma  
316 grades for HERV-K Env (Fig. S5G, I; Mann-Whitney U test, P=0.0015 grade II, and P<0.0001  
317 grade III) but not for HERV-K Gag (Fig. S5H, J; Mann-Whitney U test, P= 0.6667 for grade  
318 II, and P= 0.0561 for grade III). However, the Merlin status of some of these tissues used in  
319 IHC was not recorded (not determined ND) (Fig. S5G-J).

320 The specificity of the anti-HERV-K Env antibody in control HMC cells was confirmed by  
321 ectopic overexpression of Env (Fig. S5K). Env overexpression in MN-GI-NF2<sup>-/-</sup> cells was also  
322 reversed by Merlin re-introduction (Fig. 6J, K) and significantly decreased by the TEAD-  
323 specific inhibitor VT107 (Fig. 6L, M), confirming the involvement of CRL4<sup>DCAF1</sup> and  
324 YAP/TEAD Hippo pathway in the regulation of HERV-K overexpression in meningioma.

325 Although, some intracellular co-localisation of Env with late endosome/exosome marker CD63  
326 was observed (Fig. S5L), no exosome-mediated Env release was detected in either HMC or  
327 MN-GI-NF2<sup>-/-</sup> cells (Fig. S5M).

### 328 **Repurposing antiretroviral drugs in Merlin-negative meningiomas**

329 Ritonavir, Atazanavir and Lopinavir all strongly decreased proliferation (Ki67) of Merlin-  
330 negative grade I meningioma (MN-GI-NF2<sup>-/-</sup>) cells displaying even stronger inhibition than in



331 Sch-NF2<sup>-/-</sup> cells (Fig. 7A-D, Table S4). Ritonavir decreased the number of proliferating cells  
332 with IC<sub>50</sub>=0.61 μM (~36-fold lower than plasma C<sub>max</sub> and ~17-fold lower than plasma C<sub>min</sub>  
333 in HIV patients [30]) (Fig. 7A, D, and Table S4), Atazanavir with IC<sub>50</sub>=0.14 μM (~29-fold  
334 lower than plasma C<sub>max</sub> and ~5.2-fold lower than plasma C<sub>min</sub> [33]) (Fig. 7B, D, and Table S4)  
335 and Lopinavir with IC<sub>50</sub>=0.88 μM (~19-fold lower than plasma C<sub>max</sub> and ~9-fold lower than  
336 plasma C<sub>min</sub> [33]) (Fig. 7C, D, and Table S4). Cell viability was not affected at drug  
337 concentrations 1 μM, 5 μM and 10 μM (Fig. S6 A). However, at C<sub>max</sub> concentrations,  
338 Ritonavir (22 μM [30]) and Lopinavir (17 μM [33]) induced death of almost 100% of tumour  
339 cells (Fig. S6 B). Atazanavir at its C<sub>max</sub> concentration (4.1 μM) [33] was not toxic.  
340 In addition, Ritonavir, Atazanavir and Lopinavir all significantly decreased active pERK  
341 (Ritonavir, IC<sub>50</sub>=8.73 μM; Atazanavir, IC<sub>50</sub> was not calculable, and Lopinavir IC<sub>50</sub>=4.07  
342 μM) and cyclin D1 (Ritonavir, IC<sub>50</sub>=4.41 μM; Atazanavir, IC<sub>50</sub>=6.3 μM, and Lopinavir  
343 IC<sub>50</sub>=3.05 μM) (Fig. 7E, Fig. S7, and Table S4). They also inhibited the retroviral protease,  
344 causing increased expression of Gag-FL and decreased expression of p15+CA/CA+NC  
345 (Ritonavir, IC<sub>50</sub>=186.82 μM, ~35% decrease at 10 μM; Atazanavir, IC<sub>50</sub>=12.51 μM, and  
346 Lopinavir, IC<sub>50</sub>=6.19 μM) (Fig. 7E, Fig. S7, and Table S4). All three drugs reduced the  
347 expression of both Env-FL and Env-TM (Ritonavir, Env-FL IC<sub>50</sub>=57.22 μM, ~40% decrease  
348 at 1 μM; Env-TM IC<sub>50</sub>=1.13x10<sup>3</sup> μM, ~30% decrease at 10 μM), Atazanavir (Env-FL,  
349 IC<sub>50</sub>=2.95 μM; Env-TM IC<sub>50</sub>=2.3x10<sup>3</sup> μM, ~35% decrease at 1 μM), and Lopinavir (Env-FL  
350 IC<sub>50</sub>=0.89 μM, Env-TM IC<sub>50</sub>=0.54 μM) (Fig. 7E, Fig. S7, and Table S4).

351 **Discussion**

352 *Potential therapeutics for schwannomas and meningiomas*

353 This report suggests the use of antiretroviral protease inhibitors to treat patients with Merlin-  
354 deficient schwannomas and meningiomas. In both Merlin-negative schwannoma (Sch-NF2-/-)  
355 cells and Merlin-negative meningioma (MN-GI-NF2-/-) cells, Ritonavir and Lopinavir (and,  
356 for meningioma, Atazanavir) decreased proliferation, with an IC50 lower than the Cmin in HIV  
357 patients. In addition, Ritonavir had no effect on proliferation of normal Merlin-positive  
358 Schwann (Sch-NF2+/+) cells, suggesting that it is tumour selective (we lacked sufficient  
359 samples to test Lopinavir and Atazanavir). Interestingly, the effect of all three drugs was much  
360 stronger against meningiomas.

361 The pleiotropic anticancer effects of antiretroviral drugs (not just protease inhibitors) have  
362 attracted interest recently [38]. For example, there have been at least 20 clinical trials involving  
363 Ritonavir in a broad range of cancer therapies, three of which also involved Lopinavir. Most  
364 trials have not yet reported but a Ritonavir plus Lopinavir phase II trial in high-grade gliomas  
365 found that the drugs were well tolerated but did not significantly improve six-month  
366 progression-free survival among 19 patients [39]. In antiretroviral therapy, Ritonavir is now  
367 used primarily in combination with Atazanavir or Lopinavir to boost the latter's bioavailability,  
368 *e.g.* by its CYP3A4-inhibitory properties mentioned above [34]. We found Ritonavir to have  
369 an additive effect in combination with Sorafenib or Selumetinib.

370 Treatment of tumours such as schwannomas and meningiomas, especially when occurring as  
371 part of the NF2 disease, must be for prolonged periods of time which risks the development of  
372 long-term adverse effects. The low IC50 observed in treatment of Sch-NF2-/-cells and MN-  
373 GI-NF2-/- cells *in vitro* suggests one could use a low dose in the medication regimen. Also,  
374 both schwannoma and meningioma tumours are located outside the blood-brain barrier and  
375 thus drug delivery should not be problematic. Our recent phase 0 clinical trial of orally

376 administered Sorafenib in NF2 patients achieved high intratumoural concentration of the drug  
377 [37].

378 Another possible treatment is immunotherapy with a humanised anti-HERV-K Env antibody  
379 [40]. Although HERV-K Env is upregulated in Sch-NF2<sup>-/-</sup> and MN-GI-NF2<sup>-/-</sup> cells and  
380 tissues, it is expressed at lower levels in normal Sch-NF2<sup>+/+</sup> cells and meningeal cells. An  
381 immunotherapy approach would therefore need careful safety testing.

382 Further testing with a mouse model is impossible. There is an NF2 mouse model [41], but  
383 HERV-K occurs only in humans [3; 9]. Implantation of human schwannoma into mice  
384 vestibular nerves is surgically impossible, and sub-cutaneous xenograft would not recapitulate  
385 the unique intraneural microenvironment for schwannoma growth.

#### 386 *Mechanism of retroviral protease inhibitors*

387 The mechanism at play in the antiretroviral drug-driven proliferation inhibition is probably  
388 multifaceted and involving both HERV-K-dependent and -independent pathways. For  
389 example, in addition to having an inhibitory effect on HERV-K protease, Ritonavir is known  
390 to inhibit proteasome activity, although only at higher concentrations (>10 $\mu$ M) [42]. In a study  
391 using human glioblastoma-derived cells GL15, Ritonavir inhibited chymotrypsin-like activity  
392 of the proteasome with IC<sub>50</sub>=50 $\mu$ M and significantly induced cell cycle arrest at concentration  
393 of 100  $\mu$ M [42]. In our study, however, Ritonavir decreased proliferation of Merlin-negative  
394 schwannoma (Sch-NF2<sup>-/-</sup>) and Merlin-negative grade I meningioma (MN-GI-NF2<sup>-/-</sup>) cells at  
395 IC<sub>50</sub>=2.9  $\mu$ M and IC<sub>50</sub>=0.61  $\mu$ M respectively. These concentrations are much lower than  
396 needed for effective proteasome inhibition and perhaps indicate that Ritonavir's proteasome  
397 inhibitory effect is a minimal contribution to the inhibition of HERV-K levels.

398 Moreover, both Ritonavir and Lopinavir inhibited pERK activity, which we think may be partly  
399 due to overexpression of HERV-K. We confirmed the effect of both drugs on the HERV-K  
400 protease, which cleaves the viral Gag protein. Less expectedly, the drugs also inhibited the

401 expression of HERV-K Env, which is cleaved by a cellular furin-like endoprotease [32]. Since  
402 levels of both the uncleaved Env-FL precursor and cleaved Env-TM were decreased, the drugs  
403 did not affect the cleavage efficiency as with Gag but rather the overall expression of HERV-  
404 K Env. This is perhaps consistent with these drugs having a broad range of effects.

#### 405 *HERV-K upregulation (Transcription factors)*

406 We demonstrated that HERV-K Env expression is dependent on the tumour suppressor Merlin.  
407 There is evidence of another HERV, HERV-E, being upregulated by inactivation of another  
408 tumour suppressor: von Hippel–Lindau (VHL) protein [43]. Downstream of Merlin, we  
409 suggest for the first time that HERV-K Env expression in both Merlin-negative schwannoma  
410 (Sch-NF2<sup>-/-</sup>) cells and Merlin-negative grade I meningioma (MN-GI-NF2<sup>-/-</sup>) is regulated by  
411 the transcription factor TEAD via binding to YAP. We observed that TEAD possesses a  
412 binding domain on HERV-K Long Terminal Repeats (LTR) *in silico*. However, we were  
413 unable to confirm binding with our CHIP analysis. This failure to confirm binding might be  
414 caused by the approximately 1,000 fragments of HERV-K scattered across the genome [3].

415 Blocking different elements in the Hippo pathway, as well as CRL4<sup>DCAF1</sup>, reduced but did not  
416 completely block HERV-K expression, suggesting the involvement of additional factors. One  
417 such factor could be Src, which activates YAP [44] and has been previously shown by us to be  
418 involved in increased Sch-NF2<sup>-/-</sup> cell proliferation downstream of PDGFR $\beta$  [14] and integrin  
419  $\beta$ 1 [45]. Other possible factors are that HERV-K loci are often silenced by methylation and  
420 have binding sites for many transcription factors, at least eight of which have been  
421 demonstrated experimentally to upregulate HERV-K [46] (although our study allows us to  
422 exclude one, NF $\kappa$ B, in schwannomas).

#### 423 *HERV-K Env signalling pathways*

424 HERV-K Env has been previously demonstrated to contribute to tumourigenesis of melanoma,  
425 breast and pancreatic cancers involving MYC, AKT and – especially – RAS/RAF/MEK/ERK

426 signalling pathways [4-7]. We demonstrate that ectopic HERV-K Env overexpression in  
427 normal Schwann cells induces proliferation and is associated with an upregulation of  
428 phosphorylated/active ERK1/2 (pERK1/2), which is similar to that observed in schwannoma  
429 tumour counterparts. In 293T cells, Env overexpression was also associated with pERK  
430 upregulation involving the RAS/RAF/MEK/ERK pathway, a process requiring the presence  
431 of Env cytoplasmic tail [7]. Which effector allows signal transduction from HERV-K Env to  
432 RAF is unknown. The cytoplasmic tail of the Jaagsiekte sheep retrovirus (JSRV) Env, another  
433 betaretrovirus envelope glycoprotein, harbours binding motifs for phosphatidylinositol 3-  
434 kinase (PI3K), which is involved in the PI3K/AKT pathway leading to fibroblast  
435 transformation [47]. However, the Lemaitre *et al.* study cited above [7] did not find  
436 upregulation of pAKT.

437 Furthermore, we observed an increase in c-Jun suggesting that Env may also stimulate the  
438 JNK/c-Jun network. C-Jun triggers proliferation of Schwann cells after nerve injury and is  
439 overexpressed in schwannoma [22-24]. The phosphorylation profile in Env-knockdown cell  
440 lines reveal downregulation of several kinases including c-Jun and JNK1/2/3 [6]. Therefore,  
441 our findings are consistent with HERV-K Env contributing to schwannoma tumourigenesis by  
442 the stimulation of the RAS/RAF/MEK/ERK and JNK/c-Jun pathways leading to increased cell  
443 proliferation. We also found increased expression of Rec and Np9 proteins in schwannoma,  
444 both of which are linked to tumour growth in other cancer types by altering pERK, Myc and  
445  $\beta$ -catenin pathways [48]. We have previously shown these pathways to be involved in  
446 schwannoma development [16].

447 We attempted HERV-K knockdown this using a large set of shRNAs targeting sites across the  
448 provirus (LTR, *gag* and *env*). Our set included sequences that reduce Env expression in  
449 pancreatic [6] and melanoma cell lines [5]. The shRNA used in pancreatic cells reduced growth

450 of cell lines inoculated in mice and reduced pERK expression as well as pAKT, MYC and  
451 RAS. However, we were unsuccessful.

452 *HERV-K Env transport via exosomes*

453 HERV-K Env was detected at the cell membrane and in the exosomal fraction of culture  
454 medium from schwannoma cells. We speculate that HERV-K Env, which is expressed on the  
455 cell surface and has fusogenic ability [49], contributes to cell-to-cell transfer of growth factors  
456 via exosomes. Thus, HERV-K Env would facilitate uptake of exosomes that are transporting  
457 pro-tumoural molecules. Evidence for the pro-tumourigenic role of exosomes is accumulating  
458 [50], and exosomal release of Env proteins (syncytins) from another HERV lineage (HERV-  
459 W) has been reported to significantly increase the uptake of exosomes via receptor-facilitated  
460 endocytosis [25]. Our observed anti-proliferative effect of the anti-HERV-K Env monoclonal  
461 antibody might result from blocking this process.

462

## 463 **Authors' Contributions**

Conception and design: S. Ammoun and R. Belshaw

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Providing and managing primary cells and tissues: E. Ercolano, K. M. Kurian

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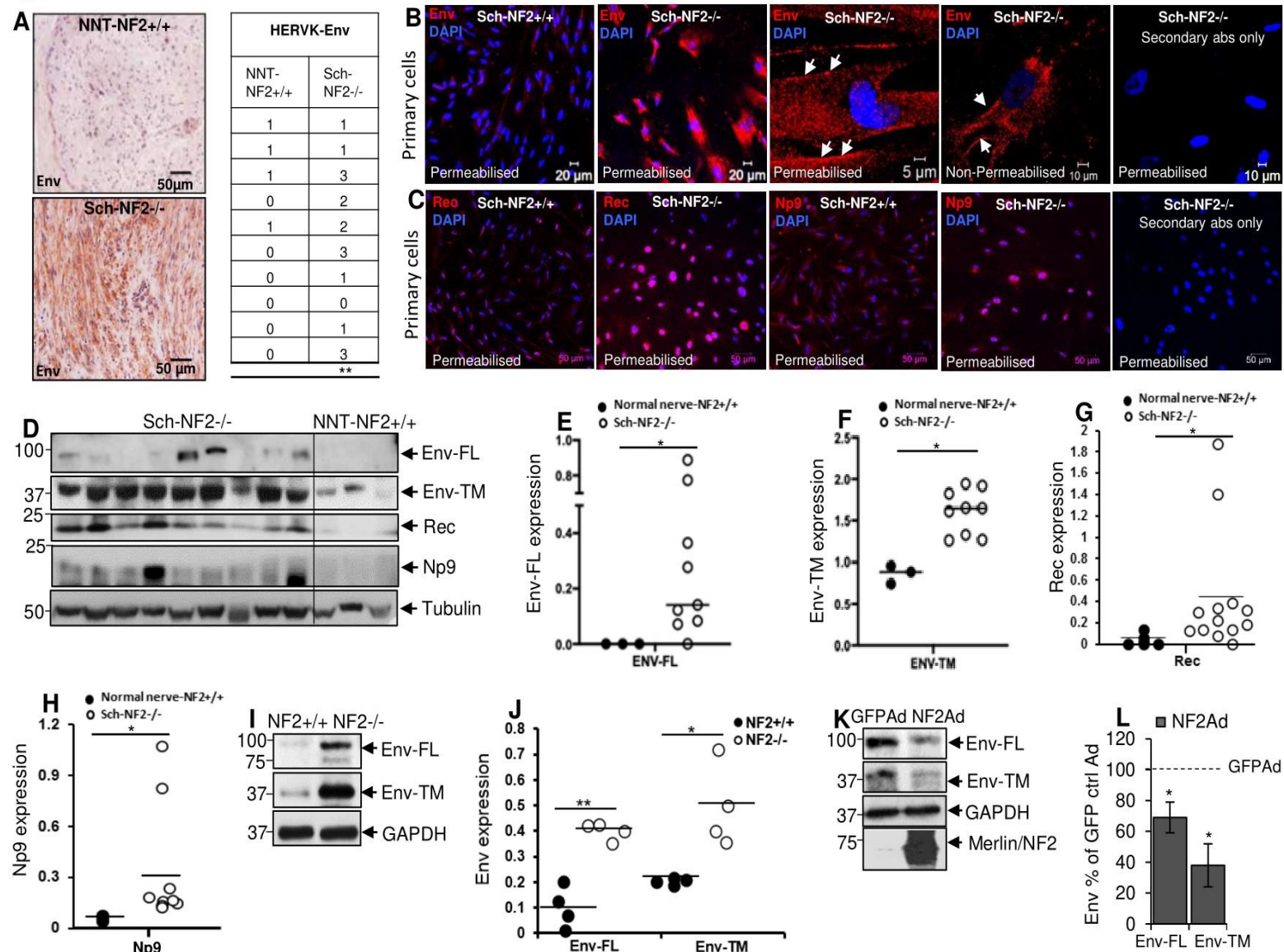
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## Figures

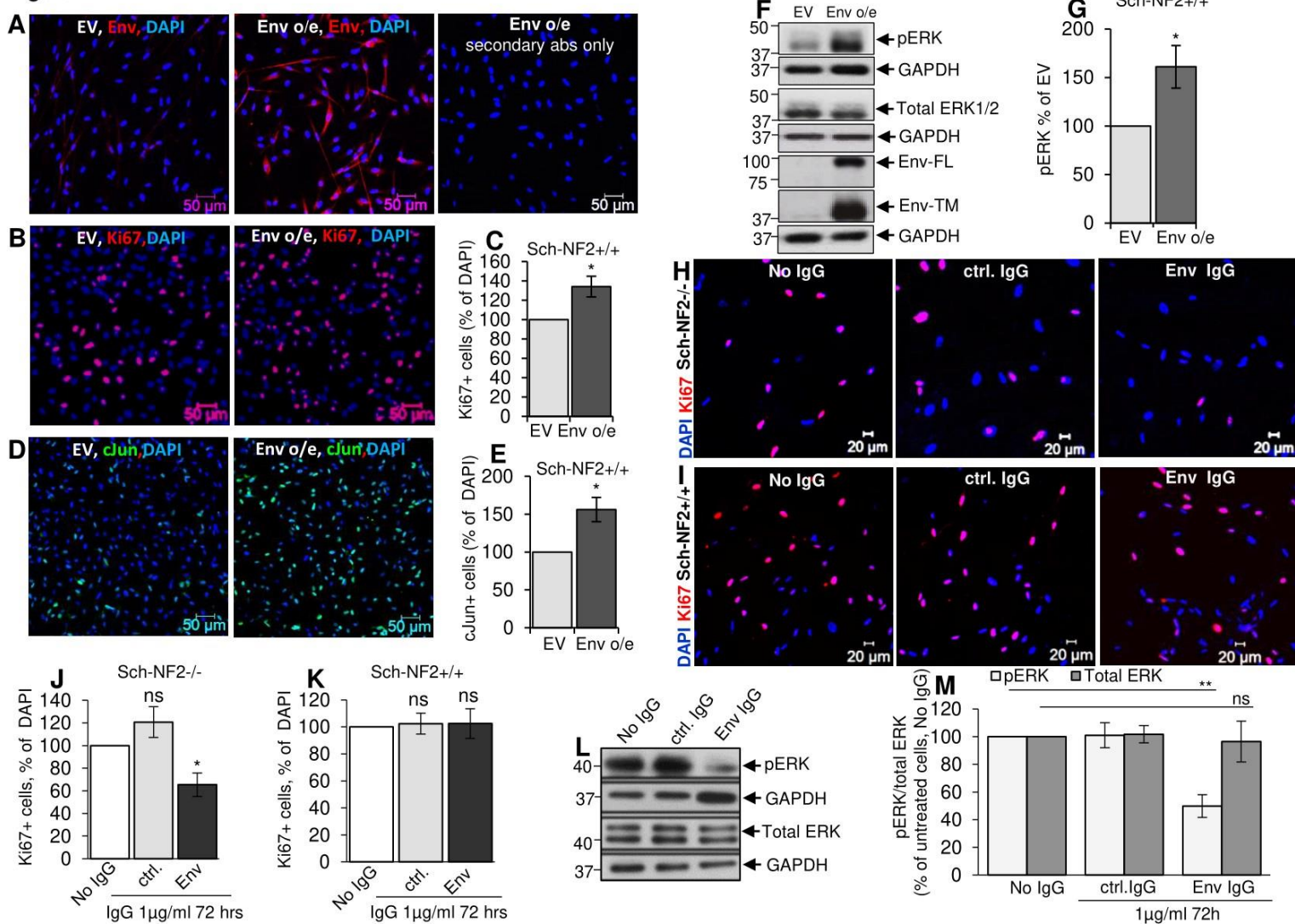
Figure 1



**Figure 1. HERV-K-Env, Rec and Np9 proteins are overexpressed in Merlin-negative human primary schwannoma cells and tissues (Sch-NF2<sup>-/-</sup>).** **A**, Representative IHC images showing negligible HERV-K-Env expression in normal nerve-NF2<sup>+/+</sup> tissues (NNT-NF2<sup>+/+</sup>) compared to strong expression in Sch-NF2<sup>-/-</sup> tissues. Data are summarised in a table displaying staining intensity in samples from 10 patients and 10 healthy donors. **B**, Representative ICC images showing weak HERV-K Env ICC expression in Sch-NF2<sup>+/+</sup> cells compared to strong cytoplasmic and membranous expression (white arrows) in both permeabilised and non-permeabilised Sch-NF2<sup>-/-</sup> cells. **C**, Representative ICC images showing strong Rec and Np9 nuclear expression in Sch-NF2<sup>-/-</sup> cells compared to Sch-NF2<sup>+/+</sup> cells (**n**=3). **D-H**, WB (**D**) and quantifications (**E-H**) showing increased expression of HERV-K-Env (**D, E, F**; **n**=9), Rec (**D, G**; **n**=13, only representative **n**=9 samples are presented in figure **D**), and Np9 (**D, H**; **n**=9) in Sch-NF2<sup>-/-</sup> tissues compared to normal nerve-NF2<sup>+/+</sup> tissues (**n**=3 in **D**, **n**=5 in **G**) detected by WB. **I, J** Representative WB showing precursor Env-FL and mature cleaved Env-TM detected by WB with stronger density in Sch-NF2<sup>-/-</sup> cells (**n**=4) compared to

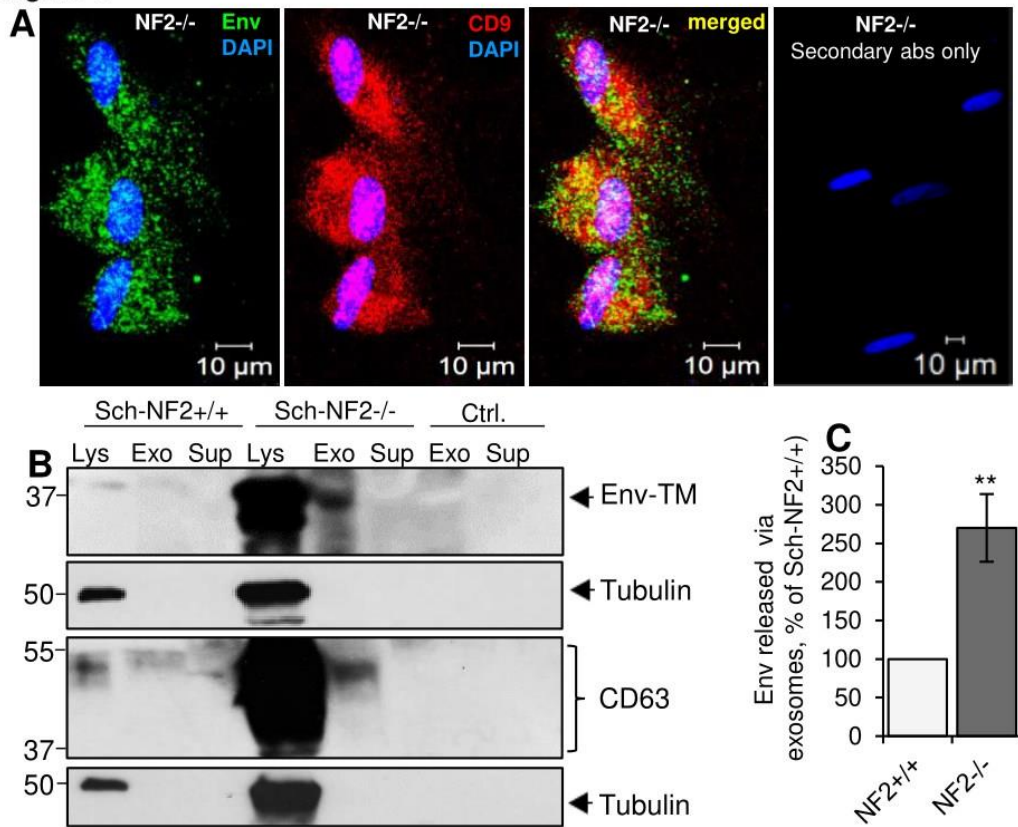
Sch-NF2<sup>+/+</sup> cells (n=4). **K, L** Representative WB showing decreased Env-FL and Env-TM expression in Sch-NF2<sup>-/-</sup> cells after Merlin reintroduction using adenovirus vector (NF2Ad) compared to control adenovirus vector containing GFP only (GFPAd) (Env-FL, n=7; Env-TM, n=4). Secondary antibody only staining was used as a negative control in ICC (B, C). Tubulin (D) and GAPDH (I, K) were used as the loading control for WB.

**Figure 2**



**Figure 2. HERV-K-Env is involved in proliferation of Sch-NF2<sup>-/-</sup> cells via pERK.** **A-G**, Representative immunocytochemistry for Env (red) shows ectopic overexpression of Env (Env o/e), compared to an empty vector (EV) control in Sch-NF2<sup>+/+</sup> cells using lentiviral constructs (A), Env o/e increases number of Ki67 positive (red) cells compared to EV (B, C; n=4) and c-Jun (green)-expressing cells (D, E; n=3), and increases the levels of active pERK (F, G; n=4). **H-M**, Treatment with anti-HERV-K Env antibody decreases number of Ki67 positive cells in Sch-NF2<sup>-/-</sup> cells (H, J; n=4) but not in Sch-NF2<sup>+/+</sup> cells (I, K; n=3). **L, M**, Anti-HERV-K Env antibody decreases the levels of active pERK in Sch-NF2<sup>-/-</sup> cells and has no effect on ERK expression. Staining using only the secondary antibody was used as a negative control in ICC, and GAPDH was used as a loading control for WB.

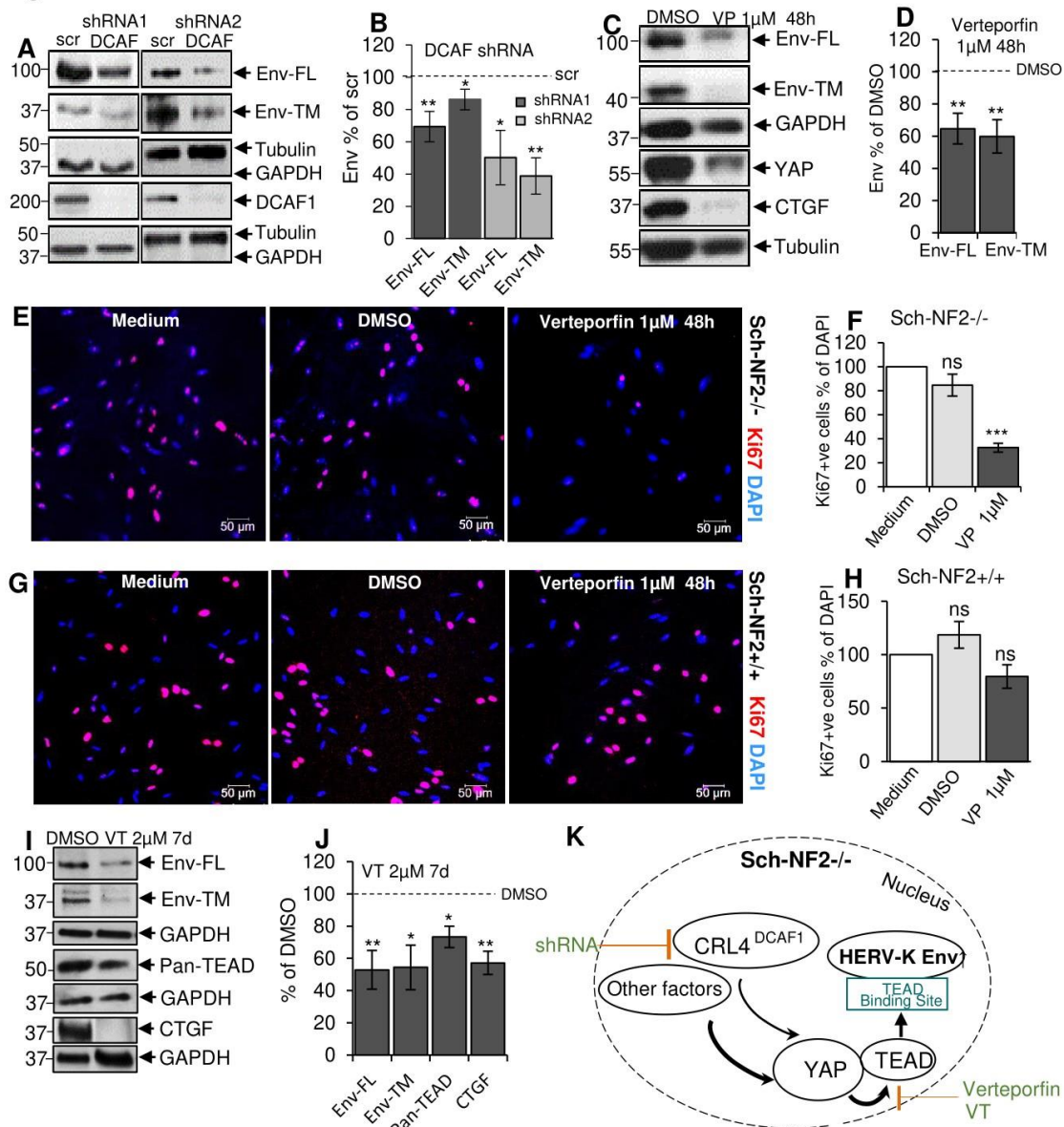
**Figure 3**



**Figure 3. HERV-K-Env protein is released via exosomes.** **A**, Representative immunocytochemistry (ICC) images show Env co-localisation with late endosome/exosome marker CD9 (red) in Sch-NF2<sup>-/-</sup> cells (**n=3**). **B**, Representative western blot shows another late endosome/exosome marker CD63 on cell lysates (Lys, line 1) and exosome fractions (Exo, line 2) collected from cell culture medium after seven days of culture with Sch-NF2<sup>-/-</sup> cells, demonstrating the release of HERV-K Env-TM protein via exosomes (**n=5**). Negative control (Ctrl.) is growth medium not exposed to the cells. **C**, The release of exosome-bound Env-TM is greater in Sch-NF2<sup>-/-</sup> cells compared to Sch-NF2<sup>+/+</sup> cells. No Env protein was detected in exosome-free supernatant fractions (Sup, line 3) collected after exosome isolation (B, C). Tubulin was used as a loading control.

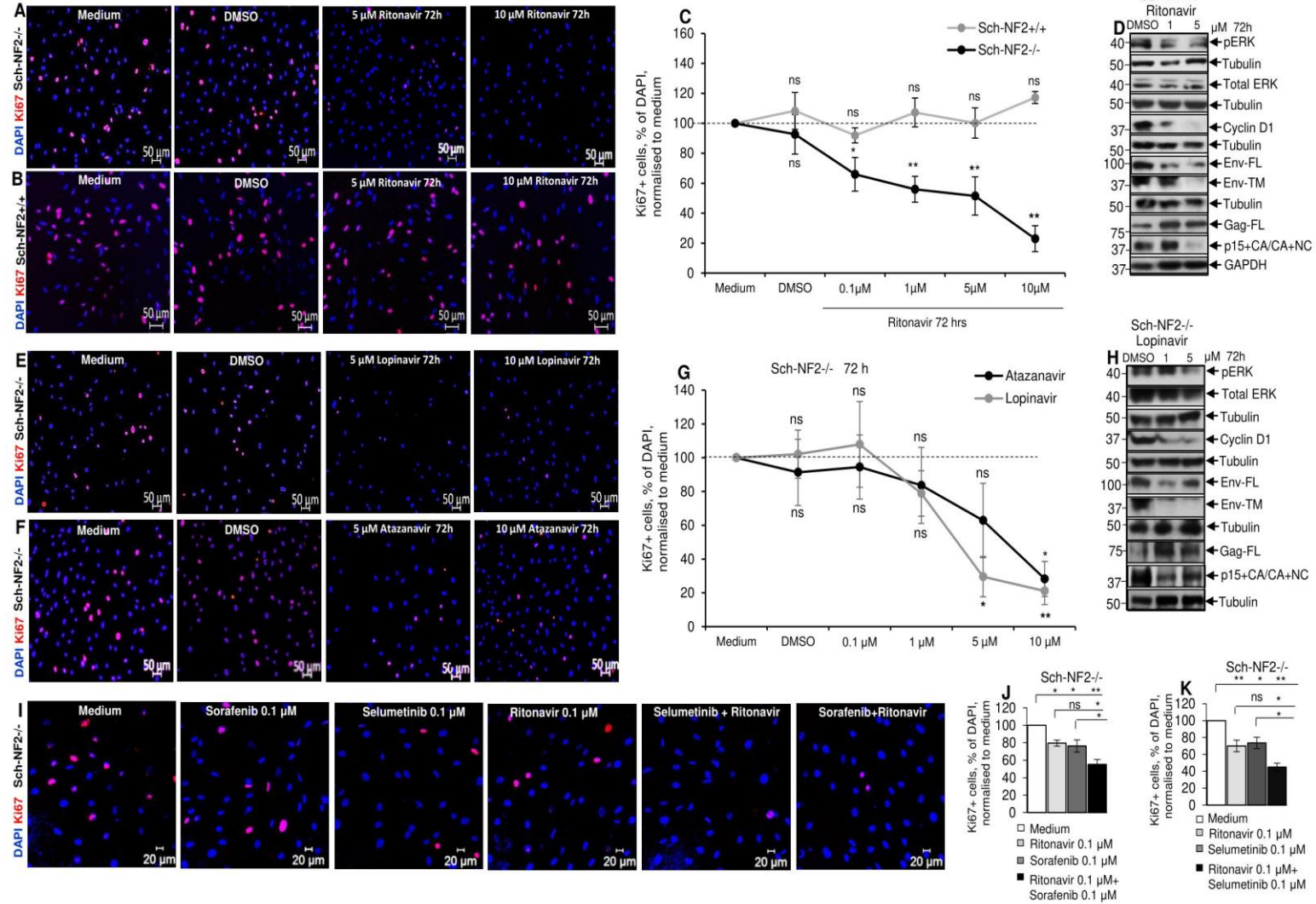


**Figure 4**



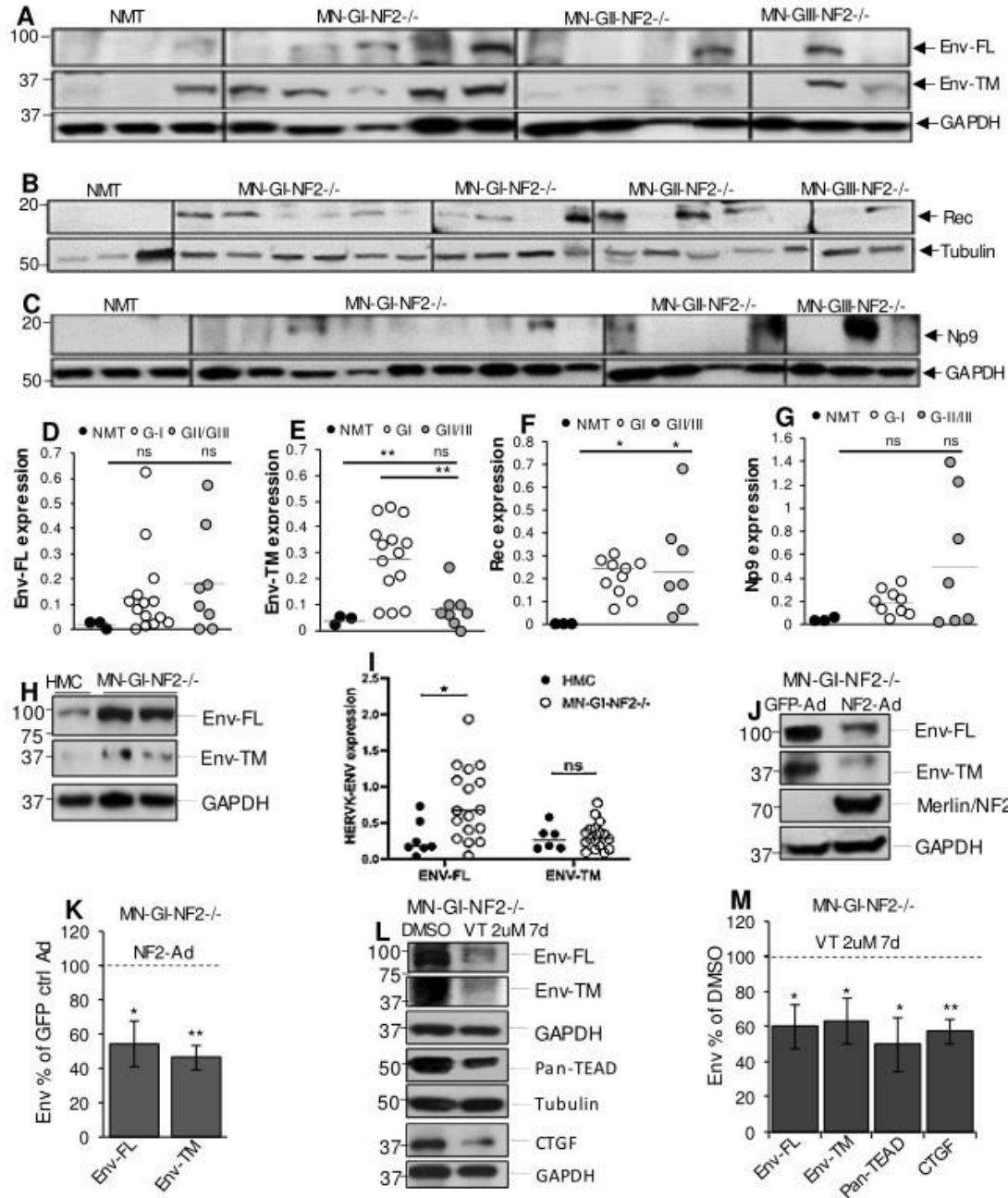
**Figure 4. CRL4<sup>DCAF1</sup> and YAP/TEAD Hippo pathway is involved in the increased expression of HERV-K-Env in Sch-NF2<sup>-/-</sup> cells.** **A, B**, Representative western blot showing that depletion of CRL4<sup>DCAF1</sup> by shRNA knockdown (shRNA 1 and shRNA 2) decreases expression of Env-FL (**n=4**) and Env-TM (**n=3**). **C-H**, The YAP/TEAD inhibitor Verteporfin (VP) decreases expression of the HERV-K Env-FL (**n=5**) and Env-TM proteins (**C, D; n=4**), and reduces the number of Ki67 positive cells in Sch-NF2<sup>-/-</sup> cells (**E, F; n=3**) but not Sch-NF2<sup>+/+</sup> cells (**G, H; n=3**). **I, J**, TEAD inhibitor VT107 (VT) strongly decreases expression of Env-FL (**n=4**) and Env-TM (**n=5**). **K**, Schematic overview of the signalling pathways involved in increased expression of HERV-K Env. YAP, CTGF and pan-TEAD were used as positive controls for drug efficacy.

figure 5



**Figure 5. Anti-retroviral drug treatments in schwannoma cells (Sch-NF2<sup>-/-</sup>).** A-C, Ritonavir strongly decreases proliferation (number of Ki67 positive cells) of Sch-NF2<sup>-/-</sup> (A, C; n=8) but not Sch-NF2<sup>+/+</sup> cells (B, C; n=5). D, Ritonavir decreases levels of pERK (n=5), cyclin D1 (n=6), Env-FL (n=5) and Env-TM (n=5). It also inhibits the HERV-K protease: increasing the level of uncleaved Gag-FL precursor protein and decreasing the level of cleaved p15+CA and/or CA+NC proteins (n=10). E-G, Lopinavir (E, G; n=3) and Atazanavir (F, G; n=3) decrease proliferation (number of Ki67 positive cells, Ki67+) of Sch-NF2<sup>-/-</sup> cells. H, Lopinavir decreases the levels of pERK (n=5), cyclin D1 (n=5), Env-FL (n=4) and Env-TM (n=4). Lopinavir also inhibits the HERV-K protease: increasing the level of uncleaved Gag-FL (n=3) and decreasing the level of p15+CA and/or CA+NC (n=4). I-K, Combined treatments of Sch-NF2<sup>-/-</sup> cells with Ritonavir + PDGFR/cRaf inhibitor Sorafenib (n=7) and Ritonavir + MEK1/2 inhibitor Selumetinib (n=6). GAPDH and tubulin were used as loading controls for WB.

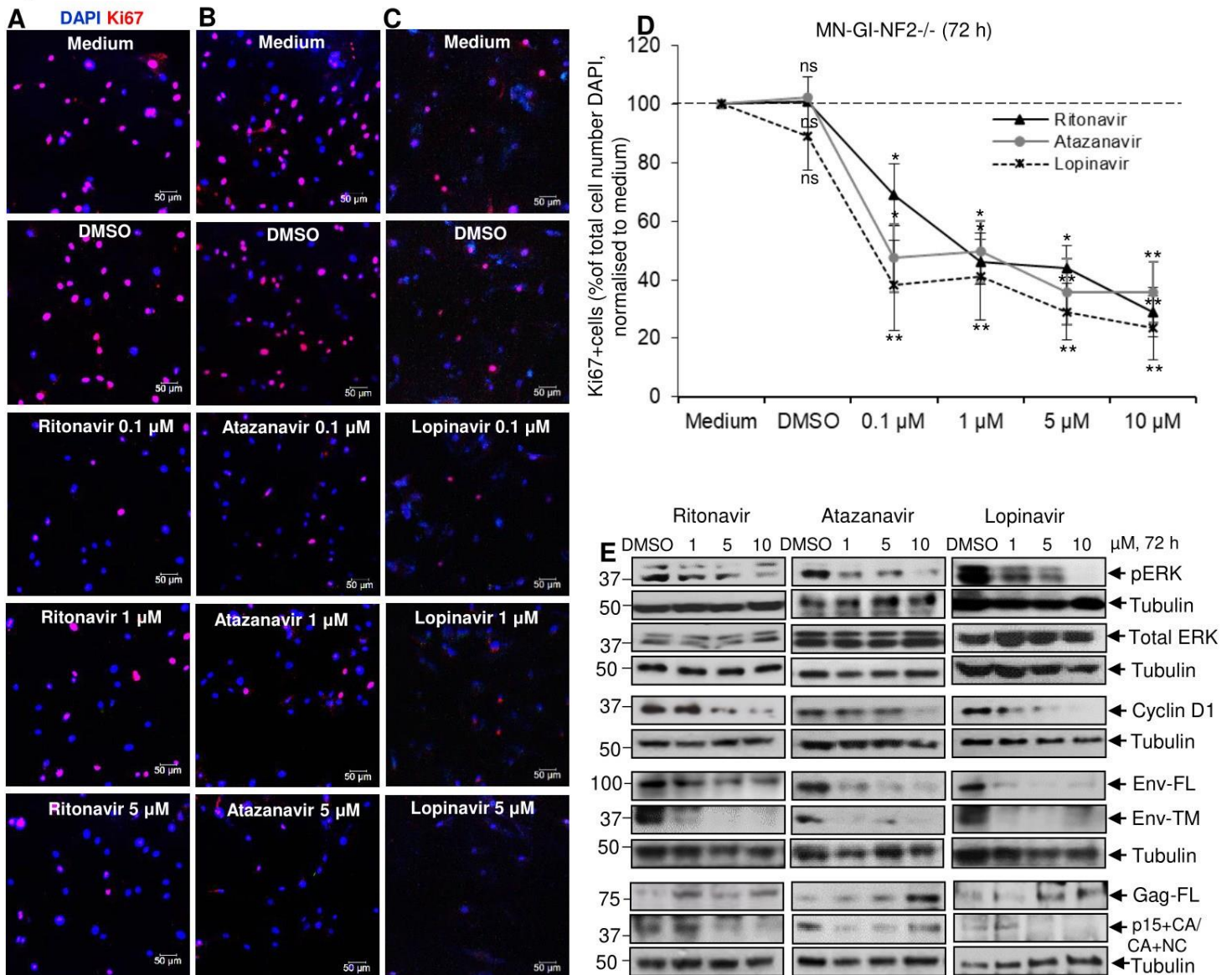
**Figure 6**



**Figure**

**6. HERV-K overexpression in Merlin-negative meningioma.** A-G, WB demonstrating expression of Env-FL (A, D), Env-TM (A, E), Rec (B, F), and Np9 (C, G) in grade I Merlin-deficient meningioma biopsies (MN-GI-NF2<sup>-/-</sup>) (n=14, n=14, n=10 and n=9 respectively), grade II Merlin-negative meningioma biopsies (MN-GII-NF2<sup>-/-</sup>) (n=5, n=5; n=5 and n=4 respectively), and grade III Merlin-negative biopsies (MN-GIII-NF2<sup>-/-</sup>) (n=3, n=3, n=2 and n=3 respectively) compared to normal meningeal tissues (NMT). H, I, WB demonstrating increased expression of Env-FL (n=17) but not Env-TM (n=17) in MN-GI-NF2<sup>-/-</sup> primary cells compared to normal human meningeal cells (HMC). J, K, Env-FL (n=3) and Env-TM (n=4) overexpression in MN-GI-NF2<sup>-/-</sup> cells is reversed by Merlin re-introduction (NF2-Ad). L, M, TEAD inhibitor VT107 decreases expression of Env-FL (n=5) and Env-TM (n=5) proteins. The specificity and efficiency of the drug was tested by measuring the expression of pan-TEAD and CTGF proteins. GAPDH and tubulin were used as loading controls for WB.

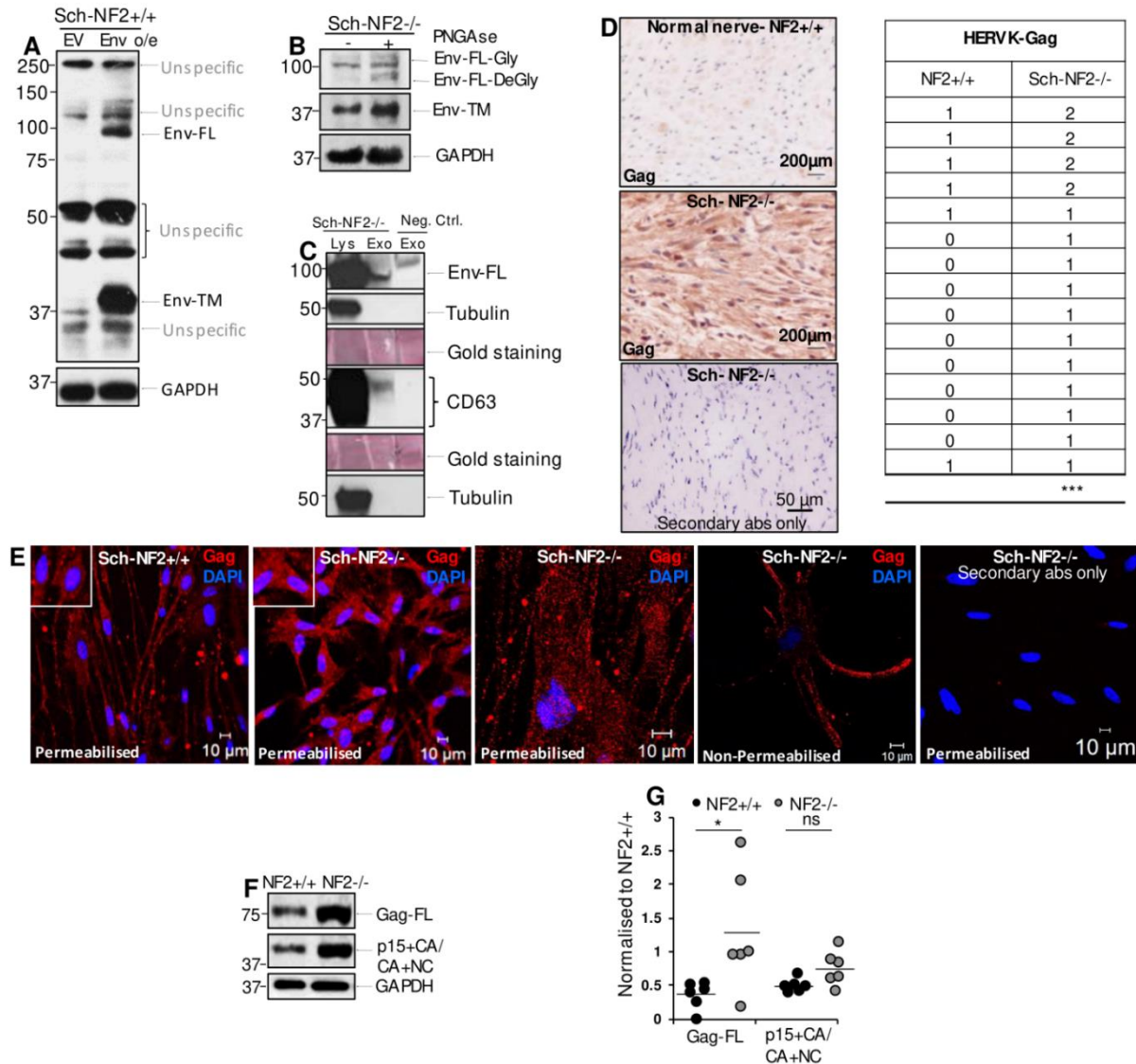
Figure 7



**Figure 7. Ritonavir, Atazanavir and Lopinavir decrease proliferation of Merlin-negative grade I human meningioma primary cells (MN-GI-NF2<sup>-/-</sup>), inhibit HERV-K-Gag maturation and HERV-K-Env expression, and reduce the levels of active pERK and cyclin D1.** A-D, Ritonavir (A, D; n=7), Atazanavir (B, D; n=7) and Lopinavir (C, D; n=6) decrease the number of Ki67 positive cells (Ki67+) in MN-GI-NF2<sup>-/-</sup> primary cells. E, Ritonavir, Atazanavir and Lopinavir decrease the levels of pERK (but not total ERK) (n=6, n=6 and n=8 respectively), cyclin D1 (n=6, n=7 and n=7 respectively), HERV-K-Env (both FL and TM) (n=6, n=5 and n=6 respectively), and inhibit maturation of HERV-K Gag (increasing Gag-FL and decreasing p15+CA/CA+NC levels) (n=4, n=7 and n=7 respectively). Tubulin was used as a loading control for WB.

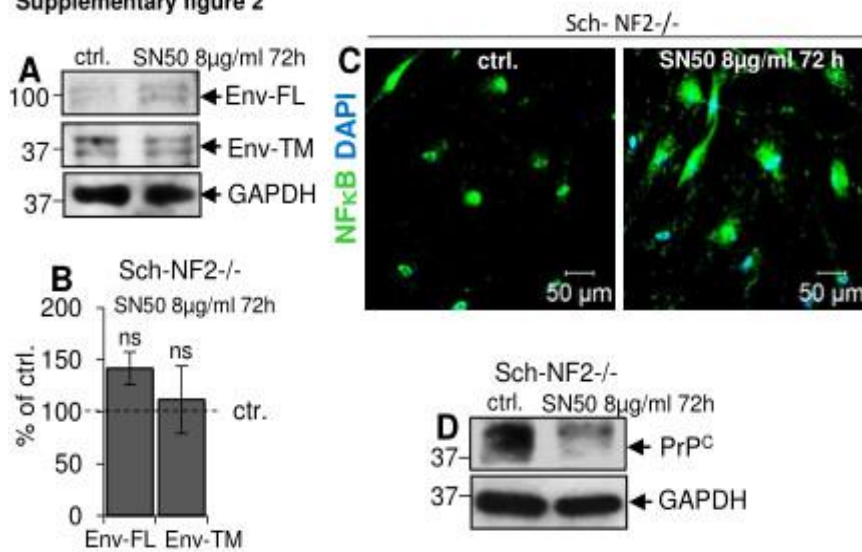
## Supplementary data

Supplementary figure 1



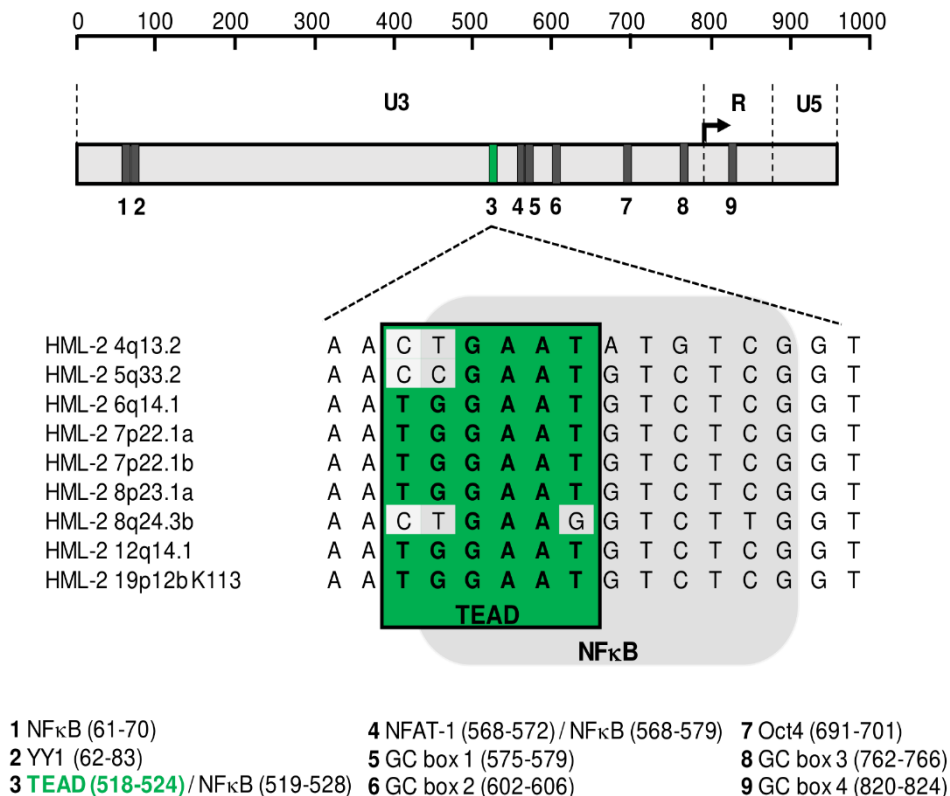
**Supplementary figure S1. A**, Western blot picture demonstrating different bands detected with the anti-HERV Env antibody in normal Merlin-positive (NF2+/+) human primary Schwann cells (Sch-NF2+/+) transduced with either empty vector (EV) or with HERV-K Env containing vector (Env o/e) (**n=4**). **B**, Western blot demonstrating molecular weight shift of Env-FL band in Merlin-deficient (NF2-/-) human primary schwannoma cells (Sch-NF2-/-) after treatment with PNGase (**n=3**). **C**, Western blot picture demonstrating band for Env-FL in cell lysate, and co-migrating bands in exosomes isolated from cell culture media from Sch-NF2-/- cells and control media not exposed to cells (Neg. ctrl). **D**, IHC staining with anti-HERV-K Gag antibody in normal nerve-NF2+/+ and Sch-NF2-/- tissues and staining without primary antibody (secondary abs only) in Sch-NF2-/- tissue (left panel). Table summarising the expression of HERV-K Gag in normal nerve-NF2+/+ tissues compared to Sch-NF2-/- tissues (right panel, scoring as in fig. 6B). **E**, ICC staining with anti-HERV-K Gag antibody in permeabilised Sch-NF2+/+ and in permeabilised and non-permeabilised Sch-NF2-/- cells, and control staining using only the secondary antibody (**n=3**). **F**, **G**, HERV-K Gag-FL and p15+CA/CA+NC expression in Sch-NF2-/- cells (**n=6**) compared to Sch-NF2+/+ cells (**n=6**).

Supplementary figure 2



**Supplementary figure S2. A, B,** Western blot image (A) and bar chart (B) demonstrating the expression of HERV-K Env-FL and Env-TM before and after treatment with NFκB inhibitor SN50 (n=3). **C,** ICC staining with anti-NFκB antibody before and after treatment of Sch-NF2-/- cells with SN50 (n=3). **D,** Western blot demonstrating the effect of SN50 on the expression of cellular prion protein PrP<sup>C</sup>, used as a positive control for drug activity (n=3).

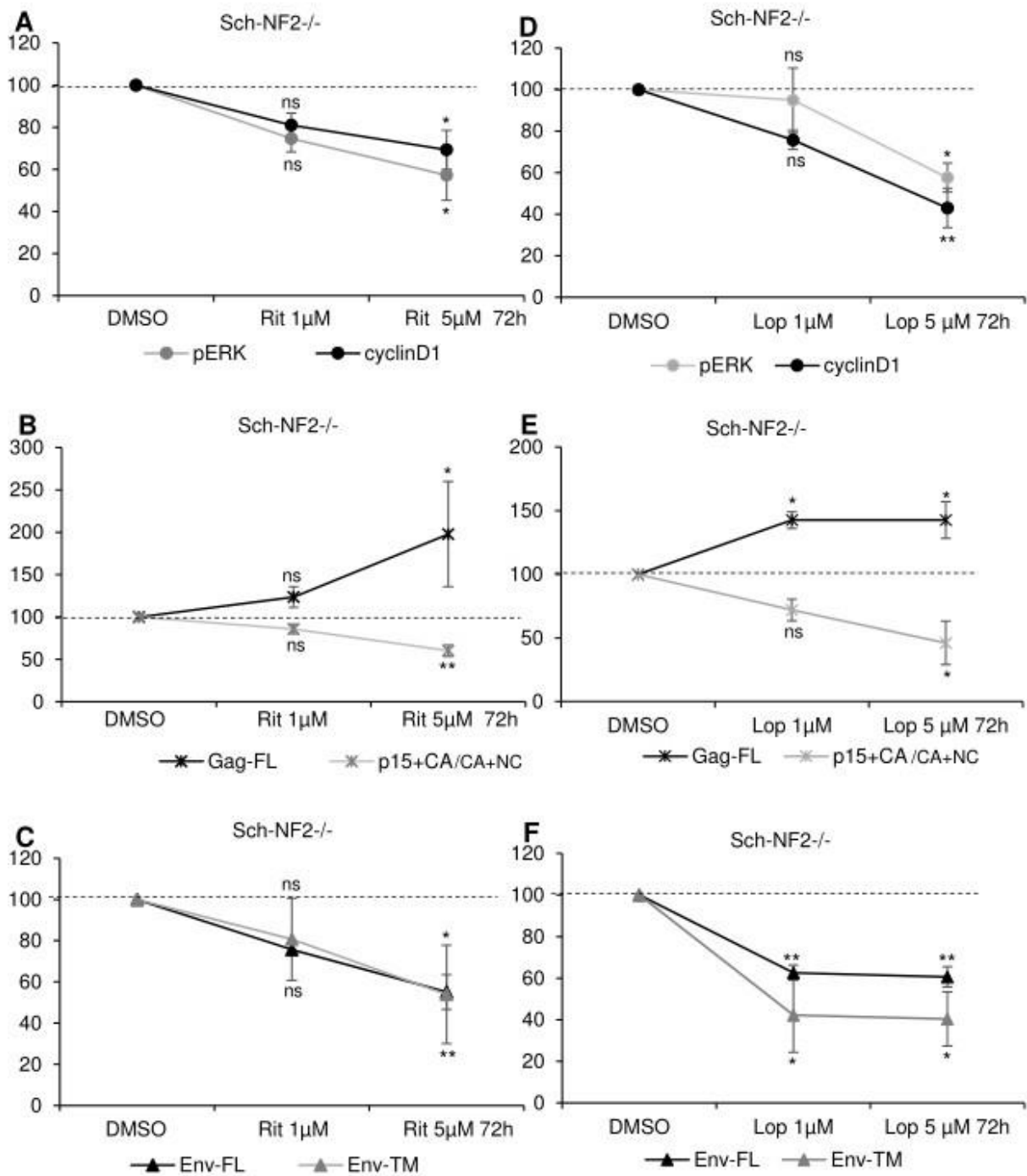
Supplementary figure 3



**Supplementary figure S3.** Locations of transcription factors binding sites on HERV-K LTR experimentally assessed are represented. Location of a potential binding site for TEAD identified in this study is also represented along with motif conservation across HERV-K proviruses that harbour full LTR and env ORF sequences (Subramanian et al. 2011, PMID: 22067224). Note TEAD's putative

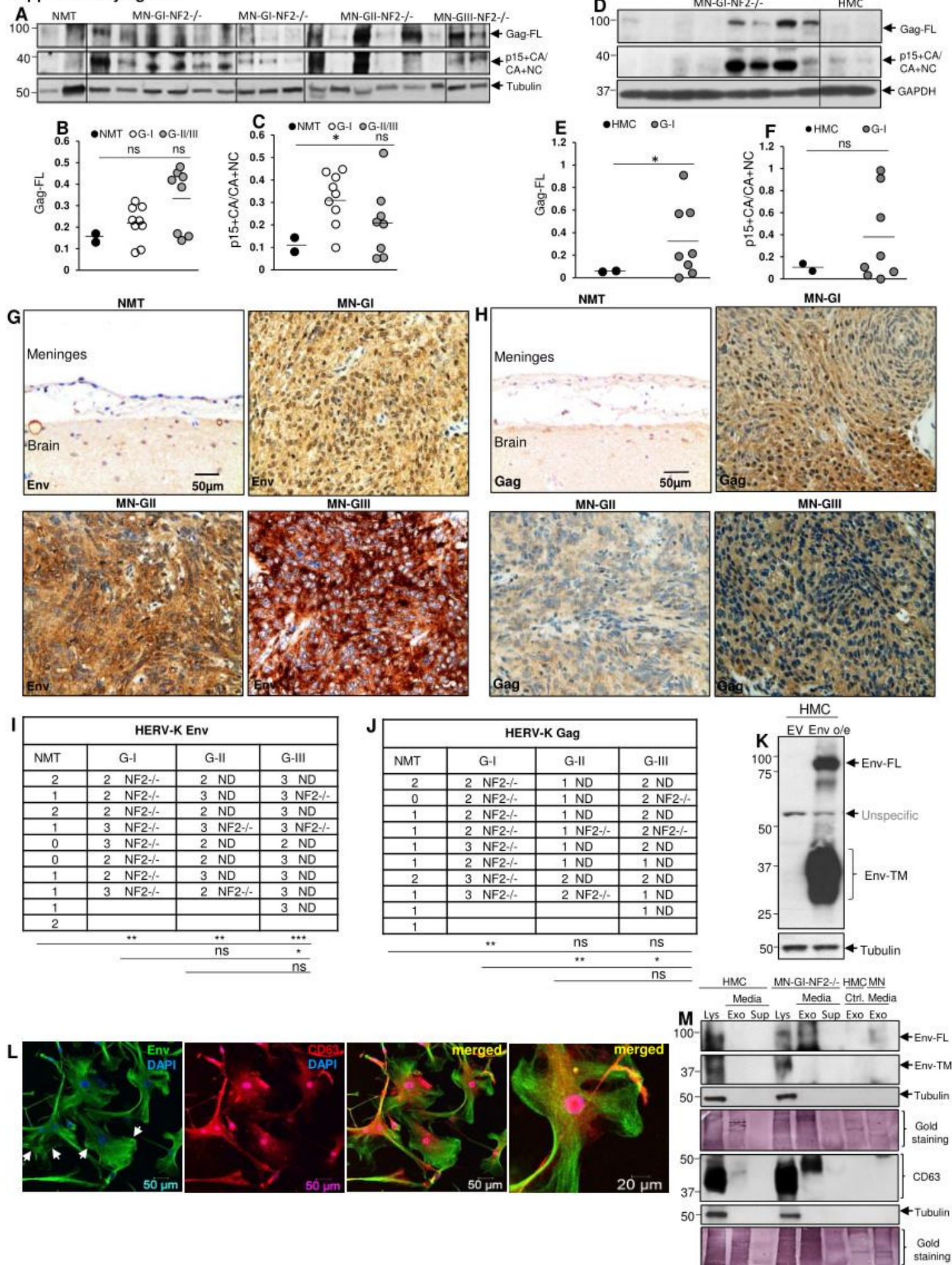
binding motifs TGGAAT (Vassilev et al. 2001, PMID: 11358867), sharing binding site with NFkB, as previously reported (Sawada et al., 2005, PMID: 16207754).

**Supplementary figure 4**



**Supplementary figure S4.** A-F, Graphs demonstrating the effect of Ritonavir (Rit) (A, B, C) and Lopinavir (Lop) (D, E, F) on levels of pERK, cyclin D1, HERV-K Env (FL and TM) and Gag (FL, p15+CA/CA+NC) in Sch-NF2<sup>-/-</sup> cells.

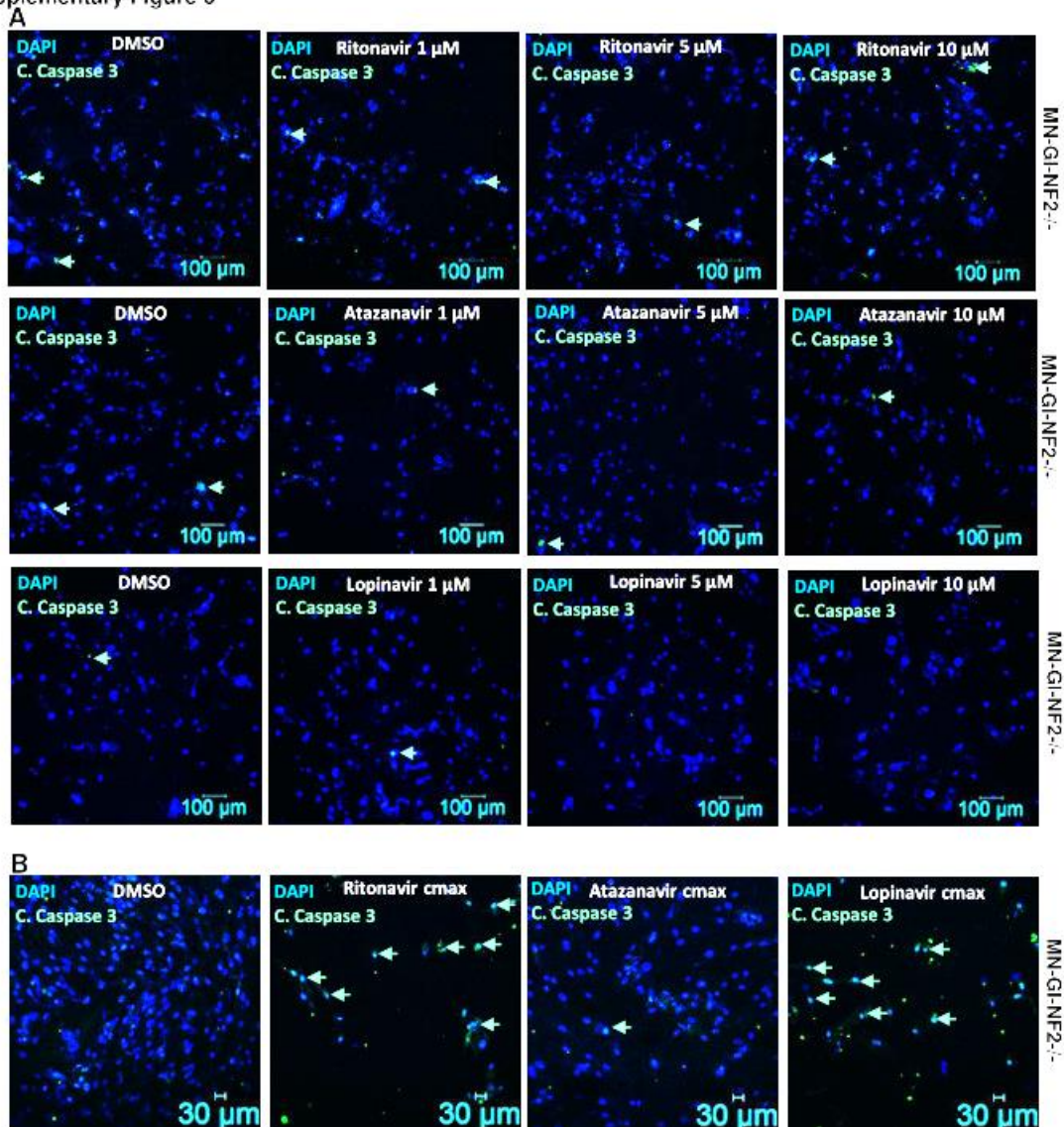
**Supplementary figure 5**





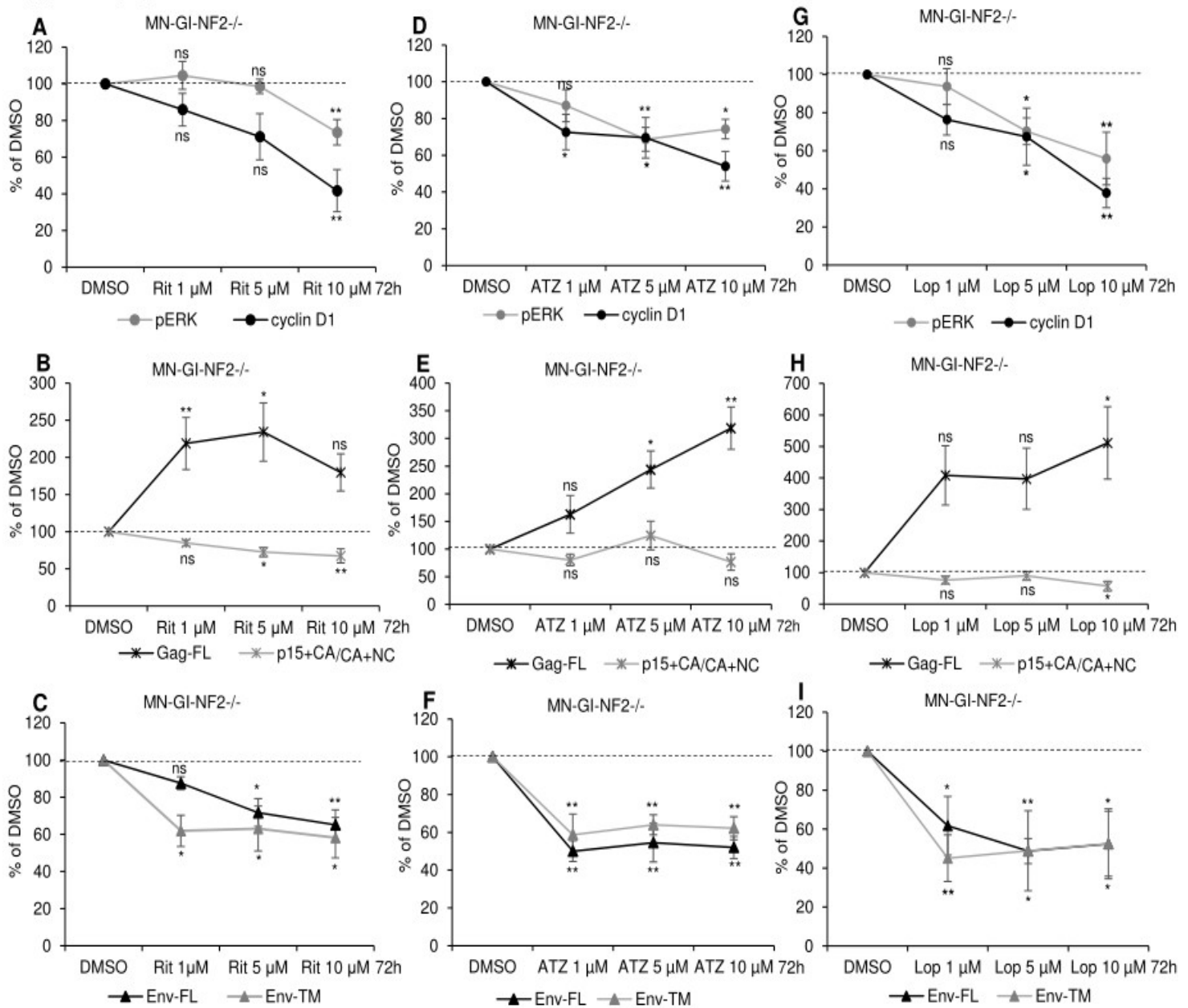
**Supplementary figure S5.** A-C, Western blot demonstrating the expression of HERV-K-Gag-FL (A, B) and HERV-K-p15+CA/CA+NC (A, C) in Merlin negative (NF2<sup>-/-</sup>) grades I-III meningioma tissues, MN-GI-NF2<sup>-/-</sup> (n=9), MN-GII-NF2<sup>-/-</sup> (n=6) and MN-GIII-NF2<sup>-/-</sup> (n=2), compared to normal meningeal tissues (NMT). D-F, Western blot demonstrating the expression of HERV-K-Gag-FL (D, E) and HERV-K-p15+CA/CA+NC (D, F) in MN-GI-NF2<sup>-/-</sup> primary cells (n=8) compared to normal meningeal cells (HMC). G, H, IHC staining for HERVK-Env and HERV-K-Gag in NMT, MN-GI, MN-GII, and MN-GIII meningioma tissues. I, J, Tables summarising the expression of HERVK-Env and HERV-K Gag in NMT and grades I-III meningioma tissues. Merlin status is given as Merlin-negative (NF2<sup>-/-</sup>) or not determined ND. K, Western blot demonstrating different bands detected with the anti-HERV-K Env antibody in HMC transduced with either empty vector (EV) or HERV-K Env-containing vector (Env o/e) (n=3). L, ICC demonstrates cytoplasmic and membranous HERV-K Env localisation in MN-GI-NF2<sup>-/-</sup> cells (white arrows) and partial intracellular co-localisation of Env with late endosome/exosome marker CD63 (n=3). M, Western blot of exosome fractions collected from cell culture medium after seven days with MN-GI-NF2<sup>-/-</sup> cells does not show any release of HERV-K Env proteins via exosomes (n=3). The band in the exosome fraction detected at the molecular weight corresponding to Env-FL is not specific – a similar sized band was detected in the exosome fraction of the negative control (growth medium not exposed to cells). Negative control (Ctrl. Media) is growth medium not exposed to the cells.

Supplementary Figure 6



**Supplementary figure S6. A,** ICC pictures demonstrating that 72 hours treatment of MN-GI-NF2<sup>-/-</sup> cells with Ritonavir, Atazanavir and Lopinavir at concentrations of 1  $\mu$ M, 5  $\mu$ M and 10  $\mu$ M, is not inducing cell death. **B,** Ritonavir and Lopinavir, but not, Atazanavir, lead to almost 100% cell death when used at cmax plasma concentrations (Ritonavir 22  $\mu$ M, Lopinavir 17  $\mu$ M and Atazanavir 4.1  $\mu$ M) for 72 hours. Cleaved (C.) Caspase 3 (Green) is marker for apoptosis and DAPI (Blue) is used as nuclear marker. Experiments were performed in primary cells from n=3 different patients.

**Supplementary figure 7**



**Supplementary figure S7. A-I,** Graphs demonstrating the effect of Ritonavir (Rit) (A, B, C), Atazanavir (ATZ) (D, E, F) and Lopinavir (Lop) (G, H, I) on the levels of pERK, cyclin D1, HERV-K Env (FL and TM) and Gag (FL and p15+CA/CA+NC) in MN-GI-NF2<sup>-/-</sup> cells.

| Schwannoma |      |            |       |     |   |      |            |       |     |
|------------|------|------------|-------|-----|---|------|------------|-------|-----|
| No.        | Site | Age/Gender | Grade | NF2 | No.   | Site | Age/Gender | Grade | NF2 |
| 1          | NR   | NR/NR      | I     | -/- | 15  | VS   | 45/F       | I     | -/- |
| 2          | CPA  | 43/F       | I     | -/- | 16  | VS   | 65/F       | I     | -/- |
| 3          | VS   | 69/M       | I     | -/- | 17  | VS   | 56/M       | I     | -/- |
| 4          | VS   | 70/F       | I     | -/- | 18  | VS   | 52/M       | I     | -/- |
| 5          | VS   | 46/M       | I     | -/- | 19  | VS   | NR/NR      | I     | -/- |
| 6          | NR   | NR         | I     | -/- | 20  | VS   | 28/M       | I     | -/- |
| 7          | VS   | 27/M       | I     | -/- | 21  | VS   | 46/M       | I     | -/- |
| 8          | VS   | 53/M       | I     | -/- | 22  | NR   | NR/NR      | I     | -/- |
| 9          | NR   | NR/NR      | I     | -/- | 23  | NR   | NR/NR      | I     | -/- |
| 10         | VS   | 59/F       | I     | -/- | 24  | NR   | NR/NR      | I     | -/- |
| 11         | C    | 30/F       | I     | -/- | 25  | NR   | NR/NR      | I     | -/- |
| 12         | VS   | 59/F       | I     | -/- | 26  | NR   | NR/NR      | I     | -/- |
| 13         | VS   | 44/F       | I     | -/- | 27  | NR   | NR/NR      | I     | -/- |
| 14         | VS   | 62/M       | I     | -/- | NR=Not reported VS=Vestibular schwannoma<br>C=Cervical CPA=Cerebellopontine angle |      |            |       |     |

**Supplementary table S1. Patient information-Schwannoma.**

| Meningioma |      |                   |            |       |     |  |          |                 |            |       |     |
|------------|------|-------------------|------------|-------|-----|--|----------|-----------------|------------|-------|-----|
| No.        | Type | Site              | Age/Gender | Grade | NF2 | No.  | Type     | Site            | Age/Gender | Grade | NF2 |
| 1          | P    | Spinal            | NR/F       | I     | -/- | 29   | T        | Frontal         | 73/F       | I     | -/- |
| 2          | M    | Spinal            | 48/NR      | I     | -/- | 30   | M        | Petroclivar     | 37/F       | I     | -/- |
| 3          | T    | Sphenoid          | 66/F       | I     | -/- | 31   | T        | Sphenoid        | 41/F       | I     | -/- |
| 4          | M    | Middle Fossa      | 56/F       | I     | -/- | 32   | T        | Parasagittal    | 37/F       | I     | -/- |
| 5          | T    | Parasagittal      | 50/F       | I     | -/- | 33   | At       | Occipital       | 66/M       | II    | -/- |
| 6          | F    | Intra-ventricular | 56/F       | I     | -/- | 34   | At       | Temporal        | NR/F       | II    | -/- |
| 7          | T    | Parasagittal      | 42/M       | I     | -/- | 35   | At       | Sub-frontal     | NR/NR      | II    | -/- |
| 8          | T    | Trigonal          | NR/NR      | I     | -/- | 36   | At       | Frontal         | 50/M       | II    | -/- |
| 9          | F    | Frontal           | 80/F       | I     | -/- | 37   | At       | Parietal        | 59/M       | II    | -/- |
| 10         | F    | Occipital         | 50/F       | I     | -/- | 38   | At       | Frontal         | 80/M       | II    | -/- |
| 11         | T    | Frontal           | 51/F       | I     | -/- | 39   | At       | Frontal         | 49/M       | II    | ND  |
| 12         | T    | Spinal            | 63/F       | I     | -/- | 40   | At       | Frontal         | 71/F       | II    | ND  |
| 13         | T    | Thoracic          | 72/F       | I     | -/- | 41   | At       | Frontal         | 66/M       | II    | ND  |
| 14         | NR   | Middle Fossa      | 62/F       | I     | -/- | 42   | At       | Posterior fossa | 71/M       | II    | ND  |
| 15         | T    | Frontal           | 35/F       | I     | -/- | 43   | At       | Frontal         | 49/M       | II    | ND  |
| 16         | T    | Frontal           | 56/F       | I     | -/- | 44   | At       | Parietal        | 66/M       | II    | ND  |
| 17         | F    | Post fossa        | 33/F       | I     | -/- | 45   | An       | Frontal         | 77/M       | III   | ND  |
| 18         | F    | Parasagittal      | 74/M       | I     | -/- | 46   | An       | Frontal         | 76/F       | III   | ND  |
| 19         | T    | Parasagittal      | NR/F       | I     | -/- | 47   | An       | Frontal         | 75/F       | III   | ND  |
| 20         | NR   | NR                | NR         | I     | -/- | 48   | An       | Frontal         | 70/M       | III   | ND  |
| 21         | P    | NR                | NR/NR      | I     | -/- | 49   | An       | Frontal         | 71/M       | III   | ND  |
| 22         | T    | Frontal           | 35/F       | I     | -/- | 50   | An       | Frontal         | 41/M       | III   | ND  |
| 23         | T    | NR                | NR/NR      | I     | -/- | 51   | An       | NR              | NR/NR      | III   | ND  |
| 24         | F    | Frontal           | 70/F       | I     | -/- | 52   | An       | Occipital       | 85/M       | III   | -/- |
| 25         | P    | Spinal            | NR/F       | I     | -/- | 53   | R/Ang/Mi | Parietal        | 34/M       | III   | -/- |
| 26         | T    | Parasagittal      | 53/M       | I     | -/- | 54   | An       | Temporal        | 62/M       | III   | -/- |
| 27         | P    | Occipital         | 64/F       | I     | -/- | At=Atypical ; Ang=Angiomatous; An=Anaplastic; F=Fibroblastic;<br>M=Meningothelial; Mi=Microcytic; P=Psammomatous ; R=Rhabdoid;<br>T=Transitional; ND=Not Determined; NR=Not Reported |          |                 |            |       |     |
| 28         | NR   | Middle Fossa      | 62/F       | I     | -/- |  |          |                 |            |       |     |

**Supplementary table S2. Patient information-Meningioma.**

| IC50 uM      | Ritonavir |                                | Atazanavir |               | Lopinavir             |  |
|--------------|-----------|--------------------------------|------------|---------------|-----------------------|--|
|              | IC50      | 95% CI                         | IC50       | 95% CI        | IC50                  | 95% CI                                       |
| pERK         | 1.35      | [0.34; 7.83]                   | ND         | ND            | 1.26                  | [0.82; 1.78]                                 |
| Cyclin D1    | 2.31      | [0.87; 7.03]                   | ND         | ND            | 0.76                  | [0.29; 1.39]                                 |
| Env-FL       | 1.23      | [0.74; 2.37]                   | ND         | ND            | incalculable          | incalculable                                 |
| Env-TM       | 0.55      | [ $2 \times 10^{-4}$ ; 0.87]   | ND         | ND            | $8.78 \times 10^{-3}$ | [ $1.6 \times 10^{-5}$ ; $7.9 \times 10^4$ ] |
| P15+CA/CA+NC | 1.31      | [0.78; 2.34]                   | ND         | ND            | 1.38                  | [0.25; 136.78]                               |
| Ki67         | 2.9       | [ $7.3 \times 10^{-5}$ ; 9.08] | 7.38       | [2.26; 10.09] | 3.66                  | [1.3; 6.56]                                  |

**Supplementary table S3.** Table summarising the efficacy of Ritonavir and Lopinavir in decreasing proliferation (Ki67) and signalling pathways in Sch-NF2<sup>-/-</sup> cells.