# Supplementary Materials:

# High-Content Analysis-Based Sensitivity Prediction and Novel Therapeutics Screening for c-Met-Addicted Glioblastoma

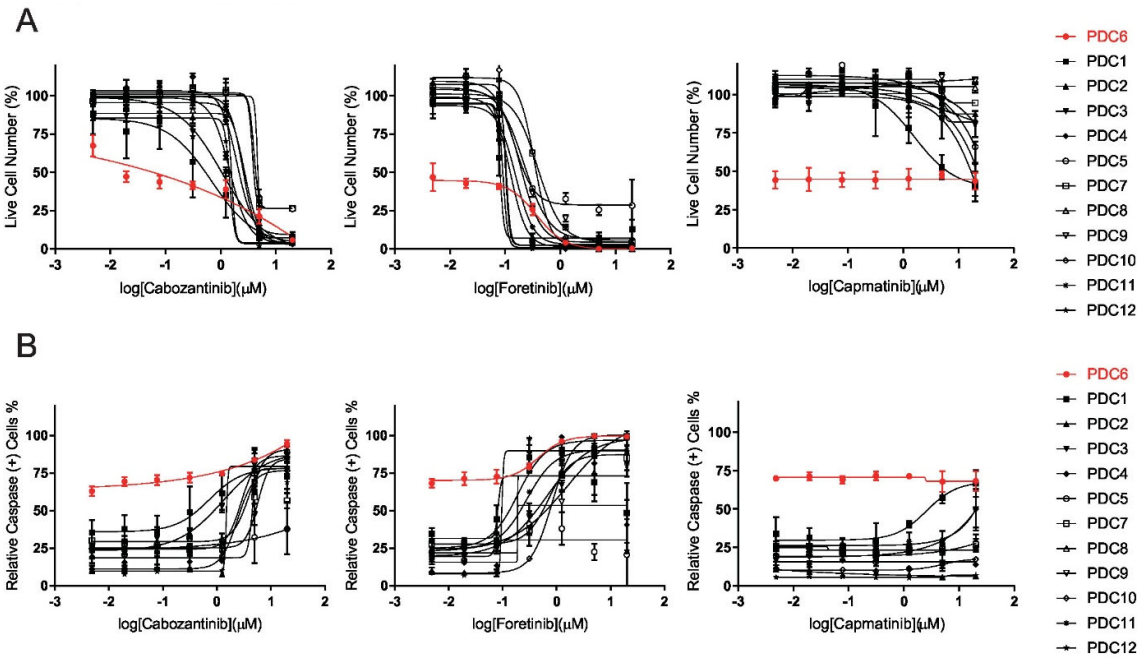


**Figure S1.** Dose response curve in 12 patient derived samples treating c-Met target inhibitor. (**A**) Dose-response curve (DRC) graph of cell viability in 12 glioblastoma patient-derived cells to Cabozantinib, Foretinib, Capmatinib (20μM-4.9nM) are shown. Red lines represent PDC6 cells. (**B**) DRC graph of caspase 3/7 positive cells (%) in 12 glioblastoma patient-derived cells to Cabozantinib, Foretinib, Capmatinib (20μM-4.9nM) are shown.

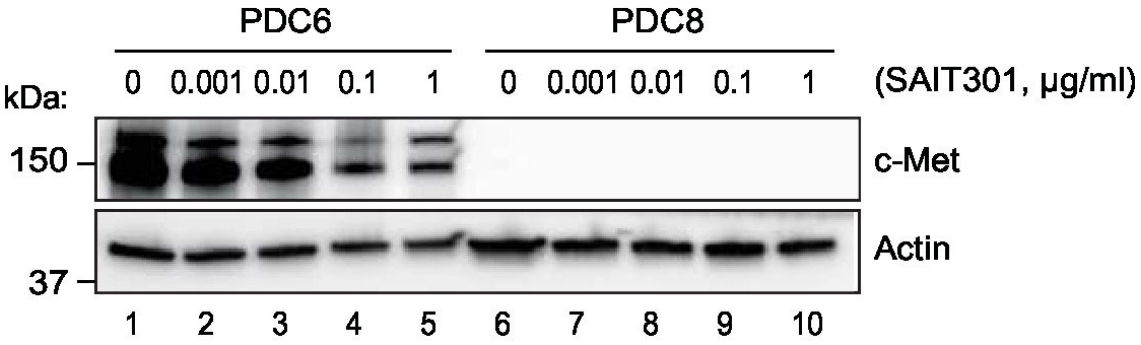


**Figure S2.** Inhibition of c-Met level treating c-Met targeting antibody. The c-Met levels in PDC6 and PDC8 cells were examined by immunoblotting assay. The cells were treated with 1, 0.1, 0.01, 0.001, 0μg/ml SAIT301. Actin was used as a loading control.

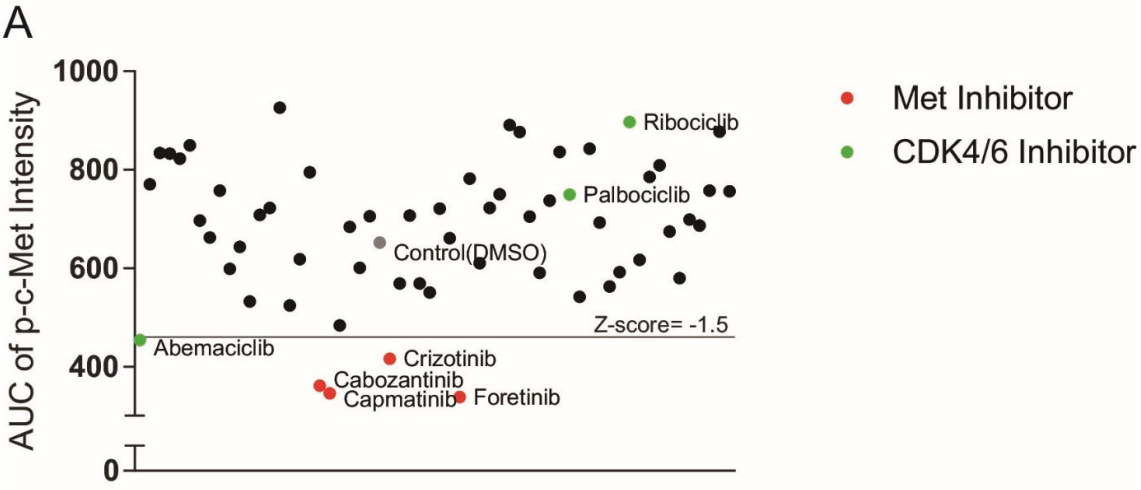


**Figure S3.** CDK4/6 inhibitor Abemaciclib is relatively sensitive in c-Met overexpression sample like met targeting small molecules. Representative graph shows AUC of PDC6 treated with p-c-Met intensity of 58drugs and negative control (DMSO, gray dot labeled, AUC=651.9). Z-score of -1.5 represents the threshold of statistical significance. Met inhibitors (red dot labeled) and CDK4/6 inhibitors (green dot labeled) are highlighted.

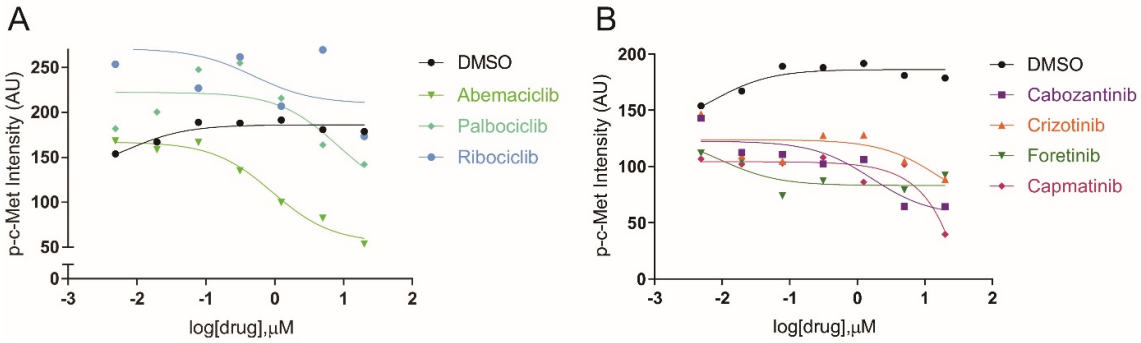


**Figure S4.** Dose response curve of phosphor-c-Met intensity treating CDK4/6 inhibitors and Met targeting inhibitors. (**A**) Dose-response curve (DRC) graph of p-c-Met intensity of PDC6 treated with DMSO (control) and CDK4/6 target drugs. (**B**) DRC graph of p-c-Met intensity of PDC6 treated with DMSO (control) and CDK4/6 target drugs.

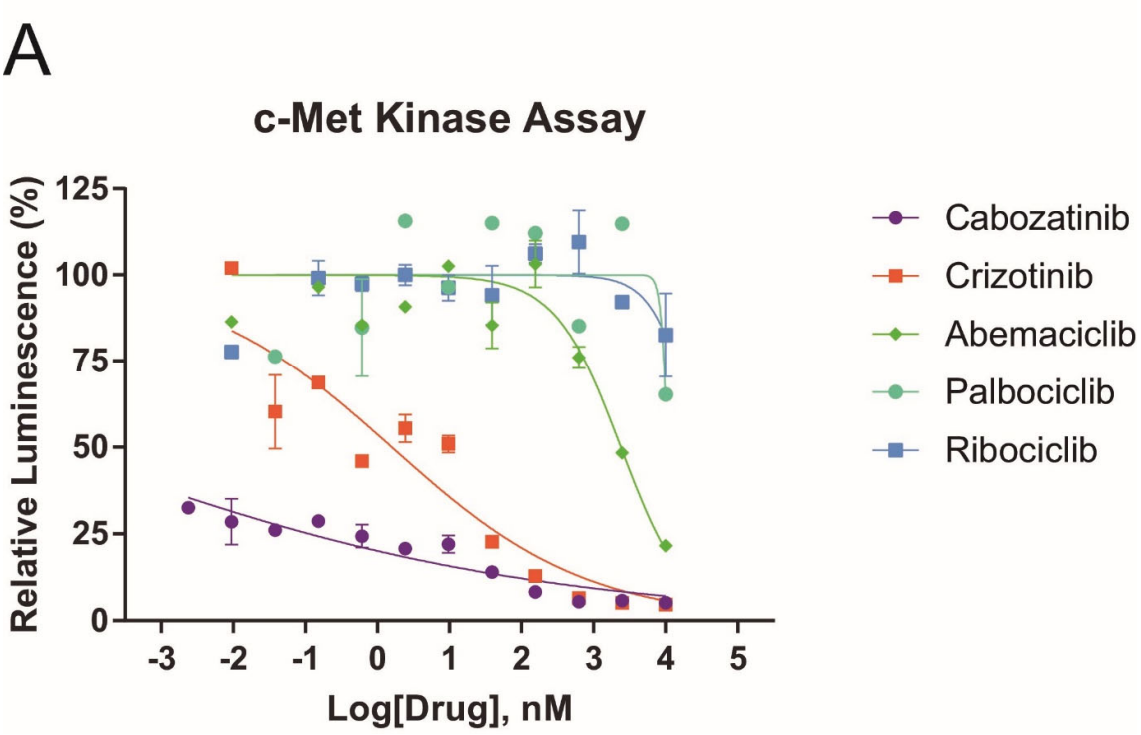


**Figure S5.** Kinase assay in Cabozantinib, Crizotinib(Met inhibitor), Abemaciclib, Palbociclib, Ribociclib (CDK4/6 inhibitor). (**A**) Dose-response curve (DRC) graph of kinase inhibition activity of c-Met inhibitors and CDK4/6 inhibitors.