Supplementary Figure 1

A. ZR 75.1
B. HCC 1937
C. SUM 149
D. MDA 453
E. HCC 1954
F. MCF 10A
G. SKBR3
H. MDA 468
I. MRC-5
J. MDA 231
K. MDA 436

Survival Fraction vs. Dose (Gy) for various cell lines treated with different concentrations of ABT888.
Supplementary Figure 2

A

SKBR3

Survival Fraction vs. Dose (Gy) for SKBR3 cells with different concentrations of ABT888.

B

MDA 468

Survival Fraction vs. Dose (Gy) for MDA 468 cells with different concentrations of ABT888.
Supplementary Figure 4

A. rH2A+ cell population in MDA-231 cells treated with ABT888 and RT

B. rH2A+ cell population in SKBR-3 cells treated with ABT888 and RT

C. rH2A+ cell population in MCR-5 cells treated with ABT888 and RT

D. rH2A+ cell population in MDA-468 cells treated with ABT888 and RT

E. rH2A+ cell population in ZR75.1 cells treated with ABT888 and RT

F. rH2A+ cell population in MDA-453 cells treated with ABT888 and RT

G. rH2A+ cell population in MDA-436 cells treated with ABT888 and RT
TBCRC 024

Enroll patients with LRR after mastectomy or after mastectomy for IBC

Day 0 Biopsy
Pre-treatment punch biopsy of normal skin that will be in RT field

Day 1 Biopsy
Punch biopsy of normal skin in RT field after first fraction of RT

Biomarker Assessment
Assess PAR levels after 24 hrs of RT treatment

Day 2 Biopsy
Punch biopsy of normal skin in RT field after second fraction of RT after ABT-888

Continued RT and ABT-888 (23 more fractions)

Radiotherapy
50 Gy in 25 fractions over 5 weeks to chest wall and regional nodal basins

ABT-888
Varying doses administered BID throughout radiation after first fraction of RT

Boost Radiotherapy (10 Gy in 5 fractions) and Concurrent ABT-888

Enroll patients with LRR after mastectomy or after mastectomy for IBC