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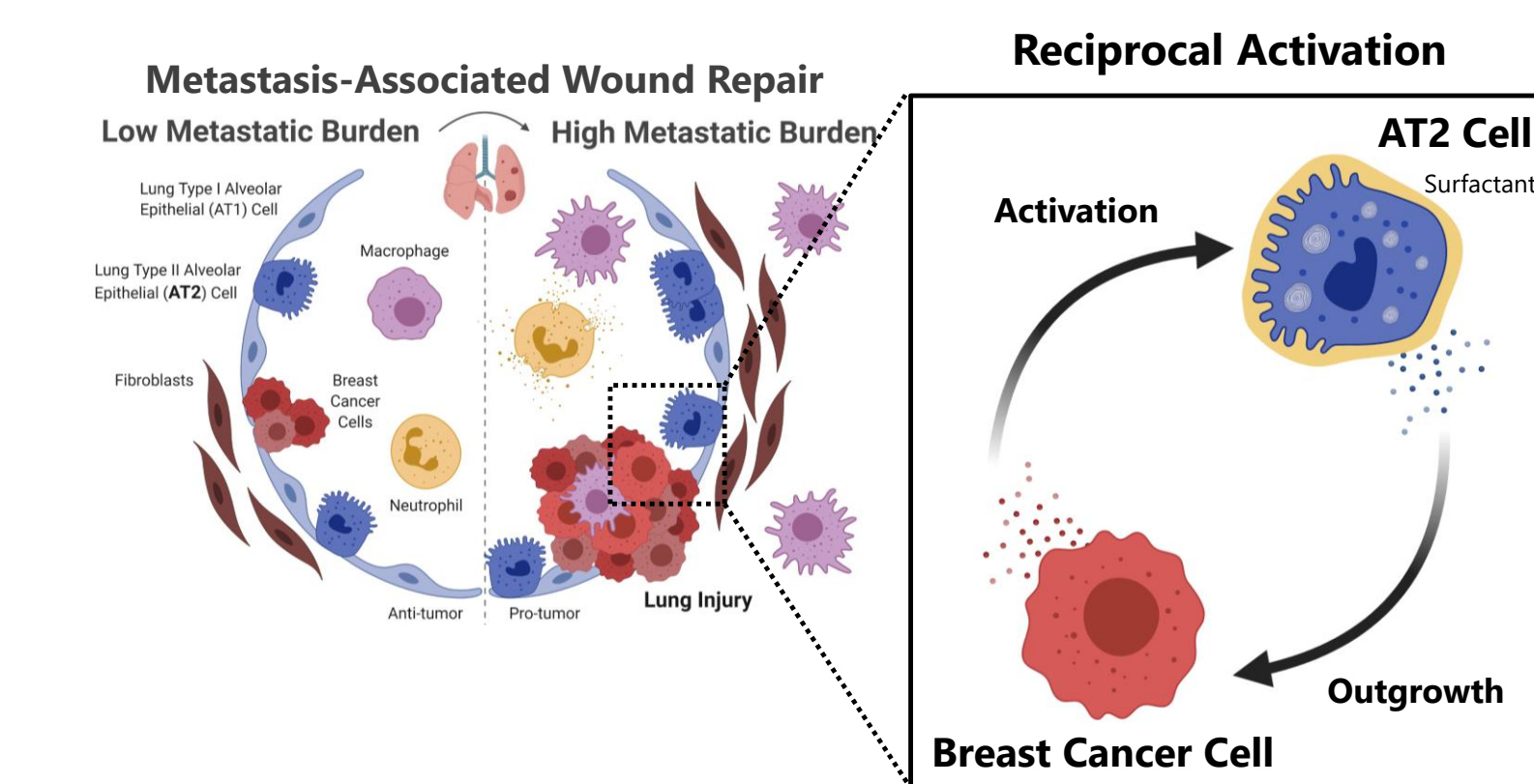
## Introduction

- The lung is one of the most common sites of breast cancer (BC) metastasis.
- Triple-negative breast cancers (TNBC) preferentially metastasize to the lung.
- The overall prognosis for BC patients diagnosed with metastatic disease is 2-3 years. Patients diagnosed specifically with lung metastases have a poorer prognosis of approximately 1 year.
- No metastasis-specific therapeutic strategies are available to effectively treat patients with metastatic disease.
- Tumors are known to alter the surrounding microenvironment.
- Preparation of the metastatic niche/microenvironment, prior to metastasis, is known to promote metastatic colonization.
- How established micrometastases remodel the lung microenvironment and how this contributes to metastatic outgrowth is not well understood.**
- We have identified an association between aberrant lung wound healing and metastatic outgrowth that has identified tangible targets for intervention.

## Hypothesis

We hypothesize that BC lung micrometastases activate surrounding lung epithelial cells which, in turn, support the survival/outgrowth of metastases within the lung.

## Overall Goal



The overall goal of these studies is to identify factors secreted by lung resident cells that could be used as lung metastasis-specific therapeutic targets/agents.

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## Methods

### Mouse Models of BC Metastasis

- MMTV-PyMT (mouse mammary tumor virus-polyoma middle T antigen) transgenic mice: Develop spontaneous mammary tumors that metastasize to the lung.
- Late-stage metastasis model: Met-1 mouse mammary carcinoma cells, originally isolated from a MMTV-PyMT primary tumor, were injected into the tail veins of immunocompetent, syngeneic FVB mice.

### Metastasis-Associated Wound Repair Analysis

Custom multispectral fluorescent imaging panels were used to quantify metastasis-associated wound repair and type II alveolar epithelial (AT2) cell activation in the lung directly adjacent to metastases

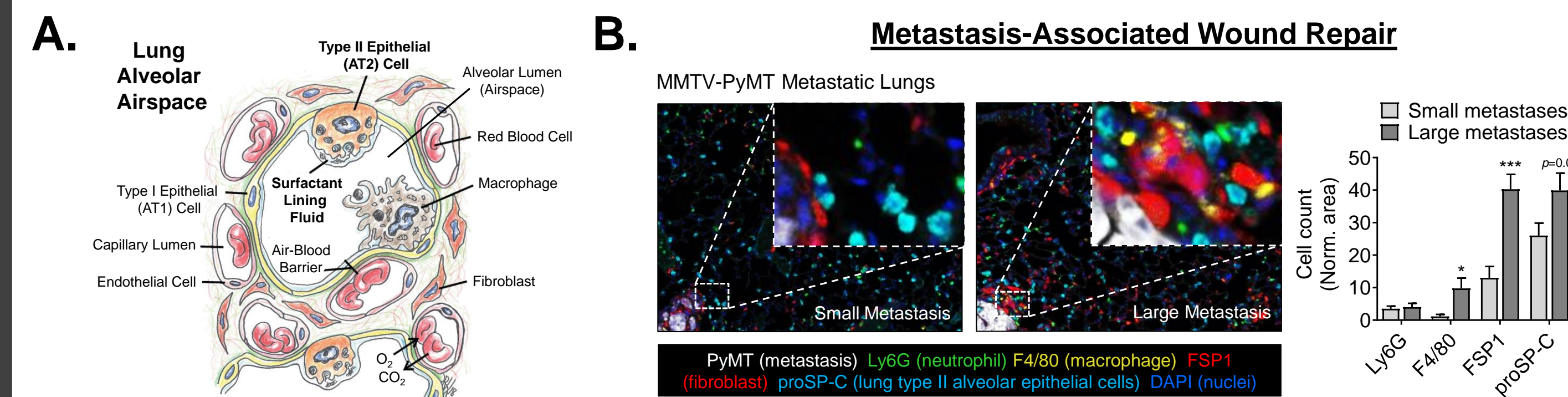
### Single Cell RNA-sequencing (scRNAseq)

Lungs from mice with a low or high metastatic burden, using the late-stage metastasis model, were dissociated and RNA expression was measured for individual cells by scRNAseq. Approximately 3,000 cells per sample were sequenced with a read-depth of ~125,000 reads/cell via the 10X Genomics platform and Illumina NovSeq 6000 platforms at the University of Colorado's Genomics and Sequencing Core. Read mapping and expression quantification were performed using a combination of the 10X Cellranger pipeline and custom analytic scripts. AT2 cell changes in gene expression: upregulation of pro-proliferative/anti-apoptotic factors *Spp1* (secreted phosphoprotein 1; encodes osteopontin, Opn), *Lcn2* (lipocalin 2), *Lgals1* (galectin 1) and downregulation of the anti-tumor AT2-specific factor *Sftpb* (surfactant protein B; encodes SP-B); see Fig. 3B.

### Co-Culture Model

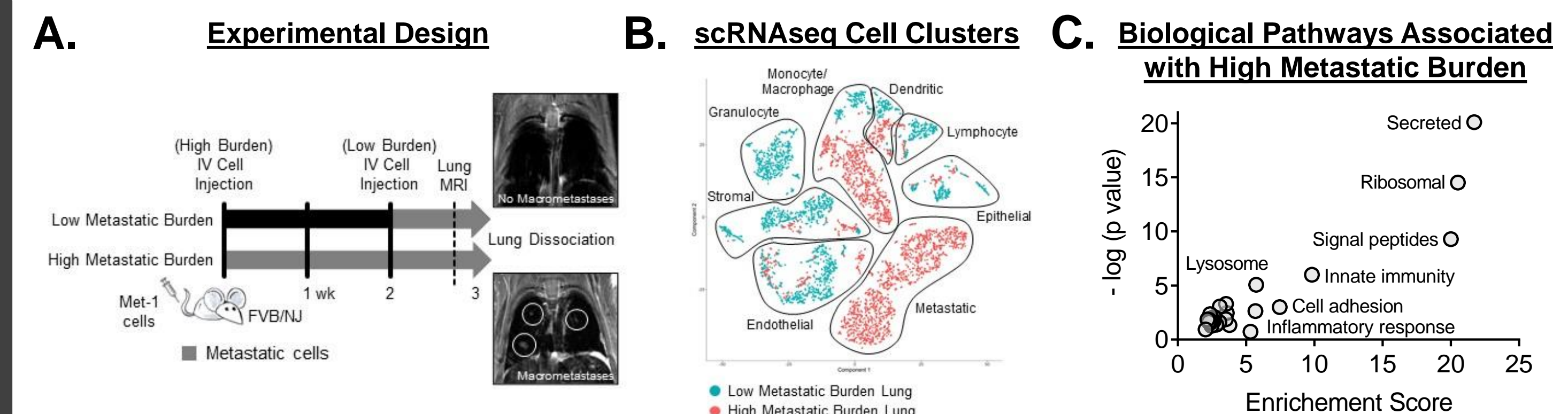
Human A549 lung carcinoma cells were cultured for >8 passages to shift them into a more epithelial AT2 cell phenotype. Human iPSC (induced pluripotent stem cells) were differentiated to lung AT2 cells. LysoTracker was used to stain AT2-specific lamellar bodies to verify differentiation. No contact co-culture experiments were performed for 5-8 days, and TNBC cell numbers were measured using the Crystal Violet cell viability assay.

## Indicators of wound repair are more abundant in the lung surrounding large versus small metastases



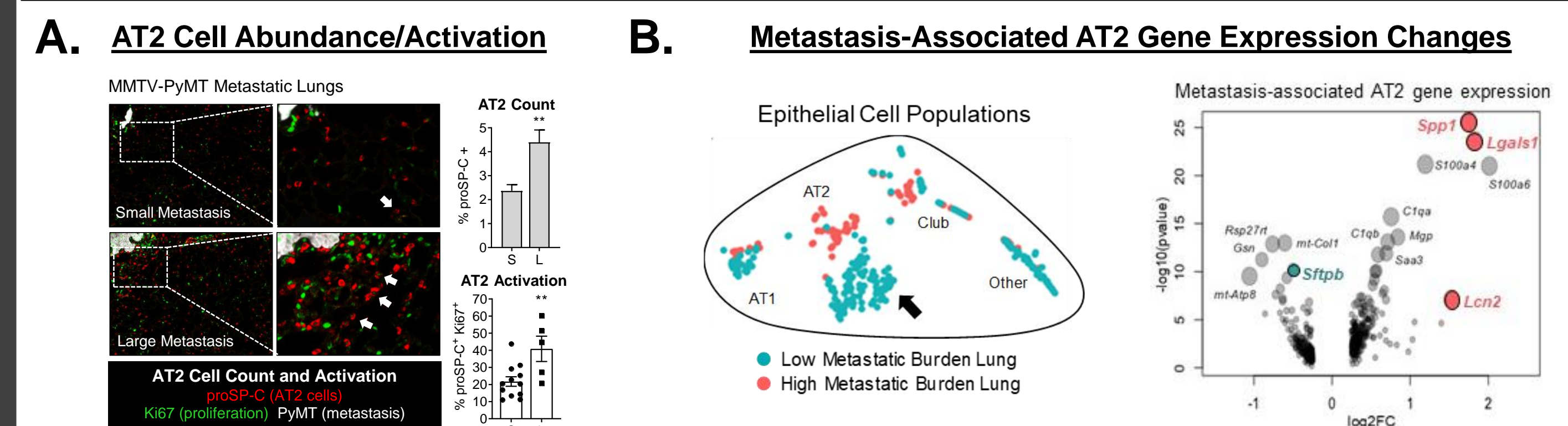
**Figure 1. (A)** Illustration of the cellular components and key features of lung alveoli; adapted from Harkema *et al.* 2019. **(B)** MMTV-PyMT lung metastases were separated by size (Small: diameter <150µm and Large >300µm) and stained by multispectral immunofluorescent (IF) imaging; 20X objective, inset zoom 5X. Adjacent cell counts (within 100µm distance) were normalized to area (n=8 fields from 2-4 mice/group). Mean ± SEM; \*  $p < 0.05$ , \*\*\*  $p < 0.001$ .

## An activated, inflammatory microenvironment is present in lungs with a high metastatic burden



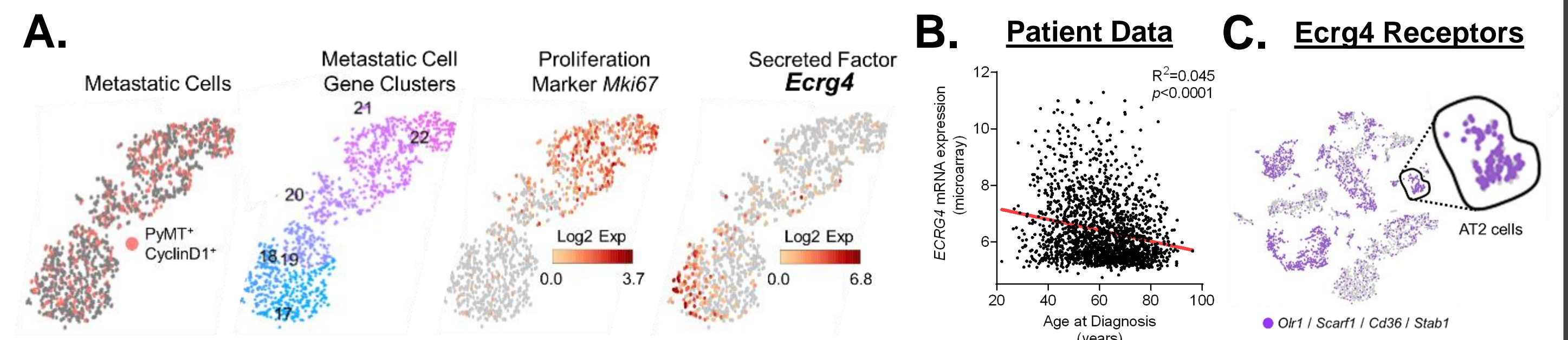
**Figure 2. (A)** Model of late-stage lung metastasis single cell RNA-sequencing (scRNAseq) experiment (n=1 mouse/group) using MMTV-PyMT-derived Met-1 mouse mammary carcinoma cells injected intravenously (IV). MRI of lungs prior to sequencing confirmed metastatic burden. Lung macrometastases have been circled. **(B)** Single cell gene expression data with cells clustered by gene expression. Cell types were defined by the most highly expressed genes per cluster. **(C)** Overall gene expression pathway analysis of the top significantly altered genes per sample using DAVID tool.

## Metastasis-adjacent lung type II alveolar epithelial (AT2) cells are activated during metastatic outgrowth



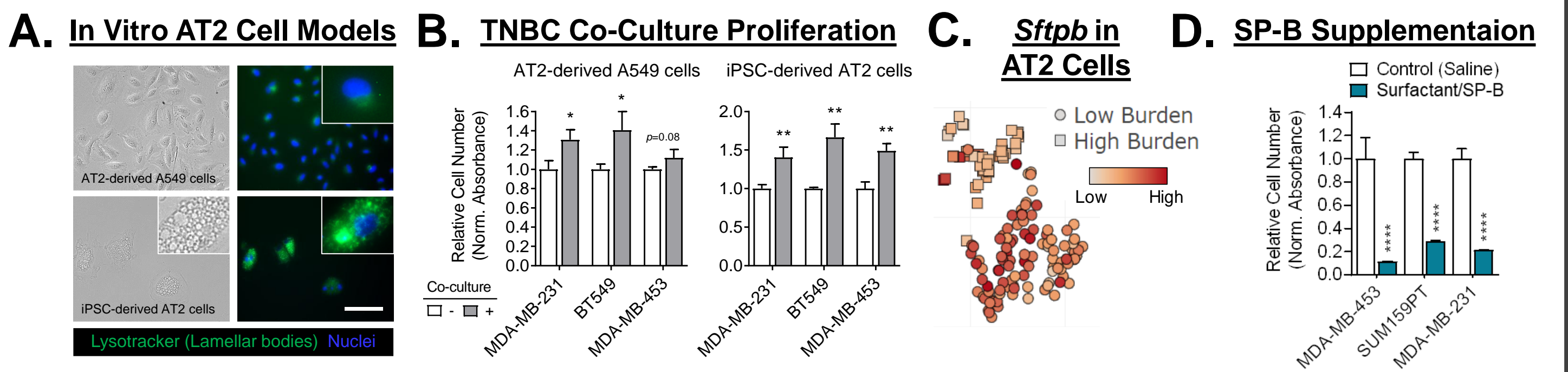
**Figure 3. (A)** MMTV-PyMT metastatic lungs co-stained for proSP-C, Ki67 and PyMT using multispectral IF imaging. The percentage of proSP-C+ AT2 cells (% of total cells) and proSP-C+Ki67+ activated AT2 cells (arrows, % of total AT2 cells) were quantified. 20X objective, inset zoom 5X; mean ± SEM, \*\*  $p < 0.001$ , n=5 mice. S, small metastases; L, large metastases. **(B)** scRNAseq (Figure 2) epithelial cell clusters defined by the top 3-5 genes expressed per cluster (arrow showing AT2 cells) and differences in gene expression in AT2 cells from lungs with a low versus high metastatic burden.

## Ecr4 is associated with aggressive micrometastases



**Figure 4. (A)** scRNAseq of mice with metastatic lungs. The metastatic cell cluster was defined by co-expression of *PyMT* and *CyclinD1*. Metastatic cells were further segregated by gene expression into six clusters. Expression of *Mki67* was used to identify proliferative metastatic cells. Expression of the metastasis-specific gene *Ecr4* (esophageal cancer-related gene 4; encodes that secretory molecule augurin). **(B)** Young age at diagnosis is associated with high *ECRG4* levels in BC patients. Data was obtained from the METABRIC publicly available dataset. **(C)** Lung AT2 cells express at least one of four established *Ecr4* receptors by scRNAseq.

## Changes in the AT2 secretome promote TNBC growth



**Figure 5. (A)** Human AT2 cell models for studying the effects of AT2-derived factors on human TNBC cells. LysoTracker was used to verify AT2 cell status by staining AT2-specific lysosome-like lamellar bodies. Scale bar = 50µm, inset zoom 4x; iPSC, induced pluripotent stem cells. **(B)** TNBC cell growth increased following no-contact co-culture with human AT2 cells for 5-8 days; mean ± SD, \*  $p < 0.05$ , \*\*  $p < 0.01$ . **(C)** *Sftpb* gene expression was significantly downregulated in AT2 cells during metastatic outgrowth in mouse lungs. **(D)** Surfactant/SP-B (surfactant protein B) supplementation with Infasurf for 5 days inhibited TNBC cell growth; mean ± SD, \*\*\*\*  $p < 0.0001$ .

## Conclusions and Future Directions

- Aberrant wound repair develops during metastatic outgrowth.
- Lung AT2 cells adjacent to growing metastases become activated, which is characterized by significant pro-tumor alterations to their secretome.
- BC metastasis-secreted *Ecr4* may influence AT2 signaling in the metastatic lung.
- AT2 secreted factors may reciprocally promote metastatic tumor cell growth.
- Summary:** Our studies demonstrate that targeting the lung microenvironment, in addition to directly targeting malignant cells, may be an effective way to treat and manage BC lung metastases.
- Future studies will continue to elucidate how activated resident lung cells support metastatic progression and could lead to the development or repurposing of therapeutic strategies to prevent destructive metastatic outgrowth.
  - Infasurf is an FDA-approved drug made from naturally-derived calf lungs for the treatment of premature infants with pulmonary surfactant deficiencies.

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