Early functional mismatch between breast cancer cells and their tumour microenvironment suppresses long term growth

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Running Title: Early tumour microenvironment determines long term growth

Abstract

Cancer cells thrive embedded in a fine-tuned cellular and extracellular environment or tumour microenvironment (TME). There is a general understanding of a co-evolution between cancer cells and their surrounding TME, pointing at a functional connection between cancer cells characteristics and the perturbations induced in their surrounding tissue. However, whether this functional connection needs to be set from the start or if aggressive cancer cells can always be dominating their microenvironment has never been formally proven with a dedicated experimental setting where malignant cells can be challenged to grow in a different TME from the one they would naturally create. Here we generated an experimental setting where we transiently perturb the secretory profile of aggressive breast cancer cells without affecting their intrinsic growth ability. This led to the initial establishment of an atypical TME. Interestingly, even if initially tumours are formed, this atypical TME evolves to impair long term *in vivo* cancer growth. Using a combination of in vivo transcriptomics, protein arrays and in vitro co-cultures, we found that the atypical TME culminates in the infiltration of macrophages with STAT1^{high} activity. These macrophages show strong anti-tumoural functions which reduce

36   long-term tumour growth, despite lacking canonical M1 markers. Importantly, gene signatures

37   of the mesenchymal compartment of the TME, as well as the anti-tumoural macrophages

38   show striking prognostic power-correlating with less aggressive human breast cancers.

Introduction

Cancer cells have the ability to generate a special cellular and extracellular environment to support their growth, which is collectively named tumour microenvironment (TME). This local ecosystem comprises an acellular part, characterized by a dense network of extracellular matrix (ECM) proteins, as well as a variety of cellular components (1). For instance, cancer-associated fibroblasts (CAFs) are one of the more dominant components of the TME and master secretors of ECM proteins and play a key role in tumour progression, tumour invasion and metastasis (2-4). Moreover, a multifaceted array of innate immune-cells, such as monocytes, macrophages and neutrophils, promotes tumorigenesis and metastatic dissemination (5-7). However, macrophages, which have a pivotal role in orchestrating cancer related inflammation, can have a dual supportive or inhibitory role in the cancer context (8). Importantly, the type of intra-tumoral immune infiltration in different cancer contexts is determined by the properties of the TME, for instance CAFs can contribute to the recruitment of immunosuppressive cells: tumour-associated macrophages (TAMs) or regulatory T lymphocytes (9).

An essential aspect of aggressive cancer cells is their ability to change their cytoskeleton to grow, invade, metastasize and evade the immune system. A key regulator of the cytoskeleton is Rho-associated coiled-coil containing protein kinase (ROCK) which increases Myosin II activity (10) and cancer invasion. Aside from its well described role in metastasis (11), ROCK has been shown to promote intrinsic tumorigenic ability of tumours of mesenchymal origin such as melanoma (12-14). Importantly, the tumorigenic potential of cancer cells is coupled to their extrinsic ability to promote a tumour supporting TME (15). Indeed, the fact that more contractile melanoma cells have a dinstinct secretory profile which alters the properties of TME components (1,16), advocate for the idea that the activation of pathways supporting cancer cells tumorigenic potential is directly linked to their ability to create their optimal cellular ecosystem within that tissue.

The fact that different tumour types have different cellular composition in their TME (17), rises the intriguing possibility that a specific match between the intrinsic characteristics of cancer cells and the kind of TME established is required to support their growth. In this view, it would be critical for a tumour to achieve a co-ordinated and fine-tuned TME establishment. In this case, a variation in the initial cancer cell-TME set up could result in an enduring mismatch that will ultimately impair tumour progression. However, whether changes in the initial TME typical of a particular cancer cell type, can act as dominant limiting factor for long-term tumour growth, or whether highly tumorigenic cells are able to re-adjust their TME

in order to proficiently grow, is not known. This is due to challenging experimental set up
required to address this question.

Here, we present an experimental setting where the secretion profile of the aggressive
murine breast cancer 4T1 cells is perturbed by transitory inhibition of ROCK-Myosin II
signalling either via the pre-treatment with a specific inhibitor or the use of inducible shRNA.
Crucially, this does not influence 4T1 growth ability in vitro, but triggers a transient perturbation
in the release of extrinsic factors that will initiate a different TME compared to the one they
would normally create when grafted in the fat pad. Even when, at early stages of tumour
growth, cancer cells recover their initial properties, we found that such TME limits their long-
term cancer growth. This is due to the recruitment of a different stroma and the generation of
anti-cancer macrophages. Therefore, this work represents a direct experimental evidence that
the creation of an early optimal microenvironment is a dominant factor in the cascade of events
determining long-lasting cancer growth and describe the signature of unusual anti-cancer
macrophages which maintain M2 markers.
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Results

Experimental uncoupling of cancer cells intrinsic growth potential and ability to

activate stromal cells *in vitro*.

To assess whether a variation in the initial cancer cell-TME set up could result in an enduring

mismatch that will ultimately impair tumour progression, we sought a way to reversibly

interfere exclusively with extrinsic features of cancer cells without negatively influencing their

intrinsic tumorigenic potential. This should alter the initial interaction with their local

environment and in turn generate a different TME. However, the cancer cells need to quicky

regain their initial characteristics, to create the situation of a mismatch between the cancer

cell type and its typical microenvironment *in vivo*.

Melanoma cells have been previously shown to have altered secretome upon treatment with

the highly specific ROCK inhibitor GSK269962 (from now on named GSKi) (12,16). However,

in melanoma, this signalling is generally essential for their growth potential. Conversely,

human breast cancer lines show a variable level of intrinsic susceptibility to GSKi, and a

substantial number of cell lines do not show an intrinsic response to the drug when treated *in*

vitro for 3 days (Figure 1A). If alterations in the secretome of breast cancer cells is maintained,

this treatment could potentially uncouple extrinsic features from intrinsic requirements. We

therefore used GSKi to select a murine cell line able to maintain intrinsic growth capacity upon

GSK addition and test if this still affected their secretion pattern. Cells were acutely exposed

to GSKi for 5 days and their growth in different conditions was assessed after treatment

interruption (pGSKi or pre-treated) (Figure 1B). The lower levels of MLC2 phosphorylation

(pMLC2) confirmed that inhibition was maintained for at least three days after stopping the

treatment in the murine 4T1 breast cancer cell line (Figure 1C and D). While pGSKi in other

cell line, the 4T07 breast cancer line, caused reduced long-term growth (Supplementary

Figure 1A and B), we found that did not reduced 4T1 cell growth in different *in vitro* conditions.

(Figure 1E-G and Supplementary Figure 1C and D). Importantly, during this period, less

contractile 4T1 cells showed an alteration in various secreted factors found in the culture

media (Figure 1H and I). To assess the functional relevance of this perturbation in the

secretome, we used classical fibroblast activation assays *in vitro*. After confirming the

absence of GSKi in culture media of pre-treated cells by mass spectrometry (Supplementary

Figure 1E), we found that both control and pGSKi-4T1 cancer cells similarly influence

fibroblast proliferation *in vitro*. Nonetheless, these fibroblasts displayed different functional

characteristics such as morphology, extracellular matrix contraction and migration abilities

(Supplementary Figure 1F-J). These data indicate that, in principle pGSKi-4T1 cancer cells

altered normal fibroblasts' activation *in vitro*. As tumour associated fibroblasts are the most

abundant and a key cellular component of the stroma in breast cancer (18), this data suggest

that pre-treatment with GSKi could effectively uncouple intrinsic growth abilities and extrinsic

host activating functions in 4T1 cancer cells, creating the ideal setting to address our research

question.

Early alterations in the TME causes long-term growth inhibition *in vivo*

Next, we tested the capacity of 4T1 cells pre-treated with GSKi (pGSKi-4T1) to form tumours

when implanted in the fat pad of syngeneic Balb/c mice (Figure 2A). We found that while the

initial phase of tumour establishment (8 days post-transplantation) was unaffected, the long-

term growth ability of pGSKi-4T1 cells was strongly compromised (from 14 days post-

transplantation) (Figure 2B and C). Importantly, at an early stage of tumour establishment-a

time point where tumour growth was unaltered, the overall levels of pMLC2, monitoring the

effect of the inhibitor, were nearly fully recovered from the GSKi pre-treatment, confirming its

transient effect in vivo (Figure 2D and Supplementary Figure 2A-C). This unaltered early

growth is in line with the unaffected intrinsic ability of cancer cell growth observed *in vitro* in

pGSKi-4T1 (Figure 1E-G and Supplementary Figure1A and B). The long-term reduction of

tumour growth resulting from GSK treatment was similarly achieved by specifically removing

its target effector MYL9/MYL12B (genes encoding Myosin Light Chain 2) with an inducible

shRNA (Supplementary Figure 2F-H). In this case, the effect in cancer cells was induced

transiently as the mice were maintained under doxycycline induction only for 5 days post-

transplantation. Similarly, to the results using GSKi pre-treatment, this resulted in an initial

unperturbed growth (day 10), follow by a growth reduction and a long-term growth suppression

(Supplementary Figure 2F-H).

Given that we have shown that pre-treated with GSKi altered the cancer-stromal interactions

in vitro and that pGSKi-4T1 tumours suffer a delay in growth after the effect of the inhibitor

has disappeared, we hypothesised that this delay could be due to the initial altered TME that

might be less fit to support long term tumour growth. To test this hypothesis, we isolated cells

from early-stage tumours, when tumour growth is not affected, and cancer cells have

recovered from GSKi effects (Figure 2E). For this experiment we used 4T1 cells which were

labelled by a extracellular domain of a human CD2 (hCD2) receptor. By magnetic cell sorting

(MACS), we isolated either CD2+ cancer cells (A) or, alternatively, the rest of the TME

depleted cells from the majority of cancer cells (B) (Figure 2F). By re-transplanting the isolated

cells in new recipient mice, we tested the ability of 4T1 cells from pGSKi-4T1 tumours to re-

establish secondary tumour growth alone or when maintained in the overwhelming presence

of the TME they have previously established (Figure 2F). In line with the fact that GSKi effects

was now cleared (Figure 2E and Supplementary Figure 2A-C), 4T1 cells from pGSKi-4T1

tumours show no delay in sustaining long term growth upon re-transplantation compared to

control cells (Figure 2G). Strikingly, when the same cancer cells were re-transplanted together

with the previously established TME, tumours still show a strong reduction of growth in

secondary recipient (Figure 2H). These results point at a dominant inhibitory effect of the TME

generated in pGSKi-4T1 tumours on cancer cells, which otherwise would possess an

unaltered growth capacity.

Early differences in stromal cells in inhibitory TME

We next analysed the TME cellular composition of tumours from control and pGSKi-4T1 cells

after cancer establishment. Early pGSKi-4T1 tumours showed an increase in αSMA+ stromal

cells, one of the dominant TME components already in control 4T1 tumours (Figure 3A and

B). To test if the characteristics of the stromal compartment were different in the inhibitory

TME, we isolated the general stromal compartment, depleted from immune-cells and

endothelial cells, of tumours from pGSKi-4T1 cells (Figure 3C) at the early time point, when

growth was unaltered. Deep RNA sequencing showed a different signature of stromal cells

from pGSKi-4T1 compared to stromal cells isolated from control tumours (Figure 3D and E).

However, when we functionally tested these alternatively activated stromal cells for their ability

to support cancer cell growth, no difference was detected neither in 3D co-culture system nor

in co-injection assay *in vivo* (Supplementary Figure 3A-D). We had previously observed that

fibroblast activation *in vitro* was perturbed in pGSKi-4T1 cells (Supplementary Figure 1F-J)

and similarly, we observed no difference in tumour growth also when co-injecting *in vitro*

activated fibroblasts (Supplementary Figure 3E and F). This suggests that these differently

activated stromal cells do not show anti-tumour effect per se, but they reflect the early

generation of an altered TME initiated by pGSKi-4T1 cells.

When analysing the features of the alternative TME captured by its stromal signature, we

found that extracellular matrix (ECM) regulation and integrin signalling were upregulated

(Figure 3E) pointing at changes within the non-cellular ECM compartments of the TME. We

could indeed validate this observation by detecting an increase in matrix density and Collagen

IV staining in the pGSKi-4T1 tumours compared to control (Supplementary Figure 3G and H).

Importantly, the stromal signature found in tumours generated by pGSKi-4T1 cells which show

reduced activation, Low Active (LA)-TME signature, showed strong prognostic power to

identify human breast cancer patients with better survival in TCGA database (Figure 3F-H).

This indicates that this lower level of typically activated pathways in the stromal signature

characterized less aggressive human breast cancers. Indeed, this LA-TME signature shows
downregulation of pathways key for CAF function (Figure 3E), suggestive of a failure to
establish the suitable pro-tumoral activity needed in the TME of aggressive and fast growing
tumours.

Inhibitory TMEs contain different immuno-infiltrates
Bioinformatic analysis showed that a major difference in the enriched pathways in pGSKi-4T1
tumour's stroma was lower activation of inflammatory signalling pathways/chemokines and
cytokine release, suggesting that broader alterations could be triggered within the
inflammatory TME compartment (Figure 3E). Consistently, when the immune-cell composition
of tumours was analysed by FACS, we found significant differences in control or pGSKi-4T1
tumours specifically at later time points (Figure 4A-H). Data showed a decrease in cells from
the lymphoid lineage in favour of an increase in myeloid cells.
To test if a decrease in tumour infiltrating lymphocytes could contribute to the delay in tumour
growth, control or pGSKi-4T1 cells were transplanted in immune-compromised RAG1-/- mice,
lacking B and T lymphocytes. Similar delays in the growth of pGSKi-4T1 tumours were
observed, excluding an involvement of the adaptive immune system to limit tumour growth
(Figure 4I and J).
Macrophages are known to possess both pro- and anti-tumorigenic functions (19), therefore
we tested if different macrophage polarizationcould be detected in pGSKi-4T1 tumours.
Tumour associated macrophages (TAM) showed no difference in canonical markers that have
been previously associated to pro- or anti-cancer activities (Supplementary Figure 4A and B).
Accordingly, when analysing the immune-infiltrates in the TCGA human breast cancers
classified according to the pGSKi-4T1 tumours stromal signature, there was no difference in
M1 or M2 macrophages (Supplementary Figure 4C). Collectively, these data show that the
change in lymphocyte infiltration status of the pGSKi-4T1 TME it is not responsible for the
reduced growth. Surprisingly,   the macrophages infiltrating these tumours still express
classical pro-tumorigenic markers.

Inhibitory TMEs harbour macrophages with non-canonical anti-cancer activity
We next aimed to determine if, despite showing canonical TAM markers, macrophages in
pGSKi-4T1 tumours, harbour different characteristics. To do this, we generated a gene
expression signature of F4/80 macrophages isolated from control or pGSKi-4T1 tumours
(Figure 5A). Striking differences were detected at the gene expression level (Figure 5B and
C). Interestingly, the emergence of a distinct signature was detected 8 days post-

transplantation and was consolidated at later time points, when tumour growth was
significantly reduced (Figure 5B and C).

Analysis of the macrophage signature from the two types of tumours using GSEA revealed an
increase in anti-tumour inflammation Interferon gamma (INFγ) signalling and a decrease in
pro-tumour inflammation NFκB signalling in pGSKi-4T1 tumour derived macrophages (Figure
5D), pointing to an anti-tumour function. Importantly, when we analysed the conditioned media
of stromal cells isolated from pGSKi-4T1 tumours at 14 days, we detected a dramatic decrease
in specific secreted factors cytokines compared to control tumours (Supplementary Figure
5A). Particularly, at this tumour stage, network enrichment analysis of the secretome
supported the overall decrease in NFκB signalling within stromal cells (Supplementary Figure
5B), which was previously reported to be critical for CAF-mediated enhancement of tumour
promoting inflammation (20). The activation of INFγ activity indicated by the signature of
infiltrating macrophages of pGSKi-4T1 tumours, was confirmed by a sharp increase in active
STAT1 nuclear staining in such macrophages at late time points (Figure 5E and F).
Consistently with a growth defect , similar pSTAT1+ macrophages were detected at the late
stage of tumours initiated by cells transiently affected by MYL9/12b knock down
(Supplementary Figure 2D-F and 5E). Interestingly, already at early stages, infiltrating
macrophages of pGSKi-4T1 tumours sowed increased pSTAT1 staining (Supplementary
Figure 5C). Moreover, as predicted by their signature, we also measured a reduction in nuclear
p65 (RelA component of the NFκB complex) in macrophages from pGSKi-4T1 tumours
(Supplementary Figure 5D), which results in an overall switch from NFκB to INFγ -STAT1
signalling activity (Figure 5G). We therefore hypothesise that macrophages in pGSKi-4T1
tumours undergo profound transcriptional re-programming that might compromise their pro-
tumorigenic potential without changing some key cell surface markers.

To assess the functional implications of the changes observed in macrophages, we tested
their direct interaction with cancer cells by using a 3D co-culture scaffold system. We used
primary breast tumour cells isolated from spontaneous Actin-GFP/MMTV-PyMT breast
tumours in the co-culture. Freshly isolated macrophages from either control or pGSKi-4T1
tumours showed no differential activity when co-cultured alone with cancer cells seeded on
3D scaffolds (Supplementary Figure 5F-H). However, when cancer cells were seeded together
with their cancer associated stromal cells, macrophages isolated from 14 days pGSKi-4T1
tumours showed a cancer inhibitory effect (Figure 5H and I). Similar results were observed in
2D culture conditions (Figure 5J, 5K). Fibroblasts supported the cancer cell killing activity of
macrophages isolated from pGSKi-4T1 tumours independently from their origin. when isolated
from pGSKi-4T1 tumours or control (DMSO) tumours (Figure 5K). These data suggest that

the anti-tumour polarization observed in macrophages from pGSKi-4T1 is progressively
established within the complex *in vivo* TME and it becomes a hardwired status.

Non-canonical pGSKi-4T1 macrophages are responsible for limiting tumour growth.
To test whether this non-canonical anti-tumour polarization of macrophages was acting to limit
cancer cell growth *in vivo*, we used clodronate to deplete macrophages from control or pGSKi-
4T1 cell transplants (Figure 6A). In line with the known pro-tumour activity of tumour infiltrating
macrophages in breast cancer (19), their depletion decreased the final size reached by control
tumours (Figure 6B). However, an opposite effect was shown in pGSKi-4T1, where their
depletion boosted overall tumour growth and rescued it to the level of control tumours (Figure
6C). This data highlighted that the alternative macrophage polarization we described, indeed
results in a switch from pro- to anti-tumour function.
We have shown in Figure 3 that the activated stroma from pGSKi-4T1 cells harbour a gene
signature (LA-TME signature) with prognostic value in human breast cancer. Similarly, we
generated the macrophages LA-TME signature using the downregulated genes in
macrophages from pGSKi-4T1 tumours. Strikingly, we found that the macrophage LA-TME
signature showed a similar power in predicting better survival of human breast cancer patients
(Figure 6D). Moreover, 43% of these human tumours additionally showed the alternative
stroma LA-TME signature, suggesting a similar overall reduction of activation in stromal cells
and macrophages genes in the tumour microenvironment can be found in human breast
cancers with better prognosis (Figure 6E). Most importantly, as no difference was found in
macrophage markers generally associated to anti-tumour phenotypes in breast tumours
(Supplementary Figure 4A-C), this data suggests the presence of a previously unappreciated
alternative type of anti-tumour macrophages, which correlates with better clinical outcome.
Overall, this study show that an initial deviation in the initial stage of cancer-host interaction
cause by a perturbation of the malignant cancer cells secretion, results in the long term
establishment of a suboptimal TME which becomes dominant in suppressing aggressive
tumour growth.

Discussion

In this work, we show that the initial TME typical of a particular cancer cell type, can act as dominant limiting factor for long term tumour growth. To test this, we have generated an experimental set-up which allows to interfere exclusively with the extrinsic features of an aggressive cell line without negatively influencing its intrinsic growth potential. This change induces an initial atypical interaction with the *in vivo* environment which is different from what these cancer cells would induce. In turn, this generates an initial alternative TME. As the nature of the perturbation induced in the cancer cells is temporary, they recover their initial characteristics when embedded in this atypical microenvironment *in vivo.* By creating this complex experimental strategy, we here formally show that a sub-optimal TME becomes dominant in suppressing the growth of highly aggressive cancer cells. In this work, also show that ROCK-Myosin II activation in this breast cancer cell line with basal characteristics control their secretion activity and modulate the initial activation of host cells in vitro and in vivo without altering their intrinsic growth potential. This is intriguing as cancer cells displaying high ROCK-Myosin II activation, generally relay on this pathway for their intrinsic tumourigenicity (16), but we identify a murine breast cancer cell line which represented an exception and where it exclusively interferes with the secretion profile of the cells. Indeed, the aggressive murine 4T1 breast cancer maintained its highly proliferative activity in various vitro conditions upon ROCK-Myosin II inhibition but showed a perturbed fibroblast activation ability. After identifying the 4T1 as a cell line where the intrinsic and extrinsic activity could be uncoupled using ROCK-Myosin II inhibition, we used ROCK-signalling inhibitor (GSK269962A) (GSKi) pre-treatment before transplanting cancer cells *in vivo* to only transiently perturbe their interactions with the host environment. Even when the GSKi effect ceased and cancer cells recover ROCK-Myosin II activity, are now less capable to sustained long-term growth. Secondary transplantation experiments show that, while cancer cells recover their full in vivo tumourigenicity when growing secondary tumours, is the TME generated by initially pre-treated GSKi 4T1 cells who imposes a limitation for their growth.

Our data supports the fact that GSKi pre-treated cancer cells initiate an atypical TME characterized by an increase early representation of SMA positive cells, which, similar to the in vitro activated fibroblasts, show different characteristics and signature compare to the one that unperturbed 4T1 would have generated. Secretome analysis on GSKi pre-treated 4T1 conditioned media revealed significant differences with control 4T1 media in the secretion of 20 cytokines (where LIF, WISP1, MMP9 and several others resulted downregulated in pGSKi), some of which have been previously linked to CAF activation. For instance, cancer-derived

LIF was shown to promote CAF activation and pro-invasive phenotype via inducing
actomyosin contractility and ECM remodelling (21). In addition, WISP1 was found in the
metastatic niche and was required for breast cancer metastasis to the lung (22). Thus, it is
tempting to speculate that such a differential cocktail of factors could interfere with the pro-
tumorigenic stromal activation generally induced by 4T1 cells.

Strikingly, despite the transcriptomic analysis of stromal TME component from control or GSKi
pre-treated tumours shows an atypical gene-expression signature, they similarly supported
cancer cell growth *ex-vivo* and *in vivo*. This data suggests that in principle, they can support
cancer cell growth. Nonetheless, within the TME, this atypical stromal component is part of a
more complex environment, which ultimately results to be unfit to support aggressive tumour
growth. In particularly, we detected a reduced activation of inflammatory signalling NFkB,
which iscrucial for the establishment of pro-tumoral inflammation (20). This lack of activation
has the potential to have a broader impact on the immune compartment in the TME. Indeed,
when analysing the tumour infiltrates, we identified a reduction on lymphocytic cells (B and T-
cells, specifically CD4+ but not CD8+ cells) and an increase in myeloid cells (macrophages
and dendritic cells). We excluded the role of the lymphocytic compartment in the observed
phenotype as GSKi pre-treated cancer cells maintained their growth defect in genetically-
immunodeficient mice lacking mature lymphocytes (Rag1-/-).

Although TAMs did not present distinct expression of canonical pro- or anti- tumour markers
between tumours from control and pGSKi cancer cells, RNAseq analysis showed broad
changes in their transcriptome. In particular, TAMs from tumours generated by GSKi pre-
treated cancer cells suggested an anti-tumour function with a significant increase in Interferon
γ (INFγ) signallling. Indeed, TAM infiltrating pGSKi tumours showed clear increase in nuclear
pSTAT1, the effector transcription factor downstream of INFγ . We could confirm that this anti-
tumorigenic function of TAM was responsible for inhibiting cancer growth in *ex-vivo* and *in vivo*
experiments. Interestingly, in *ex-vivo* co-culture, the TAM anti-tumour function was only
detected in presence of freshly isolated stromal cells, but this did not depend on their origin,
could either be from pGSKi or control tumours. This suggests that fibroblasts might enhance
TAM toxicity by providing adhesion for macrophages and increase their proximity to cancer
cells and also suggests that macrophage polarization acquired intra-tumorally is a stable
phenotype independent from external factors.

Finally, when testing the functional role of macrophages on tumour growth *in vivo* we
confirmed their anti-tumour function. By using Clodronate, a type of bisphosphonate which
once encapsulated into liposomes is up taken by macrophages and mediates their depletion

(23), we could clearly see the opposing effects in control or pGSKi tumours in either inhibiting

or promoting growth respectively.

Thus far, it has been shown how CAFs can contribute to assembling an immunosuppressive

TME accordingly to their type of activation (9). We could detect an alteration in pathways

responsible with immunomodulation in the TME mesenchymal compartment. We found

macrophages infiltrating pGSKi tumours to display increased INFγ-STAT1activation and

reduced NFkB signalling. This was shown by the increase in nuclear staining for the

INFγ effector pSTAT1 and reduced staining for p65. INFγ signalling is typical of anti-tumour

functions in the immune-microenvironment (24), therefore a switch in signalling activation

could control macrophage behaviour.

Overall, our data shows that cancer cells assemble very specific tumour microenvironments

very early in tumour development. The present study reveals a key role of an atypical TME as

dominant in inhibiting tumour growth due to the lack of crucial pro-tumoral signals leading to

the onset of anti-tumour TAMs (Figure 7). The different TME contains fibroblasts and

macrophages with Low Activation of clusters of genes, LA-TME signatures, which allows

identification of human breast cancers with better prognosis.

Remarkably, the TAMs found in tumours from GSKi pre-treated cells, despite displaying

cancer killing activity, do not show canonical M1 markers nor M1 macrophage infiltration was

observed in human tumours correlating with the LA-TME signatures. This suggesting that this

non-canonical anti-tumour macrophage polarisation might exist in human tumours and

contribute to better clinical outcome.

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Author contributions

A.P.R. designed and performed most of the experiments, analysed and interpreted the data
and contributed to the manuscript preparation. O.M. performed tumour staining and
quantification analysis of in vivo macrophages, performed secretome data analysis and
critically review the manuscript. L.O. assisted with some of the experimental design and
critically review the manuscript. P.C. performed bioinformatics analysis. I.M. and V.S.M.
designed and supervised the study, interpreted the data and wrote the manuscript.

Figures and Legends

Figure 1

Figure 1

A. Distribution of GSKi response across human breast cancer cell lines. IC50 of GSK269962A

inhibitor across 48 human breast cancer cell lines. Compounds are ranked in descending

order of response and divided into responders (IC50<5µM, red), intermediate response (IC50

5-50µM, orange) and non-responders (IC50 >50µM, green). **B.** Schematic of the experimental

setup for the characterisation of the intrinsic effects of GSK269962A on cancer cells. Cancer

cells were plated and treated daily with vehicle (DMSO) or 5 µM of GSK269962A GSK1/2

inhibitor (GSK1) for five days. **C.** Western blot analysis of Phospho-MLC (pMLC) after 5 days

of GSKi treatment (5 Days), 24h or 72h post-treatment. (Left panel) Quantifications of relative

pMLC2 levels in 4T1 cells as a fold change versus the control from two independent

experiments (right panel) **D.** Immunofluorescence images of pre-treated 4T1 cells 72 hours

after treatment was removed. Cytoskeleton was stained using phalloidin (red), contractility

using pMLC (green) and nucleai using DAPI (blue). (Scale bar 50μm). **E.** Representative

brightfield images of 4T1 cells following a 5-day treatment with GSK269962A inhibitor. (Scale

bar 100μm). **F.** Growth curve of cells pre-treated with DMSO (black) or GSK269962A inhibitor

(red). Cell confluency was monitored every 3 hours for <120 hours using Incucyte. **G.**

Percentage of cell viability quantified after 5 days of treatment and at day 4 post-treatment:

DMSO (black) or GSK269962 (red) for 5 days. Error bars represent the SEM from three

independent experiments. Statistic, Student's t-test (*$p < 0.05$, ** $p < 0.01$). **H.** Quantification

of differentially secreted factors in the conditioned media using Protein Array () of pre-treated

4T1 cells, 48 hours after treatment. Error bars represent SEM from two technical replicates. **I.**

Heatmap of the top 3 upregulated (red) and downregulated (green) factors in GSK269962A-

conditioned media.

Figure 2

Figure 2

A. Schematic of the experimental setup. **B.** Mean tumour volume over time of tumours

generated by 4T1 cells pre-treated with DMSO (black) or GSK269962A (red) in the fat pad of

Balb/cAnN mice. Error bars represent SEM from four independent experiments (total of n=20

tumours). Statistic two-way ANOVA with Sidak's multiple comparisons test **C-D.** Histogram of

tumour weight at day 8 (n=28) (C) and day 14 (n=12) (D). Statistic: Student's t-test between

DMSO and GSK269962A groups. Statistically significant (ns: not significant, **** p < 0.0001

E. (Left) H-score of p-MLC2 staining in 4T1 tumour-derived cells pre-treated with DMSO (blue)

or GSK269962A (red) from days 5 and 8 (Right) Representative QuPath color-maps of pMLC2

staining in both conditions. **F.** Schematic of the experimental setup. Day 8 tumours were

separated by magnetic cell sorting into (A) cancer cells (hCD2+) and (B) tumour

microenvironment (TME, hCD2-). Each of the components, was separately injected into new

naïve Balb/cAnN mice. **G.** Mean tumour volume of (A) 4T1 cells isolated from day 8 DMSO

(black) or GSK269962A (red) tumours. Error bars represent SEM from two independent

experiments (n=9 total number of tumours). **H.** Mean tumour volume of (B) TME cells isolated

from day 8 DMSO (black) or GSK269962A (red) tumours. Error bars represent SEM from two

independent experiments (n=7 total number of tumours). Data were analysed using two-way

ANOVA. (ns: not significant, *** $p < 0.001$).

Figure 3

Figure 3

A. Representative IHC images of orthotopic syngeneic tumours 8 days post-transplantation from 4T1 pre-treated with DMSO or GSKi. Hematoxilin/Eosin (left), αSMA antibody DAB-staining (middle) and fluorescence double staining of αSMA (green), Endomucin (red) and DAPI (blue) to stain the nuclei (right) (Scale bar 100μm). **B.** Quantification of αSMA+Endomucin- cells in DMSO or GSKi pre-treated tumours 8 days post-transplantation. Error bars represent the SEM from 4 tumours with 6 fields of view (FOV)/tumour. Data were analysed using a student's t-test (*p < 0.05). **C.** Experimental design for tumour associated mesenchymal cell isolation. **D.** Volcano plot comparing the gene expression profile of stromal cells derived from GSKi vs. DMSO pre-treated tumours. Statistical significance (-log10 adjusted pvalue) against foldchange (log2) of fibroblasts derived from GSKi vs. DMSO pre-treated tumours. Significantly upregulated genes are shown in red and downregulated genes are shown in blue. **E.** Gene signatures in CAF-specific molecular mechanisms were selected and ranked (upregulated in red; downregulated in blue). Gene-expression differences are displayed as a normalised enrichment score (NES), and false discovery rate (FDR) is used to determine the significance of each pathway. The size of the circle represents the number of genes within each signature that are differentially expressed in GSKi vs. DMSO-CAFs. **F.** (Left panel) Schematic representation of how the Cancer Low Contractility (CLC) - TME signature was generated stemming from genes downregulated in tumour initiated by cancel cells with reduced contractility (GSKi). Padjusted value (Padj) and log2 fold change (fold change) were

used as cut-offs for gene selection. (Right panel) Heatmap of the 46 genes that constitute the

CLC-TME signature and their expression across 1092 breast cancer tumours from the TCGA

cohort. **G.** Log2 expression of the CLC-TME signature divided patients into high (red,

equivalent to signature in mouse control tumours) and low (blue, equivalent to signature in

mouse GSKi tumours) quartiles. Box-an-whisker plots showing median centre line, 25% and

75% box limits and rang of expression. **H.** Kaplan-Meier curve represents the overall survival

of 546 breast cancer patients from the TCGA cohort subdivided into high (red) and low (blue)

expression of the GSKi-CAF "down signature". Data were analysed using a Wald test and

statistically significant changes between the two groups are indicated (* $p < 0.05$) (hazard ratio

is 1.96 and confidence intervals are 1.1 – 3.93).

Figure 4

Figure 4

A. Experimental design and antibodies used for detecting immune cells populations within the

TME. **B-H.** Flow cytometric quantification of TME cell frequencies out of the total alive cells

lungs in mice harbouring DMSO (grey) or GSK269962A (GSKi) (red) pre-treated tumours at

the indicated times post-injection. (B) total CD45+ immune cells (C) CD45+CD3+ T-cells; (D)

CD45+CD4+ T-cells; (E) CD45+CD8+ T-cells; (F) CD45+CD19+ B-cells; (G) CD45+CD11c+

dendritic cells; (H) CD11b+F4/80+ macrophages. Error bars represent the SEM from two

independent experiments (Total n=12 in each group). Data were analysed using a t-test

between DMSO and GSKi groups at each time points. (* $p < 0.05$, *** $p < 0.001$). **I.** Diagram

of the experimental design. **J.** Mean tumour volume of 4T1 cells grown over 26 days. Tumours

were pre-treated in vitro with DMSO (black) or GSKi (red). Error bars represent the SEM from

two independent experiments (total of n=12 (DMSO) and n=10 (GSKi)). Data were analysed

using a two-way ANOVA (**** $p < 0.0001$).

Figure 5

Figure 5

A. Schematic representation of the experimental design and sample collection. **B.** Heatmap

comparing the gene expression profile of macrophages derived from GSKi vs. DMSO pre-

treated tumours 8 and 14 days post-transplantation. **C.** Volcano plots of statistical significance

(-log10 adjusted pvalue) against foldchange (log2) of macrophages derived from GSKi vs.

DMSO day 8 pre-treated tumours (Left) or day 14 pre-treated tumours (Right). Significantly

upregulated genes are shown in red and downregulated genes are shown in blue. **D.** Summary

of selected pathways enriched in GSKi vs. DMSO. Upregulated or downregulated pathways

at the indicated time point are indicated in in red and blue respectively.

E. Percentage of pSTAT1 positive macrophages derived from DMSO (grey) or GSKi (red)

pretreated tumours from day 14. **F.** Representative staining of F4/80 (yellow) and pSTAT1

(Magenta) of DMSO or GSKi pre-treated tumours section (Scale bar 50μm). **G**. Ration

between p65 and pSTAT1 staining in macrophages in tumour pre-treated with DMSO (gray)

or GSKi (red) from day 8. **H.** Experimental design of the co-culture. **I.** Quantification of primary

MMTV-PyMT-GFP+ cell growth by measuring the total GFP+ area over the course of 4 days.

Cells were grown with DMSO-Macrophages and CAFs (grey) or GSKi-macrophages and

CAFs (red) from 14-days tumours and normalised to the growth of MMTV-PyMT cells alone

(dash line). Representative fluorescence pictures are shown. Error bars represent the SEM

from three independent experiments shown with black, green or red data points. Biological

replicates within each experiment are indicated in the graph. Data were analysed using a

Student's t-test (* $p < 0.05$). **J.** Representative brightfield images of MMTV-PyMT-GFP+ cells

(green) in co-culture with GSKi-CAFs and either DMSO (left) or GSKi (right) macrophages.

Timepoints are indicated. Scale bar, 30 μm. **K.** Quantification of MMTV-PyMT-GFP+ cell area

when cells were grown alone (black), with macrophages from DMSO (grey) or GSKi (coral)

pre-treated tumours or with CAFs from GSKi pre-treated tumours and macrophages extracted

from either DMSO (blue) or GSKi (red) pre-treated tumours. Statistic two-way ANOVA (blue

vs red) (**** $p < 0.0001$).

Figure 6

A. Experimental design.

B-C. Mean volume of 4T1 tumours over 22 days.

DMSO pre-treated tumours

pGSKi pre-treated tumours

n number = 8 tumours/condition

Macrophage LA-TME signature

Patient woth overlap

Figure 6

A. Experimental design. **B-C.** Mean volume of 4T1 tumours over 22 days. 4T1 tumour cells

were pre-treated in vitro with DMSO (B) or GSK inhibitor (C), and tumours were treated with

either PBS liposomes (black and red lines) or clodronate liposomes (purple lines). Error bars

represent the SEM (n=8 tumours per condition). Data were analysed using a two-way ANOVA

comparing the curves (at the end of the curves) (ns: not significant, * p < 0.05) and t-tests at

individual timepoints when significant difference were present (indicated above each time

point) (* p < 0.05). **D.** Kaplan-Meier curve represents the overall survival of 546 breast cancer

patients from the TCGA cohort subdivided into high (red) and low (blue) expression of the

macrophage signature. Data were analysed using a Wald test and statistically significant

changes between the two groups are indicated (* p < 0.05) (hazard ratio is 1.96 and confidence

intervals are 1.1 – 3.93). **E.** Pie charts represent the overlap between patients with both

alternative macrophage and alternative stromal signatures from GSKi pre-ptreated tumours.

Figure 7

Figure 7

Graphic summary: breast cancer cells with initial reduced GSK-Myosin II activity generated

an alternative early TME characterized by alternative Carcinoma Activated Fibroblasts (CAFs)

displaying a Cancer Low Contractility (CLC)-CAF-signature. The CLC-CAF-signature show

overall reduced pro-inflammatory activity including down-regulation of NFκB signalling. The

alternative TMA fails to sustain pro-tumourigenic signalling typical of Tumour Associated

Macrophages (TAM), which consequently display a CLC-TAM-signature with reduced pro-

tumoural NFκB signalling and anti-tumour Interferon Gamma (INFγ), STAT1^{high} activity. These

macrophages -lacking canonical M1 markers- reduced long-term tumour growth.

Supplementary Figure 1

Supplementary Figure 1

A. Representative brightfield images of 4T07 cells following a 5-day treatment with GSKi. **B.**

(Left) Growth curve of cells pre-treated with DMSO (black) or GSKi (red). Cell confluency was

monitored every 3 hours for <120 hours using Incucyte. (Reft) Percentage of cell viability

quantified at 5 days after treatment and at day 4 post-treatment: DMSO (black) or GSKi (red)

for 5 days. (Scale bar 100μm). (B-D) Error bars represent the SEM from three independent

experiments (dots). Student's t-test analysis between DMSO and GSKi groups (**** p <

0.0001). **C.** Representative image of the surviving fraction of 4T1 breast cancer cell lines pre-

treated with DMSO (black) or GSKi (red) following weekly re-plating and during three

consecutive weeks. **D.** Representative bright-field images of pre-treated 4T1 cells with DMSO

(upper panels) or GSKi (lower panels) plated on plastic (Left), on a CollagenI-matrigel matrix

(Middle) or embedded in matrigel (Right). (Scale bars 50μm). **E.** Liquid chromatography-mass

spectrometry chromatograms on positive mode (green) or negative mode (blue) on media

containing 5uM of GSKi as positive control (Left) and the 4T1-GSKi pre-treated conditioned-

media (Right). The detection limit of 0.01nM was experimentally determined by diluting the

positive control. **F.** Growth curve of mNBFs incubated with DMSO (black) or GSKi (red)

conditioned media. Cell confluency was monitored every 3 hours for <150 hours using

Incucyte. Data were analysed using two-way ANOVA test (ns: not significant). **G.**

Representative brightfield images of (mNBF) cell morphology following a 2-day incubation with

conditioned media (CM) from DMSO or GSKi pre-treated 4T1 cells. (Scale bar 100μm). **H.**

Flow cytometric analysis of the size of mNBFs from (B) based on forward/side scatter. **I.** (Left)

Schematic representation of the set-up for fibroblast contraction assays, (middle)

representative pictures and (right) quantification of fibroblast contraction assays with DMSO

(black) or GSKi (red) pre-treated 4T1 cells. Error bars represent the SEM from three

independent experiments and technical repeats (Total n=10 per condition). Student's t-test

analysis (**** p< 0.0001). **J.** (Left) Representative example and (right) quantification of a

murine normal fibroblast mNBF chemotaxis migration assay towards DMSO (black) or GSKi

conditioned media from 4T1 pre-treated cells. Fibroblast migration data was acquired every

hour for 24 hours using Incucyte and the values are given in arbitrary units (A.U.). Data were

analysed using two-way ANOVA test (*** p < 0.001).

Supplementary Figure 2

Supplementary Figure 2

A. Schematic of sample collection workflow where hCD2+ cancer cells were isolated from tumours before performing a western blot. **B.** Representative western blot of pMLC2 and GAPDH as loading control in 4T1 pre-treated cells isolated from day 8 tumours. **C.** Quantification of relative ppMLC2 levels in 4T1 tumour-derived cells pre-treated with DMSO (black) or GSKi (red). Error bars represent the SEM from two independent experiments (total n=6-7 tumours). Student's t-test analysis (ns=non-significant). **D-E.** Western blot analysis of MLC2 after 5 days of DOX treatment *in vitro*. (D). Schematic of the experimental setup: Doxycyline was administered to the cells *in vitro* and *in vivo* during the first five days post-

transplantation into the fat pad of Balb/cAnN mice (E). **F.** Mean tumour volume of 4T1 cells
transduced with a hairpin inducible vector for Non-targeting (black/grey) or MYL9/12b-
targeting shRNA (purple, pink). Error bars represent SEM from two independent experiments
(n=8 total number of tumours). Data were analysed using two-way ANOVA with Sidak's
multiple comparisons test. (ns: not significant, * $p < 0.05$). **I.** Error bars represent the SEM
from three independent experiments (total n=17 tumours/condition). Student's t-test analysis
(**** $p < 0.0001$).
618

Supplementary Figure 3

Supplementary Figure 3

A. Experimental design of co-culture on Alvetex scaffolds. **B.** Quantification of MMTV-PyMT-

GFP+ cell growth using the total GFP+ area as a readout. Cells were grown alone (black),

with DMSO-CAFs (light grey) or GSKi-CAFs (dark grey). Error bars represent the SEM from

three independent experiments shown data points. Biological replicates within each

experiment are indicated with black, blue or red in the graph. Student's t-test analysis (ns=non-

significant). **C-D.** Diagrams of the experimental design indicating the tumour origin of the CAFs

before co-injection with cancer cells (C). Mean tumour volume of 4T1 cells co-injected with

DMSO-CAFs (black) or GSKi-CAFs (red) and grown over 24 days (D). Error bars represent

the SEM (n=6), Data were analysed using two-way ANOVA (ns=non-significant). **E-F.**

Experimental design to generate activated fibroblasts in vitro before co-injection with cancer

cells (E). Mean tumour volume of MMTV-PyMT cells alone (purple) or co-injected with DMSO-

fibroblasts (black) or GSKi-fibroblasts (red) and grown over 45 days (F). Error bars represent

the SEM (n=6). Data were analysed using two-way ANOVA (ns=non-significant). **G.**

Representative IHC images of 4T1 tumours 8 days post-injection stained with Masson's

thricrome staining, marking keratin and muscle fibers (red), collagen (blue), and cell nuclei

(dark purple). Skin was used as a staining control. **H.** Representative IHC images of 4T1

tumours 8 days post-injection stained collagen IV staining (brown). Normal mammary gland

tissue was used as a control.

    Supplementary Figure 4

Supplementary Figure 4

A-B. Flow cytometric quantification of pro-tumorigenic (CD206, CD163 and Arg1) (A) and anti-

tumorigenic (CD86, MHCII and iNOS) (B) macrophage polarisation markers 8 and 14 days

post-transplantation. Cells were gated on alive F4/80+ and error bars represent the SEM from

two independent experiments (n numbers indicated under each graph). Data were analysed

using t-test (** p < 0.01). **C.** Cibersort analysis of the relative percentage of immune cell

populations in the 25 patients with higher (right – top samples) and lower (left - bottom

samples) cumulative gene expression for the down fibroblast signature from Figure 3G.

Analysis was performed in the TCGA cohort, and the figure legend (right) indicates the cell

populations investigated.

Supplementary Figure 5

A. Heatmap displaying top differentially secreted factors in the fibroblasts from DMSO and GSKi-pre-treated (GSK) tumours at 14 days using comparative marker selection in GennePattern. **B.** Network analysis enriched in GSKi-pre-treated fibroblasts using Ingenuity pathway analysis (RNA signature from Figure 3D). **C.** Percentage of pSTAT1 positive macrophages derived from DMSO (grey) or GSKi (red) pretreated tumours from day 8. **D.** Percentage of p65 positive macrophages derived from DMSO (grey) or GSKi (red) pretreated tumours from day 8. **E.** Percentage of pSTAT1 positive macrophages derived from control or DOX treated of non-targeting or MYL9/12b-targeting shRNA (Fig. 2F-H). **F.** Experimental design of the co-culture. **G-H.** Quantification of MMTV-PyMT-GFP+ cell growth by measuring the total GFP+ area as a readout over the course of 4 days. Cells were grown with DMSO-Macrophages (grey) or GSKi-macrophages (purple) from day 8 (G) or day 14 (H) tumours and normalised to the growth of MMTV-PyMT cells alone (dash line). Error bars represent the +SEM from three independent experiments. Biological replicates within each experiment are indicated with black, green or red data points in the graph. No statistically significant changes were observed between groups following student's t-test analysis.

676
Material and Methods

678 *Data Availability*

679 The RNaseq datasets generated during this study are available will be made available
680 at the Gene Expression Omnibus and they can currently be provided to the reviewers
681 upon requests.
682

Statistical analysis

Unless otherwise stated, statistical analyses were performed using Prism v.7.0c
(GraphPad Software). For column bar or scatter dot plots, error bars are the average
± Standard error of the mean (SEM). Boxplots show min to max values or 10-90
percentile. P values were obtained by Student t-tests with paired or unpaired samples
when analysing the differences in one variable between two experimental groups.
Two-way ANOVA was used where indicated to perform multiple variable analyses or
multiple comparisons between experimental groups. Significance was set at $P < 0.05$
and either the actual P value or symbols describing it (*, p<0.05; **, p<0.01; ***,
p<0.001; ****, p< 0.0001) are displayed in graphs.
693

694 Data were pooled from at least two independent experiments and the exceptions are
695 specified in the respective figure legends. n values represent biological replicates, with
696 the exception of the 3D Alvetex scaffold assays, for which both technical and biological
697 replicates are shown.
698

Bioinformatic analysis
Gene expression data were analysed by the Bioinformatics & Biostatistics facility at
the Francis Crick Institute.
Biological replicate libraries were prepared using the polyA KAPA mRNA HyperPrep
Kit and sequenced on Illumina HiSeq 4000 platform, generating ~25 million 76bp
single-end reads per sample. Read quality trimming and adaptor removal was carried
out using Trimmomatic (version 0.36) (25). The RSEM package (version 1.3.30) (26)
in conjunction with the STAR alignment algorithm (version 2.5.2a) (27) was used for
the mapping and subsequent gene-level counting of the sequenced reads with respect
to Ensembl mouse GRCm.38.89 version transcriptome. All parameters were run as
default except "–forward-prob" which was set to 0.5. Normalisation of raw count data
and differential expression analysis was performed with the DESeq2 package (version
1.18.1) (28) within the R programming environment (version 3.4.3) (29). Differentially
expressed genes were defined as those showing statistically significant differences
(FDR <0.05) in the GSKi group relative to the Control Group for both Fibroblast and
Macrophage datasets. To determine pathway and biological process enrichment,
Clarivate Analytics's Metacore pathway analysis tools was used to determine pathway
and biological process enrichment using a hypergeometric test.
[https://portal.genego.com/]. Gene lists ranked by the Wald statistic were used to look
for pathway and selected genesets using the Broad's GSEA software (version 2.1.0)
with genesets from MSigDB (version 6) (30).
720

Differentially regulated genes (logFC > 1 and FDR < 0.05) from the fibroblast data
analysis were converted to human orthologs using HomoloGene
[https://www.ncbi.nlm.nih.gov/homologene]. Breast Carcinoma (BRCA) normalised
expression data was downloaded from the FireHose Broad GDAC website
[https://gdac.broadinstitute.org/] Data downloads were all version 2016012800.0.0.
BRCA patients were ranked using the sum of expression values of down regulated
gene signature. The top quartile of patients were names as "HIGH", and the bottom
quartile named "LOW". Survival plots were generated using R's survival package
(version 2.41-3) (31) and the level of statistical significance determined using the log
rank test.
731

Animal procedures

Mice used were: Wildtype mice in BALB/CJ background, MMTV-PyMT+, MMTV-
PyMT+ actin GFP mice and Rag1-/- in pure genetic FVB/N background and.
Animals were maintained under specific pathogen-free conditions and handled in
accordance with the Institutional Committees on Animal Welfare of the UK Home
Office and all the procedure were performed under the PPL P83B37B3C licence.
738

Cell lines

This study used a variety of breast cancer cell lines derived from the mouse normal
breast fibroblasts (mNBF) were a gift from E. Sahai and MMTV–PyMT cells were
isolated from MMTV–PyMT tumours (FVB/N background) as previously described (4).
The 4T1 and 4T07cell lines were provided by the Cell Services Unit of The Francis
Crick Institute.
745

4T1 cells plated in 2D were treated with either vehicle (DMSO) or 5 µM of
GSK269962A (Axon, 1167) for five days before performing in vitro and in vivo
experiments, unless stated differently. Media and inhibitors were changed daily.
Matrices of 2:1 Pure Collagen-I and Matrigel were prepared to a final collagen
concentration of ~4 mg/ml and a Matrigel concentration of ~2mg/ml. The cells were
seeded on top in 200ul of growth medium.
752

Generation of shRNA plasmids

The doxycycline inducible Tet-PLKO-puro lentiviral plasmid vector used in this study
was purchased from Addgene (#21915, #21916). The vector contains all the
necessary components for the controlled doxycycline-triggered expression of shRNA
in mammalian cells. Gene knock-down is triggered by the presence of doxycycline in
the growth media, while in the absence of doxycycline, shRNA expression is blocked
by the presence of constitutively-expressed TetR protein.
Forward and reverse oligonucleotides for a MYL9 and MYL12b-targeting shRNA and
a nontargeting shRNA construct were designed using The RNAi Consortium collection
(MISSION® shRNA, Sigma Aldrich).
763

764 *MACS isolation of cell subsets from tumour*

766 Tumour tissues were dissociated and processed to single-cells as described
767 previously (4). MidiMACS separators and LD and LS columns (Milteny, 130-042-901,
768 130-042-401) were used to magnetically isolate mouse cellular subsets from tumour
769 tissue at day 8 and day 14 and the procedure was performed on ice and promptly.
770
For fibroblast isolation, cells were isolated from Balb/cAnN mice orthotopically
transplanted with 4T1 tumours pre-treated with DMSO or GSK. Single-cell
suspensions were incubated with mouse FcR Blocking Reagent and subsequently
with the following APC labelled antibodies – CD45, CD31, CD326 and hCD2. Cells
were washed and incubated with magnetic anti-APC MicroBeads (Miltenyi, 130-090-
855). Magnetically labelled immune, endothelial, epithelial and cancer cells were
isolated using LD columns, washed thrice with 3 ml of MACS and the unlabelled flow-
through cell fraction was the mesenchymal cells that we will refer to as fibroblasts
hereafter. To increase the purity of the cells, the eluted fraction was applied to a
second round of separation with a new LD column.
781
For macrophage isolation, F4/80+ cells were obtained by using the Anti-F4/80
MicroBeads UltraPure kit (Milteny, 130-110-443) following the manufacturer's
instructions. Approximately 2×10^7 single-cells from the tumour were stained with a mix
of 180 µl MACS buffer and 20 µl of Anti-F4/80 MicroBeads for 15 minutes at 4°C in
the dark. During this incubation, an LS column was placed onto a MidiMACS separator
where magnetic field was applied, and the column was rinsed with 3 ml of MACS
buffer. Cells were washed twice with 4 ml of MACS buffer and resuspended in 1ml
prior to proceeding to magnetic separation by applying the cell suspension onto the
column. Columns were washed thrice with 3 ml of MACS buffer before being carefully
removed from the separator and placed on a FACS tube. 4.5 ml of MACS buffer was
added onto the LS column and the plunger was firmly pushed to elute the F4/80+ cell
fraction which had been retained within the column due to the F4/80+ positive
selection. To increase the purity of the cells, the eluted fraction was applied to a
second round of separation with a new LS column.
796
Alvetex scaffold 3D assay

Alvetex Scaffold 96-well plates (ReproCELL, AVP009) were washed once with 70%
ethanol to render it hydrophilic. Following three washes with PBS, they were coated
with a collagen-solution and incubated for 1 hour at 37°C prior to cell seeding. Primary
MMTV–PyMT actin–GFP cells were seeded at a density of 5,000 cells per well and
fibroblasts and macrophages isolated from tumours were seeded at a density of
25,000 cells per well in a total volume of 100ul of complete MMTV-PyMT media.
The growth of GFP+ cells was monitored every two days using the SteREO LumarV12
stereomicroscope (Zeiss) and for a total of 6 days. Images were taken at a
magnification of 19.4X, Z +0.09, exposed for 2 seconds and quantified using ImageJ
software. For quantification, images were stacked and the Li's minimum cross entropy
thresholding algorithm was used. All data was normalized to the growth of PyMT-GFP
cells at each timepoints.
810

Generation of conditioned media

100,000 4T1 cells (control or GSKi treated) were plated on tissue culture treated 24-well plates in 1 ml of complete DMEM media, which was conditioned at 37°C for 48 h. The medium preparation was collected and spun at 1200 rpm for 20 min. The supernatant after this centrifugation was collected and used as conditioned media (CM).

Fibroblast contraction assay

To assess fibroblast activation via their ability to remodel an extracellular matrix, $7,5x10^4$ mNBF cells were embedded in 100 µl of 2:1 collagen-I:Matrigel and seeded on a 35-mm glass-bottom dish (MatTek, P35-1.5-14-C). Once the gel had polymerized, a low height co-culture insert (Millipore, PICM-ORG-50) was placed on the dish and $1,5x10^5$ tumour cells were seeded on the insert in 1ml of complete DMEM media. Gel contraction was monitored daily by taking photographs of the gels. The gel contraction value refers to the contraction observed after 3 days, which was measured using ImageJ software and calculated as the gel area in arbitrary units (A.U.).

Cell proliferation assays – incucyte

Cells were plated sub-confluently with numbers ranging from 1,000 to 10,000 cells per well into 96-well high content imaging black plates (Corning, CLS4580). Cell growth was monitored over 4-6 days using IncuCyteZOOM® Live Cell Imaging. All conditions were performed in triplicate and 4 images per well were acquired every 3 hours. The total area covered by cells was automatically measured by the software through confluency masks. The percentage of confluency over time was calculated as the average area covered by cells relative to the total well area.

Cell migration assays

Chemotaxis of mNBF fibroblasts was assessed using Incucyte Clearview 96-well chemotaxis plate with ,2% pore density following the manufacturer's protocol (Essen Bioscience, 4582). 1,000 mNBF cells in DMEM with 1% FBS were loaded in the upper chamber compartment. CM from 4T1 DMSO or GSK was loaded in the lower chamber. Migration was monitored using the IncuCyteZOOM® Live Cell Imaging, and images of the upper and lower chambers were taken every hour. The total area covered by cells was automatically measured by image segmentation using the integrated chemotaxis analysis plugin.

Flow cytometry (FACS)

Prepared single-cell suspensions of mouse tissues and in vitro treated cancer cells were incubated with mouse FcR Blocking Reagent (Miltenyi, 130-092-575) for 10 min at 4°C followed by a 30 minute incubation at 4°C in the dark with a combination of the pre-labelled antibodies. Following two washes with MACS buffer, dead cells were stained with DAPI (4,6-Diamidino-2-phenylindole dihydrochloride, Sigma, D9542) and analysed with an LSRFortessa cell analyser running FACSDiva software (BD Biosciences) and FlowJo 10.4.2 software (FlowJO, LCC 2006-2018). All cell-sorting experiments were carried out using a BD Influx cell sorter (BD Biosciences).

857 *Antibodies*

858 Details of the primary antibodies used for immunohistochemistry in this study are listed
859 below.

861 Immunofluorescence

Antigen	Source Ig	Reactivity against	Dilution	Antigen retrieval	Catalogue number
SMA	Mouse	Mouse, Human	1:750	Citrate	DAKO, M0851
Endomucin	Rat	Mouse		Citrate	sc-65495
Collagen IV	Rabbit	Mouse	1:500	Citrate	USBiological C7510-50B
F4/80	Rat	Mouse	1:100	Trypsin	eBioscience, 14-4801
pSer19-MLC2	Rabbit polyclonal	Mouse, Human	1:50	Access super buffer	CST, 3671L

863 FACS

Antigen	Reacting Ig	Clone	Company	Dilution	Catalogue number
CD45-AF780	Mouse	30-F11	eBioscience	1:200	47-0451-82
CD45-bv421	Mouse	30-F11	Biolegend	1:200	103133
CD45-APC	Mouse	30-F11	eBioscience	1:200	17-0451-83
CD11b-AF780	Mouse	M1/70	eBioscience	1:100	47-0112-82
CD11b-APC	Mouse	M1/70	Biolegend	1:100	101212
F4/80-647	Mouse	BM8	eBioscience	1:100	MF48021
F4/80-AF780	Mouse	BM8	eBioscience	1:100	47-4801-82
CD31-PECy7	Mouse	390	eBioscience	1:100	25-0311-82
CD31-bv421	Mouse	390	Biolegend	1:100	102423
CD31-APC	Mouse	390	eBioscience	1:100	17-0311-82
hCD2-APC	Human	RPA-2.10	eBioscience	1:200	17-0029-42
CD19-bv421	Mouse	6D5	Biolegend	1:100	115549
CD11c-PE	Mouse	N418	eBioscience	1:100	12-0114-83
CD49f-PerCP-eFluor710	Mouse	ebioGOH3	eBioscience	1:100	46-0495-82
EPCAM-APC	Mouse	G8.8	eBioscience	1:100	17-5791-81
CD3e-AF780	Mouse	17A3	eBioscience	1:200	47-0032-80
Ly6G-bv450	Mouse	1A8	eBioscience	1:200	560603
Ly6G-PECy7	Mouse	1A8	Biolegend	1:100	127618
gd TCR-PECy7	Mouse	eBioGL3	eBioscience	1:100	25-5711-82
CD4-bv605	Mouse	GK1.5	Biolegend	1:100	100451
CD8-PE	Mouse	53-6.7	eBioscience	1:100	12-0081-82
CD163-PE	Mouse	TNKUPJ	Invitrogen	1:100	12-1631-82
MHCII-APC	Mouse	M5/114.15.2	Biolegend	1:100	107613
CD86-PECy7	Mouse	GL1	eBioscience	1:100	25-0862-82

CD206-647	Mouse		Life technologies	1:100	mca2235a647t
Arg1-PECy7	Mouse	A1exF5	Invitrogen	1:100	25-3697-82
iNOS-PE	Mouse	CXNFT	Invitrogen	1:100	12-5920-82

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