Epigenetic therapy targets the 3D epigenome in endocrine-resistant breast cancer

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28

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Abstract

Three-dimensional (3D) epigenome remodelling is an important mechanism of gene

deregulation in cancer. However, its potential as a target to overcome therapy resistance

remains largely unaddressed.

Here we show that FDA-approved epigenetic therapy Decitabine (5-Aza-mC)

suppresses tumour growth in preclinical metastatic ER+ breast tumour xenograft

models. Decitabine-induced genome-wide DNA hypomethylation results in large-scale

3D epigenome deregulation, including de-compaction of higher order chromatin

structure and loss of topologically associated domain boundary insulation. Significant

DNA hypomethylation at ER-enhancer elements was associated with gain in ER

binding, creation of ectopic 3D enhancer-promoter interactions and concordant

activation of ER-mediated transcription pathways. Importantly long-term withdrawal

of epigenetic therapy partially restores methylation at ER-enhancer elements, resulting

in loss of ectopic 3D enhancer-promoter interactions and associated gene repression.

Our study illustrates how epigenetic therapy has potential to target ER+ endocrine-

resistant breast cancer by DNA methylation-dependent rewiring of 3D chromatin

interactions associated with suppression of tumour growth.

Main

Around 70% of breast cancers are driven by the Estrogen Receptor-alpha (ER). ER is a critical ligand-activated transcription factor that controls breast cancer cell proliferation and tumour growth upon exposure to estrogenic hormones[1]. Drugs that target ER pathways are highly effective in the treatment of ER+ breast cancer[2,3], however *de novo* or acquired resistance to these agents (endocrine resistance) affects a large proportion (>30%) of patients and is the major cause of breast cancer mortality. Endocrine resistance has previously been shown to be associated with epigenetic alterations, including DNA methylation, chromatin accessibility, histone modifications and binding of different transcription factors[4,5]. In particular, differential ER transcription factor binding leads to altered expression of estrogen-responsive genes in endocrine-resistant breast cancer[1] and is associated with clinical response to endocrine therapies[6,7].

Epigenetic alterations also influence the three-dimensional (3D) genome architecture, from the local level of chromatin interactions to the higher level organisation of topological associated domains (TADs) and chromosome compartments[8]. Alterations to the 3D genome architecture have been described in a number of different cancers, including prostate cancer[9,10], breast cancer[11-15], gliomas[16], and several hematologic cancers[17,18]. Although cancer cells maintain the general pattern of 3D genome folding, distinctive structural changes have been described in cancer genomes at all of levels of 3D organisation[19]. We and others recently reported that 3D genome structure is also disrupted in endocrine-resistant ER+ breast cancer cells[14,15,20], notably through long-range chromatin changes at ER-enhancer binding sites that are DNA hypermethylated in resistant cells[14].

DNA demethylating agents such as Decitabine (5-aza-2'-deoxycytidine, DAC) have emerged as a promising therapeutic strategy for treating various cancers[21]. Decitabine is approved by many international regulatory agencies, including the US FDA and the European Commission (EC), for treating haematological cancers[21]. In solid cancers (including colorectal and ovarian cancer), Decitabine has been shown to demethylate regulatory regions that result in re-activation of tumour suppressor genes[22,23]. Additionally, treatment with DNA de-methylating agents has been shown to stimulate immune response pathways in cancer cells through increased transcription of DNA

repeat elements, which induces a viral mimicry response[24-26]. However, the direct effect

of these epigenetic drugs on the tumour cells, including epigenome and 3D genome

structure, remains largely unexplored, especially in clinically relevant patient-derived

model systems or clinical samples.

To elucidate the mechanism of epigenetic therapy with Decitabine, we assessed the

molecular consequences of treatment on DNA methylation, 3D genome architecture

and transcriptional programs in endocrine-resistant ER+ patient-derived xenograft

(PDX) models. Our data revealed that Decitabine treatment inhibited tumour growth

and resulted in DNA hypomethylation that was associated with 3D epigenome

remodelling, gain in ER binding and activation of ER-mediated transcription,

highlighting the potential of epigenetic therapy in treatment of ER+ endocrine-resistant

breast cancer.

Results

Low-dose Decitabine inhibits tumour growth and decreases cell proliferation

To study the efficacy of epigenetic therapy in the context of endocrine-resistant ER+

breast cancer and to establish its impact on the 3D genome and epigenome, we used

two different patient-derived xenograft (PDX) models (Gar15-13, HCI-005) (Fig. 1a)

(see Methods). Gar15-13 and HCI-005 PDXs were derived from the metastases of ER+

patients who had disease progression following one or more lines of endocrine therapy

and have been used for several pre-clinical studies[27-31].

Using a low, well-tolerated and non-cytotoxic dose (0.5mg/kg; Extended Data Fig. 1a)

of Decitabine, we first interrogated the anti-cancer effect of epigenetic therapy on

tumour growth. Following tumour implantation and initial period of growth (to a

volume of 150-200 mm^3), mice were randomized to twice-weekly injections of PBS

(Vehicle) or 0.5mg/kg Decitabine. Treatment continued with twice-weekly

measurement of tumour volume for 35 days or until tumour volume exceeded 1000

mm^3. At endpoint mice were sacrificed and tumour material collected for analysis. In

both Gar15-13 and HCI-005 PDX models, Decitabine treatment elicited a strong

growth inhibitory response (Fig. 1b, c) and a significant reduction in the proliferative

index as measured by Ki-67 positivity at endpoint (Fig. 1d).

Decitabine induces widespread DNA hypomethylation

To directly identify the epigenetic reprogramming events induced by Decitabine

treatment, we first analysed genome-wide DNA methylation data generated using

Infinium EPIC Methylation arrays. EPIC arrays were performed on four biological

replicates of Vehicle and Decitabine-treated PDX tumours at end-point. All Decitabine-

treated tumours exhibited genome-wide DNA methylation loss (Fig. 1e and Extended

Data Fig. 1b, c, *P* value < 0.0001, two-tailed Mann-Whitney test), with Gar15-13

showing more hypomethylation compared to HCI-005 (Fig. 1e and Extended Data Fig.

1d) (average methylation difference 14.55% and 8.74%, respectively). To quantify the

extent of DNA methylation loss, we identified differentially methylated probes (DMPs)

and differentially methylated regions (DMRs) between Vehicle and Decitabine-treated

Gar15-13 and HCI-005 tumours (Supplementary Table 1). Hypomethylated DMPs in

both PDX models were mainly located at non-coding genomic regions (introns and

intergenic) (Extended Data Fig. 1e, f) and significantly enriched at putative enhancer

regions (Fig. 1f and Extended Data Fig. 1g) ($P < 0.001$, permutation test). In agreement,

we observed extensive DNA hypomethylation at enhancers in Gar15-13 tumours

(approx. 18.38% change in median DNA methylation; Extended Data Fig. 1h, P value

< 0.0001, two-tailed Mann-Whitney test) and HCI-005 tumours (approx. 9.24% change

in median DNA methylation; Extended Data Fig. 1i, P value < 0.0001, two-tailed

Mann-Whitney test), while promoters were less demethylated (approx. 10.12% in

Gar15-13 and 2.16% in HCI-005; Extended Data Fig. 1j-k, P value < 0.0001, two-tailed

Mann-Whitney test).

We next evaluated genome-wide DNA methylation levels at different classes of

transposable elements (TEs) using the REMP package[32], including LTRs, LINE1

elements and Alu elements. We observed genome-wide loss of DNA methylation at all

repeat element sub-groups (Extended Data Fig. 1l and Extended Data Fig. 1m) with

~12% loss of DNA methylation in Decitabine treated tumours. Additionally, we

observed TE expression alterations and activation of anti-viral signalling

(Supplementary Note), as previously observed with Decitabine treatment in other

cancers[24,25]. Notably, although all TE classes showed some degree of DNA methylation

loss, the extent of DNA hypomethylation measured at repeat elements was less than

those observed genome-wide and significantly less compared to DNA hypomethylation

at enhancer regions (Extended Data Fig. 1h-i).

Loss of DNA methylation results in de-compaction of 3D genome architecture and

alters TAD boundary insulation

Distinctive structural changes have been described in cancer genomes at all levels of

3D organisation[19]. We were therefore motivated to study if Decitabine-induced

genome-wide DNA hypomethylation also leads to global changes in 3D genome

architecture. We analysed *in situ* Hi-C data (see Supplementary Note) corresponding to

three biological replicates of Vehicle and Decitabine-treated tumours in Gar15-13

PDX. First, to detect open (active) and closed (silent) genomic compartments (A and

B, respectively) we performed PCA analysis of the Hi-C data as described[33].

Comparison of eigenvalues between samples revealed differences between Vehicle and

Decitabine tumours as shown by reduced correlation (Extended Data Fig. 2a). To

further understand these differences, we directly compared the eigenvalues between

Vehicle and Decitabine-treated tumours and observed that while most bins retained the

same compartment status between the samples (either A to A or B to B), a large number

of bins became more A-type in Decitabine as compared to Vehicle (B to A switch) (Fig.

2a). We next quantified this switching (see Methods) and identified 643 compartments

(i.e. 2.28% of all compartments) that switched their assignment between A and B

(Extended Data Fig. 2b). Around 64% of the changes induced by Decitabine involved

compartment activation (B-type to A-type) (Fig. 2b). Notably, we observed significant

DNA hypomethylation at B to A switches, while A to B switching regions maintained

similar DNA methylation levels to Vehicle samples (Fig. 2c). In agreement with B-

compartments becoming more de-methylated and active with Decitabine, using RNA-

seq data (see Supplementary Table 4) we detected an overall increase in expression of

genes located at regions that switched their assignment from B to A in Decitabine-

treated tumours, while genes located at A to B switching compartments did not

significantly change expression (Extended Data Fig. 2c). The newly activated

compartments hosted 21 genes that decreased in expression and 87 genes that increased

in expression with Decitabine (Extended Data Fig. 2d, e). Furthermore, we quantified

A–A and B–B interaction frequencies in Decitabine and Vehicle-treated tumours and

found decreased interaction strength between closed compartments (B-B interactions;

$P = 0.025$, two-tailed Students t-test), increased contacts between active compartments

(A-A interactions; $P = 0.26$, two-tailed Students t-test) and increased contacts between

A-B compartments ($P = 0.011$, two-tailed Students t-test) (Fig. 2d, e and Extended

Data Fig. 2f, g).

We next investigated the impact of Decitabine treatment on the organisation of

topologically associated domains (TADs). We observed a significant decrease in the

average insulation score in Decitabine as compared to Vehicle-treated tumours (~36.53

in Decitabine and ~46.74 in Vehicle) (Fig. 2f and Extended Data Fig. 2h, P value <

0.0001, two-tailed Mann-Whitney test), suggesting that loss of DNA methylation is

associated with reduced segmentation into TADs. Consistent with loss of TAD

boundaries and potential merging of TADs, the total number of TADs was decreased

in Decitabine-treated samples (Fig. 2g) and their corresponding average domain size

increased (Extended Data Fig. 2i; $P = 0.0289$, t-test). Analysis of differential TAD

boundaries revealed a large percentage (43.2%) of Vehicle-specific boundaries, which

were lost in Decitabine tumours (Fig. 2h) and characterised by decreased average

insulation score in Decitabine tumours (Extended Data Fig. 2j). We exemplify one such

region, where a TAD was lost in Decitabine-treated tumours, concomitant with loss of

boundary insulation (Fig. 2i; further examples in Extended Data Fig. 2k-l).

Together, these results indicate that DNA hypomethylation induced by Decitabine

treatment *in vivo* leads to significant de-compaction of 3D chromatin architecture, with

reduced B-type compartments, increased interactions within A-type compartments and

concomitant increase in regional gene expression. While most TADs maintain their

structure after Decitabine treatment, their boundaries become less insulated suggesting

increased intra-tumour heterogeneity in TAD structure and loss of some TAD

boundaries at the regions of chromosomal compartment de-compaction.

Loss of DNA methylation results in rewiring of 3D enhancer-promoter

interactions

Since we observed altered higher-level 3D genome structure and significant

hypomethylation at enhancer elements with Decitabine treatment (Extended Data Fig.

1h), we next asked if there were alterations in finer-scale 3D chromatin interactions. To

gain insights into chromatin interactions at the level of individual promoters and

enhancers, we investigated genome-wide promoter-anchored contacts in three

Decitabine and three Vehicle-treated tumours using Promoter Capture Hi-C (PCHi-C)

(Supplementary Note). Hi-C libraries were hybridised to custom-designed genomic

restriction fragments covering 23,711 annotated gene promoters, achieving a clear

increase in the coverage of promoter-anchored interactions as compared to Hi-C (Fig.

3a). To identify statistically significant interactions between promoters and other

regulatory elements from the PCHi-C data, we used the CHiCAGO pipeline[34].

Promoter (bait) regions were significantly enriched for active promoters, poised

promoters and active enhancers ChromHMM states in both Vehicle and Decitabine-

treated tumours (Fig. 3b). Notably, putative enhancer other-end interacting regions (i.e.

enhancer OEs; exemplified in Fig. 3a) showed significant differential enrichment,

whereby active promoters were enriched in Vehicle tumours and enhancers were

enriched in Decitabine-treated tumours, especially active enhancers (Fig. 3b).

In order to directly identify differential promoter-anchored interactions, we integrated

the results generated using Chicdiff[35] pipeline with methods to intersect the promoter

bait and enhancer OE regions for each interaction (see Methods). In total, we found 13,088 stable (no change) and 4,111 dynamic (gained or lost) contacts for promoters and 55,186 stable and 26,912 dynamic contacts for enhancer OEs (Fig. 3c). The majority of promoter regions were common between the Decitabine and Vehicle tumours. However, Decitabine treatment resulted in a large gain in the number of dynamic enhancer OEs, while only a small number of enhancer OEs were lost (24,694 gained and 2,218 lost in Decitabine) (Fig. 3c). Notably, interactions at gained enhancer OEs with Decitabine treatment were associated with longer interaction distances as compared to these that were at maintained or lost (Fig. 3d), consistent with an increased number of long-range interacting enhancers connecting to these promoters.

We next compared the total number of unique promoter and enhancer OE regions involved in interactions between Vehicle and Decitabine-treated tumours and found a significant increase in the number of enhancer OEs in Decitabine tumours while the number of interacting promoters stayed the same (Extended Data Fig. 3a, b). On average we detected 3.73 unique enhancer OEs per promoter in Vehicle samples and 7.06 unique enhancer OEs per promoter in Decitabine samples (Fig. 3e). To directly assess the gain in the number of interacting enhancers with Decitabine, we calculated the number of interacting enhancer OEs per each individual promoter and compared this number between Vehicle and Decitabine-treated tumours (Fig. 3f). We found that the majority of bait promoters involved in interactions in Vehicle tumours showed a large gain in the number of enhancer OEs they connect to in Decitabine-treated tumours, suggesting reprogramming of one-to-many enhancer-promoter interactions. Furthermore, we identified gained multi-way interactions that had, on average, significantly higher CHiCAGO scores in Decitabine-treated tumours compared to Vehicle (Wilcoxon P value < 0.0001) (Extended Data Fig. 3c), consistent with an overall increase in the total number of interactions with Decitabine treatment.

Given that the frequency of interactions is directly linked with higher-order compartment assignment, we next measured the overlap between dynamic promoter-anchored interactions and A/B compartment flipping. We found that the gain of interactions was associated with a shift from B compartment assignment toward compartment A in Decitabine-treated tumours (~76%) (Fig. 3g and Extended Data Fig. 3d), while a loss of interactions was associated with switch from A-type to B-type

assignment (~80%). This was particularly pronounced at lost interactions involving

promoter bait regions (>90% switched A to B) (Fig. 3g).

Together, these results support that 3D chromatin interactions are rewired following

Decitabine-induced DNA methylation loss, leading to increased promoter-anchored

interactions involving multiple enhancers connecting to gene promoters.

Rewiring of 3D chromatin interactions aligns with altered transcription and gain

in ER binding at ER-mediated enhancers

To examine the transcriptional consequences of Decitabine-induced rewiring of 3D

chromatin interactions, we next analysed RNA-seq data corresponding to four

replicates of Decitabine-treated and Vehicle Gar15-13 PDX tumours. Gene set

enrichment analysis (GSEA)[36] of all differentially expressed genes revealed that

Decitabine treatment negatively correlated with gene signatures of cell proliferation

and cell cycle (E2F targets, G2M checkpoint and Myc targets; for example *SMC3*, *TK1*

and *KIF20A*) (Fig. 4a), consistent with supressed tumour growth and decreased

cytological proliferation markers observed (Fig. 1d), as well as genes involved in viral

mimicry response (see Supplementary Note), as described previously[25]. Surprisingly,

Decitabine treatment also enriched for multiple hallmark genesets related to hormone

signalling (estrogen response early and estrogen response late) (Fig. 4a) and up-

regulation of a significant proportion of genes belonging to the Hallmark Estrogen

Response genesets (Extended Data Fig. 4a).

To directly address if rewired enhancer-promoter interactions are involved in altered

transcription, we identified genes connected to newly gained enhancer OEs and

compared their average expression between Vehicle and Decitabine tumours. We

identified a total of 4025 genes at new enhancer-promoter interactions (Supplementary

Table 6), of which 417 were upregulated after Decitabine treatment (P value < 0.05;

logFC > 1) (Fig. 4b). Upregulated genes were significantly enriched at gained OE

interactions as compared to all genes (Fisher's exact test P value < 2.2e-16) (Fig. 4b).

Our data suggests that the dynamic increase in the number of enhancer OEs connected

to a promoter results in an overall increase in expression of genes, in agreement with

the current models of transcriptional control *via* enhancer-promoter interactions[37,38].

To further explore the specific role of rewired promoter-anchored interactions in the
altered transcriptional program, we evaluated which transcription factors (TFs) are
associated with these gained interactions. Notably key transcription factors involved in
ER+ breast cancer were highly enriched, including methylation-sensitive ER (estrogen
response elements (EREs)) and ELF5 (ETS transcription factor family members), as
well as architectural proteins CTCF and ZNF165 (Fig. 4c).

Because of the known role of ER transcription factor in inducing 3D chromatin
interactions in ER+ breast cancer cells[14,39-41] and methylation-sensitive binding[42], we
profiled ER binding site (ERBS) patterns genome-wide in Vehicle (n = 4) and
Decitabine-treated (n = 4) tumours via ER ChIP-seq to determine if ER binding was
specifically altered by DNA hypomethylation. Differential binding analyses (Diffbind[6])
revealed reprogramming of the ER binding characterised by 1095 gained ERBS and
279 lost ERBS following Decitabine treatment as compared to Vehicle (FDR < 5%)
(Fig. 4d) and a stronger average ER ChIP-seq signal at gained ERBS in Decitabine
samples as compared to Vehicle, while lost sites showed a moderate decrease in binding
intensity genome-wide (Fig. 4e).

Remarkably, over 75% of all gained ERBS were located at distal regulatory regions
associated with active and poised enhancers (Fig. 4f and Extended Data Fig. 4b), and
these sites were enriched for the estrogen response elements (EREs) DNA motif,
followed by FOXA1 (Fig. 4g). Lost ERBS were most frequently positioned close to a
TSS (> 40% less than 1Kb from TSS) (Extended Data Fig. 4b), were associated with
active promoters (Extended Data Fig. 4c) and were enriched for Sp1 and NFY promoter
DNA motifs (Extended Data Fig. 4d). Both lost and gained ERBS were highly enriched
for the FOXA1 motif (Fig. 4g and Extended Data Fig. 4d). Additionally, we found a
significant loss (approx. 44.4%) of DNA methylation at gained ERBS (Fig. 4h and
Extended Data Fig. 4f), as illustrated in Figure 4i at the *ANKRD2* gene locus (Fig. 4i,
further example in Extended Data Fig. 4g). In contrast the small proportion of ERBS
that were lost remained unmethylated in both Vehicle and Decitabine treated samples
(approx. 6.92% DNA methylation change; Extended Data Fig. 4h), suggesting that this
subset of ERBS were altered independently of a direct change in DNA methylation.

Rewired ER-bound chromatin interactions are associated with activation of ER target genes

To determine whether this gain in ER-enhancer binding was associated with rewired 3D chromatin interactions, we integrated the gained ERBS with ectopic enhancer-promoter interactions and associated transcriptional programs. Consistent with ERE motifs enriched at gained enhancer OEs (Fig. 4c), we found significant enrichment for gained ER binding sites (Fig. 5a) and a genome-wide increase in ER binding density at ectopic enhancer OEs induced by Decitabine treatment (Fig. 5b). We propose that these ER-associated enhancer-promoter interactions are mediated by a change in ER binding at enhancer OEs ("ER-bound interactions").

We next specifically focused on these gained ER-bound enhancer-promoter interactions in detail by identifying connected genes and comparing their expression between Vehicle and Decitabine tumours. The majority (~74%) of these genes showed an overall increase in expression following Decitabine treatment (Fig. 5c) and included established ER target genes (for example *B4GALT1, MYO3B, SEMA3G*) as well as genes associated with a good clinical outcome in ER+ breast cancer (for example *SPATA18, SCUBE2, GALNT5, IGFBP4*). For example, at the *SPATA18* locus, multiple 3D enhancer-promoter interactions are gained with Decitabine treatment, concomitant with gain in ER binding at putative enhancer, loss of DNA methylation and activation of the ER target gene (Fig. 5d and Extended Data Fig. 5a). Moreover, high expression of *SPATA18* gene is associated with good prognosis in ER+ breast cancer (Extended Data Fig. 5a). *SCUBE2* (Fig. 5e and Extended Data Fig. 5b), *B4GALT1* (Fig. 5f and Extended Data Fig. 5c) and *MYO3B* (Extended Data Fig. 5d) genes also exemplify the relationship between Decitabine-induced gain of multiple ER-bound enhancer-promoter interactions and activation of their ER target genes that are associated with good prognosis in ER+ breast cancer.

Taken together, these results reveal a link between Decitabine-induced DNA hypomethylation, rewiring of ER-bound enhancer-promoter interactions and alteration in the ER transcriptional program.

Dynamics of DNA hypomethylation and re-methylation on 3D chromatin interactions

Finally, to determine the dynamics between DNA methylation alterations and 3D

enhancer -promoter rewiring and expression changes, we performed a time-course of

Decitabine followed by period of long term recovery in an established cell line model

of endocrine-resistance TAMR[14,43,44] cells. Low dose Decitabine was applied daily for

7 days to induce hypomethylation, followed by a recovery time-point (28 days) to

allow for re-methylation of CpG sites demethylated by Decitabine (Fig. 6a). We

confirmed loss and recovery of DNMT1 protein expression by Western blot (see

Supplementary Note). We assessed changes in DNA methylation, RNA expression

and 3D enhancer-promoter interactions on day 7 Decitabine- ("Day 7 Decitabine")

and day 28 post-Decitabine ("Decitabine Recovery"), as well as passage-matched

control cells ("Early Control" and "Late Control") in duplicate. As expected, 7 day

Decitabine treatment resulted in widespread DNA hypomethylation in the TAMR

cells (approx. 41.84% change in median DNA methylation, P value < 0.0001, two-

tailed Mann-Whitney test; Fig. 6b and Extended Data Fig. 6a). Substantial genome-

wide recovery of DNA methylation was also observed following 28 days of recovery

compared to matched vehicle-treated control (approx. 25.46% change in median DNA

methylation, P value < 0.0001, two-tailed Mann-Whitney test; Fig. 6b and Extended

Data Fig. 6a). Similar to the PDX Decitabine-treated samples, we found that DNA

hypomethylation changes in TAMR cells, after 7 days of Decitabine treatment, were

enriched for ChromHMM [14] enhancers (Fig. 6c) and ER binding sites[6] (Fig. 6d).

To study the dynamics of DNA re-methylation on 3D chromatin interactions, we first

identified DNA regions that were substantially re-methylated after 28 days of

recovery in "Decitabine Recovery" samples, as compared to "Day 7 Decitabine"

samples (>30% gain in DNA methylation; Supplementary Table 1). We found that the

regions that re-gained DNA methylation were also enriched in poised enhancers and

depleted at promoter regions (Fig. 6e). In fact, 10,195 probes located at ChromHMM

enhancers hypomethylated after day 7 Decitabine treatment, gained methylation after

28-days recovery (Extended Data Fig. 6b) and were also enriched for ER binding[6]

(Fig. 6d). To determine if 3D enhancer-promoter interactions were also altered in the

Decitabine time course, we performed Promoter Capture Hi-C. We found that

chromatin interactions separate the control and Decitabine-treated samples on X-axis,

with Decitabine Recovery samples clustering together with control samples and away

from the Day 7 Decitabine samples on the Y-axis, suggesting substantial "recovery"

of chromatin interactions 28 days post Decitabine treatment (Extended Data Fig. 6c).

Similar to the PDX results (Fig. 3f), we found that Day 7 Decitabine-treated TAMR

samples resulted in a large gain in the number of new enhancer OEs connected to bait

promoters (Fig. 6f). Moreover, these additional ectopic interactions were mostly lost

in Decitabine Recovery (Fig. 6g). Importantly, the majority of Day 7 Decitabine

gained OE enhancers (64,044) interactions were lost in Decitabine Recovery samples

(47,007 OE enhancers "recovered" interactions) (Fig. 6h).

We found that gained enhancer-promoter interactions at Day 7 Decitabine treatment,

were significantly associated with an overall increase in gene expression (195 up-

regulated genes (P value < 0.05; logFC > 1.5; Fisher's exact test P value < 2.2e-16)

(Fig. 7a). No significant increase in expression for genes at Decitabine Recovery

interactions was observed (49 up-regulated genes; Fisher's exact test P value =

0.3167) (Fig. 7b). After 28 days of "recovery" we observed that loss of gene

expression was concordant with reversal of ectopic enhancer-promoter interactions,

including at key ER-target genes (Fig. 7b). Further evidence of a direct relationship

between DNA hypomethylation and ectopic 3D enhancer-promoter interactions is

exemplified at ER-target genes also identified in the PDX data: *SPATA18* (Fig. 7c),

B4GALT (Fig. 7d)*, EVL* and *MYO3B* (Extended Data Fig. 6d-e). Notably, we also

found a subset of genes that remained upregulated after 28 days of "recovery", for

example *SCUBE2,* where the chromatin contacts were still not fully resolved

(Extended Data Fig. 6f).

Discussion

Three-dimensional (3D) epigenome remodelling, including widespread changes to

DNA methylation and 3D chromatin structure, is an emerging mechanism of gene

deregulation in cancer. Our previous work demonstrated that DNA hypermethylation

and concomitant loss of ER binding at enhancers was a key event associated with

alterations in 3D chromatin interactions in ER+ endocrine-resistant breast cancer[45].

Therefore, we were motivated to determine if these 3D chromatin alterations could be

resolved with epigenetic therapies that induce DNA hypomethylation. To date, most

studies investigating the use of epigenetic therapies have focused on assessing efficacy

in blood cancers and activation of the immune system *via* viral mimicry response.

While some studies demonstrated that Decitabine treatment has anti-tumour properties

in solid cancers (reviewed in [46]), the exact mechanism that underpins this response was

unclear and evidence for therapeutic activity was inconclusive[21,46].

Here, using patient-derived xenograft models of ER+ endocrine-resistant breast cancer,

we show that treatment with Decitabine induced DNA hypomethylation and had potent

anti-tumour activity associated with suppression of tumour growth and cell

proliferation gene pathways. To assess the broader functional impact of DNA

hypomethylation, we analysed multiple layers of 3D genome organisation, including

chromosomal compartments, TADs and 3D chromatin interactions and integrated the

3D data with DNA methylation, transcriptome and ER transcription factor profiles in

Decitabine and Vehicle-treated PDX tumours. Collectively our data supports a model

(Fig. 8), whereby low dose Decitabine treatment results in enhancer DNA

hypomethylation, reprogramming of ER chromatin binding, and rewiring of enhancer-

promoter interactions, leading to activation of ER target genes. Importantly, we

identified rewired ER-bound chromatin interactions that connect ER-enhancers to

specific target genes, which included Estrogen Response Hallmark genes involved in

cell cycle inhibition and tumor suppression. Finally, we confirm a mechanistic link

between Decitabine-induced DNA hypomethylation, rewiring of 3D chromatin

interactions and gene activation using "rescue" DNA methylation experiments in a cell

line model of endocrine-resistant breast cancer.

Decitabine has been previously demonstrated to have some therapeutic efficacy in

multiple subtypes of breast cancer and in overcoming drug resistance[4,47]. Transient low-

dose treatment with Decitabine resulted in decrease in promoter DNA methylation,

gene re-expression, and had antitumor effect *in vivo* in breast cancer cells[48]. Low-dose

Decitabine has also been shown to prevent cancer recurrence by disrupting the pre-

metastatic environment through its effect on myeloid-derived suppressor cells in breast

and other cancers[49]. In triple negative breast cancer (TNBC) PDX organoids,

Decitabine sensitivity was positively correlated with protein levels of DNMTs,

suggesting DNMT levels as potential biomarkers of response[50]. A recent study of

Decitabine in a panel of breast cancer cell lines observed that Decitabine also induced

genes within apoptosis, cell cycle, stress, and immune pathways[51]. However,

knockdown of key effectors of the immune pathway did not affect Decitabine

sensitivity suggesting that breast cancer growth suppression by Decitabine is
independent of viral mimicry[51].

We found that the low dose Decitabine treatment resulted in minimal DNA
hypomethylation at repetitive elements. Despite this, we observed a relatively large
number of TEs becoming activated with treatment, consistent with previous studies in
cancer cell lines[52]. Loss of DNA methylation at repetitive elements and expression of
TEs has been shown to drive viral mimicry response in tumours treated with epigenetic
therapies[24-26]. In agreement with studies in colorectal tumour cells[24,53], our results
indicate that treatment with Decitabine results in up-regulation of multiple immune
pathways (Interferon and Inflammatory Response pathways), which could promote
anti-tumour immunity. However, immunodeficient NOD-*scid IL2rγ^null* (NSG) mice
required for PDX experiments in our study largely lack mature immune cells and
therefore the potential immune response could not solely account for the tumour
inhibitory effects of Decitabine treatment observed in our study. This highlights the
need to study both the immune-based and tumour-based mechanisms that underpin
response to epigenetic therapies.

There have been limited studies to date on the role of DNA methylation in shaping the
3D genome organisation[14,16,54-56]. Simultaneous profiling of DNA methylation and 3D
genome in single cells revealed pervasive interactions between these two epigenetic
layers in regulating gene expression[57]. Additionally, binding of CCCTC-binding factor
(CTCF), an insulator protein involved in creating chromatin loops and domain
boundaries has been shown to be methylation-sensitive[58-61]. DNA hypermethylation at
CTCF binding site in *IDH* mutant gliomas results in its reduced CTCF binding, loss of
insulation between topological domains and aberrant gene activation[16]. More recently,
DNA hypomethylation has been shown to result in de-compaction of chromatin and
loss of compartmental organisation[53,56,62,63]. This is consistent with our data showing
closed (B-type) to active (A-type) compartment shifting with Decitabine-induced DNA
hypomethylation and reduced interactions between B-type compartments.

A number of studies have suggested an important role of DNA methylation in altering
ER binding at regulatory elements[44,64], however no studies have examined the potential
effect on ER-bound 3D chromatin interaction. We have previously shown that DNA

methylation differences at enhancers underpin differential ER binding events
associated with endocrine resistance[44]. Furthermore, recent studies demonstrated that
ER-bound 3D chromatin interactions are altered in endocrine-resistant cells[14,15]. In this
study, we show that Decitabine-induced DNA hypomethylation at ER-bound enhancers
plays an important functional role in promoting ectopic 3D chromatin interactions and
we identify key ER-bound chromatin interactions that control expression of genes
associated with endocrine-resistant tumour growth suppression. These results add to
the current research, showing that enhancer reprogramming through transcription factor
binding or chromatin remodelling can promote transcriptional programs that are
associated with endocrine response in breast cancer[65,66].

Our high-resolution promoter interactions data also revealed an increase in the number
of interacting enhancers connecting to gene promoters induced by Decitabine. We
hypothesise that the overall increase in enhancer connectivity results in creation of
active transcription hubs[38] or frequently interacting regions[67] at activated genes, which
will be investigated in future studies. This is in agreement with recent reports of
transcriptional activation occurring in non-membrane bound nuclear compartments that
harbour multiway enhancer-promoter interacting hubs[68] as well as additive effect of
multiway enhancer interactions on gene expression[69].

In summary, our work highlights a novel molecular mechanism of epigenetic therapies
in endocrine-resistant ER+ breast cancer. We provide mechanistic insights into how
Decitabine-induced DNA hypomethylation promotes 3D epigenome remodelling
including rewiring of ER-mediated 3D enhancer-promoter chromatin interactions.
Epigenetic therapy therefore has the potential to overcome cancer therapy resistance by
targeting the 3D epigenome architecture to resolve gene deregulation and reduce cancer
growth.

Methods

Patient-derived xenograft (PDX) models of ER+ breast cancer

All *in vivo* experiments, procedures and endpoints were approved by the Garvan Institute of Medical Research Animal Ethics Committee (HREC #14/35, #15/25) and performed at the Garvan Institute of Medical Research using standard techniques as described previously [27,70] in accordance with relevant national and international guidelines. The Gar15-13 model was generated in-house at the St Vincent's Hospital under the Human Research Ethics protocol (HREC/16/SVH/29) and the HCI-005 model was developed by the Welm laboratory at the Huntsman Cancer Institute (University of Utah)[70]. Gar15-13 was derived from a resected breast cancer liver metastasis of ER-positive, PR-negative, HER2-negative metastatic breast cancer[28]. HCI-005 was derived from a pleural effusion of ER-positive (ERmutL536P), PR-positive, HER2-positive metastatic breast cancer. Growth of HCI-005 was supported by estrogen supplementation in the form of a 60 day 17-β-estradiol pellet implanted simultaneously with the tumour chunks. Mice implanted with Gar15-13 did not receive estrogen supplementation as this model does not require additional estrogen for growth[28].

At surgery, 4 mm^3 sections of tumour tissue were implanted into the 4th inguinal mammary gland of 6–8-week-old female NOD-*scid* IL2Rγ^{null} (NSG) mice, obtained from Australian BioResources (Sydney, Australia). For HCI-005, tumour growth was supported by implantation of an E2 pellet inserted subcutaneously via the incision site before it was sealed with an Autoclip wound clip. When tumours became palpable, tumour growth was assessed twice weekly by calliper measurement (using the formula: width^2 × length/2) and mice were randomised to treatment arms when tumours reached 200 mm^3 using an online randomisation tool (https://www.graphpad.com/quickcalcs/randomize1.cfm) (n = 6 - 8 mice per group for therapeutic studies, exact numbers specified in figure legends).

Pharmacological treatments in PDX models

The DNA methyltransferase inhibitor, Decitabine (5-Aza-2'-deoxycytidine: Sigma, Cat #3656) was reconstituted in PBS and stored at -80°C.

Decitabine was administrated in 0.5mg/kg/mouse dose in PBS 100ul IP 2 times weekly.

Vehicle mice were treated with 100μl PBS IP. Mice were treated for 60 days or until

tumour volume reached 1000 mm^3. Upon reaching ethical or pre-defined experimental

endpoints, mice were euthanized, and the primary tumour collected. After weighing,

the tumour was cut into pieces that were allocated to be snap-frozen, fixed overnight at

4°C in 10% neutral-buffered formalin, or embedded in cryo-protective optimal cutting

temperature (OCT) compound before being snap frozen. Frozen samples were kept at

-80°C. Formalin-fixed samples were sent to the Garvan Institute Histology Core

Facility for paraffin embedding. Tumour growth curves were analysed in GraphPad

Prism (GraphPad Software) by two-tailed, unpaired t-test. Tumour mass at end-point

was analysed by two-tailed Mann-Whitney t-test as per figure legends unless otherwise

specified.

Cell culture

MCF7 breast cancer cells and the corresponding endocrine-resistant sub-cell lines were

kindly given to our laboratory by Dr. Julia Gee (Cardiff University, UK). Tamoxifen-

resistant MCF7 cells (TAMR) were previously generated by the long-term culture of

MCF7 cells in phenol red-free RPMI medium containing 10% charcoal-stripped FBS

(Gibco) and 4-OH-tamoxifen (1×10^{-7} M; TAM).

Pharmacological treatments in cell lines

Cells were treated daily with Decitabine (100nM) for 7 consecutive days. After 7

days, fresh media was added, and cells were harvested at day 7 ("Decitabine Day 7").

Control cells were cultured for a total of 11 days in normal media and harvested for

"Control Early" on day 11. For the "Decitabine Recovery" samples, cells were treated

daily with Decitabine (100nM) for 7 consecutive days, after which fresh media was

added; cells were cultured for 21 additional days and harvested on day 28 ("recovery"

- reintroduction of DNA methylation). Matched control cells were cultured for 28

days in normal media and harvested at day 28 for "Control Late". DNMT1 protein

levels were confirmed by Western blot (see Supplementary Note).

Cellular viability assay

Tamoxifen-resistant (TAMR) MCF7 cells were seeded in a white flat-bottom 96-well

plate at a density of 2500 cells/well based on doubling time and allowed to adhere

overnight. Cells were treated daily with Decitabine (0nM, 10nM, 50nM, 100nM,

200nM, 300nM, 500nM, 1uM, 5uM, 10uM and 100uM) for 72h and cellular viability

was assessed on day 5, following 2 days of recovery using the alamarBlue

(ThermoFisher, DAL1025) assay in accordance with the manufacture's

recommendations (see Supplementary Note).

Immunohistochemistry (IHC) and quantification

Tumour tissue was harvested and immediately fixed in 10% neutral buffered formalin

at 4°C overnight before dehydration and paraffin embedding. Antibodies used for IHC

were anti-ER (M7047, 1:300, Agilent) and anti-Ki67 (M7240, 1:400, Agilent). Primary

antibodies were detected using biotinylated IgG secondary antibodies (Agilent, 1:400),

using streptavidin-HRP (Agilent) for amplification of signal followed by the addition

of 3,3′-diaminobenzidine (Sigma) substrate. Images were scanned using Leica Aperio

Slide Scanner (Leica Biosystems) and analysed using QuPath software to differentiate

tumour tissue from stroma and necrosis, and to quantify Ki-67 positivity in tumour

tissue.

Low input *in situ* Hi-C in snap-frozen PDX tumour samples and TAMR cells

Tumour tissue samples were flash frozen and pulverized in liquid nitrogen before

formaldehyde cross-linking in TC buffer. Hi-C was then conducted using the Arima-

HiC kit, according to the manufacturer's protocols (Cat. #A510008) with minor

modifications. Briefly, for each Hi-C reaction between ~100,000 - 500,000 cells were

cross-linked with 2% formaldehyde and nuclei were isolated by incubating cross-linked

cells in Lysis Buffer at 4°C for 30 minutes. The Arima kit uses two restriction enzymes

recognizing the following sequence motifs ^GATC and G^ANTC (N can be either of

the 4 genomic bases), which after ligation of DNA ends generates 4 possible ligation

junctions in the chimeric reads: GATC-GATC, GANT-GATC, GANT-ANTC, GATC-

ANTC. Hi-C libraries were prepared using the Swift Biosciences Accel-NGS 2S Plus

DNA Library Kit with a modified protocol provided by Arima with 8 PCR cycles for

library amplification as required. Hi-C libraries were sequenced on Illumina HiSeq X10

in 150bp paired-end mode.

Promoter Capture Hi-C

To perform promoter Capture Hi-C (PCHi-C), we computationally designed RNA

probes that capture promoter regions of previously annotated human protein-coding

genes. Promoter Capture was performed as previously described[71-73] using the Arima

HiC+ kit for Promoter CHi-C (human) (Cat #A510008, #A303010, #A302010 and

#A301010). First, to identify promoter capture targets, 23,711 unique Ensembl

annotated genes were extracted from the GRCh38 gene annotation file in Ensembl

database, version 95. These compromised of protein-coding (18,741), antisense (84),

lincRNA (170), miRNA (1,878), snoRNA (938), snRNA (1,898) or multiple (2)

transcripts. We then located transcription start sites (TSS) of each gene and mapped the

TSS coordinates to the in silico digested genome (^GATC and G^ANTC) and extracted

the restriction fragment containing the TSS, as well as one restriction fragment

upstream and one restriction fragment downstream for each TSS. The final target list

of TSS mapped to 3 consecutive restriction fragments. The average length of the 3

consecutive restriction fragments for each TSS is 786bp and the median is 927bp, with

a range of 54-4174bp.

Moreover, for the individual restriction fragments smaller than 700bp, all nucleotides

within these fragments are less than or equal to 350bp from the nearest cut site, and

therefore the entire restriction fragment was defined as a target region for subsequent

probe design. This scenario represents the vast majority of cases, because the mean

length of an individual restriction fragment is 263bp, with a median of 431bp. However,

if an individual restriction fragment was greater than 700bp, then the 350bp on each

inward facing edge of the restriction fragment was defined as a target region for probe

design, and the centre most portion of the restriction fragment was excluded from the

probe design. After this final processing, a final BED file of target bait regions was

input into the Agilent SureDesign tool, and probes were designed using a 1X tiling

approach, with moderate repeat masking and balanced boosting. Promoter Capture was

carried out using Hi-C libraries from three Vehicle-treated tumour samples and three

Decitabine-treated tumour samples with the SureSelect target enrichment system and

RNA bait library according to manufacturer's instructions (Agilent Technologies kit),

using 12 post-capture PCR cycles as required. PCHi-C libraries were sequenced on the

Illumina HiSeq X10 platform in 150bp paired-end mode.

Microarray genome-wide DNA methylation

DNA from four Decitabine and four Vehicle-treated tumours from two PDX models
(Gar15-13 and HCI-005) was isolated from snap-frozen tumour samples using the
Qiagen QIAamp DNA Mini Kit. DNA (500ng) was treated with sodium bisulphite
using EZ-96 DNA methylation kit (Zymo Research CA, USA). DNA methylation was
quantified using the Illumina InfiniumMethylationEPIC (EPIC) BeadChip (Illumina,
CA, USA) run on the HiScan System (Illumina, CA, USA) using manufacturer's
standard protocol.

ChIP-seq
Tumour samples were snap-frozen in Optimal Cutting Temperature compound (Tissue-
Tek) and used for ER ChIP-seq experiments. Using a cryostat (Leica, #CM3050-S), a
minimum of 50 x 30 μm sections were cut from each tumour at -20℃ and subjected to
double cross-linking with DSG and formaldehyde as previously described[30]. ER ChIP-
seq was performed with an anti-ER antibody (Santa Cruz, SC-543X). 5μg of antibody
was used to ChIP each tumour sample and 10ng of immunoprecipitated DNA was
submitted to the David R. Gunn Genomics Facility at the South Australian Health and
Medical Research Institute (SAHMRI) for sequencing. Conversion of the DNA into
sequencing libraries was performed using the Ultralow Input Library Kit (Qiagen,
#180495) and sequenced on the Illumina NextSeq 500 (Illumina) in 75bp single-end
mode to achieve a minimum of 20 million reads per sample.

RNA-seq
RNA was extracted from snap-frozen tumour PDX tissue and TAMR cell line samples
using the RNeasy Mini Kit (QIAGEN) and quality of purified RNA was confirmed
with RNA ScreenTape TapeStation (Agilent). All samples processed for RNA-seq had
a RIN equivalent (RIN^e) quality score $\geq$ 8.0. Total RNA was supplied to the genomics
core facility (Kinghorn Centre for Clinical Genomics) for library preparation and
sequencing. RNA was prepared for sequencing using the TruSeq Stranded mRNA
Library Prep kit (Illumina) and libraries were sequenced on Illumina NovaSeq 6000 S4
in paired-end mode.

EPIC DNA methylation analyses
Raw intensity data (IDAT) files were imported and quality controlled using *minfi*
package (v.1.34.0)[74]. Data was then normalised with background correction. To reduce

the risk of false discoveries, we removed probes affected for cross-hybridization to

multiple locations on the genome or overlapped SNPs, as previously described[75]. Beta

(β) values were calculated from unmethylated (U) and methylated (M) signal [M/(U +

M + 100)] and ranged from 0 to 1 (0 to 100% methylation). β values of loci whose

detection P values were > 0.01 were assigned NA in the output file. To map EPIC arrays

to   hg38/GRCh38   assembly,   all   probes   were   annotated   with   the

EPIC.hg38.manifest.tsv.gz files as described in[76].

For initial visualisation of the EPIC data, multidimensional scaling plots were generated

using the 'mdsPlot' function in the *minfi* Bioconductor package (v.1.34.0)[74].

Differential analyses were then performed between treatment arm with Decitabine

versus Vehicle samples. For each comparison, β values were transformed using logit

transformation: $M = \log 2(\beta/(1-\beta))$. We used the limma package (v.3.46)[77] to identify

DMPs between sample groups with adjusted P value cut-off of < 0.01. The R package

DMRcate (v.2.2.3)[78] was used to identify DMRs, with DMP P value cut-offs of FDR <

0.01. DMRs were defined as regions with a maximum of 1000 nucleotides between

consecutive probes and a minimum of 2 CpG sites, a methylation change > 30% and

we applied Benjamini-Hochberg correction for multiple testing. ChromHMM data

downloaded from GEO (GSE73783) for tamoxifen-resistant (TAMR) MCF7 cells was

used to annotate DMPs to chromatin states. REMP R package (v.1.14.0)[32] was used to

assess genome-wide locus-specific DNA methylation of repeat elements (LTR, LINE1

and Alu) from EPIC data with IlluminaHumanMethylationEPICanno.ilm10b5.hg38

annotation (GitHub).

Hi-C analyses

Hi-C sequenced reads (150bp paired-end) were quality checked with FastQ Screen

v.0.14.1[79] for mouse host reads contamination. Reads were then processed with

Xenome (v.1.0.1)[80] as described in [81]. Remaining reads were aligned to the human

genome (hg38/GRCh38) using HiC-Pro[82] (v.2.11.4). Initially, to generate Hi-C contact

matrices, the aligned Hi-C reads were filtered and corrected using the ICE "correction"

algorithm[83] built into HiC-Pro, which corrects for the CNV-related variability in the

tumours[84]. Inter-chromosomal interactions were excluded from further analyses to

control for the effect of inter-chromosomal translocations in the tumours. Contact

matrices for 3D genome feature annotation and visualisation were created and Knight-

Ruiz (KR) normalized using Juicer tools[85] using contact matrices in .hic format

generated by hicpro2juciebox script in HiC-Pro as input (hic file version 8). Hi-C
matrices were visualised using JuiceBox[86] and WashU Epigenome Browser[87]. We
confirmed data quality by assessing the proportion of cis/trans interactions and
percentage of valid fragments for each library. Overall, we obtained an average of 100
million unique, valid contacts per replicate (~310 million per treatment arm), for an
average resolution of 10kb. Statistics for each library can be found in Supplemental
Table 2. These data was used to derive loops, TAD boundaries and chromosomal
compartment structures.

Insulation score and identification of TAD boundaries
Topological domain boundary calling was performed by calculating insulation scores
in ICE normalised contact matrices at 20kb resolution using TADtool[88]. To identify
appropriate parameters, we called TADs across chromosome 1 using contact matrices
at 20kb and threshold values: 10, 50 and 100. The final TADs were called for all
chromosomes at window 102353 and cut-off value 50. Boundaries that were found
overlapping by at least 1 genomic bin were merged. Boundaries separated by at least
one genomic bin were considered different between datasets. Pyramid-like heatmap
plots were generated with GENOVA[89].

Identification of compartments A and B
For each chromosome in each sample, compartments where called using the standard
PCA method[33] in Homer package (version 4.8). The resolution was set to 50kb and the
window size to 100 kb. Compartments were defined as regions of continuous positive
or negative PC1 values using the findHiCCompartments.pl tool in Homer. To detect
which compartment is the open "A-type" and which is the closed "B-type," the genome-
wide gene density was calculated to assign the "A-type" and "B-type"
compartmentalisation. To identify genomic regions that switch between two
compartment types, we used correlation difference script (getHiCcorrDiff.pl) with
findHiCCompartments.pl tool in Homer. Compartments were considered common if
they had the same compartment definition within the same genomic bin. Compartment
changes between treatment arms were computed after considering compartments that
were overlapping between biological replicates, unless otherwise indicated.
To directly quantify the tendency of each region to interact with the other regions in
either A or B compartments, we calculated the "A/B interaction ratio", defined for each

100kb genomic window as the ratio of interaction frequency with A versus B compartments using O/E matrix with GENOVA[89] (v1.0.0, https://github.com/robinweide/GENOVA). Log_2 contact enrichments were plotted as a heat saddle plot. Summarised A-A, B-B and B-A compartment strengths were calculated as the mean log_2 contact enrichment between the top (A) or bottom (B) 20% of PC1 percentiles. The compartment strength ratio was calculated as log_2(A-A/B-B).

PCHi-C analyses

PCHi-C sequenced reads were mapped and filtered using HiCUP (v.0.7.4)[90] with hg38/GRCh38 genome digested with –arima flag and minimum di-tag length set to 20. Statistics for each library can be found in Supplementary Table 3. On target rate was calculated by counting number of valid, unique reads overlapping bait fragments (min. overlap > 0.6). Unique, valid mapped reads from HiCUP were converted into .chinput files using bam2chicago.sh utility and obtained chinput files were further filtered and processed with CHiCAGO (v.1.14.0)[34]. CHiCAGO design files were created with following parameters to account for multiple restriction enzymes used in the Arima HiC kit and the Arima-specific design of the bait fragments: MaxLBrowndist = 75000; binsize = 1500; minFragLen = 25; maxFragLen = 1200. Significant interactions were called with CHiCAGO using score cut-off of 5. All bait-to-bait interactions were discarded. Chicdiff package[35] (v.0.6) was used to compare PCHi-C data from Vehicle and Decitabine tumours and the difference in the mean asinh-transformed CHiCAGO scores between conditions above 1 was used to prioritise the potential differential promoter-anchored interactions. Only interactions that have CHiCAGO score of more than 5 in at least 2 replicates were included for downstream analysis. Volcano plots were generated using EnhancedVolcano R package (v.1.8.0)[91]. For downstream analysis of merged replicate data and for visualisation of interactions in WashU Epigenome Browser[87] replicates were merged with CHiCAGO. We defined reprogrammed enhancer-promoter interactions by constructing a consensus, gained and lost subset of promoter-anchors (baits) and other end anchors (OEs) based on CHiCAGO promoter interactions, Chicdiff analysis and setdiff R function across the replicates. The following criteria was used to obtain these regions: CHiCAGO score > 5 in 2 out of 3 replicates in either condition, Chicdiff generated asinh-transformed CHiCAGO scores between conditions above 1 and no overlap between regions, allowing for 10Kb maximal gap in 3 out of 3 replicates. ChromHMM data downloaded

from GEO (GSE73783) for tamoxifen-resistant (TAMR) MCF7 cells was used to
annotate promoter-anchored interactions to chromatin states.

RNA-seq data analyses

For canonical gene expression, RNA-seq raw reads were quality checked (FastQ Screen
v.0.14.1[79]). Sequence adaptors were trimmed using Trim Galore (v.0.11.2), reads were
processed with Xenome v.10.1.[80] to remove mouse sequences and remaining reads were
mapped with STAR (v.2.7.7a)[92] to the hg38/GRCh38 human genome build with
GENCODE v33 used as a reference transcriptome (parameter settings: –quantMode
TranscriptomeSAM–outFilterMatchNmin 101 –outFilterMultimapNmax 20). Statistics
for each library can be found in Supplementary Table 4. TMM normalisation was
applied to normalise for RNA composition[93] and differential expression was performed
with edgeR 3.18.1 [94] using the generalised linear model (GLM). RNA-seq tracks were
generated using bedtools v.2.22 genomeCoverageBed to create normalised.bedGraph
files and bedGraphToBigWig (USCS utils) to create.bigwig files.
For analysis of TE expression, adapter-trimmed, human-only RNA-seq reads were
mapped with STAR (v.2.7.7a), allowing for multimapping alignments (flags: --
outFilterMultimapNmax 100 --outFilterMismatchNmax 100). Annotation GTF files for
canonical genes were downloaded from Ensembl genome browser (v.102,
GRCh38.p13   assembly)   and   TE   annotation   GTF   file
(GRCm38_Ensembl_rmsk_TE.gtf) was downloaded from TEtranscripts [95] website
(http://hammelllab.labsites.cshl.edu/software/#TEtranscripts).   Normalisation   and
differential expression was performed for all genes and TEs using DESeq2[96]. TEs with
and FDR < 0.1 and logFC > 0.7 were considered differentially expressed in pair-wise
comparisons. Volcano plots were generated using EnhancedVolcano R package
(v.1.8.0)[91].

ChIP-seq data analyses

ChIP-seq reads were aligned against human genome (hg38/GRCh38) using bowtie2
with default parameters[97]. Non-uniquely mapped, low quality (MAPQ < 15) and PCR
duplicate reads were removed. Peak calling of individual ChIP–seq experiments was
performed with MACS2 with default parameters[98,99]. Statistics for each library can be
found in Supplementary Table 5. Consensus peaks were identified by intersecting
MACS2 peaks obtained from each sample using bedtools intersect (v.2.25.0) with min.

overlap > 0.6. Differential binding analyses were performed using DiffBind (v.3.0.9)[6]

and DESeq2 (v.1.3.0)[96] with FDR < 5%. Enrichment analyses were performed using

GAT[100], ChIPseeker (v.1.26.0)[101] and normalised to library size. Merged bigwig tracks

for visualisation were created from merged bam files from all replicates using the

bamCoverage function with scaling factor normalisation and heatmaps and average

profiles were plotted with deepTools2[102]. ChromHMM data downloaded from GEO

(GSE73783) for tamoxifen-resistant (TAMR) MCF7 cells was used to annotate ER

binding sites to chromatin states. The Homer motif discovery suite[103] was used for motif

analysis using the bed regions from differential peaks detected by DiffBind with default

parameters, using random, matched regions as background. Merged bigwig tracks for

visualisation were created from merged bam files from all replicates using the

bamCoverage function with scaling factor normalisation and heatmaps and average

profiles were plotted with deepTools2[102].

Gene ontology analysis

Gene ontology enrichment analysis and pathway enrichment were done using GSEA

(v.4.1.0) and MSigDB 7.2[36]. All significant biological processes and pathways had an

adj. P value < 0.001.

Statistical analyses

The Mann-Whitney-Wilcoxon test was used for 2-group non-parametric comparisons.

Unless otherwise stated, statistical tests were two-sided. Permutation test was used to

calculate empirical *P* values, which does not make any assumptions on the underlying

distribution of the data. Tumor growth curve data was analysed at ethical end point

using a two-tailed unpaired Student's *t*-test. IHC data were analysed by a two-tailed,

unpaired Student's *t*-test.

Public datasets

ChIP-seq data sets were downloaded from GSE32222 by Ross-Innes *et al.,* 2012[6].

ChromHMM data was downloaded from GSE73783 by Achinger-Kawecka *et al*.,

2020[14].

Data availability

All sequencing data created in this study have been uploaded to the Gene Expression Omnibus (GEO; https://www.ncbi.nlm.nih.gov/geo/) and are available under primary accession code GSE171074 and GSE216989. Biological material used in this study can be obtained from the authors upon request.

Code availability

Python script language (v.2.7.8 and v.3.9.1) and R (v.3.6.3 and v.4.0.3) were used to develop the bioinformatics methods and algorithms in this work. All code for Hi-C and PCHi-C analyses is available within the GitHub repository https://github.com/JoannaAch/PDX_Decitabine_3DEpigenome.

Main Figures Legends

Fig. 1 Decitabine inhibits tumour growth and induces widespread DNA hypomethylation.

(a) Schematic of models and treatments used in the study and summary of genome-wide assays applied to PDX tumours at end-point.

(b) Growth of treatment naïve (Vehicle) (100nM PBS, n = 7) and Decitabine-treated (0.5mg/kg, n = 7) Gar15-13 PDX tumours for 35 days or until ethical endpoint. All data are mean ± SEM. *** P value < 0.001.

(c) Growth of treatment naïve (Vehicle) (100nM PBS, n = 8), and Decitabine-treated (0.5mg/kg, n = 7) HCI-005 PDX tumours for 35 days or until ethical endpoint. All data are mean ± SEM. * P value < 0.001.

(d) Quantification of the proliferation marker Ki-67 at endpoint in Gar15-13 and HCI-005 tumours. Ki-67 proportions from all replicates per treatment were compared by two-tailed T test. * P value < 0.001.

(e) Boxplots showing the distribution of DNA methylation profiles for Gar15-13 Vehicle and Decitabine-treated tumours for all EPIC probes across the genome. Black line indicates median ± SD.

(f) Bar plot showing the association of differentially methylated probes in Gar15-13 Decitabine treatment compared to Vehicle across different regulatory regions of the genome as determined by TAMR ChromHMM annotation. Observed over expected fold change enrichment shown. * P value < 0.001. The numbers of

hypo/hypermethylated probes located within each specific region are presented in the

respective column.

Fig. 2 Loss of DNA methylation results in de-compaction of chromatin.

(a) Scatterplot showing correlation between average eigenvalues per bin in Vehicle

and Decitabine-treated Gar15-13 PDX tumours.

(b) Pie chart showing distribution of different types of switching compartments (A to

B; B to A) in Decitabine-treated tumours as compared to Vehicle.

(c) Boxplot showing DNA methylation levels at compartment regions that switched

their assignment from B to A and from A to B in Decitabine-treated (n = 4) and

Vehicle (n = 4) PDX tumours. Black line indicates median ± SD.

(d) Average contact enrichment (saddle plots) between pairs of 50Kb loci arranged by

their PC1 eigenvector in Vehicle and Decitabine-treated tumours. Average data from

n = 3 Hi-C replicates for Vehicle and Decitabine shown. The numbers at the centre of

the heatmaps indicate compartment strength calculated as the log2 transformed ratio

of (A–A + B–B)/ (A–B + B–A) using the mean values.

(e) Difference in Hi-C data between Vehicle and Decitabine treatments. Saddle plots

were calculated using the averaged PC1 obtained from Vehicle (n = 3) and

Decitabine-treated (n = 3) tumours.

(f) Density plot of insulation scores calculated in Vehicle and Decitabine-treated

tumours.

(g) Number of TADs identified in Vehicle (n = 3) and Decitabine-treated (n = 3) PDX

tumours.

(h) Venn diagram showing overlap between TAD boundaries identified in Vehicle

and Decitabine-treated tumours.

(i) Snapshot of region on chromosome 1, showing Vehicle (top panel) and

Decitabine-treated tumour Hi-C matrixes (bottom panel), demonstrating loss of a

TAD in Decitabine-treated samples (indicated with an arrow), concomitant with

decreased insulation at that region. Merged Hi-C data from replicates (n = 3 each)

shown at 10Kb resolution.

Fig. 3 Loss of DNA methylation rewires 3D enhancer-promoter interactions.

(a) Browser snapshot of interactions landscape at the *PRR5L* gene demonstrating

increased coverage of promoter-anchored interactions in PCHi-C at 1.5Kb resolution

compared to Hi-C at 10Kb resolution. Bait and other end (OE) regions marked for

illustrative purposes.

(b) ChromHMM (TAMR) annotation of CHiCAGO significant interaction bait

(promoter) and other end (OEs) regions (putative enhancers) in Decitabine-treated

and Vehicle samples (* *P* value < 0.001)

(c) Overlap between promoter bait and other end (OE) enhancer regions for

CHiCAGO significant interactions in Vehicle and Decitabine-treated tumours.

Merged data across replicates shown.

(d) Violin plots showing the log10 genomic distance of promoter interactions whose

enhancer OEs are gained, maintained or lost following Decitabine treatment. *P* value

< 0.0001, Wilcoxon test. Merged data across replicates shown.

(e) Average number of enhancer OE interactions per promoter bait. Error bars

indicate the interquartile range. *P* value Wilcoxon test.

(f) Scatterplot showing number of enhancer OE interactions per promoter bait for

each CHiCAGO significant promoter-anchored interaction in Vehicle and Decitabine-

treated tumours. Merged data across replicates shown.

(g) Percent of overlap of promoter baits and enhancer OEs that are either gained or

lost in Decitabine with compartment that switch with Decitabine (A to B or B to A).

Fig. 4 Rewired 3D chromatin interactions align with altered transcription

(a) Normalized enrichment scores (NES) for signature gene sets representing

differentially expressed genes in RNA-seq data from Gar15-13 PDX tumours treated

with Decitabine compared to Vehicle (n = 4; FDR < 0.05)

(b) Volcano plot showing Decitabine *vs.* Vehicle differential expression of genes that

are located at enhancer-promoter interactions gained with Decitabine treatment.

(c) Transcription factor motifs significantly enriched at promoter-interacting enhancers

(enhancer OEs) gained with Decitabine treatment. Only motifs with FDR < 0.05 are

shown.

(d) Overlap of consensus ER cistromes in Vehicle and Decitabine-treated Gar15-13

PDX tumours (n = 4 each). Heatmaps indicate ER ChIP-seq signal intensity at ER

binding sites gained and lost in Decitabine compared to Vehicle-treated tumours.

(e) Average signal intensity of ER ChIP-seq binding (Gar15-13 Vehicle and

Decitabine tumours) at gained and lost ER binding sites with Decitabine treatment.

(f) ChromHMM (TAMR) annotation (*P value < 0.001) of ER binding sites gained

with Decitabine treatment compared to matched random regions across the genome.

Size of the overlap is presented in the respective column.

(g) Transcriptions factor motifs enriched at ER binding sites gained with Decitabine

treatment compared to matched random regions generated from ERE binding motifs

across the genome.

(h) Heatmap showing DNA methylation levels (β-values) at gained ER binding sites

in Decitabine-treated (n = 4) and Vehicle (n = 4) PDX tumours.

(i) Browser snapshot of ER ChIP-seq together with EPIC DNA methylation (Vehicle

and Decitabine treatment, n = 4 each) showing gain of ER binding and loss of DNA

methylation at an enhancer region of ER target gene *ANKRD2*.

Fig. 5 Rewired ER-bound interactions are associated with activation of ER

target genes.

(a) Observed/expected fold change enrichment of gained enhancer OEs for ER

binding gained and lost following Decitabine treatment. * P value < 0.0001.

(b) Average ER ChIP-seq signal intensity (Gar15-13 Vehicle and Decitabine-treated

tumours) at ER binding sites located at DNA hypomethylation-induced enhancer OEs.

(c) Heatmap showing expression of genes connected to gained ER-mediated enhancer

OEs in Vehicle and Decitabine-treated tumours.

(d) Browser snapshots showing the promoter-anchored interactions at the *SPATA18*

gene, together with the average ER ChIP-seq signal, EPIC DNA methylation and

ChromHMM track. Merged replicate data shown (n = 4 each). In Decitabine-treated

tumours, the *SPATA18* promoter displays an increased number of interactions with an

upstream enhancer region, which gains ER binding with Decitabine treatment,

concomitant with loss of DNA methylation. Expression of the *SPATA18* gene was

significantly upregulated in Decitabine-treated tumours (shown in Extended Data Fig.

5a).

(e) Browser snapshots showing promoter-anchored interactions at the *SCUBE2* ER

target gene, together with ER ChIP-seq, EPIC DNA methylation and ChromHMM

track. Merged replicate data shown (n = 4 each). In Decitabine-treated tumours, the

SCUBE2 promoter displays additional interactions with a distal enhancer, which gains

ER binding with Decitabine treatment. Expression of the *SCUBE2* gene was

significantly upregulated in Decitabine-treated tumours (shown in Extended Data Fig.

5b).

(f) Browser snapshots showing promoter-anchored interactions at the *B4GALT1* ER

target gene, together with ER ChIP-seq, EPIC DNA methylation and ChromHMM

track. Merged replicate data shown (n = 4 each). In Decitabine-treated tumours, the

B4GALT1 promoter displays additional long-range interactions with a distal enhancer,

which gains ER binding with Decitabine treatment. Expression of the *B4GALT1* gene

was significantly upregulated in Decitabine-treated tumours (shown in Extended Data

Fig. 5c).

1009

Fig. 6 Dynamics between DNA methylation and 3D chromatin interactions

(a) Experimental design for the Decitabine treatment loss and DNA methylation

"rescue" time-course study in TAMR cell line.

(b) Boxplots showing the distribution of DNA methylation profiles for Control

(Control Early and Control Late; n = 2 replicates), Decitabine-treated (Day 7

Decitabine; n = 2) and 28 days post-Decitabine treatment (Decitabine Recovery; n =

2) TAMR cells for all EPIC probes across the genome. Black line indicates median ±

SD.

(c) Bar plot showing the association of differentially methylated probes in Day 7

Decitabine treatment TAMR cells compared to Control Early TAMR cells across

different regulatory regions of the genome as determined by TAMR ChromHMM

annotation. Observed over expected fold change enrichment shown. * *P* value <

0.001. The numbers of hypo/hypermethylated probes located within each specific

region are presented in the respective column.

(d) Observed/expected fold change enrichment of Day 7 Decitabine hypomethylated

DMRs (as compared to Control Early) and Decitabine Recovery re-methylated DMRs

(as compared to Day 7 Decitabine) for ER binding in TAMR cells. * *P* value <

0.0001.

(e) Bar plot showing the association of EPIC probes that become re-methylated in

Decitabine Recovery TAMR cells compared to Day 7 Decitabine cells across

different regulatory regions of the genome as determined by TAMR ChromHMM

annotation. Observed over expected fold change enrichment shown. * *P* value <

0.001. The numbers of re-methylated probes located within each specific region are

presented in the respective column.

(f) Scatterplot showing number of enhancer OE interactions per promoter bait for

each CHiCAGO significant promoter-anchored interaction in Day 7 Decitabine and

Control Early TAMR cells. Merged data across replicates shown.

(g) Scatterplot showing number of enhancer OE interactions per promoter bait for

each CHiCAGO significant promoter-anchored interaction in Decitabine Recovery

and Control Late TAMR cells. Merged data across replicates shown.

(h) Overlap between other end (OE) enhancer regions for CHiCAGO significant

interactions between Day 7 Decitabine and Control Early samples (left panel) and

Decitabine Recovery and Control Late samples (right panel). Below panel shows

overlap between gained interactions in Day 7 Decitabine *vs.* Control Early and

Decitabine Recovery vs. Control Late, demonstrating the number of "recovered" and

"non-recovered" interactions. Merged data across replicates shown.

1046

Fig. 7 Dynamics of altered ER-bound 3D chromatin interactions on gene

transcription

(a) Volcano plot showing Day 7 Decitabine *vs.* Control Early differential expression

of genes involved in gained differential interactions in Day 7 Decitabine-treated

TAMRs. Genes included in representative examples are labelled.

(b) Volcano plot showing Decitabine Recovery *vs.* Control Late differential

expression of genes involved in "recovered" differential interactions in Decitabine

Recovery TAMRs. Genes included in representative examples are labelled.

(c) Browser snapshots showing promoter-anchored interactions at the *SPATA18* ER

target gene. Data from Gar15-13 PDX model (ER ChIP-seq, EPIC and PCHi-C) has

been overlayed with TAMR cell line data (EPIC and PCHi-C) together with ER ChIP-

seq for MCF7/TAMR cell lines (Ross-Innes *et al.,* 2012) and ChromHMM track.

Merged replicate data shown (n = 4 each for Gar15-13 and n = 2 for TAMRs). In

Decitabine-treated PDX tumours and TAMRs (Day 7 Decitabine), the *SPATA18*

promoter displays an increased number of interactions with an upstream enhancer

region, which gains ER binding with Decitabine treatment in PDXs, concomitant with

loss of DNA methylation in both PDXs and TAMRs. These ectopic chromatin

interactions are lost after 28 days of recovery with partial recovery of DNA

methylation at that locus. Expression of the *SPATA18* gene was significantly

upregulated in Day 7 Decitabine-treated TAMRs and suppressed in Decitabine

Recovery TAMRs. Expression of the *SPATA18* gene was significantly upregulated in

Decitabine-treated *vs.* Vehicle PDXs.

(d) Browser snapshots showing promoter-anchored interactions at the *B4GALT1* ER

target gene. Data from Gar15-13 PDX model (ER ChIP-seq, EPIC and PCHi-C) has

been overlayed with TAMR cell line data (EPIC and PCHi-C) together with ER ChIP-

seq for MCF7/TAMR cell lines (Ross-Innes *et al.,* 2012) and ChromHMM track.

Merged replicate data shown (n = 4 each for Gar15-13 and n = 2 for TAMRs). In

Decitabine-treated PDX tumours and TAMRs (Day 7 Decitabine), the *B4GALT1*

promoter displays an increased number of long-range interactions with a distal

enhancer region, which gains ER binding with Decitabine treatment in PDXs,

concomitant with loss of DNA methylation in both PDXs and TAMRs. These ectopic

chromatin interactions are partially reversed after 28 days of recovery with recovery

of DNA methylation at that enhancer locus. *B4GALT1* expression increased in Day 7

Decitabine-treated TAMRs compared to Control Early samples and was restored in

Decitabine Recovery TAMRs. Expression of the *B4GALT1* gene was significantly

upregulated in Decitabine-treated *vs.* Vehicle PDXs. In TAMRs

**Fig. 8 Model of Decitabine-induced 3D epigenome remodelling and suppression
of tumour growth**

Proposed model of tumour growth suppression induced by epigenetic therapy with

Decitabine *via* DNA hypomethylation and subsequent rewiring of ER-bound 3D

enhancer-promoter interactions resulting in activation of specific ER target genes.

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Ethics declarations

A.S. is an employee of Arima Genomics, Inc. Other authors declare no competing interests.

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1378