# Breast tumor Insulin-like growth factor receptor regulates cell adhesion and metastasis: Alignment of mouse single cell and human breast cancer transcriptomics

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**Running Title:** IGF-1R Promotes Cell Adhesion and Reduces Tumor Metastasis

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## Abstract

The acquisition of a metastatic phenotype is the critical event that determines patient survival from breast cancer. Several receptor tyrosine kinases have functions both in promoting and inhibiting metastasis in breast tumors. Although the insulin-like growth factor 1 receptor (IGF-1R) has been considered a target for inhibition in breast cancer, low levels of IGF-1R expression are associated with worse overall patient survival. To determine how reduced IGF-1R impacts tumor phenotype, we used weighted gene correlation network analysis (WGCNA) of METABRIC patient data and identified gene modules specific to cell cycle, adhesion, and immune cell signaling inversely correlated with IGF-1R expression in human breast cancers. Integration of human patient data with data from mouse tumors revealed similar pathways necessary for promoting metastasis in basal-like tumors with reduced signaling or expression of the IGF-1R. Functional analyses revealed the basis for the enhanced metastatic phenotype including alterations in E- and P-cadherins.

**Main**

Metastasis is the leading cause of cancer patient death. Several individual genes

and associated cellular pathways contribute to a metastatic phenotype but the

mechanisms that cause some tumors to become metastatic are still poorly understood.

Receptor tyrosine kinases (RTKs) have been implicated in promoting metastatic

properties in tumor cells. RTK domain mutations are not a prominent feature in most

cancers; instead, RTK expression level is the general driver of tumorigenesis and

metastasis (1-4). A well-known RTK that has a prominent role in a subclass of breast

cancers and has been the focus for successful cancer therapeutics is HER2. However,

targeting several other RTKs including the epidermal growth factor receptor (EGFR) and

the insulin-like growth factor receptor (IGF-1R) in breast tumors has been mostly

unsuccessful (2, 5, 6). The emerging theme for these receptors is their context-

dependent functions that change whether they are growth-promoting or growth-

inhibiting in the primary tumor or metastatic environment.

Expression of IGF-1R has been implicated in tumor oncogenesis by promoting

tumor cell proliferation and survival (7-9). Due to this oncogenic function, several IGF-

1R inhibitors have been developed and used in clinical trials. While IGF-1R was a clear

target, the inhibitors were largely unsuccessful in the clinic (5, 6). There is now clear

evidence that the IGF-1R also has tumor or metastasis suppressive functions; IGF-1R

expression in breast tumors correlates with positive overall patient survival and a more

differentiated tumor phenotype (10-12). Consistent with these data, recent reports using

the TCGA and METABRIC patient databases have revealed low IGF-1R expression is

associated with undifferentiated, triple-negative breast cancer (TNBC) and worse overall

survival (13, 14).

In the present study, we utilized the METABRIC patient database and single-cell

RNA sequencing of two IGF-1R loss-of-function mouse tumor models to uncover how

IGF-1R signaling regulates intrinsic epithelial cell signaling to suppress metastasis. We

identify key pathways necessary for promoting metastasis including upregulation of

immune cell activation signals, cell cycle dysregulation, and altered cell adherence and

show that IGF-1R is required to maintain a metastasis suppressive tumor

microenvironment. We further show that adherence between luminal and basal tumor

cells is necessary for tumor growth at the secondary site and that reduced IGF-1R

signaling in tumor epithelial cells dysregulates E- and P-cadherin resulting in reduced

cell adhesion.

**Methods**

**Animal Models**

All animal protocols were approved by the Rutgers University Institutional Animal

Care and Use Committee (Newark, NJ) and all experiments were managed in

accordance with the NIH guidelines for the care and use of laboratory animals. Animal

care was provided by the veterinary staff of the division of animal resources in the New

Jersey Medical School Cancer Center of Rutgers Biomedical Health Sciences.  The

*MMTV-Wnt1* line on an FVB background [FVB.Cg-Tg(Wnt1)1Hev/J] was obtained as a

gift from Dr. Yi Li. The *MMTV-Wnt1//MMTV-dnIgf1r* (referred to here as DN-Wnt1) line

was described previously (15).

Mice carrying floxed alleles of exon 3 of the *Igf1r* gene (16) were bred with a

keratin 8 (K8)-Cre[ERT] transgenic line (JAX stock #017947) (17) and with the *MMTV-*

*Wnt1* transgenic line to produce female mice that were homozygous for the *Igf1r* floxed

alleles and hemizygous for both the K8-Cre[ERT] and *MMTV-Wnt1* transgenes referred to

as K8iKOR-Wnt1 mice (see Supplemental Methods).

**Mammary Tumor Epithelial Cell Dissociation**

Tumor mammary epithelial cells (MECs) were isolated from Wnt1, DN-Wnt1*,* and

K8iKOR-Wnt1 mice similarly to our prior study (15). Whole tumors were excised and

dissociated with the gentleMACs tissue dissociator (130-093-235, protocol m_TDK2)

and mouse specific tumor dissociation kit (Miltenyi, 130-096-730). Organoids that retain

basement membrane attachments were trypsinized (0.05% Trypsin-EDTA, Gibco) and

filtered with a 40 $\mu$m cell strainer (BD Biosciences) to isolate a single cell suspension of

dissociated tumor MECs (see also Supp. Methods). Isolated tumor MECs were counted

with a hemocytometer for flow cytometry, FACS, tail vein injections (TVIs), *in vitro*

adhesion assays, and cell culture assays.

**Tail vein injection (TVI) of primary tumor epithelial cells**

Tumor MECs were isolated as described above (n=4) and injected at $1\times10^6$

cells/200ul PBS (unsorted) or $0.25\times10^6$ cells/200ul (sorted) into the tail vein of 6-week-

old eGFP mice (n=4). Animals were perfused with 3% PFA and lungs were harvested at

1-, 3-, 6-, 8-, and 12-weeks post injections. After perfusion, harvested lungs were drop-

fixed in 4% PFA overnight and dehydrated with 70% EtOH for paraffin embedding. For

TVIs with flow sorted tumor MECs (n=3), $0.25 \times 10^6$ luminal (CD24$^+$/CD29$^{lo}$), basal

(CD24$^+$/CD29$^{hi}$), or unsorted epithelial cells/200ul PBS were injected into eGFP mice

(n=3); lungs were harvested and processed 1-week post injection (wpi).

**RNA isolation and real-time quantitative PCR**

RNA was purified from whole tumor and sorted tumor epithelial cells according to

the manufacturer's protocol (Qiagen). RNA concentration and quality was assayed with

the NanoDrop ND-1000 (Thermo Scientific). Sorted tumor epithelial cell cDNA was

transcribed according to manufacturer's protocol using SuperScript II (Invitrogen) from

total RNA (200 ng). Samples were run in technical triplicate to determine relative gene

expression by real-time quantitative PCR (qRT-PCR) detected with SsoAdvanced

Universal SYBR Green Supermix (BioRad) using the BioRad CFX96 real-time PCR

machine according to manufacturer's instructions. Transcript levels were normalized to

glyceraldehyde-3-phosphate dehydrogenase (GAPDH) or Gusb for mouse and ß-actin

for human, and data were analyzed using the Q-Gene software (BioTechniques

Software Library) (18). For detection of the *Igf1r*-deleted allele in isolated cell

populations, we amplified the corresponding fragment from the coding region of the

messenger RNA specific for the inactivated receptor allele. The forward primer

annealed with exon 2 and the reverse primer spanned the knockout-specific splice

junction between exons 2 and 4. Primer oligonucleotide pairs for qRT-PCR are provided

(Supp. Table 1).

**Histology and Immunofluorescence**

Tumor tissues and lungs from animals with primary tumors (n=4 per genotype)

were drop-fixed in 4% paraformaldehyde (PFA), embedded in paraffin, and sectioned at

7 $\mu$m. Lung sections from animals with primary tumors or from TVIs were used for

hematoxylin and eosin staining. Tumor and lung sections were processed for antigen

retrieval for immunofluorescence (IF) as described previously (19). Tissue sections

were immunostained with primary antibodies: E-cadherin (1:100; Invitrogen, ECCD-2),

cytokeratin-8 (1:100; TROMA-I, DSHB), cytokeratin-14 (1:250; Invitrogen, PA5-16722),

phospho-Histone H3 (Ser10) (1:200; Cell Signaling, D2C8 XP), P-cadherin (1:100;

Invitrogen, MA1-2003), and Ki67 (1:100; Vector Labs, VP-K451)  and with species-

specific fluorochrome-conjugated secondary antibodies (1:500, Invitrogen).

A Keyence BZ-X all-in-one fluorescence microscope with BZ- scientific imaging

processing software (Keyence) was used to capture images. At least 5 individual fields

were captured at 20X or 40X magnification from tumor sections (n=4 per genotype). For

thicker sections, a z-stack range was acquired and the focus analysis was utilized to

obtain the deconvoluted image.

**Tumor epithelial cell *in vitro* adhesion assays**

Primary tumors were dissociated as described above and incubated in tissue

culture on collagen coated plates for 10 hours. Culture media (DMEM/F12, 5% FBS,

insulin (5 $\mu$g/mL), EGF (5 ng/mL), hydrocortisone (1 $\mu$g/mL), 0.1% gentimicin) was

removed and cells in suspension were fixed on slides using a cytospin (Shandon

Cytospin 3) for 10 minutes at 1500 rpm for immunofluorescence (IF). Cells attached to

the collagen matrix were fixed with 4% PFA for 10 minutes at room temperature for IF

analysis or lysed with RLT buffer (Qiagen) for RNA isolation and qRT-PCR analysis as

described above.

For IF, cells were processed for staining as previously described (20). Cells were

stained with primary antibodies: cytokeratin-8 (1:100; TROMA-I, DSHB) and cytokeratin-

14 (1:250; Invitrogen, PA5-16722) and with species-specific fluorochrome-conjugated

secondary antibodies (1:500, Invitrogen). To visualize cell nuclei, cells were stained with

DAPI (1:10,000 in PBS). Images were captured as described above and cells were

manually counted using ImageJ.

**Single-cell RNA sequencing**

Whole Wnt1 (tamoxifen injected, Cre negative), DN-Wnt1, and K8iKOR-Wnt1

tumors were dissociated as described above except tumor cells were filtered with a 70

$\mu$m filter directly after dissociation to collect single cells from the entire tumor. Cells were

captured using the 10X Chromium system (10X Genomics) and sequenced with the

NextSeq 500 (Illumina). Analysis is described in Supp. Methods.

**WGCNA analysis of METABRIC data for gene module identification**

The data generated from 1981 patients within the METABRIC project (21) was used in this investigation. These data were accessed through Synapse (synapse.sagebase.org), including normalized expression data and clinical feature measurements. The associated expression Z scores were downloaded from cBioPortal (https://www.cbioportal.org/). The method of weighted gene co-expression network analysis (WGCNA) was used to identify gene modules with significant statistical association to the phenotypic trait including patient age, tumor size, tumor grade, cancer subtype, and IGF-1R expression. The description of clinical feature coding and gene correlation analysis is found in Supp. Methods.

**Ingenuity Pathway Analysis (IPA)**

scRNA-seq: Differentially expressed gene sets were identified from the DN-Wnt1 and K8iKOR-Wnt1 compared to Wnt1 mouse tumors for each whole tumor and epithelial cell specific cluster determined from scRNA-seq as described above. These differentially expressed genes were used for IPA pathway enrichment and graphical summary analysis. The top 5 pathways based on significance were plotted by percent genes altered in each pathway. Graphical summaries were generated using the top pathways, cell functions, and target genes identified from differentially expressed genes (DN-Wnt1 vs. Wnt1; K8iKOR-Wnt1 vs. Wnt1) in each cluster.

WGCNA METABRIC analysis: Gene names and expression levels identified from highly correlative co-expression gene modules as described in Supp. Methods were uploaded into the IPA software (Qiagen) and analyzed for pathway enrichment. The top

5 pathways based on log-fold change significance for each module were plotted by

percent of total genes up- and down-regulated in each pathway.

<u>Comparison Analysis:</u> Whole tumor gene changes were compared to ME genes

where the output is pathway alterations. Here, exact genes were not completely similar,

but pathways were comparable.

**Statistics**

All graphical data were expressed as the mean $\pm$ SEM. Statistical comparisons

were carried out by GraphPad Prism9 software. The Student's *t*-test or non-parametric

Mann-Whitney U test was used for two-group comparisons. Specific comparisons are

described in figure legends when necessary. For multiple variable analysis, the One-Way

ANOVA with Tukey's Multiple Comparison post-hoc test was performed. For the tumor

growth curve and *in vitro* adhesion analysis, the non-linear regression least squares

regression for slope best fit was used to compare differences between each line. The Chi-

Square test was used to determine differences between genotypes in the metastasis

table. Power calculations were performed based on pilot data to determine the number of

tumor samples necessary using a 2-sided hypothesis test, an $\alpha = 0.0025$, and 80% power.

**Results**

*Low levels of IGF-1R correlate with a metastatic gene signature in breast cancer*

Recent analysis of TCGA and METABRIC databases have revealed IGF-1R

expression is reduced in TNBC (13, 14). Furthermore, low levels of IGF-1R predict

worse overall patient survival across all breast cancer subtypes (14, 22). Our previous

studies reported IGF-1R expression levels in human tumors are inversely correlated

with several key target genes that alter the tumor microenvironment (14) . These prior

expression analyses of human breast tumors with low IGF-1R were performed on genes

we identified as dysregulated with reduced IGF-1R signaling and associated with

increased metastasis in our mouse tumor model (14, 23). The findings from human and

mouse support the hypothesis that low expression of IGF-1R could be used to identify

gene signatures associated with aggressive breast cancers. To independently stratify

genes correlated with either low or high IGF-1R expression in human breast cancers,

we performed a global unbiased weighted gene co-expression network analysis

(WGCNA) utilizing the METABRIC database to identify gene expression modules

associated with IGF-1R expression Z-score, referred to as IGF1R gene set 1 (IGF1R-

GS1; Supp. Fig. 2).

Due to the large number of genes in the IGF1R-GS1, we refined our WGCNA

analyses to limit the original data set to those genes with the strongest positive or

negative correlation to IGF-1R expression (Fig. 1a). In this refined gene set (IGF1R-

GS2), we identified four gene co-expression modules significantly correlated with low

IGF-1R (correlation score ≤ -0.25), all of which were also associated with high tumor

grade and three of which were associated with TNBC. One module significantly

associated with high IGF-1R (correlation 0.61) was also associated with ER+/PR+

breast cancers and low tumor grade (Fig. 1a).

**Figure 1. Defining gene signatures associated with IGF-1R expression and tumor phenotype in human BCs. a.** Table of refined integrated WGCNA (IGF1R-GS2) showing module and clinical trait association. Each row corresponds to a module eigengene (ME), each column to a clinical measurement. Each cell contains the corresponding correlation and p- (in parentheses). The table is color-coded by correlation according to the color legend. Green < 0 for negative correlation; Red > 0, for positive correlation. **b-e.** Top 5 pathways identified by ingenuity pathway analysis (IPA) revealing key signatures in 4 modules inversely correlated with IGF-1R expression. (yellow module=cell cycle signature, greenyellow module=adhesion signature, brown and tan modules=immune signaling signatures).

Ingenuity pathway analysis (IPA) of IGF1R-GS2 for the pathways associated with

the lowest IGF-1R Z-scores revealed genes involved in control of cell cycle checkpoint

regulation and chromosome replication, (yellow, Cell Cycle Signature; Fig. 1b) and in

epithelial adherens junctions (green-yellow, Adhesion Signature; Fig. 1c). The two

additional modules associated with low IGF-1R contained genes involved in immune

cell signaling (brown, tan; Fig. 1d,e). Taken together, we hypothesize reduced IGF-1R

in breast tumors alters both intrinsic tumor epithelial cell pathways and extrinsic immune

microenvironment signatures to promote metastasis.

A major question that arises from the METABRIC WGCNA is whether there is a

causative relationship between IGF-1R expression and associated gene alterations and,

ultimately, phenotype of breast cancer. We published previously that low IGF-1R

expression predicts poor patient survival across all breast cancer subtypes (14, 23)

suggesting negative functional consequences from loss of IGF-1R expression. Our goal

in this study was to use mouse models to test the hypothesis from the human data that

low IGF-1R in breast tumors directly contributes to a metastatic phenotype through

dysregulated expression of specific cellular pathways.

*Mammary epithelial cell specific IGF-1R deletion promotes Wnt1 driven tumor*

*metastasis*

To test how loss of IGF-1R alters the primary tumor phenotype, we made use of

two distinct mouse models. In one model developed previously in our lab, IGF-1R

function is reduced through expression of a dominant-negative human *Igf1r* transgene

(*dnIgf1r*) in the *MMTV-Wnt1* (Wnt1) basal-like breast cancer tumor model (DN-Wnt1;

(23)).  In this mouse line, the loss of IGF-1R function results in decreased tumor latency

and increased lung metastases, while tumor growth is unchanged (23). To model

human breast cancers with low IGF-1R expression, we also generated a mammary

luminal epithelial lineage-specific *Igf1r* knockout mouse driven from a tamoxifen-

inducible Keratin 8 (K8) promoter, referred to as the K8iKOR line (Fig. 2a; see Supp.

Methods). Loss of *Igf1r* was verified in mammary epithelial cells (MECs) isolated from

hyperplastic glands in 16-week-old virgin K8iKOR-Wnt1 mice compared to control, Wnt1

mice (Supp. Fig. 2a). Decreased *Igf1r* gene expression was maintained in tumors of the

K8iKOR-Wnt1 line (Supp. Fig. 2b).

To determine the effects of luminal epithelial specific *Igf1r* gene deletion in Wnt1-

driven mammary tumorigenesis, we assessed tumor latency rates in the K8iKOR-Wnt1

mouse line compared to the control Wnt1 line and to our prior tumor latency data on the

DN-Wnt1 mouse line (23). The mean tumor latency of Wnt1 mice was consistent with

previous reports (24, 25), where 50% of control Wnt1 animals formed palpable tumors

at 41.7 weeks of age (Fig. 2b). Tumor latency was significantly decreased in K8iKOR-

Wnt1 mice (12.5 weeks after tamoxifen injection, $p<0.0001$) (Fig. 2b) similar to the DN-

Wnt1 mouse line as previously reported (16.6 weeks, $p<0.0001$) (Fig. 2b) (23). Once

tumors formed, tumor growth was significantly increased in K8iKOR-Wnt1 compared to

control Wnt1 tumors (Fig. 2c). These data indicate that decreased expression of *Igf1r* in

luminal epithelial cells accelerates tumor initiation as well as tumor growth in the context

of elevated Wnt signaling.

**Figure 2. Luminal loss of IGF-1R decreases tumor latency and increases metastasis. a.** Schematic for luminal lineage IGF-1R knockout. **b.** Latency curve for tumor development in Wnt1, DN-Wnt1, and K8iKOR-Wnt1 animals. For K8iKOR-Wnt1 animals, tumor latency is weeks post tamoxifen injection. *Statistic:* Mann-Whitney test **c.** Growth curve after tumors arise until time of euthanization. *Statistic:* Non-linear regression best fit for line slopes **d-e.** Graph of the percentage of animals **(d)** and table of number of animals **(e)** with metastatic lesions after establishment of a primary tumor. *Table Statistic*: Chi-square test; p=0.0251 for Wnt1 vs. DN-Wnt1 and K8iKOR-Wnt1. For Wnt1 controls, vehicle and tamoxifen injected animals were combined as the phenotypes were equivalent.

Although the Wnt1 tumors model a basal-like TNBC, these tumors have low

metastatic potential (24). In contrast, loss of luminal epithelial *Igf1r* in the Wnt1 tumors

significantly increased the percentage of animals with lung micrometastases similar to

the metastatic rate in the DN-Wnt1 mice (Fig. 2d,e). Thus, either reduced *Igf1r*

expression or reduced IGF-1R function in mammary epithelium promotes metastasis of

the primary Wnt1 tumor cells.

*Single-cell sequencing of mammary tumors to analyze epithelial IGF-1R function in*

*regulating tumor cell heterogeneity*

Reduced IGF-1R by function or by expression results in increased tumor

metastasis in the mouse models and aligns with human survival data indicating an

inverse relationship between IGF-1R expression and overall patient survival (14). The

mechanisms by which IGF-1R regulates tumor metastasis could include intrinsic

epithelial mesenchymal transition (EMT) changes as well as alterations to the tumor

microenvironment (TME) secondary to the genetic changes in the tumor epithelium. To

reveal underlying mechanisms and cell population changes downstream of alterations in

IGF-1R, we performed single cell RNA-sequencing (scRNA-seq) on the DN-Wnt1,

K8iKOR-Wnt1 and Wnt1 tumors. We initially analyzed scRNA-seq of the whole tumor to

profile changes in tumor cell populations when IGF-1R is either reduced or attenuated in

the tumor epithelium. Wnt1 control, DN-Wnt1 and K8iKOR-Wnt1 tumor cells were

plotted together resulting in 16 separate tumor cell populations (Fig. 3a). These

populations were further defined using cell specific markers resulting in the following

distinct cell populations: 6 epithelial, 2 fibroblast (CAF), 6 macrophage/monocyte

(MAC), 1 T-cell, and 1 endothelial (Fig. 3b,c, Supp. Fig. 3). Overall, loss of IGF-1R

expression or function resulted in decreased macrophage and T cell populations and

increased CAF populations (Fig. 3d). Ingenuity pathway analysis (IPA) supports the

conclusion that loss of IGF-1R function promotes an immune evasive TME (Fig. 3d,e,

Supp. Fig. 4). For example, while the cell number is unchanged in MAC Cluster 0 from

DN-Wnt1 and K8iKOR-Wnt1 tumors compared to Wnt1, the immune function pathways

are altered with downregulation of genes involved in immune cell activation, antigen

presentation, cell adhesion, and infiltration (Fig. 3e, Supp. Fig. 4a).

Alignment of the immune signature module from the METABRIC data analysis

(Fig. 1d) revealed several immune signaling pathways similarly associated with human

patient tumors with low IGF-1R expression and mouse tumors with reduced IGF-1R

function or expression (Fig. 3f). Interestingly, the pathways upregulated in both patient

and mouse tumors with reduced IGF-1R are important for response to stress signaling

and immune cell evasion supporting our prior findings that loss of IGF-1R promotes cell

stress in human breast cancer cells (14).

*Reduced IGF-1R alters the microenvironment to promote metastasis*

Our findings from the single cell analyses of the tumor modules suggest two

possible non-exclusive hypotheses: increased metastasis with decreased IGF-1R is due

to 1) microenvironment alterations, and/or 2) epithelial cell intrinsic alterations. To

directly test intrinsic tumor cell invasive capacity *in vivo* we performed tail vein injections

**Figure 3. Identifying mammary tumor heterogeneity by single cell RNA-sequencing. a.**
Uniform Manifold Approximation and Projection (UMAP) plot of cells from Wnt1, DN-Wnt1, and
K8iKOR-Wnt1 tumors resulting in 16 individual clusters. **b.** UMAP plot with identification of
cluster cell types defined by known markers. **c.** Dot plot of cell markers. **d.** Percent tumor
genotype graph for each cluster. Clusters are ordered by identified tumor cells. MAC and T-cell
populations were generally decreased in DN-Wnt1 and K8iKOR-Wnt1 tumors. CAF populations
were expanded in DN-Wnt1 and K8iKOR-Wnt1 tumors. (MACS=monocytes/macrophages,
TC=T cells, CAF=fibroblasts, EPI=epithelial cells, EC=endothelial cells) **e.** IPA graphical
summary of top pathway alterations in DN-Wnt1 compared to Wnt1 tumors from Cluster 0
(MACs). Blue=downregulated; orange=upregulated. **f.** IPA canonical pathways heat map of DN-
Wnt1 and K8iKOR-Wnt1 compared to Wnt1 tumors and the METABRIC brown (immune
signaling signature) module.

(TVI) with isolated tumor epithelial cells. We injected Wnt1, DN-Wnt1 or K8iKOR-Wnt1

tumor epithelial cells into tail veins of eGFP mice and analyzed lungs for metastases 1-

week post injection (1 wpi; Fig. 4a,b). Tumor cells from all three genotypes formed the

same number of micrometastases 1 wpi suggesting reduced IGF-1R does not alter the

epithelial cell invasive or seeding capacity (Fig. 4c). Furthermore, removing Wnt1 tumor

epithelial cells from the primary TME allows them to establish lung metastases

supporting the conclusion that intact IGF-1R signaling suppresses the ability of the

Wnt1 tumor epithelial cells to leave the primary tumor. Surprisingly, macrometastases

were only identified in the TVI lungs from Wnt1 and K8iKOR-Wnt1 tumor epithelial cells

(Fig. 4d). H&E-stained lung sections also showed significantly smaller micrometastases

in TVI lungs from DN-Wnt1 tumor epithelial cells 1 wpi (Fig. 4b).

The TVI results were surprising since the endogenous tumors that form in both

the DN-Wnt1 and K8iKOR-Wnt1 models lead to a high rate of metastasis. This suggests

that the process of dissociating the tumor epithelial cells alters the growth potential of

the DN-Wnt1 cells once the metastases have seeded. One possible explanation for the

discrepancy in lung metastatic growth after TVI between the two models is lineage

specificity of the IGF-1R disruption. The MMTV promoter is active early in the mammary

epithelial lineage such that both lineages express the transgene (26). RNAscope

immunofluorescence analysis for the human *dnIGF-1R* transgene confirmed expression

in hyperplastic mammary glands and tumors from the DN-Wnt1 mice (Supp. Fig. 5a-h)

as well as in micrometastases in TVI lungs from DN-Wnt1 tumor epithelial cells 1 wpi

and in endogenous primary micrometastases (Fig. 4e,f; Supp Fig. 5i-k). We then

**Figure 4. Tail vein injections of primary tumor epithelial cells with reduced IGF-1R. a.** Schematic of tumor epithelial cell tail vein injection. **b.** Top Row: Representative whole lung images one-week after TVI of Wnt, DN-Wnt1, or K8iKOR-Wnt1 tumor epithelial cells. Arrows denote macroscopic metastases. Bottom Row: Representative lung hematoxylin and eosin staining for micrometastases from TVI of Wnt1, DN-Wnt1, or K8iKOR-Wnt1 tumor epithelial cells. Scale bar = 50 microns. **c-d.** Micrometastases **(c)** and macrometastases **(d)** counts from TVI lungs. *Statistic:* Non-parametric Kolmogorov Smirnov test **e-f.** RNAscope immunofluorescence for the human IGF-1R transgene (*dnIGF-1R*) in DN-Wnt1 TVI micrometastases 1 wpi **(e)** or in DN-Wnt1 endogenous primary tumor micrometastases (PTM) **(f)**. Scale bar = 50 microns **g.** RT-PCR for the human IGF-1R transgene in sorted primary tumor cells from Wnt1 and DN-Wnt1 tumors.

verified the expression of the *dnIGF-1R* transgene in both luminal and basal epithelial

lineages by performing qRT-PCR for the human *dnIGF-1R* transgene in tumor epithelial

cells following FACS (Fig. 4g). These findings support the hypothesis that the

differences in the TVI metastasis phenotype from the two IGF-1R models may be due to

disruption of IGF-1R in only the luminal lineage (K8iKOR-Wnt1) versus in both the

luminal and basal lineages (DN-Wnt1).

*Expansion of the metastatic tumor epithelial population with reduced IGF-1R*

We then asked 1) what are the cells from the DN-Wnt1 or K8iKOR-Wnt1 primary

tumors that seed lung metastases, 2) what properties of the epithelial cells from the DN-

Wnt1 tumor cells prevent their proliferation after TVI, and 3) why does luminal-specific

deletion of *Igf1r* maintain metastatic tumor growth after TVI? To address these

questions, we restricted the scRNA-Seq analysis to the tumor epithelial cell populations.

Unsupervised clustering using UMAP resulted in 13 distinct epithelial populations (E0-

E13) from 2,543 cells from Wnt1, DN-Wnt1, and K8iKOR-Wnt1 tumors (Fig. 5a). Using

Seurat analysis for keratin expression and heat map analysis of known epithelial cell

population markers (27) we identified the epithelial clusters as: alveolar (E0,E1), luminal

(E3,E4,E12), differentiated luminal (E6,E10), luminal progenitor (E2) and basal

(E5,E7,E8,E9,E11), one of which (E7) had high expression of the bipotential cell marker

Lgr5 (Fig. 5b-c, Supp. Fig. 6; see Supp. Methods). Importantly, 3 of the 5 differentiated

basal cell clusters (E5, E7, and E8) and the luminal progenitor cluster (E2) were

expanded in both the K8iKOR-Wnt1 and DN-Wnt1 tumors (Fig. 5d). The expansion of

**Figure 5. Epithelial cell populations are altered with reduced IGF-1R. a.** UMAP plot of re-clustering of epithelial cells from Wnt1, DN-Wnt1, and K8iKOR-Wnt1 tumors resulting in 13 clusters. **b.** Heat map of top epithelial cell type markers. Top legend: top row=tumor identity: gray=Wnt1, green=DN-Wnt1, pink=K8iKOR-Wnt1; Bottom row=epithelial cell cluster. **c.** Dot plot of epithelial cell markers. **d.** Percent tumor genotype graph for each cell cluster labelled with each cell type defined by markers. (ALV=alveolar cell, LUM=luminal cell, DL=differentiated luminal cell, LP=luminal progenitor, BAS=basal cell) **e.** Dot plot of alignment with metastatic signature. Arrows depict clusters with high expression of markers indicating metastatic cell type. **f.** GSEA plots for the epithelial mesenchymal transition (EMT) hallmark signature in Clusters E0, E4, E6, and E10.

the basal and luminal progenitor populations in the DN-Wnt1 and K8iKOR-Wnt1 tumors

was supported by flow cytometry analyses (Supp. Fig. 7 and (23)).

Clusters E7 and E9 are most closely linked to a previously identified metastatic

signature (28) (Fig. 5e) consistent with increased metastasis in the IGF-1R deficient

tumor models (Fig. 2d,e). Gene Set Enrichment Analysis (GSEA) confirmed enrichment

in EMT (Fig. 5f; Supp. Fig. 8). IPA revealed key changes in cell migration and invasion

pathways specific to clusters E4, E5, E8, and E11 (Supp. Fig. 9). Increased EMT and

migration/invasion transcripts (Fig. 5b-e) suggests these populations are gaining

mesenchymal characteristics consistent with increased metastatic potential in both

basal and luminal populations in the IGF-1R deficient tumors.

*Attenuated IGF-1R decreases TVI metastatic growth by altering cell cycle*

We next asked what properties of the DN-Wnt1 cells resulted in the failure of the

micrometastases to proliferate and form macrometastasis in TVI mice. Analysis of lungs

from TVI mice past 1 wpi revealed decreased micrometastases in DN-Wnt1 TVI lungs

over time (Fig. 6b-c) suggesting maintenance of tumor epithelial cell proliferation and

survival is inhibited with attenuated IGF-1R when removed from the primary tumor niche

and dissociated prior to colonizing the lung. Furthermore, H&E staining revealed

maintenance of micrometastases at 3 and 6 wpi but degradation at 8 and 12 wpi (Fig.

6b). In contrast, lungs from TVI mice injected with either Wnt1 or K8iKOR-Wnt1 tumor

epithelial cells formed numerous macrometastases by 3 wpi (Fig. 6b).

To assess the role for IGF-1R in tumor epithelial cell proliferation we stained

tissue sections for phospho-histone H3 (pHH3). Interestingly, pHH3+ expression was

similar in hyperplastic glands and primary tumors from Wnt1, DN-Wnt1, and K8iKOR-

Wnt1 mice (Supp. Fig. 10). In contrast, pHH3 was undetectable at 1 wpi in TVI

micrometastases from DN-Wnt1 tumor epithelial cells but was detected in numerous

cells in TVI micrometastases from mice injected with Wnt1 and K8iKOR-Wnt1 tumor

epithelial cells (Fig. 6d). These data suggest that attenuation of IGF-1R inhibits

epithelial cell proliferation when cells are dissociated after removal from the primary

tumor niche. However, signature analysis by GSEA showed reduced enrichment for

genes associated with G2M checkpoint in clusters E7 and E10 and for genes

associated with mitotic spindle in clusters E1, E3 and E6 of the DN-Wnt1 vs Wnt1 tumor

cells (Fig. 6e) supporting alterations in proliferation in specific populations in the primary

tumor.

Comparison of the METABRIC cell cycle signature (Fig. 1b) with the whole

mouse tumor scRNA-seq transcripts revealed correlation of several cell cycle pathways

including cell cycle checkpoint, chromosome regulation, and apoptosis signaling further

supporting that loss of IGF-1R alters the cell cycle through changes in gene expression

(Fig. 6f).

*Collective metastatic seeding is diminished in tumor epithelial cells in DN-Wnt1 model*

The lack of proliferation in the DN-Wnt1 TVI metastases explains the observed

phenotype but does not explain the underlying reason for TVI metastases maintenance

and growth formed from K8iKOR-Wnt1 tumor cells. In addition to cell cycle changes in

the tumor epithelial cells with reduced IGF-1R, we also observe changes in pathways

involved in cell adhesion (Fig. 7). Several studies have reported collective cell invasion

**Figure 6. Reduced IGF-1R reduces tumor cell growth and survival in lungs after tail vein injection. a.** Schematic of tumor epithelial cell tail vein injection. **b.** Top Row: Representative whole lung images after 3-, 6-, 8-, and 12-week TVI from Wnt1, DN-Wnt1, or K8iKOR-Wnt1 tumor epithelial cells. Bottom Row: Representative lung hematoxylin and eosin staining for micrometastases from TVI of Wnt1, DN-Wnt1, or K8iKOR-Wnt1 tumor epithelial cells over time. **c.** Micrometastases (top graph) and macrometastases (bottom graph) counts from TVI lungs over time. **d.** Immunofluorescence for K8 (red), K14 (green), and phospho-histone H3 (pHH3, blue) in metastases after 1wk TVI of Wnt1, DN-Wnt1, or K8iKOR-Wnt1 primary epithelial cells. Scale bar = 50 micron; representative of n=3. **e.** GSEA plots of G2M and Mitotic Spindle hallmark signatures in differentially expressed genes from DN-Wnt1 vs. Wnt1 epithelial cell clusters. **f.** IPA canonical pathway heat map of differentially expressed genes from DN-Wnt1 and K8iKOR-Wnt1 compared to Wnt1 tumors and the METABRIC (human) yellow (cell cycle) module.

is necessary to seed metastatic lesions and promote metastatic growth (29-31). This

invasion is dependent on K14$^+$ leader cells adhered to clusters of epithelial cells to

initiate collective invasion (29, 32). Micrometastases from TVI mice with either Wnt1 or

K8iKOR-Wnt1 tumor epithelial cells at 1 wpi were composed of K14$^+$ basal cells, K8$^+$

luminal cells, and a few K8$^+$/K14$^+$ double-positive cells (Fig. 7a-c). In contrast, lungs

from DN-Wnt1 TVI mice at 1 wpi were composed mostly of K14$^+$ leader cells (Fig. 7a-c).

These results suggest loss of IGF-1R expands the K14$^+$ leader cell population, but

phenotypic alterations within these cells decrease collective invasion to reduce

metastatic proliferation. One interesting question is which cell population(s) contribute to

the K14$^+$ leader cells. Previous reports have shown K8$^+$ luminal cells gain K14

expression and can also participate as metastatic, leader cells (29, 32). Both the DN-

Wnt1 and K8iKOR-Wnt1 tumors have increased basal cell populations (Fig. 5d);

however, we also found that sorted luminal cell populations from both tumors showed

increased expression of K14 compared to Wnt1 tumors (Fig. 7d). Thus, both basal and

luminal populations in tumors with reduced IGF-1R could be contributing K14$^+$ leader

cells to seed metastases.

*Cell adherence is altered in tumor epithelial cells with decreased IGF-1R function*

Smaller micrometastases composed of mostly K14$^+$ cells observed in the DN-

Wnt1 TVI lungs suggest a defect in adherence between the K14$^+$ leader cells and the

metastatic proliferating cells. Adherence was decreased in DN-Wnt1 and K8iKOR-Wnt1

compared to Wnt1 primary tumor epithelial cells in vitro (Fig. 7e). Consistent with these

findings, the number of DN-Wnt1 primary tumor epithelial cell clusters and single tumor

**Figure 7. Reduced IGF-1R function decreases tumor cell adhesion. a-c.** Representative TVI lung staining for K8 (red) and K14 (green) from Wnt1 **(a)**, DN-Wnt1 **(b)** and K8iKOR-Wnt1 **(c)** 1 wpi mice. Dotted lines demarcate the metastatic lesions. Arrows indicate double positive K8 and K14 cells. scale bar=50 micron; n=3. **d.** RT-PCR for K14 in sorted luminal (CD24⁺/CD29ˡᵒ) primary tumor cells from Wnt1, DN-Wnt1, and K8iKOR-Wnt1 tumors showing increased expression in both IGF-1R models. *Statistic:* Mann-Whitney U non-parametric t test. **e.** Measurement of adhesion from Wnt1 (grey), DN-Wnt1 (green), or K8iKOR-Wnt1 (purple) by delta cell index over time for 6 hours using the real-time xCELLigence assay. n=3; *Statistic:* Non-linear regression least squares regression for slope best fit p<0.0001 for Wnt1 control compared to DN-Wnt1 or K8iKOR-Wnt1 **f-g.** Macrometastases **(f)** or micrometastases **(g)** counts in lungs from TVI mice injected with Wnt1 or DN-Wnt1 tumor epithelial cells (250K), sorted luminal epithelial cells, or sorted basal epithelial cells after 1 wpi. **h-i.** Representative H&E images from Wnt1 **(h)** and DN-Wnt1 **(i)** lung micrometastases from TVI mice injected with Wnt1 or DN-Wnt1 tumor epithelial cells cultured overnight at low adherence. **j-k.** Micrometastases **(j)** and macrometastases **(k)** counts in lungs from TVI mice injected with Wnt1 or DN-Wnt1 tumor epithelial cells cultured overnight at low adherence. **l-m.** Immunofluorescence of K8 (red), K14 (green), and pHH3 (blue) in Wnt1 **(l)** and DN-Wnt1 **(m)** TVI micrometastases from tumor epithelial cells cultured overnight at low adherence. **n.** GSEA plots for the apical junction and apical surface hallmark signatures from differentially expressed genes in DN-Wnt1 vs. Wnt1 epithelial tumor cell clusters.

epithelial cells had decreased adherence to collagen matrix compared to Wnt1 primary

tumor cells (Supp. Fig. 11a-e). In contrast, there was no significant difference between

the K8iKOR-Wnt1 and Wnt1 primary tumor epithelial cells in their ability to adhere to

collagen (Supp. Fig. 11a-e). Immunofluorescence revealed increased K14+ and

decreased K8+ cell adherence from DN-Wnt1 compared to Wnt1 primary tumors both in

clusters and individual cells (Supp. Fig.11f,g) consistent with *in vivo* TVI analysis (Fig.

7a-c). Moreover, the non-adherent cells from the DN-Wnt1 tumors had increased E-

cadherin and cyclin D1 expression indicating these are the proliferating luminal

epithelial cells (Supp. Fig. 11h,i). Taken together, these data support the conclusion that

attenuated IGF-1R with the *dnIGF-1R* transgene alters adherence between the K14+

leader cell and other epithelial cells, particularly those that are necessary to proliferate

in the metastatic lesion, while deletion of luminal *Igf1r* does not alter adherence to the

same extent. These findings support the hypothesis that disruption of IGF-1R in both

the luminal and basal lineages in the DN-Wnt1 tumors (Fig. 4) is necessary to disrupt

adhesion between epithelial cells.

Our data and other recent studies (33-36) indicate that cell adherence is

necessary to promote metastatic seeding and growth. We next asked whether paracrine

signaling between the epithelial cell populations is necessary to maintain metastatic

growth. Primary tumor epithelial cells from Wnt1 or DN-Wnt1 mice were sorted for

luminal (CD24+/CD29$^{lo}$) and basal (CD24+/CD29$^{hi}$) epithelial populations and injected

into the tail vein of eGFP mice. Importantly, lung macrometastases were significantly

decreased in the sorted populations from Wnt1 tumor compared to combined epithelial

cell TVIs (Fig. 7f). Similarly, we observed decreased lung micrometastases from both

Wnt1 and DN-Wnt1 sorted population TVIs compared to combined epithelial cells (Fig.

7g). These data support the conclusion that luminal and basal epithelial cell adherence

is necessary for metastatic seeding and growth.

To test whether restoration of lineage associations would restore metastatic

growth in the DN-Wnt1 tumor cells, we performed TVIs with primary epithelial cells from

Wnt1 or DN-Wnt1 tumors cultured overnight in low adherent plates to allow for cell re-

adherence after dissociation. Enhancing cell adhesion by overnight incubation resulted

in similar numbers of macrometastases and micrometastases in DN-Wnt1 and Wnt1

TVI primary tumor epithelial cells (Fig. 7h-k). Further analysis by immunofluorescence

revealed pHH3[+] and K8[+] micrometastases from DN-Wnt1 epithelial cells 1 wpi similar to

Wnt1 micrometastases (Fig. 5, Fig. 7l,m) suggesting decreased cell adherence in DN-

Wnt1 tumor epithelial cells is amplified by tumor dissociation. Analysis of adhesion

target transcripts identified upregulation of adhesion in Cluster E2 (luminal progenitor)

across all tumor types and downregulation of adhesion in the basal cell clusters

(Clusters E5, E7, E8, and E9) in DN-Wnt1 tumors (Fig. 7n, Supp. Fig 12a).

*Cell adherence is dysregulated by enhanced P-cadherin expression in epithelial cells*

*with reduced IGF-1R function*

Recently, the Ewald lab reported E-cadherin loss is required for metastatic

invasion, and its re-expression is necessary to promote metastatic growth (37).

Furthermore, upregulation of P-cadherin and its co-expression with E-cadherin in the

primary tumor is a marker of more aggressive, metastatic breast tumors (38-41). To

determine if cadherin expression changes with IGF-1R expression in patient tumors, we

analyzed the METABRIC dataset and identified an inverse correlation of P-cadherin and

IGF-1R expression. Conversely, E-cadherin is positively correlated with IGF-1R

expression across all breast tumors (Fig. 8a).

To determine whether cadherin expression is similarly altered in the DN-Wnt1

tumors, we screened for cadherin expression in each epithelial cluster from the scRNA-

Seq data. As expected, luminal cell types had higher E-cadherin (Cdh1) expression

whereas basal cell types had higher P-cadherin (Cdh3) and T-cadherin (Cdh13)

expression (Supp. Fig. 12b). E-cadherin expression in DN-Wnt1 tumor epithelial cells by

qRT-PCR was decreased compared to Wnt1 cells (Supp. Fig. 12c). Moreover, E-

cadherin levels were decreased in clusters E5 and E7 (Fig. 8b), which also expressed

P-cadherin (Fig. 8c). Immunostaining similarly showed decreased E-cadherin and

increased P-cadherin protein expression in DN-Wnt1 and K8iKOR-Wnt1 primary tumors

compared to Wnt1 tumors (Fig. 8d-m). Interestingly, total E-cadherin expression was

altered primarily at the protein level, while P-cadherin was changed at both the RNA

and protein levels in tumors with reduced IGF-1R. Importantly, co-expression of E-

cadherin and P-cadherin was increased in DN-Wnt1 and K8iKOR-Wnt1 tumors (Fig. 8d-

m). Thus, reduced IGF-1R was associated with altered E-cadherin and P-cadherin in

tumor epithelial cells.

To test the functional role of altered E-cadherin and P-cadherin in cells with

attenuated IGF-1R, we first transiently re-expressed E-cadherin in DN-Wnt1 primary

**Figure 8. Altered cadherin expression in tumors with reduced IGF-1R. a.** METABRIC data analysis for E-cadherin or P-cadherin in patient tumors with low IGF-1R (IGF-1R z-score < -1) or high IGF-1R (IGF-1R z-score > 1) ($p < 2.0 \times 10^{-16}$) *Statistic:* Student's *t*-test. **b-c.** E-cadherin **(b)** and P-cadherin **(c)** expression in each epithelial cell cluster identified with single-cell sequencing in Wnt1, DN-Wnt1, or K8iKOR-Wnt1 primary tumors. **d-m.** Representative images of E-cadherin (red) or P-cadherin (green) immunostaining in Wnt1 **(d, g, j)**, DN-Wnt1 **(e, h, k)**, and K8iKOR-Wnt1 **(f, i, l)** primary tumors. **m.** E-cadherin, P-cadherin, and double positive cell count graphs of primary tumors. *Statistic:* One-Way ANOVA with Tukey's Multiple Comparison post-hoc test **n.** Adhesion (delta cell index) over time in Wnt1 or DN-Wnt1 primary tumors with empty vector (EV) or E-cadherin overexpression (Ecad). n=3; *Statistic:* Non-linear regression. **o.** Adhesion (delta cell index) over time in Wnt1 or DN-Wnt1 with P-cadherin knockdown (Pcad KD). n=3; *Statistic:* Non-linear regression.

tumor epithelial cells and measured cell adhesion *in vitro*. Overexpression of E-cadherin

increased epithelial cell adhesion compared to empty vector control (Fig. 8n).

Furthermore, reducing P-cadherin in DNA-Wnt1 primary tumor epithelial cells

significantly increased tumor adhesion restoring adhesion back to the level of the Wnt1

tumor cells (Fig. 8o). Thus, altering cadherins in DN-Wnt1 primary tumor epithelial cells

rescues the compromised adherence suggesting these changes in E- and P-cadherins

due to reduced IGF-1R are necessary for metastasis.

**Discussion**

A major question in cancer biology is how do primary tumor cells metastasize to

another site? Here we show loss of IGF-1R in the primary tumor promotes metastasis

by modulating cadherin expression, altering epithelial cell properties and increasing

basal leader cells for collective invasion. Furthermore, reduced IGF-1R function or

expression increases metastatic extravasation. Surprisingly, once the primary tumor

cells are removed from the tumor niche and dissociated we discovered loss of IGF-1R

function promotes tumor cell quiescence.

While it is well established that epithelial cells gain mesenchymal cell properties

to migrate out of the primary tumor (29-32, 36), several recent studies have shown only

a subset of mesenchymal properties are necessary for migration and invasion referred

to as partial EMT (42-45). While original dogma was that the metastatic process occurs

by single tumor epithelial cell migration and invasion, recent observations of collective

epithelial cell migration have presented a new mechanism for metastasis that relies on

interactions between a mesenchymal-like leader cell with other epithelial cells in the

primary tumor (36). Thus, understanding how cell-cell interactions are regulated both in

the primary tumor and at distant sites of colonization is critical to determining metastatic

potential of tumor cells.

Loss of E-cadherin is a hallmark of EMT and necessary for basal cells to adapt to

becoming leader metastatic cells (29). The Ewald lab previously described a process by

which the transition of E-cadherin expression is critical for collective invasion (37). Here,

we have shown E-cadherin expression is decreased in mouse models with reduced

function or expression of IGF-1R to drive collective invasion. In the TVI models, we

show that loss of adhesion between epithelial cells compromises collective invasion to

promote growth of the metastatic lesions. Interestingly, recent reports have shown

acquisition of P-cadherin is necessary for tumor cells to become metastatic. More

importantly, the co-expression of P-cadherin and E-cadherin is critical for enhanced

metastasis and suggests these cells are exhibiting a partial EMT phenotype.

Attenuation or reduced IGF-1R levels in the Wnt1 mouse tumor model results in co-

expression of P-cadherin and E-cadherin and a partial EMT phenotype suggesting

increased metastatic properties of these tumor cells.

While loss of IGF-1R is sufficient to drive a partial EMT phenotype and collective

invasion to promote metastasis, alterations in the tumor microenvironment may also be

required for increased tumor extravasation. Our previous studies showed heightened

cell stress driven by attenuated IGF-1R resulted in immune cell evasion and a pro-

metastatic tumor microenvironment (14). Furthermore, the TVI model demonstrated that

removing the Wnt1 tumor cells from their primary microenvironment was sufficient to

promote their metastasis after TVI suggesting alterations in the TME driven by

attenuating IGF-1R promote metastasis.

While a similar metastatic process is observed in the DN-Wnt1 and K8iKOR-

Wnt1 primary tumor models, the TVI experiments revealed clear differences in the

phenotype of the primary tumor cells in these models. There are two key differences in

these models that likely contribute to these findings: 1) the DN-Wnt1 model attenuates

the receptor activity whereas the K8iKOR-Wnt1 model is a gene knockout in the luminal

epithelium, and 2) the *dnIGF-1R* transgene is expressed in luminal and basal epithelial

cells blocking the receptor function in all mammary epithelium, whereas receptor

expression is decreased only in the luminal epithelial cells in the K8iKOR-Wnt1 model

leaving the basal cell IGF-1R intact. Potentially, the loss of IGF-1R function in both

luminal and basal epithelial cells may lead to the observed TVI model phenotype

because of reduced adherence. These findings emphasize modeling importance.

It is clear from the spontaneous tumor models attenuated or loss of IGF-1R

decreases tumor latency and increases metastasis. These results are consistent with

the clinical data where trials inhibiting IGF-1R have been unsuccessful. The

interconnectedness of the tumor epithelium and microenvironment is highly complex.

The advantage of our models is the ability to study stochastic tumor progression in the

context of the microenvironment which reveals this complex tumor biology. Importantly,

the mouse modeling data aligns with the human gene expression and pathway analyses

and provides a basis for understanding why loss of IGF-1R in human breast cancers is

associated with a worse outcome.

**Data Availability Statement**

The data generated in this study will be made publicly available upon publication.

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**Author contributions**

AEO performed the majority of the experiments and statistical analyses, participated in

the study design and wrote the manuscript. Y-JC performed the WGCNA METABRIC

analysis. VC performed the initial analyses on the K8iKOR-Wnt1 mouse tumor line. AL

performed the scRNA-Seq analyses. KM performed metastases quantification,

RNAScope and participated in the *in vitro* adhesion assays and study design. JJB

performed metastases quantification, qRT-PCR for *Igf1r* deletion in sorted cell

populations and participated in the *in vitro* adhesion assays and study design. QS

performed mouse genotyping, tamoxifen tests, gland analyses and tumor harvesting.

EG and DL contributed to results interpretation and manuscript editing. TLW is the

principal investigator for this project and was involved in study design, data analysis,

manuscript editing and submission. All authors read and approved the final manuscript.

**Competing interests**

The authors declare no competing interests.

578                                     References
579
1.      Lero MW, Shaw LM. Diversity of insulin and IGF signaling in breast cancer:

Implications for therapy. Mol Cell Endocrinol. 2021;527:111213.

2.      Ali R, Wendt MK. The paradoxical functions of EGFR during breast cancer

progression. Signal Transduct Target Ther. 2017;2.

3.      Carvalho I, Milanezi F, Martins A, Reis RM, Schmitt F. Overexpression of

platelet-derived growth factor receptor alpha in breast cancer is associated with tumour

progression. Breast Cancer Res. 2005;7(5):R788-95.

4.      Nassar A, Khoor A, Radhakrishnan R, Radhakrishnan A, Cohen C. Correlation of

HER2 overexpression with gene amplification and its relation to chromosome 17

aneuploidy: a 5-year experience with invasive ductal and lobular carcinomas. Int J Clin

Exp Pathol. 2014;7(9):6254-61.

5.      Yang Y, Yee D. Targeting insulin and insulin-like growth factor signaling in breast

cancer. J Mammary Gland Biol Neoplasia. 2012;17(3-4):251-61.

6.      Boone DN, Lee AV. Targeting the insulin-like growth factor receptor: developing

biomarkers from gene expression profiling. Critical reviews in oncogenesis.

2012;17(2):161-73.

7.      Pollak M. Insulin and insulin-like growth factor signalling in neoplasia. Nat Rev

Cancer. 2008;8(12):915-28.

8.      Belfiore A, Frasca F. IGF and insulin receptor signaling in breast cancer. J

Mammary Gland Biol Neoplasia. 2008;13(4):381-406.

9.      Lann D, LeRoith D. The role of endocrine insulin-like growth factor-I and insulin in

breast cancer. J Mammary Gland Biol Neoplasia. 2008;13(4):371-9.

10.     Papa V, Gliozzo B, Clark GM, McGuire WL, Moore D, Fujita-Yamaguchi Y, et al.

Insulin-like growth factor-I receptors are overexpressed and predict a low risk in human

breast cancer. Cancer Res. 1993;53(16):3736-40.

11.     Bonneterre J, Peyrat JP, Beuscart R, Demaille A. Prognostic significance of

insulin-like growth factor 1 receptors in human breast cancer. Cancer Res.

1990;50(21):6931-5.

12.      Yerushalmi R, Gelmon KA, Leung S, Gao D, Cheang M, Pollak M, et al. Insulin-

like growth factor receptor (IGF-1R) in breast cancer subtypes. Breast Cancer Res

Treat. 2012;132(1):131-42.

13.      Farabaugh SM, Chan BT, Cui X, Dearth RK, Lee AV. Lack of interaction between

ErbB2 and insulin receptor substrate signaling in breast cancer. Cell Commun Signal.

2016;14(1):25.

14.      Obr AE, Kumar S, Chang YJ, Bulatowicz JJ, Barnes BJ, Birge RB, et al. Insulin-

like growth factor receptor signaling in breast tumor epithelium protects cells from

endoplasmic reticulum stress and regulates the tumor microenvironment. Breast Cancer

Res. 2018;20(1):138.

15.      Rota LM, Albanito L, Shin ME, Goyeneche CL, Shushanov S, Gallagher EJ, et al.

IGF1R inhibition in mammary epithelia promotes canonical Wnt signaling and Wnt1-

driven tumors. Cancer research. 2014;74(19):5668-79.

16.      Cadoret A, Desbois-Mouthon C, Wendum D, Leneuve P, Perret C, Tronche F, et

al. c-myc-induced hepatocarcinogenesis in the absence of IGF-I receptor. Int J Cancer.

2005;114(4):668-72.

17.      Van Keymeulen A, Rocha AS, Ousset M, Beck B, Bouvencourt G, Rock J, et al.

Distinct stem cells contribute to mammary gland development and maintenance.

Nature. 2011;479(7372):189-93.

18.      Muller PY, Janovjak H, Miserez AR, Dobbie Z. Processing of gene expression

data generated by quantitative real-time RT-PCR. Biotechniques. 2002;32(6):1372-4, 6,

8-9.

19.      Sun Z, Shushanov S, Leroith D, Wood TL. Decreased IGF Type 1 Receptor

Signaling in Mammary Epithelium during Pregnancy Leads to Reduced Proliferation,

Alveolar Differentiation, and Expression of Insulin Receptor Substrate (IRS)-1 and IRS-

2. Endocrinology. 2011;152(8):3233-45.

20.      Obr AE, Grimm SL, Bishop KA, Pike JW, Lydon JP, Edwards DP. Progesterone

receptor and Stat5 signaling cross talk through RANKL in mammary epithelial cells. Mol

Endocrinol. 2013;27(11):1808-24.

21.    Curtis C, Shah SP, Chin SF, Turashvili G, Rueda OM, Dunning MJ, et al. The

genomic and transcriptomic architecture of 2,000 breast tumours reveals novel

subgroups. Nature. 2012;486(7403):346-52.

22.    Fu P, Ibusuki M, Yamamoto Y, Hayashi M, Murakami K, Zheng S, et al. Insulin-

like growth factor-1 receptor gene expression is associated with survival in breast

cancer: a comprehensive analysis of gene copy number, mRNA and protein expression.

Breast cancer research and treatment. 2011;130(1):307-17.

23.    Rota LM, Albanito L, Shin ME, Goyeneche CL, Shushanov S, Gallagher EJ, et al.

IGF1R Inhibition in Mammary Epithelia Promotes Canonical Wnt Signaling and Wnt1-

Driven Tumors. Cancer Res. 2014;74(19):1-12.

24.    Li Y, Hively WP, Varmus HE. Use of MMTV-Wnt-1 transgenic mice for studying

the genetic basis of breast cancer. Oncogene. 2000;19(8):1002-9.

25.    Pond AC, Herschkowitz JI, Schwertfeger KL, Welm B, Zhang Y, York B, et al.

Fibroblast growth factor receptor signaling dramatically accelerates tumorigenesis and

enhances oncoprotein translation in the mouse mammary tumor virus-Wnt-1 mouse

model of breast cancer. Cancer Res. 2010;70(12):4868-79.

26.    Wagner KU, McAllister K, Ward T, Davis B, Wiseman R, Hennighausen L.

Spatial and temporal expression of the Cre gene under the control of the MMTV-LTR in

different lines of transgenic mice. Transgenic Res. 2001;10(6):545-53.

27.    Visvader JE, Stingl J. Mammary stem cells and the differentiation hierarchy:

current status and perspectives. Genes Dev. 2014;28(11):1143-58.

28.    Davis RT, Blake K, Ma D, Gabra MBI, Hernandez GA, Phung AT, et al.

Transcriptional diversity and bioenergetic shift in human breast cancer metastasis

revealed by single-cell RNA sequencing. Nat Cell Biol. 2020;22(3):310-20.

29.    Cheung KJ, Gabrielson E, Werb Z, Ewald AJ. Collective invasion in breast

cancer requires a conserved basal epithelial program. Cell. 2013;155(7):1639-51.

30.    Khalil AA, Ilina O, Gritsenko PG, Bult P, Span PN, Friedl P. Collective invasion in

ductal and lobular breast cancer associates with distant metastasis. Clin Exp

Metastasis. 2017;34(6-7):421-9.

31. Yang C, Cao M, Liu Y, He Y, Du Y, Zhang G, et al. Inducible formation of leader
cells driven by CD44 switching gives rise to collective invasion and metastases in
luminal breast carcinomas. Oncogene. 2019;38(46):7113-32.

32. Cheung KJ, Padmanaban V, Silvestri V, Schipper K, Cohen JD, Fairchild AN, et
al. Polyclonal breast cancer metastases arise from collective dissemination of keratin
14-expressing tumor cell clusters. Proc Natl Acad Sci U S A. 2016;113(7):E854-63.

33. Karsch-Bluman A, Amoyav B, Friedman N, Shoval H, Schwob O, Ella E, et al.
High mobility group box 1 antagonist limits metastatic seeding in the lungs via reduction
of cell-cell adhesion. Oncotarget. 2017;8(20):32706-21.

34. Barbazan J, Alonso-Alconada L, Elkhatib N, Geraldo S, Gurchenkov V, Glentis A,
et al. Liver Metastasis Is Facilitated by the Adherence of Circulating Tumor Cells to
Vascular Fibronectin Deposits. Cancer Res. 2017;77(13):3431-41.

35. Eichbaum C, Meyer AS, Wang N, Bischofs E, Steinborn A, Bruckner T, et al.
Breast cancer cell-derived cytokines, macrophages and cell adhesion: implications for
metastasis. Anticancer Res. 2011;31(10):3219-27.

36. Cheung KJ, Ewald AJ. A collective route to metastasis: Seeding by tumor cell
clusters. Science. 2016;352(6282):167-9.

37. Padmanaban V, Krol I, Suhail Y, Szczerba BM, Aceto N, Bader JS, et al. E-
cadherin is required for metastasis in multiple models of breast cancer. Nature.
2019;573(7774):439-44.

38. Albergaria A, Ribeiro AS, Vieira AF, Sousa B, Nobre AR, Seruca R, et al. P-
cadherin role in normal breast development and cancer. Int J Dev Biol. 2011;55(7-
9):811-22.

39. Ribeiro AS, Sousa B, Carreto L, Mendes N, Nobre AR, Ricardo S, et al. P-
cadherin functional role is dependent on E-cadherin cellular context: a proof of concept
using the breast cancer model. The Journal of pathology. 2013;229(5):705-18.

40. Sridhar S, Rajesh C, Jishnu PV, Jayaram P, Kabekkodu SP. Increased
expression of P-cadherin is an indicator of poor prognosis in breast cancer: a
systematic review and meta-analysis. Breast Cancer Res Treat. 2020;179(2):301-13.

41.    Vieira AF, Paredes J. P-cadherin and the journey to cancer metastasis. Mol

Cancer. 2015;14:178.

42.    Dang TT, Esparza MA, Maine EA, Westcott JM, Pearson GW. DeltaNp63alpha

Promotes Breast Cancer Cell Motility through the Selective Activation of Components of

the Epithelial-to-Mesenchymal Transition Program. Cancer Res. 2015;75(18):3925-35.

43.    Dongre A, Weinberg RA. New insights into the mechanisms of epithelial-

mesenchymal transition and implications for cancer. Nat Rev Mol Cell Biol.

2019;20(2):69-84.

44.    Pearson GW. Control of Invasion by Epithelial-to-Mesenchymal Transition

Programs during Metastasis. J Clin Med. 2019;8(5).

45.    Kroger C, Afeyan A, Mraz J, Eaton EN, Reinhardt F, Khodor YL, et al. Acquisition

of a hybrid E/M state is essential for tumorigenicity of basal breast cancer cells. Proc

Natl Acad Sci U S A. 2019;116(15):7353-62.

**Figure Legends**

**Figure 1. Defining gene signatures associated with IGF-1R expression and tumor phenotype in human BCs. a.** Table of refined integrated WGCNA (IGF1R-GS2) showing module and clinical trait association.  Each row corresponds to a module eigengene (ME), each column to a clinical measurement. Each cell contains the corresponding correlation and p-value (in parentheses). The table is color-coded by correlation according to the color legend. Green < 0 for negative correlation; Red > 0, for positive correlation. **b-e.** Top 5 pathways identified by ingenuity pathway analysis (IPA) revealing key signatures in 4 modules inversely correlated with IGF-1R expression. (yellow module=cell cycle signature, greenyellow module=adhesion signature, brown and tan modules=immune signaling signatures).

**Figure 2. Luminal loss of IGF-1R decreases tumor latency and increases metastasis. a.** Schematic for luminal lineage IGF-1R knockout. **b.** Latency curve for tumor development in Wnt1, DN-Wnt1, and K8iKOR-Wnt1 animals. For K8iKOR-Wnt1 animals, tumor latency is weeks post tamoxifen injection. *Statistic:* Mann-Whitney test **c.** Growth curve after tumors arise until time of euthanization. *Statistic:* Non-linear regression best fit for line slopes **d-e.** Graph of the percentage of animals **(d)** and table of number of animals **(e)** with metastatic lesions after establishment of a primary tumor. *Table Statistic*: Chi-square test; p=0.0251 for Wnt1 vs. DN-Wnt1 and K8iKOR-Wnt1. For Wnt1 controls, vehicle and tamoxifen injected animals were combined as the phenotypes were equivalent.

**Figure 3. Identifying mammary tumor heterogeneity by single cell RNA-**

**sequencing. a.** Uniform Manifold Approximation and Projection (UMAP) plot of cells

from Wnt1, DN-Wnt1, and K8iKOR-Wnt1 tumors resulting in 16 individual clusters. **b.**

UMAP plot with identification of cluster cell types defined by known markers. **c.** Dot plot

of cell markers. **d.** Percent tumor genotype graph for each cluster. Clusters are ordered

by identified tumor cells. MAC and T-cell populations were generally decreased in DN-

Wnt1 and K8iKOR-Wnt1 tumors. CAF populations were expanded in DN-Wnt1 and

K8iKOR-Wnt1 tumors. (MACS=monocytes/macrophages, TC=T cells, CAF=fibroblasts,

EPI=epithelial cells, EC=endothelial cells) **e.** IPA graphical summary of top pathway

alterations in DN-Wnt1 compared to Wnt1 tumors from Cluster 0 (MACs).

Blue=downregulated; orange=upregulated. **f.** IPA canonical pathways heat map of DN-

Wnt1 and K8iKOR-Wnt1 compared to Wnt1 tumors and the METABRIC brown (immune

signaling signature) module.

**Figure 4. Tail vein injections of primary tumor epithelial cells with reduced IGF-**

**1R. a.** Schematic of tumor epithelial cell tail vein injection. **b.** Top Row: Representative

whole lung images one-week after TVI of Wnt, DN-Wnt1, or K8iKOR-Wnt1 tumor

epithelial cells. Arrows denote macroscopic metastases. Bottom Row: Representative

lung hematoxylin and eosin staining for micrometastases from TVI of Wnt1, DN-Wnt1,

or K8iKOR-Wnt1 tumor epithelial cells. Scale bar = 50 microns. **c-d.** Micrometastases

**(c)** and macrometastases **(d)** counts from TVI lungs. *Statistic:* Non-parametric

Kolmogorov Smirnov test **e-f.** RNAscope immunofluorescence for the human IGF-1R

transgene (*dnIGF-1R*) in DN-Wnt1 TVI micrometastases 1 wpi **(e)** or in DN-Wnt1

endogenous primary tumor micrometastases (PTM) **(f)**. Scale bar = 50 microns **g.** RT-

PCR for the human IGF-1R transgene in sorted primary tumor cells from Wnt1 and DN-

Wnt1 tumors.

**Figure 5. Epithelial cell populations are altered with reduced IGF-1R. a.** UMAP plot

of re-clustering of epithelial cells from Wnt1, DN-Wnt1, and K8iKOR-Wnt1 tumors

resulting in 13 clusters. **b.** Heat map of top epithelial cell type markers. Top legend: top

row=tumor identity: gray=Wnt1, green=DN-Wnt1, pink=K8iKOR-Wnt1; Bottom

row=epithelial cell cluster. **c.** Dot plot of epithelial cell markers. **d.** Percent tumor

genotype graph for each cell cluster labelled with each cell type defined by markers.

(ALV=alveolar cell, LUM=luminal cell, DL=differentiated luminal cell, LP=luminal

progenitor, BAS=basal cell) **e.** Dot plot of alignment with metastatic signature. Arrows

depict clusters with high expression of markers indicating metastatic cell type. **f.** GSEA

plots for the epithelial mesenchymal transition (EMT) hallmark signature in Clusters E0,

E4, E6, and E10.

**Figure 6. Reduced IGF-1R reduces tumor cell growth and survival in lungs after**

**tail vein injection. a.** Schematic of tumor epithelial cell tail vein injection. **b.** Top Row:

Representative whole lung images after 3-, 6-, 8-, and 12-week TVI from Wnt1, DN-

Wnt1, or K8iKOR-Wnt1 tumor epithelial cells. Bottom Row: Representative lung

hematoxylin and eosin staining for micrometastases from TVI of Wnt1, DN-Wnt1, or

K8iKOR-Wnt1 tumor epithelial cells over time. **c.** Micrometastases (top graph) and

macrometastases (bottom graph) counts from TVI lungs over time. **d.**

Immunofluorescence for K8 (red), K14 (green), and phospho-histone H3 (pHH3, blue) in

metastases after 1wk TVI of Wnt1, DN-Wnt1, or K8iKOR-Wnt1 primary epithelial cells.

Scale bar = 50 micron; representative of n=3. **e.** GSEA plots of G2M and Mitotic Spindle

hallmark signatures in differentially expressed genes from DN-Wnt1 vs. Wnt1 epithelial

cell clusters. **f.** IPA canonical pathway heat map of differentially expressed genes from

DN-Wnt1 and K8iKOR-Wnt1 compared to Wnt1 tumors and the METABRIC (human)

yellow (cell cycle) module.

**Figure 7. Reduced IGF-1R function decreases tumor cell adhesion. a-c.**

Representative TVI lung staining for K8 (red) and K14 (green) from Wnt1 **(a)**, DN-Wnt1

**(b)** and K8iKOR-Wnt1 **(c)** 1 wpi mice. Dotted lines demarcate the metastatic lesions.

Arrows indicate double positive K8 and K14 cells. scale bar=50 micron; n=3. **d.** RT-PCR

for K14 in sorted luminal (CD24$^+$/CD29$^{lo}$) primary tumor cells from Wnt1, DN-Wnt1, and

K8iKOR-Wnt1 tumors showing increased expression in both IGF-1R models. *Statistic:*

Mann-Whitney U non-parametric t test. **e.** Measurement of adhesion from Wnt1 (grey),

DN-Wnt1 (green), or K8iKOR-Wnt1 (purple) by delta cell index over time for 6 hours

using the real-time xCELLigence assay. n=3; *Statistic:* Non-linear regression least

squares regression for slope best fit p<0.0001 for Wnt1 control compared to DN-Wnt1

or K8iKOR-Wnt1 **f-g.** Macrometastases **(f)** or micrometastases **(g)** counts in lungs from

TVI mice injected with Wnt1 or DN-Wnt1 tumor epithelial cells (250K), sorted luminal

epithelial cells, or sorted basal epithelial cells after 1 wpi. **h-i.** Representative H&E

images from Wnt1 **(h)** and DN-Wnt1 **(i)** lung micrometastases from TVI mice injected

with Wnt1 or DN-Wnt1 tumor epithelial cells cultured overnight at low adherence. **j-k.**

Micrometastases **(j)** and macrometastases **(k)** counts in lungs from TVI mice injected

with Wnt1 or DN-Wnt1 tumor epithelial cells cultured overnight at low adherence. **l-m.**

Immunofluorescence of K8 (red), K14 (green), and pHH3 (blue) in Wnt1 **(l)** and DN-

Wnt1 **(m)** TVI micrometastases from tumor epithelial cells cultured overnight at low

adherence. **n.** GSEA plots for the apical junction and apical surface hallmark signatures

from differentially expressed genes in DN-Wnt1 vs. Wnt1 epithelial tumor cell clusters.

**Figure 8. Altered cadherin expression in tumors with reduced IGF-1R. a.**

METABRIC data analysis for E-cadherin or P-cadherin in patient tumors with low IGF-

1R (IGF-1R z-score < -1) or high IGF-1R (IGF-1R z-score > 1) ($p < 2.0 \times 10^{-16}$) *Statistic:*

Student's *t*-test. **b-c.** E-cadherin **(b)** and P-cadherin **(c)** expression in each epithelial cell

cluster identified with single-cell sequencing in Wnt1, DN-Wnt1, or K8iKOR-Wnt1

primary tumors. **d-m.** Representative images of E-cadherin (red) or P-cadherin (green)

immunostaining in Wnt1 **(d, g, j)**, DN-Wnt1 **(e, h, k)**, and K8iKOR-Wnt1 **(f, i, l)** primary

tumors. **m.** E-cadherin, P-cadherin, and double positive cell count graphs of primary

tumors. *Statistic:* One-Way ANOVA with Tukey's Multiple Comparison post-hoc test **n.**

Adhesion (delta cell index) over time in Wnt1 or DN-Wnt1 primary tumors with empty

vector (EV) or E-cadherin overexpression (Ecad). n=3; *Statistic:* Non-linear regression.

**o.** Adhesion (delta cell index) over time in Wnt1 or DN-Wnt1 with P-cadherin knockdown

(Pcad KD). n=3; *Statistic:* Non-linear regression.