Genomic hallmarks of cellular dormancy in cancer and therapeutic implications

Anna J. Wiecek[1], Stephen J. Cutty[2], Daniel Kornai[1], Mario Parreno-Centeno[1], Lucie E. Gourmet[1], Guidantonio Malagoli Tagliazucchi[1], Daniel H. Jacobson[1,3], Ping Zhang[4], Lingyun Xiong[4], Gareth L. Bond[5], Alexis R. Barr[2,6], Maria Secrier[1,*]

[1] UCL Genetics Institute, Department of Genetics, Evolution and Environment, University College London, London, UK

[2] Institute of Clinical Sciences, Faculty of Medicine, Imperial College London, London, UK

[3] UCL Cancer Institute, Paul O'Gorman Building, University College London, London, UK

[4] Wellcome Centre for Human Genetics, University of Oxford, Oxford, UK

[5] Institute of Cancer and Genomic Sciences, University of Birmingham, Edgbaston, Birmingham, UK

[6] Cell Cycle Control Team, MRC London Institute of Medical Sciences (LMS), London, UK

* To whom correspondence should be addressed (m.secrier@ucl.ac.uk)

ABSTRACT

Therapy resistance in cancer is often driven by a subpopulation of cells that are temporarily arrested in a non-proliferative, quiescent or 'dormant' state, which is difficult to capture and whose mutational drivers remain largely unknown. We developed methodology to uniquely identify this state from transcriptomic signals and characterised its prevalence and genomic constraints in solid primary tumours. We show dormancy preferentially emerges in the context of more stable, less mutated genomes which maintain *TP53* integrity and lack the hallmarks of DNA damage repair deficiency, while presenting increased APOBEC mutagenesis. We uncover novel genomic dependencies of this process, including the amplification of the centrosomal gene *CEP89* as a driver of dormancy impairment. Lastly, we demonstrate that dormancy underlies unfavourable responses to various therapies exploiting cell cycle, kinase signalling and epigenetic mechanisms in single cell data, and propose a signature of dormancy-linked therapeutic resistance to further study and clinically track this state.

INTRODUCTION

Quiescence is a widely conserved state of reversible proliferative arrest, essential for the normal development and homeostasis of eukaryotic organisms[1,2]. During quiescence, cells are halted in the G0 phase of the cell cycle, where they maintain minimal basal activity[2]. In cancer, this temporary cell cycle arrest, also termed cellular dormancy, has been proposed as one of the contributing factors of resistance to treatments that target actively dividing cells, such as chemotherapy[3-5]. Moreover, a variety of other pre-existing or acquired resistance scenarios have been explained by a drug-tolerant 'persister' cell state represented by slow cycling or entirely quiescent cells[6,7]. Their presence is associated with minimal residual disease, a major cause of relapse in the clinic[8]. As the neoplastic cells evolve, dormancy can also be employed as a mechanism to facilitate immune evasion[9,10] or adaptation to new environmental niches during metastatic seeding[11,12].

Despite increasing evidence for the importance of dormancy in cancer progression, it remains a poorly defined biological programme. Hampering our understanding is the fact that quiescence represents a number of heterogeneous states[1]. Canonically, cells can be forced into quiescence through serum starvation, mitogen withdrawal or contact inhibition[1]. Cells can also enter dormancy spontaneously in response to cell-intrinsic factors like replication stress[13-15]. This process is controlled by p53[16], which triggers the inhibition of cyclin-CDK complexes by activating p21[14]. This in turn allows the assembly of the DREAM complex - a key effector responsible for repression of cell-cycle dependent gene expression[17]. Min and Spencer[18] recently demonstrated a much broader systemic coordination of 198 genes underlying distinct types of quiescence by profiling the transcriptomes of cells that entered this state either spontaneously or upon different stimuli. Additionally, proliferation-quiescence decisions can be impacted by oncogenic changes such as *MYC* amplification[19] or altered p38/ERK signalling[20].

Despite these advances, the identification of dormant cells within tumours presents an ongoing challenge due to their scarcity and lack of universal, easily measurable markers for the activation

and maintenance of this state. As they are often defined by a lack of proliferative markers[21,22],

quiescent cells can be mistaken for other therapy resistant cell types such as senescent or cancer

stem cells[6,23]. Unlike quiescent cells, which can readily resume their proliferative state, senescent

cells are irreversibly arrested[18] while cancer stem cells have a high capacity for self-renewal and sit

at the top of the differentiation hierarchy[24]. Biomarkers of quiescence that are sufficiently specific

and robust to be clinically useful are clearly needed.

Furthermore, the extent to which dormancy is enacted through transcriptional or genetic control is

unknown[5,25], as the mutational processes and genomic changes driving quiescence have not been

systematically profiled across cancer tissues. Understanding the evolutionary triggers and

molecular mechanisms that enable cancer cells to enter and maintain dormancy would enable us to

develop pharmacological strategies to selectively eradicate quiescent cancer cells or prevent them

from re-entering proliferative cycles.

To address these challenges, we have developed a new method to uniquely and reliably quantify

tumour dormancy using transcriptomic data, and employed it to characterise this phenomenon in

bulk and single cell datasets from a variety of solid tumours. We identify and validate mutational

constraints for dormancy emergence, hinting at potential new therapeutic targets that could exploit

this mechanism. We also demonstrate the relevance of dormancy to responses to a range of

compounds targeting cell cycle, kinase signalling and epigenetic mechanisms in single cell

datasets, and propose an expression signature that could be employed to detect tumour dormancy-

induced treatment resistance.

46
47   **RESULTS**

48   **Evaluating tumour dormancy from transcriptomic data**

49   We hypothesised that primary tumours contain varying numbers of quiescent cells, and this in turn

50   may determine their ability to overcome therapies targeting cycling cells. To capture this elusive

phenotype, we developed a computational framework that would allow us to quantify dormancy

signals in bulk and single cell sequenced cancer samples (Figure 1a). We employed 139

differentially expressed genes across five distinct forms of quiescence resulting from serum

starvation, contact inhibition, MEK inhibition, CDK4/6 inhibition and spontaneous quiescence, as

described by Min and Spencer[18], as markers of a generic quiescence state. The expression levels of

these markers were used to derive a score reflecting the relative level of dormancy within

individual tumours (see Methods).

We validated multiple scoring methodologies[26-29] using seven single-cell and bulk datasets[30-36]

where actively proliferating and quiescent cells had been independently profiled (Extended Data

Figure 1a, Supplementary Table 1, Methods). A combined Z-score approach had the highest

accuracy in detecting signals of dormancy, with a 91% mean performance in classifying cells as

quiescent or cycling (Figure 1b, Extended Data Figure 1b). It also outperformed classical cell cycle

and dormancy markers, such as the expression of targets of the DREAM complex, CDK2, Ki67

and of mini-chromosome replication maintenance (MCM) protein complex genes - which are

involved in the initiation of eukaryotic genome replication (Figure 1c). Importantly, our approach

provided a good separation between quiescent and proliferating samples across a variety of cancer

types and models including cancer cell lines, 3D organoid cultures, circulating tumour cells and

patient-derived xenografts (Supplementary Table 1), thereby demonstrating its broad applicability.

Furthermore, the strength of the score appeared to reflect the quiescence depth, i.e. the time the

cells stay in quiescence[37] (Figure 1d).

We experimentally validated our methodology in nine lung adenocarcinoma cell lines. There was a

remarkably good correlation between our predicted quiescence levels and the fraction of quiescent

cells, estimated using quantitative, single-cell imaging of phospho-Ser807/811-Rb (PRb, which

labels proliferative cells[38]) and 24 hour EdU proliferation assays (Figure 1e-h). Cells that were

negative for either PRb or EdU were defined as quiescent (see Methods, Figure 1e-f). Importantly,

a G1 signature (Methods) was not associated with these experimental measurements, proving our

method indeed captures quiescence rather than a prolonged G1 state (Figure 1g-h). The quiescence

correlations appeared robust to random removal of individual genes from the signature, with no

single gene having an inordinate impact on the score (Extended Data Figure 1c-e). This provided

further reassurance that our Z-score based methodology is successful in capturing dormancy

signals from bulk tumour data.

Having established a robust framework for quantifying tumour dormancy, we next profiled 8,005

primary tumour samples across 31 solid cancer tissues from The Cancer Genome Atlas (TCGA).

After accounting for potential confounding signals from the microenvironment by correcting for

tumour purity (see Methods, Extended Data Figure 1f-g), we observed an entire spectrum of

dormancy across tumours that ranged from highly dormant to highly proliferative (Figure 2a).

Cancers well known to be frequently dormant, such as glioblastoma[3,30], were amongst the highest

ranked in terms of quiescence, along with kidney and adrenocortical carcinomas (Figure 2b).

As expected, tissues with lower stem cell division rates presented a greater propensity for

quiescence (Figure 2c)[39]. Importantly, we confirmed that our quiescence scores capture a cellular

state that is distinct from that of cancer stem cells, marked by signatures associated with high

telomerase activity and an undifferentiated state[40,41], and that of senescent cells, marked by the

Senescence-Associated Secretory Phenotype (SASP) and β-galactosidase activity[42-44] (Figure 2d,

Extended Data Figures 2a-d). Our scores also showed strong negative correlations with the

expression of proliferation markers (Figure 2d).

Lastly, we confirmed dependencies on the p53/p21/DREAM activation axis: tumours that were

proficient in *TP53* or the components of the DREAM complex, as well as those with higher p21

expression, had elevated dormancy levels across numerous tissues (Figure 2e, Extended Data

Figures 2e-f), although only 8 out of 139 dormancy genes are directly transcriptionally regulated

by p53[45]. Nevertheless, p53 proficiency appears to be a non-obligatory dependency of dormancy,

which is also observed to arise in p53 mutant scenarios in 21% of cases. p53 has also been shown

to play a role in preventing the occurrence of larger structural events and polyploidy[46-48],

potentially explaining the lower dormancy levels we observed in tumours that had undergone

whole genome duplication (Figure 2f).

The genomic background of cancer dormancy

After obtaining dormancy estimates for primary tumour samples, we set out to identify potential

genomic triggers which might create a favourable background for tumour dormancy. We identified

285 cancer driver genes that were preferentially altered (via mutations or copy number alterations)

either in dormant or fast proliferating tumours (Figure 3a). Reassuringly, this list included genes

previously implicated in driving cellular quiescence-proliferation decisions such as *TP53* and

MYC[16,19]. An additional 10 cancer genes showed signals of positive selection in the context of high

dormancy/proliferation (Supplementary Table 2). We also investigated associations with mutagenic

footprints of carcinogens (termed "mutational signatures"), which can be identified as trinucleotide

substitution patterns in the genome[49,50]. 15 mutational signatures were linked with dormancy either

within individual cancer studies or pan-cancer (Extended Data Figure 2g).

Following the initial prioritisation of putative genomic constraints of dormancy, we sought to

identify those events that could best distinguish dormant from fast proliferating tumours, while

accounting for tissue effects. An ensemble elastic net selection approach similar to the one

described by Pich et al[51] was applied for this purpose (Figure 3b, Methods). Our pan-cancer model

identified tissue type to be a major determinant of quiescence levels (Extended Data Figure 3a). It

also uncovered a reduced set of 60 genomic events linked with tumour dormancy levels, including

SNVs and copy number losses in 17 cancer genes, as well as amplifications of 13 cancer genes

(Figure 3c). These events could then be successfully employed to predict quiescence in a separate

test dataset, thus internally validating our model (Extended Data Figure 3b).

Reassuringly, a functional *TP53*, lack of *MYC* amplification and lower mutation rates (Figure 3c)

were amongst the top ranked characteristics of dormant tumours, which also displayed less

aneuploidy. Additionally, we uncovered novel dependencies, such as *CEP89* and *LMNA*

amplifications observed in fast cycling tumours, or *ZMYM2* deletions prevalent in dormant

samples. p16 (*CDKN2A*) deletions, one of the frequent early events during cancer evolution[52,53],

were enriched in dormant tumours. *RB1* deletions and amplifications were both associated with a

reduction in tumour dormancy, which might reflect the dual role of RB1 in regulating proliferation

and apoptosis[54]. Overall, the genomic dependencies of dormancy mainly comprised genes involved

in cell cycle pathways, p53 regulation and ubiquitination (most likely of cell cycle targets), TGF-b

signalling mediators and RUNX2/3 regulation which have previously been shown to play a role in

controlling proliferation and cell cycle entry[55] (Extended Data Figure 3c).

Our model also calls attention to the broader mutational processes associated with this cellular

state. Such processes showed fairly weak and heterogeneous correlations with dormancy within

individual cancer tissues (Extended Data Figure 2g), but their contribution becomes substantially

clearer pan-cancer once other genomic sources are accounted for. In particular, we identified an

association between dormancy and mutagenesis induced by the AID/APOBEC family of cytosine

deaminases as denoted by signature SBS2[49] (Figure 3c). As highlighted by Mas-Ponte and Supek[56],

APOBEC/AID driven mutations tend to be directed towards early-replicating, gene-rich regions of

the genome, inducing deleterious events on several genes including *ZMYM2*, which our pan-cancer

model has linked with higher dormancy.

In turn, defective DNA mismatch repair, as evidenced by signatures SBS44, SBS20, SBS15,

SBS14 and SBS6[49], was prevalent in fast cycling tumours (Figure 3c). Mismatch repair

deficiencies lead to hypermutation in a phenomenon termed "microsatellite instability" (MSI),

which has been linked with increased immune evasion[57]. Cancers particularly prone to MSI include

colon, stomach and endometrial carcinomas[58], where this state was indeed linked with lower

quiescence (Figure 3d). Furthermore, dormant tumours were depleted of alterations across all DNA

damage repair pathways (Figure 3e).

Our measurements of dormancy also reflected expected cycling patterns across 27 MCF7 strains[59]:

cell lines with longer doubling times exhibited higher quiescence (Figure 3f). This coincided with a

depletion of *PTEN* mutations, a dependency highlighted by the pan-cancer model.

When checking for dependencies in individual cancer tissues, 27 out of the 28 genes identified by

the model were significantly associated with dormancy in at least one tissue, most prominently in

breast, lung and liver cancers which also represent the largest studies within TCGA (Figure 3g, top

panel). Most of these genomic insults were linked with a decrease in dormancy. In external

validation datasets these associations, including deletions in *PTEN* and *LRP1B* or amplifications of

MYC, CEP89 or *STAG1,* featured most prominently in the largest cohort of breast cancer samples

(Figure 3g, bottom panel).

CEP89 amplification contributes to high tumour proliferation rates

To gain more insight into the underlying biology of cellular dormancy, we sought to

experimentally validate associations highlighted by the pan-cancer model. We focused on the

impact of *CEP89* activity on quiescence-proliferation decisions due to the high ranking of this

putative oncogene in the model, the relatively unexplored links between *CEP89* and cell cycle

control, as well as its association with quiescence across a variety of cancer cell lines (Extended

Data Figure 4a-c). The function of *CEP89* is not well characterised, however, the encoded protein

has been proposed to function as a centrosomal-associated protein[60,61]. Centrosomes function as

major microtubule-organising centres in cells, playing a key role in mitotic spindle assembly[62] and

the mitotic entry checkpoint[63]. Moreover, centrosomes act as sites of ubiquitin-mediated

proteolysis of cell cycle targets[64], and members of several growth signalling pathways, such as Wnt

and NF-kB, localise at these structures[65,66]. Several genetic interactions have also been reported

between CEP89 and key cell cycle proteins, including cyclin D2[67] (Figure 4a).

Our model linked *CEP89* amplification with fast cycling tumours (Figure 3c). Centrosome

amplification is a common feature of tumours with high proliferation rates and high genomic

instability[68], and overexpression of centrosomal proteins can alter centriole structure[69,70]. Indeed,

CEP89 amplified tumours presented elevated expression of a previously reported centrosome

amplification signature (CA20)[68] (Figure 4b), which was strongly anticorrelated with quiescence

levels (Figure 4c). Furthermore, *CEP89* expression was prognostic across multiple cancer tissues

(Figure 4d) and linked with toxicity of several cancer compounds in cell line models (Extended

Data Figure 4d).

We validated this target in the lung adenocarcinoma cell line NCI-H1299 showing high levels of

CEP89 amplification. Cep89 depletion via siRNA knockdown caused a consistent increase in the

fraction of quiescent cells as measured by PRb and EdU assays (Figure 4e-f). Thus, we propose

CEP89 as a novel cell proliferation regulator that may be exploited in certain scenarios to control

tumour growth.

Dormancy in breast cancer

Due to the variation of dormancy levels across tissues and to increase power, we have taken a pan-

cancer approach to capture genomic features that are universally associated with dormancy.

However, we acknowledge that the extremely diverse genomic background for cancer development

in different tissues might mean that certain genetic alterations may lead to higher or lower

propensity of dormancy in a single tissue only. To investigate this further we focused on breast

cancer, the largest cancer dataset available from TCGA, where we still have adequate power and

balance of dormant/cycling phenotypes to uncover tissue-specific genomic markers of dormancy.

A combined ANOVA and random forest classification approach identified 30 genomic events that

could distinguish dormant from fast cycling tumours with a mean accuracy of 74% (Figure 5a).

This model recovered the associations with the APOBEC mutational signature SBS2, *TP53*

mutation as well as *MYC*, *KLF6*, *LMNA*, *ETV6* and *RAD21* amplification already seen in the pan-

cancer model (Figure 5b). All additional associations validated in the METABRIC cohort and were

also seen in several other cancers, particularly bladder, lung and lower grade glioma (Figure 5c).

Since APOBEC/AID activity has been linked with dormancy in both the pan-cancer and the tissue-

specific models, we further investigated its role in breast cancer, where the associated mutation

signature SBS2 is relatively prevalent. Indeed, breast cancer samples enriched in APOBEC-

associated mutations, defined as mutations attributed to SBS2 and SBS13, presented significantly

higher quiescence levels (Figure 5d). Across breast cancer subtypes, the Luminal A subtype

showed the highest levels of dormancy, however, Her2+ tumours had the highest incidence of

APOBEC associated mutational events, suggesting this subtype may be the most susceptible to

APOBEC-linked quiescence (Figure 5e-f).

Characterisation of individual quiescence programmes

While we had previously examined a generic dormancy programme, cancer cells can enter

quiescence due to different stimuli[1] and this may inform its aetiology and manifestation. To

explore this, we re-scored tumours based on gene expression programmes specific to serum

starvation, contact inhibition, MEK inhibition, CDK4/6 inhibition or spontaneously occurring

quiescence as defined by Min and Spencer[18] (see Methods). We observed a good correlation

between the dormancy estimates representing individual quiescence programmes and the

expression of genes associated with the corresponding form of quiescence in the literature (Figure

6a-e, Extended Data Figure 5). CDK4/6 inhibition-induced quiescence levels were further

validated using external RNA-seq datasets from cancer cell lines and xenograft mice sequenced

before and after treatment with the CDK4/6 inhibitor Palbociclib[71,72] (Figure 6f, Supplementary

Table 4). Interestingly, we also observed significant differences in spontaneous quiescence scores before and after treatment. Indeed, p21 activity has been linked with the Palbociclib mechanism of action[73,74], and this analysis suggests potential similarities between CDK4/6 inhibition and p21-dependent quiescence phenotypes.

Having validated our framework for quantifying stimulus-specific quiescence programmes, we proceeded to estimate the dominant form of quiescence in different cancer types (Figure 6g). We found a range of quiescence aetiologies across most tissues, while a minority of cancers were dominated by a single form of quiescence, e.g. serum starvation in all dormant pheochromocytomas and paragangliomas, contact inhibition in 88% of head and neck carcinomas and CDK4/6 inhibition in 80% of dormant adrenocortical carcinomas. While we do not wish to claim that the dormancy state will have necessarily been induced by the actual predicted stimulus (impossible in the case of CDK4/6 or MEK inhibition, as the analysed samples are all treatment-naïve), we suggest that the downstream signalling cascade may resemble that triggered by such stimuli, e.g. via CDK4/6 or MEK loss of function mutations. Amongst these states, spontaneous quiescence appeared most strongly dependent on p53 functionality (Supplementary Table 3). This points to common transcriptional features of drug-tolerant dormant cells in different cancer settings that could be employed in designing ways to eradicate these cells in the future.

Clinical relevance of tumour dormancy

Overall, dormancy appears to be beneficial for the long-term outcome of cancer patients (Figure 7a, Extended Data Figure 6a). As expected, quiescence levels were increased in stage 1 tumours, although later stages also exhibited occasional elevated dormancy (Extended Data Figure 6b). Indeed, such dormant, indolent tumours could have higher chances of being eradicated earlier in the disease, which is consistent with reported worse prognosis of patients with higher tumour cell proliferation rates and less stable, more mutated genomes[75]. However, outcomes do vary depending

on the quiescence subtype, with worse survival observed upon contact inhibition (Figure 7b). The

outcomes also vary by tissue, with lung, colon or esophageal carcinoma patients displaying

significantly worse prognosis in the context of dormancy (Figure 7c).

While dormancy may confer an overall survival advantage in most cancers, it can also provide a

pool of cells that are capable of developing resistance to therapy[34,76]. Using our methodology, we

indeed observed an increase in quiescence levels in cell lines following treatment with EGFR,

BRAF and CDK4/6 inhibitors, as well as conventionally used chemotherapies such as 5-

Fluorouracil (5-FU) in multiple bulk RNA-seq datasets (Figure 7d). Furthermore, the recent

widespread availability of single-cell transcriptomics offers the opportunity to investigate the

impact of quiescence on such therapies with much greater granularity than is allowed by bulk data.

Using our quiescence signature and single-cell data from RKO and SW480 colon cancer cell lines

treated with 5-FU[77], we could observe quiescence-proliferation decisions following conventional

chemotherapy treatment. Within the p53 proficient cell line RKO, the fraction of quiescent cells

increased from 41% to 93% after treatment with a low dose (10 μM) of 5-FU and persisted at

higher doses (Figure 7e-f). In contrast, a comparable increase was not observed in *TP53* mutant

SW480 cells, further emphasizing the key role of p53 as a regulator of quiescence (Figure 7g-h).

SW480 cells showed higher apoptotic activity following treatment compared to RKO cells,

particularly within actively cycling cells, further corroborating that cells capable of entering

quiescence may be less vulnerable to this therapy (Extended Data Figure 6c-d).

Similarly, using single cell data from an *EGFR* mutant Non-Small Cell Lung Cancer (NSCLC) cell

line treated with the EGFR inhibitor Erlotinib[78], we predicted that 40% of cells were likely to exist

in a dormant state prior to treatment. EGFR inhibition led to a massive decrease in cell numbers

immediately after treatment, mostly due to proliferating cells dying off (Extended Data Figures 6e-

f), while the proportion of quiescent cells increased to 96% at day 1, indicating an immediate

selective advantage for such cells (Figure 7i-j). Interestingly, these cells appear to gradually start

proliferating again in the following days during continuous treatment, with the percentage of

proliferating cells approaching pre-treatment levels by day 11 (Figure 7j). The same trend captured

by our signature could be observed upon KRAS and BRAF inhibition in different cell line models

(Extended Data Figure 6g-j, Supplementary Table 4)[34,78]. Furthermore, during the first days of

treatment the NSCLC cells that survived EGFR inhibition appeared to reside in a state most

resembling that induced by serum starvation (Figures 7k-l). Both EGFR kinase inhibitors and

serum starvation have been shown to trigger autophagy[79], which may explain the convergence

between this inhibitory trigger and the type of quiescence response. At day 11 most of the

remaining dormant cells appeared in a state similar to that preceding the treatment (Figure 7l).

Thus, quiescence appears to explain resistance to broad acting chemotherapy agents as well as

targeted molecular inhibitors of the Ras/MAPK signalling pathway, being either selected for, or

induced immediately upon treatment, and gradually waning over time as cells start re-entering the

cell cycle. Using massively multiplexed chemical transcriptomic data, we also analysed responses

to 188 small molecule inhibitors in cell lines at single-cell resolution[80] (Extended Data Figure 7).

We observed a large increase in quiescence following treatment with compounds targeting cell

cycle regulation and tyrosine kinase signalling, consistent with our previous results, but also for

compounds modulating epigenetic regulation, e.g. histone deacetylase inhibitors - thus highlighting

the broad relevance of quiescence.

These analyses showcase our ability to probe the nature of quiescent phenotypes using a defined

dormancy signature, which could aid the development of methods to selectively target quiescent

drug-resistant persister cells. However, a major challenge of scRNA-seq data analysis is the high

percentage of gene dropout, which could impact our ability to evaluate dormancy using the full 139

gene signature. The scRNA-seq datasets we analysed exhibited an average drop-out of 8.5 genes

out of the full gene signature. While our scoring method remains robust to such levels of dropout

(Extended Data Figure 1c-e), we also employed machine learning to reduce our initial list of 139

markers of dormancy to a robust 35-gene signature, comprised mainly of RNA metabolism and

splicing-regulating factors, but also of genes involved in cell cycle progression, ageing and

senescence, which could be applied to sparser datasets with larger levels of gene dropout (Methods,

Figure 8a-b). The optimised signature of dormancy performed similarly to the initial broadly

defined programme in distinguishing highly dormant and fast cycling tumours (Figure 8c), showed

an average dropout of only 0.5 genes across the scRNA-seq datasets used in this study (Figure 8d),

was similarly prognostic (p=0.004) and showed comparable profiles of resistance to treatment

(Figure 8e, Extended Data Figure 8). This minimal expression signature could be employed to

track and further study emerging quiescence-induced resistance in a variety of therapeutic

scenarios.

DISCUSSION

Despite its crucial role in cancer progression and resistance to therapies, dormancy has remained

poorly characterised due to the scarcity of suitable models and biomarkers for large-scale tracking

in the tissue or blood. Lack of proliferative markers such as Ki67 or CDK2[21,81] does not uniquely

distinguish quiescence from other cell cycle phases, e.g. G1 or S. This study overcame this

limitation by employing genes active in different forms of quiescence whose patterns of expression

are distinct from markers of a longer G1 phase, senescence or stemness. We demonstrate a robust

method for profiling this signature to identify dormancy in bulk and single cell RNA-seq data, its

versatility evidenced by high classification accuracies across a variety of solid cancer datasets.

More variable performance was observed when applied to hematopoietic stem cells as it was not

designed to capture signals in this context (Extended Data Figure 1b).

We show that dormancy is pervasive across different solid cancers and generally associated with

more stable, less mutated genomes with intact DNA damage repair pathways. We also find a link

between APOBEC mutagenesis and higher levels of dormancy. We identify mutational events

affecting a variety of genes such as *PTEN*, *CEP89, CYLD*, *LMNA* that appear unfavourable to

dormancy development, thus potentially implicating them in influencing quiescence-proliferation

decisions. Among these, we propose *CEP89* amplification as novel biomarker of non-small cell

lung primary tumours with low quiescence capacity. Genomic alterations enriched in dormant

tumours, such as p16 or *ZMYM2* deletions, were more rare and predominantly captured pan-cancer.

Such targets should be further validated and could be exploited to either counteract dormancy or

induce it.

Our finding that primary tumour dormancy confers a favourable prognosis could raise a potential

limitation of our approach in distinguishing between slow-dividing and drug-tolerant persister cell

phenotypes[6] in bulk transcriptome data. Nevertheless, our methodology is directly extendable to

single cell data, where we demonstrate a clear association between existent/emerging quiescence

and resistance to multiple cell cycle, kinase signalling and epigenetic targeting regimens in a

variety of cancers. Quiescent cells utilise several mechanisms to achieve drug resistance, including

upregulation of stress-induced pathways such as anti-apoptotic BCL-2 signalling[82], anti-ROS

programmes[18] or immune evasion[10]. Further studies are needed to elucidate if these mechanisms

are specific to individual cancer tissues or individual quiescence types.

Overall, our study provides for the first time a pan-cancer view of dormancy and its evolutionary

constraints, underlying novel mutational dependencies which could be exploited in the clinic. We

propose a tumour dormancy signature which can be measured in bulk tissue or single cells, and

could inform therapeutic strategies or risk of relapse. This signature could be assessed in the clinic

to track rapidly emerging resistance, e.g. through liquid biopsies or targeted gene panels. We hope

these insights can be used as building blocks for future studies into the different regulators of

dormancy, including epigenetics and microenvironmental interactions, as well as the mechanisms

by which it enables therapeutic resistance both in solid and haematological malignancies.

ONLINE METHODS

Selection of quiescence marker genes

Generic quiescence markers:

Differential expression analysis results comparing cycling immortalised, non-transformed human epithelial cells and cells in five different forms of quiescence (spontaneous quiescence, contact inhibition, serum starvation, CDK4/6 inhibition and MEK inhibition) were obtained from Min and Spencer[18]. A total of 195 genes were differentially expressed in all five forms of quiescence under an adjusted p-value cut-off of 0.05. This gene list, reflective of a generic quiescence phenotype, was subjected to the following refinement and filtering steps: (1) selection of genes with a unidirectional change of expression across all five forms of quiescence; (2) removal of genes involved in other cell cycle stages included in the "KEGG_CELL_CYCLE" gene list deposited at MSigDB; (3) removal of genes showing low standard deviation and low levels of expression within the TCGA dataset, or which showed low correlation with the pan-cancer expression of the transcriptional targets of the DREAM complex, the main effector of quiescence, in TCGA.

Quiescence subtype-specific markers:

Gene lists representing spontaneous quiescence, contact inhibition, serum starvation, CDK4/6 inhibition and MEK inhibition programmes were obtained using genes differentially expressed in each individual quiescence form using an adjusted p-value cutoff of 0.05. The gene lists were subjected to filtering steps 2 and 3 described above. Following the refinement steps, 10 upregulated and 10 downregulated genes with highest log2 fold changes were selected for each quiescence type.

Dormancy quantification

The *GSVA* R package was used to implement the combined z-score[26], ssGSEA[27] and GSVA[28] gene set enrichment methods. For the above three methods a separate score was obtained for genes upregulated in quiescence and genes downregulated in quiescence, following which a final quiescence score was obtained by subtracting the two scores. The singscore single-sample gene signature scoring method[29] was implemented using the *singscore* R package. In addition to these, we also calculated a mean scaled quiescence score based on the refined list of genes upregulated and downregulated in quiescence, as well as a curated housekeeping genes from the "HSIAO_HOUSEKEEPING_GENES" list deposited at MSigDB, as follows:

$$QS = \frac{\frac{1}{n}\sum G_U - \frac{1}{n}\sum G_D}{\frac{1}{n}\sum G_H}$$

QS = mean scale quiescence score

G_U = expression of genes upregulated in quiescence

G_D = expression of genes downregulated in quiescence

G_H = expression of housekeeping genes

n = number of genes in each gene set

Quiescence scores for the TCGA cohort were derived from expression data scaled by tumour purity estimates. The pan-cancer TCGA samples were also classified into "high" or "low" quiescence groups based on k-means clustering (k=2) on the expression data of 139 quiescence biomarker genes, following the removal of tissue-specific expression differences using the *ComBat* function from the *sva* R package[83].

Measuring the depth of quiescence

We employed the GSE124109 dataset from Fujimaki et al[37] where rat embryonic fibroblasts were

transcriptomically profiled as they moved from shallow to deep quiescence over time in the

absence of growth signals. The derived quiescence scores using our combined z-score

methodology increased from shallow to deep quiescence.

Validation of quiescence scoring methodologies

Single-cell RNA-sequencing validation datasets:

Datasets were obtained from the ArrayExpress and Gene Expression Omnibus (GEO) databases

though the following GEO Series accession numbers: GSE83142, GSE75367, GSE137912,

GSE139013, GSE90742 and E-MTAB-4547. Quality control analysis was standardised using the

SingleCellExperiment[84] and *scater*[85] R packages. Normalisation was performed using the *scran*[86] R

package.

Bulk RNA-sequencing validation datasets:

Datasets were obtained from the GEO database through the following GEO Series accession

numbers: GSE93391, GSE114012, GSE131594, GSE152699, GSE124854, GSE135215,

GSE99116 and GSE124109. GSE114012 count data were normalised to TPM values using the

GeoTcgaData R package. All normalised datasets were log-transformed before further analysis.

The accuracy with which the quiescence scoring methods could separate proliferating and

quiescent samples within the validation datasets was determined by calculating the area under the

curve of the receiver operating characteristic (ROC) curves, using the *plotROC* R package.

Experimental validation in lung adenocarcinoma cell lines

The average fraction of cancer cells spontaneously entering quiescence was estimated for nine lung adenocarcinoma cell lines (NCIH460, A549, NCIH1666, NCIH1944, NCIH1563, NCIH1299, NCIH1650, H358, L23) using EdU and phospho-Rb staining proliferation assays.

Cell lines were obtained from ATCC or Sigma and regularly checked for mycoplasma. A549 and NCIH460 were cultured in DMEM (Gibco). NCIH358, NCIH1299 and NCIH1563 were maintained in RPMI-1640 (Gibco) supplemented with 5mM sodium pyruvate and 0.5% glucose. NCIH1944, NCIH1666, NCIH1650 and L23 were grown in RPMI-1640 ATCC formulation (Gibco). A427 were cultured in EMEM (ATCC). A549, NCIH460, H358, NCIH1299, NCIH1563, A427 were supplemented with 10% heat inactivated FBS. NCIH1666 with 5% heat-inactivated FBS and all other cell lines with 10% non-heat inactivated FBS. All cell lines had penicillin-streptomycin (Gibco) added to 1%. Cells were maintained at 37°C and 5% CO_2. To calculate the quiescent fraction, A549 and NCIH460 cells were plated at a density of 500 cells/well, and all other cell lines at a density of 1000/well, in 384well CellCarrier Ultra plates (PerkinElmer) in the relevant media. 24h later, 5 μM EdU was added and cells were incubated for a further 24h before fixing in a final concentration of 4% formaldehyde (15 min, RT), permeabilization with PBS/0.5% Triton X-100 (15 min, RT) and blocking with 2% BSA in PBS (60 min, RT). The EdU signal was detected using Click-iT chemistry, according to the manufacturer's protocol (ThermoFisher). Cells were also labelled for phospho-Ser807/811 Rb (PRb) using Rabbit mAb 8516 (CST) at 1:2000 in blocking solution, overnight at 4°C. Unbound primary antibody was washed three times in PBS and secondary Alexa-conjugated antibodies were used to detect the signal (ThermoFisher, 1:1000, 1h at RT). Finally nuclei were labelled with Hoechst 33258 (1 μg/ml, 15 min RT) before imaging on a high-content widefield Operetta microscope, 20x N.A. 0.8. Automated image analysis (Harmony, PerkinElmer) was used to segment and quantify nuclear signals in imaged cells.

Quiescent cells were defined by the absence of EdU or PRb staining, determined by quantification

of their nuclear expression (Figure 1e-f).

The quiescence scores for cancer cell lines were calculated using corresponding log-transformed

RPKM normalised bulk RNA-seq data from the Cancer Cell Line Encyclopedia (CCLE)

database[87].

CEP89 was depleted by ON-Target siRNA Pool from Horizon. NCI-H1299 cells were reverse

transfected in 384 well plates with 20nM of Non-targeting control (NTC) or CEP89-targeting

siRNA using Lipofectamine RNAiMax (ThermoFisher), according to the manufacturer's

instructions. Cells were left for 24h, before 5 μM EdU was added for the final 24h and then cells

were processed as above to determine the quiescent fraction. To determine the level of Cep89

depletion by western blot, cells were reverse transfected with siRNA in 24 well plates. 48h after

transfection, cells were lysed directly in 1x SDS sample buffer with 1mM DTT (ThermoFisher).

Samples were separated on pre-cast 4-20% Tris-Glycine gels, transferred to PVDF using the iBlot2

system and membranes blocked in blocking buffer (5% milk in TBS) for 1h at RT. The membrane

was then cut and the upper half was incubated in 1:1000 Cep89 antibody (Sigma, HPA040056), the

bottom half in B-actin antibody 1:2000 (CST; 3700S) diluted in blocking buffer overnight at 4'C.

Membranes were washed three times in TBS-0.05% TritonX-100 before being incubated in

secondary anti-rabbit (Cep89) or anti-mouse (B-actin) HRP conjugated antibodies (CST 7074P2

and CST 7076P2, respectively) diluted 1:2000 in blocking buffer for 1h at RT. Membranes were

washed three times again and signal detected using Clarity ECL solution (BioRad) and scanned on

an Amersham ImageQuant 800 analyser.

Multi-omics discovery cohort

FPKM normalised RNA-sequencing expression data, copy number variation gene-level data, as

well as mutation annotation files aligned against the GRCh38 human reference genome from the

Mutect2 pipeline were downloaded using the *TCGABiolinks* R package [88] for 9,712 TCGA primary

tumour samples across 31 solid cancer types. Haematological malignancies were excluded as the

quiescence markers were derived in epithelial cells and might not be equally suited to capture this

phenotype in blood. For patients with multiple samples available, one RNA-seq barcode entry was

selected for each individual patient resulting in 9,631 total entries. All expression data were log-

transformed for downstream analysis. During quiescence score calculation, expression data for the

primary tumour samples was scaled according to tumour purity estimates reported by Hoadley et

al[89] to account for potential confounding quiescence signals coming from non-tumour cells in the

microenvironment. Samples with purity estimates lower than 30% were removed, leaving 8,005

samples for downstream analysis.

The mutation rates of all TCGA primary tumour samples were determined by log-transforming the

total number of mutations in each sample divided by the length of the exome capture (38Mb).

TP53 functional status was assessed based on somatic mutation and copy number alterations as

described in Zhang et al[90]. *TP53* mutation and copy number for the TCGA tumours were

downloaded from cBioPortal (http://www.cbioportal.org). Tumours with *TP53* oncogenic

mutations (annotated by OncoKB) and copy-number alterations (GISTIC score $\leq$ -1) were assigned

as *TP53* mutant and CNV loss. Tumours without these *TP53* alterations were assigned as TP53

wild type. The effects of the *TP53* mutation status on quiescence score were then determined with

a linear model approach with the quiescence score as a dependent variable and mutational status as

an independent variable. The *P* values were FDR-adjusted.

APOBEC mutagenesis enriched samples were determined through pan-cancer clustering of

mutational signature contributions as described in Wiecek et al[91]. The APOBEC mutagenesis

cluster was defined as the cluster with highest mean SBS2 and SBS13 contribution. This was

repeated 100 times and only samples which appeared in the APOBEC cluster at least 50 times were

counted as being APOBEC enriched.

Aneuploidy scores and whole genome duplication events across TCGA samples were obtained from Taylor et al[92]. Microsatellite instability status for uterine corpus endometrial carcinoma, as well as stomach and colon adenocarcinoma samples were obtained from Cortes-Ciriano et al[58]. Telomerase enzymatic activity "EXTEND" scores were obtained from Noureen et al[40]. Expression-based cancer cell stemness indices were obtained from Malta et al[41]. Centrosome amplification transcriptomic signature (CA20) scores were obtained from Almeida et al[68].

PHATE dimensionality reduction

The *phateR* R package[93] was used to perform the dimensionality reduction with a constant seed for reproducibility. The *ComBat* function from the *sva* R package[94] was used to remove tissue-specific expression patterns from the TCGA RNA-seq data.

Cancer stem cell division estimates

The mean stem cell division estimates for different cancer types used in this study were obtained from Tomasetti and Vogelstein[39].

Positive selection analysis

Genes positively selected specifically in samples clustered into low or high dormancy groups were identified based on dN/dS analysis using the *dNdScv* R package[95], run with default parameters. Genes showing signals of positive selection in either the high dormancy or low dormancy samples which encoded olfactory receptors were discarded from downstream analysis.

Mutational signature estimation

Mutational signature contributions were inferred as described in Wiecek et al[91].

Ensemble elastic net regression model

The COSMIC database was used to source a list of 723 known drivers of tumorigenesis (Tiers 1+2). 285 oncogenes and tumour suppressors from a curated list showed a significant enrichment or depletion of mutations or copy number variants in dormant samples either pan-cancer or within individual TCGA studies.

To classify dormant from fast proliferating tumours, the 286 genes were used as input features for an ensemble elastic net regression model along the tumour mutational rate, whole-genome doubling estimates, ploidy, aneuploidy scores, 10 positively selected genes and 15 mutational signatures, which showed a significant correlation with quiescence scores either pan-cancer or within individual TCGA studies. The *caret* R package was used to build an elastic net regression model 1000 times on the training dataset of 3,753 TCGA primary tumour samples (80% of the total dataset). Only samples with at least 50 mutations were used in the model, for which mutational signatures could be reliably estimated. For each of the 1000 iterations, we randomly selected 90% of the samples from the training dataset to build the model. Only features which were included in all 1000 model iterations were selected for further analysis. To test the performance of our approach, a linear regression model was built using the reduced list of genomic features and their corresponding coefficients averaged across the 1000 elastic net regression model iterations. When applying the resulting linear regression model on the internal validation dataset of 936 samples, we found a strong correlation between the observed and predicted quiescence scores ($R = 0.73$, $p < 2.2e-16$).

SHAP values for the linear regression model used to predict quiescence scores were obtained using the *fastshap* R package.

Gene enrichment and network analysis

Gene set enrichment analysis was carried out using the *ReactomePA* R package, as well as GeneMania[96] and ConsensusPathDB[97]. Interactions between CEP89 and other cell cycle components were inferred using the list of cell cycle genes provided by cBioPortal and GeneMania to reconstruct the expanded network with direct interactors (*STAG1*, *CCND2*, *STAT3*). Networks were visualised using Cytoscape[98].

Gene lists

Genes associated with the G1 phase of the cell cycle were obtained from the curated "REACTOME_G1_PHASE " list deposited at MSigDB.

Genes associated with apoptosis were obtained from the curated "HALLMARK_APOPTOSIS" list deposited at MSigDB.

Genes associated with the senescence-associated secretory phenotype were obtained from Basisty et al[44]. Lists of genes making up the various DNA damage repair pathways were derived from Pearl et al[99].

Genes associated with contact inhibition were obtained from the curated "contact inhibition" gene ontology term. Genes associated with serum starvation were obtained from the curated "REACTOME_CELLULAR_RESPONSE_TO_STARVATION" list deposited at MSigDB. MEK inhibition was assessed based on the activity of the MAPK pathway as determined using an expression signature (MPAS) consisting of 10 downstream MAPK transcripts[100].

Validation of genomic features of dormancy

For elastic net model feature validation, RNA-seq data was downloaded for six cancer studies from cBioPortal[101], along with patient-matched whole-genome, whole-exome and targeted sequencing

data. The 6 datasets used comprise breast cancer (SMC[102] and METABRIC[103]), paediatric Wilms'

tumor (TARGET[104]), bladder cancer, prostate adenocarcinoma and sarcoma (MSKCC[105-107])

studies. The data were processed and analysed in the same manner as the TCGA data. RNA-seq

data for 27 MCF7 cell line strains, alongside cell line growth rates and targeted mutational

sequencing data were obtained from Ben-David et al[59].

Genomic dependency modelling in breast cancer

An ANOVA-based feature importance classification was used and identified 30 genomic features

most discriminative of samples with lower and higher than average quiescence scores. A random

forest model was then built using the identified features and correctly classified samples according

to their quiescence state with a mean accuracy of 74% across five randomly sampled test datasets

from the cohort.

Survival analysis

Multivariate Cox Proportional Hazards analysis was carried out using the *coxph* function from the

survival R package. The optimal quiescence score cut-off value of 2.95 was determined using the

surv_cutpoint function.

Treatment response scRNA-seq and bulk RNA-seq data

Datasets have been obtained from the GEO database through the following GEO Series accession

numbers: GSE134836, GSE134838, GSE134839, GSE137912, GSE149224, GSE124854,

GSE135215, GSE99116, GSE152699, GSE178839 and GSE139944. The *umap* R package was

used for dimensionality reduction with constant seed for reproducibility.

Quiescence subtype determination

TCGA cohort studies:

Samples with evidence of dormancy characterised by a generic quiescence score > 0 were further subclassified based on the most likely form of quiescence exhibited, among CDK4/6 inhibition, contact inhibition, MEK inhibition, spontaneous quiescence or serum starvation, using subtype-specific expression signatures. We opted for a conservative approach and classed each dormant sample into a specific quiescence subtype if the quiescence score for the corresponding programme was higher than one standard deviation of the distribution across the TCGA cohort, and if the score was significantly higher than for the remaining programmes when assessed using a Student's t test. Samples which could not be classified into any of the five quiescence states characterised in this study were classified as "uncertain".

Single-cell RNA seq treatment response datasets:

The quiescence subtype of individual single cells was inferred by mapping such individual cells onto the reference dataset of MCF10A cells reflecting different forms of quiescence obtained from Min and Spencer[18]. The *ComBat* R package was used to remove the study batch effect between the expression data to be classified and the reference bulk RNA-seq data. PCA dimensionality reduction analysis was then used on the combined datasets using the *prcomp* R function. For each patient sample or single-cell expression data entry, a k-nearest neighbour algorithm classification was performed using the *knn* function from the *class* R package. During the classification the three nearest reference bulk RNA-seq data points were considered, with two nearest neighbours with identical class needed for classification.

Optimisation of dormancy signature

We investigated if a subset of the 139 quiescence-related genes could act as a more reliable marker of dormancy that would bypass dropout issues in single cell data. This was performed in three steps:

(1) Assessment of individual importance as quiescence marker for a given gene

We collected three high confidence single cell expression datasets separating quiescent from dormant cells. A random forest model was trained on each dataset separately to predict the quiescence state of a given cell based on the expression levels of the 139 genes. The Gini indices corresponding to each gene in the model were normalised to a range of values between 0 and 1, which would reflect how important an individual gene was for determining quiescence state relative to the other 138 genes. The procedure was repeated 1000 times for each of the three datasets, and the average Gini coefficients across iterations were stored.

(2) Prioritisation of gene subsets based on cumulative importance in the model

Genes were placed in the candidate subset if their importance metric was above a given threshold in at least one of the datasets. By gradually increasing the threshold from 0 to 1, different gene combinations were produced.

(3) External validation of candidate subsets

The gene combinations in (2) were tested for their ability to predict quiescence. For this, a separate validation dataset was utilized, which contained gene expression levels for the 139 genes in the 10 lung cancer cell lines previously employed for experimental validation, along with the quiescence state of the lines as inferred by PRb and EdU staining. For each gene subset, a combined z-score of quiescence was calculated from the expression levels as described previously. The correlations between this z-score and the two experimental measurements of quiescence were used to establish the ability of a gene combination to predict

quiescence. Among the top performing subsets, a 35 gene signature with a mean correlation of

78% between predicted and measured quiescence levels in the test data (p=0.016) showed the

highest correlation with PRb measurements capturing short-lived quiescence, the more

common state observed in single cell treatment datasets. Therefore, this signature was deemed

to achieve the best trade-off between gene numbers and signal capture.

The optimised gene signature is available at https://github.com/secrierlab/CancerDormancy

Data visualization and basic statistics

Graphs were generated using the ggplot2 and ggpubr R packages. Groups were compared using a

two-sided Student's t test, Wilcoxon rank-sum test or ANOVA, as appropriate. P-values were

adjusted for multiple testing where appropriate using the Benjamini-Hochberg method.

Data availability

The results published here are in part based upon data generated by the TCGA Research Network:

https://www.cancer.gov/tcga, METABRIC (https://ega-archive.org/studies/EGAS00000000083),

MSK-IMPACT (https://www.mskcc.org/msk-impact), or deposited at cBioPortal

(https://www.cbioportal.org/) and GEO (https://www.ncbi.nlm.nih.gov/geo/). All data comply with

ethical regulations, with approval and informed consent for collection and sharing already obtained

by the relevant consortia.

Code availability

All code developed for the purpose of this study can be found at the following repository:

https://github.com/secrierlab/CancerDormancy

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AUTHOR CONTRIBUTIONS

MS designed the study and supervised the computational analyses. ARB designed and supervised the experimental validation in cell lines. GB supervised the analysis of p53 functional association. AJW developed the dormancy scoring methodology and performed all computational analyses to validate and apply it in bulk and single cell datasets, as well as link it to genomic features. SC performed the experimental validation of quiescence prevalence and CEP89 association with quiescence in cell lines. DK performed the inference of the minimal signature of dormancy applicable in single cell data. MPC performed the random forest modelling and feature selection in breast cancer. LG performed the positive selection analysis. GMT wrote the code for batch effect correction and for PCA mapping of single cell data on a reference dataset. DHJ performed the APOBEC enrichment classification. PZ and LX performed the quiescence comparison of p53 wild type and mutated cancers. MS, AJW, ARB and SC wrote the manuscript, with contributions from all other authors. All authors read and approved the manuscript.

663   **REFERENCES**

664   1.   Coller, H.A., Sang, L. & Roberts, J.M. A new description of cellular quiescence. *PLoS Biol* **4**, e83
665   (2006).
666   2.   van Dijk, D. *et al.* Slow-growing cells within isogenic populations have increased RNA polymerase
667   error rates and DNA damage. *Nat Commun* **6**, 7972 (2015).
668   3.   Chen, J. *et al.* A restricted cell population propagates glioblastoma growth after chemotherapy.
669   *Nature* **488**, 522-6 (2012).
670   4.   Puig, I. *et al.* TET2 controls chemoresistant slow-cycling cancer cell survival and tumor recurrence.
671   *J Clin Invest* **128**, 3887-3905 (2018).
672   5.   Rehman, S.K. *et al.* Colorectal Cancer Cells Enter a Diapause-like DTP State to Survive
673   Chemotherapy. *Cell* **184**, 226-242.e21 (2021).
674   6.   Phan, T.G. & Croucher, P.I. The dormant cancer cell life cycle. *Nat Rev Cancer* **20**, 398-411 (2020).
675   7.   Cabanos, H.F. & Hata, A.N. Emerging Insights into Targeted Therapy-Tolerant Persister Cells in
676   Cancer. *Cancers (Basel)* **13**(2021).
677   8.   Masago, K., Fujita, S. & Yatabe, Y. Targeting minimal residual disease after surgery with molecular
678   targeted therapy: the real path to a cure? *J Thorac Dis* **10**, S1982-S1985 (2018).
679   9.   Malladi, S. *et al.* Metastatic Latency and Immune Evasion through Autocrine Inhibition of WNT.
680   *Cell* **165**, 45-60 (2016).
681   10.   Ribas, A. Adaptive Immune Resistance: How Cancer Protects from Immune Attack. *Cancer Discov*
682   **5**, 915-9 (2015).
683   11.   Sosa, M.S., Bragado, P. & Aguirre-Ghiso, J.A. Mechanisms of disseminated cancer cell dormancy:
684   an awakening field. *Nat Rev Cancer* **14**, 611-22 (2014).
685   12.   Barkan, D. *et al.* Metastatic growth from dormant cells induced by a col-I-enriched fibrotic
686   environment. *Cancer Res* **70**, 5706-16 (2010).
687   13.   Arora, M., Moser, J., Phadke, H., Basha, A.A. & Spencer, S.L. Endogenous Replication Stress in
688   Mother Cells Leads to Quiescence of Daughter Cells. *Cell Rep* **19**, 1351-1364 (2017).
689   14.   Barr, A.R. *et al.* DNA damage during S-phase mediates the proliferation-quiescence decision in the
690   subsequent G1 via p21 expression. *Nat Commun* **8**, 14728 (2017).
691   15.   Heldt, F.S., Barr, A.R., Cooper, S., Bakal, C. & Novák, B. A comprehensive model for the
692   proliferation-quiescence decision in response to endogenous DNA damage in human cells. *Proc*
693   *Natl Acad Sci U S A* **115**, 2532-2537 (2018).
694   16.   Itahana, K. *et al.* A role for p53 in maintaining and establishing the quiescence growth arrest in
695   human cells. *J Biol Chem* **277**, 18206-14 (2002).
696   17.   Sadasivam, S. & DeCaprio, J.A. The DREAM complex: master coordinator of cell cycle-dependent
697   gene expression. *Nature Reviews Cancer* **13**, 585-595 (2013).
698   18.   Min, M. & Spencer, S.L. Spontaneously slow-cycling subpopulations of human cells originate from
699   activation of stress-response pathways. *PLoS Biol* **17**, e3000178 (2019).
700   19.   García-Gutiérrez, L., Delgado, M.D. & León, J. MYC Oncogene Contributions to Release of Cell
701   Cycle Brakes. *Genes (Basel)* **10**(2019).
702   20.   Aguirre-Ghiso, J.A., Estrada, Y., Liu, D. & Ossowski, L. ERK(MAPK) activity as a determinant of
703   tumor growth and dormancy; regulation by p38(SAPK). *Cancer Res* **63**, 1684-95 (2003).
704   21.   Spencer, S.L. *et al.* The proliferation-quiescence decision is controlled by a bifurcation in CDK2
705   activity at mitotic exit. *Cell* **155**, 369-83 (2013).
706   22.   Miller, I. *et al.* Ki67 is a Graded Rather than a Binary Marker of Proliferation versus Quiescence.
707   *Cell Rep* **24**, 1105-1112.e5 (2018).
708   23.   Reya, T., Morrison, S.J., Clarke, M.F. & Weissman, I.L. Stem cells, cancer, and cancer stem cells.
709   *Nature* **414**, 105-11 (2001).

24.   Kleinsmith, L.J. & Pierce, G.B., Jr. MULTIPOTENTIALITY OF SINGLE EMBRYONAL
CARCINOMA CELLS. *Cancer Res* **24**, 1544-51 (1964).
25.   Turati, V.A. *et al.* Chemotherapy induces canalization of cell state in childhood B-cell precursor
acute lymphoblastic leukemia. *Nature Cancer* (2021).
26.   Lee, E., Chuang, H.Y., Kim, J.W., Ideker, T. & Lee, D. Inferring pathway activity toward precise
disease classification. *PLoS Comput Biol* **4**, e1000217 (2008).
27.   Barbie, D.A. *et al.* Systematic RNA interference reveals that oncogenic KRAS-driven cancers
require TBK1. *Nature* **462**, 108-12 (2009).
28.   Hänzelmann, S., Castelo, R. & Guinney, J. GSVA: gene set variation analysis for microarray and
RNA-seq data. *BMC Bioinformatics* **14**, 7 (2013).
29.   Foroutan, M. *et al.* Single sample scoring of molecular phenotypes. *BMC Bioinformatics* **19**, 404
(2018).
30.   Aulestia, F.J. *et al.* Quiescence status of glioblastoma stem-like cells involves remodelling of
Ca(2+) signalling and mitochondrial shape. *Sci Rep* **8**, 9731 (2018).
31.   Kurppa, K.J. *et al.* Treatment-Induced Tumor Dormancy through YAP-Mediated Transcriptional
Reprogramming of the Apoptotic Pathway. *Cancer Cell* **37**, 104-122.e12 (2020).
32.   Ebinger, S. *et al.* Characterization of Rare, Dormant, and Therapy-Resistant Cells in Acute
Lymphoblastic Leukemia. *Cancer Cell* **30**, 849-862 (2016).
33.   Jordan, N.V. *et al.* HER2 expression identifies dynamic functional states within circulating breast
cancer cells. *Nature* **537**, 102-106 (2016).
34.   Xue, J.Y. *et al.* Rapid non-uniform adaptation to conformation-specific KRAS(G12C) inhibition.
Nature **577**, 421-425 (2020).
35.   Buczacki, S.J.A. *et al.* Itraconazole targets cell cycle heterogeneity in colorectal cancer. *J Exp Med*
215, 1891-1912 (2018).
36.   Grigore, F. *et al.* BRAF inhibition in melanoma is associated with the dysregulation of histone
methylation and histone methyltransferases. *Neoplasia* **22**, 376-389 (2020).
37.   Fujimaki, K. *et al.* Graded regulation of cellular quiescence depth between proliferation and
senescence by a lysosomal dimmer switch. *Proc Natl Acad Sci U S A* **116**, 22624-22634 (2019).
38.   Stallaert, W. *et al.* The structure of the human cell cycle. *bioRxiv*, 2021.02.11.430845 (2021).
39.   Tomasetti, C. & Vogelstein, B. Cancer etiology. Variation in cancer risk among tissues can be
explained by the number of stem cell divisions. *Science* **347**, 78-81 (2015).
40.   Noureen, N. *et al.* Integrated analysis of telomerase enzymatic activity unravels an association with
cancer stemness and proliferation. *Nature Communications* **12**, 139 (2021).
41.   Malta, T.M. *et al.* Machine Learning Identifies Stemness Features Associated with Oncogenic
Dedifferentiation. *Cell* **173**, 338-354.e15 (2018).
42.   Dimri, G.P. *et al.* A biomarker that identifies senescent human cells in culture and in aging skin in
vivo. *Proceedings of the National Academy of Sciences* **92**, 9363 (1995).
43.   Debacq-Chainiaux, F., Erusalimsky, J.D., Campisi, J. & Toussaint, O. Protocols to detect
senescence-associated beta-galactosidase (SA-betagal) activity, a biomarker of senescent cells in
culture and in vivo. *Nat Protoc* **4**, 1798-806 (2009).
44.   Basisty, N. *et al.* A proteomic atlas of senescence-associated secretomes for aging biomarker
development. *PLOS Biology* **18**, e3000599 (2020).
45.   Fischer, M. Census and evaluation of p53 target genes. *Oncogene* **36**, 3943-3956 (2017).
46.   Andreassen, P.R., Lohez, O.D., Lacroix, F.B. & Margolis, R.L. Tetraploid state induces p53-
dependent arrest of nontransformed mammalian cells in G1. *Molecular biology of the cell* **12**, 1315-
1328 (2001).
47.   Di Leonardo, A. *et al.* DNA rereplication in the presence of mitotic spindle inhibitors in human and
mouse fibroblasts lacking either p53 or pRb function. *Cancer Res* **57**, 1013-9 (1997).
48.   Ganem, N.J. *et al.* Cytokinesis failure triggers hippo tumor suppressor pathway activation. *Cell* **158**,
833-848 (2014).
49.   Alexandrov, L.B. *et al.* The repertoire of mutational signatures in human cancer. *Nature* **578**, 94-
101 (2020).
50.   Alexandrov, L.B. *et al.* Signatures of mutational processes in human cancer. *Nature* **500**, 415-421
(2013).
51.   Pich, O. *et al.* The mutational footprints of cancer therapies. *Nat Genet* **51**, 1732-1740 (2019).

52.   Maley, C.C. & Reid, B.J. Natural selection in neoplastic progression of Barrett's esophagus. *Semin*
766   *Cancer Biol* **15**, 474-83 (2005).
767   53.   Bardeesy, N. & DePinho, R.A. Pancreatic cancer biology and genetics. *Nat Rev Cancer* **2**, 897-909
768   (2002).
769   54.   Indovina, P., Pentimalli, F., Casini, N., Vocca, I. & Giordano, A. RB1 dual role in proliferation and
770   apoptosis: cell fate control and implications for cancer therapy. *Oncotarget* **6**(2015).
771   55.   Miyazono, K., Maeda, S. & Imamura, T. Coordinate regulation of cell growth and differentiation by
772   TGF-beta superfamily and Runx proteins. *Oncogene* **23**, 4232-7 (2004).
773   56.   Mas-Ponte, D. & Supek, F. DNA mismatch repair promotes APOBEC3-mediated diffuse
774   hypermutation in human cancers. *Nat Genet* **52**, 958-968 (2020).
775   57.   Kloor, M. & von Knebel Doeberitz, M. The Immune Biology of Microsatellite-Unstable Cancer.
776   *Trends Cancer* **2**, 121-133 (2016).
777   58.   Cortes-Ciriano, I., Lee, S., Park, W.-Y., Kim, T.-M. & Park, P.J. A molecular portrait of
778   microsatellite instability across multiple cancers. *Nature Communications* **8**, 15180 (2017).
779   59.   Ben-David, U. *et al.* Genetic and transcriptional evolution alters cancer cell line drug response.
780   *Nature* **560**, 325-330 (2018).
781   60.   Jakobsen, L. *et al.* Novel asymmetrically localizing components of human centrosomes identified
782   by complementary proteomics methods. *Embo j* **30**, 1520-35 (2011).
783   61.   Sillibourne, J.E. *et al.* Assessing the localization of centrosomal proteins by PALM/STORM
784   nanoscopy. *Cytoskeleton (Hoboken)* **68**, 619-27 (2011).
785   62.   Bettencourt-Dias, M. & Glover, D.M. Centrosome biogenesis and function: centrosomics brings
786   new understanding. *Nature Reviews Molecular Cell Biology* **8**, 451-463 (2007).
787   63.   Grallert, A. *et al.* Removal of centrosomal PP1 by NIMA kinase unlocks the MPF feedback loop to
788   promote mitotic commitment in S. pombe. *Curr Biol* **23**, 213-22 (2013).
789   64.   Wigley, W.C. *et al.* Dynamic association of proteasomal machinery with the centrosome. *The*
790   *Journal of cell biology* **145**, 481-490 (1999).
791   65.   Itoh, K., Jenny, A., Mlodzik, M. & Sokol, S.Y. Centrosomal localization of Diversin and its
792   relevance to Wnt signaling. *J Cell Sci* **122**, 3791-8 (2009).
793   66.   Kfoury, Y. *et al.* Ubiquitylated Tax targets and binds the IKK signalosome at the centrosome.
794   *Oncogene* **27**, 1665-1676 (2008).
795   67.   Lin, A., Wang, R.T., Ahn, S., Park, C.C. & Smith, D.J. A genome-wide map of human genetic
796   interactions inferred from radiation hybrid genotypes. *Genome Res* **20**, 1122-32 (2010).
797   68.   de Almeida, B.P., Vieira, A.F., Paredes, J., Bettencourt-Dias, M. & Barbosa-Morais, N.L. Pan-
798   cancer association of a centrosome amplification gene expression signature with genomic alterations
799   and clinical outcome. *PLOS Computational Biology* **15**, e1006832 (2019).
800   69.   Kohlmaier, G. *et al.* Overly long centrioles and defective cell division upon excess of the SAS-4-
801   related protein CPAP. *Curr Biol* **19**, 1012-8 (2009).
802   70.   Tang, C.-J.C., Fu, R.-H., Wu, K.-S., Hsu, W.-B. & Tang, T.K. CPAP is a cell-cycle regulated
803   protein that controls centriole length. *Nature Cell Biology* **11**, 825-831 (2009).
804   71.   Hafner, M. *et al.* Multiomics Profiling Establishes the Polypharmacology of FDA-Approved
805   CDK4/6 Inhibitors and the Potential for Differential Clinical Activity. *Cell Chem Biol* **26**, 1067-
806   1080.e8 (2019).
807   72.   Salvador-Barbero, B. *et al.* CDK4/6 Inhibitors Impair Recovery from Cytotoxic Chemotherapy in
808   Pancreatic Adenocarcinoma. *Cancer Cell* **37**, 340-353.e6 (2020).
809   73.   Guiley, K.Z. *et al.* p27 allosterically activates cyclin-dependent kinase 4 and antagonizes
810   palbociclib inhibition. *Science* **366**(2019).
811   74.   Pack, L.R., Daigh, L.H., Chung, M. & Meyer, T. Clinical CDK4/6 inhibitors induce selective and
812   immediate dissociation of p21 from cyclin D-CDK4 to inhibit CDK2. *Nat Commun* **12**, 3356
813   (2021).
814   75.   Zhu, X. *et al.* The prognostic and predictive potential of Ki-67 in triple-negative breast cancer.
815   *Scientific Reports* **10**, 225 (2020).
816   76.   Brown, J.A. *et al.* TGF-β-Induced Quiescence Mediates Chemoresistance of Tumor-Propagating
817   Cells in Squamous Cell Carcinoma. *Cell Stem Cell* **21**, 650-664.e8 (2017).
818   77.   Park, S.R. *et al.* Single-Cell Transcriptome Analysis of Colon Cancer Cell Response to 5-
819   Fluorouracil-Induced DNA Damage. *Cell Rep* **32**, 108077 (2020).

78. Aissa, A.F. *et al.* Single-cell transcriptional changes associated with drug tolerance and response to
combination therapies in cancer. *Nat Commun* **12**, 1628 (2021).
79. Tan, X., Thapa, N., Sun, Y. & Anderson, R.A. A kinase-independent role for EGF receptor in
autophagy initiation. *Cell* **160**, 145-60 (2015).
80. Srivatsan, S.R. *et al.* Massively multiplex chemical transcriptomics at single-cell resolution. *Science*
367, 45-51 (2020).
81. Moser, J., Miller, I., Carter, D. & Spencer, S.L. Control of the Restriction Point by Rb and p21.
Proc Natl Acad Sci U S A **115**, E8219-e8227 (2018).
82. Minassian, L.M., Cotechini, T., Huitema, E. & Graham, C.H. Hypoxia-Induced Resistance to
Chemotherapy in Cancer. *Adv Exp Med Biol* **1136**, 123-139 (2019).
83. Johnson, W.E., Li, C. & Rabinovic, A. Adjusting batch effects in microarray expression data using
empirical Bayes methods. *Biostatistics* **8**, 118-27 (2007).
84. Amezquita, R.A. *et al.* Orchestrating single-cell analysis with Bioconductor. *Nature Methods* **17**,
137-145 (2020).
85. McCarthy, D.J., Campbell, K.R., Lun, A.T.L. & Wills, Q.F. Scater: pre-processing, quality control,
normalization and visualization of single-cell RNA-seq data in R. *Bioinformatics* **33**, 1179-1186
(2017).
86. Lun, A.T., McCarthy, D.J. & Marioni, J.C. A step-by-step workflow for low-level analysis of
single-cell RNA-seq data with Bioconductor. *F1000Res* **5**, 2122 (2016).
87. Barretina, J. *et al.* The Cancer Cell Line Encyclopedia enables predictive modelling of anticancer
drug sensitivity. *Nature* **483**, 603-7 (2012).
88. Colaprico, A. *et al.* TCGAbiolinks: an R/Bioconductor package for integrative analysis of TCGA
data. *Nucleic Acids Res* **44**, e71 (2016).
89. Hoadley, K.A. *et al.* Cell-of-Origin Patterns Dominate the Molecular Classification of 10,000
Tumors from 33 Types of Cancer. *Cell* **173**, 291-304.e6 (2018).
90. Zhang, P. *et al.* Germline and Somatic Genetic Variants in the p53 Pathway Interact to Affect
Cancer Risk, Progression, and Drug Response. *Cancer Res* **81**, 1667-1680 (2021).
91. Wiecek, A.J., Jacobson, D.H., Lason, W. & Secrier, M. Pan-Cancer Survey of Tumor Mass
Dormancy and Underlying Mutational Processes. *Frontiers in Cell and Developmental Biology* **9**,
1820 (2021).
92. Taylor, A.M. *et al.* Genomic and Functional Approaches to Understanding Cancer Aneuploidy.
Cancer Cell **33**, 676-689.e3 (2018).
93. Moon, K.R. *et al.* Visualizing structure and transitions in high-dimensional biological data. *Nature*
biotechnology **37**, 1482-1492 (2019).
94. Leek, J.T., Johnson, W.E., Parker, H.S., Jaffe, A.E. & Storey, J.D. The sva package for removing
batch effects and other unwanted variation in high-throughput experiments. *Bioinformatics* **28**, 882-
3 (2012).
95. Martincorena, I. *et al.* Universal Patterns of Selection in Cancer and Somatic Tissues. *Cell* **171**,
1029-1041.e21 (2017).
96. Warde-Farley, D. *et al.* The GeneMANIA prediction server: biological network integration for gene
prioritization and predicting gene function. *Nucleic Acids Res* **38**, W214-20 (2010).
97. Kamburov, A. *et al.* ConsensusPathDB: toward a more complete picture of cell biology. *Nucleic*
Acids Res **39**, D712-7 (2011).
98. Shannon, P. *et al.* Cytoscape: a software environment for integrated models of biomolecular
interaction networks. *Genome Res* **13**, 2498-504 (2003).
99. Pearl, L.H., Schierz, A.C., Ward, S.E., Al-Lazikani, B. & Pearl, F.M.G. Therapeutic opportunities
within the DNA damage response. *Nature Reviews Cancer* **15**, 166-180 (2015).
100. Wagle, M.C. *et al.* A transcriptional MAPK Pathway Activity Score (MPAS) is a clinically relevant
biomarker in multiple cancer types. *NPJ Precis Oncol* **2**, 7 (2018).
101. Cerami, E. *et al.* The cBio cancer genomics portal: an open platform for exploring multidimensional
cancer genomics data. *Cancer Discov* **2**, 401-4 (2012).
102. Kan, Z. *et al.* Multi-omics profiling of younger Asian breast cancers reveals distinctive molecular
signatures. *Nat Commun* **9**, 1725 (2018).
103. Curtis, C. *et al.* The genomic and transcriptomic architecture of 2,000 breast tumours reveals novel
subgroups. *Nature* **486**, 346-52 (2012).

104.   Gadd, S. *et al.* A Children's Oncology Group and TARGET initiative exploring the genetic
landscape of Wilms tumor. *Nat Genet* **49**, 1487-1494 (2017).

105.   Iyer, G. *et al.* Prevalence and co-occurrence of actionable genomic alterations in high-grade bladder
cancer. *J Clin Oncol* **31**, 3133-40 (2013).

106.   Taylor, B.S. *et al.* Integrative genomic profiling of human prostate cancer. *Cancer Cell* **18**, 11-22
(2010).

107.   Barretina, J. *et al.* Subtype-specific genomic alterations define new targets for soft-tissue sarcoma
therapy. *Nat Genet* **42**, 715-21 (2010).

Figure 1: Methodology for quantifying cancer dormancy. (a) Workflow for evaluating

dormancy from RNA-seq data. 139 genes differentially expressed in multiple forms of quiescence

were employed to score dormancy across cancer tissues. **(b)** Receiver operating characteristic

(ROC) curves illustrating the performance of the z-score methodology on separating actively

proliferating and quiescent cells in seven single-cell (continuous curves) and bulk RNA-seq (dotted

curves) datasets. AUC = area under the curve. **(c)** Compared classification accuracies of the z-score

approach and classic cell proliferation markers across the seven single-cell/bulk RNA-seq

validation datasets. **(d)** Quiescence levels of embryonic fibroblast cells under serum starvation for

various amounts of time. Replicates are depicted in the same colour. **(e)** Representative images of

lung cancer cell lines immunostained and analysed to detect the quiescent fraction. Hoechst (labels

all nuclei) is in blue, PRb in green and EdU in red in merged image. White dashed circles highlight

quiescent cells that are negative for both PRb and EdU signals. Scale bar: 100 μm. **(f)** Graphs show

single cell quantification of PRb and EdU intensities taken from images and used to define the cut-

off to calculate the quiescent fraction (QF; green boxes). Images in **(e)** and graphs in **(f)** are taken

from the A549 cell line. **(g-h)** Correlation between theoretical estimates of a quiescence or G1 state

and the fraction of cells entering quiescence in nine lung adenocarcinoma cell lines, as assessed

through **(g)** phospho-Rb assays and **(h)** EdU assays. Mean of n=3 is shown for the average

percentage of quiescent cells.

Figure 2: Pan-cancer evaluation of dormancy. (a) PHATE plot illustrating the wide spectrum of

dormancy-proliferation states across 8,005 primary tumour samples from TCGA. Each sample is

coloured according to the relative dormancy level. **(b)** Variation in tumour dormancy levels across

different cancer tissues. **(c)** Correlation between mean quiescence scores and stem cell division

estimates for various tissue types. **(d)** Correlating tumour dormancy scores with cancer cell

stemness (Stemness Index), telomerase activity (EXTEND score) and the expression of several

commonly used proliferation markers. The Pearson correlation coefficient is displayed. RC –

replication complex. **(e)** Consistently higher levels of dormancy are detected in samples with

functional p53. **(f)** Lower quiescence scores are observed in tumours with one or two whole

genome duplication events. Wilcoxon rank-sum test p-values are displayed in boxplots, *p<0.05;

**p<0.01; ***p<0.001; ****p<0.0001.

Figure 3: Pan-cancer genomic landscape of dormancy. (a) Cancer drivers with mutations or

copy number alterations depleted pan-cancer in a dormancy context. Features further selected by

the pan-cancer model are highlighted. **(b)** Schematic of the ensemble elastic net modelling

employed to prioritise genomic changes associated with tumour dormancy. **(c)** Genomic events

significantly associated with dormancy, ranked according to their importance in the model (highest

to lowest). Each point depicts an individual tumour sample, coloured by the value of the respective

feature. For discrete variables purple indicates the presence of the feature and green its absence.

The Shapley values indicate the impact of individual feature values on the quiescence score

prediction. **(d)** Dormancy levels are significantly reduced in microsatellite unstable (MSI) samples

in stomach adenocarcinoma (STAD) and uterine corpus endometrial carcinoma (UCEC), with the

same trend (albeit not significant) shown in colon adenocarcinoma (COAD). Wilcoxon rank-sum

test *$p<0.05$; **$p<0.01$. **(e)** Genomic alterations are depleted across DNA repair pathways during

dormancy. Odds ratios of mutational load on pathway in dormancy are depicted, along with

confidence intervals. CS=chromosome segregation; p53=p53 pathway; UR=ubiquitylation

response; CPF=checkpoint factors; TM=telomere maintenance; CR=chromatin remodelling;

TLS=translesion synthesis; NHEJ=non-homologous end joining; NER=nucleotide excision repair;

MMR=mismatch repair; FA=Fanconi Anaemia; BER=base excision repair. **(f)** Dormancy is

increased in cell lines with slow doubling time across MCF7 strains, which also show lower

prevalence of PTEN mutations. **(g)** Tissue-specific changes in quiescence between samples

with/without dormancy-associated deletions (blue), amplifications (red) and SNVs (brown) within

the TCGA cohort (top) and external validation datasets (bottom).

Figure 4: CEP89 amplification is associated with lower tumour dormancy. (a) Network

illustrating CEP89 interactions with cell cycle genes (from GeneMania). The edge colour indicates

the interaction type, with green representing genetic interactions, orange representing predicted

interactions and purple indicating pathway interactions. The edge width illustrates the interaction

weight. **(b)** CA20 scores are significantly increased in TCGA primary tumours containing a CEP89

amplification. **(c)** Pan-cancer relationship between CA20 scores and tumour quiescence across the

TCGA cohort. **(d)** Cox proportional hazards analysis estimates of the log hazards ratio for the

impact of CEP89 expression on patient prognosis within individual cancer studies, after adjusting

for tumour stage. Patients with high expression of CEP89 show significantly worse prognosis

within ACC, LUSC, LIHC, KIRC and STAD, but significantly better prognosis within HNSC,

PAAD and KIRP studies. **(e)** Western blot showing depletion of Cep89 protein 48h after siRNA

transfection of NCI-H1299 cells. Mock is lipofectamine only, NTC is Non-targeting control

siRNA. B-actin is used as a loading control. **(f)** Graphs show that Cep89 depletion in NCI-H1299

cells leads to a reduction in nuclear number and an increase in the fraction of quiescent cells,

measured by an increase in the percentage of EdU negative (24h EdU pulse) and Phospho-Ser

807/811 Rb negative cells. One-Way ANOVA, $*p<0.05$, $**p<0.01$. Mean of n=3.

Figure 5: Genomic landscape of breast cancer dormancy. (a) ROC curve illustrating the mean

performance of the random forest model for dormancy prediction in breast cancer based on 9

randomisations. **(b)** Impurity criterion information gain for the top ranked genomic events

predictive of dormancy in the TCGA BRCA cohort, modelled using random forests. Features also

appearing in the pan-cancer model are highlighted in dark purple. WGD = whole-genome

doubling. **(c)** Tissue-specific changes in dormancy estimates between samples with and without

dormancy-associated amplifications (red) and SNVs (purple), identified by the breast cancer

specific random forest model, within the TCGA cohort (top panel) and external validation datasets

(bottom panel). **(d)** Dormancy scores are significantly higher in APOBEC mutation-enriched breast

cancer samples. **(e)** APOBEC-linked SBS2 mutational burden compared between breast cancer

subtypes. **(f)** Association between dormancy scores, APOBEC enrichment and breast cancer

subtypes in TCGA.

Figure 6: Pan-cancer characterisation of individual quiescence programmes. (a-e)

Comparison of correlation coefficients between quiescence programme scores and **(a)** mean

expression of CDK4 and CDK6, **(b)** mean expression of curated contact inhibition genes, **(c)** a

transcriptional MAPK Pathway Activity Score (MPAS), **(d)** mean expression of curated serum

starvation genes, and **(e)** CDKN1A expression, across TCGA cancers. The correlations expected to

be strongest (either negative or positive) are denoted by an asterisk. The generic quiescence score

refers to scores calculated using the original list of 139 genes differentially expressed across all 5

forms of quiescence. **(f)** Comparison of quiescence programme scores measured in cancer cell lines

before (grey) and after (red) Palbociclib treatment across three validation studies. Datasets used for

validation are denoted by their corresponding GEO series accession number. **(g)** Predicted

quiescence type composition of samples estimated to be dormant across individual cancer types.

The same colour legend as in **(a)** is applied. Gray bars represent the proportion of samples for

which the quiescence type could not be estimated.

Figure 7: Impact of cellular dormancy on patient prognosis and treatment response. (a)

989   Disease-specific survival based on tumour dormancy for patients from TCGA within 15 years of

follow up. Patients with high primary tumour dormancy showed significantly better prognosis than patients with low dormancy. **(b-c)** Hazard ratio ranges illustrating the impact of different forms of quiescence **(b)** and different tissues **(c)** on patient prognosis, after taking into account potential confounding factors. Values above 0 indicate significantly better prognosis in the context of high tumour dormancy. **(d)** Change in quiescence scores inferred from bulk RNA-seq across breast, pancreatic, colorectal and skin cancer cells in response to treatment with the CDK4/6 inhibitor Palbociclib, 5-FU or the BRAF inhibitor Vemurafenib. **(e-f)** UMAP plot illustrating the response of the TP53-proficient RKO colorectal cancer cell line to various 5-FU doses and the corresponding proportions of cells predicted to be quiescent/proliferating. Each dot is an individual cell, coloured according to its dormancy level. **(g-h)** The same as previous, but for the TP53-deficient SW480 cell line. **(i-j)** UMAP plot illustrating the response of individual PC9 NSCLC cells to the EGFR inhibitor Erlotinib across several time points and the corresponding proportion of cells predicted to be quiescent/proliferating. **(k)** Principal component analysis illustrating the superimposition of scRNA-seq profiles (circles) of quiescent NSCLC cells before/after EGFR inhibition onto the bulk RNA-seq reference data (triangles) for MCF10A cells occupying various quiescence states. **(l)** The proportion of NSCLC cells in **(k)** predicted to occupy different quiescence states across several time points.

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Figure 8: Optimisation of dormancy signature for use in scRNA-seq data. (a) Methodology for

refining the gene signature of dormancy: random forest classifiers are trained to distinguish

dormant from cycling tumours on three high confidence datasets; Gini index thresholding is

optimised to prioritise a final list of 35 genes. **(b)** Gini index variation, correlation with

experimentally measured quiescence via EdU and PRb staining assays, and corresponding p-values

are plotted as the number of genes considered in the model is increased. The red dotted line

indicates the threshold chosen for the final solution of 35 genes. The black dotted line indicates the

threshold for p-value significance. **(c)** Additional external validation of the 35 gene signature acting

as a classifier of quiescent and proliferation cells in single cell and bulk datasets. **(d)** Dropout in

single cell data by gene signature. The percentage of genes out of the 35 (red) and 139 (grey) gene

lists with reported expression across the single-cell RNA-seq datasets analysed in this study. **(e)**

Proportion of cycling and quiescent cells estimated in single cell datasets of p53 wild type and

mutant lines treated with 5FU, as well as cells treated with EGFR inhibitors. Data as in Figure 7.

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EXTENDED DATA

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Extended Data Figure 1: Quiescence evaluation and validation. (a) Classification accuracies

measured using the Matthews correlation coefficient (MCC) comparing the combined z-score

quiescence scoring method to other scoring methodologies across the seven single-cell and bulk

RNA sequencing validation datasets. **(b)** Receiver operating characteristic (ROC) curves

illustrating the accuracy of the combined z-score methodology when separating dormant and proliferating hematopoietic stem cells from three publicly available single-cell RNA-seq datasets. Datasets used are denoted by their corresponding GEO series accession number and the area under the curve (AUC) for each dataset is specified. **(c)** Mean correlation between computationally inferred dormancy scores after randomly removing variable number of genes from the dormancy signature and the fraction of cells entering quiescence in nine lung adenocarcinoma cell lines, as assessed through an EdU staining assay. **(d)** Same as **(c)** but with experimental levels of quiescence measured using a phospho-Rb staining assay. (e) Mean classification accuracy across 7 bulk and single-cell RNA-seq validation datasets after randomly removing variable number of genes from the dormancy signature. **(f-g)** PHATE plots displaying the first two principal components obtained from dimensionality reduction analysis across 8,005 primary tumour TCGA samples, based on the expression of 139 genes differentially expressed across different quiescence programmes before (left) and after (right) removal of tissue specific expression patterns. Each primary tumour sample is coloured by their corresponding tissue of origin **(f)** or the corresponding quiescence score **(g)**.

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Extended Data Figure 2: Expression and genomic patterns of dormant tumours. (a-d)

Correlation between quiescence scores and **(a)** telomerase activity inferred via the "EXTEND"

score, **(b)** stemness expression index, **(c)** the expression of the β galactosidase-encoding gene

GLB1 and **(d)** the expression of the Senescence-Associated Secretory Phenotype (SASP) gene

expression. **(e)** Consistently higher levels of quiescence are detected in samples with high

CDKN1A expression (encoding p21, upper quartile of the expression distribution) compared to

samples with low expression (lower quartile of the expression distribution) across TCGA cancer

types. **(f)** Consistently higher levels of dormancy are detected in samples with a functional

DREAM complex. TCGA studies where mutations within one of the DREAM components could

be detected in at least 10 patients are shown. **(g)** Correlation between quiescence levels and

mutational signature contributions across TCGA cancer types. Only significant correlations are

displayed (Pearson correlation p-value < 0.05).

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Extended Data Figure 3: Modelling and validating a pan-cancer classifier of dormancy. (a)

Genomic features and cancer types significantly associated with dormancy, ranked according to

their importance in the pan-cancer linear regression model (from highest to lowest contribution).

The genomic features highlighted are identical to Figure 3c, but cancer types are shown here as

well. Each point corresponds to one sample and is coloured according to the original value of the

respective feature. For discrete variables purple indicates the presence of the feature and green

indicates the absence of the feature. For cancer type variables, purple indicates the patient belongs

to the specified TCGA cancer type group. The Shapley values indicate whether the quiescence

scores predicted by the ensemble elastic net regression model for each patient are increased or

decreased depending on the cancer type of each individual as well as specific SNVS, CNV and

other genomic features. **(b)** Correlation between the observed quiescence scores within the test

dataset (x axis) and scores predicted by the linear regression model using the selected pan-cancer

features (y axis). **(c)** Pathways significantly altered in association with tumour dormancy.

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Extended Data Figure 4: CEP89 expression is associated with quiescence and has prognostic

value. (a-c) CEP89 expression is negatively correlated with quiescence scores in lung **(a)**, pancreas

(b) and thyroid **(c)** cancer cell lines. The NCI-H1299 cell line where CEP89 activity was tested is

highlighted in red. **(d)** Compounds with selective toxicity on cell lines with high CEP89

expression. The volcano plot shows the Pearson correlation coefficients and the corresponding p-

values for associations between CEP89 expression and Area Under the dose-response Curve

(AUC) for each compound across cell lines form the CCLE.

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Extended Data Figure 5: Quiescence subtype validation. Correlation between subtype-specific

quiescence estimates and **(a)** mean expression of CDK4/6, **(b)** the mean expression of curated

1081   contact inhibition genes, **(c)** MPAS scores, **(d)** mean expression of curated serum starvation genes

1082   and **(e)** CDKN1A expression, across individual TCGA cancer studies and pan-cancer. The colour

1083   gradient indicates the strength of the association (positive or negative).

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Extended Data Figure 6: Tumour dormancy relevance to clinical outcome. (a) Multivariate

Cox proportional hazards analysis of the disease specific survival in the TCGA cohort, modelled

on tumour dormancy (binarized by optimised survival cut-off into high, where score > 2.95; and

low, where score <= 2.95) and potential cofounding factors. **(b)** Quiescence scores in TCGA

cancers compared across tumour stages. **(c)** The average expression of apoptosis genes compared

between TP53 wild type RKO and TP53 mutant SW480 colorectal cancer cell lines in response to

various 5-FU treatment doses. **(d)** The average expression of apoptosis genes compared between

quiescent and cycling cells within the TP53 WT RKO and TP53 MT SW480 cell lines. **(e)** The

number of NSCLC cells sequenced during the EGFR inhibition treatment time course. **(f)** The

average expression of apoptosis genes compared between quiescent and cycling cells at different

time points during EGFR inhibition treatment. There is a notable increase in apoptotic activity of

cycling cells at day 1. **(g)** Response of melanoma cancer cells to BRAF inhibition treatment across

several time points, illustrated using UMAP plots coloured by quiescence score of individual cells.

(h) Response of NSCLC cells to EGFR inhibition via Erlotinib across several time points,

illustrated using UMAP plots coloured by quiescence score of individual cells. **(i)** Response of lung

adenocarcinoma cell lines to KRAS inhibition treatment across several time points, illustrated

using UMAP plots coloured by quiescence score of individual cells. **(j)** Percentage of cells

illustrated in **(g-i)** predicted to be quiescent across the treatment time course.

Extended Data Figure 7: Quiescence dynamics upon various treatment modalities. (a-b)

Percentage of quiescent MCF7 **(a)** and A549 **(b)** cells following 24-hour treatment with selected

compounds. Treatments highlighted in blue and red indicate the 30 compounds which showed the

highest decrease and increase in quiescence levels, respectively, in comparison to the control,

shown in grey. **(c-d)** The average percentage of quiescent MCF7 **(c)** and A549 **(d)** cells following a

24-hour treatment with compounds affecting specific pathways. Pathways shown in blue and red

indicate an average decrease and increase in quiescence respectively in comparison to the control,

shown in grey.

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Extended Data Figure 8: Application of reduced dormancy signature to scRNA-seq data. (a-

c) UMAP plot illustrating the response of **(a)** the TP53-proficient RKO colorectal cancer cell line

to various 5-FU doses, **(b)** the TP53-deficient SW480 colorectal cancer cell line to various 5-FU

doses, and **(c)** the P9 NSCLC cell line to the EGFR inhibitor Erlotinib across several timepoints.

Each dot is an individual cell and it is coloured according to its dormancy level, calculated using

the optimised 35 gene signature. **(d)** Principal component analysis illustrating the superimposition

of scRNA-seq profiles (circles) of quiescent NSCLC cells, inferred using the optimised 35 gene

signature, before and after EGFR inhibition onto the bulk RNA-seq reference data (triangles) for

MCF10A cells occupying various quiescence states. The NSCLC cell line quiescence type was

predicted using a k-nearest neighbour algorithm based on the bulk RNA-seq reference.

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