Distinct Nrf2 Signaling Thresholds Mediate Lung Tumor Initiation and

Progression

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Abstract

Mutations in the KEAP1-NRF2 pathway occur in up to a third of non-small cell lung

cancer (NSCLC) cases and often confer resistance to therapy and poor outcomes.

Here, we developed murine alleles of the KEAP1 and NRF2 mutations found in human

NSCLC and comprehensively interrogated their impact on tumor initiation and

progression. Chronic Nrf2 stabilization by Keap1 or Nrf2 mutation was not sufficient to

induce tumorigenesis, even in the absence of tumor suppressors p53 or Lkb1. When

combined with Kras$^{G12D/+}$, constitutive Nrf2 activation promoted lung tumor initiation and

early progression of hyperplasia to low-grade tumors but impaired their progression to

advanced-grade tumors, which was reversed by Nrf2 deletion. Finally, NRF2

overexpression in KEAP1 mutant NSCLC cell lines was detrimental to cell proliferation,

viability, and anchorage-independent colony formation. Collectively, our results

establish the context-dependence and activity threshold for NRF2 during the lung

tumorigenic process.

<u>Main</u>

NRF2 (nuclear factor-erythroid 2 p45-related factor 2) is a stress-responsive

transcription factor that regulates the detoxification of reactive oxygen species (ROS),

maintains cellular homeostasis, and regulates many facets of metabolism[1,2]. NRF2 is

negatively regulated by KEAP1 (Kelch-like ECH-associated protein 1), a substrate

adaptor protein for the cullin 3 (CUL3)-based E3 ubiquitin ligase that facilitates NRF2

ubiquitination and proteasomal degradation in the absence of oxidative or xenobiotic

stress[3]. NRF2 promotes the detoxification of carcinogens to limit deleterious mutations

that initiate cancer[4-7] and NRF2 activators are being explored as chemopreventative

agents[8-10]. However, NRF2 is frequently stabilized in many cancers, particularly non-

small cell lung cancer (NSCLC), where mutations in the KEAP1-NRF2 pathway are

found in up to 30% of cases[11,12]. NRF2 stabilization is associated with poor prognosis[13-

18], resistance to chemo- and radiotherapy[19,20], cancer cell survival[20], proliferation[21],

metabolic reprogramming[22-24], and metastasis[25]. It remains unclear, however, whether

chronic NRF2 stabilization transforms normal cells. Thus, it is important to understand

the contexts and mechanisms by which NRF2 can prevent and promote cancer

phenotypes.

Preclinical genetically engineered mouse models (GEMMs) have advanced our

understanding of the role of NRF2 in lung tumorigenesis[21,25-35]. NRF2 activation in

NSCLC has been modeled in GEMMs by inactivating Keap1 via conditional knockout[26-

29,31,33] or CRISPR-mediated deletion[25,32,34,35], in contrast to the KEAP1 mutations found

in human lung cancer. These studies have shown that Nrf2 promotes lung tumor

initiation[27,28], tumor size[32,36], progression[31,32], and metastasis[25]. However, other studies

have failed to see an effect of Nrf2 on lung tumor initiation[36,37] or size[34,35,37], and we

reported that Nrf2 activation significantly decreases tumor size[30]. Study conditions, time

points and phenotypes assayed varied across these studies. Therefore, the role NRF2

activation plays at distinct stages of tumor initiation and progression remains to be

determined.

In the current study, we generated lung cancer GEMMs expressing Keap1^{R554Q} and

Nrf2^{D29H} mutations to comprehensively investigate how Nrf2 activation affects each

stage of the tumorigenic process. These models also exhibit a series of graded NRF2

activation, allowing us to ask how different levels of Nrf2 influence lung tumor

progression. We found that constitutive Nrf2 stabilization induced by these mutations

was insufficient for lung tumor development, even in the context of tumor suppressor

loss. In contrast, these mutations promoted lung tumor initiation in the Kras$^{G12D/+}$ model

of early lung adenocarcinoma, consistent with previous studies[21,27,28].

Using the Kras$^{G12D/+}$; p53$^{fl/fl}$ adenocarcinoma model, we found that homozygous Keap1

mutation unexpectedly blocked tumor progression. Supportingly, we found that Nrf2

expression and activity was downregulated in advanced tumors, and Nrf2 deletion could

rescue the Keap1 mutation-mediated progression impairment. Overall, our data suggest

that NRF2 has distinct, threshold-dependent effects during lung tumor initiation and

progression.

Results

Keap1^{R554Q} and Nfe2l2^{D29H} alleles activate the Nrf2 transcriptional program

To study the role of NRF2 activation in lung cancer, we developed alleles harboring

either the Keap1^{R554Q} or the Nrf2^{D29H} mutation found in human NSCLC **(Fig. 1a, b)**.

Both Keap1^{R554Q} and Nrf2^{D29H} mutations prevent Keap1-mediated ubiquitination of Nrf2,

allowing for constitutive expression of Nrf2 and transcription of Nrf2 target genes[38,39]. To

generate the conditionally active *(CA)-Keap1^{R554Q}* allele, we inserted a wild-type *Keap1*

cDNA containing exons 3-5 flanked by loxP sites upstream of the R554Q mutation in

endogenous exon 4 of the *Keap1* gene **(Fig. 1a)**[30]. For the Lox-STOP-Lox *(LSL)-*

Nfe2l2^{D29H} allele, we inserted a loxP-flanked transcriptional and translational STOP

(LSL) cassette upstream of the D29H mutation in exon 2 of the endogenous *Nfe2l2*

gene **(Fig. 1b).** For both alleles, Cre-mediated excision of loxP-flanked cassettes allows

for physiological expression of Keap1^{R554Q} or Nrf2^{D29H}, recapitulating NRF2 activation in

human NSCLC. To validate the functionality of these alleles, we first generated mouse

embryonic fibroblasts (MEFs), which allowed the switching from a Nrf2 deficient state

(Nrf2$^{LSL/LSL}$) to a Nrf2 stabilized state (Nrf2$^{D29H/D29H}$), or from a basal Nrf2 state

(Keap1$^{+/+}$) to a stabilized Nrf2 state (Keap1$^{R554Q/R554Q}$) in an isogenic system. Using

these MEFs, we performed both transcriptomic profiling **(Fig. 1c, d)**. RNA-sequencing

indicated that both Keap1$^{R554Q/R554Q}$ and Nrf2$^{D29H/D29H}$ MEFs demonstrated increased

transcription of canonical Nrf2 target genes, including Nqo1, Srxn1, Txnrd1, and Gclc

(Fig. 1c, d). Prior targeting of the murine *Keap1* locus to generate a *Keap1^{flox}* allele

resulted in the generation of a hypomorphic allele prior to Cre-mediated recombination,

leading to decreased Keap1 levels and increased Nrf2 transcriptional activity throughout

the whole animal[40]. Importantly, we found no differences in expression of Keap1, Nrf2,

or Nrf2 target proteins Nqo1 and Gclc between CA-Keap1^{R554Q} and WT Keap1 MEFs,

indicating that the *CA-Keap1*^{R554Q} allele is not hypomorphic (**Fig. S1**). Collectively, these

results indicate that the mutant *Keap1^{R554Q}* and *Nfe2l2^{D29H}* alleles activate the Nrf2

transcriptional program.

Keap1 or Nrf2 mutation is not sufficient to initiate lung tumorigenesis

Given the importance of NRF2 in cytoprotection and redox homeostasis, there has been

a longstanding interest in activating NRF2 pharmacologically for chemoprevention[8-10].

The long-term safety of this approach, and whether the chronic activation of NRF2 can

transform healthy cells *in vivo*, remains unknown. Moreover, the whole body deletion of

Keap1 in mice results in postnatal lethality because of constitutive Nrf2 activation[41]. In

human lung tumors, *KEAP1* inactivation is frequently biallelic[13], whereas *NFE2L2*

mutations are frequently heterozygous[42]. Therefore, we induced the recombination of

Keap1 and *Nfe2l2* alleles in the lungs of Keap1$^{R554Q/+}$, Keap1$^{R554Q/R554Q}$, or Nrf2$^{D29H/+}$

mice using adenoviral-Cre to test whether constitutive Nrf2 activation is sufficient to

initiate lung tumor formation **(Fig. 2)**. First, we analyzed the overall survival between the

different groups. The median survival across genotypes ranged from approximately

650-750 days, with no significant survival differences observed between wild-type and

Keap1/Nrf2 mutant groups **(Fig. 2a)**. While mice did develop tumors, they comprised

age-associated tumors like lymphoma. Upon examination of mouse lung histology for

the presence of lung tumors, lung tumor-free survival was also not different between the

groups **(Fig. 2b)**. Finally, histological analysis of lung tissues revealed that both alveolar

and bronchiolar cells appeared phenotypically normal across the genotypes **(Fig. 2c)**.

These results indicate that constitutive Nrf2 activation is not sufficient to induce lung

tumor formation.

Keap1 or Nrf2 mutation is not sufficient to initiate lung tumorigenesis in

combination with tumor suppressor loss

To determine whether tumor suppressor loss was required for mutant Keap1 or Nrf2 to

initiate lung tumor formation, we crossed Keap1 and Nrf2 mutant mice with p53^{flox} and

Lkb1^{flox} alleles to concomitantly activate Nrf2 and delete these tumor suppressors in the

lung **(Fig. 3)**. We first examined the consequence of Nrf2$^{D29H/+}$, Keap1$^{R554Q/+}$, or

Keap1$^{R554Q/R554Q}$ in combination with p53 deletion. Mice were aged to 500 days, at

which time all mice were euthanized and examined for evidence of lung tumor

formation. While a small number of these mice did succumb to disease prior to 500

days, they developed age-associated tumors including lymphoma, and we did not

observe any differences in overall or lung tumor-free survival between genotypes **(Fig.**

3a,b). However, when examining the lung tissue histology, we observed dysplasia in

Keap1$^{R554Q/R554Q}$ bronchioles following loss of p53 **(Fig. 3c)**. This observation is

consistent with previous work showing that tracheospheres derived from *Keap1$^{-/-}$;Trp53^{-}*

$^{/-}$ cells had an aberrant morphology[29]. We next examined the consequence of Nrf2$^{D29H/+}$,

Keap1$^{R554Q/+}$ or Keap1$^{R554Q/R554Q}$ in combination with Lkb1 deletion. Similar to what was

observed with p53, we also did not find any differences in overall or lung tumor-free

survival between cohorts **(Fig. 3d,e)**. Moreover, the bronchiolar and alveolar

morphology was normal across genotypes, in contrast to what was observed upon p53

loss **(Fig. 3f)**. Our findings indicate that Keap1/Nrf2 mutation is not sufficient to initiate

lung tumor formation in combination with tumor suppressor loss.

Nrf2 activation cooperates with mutant Kras to promote lung tumor initiation and

early progression

We and others have reported that Nrf2 activation is important for Kras mutant lung

tumorigenesis[21,27,28]. To understand how Keap1 or Nrf2 mutation affect lung tumor

initiation and early progression, we crossed Keap1/Nrf2 mutant mice with the Kras$^{G12D/+}$

model of early lung adenocarcinoma[43]. While all mice succumbed to lung tumors with a

median survival of around 200 days, we observed no difference in survival between

cohorts **(Fig. 4a,b)**. We next validated that these mutations were activating toward Nrf2

in tumors by performing immunohistochemical staining for Nrf2 and the Nrf2 target

Nqo1. We observed that Keap1$^{R554Q/R554Q}$ expression resulted in the greatest degree of

Nrf2 activation, followed by Nrf2$^{D29H/+}$, and then Keap1$^{R554Q/+}$ compared to Keap1/Nrf2$^{+/+}$

expression **(Fig. 4c-f)**. To examine the influence of Nrf2 activation on tumor initiation,

we quantified tumor number across the genotypes and found that Keap1$^{R554Q/R554Q}$ and

Nrf2$^{D29H/+}$ significantly increased tumor number in the Kras$^{G12D/+}$ model **(Fig. 4g,h)**,

consistent with prior reports using Keap1 deletion models[27,28]. We then examined the

influence of Nrf2 on tumor progression by analyzing tumor grade. The distribution of

atypical adenomatous and bronchiolar hyperplasia (AAH and BH, respectively) and

tumors from grades 1 (adenoma) to 5 (adenocarcinoma) was determined. We observed

an increased proportion of grade 1 tumors in Keap1$^{R554Q/R554Q}$ and Nrf2$^{D29H/+}$ mice

compared to Keap1$^{R554Q/+}$ and Keap1/Nrf2$^{+/+}$ mice **(Fig. 4i)**. Surprisingly, we found that

there was a decrease in grade 3 tumor burden across all Keap1 and Nrf2 mutant

models **(Fig. 4j)**, although these tumors were rare. Our findings indicate that Kras$^{G12D/+}$

mutation cooperates with Keap1/Nrf2 mutation to promote formation of lung tumors and

early progression to low-grade tumors.

Nrf2 activation impairs lung adenocarcinoma progression

The decrease in grade 3 tumor burden in the Keap1/Nrf2 mutant models suggested that

Nrf2 activation may impair progression to higher grade tumors. We next used the

Kras$^{G12D/+}$; p53$^{fl/fl}$ (KP) model, which develops advanced-grade lung adenocarcinomas[44].

We previously reported that the expression of Keap1$^{R554Q/R554Q}$ dramatically decreased

overall tumor size in this model[30], but other groups have found differing effects of Nrf2

activation. While some studies reported that Keap1 inactivation promoted

adenocarcinoma progression[31,32], others reported that Keap1 deletion did not affect

tumor size[34,35], but the conditions used and phenotypes assayed varied across these

studies. Thus, we decided to perform comprehensive phenotyping on KP tumors

following Nrf2 activation. Similar to what we observed in the Kras$^{G12D/+}$ model, we found

that overall survival of the KP model was not affected by Keap1 or Nrf2 mutation **(Fig.**

5a,b). Moreover, we found that Keap1/Nrf2 mutation affected Nrf2 activation in a similar

manner to the Kras$^{G12D/+}$ model, with Keap1$^{R554Q/R554Q}$ being the most activating,

followed by Nrf2$^{D29H/+}$, and then Keap1$^{R554Q/+}$ compared to Keap1/Nrf2$^{+/+}$ mice **(Fig. 5c-**

f). Next, we examined tumor progression by tumor grading and found a significant

decrease in the proportion of grade 3 and 4 tumors in the Keap1$^{R554Q/R554Q}$ cohort **(Fig.**

5g,h). We also observed an increase in the proportion of grade 1 tumors with

Keap1$^{R554Q/R554Q}$, suggesting that there may be a threshold for Nrf2 activation to

promote early progression, but impair late progression **(Fig. 5h)**. Moreover, we found

similar trends by analyzing tumor burden by grade, as seen with an increase in grade 1

tumor burden and a decrease in grade 3 tumor burden with Keap1$^{R554Q/R554Q}$ **(Fig. 5i)**.

Although not statistically significant, the Nrf2$^{D29H/+}$ cohort also had a modest decrease in

grade 3 and 4 tumors, further supporting a threshold for Nrf2 to impair tumor

progression **(Fig. 5g-i)**. We next investigated whether tumors that progressed to the

adenocarcinoma stage altered Nrf2 expression and/or activity. To this end, we analyzed

Nrf2 and Nqo1 levels across all tumor grades and hyperplasia (AAH, BH). We found

that Nrf2 and Nqo1 levels were highly elevated in Keap1/Nrf2 mutant grade 1 tumors,

with Nqo1 demonstrating increased nuclear localization in homozygous Keap1 mutant

tumors compared to Nrf2 mutant tumors **(Fig. 6a)**. However, as tumors progressed to

higher grades, Nrf2 and Nqo1 expression were reduced in the Keap1/Nrf2 mutant

models **(Fig. 6a-c)**. These results suggest that Nrf2 activation beyond a certain

threshold impairs advanced-grade tumor progression, requiring selection for a more

tolerable level of Nrf2 expression and activity in high-grade tumors.

NRF2 overexpression impairs NSCLC cell proliferation, viability, and anchorage-

independent colony formation

KEAP1 has other substrates[45-50], raising the question of whether NRF2 plays a causal

role in tumor suppression. It was previously reported that KEAP1 mutant lung cancer

cell lines are "NRF2 addicted" and dependent on NRF2 for proliferation[51]. Supportingly,

analysis of DepMap data[52] revealed that NSCLC cell lines with high NRF2 activity[22],

which were enriched for KEAP1 mutations, exhibited NRF2 dependence **(Fig. 7a)**. To

directly test the hypothesis that excessive NRF2 activation above a specific threshold is

detrimental to lung tumor cell growth, we used lentiviral transduction to overexpress

NRF2 in five KEAP1 mutant lung cancer cell lines (H1944, H322, A549, HCC15, H460).

We confirmed overexpression of NRF2 by western blot analysis of NRF2 and target

genes GCLC, xCT, and GSR **(Fig. 7b)**. Lentiviral transduction increased the expression

of NRF2 in all cell lines, and also increased the expression of NRF2 targets,

demonstrating that NRF2 binding sites were not saturated by the level of NRF2 in these

cell lines **(Fig. 7b)**. Next, we determined the influence of NRF2 overexpression on

cellular proliferation and death over the course of four days using live cell imaging **(Fig.**

7c-g). We found that NRF2 overexpression decreased cell proliferation in all cell lines,

and increased cell death in 4 out of 5 cell lines **(Fig. 7f,g)**. Finally, we observed

impaired anchorage-independent growth in soft agar in all cell lines **(Fig. 7h,i)**. These

results indicate that there is an optimal threshold of NRF2 activity, and that excess

NRF2 activation can impair lung cancer phenotypes.

Single copy Nrf2 deletion rescues homozygous Keap1^{R554Q}-mediated tumor

progression impairment

To directly examine whether reducing Nrf2 levels could alleviate the block in

adenocarcinoma progression in the Keap1$^{R554Q/R554Q}$ model, we crossed a Nrf2^{flox} allele

into both our Kras$^{G12D/+}$; p53$^{fl/fl}$ and Kras$^{G12D/+}$; p53$^{fl/fl}$; Keap1$^{R554Q/R554Q}$ models. Because

we previously found that complete Nrf2 deficiency impairs tumor initiation[21], we

examined the consequence of single copy Nrf2 deletion on tumor phenotypes. Again,

we found no difference in overall survival between groups **(Fig. 8a)**. We also observed

that Nrf2 deletion in the Keap1$^{R554Q/R554Q}$ model significantly decreased expression of

Nrf2 and Nqo1 **(Fig. 8b-e, S2)**. Moreover, histological examination of the lungs revealed

a striking difference in tumor number and size, with Nrf2 heterozygous deletion having a

minimal effect on the Kras$^{G12D/+}$; p53$^{fl/fl}$ model while dramatically increasing tumor

burden in the Kras$^{G12D/+}$; p53$^{fl/fl}$; Keap1$^{R554Q/R554Q}$ model **(Fig. 8f).** Next, we examined

tumor progression in these models. In agreement with our previous experiment **(Fig.**

5h), we found that the Keap1$^{R554Q/R554Q}$ cohort had a significant reduction in

adenocarcinoma progression upon Nrf2^{WT} expression **(Fig. 8g)**. However, upon single

copy Nrf2 deletion (Nrf2$^{flox/+}$), Keap1$^{R554Q/R554Q}$ failed to suppress tumor progression

(Fig. 8g). Similar findings were observed when analyzing tumor burden by grade, with a

decrease in grade 3 tumor burden induced by Keap1$^{R554Q/R554Q}$ that was alleviated by

single copy deletion of Nrf2 **(Fig. 8h)**. These results demonstrate that there is a

threshold by which Nrf2 activation can promote or impair tumor initiation or progression.

<u>Discussion</u>

Using genetically engineered mouse models of Keap1/Nrf2 mutation, we find that

Keap1 or Nrf2 mutations alone are insufficient to cause lung tumor formation. Even in

combination with tumor suppressor loss, we did not observe lung tumor formation after

500 days, suggesting that chronic NRF2 activation would be a safe strategy for

chemoprevention. These findings corroborate previous studies showing that Keap1

deletion does not induce lung tumor development[26], even in the absence of tumor

suppressors p53 or Lkb1[27], out to 12-15 months. In combination with Kras$^{G12D/+}$

mutation, we found that Nrf2 activation promoted tumor initiation. Our results are

consistent with previous work indicating that Nrf2 activation via Keap1 deletion

promotes Kras$^{G12D/+}$ tumor initiation[27,28]. Surprisingly, we find that Nrf2 activation impairs

tumor progression, which is correlated with Nrf2 dosage. In our previous study with

Keap1$^{R554Q/R554Q}$ mice, we reported smaller tumors in the KP model[30], which we now

find is due to impaired tumor progression mediated by Nrf2 hyperactivation. Because

most prior studies from other groups did not specifically analyze tumor grade[25,27,34,35],

they may not have captured this effect of Nrf2 on tumor progression. Alternatively, there

may be biological differences between Keap1 deletion and mutation.

Our findings that tumors downregulate Nrf2 to select for a level permissive for tumor

progression and that ectopic NRF2 expression antagonizes the proliferation and viability

of human NSCLC cells are supported by our finding that single copy deletion of Nrf2

can rescue the homozygous Keap1^{R554Q}-mediated block in tumor progression. This

result demonstrates a direct role for Nrf2 hyperactivation but we cannot exclude the

possibility that alternative KEAP1 substrates, such as PGAM5[45], PALB2[46], MCM3[47] or

EMSY[48], contribute to the block in tumor progression. In agreement with our findings, a

Keap1-binding defective Nrf2^{E79Q} mouse model of small-cell lung cancer (SCLC) with

p53/ p16 inactivation[53] also displayed Nrf2 downregulation in aggressive SCLC tumors.

The exact mechanism(s) by which high NRF2 activity impairs tumor cell proliferation

and tumor progression remains to be determined. The dosage-dependent effects of

Nrf2 are reminiscent of what has been observed for oncogenes like Ras and Myc,

where low levels promote transformation and proliferation, and high levels promote

senescence or death[54,55].

Given that KEAP1 and NRF2 mutations are found with a high frequency in human

NSCLC and are associated with poor outcomes, these findings raise the question of

under which contexts NRF2 activation provides an advantage. Our findings that

NRF2/KEAP1 mutation promotes tumor initiation are consistent with recent results from

the TRACERx study, where *KEAP1* mutations were found to be an initiating driver

together with *KRAS* and *TP53* mutations in lung adenocarcinoma[56], and suggest that

additional genetic events may be needed to overcome NRF2-mediated inhibition of

tumor progression. We did not find that these mutations conferred poor outcomes in our

mouse models, but there are multiple features of patient tumors not captured by our

models that remain to be examined. They did not develop metastases with sufficient

frequency, precluding an examination of the influence of Nrf2 activation on metastasis

as reported previously[25]. Moreover, mice are not exposed to smoking and other

environmental toxins under which NRF2 activation may promote survival[4-7]. We have

also not tested the response of these models to therapy. Overall, our work

demonstrates the context-dependence of the role of NRF2 during the complex stages of

tumorigenesis and warrants further investigation into how NRF2 elicits distinct

responses.

Methods

Mice

Mice were housed and bred in accordance with the ethical regulations and approval of the IACUC (protocols #: IS00003893R and IS00007922R). Generation of the Keap1 targeting vector was previously described[30]. Briefly, the *CA-Keap1^{R554Q}* allele (Keap1^{tm1Gmdn}, MGI: 7327097) was made by inserting a wild-type *Keap1* cDNA containing exons 3-5 flanked by loxP sites upstream of the R554Q mutation in exon 4 of the *Keap1* gene. *Keap1* was targeted in C10 murine ES cells and cells were selected with blasticidin. To make the *LSL-Nfe2l2^{D29H}* allele (Nfe2l2^{tm1Gmdn}, MGI: 7327101), a STOP cassette flanked by loxP sites was inserted into intron 1 and codon 29 in endogenous exon 2 was mutated from an aspartic acid to a histidine. The endogenous *Nfe2l2* locus was targeted in C10 murine ES cells and puromycin was used to select positive cells. For both alleles, positive clones were screened by copy number real-time PCR and injected into blastocysts. Genotyping primers were as follows: for the *Keap1*^{R554Q} allele: Mutant forward: 5'-ATGGCCACACTTTTCTGGAC-3'; wild-type (WT) forward: 5'-GGGGGTAGAGGGAGGAGAAT-3'; Common reverse: 5'-GCCACCCTATTCACAGACCA-3'. The WT PCR product was 326 bp and the mutant PCR product 584 bp. For the *Nfe2l2*^{D29H} allele: WT forward: 5'-GAGGCAGGTAGTTCTCTGAGTTTG-3'; Common reverse: 5'-GCAAATGCACTGAGACACTCAT-3'; Mutant forward: 5'-CTAGCCACCATGGCTTGAGT-3'. The WT PCR product was 189 bp and the mutant PCR product 282 bp. All mice were maintained on a mixed C57BL/6 genetic background. In addition to Keap1^{R554Q} and Nrf2^{D29H} mice, p53^{flox} (RRID:IMSR_JAX:008462); Lkb1^{flox} (RRID:IMSR_JAX:014143); Nrf2^{flox} (RRID:IMSR_JAX:025433); and LSL-Kras$^{G12D/+}$ (RRID:IMSR_JAX:008179) mice were used. For mouse lung tumor studies, intranasal installation of 2.5 x 10^7 PFU adenoviral-Cre (University of Iowa) was used to induce lung tumors as previously described[43]. Adenoviral infections were performed under isofluorane anesthesia.

Murine embryonic fibroblast generation and culture

MEFs were isolated from E13.5-14.5-day old embryos and maintained in pyruvate-free DMEM (Corning) containing 10% FBS, 100 units/mL penicillin and 100 μg/mL

streptomycin (Gibco) in a humidified incubator with 5% CO_2 and 95% air at 37°C. MEFs

were used within four passages and infected with control empty adenovirus or

adenoviral-Cre (University of Iowa) at an approximate multiplicity of infection of 500.

RNA-sequencing preparation and analysis

Samples were prepared using the RNeasy plus mini kit (Qiagen, 74134). RNA quality

was checked with the QIAxcel RNA QC kit (Qiagen, 929104). Additional RNA QC,

sequencing, mapping to the mouse genome, and analysis were performed by

Novogene. Differentially expressed genes (DESeq2) with $p < 0.05$ were included in the

volcano plot.

Immunohistochemistry (IHC)

Mouse lung tissue was fixed with 10% formalin overnight, transferred to 70% ethanol

and paraffin embedded to be sectioned. Unstained tissue sections were de-paraffinized

in xylene followed by rehydration in a graded alcohol series. Antigen retrieval was

performed by boiling in 10mM citrate buffer (pH 6). Antibodies used for IHC include

affinity-purified NRF2 (1:150 or 1:300)[57] and NQO1 (Sigma Aldrich, RRID:AB_1079501,

1:500). Following overnight incubation at 4°C in primary antibody, the ImmPRESS HRP

goat anti-rabbit kit (Vector Laboratories, RRID:AB_2631198) was used as directed by

manufacturer's instructions. DAB peroxidase (HRP) substrate (Vector Laboratories, SK-

4105) was used to develop immunohistochemical staining, followed by counterstaining

with hematoxylin (Vector Laboratories, H-3404). Slides were scanned with the Aperio

imager at 20x and the H-score of at least five representative regions/ mouse was

analyzed with QuPath software[58]. Representative images were captured using the Axio

Lab.A1 microscope at 40x (Carl Zeiss Microimaging Inc.).

Tumor grading analysis and histology

Lung tumor grading was performed manually as previously described[44]. Tumor grading

distribution percentages were calculated by dividing the number of tumors in a specific

grade by the total number of tumors per mouse. Tumor burden by grade was calculated

by dividing the area of the lung covered by a specific tumor grade by the total lung area.

NSCLC cell lines and culture

Human lung cancer cell lines used include H1944 (RRID:CVCL_1508), H322

(RRID:CVCL_1556), A549 (RRID:CVCL_0023), HCC15 (RRID:CVCL_2057), and H460

(RRID:CVCL_0459) and were previously described[22]. Cells were cultured in RPMI 1640

(Gibco) containing 5% FBS without antibiotics in a humidified incubator with 5% CO_2

and 95% air at 37°C. Cells were screened regularly and confirmed to be free of

mycoplasma with the MycoAlert kit (Lonza).

Lentivirus generation and infection of NSCLC cells

Lentiviruses were made by transfecting Lenti-X 293T cells (Takara 632180) overnight

with polyethylenimine (PEI), lentiviral plasmid (pLX317-NRF2[59] or the control pLX317

empty vector[30]), and packaging plasmids pCMV-dR8.2 dvpr (RRID:Addgene_8455) and

pCMV-VSV-G (RRID:Addgene_8454) in DMEM containing 10% FBS. To generate

NRF2-overexpressing cells, NSCLC cells were transduced for 24 hrs with lentiviruses in

medium containing polybrene (8 µg/mL). After transduction, infected cells were selected

with 0.5 µg/mL (H1944, H322, H460) or 1 µg/mL (A549, HCC15) puromycin for 72 hrs.

Immediately following selection, cells were seeded in respective puromycin

concentrations for the indicated assays.

Cell proliferation and cell death assays

NSCLC cells were monitored with the CELLCYTE X^{TM} live cell imaging instrument

(Cytena) over the course of 96 hours. Prior to imaging, SYTOX Green nucleic acid stain

(Thermo Fisher Scientific, S7020) was added to medium at a final concentration of 20

nM. Images were acquired from each well at 8-hour intervals and analyzed using

CellCyte Studio (CELLINK). Cell confluency was represented as the % of the image

covered by cells. The number of dead cells was normalized to cell confluency [number

of Sytox Green positive cells/ mm^2/ cell confluency]. The area under the curve (AUC)

values were calculated by summing the proliferation or normalized dead cell number at

each time point.

Western blotting

Cells were lysed in ice-cold RIPA buffer with protease inhibitors (Fisher Scientific, PIA32955) followed by sonication in a water bath sonicator (Diagenode). Protein was quantified using the DC protein assay (Bio-Rad). Lysates were prepared with 6X SDS sample buffer containing 12% (v/v) β-ME (VWR) and separated on Bolt™ or NuPAGE 4-12% Bis-Tris gels (Invitrogen). SDS-PAGE separation was followed by transfer to 0.45 µm nitrocellulose membranes (GE Healthcare). The membranes were blocked in 5% non-fat milk in Tris-buffered saline with 0.1% Tween 20 (TBST). For immunoblotting, the following antibodies diluted in 5% milk in TBST were used: KEAP1 (Millipore Sigma, RRID:AB_2921362, 1:2000), NRF2 (Cell Signaling Technologies, D1Z9C, RRID:AB_2715528, 1:1000), NQO1 (Sigma Aldrich, RRID:AB_1079501, 1:1000), GCLC (Sana Cruz Biotechnology, H-5, RRID:AB_2736837, 1:1000), xCT (abcam, RRID:AB_778944, 1:1000), GSR (Santa Cruz Biotechnology, RRID:AB_2295121, 1:1000), β-actin (Invitrogen AM4302, RRID:AB_2536382, 1:100,000). HRP secondary antibodies used include goat anti-rabbit IgG (Jackson ImmunoResearch Labs, RRID: AB_23135627), goat anti-mouse IgG (Jackson ImmunoResearch Labs, RRID:AB_10015289), and goat anti-rat IgG (Jackson ImmunoResearch Labs, RRID:AB_2338128). Membranes were developed with Clarity ECL substrate (Bio-Rad) or a luminol-based homemade ECL substrate.

Soft agar colony formation assays

6-well plates were coated with a 0.8% agar prepared in RPMI. NSCLC cells were then seeded in 0.4% agar in RPMI. After the cell/ agar mixture solidified, RPMI medium containing 10% FBS, Pen/Strep and puromycin was added to each well and replenished every few days. Colonies were allowed to form for 10–16 days, and wells were stained with 0.01% crystal violet in a 4% paraformaldehyde in PBS solution. Plates were scanned on a flatbed scanner and ImageJ was used to quantify colonies.

DepMap Analysis

NFE2L2 dependency scores were downloaded from the DepMap database v. 22Q2[52]. Values were plotted from CRISPR (DepMap 22Q2 Public+Score, Chronos) for non-

441 small cell lung cancer cell lines that we previously evaluated for high or low NRF2

442 activity[22].

Statistical analysis

445 Graphpad Prism9 software was used for statistical analyses and P values < 0.05 were

446 considered significant, with symbols as follows: *p<0.05, **p<0.01, ***p<0.001,

447 ****p<0.0001. All data is represented as mean +/- standard deviation unless otherwise

448 stated. For all experiments, similar variances between groups were observed.

Online supplemental material

451 **Fig. S1** shows that the *CA-Keap1^{R554Q}* allele does not exhibit hypomorphism in mouse

452 embryonic fibroblasts. **Fig. S2** shows the H-scores by tumor grade of Nrf2 and Nqo1

453 immunohistochemical staining in Kras$^{G12D/+}$; p53$^{fl/fl}$ and Kras$^{G12D/+}$; p53$^{fl/fl}$;

454 Keap1$^{R554Q/R554Q}$ mouse models with single copy Nrf2 deletion.

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Author Contributions

G.M.D. conceived the project and G.M.D. and J.M.D. designed the experiments.

G.M.D., I.I.C.C. and F.A.K. designed and generated the Nrf2 and Keap1 mutant mice.

G.M.D. performed the RNA sequencing. Maintenance of animal colonies, generation of

experimental animals, and collections of tissues were performed by A.F., with

assistance from S.C. and N.F.P. J.M.D. performed cell line experiments,

immunohistochemistry, and tumor histology analyses. J.R.P. and E.E.S. generated the

affinity-purified NRF2 antibody used for immunohistochemistry. J.M.D. and G.M.D.

wrote the manuscript, and all authors reviewed it. G.M.D. acquired funding and

supervised the study.

Competing interests

The authors declare no competing financial or personal interests.

Additional information

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A *CA-Keap1^{R554Q}* allele

B *LSL-Nfe2l2^{D29H}* allele

C Keap1$^{R554Q/R554Q}$ RNA-Seq

D Nrf2$^{D29H/D29H}$ RNA-Seq

Figure 1. Development of mutant *Keap1* and *Nfe2l2* alleles found in human lung cancer. (A) The conditionally active (CA)-*Keap1^{R554Q}* allele was generated by inserting a loxP-flanked, wild type (WT) *Keap1* cDNA containing exons 3-5 into intron 2 and introducing the R554Q mutation into endogenous exon 4 of the *Keap1* gene. Prior to intranasal installation of adenoviral-Cre recombinase Keap1 is wild type. Once the floxed cargo is excised, mutant Keap1^{R554Q} is expressed. PA = poly A signal. **(B)** The Lox-STOP-Lox *(LSL)-Nfe2l2^{D29H}* allele was created by inserting a STOP cassette flanked by loxP sites into intron 1 and introducing the D29H mutation in endogenous exon 2 of the *Nfe2l2* gene. Following Cre-mediated excision of the STOP cassette, mutant Nrf2^{D29H} is expressed. **(C)** Volcano plot of RNA-sequencing data from murine embryonic fibroblasts (MEFs) expressing Keap1^{R554Q/R554Q} compared to Keap1^{+/+}. N=3, representative of two individual MEF lines. **(D)** Volcano plot of RNA-sequencing data from MEFs expressing Nrf2^{D29H/D29H} compared to Nrf2^{LSL/LSL}, which lack Nrf2 expression. N=3, representative of two individual MEF lines.

Figure 2. Mutation of Keap1 or Nrf2 is not sufficient to initiate lung tumorigenesis.

(A) Overall survival of Keap1/Nrf2 mutant mice. Keap1/Nrf2$^{+/+}$ (n=17), Keap1$^{R554Q/+}$ (n=8); Keap1$^{R554Q/R554Q}$ (n=11); Nrf2$^{D29H/+}$ (n=15). Ns= not significant (Log-rank (Mantel-Cox) test). **(B)** Lung tumor-free survival of Keap1/Nrf2 mutant mice. Keap1/Nrf2$^{+/+}$ (n=11), Keap1$^{R554Q/+}$ (n=4); Keap1$^{R554Q/R554Q}$ (n=8); Nrf2$^{D29H/+}$ (n=11). **(C)** Representative H&E of mouse lung depicting normal bronchiolar and alveolar cells (scale bars = 100µM (top panel), 20 µM (bottom panel)).

Figure 3. Mutation of Keap1 or Nrf2 is not sufficient to initiate lung tumorigenesis with p53 or Lkb1 loss. (A) Overall survival of p53$^{fl/fl}$ mice expressing wild-type or mutant Keap1/Nrf2. Keap1/Nrf2$^{+/+}$ (n=15); Keap1$^{R554Q/+}$ (n=7); Keap1$^{R554Q/R554Q}$ (n=18); Nrf2$^{D29H/+}$ (n=18). Ns= not significant (Log-rank (Mantel-Cox) test). **(B)** Lung tumor-free survival of p53$^{fl/fl}$ mice expressing wild-type or mutant Keap1/Nrf2. Keap1/Nrf2$^{+/+}$ (n=11); Keap1$^{R554Q/+}$ (n=6); Keap1$^{R554Q/R554Q}$ (n=16); Nrf2$^{D29H/+}$ (n=10). **(C)** Representative H&E of mouse lung depicting bronchiolar and alveolar cells of the p53$^{fl/fl}$ models (scale bars = 100µM (top panel), 20µM (middle panel), 10µM (bottom panel)). **(D)** Overall survival of Lkb1$^{fl/fl}$ mice expressing wild-type or mutant Keap1/Nrf2. Keap1/Nrf2$^{+/+}$ (n=11); Keap1$^{R554Q/+}$ (n=7); Keap1$^{R554Q/R554Q}$ (n=11); Nrf2$^{D29H/+}$ (n=5). Ns= not significant (Log-rank (Mantel-Cox) test). **(E)** Lung tumor-free survival of Lkb1$^{fl/fl}$ mice expressing wild-type or mutant Keap1/Nrf2. Keap1/Nrf2$^{+/+}$ (n=11); Keap1$^{R554Q/+}$ (n=6); Keap1$^{R554Q/R554Q}$ (n=9); Nrf2$^{D29H/+}$ (n=4). **(F)** Representative H&E of mouse lung depicting bronchiolar and alveolar cells of the Lkb1$^{fl/fl}$ models (scale bars = 100µM (top panel), 20µM (middle panel), 10µM (bottom panel)). For **A, B, D, E,** mice were infected intranasally with adenoviral-Cre, followed by collection at 500 days to analyze lung tissue histology.

Figure 4. Keap1/Nrf2 mutation cooperates with Kras$^{G12D/+}$ to promote lung tumor

initiation and early progression. (A) Overall survival of Keap1 mutant mice with

Kras$^{G12D/+}$ mutation. Keap1$^{+/+}$ (n=16); Keap1$^{R554Q/+}$ (n=18); Keap1$^{R554Q/R554Q}$ (n=18). **(B)**

Overall survival of Nrf2 mutant mice with Kras$^{G12D/+}$ mutation. Nrf2$^{+/+}$ (n=14); Nrf2$^{D29H/+}$

(n=12). Ns = not significant (Log-rank (Mantel-Cox) test). **(C)** Representative

immunohistochemical (IHC) staining of Nrf2 in Keap1/Nrf2 mutant tumors with

Kras$^{G12D/+}$ mutation (scale bars = 20 µM). **(D)** H-scores for Nrf2 (nuclear) IHC staining.

(E) Representative immunohistochemical (IHC) staining of Nrf2 target Nqo1 (scale bars

= 20 µM). **(F)** H-scores for Nqo1 (whole cell) IHC staining. For **C-F**, N=3 mice per

genotype and >20,000 tumor cells per mouse. *p<0.05 (one-way ANOVA). **(G)**

Representative whole lung H&E-stained section (scale bars = 2000 µM). **(H)** Tumor

number per mouse in Keap1/Nrf2 mutant models normalized to lung area. *p<0.05 (one-

way ANOVA). **(I)** Distribution of tumor grades across Keap1/Nrf2 mutant models.

*p<0.05 (unpaired t test with Holm-Sidak's multiple comparisons test). AAH = atypical

adenomatous hyperplasia. BH = bronchiolar hyperplasia. **(J)** Fraction of lung tumor

burden by grade (lung tumor area/ total lung area per grade). *p<0.05 (unpaired t test

with Holm-Sidak's multiple comparisons test). For both **(I)** and **(J)** n=10 mice and $\geq$2,000

tumors per genotype.

Figure 5. Homozygous Keap1^{R554Q} impairs adenocarcinoma progression in the

Kras$^{G12D/+}$; p53$^{fl/fl}$ model. (A) Overall survival of Kras$^{G12D/+}$; p53$^{fl/fl}$ mice with Keap1

mutation. Keap1$^{+/+}$ (n=20); Keap1$^{R554Q/+}$ (n=11); Keap1$^{R554Q/R554Q}$ (n=25). **(B)** Overall

survival of Kras$^{G12D/+}$; p53$^{fl/fl}$ mice with Nrf2 mutation. Nrf2$^{+/+}$ (n=25); Nrf2$^{D29H/+}$ (n=29).

Ns = not significant (Log-rank (Mantel-Cox) test). **(C)** Representative

immunohistochemical (IHC) staining of Nrf2 in Kras$^{G12D/+}$; p53$^{fl/fl}$ mice with Keap1/Nrf2

mutation (scale bars = 20 µM). **(D)** H-scores for Nrf2 (nuclear) IHC staining. **(E)**

Representative immunohistochemical (IHC) staining of Nrf2 target Nqo1 (scale bars =

20 µM). **(F)** H-scores for Nqo1 (whole cell) IHC staining. For **C-F**, N=3 mice per

genotype and >20,000 tumor cells per mouse. *p<0.05 (one-way ANOVA). **(G)**

Representative whole lung H&E stained section (scale bars = 2000 µM). **(H)** Distribution

of tumor grades across Keap1/Nrf2 mutant models. *p<0.05 (unpaired t test with Holm-

Sidak's multiple comparisons test). $ = fewer than 3 tumors detected across all mice. **(I)**

Fraction of lung tumor burden by grade (lung tumor area per grade/ total lung area).

*p<0.05 (unpaired t test with Holm-Sidak's multiple comparisons test). $ = fewer than 3

tumors detected across all mice. For both **(H)** and **(I)** n$\geq$9 mice and $\geq$1,900 tumors per

genotype. Only one grade 5 tumor was found in the Keap1$^{R554Q/R554Q}$ cohort, and

therefore was excluded from these analyses.

A

Kras$^{G12D/+}$; p53$^{fl/fl}$

Grade 1   Grade 4   Grade 1   Grade 4

Keap1/Nrf2$^{+/+}$

Keap1$^{R554Q/+}$

Keap1$^{R554Q/R554Q}$

Nrf2$^{D29H/+}$

Nrf2   Nqo1

B Nuclear Nrf2

C Nqo1

Figure 6. Nrf2 expression and activity is reduced in higher-grade tumors. (A)

Representative Nrf2 and Nqo1 IHC staining in grade 1 and 4 tumors from Kras$^{G12D/+}$;

p53$^{fl/fl}$ mice with Keap1 or Nrf2 mutation (scale bars = 20 μM). **(B, C)** Heatmaps

depicting the H-scores per grade from IHC staining for Nrf2 (nuclear) **(B)** and the Nrf2

target Nqo1 (whole cell) **(C)**. N=3 mice per genotype, >20,000 tumor cells per mouse.

Only one grade 5 tumor was found in the Keap1$^{R554Q/R554Q}$ cohort, and therefore was

excluded from these analyses.

Figure 7. NRF2 overexpression impairs lung cancer cell proliferation, viability, and soft agar colony formation. (A) Dependency scores obtained from DepMap[52] and represented as *NFEL2* 22Q2 Public+Score, Chronos for NSCLC cell lines previously determined to have high or low NRF2 activity[22]. NRF2 mutant line symbols are represented by yellow, KEAP1 mutant lines by dark red or dark blue, and KEAP1 deleted lines by green. ***$p < 0.0001$ (unpaired t-test). **(B)** Western blot analysis of NRF2, β-actin, and NRF2 target GCLC, xCT, and GSR expression in *KEAP1* mutant lung cancer cell lines transduced with PLX317-empty vector (EV) or PLX317-NRF2 (NRF2). **(C)** Representative images of HCC15 cells transduced with EV or NRF2 demonstrating cell confluency (enhanced contour) and cell death (Sytox Green) (scale bars = 100 µM). **(D, E)** Analysis of EV and NRF2 HCC15 cell proliferation and death over 96 hours. Proliferation is represented as % confluency at each time point, and cell death as the number of Sytox Green positive cells per area normalized to % confluency. N=3 technical replicates per cell line, and two independent experiments. **(F, G)** Area under the curve (AUC) analysis of cell proliferation **(F)** and Sytox Green-positive cell death **(G)** in KEAP1 mutant lung cancer cells lines +/- NRF2, normalized to empty vector control. *$p < 0.05$ (one-way ANOVA). For **(C-G)** NSCLC cells were seeded in triplicate in 96-well plates at a density of 2,500 cells/ well. **(H)** Representative images of H460 and HCC15 soft agar colony formation +/- NRF2. **(I)** Quantification of soft agar colony number of *KEAP1* mutant lung cancer cell lines. *$p < 0.05$ (one-way ANOVA). N=3 technical replicates per cell line, two independent experiments. For **(H, I),** 5,000 cells per well were seeded in 6-well plates in triplicate.

Figure 8. Single copy Nrf2 deletion rescues homozygous Keap1^{R554Q}-mediated adenocarcinoma progression impairment in the Kras$^{G12D/+}$; p53$^{fl/fl}$ model. (A) Overall survival of Kras$^{G12D/+}$; p53$^{fl/fl}$ mice with Keap1 mutation and/ or single copy Nrf2 deletion. Keap1$^{+/+}$; Nrf2$^{+/+}$ (n=16), Keap1$^{+/+}$; Nrf2$^{fl/+}$ (n=7), Keap1$^{R554Q/R554Q}$; Nrf2$^{+/+}$ (n=10), Keap1$^{R554Q/R554Q}$; Nrf2$^{fl/+}$ (n=11). Ns = not significant (Log-rank (Mantel-Cox) test). **(B)** Representative immunohistochemical (IHC) staining of Nrf2 in Kras$^{G12D/+}$; p53$^{fl/fl}$ mice with Keap1 mutation and/ or heterozygous Nrf2 deletion (scale bars = 20 μM). **(C)** H-scores for Nrf2 (nuclear) IHC staining. **(D)** Representative IHC staining of Nrf2 target Nqo1 (scale bars = 20 μM). **(E)** H-scores for Nqo1 (whole-cell) IHC staining. For **B-E**, N=3 mice per genotype and >20,000 tumor cells per mouse. *p<0.05 (one-way ANOVA). **(F)** Representative whole lung H&E-stained sections (scale bars = 2000 μM). **(G)** Distribution of tumor grades across Keap1 mutant/ Nrf2-deleted models. *p<0.05 (unpaired t test with Holm-Sidak's multiple comparisons test). $ = fewer than 3 tumors detected across all mice. **(H)** Fraction of lung tumor burden by grade (lung tumor area per grade/ total lung area). *p<0.05 (unpaired t test with Holm-Sidak's multiple comparisons test). $ = fewer than 3 tumors detected across all mice. For both **(G)** and **(H)** n=7 mice and ≥1,000 tumors per genotype were analyzed. Only one grade 4 and one grade 5 tumor were found in the Keap1$^{R554Q/R554Q}$ cohort, and therefore were excluded from these analyses.

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