Systematic Analysis of Network-driven Adaptive Resistance to CDK4/6 and Estrogen Receptor Inhibition using Meta-Dynamic Network Modelling

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ABSTRACT

Drug resistance inevitably emerges during the treatment of cancer by targeted therapy. Adaptive resistance is a major form of drug resistance, wherein the rewiring of protein signalling networks in response to drug perturbation allows drug-targeted protein activity to recover. This can occur in the continuous presence of the drug and enables cells to survive/grow. Simultaneously, molecular heterogeneity enables the selection of drug-resistant cancer clones that can survive an initial drug insult, proliferate, and eventually cause disease relapse. Despite their importance, the link between heterogeneity and adaptive resistance, specifically how heterogeneity influences protein signalling dynamics to drive adaptive resistance, remains poorly understood. Here, we have explored the relationship between heterogeneity, protein signalling dynamics and adaptive resistance through the development of a novel modelling technique coined Meta Dynamic Network (MDN) modelling. We use MDN modelling to characterise how heterogeneity influences the drug-response signalling dynamics of the proteins that regulate early cell cycle progression and demonstrate that heterogeneity can robustly facilitate adaptive resistance associated dynamics for key cell cycle regulators. We determined the influence of heterogeneity at the level of both reaction coefficients and protein abundance and show that reaction coefficients are a much stronger driver of adaptive resistance. Owing to the mechanistic nature of the underpinning ODE framework, we then identified a full spectrum of subnetworks capable of driving adaptive resistance dynamics in the key early cell cycle regulators. Finally, we show that single-cell dynamic data supports the validity of our MDN modelling technique and a comparison between our predicted resistance mechanisms and known CDK4/6 and Estrogen Receptor inhibitor resistance mechanisms suggests MDN can be deployed to robustly predict network-level resistance mechanisms for novel drugs and additional protein signalling networks.

Keywords: Drug resistance, protein signalling dynamics, adaptive resistance, breast cancer, CDK4/6 inhibitors, mathematical modelling, ODE modelling

INTRODUCTION

Drug resistance is a widespread phenomenon across all cancer types and is a major obstacle to the development of curative therapeutic strategies (1-3). Cellular heterogeneity is a known driver of drug resistance, wherein the treatment of a heterogenous population of cancer cells with cytostatic or cytotoxic drugs creates a selective pressure that results in the survival and expansion of any cells that are capable of overcoming the effects of said drugs (4-6). While this general phenomenon is well established (7-9), it is usually less clear exactly how and why some cells are able to overcome a drug treatment and others are not. Heterogeneity is a catch-all term used to describe any and all differences between cells, however, it could be argued that the majority of the differences between cells ultimately converge on differences in how their constituent proteins behave, i.e. their protein dynamics. To deepen our understanding of how tumour heterogeneity drives drug resistance, we must explore the relationship between cellular heterogeneity, protein dynamics and drug resistance.

The efficacy of a targeted therapy largely comes down to how well and how long the targeted protein is suppressed, and how frequently and reliably this suppression results in either cytostasis or apoptosis. A cell can therefore be considered resistant if the target protein is insufficiently suppressed or is initially suppressed but later recovers, or if the suppression of the protein is insufficient to stimulate cytostasis or apoptosis (10, 11). Proteins are embedded in complex networks and protein dynamics are dictated by the properties of the networks in which they reside. While resistance is often due to direct effects, such as reduced drug-target binding affinity (12, 13) or excessive drug efflux from tumour cells (14, 15), it can also occur due to changes in the state of the biochemical networks of a cell that counteract the effects of the drug; a phenomenon referred to as adaptive resistance (16-18). PI3K, EGFR and CDK4/6 are just few prime examples of proteins that have been targeted in the treatment of cancer that display acute and robust adaptive resistance (19-21). These studies also support the notion that it is rarely the behaviour of a single 'gatekeeper' protein that drives adaptive resistance, but an entire protein network that acts and is acted upon by the target protein (22, 23). Frequently however, we possess a limited knowledge and appreciation of the network-level mechanistic relationships that underpin adaptative resistance.

Understanding the relationship between cellular heterogeneity and adaptive drug resistance requires an ability to explore and characterise the heterogeneity that exists both within a tumour and between patients. This can be achieved *in silico* by investigating the behaviour of a network, i.e. the dynamics of its constituent proteins, over a broad range of network conditions, allowing us to observe the full spectrum of possible dynamics that can be displayed by a given network topology. A particularly useful technique for investigating protein signalling networks is Ordinary Differential Equation (ODE) modelling (24). An ODE model is a mathematical representation of how the protein species within a network interact and evolve over time. ODE models have been extensively used to simulate and predict network-level responses to perturbations, such as growth-factor stimulation or drug treatment (25-28). In an ODE model, the interactions between the network's constituent proteins are converted into mathematical formulations using well-established biochemical rate laws (29-33). The end result is a set of ODEs – the model – that can be numerically solved using specialised ODE solvers, allowing one to simulate, and thus predict, how the concentrations of the protein species will change over time or in response to perturbations (29-33).

An ODE model is comprised of state variables, initial conditions, model parameters, and
defined inputs and outputs (29-31). Typically, the parameters, or reaction coefficients,
represent the strength of protein interactions and state variables correspond to the
concentrations of the protein species. Initial conditions (ICs) are the values of the state
variables at the starting point of a simulation and represent the total abundance levels of the
protein species within the model. Model input(s) are usually a perturbation to the modelled
network, such as a growth factor stimulation or a drug inhibition. We can model network
heterogeneity by producing a suite of ODE models, each with their own set of parameter values
and/or initial conditions. In this manner, each model 'instance' represents a unique cellular
context and produces a unique set of dynamic behaviours for its constituent proteins. By
varying the parameters and initial conditions over wide ranges, we can delineate an extreme
upper limit to the heterogeneity in dynamics facilitated by a network topology.

The process of creating models almost always involves a degree of abstraction, either
explicitly, due to conscious decisions by the creator, or implicitly, due to imperfect knowledge
of the system being modelled. This abstraction forces a model's parameters to capture
information beyond that which is being explicitly modelled and can potentially render the
concept of a 'true' or 'biologically accurate' parameter value less meaningful. There is an array
of factors that can influence reaction coefficients: post-translational modifications,
catalysts/scaffolds, pH, etc., and they can all individually influence reaction coefficients over
several orders of magnitude. In the context of cancer, this variability in reaction coefficients
can become extreme, with mutations altering the properties of proteins and dramatically
changing how strongly they interact with other proteins. By varying the parameters and initial
conditions over wide ranges, we also potentially capture protein dynamics driven by factors we
haven't explicitly modelled.

Drug resistance is a problem almost as old as drug treatments; and many computational
modelling frameworks have been developed to investigate the emergence of drug resistance
during cancer treatment (34-36). A comprehensive review of the modelling frameworks
developed to explore the relationship between cellular heterogeneity and drug resistance, in
particular, was written by Chisholm et al. in 2016 (35). Most of the models covered within
focused on population dynamics and were used to identify key processes that govern how
resistance emerges within a heterogenous cell population. Notably, none of the models in this
review attempted to link heterogenous intracellular processes with adaptive resistance
mechanisms, or resistance in general. Perhaps most similar to the ensemble approach
developed within this project, He et al. developed an ODE-based modelling technique termed
RACIPE (random circuit perturbation) (37). In contrast to our work, RACIPE was a quasi-
Monte Carlo method developed to alleviate the necessity of identifying precise kinetic
parameter values on which model predictions are supposedly dependent. While their technique
does involve the exploration of a range of parameter values, it does so to make predictions
about broadly robust outcomes in gene regulatory circuits, not to link parameter variation to
heterogenous protein network dynamics. Thus, there is a need for a novel computational
framework capable of systematically characterising network-dynamic heterogeneity and its
relationship with adaptive resistance.

To address this need, we have developed a new modelling framework, coined Meta-Dynamic
Network (MDN) modelling, which enables us to study the effects of network heterogeneity on
protein signalling dynamics. In this paper we have applied MDN modelling to an Early Cell

Cycle (ECC) network model to systematically explore and illuminate adaptive resistance
mechanisms that arise in response to targeted CDK4/6 and Estrogen Receptor (ER) inhibition.
The ECC network model developed herein incorporates the two major mitogenic signalling
pathways that are largely responsible for cell cycle initiation, and the G1-S phase cell cycle
regulatory network.

Using MDN and the ECC network model, we have demonstrated that variation in both the
strength of reaction coefficients (parameters) and the total abundance of proteins (initial
condition values) can affect the qualitative shape and features of a network's protein dynamics.
Furthermore, we provide evidence that parameter variation induces a much greater variety in
the qualitative shape and features of the network's protein dynamics and is therefore much
more likely to give rise to adaptive resistance dynamics. We also show that there is a surprising
large number of contexts in which the network topology of the ECC network can facilitate
resistance dynamics, and that we can dissect these contexts to systematically characterise their
underpinning kinetic drivers. Finally, we analysed existing publicly available biological data to
qualitatively validate the existence of a spectrum of signalling dynamics in response to
CDK4/6 inhibitors and propose a novel relationship between population signalling dynamics
and population level drug sensitivity.

MATERIALS AND METHODS
ODE model construction, modelling, and simulations
We converted the ECC network (**Figure 1**) into a system of ODEs using standard biochemical
rate laws: catalysed reactions (e.g. phosphorylations) as pseudo-first-order, complex formations
as mass action, and transcription, translation and degradation as first-order kinetics. We used
these simpler forms to reduce the number of poorly constrained parameters and enable a
broader sampling of parameter values in the meta-dynamic analysis. The model comprises 50
state variables, 94 parameters, two mitogenic inputs and two drug inputs. A detailed
description of model scope and justification is given in the **Supplementary Information**; and
the biochemical reaction lists, ODEs and SBML model files are provided as **Model Files S1 -**
S3.

Simulations were implemented in MATLAB (The MathWorks. Inc. 2019a) with IQM toolbox
(http://www.intiquan.com/intiquan-tools/) to auto-generate ODEs and compile a MEX file for
accelerated simulation speed. ODEs were solved using the SUNDIALS CVODES solver,
which employs a variable-order, variable-step Backward Differentiation Formula (BDF)
method, designed to solve stiff ODE systems.

Each simulation of our model consisted of three phases: (i) **starvation** phase to ensure a steady
state equilibrium was reached before mitogenic stimulation; (ii) **fed** with constant mitogenic
stimulation (100 nM of insulin and FGF) until quasi-steady state; and (iii) treatment with
CDK4/6i and ER inhibitor. Mitogens and drugs were modelled as step inputs at the start of
their respective phases and then held constant for the remaining simulation time, isolating
network-intrinsic adaptation rather than responses to input removal. Drug inhibitions were
modelled by reducing the relevant parameter values by a fixed fraction.

Sampling and filtering of model instances

MDN modelling involves random sampling of parameter sets to create unique model instances. We drew random parameter sets and conserved-total initial conditions and continued sampling until we obtained N=100,000 accepted instances for each analysis. To ensure sampled parameter sets reflected plausible biological contexts while retaining rare network states, we applied several filtering steps. An instance was accepted if it met the following: (i) **Quasi–steady state** reached in the starvation and fed phases, defined by very small changes across species within a time cap (1% change in concentration over the final 100 time steps); (ii) **Non-trivial on-target drug effect** during treatment (e.g. ≥5% reduction in the CDK4/6 activity proxy or [CDK4/6·CycD] level for CDK4/6i, and in [active ER] level for ERi). Moreover, we note that multi-timescale signalling models are often stiff (38, 39), and random parameter draws can create extreme early transients that are numerically hard to integrate even with stiff solvers. We therefore excluded these parameter instances, which accounts for only <1% of total sampled sets.

Applying these filters, ~40–45% of instances did not reach steady state within the allotted time, and ~50–55% did not meet the minimum drug-response criterion. Approximately 10% satisfied all criteria and were retained for analysis. Importantly, we employed 'rejection sampling' and continued drawing until we had N = 100,000 accepted instances that satisfied all the criteria.

Quantitative definitions of dynamic patterns

A major component of MDN modelling is the analysis of the qualitative shape of individual protein dynamics. This enables us to group together model instances that produce broadly similar behaviours for any proteins being investigated. We can then analyse these groups to identify and elucidate shared network structures that drive the behaviour. To this end, we defined six qualitative protein dynamic categories: increasing, decreasing, biphasic, rebound, no-response and other.

To assess the qualitative shape of each protein dynamic, we developed a series of mathematical restraints that were capable of sorting protein simulations into their appropriate categories. First, each protein dynamic was normalised to its initial value. A protein's dynamic was categorised as **increasing (INC)** if (*i*) the final concentration exceeded 20% of its initial concentration, (*ii*) over the entire simulated time period it never dropped below 10% of its initial concentration, and (*iii*) the final concentration was within 10% of the maximum concentration. It was categorised as **decreasing (DEC)** if (*i*) the final concentration was at least 20% lower than the initial concentration, (*ii*) never went above 10% of its initial concentration, and (*iii*) the final concentration was within 10% of the minimum concentration. It was categorised as **biphasic (BIP)** if (*i*) the maximum concentration exceeded the initial concentration by 20% and (*ii*) the final concentration was at least 10% lower than the maximum concentration. It was categorised as **rebound (REB)** if (*i*) the minimum concentration was at least 20% lower than the initial concentration and (*ii*) the final concentration was at least 10% bigger than the minimum concentration. It was categorised as **no-response (NRP)** if the concentration never exceeded more or less than 10% of the initial concentration. Finally, it was categorised as **other (ETC)** if the protein's dynamic did not fit one of the previously described categories.

Key model output proteins

There is strong evidence to suggest that the linear cascade of cell cycle regulator progression, wherein the activation of CDK4/6 leads to the activation of CDK2-cyclin E complex, which in turn leads to the activation of CDK2-cyclin A, is overly simplistic (40, 41). If this traditional understanding was correct, the inhibition of CDK4/6 activity would robustly inhibit cell cycle progression, yet this is not the case (42). A number of studies have suggested that the activation or reactivation of proteins downstream of CDK4/6 can enable a cell to overcome the cell cycle inhibitory effects of CDK4/6 targeting drugs and enable cell cycle progression. Proteins that have been shown to demonstrate this phenomenon include phosphorylated Rb and the active CDK2-cyclin E complex (21, 43, 44). As such, we have focused on the dynamics of monophosphorylated Rb (**pRb**), hyperphosphorylated Rb (**pppRb**) and the CDK2-cyclin E complex (**CDK2cycE**) throughout this project, as key mediators of adaptive resistance to CDK4/6 and ER inhibitors.

Protein knockdown perturbation analyses

To assess the effects of parameters on protein dynamics we performed high-throughput perturbation analyses wherein each parameter was knocked down one at a time (OAT) and the effect on the nominated output assessed. We chose the OAT design intentionally to obtain causal, first-order attribution of control points across a broad parameter ensemble without confounding from simultaneous co-inhibition. This provides an interpretable ranking of primary drivers that is consistent with the paper's mechanistic focus.

RESULTS
An Overview of Meta-Dynamic Network (MDN) Modelling

To explore the link between cellular heterogeneity, protein dynamics and drug resistance, we first developed a novel modelling framework coined Meta-Dynamic Network (MDN) modelling. The principal purpose of the MDN modelling framework is to explore how parametric and initial condition variation influence the qualitative shape of protein dynamics within a given network. By varying model parameters and initial condition (**IC**) values we are able capture many sources of cellular heterogeneity and characterise their influence on protein signalling dynamics. Varying parameter values captures heterogeneity in the interactions between proteins that arises due to phenomena such as cell-specific mutations, post-translational modifications, and epigenetic modifications. Varying initial condition values captures heterogeneity in protein concentration that arises due to phenomena such as stochastic protein expression, copy number variation and tissue-specific expression programmes.

Once a large number of unique model instances have been generated, each with their own unique parameter and/or initial condition values, we can simulate each model's response to drug treatment and analyse the resulting shape of each protein's dynamic. From this analysis we can determine if there are contexts where key output proteins, such as downstream targets of the drug perturbation, demonstrate protein dynamics associated with adaptive resistance. Finally, we can group model instances that display similar dynamics together and perform further analyses to systematically identify the mechanistic causes capable of driving adaptive resistance dynamics. An overview of the MDN modelling process can be seen in **Figure 2**.

Protein dynamics that are associated with adaptive resistance are those where the protein is insufficiently suppressed over a sustained time period, i.e. increasing, biphasic and rebound

(18-20, 22, 45). Increasing is the most dramatic adaptive-resistance response, where the drug
perturbation not only fails to suppress key output proteins, but actually increases their
activity/expression. Biphasic is similar to increasing in its initial phase, where the outputs
actually increase, however the degree of the second decreasing phase likely influences the
degree of resistance conferred by this particular behaviour. Rebound is similar to biphasic
wherein the degree of resistance conferred by this dynamic is likely influenced by how strongly
the protein recovers. While rebound is probably the most commonly observed adaptive-
resistance driving dynamic (18-23), for the purpose of this project we consider all three of
these behaviours as adaptive-resistance associated behaviours and consider decreasing as the
only sensitivity associated behaviour.

Construction of a mechanistic model of the Early Cell Cycle (ECC) network
The ECC network model generated in this project was built to capture the signalling events
driving entry into G1 and progression through the early cell cycle events, up to the G1-S phase
transition. A detailed network schematic of the ECC's biochemical reactions can be seen in
Figure 1. We nominally include two Tyrosine Kinase Receptors (TKRs), the Insulin Receptor
(INSR) and the Fibroblast Growth Factor Receptor (FGFR), as they strongly stimulate the
PI3K and MAPK pathways respectively but are both capable of stimulating each pathway.

The two major mitogenic signalling pathways, PI3K and MAPK, were included for three
reasons. The first is that they are known to potently stimulate the production of cyclin D, the
primary activator of CDK4/6 (46, 47). The second is that activating mutations in these
pathways are some of the most common mutations across all cancer types and the final reason
is that these same mutations have been shown to facilitate resistance to CDK4/6 inhibitors (48,
49). The inclusion of proteins within this network is not exhaustive, due to computational
limitations, but our model captures the core signalling relationships and network structure. The
final component included in this model was the network regulating G1 entry and progression
into S phase. This includes the relevant CDKs, cyclins and their inhibitors, as well as the
transcription machinery regulating cyclin expression. Clinical approval for the use of CDK4/6
inhibitors has traditionally been limited to patients with ER+ (estrogen receptor-positive) breast
cancer who were concurrently receiving ER (estrogen receptor) antagonists but were still
experiencing disease progression (50-52). Due to the ER's ability to promote CDK4/6
inhibition efficacy and the clinical practice of simultaneously prescribing ER antagonists with
CDK4/6 inhibitors (50-52), the ER and its downstream signalling events were also included in
the model.

The ECC network model was constructed using ODEs that represent biochemical interactions
as a series of ordinary differential equations based on established kinetic laws. More detailed
description of the model is given in the **Methods and Materials**. The full ODE equations and
reaction rates are given in supplementary **Model Files S1 - S3**.

The ECC network robustly facilitates resistance-associated protein dynamics.
To investigate the meta-dynamics of the ECC network, i.e. the range of dynamics that can be
facilitated by the topology of the ECC network, we first generated 100,000 unique model
instances. Each model instance possessed an identical set of ICs along with a unique set of
parameter values. The parameter values for each model instance were generated by randomly
selecting values for each parameter between the range 10^{-5} to 10^{4}. See supplementary **Figure**

S1A for a visual representation of the model generation process. Each model instance was
simulated as laid out in the *ODE model construction, modelling, and simulations* (see **Methods**
and Materials), and the resulting time-course drug response of each of the network's proteins
was stored. This was repeated for all model instances. Alongside this process we also
performed an experiment to test if novel, randomly drawn sets of model instances produced
altered distributions of dynamics. Selecting new sets of 100,000 model instances produced near
identical distributions of dynamics giving us confidence the distribution of protein dynamics
converges at this set size. Details of this experiment can be found in the **Supplementary**
Information.

We found that parameter variation resulted in a wide range of drug perturbation responses for
many of the ECC network proteins. For example, **Figure 3A** displays a clustered subset of
monophosphorylated Rb (pRb) time-course drug responses, showing a fairly extreme variety of
drug-response dynamics that are possible in response to parameter variation. pRb not only
possesses a *quantitative* spectrum of intra-category responses, which is probably expected, but
it can also display a range of *qualitative* dynamics, and in fact, can demonstrate all six
categories of qualitative drug response dynamics (see **Methods and Materials**).

Categorising the dynamics of each protein across all of the model instances allowed us to
calculate the distribution/frequency of each dynamic for each protein. The distribution of
behaviours for the 'active' forms of the model's protein species can be seen in the heatmap in
Figure 3B. This overall distribution of protein behaviours is akin to a map that shows how the
network state can affect the response of individual proteins to a drug treatment, in this case, the
response to simultaneous CDK4/6 and ER inhibition. For many proteins, particularly proteins
far upstream of the drug targets, the network state has only a little influence on drug response.
This is particularly well demonstrated by the proteins in cluster 1, which show close to 100%
no-response (NRP) dynamics.

Other proteins are much more strongly influenced by network state, where under the right
conditions, a protein's response can flip from sensitivity to resistance. The proteins in clusters
4 and 5 show this phenomenon to a moderate degree but also show a predilection towards
decreasing dynamics. The predilection to a decreasing dynamic may be due to their proximity
to the drug targets CDK4/6 and ER and/or the linearity of the interactions between these
proteins and the direct drug targets. It is particularly interesting to observe that most of the
major promoters of cell cycle progression downstream of CDK4/6 cluster together (cluster 3,
Figure 3B) and are all strongly influenced by the network state. This suggests that
heterogeneity can strongly influence whether CDK4/6 inhibition will translate to an effective
network-level response and prevent cell cycle progression.

To further assess the capability of the ECC network to facilitate adaptive resistance, we dug
into the dynamic distributions of the key output proteins: pRb, pppRb (hyper-phosphorylated
Rb) and CDK2cycE. Recall that we have defined resistance dynamics as increasing, biphasic
and rebound, and sensitive behaviours as decreasing. While the frequency of sensitive
dynamics was much higher than even the sum of resistance dynamics for all three proteins, the
ratio of model instances displaying sensitivity to those displaying resistance was much lower
than we expected. The ratios of sensitive to resistant behaviours, as percentages of 100,000
model instances, were 30**:**14, 22**:**8, 19**:**11 (rounded) for pRb, pppRb and CDK2cycE,

respectively (see supplementary **Figure S2A**). These results suggest that for every 2 model
instances/network states that facilitate sensitivity, there is 1 that facilitates resistance.

We then analysed the model instances further to identify how frequently sensitive and resistant
behaviours occurred simultaneously across the three key output proteins. Our results suggest
that broad sensitivity across all three output proteins is quite rare, and that resistance is
remarkably common (**Figure 3C**). We observed that only 2.79% of model instances show
simultaneous sensitivity across all three output proteins (**Figure 3C**). In contrast, when
evaluating model instances where at least 1 of the output proteins displays a resistance
associated dynamic, we observe that this occurs in just over a quarter, 26.04%, of all model
instances (**Figure 3C**).

Given that CDK46cycD is only strongly suppressed in just under 60% of the model instances
(supplementary **Figure 2A**), we hypothesised that the resistance displayed by the key output
proteins may be largely due to insufficient suppression of CDK46cycD. To explore this, we
filtered out the model instances that showed strong suppression of CDK46cycD and re-
generated the distribution of protein dynamics. The resulting heatmap can be seen in
supplementary **Figure S2B**. Surprisingly, the distribution of behaviours did not appear to
change significantly, with the key output proteins showing very similar levels of adaptive
resistance dynamics. This result suggests that the resistance dynamics of the key output
proteins are *bona fide* adaptive resistance mechanisms and not just a result of insufficient
suppression of the drug target.

Taken together, these results show that in the face of heterogeneity, the ECC network is
robustly capable of facilitating adaptive resistance and that key output proteins display adaptive
resistance even when the drug targets are being robustly suppressed.

Reaction coefficients are a stronger driver of adaptive-resistance dynamics than protein
abundance
Having investigated the influence of parametric variation on drug response, we then wanted to
explore the effect of IC variation in a similar fashion. To this end, we generated a further
100,000 model instances. This time, however, each model instance possessed an identical
'nominal' parameter set (see supplementary **Table S1**), along with a unique set of ICs. Each
unique set of ICs was generated by randomly selecting values between the range 10^0 and 10^4,
for the inactive form of each protein. See supplementary **Figure 1B** for a visual representation
of the model generation process. We then repeated the simulation and analysis of protein
dynamics as performed previously. The resulting distribution of dynamics can be seen in
supplementary **Figure S3A**, and the clustering of this distribution can be seen in supplementary
Figure S3B.

Interestingly, we found that compared to parametric variation, IC variation induced much less
variety in protein response dynamics. Most proteins demonstrated a singular dominant
behaviour and very few proteins exhibited both sensitive and resistance dynamics. This seems
to suggest that IC variation is less capable of influencing a proteins drug response. However,
we thought that this may have been due to the selected nominal parameter set and may not be a
universal phenomenon. To explore this hypothesis, we investigated the ability of parametric
variation and IC variation to induce adaptive resistance in our key output proteins. Essentially,

we selected sensitive model instances, then randomly varied either parameter values or ICs and
measured how frequently the model instance switched from drug-sensitive to drug-resistant.

To achieve this, we first selected 1000 unique parameter sets and 1000 unique sets of ICs that
demonstrated a decreasing dynamic for one of our key output proteins, e.g. pppRb. Each
parameter set was combined with each IC set, resulting in the creation of 1,000,000 unique
model instances. These model instances were arranged in a 1000 x 1000 matrix, where the
rows represent the unique parameter sets and the columns represent the unique ICs. See
supplementary **Figure 1C** for a visual representation. Each model instance was simulated, and
the dynamic of the key output protein recorded in the matrix. By measuring the frequency of
resistant dynamics across the rows and columns, we could compare the ability of parameter
variation and IC variation to induce resistance. An overview of this process can be seen in
Figure 4A.

We found that for most parameter sets, varying the initial conditions *never* induced resistance
in any of the three output proteins (**Figure 4B**, left). There was however, a very small number
of parameter sets where altering the initial conditions frequently induced resistance. In contrast,
altering the parameter values *always* induced resistance in a small number of the IC sets; but
there were no IC sets wherein parameter variation strongly induced resistance, independent of
the protein chosen (**Figure 4B**, right).

To further characterise the difference between parameter and IC variation, we then investigated
the variety of dynamics induced by either parameter or IC variation. For each master parameter
or IC set, we measured how many unique dynamic categories were produced across their
respective 1000 model instances. We found that varying the ICs still induced a moderate
amount of variety in protein dynamics (**Figure 4C**, left). However, parameter variation almost
always produced all six dynamic categories (**Figure 4C**, right).

These results provide clear evidence that changes in both parameter values and initial condition
values can facilitate the emergence of adaptive resistance. Because conserved totals shift the
steady-state values even with fixed kinetics, expression heterogeneity (via totals) can alter pre-
treatment equilibria and subsequent drug responses. Supplementary **Figure S4** demonstrates
this shift. However, changes in parameter values appear to be much more capable of inducing
large, qualitative shifts in protein dynamics compared to changes in initial condition values.
The ability of expression variation to induce resistance also seems to be dependent on the
master parameter set and there also appears to be no IC set that can induce resistance
independent of the parameter values. These results imply that heterogeneity in reaction
coefficients is much more likely, and independently able to facilitate the emergence of adaptive
resistance compared to heterogeneity in protein abundance. Due to the *independent* ability of
parameter variation to *strongly* induce adaptive resistance, we chose to focus on this particular
form of heterogeneity in the following studies.

Reaction coefficients co-ordinate to drive adaptive resistance, independent of their
individual strengths.
The data produced by our initial MDN pipeline enabled us to identify thousands of model
instances where the key output proteins displayed adaptive resistance dynamics. Using these
model instances, we next wanted to explore whether there were shared network features

driving resistance, or if each model instance was unique in its ability to generate resistance. To
explore this in a systematic manner, we extracted subsets of model instances, one for each key
output protein and resistance behaviour combination (i.e. protein-dynamic combination) and
performed a series of analyses on their parameters.

First, we investigated the mean and standard deviation of each parameter in each protein-
dynamic combination to see if there were any individual parameter values underpinning
resistance. We found that the mean of most parameters was between 0.1 and 1, but the standard
deviation usually spanned 6 orders of magnitude (supplementary **Figure S5**). We did observe
that all three receptor-activation associated parameters (kc1f1-INSR, kc10f1-FGFR, kc15f1-
ER) were generally much lower in value than the rest, but further investigation ruled that this
was generally due to higher values causing the model's system of ODEs to become too stiff,
and therefore unsolvable, and were thus filtered out. We then undertook hierarchical clustering
of each protein-dynamic combination's parameter values to try and identify if there were
groups of parameter values driving resistance. However, we were unable to find any
meaningful clusters (supplementary **Figure S6**). Together, these results led us to conclude that
there were no particular individual parameters or groups of parameter values that were
responsible for driving resistance.

Having found no patterns in the raw, or absolute, parameter values, we decided to investigate
how frequently each parameter contributed to the increase or recovery of protein activity
following drug perturbation, for each output protein. To this end, we investigated the effects of
parameter knockdowns on the following dynamic features: maximum concentration, final
concentration and/or rebound, hereafter collectively referred to as 'resistance features'. These
features were chosen as they represent either an increase or recovery of protein activity, post
drug perturbation, that could potentially enable a cell to overcome the drug insult. The relevant
resistance features for biphasic and increasing dynamics were maximum concentration and
final concentration, and the relevant features for rebound dynamics were rebound and final
concentration. Rebound is not applicable to biphasic and increasing dynamics as it simply
hasn't occurred, and the maximum concentration is only applicable to rebounding dynamics if
the rebound overshoots the initial concentration, which is then covered by final concentration.

To measure the influence of parameters on the resistance features of the key output proteins we
performed a high-throughput perturbation analysis wherein we reduced the value of each
parameter by 20% in the third simulation phase i.e. the drug treatment phase. Parameters were
perturbed one parameter at a time, and we measured the effect on the output protein's
resistance features. A breakdown of the measured dynamic features, including the resistance
features just described, is given in supplementary **Figure S7**.

If the knockdown of a parameter resulted in a reduction in the resistance features of the output
proteins' dynamic, it scored a 1; otherwise it scored a 0. Repeating this process for each
parameter and model instance resulted in an M x N matrix, where M is the number of model
instances (protein and dynamic dependent), and N is the number of perturbed parameters (94),
for each protein-dynamic combination. See **Figure 5A** for a visual representation of this, and
the remaining overall process.

Initially, we wanted to determine how frequently each parameter contributed to the resistance
features of each output protein. To achieve this, we summed up the number of times a
parameter scored a 1 in the preceding analysis across all model instances, for each protein-

dynamic combination. The results were plotted as bar graphs (top and bottom 10 parameters),
which can be seen in supplementary **Figure S8**. The graphs showed clear rankings in how
frequently each parameter contributed to the adaptive resistance features of each protein
dynamic. Each protein-dynamic combination displayed a unique ranking but there also
appeared to be a significant overlap in the top-scoring parameters. There also appeared to be
more intra-protein overlap than inter-protein overlap, and pppRb and CDK2cycE shared much
more similarity with each other than either with pRb. It was also interesting to observe that for
biphasic pppRb and CDK2cycE, their top-scoring parameters accounted for approximately
90% of all model instances, indicating that these parameters must be critical in driving this
particular dynamic for these proteins. The remaining top scoring parameters for each protein-
dynamic subset only accounted for between 50-80% of model instances, suggesting each
protein-dynamic combination possesses a degree of heterogeneity in the parameters that drive
their adaptive resistance dynamics.

Together, the above results show that it is not the value of individual parameters that drive
adaptive resistance, but rather it is the manner in which parameters co-ordinate to shape the
quantitative and qualitative features of a protein's dynamic that drives adaptive resistance.

MDN can identify a full spectrum of core sub-networks that facilitate resistance
The observation that the top-scoring parameters generally do not broadly drive adaptive
resistance dynamics suggests that there may be a number of different network states that are
capable of driving a given resistance dynamic. To investigate this possibility, we subjected the
matrices produced in the previous analysis to hierarchical clustering to try and find groups of
model instances with shared resistance-driving parameter signatures. As a prime example, we
first focused on rebounding hyperphosphorylation of Rb; both as the hyperphosphorylation of
Rb strongly promotes cell cycle progression, and because previous studies have demonstrated
the role of this protein-dynamic combination in CDK4/6 inhibitor resistance (21, 53, 54).
Figure 5B displays a heatmap showing how rebounding pppRb model instances cluster, with
respect to the contribution of their parameters to the rebounding dynamic.

The clustering of the pppRb-rebound model instances produced 9 robust clusters, where robust
clusters are defined as those that contain at least 1% of the total protein-dynamic combination
model instances, and the top-scoring parameter in the cluster accounts for at least 80% of its
constituent model instances. Simply put, the clusters accounted for a high enough proportion of
the model instances and the top scoring parameter was robustly representative of the model
instances within the cluster. The left-most column of the heatmap in **Figure 5C** shows the
overall ranking for how frequently each parameter contributes to the rebound dynamic of
pppRb, and the remaining 9 columns represent the 9 clusters, aligned with the overall ranking.
We observed a fairly strong consensus amongst the top-scoring parameters, with the majority
of the cluster differences coming from the middle and lower parameters (**Figure 5C**). Of note,
this pattern appeared to be broadly true when we analysed all the 9 protein-dynamic groups
(supplementary **Figure S9**).

Despite broad similarities between the clusters, many of the individual clusters did not
correlate particularly well with the overall ranking and possessed clear differences in their
resistance-driving parameter signatures (**Figure 5C**). These results suggest that the same drug
response dynamic for the same protein in two different cells can be driven by different network

states. To highlight the similarities and differences between the subnetworks underpinning
resistance driven by pppRb rebound, we overlayed the parameter signatures of the five largest
clusters on the ECC network schematic (**Figure 6A**). This revealed significant overlap between
the clusters around the formation of the CDK2-cyclin E complex and the hyperphosphorylation
of Rb itself. These results were to be expected as the CDK2-cyclin E complex is directly
responsible for the hyperphosphorylation of Rb and confirms the logical hypothesis that CDK2
activation can drive the reactivation of Rb phosphorylation following CDK4/6 and ER
inhibition. However, that almost all of the clusters shared this core network suggests that this
subnetwork alone is likely sufficient to enable the reactivation of Rb phosphorylation on its
own and would be strongly selected for by cancer during treatment. Similarly, but less
expectedly, we also found strong overlap at the level of Myc (**Figure 6A**), suggesting a strong
likelihood for its involvement in the development of resistance.

On the other hand, clusters that have less overlap highlight potential differences in underlying
resistance mechanisms between patients experiencing seemingly similar drug responses. For
the pppRb-rebound group, these clusters included those driven by the PI3K and MAPK
pathways, protein degradation regulation (GSK3B), and p21/27 inhibition of the CDK2-cyclin
E complex (**Figure 6A**). Consistently, when we targeted (inhibited) parameters related to these
signalling nodes across different clusters we did not observe universal suppression of pppRb;
instead, we saw cluster-specific suppression of pppRb (**Figure 6B**).

Expanding this analysis to include all 9 protein-dynamic combinations, we observed that
resistance-promoting subnetworks were widespread throughout the ECC network
(supplementary **Figure S10** and **Figures S10A-I**). Further, we identified just under 100 robust
clusters/subnetworks capable of facilitating resistance dynamics (supplementary **Table S2A –**
J). Finally, to highlight the overlap between protein-dynamic clusters, we combined all of the
individual clusters of all of the protein-dynamic combinations (supplementary **Figure S11**).
This revealed resistance most frequently converges on the activation of CDK2. Mechanisms
driving this activation include: the promotion of cyclin E synthesis, reduction in cyclin E
degradation, promotion of the formation of the CDK2cyclin E complex and suppression of p21
and p27 mediated CDK2 inhibition. There were also moderate contributions to resistance
spread throughout both upstream mitogenic pathways. The contribution of the ER to resistance
seemed to be context dependent. A strong deactivation rate of the ER contributed to resistance
quite frequently, yet paradoxically strong activation of the ER also somewhat frequently
contributed.

The above results suggest three things. First, while there is a moderately large number of
network states that can drive resistance to dual CDK4/6-ER inhibition, there is very likely only
a **finite** number of network states that cancer can exploit to overcome drug perturbation.
Second, the moderately large number of network states that facilitate resistance and the
observation that any given resistance dynamic can be driven by many different mechanisms
highlight the low likelihood of finding broadly-applicable resistance mechanisms. Third, some
protein nodes and interactions contribute far more frequently to resistance than others. It is
quite possible that these frequencies are related to the likelihood and tumorigenicity of
mutations affecting these nodes/interactions.

Qualitative support for MDN modelling-based simulations and predictions

Monoculture cell populations demonstrate a significant degree of heterogeneous signalling dynamics in response to CDK4/6 inhibitors.

This study provides a theoretical framework that connects heterogeneity, protein signalling dynamics and adaptive resistance mechanisms. To validate this framework, we analysed the literature to pinpoint biological evidence for a number of our key predictions. First, we wanted to observe if and how much drug-response signalling heterogeneity exists in cellular monocultures. Second, we wanted to find evidence that cells possess differential resistance-mediating subnetworks. And third, we wanted to determine if the resistance-mediating subnetworks we identified agree with known resistance mechanisms.

Recently, Yang et al. constructed a novel reporter system that enabled them to investigate the activity of CDK4/6 and CDK2 in individual MCF10A cells in response to three clinically approved CDK4/6 inhibitors: abemaciclib, palbociclib and ribociclib (55). Plotting the single-cell time-course data for each drug and protein revealed that, at the single-cell level, there is a wide variety of protein signalling dynamics (**Figure 7A**). We then subjected this time-course data to our category analysis to calculate the distribution of each protein's drug response dynamics (**Figure 7B**). We found that at the level of CDK4/6, the direct target of the three drugs, there was a moderate degree of signalling heterogeneity. Additionally, even the most potent drug (abemaciclib) failed to induce sustained suppression in approximately 10% of the cell population. The activity levels of CDK2, however, showed a much greater degree of signalling heterogeneity; and all three of the drugs only managed to strongly suppress CDK2 activity in a sustained manner in 40% of the population (**Figure 7B**). We further observed that there were many individual cells that demonstrated *increasing* CDK2 activity in response to CDK4/6 inhibition, a particularly unintuitive result, predicted by our MDN analysis. We then extracted a random sample of model instances from our MDN analysis (parametric variation) and plotted the drug response dynamics of CDK46cycD and CDK2cycE, our model's equivalent active forms of CDK4/6 and CDK2 (**Figure 7C**). The resemblance between the distribution of dynamics produced by our model simulations and the single-cell data is striking, both showing very similar proportions of resistant and sensitive dynamics.

Finally, we examined how the distribution of specific dynamics changed when comparing CDK4/6 activity with CDK2 activity. **Figure 7D** shows that the single-cell data and our MDN analysis exhibit the same general trends: there are more resistant dynamics at the level of CDK2 than at the level of CDK4/6; there are fewer sensitive dynamics at the level of CDK2 than CDK4/6; and there are more increasing dynamics at the level of CDK2. Perhaps most unintuitively, there are fewer rebound dynamics at the level of CDK2 in the single cell data, which was also predicted by our MDN analysis. Though this analysis is *qualitative*, we demonstrate the capacity for variation in protein activity within a conserved network architecture to drive a wide variety of signalling dynamics, including those associated with resistance, that mirrors the variation in signalling dynamics seen in isogenic single cells.

The identified resistance-mediating core subnetworks align with known resistance mechanisms.

Previous studies have identified a wealth of mechanisms responsible for driving resistance to CDK4/6 and ER inhibitors. Focusing on mechanisms that have overlap with our model, the vast majority of identified mechanisms align quite well with the predictions made by our MDN analysis, validating the ability of this technique to identify a full spectrum of resistance-driving

mechanisms. Moreover, our analysis also makes predictions about additional protein
nodes/interactions that have not yet been identified by the literature.

Known mechanisms of resistance to CDK4/6 inhibitors include: Rb loss/mutations (56, 57),
CDK4/6 overexpression (58-60), loss of ER expression (58, 61, 62), loss of PTEN (63),
reduced expression/activity of p21 and p27 (64-66), activation of mTOR complexes (67, 68),
activation of PI3K and PI3K signalling pathways (61, 69), activation of PDK1 (70),
upregulation of FGFR (71, 72), AKT amplification and/or over-activation (73), E2F
amplification and/or over-activation (74), MAPK pathway activation (75-77), c-Myc activity
(78, 79), cyclin E overexpression and increased CDK2-cyclin E complex formation (43, 44, 80,
81). Known mechanisms of resistance to ER inhibitors include mutations that induce the
constitutive activation of ER (82, 83), loss of ER activity (84, 85), activation of PI3K and
MAPK signalling (86, 87), overexpression of c-Myc (88, 89) and loss of p21 and p27 (90, 91).

The preceding list represents a wealth of known resistance mechanisms that are widely
distributed throughout the ECC network. Every single one of the above mechanisms is
represented in at least one of our identified resistance-driving subnetworks. To clearly
demonstrate how well our MDN analysis captured the known resistance mechanisms we
created a table containing the known resistance mechanisms and the respective resistance-
driving parameters identified by our MDN analysis (supplementary **Table S3**). The ability of
MDN to largely capture the known resistance mechanisms highlights its potential usefulness in
predicting resistance mechanisms to novel drugs and drug targets. Apart from capturing the
known resistance mechanisms, our analysis really extends the observation that resistance can
emerge from many different nodes within the ECC network and further adds support to the idea
that it is critical to treat each patient individually.

DISCUSSION
Heterogeneity is a defining feature of cancer and a major barrier to durable responses to
targeted therapies. Clinical and experimental studies of CDK4/6 inhibitors in ER+ breast
cancer consistently show wide inter- and intra-tumour variability in response and multiple,
often co-existing resistance mechanisms (92). Yet, despite this wealth of descriptive data, we
still lack mechanistic frameworks that can systematically relate underlying molecular
heterogeneity to the spectrum of signalling behaviours that enable adaptive drug resistance. In
this work, we introduce meta-dynamic network (MDN) modelling as such a framework. By
sampling broad ensembles of kinetic parameters and protein abundances on a fixed network
topology, MDN maps the full distribution of qualitative signalling dynamics ('meta-dynamics')
accessible to a network architecture, and identifies which of these trajectories are compatible
with sustained target inhibition versus adaptive escape.

Our first key finding is that even within a single, fixed early cell-cycle (ECC) network
topology, variation in reaction kinetics and total protein abundances can generate a surprisingly
rich repertoire of qualitative signalling behaviours. We use the term 'meta-dynamics' to denote
the convergent distribution of these behaviours across a large ensemble of model instances,
which represents a theoretical upper limit on what the network can manifest dynamically.
Importantly, this repertoire includes trajectories in which continuous CDK4/6 inhibition fails to
maintain target suppression and downstream cell-cycle arrest - canonical signatures of adaptive
resistance. This provides a concrete mechanistic link between molecular heterogeneity and the

well-described phenomenon of rapid signalling rewiring under targeted therapy, in which
feedback and crosstalk restore pathway activity despite continued drug exposure (18, 93).

We find that adaptive resistance can emerge from heterogeneity in both kinetic parameters and
protein abundances, but not symmetrically. However, across the ECC network, we observe that
perturbations to kinetic parameters (interaction strengths) are more potent and consistent
drivers of adaptive resistance dynamics than changes in total protein abundance. This supports
a hierarchical view of control: network topology and interaction strengths largely determine
which qualitative behaviours are possible, while protein levels modulate how frequently
particular regimes are accessed. That hierarchy is consistent with both systems-level
perspectives on cellular heterogeneity (94) and parameter-sensitivity analyses in whole-cell and
signalling models, which have shown that many distinct parameter sets can collapse onto a
limited set of functional outputs (95).

Perhaps the most striking observation from our analysis is how rapidly the meta-dynamic
distribution converges. Despite sweeping over 90 kinetic parameters and 50 total abundances
across nine orders of magnitude, the distribution of qualitative response classes stabilises well
before 100,000 accepted model instances. Doubling the ensemble size yields only negligible
changes in the frequencies of each dynamic regime, see supplementary **Figure S12**. This
reflects a strong filtering effect imposed by network topology rather than simply a statistical
inevitability of sampling from fixed priors. When parameters or abundances are pushed to
extremes, nodes tend to be driven into saturating states, either effectively 'always off' or
'always on', and become unresponsive to upstream perturbations. These saturated cases fall
into the 'no response' category and do not generate new, more complex temporal patterns.
Consequently, the ECC topology funnels the near-infinite combinatorial parameter space into a
finite, recurring set of qualitative behaviours (e.g. monotonic decrease, rebound, biphasic).
Such topology-constrained behavioural repertoires have also been noted in recent work that
treats heterogeneity by assigning probability distributions to model parameters and analysing
the resulting ensemble of single-cell behaviours (96, 97). MDN complements these approaches
by emphasising qualitative dynamic classes and their frequencies rather than precise parameter
posteriors.

At the level of individual nodes and subnetworks, our perturbation analyses reveal that
adaptive resistance is a genuinely network-level property. Nearly every node in the ECC model
can be implicated in at least one resistance subnetwork when viewed across the full
heterogeneity ensemble, echoing the clinical and experimental literature where numerous,
sometimes mutually exclusive mechanisms of CDK4/6 inhibitor resistance have been described
- ranging from loss of RB1, to cyclin E/CDK2 activation, PI3K–AKT upregulation, FGFR
signalling, and alterations in cell-cycle checkpoint control (92). However, MDN does not
predict an unstructured 'anything goes' landscape. When we rank interactions by how
frequently their perturbation participates in resistance-associated trajectories, a small set of
hubs and co-regulated modules emerges. In other words, many routes to resistance exist, but
they tend to be coordinated through a limited number of recurrent network motifs and
subnetworks. This modular picture is consistent with reviews of adaptive resistance in breast
cancer, which emphasise convergent rewiring of signalling hubs and feedback nodes despite
diverse upstream lesions (18).

As an additional, orthogonal validation of the resistance subnetworks identified by MDN, we
compared our perturbation-derived resistance modules with gene-dependency patterns from the
Cancer Dependency Map (DepMap) (98). Although DepMap is not specific to CDK4/6

inhibition, hierarchical clustering of knockout dependencies for ECC-network genes revealed
distinct vulnerability modules across >1000 cell lines (supplementary **Figure S13**). The
existence of such modules supports the MDN prediction that different cellular contexts rely on
distinct but recurrent subnetworks to sustain proliferation, reinforcing the view that resistance
is governed by coordinated network-level processes rather than isolated nodes.

Our findings also shed light on why CDK4/6 inhibition resistance is so pervasive yet difficult
to capture with single biomarkers. Recent work integrating bulk, single-cell, and trial data has
shown that tumours resistant to CDK4/6 inhibition are characterised by increased intra-
tumoural heterogeneity and multiple, co-existing resistance signatures, including MYC-driven
programmes and altered estrogen-response pathways (99). Single-cell imaging and modelling
studies have further demonstrated that cell-cycle dynamics and signalling trajectories at the
single-cell level are critical determinants of CDK4/6 inhibitor sensitivity (100). Our MDN
analysis provides a mechanistic underpinning for these observations: across a broad space of
plausible network states, a surprisingly large fraction of configurations yield adaptive
resistance-like signalling for key G1-S regulators, and simultaneous durable suppression of all
relevant downstream effectors is rare. In such a landscape, static measurements of one or a few
nodes are unlikely to robustly stratify patients, because resistance is inherently encoded in
distributed, dynamic network behaviour rather than in single static markers.

Despite the theoretical nature of our study, qualitative comparison with single-cell signalling
data supports the core results of MDN. Experiments in isogenic breast epithelial cells have
shown that CDK4/6 activity reporters display highly heterogeneous dynamics under inhibitor
treatment, with some cells remaining durably suppressed, others partially rebounding, and
others showing minimal inhibition (55, 100). Our meta-dynamic distributions reproduce this
spectrum of behaviours despite being generated from a much broader parameter ensemble than
any one cell line is likely to occupy. We emphasise that this comparison is intentionally
qualitative: our goal is not to fit a specific cell line with a calibrated model, but to demonstrate
that the ECC topology, when subjected to realistic heterogeneity, naturally gives rise to the
types of signalling trajectories observed empirically. The close qualitative agreement between
simulated and experimental distributions suggests that even nominally isogenic populations
may explore a substantial portion of the network's meta-dynamic landscape.

As with any model-based framework, MDN has limitations that shape how its predictions
should be interpreted. First, we use mass-action and first-order kinetics rather than more
detailed Michaelis–Menten or cooperative rate laws. This was essential to keep the parameter
space tractable for large-scale exploration, but it means that behaviours relying critically on
enzyme saturation or higher-order cooperativity may be under-represented. Second, our
parameter and abundance priors are deliberately broad and largely uniform in log-space,
whereas biochemical parameters and expression levels in real cells are often better
approximated by log-normal or other structured distributions (101-103). In this sense, the
present work should be viewed as defining what is possible for a given topology rather than
estimating what is probable in a specific tumour context. Third, our model is deterministic and
does not explicitly capture intrinsic biochemical noise. We argue that sampling across a broad
ensemble of parameter and abundance sets can approximate the time-averaged consequences of
genetic, epigenetic, and stochastic variation, but intrinsic noise at low copy numbers and rare
event dynamics will require explicit stochastic formulations (104). Finally, the ECC model
abstracts some multi-protein modules into single nodes to maintain computational tractability.
As a result, highly ranked "hub" nodes in our analysis should be interpreted as implicating
critical processes or modules, rather than single gene products, as the key levers of resistance.

These limitations point naturally to several avenues for future work. A priority is to constrain
MDN ensembles using experimentally inferred parameter and abundance distributions, for
example by integrating Bayesian parameter-inference methods that represent cell-to-cell
variability as probability distributions over model parameters. Another key direction is to
couple MDN-derived resistance subnetworks with data-driven approaches that operate directly
on patient-derived single-cell and spatial multi-omics data, which are increasingly used to
dissect sample-level heterogeneity and its association with treatment response (105). Such
integrated frameworks could bridge the gap between mechanistic prediction of resistance-
enabling subnetworks and empirical identification of patient-specific vulnerabilities. On the
dynamical side, embedding stochastic simulations or Langevin approximations within the
MDN framework would allow us to evaluate how intrinsic noise reshapes the meta-dynamic
landscape and whether it introduces qualitatively new resistance regimes or primarily
modulates the frequencies of existing ones. Finally, our perturbation analyses suggest that a
finite set of recurrent resistance modules underpins a vast number of resistant states. This
aligns with translational efforts that design rational combination therapies to pre-empt or
overcome adaptive resistance by co-targeting signalling hubs and compensatory feedbacks
(106) and MDN could provide a principled way to enumerate and prioritise such combinations
for experimental testing.

In summary, MDN modelling offers a systems-level framework that connects molecular
heterogeneity to dynamic signalling behaviour and, ultimately, to adaptive drug resistance. By
revealing how a fixed network topology can generate a finite but diverse set of resistance-
associated trajectories, and by identifying the hubs and modules that recurrently mediate these
trajectories, our work complements empirical single-cell and clinical studies and suggests
concrete strategies for network-level intervention. Although we have focused on the G1-S
transition and CDK4/6 inhibition as a clinically important case study, the MDN approach is
broadly applicable to other signalling networks and therapeutic targets. As mechanistic models,
single-cell datasets, and computational methods continue to mature, we envisage MDN-like
frameworks playing an increasingly important role in predicting how tumours will escape
targeted treatments and in guiding combination strategies to keep them one step ahead.

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FIGURES AND LEGENDS

Figure 1: Network Schematic of the Early Cell Cycle (ECC) Network. Network schematic showing the detailed biochemical reactions that regulate the initiation of the G1 phase and transition through to the S phase of the cell cycle. The network includes three mitogenic inputs, two mitogenic signalling pathways, PI3K and MAPK, key transcription factors that promote G1 phase transition, key CDK-cyclin complexes and their regulators, a CDK4/6 inhibitor, and an estrogen receptor inhibitor. Canonically, mitogenic stimulation leads to the cascading activation of the mitogenic signalling pathways, which converge on the synthesis of cyclin D. The synthesis of cyclin D then promotes the activation of CDK4/6, which consequently drives the synthesis of cyclin E. Cylin E activates CDK2, leading to the synthesis of cyclin A and the formation of CDK2-cyclin A complexes signals the initiation of S phase. ER and CDK4/6 inhibitors are believed to disrupt this linear chain of events and thus prevent proliferation.

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Figure 2. A workflow of the Meta Dynamic Network (MDN) modelling pipeline. As with
all modelling, the first step is asking a useful question. In our case this is usually related to
understanding complex protein signalling dynamics. The second step is defining the network;
this involves selecting nodes and identifying relationships between them. The third step is
translating the network schematic to a mathematical representation, which is typically a
combination of ordinary differential equations and biochemical rate laws. The fourth step is the
generation of thousands of model instances, each with a unique set of properties e.g. parameter
and initial condition values. The fifth step is the simulation of each model instance and the bulk
analysis of the simulations. In this work, we analyse the distribution of the qualitative
dynamics of the network's protein species.

Figure 3: The ECC network robustly facilitates resistance-associated protein dynamics.
A) Clustered heatmap of a the time-course profiles of a representative subgroup model
instances, normalised to maximum value. Time-course profiles are of mono-phosphorylated Rb
(pRb), the downstream target of active CDK4/6, and in response to CDK4/6 and ER inhibition.
Blue represents low concentration and red represents high concentration. **B)** The frequency of
the 6 dynamic categories for the model's active protein forms, across 100,000 model instances.
Blue represents low frequency and red represents high frequency. Species have been clustered
to highlight species that have highly correlated distributions of dynamics. **C)** The frequency of
model instances displaying simultaneous sensitivity (blue), or resistance in at least one of the
key output proteins (red). Only 2.79% of model instances show simultaneous sensitivity across
all three key output proteins. The percentage of resistant model instances was calculated by
measuring the number of unique model instances that show resistance-associated dynamics for
at least one of the key output proteins.

Figure 4: Reaction coefficients are a stronger driver of adaptive-resistance dynamics than protein abundance. A) Overview of the computational pipeline undertaken to compare the effects of parametric variation with initial condition variation. 1000 unique initial condition sets are applied to a base parameter set that demonstrates a decreasing dynamic for the key output protein being analysed. Each of the new model instances are simulated and the category of the output protein's dynamic is determined. Then the number of times the model instances produce a resistance-associated dynamic is measured. This entire process is repeated for 1000 base parameter sets. The final step is measuring the distribution of resistance behaviours when the parameter values are changed and comparing the distribution when the initial condition values are changed. **B)** The frequency of which initial condition variation (left) induces

resistance, in each key output protein. Varying initial condition values usually does not induce
resistance, however, for select parameter sets, most initial conditions produce resistance
associated dynamics. This analysis is repeated for parameter variation (right). Contrary to
varying initial condition values, varying parameters usually induces resistance to a small
degree, but there are no sets of initial conditions that are universally resistant. **C)** The number
of unique dynamic categories produced by initial condition variation (left), versus parametric
variation (right). Varying initial conditions produces a moderate variety of qualitative
dynamics, and can produce all 6 dynamic categories, but varying parameters almost always
induces every single possible dynamic category for the key output proteins.

Figure 5: MDN analysis identifies core sub-networks that facilitate resistance. A)
Overview of the process undertaken to investigate the relationship between parameter
knockdown and resistance-dynamic features to identify resistance driving parameter signatures.
Each parameter is knocked down by 20%, one at a time, and the effect on the protein dynamics
is measured. If the knockdown decreases resistance it scores a 1, otherwise it scores a 0. This
process is repeated for each parameter, one at a time, for each model instance. The end result is
a matrix where the columns represent parameters, and the rows represent the model instances.
This matrix can then be analysed using clustering methods to identify parametric resistance
signatures. **B)** Heatmap produced by hierarchical clustering of the parameters that contribute
to rebounding pppRb, for model instances that display rebounding pppRb. **C)** Comparing
parametric resistance signatures with the parameters that most frequently contribute to
resistance overall. Parameters are ranked by how frequently they contribute to rebounding
pppRb. Clusters are aligned with overall ranking. The lower bar graph represents the
correlation between the overall ranking and each cluster specific ranking. This heatmap shows
that some parametric resistance signatures align closely with the overall ranking, but some
clusters are quite different, emphasising the context specificity of resistance.

Figure 6: Identification of subnetworks driving pppRb rebound-mediated resistance
within the ECC network. A) Cluster-specific parameter signatures overlaid with the ECC
network to highlight subnetworks that drive resistance through rebound of pppRb. Only the
five largest clusters (out of 9) are displayed. **B)** Parameter knockdowns for the top-scoring
parameters in three select clusters that display divergent resistance driving parameter
signatures. Black represents treatment with CDK4/6 and ER inhibitors alone, decreasingly-red
lines represent the addition of an increasingly potent parameter knockdown. These results
highlight the context specificity of parameter knockdown when attempting to prevent adaptive
resistance.

Figure 7. Validation of MDN-based predictions. Qualitative comparisons between single-cell data and our MDN analyses. **A)** Single-cell time-course responses to CDK4/6 inhibition from Yang et al. (55)). The reporter readout reflects phosphorylation-dependent nucleo-cytoplasmic shuttling; the y-axis is the nuclear/cytoplasmic fluorescence ratio (not fold-change to t=0). Baseline values at t=0 therefore vary across cells (typically ~1–1.8) due to inherent differences in reporter localization prior to treatment. Red traces: resistance-associated dynamics; blue: sensitivity-associated; grey: no/limited response. **B)** Frequency of each dynamic category in panel A. **C)** Representative MDN simulations for CDK4/6·CycD and CDK2·CycE drawn from the model ensemble (parametric variation). Colours denote the same dynamic classes as in A. The distribution of resistant and sensitive dynamics from our simulations are highly correlated with the single-cell data. **D)** Agreement between single-cell data and MDN simulations quantified by the distribution of dynamic classes across both datasets.

REFERENCES

1. Vasan N, Baselga J, Hyman DM. 2019. A view on drug resistance in cancer. Nature 575:299-309.
2. Wang X, Zhang H, Chen X. 2019. Drug resistance and combating drug resistance in cancer. Cancer Drug Resistance 2:141.
3. Pich O, Bailey C, Watkins TB, Zaccaria S, Jamal-Hanjani M, Swanton C. 2022. The translational challenges of precision oncology. Cancer Cell.
4. Knudsen ES, Kumarasamy V, Nambiar R, Pearson JD, Vail P, Rosenheck H, Wang J, Eng K, Bremner R, Schramek D, Rubin SM, Welm AL, Witkiewicz AK. 2022. CDK/cyclin dependencies define extreme cancer cell-cycle heterogeneity and collateral vulnerabilities. Cell Reports 38:110448.
5. Jubran MR, Vilenski D, Flashner-Abramson E, Shnaider E, Vasudevan S, Rubinstein AM, Meirovitz A, Sharon S, Polak D, Kravchenko-Balasha N. 2022. Overcoming resistance to EGFR monotherapy in HNSCC by identification and inhibition of individualized cancer processes. Theranostics 12:1204-1219.
6. Dagogo-Jack I, Shaw AT. 2018. Tumour heterogeneity and resistance to cancer therapies. Nat Rev Clin Oncol 15:81-94.
7. Turke AB, Zejnullahu K, Wu Y-L, Song Y, Dias-Santagata D, Lifshits E, Toschi L, Rogers A, Mok T, Sequist L. 2010. Preexistence and clonal selection of MET amplification in EGFR mutant NSCLC. Cancer cell 17:77-88.
8. Patel AG, Chen X, Huang X, Clay MR, Komorova N, Krasin MJ, Pappo A, Tillman H, Orr BA, McEvoy J. 2022. The myogenesis program drives clonal selection and drug resistance in rhabdomyosarcoma. Developmental Cell 57:1226-1240. e8.
9. Cassidy J. 2019. Studying the clonal origins of drug resistance in human breast cancersUniversity of Cambridge.
10. Herrera-Abreu MT, Palafox M, Asghar U, Rivas MA, Cutts RJ, Garcia-Murillas I, Pearson A, Guzman M, Rodriguez O, Grueso J, Bellet M, Cortés J, Elliott R, Pancholi S, Baselga J, Dowsett M, Martin LA, Turner NC, Serra V. 2016. Early Adaptation and Acquired Resistance to CDK4/6 Inhibition in Estrogen Receptor-Positive Breast Cancer. Cancer Res 76:2301-13.
11. Ahmed TA, Adamopoulos C, Karoulia Z, Wu X, Sachidanandam R, Aaronson SA, Poulikakos PI. 2019. SHP2 Drives Adaptive Resistance to ERK Signaling Inhibition in Molecularly Defined Subsets of ERK-Dependent Tumors. Cell Rep 26:65-78.e5.
12. Blombery P, Anderson MA, Gong JN, Thijssen R, Birkinshaw RW, Thompson ER, Teh CE, Nguyen T, Xu Z, Flensburg C, Lew TE, Majewski IJ, Gray DHD, Westerman DA, Tam CS, Seymour JF, Czabotar PE, Huang DCS, Roberts AW. 2019. Acquisition of the Recurrent Gly101Val Mutation in BCL2 Confers Resistance to Venetoclax in Patients with Progressive Chronic Lymphocytic Leukemia. Cancer Discov 9:342-353.
13. Yun CH, Mengwasser KE, Toms AV, Woo MS, Greulich H, Wong KK, Meyerson M, Eck MJ. 2008. The T790M mutation in EGFR kinase causes drug resistance by increasing the affinity for ATP. Proc Natl Acad Sci U S A 105:2070-5.
14. Xue X, Liang X-J. 2012. Overcoming drug efflux-based multidrug resistance in cancer with nanotechnology. Chinese journal of cancer 31:100.
15. Smyth MJ, Krasovskis E, Sutton VR, Johnstone RW. 1998. The drug efflux protein, P-glycoprotein, additionally protects drug-resistant tumor cells from multiple forms of caspase-dependent apoptosis. Proceedings of the National Academy of Sciences 95:7024-7029.
16. Jin X, Ge LP, Li DQ, Shao ZM, Di GH, Xu XE, Jiang YZ. 2020. LncRNA TROJAN promotes proliferation and resistance to CDK4/6 inhibitor via CDK2 transcriptional activation in ER+ breast cancer. Mol Cancer 19:87.
17. Li Q, Jiang B, Guo J, Shao H, Del Priore IS, Chang Q, Kudo R, Li Z, Razavi P, Liu B, Boghossian AS, Rees MG, Ronan MM, Roth JA, Donovan KA, Palafox M, Reis-Filho JS, de Stanchina E, Fischer ES, Rosen N, Serra V, Koff A, Chodera JD, Gray NS, Chandarlapaty S. 2022. INK4 Tumor Suppressor Proteins Mediate Resistance to CDK4/6 Kinase Inhibitors. Cancer Discov 12:356-371.

18. Cremers CG, Nguyen LK. 2019. Network rewiring, adaptive resistance and combating
strategies in breast cancer. Cancer Drug Resistance 2:1106.
19. Wright SCE, Vasilevski N, Serra V, Rodon J, Eichhorn PJA. 2021. Mechanisms of resistance to
PI3K inhibitors in cancer: adaptive responses, drug tolerance and cellular plasticity. Cancers
13:1538.
20. Ma P, Fu Y, Chen M, Jing Y, Wu J, Li K, Shen Y, Gao J-X, Wang M, Zhao X. 2016. Adaptive
and acquired resistance to EGFR inhibitors converge on the MAPK pathway. Theranostics
6:1232.
21. Herrera-Abreu MT, Palafox M, Asghar U, Rivas MA, Cutts RJ, Garcia-Murillas I, Pearson A,
Guzman M, Rodriguez O, Grueso J. 2016. Early Adaptation and Acquired Resistance to
CDK4/6 Inhibition in Estrogen Receptor–Positive Breast CancerEarly Adaption and Acquired
Palbociclib Resistance. Cancer research 76:2301-2313.
22. Park S-M, Hwang CY, Choi J, Joung CY, Cho K-H. 2020. Feedback analysis identifies a
combination target for overcoming adaptive resistance to targeted cancer therapy. Oncogene
39:3803-3820.
23. Nguyen LK, Kholodenko BN. 2016. Feedback regulation in cell signalling: Lessons for cancer
therapeutics. Seminars in Cell & Developmental Biology 50:85-94.
24. Bachmann J, Raue A, Schilling M, Becker V, Timmer J, Klingmüller U. 2012. Predictive
mathematical models of cancer signalling pathways. Journal of Internal Medicine 271:155-165.
25. Shankar E, Weis MC, Avva J, Shukla S, Shukla M, Sreenath SN, Gupta S. 2019. Complex
Systems Biology Approach in Connecting PI3K-Akt and NF-κB Pathways in Prostate Cancer.
Cells 8:201.
26. Clarke MA, Fisher J. 2020. Executable cancer models: successes and challenges. Nature
Reviews Cancer 20:343-354.
27. Altrock PM, Liu LL, Michor F. 2015. The mathematics of cancer: integrating quantitative
models. Nature Reviews Cancer 15:730-745.
28. Ghomlaghi M, Hart A, Hoang N, Shin S, Nguyen LK. 2021. Feedback, crosstalk and
competition: ingredients for emergent non-linear behaviour in the PI3K/mTOR signalling
network. International journal of molecular sciences 22:6944.
29. Tyson JJ, Laomettachit T, Kraikivski P. 2019. Modeling the dynamic behavior of biochemical
regulatory networks. Journal of theoretical biology 462:514-527.
30. Tandon G, Yadav S, Kaur S. 2022. Chapter 24 - Pathway modeling and simulation analysis, p
409-423. *In* Singh DB, Pathak RK (ed), Bioinformatics doi:https://doi.org/10.1016/B978-0-
323-89775-4.00007-9. Academic Press.
31. Deuflhard P, Röblitz S. 2015. ODE Models for Systems Biological Networks, p 1-32. *In*
Deuflhard P, Röblitz S (ed), A Guide to Numerical Modelling in Systems Biology
doi:10.1007/978-3-319-20059-0_1. Springer International Publishing, Cham.
32. Kearney AL, Norris DM, Ghomlaghi M, Wong MKL, Humphrey SJ, Carroll L, Yang G, Cooke
KC, Yang P, Geddes TA. 2021. Akt phosphorylates insulin receptor substrate to limit PI3K-
mediated PIP3 synthesis. Elife 10:e66942.
33. Shin SY, Müller AK, Verma N, Lev S, Nguyen LK. 2018. Systems modelling of the EGFR-
PYK2-c-Met interaction network predicts and prioritizes synergistic drug combinations for
triple-negative breast cancer. PLoS Comput Biol 14:e1006192.
34. Sun X, Hu B. 2017. Mathematical modeling and computational prediction of cancer drug
resistance. Briefings in Bioinformatics 19:1382-1399.
35. Chisholm RH, Lorenzi T, Clairambault J. 2016. Cell population heterogeneity and evolution
towards drug resistance in cancer: biological and mathematical assessment, theoretical
treatment optimisation. Biochimica et Biophysica Acta (BBA)-General Subjects 1860:2627-
2645.
36. Belkhir S, Thomas F, Roche B. 2021. Darwinian approaches for cancer treatment: benefits of
mathematical modeling. Cancers 13:4448.
37. Huang B, Jia D, Feng J, Levine H, Onuchic JN, Lu M. 2018. RACIPE: a computational tool for
modeling gene regulatory circuits using randomization. BMC Syst Biol 12:74.
38. Städter P, Schälte Y, Schmiester L, Hasenauer J, Stapor PL. 2021. Benchmarking of numerical
integration methods for ODE models of biological systems. Scientific Reports 11:2696.

39.   Resat H, Petzold L, Pettigrew MF. 2009. Kinetic modeling of biological systems. Methods Mol
Biol 541:311-35.

40.   Stallaert W, Kedziora KM, Taylor CD, Zikry TM, Ranek JS, Sobon HK, Taylor SR, Young CL,
Cook JG, Purvis JE. 2022. The structure of the human cell cycle. Cell Systems 13:230-240.e3.

41.   Tyson JJ, Novák B. 2015. Models in biology: lessons from modeling regulation of the
eukaryotic cell cycle. BMC Biology 13:46.

42.   Iorio F, Knijnenburg TA, Vis DJ, Bignell GR, Menden MP, Schubert M, Aben N, Gonçalves E,
Barthorpe S, Lightfoot H, Cokelaer T, Greninger P, van Dyk E, Chang H, de Silva H, Heyn H,
Deng X, Egan RK, Liu Q, Mironenko T, Mitropoulos X, Richardson L, Wang J, Zhang T,
Moran S, Sayols S, Soleimani M, Tamborero D, Lopez-Bigas N, Ross-Macdonald P, Esteller
M, Gray NS, Haber DA, Stratton MR, Benes CH, Wessels LFA, Saez-Rodriguez J, McDermott
U, Garnett MJ. 2016. A Landscape of Pharmacogenomic Interactions in Cancer. Cell 166:740-
754.

43.   Min A, Kim JE, Kim YJ, Lim JM, Kim S, Kim JW, Lee KH, Kim TY, Oh DY, Bang YJ, Im
SA. 2018. Cyclin E overexpression confers resistance to the CDK4/6 specific inhibitor
palbociclib in gastric cancer cells. Cancer Lett 430:123-132.

44.   Taylor-Harding B, Aspuria PJ, Agadjanian H, Cheon DJ, Mizuno T, Greenberg D, Allen JR,
Spurka L, Funari V, Spiteri E, Wang Q, Orsulic S, Walsh C, Karlan BY, Wiedemeyer WR.
2015. Cyclin E1 and RTK/RAS signaling drive CDK inhibitor resistance via activation of E2F
and ETS. Oncotarget 6:696-714.

45.   Ahmed TA, Adamopoulos C, Karoulia Z, Wu X, Sachidanandam R, Aaronson SA, Poulikakos
PI. 2019. SHP2 drives adaptive resistance to ERK signaling inhibition in molecularly defined
subsets of ERK-dependent tumors. Cell reports 26:65-78. e5.

46.   Chen J, Bai M, Ning C, Xie B, Zhang J, Liao H, Xiong J, Tao X, Yan D, Xi X. 2016. Gankyrin
facilitates follicle-stimulating hormone-driven ovarian cancer cell proliferation through the
PI3K/AKT/HIF-1α/cyclin D1 pathway. Oncogene 35:2506-2517.

47.   Wang H-Y, Yang S-L, Liang H-F, Li C-H. 2014. HBx protein promotes oval cell proliferation
by up-regulation of cyclin D1 via activation of the MEK/ERK and PI3K/Akt pathways.
International journal of molecular sciences 15:3507-3518.

48.   Del Re M, Crucitta S, Lorenzini G, De Angelis C, Diodati L, Cavallero D, Bargagna I, Cinacchi
P, Fratini B, Salvadori B. 2021. PI3K mutations detected in liquid biopsy are associated to
reduced sensitivity to CDK4/6 inhibitors in metastatic breast cancer patients. Pharmacological
Research 163:105241.

49.   Samuels Y, Velculescu VE. 2004. Oncogenic mutations of PIK3CA in human cancers. Cell
cycle 3:1221-1224.

50.   FDA. 2017. https://www.fda.gov/drugs/resources-information-approved-drugs/palbociclib-
ibrance#:~:text=FDA%20granted%20palbociclib%20accelerated%20approval,based%20therap
y%20in%20postmenopausal%20women., *on* FDA. Accessed

51.   FDA. 2017. https://www.fda.gov/drugs/resources-information-approved-drugs/ribociclib-
kisqali, *on* FDA. Accessed

52.   FDA. 2021. https://www.fda.gov/drugs/resources-information-approved-drugs/fda-approves-
abemaciclib-endocrine-therapy-early-breast-cancer, *on* FDA. Accessed

53.   Kim S, Leong A, Kim M, Yang HW. 2022. CDK4/6 initiates Rb inactivation and CDK2
activity coordinates cell-cycle commitment and G1/S transition. Sci Rep 12:16810.

54.   Narasimha AM, Kaulich M, Shapiro GS, Choi YJ, Sicinski P, Dowdy SF. 2014. Cyclin D
activates the Rb tumor suppressor by mono-phosphorylation. Elife 3.

55.   Yang HW, Cappell SD, Jaimovich A, Liu C, Chung M, Daigh LH, Pack LR, Fan Y, Regot S,
Covert M, Meyer T. 2020. Stress-mediated exit to quiescence restricted by increasing
persistence in CDK4/6 activation. eLife 9:e44571.

56.   Malorni L, Piazza S, Ciani Y, Guarducci C, Bonechi M, Biagioni C, Hart CD, Verardo R, Di
Leo A, Migliaccio I. 2016. A gene expression signature of retinoblastoma loss-of-function is a
predictive biomarker of resistance to palbociclib in breast cancer cell lines and is prognostic in
patients with ER positive early breast cancer. Oncotarget 7:68012-68022.

57.   Palafox M, Monserrat L, Bellet M, Villacampa G, Gonzalez-Perez A, Oliveira M, Brasó-
Maristany F, Ibrahimi N, Kannan S, Mina L. 2022. High p16 expression and heterozygous RB1

1065   loss are biomarkers for CDK4/6 inhibitor resistance in ER+ breast cancer. nature
1066   communications 13:1-20.
58.   Yang C, Li Z, Bhatt T, Dickler M, Giri D, Scaltriti M, Baselga J, Rosen N, Chandarlapaty S.
2017. Acquired CDK6 amplification promotes breast cancer resistance to CDK4/6 inhibitors
and loss of ER signaling and dependence. Oncogene 36:2255-2264.
59.   Li Z, Razavi P, Li Q, Toy W, Liu B, Ping C, Hsieh W, Sanchez-Vega F, Brown DN, Paula
AFDC. 2018. Loss of the FAT1 tumor suppressor promotes resistance to CDK4/6 inhibitors via
the hippo pathway. Cancer cell 34:893-905. e8.
60.   Olanich ME, Sun W, Hewitt SM, Abdullaev Z, Pack SD, Barr FG. 2015. CDK4 Amplification
Reduces Sensitivity to CDK4/6 Inhibition in Fusion-Positive Rhabdomyosarcoma. Clin Cancer
Res 21:4947-59.
61.   Takeshita T, Yamamoto Y, Yamamoto-Ibusuki M, Tomiguchi M, Sueta A, Murakami K, Iwase
H. 2018. Clinical significance of plasma cell-free DNA mutations in PIK3CA, AKT1, and
ESR1 gene according to treatment lines in ER-positive breast cancer. Mol Cancer 17:67.
62.   Iida M, Toyosawa D, Nakamura M, Tsuboi K, Tokuda E, Niwa T, Ishida T, Hayashi S-i. 2020.
Decreased ER dependency after acquired resistance to CDK4/6 inhibitors. Breast Cancer
27:963-972.
63.   Costa C, Wang Y, Ly A, Hosono Y, Murchie E, Walmsley CS, Huynh T, Healy C, Peterson R,
Yanase S. 2020. PTEN loss mediates clinical cross-resistance to CDK4/6 and PI3Kα inhibitors
in breast cancer. Cancer discovery 10:72-85.
64.   Kumarasamy V, Vail P, Nambiar R, Witkiewicz AK, Knudsen ES. 2021. Functional
Determinants of Cell Cycle Plasticity and Sensitivity to CDK4/6 Inhibition. Cancer Research
81:1347-1360.
65.   Patel P, Tsiperson V, Gottesman SRS, Somma J, Blain SW. 2018. Dual Inhibition of CDK4 and
CDK2 via Targeting p27 Tyrosine Phosphorylation Induces a Potent and Durable Response in
Breast Cancer Cells. Mol Cancer Res 16:361-377.
66.   Iida M, Nakamura M, Tokuda E, Toyosawa D, Niwa T, Ohuchi N, Ishida T, Hayashi SI. 2019.
The p21 levels have the potential to be a monitoring marker for ribociclib in breast cancer.
Oncotarget 10:4907-4918.
67.   Michaloglou C, Crafter C, Siersbaek R, Delpuech O, Curwen JO, Carnevalli LS, Staniszewska
AD, Polanska UM, Cheraghchi-Bashi A, Lawson M, Chernukhin I, McEwen R, Carroll JS,
Cosulich SC. 2018. Combined Inhibition of mTOR and CDK4/6 Is Required for Optimal
Blockade of E2F Function and Long-term Growth Inhibition in Estrogen Receptor-positive
Breast Cancer. Mol Cancer Ther 17:908-920.
68.   Goel S, Wang Q, Watt AC, Tolaney SM, Dillon DA, Li W, Ramm S, Palmer AC, Yuzugullu H,
Varadan V, Tuck D, Harris LN, Wong K-K, Liu XS, Sicinski P, Winer EP, Krop IE, Zhao JJ.
2016. Overcoming Therapeutic Resistance in HER2-Positive Breast Cancers with CDK4/6
Inhibitors. Cancer Cell 29:255-269.
69.   O'Brien NA, McDermott MS, Conklin D, Luo T, Ayala R, Salgar S, Chau K, DiTomaso E,
Babbar N, Su F. 2020. Targeting activated PI3K/mTOR signaling overcomes acquired
resistance to CDK4/6-based therapies in preclinical models of hormone receptor-positive breast
cancer. Breast Cancer Research 22:1-17.
70.   Jansen VM, Bhola NE, Bauer JA, Formisano L, Lee KM, Hutchinson KE, Witkiewicz AK,
Moore PD, Estrada MV, Sánchez V, Ericsson PG, Sanders ME, Pohlmann PR, Pishvaian MJ,
Riddle DA, Dugger TC, Wei W, Knudsen ES, Arteaga CL. 2017. Kinome-Wide RNA
Interference Screen Reveals a Role for PDK1 in Acquired Resistance to CDK4/6 Inhibition in
ER-Positive Breast Cancer. Cancer Res 77:2488-2499.
71.   Turner N, Pearson A, Sharpe R, Lambros M, Geyer F, Lopez-Garcia MA, Natrajan R, Marchio
C, Iorns E, Mackay A, Gillett C, Grigoriadis A, Tutt A, Reis-Filho JS, Ashworth A. 2010.
FGFR1 amplification drives endocrine therapy resistance and is a therapeutic target in breast
cancer. Cancer Res 70:2085-94.
72.   Formisano L, Lu Y, Servetto A, Hanker AB, Jansen VM, Bauer JA, Sudhan DR, Guerrero-
Zotano AL, Croessmann S, Guo Y, Ericsson PG, Lee K-m, Nixon MJ, Schwarz LJ, Sanders
ME, Dugger TC, Cruz MR, Behdad A, Cristofanilli M, Bardia A, O'Shaughnessy J, Nagy RJ,
Lanman RB, Solovieff N, He W, Miller M, Su F, Shyr Y, Mayer IA, Balko JM, Arteaga CL.

1120   2019. Aberrant FGFR signaling mediates resistance to CDK4/6 inhibitors in ER+ breast cancer.
1121   Nature Communications 10:1373.
1122   73.   Alves CL, Ehmsen S, Terp MG, Portman N, Tuttolomondo M, Gammelgaard OL, Hundebøl
1123   MF, Kaminska K, Johansen LE, Bak M, Honeth G, Bosch A, Lim E, Ditzel HJ. 2021. Co-
1124   targeting CDK4/6 and AKT with endocrine therapy prevents progression in CDK4/6 inhibitor
1125   and endocrine therapy-resistant breast cancer. Nature Communications 12:5112.
1126   74.   Dean JL, Thangavel C, McClendon AK, Reed CA, Knudsen ES. 2010. Therapeutic CDK4/6
1127   inhibition in breast cancer: key mechanisms of response and failure. Oncogene 29:4018-4032.
1128   75.   Hayes TK, Luo F, Cohen O, Goodale AB, Lee Y, Pantel S, Bagul M, Piccioni F, Root DE,
1129   Garraway LA, Meyerson M, Johannessen CM. 2019. A Functional Landscape of Resistance to
1130   MEK1/2 and CDK4/6 Inhibition in NRAS-Mutant Melanoma. Cancer Research 79:2352-2366.
1131   76.   De Leeuw R, McNair C, Schiewer MJ, Neupane NP, Brand LJ, Augello MA, Li Z, Cheng LC,
1132   Yoshida A, Courtney SM. 2018. MAPK Reliance via Acquired CDK4/6 Inhibitor Resistance in
1133   CancerCDK4/6 Inhibitor Resistance in Cancer. Clinical Cancer Research 24:4201-4214.
1134   77.   Haines E, Chen T, Kommajosyula N, Chen Z, Herter-Sprie GS, Cornell L, Wong K-K, Shapiro
1135   GI. 2018. Palbociclib resistance confers dependence on an FGFR-MAP kinase-mTOR-driven
1136   pathway in KRAS-mutant non-small cell lung cancer. Oncotarget 9:31572.
1137   78.   Mo H, Liu X, Xue Y, Chen H, Guo S, Li Z, Wang S, Li C, Han J, Fu M, Song Y, Li D, Ma F.
1138   2022. S6K1 amplification confers innate resistance to CDK4/6 inhibitors through activating c-
1139   Myc pathway in patients with estrogen receptor-positive breast cancer. Molecular Cancer
1140   21:171.
1141   79.   Robinson AM, Rathore R, Redlich NJ, Adkins DR, VanArsdale T, Van Tine BA, Michel LS.
1142   2019. Cisplatin exposure causes c-Myc-dependent resistance to CDK4/6 inhibition in HPV-
1143   negative head and neck squamous cell carcinoma. Cell death & disease 10:1-13.
1144   80.   Pandey K, Park N, Park K-S, Hur J, Cho YB, Kang M, An H-J, Kim S, Hwang S, Moon YW.
1145   2020. Combined CDK2 and CDK4/6 inhibition overcomes palbociclib resistance in breast
1146   cancer by enhancing senescence. Cancers 12:3566.
1147   81.   Hall CR, Bisi JE, Strum JC. 2019. Inhibition of CDK2 overcomes primary and acquired
1148   resistance to CDK4/6 inhibitors. Cancer Research 79:4414-4414.
1149   82.   Jeselsohn R, Yelensky R, Buchwalter G, Frampton G, Meric-Bernstam F, Gonzalez-Angulo
1150   AM, Ferrer-Lozano J, Perez-Fidalgo JA, Cristofanilli M, Gomez H. 2014. Emergence of
1151   Constitutively Active Estrogen Receptor-α Mutations in Pretreated Advanced Estrogen
1152   Receptor–Positive Breast CancerESR1-Activating Mutations in Advanced Breast Cancer.
1153   Clinical cancer research 20:1757-1767.
1154   83.   Masri S, Phung S, Wang X, Wu X, Yuan Y-C, Wagman L, Chen S. 2008. Genome-wide
1155   analysis of aromatase inhibitor-resistant, tamoxifen-resistant, and long-term estrogen-deprived
1156   cells reveals a role for estrogen receptor. Cancer research 68:4910-4918.
1157   84.   Vesuna F, Lisok A, Kimble B, Domek J, Kato Y, van der Groep P, Artemov D, Kowalski J,
1158   Carraway H, van Diest P. 2012. Twist contributes to hormone resistance in breast cancer by
1159   downregulating estrogen receptor-α. Oncogene 31:3223-3234.
1160   85.   Johnston S, Saccani-Jotti G, Smith I, Salter J, Newby J, Coppen M, Ebbs S, Dowsett M. 1995.
1161   Changes in estrogen receptor, progesterone receptor, and pS2 expression in tamoxifen-resistant
1162   human breast cancer. Cancer research 55:3331-3338.
1163   86.   Miller TW, Hennessy BT, González-Angulo AM, Fox EM, Mills GB, Chen H, Higham C,
1164   García-Echeverría C, Shyr Y, Arteaga CL. 2010. Hyperactivation of phosphatidylinositol-3
1165   kinase promotes escape from hormone dependence in estrogen receptor-positive human breast
1166   cancer. J Clin Invest 120:2406-13.
1167   87.   Campbell RA, Bhat-Nakshatri P, Patel NM, Constantinidou D, Ali S, Nakshatri H. 2001.
1168   Phosphatidylinositol 3-kinase/AKT-mediated activation of estrogen receptor α: a new model for
1169   anti-estrogen resistance. Journal of Biological Chemistry 276:9817-9824.
1170   88.   McNeil CM, Sergio CM, Anderson LR, Inman CK, Eggleton SA, Murphy NC, Millar EK, Crea
1171   P, Kench JG, Alles MC. 2006. c-Myc overexpression and endocrine resistance in breast cancer.
1172   The Journal of steroid biochemistry and molecular biology 102:147-155.

89.   Planas-Silva MD, Bruggeman RD, Grenko RT, Smith J. 2007. Overexpression of c-Myc and
Bcl-2 during progression and distant metastasis of hormone-treated breast cancer. Experimental
and molecular pathology 82:85-90.
90.   Abukhdeir AM, Vitolo MI, Argani P, De Marzo AM, Karakas B, Konishi H, Gustin JP, Lauring
J, Garay JP, Pendleton C. 2008. Tamoxifen-stimulated growth of breast cancer due to p21 loss.
Proceedings of the National Academy of Sciences 105:288-293.
91.   Massarweh S, Osborne CK, Jiang S, Wakeling AE, Rimawi M, Mohsin SK, Hilsenbeck S,
Schiff R. 2006. Mechanisms of tumor regression and resistance to estrogen deprivation and
fulvestrant in a model of estrogen receptor–positive, HER-2/neu-positive breast cancer. Cancer
research 66:8266-8273.
92.   Zhou FH, Downton T, Freelander A, Hurwitz J, Caldon CE, Lim E. 2023. CDK4/6 inhibitor
resistance in estrogen receptor positive breast cancer, a 2023 perspective. Frontiers in Cell and
Developmental Biology Volume 11 - 2023.
93.   Chandarlapaty S. 2012. Negative Feedback and Adaptive Resistance to the Targeted Therapy of
Cancer. Cancer Discovery 2:311-319.
94.   Movasat H, Giacopino E, Shahdoost A, Dorri Nokoorani Y, Abrbekouh AH, Tahamtani Y,
Shakiba N. 2025. A systems view of cellular heterogeneity: Unlocking the "wheel of fate". Cell
Syst 16:101300.
95.   Babtie AC, Stumpf MPH. 2017. How to deal with parameters for whole-cell modelling. Journal
of The Royal Society Interface 14.
96.   Yamada T, Nishiyama M, Oba S, Jimbo HC, Ikeda K, Ishii S, Hong K, Sakumura Y. 2018.
Computational Methods for Estimating Molecular System from Membrane Potential
Recordings in Nerve Growth Cone. Scientific Reports 8:4559.
97.   Spencer SL, Gaudet S, Albeck JG, Burke JM, Sorger PK. 2009. Non-genetic origins of cell-to-
cell variability in TRAIL-induced apoptosis. Nature 459:428-432.
98.   Ghandi M, Huang FW, Jané-Valbuena J, Kryukov GV, Lo CC, McDonald III ER, Barretina J,
Gelfand ET, Bielski CM, Li H. 2019. Next-generation characterization of the cancer cell line
encyclopedia. Nature 569:503-508.
99.   Migliaccio I, Bonechi M, Romagnoli D, Boccalini G, Galardi F, Guarducci C, Nardone A,
Schiff R, Biganzoli L, Malorni L, Benelli M. 2025. Single-cell transcriptomics reveals
biomarker heterogeneity linked to CDK4/6 Inhibitor resistance in breast cancer cell lines. npj
Breast Cancer 11:82.
100.   Asghar US, Barr AR, Cutts R, Beaney M, Babina I, Sampath D, Giltnane J, Lacap JA, Crocker
L, Young A, Pearson A, Herrera-Abreu MT, Bakal C, Turner NC. 2017. Single-Cell Dynamics
Determines Response to CDK4/6 Inhibition in Triple-Negative Breast Cancer. Clin Cancer Res
23:5561-5572.
101.   Taniguchi Y, Choi PJ, Li GW, Chen H, Babu M, Hearn J, Emili A, Xie XS. 2010. Quantifying
E. coli proteome and transcriptome with single-molecule sensitivity in single cells. Science
329:533-8.
102.   Bar-Even A, Milo R, Noor E, Tawfik DS. 2015. The Moderately Efficient Enzyme: Futile
Encounters and Enzyme Floppiness. Biochemistry 54:4969-77.
103.   Bengtsson M, Ståhlberg A, Rorsman P, Kubista M. 2005. Gene expression profiling in single
cells from the pancreatic islets of Langerhans reveals lognormal distribution of mRNA levels.
Genome Res 15:1388-92.
104.   Kwon T, Kwon O-S, Cha H-J, Sung BJ. 2019. Stochastic and Heterogeneous Cancer Cell
Migration: Experiment and Theory. Scientific Reports 9:16297.
105.   Boyeau P, Hong J, Gayoso A, Kim M, McFaline-Figueroa JL, Jordan MI, Azizi E, Ergen C,
Yosef N. 2025. Deep generative modeling of sample-level heterogeneity in single-cell
genomics. Nature Methods 22:2264-2274.
106.   Yip HYK, Shin SY, Chee A, Ang CS, Rossello FJ, Wong LH, Nguyen LK, Papa A. 2024.
Integrative modeling uncovers p21-driven drug resistance and prioritizes therapies for PIK3CA-
mutant breast cancer. NPJ Precis Oncol 8:20.

1225