Chemotherapy-driven *de novo* Wnt pathway activation dictates a dynamic shift to a drug-tolerant state in breast cancer cells

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ABSTRACT

The efficacy of chemotherapy is often hindered by the enrichment of drug-tolerant persister (DTP) cells, which are known to drive therapy resistance. Unraveling and targeting the early events leading to therapy-induced DTP cell-enrichment presents a potential avenue for innovative therapeutic strategies. In this study, we identified the activation of the Wnt/β-catenin signaling pathway as a common mechanism underlying early DTP cell-enrichment in response to different chemotherapeutic agents in Triple-negative breast cancer (TNBC). Live-imaging reveals *de novo* transcriptional Wnt-activation prevailing over intrinsic selection post chemotherapy. Importantly, Wnt-active (Wnt^High) cells exhibit transcriptional and functional similarities to DTP cells, such as a diapause transcriptional signature, reduced proliferation, and marked chemoresistance. The transition to a post-treatment Wnt^High state is driven by increased expression of key components involved in canonical Wnt ligand-secretion and -activation. Genetic interference or concomitant, rather than sequential, pharmacologic inhibition of Wnt ligand-secretion alongside chemotherapy prevents treatment-induced Wnt^High enrichment, sensitizing TNBC tumors to chemotherapy. This study enhances our understanding of the introductory mechanisms driving DTP cell-enrichment upon chemotherapy.

INTRODUCTION

Systemic cytotoxic chemotherapy, employing different drugs such as taxanes, anthracyclines, or platinum-based salts, is one of the most widely accepted treatment modalities for malignant tumors, including triple-negative breast cancer (TNBC)[1–3]. Many patients with TNBC initially benefit from preoperative (neoadjuvant) chemotherapy (NAC); however, about 30%–50% develop resistance, leading to poor overall survival rates[4,5]. Accumulating evidence indicates that cancer cells enter a reversible drug-tolerant persister (DTP) cell-state to evade chemotherapy-induced cell death, leading to incomplete response and/or recurrence[6–8]. DTP cells are characterized by a slow-cycling rate, stem-like traits (including the expression of stem cell- and epithelial-to-mesenchymal (EMT) -markers), and a drug-resistant phenotype[6–8]. One crucial distinction between DTP cells and cancer stem cells (CSCs) is that the DTP cell-state is a rapidly acquired, dynamic, and reversible state – cycling between sensitive and resistant phenotypes[8]. Remarkably, various chemotherapeutic agents, each with distinct mechanisms of action, have demonstrated the ability to mediate the enrichment of DTP cells[9], suggesting the existence of common cellular mechanisms driving drug resistance among diverse therapeutic approaches.

Drug tolerant cell-enrichment and drug resistance have conventionally been attributed to the selection of pre-existing resistant (stem)-cell population(s) (referred to as intrinsic or Darwinian selection)[10]. However, recent research using genomic and transcriptomic deep sequencing of matched longitudinal (pre- and post-NAC treatment) TNBC patient and patient-derived xenograft (PDX) samples have also highlighted the role of acquired (drug-induced) resistance during chemotherapy[11,12]. Here, cancer cells undergo profound transcriptional changes in response to chemotherapeutic aggression, effectively acquiring new transcriptional expression profiles that promote their survival and are believed to constitute a defensive mechanism against treatment pressure. Notably, the enhanced phenotypic plasticity of TNBC enables a rapid and early acquisition of a drug-tolerant state[13,14]. These findings collectively emphasize that therapy is not only a selective force acting on pre-existing resistant cells, but also a driver of signaling cues that lead to cellular transcriptional reprogramming, cell identity switching, and the emergence of DTP cell-populations. Even though recent studies have focused on the genomic, epigenetic, and transcriptomic contributions to TNBC tumor evolution and cell plasticity during treatment[11,15], knowledge concerning the signaling pathways and mechanisms that operate during the early stages of drug tolerant cell(s) emergence in response to chemotherapy remains limited.

The Wnt/β-catenin signaling pathway regulates a variety of cellular processes, including cell fate

commitment, differentiation, proliferation, and stem cell maintenance[16,17]. Wnt proteins (Wnts) are a

family of 19 secreted, glycosylated, and palmitoylated ligands which primarily interact with Frizzled (FZD)

receptors and/or low-density-lipoprotein receptor-related proteins 5/6 (LRP5/6) to promote activation of

the canonical (β-catenin-dependent) or non-canonical (β-catenin-independent) pathways[18]. Activation of

the canonical Wnt signaling pathway leads to stabilization of β-catenin promoting the transcription of

target genes. Wnt signaling is potentiated by the presence of R-spondin (RSPO) ligands, binding Leu-rich

repeat-containing G-protein coupled receptor 4-6 (LGR4-6) co-receptors preventing FZD receptor

degradation[18].

When dysregulated, Wnt signaling is a driver of tumorigenesis and chemoresistance in several human

cancers, including colorectal, liver, gastric cancer or TNBC. Importantly, activation of the canonical Wnt

signaling pathway and β-catenin stabilization have been correlated with unfavorable prognosis in patients

with TNBC[19–24]. Due to its capacity in regulating cell cycle, lineage commitment, and stem cell

maintenance, activation of the canonical Wnt signaling pathway is associated with a pro-proliferative and

cancer stem cell state[16,20,21,25]. Current research has predominantly focused on understanding the role of

Wnt signaling activation in TNBC tumors under baseline or unchallenged conditions, overlooking the

dynamics occurring during chemotherapeutic treatment[24,26,27].

Identifying and subsequently targeting the introductory, non-genetic events responsible for the

enrichment of drug-tolerant cell-populations in TNBC could pave the way for novel therapeutic strategies

to prevent treatment resistance. First, using TNBC cell lines, we show that *de novo* Wnt transcriptional

activation precedes drug-tolerant cell(s) enrichment regardless of the chemotherapeutic agent (docetaxel

or carboplatin) used. Activation of the Wnt signaling pathway by cytotoxic treatment was not limited *to in*

vitro 2D-cultured TNBC cell lines but was also consistently observed in 3D-cultured TNBC patient-derived

organoid (PDO) models as well as *in vivo* xenograft models. Furthermore, analysis of paired (NAC-treated,

pre- vs. post-treatment) BC patient datasets, of which patients did not achieve pathological complete

response (pCR), also showed differential enrichment of the Wnt signaling pathway. Following

transcriptomic and functional analyses of chemotherapy-treated Wnt[High] cells, we observed a notable

correlation between Wnt-activation and the acquisition of DTP cell features. This association was

evidenced by a significant transcriptional correlation with an embryonic diapause gene signature, reduced

proliferation, and enhanced resistance capacity to chemotherapy. Further analysis revealed that

chemotherapy-induced Wnt-activation is mediated through increased expression and secretion of Wnt

ligands and/or Wnt enhancers.

We demonstrate that combinatorial, rather than sequential, treatment involving concomitant

pharmacological inhibition of Wnt ligand-secretion alongside chemotherapy hinders chemotherapy-

induced Wnt-activation and significantly sensitizes TNBC cell lines, xenograft models, and PDO models to

chemotherapy. Our findings suggest that patients undergoing chemotherapy treatment may potentially

encounter aberrant activation of the Wnt signaling pathway leading to drug-tolerant cell enrichment. This

implies that a combinatorial treatment strategy involving both Wnt ligand secretion-inhibition and

chemotherapy might effectively target the initial mechanisms involved in the enrichment and/or

acquisition of a DTP cell-phenotype while subsequently providing clinical benefits for patients with TNBC

undergoing systemic chemotherapy.

RESULTS

Wnt-transcriptional activation precedes drug-tolerant cell(s) enrichment upon
chemotherapeutic treatment
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To study the molecular basis of drug-tolerant cell(s) emergence or enrichment during therapy, we

recapitulated this phenomenon *in vitro*. MDA-MB-231, MDA-MB-468, and PDC-BRC-101 TNBC cell lines

were subjected to two separate chemotherapeutic agents: docetaxel (DOC) and carboplatin (CAR). These

agents operate through different mechanisms of action, with DOC promoting microtubule stabilization

and preventing depolymerization, and CAR inducing DNA damage[28,29]. IC50 concentrations (at 72h) were

determined for each chemotherapeutic agent for every cell line and used in successive studies

(Supplementary Fig. S1a-f). To assess changes in the frequency of putative drug-tolerant cells under

chemotherapeutic pressure, the enzymatic activity of aldehyde dehydrogenase 1 (ALDH1), a functional

stem cell marker in solid tumors whose expression is linked to drug resistance and the DTP cell-phenotype

in TNBC[30,31], was assessed. Treatment of all TNBC cell lines with IC50 concentrations of either DOC or CAR

led to a significant increase in the levels of ALDH$^+$ cells compared to untreated (UNT) conditions at

96hours(h) but not at 48h (Fig. 1a-c) indicating a time-dependent effect on drug-tolerant cell(s) enrichment

following chemotherapeutic treatment.

To gain insights into the signaling cues preceding and, potentially, driving this chemotherapy-mediated

enrichment of drug-tolerant (ALDH$^+$) cells at 96h, we performed bulk transcriptomic analysis of mRNA-

sequenced samples obtained from viable/drug-tolerant (DAPI$^-$) MDA-MB-231 cells treated with either DOC

or CAR at 72h (Supplementary Fig. S1g-i). Gene Set Enrichment Analysis[32] (GSEA) using MSigDB[33] datasets

on differentially expressed genes (DEGs – Supplementary Fig. S1h, i, and Supplementary Table 1) between

DOC vs. UNT or CAR vs. UNT (FC > 1.5, p-val ≤ 0.05) identified an array of Hallmarks significantly enriched

in DOC or CAR treatments, including Apoptosis, p53 Pathway, and Interferon Gamma Response, which

align with the expected cell stress induced by chemotherapeutic exposure (Fig. 1d, Supplementary Fig.

S1j, k and Supplementary Table 2)[15]. Conversely, Hallmarks associated with cell cycle regulation were

downregulated in DOC and CAR treatments (Fig. 1d) in line with findings of previous reports[15,34].

Interestingly, EMT and Hypoxia, both associated with tumorigenesis and drug-tolerance, were enriched in

response to chemotherapeutic exposure (Fig. 1d and Supplementary Fig. S1j, k)[35,36].

To elucidate common transcriptomic alterations among distinct chemotherapeutic agents, we performed

Gene Ontology (GO) analysis using the commonly (DOC & CAR vs. UNT) upregulated (1381) genes shared

between both drugs (Fig. 1e). GO analysis repeatedly highlighted a significant enrichment of (positive)

regulation of Canonical Wnt signaling, which was corroborated with an enrichment in the expression of

Wnt-targets (*AXIN2* and *LGR5*) and upstream regulators and activators (*WLS* and *WNT2B*) of the pathway

(Fig. 1f, g). Conversely, GO analysis using commonly downregulated (785) genes shared between both

drugs highlighted significant enrichment in processes related to cell cycle regulation and progression

(Supplementary Fig. S1l, m).

Western Blot analysis of active (non-phosphorylated) β-catenin in TNBC cell lines confirmed increased

levels of active β-catenin, as early as 24 h post-treatment, and prolonged for up to 6 days (Fig. 1h-j).

Consequently, the expression levels of Wnt signaling target-genes (*AXIN2* and *LGR5*) showed a significant

increase, mirroring the elevated expression of stemness-associated markers (*SOX2*, *POU5F1*, and *NANOG*)

(Fig. 1k-m)[37–39].

Our data reveals an upregulation of canonical Wnt signaling activity preceding ALDH-enrichment. Notably,

this enrichment or activation of the Wnt signaling pathway appears to be a common phenomenon shared

among various TNBC cell lines and in response to two distinct cytotoxic treatments.

Induction of transient *de novo* Wnt signaling transcriptional activation in response to
chemotherapy in TNBC cell lines
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To gain a more comprehensive understanding and an ability to monitor the kinetics orchestrating

chemotherapy-mediated Wnt signaling enrichment at the population level in living cells, we generated

clonal MDA-MB-231, MDA-MB-468, and PDC-BRC-101 TNBC cell lines carrying a stable integrated Wnt-

transcriptional (β-catenin-TCF/LEF-mediated transcriptional activity) reporter (TOP-GFP/TGP lines)[40] (Fig.

2a). We observed a range of TOP-GFP expression patterns in all three TNBC cell lines cultured in basal

conditions, with an approximate 6%, 2.5%, and 10% GFP⁺ (referred to hereafter as Wnt^High) cells in MDA-

MB-231-TGP, MDA-MB-468-TGP, and PDC-BRC-101-TGP cell lines, respectively (Fig. 2a and Supplementary

Fig. S2a – top panel). Stimulating transcriptional activation levels of the Wnt signaling pathway with

CHIR99021, a small molecule serving as a GSK3β inhibitor, resulted in high levels of GFP-expression –

reaching >97% Wnt^High cells – confirming the fidelity of the reporter cell lines (Supplementary Fig. S2a –

bottom panel and S2b). Upon exposure to either DOC or CAR agents, we observed a significant increase in

the percentage of Wnt^High cells in viable/drug-tolerant (DAPI⁻) cells compared to UNT (Fig. 2b-d and

Supplementary Fig. S2c). Prolonged exposure to either therapeutic agent for 6 days maintained or

increased the percentage of transcriptional Wnt^High cells (Fig. 2b-d), confirming that the enrichment and/or

induction of Wnt^High cells is one of the early events directing drug-tolerance. Intriguingly, we observed that

the median fluorescence intensity (MFI) of the GFP recorded in the chemotherapy-treated Wnt^High

population was significantly higher than that of the UNT Wnt[High] population (Supplementary Fig. S2d),

suggesting that chemotherapy treatment not only augments the percentage of transcriptionally Wnt-

active cells in the drug-tolerant population but also enhances the levels of transcriptional Wnt-activation.

While live-cell imaging analysis of MDA-MB-231-TGP and PDC-BRC-101-TGP TNBC cell lines under UNT

conditions did not reveal significant changes in the levels of Wnt[High] cells (Fig. 2e and Supplementary Fig.

S2e – black lines), treatment with either DOC or CAR resulted in a gradual enrichment of Wnt[High] cells over

a similar chemo-culture timespan (Fig. 2e and Supplementary Fig. S2e), consistent with our previous FACS-

based results.

To visualize Wnt-transcriptional activation dynamics at single-cell resolution, we tracked the original Wnt-

state of Wnt[High] cells (starting at 60h back to 0h) under UNT or chemotherapy-treated conditions. In UNT

conditions, 55% of Wnt[High] cells in the MDA-MB-231-TGP cell line observed at 60h were initially Wnt[High] at

T_0, while 34% were activated during the culture span (mode #2 and #1, respectively) (Fig. 2f, g,

Supplementary rep. images Fig. S2f – top panel, and Supplementary Videos SV1, 2). In contrast, under DOC

or CAR treatment conditions, the majority of Wnt[High] cells at 60h (58% and 55%, respectively) were *de*

novo-activated during treatment, indicating chemotherapy-induced Wnt-activation in initially Wnt[Low] cells

(GFP⁻ at T_0 – mode #1). Conversely, only 27% and 34% of Wnt[High] cells in DOC and CAR treatment conditions

were initially Wnt[High] at T_0 (mode #2) (Fig. 2h, i, rep. images Fig. 2j, k, Supplementary rep. images Fig. S2f –

middle and bottom panel, and Supplementary Videos SV3-6). These findings suggest that chemotherapy-

induced Wnt pathway-enrichment mainly results from *de novo* activation rather than only passive

selection of initially Wnt[High] cells. Additional modes of Wnt-transcriptional activation dynamics were

observed in a minority of cases (mode #3 and #4) while cells that fell out of the imaging frame were

considered of unknown origin/state (mode #5). In accordance with these findings, similar observations

were validated using the PDC-BRC-101-TGP cell line (Supplementary Fig. S2g-i).

Next, we assessed the population dynamics of chemotherapy-induced Wnt[High] cells after treatment was

halted (Fig. 2l). Interestingly, the percentage of Wnt[High] cells was stabilized or even increased upon

chemotherapy removal for up to 3 weeks (Fig. 2m-p). Prolonged culture of these cells for 4 weeks in

chemo-free conditions resulted in a significant reduction in the percentage of Wnt[High] cells, re-establishing

the Wnt-population to levels similar to that of UNT/basal-cultured cells. This data indicates that the

chemotherapy-induced Wnt[High] phenotype is transient and reversible at the population level once

treatment pressure is removed (Fig. 2m-p and Supplementary Fig. S2j).

Altogether, these findings show that the Wnt[High] phenotype results namely from a *de novo* chemotherapy-

driven action rather than solely representing a manifestation of an inherently chemotherapy-resistant

subpopulation selected under treatment pressure. Notably, upon chemotherapy removal, Wnt-activity

levels revert to baseline levels, indicating a transient Wnt[High] state dependent on chemotherapy pressure.

214 Bulk mRNA-sequencing of transcriptionally differential Wnt-populations reveals that
215 chemotherapy-treated Wnt[High] cells display DTP cell-properties
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To unravel the transcriptional discrepancies between the Wnt[Low] and Wnt[High] populations, we conducted

bulk transcriptomic analysis on mRNA-sequenced samples derived from viable/drug-tolerant (DAPI[-]) MDA-

MB-231-dTGP sorted populations in chemotherapy-treated conditions (Supplementary Fig. S3a)[41]. Gene

set variation analysis (GSVA) revealed a plethora of MSigDB Hallmark signatures from DEGs between CAR

or DOC (FC > 1.5, p-val ≤ 0.05) in Wnt[High] vs. Wnt[Low] sorted cells that were differentially up- or down-

regulated (Supplementary Fig. S3b, c, and Supplementary Tables 3-5).

As expected, the Wnt signaling pathway was significantly and positively associated in CAR- and DOC-sorted

Wnt[High] populations compared to Wnt[Low] populations (Fig. 3a and Supplementary Fig. S3e). While a few

signatures exhibited drug-dependent associations, most differentially regulated hallmarks followed a

similar associative trend among sorted chemo-treated Wnt[High] and Wnt[Low] cells observed across both drug

treatments (Fig. 2a-d and Supplementary Fig. S3e). Notably, developmental signaling pathways, including

Hedgehog, Notch, IL-6/JAK/STAT3, and TGF-β signaling, along with hallmarks linked to tumor progression,

stemness capacity, and metastasis[42–44] (e.g., Angiogenesis and EMT), displayed a significant positive

association with Wnt[High] populations in comparison to Wnt[Low] populations (Fig. 3a, b, and Supplementary

Fig. S3e). Conversely, the TNF-α signaling pathway via the NF-κB pathway notably exhibited a significant

negative association with Wnt[High] cells (Fig. 3a and Supplementary Fig. S3e) aligning with previous findings

suggesting that active β-catenin can attenuate transcriptional NF-κB activity in breast cancer[45].

Even though Wnt pathway-activation has been shown to correlate with increased proliferation[46], our

transcriptional analysis revealed that Wnt[High] cells negatively correlated with transcriptional signatures of

proliferation, as evidence by significant reduction of a MYC target, G2M checkpoint, and E2F target

signatures across chemo-treated Wnt[High] samples (Fig. 3c and Supplementary Fig. 3e)[19,46]. In addition, a

significant negative association was also identified for chemo-treated Wnt[High] cells and

Caspase3/Apoptosis signatures (Fig. 3d and Supplementary Fig. 3e). Notably, the coordinated upregulation

of hallmarks associated with Notch and EMT alongside downregulation of MYC targets and

Caspase3/Apoptosis signatures observed in Wnt[High] cells mirrors crucial cellular processes involved in the

functionality of DTPs[9,47] suggesting that Wnt[High] cells may transcriptionally resemble DTP cells (Fig. 3e).

A remarkable recent finding has been the observation that cancer DTP cells and embryonic diapause cells

share an extensive transcriptional profile[9,47,48]. Recently, Rehman et al. identified a distinctive embryonic

diapause gene signature which significantly correlated with cancer DTP cells. Interestingly, we observed a

significant positive association between the diapause/DTP gene signature and sorted chemo-treated

Wnt[High] cells, further providing evidence regarding Wnt[High] cells resembling a transcriptional DTP cell-state

(Fig. 3f).

We aimed to explore if the observed transcriptional changes in Wnt[High] cells under chemotherapy pressure

were already pre-existing in UNT conditions. Despite a positive correlation between Wnt[High] cells obtained

from UNT conditions and the Wnt/β-catenin hallmark signature, the association was not statistically

significant (Fig. 3a), consistent with our previous data highlighting lower levels of Wnt signaling-

activity/intensity in UNT samples (Supplementary Fig. S2d). Interestingly, UNT-derived Wnt[High] cells

exhibited overall positive associations with developmental signaling pathways and significant positive

associations with EMT, while exhibiting significant negative associations with cell cycle hallmarks, including

MYC targets (Fig. 3a-d and Supplementary Fig. S3e). Moreover, unchallenged Wnt[High] cells displayed a

notable correlation with the diapause/DTP gene signature (Fig. 3e, f), highlighting transcriptional Wnt-

activity as a functional marker for early DTP cells. The significance of this correlation becomes more

apparent in chemo-treated conditions, where transcriptional Wnt-activation is strongly exacerbated.

Functional analyses confirmed reduced cell proliferation measured by cell number (Fig. 3g) observed in

chemo-sorted Wnt[High] compared to Wnt[Low] populations (Fig. 3h). Furthermore, co-staining of GFP-

expression (reporter for Wnt-activity) alongside the apoptotic marker Annexin V revealed that Wnt[High] cells

displayed reduced apoptotic activity confirming their enhanced drug-tolerant state (Fig. 3i).

In summary, our comprehensive data reveals that chemotherapy-treated Wnt[High] cells share a

transcriptional profile with cancer DTP cells including a recently identified diapause/DTP gene signature.

Functional assessments further confirm a drug-tolerant state strongly pronounced in chemotherapy-

enriched Wnt[High] cells suggesting that transcriptional Wnt-activity might serve as a functional indicator of

early drug-tolerance, especially following chemotherapeutic challenge.

Chemotherapeutic treatment induces elevated transcriptional expression of Wnt ligands, Wnt
enhancers, and Wnt secretion machinery components

The Wnt signaling pathway is highly conserved and activated via the binding of (19) extracellular Wnt

ligands (Wnts) to membrane receptors[19]. Secretion of Wnt ligands requires the action of the

acyltransferase Porcupine (PORCN) followed by Wntless/evenness interrupted (WLS/Evi) which supports

transport of Wnts from the Trans-Golgi Network to the plasma membrane. In addition, the Rspo protein

family has been shown to enhance Wnt ligand activity to further promote Wnt pathway-activation[18,19].

RT-qPCR screening, focusing on established canonical Wnt ligands (Wnt-1, Wnt-2, Wnt-2b, Wnt-3, Wnt-3a,

and Wnt-7b), Wnt ligand enhancers/amplifiers (Rspo1-4), and Wnt secretion machinery components

(WLS/Evi and PORCN), revealed that the transcriptional expression of key genes, including *WNT2B*, *WNT3*,

WNT3A, *WNT7B*, *RSPO1*, *RSPO3*, *WLS*, and *PORCN* was found to be steadily expressed in basal conditions

across all analyzed TNBC cell lines (Supplementary Fig. S4a-c).

Importantly, these genes exhibited a consistent and statistically significant increase in expression levels

under chemotherapy-treatment conditions (Fig. 4a-c) suggesting that chemotherapeutic exposure actively

promotes elevated transcription levels of several key components involved in canonical Wnt pathway-

activation.

Subsequently, following chemotherapy removal and under one week chemo-recovery conditions, the

majority of Wnt-activation components maintained elevated expression levels (Fig. 4d, e – pink bars)

However, after four weeks of culture in chemo-free conditions and coinciding with the previous results

displaying the return of Wnt^{High} cells to basal levels (Fig. 2m-p), we observed a corresponding decrease in

expression level patterns of Wnt-activation components (Fig. 4d, e – light blue bars). This correlation

between the expression levels of Wnt-activation components and the dynamic induction of a Wnt^{High}

population highlights the transient nature of chemotherapy-induced Wnt-activation (Fig. 2m-p), providing

a possible mechanism for the enrichment of a Wnt^{High} population in response to treatment.

Western blot analysis confirmed the upregulation of the Wnt ligand Wnt-2b and the acyltransferase

PORCN, in response to either DOC or CAR treatments across all analyzed TNBC cell lines (Fig. 4f-k).

Treatment of chemo-naïve cells with concentrated conditioned media (CM) derived from MDA-MB-231

and MDA-MB-468 TNBC cell lines (Fig. 4l) confirmed increased and functional presence of Wnt ligands in

media collected under one week chemo-recovery conditions, resulting in a significant increase in Wnt^{High}

cells when compared to chemo-naïve cells treated with UNT CM (Fig. 4m, n). In a parallel experiment, we

co-cultured chemo-naïve (MDA-MB-231-mCherry-TGP) cells with chemo-recovering (MDA-MB-231) cells

(Fig. 4o). This co-culturing approach similarly resulted in a substantial and statistically significant increase

in the percentage of Wnt^{High} cells within the chemo-naïve cell population (Fig. 4p).

In summary, our findings demonstrate that chemotherapeutic treatment leads to elevated expression

levels of Wnt ligands, -enhancers, and -components of the Wnt secretory apparatus. Significantly,

concentrated CM obtained from chemo-treated and recovered cells induces an enrichment in the Wnt[High]

cell population, substantiating the functional impact of the chemo-secreted factors.

Concomitant inhibition of Wnt ligand secretion enhances chemotherapeutic sensitivity in TNBC
cell lines

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We stably transduced MDA-MB-231, MBD-MB-468, and PDC-BRC-101 TNBC cell lines with lentiviral shRNA

constructs designed to silence the acetyltransferase PORCN, avoiding the O-palmitoylation and functional

secretion of Wnt ligands[49,50]. The silencing of PORCN led to a substantial reduction (approx. 80-90%) in

PORCN mRNA levels (Supplementary Fig. S5a-c). PORCN silenced (shPORCN#1) cell lines exposed to either

chemotherapeutic agent revealed reduced levels of active β-catenin or percentage of Wnt[High] cells

compared to control (shPLKO) lines, confirming an essential role for PORCN in chemotherapy-induced Wnt-

activation (Fig. 5a-c and Supplementary Fig. S5d). While the silencing of PORCN had no impact on cell

viability in basal (UNT) culture conditions, we observed a marked and significant increase in levels of

apoptotic (Annexin V[+] and DAPI^{+}) cells in shPORCN#1 TNBC cell lines compared to shPLKO lines, indicating

a strong sensitization role of PORCN-inhibition (Fig. 5d-f). We validated the reduction of the

chemotherapy-induced Wnt[High] population and increased sensitization to chemotherapy using a second

independent lentiviral shRNA construct targeting PORCN (Supplementary Fig. S5e-g) confirming that

genetic inhibition of Wnt ligand secretion effectively hinders the advent of a chemotherapy-induced

Wnt[High] population while significantly enhancing the sensitization of TNBC cell lines to chemotherapy.

In recent years, several pharmacological inhibitors of the acyltransferase PORCN, which effectively abolish

the secretion of Wnt ligands, have been developed. These PORCN inhibitors have demonstrated their

efficacy in inhibiting Wnt signaling in various solid tumors, including Wnt-deregulated colon cancer and

various TNBC cell lines or murine models in baseline conditions[51,52]. Given our previous findings that the

Wnt signaling pathway is activated in response to chemotherapeutic treatment, we sought to investigate

whether pharmacological inhibition of PORCN could also prove effective in curbing Wnt-activation induced

under treatment pressure. We conducted two distinct experimental setups to further investigate this

matter. In the first setup, we pre-treated MDA-MB-231, MBD-MB-468, and PDC-BRC-101 TNBC cell lines

with the Inhibitor of Wnt Production (IWP-2) for 48h followed by the application of either DOC or CAR

agents (Sequential Treatment)[53]. In the second setup, we applied chemotherapeutic treatment

simultaneously and in combination with IWP-2 (Combinatorial Treatment).

Pre-treatment (sequential treatment strategy – Fig. 5g) of MDA-MB-231, MBD-MB-468, and PDC-BRC-101

TNBC cell lines with IWP-2 for 48h led to a notable and significant reduction in the percentage of Wnt[High]

cells as well as a reduction in stem cell marker expression (Fig. 5h, j) with no effects on cell viability

(Supplementary Fig. S5h). However, upon chemotherapy addition, we observed robust chemotherapy-

induced Wnt-activation and increased stem cell marker expression in IWP-2 pre-treatment conditions

when compared to sole chemo-treatment in all TNBC cell lines (Fig. 5i, j). Notably, pre-treatment with IWP-

2 followed by chemotherapy addition did not result in increased cell death nor sensitization to either agent

(Supplementary Fig. S5i-k), suggesting that a strategy to target *a priori* existent Wnt[High] population might

not be sufficient to prevent chemotherapy-induced Wnt-activation and its subsequent implications.

In the second setup (combinatorial treatment strategy – Fig. 5k), simultaneous treatment of TNBC cell lines

with either DOC or CAR therapeutic agent in combination with IWP-2 led to a significant decrease in the

percentage of Wnt[High] cells (Fig. 5l) and a strong reduction in stem cell marker expression (Fig. 5m). This

underscores the critical role of Wnt ligand secretion in this acquired Wnt-activation phenomenon.

Intriguingly, combinatorial treatment involving chemotherapeutic agents alongside IWP-2 resulted in a

substantial increase in apoptotic cell death across all analyzed TNBC cell lines compared to treatment with

either chemotherapeutic agent alone (Fig. 5n). Interestingly, we observed that the supplementation of

IWP-2 alongside chemotherapy resulted in significant downregulation of drug-tolerant associated genes,

SURVIVIN and *ABCB1* (Supplementary Fig. S5l)[54,55]. Furthermore, using a second pharmacological PORCN

inhibitor, WNT-974 (LGK-974, currently tested in phase I/II clinical trials)[56,57] resulted in similar results

obtained with Wnt ligand secretion-inhibitor IWP-2 (Supplementary Fig. 5m-r).

In summary, our findings collectively demonstrate the essential role of Wnt ligand secretion in driving

chemotherapy-induced Wnt-activation and chemoresistance. Notably, simultaneous, rather than

sequential, treatment with chemotherapeutic agents and pharmacological Wnt ligand secretion-inhibition

can significantly curb chemotherapy-induced Wnt-activation and ultimately sensitize TNBC cell lines to

chemotherapy.

Inhibition of Wnt ligand secretion and chemotherapeutic treatment synergistically sensitize *in*

***vivo* xenograft TNBC model to treatment**

A precise and complete understanding of Wnt-activation kinetics and dynamics in response to

chemotherapeutic treatment in *in vivo* models is lacking. To shed some light on this phenomenon, we

engineered the TNBC cell line MDA-MB-231 with the Wnt-transcriptional reporter TOPFLASH, a β-catenin-

responsive firefly luciferase reporter plasmid compatible for use with the *in vivo* live imaging system (IVIS)

(Fig. 6a)[40].

Treatment with either DOC or CAR[58,59] resulted in a significant overall decrease in tumor volume when

compared to the vehicle (VEH) treated group (Fig. 6b, c). Notably, at the administered doses, no significant

changes in mouse body weight were observed during the three weeks of treatment (Supplementary Fig.

S6a). We observed, as early as 48h and 72h (for DOC and CAR, respectively) upon chemotherapeutic

administration, a significant upregulation in transcriptional Wnt-activation recorded by IVIS (Fig. 6d, e and

representative image Supplementary Fig. S6b). Notably, this activation started to decrease as the week

progressed following the 1st dose-administration and again increased significantly 48h and 72h (for DOC

and CAR, respectively) following administration of the 2nd and 3rd dose (Fig. 6d, e) highlighting the dynamic

behavior of chemotherapy-induced Wnt-activation *in vivo*. Gene expression analysis on the resected

tumors following the 3rd and final cycle of chemotherapeutic administration revealed elevated expression

of Wnt-targets (*AXIN2* and *LEF1*), stemness markers (*POU5F1* and *SOX2*), Wnt ligands and -enhancers

(*WNT2B*, *WNT3A*, *WNT7B*, *RSPO1*, and *RSPO3*), and Wnt secretion machinery components (*WLS* and

PORCN) (Fig. 6f and Supplementary Fig. S6c, d) in chemotherapy-treated groups.

We next proceeded to assess whether a combinatorial treatment strategy encompassing the use of

chemotherapy with a pharmacological Wnt ligand secretion-inhibitor (Fig. 6g) could abrogate Wnt-

activation and lead to tumor sensitization, as indicated in our previous *in vitro* findings. Administration of

LGK-974 alone had no discernible effect on tumor growth (Fig. 6h, i, and Supplementary Fig. S6e)[60,61].

Conversely, the combination of LGK-974 with either DOC or CAR treatment resulted in a substantial and

significant decrease in Wnt pathway-activation, correlating with a marked reduction in tumor volume

compared to solo chemo-treated or VEH-groups (Fig. 6h-k and Supplementary Fig. S6e). Notably, LGK-

treatment, sole or in combination with either chemotherapeutic agent, had no significant effect on mouse

body weight observed during the three weeks of treatment (Supplementary Fig. S6f).

Response Evaluation Criteria in Solid Tumors (RECIST) analysis was performed to assess tumor response to

treatment, categorizing objective outcomes into progressive disease (PD), stable disease (SD), partial

response (PR), and complete response (CR). In the VEH-group, 75% (6/8) of tumors were classified as PD,

and 25% (2/8) were classified as SD (Fig. 6l). Sole LGK-974 treatment showed no difference in RECIST

classifications (75% PD and 25% SD) compared to VEH-conditions, indicating minimal impact on tumor

burden (Fig. 6l). In solo DOC- or CAR-treated groups, RECIST analysis classified 100% of tumors as SD,

demonstrating the efficacy of DOC or CAR treatments in controlling tumor growth (Fig. 6l). In the DOC+LGK

treatment arm, LGK-974 supplementation significantly improved objective response with tumors classified

as 28.6% SD (2/7) and 71.4% PR (5/7) (Fig. 6l), compared to sole DOC-treatment (100% SD). Similarly, in

the CAR+LGK treatment arm, tumors were classified as 42.8% SD (3/7), 28.6% PR (2/7), and 28.6% CR (2/7),

highlighting the positive impact of combining chemotherapy with Wnt secretion-inhibition (Fig. 6l).

Our study comprehensively characterizes the dynamics of the Wnt signaling pathway in chemotherapy-

treated tumors within an *in vivo* setting. Furthermore, we demonstrate that a treatment regimen

combining chemotherapy and Wnt ligand secretion-inhibition significantly diminishes the enrichment of

Wnt pathway-activation and curbs tumor growth.

Preclinical PDO models recapitulate chemotherapy-mediated Wnt-activation and sensitization
to synergistic Wnt ligand secretion inhibition
413
To investigate whether Wnt/β-catenin signaling is enriched in breast cancer patients following exposure to

chemotherapy, we conducted transcriptomic analysis on two patient-derived DNA microarray datasets

containing paired (pre- and post-NAC treated) samples that did not achieve pCR (GSE87455 and GSE21974

– Supplementary Fig. S7a, b)[62–64](Supplementary Tables 6, 7). Hallmarks and KEGG gene sets from the

human MSigDB database consistently identified the Wnt signaling pathway as significantly enriched in

tumor samples obtained from patients post-NAC treatment (Supplementary Fig. S7c-f) in both datasets.

We next investigated the effect of chemotherapeutic treatment and Wnt ligand secretion-inhibition on

pre-clinical 3D Patient Derived Organoid (PDO) models[65,66]. Two different PDO models, R1-IDC113 (113

BCO) and R2-IDC159A (159A BCO) (Fig. 7a and Supplementary Fig. S7g) were used. Typically, organoid

models are cultured in growth factor-dense medium[67], including Wnt ligand (Wnt-3a) and Wnt ligand-

enhancer (R-spondin3), possibly influencing studies of Wnt signaling pathway dynamics. Culturing of

either cancer organoid model for four passages in a Wnt⁻/Rspo⁻ breast cancer organoid (BCO) medium,

had no effects on the morphology, proliferation rate, or viability of either PDO model when compared to

a baseline (Wnt⁺/Rspo⁺) BCO medium (Supplementary Fig. S7h, i).

Upon exposure to IC50 concentrations of either DOC or CAR agents in a Wnt⁻/Rspo⁻ BCO media

(Supplementary Fig. S7j-m), both PDO models exhibited a substantial and statistically significant increase

in the expression levels of Wnt-target genes and stem cell markers, compared to UNT conditions (Fig. 7b,

c). Immunofluorescence analysis of active β-catenin levels confirmed increased Wnt-activation in both

PDO models following exposure to either chemotherapeutic agent (Fig. 7d and Supplementary Fig. S7n).

Additionally, our data confirmed significant elevation in the expression levels of Wnt ligands, -enhancers,

and -secretion machinery components in chemotherapy-treated PDO models when compared to UNT

conditions (Fig. 7e, f). Collectively, these results support the notion of robust Wnt signaling pathway-
activation in response to chemotherapeutic treatment in two distinct TNBC pre-clinical PDO models.

To investigate the efficacy of the combinatorial treatment strategy, both PDO models were exposed to Wnt
ligand secretion-inhibition alone and in combination with escalating concentrations of either
chemotherapeutic agent for 96h. Treatment of both PDO models with IWP-2 alone for 96h did not have
any effect on cell viability or proliferation (Supplementary Fig. S7o). However, the exposure of both PDO
models to chemotherapy in conjunction with IWP-2 demonstrated a significant reduction in the
percentage of viable cells compared to chemotherapeutic treatment alone (Fig. 7g-j). Interestingly, this
sensitization effect was most effective when IWP-2 was supplemented with sublethal concentrations of
chemotherapy (<16nM DOC and <50µM CAR, 113 BCO | <8nM DOC and <125µM CAR, 159A BCO).

In summary, our study demonstrates chemotherapy-induced Wnt-activation in TNBC pre-clinical models
and in post-NAC patient derived transcriptomic datasets. Notably, TNBC PDO models exhibited a robust
and enhanced sensitization to the combinatorial treatment comprising Wnt ligand secretion-inhibition
alongside sub-lethal chemotherapy (<determined IC50) concentrations. This finding underscores the
potential clinical significance of this combinatorial approach for breast cancer treatment.

DISCUSSION

The emergence of DTP cells during cancer treatment has become a focal point of oncological research, due to their pivotal role in drug resistance and tumor relapse. Our study delves into an early mechanism, delineating processes of therapy-driven evolution in cancer cells and the enrichment of drug-tolerant cells in response to treatment pressure in TNBC. Our findings reveal a significant enrichment in the percentage of a Wnt[High] population alongside an increase in the intensity of Wnt-activation in various TNBC models subjected to distinct chemotherapeutic agents. Activation of the Wnt/β-catenin signaling pathway has been linked with CSC renewal and maintenance[19–21,25]. However, in contrast, we establish a significant transcriptional association between the Wnt[High] population and DTP cells, including a unique diapause/DTP gene signature and a reduction of MYC targets hallmark; both recently correlated with cancer DTP cells[9,47]. Functional analyses confirmed that Wnt[High] cells exhibit DTP cell-traits such as reduced proliferation and an enhanced capacity for drug tolerance[7,8] Furthermore, the dynamic, transient, and reversible behavior places chemotherapy-treated Wnt[High] cells closer to the DTP cell criteria and apart from criteria of CSCs, providing a novel perspective for the poor clinical outcomes in TNBC patients with Wnt-deregulation[20,24,26]. This suggests that the transcriptional activation of the Wnt signaling pathway could serve as a distinctive marker for the early emergence of the DTP cell-phenotype, particularly in response to chemotherapeutic exposure.

Current clinical trials investigating PORCN inhibition in TNBC involve the use of a Wnt ligand-inhibitor as monotherapy or in combination with PDR001 (an anti-PD1 antibody), restricted to Wnt-deregulated cancers and excluding consideration of chemotherapy (NCT03447470 and NCT01351103)[56,57]. Our results suggest that combinatorial treatment involving Wnt ligand secretion-inhibition supplemented alongside chemotherapy sensitizes tumors to treatment and holds significant promise for future clinical trials in TNBC. Our study also underscores the importance of temporal considerations in treatment regimens. Crucially, we show that pre-treatment with PORCN inhibitors does not prevent a substantial increase in Wnt[High] cells or stem cell marker expression once chemo-treatment is applied, indicating that patients undergoing chemotherapy might not benefit from initial treatment with Wnt-inhibitors. Therefore, our findings suggest that simultaneous treatment, rather than sequential treatment, with Wnt-inhibitors and chemotherapy might provide a solution to effectively control chemotherapy-induced drug tolerant cell-enrichment while simultaneously sensitizing tumors to the effects of chemotherapy.

Live-cell imaging, allowing the possibility to track and trace Wnt-reporter TNBC cell lines, revealed that, in contrast to unchallenged (UNT) culture conditions, chemotherapy-mediated enrichment of Wnt[High] cells is

primarily observed in cells initially in a Wnt[Low] state, indicating *de novo* activation of the pathway in

response to chemotherapeutic treatment. Furthermore, we noted a significant percentage of Wnt[High] cells

in chemo-treated conditions that were initially in a transcriptionally Wnt-active state, suggesting that

intrinsic and acquired resistance mechanisms driven by Wnt-transcriptional activity are not mutually

exclusive and likely occur simultaneously.

The molecular mechanisms triggering the initial increased expression of Wnt ligands and Wnt enhancers

described in this article, or the transcriptional reprogramming previously described in other works in

chemotherapy-treated conditions, remain largely unknown[11,12]. Studies in other contexts, such as ovarian

cancer, have suggested that chemotherapy-induced stress may induce significant epigenetic changes,

indicating a potential role of epigenetic regulation in chemotherapy-induced Wnt pathway-activation[68,69].

Recent research shows that depletion of H3K27me3 (trimethylation of histone H3 at lysine 27) promotes

a drug-tolerant state in TNBC and highlights epigenetic regulation as an early event involved in promoting

chemoresistance[15]. In our RNA-seq analysis of MDA-MD-231 cells treated with DOC or CAR, we observed

around 2,500 upregulated expressed genes (DEGs) 72h post-treatment. Notably, more than 50% (1,650)

of these DEGs were common between DOC and CAR treatments, suggesting that the onset of

transcriptional reprogramming observed following treatment may be orchestrated by shared molecular

mechanisms, even when distinct drugs are used. One possibility is that cells exposed to stress posed by

chemotherapeutic pressure may activate pro-survival mechanisms and signaling cues. Interestingly, in

regenerative models like *Hydra*, an increase in Wnt ligand expression has been observed in cells

undergoing apoptosis as a regenerative pro-survival response to tissue damage[70]. In this article, we

propose a mechanistic model for acquired chemoresistance mediated via drug-tolerant cell(s) enrichment

in TNBC, comprising two distinct phases. Initially, cells sense environmental changes induced by

chemotherapeutic pressure, resulting in increased levels of Wnt ligand(s) and Wnt enhancer(s) transcripts,

accompanied by heightened Wnt ligand secretion. Subsequently, to adapt to these environmental

pressures, cells transcriptionally activate the Wnt signaling pathway, ultimately giving rise to a defensive

and chemotherapy-resistant Wnt[High] phenotype.

In a recent study by Wang et al., a cell-autonomous mechanism was unveiled, shedding light on how

genotoxic treatment in breast cancer cells can activate the Wnt/β-catenin signaling pathway[71]. This

activation was mediated through OTULIN, a linear linkage-specific deubiquitinase, which exerted its

stabilizing influence on β-catenin through non-Wnt ligand-specific mechanisms. Notably, the OTULIN-

dependent stabilization of β-catenin, as detailed in Wang et al.'s work, manifested primarily during the

initial phases of drug treatment, with effects discernible for a maximum of 24h post-chemotherapy

exposure. Our current study, in contrast, introduces a novel perspective on chemotherapy-induced Wnt

pathway-activation, elucidating a mechanism reliant on Wnt ligands in diverse human TNBC cellular

models. Furthermore, our research reveals a sustained and prolonged incidence of chemotherapy-induced

Wnt pathway activation that extends well beyond the initial 24h window following treatment initiation.

We complement these observations with a comprehensive transcriptional and functional characterization

of the Wnt^{High} and Wnt^{Low} populations that emerge as a consequence of chemotherapeutic treatment.

Collectively, our findings underscore a previously unrecognized mechanism governing chemotherapy-

induced Wnt pathway-activation, emphasizing the vital role of Wnt ligands in this process. To further

expand our understanding, future investigations should explore whether ionizing radiation, similar to

chemotherapy, can also induce Wnt pathway-activation and whether this occurs via Wnt ligand-dependent

or independent mechanisms.

In summary, our research suggests that the secretion of Wnt ligands could play a pivotal role as an early

event enhancing the enrichment of DTP cell populations in TNBC and contribute to the development of

therapeutic resistance, particularly in response to chemotherapy. Therefore, a potential strategy to

address this challenge could involve targeting Wnt ligand-secretion successively hindering chemotherapy-

induced Wnt/β-Catenin pathway activation and subsequently diminishing the sustenance and enrichment

of DTP cell populations (Fig. 7k).

REFERENCES

1. Bianchini, G., De Angelis, C., Licata, L. & Gianni, L. Treatment landscape of triple-negative breast cancer — expanded options, evolving needs. *Nat. Rev. Clin. Oncol.* **19**, 91–113 (2022).

2. Waks, A. G. & Winer, E. P. Breast Cancer Treatment. *JAMA* **321**, 288 (2019).

3. Nolan, E., Lindeman, G. J. & Visvader, J. E. Deciphering breast cancer: from biology to the clinic. *Cell* **186**, 1708–1728 (2023).

4. Foulkes, W. D., Smith, I. E. & Reis-Filho, J. S. Triple-Negative Breast Cancer. *N. Engl. J. Med.* **363**, 1938–1948 (2010).

5. Liedtke, C. *et al.* Response to Neoadjuvant Therapy and Long-Term Survival in Patients With Triple-Negative Breast Cancer. *J. Clin. Oncol.* **26**, 1275–1281 (2008).

6. Shi, Z.-D. *et al.* Tumor cell plasticity in targeted therapy-induced resistance: mechanisms and new strategies. *Signal Transduct. Target. Ther.* **8**, 113 (2023).

7. Pu, Y. *et al.* Drug-tolerant persister cells in cancer: the cutting edges and future directions. *Nat. Rev. Clin. Oncol.* **20**, 799–813 (2023).

8. Zhang, Z., Tan, Y., Huang, C. & Wei, X. Redox signaling in drug-tolerant persister cells as an emerging therapeutic target. *eBioMedicine* **89**, 104483 (2023).

9. Rehman, S. K. *et al.* Colorectal Cancer Cells Enter a Diapause-like DTP State to Survive Chemotherapy. *Cell* **184**, 226-242.e21 (2021).

10. Marusyk, A., Janiszewska, M. & Polyak, K. Intratumor Heterogeneity: The Rosetta Stone of Therapy Resistance. *Cancer Cell* **37**, 471–484 (2020).

11. Kim, C. *et al.* Chemoresistance Evolution in Triple-Negative Breast Cancer Delineated by Single-Cell Sequencing. *Cell* **173**, 879-893.e13 (2018).

12. Echeverria, G. V. *et al.* Resistance to neoadjuvant chemotherapy in triple-negative breast cancer mediated by a reversible drug-tolerant state. *Sci. Transl. Med.* **11**, (2019).

13. Zawistowski, J. S. *et al.* Enhancer Remodeling during Adaptive Bypass to MEK Inhibition Is Attenuated by Pharmacologic Targeting of the P-TEFb Complex. *Cancer Discov.* **7**, 302–321 (2017).

14. Risom, T. *et al.* Differentiation-state plasticity is a targetable resistance mechanism in basal-like breast cancer. *Nat. Commun.* **9**, 3815 (2018).

15. Marsolier, J. *et al.* H3K27me3 conditions chemotolerance in triple-negative breast cancer. *Nat. Genet.* **54**, 459–468 (2022).

16. Liu, J. *et al.* Wnt/β-catenin signalling: function, biological mechanisms, and therapeutic opportunities. *Signal Transduct. Target. Ther.* **7**, 3 (2022).

17. Yang, K. *et al.* The evolving roles of canonical WNT signaling in stem cells and tumorigenesis: implications in targeted cancer therapies. *Lab. Investig.* **96**, 116–136 (2016).

18. Niehrs, C. The complex world of WNT receptor signalling. *Nat. Rev. Mol. Cell Biol.* **13**, 767–779 (2012).

19. Xu, X., Zhang, M., Xu, F. & Jiang, S. Wnt signaling in breast cancer: biological mechanisms, challenges and opportunities. *Mol. Cancer* **19**, 165 (2020).

20. Pohl, S.-G. *et al.* Wnt signaling in triple-negative breast cancer. *Oncogenesis* **6**, e310–e310 (2017).

21. Abreu de Oliveira, W. A., El Laithy, Y., Bruna, A., Annibali, D. & Lluis, F. Wnt Signaling in the Breast: From Development to Disease. *Front. Cell Dev. Biol.* **10**, (2022).

22. Geyer, F. C. *et al.* β-Catenin pathway activation in breast cancer is associated with triple-negative phenotype but not with CTNNB1 mutation. *Mod. Pathol.* **24**, 209–231 (2011).

23. Zhan, T., Rindtorff, N. & Boutros, M. Wnt signaling in cancer. *Oncogene* **36**, 1461–1473 (2017).

24. Khramtsov, A. I. *et al.* Wnt/β-Catenin Pathway Activation Is Enriched in Basal-Like Breast Cancers and Predicts Poor Outcome. *Am. J. Pathol.* **176**, 2911–2920 (2010).

25. Zheng, H. *et al.* Targeted activation of ferroptosis in colorectal cancer via LGR4 targeting
overcomes acquired drug resistance. *Nat. Cancer* (2024) doi:10.1038/s43018-023-00715-8.

26. Geyer, F. C. *et al.* β-Catenin pathway activation in breast cancer is associated with triple-negative
phenotype but not with CTNNB1 mutation. *Mod. Pathol.* **24**, 209–231 (2011).

27. Dey, N. *et al.* Wnt signaling in triple negative breast cancer is associated with metastasis. *BMC*
Cancer **13**, 537 (2013).

28. Rottenberg, S., Disler, C. & Perego, P. The rediscovery of platinum-based cancer therapy. *Nat.*
Rev. Cancer **21**, 37–50 (2021).

29. Verweij, J., Clavel, M. & Chevalier, B. Paclitaxel (TaxolTM) and docetaxel (TaxotereTM): Not
simply two of a kind. *Ann. Oncol.* **5**, 495–505 (1994).

30. Dhanyamraju, P. K., Schell, T. D., Amin, S. & Robertson, G. P. Drug-Tolerant Persister Cells in
Cancer Therapy Resistance. *Cancer Res.* **82**, 2503–2514 (2022).

31. Raha, D. *et al.* The Cancer Stem Cell Marker Aldehyde Dehydrogenase Is Required to Maintain a
Drug-Tolerant Tumor Cell Subpopulation. *Cancer Res.* **74**, 3579–3590 (2014).

32. Subramanian, A. *et al.* Gene set enrichment analysis: A knowledge-based approach for
interpreting genome-wide expression profiles. *Proc. Natl. Acad. Sci.* **102**, 15545–15550 (2005).

33. Liberzon, A. *et al.* The Molecular Signatures Database Hallmark Gene Set Collection. *Cell Syst.* **1**,
417–425 (2015).

34. Yadav, N. *et al.* Oxidative phosphorylation-dependent regulation of cancer cell apoptosis in
response to anticancer agents. *Cell Death Dis.* **6**, e1969–e1969 (2015).

35. Creighton, C. J. *et al.* Residual breast cancers after conventional therapy display mesenchymal as
well as tumor-initiating features. *Proc. Natl. Acad. Sci.* **106**, 13820–13825 (2009).

36. Jing, X. *et al.* Role of hypoxia in cancer therapy by regulating the tumor microenvironment. *Mol.*
Cancer **18**, 157 (2019).

37. Jeter, C. R. *et al.* NANOG promotes cancer stem cell characteristics and prostate cancer
resistance to androgen deprivation. *Oncogene* **30**, 3833–3845 (2011).

38. Kumar, S. M. *et al.* Acquired cancer stem cell phenotypes through Oct4-mediated
dedifferentiation. *Oncogene* **31**, 4898–4911 (2012).

39. Leis, O. *et al.* Sox2 expression in breast tumours and activation in breast cancer stem cells.
Oncogene **31**, 1354–1365 (2012).

40. Fuerer, C. & Nusse, R. Lentiviral Vectors to Probe and Manipulate the Wnt Signaling Pathway.
PLoS One **5**, e9370 (2010).

41. Horst, D. *et al.* Differential WNT Activity in Colorectal Cancer Confers Limited Tumorigenic
Potential and Is Regulated by MAPK Signaling. *Cancer Res.* **72**, 1547–1556 (2012).

42. Takebe, N. *et al.* Targeting Notch, Hedgehog, and Wnt pathways in cancer stem cells: clinical
update. *Nat. Rev. Clin. Oncol.* **12**, 445–464 (2015).

43. Jin, W. Role of JAK/STAT3 Signaling in the Regulation of Metastasis, the Transition of Cancer Stem
Cells, and Chemoresistance of Cancer by Epithelial–Mesenchymal Transition. *Cells* **9**, 217 (2020).

44. Liu, S., Ren, J. & ten Dijke, P. Targeting TGFβ signal transduction for cancer therapy. *Signal*
Transduct. Target. Ther. **6**, 8 (2021).

45. Ma, B. & Hottiger, M. O. Crosstalk between Wnt/β-Catenin and NF-κB Signaling Pathway during
Inflammation. *Front. Immunol.* **7**, (2016).

46. Niehrs, C. & Acebron, S. P. Mitotic and mitogenic Wnt signalling. *EMBO J.* **31**, 2705–2713 (2012).

47. Dhimolea, E. *et al.* An Embryonic Diapause-like Adaptation with Suppressed Myc Activity Enables
Tumor Treatment Persistence. *Cancer Cell* **39**, 240-256.e11 (2021).

48. Ramponi, V. *et al.* Persister cancer cells are characterized by H4K20me3 heterochromatin that
defines a low inflammatory profile. *bioRxiv* (2024) doi:10.1101/2024.01.26.577389.

49. Torres, V. I., Godoy, J. A. & Inestrosa, N. C. Modulating Wnt signaling at the root: Porcupine and

628    Wnt acylation. *Pharmacol. Ther.* **198**, 34–45 (2019).

629 50. Hofmann, K. A superfamily of membrane-bound O -acyltransferases with implications for Wnt
630    signaling. *Trends Biochem. Sci.* **25**, 111–112 (2000).

631 51. Zhong, Z. *et al.* PORCN inhibition synergizes with PI3K/mTOR inhibition in Wnt-addicted cancers.
632    *Oncogene* **38**, 6662–6677 (2019).

633 52. Madan, B. *et al.* Wnt addiction of genetically defined cancers reversed by PORCN inhibition.
634    *Oncogene* **35**, 2197–2207 (2016).

635 53. García-Reyes, B. *et al.* Discovery of Inhibitor of Wnt Production 2 (IWP-2) and Related
636    Compounds As Selective ATP-Competitive Inhibitors of Casein Kinase 1 (CK1) δ/ε. *J. Med. Chem.*
637    **61**, 4087–4102 (2018).

638 54. Alfarouk, K. O. *et al.* Resistance to cancer chemotherapy: failure in drug response from ADME to
639    P-gp. *Cancer Cell Int.* **15**, 71 (2015).

640 55. Garg, H., Suri, P., Gupta, J. C., Talwar, G. P. & Dubey, S. Survivin: a unique target for tumor
641    therapy. *Cancer Cell Int.* **16**, 49 (2016).

642 56. Rodon, J. *et al.* Phase 1 study of single-agent WNT974, a first-in-class Porcupine inhibitor, in
643    patients with advanced solid tumours. *Br. J. Cancer* **125**, 28–37 (2021).

644 57. Tabernero, J. *et al.* A Phase Ib/II Study of WNT974 + Encorafenib + Cetuximab in Patients With
645    BRAF V600E -Mutant KRAS Wild-Type Metastatic Colorectal Cancer. *Oncologist* **28**, 230–238
646    (2023).

647 58. Moisan, F. *et al.* Enhancement of paclitaxel and carboplatin therapies by CCL2 blockade in
648    ovarian cancers. *Mol. Oncol.* **8**, 1231–1239 (2014).

649 59. MABUCHI MIYUKI. Systematic Trial for Evaluating Docetaxel in a Human Prostate Cancer Cell
650    DU145 Xenograft Model. *Anticancer Res.* **37**, 1665–1676 (2017).

651 60. Yun, E.-J. *et al.* Targeting Cancer Stem Cells in Castration-Resistant Prostate Cancer. *Clin. Cancer*
652    *Res.* **22**, 670–679 (2016).

653 61. Abreu de Oliveira, W. A. *et al.* Wnt/β-Catenin Inhibition Disrupts Carboplatin Resistance in
654    Isogenic Models of Triple-Negative Breast Cancer. *Front. Oncol.* **11**, (2021).

655 62. Matikas, A. *et al.* Dynamic evaluation of the immune infiltrate and immune function genes as
656    predictive markers for neoadjuvant chemotherapy in hormone receptor positive, HER2 negative
657    breast cancer. *Oncoimmunology* **7**, e1466017 (2018).

658 63. Kimbung, S. *et al.* Assessment of early response biomarkers in relation to long-term survival in
659    patients with HER2-negative breast cancer receiving neoadjuvant chemotherapy plus
660    bevacizumab: Results from the Phase II PROMIX trial. *Int. J. Cancer* **142**, 618–628 (2018).

661 64. Tempfer, C. Basal-like molecular subtype and HER4 up-regulation and response to neoadjuvant
662    chemotherapy in breast cancer. *Oncol. Rep.* (2011) doi:10.3892/or.2011.1392.

663 65. Driehuis, E., Kretzschmar, K. & Clevers, H. Establishment of patient-derived cancer organoids for
664    drug-screening applications. *Nat. Protoc.* **15**, 3380–3409 (2020).

665 66. Wensink, G. E. *et al.* Patient-derived organoids as a predictive biomarker for treatment response
666    in cancer patients. *npj Precis. Oncol.* **5**, 30 (2021).

667 67. Sachs, N. *et al.* A Living Biobank of Breast Cancer Organoids Captures Disease Heterogeneity. *Cell*
668    **172**, 373-386.e10 (2018).

669 68. Shang, S. *et al.* Chemotherapy-Induced Distal Enhancers Drive Transcriptional Programs to
670    Maintain the Chemoresistant State in Ovarian Cancer. *Cancer Res.* **79**, 4599–4611 (2019).

671 69. Wang, L. *et al.* Chromatin accessibility regulates chemotherapy-induced dormancy and
672    reactivation. *Mol. Ther. - Nucleic Acids* **26**, 269–279 (2021).

673 70. Chera, S. *et al.* Apoptotic Cells Provide an Unexpected Source of Wnt3 Signaling to Drive Hydra
674    Head Regeneration. *Dev. Cell* **17**, 279–289 (2009).

675 71. Wang, W. *et al.* ABL1-dependent OTULIN phosphorylation promotes genotoxic Wnt/β-catenin

activation to enhance drug resistance in breast cancers. *Nat. Commun.* **11**, 3965 (2020).

72.   Ince, T. A. *et al.* Characterization of twenty-five ovarian tumour cell lines that phenocopy primary
tumours. *Nat. Commun.* **6**, 7419 (2015).

73.   Bolger, A. M., Lohse, M. & Usadel, B. Trimmomatic: a flexible trimmer for Illumina sequence data.
Bioinformatics **30**, 2114–2120 (2014).

74.   Dobin, A. *et al.* STAR: ultrafast universal RNA-seq aligner. *Bioinformatics* **29**, 15–21 (2013).

75.   Liao, Y., Smyth, G. K. & Shi, W. featureCounts: an efficient general purpose program for assigning
sequence reads to genomic features. *Bioinformatics* **30**, 923–930 (2014).

76.   Love, M. I., Huber, W. & Anders, S. Moderated estimation of fold change and dispersion for RNA-
seq data with DESeq2. *Genome Biol.* **15**, 550 (2014).

77.   Desmedt, C. *et al.* Biological Processes Associated with Breast Cancer Clinical Outcome Depend
on the Molecular Subtypes. *Clin. Cancer Res.* **14**, 5158–5165 (2008).

78.   R Core Team. R: A language and environment for statistical computing. (2021).

AUTHOR CONTRIBUTIONS

YEL, WO, and FL conceived and designed the study. WO partially carried out flow cytometry experiments, RT-qPCR experiments, analysis of publicly available datasets. AP performed all bioinformatic and biostatistical analyses under the supervision of FR and CD. AQ partially carried out flow cytometry experiments, western blot analysis, RT-qPCR experiments, and *in vivo* experiments. FR provided critical input for the bulk transcriptomic analysis under supervision of and in consultation with CD. PA participated in library preparations for mRNA-seq samples and provided input in experimental design. CL and WDW provided aid in the *in vivo* experiments under supervision of SS and DA. LM provided aid for the culturing and maintenance of patient derived organoid (PDO) models. SH provided input and feedback into experimental design under supervision of AB. SM generated the *in vitro* cell line, PDC-BRC-101. AdJS provided critical input in experimental design and assisted in the generation of several fluorescent reporter cell lines. MB provided input in the *in vivo* experimental design. SJS provided critical input in human patient dataset analysis. CS provided the PDO models. AB provided critical input for experimental design. DA provided critical input in *in vivo* data analysis. YEL carried out the remainder of the experimental work. Data analysis and figure preparation were performed by YEL and WO and reviewed by FL. The manuscript was written by YEL and FL and reviewed and approved by all authors. FL secured funding and supervised and guided experimental work and manuscript preparation.

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MATERIALS AND METHODS

Ethics declaration

All xenograft animal experiments performed were approved by the Ethics Committee at KU Leuven University under the ethical approval codes P055/2022 and P016/2023.

Patient derived organoid (PDO) models used in this study were established from freshly resected tumor tissues obtained from TNBC patients at the Antoni van Leeuwenhoek Hospital. The study was approved by the institutional review board (NKI-B17PRE) and the subjects provided informed consent.

All cell lines used in this study are approved for use by the Ethics Committee at the KU Leuven University Biobank under the code S65166.

TNBC cell line culture

MDA-MB-231 (ATCC-HTB-26) and MDA-MB-468 (ATCC-HTB-132) were maintained in DMEM high glucose (Gibco, 41965039) supplemented with 10% (v/v) fetal bovine serum, 1mM sodium pyruvate (Gibco, 11140035), 100µg/mL penicillin-streptomycin (Gibco, 15140163), and 0.01mM 2-mercapthoethanol (Gibco, 31350010).

PDC-BRC-101 cell line (PDX-derived cell line) was obtained from collaborators, Daniela Anibali and Stijn Moens (Amant Lab – Gynecological Oncology) – KU Leuven and maintained in OCMI media[72] composed of a composed of 1:1 mixture of Medium199 (Gibco, 31150022) and DMEM F-12 (Gibco, 11320074) supplemented with 10% (v/v) fetal bovine serum, 100µg/mL penicillin-streptomycin, 20µg/mL insulin (Sigma/Merck, I9278), 25ng/mL cholera toxin subunit B (Sigma/Merck, C9903-.5MG), 0.5µg/mL hydrocortisone (Sigma/Merck, H0888-1G), and 10ng/mL epidermal growth factor (Stem Cell Technologies, 78006.1).

All cell lines were cultured in 84mm x 20mm (D x H) tissue-culture treated dishes at 37°C and 5% CO_2 and maintained at 70-80% confluency. For cell line passaging and plating, 1X phosphate-buffered saline (Gibco, 10010-015) was used as a washing solution followed by dissociation using 0.25% trypsin-EDTA (Gibco, 25200-056) and cell-pelleting by centrifugation for 4 minutes at 300G (0.3rcf). Cells were counted manually via the BRAND counting chamber Neubauer improved (Sigma Aldrich/Merck, BR717810-1EA) under a 10X objective lens using a Leica DMi inverted microscope. The same microscope, equipped with a 2.5 Megapixel HD Microscope Camera Leica MC120 HC, was used to obtain images of cultured cancer cell lines. Unless specified otherwise, cancer cell lines were plated according to the following seeding densities: $7.3 \, x \, 10^3 \, \frac{cells}{cm^2}$ and $10.5 \, x \, 10^3 \, \frac{cells}{cm^2}$ (MDA-MB-231 and MDA-MB-468/PDC-BRC-101, respectively).

Chemotherapeutic treatment of TNBC cell lines and PDO models

Cell lines were treated with increasing concentrations of docetaxel (Taxotere, 0–144 nM) and carboplatin (Carbosin, 0–1600 µM) for 72h. Cell metabolic activity, reflecting cell-number and -viability) was assessed using the MTT [Thiazolyl Blue Tetrazolium Bromide] assay (Sigma/Merck, M5655-500mg) according to manufacturer's instructions and sigmoidal dose-response curves were generated to calculate the mean

IC50 values of each drug that were used in the subsequent study. Chemotherapeutic agents were obtained
from the pharmacy of Universitair Ziekenhuis (UZ) Leuven.

Lentiviral particle production and transduction
Lentiviruses were produced according to the RNAi Consortium (TRC) protocol available from the Broad
Institute (https:// portals.broadinstitute.org/gpp/public/resources/protocols). In brief, $7 \, x \, 10^5$
HEK-293T cells were seeded per well in 6-well plates and transfected the following day with 750 µg pCMV-
dR8.91, 250 µg pCMV-VSV-G, and 1 µg of the specific lentiviral plasmid/construct using FugeneHD
(Promega, E2311) in Optimem (Gibco, 31985070). One day after, the culture medium was refreshed. The
same day, lentivirus-recipient cells were plated in 6-well plates at their respective concentrations (see cell
line culture). Lentivirus-containing medium was collected from HEK293T cells 48h and 72h post-
transfection and added to recipient cancer cells after filtration using a 0.45 µM filter (VWR-Corning,
431220). 48h post infection, recipient cancer cells were washed thoroughly with PBS, medium refreshed,
and the appropriate selection antibiotics applied until selection process was completed.

Wnt-transcriptional reporters, TOPGFP (7xTOP-GFP), TOPFLASH (7xTcf-FFluc), and mCherry-TOPGFP
(7xTOP-GFP.mC) were obtained from Addgene (#35489, #24308, and #35491, respectively). Wnt-
transcriptional reporter dTOPGFP was gifted to us from the Moon lab University of (Washington – USA).

For PORCN shRNA mediated silencing, we used the MISSION® Lentiviral shRNA (Sigma Aldrich/Merck,
SHCLNG – clones, TCRN000153848 and TCRN000157366) and the MISSION pLKO.1-puro Non-Target
shRNA Control Plasmid DNA (SHC016-1EA) as a negative control in experiments.

Real-Time Quantitative Polymerase Chain Reaction and Gene Expression Analysis
For RT-qPCR, total RNA was extracted (from TNBC cell lines or cryopreserved tumor tissue) using the
GenElute mammalian total RNA miniprep kit (Sigma/Merck, RTN350-1KT) according to manufacturer's
instructions with an additional step of DNA digestion using the On-Column DNAse I digestion set according
to manufacturer's instructions (Sigma/Merck, DNASE70). cDNA was synthesized from 500 ng of total RNA
using the BIORAD iScript cDNA cDNA synthesis kit (BIORAD, CAT#1708891), according to manufacturer's
instructions. Quantitative real-time PCR reactions were set up in technical triplicates with Platinum SYBR
Green qPCR SuperMix-UDG (Invitrogen, 11733-046) on a ViiA7 Real-Time PCR System (Thermo-Scientific).
Expression levels were normalized to two housekeeping genes (HK) RPL19 and GAPDH to determine ΔCT
values. Statistical testing of differences in expression levels between samples was carried out based on
relative-expression values ($2^{-\Delta CT}$). In some figures, gene expression values are represented as fold-
change for convenience of interpretation, although statistical testing was performed on relative expression
values ($2^{-\Delta CT}$).

SDS-PAGE and Western Blot analysis
TNBC cell lines were washed with PBS and collected/pelleted by centrifugation. Whole cell lysates were
obtained via mechanical lysis using a needle (VWR-TERUMO, AN2138R1) and RIPA cell lysis buffer
(Sigma/Merck, R0278-50mL) supplemented with a cocktail of 1:100 phosphatase inhibitors cocktail 2 and
3 (Sigma/Merck, P5726-1ML and P0044-1ML, respectively) and 1:100 protease inhibitor cocktail
(Sigma/Merck, 11873580001). Samples were placed on a rotation wheel for a minimum of 30 minutes at

4 °C after which they were centrifuged at 16,000x g for 10 minutes at 4 °C. The supernatant from the
lysates was collected and protein concentration was determined using the Bradford Assay (Biorad,
5000006). For SDS-PAGE 20 mg of protein were mixed with 4x Laemmli buffer (240 mM Tris/HCL pH 6.8,
8% SDS, 0.04% bromophenol blue, 5% 2-mercaptoethanol, 40% glycerol) and denatured for 5 minutes at
95°C prior to electrophoretic protein separation. Resolved protein extracts were transferred to PVDF
membranes (BIORAD, 162-0177). Transfer success was assessed with Ponceau S solution, and membranes
were blocked with 5% non-fat milk or 5% BSA in TBS-T (0.1% Tween-20®) for 60 minutes. After blocking,
membranes were incubated with primary antibodies at 4°C overnight. The day after, membranes were
washed 3 times with PBS-T for 10 minutes and incubated with secondary HRP-conjugated antibodies.
Immunolabeled proteins were detected with Supersignal West Pico chemiluminescent kit (Fisher
Scientific, 34077) on autoradiography film (Santa Cruz, SC-201697). The primary antibodies used were
active rabbit anti-non-phosphorylated β-catenin (CellSignaling Technologies, #19807S), rabbit anti-PORCN
(Novus Biologicals, NBP1-59677), and rabbit anti-WNT2b (Abcam, ab178418). Mouse anti-β-Actin (Santa
Cruz Biotechnology; sc-47778) was used as a loading control.
820
821   **Flow Cytometry**
822   For Wnt-activation assessment, cells were washed with PBS and collected/pelleted by centrifugation. Cells
823   were resuspended in PBS2%FBS, counterstained with 5μg of 4',6-diamidino-2- phenylindole (DAPI – 1:1)
824   (Sigma/Merck, D9542-10mg) to eliminate dead cells before running through the flow cytometer. Cell lines
825   lacking any of the previously described Wnt-transcriptional reporters were used as gating controls.
826
827   For ALDH activity assay, cells were washed with PBS and collected/pelleted by centrifugation. Cells were
828   stained using the AldeRed ALDH detection assay (Sigma/Merck, SRC150) according to manufacturer
829   instructions. Cells were counterstained with 5μg of DAPI (1:1) to eliminate dead cells before running
830   through the flow cytometer.
831
For Annexin V apoptosis analysis, cells were washed with PBS and collected/pelleted by centrifugation.
Cells were resuspended in 1x Annexin V binding buffer (BD Pharmigen, 51-66121E) and incubated at room
temperature in the dark for 15 minutes with APC-conjugated Annexin V (Thermo-eBioscience,
BMS306APC-100). After incubation, cells were diluted in 1X binding buffer supplemented with 100 nM of
DAPI before running through the flow cytometer. Unstained and single-stained (Annexin V-only or DAPI-
only stained) cells were used as gating controls.
838
To obtain chemotherapy-induced Wnt^{High} and Wnt^{Low} cells, cells were washed with PBS and
collected/pelleted by centrifugation. Cells were resuspended in PBS4%FBS, counterstained with 5μg of
DAPI (1:1) to eliminate dead cells before running through the SONY MA900 Multi-Application Cell Sorter.
Depending on the application, $2 - 3\,x\,10^5$ cells were sorted (based on their GFP expression) into 1.5mL
Eppendorf tubs (with 300μl of PBS4%FBS) and either used for RNA-extraction and gene expression analysis
or for re-culturing.
845
For immunostaining of active- (non-phosphorylated) β-catenin, cells were washed with PBS and
collected/pelleted by centrifugation. Cells were fixed with ice-cold 70% Ethanol. After which samples were
with PBS2%FBS and blocked with 5% donkey serum (in PBS) at room temperature for 30-60 minutes. Cells
were re-pelleted by centrifugation, washed with PBS2%FBS and incubated with active rabbit anti-non-

phosphorylated β-catenin antibody at room temperature for 60 minutes. Cells were re-pelleted by
centrifugation, washed with PBS2%FBS and incubated with a conjugated secondary (donkey anti-rabbit –
Alexa-647 – Thermo-Life tech, A31573) in the dark at room temperature for 30 minutes. Cells were re-
pelleted by centrifugation, washed with PBS2%FBS and counterstained with 5µg of DAPI (1:1) before
running through the flow cytometer. Unstained and single-stained (secondary antibody-only stained) cells
were used as gaiting controls.

Unless specified otherwise, all data were collected on a BD FACS Canto II at the KU Leuven Flow Cytometry
Core and analyzed using FlowJo v.10.6.2.

Conditioned media and co-culture analysis
Conditioned media (CM) was collected from TNBC cell lines recovering from chemotherapy treatment (5
days of treatment and 1 week of recovery) and filtered using a 0.45µM filter to ensure removing cell-
debris. Filtered CM as concentrated 20x (20mL to 1mL) using Vivaspin centrifugal concentrator column
with a molecular weight cutoff of 50kDa (Sigma Aldrich, Z614645-12EA). Filtered media was centrifuged
for 45 minutes at 4°C. Concentrated CM was added to chemo-naïve TNBC cell lines for 48h in a 1:1 dilution
(Concentrated CM:basal culture cancer media) and Wnt-activation levels were evaluated using FACS.

For co-culture experiments, MDA-MB-231 cell line was treated with either chemotherapeutic agent for
72h after which treatment was stopped and an equal number of chemo-naïve MDA-MB-231-TGP.mC cells
was plated in the same dish and cultured in basal culture cancer media. After 72h of co-culture, Wnt-
activation levels in the MDA-MB-231-TGP.mC cell line was evaluated using FACS.

Cell line derived xenograft establishment and *in vivo* live imaging analysis
$1 \, x \, 10^6$ MDA-MB-231 TOPFLASH cells were engrafted subcutaneously (1:1 PBS: growth-factor reduced
Matrigel) into the right flank of female NMRI-Foxn1 mice (4-6 weeks old) to form a solid tumor. Upon
observation of visible/palpable solid growth, tumor volumes were measured using digital calipers (and
calculated as $L \, x \, W \, x \, \frac{\pi}{6}$; L: length and W: width). Animals were randomly assigned to one of three (or six)
treatment groups (n = 7-8 mice per group) with an average tumor volume of 150mm^3 per group. Docetaxel
(15mg/kg) and Carboplatin (100mg/kg) were administered via intraperitoneal (IP) injection once weekly
(1 cycle) for a total of three cycles. LGK-974 (2mg/kg) was administered daily via oral gavage for a total of
3 cycles (3 weeks). For assessment of Wnt-activation dynamics, animals were subjected to live-
bioluminescent imaging before-, 24 h-, 48h-, and 72h- after chemotherapeutic administration. For live-
bioluminescent imaging, animals were injected (IP) with the luciferase substrate D-luciferin (200µL of
15mg/ml - assuming an average animal weight of 24-26gr) (Perkin Elmer, 122799) and incubated for 10
minutes at room temperature before images were taken using IVIS Spectrum In Vivo Imaging System
(Perkin Elmer). Wnt-activation signal was calculated as the bioluminescent signal captured by the IVIS
Spectrum normalized to the tumor volume recorded per animal. Analysis of bioluminescent images was
performed via the Aura software v.4.0.0. Tumor volume was recorded every 48h and body weight was
closely monitored throughout the treatment course and recorded every 72-96h using an automatic scale.
All animals were euthanized at the end of the treatment course and tumors (when available) were
resected/collected for downstream analyses.

RECIST Analysis

RECIST analysis was performed using tumor volumes measured and recorded (as described previously) at the onset of treatment and at the end of treatment (day of sacrifice). Relative tumor volume (RTV) was calculated by dividing the recorded volume at the end of treatment by the recorded volume at the onset of treatment. Response to therapy was based on the RECIST-based criterion: Complete response (CR), Partial response (PR), Stable disease (SD), and Progressive disease (PD); CR: RTV = 0, PR: 0 < RTV ≤ 0.657, SD: 0.657 < RTV ≤ 1.728, PD: RTV > 1.728.

Tumorsphere Formation Assay

Cells were washed with PBS and collected/pelleted by centrifugation. Cells were resuspended in PBS4%FBS, counterstained with 5μg of DAPI (1:1) to eliminate dead cells before running through the SONY MA900 Multi-Application Cell Sorter. $1\,x\,10^3$ single cells were sorted (based on their GFP expression) directly in ultra-low attachment 6-well plates (Fisher-Corning, 10154431) cultured in serum-free tumorsphere assay medium composed of DMEM/F12 (Gibco, 11320074), 1X B27 (Thermo-Scientific, 12587010), 10ng/mL basic fibroblast growth factor (bFGF) (Peprotech, 100-18b), 20ng/mL EGF (Peprotech, AF-100-15), and 2% growth-factor reduced Matrigel (Corning, 734-0268). Sorted cells were allowed fourteen days to grow, at the end of which, spheres were collected and centrifuged at 50g for 10minutes, resuspended gently, and transferred to 96-well plates (Fisher-Falcon,353072). Plates were briefly centrifuged at 50g for an additional 1 minutes to pull down larger spheroid (>60 μm) which were counted under a microscope (10X) using a tally counter.

Next-Generation mRNA Sequencing

Total RNA was obtained from cells using the GenElute mammalian total RNA miniprep kit (Sigma, RTN350-1KT). RNA-sequencing (RNA-seq) libraries were prepared using 750 ng of total RNA using the KAPA stranded mRNAseq kit (Roche, 8098123702) according to the manufacturer's specifications. 100 nM of KAPA-single index adapters (Roche, KK8702) were added to the A-tailed cDNA and the libraries underwent 10 cycles of amplification. Agentcourt AMPure XP beads (Beckman Coulter, A63880) were used for the 1X library clean-up. The fragment size of the libraries was assessed using the Agilent Bioanalyzer 2100 with the High Sensitivity DNA kit (Agilent, 5067-4626). The concentration of the libraries was measured by the High Sensitivity QuBit kit (Invitrogen, Q33230). Each library was diluted to 4 nM and pooled for single-end 50-bp sequencing on an Illumina Hiseq4000 with 20 – 27 million reads per sample (22 million reads on average).

Bulk mRNA-sequencing analysis

FASTQ files generated from the sequencing (Sequencing run Fig. 1 and Fig. 3) were sent for downstream processing. Adapters were trimmed using Trimmomatic[73] v0.39 and the trimmed FASTQ file was aligned to the GRCh38 genome (hg38) using the STAR aligner[74] v2.7.10. Gene counts, gene annotation and sample read characteristics were obtained by applying standard filters within featureCounts[75] from the subread package v2.0.3. Gene counts were then normalized using the variance stabilizing transformation (VST). Z-scores used to describe the gene expression distribution across samples were calculated using median absolute deviation whole the heatmaps comparing z-scores between samples were created using pheatmap v1.0.12. Differential gene expression analysis was performed using DESeq2[76] and batch effects were accounted for in the (Wnt^High vs. Wnt^Low cohort). Volcano plots were created using EnhancedVolcano v1.18.0 using custom settings of FCcutoff = 0.6 and pCutoff = 0.05. Gene set variation analysis was

performed using GSVA v1.48.3. Signature scores for the Caspase 3/Apoptosis[77] and diapause/DTP
signatures (Supplementary Table 4) were calculated after the gene counts were transformed using both
log2(x) +1 and VST methods. Box plots comparing the signature score(s) distribution between Wnt[High] and
Wnt[Low] samples between treatment conditions were created using ggplot2 v3.4.3. Forest plots for
regression analysis were created using forestplot v3.1.3. Analyses following the gene count extraction
were all performed in R[78] v4.3.0.
944
Functional Enrichment Analysis of publicly available datasets
Datasets GSE87455 and GSE21974 were downloaded from the GeneExpression Omnibus and ArrayExpress
public repositories, respectively. Differentially expressed genes with |log2(fold-change)| >1 and p-value <
0.05 were obtained using limma (v3.26.8) R package in R (v4.02) and by using the limma method on
NetworkAnalyst (39). Differentially expressed genes were ranked by fold-change for Gene Set Enrichment
Analysis (GSEA v4.1.0) using the weighted enrichment statistic for Hallmark and KEGG gene sets from the
human MSigDB database. The statistical significance threshold was set at FDR<0.1 or (p<0.5 ∧ FDR<0.25)
952
Patient derived organoid culture, treatment, and analysis
R1-IDC113 and R2-IDC159A PDO lines were gifted by our collaborator, Laboratory of Colinda Scheele – VIB-
KU Leuven. Both PDO lines were maintained in growth factor reduced type 2 Cultrex (Biotechne/R&D
Systems, 3533-010-02) with phenol red-free DMEM/F-12, HEPES (Gibco, 11039021) supplemented with
10mM Nicotinamide (Sigma/Merck, N0636-100G), 1.25mM N-acetyl-L-cystine (Sigma/Merck, A9165-5G),
500ng/mL Hydrocortisone, 100nM β-estradiol (E8875-250MG), 500nM SB202190 (Stem Cell Technologies,
72632), 500nM A83-01 (Stem Cell Technologies, 72022), 5uM Y-27632 (Stem Cell Technologies, 72304),
50µg/mL Primocin (Invivogen, ant-pm-05), 10µM Forskolin (Sigma/Merck, F3917-10MG), 1X B27 (50X –
ThermoFisher Scientific, 17504044), 100ng/mL r-Noggin (Stem Cell Technologies, 78060), 5ng/mL FGF-10
(Stem Cell Technologies, 78037), 37.5 ng/mL Heregulin B-1 (Peprotech, 100-03), 5ng/mL EGF, 5ng/mL FGF-
7 (Peprotech, 100-19), and 100µg/mL penicillin-streptomycin.
964
Both PDO lines were cultured in 24 well cell culture microplates – 22 mm x 20 (D x H) – at 37°C and 5%
CO_2 and maintained at 70-80% confluency. For passaging and plating, (ice-cold) 1X phosphate-buffered
saline (Gibco, 10010-015) was used to wash and dissociate the BME followed by single cell enzymatic
dissociation using 0.05% trypsin-EDTA (Gibco, 25200-056) and cell-pelleting by centrifugation for 5
minutes at 1500 rpm (4°C). Cells were counted manually via the BRAND counting chamber Neubauer
improved (Sigma Aldrich/Merck, BR717810-1EA) under a 10X objective lens using a Leica DMi inverted
microscope. The same microscope, equipped with a 2,5 Megapixel HD Microscope Camera Leica MC120
HC, was used to obtain images of cultured PDO-lines. Unless specified otherwise, both PDO models were
plated according to the following seeding density: $5.9 \, x \, 10^2 \, \frac{cells}{mm^2}$
974
To determine working chemotherapy drug concentrations, PDO lines were treated with increasing
concentrations of docetaxel (Taxotere, 0.0625–512 nM) and carboplatin (Carbosin, 0 – 1600 µM) for 96h.
Cell metabolic activity, reflecting cell-number and –viability was assessed using the CellTiter-Glo® 3D Cell
Viability Assay (Promega, G9682) and sigmoidal dose-response curves were generated to calculate the
mean IC50 values of each drug that were used in the subsequent study. Chemotherapeutic agents were
obtained from the pharmacy of Universitair Ziekenhuis (UZ) Leuven.

Statistical Analysis

All data were analyzed using GraphPad Prism (v8.0.1), except for mRNA-sequencing derived data and
transcriptomic datasets. Unless otherwise specified, comparisons between two groups were tested for
statistical significance using Unpaired t-tests. Comparisons between multiple groups were performed
using a One-way analysis of variance (ANOVA). Comparisons between multiple groups across multiple time
points were performed using Two-way ANOVA. All statistical testing was corrected for multiple
comparisons, using the Holm-Sidak method when comparing samples based on experimental design. For
the reader's convenience, all statistical tests and sample sizes are indicated in the figure legends.

For mRNA-sequencing derived data, regression analysis was performed to observe associations between
outcomes (in-house gene signature scores/GSVA signature scores) and independent co-variate (Wnt^{High} vs.
Wnt^{Low}) per treatment condition (CAR or DOC or UNT) using lqmm v.1.5.8 and quantreg v5.97 while
accounting for batch effects.

Schematic Illustrations and artwork

997 All schematic illustrations were created using Biorender.com

FIG1

Figure 1: Wnt-transcriptional activation precedes drug-tolerant cell(s) enrichment upon chemotherapeutic treatment

a-c) Flow cytometry analysis displaying %ALDH$^+$ cells of MDA-MB-231 (top), MDA-MB-468 (middle), and PDC-BRC-101 (bottom) cell lines treated with DOC (4.5nM) or CAR (35uM, 25uM, 35uM for each cell line, respectively) for 48h and 96h. Multiple t-tests corrected for multiple comparisons using the Holms-Sidak method (n = 3 independent experiments). All data points shown from min. to max. (box and whiskers). **d)** Normalized gene expression heatmaps displaying (≈12-20) selected genes (based on DEGs predicting each representative process and/or hallmark) representing different processes and signaling cascades deregulated (relative to UNT cells) in MDA-MB-231 cell line treated with DOC or CAR for 72h. The processes (and subsequent genes selected to represent every process) shown in panel **d** were based on enriched gene sets from Hallmarks databases analyzed by one-tailed GSEA ranked by Normalized Enrichment Score (NES) - Supplementary Fig. S1j, k. **e)** Venn diagram indicating commonly upregulated (1381) genes between DOC (2633) and CAR (2525) treatment (vs. UNT). **f)** Enriched processes from Gene Ontology (GO) terms databases analyzed by one-tailed GSEA ranked by a positive NES and based on commonly upregulated genes between DOC and CAR treatment. Red line indicates significance threshold value, (-log(NOM p-val) = 1.3) and highlighted bars indicate GO terms linked to Wnt/β-catenin signaling regulation. **g)** Normalized gene counts heatmap displaying (11) selected genes representing Wnt/β-catenin signaling in MDA-MB-231 cell line treated with DOC and CAR for 72h. Genes selected for heatmap **g** were based on Wnt/β-catenin signaling Hallmark – GSEA. Data used to generate panels **d-g** was obtained from mRNA-sequencing of MDA-MB-231 cell line treated with DOC or CAR for 72h). **h-j)** Western blot analysis of active- (non-phosphorylated) β-catenin in MDA-MB-231, MDA-MB-468, and PDC-BRC-101 cell lines treated with DOC or CAR for 1, 3, or 6 days. **k-m)** Gene expression levels obtained via RT-qPCR of Wnt-targets (AXIN2 and LGR5) and stem cell markers (SOX2, POU5F1, and NANOG) in MDA-MB-231, MDA-M-468, and PDC-BRC-101 cell lines treated with DOC or CAR for 72h, displayed as relative expression values (relative to housekeeping genes – HK-genes). Multiple t-tests corrected for multiple comparisons using the Holms-Sidak method (n = 3 independent experiments). All data points shown from min. to max. (box and whiskers). p values are indicated as *p < 0.05, **p < 0.01, ***p < 0.001, ***p < 0.0001, and ns, not significant.

Figure 2: Induction of transient *de novo* Wnt signaling transcriptional activation in response to chemotherapy in TNBC cell lines

a) Schematic representation of Wnt/β-catenin-transcriptional reporter (TOPGFP). **b-d)** Flow Cytometry analysis displaying % of Wnt^{High} (GFP$^+$) cells for MDA-MB-231-TGP, MDA-MB-468-TGP, and PDC-BRC-101-TGP cell lines treated with DOC or CAR for 3 and 6 days. One-way ANOVA corrected for multiple comparisons using the Holms-Sidak method (n = 4 independent experiments). Data are presented as Mean ± SEM. **e)** Number of Wnt^{High} (GFP$^+$) cells detected by live-cell imaging normalized to the confluency of the well (total number of cells recorded) for MDA-MB-231-TGP cell line treated with DOC or CAR. **f)** Schematic representation of different fluctuation dynamics of Wnt-activation – mode numbered and color coded. **g-i)** Live-imaging quantification of different possible mechanisms of chemotherapy-induced Wnt-activation in MDA-MB-231-TGP TNBC cell line UNT or treated with DOC or CAR. n = 100 cells tracked every 2h for 60h, per treatment condition. Every single cell tracked is represented as a circle and color coded with the scheme shown in **f**. **j-k)** Snapshots of still-frames from time-lapse live imaging experiments of MDA-MB-231-TGP TNBC cell line treated with DOC (top) or CAR (bottom) presenting mode #1 and mode #2 (color coding in scheme shown in f. T$_0$ indicates 0h, T$_1$ indicates 30h, and T$_2$ indicates approx. 50h. Yellow, red, and blue arrows indicate the same cell followed over the treatment period spanning different images (horizontal). **l)** Schematic representation of the experimental setup for chemotherapy treatment and recovery. **m-p)** Flow Cytometry analysis displaying % of Wnt^{High} (GFP$^+$) cells for MDA-MB-231-TGP and PDC-BRC-101-TGP cell lines treated with DOC or CAR for 1 week followed by removal of chemotherapy for 1-, 3-, and 4-weeks post-recovery. Two-tailed unpaired t-test (n=3 independent experiments). Data are presented as Mean ± SEM. p values are indicated as *p < 0.05, **p < 0.01, ***p < 0.001, ****p < 0.0001, and ns, not significant.

FIG3

Figure 3: Bulk mRNA-sequencing of transcriptionally differential Wnt-populations reveals that chemotherapy-treated Wnt[High] cells display DTP cell-properties

a-d) Forest plots depicting the association between gene signatures and Wnt-status of sorted Wnt[High] vs. Wnt[Low] obtained from samples treated with CAR or DOC or UNT samples. Gene signatures consist of in-house gene signatures[77] and Hallmark gene sets from MSigDB analysed using Gene set variation analysis (GSVA). Quantile regression was used to observe the median change in rescaled gene signatures after accounting for batch effects. Signatures having a non-zero positive estimate indicate increased activity in Wnt[High] cells. **e)** Correlation analysis between transcriptional DTP cells[9] and Wnt-status of sorted Wnt[High] vs. Wnt[Low] cells obtained from samples treated with CAR or DOC and UNT samples. Enrichment status score of -1 (light blue) indicates that a given hallmark/process is downregulated in DTPs or sorted Wnt[High] cells while a score of 1 (red) indicates that a given hallmark/process is upregulated in DTPs or sorted Wnt[High] cells. **f)** Forest plot depicting the association between a Diapause-DTP signature[9] and Wnt-status of sorted Wnt[High] vs. Wnt[Low] cells obtained from samples treated with CAR or DOC and UNT samples. Analysis performed as in **a-d**. **g)** Absorbance values displaying cellular metabolic activity indicating cell number in sorted MDA-MB-231-TGP and MDA-MB-468-TGP cell lines 1 week after sorting (initial treatment before sorting was with DOC or CAR – 72h). Multiple t-tests corrected for multiple comparisons using the Holms-Sidak method (n = 3 independent experiments). Data are presented as Mean ± SEM. **h)** Flow cytometry analysis displaying % of Apoptotic (Annexin V[+]) and their respective Wnt-status (% of Wnt[High] (GFP^{+}) cells) of MDA-MB-231-TGP and PDC-BRC-101-TGP cell lines treated with DOC or CAR for 96h. Multiple t-tests corrected for multiple comparisons using the Holms-Sidak method (n = 5 independent experiments). Data are presented as Mean ± SEM. p values are indicated as *p < 0.05, **p < 0.01, ***p < 0.001, ****p < 0.0001, and ns, not significant.

FIG4

a MDA-MB-231
Wnt-ligands & Wnt-enhancers & Wnt-sec. components

b MDA-MB-468
Wnt-ligands & Wnt-enhancers & Wnt-sec. components

c PDC-BRC-101
WNT-ligands & WNT-enhancers & WNT-components

d MDA-MB-231
Wnt-ligands & Wnt-enhancers & Wnt-sec. components

e PDC-BRC-101
Wnt-ligands & Wnt-enhancers & Wnt-sec. components

DOC
DOC^{REC} (1 week)
DOC^{REC} (4 weeks)

f MDA-MB-231
g MDA-MB-468
h PDC-BRC-101

i MDA-MB-231
j MDA-MB-468
k PDC-BRC-101

Wnt-2b
β-Actin
PORCN
β-Actin

m MDA-MB-231-TGP
Exposure to Cond. Media

Basal - CM
DOC - CM
CAR - CM

n MDA-MB-468-TGP
Exposure to Cond. Media

Basal - CM
DOC - CM
CAR - CM

l

Chemotherapy treatment (1 week)
Recovery (chemo-free culture) (1 week)
End recovery & CM collection
Conc. of CM
CM addition to Chemo-naïve cells (48 h)
Evaluate Wnt-activity FACS

o

Chemotherapy treatment
chemo-treated cells
chemo-naïve TOPGFP.mC cells
(72 h)
Seed 1:1 Chemo-naïve (TOPGFP.mC) and Chemo-treated cells
Co-culture (72 h)
Evaluate Wnt-activity FACS

p MDA-MB-231
Co-Culture
Chemo-naive + Chemo-treated

UNT
DOC
CAR

Figure 4: Chemotherapeutic treatment induces elevated transcriptional expression of Wnt ligands, Wnt enhancers, and Wnt secretion machinery components

a-c) Heatmaps showing gene expression levels obtained via RT-qPCR of Wnt ligands (WNT2B, WNT3, WNT3A and WNT7B), Wnt enhancers (RSPO1 and RSPO3), and Wnt ligand secretion machinery components (WLS and PORCN) for MDA-MB-231, MDA-MB-468, and PDC-BRC-101 cell lines treated with DOC or CAR for 72h, displayed as fold change (to UNT) of 2^{-dCt} values (relative to HK-genes). Unpaired t-tests based on relative expression values (2^{-dCt}) (n = 3 independent experiments). **d-e)** Gene expression levels as in **a-c** for MDA-MB-231 and PDC-BRC-101 cell lines treated with DOC following the treatment scheme shown in **Fig. 2i.**, displayed as fold change (to DOC) of 2^{-dCt} values (relative to HK-genes). Unpaired t-tests based on relative expression values (2dCt) (n = 3 independent experiments). Data are presented as Mean ± SEM. **f-h)** Western blot analysis of Wnt ligand Wnt-2b in MDA-MB-231, MDA-MB-468, and PDC-BRC-101 cell lines treated with DOC or CAR for 72h. **i-k)** Western blot analysis of PORCN in TNBC cell lines treated with DOC or CAR for 72h. **l)** Schematic representation of Conditioned Media (CM) experimental setup. **m-n)** Flow Cytometry analysis displaying % of Wnt[High] (GFP^{+}) cells of MDA-MB-231-TGP and MDA-MB-468-TGP cell lines cultured with concentrated Basal-, DOC-, or CAR-CM for 48h. Unpaired t-tests (n = 3 independent experiments). Data are presented as Mean ± SEM. **o)** Schematic representation of Co-culture experiment setup. **p)** Flow Cytometry analysis displaying % of Wnt[High] (GFP^{+}) cells of chemo-naïve MDA-MB-231-TGP.mC co-cultured with chemo-treated DOC or CAR MDA-MB-231 cells for 72h. Unpaired t-tests (n = 3 independent experiments). Data are presented as Mean ± SEM. p values are indicated as *p < 0.05, **p < 0.01, ***p < 0.001, ****p < 0.0001, and ns, not significant.

Figure 5: Concomitant inhibition of Wnt ligand secretion enhances chemotherapeutic sensitivity in TNBC

a-c) Western blot analysis of active- (non-phosphorylated) β-catenin in MDA-MB-231, MDA-MB-468, and PDC-BRC-101 (shPLKO vs. shPORCN#1) cell lines treated with DOC or CAR for 96h. **d-f)** Flow cytometry analysis displaying % Annexin V$^+$/DAPI$^+$ cells of MDA-MB-231, MDA-MB-468, and PDC-BRC-101 (shPLKO vs. shPORCN#1) cell lines treated with DOC or CAR for 96h. Unpaired t-tests (n = 4 independent experiments). Data are presented as Mean ± SEM. **g)** Schematic representation of the Sequential Treatment (first IWP-2 pre-treatment followed by chemotherapy) model. **h)** Flow cytometry analysis displaying % of Wnt^{High} (GFP$^+$) cells of MDA-MB-231-TGP, MDA-MB-468-TGP, and PDC-BRC-101-TGP cell lines pre-treated with IWP-2 (10uM) for 48h. **i)** Flow cytometry analysis of displaying % of Wnt^{High} (GFP$^+$) cells of TNBC-TGP cell lines treated with DOC or CAR for 72h (with or without IWP-2 pre-treatment). Multiple t-tests corrected for multiple comparisons using the Holms-Sidak method (n = 3 independent experiments). Data are presented as Mean ± SEM. **j)** Heatmaps showing gene expression levels obtained via RT-qPCR of stem cell markers for TNBC cell lines treated with DOC or CAR for 72h (with or without IWP-2 pre-treatment), displayed as fold change (to UNT) of 2^{-dCt} values (relative to HK-genes). Multiple t-tests corrected for multiple comparisons using the Holms-Sidak method based on relative expression values (2^{-dCt}) (n = 3 independent experiments). **k)** Schematic representation of the Combinatorial Treatment model. **l)** Flow cytometry analysis displaying % of Wnt^{High} (GFP$^+$) cells of TNBC-TGP cell lines treated with DOC or CAR for 96h (sole or in combination with IWP-2). Unpaired t-tests (n = 4 independent experiments). Data are presented as Mean ± SEM. **m)** Heatmaps showing gene expression levels obtained via RT-qPCR of pluripotent stem cell markers for TNBC cell lines treated with DOC or CAR for 96h (sole or in combination with IWP-2), displayed as fold change (to sole treatment) of 2^{-dCt} values (relative to HK-genes). Unpaired t-tests between (DOC vs. DOC + IWP-2 and CAR vs. CAR + IWP-2, for every gene in every cell line) based on relative expression values (2^{-dCt}) (n = 3 independent experiments). **n)** Flow cytometry analysis displaying % of Annexin V$^+$ cells of TNBC cell lines treated with DOC or CAR for 96h (sole or in combination with IWP-2). Unpaired t-tests (n = 4 independent experiments). Data are presented as Mean ± SEM. p values are indicated as *p < 0.05, **p < 0.01, ***p < 0.001, ****p < 0.0001, and ns, not significant.

FIG6

Figure 6: Inhibition of Wnt ligand secretion and chemotherapeutic treatment synergistically sensitize *in vivo* xenograft TNBC model to treatment
a) Schematic representation of cell line derived xenograft (CDX) experimental setup to study Wnt signaling pathway kinetics upon chemotherapeutic treatment *in vivo*. **b-c)** Tumor growth curves of subcutaneous generated xenograft models treated with VEH, DOC (15mg/kg/week – top), or CAR (100mg/kg/week – bottom). Pink arrows indicate administration of chemotherapy. Two-way ANOVA with Fisher's LSD test (n = 7 mice for all treatment groups). Data are presented as Mean ± SEM. **d-e)** Levels of Wnt-activation (RLU/mm³) displayed as luminescent signals (RLU) captured by IVIS Spectrum normalized to tumor volume (mm³) in xenograft models treated with VEH, DOC (top), or CAR (bottom). Two-way ANOVA with Fisher's LSD test (n = 7 mice for all treatment groups). Data are presented as Mean ± SEM. **f)** Gene expression levels obtained via RT-qPCR of various Wnt-targets, stem cell markers, and Wnt-activators in samples resected from xenograft models treated with VEH, DOC, or CAR. Unpaired t-tests based on relative expression values (2^{-dCt}) (n = 7 mice for all treatment groups). Data are presented as Mean ± SEM. **g)** Schematic representation of CDX experimental setup with Wnt ligand secretion inhibition *in vivo*. **h-i)** Tumor growth curves of xenograft models treated with VEH, LGK (2mg/kg/day), DOC (top), DOC+LGK (top), CAR (bottom), and CAR+LGK (bottom). Pink arrows indicate administration of chemotherapy. Paired t-tests (based on final tumor volumes – obtained on day of sacrifice, n = 8,7,6,5 mice per treatment group). Data are presented as Mean ± SEM. **j-k)** Levels of Wnt-activation (RLU/mm³) displayed as luminescent signals (RLU) captured by IVIS Spectrum normalized to tumor volume (mm³) in xenograft models treated with VEH, DOC (top), DOC+LGK (top), CAR (bottom), and CAR+LGK (bottom). Multiple t-tests (n = 8,7,6,5 mice per treatment group). Data are presented as Mean ± SEM. **l)** RECIST analysis displayed as percentage of animals per treatment group (VEH, LGK, DOC, DOC+LGK, CAR, and CAR+LGK) classified/assigned to one of four distinct tumor responses to treatment: Progressive Disease (PD), Stable Disease (SD), Partial Response (PR), or Complete Response (CR). p values are indicated as *p < 0.05, **p < 0.01, ***p < 0.001, ****p < 0.0001, and ns, not significant.

FIG7

Figure 7: Preclinical PDO models recapitulate chemotherapy-mediated Wnt-activation and sensitization to synergistic Wnt ligand secretion inhibition

a) Phase-contrast images of TNBC-PDO models, 113 BCO (left) and 159A BCO (right) in basal culture conditions at 2.5x (top) and 10x (bottom) magnification **b-c)** Heatmaps showing gene expression levels obtained via RT-qPCR of Wnt-targets and stem cell markers for 113 BCO and 159A BCO models treated with DOC (16nM for 113 BCO and 8nM for 159A BCO) or CAR (50μM for 113 BCO and 125μM for 159A BCO) for 96h, displayed as fold change (to UNT) of 2^{-dct} values (relative to HK-genes). Unpaired t-tests based on relative expression values (2dCt) (n = 4 independent experiments). **d)** Flow cytometry analysis displaying % of Wnt-active (β-catenin⁺) cells from 113 BCO (left) and 159A BCO (right) models treated with DOC or CAR for 96h. Multiple t-tests corrected for multiple comparisons using the Holm-Sidak method (n = 3 independent experiments). Data are presented as Mean ± SEM. **e-f)** Heatmaps showing gene expression levels obtained via RT-qPCR of Wnt-ligands, -enhancers, and -secretion machinery components for 113 BCO (left) and 159A BCO (right) models treated with DOC or CAR for 96h, displayed as fold change (to UNT) of 2^{-dct} values (relative to HK-genes). Unpaired t-tests based on relative expression values (2^{-dct}) (n = 4 independent experiments). **g-j)** Drug dose-response curves of 113 BCO (left) and 159A BCO (right) models treated with increasing concentrations of DOC or CAR (sole or in combination with IWP-2, 50uM). Viability in sole- or combinatorial-treatment is normalized to UNT or sole-IWP-2 conditions (baseline). Multiple t-tests corrected for multiple comparisons using the Holm-Sidak method (n = 4 independent experiments). Data are presented as Mean ± SEM. **k)** Graphical illustration representing a schematic summary of key findings and observations. p values are indicated as *p < 0.05, **p < 0.01, ***p < 0.001, ****p < 0.0001, and ns, not significant.