Title: Early adipose tissue wasting in a novel preclinical model of human lung cancer cachexia

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Abstract:

Cancer cachexia (CC), a syndrome of skeletal muscle and adipose tissue wasting, reduces responsiveness to therapies and increases mortality. There are no approved treatments for CC, which may relate to discordance between pre-clinical models and human CC. To address the need for clinically relevant models, we generated tamoxifen-inducible, epithelial cell specific *Kras*$^{G12D/+}$ (*G12D*) mice. *G12D* mice develop CC over a protracted time course and phenocopy tissue, cellular, mutational, transcriptomic, and metabolic characteristics of human lung CC. CC in *G12D* mice is characterized by early loss of adipose tissue, a phenotype confirmed in a large cohort of patients with lung cancer. Tumor-released factors promote adipocyte lipolysis, a driver of adipose wasting in human CC, and adipose tissue wasting was inversely related to tumor burden. Thus, *G12D* mice model key features of human lung CC and suggest a novel role for early adipose tissue wasting in CC.

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Introduction:

Cancer cachexia (CC) is characterized by unintentional loss of body weight secondary to skeletal muscle and/or adipose tissue wasting [1] and contributes to treatment-related toxicities, poor response to chemo- and immunotherapies, and increased morbidity and mortality [1-11]. Animal models have served as the basis for knowledge of the pathophysiology of CC [12] because the syndrome typically occurs in aggressive cancers and later-stage disease, where patients are unwilling or unable to participate in research. While these models have generated a wealth of mechanistic data [12], there are no effective, approved treatments for CC. This lack of translation of pre-clinical evidence into treatments may be explained, in part, by the fact that current models do not mimic human CC [13-21].

Lung cancer is the second most common cancer and the leading cause of cancer-related death [22, 23]. Most patients with lung cancer exhibit signs of CC at diagnosis [24, 25], and CC reduces mean survival time and responsiveness to chemo- and immunotherapies [11, 26]. Most preclinical data on lung CC are derived from the murine Lewis lung carcinoma (LLC) model, in which tumor cells are injected subcutaneously and grow rapidly. Weight loss begins when the tumor reaches ~5% of body weight, about 2 weeks after injection, and mice progress to cachexia in 1-3 weeks [27]. Neither tumor growth, tumor size, nor weight loss characteristics of this model reflect lung CC in humans [28]. Thus, the field would benefit from new models of lung CC that better emulate human lung CC.

To address this need, we developed mice with an activatable lung epithelial cell-specific *Kras*^{G12D} allele (*G12D*) to evaluate its utility as a model of lung CC with respect to tumor location and burden, rate of progression, and metabolic features. We report that *G12D* mice display classic adipose and skeletal muscle tissue wasting phenotypes of CC over a protracted time course (~12 weeks) and phenocopy tumor and tissue cellular, mutational, transcriptomic, and

metabolic characteristics relevant to human lung CC. Additionally, adipose tissue wasting drove CC initiation, was inversely related to tumor burden, and *G12D* lung tumor released factors incited metabolic adaptations in adipocytes that contribute to wasting. Using AI-based analysis of imaging measurements in a large, prospective cohort study, we confirmed the clinical relevance of early adipose tissue wasting.

Results:

Lung epithelial cell (club cell)-specific Kras^{G12D} induction causes CC.

Induction of the *Kras^{G12D}* allele with intraperitoneal tamoxifen administration (**Fig. 1A**) promotes synchronous pulmonary lesions originating in the terminal bronchioles, the predominant anatomic location of club cells (**Fig. 1B**). Lesions exist along the histological spectrum of epithelial proliferation, ranging from florid bronchial hyperplasia to adenoma to atypical adenomatous hyperplasia to adenocarcinoma, with no evidence for dissemination to major organs or lymph nodes. Lung adenocarcinomas were confirmed histologically at the initiation of weight loss (6 weeks post-induction; Fig. 1C) within the spectrum of synchronous pulmonary lesions characterized by marked cellular atypia, architecturally distorted glands, the absence of cilia, and enhanced mitotic index (**Fig. S1A**). In fact, the histologic hallmarks of adenocarcinoma were present, but not as pronounced, as early as 3.5 weeks post-induction (**Fig. S1B**). Next, we examined whether CCSP promoter activity was evident only upon injection of tamoxifen, as non-tamoxifen-inducible (*i.e.,* leaky) Cre expression from the CCSP promoter has been observed [29]. In line with these reports, in *G12D* mice not receiving tamoxifen, we found histological evidence for lung lesion development (**Fig. S2**), albeit much less severe than in mice with tamoxifen injection. Because of this, we used wild-type, *Scgb1a1-CreER^{TM}* littermates (WT; *Kras$^{+/+}$*) injected with tamoxifen as controls. While these animals are not genetically identical to *G12D* mice, they have the advantage of controlling for toxicity and off-target effects of intracellular Cre activation and tamoxifen, respectively, on our experimental outcomes. Finally, tumor growth can affect the function of the organ where it resides and these changes in organ function could incite weight loss independent of the tumor. For example, in some genetically engineered murine models of lung CC, tumors dramatically increase lung size to supraphysiological levels, which could impair lung function and lead to weight loss[30]. In *G12D* mice, while animals demonstrate labored breathing and reduced activity level at end stage CC (weeks 10-12), they show no evidence of labored breathing or reduced activity at the initiation of

body weight loss at 6 weeks (Fig. 1C). To evaluate whether there is evidence for impaired lung function that may drive CC, we measured blood oxygen saturation at 3 weeks post-induction, when body weight begins to diverge between groups (Fig. 1C). We found no evidence for systemic hypoxemia (**Fig. S3**), suggesting that respiratory dysfunction in *G12D* mice is unlikely to contribute to CC.

G12D mice began losing weight 6 weeks post-induction (**Fig. 1C**), independent of differences in food intake (**Fig. S4**). By 12 weeks, *G12D* mice experienced an average body weight loss of 15%, with most animals (83%) displaying cachexia, as defined by >10% body weight loss. Weight loss in *G12D* mice was explained by loss of skeletal muscle (gastrocnemius and soleus), white adipose tissue (inguinal (iWAT) and perigonadal (gWAT)), and organ (spleen and liver) weight (**Fig. 1D**). Contrary to LLC mice and other heterotopic models, where CC is thought to be driven by systemic inflammation [27, 31], no group differences were found in serum pro-inflammatory cytokine concentrations at 12 weeks (**Fig. 1E**).

Skeletal muscle and adipose tissue cellular wasting in G12D mice.

To further characterize tissue wasting, cell size was assessed at 12 weeks post-induction. *G12D* mice exhibited reduced gastrocnemius (**Fig. 2A, Fig. S5A**), but not soleus, muscle fiber cross-sectional area (CSA; **Fig. 2A**, **Fig. S5B**). Gastrocnemius muscle of *G12D* mice showed greater expression of key genes involved in protein breakdown that are implicated in CC (ubiquitin ligase *Fbxo32,* and autophagy marker *Becn1*), as well as *Il6, Tnf,* and *Lif* mRNA compared with WT (**Fig. 2B**), the latter being indicative of local inflammation that may drive CC[32]. In soleus muscle, mRNA levels of *Il6* were greater in *G12D* mice, with no differences in protein degradation or other inflammation markers (**Fig. S5C**).

Subcutaneous iWAT and visceral gWAT adipocytes exhibited markedly lower CSA at 12 weeks post-induction in *G12D* mice compared with WT mice (**Fig. 2C**). Congruent with adipose tissue wasting, we observed higher circulating medium and long-chain fatty acids and markers

of carnitine/fatty acid metabolism (**Fig. S6**), as well as a trend (*p*=0.06) toward statistically significant greater circulating glycerol levels (**Fig. 2D**). In *G12D* iWAT, mRNA of the lipid transporter, *Cd36,* and mitochondrial uncoupling marker, *Ucp1,* were lower, and cytokines, *Cxcl1* and *Lif,* greater compared with WT (**Fig. 2E**). In gWAT of *G12D* mice, we observed greater expression of mRNA for the beiging marker, *Cidea*, and trends toward statistically significant greater *Cd36* (*p*=0.06) and *Lipe* (*p*=0.07; **Fig. 2F**) compared to WT, the latter being the transcript of hormone-sensitive lipase, the second enzymatic step of triglyceride hydrolysis. As expected, mRNA levels of *Lep* (leptin) were lower in iWAT and gWAT of *G12D* mice compared with WT mice (**Fig. 2E-F**), reflecting reduced adipocyte size. Of note, controlling for sex did not alter group differences in adipose and muscle cell size and tissue weights. Collectively, these data show that *G12D* mice exhibit tissue, cellular, transcriptomic, and metabolomic hallmarks of CC muscle and adipose tissue wasting.

Early tissue wasting phenotypes in G12D mice.

The protracted time course of wasting in *G12D* mice affords a broader window to evaluate CC initiation. Accordingly, we evaluated *G12D* mice at 6 weeks post-induction, at the initiation of weight loss (Fig. 1C), to examine tumor and peripheral tissue morphological, transcriptomic, and metabolic features of CC initiation. At 6 weeks post-induction, tumor burden averaged 10.5 ± 1.1% of lung area (**Fig. 3A-B**) while *G12D* mice had lost an average of 5% of their body weight (**Fig. 3C**). Assuming an average lung weight of 200 mg for an adult C57BL6/J mouse, we estimate tumor burdens of ~0.08% and ~0.16% of body weight at 6- (Fig. 3B) and 12 (Fig 1B) weeks post-induction, respectively, which is closer to human lung cancer compared with other lung CC models (*e.g.,* LLC tumor burden is ~5% of body weight at initiation of CC [27]). No differences in skeletal muscle or organ weights were noted between groups 6 weeks post-induction, but *G12D* mice showed markedly lower iWAT and gWAT adipose depot weights (**Fig. 3D**). No differences were found in circulating pro-inflammatory cytokines (**Fig. 3E**).

At the cellular level, consistent with skeletal muscle weights (Fig. 3D), neither gastrocnemius nor soleus muscle fiber CSA differed between groups at 6 weeks post-induction (**Fig. 4A**, **Fig. S7A-B**). Moreover, except for a trend (p=0.06) towards statistically significant greater *Fxbxo32* mRNA in the gastrocnemius of *G12D* mice compared with WT mice, no differences in gene expression for protein degradation or inflammatory cytokines were observed in either muscle (**Fig. S7C-D**). In contrast, *G12D* mice showed marked cellular atrophy of adipocytes in both depots at 6 weeks post-induction (**Fig. 4B**). In *G12D* mice, gene expression markers of lipid balance, such as lipid droplet-associated protein perilipin, *Plin1,* adipocyte triglyceride lipase, *Pnpla2,* and *Lipe,* were elevated in iWAT (**Fig. 4C**), with a similar expression pattern in *Plin1* and *Pnpla2* (both p=0.09) in gWAT compared with WT mice (**Fig. 4D**). In both adipose depots, we found no differences in mRNA levels of inflammatory cytokines. In keeping with adipocyte wasting, we observed greater circulating glycerol levels in *G12D* mice compared with WT mice (**Fig. 4E**), a marker of increased adipose tissue lipolysis, the process driving fat wasting in human CC[33]. Patients with NSCLC similarly showed elevated circulating glycerol levels (**Fig. 4F**), suggesting that the adipose tissue metabolic properties in *G12D* mice translate to human lung cancer. Finally, to further discriminate the timing of adipose tissue wasting, we evaluated *G12D* and WT mice 3 weeks post-induction. At 3 weeks, we found no differences in muscle, fat pad, or organ weight (**Fig S8A**), and no differences in adipocyte CSA (**Fig S8B-C**). When we examined *G12D* adipocyte size over time relative to WT at 3, 6, and 12 weeks post-induction, we found that the progressive reduction in adipocyte size (**Fig 4E**) was inversely associated with increasing tumor burden (**Fig. 4F**). Coupled with the lack of muscle wasting at 3- and 6-weeks, our data suggest that early adipose tissue wasting is important for CC initiation and may provide substrates to support tumor growth.

In LLC and other models of CC, as well as *Kras*-driven pancreatic and lung cancers, fat wasting is thought to be explained by beiging of white adipose tissue [34, 35]. In *G12D* mice, there

were no differences in thermogenic gene expression or markers of beiging at 12 weeks post-induction, aside from an upregulation of *Cidea* in gWAT (Fig. 2E-F). In fact, *Ucp1* mRNA expression was lower in iWAT. At 6-weeks post-induction when weight loss begins, there was a modest elevation in mRNA levels of *Ucp1* in iWAT and a trend towards a reduction in eWAT in *G12D* mice (Fig. 4F-G) but no difference in other markers of beiging. To further examine *Ucp1* expression, we measured UCP-1 tissue protein content via immunohistochemical staining [35] (**Fig. S9**) and found no differences in UCP-1-positive area expressed as a percent of the total area assessed or standardized to adipocyte number in either WAT depot (**Fig. S10**). Finally, whereas UCP-1 expression in other *Kras*-driven lung CC models was dependent on increased circulating IL-6 [35], *G12D* mice did not show alterations in circulating IL-6 concentrations (Fig 1E, 3E) or adipose tissue *Il6* mRNA levels (Fig. 2E-F, 4F-G). Thus, there is no evidence for upregulation of transcriptomic, protein expression, or regulatory mediators (*i.e., Il-6*) of UCP-1-associated white adipose tissue beiging.

Tissue wasting phenotypes in lung epithelial cell specific Kras$^{G12D/+}$-Stk11 null mice.

As patients with lung cancer with mutated *KRAS* lose more weight than patients with wild-type *KRAS* [36], our model is directly relevant to human lung tumor oncotypes that predispose to CC. More recently, studies suggest that serine/threonine kinase 11 (*STK11*) mutations robustly cause CC in mice, and that *STK11* loss of function mutations are common among patients with NSCLC who report weight loss at diagnosis [37]. Additionally, mice with combined *Kras$^{G12D/+}$-Stk11$^{-/-}$* targeted to AT2 cells demonstrate more rapid weight loss[38] compared with our *G12D* mice (Fig. 1C). We therefore hypothesized that club cell specific *Kras$^{G12D/+}$-Stk11$^{-/-}$* should present a more aggressive form of CC than *Kras^{G12D}* alone. To examine this hypothesis, we generated mice with tamoxifen-inducible, club cell specific *Kras$^{G12D/+}$-Stk11$^{-/-}$* (**Fig. 5A**). Following tamoxifen induction, *KS* mice exhibited rapid body weight loss over a period of 3.5 weeks (**Fig. 5B**), which diverged from *G12D* and WT littermates 1.5

weeks post-induction and was independent of differences in cumulative food intake (**Fig. 5C**), in keeping with prior studies of combined *Kras*$^{G12D/+}$-*Stk11*$^{-/-}$ mutations targeted to AT2 cells [37]. More rapid weight loss in *KS* mice was coincident with greater tumor burden compared with *G12D* mice (**Fig. 5D**), and weight loss was related primarily to loss of adipose tissue, as no differences in skeletal muscle or organ weights were observed (**Fig 5E**) among groups. *KS* mice had greater circulating levels of IL-6 compared with WT and *G12D* mice and greater CXCL1 compared with WT mice, but no differences in other pro-inflammatory cytokines (**Fig. S11**). Finally, gastrocnemius muscle fiber CSA was not statistically different among *KS, G12D,* and WT animals (**Fig. 5F**), whereas adipocyte CSA in iWAT was smaller in *KS* compared with *G12D* mice and in gWAT was lower in *KS* and *G12D* compared with WT (**Fig. 5G**). Collectively, these data confirm reports that combined *Kras*$^{G12D/+}$-*Stk11*$^{-/-}$ promotes rapidly progressing CC compared with *G12D*, demonstrating the utility of our models to examine the role of lung tumor driver mutations that may predispose to CC. Moreover, these data underscore the primacy of adipose tissue wasting across lung epithelial cell-specific *G12D* models.

Tumor-derived factors promote CC and adipose tissue wasting.

CC is thought to be triggered by factors released from tumors, which travel through the circulation to systemic tissues to cause catabolism[39]. To examine whether tumor-derived factors initiate fat tissue wasting, we developed tumor and lung tissue organoids from WT and *G12D* mice, respectively (**Fig. 6A**) from samples collected at 6-weeks post-induction. Using RNAseq, we confirmed that the *Kras*^{G12D} mutation present *in vivo* was retained in the cultured *G12D* organoids (**Fig. 6B**). Moreover, *G12D* lung tumor organoids showed 1,076 differentially expressed genes (DEG; 541 upregulated and 535 downregulated) compared with WT lung tissue organoids (**Fig. 6C**), with upregulation of numerous pathways associated with cancer, including MAPK signaling (**Fig. 6D**). As studies suggest that tumor-derived cytokines contribute to CC [39-42], we examined differences between *G12D* tumor and WT lung tissue organoids in the

expression of pro-inflammatory genes and found 35 DEG, with 23 upregulated and 12 downregulated (**Fig. S12**). None of these DEGs have been implicated in CC, except *Gdf15* (growth differentiation factor-15) [43], the expression of which was elevated in *G12D* tumor organoids. Despite upregulation of *Gdf15* in *G12D* organoids, no elevation of GDF-15 was found in serum from *G12D* mice at 6 or 12 weeks post-induction (Fig. 3E and 1E). Thus, in agreement with tumor expression data from patients with lung CC [44], we found no evidence that cytokines from *G12D* tumor organoids may incite CC by increasing systemic inflammation.

To determine whether tumor-released factors may promote CC in *G12D* mice, we examined whether factors secreted from *G12D* lung tumor organoids alter adipocyte metabolism to promote atrophy by treating murine 3T3L1 adipocytes with conditioned media (CM) from WT tissue or *G12D* tumor organoids (**Fig. 6E**) and assessed lipolysis by measuring media glycerol levels. Treatment of adipocytes with *G12D* tumor organoid CM for 24 hours increased media glycerol levels compared with WT organoid CM (**Fig. 6F**) independent of glycerol levels in *G12D* CM (**Fig. S13A**). *G12D* CM also increased media pro-inflammatory cytokine levels compared with WT CM (**Fig. 6G-I**) independent of cytokine levels in CM (**Fig. S13B-D**). As macrophage infiltration into tissues may drive tissue wasting in CC [45, 46], possibly by increasing recruitment of immune cells to muscle [32], we examined the effects of co-culturing bone marrow-derived macrophages with adipocytes on the cytokine/chemokine response to CM (**Fig. S13E**). We found that BMDMs enhanced the ability of *G12D* CM to increase MCP-1 and CXCL1 release (**Fig. S13F-H**), but not IL-6, suggesting that macrophages may enhance the ability of adipocytes to recruit circulating immune cells in response to tumor-derived factors to drive local inflammation [32]. Thus, *G12D* tumor organoids release factors that increase adipose tissue lipolysis and inflammatory cytokine/chemokine release, phenotypes that parallel adipocyte wasting and inflammation in patients with CC[33, 46, 47].

Early adipose tissue wasting in G12D mice translates to human patients with lung cancer.

To examine whether early changes in adipose tissue in *G12D* mice translate to patients with lung cancer, we carried out a secondary analysis using body composition data collected during the first 3 years of the National Lung Screening Trial–a longitudinal study examining the efficacy of yearly, low-dose chest computed tomography (CT) scans for early lung cancer diagnosis[48]. We conducted a matched cohort study by selecting NLST participants diagnosed with lung cancer with ≥ 2 CT scans before diagnosis (n=436) and, for controls, pairing one NLST participant who remained lung cancer free after the same follow-up time as the cognate case (n=436), with an index date equal to the date of diagnosis of their matched case. Baseline group characteristics are in **Table S1**. We fit crude and multivariable-adjusted hierarchical linear models to estimate changes in adipose tissue and muscle depot size and density, with adjustment for race/ethnicity, BMI, and age. Because males and females exhibit sexual dimorphisms in lean body mass and adiposity, particularly in the anatomical region examined (thoracic region), all analyses were stratified by biological sex. Females diagnosed with advanced-stage cancer (stage 3-4) exhibited a reduction in visceral adipose tissue (VAT) cross-sectional area indexed to height (**Fig. 7A**) and an increase in VAT density (**Fig. 7B**; indicating reduced adipocyte size [49]) as they approached diagnosis compared with controls. In males, those diagnosed with advanced-stage cancer (stage 3-4) showed a decrease in SAT density (**Fig 7C**) and loss of skeletal muscle leading up to diagnosis compared with controls (**Fig. 7D**). Data for non-significant results are shown in **Fig. S14-15**. Our results demonstrate that there is adipose tissue loss prior to diagnosis in patients with lung cancer but also suggest a complex sex dimorphism in these adaptations. Nonetheless, these data translate the early adipose tissue adaptations observed in *G12D* mice to human lung cancer.

Discussion:

In the CC field, questions about the translational relevance of traditional pre-clinical models [13-21] have led many laboratories to develop new models [50-55]. These efforts have mostly focused on pancreatic CC[50-54], which is logical given the prevalence and severity of CC in patients with pancreatic cancer. Lung cancer, however, also has high rates of CC [24, 25] and is the leading cause of cancer-related deaths worldwide [22, 23]. Most of our knowledge of lung CC is derived from the LLC mouse model, which has features that do not reflect human lung CC. We report the development of a new model of lung CC using mice with a lung epithelial cell (club cell)-specific, tamoxifen-inducible *Kras*^{G12D} mutation. *G12D* mice exhibit more physiologically relevant tumors with respect to their anatomic location and burden, a slower time course of CC initiation and progression, and peripheral tissue and tumor morphological, mutational, transcriptomic, and metabolic characteristics that parallel CC in patients with lung cancer. Moreover, adipose tissue wasting drove CC initiation, could be incited by *G12D* lung tumor released factors, was inversely related to tumor burden, and was translated to human patients using data from a large, longitudinal cohort study, highlighting a novel role of adipose tissue wasting in CC.

Tumor location, burden, and mutations

Most studies of CC have employed heterotopic murine models, in which tumor cells are injected into the flank, producing a tumor akin to a metastatic lesion but in an atypical microenvironment (*i.e.*, subcutaneous). Recent studies have advanced this approach for lung CC by administering cancer cells into the vasculature or lungs to seed tumors in the lung[54, 55]. In *G12D* mice, the transgene is targeted to lung epithelial cells, and tumors originate in the terminal bronchioles, the anatomic location of most lung tumors in humans [56]. Moreover, at the initiation of weight loss (6 weeks post-induction), tumor burden in *G12D* mice is much smaller (<<1% of body weight) than the LLC model (~5% of body weight [27]), better reflecting tumor

burden in human patients. An additional advantage of *G12D* mice is that *KRAS* is the most frequently mutated oncogene ortholog in human NSCLC [57], and patients that have lung cancer with mutated *KRAS* experience greater weight loss [36]. Building on recent reports suggesting that *STK11* loss-of-function amplifies lung CC in humans [37], our data demonstrate that mice with combined $Kras^{G12D}/Stk11^{-/-}$ develop a more rapidly progressive CC than $Kras^{G12D}$ alone. Thus, our approach of using inducible, epithelial cell specific expression of transgenes provides a useful platform to study human lung tumor oncotypes that predispose to CC and *G12D* mice, in particular, offer a model that approximates tumor characteristics in human lung CC with respect to anatomic location, burden, and mutations that predispose to CC.

CC initiation and progression

Available lung CC models show rapid onset and progression of weight loss. In the LLC model, for example, weight loss progresses rapidly such that euthanasia is often required within 3-4 weeks of the injection of tumor cells, which may only be 1-3 weeks after initiation of weight loss [27]. While recent lung CC models have made advances in localizing tumors to the lungs [54, 55], they show similarly rapid onset and progression of weight loss. The rapidity of weight loss in these models does not reflect what occurs in patients and makes it difficult to define pathoetiological factors contributing to CC. In contrast, the initiation and progression of weight loss in *G12D* mice is relatively slower, with an ~4-6-week latency following $Kras^{G12D}$ induction until weight loss begins, followed by progressive weight loss until 12 weeks post-induction. The relatively slow rate of progression of weight loss in *G12D* mice (~1.9%/week) more closely approximates that in patients with lung cancer [58] and offers a comparatively longer time to intervene on CC with therapeutics (~6-8 weeks). Thus, the temporal context of the *G12D* model offers more time to investigate both the mechanisms underlying CC initiation and potential treatments.

Systemic inflammation

While systemic inflammation has been hypothesized to contribute to the initiation and progression of CC, more recent work in patients with pancreatic cancer has questioned this notion [17, 18]. Our results agree with data from patients, as we found no evidence of increased circulating levels at any. Moreover, our findings contrast with the profound systemic inflammation present in the LLC model and other preclinical models of CC [40, 59-62]. Studies suggest that systemic inflammation may be driven by tumor-secreted cytokines [39, 62-64]. In contrast, recent data from tumors of patients with lung cancer in the presence and absence of CC showed no differential expression of pro-inflammatory cytokine genes [44]. In agreement with these human data, in tumor organoids developed from *G12D* mice, we found no evidence for upregulation of mRNA for classical immune mediators of CC and generally no increased secretion of pro-inflammatory cytokines into organoid media compared with non-tumor lung organoids. We did find modestly increased mRNA levels for *Gdf15* in tumor organoids, but no elevation of circulating GDF-15 in *G12D* mice. Thus, tumor organoids from *G12D* mice mimic the transcriptome of human lung CC tumors with respect to the lack of upregulation of pro-inflammatory cytokines that drive CC in other pre-clinical models. The precise role of inflammatory cytokines in CC, however, remains unclear.

Early adipose tissue wasting

Exploiting the protracted time course of the *G12D* mouse model to examine the temporal context of body composition changes in CC, we report early wasting of adipose tissue in *G12D* mice. Reinforcing these data, we found early adipose tissue wasting in mice with combined $Kras^{G12D/+}$-$Stk11^{-/-}$, which exhibited more rapidly progressive weight loss. The importance of early adipose tissue wasting in human CC is evidenced in recent prospective data in patients with pancreatic cancer, which showed that the relative loss of adipose tissue was twice that of skeletal muscle prior to diagnosis and was a stronger predictor of body weight loss [65]. Patients

with lung cancer lose body weight prior to diagnosis [58] but, to our knowledge, there are no longitudinal data examining early body composition changes. To address this lack of data, using novel, AI-based approaches to assess body composition from low-dose, chest CT scans [66, 67], we conducted a secondary analysis of data collected during the first 3 years of the National Lung Screening Trial [68]. We found that both male and female patients with advanced-stage disease experience changes to adipose tissue size and composition prior to lung cancer diagnosis, with females experiencing a decrease in visceral adiposity size and an increase in density, the latter of which indicates reduced adipocyte size[49]. There was a notable sex dimorphism in body composition adaptations prior to diagnosis, however, with males showing a decrease in density of subcutaneous fat and a decrease in muscle size. Because of sex differences in the anatomic localization of fat in the thoracic compartment where CT scans were conducted, it is challenging to draw conclusions about biological sex-specific CC-associated body composition changes, as most studies evaluating body composition changes have examined adipose tissue depots in the abdominal region[69]. Further studies will be needed to evaluate other adipose tissue depots and/or whole-body adiposity. Nonetheless, reductions in VAT size and composition in females prior to lung cancer diagnosis suggests that early adipose tissue wasting in *G12D* mice translates to human patients.

Finally, factors released from *G12D* tumors may drive early adipose tissue wasting, as we found that cultured adipocytes treated with *G12D* lung tumor organoid CM release greater amounts of glycerol into the media, a proxy of lipolysis, compared with adipocytes treated with WT lung tissue organoid CM. Similar effects were evident *in vivo*, as circulating glycerol levels were increased in *G12D* mice at 6 weeks post-induction, when weight loss begins and adipose tissue loss is apparent. In fact, trends towards elevated circulating glycerol remained at 12 weeks post-induction, along with increased circulating markers of fat availability/metabolism, despite adipose tissue being profoundly depleted. Moreover, we found elevated glycerol levels

in patients with NSCLC compared with non-cancer controls, and studies in patients with gastrointestinal cancer showed increased lipolytic response in isolated adipocytes in patients with CC compared with those without CC [33]. Collectively, these data suggest that tumor-released factors may drive elevated adipose tissue lipolysis in *G12D* mice, which is the primary mechanism suspected to mediate adipose tissue wasting in human CC [33].

Early adipose tissue wasting in CC may have pathological consequences, as exogenous lipid uptake is required to support cancer cell proliferation under certain conditions[70] and elevated or reduced availability of lipid substrates in conditions of high-fat feeding or caloric restriction, respectively, increases or decreases proliferation[71]. Further suggesting a role for adipose tissue substrates in cancer progression, we found an inverse association between adipocyte wasting and tumor burden in *G12D* mice. The modulatory role of endogenous lipid substrates on tumor growth is an important topic given the current epidemic of obesity and requires further study. Our results underscore the utility of the *G12D* model to evaluate a potentially novel role for CC-induced adipose tissue wasting in cancer progression and the use of tumor organoids from *G12D* mice to evaluate tumor-adipocyte crosstalk.

Conclusions

Our data show that the *G12D* mouse lung cancer model phenocopies tissue, cellular, mutational, transcriptomic, and metabolic characteristics of human CC. Additionally, because of the protracted time course for initiation and progression of CC relative to other pre-clinical lung CC models [55, 72], *G12D* mice are well-suited to identify mechanisms initiating CC, as well as testing preventative and remediative therapies. Using this model, we identify adipose tissue wasting as an early event in *G12D* and *Kras*^{G12D}-*Stk11*$^{-/-}$ mouse models of lung CC that may be mediated by tumor-released factors. The translational relevance of this novel model is supported by our data from a large, prospective trial of patients at risk for lung cancer, where we observed that adipose tissue wasting occurs prior to lung cancer diagnosis. Together, these

findings underscore the utility of this model of lung CC to study the mechanisms of early CC development and to evaluate the potential role of early adipose tissue wasting in CC and cancer progression.

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Author Contributions

Conceptualization: MJT, DBS; Methodology: DBS, MEP, DM, DJS, YJH ; Validation: DBS ; Formal analysis: DBS, DM, JSD, TPA; Investigation: DBS, JLA, JV, SML, HS, ERB, SCJH, DS, JAR; Resources: MJT, MEP, JV, DM, DJS, YJH, AD, BAL, KLS; Data Curation: DBS, HS, ERB, SCJH, SML, DS ; Writing- original draft preparation: DBS, MJT; Writing- review and editing: all authors; Visualization: DBS, TPA; Supervision: MJT, MEP, DJS, DBS; Project administration: DBS and MJT; Funding acquisition: MJT, MEP, YJ-H and DBS.

Declaration of Interests: K.L.S.: Consulting fees from Re-veal Dx; leadership or fiduciary role in the National Lung Cancer Roundtable, National Comprehensive Cancer Network, Eastern Cooperative Oncology Group–American College of Radiology Imaging Network Cancer Research Group, and the American College of Radiology

Main Figure Titles and Legends

Figure 1. Characterization of lung epithelial cell specific, inducible Kras$^{G12D/+}$ (G12D) mice at 12 weeks post-induction.

Kras$^{G12D/+}$ (G12D) mice harbor a tamoxifen (TAM)-inducible lung epithelial cell specific *Kras^{G12D}* mutation under the control of the club cell secretory protein (CCSP) promoter (A). Four- to 5-month-old mice received intraperitoneal tamoxifen (TAM), which led to progressive, reproducible, and synchronous adenocarcinoma development in lung bronchioles by 12 weeks post-induction compared with wild-type (WT) mice and data showing average tumor burden (percent tumor area / total lung area) (B). Change in body weight relative to Day 0 (C), skeletal muscle, fat pad and organ weights (D) and serum pro-inflammatory cytokines (interleukin 6 (IL-6), soluble IL-6 receptor alpha (IL-6Rα), tumor necrosis factor alpha (TNFα), CXC motif ligand 1 (CXCL1/KC), growth differentiation factor 15 (GDF-15), monocyte chemoattractant protein 1/C-C motif ligand 2 (MCP-1/CCL2), CXCL10, and interleukin-1 beta (IL-1β)) in wild-type (WT; n=7; blue bars/lines) and G12D mice (n=6; gold bars/lines)(E). Data were analyzed using repeated measures analysis of variance (C) or Student's t-test (D, E), with asterisks indicating significance: * $p<0.05$, ** $p<0.01$, and *** $p< 0.001$. Note that n=5-7/group for serum cytokine measures due to limited serum collection from some mice. Image created with Biorender.com (A). See also: supplementary figures S1-4.

Figure 2. Effect of lung epithelial cell specific, inducible Kras$^{G12D/+}$ (G12D) on skeletal muscle and adipose tissue wasting and mRNA expression at 12-weeks post-induction.

Gastrocnemius (gastroc) and soleus muscle fiber cross-sectional area (CSA) 12 weeks post-induction in wild-type (WT; n=7; blue bars) and *Kras$^{G12D/+}$* (*G12D*) mice (n=6; gold bars) and representative images of gastrocnemius muscle sections used for quantification (scale bars=100 μm) (A). mRNA levels for markers of protein degradation and inflammatory cytokines in gastrocnemius muscle, expressed as $2^{-\Delta\Delta CT}$ relative to the WT group (B). Cross-sectional area

(CSA) of adipocytes from inguinal white adipose tissue (iWAT) and gonadal white adipose tissue (gWAT) depots in WT (n=7) and *G12D* (n=6) mice and images of representative tissue sections used for quantitation (scale bars= 100 µm) (C). Serum glycerol levels in WT and *G12D* mice standardized to body mass (D). Gene expression of iWAT (E) and gWAT (F) depots for markers of lipid balance, inflammation, and beiging. Data were analyzed by Student's t-test with asterisks indicating * $p<0.05$ and *** $p<0.001$. Significance values where $p>0.05$. See also: supplementary figures S5-6.

Figure 3. Characterization of lung epithelial cell specific, inducible Kras$^{G12D/+}$ (G12D) mice CC at 6-weeks post-induction.

Representative lung cross-section of a *Kras$^{G12D/+}$* (*G12D*) mouse (A) and average tumor burden (percent tumor area / total lung area) (B). Change in body weight relative to Day 0 in wild-type (WT; n=7; blue lines/bars) and *G12D* (n=8; gold lines/bars) mice (C). Hindlimb muscle, fat pad, and organ weights of 6-week WT and *G12D* mice at necropsy (D). Serum levels of pro-inflammatory cytokines in 6-week mice (E). Data were analyzed by repeated measures analysis of variance (C) and Student's t-tests (D, E), with significance denoted as ** $p<0.01$ and *** $p<0.001$.

Figure 4. Effect of lung club epithelial specific, inducible Kras$^{G12D/+}$ (G12D) on skeletal muscles and adipose tissues 6 weeks post-induction.

Mean muscle fiber cross-sectional area (CSA) in gastrocnemius and soleus muscles of wild-type (WT; n=7; blue bars) and *G12D* (n=8; gold bars) mice were assessed 6 weeks post tamoxifen injection, with representative images of WT and *G12D* muscle used for quantification of fiber CSA (scale bars=100 µm) (A). Cross-sectional area (CSA) of adipocytes from inguinal (iWAT) and perigonadal (gWAT) white adipose tissue depots in 6-week WT and *G12D* mice, with representative images of sections used for cell size quantitation (scale bars=100 µm) (B). Gene expression was assessed in iWAT (C) and gWAT (D) of *G12D* and WT mice for genes

related to lipolysis, inflammation, and adipocyte beiging. Glycerol levels standardized to body mass in WT and *G12D* mice (E), and in plasma of patients with late-stage, non-small cell lung cancer (NSCLC; n=7; purple bar) after 2 months of treatment compared with healthy controls (n=11; black bar) without current or prior history of cancer (F). White adipose tissue CSA in *G12D* mice expressed as a percentage of the size of WT CSA at each timepoint (G). Tumor area expressed as a percentage of the total lung area over the 12-week study period (H). Data (A-D) were analyzed Student's t-test with asterisks indicating * $p<0.05$ and ** $p<0.01$. See also: supplementary figures S7-10.

Figure 5. Comparison of lung epithelial cell specific, inducible Kras$^{G12D/+}$ (G12D) and Kras^{G12D}/Stk11$^{-/-}$ (KS) mice.

KS-tm mice harbor an additional tamoxifen (TAM)-inducible lung epithelial cell specific deletion of *Stk11/Lkb1* and a *Rosa26-tdTomato (tm)* reporter allele (A). Percent change in body weight (B), cumulative food intake (C) and tumor burden (D) of wild-type (WT-tm; n=4; blue lines/bars/circles), *G12D-tm* (n=5; gold lines/bars/squares) and *KS-tm* (n=5; red lines/bars/triangles) mice injected with tamoxifen or vehicle at 9-10 weeks of age and studied 24 days post-induction. Muscle, fat pad and organ weights at necropsy (E). Mean gastrocnemius (Gastroc) muscle fiber (F) and iWAT and gWAT adipocyte (G) CSA. Data were analyzed using a repeated measures ANOVA (B), Student's t-test (D), or a one-way ANOVA (C, E-G) with post hoc comparisons for ANOVAs for those with $p<0.05$ group or group X time interaction effects. ** $p<0.01$ and different letters indicate differences by post hoc comparisons. Image created with BioRender.com (A). See also: supplementary figure S11.

Figure 6. Organoids developed from lung tissue from wild-type (WT) and lung tumors from Kras$^{G12D/+}$ (G12D) mice and their characterization.

Lung organoid development with representative images of wild-type (WT; blue) and *G12D* organoids (gold; A; scale bars = 250 μm). *RNAseq* was used to validate the presence of the

Kras^{G12D} mutation, shown in gold, in *G12D* lung tumor organoids (B). Volcano plot depicting differentially expressed genes, with red representing upregulated (n=535) and blue representing downregulated (n=541) genes, respectively, in *G12D* organoids compared with WT organoids, with a *p*-value exclusion of 0.05 (C). Pathway analysis using PATHFINDR depicting upregulated signaling pathways in *G12D* lung tumor organoids in comparison with WT lung tissue organoids (D). CM was collected from wild-type lung tissue (WT) or *Kras*$^{G12D/+}$ (*G12D*) tumor organoid cultures, respectively, and applied (1:3 with adipocyte culture media) to fully differentiated 3T3L1 adipocytes (A). Glycerol levels of supernatant of 3T3L1 adipocytes treated with WT (blue circles) or *G12D* (gold squares) organoid CM for 24 h (F). Supernatant levels of IL-6 (G), MCP-1 (H), and CXCL1 (I) from 3T3L1 adipocytes treated for 24 hours with WT or *G12D* organoid CM. 3T3L1 experiments are representative of 2-3 independent replicates. Student's t-tests were used to determine significant differences among groups, with *** $p<.001$. Images created with BioRender.com (A, E). See also: supplementary figures S12-13.

Figure 7. Changes in body composition prior to lung cancer diagnoses among a matched cohort sample of patients in the National Lung Screening Trial. We conducted a secondary analysis of body composition from computed tomography scans collected during the first three years of the National Lung Screening Trial. Multivariable hierarchical linear models were fit to estimate changes in body composition over time indexed to the patients' diagnosis date and compared with non-cases. Modeled data were visualized by plotting marginal predicted values across the range of time values by exposure group and stratified by sex. Standard errors were estimated by the delta method, and we present 95% confidence intervals as shaded regions of the corresponding color around each line. Data are shown for non-cases (black lines) and patients diagnosed with stage 1-2 (blue) or stage 3-4 lung cancer (A) when stratified by diagnosis and stage or by non-cases (black lines) and lung cancer cases (green lines) when stratified by diagnosis only. Female visceral adipose tissue (VAT) area indexed to height (A) and density in Hounsfield units (HU), measured by tissue attenuation and transformed via square root to meet normality (B). Male subcutaneous adipose tissue (SAT) density, measured by tissue attenuation (C). Skeletal muscle area indexed to height in non-cases and lung cancer cases and transformed via square root to meet normality (D). *P*-values and comparison groups are listed in each respective figure. See also: supplementary figures S14-15.

Methods

Key resources table

REAGENT or RESOURCE	SOURCE	IDENTIFIER
Antibodies		
UCP-1	Abcam	Abcam ab23841; RRID: AB_2213764
Goat-anti-mouse IgG	Abcam	Abcam ab205718, RRID: AB_2819160
Biological samples		
Plasma samples	Patients with non-small cell lung cancer undergoing standard-of-care treatment	Snoke et al. 2023[73]
Chemicals, peptides, and recombinant proteins		
Tri Reagent	Sigma-Aldrich	93289
Dexamethasone, 10mM	G Biosciences	API-04
Insulin, Bovine	Sigma-Aldrich	I0516
3-Isobutyl-1methylxanthine (IBMX)	Sigma-Aldrich	I5879
Glycogen, RNA grade	Thermo Fisher Scientific	R0551
Cell Recovery Solution	Corning	354253
Collagenase Type II	Stem Cell Tech	07419
Y-27632 dihydrochloride (Rho-associated protein kinase inhibitor)	AbMole	M1817
Matrigel, GFR, phenol-free	Corning	356231
Critical commercial assays		
Zymo-seq RiboFree Total RNA Library Kit	Zymo Research Corporation	Zymo R3000
Glycerol Assay Kit	Sigma-Aldrich	MAK117
RNeasy Lipid Tissue Mini Kit	Qiagen	74804
DuoSet ELISA kits	R+D Systems	See methods
Direct-zol™ RNA MiniPrep kit	Zymo Research Corporation	R2050
qScript DNA SuperMix	QuantaBio	95048
SYBRGreen SuperMix	BioRAD	1725122
RNA Clean & Concentrator Kit	Zymo	R1013
Deposited data		
Raw and analyzed lung tumor organoid RNA sequencing data	This paper	Available in repository after publication; contact corresponding author prior to publication
Experimental models: Cell lines		
3T3L1-MBX mouse embryonic fibroblast	ATCC	RRID:CVCL_0A20
Experimental models: Organisms/strains		
Kras$^{LSL\text{-}G12D/+}$	The Jackson Laboratory	RRID:IMSR_JAX:008179
Scgb1a1-CreER^{TM}	The Jackson Laboratory	RRID:IMSR_JAX:016225
Lkb1^{fl} (Stk11$^{fl/fl}$)	The Jackson Laboratory	RRID:IMSR_JAX:014143
Ai14 (Rosa26 tdTomato)	The Jackson Laboratory	RRID:IMSR_JAX:007908
C57BL/6J	The Jackson Laboratory	RRID:IMSR_JAX:000664

Oligonucleotides		
Primers for RT-PCR, see supplementary table S1.	Custom primers from IDT	N/A
Software and algorithms		
Halo	Indica Labs	v3.3.2541.133
SPSS	IBM	RRID: SCR_002865 v28
Image J	National Institutes of Health	RRID:SCR_003070
DESeq2		v1.38.3
ggplot2		v3.4.4
R Studio	Posit	2023.09.1
Visual Studio Code	Microsoft	V 1.93.1
S-EFOV	https://github.com/MASILab/S-EFOV	V 1.0.3
Other		
QuPath		RRID:SCR_018257, v0.3.2
MetaboAnalyst		RRID:SCR_015539, v. 5.0
Graphpad Prism	Dotmatics	RRID:SCR_000306, v.10.1.2
STATA	StataCorp	RRID: SCR_012763 V 18.5
Python		RRID: SCR_008394 V 3.7.12

Materials availability

Data and code availability

- RNAseq raw read counts will be uploaded to the Gene Expression Omnibus on NCBI once publication is peer-reviewed.
- Original code used to generate figurative data is available from the lead contact upon request.
- Any additional information required to reanalyze the data reported in this work paper is available from the lead contact upon request.

Experimental model and study participant details

Animals

All animal experiments were approved by the University of Vermont Institutional Animal Care and Use Committee, in compliance with the National Institutes of Health Guidelines for Use and

Care of Laboratory Animals. Mice were housed with sex-matched litter mates and given *ad libitum* access to standard chow and water, except for a subset of mice that were housed singly to monitor food intake as specified. Animals were allocated by genotype.

Club cell specific, inducible Kras$^{G12D/+}$ (G12D) mice.

G12D mice (*Scgb1a1-CreER^{TM}-Kras$^{LSL-G12D/+}$*) were generated by crossing *Scgb1a1-CreER^{TM}* mice with *Kras$^{LSL-G12D/+}$* mice and were maintained on a mixed background. At 4-5 months of age, *G12D* or wild-type *Scgb1a1-CreER^{TM}* (WT) littermates were administered five consecutive daily intraperitoneal (IP) injections of 20 mg/ml tamoxifen (Sigma-Aldrich, St. Louis, MO, USA) dissolved in corn oil at a dose of 1 mg tamoxifen/10 g body weight. Body weight was monitored 2-3 times weekly and food intake was measured in a sub-group of individually housed mice for 6 weeks. At 6- or 12-weeks post-tamoxifen injections, mice were euthanized by cervical dislocation under pentobarbital anesthesia. Blood was collected by cardiac puncture in serum separator tubes and centrifuged to isolate serum, aliquoted, and stored at -80°C. Skeletal muscles, adipose tissues, heart, liver, and spleen were weighed, flash-frozen in liquid nitrogen, and stored at -80°C. Lungs were collected for histology or organoid development. One gastrocnemius and soleus muscle were mounted in 7% gum tragacanth, flash-frozen in liquid nitrogen-cooled isopentane, and stored at -80°C. One inguinal (iWAT) and one perigonadal (gWAT) fat pad were fixed in 10% formalin and paraffin-embedded.

Kras$^{G12D/+}$ -Stk11$^{-/-}$ Mice.

G12D mice were crossed with *Lkb1$^{fl/fl}$* (*Stk11$^{fl/fl}$*)[74] and Ai14 (*Rosa26-tdTomato*; TD) reporter mice[75] to generate *Kras$^{G12D/+}$*-TD (*G12D)*, *Kras$^{G12D/+}$-Stk11$^{-/-}$*-TD (*KS)* and wild-type *Scgb1a1-CreER^{TM}-TD* (WT; *Kras$^{+/+}$*) littermate control mice. At 8-10 weeks of age, *G12D, KS*, and WT mice were injected (IP) for five consecutive days with tamoxifen (Sigma-Aldrich, St. Louis, MO, USA) dissolved in corn oil as detailed for *G12D* mice. Body weight and food intake

were monitored thrice weekly for 3.5 weeks, after which mice were euthanized, and blood and tissues were collected similar to *G12D* mice.

Lung Tumor Organoids

Tumor or lung tissue from *G12D* or *WT* mice, respectively, were excised 6 weeks post-tamoxifen injection, and organoid cultures were developed, as described [76]. Briefly, lung tumors or tissue were excised and minced in high glucose GlutaMAX DMEM containing 0.1% BSA and 1% penicillin-streptomycin (D-BSA). Minced tissue was incubated with 500 µL collagenase type II (20 mg/mL) and 10 µL of Rho-associated protein kinase inhibitor (10 µM) on an orbital shaker at 140 rpm for 1-2 hours at 37°C. Fetal bovine serum (FBS) was added to halt collagenase digestion and tissues were further homogenized by vigorous pipetting. The tissue suspension was strained through a 100 µM filter, centrifuged at 8°C, the supernatant aspirated leaving ~0.5 mL, and the pellets resuspended. Tissue pellets were washed twice in D-BSA and centrifuged at 8° C, and tissue pellets were resuspended in Matrigel (200 µL for a 50 µL pellet). The tissue suspension (50 µL) was seeded into each well of a 6-well plate in ~10 µL drops. Maintenance of the oncogenic phenotype was confirmed by assessment of the single nucleotide variant (c.35G>A) in the *Kras* allele via *RNAseq.* For subsequent *in vitro* studies, conditioned medium (CM) from *G12D* or WT organoids were collected over a 3-day period after organoid passaging. CM was frozen at -80°C in aliquots for *in vitro* studies. For cell treatment, CM was thawed on ice directly prior to 25% dilution (1:3) in cell culture maintenance medium.

Cells

3T3-L1-MBX mouse embryonic fibroblasts were cultured and differentiated, as described [77]. All cells were used prior to passage 10 and all experiments were independently replicated 2-3 times.

Human volunteers

Patients recently diagnosed with non-small cell lung adenocarcinoma (NSCLC; n=11; 6 male, 5 female) and age- and sex-matched healthy controls (HC; n=11; 6 male, 5 female) were recruited, as described [73]. After an overnight fast, patients with NSCLC receiving evidence-based anti-cancer therapy (82 ± 4 days) and matched controls underwent a fasting blood draw, and plasma was isolated for measurement of glycerol levels. The study was approved by the University of Vermont Committee on Research in the Medical Sciences and written informed consent was obtained from each volunteer before participation. Other data collected from these study participants are published in our recent clinical work[73].

To understand early, pre-diagnosis changes in muscle and fat in patients with lung cancer, we conducted a secondary analysis using body composition data collected during the first 3 years of the National Lung Screening Trial (ClinicalTrials.gov identifier NCT00047385) –a large, longitudinal study examining the utility of yearly low-dose, helical computed tomography scans vs. standard chest x-ray for earl lung cancer diagnosis. Participants in the original study were 55-74 years of age with a cigarette smoking history of at least 30 pack-years who either smoked currently or had quit smoking within the past 15 years. The computed tomography (CT) arm of the study included 26,722 participants who were invited for, and 25,139 participants who completed CT screening examinations at 1-year intervals over the first 3 years, with baseline screening examinations performed after randomization[68] . Additional details of inclusion and exclusion criteria have been previously described[68]. The exposed group for our analyses included 436 lung cancer patients with ≥2 CT scans before diagnosis. For each exposed participant, we calculated the days elapsed between their most recent scan and the date of lung cancer diagnosis. To each exposed participant, we matched one participant who was alive and without a lung cancer diagnosis (*i.e.*, unexposed) on the corresponding number of days since

their last scan. Body composition was assessed using AI analysis of lung screening computed tomography scans, as described previously[66, 67].

Definitions of Analytic Variables from National Lung Screening Trial Data

Our main exposure definition was lung cancer cases vs. non-cases. We further explored parsing lung cancer cases by stage at diagnosis, yielding an exposure definition of stage 3-4, stage 1-2, and non-cases. Following visual evaluation of body composition variable distributions, we applied either log or square root transformations to skeletal muscle index, SAT index, VAT index, and VAT area to improve normality before use in regression models. Patient age was categorized for descriptive purposes but modeled in continuous form. The time scale for longitudinal measurements was calculated as the difference in date of lung cancer diagnosis (or corresponding date for matched non-cases) and date of each CT screening. Race and ethnicity were left in fine categories for descriptive analysis, but sparsity in most categories required simplification to “White, non-Hispanic or Latino” and “Other” for regression modeling. We calculated body mass index (BMI) from baseline weight and height and placed into standard categories for descriptive analysis; regression models used continuous BMI.

Method details

Tumor burden

H&E sections from formalin-fixed, paraffin-embedded lung tissues were imaged and analyzed by a board-certified anatomic pathologist (DJS) blinded to the identity of the specimens. Qupath was used to manually annotate tumor vs normal lung tissue and assess % tumor burden in μm^2 and expressed relative to total lung area (%). The presence of adenocarcinomas was confirmed by a second board-certified anatomic pathologist who was not a member of the research team.

Enzyme-linked immunoassay (ELISA)

For organoid CM and cell supernatant, levels of IL-6 (DY-406), MCP-1 (DY-479), CXCL1/KC (DY-453) were quantified using DuoSet ELISA kits, according to the manufacturer's protocol. DuoSet ELISA Kits were also used to measure TNFα (DY-410) and IL-6 Rα (DY1830) in serum, according to the manufacturer's protocol. Absorbance was read at 570 nm and background was removed using 450 nm absorbance on a Synergy HTX plate reader and Gen5 software (BioTek Inc, Winooski, VT, USA). Mouse serum cytokines were analyzed by a custom Luminex-based multiplex assay (R&D Systems) for mouse CXCL1, GDF-15, TNFα, IL-6, CXCL10, and IL-1β, according to manufacturer instructions. In some instances, cytokines produced in response to *G12D* organoid CM treatment were expressed as the fold change compared to WT organoid CM treatment to account for variability in cytokine production across experimental replicates.

Muscle fiber cross-sectional area (CSA)

Transverse cryosections (10 µm) of gastrocnemius and soleus muscles were stained with hematoxylin and eosin, whole slides were scanned (Leica-Aperio VERSA 8, Leica Biosystems, Deerfield, IL), and 2-3 representative 500 µm x 500 µm images from each of two representative levels along the length of the muscle were chosen to quantify the mean muscle fiber CSA for each mouse using ImageJ.

Adipocyte CSA

Sections (4 µm) of iWAT and gWAT were cut and stained with hematoxylin and eosin to assess adipocyte size. Whole slides were scanned and 2-3 representative 500 µm x 500 µm images from each of two levels of the tissue were used to quantify the mean adipocyte CSA for each mouse using ImageJ.

RNA isolation and qPCR

Soleus and gastrocnemius muscles, iWAT and gWAT depots, and lung tumor (*G12D*) or lung tissue organoids (WT;1 well of a 6-well plate) were used for RNA isolation. For muscle and adipose tissues, RNA extraction was conducted after tissues were mechanically homogenized (Polytron PT2100, Kinematica, Bohemia, NY, USA) in 1 mL of TRI reagent. Thereafter, 200 µL of chloroform was added, the sample was vortexed, and centrifuged at 4°C. For adipose tissues, RNA extraction was completed using the RNeasy Lipid Tissue Mini Kit (Qiagen, Venlo, Netherlands), according to the manufacturer's protocols, with the addition of the elective DNAse digestion steps. For muscle tissues, supernatants were transferred to a new tube and equal amounts of isopropanol and high salt solution (1.2 M sodium chloride, 0.8 M sodium citrate) were added to each sample. For soleus muscle, 0.5 µL of glycogen (ThermoFisher Scientific, Waltham, MA, USA) was added to the RNA precipitation step to increase RNA yield. Samples were incubated and then centrifuged at 4°C. Pellets were washed in 95% ethanol and RNA was reconstituted in nuclease-free water for cDNA synthesis.

For cell samples, media was aspirated, and cells were washed twice with Hanks' Buffered Saline Solution (HBSS). TRI reagent was added to each well of a 12-well plate and incubated for 2 minutes at room temperature. Lysates were transferred to a 2-mL tube and chloroform (1:4 chloroform:TRI reagent) was added. Samples were shaken vigorously and centrifuged at 4°C. Supernatants were removed, and pellets were resuspended in 500 µL of 75% ethanol, vortexed briefly to wash, and centrifuged at 12,000 rcf for 5 minutes at 4°C. Samples were reconstituted in nuclease-free water for cDNA analysis.

For tissue and cell samples, RNA quality and quantity were assessed (NanoDrop; ThermoFisher Scientific, Waltham, MA, USA) and RNA was reverse transcribed using qScript cDNA Supermix. qPCR was performed according to a standard protocol using iTaq Universal SYBR Green Supermix and validated primer sequences (**Supplementary Table S1**). Target

gene expression was normalized to the average of two housekeeping genes (adipose: *Ppia, B2m*; muscle: *Gapdh, Ppia*). Results are expressed as $2^{-\Delta\Delta Ct}$ relative to the average of the housekeeping genes for each respective tissue and all data expressed relative to WT [78].

For organoid RNA isolation for RNAseq, media was collected from cultured organoids and the adherent organoids were rinsed with phosphate-buffered saline (PBS). Over ice, Cell Recovery Solution (Corning, Corning, NY, USA) was added to the cells, cultures were agitated by repeated pipetting and incubated at 4°C. Samples were transferred to microcentrifuge tubes and centrifuged at 4°C. Supernatant was removed and organoid pellet was washed in PBS and centrifugation step was repeated. RNA isolation was conducted using the Direct-zol™ RNA MiniPrep kit (Zymo Research Corp., Irvine, CA, USA), according to manufacturer's instructions, with Trizol (Zymo Research Corp, Irvine, CA, USA) and column-based spin steps to remove the hydrogel matrix. Following RNA isolation, RNA Clean & Concentrator™ kit (Zymo Research Corp., Irvine, CA, USA) was used, according to the manufacturer's instructions to concentrate RNA for library preparation. RNA quality and quantity was confirmed by Qubit (ThermoFisher Scientific, Waltham, MA, USA).

RNAseq

RNA libraries from isolated organoids were prepared from 500 ng of total RNA using the Zymo-Seq RiboFree Total RNA Library Kit according to the manufacturer's instructions. RNA-Seq libraries were sequenced on an Illumina NovaSeq to a sequencing depth of at least 30 million read pairs (150 bp paired-end sequencing) per sample. Data were analyzed using the Zymo Research RNA-Seq pipeline, which was adapted from nf-core/rnaseq pipeline v1.4.2 [79] and built using Nextflow [80]. Briefly, quality control of raw reads was conducted using FastQC v0.11.9. Adapter and low-quality sequences were trimmed from raw reads using Trim Galore! V0.6.6. Trimmed reads were aligned to the C57BL6/J mouse reference genome using STAR v2.6.1d . BAM file filtering and indexing was carried out using SAMtools v1.9 [81]. RNAseq library

quality control was implemented using RseQC v4.0.0 [82] and QualiMap v2.2.2-dev [83]. Duplicate reads were marked using Picard tools v2.23.9 [84]. Library complexity was estimated using Preseq v2.0.3 [85]. Duplication rate quality control was performed using dupRadar v1.18.0 [86]. Reads overlapping with exons were assigned to genes using featureCounts v2.0.1[87]. Classification of rRNA genes/exons and their reads were based on annotations and RepeatMasker rRNA tracks from UCSC genome browser when applicable. Differential gene expression analysis was completed using DESeq2 v1.28.0 [88]. Functional enrichment analysis were performed using g:Profiler python API v1.0.0 [89], the Broad's GSEA software [90] and the R package PathfindR [91]. Quality control and analysis results plots were visualized using MultiQC v1.9.

To confirm that organoid cultures maintained the $Kras^{G12D}$ mutation, BAM files generated from organoid RNAseq analyses were indexed with SAMtools v1.9 [81]. The presence and frequency of Kras allelic variants were then visualized and quantified using the Integrated Genome Viewer (IGV) [92]. Differentially expressed genes (DEGs) corresponding to WT and G12D lung organoid RNA-seq libraries were identified from raw read counts using DESeq2 and plotted with ggplot2. Finally, DEGs identified with DESeq2 were filtered for p-values adjusted for false discovery rate of <0.05 and absolute value of fold change >2 were subsequently cross-referenced against DEGs identified in the TRACERx *study* [44] to identify overlaps.

Glycerol levels

Glycerol levels of mouse serum, human plasma, 3T3L1 adipocyte supernatants and lung tissue/tumor organoid culture conditioned media were measured using the Glycerol Assay Kit according to the manufacturer's instructions and were expressed relative to body weight to control for CC-related wasting.

Serum metabolomics

Serum samples were thawed on ice and metabolites were extracted using ice-cold 5:3:2 methanol:acetonitrile:water [93]. Mixtures were vortexed for 30 min at 4°C and centrifuged at 4°C. Samples were randomized then 10 µL of extracts were injected into a Thermo Vanquish UHPLC system (San Jose, CA, USA) and resolved on a Kinetex C18 column (150 × 2.1 mm, 1.7 µm, Phenomenex, Torrance, CA, USA) at 450 µL/min through a 5 min gradient from 0 to 100% B (mobile phases: A = 95% water, 5% acetonitrile, 1 mM ammonium acetate; B = 95% acetonitrile, 5% water, 1 mM ammonium acetate) in negative ion mode [94]. Solvent gradient: 0-0.5 min 0% B, 0.5-1.1 min 0-100% B, 1.1-2.75 min hold at 100% B, 2.75-3 min 100-0% B, 3-5 min hold at 0% B. Injections were then repeated for positive ion mode at 450 µL/min through a 5 min gradient from 5 to 95% B (mobile phases: A = water, 0.1% formic acid; B = acetonitrile, 0.1% formic acid) in positive ion mode. Solvent gradient: 0-0.5 min 5% B, 0.5-1.1 min 5-95% B, 1.1-2.75 min hold at 95% B, 2.75-3 min 95-5% B, 3-5 min hold at 5% B . Eluant was introduced to the mass spectrometer (Thermo Q Exactive) using electrospray ionization. For both negative and positive polarities, signals were recorded at a resolution of 70,000 over a scan range of 65-900 m/z. The maximum injection time was 200 ms, microscans 2, automatic gain control (AGC) 3 x 10^6 ions, source voltage 4.0 kV, capillary temperature 320°C, and sheath gas 45, auxiliary gas 15, and sweep gas 0 (all nitrogen). Resulting .raw files were converted to .mzXML format using RawConverter. Metabolites were assigned and peak areas integrated using Maven (Princeton University) in conjunction with the KEGG database and an in-house standard library of >600 compounds [93, 95]. Top metabolites were determined by t-test p-value, and data were normalized to median and auto-scaled in MetaboAnalyst.

UCP-1 detection in paraffin-embedded white adipose tissue

Paraffin-embedded sections were heated (70°C), deparaffinized in xylenes, washed in 100% ethanol, 95% ethanol, and PBS, and endogenous peroxidases quenched with 10% hydrogen

peroxide in methanol. After washing in PBS, epitope retrieval was conducted at 95°C in citrate EDTA buffer (10 mM citric acid, 2 mM EDTA, 0.05% Tween 20, pH 6.2). Slides were rinsed in distilled water and PBS for 5 minutes and then blocked in 10% normal goat serum (Vector Laboratories S-1000-20) in PBS. Slides were incubated in primary antibody (1:1000 dilution in PBS) for 1 h at room temperature, rinsed in PBS, and secondary antibody (1:2000 dilution in PBS) was added. After washing in PBS, 3,3'-Diaminobenzidine (DAB) chromogen was added, slides were incubated in the dark and then rinsed in tap water. Slides were counter-stained in hematoxylin for 20 seconds and rinsed again in tap water until clear. Slides were dehydrated in serial ethanol solutions, mounted, and cover slipped. Slides were scanned at 40x magnification on a Leica-Aperio VERSA whole slide imager (Leica Biosystems, Wetzlar, Germany).

Images were analyzed using Halo software. The hue of the brown chromogen stain indicating positive UCP1 was segmented with the Halo module "Area Quantification version 2.2.1". Stain selection was set to 2, stain 1 (hematoxylin) with stain color 0.239, 0.230, 0.144; stain 2 (UCP1) with stain color 0.139, 0.251, 0.216. Settings for stain detection were as follows: Hematoxylin markup color (255, 0, 0), hematoxylin Min OD (0.15, 0.15, 0.15), UCP1 markup color (0, 255, 0), UCP1 Min OD (0.15, 0.15, 0.15). Advanced settings were utilized to account for the negative space in the images (Min Tissue OD 0.037). Nuclei were counted using Halo module "Nuclei Detection – ISH IHC v 3.1.4." General stain settings were utilized to detect the nuclear stain (hematoxylin – 0.438, 0.342, 0.171) and exclusion stain settings (0.110, 0.219, 0.189) were used to guard against non-specifically counting tissue lifting defects as nuclei. Typical settings on our samples were: Nuclear Contrast Threshold (0.497), Minimum Nuclear Optical Density (0.07), and Nuclear Size (1,1000). Default settings were used for Membrane and Cytoplasm Detection, and ISH cell scoring. Exclusion Marker threshold was set to 2. The Minimum Tissue OD setting was set to 0.003 to account for negative space in the images.

Statistics

Data were assessed for normality prior to statistical analyses. Graphical data are represented as the mean ± the standard error of the mean (SEM). ELISA data, if non-normally distributed, were $\log_{10}$ transformed prior to statistical analyses and the assumption of normality confirmed. Differences between WT and *G12D* groups for singular time point measurements were determined with a Student's T-test, whereas differences over time were determined by repeated measures analysis of variance (ANOVA) with individual comparisons at each timepoint if group X time interaction effects were noted. For comparison of WT, *G12D,* and *KS* groups, a one-way ANOVA with multiple comparisons was used to determine differences between groups. Differences between these three groups over time were distinguished using a repeated measures one-way ANOVA with group X time interaction effects. *SPSS* was used for these analyses. Data and statistical analyses were visualized using Graphpad Prism.

For human NLST data analyses, we tabulated baseline summary statistics according to key demographics and study measurements for the exposed (lung cancer patients) and unexposed (lung cancer-free) arms of the NLST cohort. We visualized crude time trends in body composition measurements using both box plots and distributional dot plots overlaid with local regression trends. We then fit crude and multivariable hierarchical linear models to compare changes in the sum of skeletal muscle (SM), subcutaneous fat (SAT) and visceral fat (VAT) area between lung cancer cases and matched non-cases across the fifth, eight, and tenth thoracic vertebral levels, indexed to patient height and tissue attenuation and stratified by sex. All outcomes were regressed on the 3-way interaction between exposure (lung cancer/stage vs. non-case), measurement time (continuous), and participant sex; multivariable models further adjusted for race and ethnicity (dichotomized as non-Latino White vs. all other races and ethnicities due to sparse data), body mass index (standard categories modeled as a factor variable), and age (modeled as a continuous variable). All models included study center and

patient ID as random effects to account for clustering by study site and correlation of within-patient measurements, respectively. We used changes in Akaike's information criterion (AIC) to guide model specification. We specified contrasts to estimate p-values for overall differences in body composition slopes by exposure group within sex strata. Modeled data were visualized by plotting marginal predicted values across the range of time values by exposure group and stratified by sex, with standard errors estimated by the delta method. All analyses were performed with Stata v.18.5 (Stata Corporation, College Station, TX).

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Title: Early adipose tissue wasting in a novel preclinical model of human lung cancer cachexia

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Fig. 1. Characterization of lung club cell-specific, inducible Kras$^{G12D/+}$ (G12D) mice at 12 weeks post-induction.

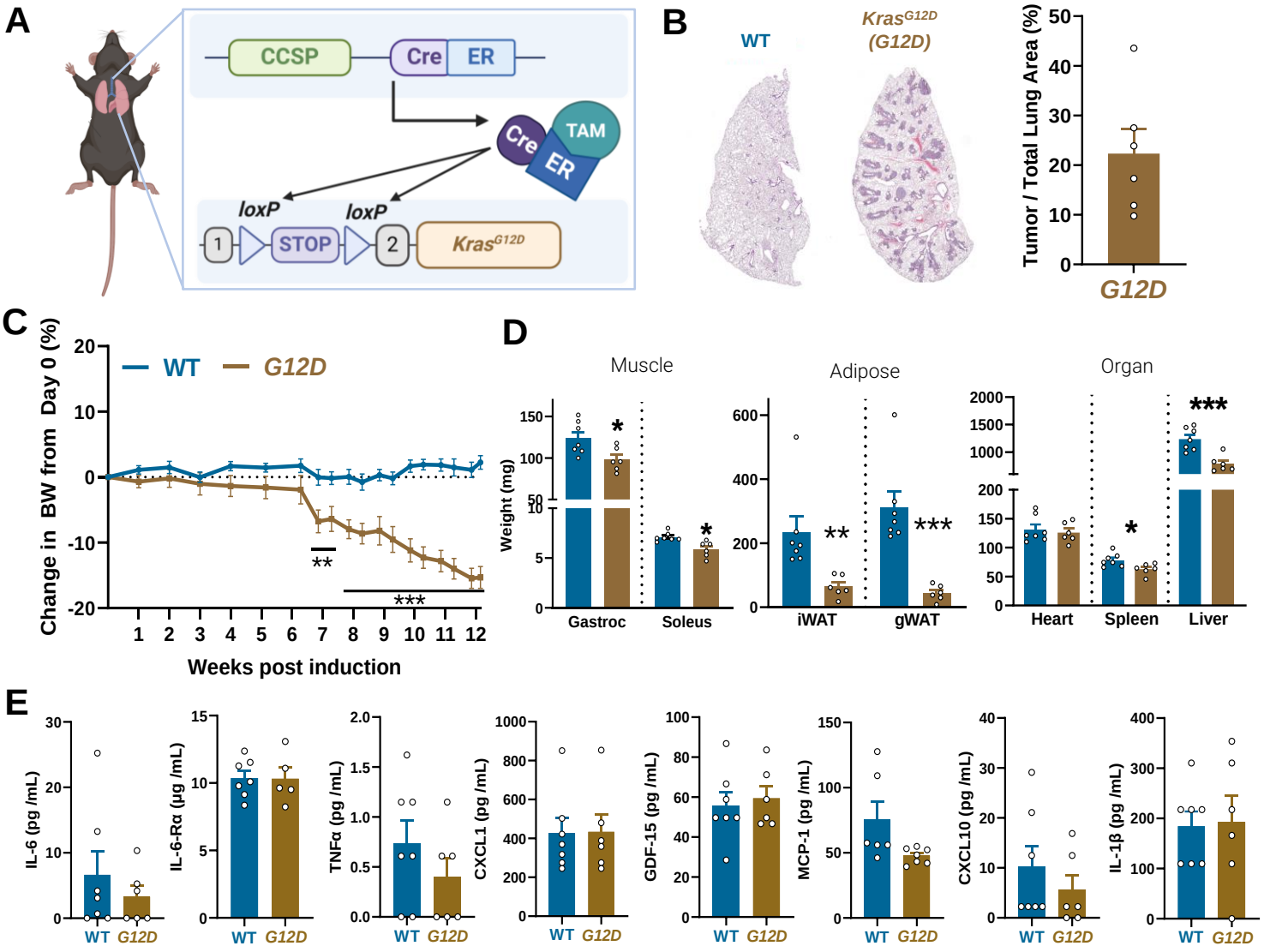

Figure 2. Effect of lung club cell-specific, inducible Kras$^{G12D/+}$ (G12D) on skeletal muscle and adipose tissue wasting and mRNA expression at 12-weeks post-induction.

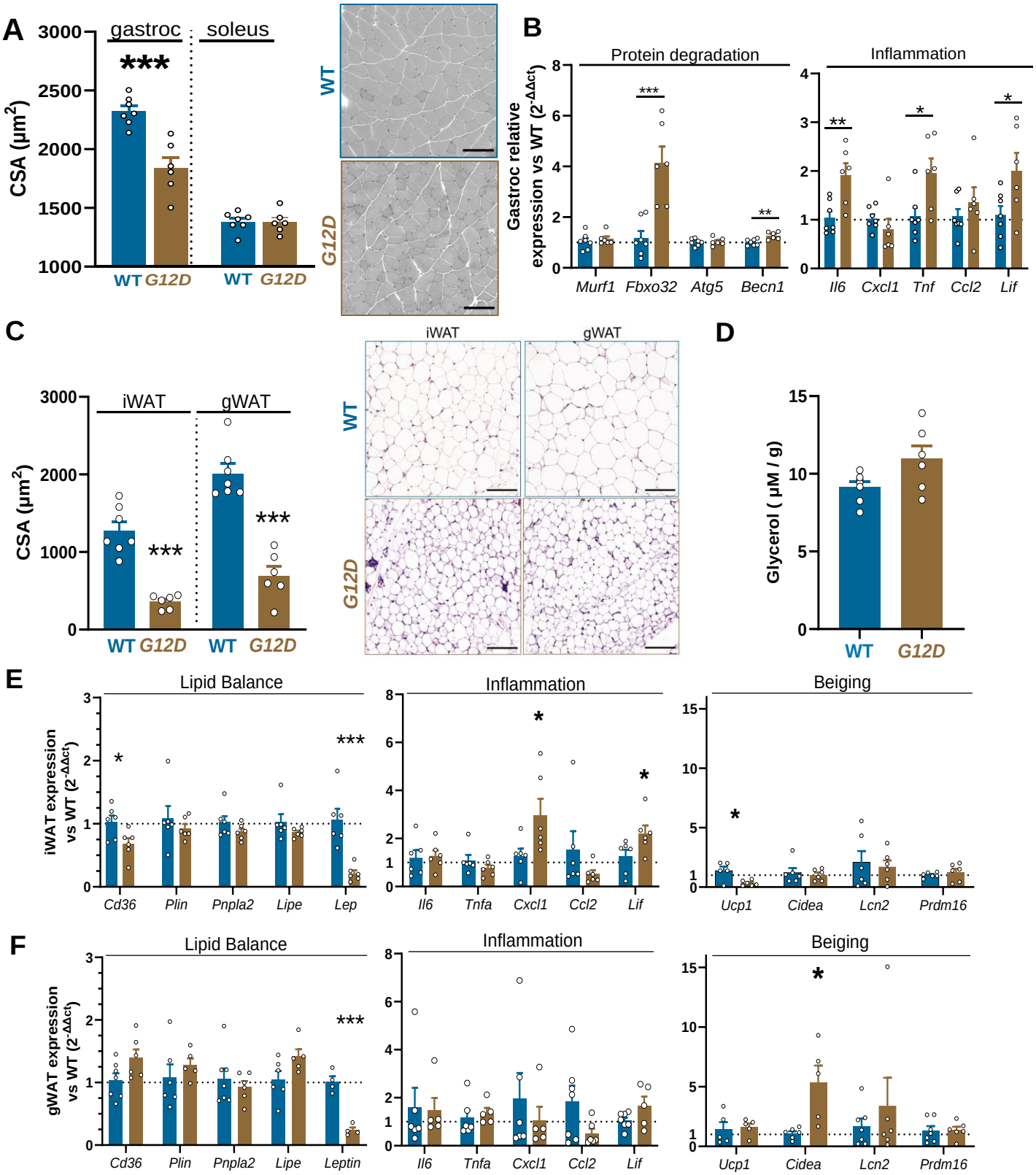

Figure 3. Characterization of lung club cell-specific, inducible Kras$^{G12D/+}$ (G12D) murine model of CC at 6-weeks post-induction

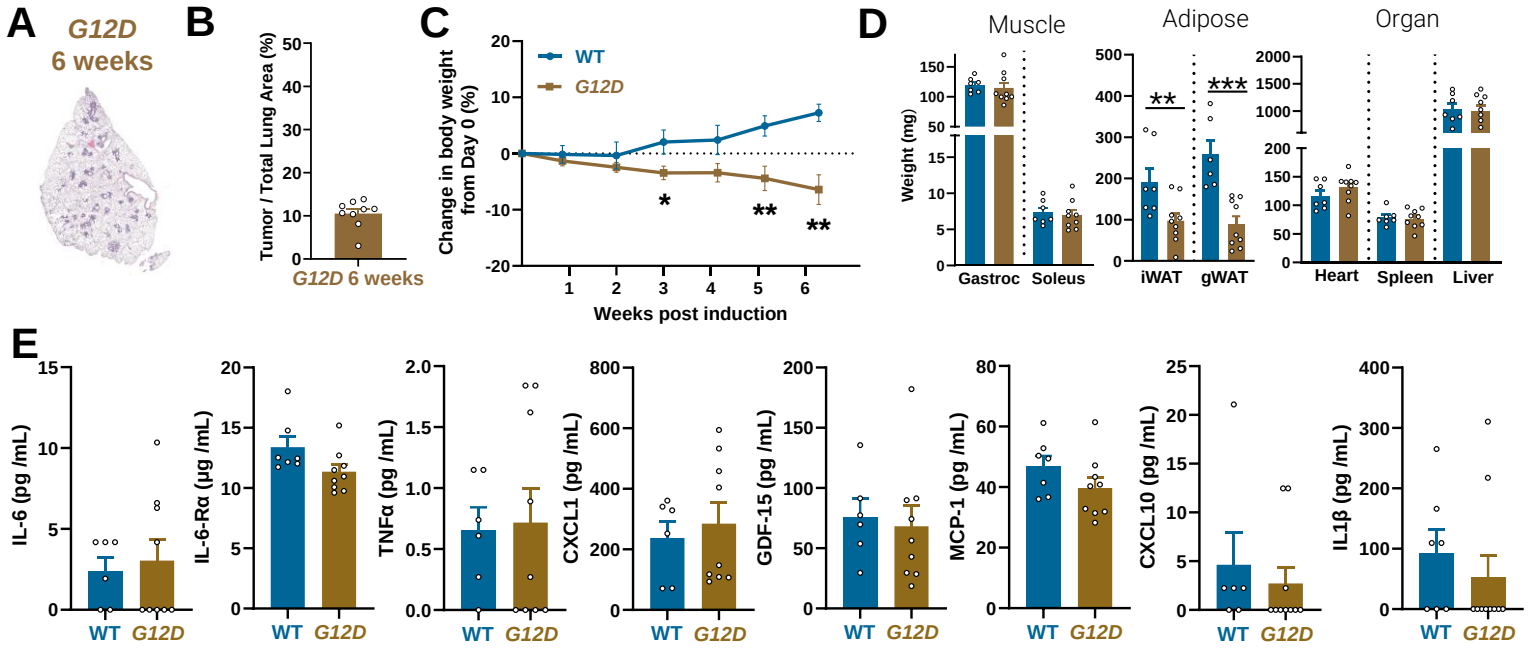

Figure 4. Effect of lung club cell-specific, inducible Kras$^{G12D/+}$ (G12D) on skeletal muscles and adipose tissues 6 weeks post-induction

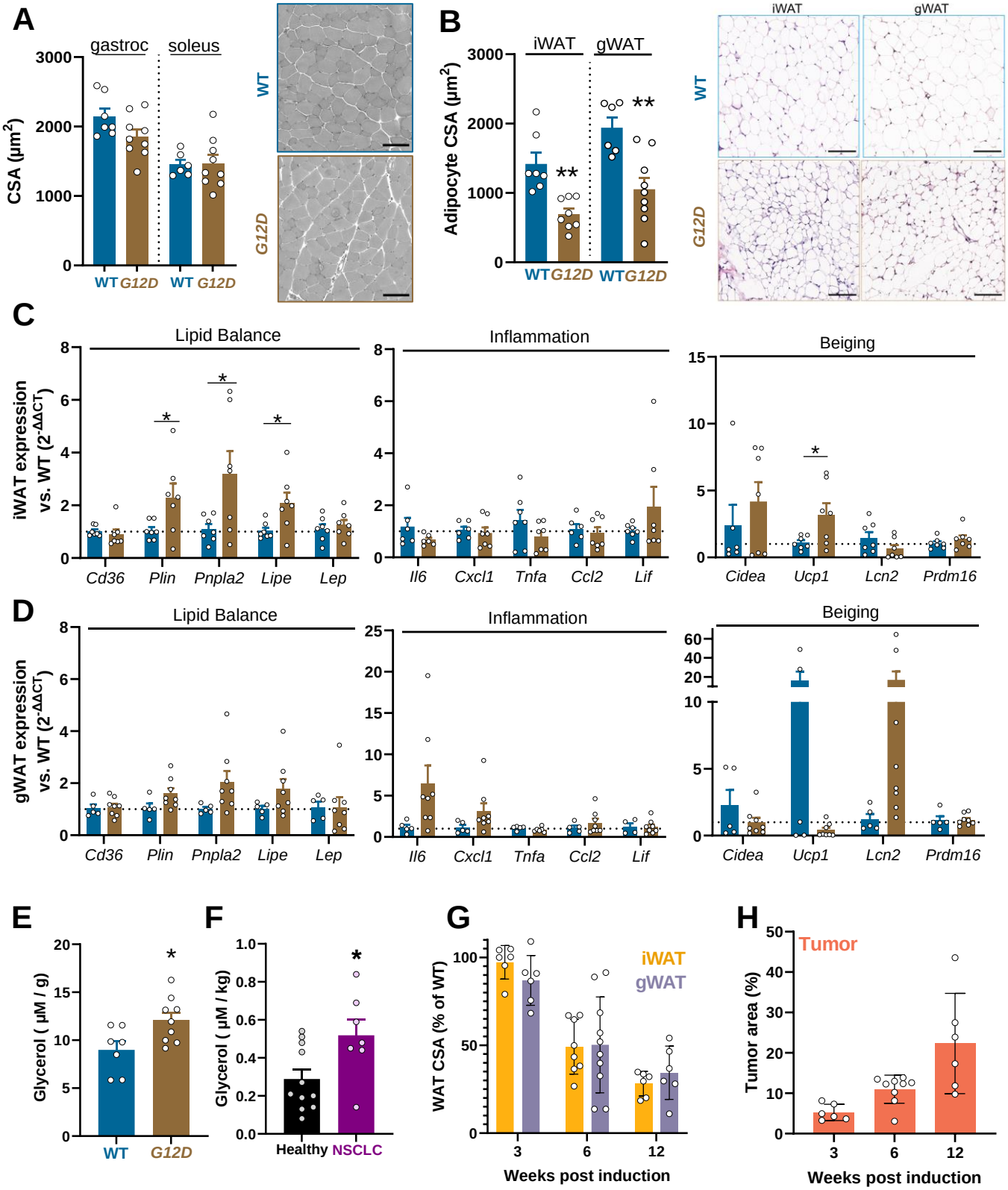

Figure 5. Comparison of lung club cell-specific, inducible Kras$^{G12D/+}$ (G12D-tm) and Kras$^{G12D/+}$-Stk11$^{-/-}$ (KS-tm) murine models of CC.

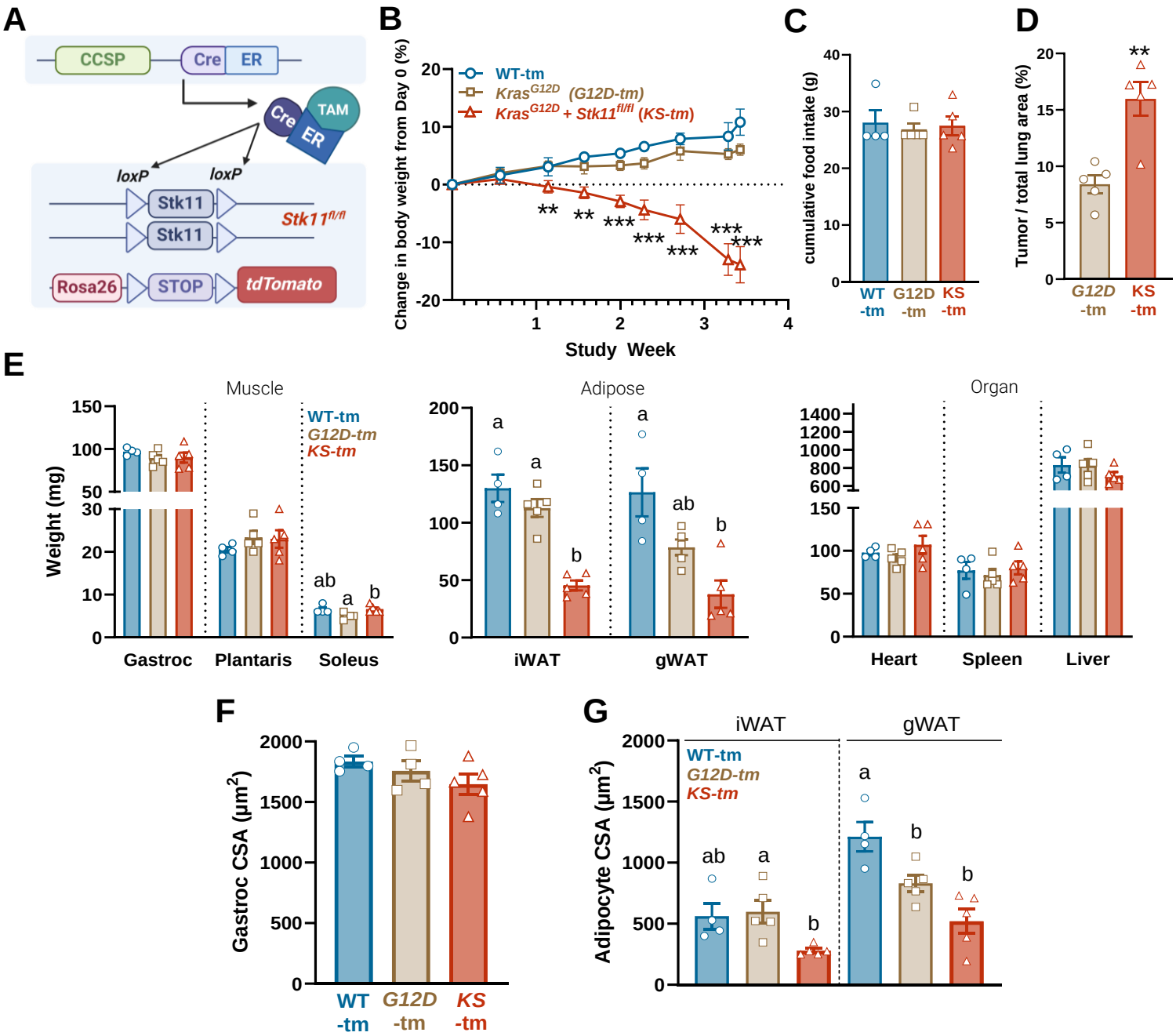

Figure 6. Organoids developed from lung tissue from wild type (WT) and lung tumors from Kras$^{G12D/+}$ (G12D) mice and their characterization.

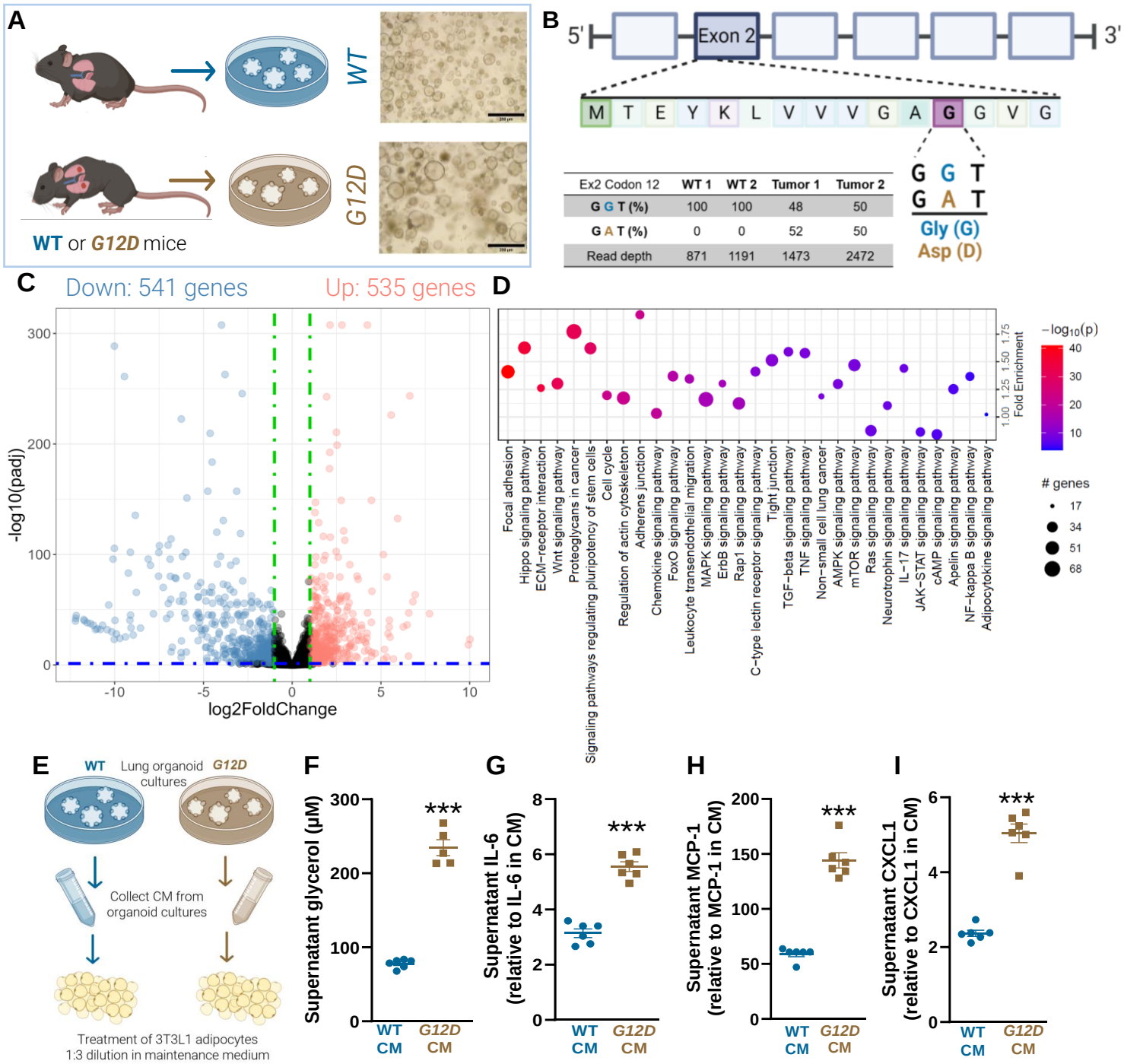
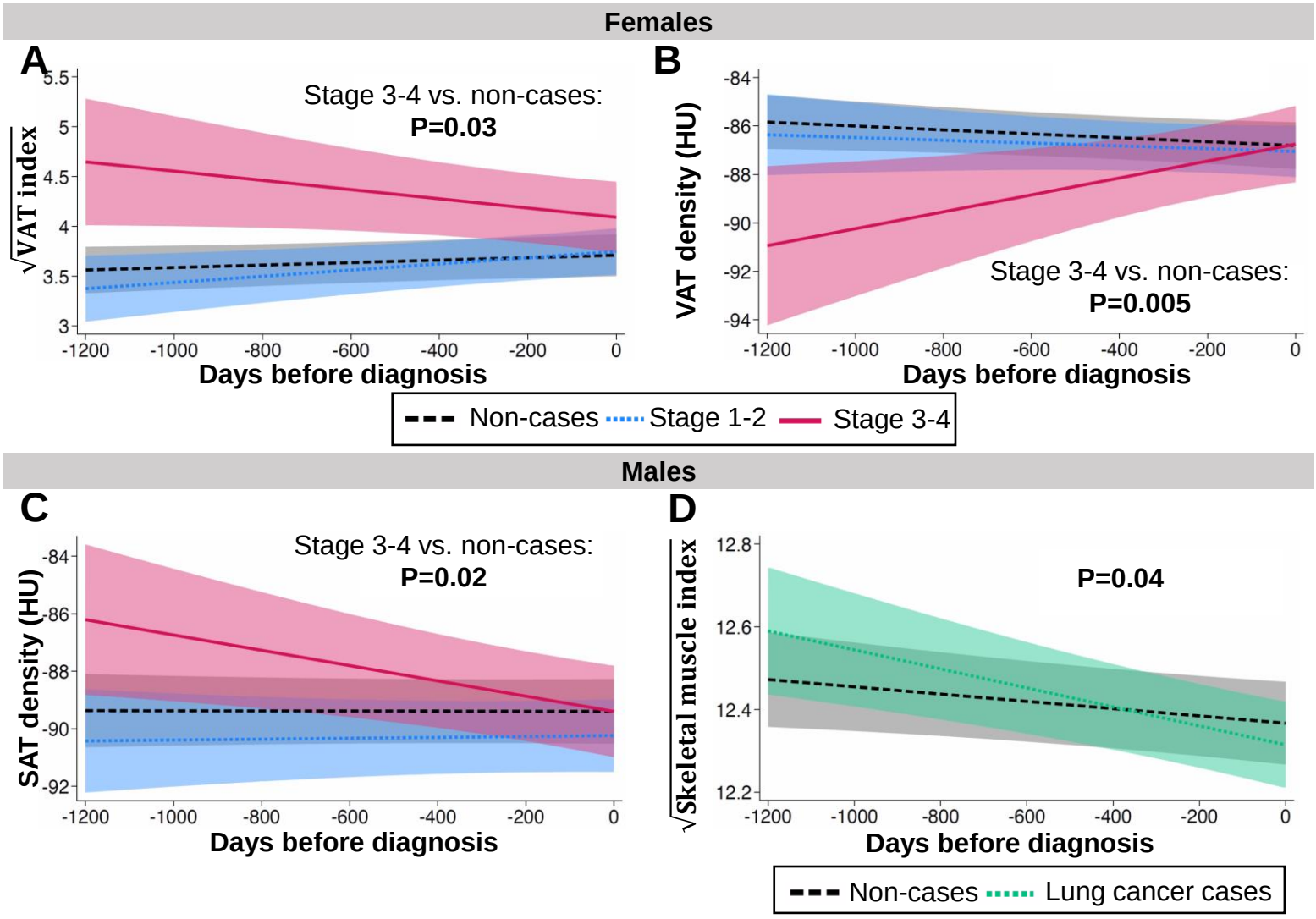
Figure 7. Changes in body composition prior to lung cancer diagnoses among patients in the National Lung Screening Trial