Inhibition of p38-MK2 pathway enhances the efficacy of microtubule inhibitors in breast cancer cells

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Abstract

Microtubule-targeting agents (MTAs) have been successfully translated from basic research into clinical therapies and have been widely used as first- and second-line chemotherapy drugs for various cancers. However, current MTAs exhibit positive responses only in subsets of patients and are often accompanied by side effects due to their impact on normal cells. This underscores an urgent need to develop novel therapeutic strategies that enhance MTA efficacy while minimizing toxicity to normal tissues. In this study, we demonstrate that inhibition of the p38-MK2 (MAP kinase-activated protein kinase 2) pathway sensitizes cancer cells to MTA treatment. We utilize CMPD1, a dual-target inhibitor, to concurrently suppress the p38-MK2 pathway and microtubule dynamicity. In addition to its established role as an MK2 inhibitor, we find that CMPD1 rapidly induces microtubule depolymerization, preferentially at the microtubule plus-end, leading to the inhibition of tumor growth and cancer cell invasion in both *in vitro* and *in vivo* models. Notably, 10 nM CMPD1 is sufficient to induce irreversible mitotic defects in cancer cells, but not in non-transformed normal cells, highlighting its high specificity to cancer cells. We further validate that a specific p38-MK2 inhibitor significantly potentiates the efficacy of sub-clinical concentrations of MTA. In summary, our findings suggest that the p38-MK2 pathway presents a promising therapeutic target in combination with MTAs in cancer treatment.

Introduction

Cancer, a disease characterized by uncontrolled cell growth, results from cells that proliferate indefinitely without external growth signals[1,2]. Consequently, targeting cell cycle progression is a powerful therapeutic strategy for cancer treatment[3,4]. Microtubule-targeting agents (MTAs) disrupt spindle microtubule assembly during mitosis, making them widely-used chemotherapy drugs for various tumors[5-7]. By impairing microtubule dynamics and functions, MTAs activate the spindle assembly checkpoint (SAC)[8-10], leading to mitotic arrest, mitotic defects, and apoptotic cell death[5,11]. MTAs are functionally categorized into two groups: microtubule stabilizers (e.g., taxanes)[12,13] and microtubule depolymerizers (e.g., eribulin)[14,15]. Paclitaxel (PTX), a taxane, has been a highly successful anti-cancer drug in clinical use for over 30 years[12,16]. However, several limitations hinder its therapeutic efficacy. Firstly, only a subset of breast and ovarian cancer patients exhibit a favorable response to PTX[17-19]. Secondly, PTX lacks tumor specificity, leading to off-target effects, including neutropenia, gastrointestinal disorders, and peripheral neuropathy[20-24]. Thirdly, cancer cells can acquire resistance to PTX through mechanisms such as the upregulation of drug efflux proteins (e.g., P-glycoprotein) or class III β-tubulin, which reduces PTX binding affinity[25-27]. In contrast, eribulin, a second-line chemotherapeutic agent, has a lower incidence of peripheral neuropathy, one of the most troublesome side effect of MTAs[28]. Due to its distinct mechanism of action, eribulin is effective against taxane-resistant tumors[29-32]. However, clinical studies have demonstrated that fewer than 20% of metastatic breast cancer patients,

previously treated with chemotherapy, respond positively to eribulin[33,34]. MTAs remain

central to the treatment of breast and ovarian cancers, including metastatic cases. Therefore,

developing new strategies to overcome the limitations associated with MTAs is critical for

optimizing therapeutic outcomes in cancer treatment.

The p38 mitogen-activated protein kinase (MAPK) signaling pathway, activated by

a variety of environmental and intracellular stimuli[35-38], plays a crucial role in numerous

biological processes, including DNA repair, inflammation, cell differentiation, and cell death[39-44].

MAPK-activated protein kinase 2 (MK2) is a major downstream substrate of p38 MAPK[45].

Previous studies have shown that phosphorylated MK2 localizes to mitotic spindles, and that

MK2 depletion leads to abnormal spindle formation, defects in chromosome alignment, and

mitotic arrest in both human cells and mouse oocytes, indicating a vital role of MK2 in mitotic

progression[46,47]. CMPD1 was originally developed as a selective inhibitor targeting the p38-

dependent phosphorylation of MK2 (**Fig. 1A**)[48-51]. Subsequent studies revealed that CMPD1

could induce G2/M arrest in glioblastoma and gastric cancer cells, as observed by flow

cytometry[52,53], and suggested its potential role in inhibiting microtubule polymerization *in*

vitro[53]. However, the precise and dynamic nature of CMPD1's effects on microtubule

dynamics and cancer cell proliferation have yet to be fully elucidated. In this study, we

demonstrate that CMPD1 preferentially induces severe mitotic defects in breast cancer cells

and effectively inhibits cancer cell growth, migration, and invasion in both *in vitro* and *in vivo*

models. Notably, CMPD1 uniquely triggers rapid microtubule depolymerization at the plus-

end *in vitro*. These results indicate that the inhibition of p38-MK2 pathway could enhance

the therapeutic efficacy of MTAs. We validate this hypothesis by demonstrating that a

specific MK2 inhibitor, MK2-IN-3, in combination with vinblastine, a clinically approved

microtubule destabilizer[54,55], exhibits significantly increased efficacy in inducing mitotic

defects. Thus, our results suggest that the p38-MK2 pathway may serve as a promising

therapeutic target in combination with MTAs in cancer treatment.

Results

CMPD1 induces robust prometaphase arrest in breast cancer cell lines

Cell cycle inhibitors, particularly MTAs, are standard chemotherapy drugs for breast

cancer[54]. To investigate whether CMPD1 induces G2/M arrest in breast cancer cells, we

treated MDA-MB-231 cells, a triple-negative breast cancer (TNBC) cell line, with varying

concentrations of CMPD1 and analyzed its effects on cell cycle progression using flow

cytometry. The results demonstrated that CMPD1 effectively arrested MDA-MB-231 cells in

the G2/M phase at concentrations ranging from 1 to 10 μM (**Fig. 1B**), consistent with

previous observations in glioblastoma cells[53]. Given that flow cytometry is unable to

distinguish between G2 phase and mitosis, we performed high-temporal resolution live-cell

imaging to further dissect the impact of CMPD1 on cell cycle progression across various

breast cancer cell lines, including MDA-MB-231 (TNBC), CAL-51 (TNBC), and T-47D

(luminal A)[56,57]. Our findings revealed that CMPD1 induced a severe prometaphase arrest

across all tested breast cancer cell lines, regardless of subtypes, with most cells remaining

arrested in prometaphase for over 10 hours, while control cells divided within 30-60 min (**Fig.**

1C-D and **Supplementary Movies 1-2**). Since CAL-51 cells harbor wild-type TP53,

whereas the other two cell lines do not[58,59], these results suggest that CMPD1 induces a

robust prometaphase arrest in breast cancer cells through a p53-independent mechanism.

Breast cancer cells exhibit heightened sensitivity to CMPD1 treatment compared to

normal cells.

We demonstrated that concentrations exceeding 1 μM of CMPD1 effectively

induced a robust prometaphase arrest in multiple breast cancer cell lines (**Fig. 1D**). In

contrast, recent studies on MTA treatment for breast cancer have identified that the clinically

relevant concentration of PTX in tissue culture cells ranges from 5 to 50 nM[60]. Within this

range of concentration, PTX does not induce severe mitotic arrest as observed at higher

concentrations (> 1 μM), but it significantly increases the incidence of mitotic errors, thereby

promoting chromosomal instability (CIN) and ultimately leading to cancer cell death[60]. Given

these findings, we next explored whether sub-μM concentrations of CMPD1 could induce

CIN in breast cancer cells. To this end, we treated MDA-MB-231 and CAL-51 cells, along

with two non-transformed cell lines (breast epithelial MCF10A and retinal pigment epithelial

RPE1 cells), which served as a normal cell control, with either 10 or 50 nM CMPD1. We then

compared the impact of CMPD1 on chromosome segregation using live-cell imaging. In the

absence of CMPD1, no significant differences in mitotic duration were observed among

MCF10A, RPE1, MDA-MB-231, and CAL-51 cells (**Fig. 2A-C and Fig.2-Supplement 1A-**

C). However, upon treatment with 10 or 50 nM CMPD1, all cell lines were arrested in

prometaphase, except for MCF10A (**Fig. 2A-C**). Notably, MDA-MB-231 and CAL-51 cells

displayed significantly prolonged mitotic duration compared to MCF10A and RPE1 cells (**Fig.**

2A-C and Fig.2-Supplement 1A-C), indicating greater sensitivity of breast cancer cells to

CMPD1 treatment relative to normal cells. Given that mitotic errors are a direct cause of CIN,

we next assessed the frequency of mitotic errors including misaligned chromosome,

chromosome bridge, lagging chromosome, and multipolar division under these conditions

(**Fig. 2D**). Both MDA-MB-231 and CAL-51 cells exhibited a significantly higher rate of mitotic

errors when exposed to 10 or 50 nM CMPD1 (**Fig. 2E**). For instance, approximately 90%

and 100% of CAL-51 cells experienced mitotic errors in the presence of 10 and 50 nM

CMPD1, respectively (**Fig. 2E**). Conversely, 90~100% of MCF10A and RPE1 cells

underwent faithful cell division even at the same concentrations of CMPD1 (**Fig. 2E and**

Fig.2-Supplement 1A-C). To determine whether CMPD1 selectively targets cancer cells

compared to other MTAs, we evaluated mitotic error rates in the same cell lines treated with

a clinically relevant concentration of PTX (10 nM). Our results demonstrated that both RPE1

and breast cancer cell lines displayed comparably high rates of mitotic errors when treated

with 10 nM PTX treatment (**Fig. 2F**), consistent with previous observations[60]. In summary,

unlike PTX, CMPD1 induces CIN with selective toxicity toward breast cancer cells.

To further investigate the selectivity of CMPD1 in breast cancer cells, we conducted

a CMPD1 washout assay using the above cell lines, aiming to recapitulate the clinical

condition where the concentration of chemotherapy drugs in patients is diluted due to the

"drug holiday" between regular treatments. In this assay, we treated the cells with 2 µM

CMPD1 for 12 hours, followed by a washout before imaging. We observed that the mitotic

duration was significantly prolonged in both MDA-MB-231 and CAL-51 cells upon CMPD1

washout (85 min and 151 min, respectively) compared to RPE1 cells (14 min) (**Fig. 2G-H**

and Fig. 2-Supplement 2A-B). This suggests that breast cancer cells struggle to recover

from CMPD1-induced mitotic arrest, whereas normal cells can immediately resume

progression to proper anaphase. Notably, 90% and 81% of mitotic cells in MDA-MB-231 and

CAL-51 cells lines, respectively, exhibited mitotic errors, whereas 50% of RPE1 cells

displayed normal chromosome segregation (**Fig. 2G, I**). These findings reinforce the

hypothesis that breast cancer cells are more sensitive to CMPD1 treatment under clinically

relevant conditions. Interestingly, approximately 60% of MDA-MB-231 cells that entered

mitosis after CMPD1 washout still exhibited mitotic errors, while only ~10% of RPE1 cells

showed errors. This suggests a prolonged impact of CMPD1 on mitosis in breast cancer

cells (**Fig. 2-Supplement 2C**). Consistent with the increased sensitivity in breast cancer

cells to CMPD1, MDA-MB-231 cells exhibited a significantly higher frequency of apoptotic

cell death during or shortly after mitosis within 24 of CMPD1 washout, compared to RPE1

cells (**Fig. 2-Supplement 2D-E**).

To further validate the heightened sensitivity of breast cancer cells to CMPD1, we

measured its IC_{50} in MDA-MB-231, CAL-51, and MCF10A cells. Consistent with our live-cell

imaging results, both MDA-MB-231 and CAL-51 cells exhibited significantly lower IC_{50} (0.21

µM and 0.74 µM, respectively), compared to MCF10A cells (1.16 µM) (**Fig. 2-Supplement**

3A-C). Moreover, IC_{50} of p53 knockout CAL-51 cells[61] (0.88 µM) was comparable to that of

wild-type CAL-51 cells (0.74 µM) (**Fig. 2-Supplement 3D**), further supporting the notion that

CMPD1 induces a robust prometaphase arrest in breast cancer cells via a p53-independent

mechanism. Collectively, these results underscore that breast cancer cells are more

sensitive to CMPD1 treatment than normal MCF10A and RPE1 cells, particularly in a

clinically relevant context.

CMPD1 inhibits anchorage independent growth and tumor growth in mouse

xenograft

We subsequently evaluated the efficacy of CMPD1 in inhibiting anchorage-

independent growth, a critical hallmark of tumorigenesis, in MDA-MB-231 cells. CMPD1

demonstrated a potent dose-dependent inhibition, with 500 nM being sufficient to completely

suppress colony formation (**Fig. 3A-B and Fig. 3-Supplement 1A-B**). Remarkably, even at

a relatively lower concentration (250 nM), CMPD1 significantly reduced colony formation,

surpassing the inhibitory effects of 10 µM PTX. These findings suggest that CMPD1 is more

effective than PTX in inhibiting the anchorage-independent growth of MDA-MB-231 cells.

We demonstrated that CMPD1 effectively inhibits cancer cell growth in a tissue

culture model. Next, we investigated whether CMPD1 could also inhibit tumor growth *in vivo*.

To this end, we employed MDA-MB-231 and CAL-51 xenograft mouse models and found

that CMPD1 significantly suppressed the tumor growth (**Fig. 3C-G and Fig. 3-Supplement**

1C-D). Notably, while both PTX and CMPD1 suppressed tumor growth in mice, CMPD1

achieved comparable efficacy at concentrations 10-100 times lower than PTX (**Fig. 3D-G).**

Furthermore, mice in the CMPD1 treatment group continued to gain weight during the entire

treatment regimen, comparable to the control group (vehicle-treated mice), with no observed

mortality (**Fig. 3-Supplement 2A-B**). In contrast, the PTX-treated group exhibited a

significant reduction in body weight and an increased number of deaths of individuals (**Fig.**

3-Supplement 2A-B). Additionally, anatomical examination showed no apparent

abnormalities in kidneys or livers of CMPD1-treated mice, and blood marker analysis

confirmed no significant impairment in these organ functions in CMPD1-treated mice

compared to control (**Fig. 3-Supplement 3A-B**) Notably, the numbers of white blood cells

(WBC) were comparable between CMPD1-treated and control groups, while PTX-treated

group showed a marked decrease in WBC levels (**Fig. 3-Supplement 3C-D**). These findings

suggest that CMPD1 is not only effective in inhibiting tumor growth in both *in vitro* and *in vivo*

models but also appears to be more potent and safer than PTX, a standard

chemotherapeutic agent for breast cancer treatment.

CMPD1 exhibits a preferential depolymerizing effect on the microtubule plus-end

We demonstrated that at least ≥1 µM CMPD1 induced a robust prometaphase arrest in breast cancer cell lines (**Fig. 1D**). A previous study suggests that CMPD1 may possess the ability to inhibit tubulin polymerization, as indicated by *in vitro* tubulin polymerization assay[53]. To elucidate the mechanism underlying the CMPD1-induced prometaphase arrest, we performed high spatiotemporal resolution live-cell imaging to monitor microtubule dynamics in metaphase CAL-51 cells (see **Methods**). In these cells, α-tubulin and histone H2B genes were endogenously labeled with mNeonGreen and mScarlet, respectively, using CRISPR-Cas9 technology[60]. Our results revealed that the signal intensity of mitotic spindles dramatically decreased to less than 10% within 8 min following CMPD1 treatment (**Fig. 4A-B** and **Supplementary Movies 3-4**). Concurrently, the formation of multipolar spindle poles was observed (**Fig. 4A**). The decrease in spindle signal intensity correlated with a gradual disruption of the metaphase plate, likely due to the loss of kinetochore-microtubule attachments (**Fig. 4A**). Moreover, we observed that CMPD1-treated cells exited G2 phase and underwent nuclear envelope breakdown (NEBD), even though these cells were unable to assemble mitotic spindles (**Fig. 4C**). This finding further supports that CMPD1 specifically arrests cells in prometaphase rather than G2 phase. To determine whether CMPD1 induces rapid microtubule depolymerization or the degradation of tubulin proteins, we pre-treated the cells with MG132, a proteasome inhibitor, for 1 hour prior to CMPD1 treatment (**Fig. 4A-B** and **Supplementary movie 5**). We found that

proteasome inhibition did not prevent the CMPD1-mediated reduction in spindle signals (**Fig.**

4A-B), suggesting that CMPD1 directly induces microtubule depolymerization in breast

cancer cells.

To further investigate the mechanism underlying CMPD1-induced microtubule

depolymerization, we conducted TIRFM (Total Internal Reflection Fluorescence Microscopy)

experiments to observe microtubule behaviors in response to CMPD1 treatment. The

conventional TIRFM assay utilizing PTX-stabilized immobilized microtubules is widely used

due to its ease of use. However, this approach lacks the dynamic nature of microtubules as

seen in living cells, limiting the study of CMPD1's effects under more physiological conditions.

To overcome this limitation, we utilized GMPCPP-stabilized microtubule seeds combined

with rhodamine-labeled tubulin, which allows for the observation of microtubule growth and

shrinkage at both ends, thereby better mimicking the dynamic behavior of microtubules in

mitotic cells. As expected, microtubules exhibited repeated cycles of growth and shrinkage

at both plus and minus ends, with a higher stability at minus ends (**Fig. 4D**). Upon treatment

with CMPD1, there was a marked reduction in the proportion of microtubules with plus-end

extensions within just 1 min (**Fig. 4D-F**), along with an increased frequency of microtubule

catastrophes, reduced growth rates, and decreased maximum lengths of plus-end

extensions (**Fig. 4G-H**). Interestingly, CMPD1's effects on the minus ends of microtubules

were notably different. Neither the fraction of microtubules with minus end extensions nor

the catastrophe frequency at minus ends were significantly different from control (**Fig. 4D-**

H). However, minor reductions were observed in the average maximum length of minus-end

extensions and their growth rates (**Fig. 4H**). In contrast, vinblastine, a well-characterized

microtubule destabilizer, rapidly depolymerized microtubules from both ends (**Fig. 4D-E**),

highlighting that CMPD1 uniquely and preferentially depolymerizes microtubules from the

plus ends. Collectively, our cell biology and biochemical data demonstrate that CMPD1

alone can depolymerize microtubules, with a pronounced preference for plus-end

depolymerization.

CMPD1 inhibits cell migration and invasion

Since proper microtubule dynamics is essential for regulating cell locomotion[62-64],

we hypothesized that the improper microtubule dynamics induced by CMPD1 might inhibit

cell migration. To investigate this, we evaluated the migratory capacity of CAL-51 cells using

a wound healing assay following treatment with CMPD1. Our findings revealed that CMPD1,

at concentrations ranging from 100 nM to 10 μM, significantly inhibited wound closure

compared to the DMSO-treated control (**Fig. 5A-B**), demonstrating its potential to suppress

cancer cell migration and invasion. To further examine this hypothesis, we conducted a

transwell-invasion assay using MDA-MB-231 cells. Treatment with CMPD1 at

concentrations greater than 100 nM significantly suppressed breast cancer cell invasion,

and at 1 μM, CMPD1 completely abolished this cancer invasion (**Fig. 5C-D**).

To determine whether CMPD1 inhibits cancer cell invasion *in vivo*, we assessed the

frequency of invasion of cancer cells into blood vessels by examining the tissue sections of

mice with cancer cell-derived xenografts described in **Fig. 3C**. CMPD1-treated mice

displayed a significantly reduced frequency of cancer cell-infiltrated vessels compared to

vehicle-treated mice, suggesting that CMPD1 significantly inhibits metastasis *in vivo* (**Fig.**

5E). Together, these results show that CMPD1 suppresses cancer cell migration and

invasion *in vitro* and *in vivo*.

Inhibiting the p38-MK2 pathway significantly enhances the efficacy of microtubule

depolymerizing agents

CMPD1's distinct capacity to inhibit tumor growth may stem from its dual inhibitory

effects on both the p38-MK2 signaling pathway and microtubule dynamics. To rigorously test

the hypothesis that inhibition of the p38-MK2 pathway could potentiate the efficacy of MTAs,

we assessed the combinatorial effects of MK2-IN-3 (hereafter referred to as MK2i), a

selective MK2 inhibitor[65], and vinblastine at clinically relevant concentrations (1 or 5 nM) on

mitotic progression in CAL-51 cells. We first confirmed that MK2i effectively inhibits MK2

activity in CAL-51 cells, as both 1 and 10 µM concentrations significantly reduced

phosphorylation levels of Hsp27, a key downstream phosphorylation substrate of MK2[66,67],

following H_2O_2-induced oxidative stress (**Fig. 6-Supplement 1A-B**). In contrast, treatment

with 10 µM Mk2i alone had no detectable impact on cell proliferation of CAL-51 cells over a

4-day period (**Fig. 6-Supplement 1C**). Consistent with these findings, treatment with either

10 µM MK2i or 1 nM vinblastine alone did not significantly alter the frequency of mitotic

slippage or mitotic cell death compared to the control (**Fig. 6A**). However, both individual

treatments modestly prolonged mitotic duration and increased the frequency of mitotic errors

(approximately 2 to 3-fold compared to control) (**Fig. 6A**). Strikingly, the combination of 10

µM MK2i with 1 nM vinblastine resulted in a profound synergistic effect, extending mitotic

duration by approximately 13-fold and markedly increasing the frequency of mitotic errors

and cell death (**Fig. 6A, Condition 4**). A similar synergistic effect was also observed when

cells were simultaneously treated with 10 µM MK2i and 5 nM vinblastine, although the 5 nM

vinblastine alone induced a more pronounced mitotic arrest compared to the control and 1

nM vinblastine (**Fig. 6A, Condition 6**). Importantly, similar synergistic effects, characterized

by elevated mitotic index and increased errors during metaphase and anaphase, were also

observed upon MK2 depletion by siRNA in cells treated with 1 nM vinblastine, further

reinforcing the notion that suppression of the MK2 signaling pathway can enhance MTA

efficacy (**Fig. 6-Supplement 2A-C**). To investigate whether this synergy extends beyond

mitosis, we next assessed the effects of MK2i and vinblastine co-treatment on TNBC cell

migration. As expected, both 10 µM MK2i and 1 nM vinblastine individually impaired cell

migration in CAL-51 cells, however, the combination treatment resulted in significantly

greater inhibition compared to individual treatment group or the control group (**Fig. 6-**

Supplement 3A-B).

To better understand the impact of CMPD1 treatment on cancer cells at the gene

expression level, we conducted RNA-seq analysis in MDA-MB-231 cells. When an FDR <

0.05 was applied using DESeq2 for differential gene expression analysis, 351 genes were

found to be up-regulated, and 425 genes were down-regulated 24 hours after treatment with

10 μM CMPD1 (**Fig. 6B, Fig. 6-Supplement Figure 4, and Fig. 6-Data file 1**). Gene

ontology (GO) biological process (BP) pathway enrichment analysis revealed that the most

significantly enriched pathways in up-regulated genes relate to cell migration, while down-

regulated genes are predominantly associated with mitosis and chromosome segregation

(**Fig. 6C and Fig. 6-Supplement Figure 4**). To explore whether unique pathways were up-

or down-regulated specifically in cancer cells, RNA-seq analysis was also performed on

RPE1 cells. Comparing differentially expressed genes between MDA-MB-231 cells and

RPE1 cells, cell death and apoptosis pathways were significantly enriched in genes uniquely

up-regulated in MDA-MB-231 cells (**Fig. 6D and Fig. 6-Data file 2**). Genes specifically

down-regulated in MDA-MB-231 cells were again enriched in pathways related to mitosis

and chromosome segregation (**Fig. 6D**), consistent to the results that cancer cells are more

sensitive to CMPD1 treatment (**Fig. 2**). Collectively, CMPD1 up-regulates cell death

pathways while selectively down-regulates mitotic genes in cancer cells, highlighting its

potent cancer cell specificity. The pivotal role of the p38-MK2 signaling pathway in enhancing

the efficacy of microtubule destabilizers likely contributes to these observed alterations in

gene expression.

Discussion

MTAs have been widely utilized as first- or second-line chemotherapy agents for various cancer; however, MTA-based treatment is often compromised by several limitations, including severe adverse effects and the development of drug resistance[20-24]. Consequently, the development of novel therapeutic strategies to enhance the effectiveness of MTAs remains critical for improving clinical outcomes in cancer patients. In this study, we propose that inhibiting the p38-MK2 pathway can synergize with MTAs to significantly enhance their therapeutic efficacy. We demonstrate this synergistic effect by using a combination of an MK2-specific inhibitor with the microtubule depolymerizer vinblastine, alongside CMPD1, a dual-target inhibitor that simultaneously disrupts both the MK2 signaling pathway and microtubule dynamics (**Fig. 6A**). Our findings reveal that CMPD1 exhibits a unique ability to depolymerize microtubules specifically at their plus-ends, as well as selectively inducing mitotic defects and altering gene expression profiles in cancer cells (**Fig. 2, 4D-H,** and **6B-D**). Furthermore, CMPD1 exhibited potency comparable to or greater than PTX in inhibiting tumor growth both *in vitro* and *in vivo* (**Fig. 3**). In terms of tumor specificity, PTX at clinically relevant concentrations lacks cancer selectivity[60], whereas CMPD1, at similar low concentrations, specifically induces mitotic defects in breast cancer cells without affecting mitotic fidelity in non-transformed cells (**Fig. 2**). These findings suggest that p38-MK2 inhibition has the potential to enhance MTA efficacy, allowing for the improved tumor growth inhibition at a lower MTA concentration, thereby reducing the risk of side effects.

To gain a deeper understanding of CMPD1's cancer cell selectivity, we conducted

RNA-seq to compare global gene expression profiles between MDA-MB-231 and RPE1 cell

lines, both with or without CMPD1 treatment (**Fig. 6B**). CMPD1 treatment selectively up-

regulated gene pathways associated with cell death, aligning with its observed higher

cytotoxicity to cancer cells. The cancer-specific selectivity of CMPD1 may also be attributed

to differential expression levels of p38 and MK2. Previous studies have reported that MK2

is overexpressed in multiple myeloma (MM) and has a potential to serve as a marker of poor

prognosis[68,69]. Since MK2 facilitates the proliferation of MM cells by activating the Akt

signaling pathway, depletion or inhibition of MK2 significantly impairs the growth of MM

cells[68,69]. Furthermore, p38, MK2, and phospho-MK2 are markedly upregulated in primary

tumors of various cancers and exhibit an inverse correlation with overall survival rates[70-74].

Therefore, cancer cells with elevated MK2 or phospho-MK2 expression are likely more

sensitive to treatments involving MK2 inhibitors. However, further studies are required to

elucidate the detailed molecular mechanisms by which MK2 inhibitors enhance the efficacy

of MTAs. Our study has demonstrated synergistic effects between MK2 inhibitors and MTAs,

suggesting that the p38-MK2 pathway represents a promising therapeutic target in

combination with MTAs for cancer chemotherapy.

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analysis with guidance by A. Suzuki. M. Takada, M. Yu, H. Yamada, T. Nagashima, and M.

Ohtsuka performed FACS, part of anchorage independent growth assay, mouse xenograft

experiments, invasion assay, blood Invasion evaluation and related data analysis. M. Takada,

A. Nagornyuk. and M. Takaku performed RNAseq experiments and data analysis. J. G.

DeLuca and S.M. Markus performed in vitro microtubule dynamics experiments and data

analysis. A. Suzuki conceptualized and supervised the entire project. M. Suzuki and Y. Chen

drafted the manuscript, and M. Takada, S.M. Markus, J. G. DeLuca, and M. Takaku edited

manuscript. All authors revised and contributed to the manuscript.

Materials and Methods

Cell Culture

RPE1, MCF10A, CAL-51, MDA-MB-231, T47-D, and HeLa cells were originally obtained

from ATCC. These cells were grown in Dulbecco's modified Eagle's medium (DMEM; Gibco),

DMEM/F12 (Gibco), Mammary Epithelial Cell Growth Medium (MEBM: Lonza) with MEGM

kit (CC-4136, Lonza) and 100 ng/ml cholera toxin (Sigma, C8052), supplemented with 10%

FBS (Sigma), 100U/ml penicillin and 100 mg/ml streptomycin (Gibco) at 37 °C in a humid

atmosphere with 5% CO_2. CMPD1 (Abcam), Taxol (Sigma), MG132 (Sigma), and MPS1

inhibitor (SIGMA, AZ3146) were dissolved in DMSO (Sigma). For washout assay, cells were

incubated with 2 µM CMPD1 for 4 hours, then washed by pre-warmed complete media for

four times before starting live cell imaging. For the siRNA experiment shown in Figure 6-

Supplement Figure 2, RNAiMAX (Invitrogen) and ON-TARGET plus SMART pool siRNA

targeting MK2 (a mixture of four siRNAs; Horizon Discovery) were used according to the

manufacturer's protocols[75].

Imaging

For time lapse image acquisition, 3D stacked images were obtained sequentially with 1 µm

or 3 µm z steps for 12~15 µm total to cover entire mitotic cells using Nikon Elements software

and a high-resolution Nikon Ti-2 inverted microscope equipped with a high-resolution

Hamamatsu Flash V2 CMOS camera. The following objectives were used with above scope;

20x (NA 0.75 air), 40x (NA 1.25 silicon, for microtubule depolymerization in a cell), 60x (NA

1.4 oil), 100x (NA 1.4 oil). Images were takes by every 2 or 3 min interval for 24~72 hrs.

Cells were grown on glass bottom dish with #1.5 coverslips and incubated in a Tokai Hit STX

stage top incubator with PureBox Shiraito clean box (Tokai Hit). Feed-back control of Tokai

Hit stage top incubator was used to stably maintain 37 °C at growth medium. All imaging

was replicated at least three times. For fixed immunofluorescence experiments, cells were

grown on high-precision #1.5 coverslips and imaged by a Nikon Ti-2 equipped with a

Yokogawa SCU-W1-SoRa spinning disc confocal, Uniformizer, and a Hamamatsu Flash V3

CMOS camera. Quantitative image analysis was performed with Nikon Element (Nikon),

MetaMorph (Molecular Devices), and Imaris (Bitplane) (See details in Image analysis

section). No post-image processing was performed in all images. All imaging was replicated

at least two to four times.

Image analysis

Mitotic durations were measured time between NEBD and anaphase onset or

mitotic exit if cells did not exhibit anaphase onset such as CMPD1 treated cells. Histone

H2B-EGFP or -mScarlet/RFP was used for determination of mitotic stages. Those images

were analyzed using Nikon Element. Tubulin signal intensities on the spindle were measured

using intensities in the custom region of interest (ROI). ROI was drawn onto entire cells in

tubulin images, then additional ROI was drawn in cytoplasmic, which is avoided spindles.

Second ROI was used for background correction. Similar equation was used in our previous

study. Briefly, the integrated intensities from both ROIs were obtained, then the intensity of

second ROI was divided by area and times the area of entire cells (first ROI). This value was

used for corrections of background for the first ROI. For kinetochore signal measurement in

Figure 2B, Integrated fluorescence intensity (minus local background (BG)) measurements

were obtained for kinetochores as described previously[76]. A 13 x 13 pixel region was

centered on a fluorescent kinetochore to obtain integrated fluorescence, whereas a 15 x 15

pixel region centered on the 13 x 13 pixel region was used to obtain surrounding BG intensity.

Measured values were calculated by: Fi (integrated fluorescence intensity minus BG) =

integrated intensity for 13 x 13 region – (integrated intensity for the 15 x 15 – integrated

intensity for 13 x 13) x pixel area of the 13 x 13 / (pixel area of the 15 x 15 region – pixel area

of a 13 x 13 region). Measurements were made with Metamorph 7.7 software (Molecular

Devices) using Region Measurements[76]. At least two or three independent replicates of

measurements were performed. For cell migration and mobility analysis in Figure 5A-B, we

obtained the center of nucleus by particle detection module in Imaris software (Oxford

Instrument). The mobility or migration was tracked overtime and then the total length,

displacements, and speed were also obtained by Imaris software.

In vitro microtubule dynamics assays

Microtubules nucleated from GMPCPP-stabilized seeds were prepared and imaged as

follows. A microtubule seed mixture was assembled from 50 µM tubulin (7:1:2,

unlabeled:488-labeled: biotin-labeled) in BRB80 (80 mM PIPES, 1 mM $MgCl_2$, 1 mM EGTA,

pH 6.9), clarified by centrifugation at 90K rpm for 10 min, divided into 2 µl aliquots, snap-

frozen in liquid nitrogen, and stored at -80ºC. On the day of imaging, one of these aliquots

was thawed, and to this, 0.4 µl 10 mM GMPCPP (Jena Biosciences; 1 mM final) and 1.6 µl

BRB80 were added to bring the tubulin to a final concentration of 20 µM. The reaction was

incubated at 37ºC for 10 minutes (to promote polymerization) and stored at room

temperature for up to 1 day. To prepare for an imaging session, 1 µl of the polymerized

biotinylated-seed mixture was diluted 100X (to 200 nM final) into 79 µl BRB80 and 20 µl

0.75% methylcellulose (dissolved in BRB80), both at room temperature (the mixture was

pipetted up and down to sheer seeds into smaller sizes). Flow chambers (~4-6 µl in volume)

were assembled by adhering plasma-cleaned and biotin/PEGylated glass coverslips (as

described in a previous study[77]) to glass slides using double-stick tape. Streptavidin (0.1

mg/ml; in BRB80) was introduced into the imaging chamber, after which the chamber was

incubated at room temperature for 2-10 minutes. The chamber was washed with 10 µl

BRB80 supplemented with 1% Pluronic and incubated for ~10-30 seconds, after which 10

µl of the diluted biotinylated-seed mixture was introduced. The imaging chamber was then

immediately placed on a microscope stage prewarmed to 37ºC to monitor seed density in

the chamber (we did our best to ensure each chamber had a similar density of seeds).

Chambers were washed with 10 µl BRB80 supplemented with 1% Pluronic.

For the polymerization mix, a stock solution of 50 µM tubulin (12.5:1, unlabeled:

rhodamine-labeled tubulin) in BRB80 was prepared, clarified by centrifugation at 90K rpm

for 10 min, divided into 20 µl aliquots, snap frozen in liquid nitrogen, and stored at -80ºC.

Immediately prior to imaging, one of these aliquots was thawed and placed on ice. A 10 µl

polymerization mix (final tubulin concentration, 15 µM) was assembled using the following:

3 µl 50 µM tubulin (from above), 0.5 µl 20 mM GTP, 0.5 µl 20 mM β-mercaptoethanol, 2 µl

0.75% methylcellulose, 0.5 µl glucose oxidase/catalase mix (1.2 mg glucose oxidase + 28.1

µl catalase + 99.1 µl BRB80)**,** 0.5 µl 30% glucose,1 µl casein (from a 5% stock of Alkali-

soluble Casein), and either 2 µL BRB80 or 2 µl of appropriate drug solution (20 µM CMPD1,

or 5 µM vinblastine, each of which was prepared in BRB80). Note that all reagents were

prepared or diluted in BRB80. The solution was gently mixed, warmed slightly between

gloved fingertips for 10-20 sec, and then immediately added to the flow chamber with the

adhered GMPCPP-stabilized microtubule seeds (as described above). Chambers were then

incubated for 15 minutes on the microscope state at 37ºC (to approach steady-state), after

which a freshly prepared polymerization mix with either tubulin only, or tubulin and a drug

was added to the chamber and imaged for 15-20 minutes. For experiments in which a drug

was added mid-way through the imaging period (see kymographs in Figure 4D), we did the

following: after the initial 15-minute incubation with tubulin only, a fresh polymerization mix

without drug was added, and a 20-minute movie was initiated. After 10 minutes, the movie

was briefly paused during which another freshly prepared polymerization mix with drug (or

tubulin only) was added to the chamber, and the acquisition was then continued.

Microtubule dynamics were imaged using total internal reflection fluorescence (TIRF)

microscopy on an inverted Nikon Ti-E using a 1.49 NA 100X objective equipped with a Ti-S-

E motorized stage (Nikon), piezo Z-control (Physik Instrumente), a motorized filter cube

turret, a stage-top incubation system (LiveCell, Pathology Devices), and an iXon X3 DU897

cooled EM-CCD camera (Andor). We used 488 nm and 561 nm lasers (Nikon), a multi-pass

quad filter cube set (C-TIRF for 405 nm/488 nm/561 nm/638 nm; Chroma), and emission

filters mounted in a filter wheel (525 nm/50 nm, 600 nm/50 nm; Chroma). Images were

acquired every 10 seconds. The microscope system was controlled by NIS-Elements

software (Nikon), and images were analyzed using FIJI/ImageJ (NIH). Microtubule plus and

minus ends were identified by exhibiting dynamics parameters distinct to each end (see

kymographs in Figure 4D for examples).

Anchorage independent growth assay

6-well dish (Eppendorf) was used for anchorage independent growth assay. 2ml of

autoclaved 1% agarose was used for bottom layer. After bottom layer became solid, 24 x

10^3 cells (MDA-MB-231 cells) were mixed into 2 ml of 0.8% agarose / media with or without

CMPD1 or Taxol. After top layer gel became solid, cells were incubated in a humid

atmosphere with 5% CO_2 for three weeks. 3 drops of complete media were supplied in each

well every 3 days to avoid drying out. Cells were stained by 100 µg/ml of iodonitrotetrazolium

chloride solution (Sigma) prior to taking photos.

Wound healing assay

H2B-mscarlet CAL-51 cells were plated in a 8-well chamber slide (ibidi, 80807). 24 hours

after cell seeding, a stripe of cell-free zone (the wound) was manually created on a highly

confluent monolayer of cells using a sterile pipette tip. The cell culture media was then

immediately replaced with a new one containing the indicated drugs (DMSO, 0.1, 0.5, 1, and

10 µM CMPD1). Then, the cell locomotion dynamics was monitored with live-cell imaging at

an interval of 30 min. To quantify the cell migration efficiency in each condition, we used an

ImageJ macro to measure the distance between two boundaries of the wound. Briefly, the

two boundaries of the wound were drawn and defined manually. Then, 40 lines

perpendicular to the two boundaries were drawn automatically and the length of each line

was calculated and shown. The distance of cell movement was calculated by subtracting

the distance at 20 hr post drug treatment from the original distance (0 hr). Each condition

was normalized to the control.

Trans-well migration assay

CytoSelect 24-well cell invasion assay kits (Cell Biolabs) or VitroGel Invasion assay kits

(TheWell Bioscience) utilizing basement membrane-coated inserts were used according to

the manufacturer's protocol. Following the overnight starvation of MDA-MB-231 or CAL-51

cells, the cells were seeded at 3.0×10^4 cells/well in the upper chamber and incubated with

the media containing DMSO (control), CMPD1, vinblastine, MK2i, or vinblastine plus MK2i

in the lower chamber for 24 or 48 hours. The invasive cells passing through the basement

membrane layer were stained, and the absorbance of each well was measured at 560 nm

after extraction.

Blood Invasion evaluation

All slides from mouse tumor with or without CMPD1 treatments were stained with HE and

were screened for vascular invasion using strict criteria based on previous reports [78,79]. All

slides were blindly evaluated by two investigators (MT and HY). All these vascular invasions

were adopted only if they were picked up on HE staining. Vascular invasion was identified

by tumor cells within vessels. The cases were categorized as blood vessel invasion-positive

or negative. Typical histologic pictures of blood vessel invasion positive and negative by HE

staining are shown in Figure 5E.

RNA-seq

24 hours after 10 µM CMPD1 treatment, RNAs were purified by the RNeasy Mini Kit

(Qiagen). For MDA-MB-231 cells, RNA-seq library preparation was conducted with the

QuantSeq 3' mRNA-Seq Library Prep Kit FWD for Illumina (LEXOGEN), and the libraries

were sequenced on a NextSeq500 at Kazusa DNA Research Institute. In the case of RPE1

cells, sequencing libraries were prepared using the TruSeq Stranded mRNA Kit and

sequenced on a NovaSeq 6000 at Macrogen Japan. Adapter sequences were removed from

the raw sequencing data, and after adapter trimming, reads were mapped to the human

reference genome (GRCh38) using the STAR aligner[80]. Read counts for each gene were

collected by featureCounts (version v1.6.4)[81]. Differentially expressed genes were identified

with DESeq2[82] using filtering thresholds of FDR < 0.05. Pathway enrichment analysis was

performed by DAVID[83].

Tumor xenograft

CB17-Prkdc[scid]/Jcl mice were used for establishment of orthotopic breast cancer model and

therapy. This mice strain was purchased from CLEA Japan, Inc. (Tokyo, Japan). Mice were

maintained under specific pathogen-free conditions at the Chiba University. All experimental

procedures were performed in strict accordance with the National Institute of Health

guidelines and were approved by the Institutional Animal Care and Use Committee of Chiba

University. For in vivo experiments, samples sizes were determined on the basis of

knowledge of inter-tumor growth rate variability, gained from previous model-specific

experience. MDA-MB-231 and CAL- 51 cells (1×10^6 cells / 0.1 ml) in 1:1 PBS: Matrigel were

subcutaneously injected into the mammary fat pad of female mice. The experiment was

performed twice. The first experiment used MDA-MB-231 cells and the second experiment

used both MDA-MB-231 and CAL-51 cells. In the first experiment, tumors were allowed to

develop for 30 days, after which mice were randomly assigned to each treatment group,

ensuring that baseline tumor volumes were balanced between treatment arms. The mice

were treated with CMPD1 (i.p., 15 µg/mouse/injection, 10 times for 3 weeks) or PTX (i.p., 5

mg/kg/injection, 10 times for 3 weeks). In the second experiment, treatment was started on

the 10th day after transplantation, and the treatment drug was administered five times over

16 days until the 26th day. During the second experiment, weight was measured, blood was

collected at the end of the study, and the liver and kidneys were also removed for further

analysis. Both maximum and minimum diameters of the resulting tumors were measured

every other day using a slide caliper. Tumor volumes were calculated as previously

described. Mice were euthanized via CO_2 inhalation. The maximum tumor diameter

permitted under the relevant animal protocols is 25 mm, and this limit was not exceeded in

any experiment.

Biochemical analysis of animal models

Whole blood samples were collected from all mice and blood biochemistry determinations

were performed with an Automatic Analyzer Model 7070 (Hitachi Co., Ltd., Tokyo, Japan).

Parameters were aspartate aminotransferase (AST), alanine aminotransferase (ALT), γ-

glutamyl transpeptidase (GGT), blood urea nitrogen (BUN) and creatinine (CRE) (Oriental

Yeast Co., Ltd., Tokyo, Japan).

Hematoxylin and Eosin (HE) Staining

HE staining was performed using tissue samples obtained from the xenograft model. Tissue

samples were thin sliced to a thickness of 4 μm. For staining, slides were first stained with

hematoxylin for 5 minutes, followed by eosin staining for 2 minutes. The slides were then

dehydrated through a series of ethanol solutions, cleared in xylene, and mounted. The

staining was evaluated based on the tissue morphology.

Giemsa Staining

Slides were fixed in absolute methanol for 30 seconds to facilitate cell attachment and

preserve optimal staining characteristics, then allowed to air dry. The slides were immersed

in Wright-Giemsa stain (container 1) for 60 seconds without agitation. For the Rapid Wright's

One-Step Stain reagent, the staining duration was reduced to 15-30 seconds. Excess stain

was removed by draining or blotting the edges of the slides, avoiding direct contact with the

smear. The slides were then immersed in buffer solution (container 2) for 60 seconds (15-

45 seconds for the Rapid Wright's reagent), followed by draining to remove excess buffer.

Subsequently, the slides were dipped in rinse solution (container 3) for 2-10 seconds, with

the Rapid Wright's reagent requiring quick dips for 25 seconds. Excessive buffering and

rinsing were avoided to prevent decolorization. The slides were air-dried in a vertical position

on a paper towel. For microscopic analysis, leukocytes were counted per field at low

magnification, ensuring that fields were selected uniformly across specimens.

FACS

627   MDA-MB-231 cells were incubated with present or absent of CMPD1 for 24 hours. Cells

628   were then twice washed by PBS. Approximately 2×10^6 cells were fixed by ice cold Ethanol

629   for 16 hours. Samples were washed by cold PBS, and stained by PI (Sigma) containing

630   Triton-X (Sigma), and DNAse-free RNAse A (Sigma) in PBS for 30 min. Then samples were

631   measured by a flow cytometer.

Statistics

Statistical significance was determined using two tailed unpaired student's t-test for

comparison between two independent groups or one way ANOVA for multiped comparison.

Two-tailed T-test was performed for Fig. 1C, 1G, 2A-B, 4A-B, 4E, and supplementary figs

4A, 4E-F, 6B-C, 6E, 7C-E. One way ANOVA (multiple comparison) was performed for figs

1D, 2H-I, 3B, 3D, 3G, 4D, 5B, 5F-G, and Fig 3-Supplemen 2A. For TIRF experiments in

Figure 2 G-I, p values were calculated from Z scores (2G; as previously described in Marzo

et al., 2019; PMID 31364990), Mann–Whitney tests (2H-I, left and right), or by unpaired two-

tailed Welch's t-tests (2H-I, middle). The latter two tests were selected as follows: the

unpaired two-tailed Welch's t-test was used when the data sets were determined to be

normal (by the D'Agostino and Pearson test for normality; $p > 0.05$). In the case where only

one (or neither) was determined to be normal ($p < 0.05$), the Mann-Whitney test was used.

For significance, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$, **** $p < 0.0001$ were considered

statistically significant. All quantifications were replicated at least two independent

experiments.

Data availability

RNA-seq data generated in this study are available at Gene Expression Omnibus under

Accession Number: GSE224462:

Go to https://www.ncbi.nlm.nih.gov/geo/query/acc.cgi?acc=GSE224462

References

1. Hanahan, D., and Weinberg, R.A. (2011). Hallmarks of cancer: the next generation. Cell *144*, 646-674. 10.1016/j.cell.2011.02.013.

2. Aaronson, S.A. (1991). Growth factors and cancer. Science *254*, 1146-1153. 10.1126/science.1659742.

3. Chan, K.S., Koh, C.G., and Li, H.Y. (2012). Mitosis-targeted anti-cancer therapies: where they stand. Cell Death Dis *3*, e411. 10.1038/cddis.2012.148.

4. Manchado, E., Guillamot, M., and Malumbres, M. (2012). Killing cells by targeting mitosis. Cell Death Differ *19*, 369-377. 10.1038/cdd.2011.197.

5. Matson, D.R., and Stukenberg, P.T. (2011). Spindle poisons and cell fate: a tale of two pathways. Mol Interv *11*, 141-150. 10.1124/mi.11.2.12.

6. Tischer, J., and Gergely, F. (2019). Anti-mitotic therapies in cancer. J Cell Biol *218*, 10-11. 10.1083/jcb.201808077.

7. Mukhtar, E., Adhami, V.M., and Mukhtar, H. (2014). Targeting microtubules by natural agents for cancer therapy. Mol Cancer Ther *13*, 275-284. 10.1158/1535-7163.MCT-13-0791.

8. Musacchio, A. (2015). The Molecular Biology of Spindle Assembly Checkpoint Signaling Dynamics. Current biology : CB *25*, R1002-1018. 10.1016/j.cub.2015.08.051

S0960-9822(15)01045-3 [pii].

9. Lara-Gonzalez, P., Pines, J., and Desai, A. (2021). Spindle assembly checkpoint activation and silencing at kinetochores. Semin Cell Dev Biol *117*, 86-98. 10.1016/j.semcdb.2021.06.009.

10. Musacchio, A., and Salmon, E.D. (2007). The spindle-assembly checkpoint in space and time. Nature reviews. Molecular cell biology *8*, 379-393. nrm2163 [pii]

10.1038/nrm2163.

11. Jordan, M.A. (2002). Mechanism of action of antitumor drugs that interact with microtubules and tubulin. Curr Med Chem Anticancer Agents *2*, 1-17. 10.2174/1568011023354290.

12. Weaver, B.A. (2014). How Taxol/paclitaxel kills cancer cells. Mol Biol Cell *25*, 2677-2681. 10.1091/mbc.E14-04-0916.

13. Schiff, P.B., Fant, J., and Horwitz, S.B. (1979). Promotion of microtubule assembly in vitro by taxol. Nature *277*, 665-667. 10.1038/277665a0.

14. Perez, E.A. (2009). Microtubule inhibitors: Differentiating tubulin-inhibiting agents based on mechanisms of action, clinical activity, and resistance. Mol Cancer Ther *8*, 2086-2095. 10.1158/1535-7163.MCT-09-0366.

15. Jordan, M.A., Kamath, K., Manna, T., Okouneva, T., Miller, H.P., Davis, C., Littlefield, B.A., and Wilson, L. (2005). The primary antimitotic mechanism of action of the synthetic halichondrin E7389 is suppression of microtubule growth. Mol Cancer Ther *4*, 1086-1095. 10.1158/1535-7163.MCT-04-0345.

16. Abu Samaan, T.M., Samec, M., Liskova, A., Kubatka, P., and Busselberg, D. (2019). Paclitaxel's Mechanistic and Clinical Effects on Breast Cancer. Biomolecules *9*. 10.3390/biom9120789.

17. Fountzilas, G., Dafni, U., Dimopoulos, M.A., Koutras, A., Skarlos, D., Papakostas, P., Gogas, H., Bafaloukos, D., Kalogera-Fountzila, A., Samantas, E., et al. (2009). A randomized phase III study comparing three anthracycline-free taxane-based regimens, as first line chemotherapy, in metastatic breast cancer: a Hellenic Cooperative Oncology Group study. Breast Cancer Res Treat *115*, 87-99. 10.1007/s10549-008-0047-9.

18.   Holmes, F.A., Walters, R.S., Theriault, R.L., Forman, A.D., Newton, L.K., Raber, M.N., Buzdar, A.U., Frye, D.K., and
Hortobagyi, G.N. (1991). Phase II trial of taxol, an active drug in the treatment of metastatic breast cancer. J Natl
Cancer Inst *83*, 1797-1805. 10.1093/jnci/83.24.1797-a.

19.   Kohn, E.C., Sarosy, G., Bicher, A., Link, C., Christian, M., Steinberg, S.M., Rothenberg, M., Adamo, D.O., Davis, P.,
Ognibene, F.P., et al. (1994). Dose-Intense Taxol: High Response Rate in Patients With Platinum-Resistant
Recurrent Ovarian Cancer. JNCI Journal of the National Cancer Institute *86*, 18-24. 10.1093/jnci/86.1.18.

20.   Brewer, J.R., Morrison, G., Dolan, M.E., and Fleming, G.F. (2016). Chemotherapy-induced peripheral neuropathy:
Current status and progress. Gynecol Oncol *140*, 176-183. 10.1016/j.ygyno.2015.11.011.

21.   Armstrong, D.K., Bundy, B., Wenzel, L., Huang, H.Q., Baergen, R., Lele, S., Copeland, L.J., Walker, J.L., Burger, R.A.,
and Gynecologic Oncology, G. (2006). Intraperitoneal cisplatin and paclitaxel in ovarian cancer. N Engl J Med *354*,
34-43. 10.1056/NEJMoa052985.

22.   Banerji, A., Lax, T., Guyer, A., Hurwitz, S., Camargo, C.A., Jr., and Long, A.A. (2014). Management of
hypersensitivity reactions to Carboplatin and Paclitaxel in an outpatient oncology infusion center: a 5-year review.
J Allergy Clin Immunol Pract *2*, 428-433. 10.1016/j.jaip.2014.04.010.

23.   Lipton, R.B., Apfel, S.C., Dutcher, J.P., Rosenberg, R., Kaplan, J., Berger, A., Einzig, A.I., Wiernik, P., and Schaumburg,
H.H. (1989). Taxol produces a predominantly sensory neuropathy. Neurology *39*, 368-373. 10.1212/wnl.39.3.368.

24.   Misawa, S., Denda, T., Kodama, S., Suzuki, T., Naito, Y., Kogawa, T., Takada, M., Suichi, T., Shiosakai, K., Kuwabara,
S., and Miro, C.I.P.s.g. (2023). Efficacy and safety of mirogabalin for chemotherapy-induced peripheral
neuropathy: a prospective single-arm trial (MiroCIP study). BMC Cancer *23*, 1098. 10.1186/s12885-023-11560-
4.

25.   Kavallaris, M., Kuo, D.Y., Burkhart, C.A., Regl, D.L., Norris, M.D., Haber, M., and Horwitz, S.B. (1997). Taxol-resistant
epithelial ovarian tumors are associated with altered expression of specific beta-tubulin isotypes. J Clin Invest
100, 1282-1293. 10.1172/JCI119642.

26.   Kavallaris, M. (2010). Microtubules and resistance to tubulin-binding agents. Nat Rev Cancer *10*, 194-204.
10.1038/nrc2803.

27.   Seve, P., and Dumontet, C. (2008). Is class III beta-tubulin a predictive factor in patients receiving tubulin-binding
agents? Lancet Oncol *9*, 168-175. 10.1016/S1470-2045(08)70029-9.

28.   Eslamian, G., Wilson, C., and Young, R.J. (2017). Efficacy of eribulin in breast cancer: a short report on the
emerging new data. Onco Targets Ther *10*, 773-779. 10.2147/OTT.S102638.

29.   Smith, J.A., Wilson, L., Azarenko, O., Zhu, X., Lewis, B.M., Littlefield, B.A., and Jordan, M.A. (2010). Eribulin binds
at microtubule ends to a single site on tubulin to suppress dynamic instability. Biochemistry *49*, 1331-1337.
10.1021/bi901810u.

30.   O'Shaughnessy, J., McIntyre, K., Schwartzberg, L., Wilks, S., Puhalla, S., Berrak, E., Song, J., and Vahdat, L. (2015).
Impact of prior anthracycline or taxane use on eribulin effectiveness as first-line treatment for metastatic breast
cancer: results from two phase 2, multicenter, single-arm studies. Springerplus *4*, 532. 10.1186/s40064-015-
1322-y.

31.   Dumontet, C., and Jordan, M.A. (2010). Microtubule-binding agents: a dynamic field of cancer therapeutics. Nat
Rev Drug Discov *9*, 790-803. 10.1038/nrd3253.

32.   Cortes, J., O'Shaughnessy, J., Loesch, D., Blum, J.L., Vahdat, L.T., Petrakova, K., Chollet, P., Manikas, A., Diéras, V.,
Delozier, T., et al. (2011). Eribulin monotherapy versus treatment of physician's choice in patients with metastatic

breast cancer (EMBRACE): a phase 3 open-label randomised study. The Lancet *377*, 914-923. 10.1016/s0140-
6736(11)60070-6.

33. Cortes, J., O'Shaughnessy, J., Loesch, D., Blum, J.L., Vahdat, L.T., Petrakova, K., Chollet, P., Manikas, A., Dieras, V.,
Delozier, T., et al. (2011). Eribulin monotherapy versus treatment of physician's choice in patients with metastatic
breast cancer (EMBRACE): a phase 3 open-label randomised study. Lancet *377*, 914-923. 10.1016/S0140-
6736(11)60070-6.

34. Cortes, J., Vahdat, L., Blum, J.L., Twelves, C., Campone, M., Roche, H., Bachelot, T., Awada, A., Paridaens, R.,
Goncalves, A., et al. (2010). Phase II study of the halichondrin B analog eribulin mesylate in patients with locally
advanced or metastatic breast cancer previously treated with an anthracycline, a taxane, and capecitabine. J Clin
Oncol *28*, 3922-3928. 10.1200/JCO.2009.25.8467.

35. Wood, C.D., Thornton, T.M., Sabio, G., Davis, R.A., and Rincon, M. (2009). Nuclear localization of p38 MAPK in
response to DNA damage. Int J Biol Sci *5*, 428-437. 10.7150/ijbs.5.428.

36. Borisova, M.E., Voigt, A., Tollenaere, M.A.X., Sahu, S.K., Juretschke, T., Kreim, N., Mailand, N., Choudhary, C.,
Bekker-Jensen, S., Akutsu, M., et al. (2018). p38-MK2 signaling axis regulates RNA metabolism after UV-light-
induced DNA damage. Nat Commun *9*, 1017. 10.1038/s41467-018-03417-3.

37. Yamashita, M., Fatyol, K., Jin, C., Wang, X., Liu, Z., and Zhang, Y.E. (2008). TRAF6 mediates Smad-independent
activation of JNK and p38 by TGF-beta. Mol Cell *31*, 918-924. 10.1016/j.molcel.2008.09.002.

38. Han, J., Lee, J.D., Bibbs, L., and Ulevitch, R.J. (1994). A MAP kinase targeted by endotoxin and hyperosmolarity in
mammalian cells. Science *265*, 808-811. 10.1126/science.7914033.

39. Colomer, C., Margalef, P., Villanueva, A., Vert, A., Pecharroman, I., Sole, L., Gonzalez-Farre, M., Alonso, J.,
Montagut, C., Martinez-Iniesta, M., et al. (2019). IKKalpha Kinase Regulates the DNA Damage Response and
Drives Chemo-resistance in Cancer. Mol Cell *75*, 669-682 e665. 10.1016/j.molcel.2019.05.036.

40. Arthur, J.S., and Ley, S.C. (2013). Mitogen-activated protein kinases in innate immunity. Nat Rev Immunol *13*,
679-692. 10.1038/nri3495.

41. Segales, J., Perdiguero, E., and Munoz-Canoves, P. (2016). Regulation of Muscle Stem Cell Functions: A Focus on
the p38 MAPK Signaling Pathway. Front Cell Dev Biol *4*, 91. 10.3389/fcell.2016.00091.

42. Canovas, B., and Nebreda, A.R. (2021). Diversity and versatility of p38 kinase signalling in health and disease. Nat
Rev Mol Cell Biol *22*, 346-366. 10.1038/s41580-020-00322-w.

43. Cuadrado, A., and Nebreda, A.R. (2010). Mechanisms and functions of p38 MAPK signalling. Biochem J *429*, 403-
417. 10.1042/BJ20100323.

44. Young, P.R. (2013). Perspective on the discovery and scientific impact of p38 MAP kinase. J Biomol Screen *18*,
1156-1163. 10.1177/1087057113497401.

45. Gurgis, F.M., Ziaziaris, W., and Munoz, L. (2014). Mitogen-activated protein kinase-activated protein kinase 2 in
neuroinflammation, heat shock protein 27 phosphorylation, and cell cycle: role and targeting. Mol Pharmacol
85, 345-356. 10.1124/mol.113.090365.

46. Yuan, J., Xu, B.Z., Qi, S.T., Tong, J.S., Wei, L., Li, M., Ouyang, Y.C., Hou, Y., Schatten, H., and Sun, Q.Y. (2010). MAPK-
activated protein kinase 2 is required for mouse meiotic spindle assembly and kinetochore-microtubule
attachment. PLoS One *5*, e11247. 10.1371/journal.pone.0011247.

47. Tang, J., Yang, X., and Liu, X. (2008). Phosphorylation of Plk1 at Ser326 regulates its functions during mitotic
progression. Oncogene *27*, 6635-6645. 10.1038/onc.2008.262.

48. Davidson, W., Frego, L., Peet, G.W., Kroe, R.R., Labadia, M.E., Lukas, S.M., Snow, R.J., Jakes, S., Grygon, C.A.,
Pargellis, C., and Werneburg, B.G. (2004). Discovery and characterization of a substrate selective p38alpha
inhibitor. Biochemistry *43*, 11658-11671. 10.1021/bi0495073.

49. Mamidi, P., Nayak, T.K., Kumar, A., Kumar, S., Chatterjee, S., De, S., Datey, A., Ghosh, S., Keshry, S.S., Singh, S., et
al. (2021). MK2a inhibitor CMPD1 abrogates chikungunya virus infection by modulating actin remodeling
pathway. PLoS Pathog *17*, e1009667. 10.1371/journal.ppat.1009667.

50. Wu, Y., He, H., Ding, Y., Liu, S., Zhang, D., Wang, J., Jiang, H., Zhang, D., Sun, L., Ye, R.D., and Qian, F. (2018). MK2
mediates macrophage activation and acute lung injury by regulating let-7e miRNA. Am J Physiol Lung Cell Mol
Physiol *315*, L371-L381. 10.1152/ajplung.00019.2018.

51. Hendriks, B.S., Seidl, K.M., and Chabot, J.R. (2010). Two additive mechanisms impair the differentiation of
'substrate-selective' p38 inhibitors from classical p38 inhibitors in vitro. BMC Syst Biol *4*, 23. 10.1186/1752-0509-
4-23.

52. Li, Y., Zhang, D., Yu, K., Hu, Y., Wu, Q., Qian, F., and Wang, Z. (2018). CMPD1 inhibited human gastric cancer cell
proliferation by inducing apoptosis and G2/M cell cycle arrest. Biol Res *51*, 11. 10.1186/s40659-018-0159-6.

53. Gurgis, F., Akerfeldt, M.C., Heng, B., Wong, C., Adams, S., Guillemin, G.J., Johns, T.G., Chircop, M., and Munoz, L.
(2015). Cytotoxic activity of the MK2 inhibitor CMPD1 in glioblastoma cells is independent of MK2. Cell Death
Discov *1*, 15028. 10.1038/cddiscovery.2015.28.

54. Jordan, M.A., and Wilson, L. (2004). Microtubules as a target for anticancer drugs. Nat Rev Cancer *4*, 253-265.
10.1038/nrc1317.

55. Moudi, M., Go, R., Yien, C.Y., and Nazre, M. (2013). Vinca alkaloids. Int J Prev Med *4*, 1231-1235.

56. Dai, X., Cheng, H., Bai, Z., and Li, J. (2017). Breast Cancer Cell Line Classification and Its Relevance with Breast
Tumor Subtyping. J Cancer *8*, 3131-3141. 10.7150/jca.18457.

57. Neve, R.M., Chin, K., Fridlyand, J., Yeh, J., Baehner, F.L., Fevr, T., Clark, L., Bayani, N., Coppe, J.P., Tong, F., et al.
(2006). A collection of breast cancer cell lines for the study of functionally distinct cancer subtypes. Cancer Cell
10, 515-527. 10.1016/j.ccr.2006.10.008.

58. Huovinen, M., Loikkanen, J., Myllynen, P., and Vahakangas, K.H. (2011). Characterization of human breast cancer
cell lines for the studies on p53 in chemical carcinogenesis. Toxicol In Vitro *25*, 1007-1017.
10.1016/j.tiv.2011.03.018.

59. Tentler, J.J., Ionkina, A.A., Tan, A.C., Newton, T.P., Pitts, T.M., Glogowska, M.J., Kabos, P., Sartorius, C.A., Sullivan,
K.D., Espinosa, J.M., et al. (2015). p53 Family Members Regulate Phenotypic Response to Aurora Kinase A
Inhibition in Triple-Negative Breast Cancer. Mol Cancer Ther *14*, 1117-1129. 10.1158/1535-7163.MCT-14-0538-
T.

60. Scribano, C.M., Wan, J., Esbona, K., Tucker, J.B., Lasek, A., Zhou, A.S., Zasadil, L.M., Molini, R., Fitzgerald, J., Lager,
A.M., et al. (2021). Chromosomal instability sensitizes patient breast tumors to multipolar divisions induced by
paclitaxel. Sci Transl Med *13*, eabd4811. 10.1126/scitranslmed.abd4811.

61. Redman-Rivera, L.N., Shaver, T.M., Jin, H., Marshall, C.B., Schafer, J.M., Sheng, Q., Hongo, R.A., Beckermann, K.E.,
Wheeler, F.C., Lehmann, B.D., and Pietenpol, J.A. (2021). Acquisition of aneuploidy drives mutant p53-associated
gain-of-function phenotypes. Nature communications *12*, 5184. 10.1038/s41467-021-25359-z.

62. Vasiliev, J.M., Gelfand, I.M., Domnina, L.V., Ivanova, O.Y., Komm, S.G., and Olshevskaja, L.V. (1970). Effect of
colcemid on the locomotory behaviour of fibroblasts. J Embryol Exp Morphol *24*, 625-640.

63.   Liao, G., Nagasaki, T., and Gundersen, G.G. (1995). Low concentrations of nocodazole interfere with fibroblast
locomotion without significantly affecting microtubule level: implications for the role of dynamic microtubules
in cell locomotion. J Cell Sci *108 (Pt 11)*, 3473-3483. 10.1242/jcs.108.11.3473.

64.   Etienne-Manneville, S. (2013). Microtubules in cell migration. Annu Rev Cell Dev Biol *29*, 471-499.
10.1146/annurev-cellbio-101011-155711.

65.   Anderson, D.R., Meyers, M.J., Vernier, W.F., Mahoney, M.W., Kurumbail, R.G., Caspers, N., Poda, G.I., Schindler,
J.F., Reitz, D.B., and Mourey, R.J. (2007). Pyrrolopyridine inhibitors of mitogen-activated protein kinase-activated
protein kinase 2 (MK-2). J Med Chem *50*, 2647-2654. 10.1021/jm0611004.

66.   Stokoe, D., Engel, K., Campbell, D.G., Cohen, P., and Gaestel, M. (1992). Identification of MAPKAP kinase 2 as a
major enzyme responsible for the phosphorylation of the small mammalian heat shock proteins. FEBS Lett *313*,
307-313. 10.1016/0014-5793(92)81216-9.

67.   Lopes, L.B., Flynn, C., Komalavilas, P., Panitch, A., Brophy, C.M., and Seal, B.L. (2009). Inhibition of HSP27
phosphorylation by a cell-permeant MAPKAP Kinase 2 inhibitor. Biochem Biophys Res Commun *382*, 535-539.
10.1016/j.bbrc.2009.03.056.

68.   Guo, M., Sun, D., Fan, Z., Yuan, Y., Shao, M., Hou, J., Zhu, Y., Wei, R., Zhu, Y., Qian, J., et al. (2019). Targeting MK2
Is a Novel Approach to Interfere in Multiple Myeloma. Front Oncol *9*, 722. 10.3389/fonc.2019.00722.

69.   Gu, C., Cheng, H., Yang, H., Bian, Y., Wang, Y., Zhang, Y., Pisano, M., Hu, G., and Yang, Y. (2021). MK2 is a
therapeutic target for high-risk multiple myeloma. Haematologica *106*, 1774-1777.
10.3324/haematol.2017.182121.

70.   Berggren, K.L., Restrepo Cruz, S., Hixon, M.D., Cowan, A.T., Keysar, S.B., Craig, S., James, J., Barry, M., Ozbun, M.A.,
Jimeno, A., et al. (2019). MAPKAPK2 (MK2) inhibition mediates radiation-induced inflammatory cytokine
production and tumor growth in head and neck squamous cell carcinoma. Oncogene *38*, 7329-7341.
10.1038/s41388-019-0945-9.

71.   Kudaravalli, S., den Hollander, P., and Mani, S.A. (2022). Role of p38 MAP kinase in cancer stem cells and
metastasis. Oncogene *41*, 3177-3185. 10.1038/s41388-022-02329-3.

72.   Morgan, D., Berggren, K.L., Spiess, C.D., Smith, H.M., Tejwani, A., Weir, S.J., Lominska, C.E., Thomas, S.M., and
Gan, G.N. (2022). Mitogen-activated protein kinase-activated protein kinase-2 (MK2) and its role in cell survival,
inflammatory signaling, and migration in promoting cancer. Mol Carcinog *61*, 173-199. 10.1002/mc.23348.

73.   Pomerance, M., Quillard, J., Chantoux, F., Young, J., and Blondeau, J.P. (2006). High-level expression, activation,
and subcellular localization of p38-MAP kinase in thyroid neoplasms. J Pathol *209*, 298-306. 10.1002/path.1975.

74.   Suresh, K., Del Rosario, O., Kallem, M., Singh, G., Shah, A., Zheng, L., Yun, X., Philip, N.M., Putcha, N., McClure,
M.B., et al. (2023). Tumor MK2 transcript levels are associated with improved response to chemotherapy and
patient survival in non-small cell lung cancer. Physiol Genomics *55*, 168-178.
10.1152/physiolgenomics.00155.2022.

75.   Suzuki, A., Badger, B.L., Wan, X., DeLuca, J.G., and Salmon, E.D. (2014). The architecture of CCAN proteins creates
a structural integrity to resist spindle forces and achieve proper Intrakinetochore stretch. Developmental cell *30*,
717-730. 10.1016/j.devcel.2014.08.003
S1534-5807(14)00513-9 [pii].

76.   Suzuki, A., Badger, B.L., and Salmon, E.D. (2015). A quantitative description of Ndc80 complex linkage to human
kinetochores. Nature Communication *6*, 8161. 10.1038/ncomms9161.

77.   Chandradoss, S.D., Haagsma, A.C., Lee, Y.K., Hwang, J.H., Nam, J.M., and Joo, C. (2014). Surface passivation for
single-molecule protein studies. J Vis Exp. 10.3791/50549.
78.   Pinder, S.E., Ellis, I.O., Galea, M., O'Rouke, S., Blamey, R.W., and Elston, C.W. (1994). Pathological prognostic
factors in breast cancer. III. Vascular invasion: relationship with recurrence and survival in a large study with long-
term follow-up. Histopathology *24*, 41-47. 10.1111/j.1365-2559.1994.tb01269.x.
79.   Lauria, R., Perrone, F., Carlomagno, C., De Laurentiis, M., Morabito, A., Gallo, C., Varriale, E., Pettinato, G., Panico,
L., Petrella, G., et al. (1995). The prognostic value of lymphatic and blood vessel invasion in operable breast
cancer. Cancer *76*, 1772-1778. 10.1002/1097-0142(19951115)76:10<1772::Aid-cncr2820761014>3.0.Co;2-o.
80.   Dobin, A., Davis, C.A., Schlesinger, F., Drenkow, J., Zaleski, C., Jha, S., Batut, P., Chaisson, M., and Gingeras, T.R.
(2013). STAR: ultrafast universal RNA-seq aligner. Bioinformatics *29*, 15-21. 10.1093/bioinformatics/bts635.
81.   Liao, Y., Smyth, G.K., and Shi, W. (2013). featureCounts: an efficient general purpose program for assigning
sequence reads to genomic features. Bioinformatics *30*, 923-930. 10.1093/bioinformatics/btt656.
82.   Love, M.I., Huber, W., and Anders, S. (2014). Moderated estimation of fold change and dispersion for RNA-seq
data with DESeq2. Genome Biology *15*. 10.1186/s13059-014-0550-8.
83.   Huang, D.W., Sherman, B.T., and Lempicki, R.A. (2008). Systematic and integrative analysis of large gene lists using
DAVID bioinformatics resources. Nature protocols *4*, 44-57. 10.1038/nprot.2008.211.

Legends

Figure 1. CMPD1 induced severe mitotic arrest in multiple cancer cell lines

(A) Chemical structure of CMPD1. (B) FACS analysis of MDA-MB-231 cells treated with

DMSO or 1, 5, or 10 µM CMPD1 for 24 hours. (C) Representative time-lapse images of

MDA-MB-231, CAL-51, and T-47D cells treated with either DMSO or 5 µM CMPD1. Time is

indicated in minutes post-NEBD. (D) Quantification of mitotic duration of MDA-MB-231, CAL-

51, and T-47D treated with DMSO, 1, 5, or 10 µM CMPD1. n = 30-60 cells pooled from two

independent replicates. Error bars are mean ± s.d. Asterisk above each dot plot indicates

the significant difference (p < 0.0001, Tukey's multiple comparison test) between the

indicated drug-treated condition and the control.

Figure 2. CMPD1 treatment specifically attenuates mitotic fidelity of cancer cells

(A) Representative time-lapse images (interval: 3 min) of RPE1, MDA-MB-231, and CAL-51

cells treated with DMSO or low dose of CMPD1 (10 and 50 nM). All of these three cell lines

express H2B-GFP. Time is indicated in minutes post-NEBD. (B) Quantification of mitotic

duration of cells shown in (A). n = 70, 60, 60, 60, 60, 65, 50, 84, 101 cells from left to right.

(C) The enlarged plot of a red box region shown in (B). (D) Representative images of mitotic

defects. Note that "misaligned" and "no metaphase plate" were annotated only when the

cells exhibited this phenotype upon anaphase onset. (E) Normalized percentage of mitotic

cells exhibiting accurate chromosome segregation in each condition. The data derived from

CMPD1-treated cells were normalized to the data derived from DMSO-treated cells for each

cell line. (F) Left: representative time-lapse images (interval: 3 min) of untreated RPE1 cells,

and RPE1, MDA-MB-231, and CAL-51 cells treated with 10 nM PTX. Right: The

quantification of the fraction of mitotic cells showing mitotic errors. The p-value was

calculated by Tukey's multiple comparisons test. Time is indicated in minutes post-washout.

(G) Representative images of RPE1, MDA-MB-231, and CAL-51 cells in CMPD1 washout

experiments. Briefly, cells were treated with 2 µM CMPD1 for 4 hours, followed by a wash

with complete media and live-cell imaging. Time is indicated in minutes post-washout. (H)

The mitotic duration of mitotic cells that were arrested by CMPD1 in the beginning of the

imaging. The mitotic duration was defined as the time from the start of the imaging to

anaphase onset or mitotic exit. The mean value was shown at the top right of each condition.

n = 54, 60, and 37 cells for RPE1, MDA-MB-231, and CAL-51 cells, respectively. The p-

value was calculated by Tukey's multiple comparisons test. (I) Quantification of the

percentage of mitotic cells showing normal chromosome segregation. The mean value was

shown at the top right of each condition. n = 50 cells in each condition pooled from two

independent experiments. The p-value was calculated by Tukey's multiple comparisons test.

Error bars are mean ± s.d.

Figure 3. CMPD1 inhibits both anchorage independent growth and tumor growth in

mice

(A) Representative images of anchorage independent growth assay using MDA-MB-231

cells treated with DMSO, CMPD1 at different conditions (0.01, 0.05, 0.1, 0.25, 0.5, and 1

μM), or 10 μM PTX. (B) The normalized number of cell colonies formed in each condition.

Error bars are mean ± s.d. Three independent experiments were performed for each

condition. (C) Schematic diagram of the mouse xenograft experiment using MDA-MB-231

and the drug treatment schedule. (D) The photo of tumors in each condition at the time of

necropsy. The tumors were arranged in order based on their size. (E) Quantification of the

gross weight of tumors in the mouse xenograft experiment using MDA-MB-231 cells at the

time of necropsy. (F) Quantification of the tumor volume during the treatment regimen in the

mouse xenograft experiment using CAL-51 cells. (G) Quantification of the gross weight of

tumors in the mouse xenograft experiment using CAL-51 cells at the time of necropsy.

Figure 4. CMPD1 induces microtubule depolymerization

(A) Representative time-lapse images of CAL-51 cells expressing α-Tubulin-mNeonGreen

and H2B-mScalret upon the treatment with DMSO, 2 μM CMPD1, or 10 μM MG132 along

with 2 μM CMPD1. CMPD1 was added into the cell culture media immediately after images

at the first time point were acquired. Time is indicated in minutes. (B) The quantification of

the signal levels of mitotic spindles over time in each condition shown in (A). (C)

Representative time-lapse images (interval: 2 min) of a G2 phase CAL-51 cell expressing α-

Tubulin-mNeonGreen and H2B-mScarlet in the presence of 2 µM CMPD1. Note that the two

bright dots in the Tubulin channel indicate the two clustered centrosomes before NEBD. The

arrow in the DNA channel indicates the time of NEBD. Time is indicated in minutes. (D)

Representative kymographs depicting microtubule plus and minus end dynamics before and

after the addition of polymerization mix supplement with 15 µM tubulin alone, or 15 µM

tubulin supplemented with either 20 µM CMPD1 or 5 µM vinblastine, as indicated

(GMPCPP-stabilized microtubule seeds, magenta; microtubules polymerized from seeds,

green; see Methods). Plus ends are positioned to the right, and minus ends are positioned

to the left of the seeds in all kymographs. Red arrow and dashed line indicate the time of

addition of tubulin alone, or tubulin plus drug. (E) Plot depicting fraction of microtubules with

detectable plus or minus ends 1 minute after addition of drug, or tubulin alone (n = 27, 29,

and 30 microtubules from left to right). Error bars indicate mean ± s.d. (F) Representative

images from a time-lapse sequence showing microtubule plus and minus end lengths 10

seconds prior to, and 5 and 15 seconds after addition of polymerization mix supplemented

with 20 µM CMPD1. (G) Plots depicting plus end catastrophe frequencies (n = 51 and 41

microtubules from left to right), plus end growth rates (n = 172 and 91 events from left to

right), and normalized maximum length (n = 55 and 41 microtubules from left to right)

achieved over the imaging period. (H) Plots depicting minus end catastrophe frequencies (n

= 51 and 41 microtubules from left to right), minus end growth rates (n = 129 and 63 events

from left to right), and normalized maximum length (n = 55 and 40 microtubules from left to

right) achieved over the imaging period. Error bars indicate mean ± s.d. Data were pooled

from at least 2-4 independent replicates (G-H).

Figure 5. CMPD1 inhibits cancer cell migration and invasion

(A) Representative images of H2B-mScarlet CAL-51 cells treated with DMSO, or CMPD1 at

different concentrations (0, 0.1, 0.5, 1, 10 µM) at three different time points (0, 24, and 48 hr

post-treatment). A wound (cell-free zone) was created using a tip, followed by the addition

of indicated drugs and live-cell imaging (interval: 30 min). (B) Quantification of cell migration

speed when cells were treated with indicated drugs. Each condition was normalized to the

speed of DMSO-treated cells. The distance between the edge of the wound was measured

using imageJ macro. Results are the mean ± s.d. N = 3 biological replicates. (C)

Representative images of trans-well invasion assay using MDA-MB-231 cells treated with

DMSO, CMPD1 (0.1, 1, 2, 5 µM), or 10 µM PTX. (D) The quantification of the average

number of invaded cells in each condition shown in (C). (E) Left: example images of blood

vessels in xenograft tumors derived from mice treated with DMSO or 1.0 mg/kg CMPD1 as

shown in Fig. 3C. Two sets of example images acquired from different tumors were shown.

Right: the quantification of the percentage of blood vessels infiltrated with cancer cells. Error

bars are mean ± s.d.

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Figure 6. MK2 inhibition enhances the efficacy of microtubule inhibitors in cancer

cells

(A) Left: representative time-lapse images of mitotic CAL-51 cells treated with indicated

combinations of drugs (10 µM MK2i, 1 nM vinblastine, 5 nM vinblastine). Right: quantification

of the mitotic duration, mitotic error rate, mitotic slippage rate, and the frequency of death in

mitosis. The fate of mitotic cells was color-coded as indicated above the quantification plots.

N = 100 cells pooled from two biological replicates for each condition. Time shown on the

upper right corner of the representative images is indicated in minutes after NEBD. (B)

Volcano plot displaying changes in gene expression following CMPD1 treatment in MDA-

MB-231 cells. RNA-seq was conducted with three biological replicates. Differentially

expressed genes (DEGs) are highlighted in red (up-regulated) and blue (down-regulated).

(C) Pathway enrichment analysis of differentially expressed genes using the Gene Ontology

(GO) Biological Processes (BP). Enrichment analysis was performed with the DAVID online

tool. (D) Comparison of GO Biological Process enrichment analysis of DEGs unique to MDA-

MB-231 cells relative to RPE1 cells. Genes uniquely up- or down-regulated in MDA-MB-231

cells, but not in RPE1 cells, were subjected to GO BP enrichment analysis.

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Figure 7. The model of CMPD1-mediated cytotoxicity effects on cancer cells.

CMPD1 exhibits its tumor-specific cytotoxicity likely via two pathways. First, CMPD1 acts as

a kinase inhibitor which prevents p38 MAPK-dependent phosphorylation of MK2, leading to

the disruption of proper actin remodeling and spindle formation during mitosis. Second,

CMPD1 serves as a MTA which can specifically induce depolymerization at the plus ends of

microtubules. Both impaired actin reorganization and attenuated microtubule filament

formation inhibit cancer cell migration and invasion, thereby preventing metastasis. On the

other hand, failure of spindle assembly during mitosis causes the extended prometaphase

arrest and the diminished mitotic fidelity, resulting in apoptosis of tumor cells and tumor

shrinkage.

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Figure 1

Figure 2

Figure 3

Figure 4

Figure 5

Figure 6

Figure 7