Cell competition confers anchorage plasticity of disseminated tumor cells

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Abstract

Cell competition within the primary tumor drives tumor growth by promoting the uncontrolled proliferation of winner cells and eliminating loser cells by sensing cell fitness. However, the mechanism how cell competition confers loser cells with the metastatic potential of circulating tumor cells (CTCs) remains elusive. Unexpectedly, we found cell competition-induced less fit but viable cells transformed into CTCs via adherent-to-suspension transition (AST) mechanisms in dissemination assay. The induction of AST factors, hematopoietic transcription factors hijacked by solid tumor cells, rendered CTCs competent to lose anchorage dependency and disseminate into the bloodstream, while subsequent suppression of these factors in CTCs was critical to regain adhesion and colonize metastatic lesions. Disrupting the oscillatory dynamics of AST factors blocked the adherent-suspension plasticity (ASP) of breast cancer CTCs and suppressed lung metastasis. Furthermore, multiregional single-cell transcriptomic analyses of matched primary tumors, CTCs, and metastatic lesions from *de novo* metastatic breast cancer patients identified the critical role of ASP in metastasis.

Significance

We demonstrate that cell competition-mediated displacement of CTCs manifests dynamic oscillation of AST factors that confer anchorage plasticity of solid tumor cells critical for the dissemination and colonization of CTCs. These findings highlight the potential of targeting AST factors to develop effective anti-metastatic therapies.

Introduction

Introduction

Multicellular development is characterized by competitive cells outcompeting less fit cells,

which are programmed to disappear in order to maintain homeostasis, thereby ensuring the

functional and structural integrity of tissues. This cell fitness monitoring system, known as 'cell

competition', occurs through mechanical competition that depend on cell-cell interactions or

molecular competition driven by soluble factors secreted by neighboring cells. In cancer, where

genetic heterogeneity plays a significant role, cell competition exerts various pressures on

tumorigenesis. Competitive intratumoral cells can influence tumor malignancy through clonal

expansion, while less fit cells that detach from the parental cell population may contribute to cancer

metastasis. Metastatic dissemination of primary tumor cells requires the detachment of circulating

tumor cells (CTCs) into the lymphatic or blood microvasculature, resist anoikis while migrating

through the bloodstream, and adapt to foreign microenvironment in distant tissues [1, 2]. However,

the physiological similarity between less-fit cells detached from the primary tumor through cell

competition and CTCs remains to be clarified.

The metastatic cascade could be perceived as a consequence of cancer cells constantly

transitioning between an adherent state and a suspension state [3]. We recently discovered a

biological phenomenon, adherent-to-suspension transition (AST), a mechanism that reprograms

the anchorage dependency of solid tumor cells via hematopoietic transcription factors termed AST

factors to facilitate the dissemination and release of circulating tumor cells (CTCs) [4-6]. Despite

the absence of lineage differentiation and EMT (epithelial-to-mesenchymal transition), the

induction of AST in solid tumor cells 1) suppresses global integrin/extracellular matrix (ECM)

gene expression via YAP-TEAD inhibition to evoke spontaneous cell-matrix dissociation and 2)

upregulates globin genes to prevent oxidative stress and permit the acquisition of anoikis

resistance. Once in the bloodstream, the resulting CTCs could reattach and colonize distant organs

to initiate metastatic outgrowth [7]. It remains unclear, however, whether the regulation of CTC

anchorage dependency throughout the metastatic cascade requires dynamic plasticity in AST

factor expression.

Previously, we observed in mice an induction of AST factors during melanoma CTC

dissemination and a subsequent reduction of these factors in colonized lung nodules to levels

resembling those of primary tumor cells, suggesting that AST factor expression can show

reversible plasticity [4]. In addition, when we triggered a transient induction and reduction of

ectopically expressed AST factors, we observed a strong correlation with the loss and gain of

anchorage dependency. Although it remains unclear whether these plastic changes in AST

expression are important for human cancer metastasis, the direct correlation we observed between

AST factor oscillation and the reprogramming of anchorage dependency led us to pursue the

hypothesis that the dynamic spatiotemporal modulation of AST factor expression is crucial for the

spontaneous dissemination and colonization of CTCs during metastatic outgrowth.

To investigate adherent-suspension plasticity in cancer patients, we established a

comprehensive biobank and analyzed the alteration of AST factor expression during the

dissemination and colonization of CTCs. We enrolled untreated *de novo* metastatic breast cancer

patients and analyzed single-cell level transcriptomes of matched tissue and liquid biopsy

specimens comprising 1) primary tumors, 2) CTCs, and 3) metastatic lesions. To date, most

transcriptomic studies in cancer patients seeking to uncover the molecular mechanisms of

metastasis have focused on individual analyses of either primary tumors, CTCs, or metastatic

lesions. There have also been analyses comparing primary tumors with CTCs or metastatic lesions

from unrelated patients [13-17]. To monitor the dynamic plasticity of AST factors and related gene

signatures that encompass the metastatic cascade from dissemination to colonization, we have

demonstrated the necessity of comparing the transcriptomes of CTCs with the transcriptomes of

matched solid tumor counterparts derived from the same patient. Thus, performing a cell

competition assay and analyzing single-cell-level transcriptomes of matched specimens from *de*

novo metastatic breast cancer patients, our study has revealed how anchorage plasticity drives the

metastatic cascade in disseminated CTCs via AST factor-mediated ASP.

Results

Cell competiton orchestrates spontaneous detachment of CTC-like cells driven by AST

factors expression *in vitro.*

Malignant tumors are characterized by the mobilization of cancer cells that have lost

contact inhibition of proliferation (CIP). This leads to cell crowding-induced hostile tumor

microenvironment (TME) that drives dissemination of CTCs from their primary tumor into the

blood vessels. The metastatic cascade, therefore, could be conceived as a consequence of cancer

cells constantly transitioning between the adherent and suspension states. Tumors with genomic

and epigenomic heterogeneity acquire competitive and aggressive cancer cells through a fitness-

based selection mechanism of cell competition in high cell density environments. Recent studies

have also reported that highly metastatic cells are generated and displaced through cell competition.

To examine whether cell competition in a high cell density environment facilitates the

displacement of CTCs from parental cells, we exposed various subtypes of breast cancer cell lines,

including MDA-MB-231, MCF7, BT549, and Hs578T, to sustained high cell density stress

conditions that promote cell competition. Notably, while other breast cancer cell lines we tested

exhibited contact inhibition or cell death, only in MDA-MB-231 cells, cell competition results in

the rounding and detachment of CTC-like cancer cells that resemble the rare population of

disseminated CTCs *in vivo* (**Fig. 1A-B**). We hypothesized that the ability of a cell line to produce

CTC-like cells through cell competition would likely also reflect its metastatic capacity *in vivo*.

To test this, we injected each breast cancer cell line into the fat pad of mice and examined the

efficiency with which they disseminated to colonize the lung (**Fig. 1C**). As expected, despite

showing similar primary tumor growth, the cell lines that failed to generate CTC-like cells in the

cell competition showed significantly lower metastatic potential and permitted longer survival than

MDA-MB-231 (**Fig. 1D**). This observation correlates with earlier metastasis map (Metmap)

findings classifying MDA-MB-231 as one of the most malignant breast cancer cell lines (**Fig. S1A**)

[18]. Thus, these results suggests that only the most malignant breast cancer cells obtain a

competitive benefit in cell competition, leading to the production of spontaneously suspended

CTC-like cells. Next, to identify the molecular characteristics of cellular displacement of CTC-

like cells, we collected suspended CTC-like cells and adherent parental cells for single-cell RNA

sequencing analysis (**Fig. 1E-F**). Interestingly, GSEA analysis revealed that parental cells

exhibited significant enrichment in gene sets associated with cell-matrix adhesion, positive

regulation of substrate adhesion-dependent cell spreading, and positive regulation of stress fiber

assembly compared to CTC-like cells. These findings indicate that CTC-like cells are defined by

the active downregulation of anchorage dependency. (**Fig. 1G**). This prompted us to investigate

the downregulated genes associated with the ability of CTC-like cells to adhere to the extracellular

matrix. Notably, CTC-like cells exhibited a significant reduction in the expression of genes

involved in focal adhesion formation, a process essential for cancer cells to retain their adherent

properties as part of a primary tumor (**Fig. 1H**). These results suggest that cell competition drives

the displacement of cells that have been reprogrammed to undergo spontaneous detachment (**Fig.**

1I). Recent reports have demonstrated that heterogeneity in the expression and activity of YAP1

and TEAD in cancer enables YAP^{hi} and TEAD^{hi} cells, which are more competitive in resisting

mechanical pressures, to outcompete YAP^{low} and TEAD^{low} cells, thereby conferring a growth

advantage to the tumor. Moreover, Hippo pathway has been shown to promote cell-matrix

dissociation, facilitating the detachment of cancer cells from the primary tumor. Interestingly, we

discovered that gene sets associated with Hippo signaling were enriched specifically in parental

cells (**Fig. 1J**). Additionally, the expression of core mediators of the Hippo pathway was

specifically reduced in CTC-like cells (**Fig. 1K**). Given our previous findings that cancer cells lose

anchorage dependency through adherent-to-suspension transition (AST)-mediated reduction in

TEAD expression and YAP inactivation, we sought to investigate whether the formation of CTC-

like cells occurs via the AST. We were surprised to find that CTC-like cells population

recapitulated the aberrant induction of endogenous AST factors, which were highly elevated in

CTCs derived from mouse models and *de novo* metastatic breast cancer patients. Detached CTC-

like MDA-MB-231 cells showed much higher levels of the AST factors, including NFE2, BTG2,

IRF8 and IKZF1, than their adhesive counterparts that mirrored the primary tumor (**Fig. 1L**).

Notably and in contrast to the CTC-like cells isolated from the cell competition, we found

significantly lower levels of these AST factors in cells harvested from suspension culture assay

(**Fig. S1B**). To verify whether the induction of AST factors is required for the spontaneous

detachment of CTC-like cells, we used siRNA to knockdown each factor and measured the

displacement efficiency as an indication of the viability of CTC-like cells produced in cell

competition. Although we previously showed that the overexpression of a combination of

hematopoietic factors enhanced AST efficiency [4], these knockdown experiments indicated that

the depletion of any single AST factor was sufficient to markedly suppress the formation of CTC-

like cells (**Fig. 1M**). Moreover, we found that pretreatment with thalidomide derivatives like

lenalidomide or pomalidomide, which we previously identified as potential anti-metastatic agents

that act by reducing the expression of IKZF1 in mouse breast cancer models [4], substantially

inhibited the production of CTC-like cells (**Fig. 1N**). These results demonstrate that AST factor

induction is required for the detachment and survival of CTC-like cells.

CTC-like cells reflect CTCs characterized by AST factor expression.

Next, we asked whether CTC-like cells derived *in vitro* through cell competition and *in*

vivo CTCs exhibit similar characteristics. To test this, we integrated and analyzed scRNA-seq data

from parental and CTC-like cells derived from a cell competition *in vitro* using the MDA-MB-

231-derived LM2 cell line, alongside primary tumor and CTC data from LM2 cells in a mouse

fatpad-to-lung metastasis *in vivo* model (**Fig. 2A**). In UMAP analysis, cells were clustered

according to the four sample types, as well as based on the Leiden algorithm (**Fig. 2B-C**).

Interestingly, while the majority of CTCs are primarily located in Leiden cluster 3, CTCs with

high expression levels of AST factors are predominantly clustered with the majority of the CTC-

like cell population in Leiden cluster 1 (**Fig. 2D-E**). This suggests that aberrant expression of AST

in CTCs may drive transcriptional similarities to CTC-like cells. To investigate the characteristics

of CTCs in cluster 1, we annotated these cells as AST^{high} CTCs (**Fig. 2F**). Surprisingly, Pearson

correlation analysis of this annotated cell type revealed that *in vivo* AST^{high} CTCs, obtained from

the mouse metastasis model, show the highest positive transcriptomic correlation with *in vitro*

CTC-like cells, rather than with the primary tumor *in vivo* (**Fig. 2G**). We also identified the top

five genes strongly expressed in both CTC-like cells and AST^{high} CTCs, including BTG2, RGS2,

NFKBIZ, IRE5, and SGK1, compared to the other cell types (**Fig. 2H-I**). This result strongly

demonstrate that CTC-like cells spontaneously detached from parental cells as suspension cells

through cell competition physiologically recapitulate disseminated CTCs from the primary tumor

that have undergone AST-mediated reprogramming (**Fig. 2J**).

CTC-like cells and CTCs confer anchorage dependency plasticity accompanied by

AST factors oscillation.

Cell competition further allowed us to assessed whether the anchorage independence of

CTC-like cells reprogrammed by endogenous expression of AST factors is permanent or reversible.

When we isolated and replated the CTC-like cells to examine their anchorage plasticity, we found

that CTC-like cells lost their anchorage independence and readily attached to the culture dish to

continue proliferating as adherent cells. We refer to these newly adherent cells as met-like cells

because they seem to simulate the final stage of the metastatic cascade in which suspended tumor

cells in the circulation regain adhesive properties to reattach and colonize a secondary organ.

Surprisingly, we found that the met-like cells showed a significant reduction in the increased AST

factor expression that had promoted their spontaneous detachment as CTC-like cells, having

undergone the suspension-to-adherent transition (SAT) (**Fig. 3A**). These results show that AST

factor dynamics in CTC-like cells undergoing AST and SAT transition correlate with the

anchorage plasticity of solid tumor cells in a way that is quite distinct from the primary-like or

met-like cells. Moreover, because our results establish AST factors as mechanosensitive

transcription factors, the mechanisms underlying their mechanical regulation in solid tumor cells

warrant further investigation.

Proceeding from our previous results establishing the role of AST factor induction in CTC

dissemination, we next asked whether AST factor repression is critical for the reattachment and

colonization of CTCs *in vivo*. We next generated LM2-AST cells from MDA-MB-231 breast

cancer cells selected for its their ability to metastasize to the lung (**Fig. 3C**) [19]. In contrast to

control cells, LM2-AST cells stably expressing AST factors elicited spontaneous detachment and

anoikis resistance. To determine whether the constitutive activation of AST factors in CTCs

impedes lung colonization, we injected LM2-control and LM2-AST cells into the tail vein of

NOD/SCID gamma (NSG) mice (**Fig. 3D**). Remarkably, while the LM2-control cells produced

successful lung metastases, the stable expression of AST factors in LM2-AST cells dramatically

suppressed lung colonization and prolonged survival (**Fig. 3E-G**). This indicates that, while the

induction of AST factors evokes CTC dissemination, the subsequent repression of AST factors in

CTCs is required for colonization. Together, CTC-like cells demonstrate that AST factor

dynamics-their induction during the primary-to-CTC transition and their repression during the

CTC-to-mets transition-are critical for the dissemination and colonization of CTCs.

We speculated that ASP is a biologically significant process involved in dynamically

regulating the anchorage dependency of CTCs during metastasis *in vivo*. To assess the clinical

relevance of ASP in human subjects, we recruited 10 newly diagnosed *de novo* metastatic breast

cancer patients and collected matched samples consisting of breast primary tumors, blood cells,

and metastatic lesions from each patient (**Table S1**, **Fig. 3H**). Thus, our patient data provides one

of the most comprehensive biobanks available to date by analyzing both tissue and liquid biopsy

specimens compared to previous studies [13-16]. We then used high density microporous (HDM)

chips to enrich CTCs from whole blood via size exclusion. Isolated tissue cells and CTCs were

then further processed for single-cell RNA sequencing (scRNA-seq) [20]. We identified epithelial

cells, mesenchymal stem cells, fibroblasts, and various immune cells, such as myeloid cells and

lymphocytes (**Fig. S2A-B**). Within the overall cell population, we identified cancer cells as those

co-expressing EPCAM with the breast cancer-specific cytokeratins KRT5, KRT8, KRT9, KRT17,

or KRT18 (**Fig. 3I-C**, **S2A-B**). A UMAP analysis revealed a clustering of the cells based on patient

and tissue of origin. Interestingly, there was a mixture of cells in the center region consisted of

different patients and tissues, where most CTCs were also located (**Fig.3I**). Surprisingly, this

region showed higher expression levels of AST factors, including IKZF1, NFE2, and IRF8 (**Fig.3I**).

Upon further examination, we found that the expression of AST factors in CTCs greatly exceeded

that of either primary or metastatic tumor cells, with the levels of IKZF1 and IRF8 rising above

the statistical significance threshold (**Fig. 3J**, **Fig. S2C**). The increase in AST factor expression

was consistent regardless of breast cancer subtype or organ tropism of metastatic tumors. These

results demonstrate the clinical relevance of ASP in the metastatic cascade of human patients by

regulating the anchorage dependency of CTCs.

Previously, when performing a gene set enrichment analysis (GSEA) comparing primary

tumors and CTCs, we found significant enrichment of gene sets related to focal adhesion and ECM

organization [4]. We confirmed the upregulation of focal adhesion-related genes in both primary

tumors and metastatic lesions compared to CTCs (**Fig. S2D**) and the enrichment of ECM

organization pathways in metastatic tumors compared to CTCs (**Fig. S2D**). In contrast, CTCs

showed a significant decrease in genes related to ECM components and integrins, and a significant

increase in the hemoglobin genes HBA1 and HBA2, which protect CTCs against reactive oxygen

species (ROS)-induced anoikis (**Fig. 3J**) [4]. These findings in metastatic cancer patients

demonstrate that oscillatory AST factor dynamics lead to anchorage plasticity by altering gene

expression associated with integrin/ECM components and anoikis resistance.

Adherent-suspension plasticity in the metastatic cascade of *de novo* metastatic

breast cancer patients

Next, we analyzed the characteristics of CTCs in comparison to their solid tumor

counterparts. We focused on the central region of the UMAP, located at similar points in

pseudotime analysis (**Fig. 4A**). Cells located outside the central region of the UMAP were

clustered together based on cancer stage, tissue origin, and patient identity. The cancer cells were

divided into 25 clusters based on gene expression (**Fig. 4A**). To enrich for CTCs in the central

region, we considered the following factors: 1) increasing the number of CTCs and 2) enhancing

transcript expression similarity among cells, as indicated by a decreased standard deviation of their

respective UMAP1 and UMAP2 values (**Fig. S3A-B**). Based on these criteria, we chose eight

clusters (i.e., clusters 9, 11, 12, 13, 15, 17, 20, and 24) to represent the center region of the UMAP

(**Fig. 4B-F, Fig. S3A**). The center region contains 8,823 solid tumor cells, comprising 3,695

primary tumor cells and 5,128 metastatic cancer cells, along with 34 CTCs (**Fig. 4D**). We then

examined AST factor expression in cells located within the central region. Pseudotime analysis of

the central region clusters indicates a significant increase in AST factor expression, including

IKZF1 and IRF8, compared to earlier stages that then decreased again in later stages (**Fig. 4E-G**).

These observations suggest that the transcriptional profile of solid tumor cells from primary and

metastatic lesions in the central region resembles that of CTCs, indicating an intermediate state,

not yet fully transformed into CTCs. [8]

To further explore the molecular differences between CTCs and solid tumor cells, as well

as the mechanisms underlying the transition observed in the central region, we compared the

differentially expressed genes (DEGs) between the two cell types within this region (**Fig**. **4H,**

S3C), identifying 1,223 CTC-specific and 59 solid tumor-specific genes (**Fig. 4H**). By performing

a gene ontology (GO) analysis of the CTC-specific genes, we noticed enrichment of a gene set

related to rRNA processing, suggesting ribosome biogenesis is necessary for the protein synthesis

that facilitates CTC survival and metastatic potential (**Fig**. **4I**). Although not all superoxide

resistance pathways were enriched in the GO analysis, the CTCs in the central region showed

specific upregulation of hemoglobin gene, HBA1, which plays an antioxidant role and provides

cells with resistance to anoikis, enhancing their metastatic potential (**Fig**. **4J**). In contrast, GO

analysis of the solid tumor-specific genes revealed enrichment for terms related to cell adhesion

and ECM production (**Fig**. **4I**). These results highlight the distinct cellular behavior of CTCs and

solid tumor cells. While CTCs tend to exhibit dynamic, non-adherent properties essential for the

survival in circulation, solid tumor cells maintain strong adhesion to the ECM.

Psuedotime analysis provided further insights into this transition by revealing that while

most solid tumor cells did not express AST factors (AST-negative cells), some positioned at

pseudotime points similar to CTCs did exhibit AST factor expression (AST-positive cells) (**Fig**.

4E-F). To further investigate the differences between these AST-positive and AST-negative solid

tumor cells, we conducted DEG analyses comparing the corresponding primary and metastatic

tumors. This allowed us to identify 2,112 AST-positive-specific genes and 166 AST-negative-

specific genes in the primary tumors versus 1,284 AST-positive-specific genes and 213 AST-

negative-specific genes in the metastatic tumors (**Fig**. **4K**). Underscoring the similarity of the two

conditions, we found a considerable overlap of 997 AST-positive-specific genes and 45 AST-

negative-specific genes that were shared between the primary and metastatic tumors. A GO

analysis of these AST-positive-specific genes revealed enrichment in the MAPK- ERK1/2 cascade,

which is associated with antioxidant expression, anoikis resistance, and metalloproteinase-

mediated ECM degradation (**Fig**. **4L**) [21-24]. In the AST-positive cells, we also identified genes

related to extravasation, which suggests that, like CTCs, these cells possess increased invasive

properties. In contrast, GO analysis of the AST-negative-specific genes revealed enrichment in

pathways related to anchoring junctions, ECM, and focal adhesions, which promote cell adhesion

and structural integrity (**Fig**. **4L**). GSEA analysis confirmed that AST-negative cells in both

primary and metastatic tumors showed significant enrichment in gene sets related to tight junctions

and ECM organization (**Fig**. **4M**). This further supports the notion that AST-negative cells are

characterized by strong adhesion properties. In contrast, AST-positive cells, particularly in the

central region, co-expressed genes involved in the MAPK cascade, ERK1/2 cascade, and

extravasation. Thus, some solid tumor cells exhibit an expression pattern like that of CTCs,

indicating the presence of cells with CTC-like characteristics within the solid tumor population.

Finally, we analyzed RNA velocity to clarify the correlation of AST factor expression

dynamics with the expression of integrin/ECM-related, antioxidant-related, and EMT-related

genes (**Fig. 4F, S3D**). Although we found no correlation between AST factors and EMT-related

genes, there was a correlation between EMT-related genes and ECM-related genes, which

correlates with our previous study that AST is independent of EMT.

Discussion

Cell competition in tumors is a system that leverages the heterogeneity of cancer cells in

stressful microenvironments, such as high cell density, to select for cells that contribute to tumor

survival and progression. During this process, less fit cells either undergo apoptosis or detach from

the existing colonies. Recent studies have indicated that cells with metastatic traits can lose their

competitive advantage within primary tumors and detach. In our study, we found that cells

detached from the primary tumor due to cell competition acquire anchorage independence via AST

factors, and are transcriptionally similar to circulating tumor cells (CTCs) expressing AST factors.

This suggests the potential for conducting in vitro studies on CTCs using cell competition assays

with metastatic cells. Previous attempts have aimed to study CTCs at the molecular level in vitro,

including efforts to establish ex vivo CTC cell lines from patient samples. Furthermore, suspension

assays, which assess anchorage-independent growth, have been widely used to investigate the

anoikis resistance of CTCs. However, because this assay use trypsinized cells, they cannot mimic

the spontaneous process by which CTCs disseminate *in vivo*, nor can they generate the exceedingly

rare population of CTC-like cells that can freely detach from adherent culture conditions.

Therefore, the CTC-like cells identified through cell competition will shed light on the overall

understanding of the mechanical modulation involved in the dissemination and survival of AST-

associated CTCs, paving the way for the discovery of potential anti-metastatic agents.

Our study highlights the need to distinguish anti-metastatic strategies from traditional

cancer therapies that promote competitive cells towards a less fit direction within the primary

tumor's cell competition context. For instance, cancer therapies targeting Hippo pathway effector

proteins such as TEAD or YAP suppress tumor proliferation by inhibiting the competitive

advantage of YAP^{hi} or TEAD^{hi} cells. However, based on our findings that less fit CTC-like cells

or CTCs dissociated from the parental population are TEAD^{low}, targeting TEAD could

inadvertently increase the less fit cell population, potentially promoting metastasis. Therefore,

anti-cancer therapies and anti-metastatic agents should be developed with a more nuanced

understanding of how shifts in the dominance between competitive and less fit cells in the context

of cell competition within primary tumors can influence tumorigenesis and metastasis, respectively.

This approach would ensure that anti-cancer therapies do not inadvertently promote metastasis,

and anti-metastatic agents do not compromise tumor progression.

We demonstrated that, while AST factors facilitate the initial detachment and anoikis

resistance of CTC-like cells, their downregulation is essential for the reattachment and successful

colonization of cancer cells at distant metastatic sites. This indicates that metastatic success

depends on the ability of cancer cells to adapt their anchorage dependency to each stage of

metastasis. Suspension characteristics mobilize CTCs into the bloodstream, whereas reattachment

and colony formation necessitate a reversion to adherent traits within the microenvironment of

secondary sites. These insights challenge the conventional understanding of metastasis as a linear

progression and instead propose a model in which anchorage plasticity plays a central role in

cancer cells to spread during metastasis. ASP thus represents a novel cellular plasticity mechanism

analogous to epithelial-mesenchymal plasticity (EMP), another well-established process that

facilitates metastasis, however, limited to the transition between two different adhesive cell types.

How cancer cells orchestrate ASP and EMP during each stage of the metastatic cascade warrants

further investigation.

Our findings underscore the pivotal role of ASP in the metastatic cascade, as demonstrated

by scRNA-seq analysis of paired samples from *de novo* metastatic breast cancer patients,

encompassing matched primary tumors, CTCs, and metastatic lesions. This dataset offers

invaluable insights into tumor progression, adaptability, and heterogeneity across metastatic stages

in individual patients. The aggregation of CTCs from different patients within the central region

of the UMAP signifies that CTCs exhibit similar transcriptomic profiles despite their origin.

Importantly, the significant expression of AST factors not only in CTCs but also in their

intermediate solid tumor counterparts from pseudotime analysis indicate that anchorage plasticity

from AST to SAT is an adaptive and continuous process throughout the metastatic cascade. The

consistency of these trends across tumor subtypes and metastatic locations underscores the broad

significance of AST factors as theragnostic biomarkers of metastasis. To elucidate the role of

tumor microenvironment as an upstream mediator of AST factors, the spatiotemporal expression

patterns of AST factors using matched longitudinal specimens warrants further investigation.

Our study provides the rationale for clinical implementation of therapeutic strategies that

target AST factors and related mechanisms. For example, therapies designed to inhibit the

transition from adherent-to-suspension states, referred to as anti-disseminating agents, could

potentially be used as neoadjuvant therapies or alone to impede the initial detachment of cancer

cells from the primary tumor, thereby reducing the number of CTCs and the likelihood of

metastatic spread. Conversely, strategies that prevent the reattachment of CTCs at secondary sites

could hinder metastatic colonization, offering a two-pronged approach to tackle metastasis. A

deeper exploration into the genetic and epigenetic regulation of AST factors could yield additional

mechanistic insights into ASP. Understanding how AST factors are modulated during different

stages of metastasis, and the interplay between ASP and other forms of cellular plasticity, such as

EMP, warrants further investigation to delineate how these processes collectively contribute to the

completion of metastasis.

Together, our findings highlight the unprecedented role of ASP in breast cancer metastasis.

ASP provides a novel theoretical basis in cancer metastasis and suggests AST factors as promising

therapeutic targets to tackle the metastatic spread of solid tumor cells. Clinically, moving beyond

the primary tumor-centric point-of-view, our data expand the prevailing cancer treatment paradigm

toward direct intervention within the metastatic processes. The availability of cell-based platforms

that measure ASP efficiency and multi-omics database of matched longitudinal patient samples

could facilitate future research opportunities, including individualized metastasis prediction

models, hence augmenting the potential for developing effective anti-metastatic therapies [25].

METHODS

DNA constructs

AST genes were tagged with V5 and subcloned into the pENTR4 vector (Addgene, 17425 and 17423) using standard molecular cloning techniques. The resulting subcloned vectors were then recombined with the destination vector pLentiCMV (Addgene, 17293) using LR recombinase (Invitrogen, 1179019), generating the final lentiviral expression vectors.

Cell culture

Cells were maintained in a 37 °C humidified incubator with 5% CO_2. HEK293T, MCF7, HS578T and MDA-MB-231 cells were cultured in DMEM (Hyclone, SH30022.01). BT549 cells were cultured in RPMI (Hyclone, SH30027.01). Culture media were supplemented with 10% FBS (Hyclone, SV30207.02) and 1% penicillin/streptomycin (Invitrogen, 15140122).

Cell competition assay

Cell competition assays were performed using MDA-MB-231, MCF7, BT549, and HS578T cells, with each cell line cultured in its own respective growth media. For the assay, the cells were seeded on normal plates at 80% confluency on the first day and then maintained for 3 days without any media changes. After 3 days, the cells surpass 100% confluency, resulting in very high cell density. After the old media were replaced with fresh media, the cells were cultured for an additional 3 days at 100% confluency. We noticed MDA-MB-231 cells began to round up and detach from the plate beginning on the second day after the media change. By the third day, we observed a higher number of CTC-like cells. These detached CTC-like cells were harvested by collecting the media, followed by centrifugation to isolate the cells. For MCF7 cells, despite the media change, the cells

410 began to die after 3 days. Although BT549 and HS578T cells did not exhibit cell death, they did

411 cease proliferating.

Viral infection

To generate lentiviral particles, HEK293T cells were transfected with plasmids encoding pMD2G

and psPAX2, along with the lentiviral vectors containing the desired constructs. Transfections

were performed using Polyplus Reagent (Merck) according to the manufacturer's protocol. At 48

hours post-transfection, media containing the viral particles were harvested from the transfected

cells. The harvested media were then filtered through a 0.45 µm filter to remove cellular debris.

To enhance infection efficiency, the filtered media were supplemented with 8 mg/ml polybrene.

The transduced cells were infected with the lentiviral particles by incubating them with the filtered

media. After 24 hours of infection, the media were changed, and the cells were incubated for

another 24 hours. Then, transduced cells were selected using puromycin. The selection process

allowed for the enrichment of cells that successfully integrated the lentiviral vectors and expressed

the desired genes or markers.

Cell viability assay

427 *In vitro* cell viability was assessed using the CellTiter Glo® 2.0 cell viability assay (Promega,

428 G9241) and the LIVE/DEAD® cell imaging kit (ThermoFisher, R37601) according to their

429 manufacturers' protocols. For the suspension assay, cells were plated on Corning® Costar® Ultra-

430 Low Attachment Multiple-Well Plates (Merck, CLS3471).

Quantitative real-time PCR analysis

Cellular RNA samples were collected via RNA extraction using the RNeasy Plus mini kit

(QIAGEN, 74136). These RNA samples were then reverse transcribed into complementary DNA

(cDNA) using iScript reverse transcriptase (Bio-Rad, 1708891). The KAPA SYBR FAST qPCR

kit (Kapa Biosystems, KK4605) and the 7300 real-time PCR system (Applied Biosystems) were

used for quantitative real-time PCR (qRT-PCR). The following primer sequences were used for

qPCR: IKZF1,   5'-TTTCAGGGAAGGAAAGCCCC-3'   (forward)   and   5'-

CTCCGCACATTCTTCCCCAT-3' (reverse); NFE2, 5'-ACAGCTGTCCACTTCAGAGC-3'

(forward)   and   5'-TGAGCAGGGGCAGTAAGTTG-3'   (reverse);   IRF8,   5'-

AGCATGTTCCGGATCCCTTG-3'   (forward)   and   5'-CGGTCCGTCACTTCCTCAAA-3'

(reverse);   and   ACTB,   5'-GCCGACAGGATGCAGAAGGAGATCA-3'(forward)   and   5'-

AAGCATTTGCGGTGGACGATGGA-3'(reverse).

siRNA transfection

A transfection mix was prepared by combining 100 µl of Opti-MEM™ medium (ThermoFisher,

#31985070), 12 µl of RNAi Max transfection reagent (Invitrogen, 13778150), and 2 µl of 20 µM

siRNA. The following siRNAs were used for transfection: non-silencing (NS) siRNA (Dharmacon

siGENOME non-targeting control pool #D-001206-13-200), siIKZF1 (Dharmacon siGENOME

SMARTPool #M-019092-01-0010), siNFE2 (Dharmacon siGENOME SMARTPool #M-010049-

00-0010), siIRF8 (Dharmacon siGENOME SMARTPool #M-011699-01-0010), and siPOU2F2

(Dharmacon siGENOME SMARTPool #M-019690-01-0010).

Mouse model experiments

All animal experiment protocols in this study underwent a thorough review and received approval

from the Yonsei University Institutional Animal Care and Use Committee (IACUC). All

procedures involving animals adhered to the Guidelines for the Care and Use of Laboratory

Animals. The NOD SCID Gamma (NSG) mice used for orthotopic injection experiments were

obtained from JA Bio. For the orthotopic mouse model experiments, mammary fat pads of 7-week-

old female NSG mice were orthotopically injected with $1x10^6$ MCF7, BT549, HS578T, or MDA-

MB-231 cells. For the mouse tail vein injection experiments, the tail veins of 7-week-old female

NSG mice were injected with $1x10^5$ MDA-MB-231 derivative LM2 cells. At week 4, the mice

were euthanized for bioluminescence imaging using the In Vivo Imaging Spectrum (IVIS) device

(PerkinElmer, CLS136331 IVIS Lumina LT Inst, Series III, 120 V). All *in vivo* experiments were

carried out using mice that had received the same treatment. The NSG mice used in these

experiments possessed an identical genotype and genetic background.

Statistical analyses

All quantitative data were obtained from at least three independent biological replicates. Data are

presented as means ± standard deviation (SD) unless otherwise noted in the figure legends.

Statistical differences between two groups were examined using two-tailed, unpaired Student's t-

tests or one-way analysis of variance (ANOVA) with Bonferroni corrections for multiple

comparisons. Statistical tests were performed using the GraphPad Prism 9.0 software (GraphPad

Software, CA, USA). Two-sided p-values of less than 0.05 were considered significant. No

statistical methods were used to predetermine sample size. Sample size was based on previous

experience with experimental variability. Blinding was performed wherever possible during all

sample analysis by coding sample identity during data collection and having the analysis

performed by an observer without knowledge of or access to the experimental conditions.

Bioinformatics of primary tumor cells, CTCs, and metastatic cancer cells

The illumina outputs for human samples were mapped to the human reference genome (GRCh38)

using Cell Ranger 7.1.0 (10X Genomics). Gene-wise read counts for genes with at least 500 reads

were exported from Cell Ranger to the Matrix Market format and imported into R with Seurat's

Read10X function. An average of > 135 million reads from > 13,000 cells were obtained for each

sample. Each 10X library was individually checked for quality, and the cells were filtered

according to the same criteria used in our previous study to ensure good gene coverage [4]. After

quality control filtering, a total of 310,189 cells remained, with 69,612 cells from the primary

tumor site, 171,504 cells from the blood, and 79,073 cells from the metastatic site (**Table 1**).

Samples were combined via an algorithm implemented in Seurat. The default Seurat function

settings were used, and 1:20 principal component dimensions were used for all dimension

reduction and integration steps. The cluster resolutions were set to 0.5, unless otherwise stated.

The RunUMAP random seed was set to 1,000 to ensure reproducibility. Marker genes for cell

clusters were identified using Seurat's FindMarkers function with the default settings. Cell type

annotation was performed using the SingleR package (v2.6.0) with the HumanProteinAtlas

database from the celldex package (v1.14.0). Cells co-expressing EPCAM and cytokeratins such

as KRT5, KRT8, KRT9, KRT17, or KRT18 were designated as cancer cells. A total of 54,867

cells were used for the analysis, including 26,227 cells from the primary tumor site, 50 cells from

the blood, and 28,590 cells from metastatic sites (**Table 1**). The cells designated as cancer cells

were subsequently extracted and reanalyzed beginning with the normalization process. DEGs were

selected with thresholds for the FDR corrected p-value < 0.001 and an absolute $\log_2$ fold change

≥ 1. GO analysis was performed using the gseGO function from clusterProfiler (v3.0.4). GSEA

plots were generated from the DEG data using the gseaplot function. Pseudotime analysis was

performed using the monocle package (v3.0) with normalized data, UMAP coordinates, and cluster

information obtained from the initial Seurat analysis. The calculation of gene set scores along

pseudotime was conducted for each cell using the AddModuleScore function in Seurat. All plots

were exported to the PDF format using R and their dimensions were adjusted in Illustrator.

Declarations

Ethical approval

Ethical approval for the use of human subjects was obtained from the Institutional Review Board of Gangnam Severance Hospital, Yonsei University, Seoul, Republic of Korea (3-2021-0236) in compliance with the ethical guidelines of the 1975 Declaration of Helsinki, and informed written consent was obtained from each patient. Collection of human breast cancer samples were obtained from consenting patients in accordance with guidelines and regulations approved by the Institutional Review Board of Gangnam Severance Hospital, Yonsei University Health System (3-2021-0236). The animal experiment protocols were reviewed and approved by the Yonsei University Institutional Animal Care and Use Committee (IACUC).

Competing interests

The authors declare that they have no conflict of interest.

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Authors' contributions

H.D.H., Y.S., and J.H.K. performed most of the experiments. H.L., B.J.H., W.Y.P. performed drug treatment and imaging. J.O., and D.K.L. performed transcriptome analyses. S.P. and J.C.

550 performed CTC isolation and scRNAseq. J.J., H.Y.G., and H.W.P. designed the study and wrote

551 the manuscript.

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Figure 1. Cell competiton orchestrates spontaneous detachment of CTC-like cells driven

by AST factors expression *in vitro*

A, Representative fluorescence images MCF7, BT549, Hs578T and MDA-MB-231 cells stained

for viability with propidium iodide. Red, dead. Scale bars, 100 μm. **B**, Time-lapse microscopy

images showing spontaneous cell detachment of MDA-MB-231 cells in the dissemination assay.

C, Schematic overview of mammary fat pad xenografts of 4 different breast cancer cell lines. **D**,

Kaplan-Meier survival plot showing the survival rates of mice injected with MCF7, BT549,

Hs578T, or MDA-MB-231 cells. **E**, Schematic overview of the isolation and scRNA-seq analysis

of parental cells and circulating tumor cells-like (CTC-like) cells from cell competition. **F**,

Uniform manifold approximation and projection (UMAP) of scRNA-seq cells (13,918 cells)

colored by parnetal (blue) and CTC-like cells (red). **G**, Gene set enrichment analysis (GSEA)

results for cell-matrix adhesion, positive regulation of substrate adhesion dependent cell spreading,

and positive regulation of stress fiber assembly gene sets within CTC-like cells. **H**, Heatmap

showing differentially expressed genes (DEGs). DEGs were identified based on gene set enriched

in GSEA result in (G). **I**, Schematic overview of spontaneously detached CTC-like cells from

parental cells. **J**, Gene set enrichment analysis (GSEA) results for hippo signaling gene sets within

CTC-like cells. **K**, Heatmap showing differentially expressed genes (DEGs). DEGs were identified

based on gene set enriched in GSEA result in (K). **L**, UMAP of scRNA-seq cells showing AST

score, calculated with Scnapy's score_genes function, which reflects the normalized difference in

mean expression between AST genes (IKZF1, NFE2, BTG2, and IRF8) and control genes. **M**,

UMAP of scRNA-seq cells showing AST score in CTC-like cells. **N**, UMAP of scRNA-seq cells

showing AST score in parental cells. **P,** Representative images of CTC-like MDA-MB-231 cell

morphology and quantitative real-time PCR analysis of AST factor transcript levels in CTC-like

cells. **Q**, The number of CTC-like cells for MDA-MB-231 cells following siRNA-mediated AST

factor depletion. N = 3. **R**, The number of CTC-like cells for MDA-MB-231 cells following

treatment with lenalidomide or pomalidomide. N = 3.

Figure 2. CTC-like cells reflect CTCs characterized by AST factor expression.

A, Schematic overview illustrating the integration of scRNA-seq analysis of in vitro cell competition data (parental cells and CTC-like cells) with in vivo orthotopic fatpad-to-lung

metastasis data (primary tumor and circulating tumor cells, CTCs). **B**, Uniform manifold

approximation and projection (UMAP) of scRNA-seq cells (26,571 cells) colored by samples

(CTCs, primary tumor, CTC-like cells and parental cells) **C**, Uniform manifold approximation and

projection (UMAP) of scRNA-seq cells (26,571 cells) colored by leiden algorithm. **D**, Uniform

manifold approximation and projection (UMAP) of scRNA-seq cells (26,571 cells) colored by

normalized AST score, calculated with Scnapy's score_genes function, which reflects the

normalized difference in mean expression between AST genes (IKZF1, NFE2, BTG2, and IRF8)

and control genes. **E**, Uniform manifold approximation and projection (UMAP) of scRNA-seq

cells (26,571 cells) colored by normalized AST score in CTCs. **F**, Uniform manifold

approximation and projection (UMAP) of scRNA-seq cells (26,571 cells) colored by annotated

cell type (AST^{high} CTCs, CTC-like, CTCs, primary tumor, and parental cells). **G**, Pearson

correlation analysis showing the transcriptional correation between annotated cell types in **F**. **H**,

Dot plots showing the expression level of five top genes that is highly expressed in AST^{high} CTCs

and CTC-like in annotated cell types in **F**. **I**, Uniform manifold approximation and projection

(UMAP) of scRNA-seq cells (26,571 cells) colored by normalized expression of 5 top genes in **H**.

J, Schematic model illustrating that in vitro CTC-like cells generated thorugh cell competition

recapitulate in vivo AST^{high} CTCs.

Figure 3. CTC-like cells and CTCs confer anchorage dependency plasticity accompanied by AST factors oscillation.

A, Schematic overview of CTC-like cells and mets-like cells, and representative images of re-attached MDA-MB-231 cell (met-like cells) morphology. **B**, Quantitative real-time PCR analysis of AST factor transcript levels in met-like cells compared to CTC-like cells. **C**, Representative

images of MDA-MB-231 derivates LM2-mock or AST cell (LM2 cells expressing AST factors)

morphology on a culture plate or in media. **D**, Schematic overview of tail vein injections with

LM2-mock or AST cells. **E**, Bioluminescence images of lung metastases after LM2 tail vein

injections. **F**, Lung metastases quantified by lung bioluminescence intensity for mock versus AST

cells. **G**, Kaplan-Meier survival plot showing the survival rates of mice injected with mock or

3AST cells. N = 10. **H,** Schematic overview of the isolation and scRNA-seq analysis of primary

tumor cells, circulating tumor cells (CTCs), and metastatic tumor cells from de novo metastatic

breast cancer patients (n = 10). CTCs were isolated using HDM chips. **I,** Uniform manifold

approximation and projection (UMAP) of scRNA-seq cells (n = 10; 54,866 cells) colored by

patient, origin, tissue, and normalized gene expression of the AST factors IKZF1, IRF8, and NFE2.

Black border lines, area in which the CTCs are located. **J,** Dynamite plots showing the expression

of (left) IKZF1, (middle) IRF8, and (right) NFE2 in primary tumor cells, CTCs, and metastatic

tumor cells. ****, $P < 0.0001$; n.s, not significant ($P > 0.05$). **K**, Heatmaps showing normalized

expression of four gene sets—ECM, integrins, antioxidant defense genes, and EMT-related

genes—in primary tumors, CTCs, and metastases. The average normalized expression values for

cells within each group are displayed as scaled values. Black-bordered box, HBA1 and HBA2.

Figure 4. AST plasticity in matched single cell RNA-seq samples from *de novo* breast

cancer patients.

A-C, UMAP plot showing pseudotime (A), a division between the central region containing

complex clusters with CTCs and others (B), and clusters calculated at a resolution of 0.5 (C).

Dotted arrow, flow of pseudotime for the normalized gene expression of the AST factors IKZF1,

IRF8, and NFE2. **D-F**, UMAP of the central region colored according to origin (D) , AST positivity

(E), and RNA velocity (F). **G**, Pseudotime expression plots showing AST factors. X-axis,

pseudotime; y-axis, expression levels; gray dots, others; yellow dots, central region; orange dots,

CTCs; red line, linear expression trend using generalized additive modeling (GAM). **H**, Heatmap

showing differentially expressed genes (DEGs). DEGs were identified based on comparisons

between solid tumor cells and CTCs within the central region and selected with a threshold p-value

< 0.05. There were 1,223 CTC DEGs and 59 solid tumor DEGs. **I**, Gene ontology tree showing

the CTC-specific gene set and the solid tumor-specific gene set with a bar plot showing the gene

names and the p-values corresponding to the circles marked with roman numerals. Colored circles,

statistically significant, FDR corrected $P < 0.01$. **J**, Violin plots with dots showing HBA1

expression. The first plot compares the central region with other groups, while the second plot

compares CTCs with solid tumor cells within the central region. Yellow, central region; gray,

others; orange, CTCs within the central region; turquoise, solid tumor cells within the central

region; ****, $P < 0.0001$; n.s, not significant ($P > 0.05$). **K**, Heatmap showing DEGs. In a

comparison of cells with and without AST factor expression in both primary and metastatic tumors,

the DEG thresholds were defined as an FDR corrected q-value < 0.001 and an absolute fold change

> 2. **L**, Bar plot showing ontology analysis results for the AST-positive and AST-negative gene

sets identified in (**K**). Purple bars, AST-positive gene sets in primary tumors; blue bars, AST-

positive gene sets in metastatic tumors; gray bars, AST-negative gene sets in primary tumors; light

gray bars, AST-negative gene sets in metastatic tumors. **M**, Gene set enrichment analysis (GSEA)

results for tight junction and collagen-containing ECM gene sets within both primary and

metastatic tumors.

Supplementary Figure 1. The ability to generate AST factors-expressing CTC-like cells is correlated with their metastatic capability.

A, Petal plots showing the metastatic patterns of 3 breast cancer cell lines. Data for these plots were obtained from Jin, X., *et al*. (https://depmap.org/metmap). B, Quantitative real-time PCR analysis of AST factor transcript levels in cells harvested from suspension assay.

Supplementary Figure 2. Comprehensive overview of single cell RNA sequencing

data from breast cancer patients.

A, Uniform manifold approximation and projection (UMAP) of scRNA-seq cells (n = 316,539

cells) colored by patient, origin, cell type, normalized gene expression of cancer cell markers

(EPCAM, KRT5, KRT7, KRT8, KRT18, and KRT19), cancer/non-cancer annotation, and the

combined cancer/non-cancer and adherent/suspension annotation. **B**, Bar plots showing a

breakdown of cell type composition across tumor, blood, and metastasis samples. The first row

shows the proportion of various cell types in total cells, cancer cells, and normal cells. The

second row shows the proportion of cancer cells versus normal cells, adherent versus suspension

cells within cancer and normal cells, and adherent versus suspension cells within normal cells. **C,**

Dynamite plots depicting the expression of the AST factors IKZF1, IRF8, and NFE2 in cancer

cells from primary tumor, blood, and metastases, as well as normal cells split into adherent and

suspension states. **D**, Gene set enrichment analysis (GSEA) plots for focal adhesion and ECM

organization gene sets comparing CTCs to primary tumor or metastatic cells.

Supplementary Figure 3. Central region-specific cell populations and CTC–solid tumor

divergence in scRNA sequencing data.

A, UMAP of cancer cells categorized into the central region and others. A magnified view of the

central region is also shown to highlight its specific clusters. **B**, Boxplots of 1,081,575 cluster

combinations (binomial coefficient with n = 25, k-permutation = 8) presenting numbers of CTCs,

originating tissues, and total cells with standard deviations (SDs) for UMAP1 and UMAP2. Yellow

dot, selected cluster combination; CTCs, n = 34, 11.93%; originating tissues, n = 7, 8.83%; total

cells, n = 8,857, 99.31%; UMAP1 SD, 2.77, 90.69%; UMAP2 SD, 2.49, 0.36%. **C**, UMAP of cells

in the central region colored by anchorage status. Turquoise, solid tumor; orange, CTCs. **D**,

Heatmap of RNA velocity correlations among AST factor, ECM, integrin, superoxide resistance

genes, and EMT genes.

Table S1. Overview of patient information used for single cell transcriptome analysis.

Patient #	Metastasis tissue	Subtype	Total cell counts			Cancer cell counts		
			Tumor	Blood	Meta	Tumor	Blood	Meta
patient1	liver	Her2	1,746	7,209	2,411	659	2	1,033
patient2	neck	Luminal-B	13,246	9,499	-	9,198	-	-
patient3	lung	Her2	14,254	25,180	11,982	516	1	2,531
patient4	lung	Luminal-B	-	25,394	10,900	-	2	7,507
patient5	brain	Her2	1,569	19,071	-	82	1	-
patient6	lung	TNBC	3,612	13,166	5,034	324	1	19
patient7	lymph	Luminal-A	9,572	26,768	9,404	4,438	8	5,833
patient8	neck	TNBC	11,741	9,117	12,746	1,257	7	13
patient9	liver	Luminal-A	8,077	21,471	16,458	5,032	9	11,641
patient10	lymph	TNBC	5,795	14,629	10,138	4,721	19	13
			69,612	171,504	79,073	26,227	50	28,590

787   **Movie S1. Dissemination assay of various breast cancer cell lines**

788   **A**, Video of MCF7 cell proliferation in the dissemination assay.

789   **B**, Video of BT549 cell proliferation in the dissemination assay.

790   **C**, Video of HS578T cell proliferation in the dissemination assay.

791   **D**, Video of MDA-MB-231 cell proliferation in the dissemination assay.