Systems biology-enabled targeting of NF-κB and BCL2 overcomes microenvironment-mediated

BH3-mimetic resistance in DLBCL.

Running title: Disentangling NF-κB and BCL2 in DLBCL

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Key Points

- TME-mimicking co-culture provides resistance to BH3-mimetics through BCLXL, which can be overcome by inhibition of non-canonical NF-κB.

- Multidisciplinary profiling reveals how high NF-κB activity leads to crosstalk, and BH3-mimetic resistance counteracted by BTK inhibition.

Abstract

In Diffuse Large B-cell Lymphoma (DLBCL), elevated anti-apoptotic BCL2-family proteins (e.g., MCL1, BCL2, BCLXL) and NF-κB subunits (RelA, RelB, cRel) confer poor prognosis. Heterogeneous expression, regulatory complexity, and redundancy offsetting the inhibition of individual proteins, complicate the assignment of targeted therapy. We combined flow cytometry 'fingerprinting', immunofluorescence imaging, and computational modeling to identify therapeutic vulnerabilities in DLBCL. The combined workflow predicted selective responses to BCL2 inhibition (venetoclax) and non-canonical NF-κB inhibition (Amgen16). Within the U2932 cell line we identified distinct resistance mechanisms to BCL2 inhibition in cellular sub-populations recapitulating intratumoral heterogeneity. Co-cultures with CD40L-expressing stromal cells, mimicking the tumor microenvironment (TME), induced resistance to BCL2 and BCLXL targeting BH3-mimetics via cell-type specific upregulation of BCLXL or MCL1. Computational models, validated experimentally, showed that basal NF-κB activation determined whether CD40 activation drove BH3-mimetic resistance through upregulation of RelB and BCLXL, or cRel and MCL1. High basal NF-κB activity could be overcome by inhibiting BTK to resensitize cells to BH3-mimetics in CD40L co-culture. Importantly, non-canonical NF-κB inhibition overcame heterogeneous compensatory BCL2 upregulation, restoring sensitivity to both BCL2- and BCLXL-targeting BH3-mimetics. Combined molecular fingerprinting and computational modelling provides a strategy for the precision use of BH3-mimetics and NF-κB inhibitors in DLBCL.

Introduction

Diffuse large B-cell lymphoma (DLBCL), is an aggressive blood cancer [1]. First line treatment is only successful in approximately 60% of patients [2, 3]. Escalated treatment regimens have not improved overall survival [4, 5]. The highly heterogenous nature of the disease has challenged advancing the standard of care through one-size-fits-all approaches [6-11]. Activated B-cell (ABC) DLBCL patients bearing Nuclear Factor-κappa light chain enhancer of B cells (NF-κB) activating mutations, and Germinal Center (GC) DLBCL patients with *BCL2*-activating mutations have particularly poor prognosis [11]. As such, both NF-κB and B-cell leukemia/lymphoma 2 protein (BCL2)-family proteins are central to poor prognosis DLBCL.

NF-κB is a dimeric transcription factor composed of combinations of five proteins (RelA, RelB, cRel, p50 and p52), which are normally sequestered in the cytoplasm by a combination of four inhibitors of NF-κB (IκBα, -β, -δ, and-ε) [12, 13]. The IκB proteins have distinct affinities for different NF-κB dimers with IκBα predominantly inhibiting RelA-containing dimers and IκB-δ and -ε regulating cRel-containing dimers in a context-specific manner [14, 15]. The abundance and nuclear localization of individual NF-κB components have been found to be prognostically informative in DLBCL [16-18]. Heterogeneity in NF-κB subunits can be quantified and visualized using flow cytometry to reveal unique 'fingerprints' of NF-κB, with heterogenous levels of individual NF-κB proteins found within ABC-DLBCL [19]. Two NF-κB pathways (canonical and non-canonical) may be activated by a combination of tumor microenvironmental signaling and activating mutations in DLBCL leading to nuclear translocation of NF-κB [20]. While targeting NF-κB has shown therapeutic potential in subgroups of blood cancer patients [21-26], heterogeneity and toxicities associated with global targeting of the canonical NF-κB pathway, has challenged clinical progress. The oncogenic role of NF-κB in lymphoma is largely attributed to the anti-apoptotic gene expression induced upon NF-κB activation [26, 27].

Anti-apoptotic BCL2 family proteins, including Myeloid Cell Leukemia 1 (MCL1) and B-cell

Lymphoma-extra Large (BCLXL), are inhibitors of the intrinsic pathway of apoptosis (28, 29), and are

often overexpressed in DLBCL as a result of gene translocation events, gene amplifications,

mutations within open reading frames, and microenvironment-mediated increased NF-κB activity

(30). BCL2 is an attractive target in DLBCL, and the specific BCL2 inhibitor venetoclax is clinically

used alongside chemotherapy for the treatment of CLL, acute myeloid leukemia (AML) and other

hematological malignancies (31). However, venetoclax has shown limited efficacy in clinical trials

(31, 32). BCL2-family proteins (MCL1 and BCLXL) are often over expressed in DLBCL with elevated

expression conferring venetoclax resistance by compensating for the sequestration of BCL2 (33, 34).

The daunting complexity of both NF-κB regulatory networks, and apoptotic signaling regulation, has

motivated the use of computational systems biology models to predict responses to BH3-mimetics

(35), responses to the TME (19, 36), and predict the impact of mutations on clinical outcome (19, 37).

A predictive understanding of how heterogeneity in NF-κB activity results in anti-apoptotic protein

heterogeneity in the context of the tumor microenvironment (TME), and controls response to BH3-

mimetics has the potential unlock the deployment of targeted therapies such as BH3-mimetics and

NF-κB inhibitors. Here, we aimed to assess if NF-κB and BCL2 family 'fingerprinting' could be a

predictor of sensitivity to BH3 mimetics and/or NF-κB inhibition in DLBCL. We aimed to investigate

the effect of the TME-mediated NF-κB activation on sensitivity to BH3-mimetics inhibition and

establish computationally enabled therapeutic strategies to overcome TME-mediated therapy

resistance through targeting NF-κB.

Methods

Mice

Primary B cells were acquired from C57BL/6, C57BL/6 IκBε$^{-/-}$ and C57BL/6 IκBα^{mut} female mice (9-12

weeks old), spleens were homogenized and splenocytes were stained with anti-CD43, prior to

purification by negative column selection (Miltenyi Biotec, Cologne Germany) as described (14, 38).

B cell purity was assessed by flow cytometry staining for anti-B220. Mice were maintained in

environmental control facilities at the University of California, Los Angeles. Animal work was

performed according to University of California, Los Angeles regulations, under an approved

protocol.

Cell culture

DLBCL cell lines were sourced from DSMZ (Braunschweig, Germany) and cultured in recommended

medium. Cells were kept at $37^{\circ}C$ in 5% CO_2 conditions and routinely tested for mycoplasma

contamination. NIH3T3 cells transfected to stably express human CD40 (hCD40L-3T3) were

obtained from Prof Chris Pepper (Brighton and Sussex Medical School, UK) and transfection was

maintained by puromycin selection (0.1%).

Co-culture

DLBCL cells were co-cultured with hCD40L-3T3, or non-transfected control cells for 24 hours on 96-

well flat bottom plates, with or without small molecule inhibitors.

Drug Treatments

0.1×10^5 DLBCL cells were plated per well and treated with Amgen16 used at concentrations of 1.25-

100µM purchased from Merck (Gillingham, UK) . ABT199 (venetoclax) was purchased from

Selleckchem (Texas, USA) and used at concentrations of 0.0001-100µM with or without Amgen16 at

a dose of 50µM for 24 hours.

Flow Cytometry

Early apoptosis was determined by flow cytometry following Annexin V staining (BioLegend) and data

was acquired on a CytoFlex LX, using the BD fix and perm kit (BioLegend), and data was acquired as

previously described (19).

Proteomics

Equal amounts of protein determined using BCA assay, from each sample were digested using

trypsin. For tyrosine phosphoproteomics, peptides were enriched using SH2-superbinder beads as

described (39), and the flow-through reconstituted in freshly prepared sample loading buffer and

subjected to phosphopeptide enrichment using TiO_2 beads preconditioned with the loading buffer

for 5 minutes. Data-independent acquisition mass spectrometry (DIA-MS) experiments were

performed on a ThermoFisher Orbitrap Astral mass spectrometer. A DIA spectral library generated

using DIA-MS2pep was utilized in DIA-NN software for protein quantification, with precursor and

protein false discovery rates (FDR) set to 1%. Heatmaps were generated using R package pheatmap

(version 1.0.12).

Immunofluorescent Microscopy

NF-κB activity was determined post fixation with 4% PFA and permeabilization with 0.1% Triton-X.

Cells were stained with anti-p65 (Invitrogen), RelB (Cell signaling), cRel (Invitrogen), DAPI

(ThermoFisher) and rhodamine phalloidin (Thermo Scientific). Images were captured with *Operetta*

CLS, and nuclear:cytoplasmic ratios of NF-κB proteins were analyzed with *Cell Profiler*.

Computational

The computational model and simulation method is described previously (36). Basal canonical

pathway activation was increasing 0% to 0.5%. NIK degradation was decreased using the equation

NIK deg=1/(1+(t/600)). 25 individual simulations were run for each cell line with parameter sampling

as described previously (36, 40). Models were solved using the Julia DifferentialEquations.jl package

(41).

Statistical Analysis

All statistical analysis was performed using GraphPad Prism 10.0 (California, USA) and Julia 1.8.5.

Analysis of paired datasets was performed with paired t-tests, whereas unpaired t-tests and one-way

ANOVA to analyze differences between groups, followed by indicated post-hoc tests. LC_{50} values

were generated a post four-parameter linear regression test. Flow cytometry data was analyzed on

CytExpert Software (Beckman Coulter). *$P<0.5$; **$P<0.01$; ***$P<0.001$; ****$P<0.0001$.

Results

Flow cytometry-based 'fingerprinting' predicts sensitivity to inhibitors targeting non-canonical

NF-κB and BCL2

Previous work in which NF-κB subunit abundance was visualized as contoured density plots standardized

using z-scores (Figure 1A) established heterogeneity in RelA abundance between ABC-DLCBL cell lines

(19). To establish whether similar variability is present in ABC- and GC-DLBCL we measured the levels of

NF-κB in two ABC- (RIVA and U2932) and two GC-DLBCL (SUDHL8 and SUDHL10) cell lines (Figure 1B),

and identified varied expression of both RelA and RelB, which did not align with COO (Figure 1B). While

there was no variability in RelB between ABC cell lines (RIVA and SUDHL8, Figure 1C), as reported

previously (19), GC-DLBCL cell line SUDHL10 was found to have significantly higher RelB (Figure 1B and

C) and a higher ratio of RelB to RelA (Figure 1B). We hypothesized that this cell line may be sensitive to NIK

inhibition, and found NIK-inhibitor Amgen16 was significantly more effective at killing SUDHL10 cells than

cell lines with lower levels of RelB (Figure 1D and E, $p<0.01$).

We next sought to establish whether a similar approach could enable predictable targeting of BCL2-family

proteins. We identified two lines with low BCL2 (SUDHL8, and SUDHL10, Figure 1F), and two lines with

significantly higher BCL2 (U2932, and RIVA, Figure 1G, $p<0.0001$). In agreement with clinical observations

(31), we found that ABT199 had significantly higher efficacy in cell lines with high BCL2 (Figure 1H and I,

$p<0.01$). While SUDHL10 cells resist ABT199 due low BCL2, the NF-κB profiling (Figure 1B) revealed a

vulnerability to NIK inhibition (Figure 1D-E), indicating the potential for combined NF-κB and BCL2

"fingerprinting" to inform the rational assignment of therapeutic agents targeting multiple pathways in

DLBCL.

BCL2 family protein heterogeneity confers heterogenous responses to ABT199 within a biclonal

DLBCL cell line

The U2932 cell line harbors two phenotypically and genetically distinct subclones. The subclone R1 is CD20, CD38 high and characterized by BCL6 upregulation, while the R2 subclone is CD20, CD38 low and characterized by MYC upregulation (19, 42). We found that the R1 subclone was ABT199 resistant, whereas the R2 subclone was ABT199 sensitive, even at the lowest dose of ABT199 tested (0.0001μM) (Figure 2B). BCL2 protein abundances did not differ between the two subclones and therefore could not explain the different sensitivities to ABT199 (Figure 2C). However, we identified significantly higher MCL1 in the R1 subclone (Figure 2C, p<0.0001). We wondered if the selective sensitivity of the R2 subclone to ABT199 would be retained when DLBCL cells are activated by their TME (33, 34). For this purpose, we employed a co-culture system of hCD40L-3T3, which has been established to mimic the lymph node TME in multiple studies through recreating both cell-contact and the presence of activated T cells in the DLBCL TME (24, 43)(Figure 2D). The R2 subclone became substantially more resistant in the co-culture system (Figure 2E). We found a significant increase in resistance to ABT199 in the hCD40L-3T3 co-culture (Figure 2F, p<0.01). We measured the anti-apoptotic proteins induced by hCD40L-3T3s and found the fold change in BCLXL was significantly higher than both BCL2 (p<0.05) and MCL1 (p<0.01) which were either unchanged (BCL2) or moderately decreased (MCL1) compared to monoculture (Figure 2G). Within the U2932 cell lines we identified multiple distinct resistance mechanisms to ABT199; high MCL1 in the R1 subclone, and high BCLXL in the context of CD40L co-culture.

TME-mediated resistance to BH3-mimetics can result from induction of multiple compensatory

BCL2-family proteins

To determine whether TME-mediated venetoclax resistance and BCLXL upregulation was a feature unique to U2932 cells, we repeated this analysis in the BCL2-dependent RIVA cells (Figure 3A). We

found significant TME-mediated ABT199 resistance in hCD40L-3T3 co-culture with over 3 orders of

magnitude higher LC_{50} than monoculture (Figure 3B, $p<0.05$) and a significant increase in BCLXL

(Figure 3C, $p<0.01$). This effect was dependent on CD40L as co-culture with untransfected NIH3T3s

did not upregulate BCLXL in either cell line (supplemental Figure 1,2 and 4).

To establish whether TME-mediated resistance to BH3-mimetics through compensatory

upregulation of BCL2-family proteins was unique to venetoclax we employed the SUDHL8 cell line,

which has established sensitivity to BCLXL inhibition with the BH3- mimetic A1331852 (34). SUDHL8

cells were rendered significantly resistant to BCLXL inhibition in hCD40L-3T3 co-culture (Figure 3D-

E, $p<0.001$). Significantly more MCL1 was induced than either BCLXL or BCL2 in hCD40L-3T3 co-

culture (Figure 3F, $p<0.05$). This effect was not seen in co-culture with untransfected NIH3T3s

(supplemental Figure 3 and 4). While CD40 is known to activate non-canonical NF-κB signaling

component RelB, which has been shown to control BCLXL expression in related hematological

malignancies (25), the control of MCL1 by specific NF-κB subunits is less clear, particular in the

context of lymphoma.

The SUDHL8 cell line has high basal nuclear NF-κB RelA activity through elevated B cell receptor

signaling.

We hypothesized that the canonical RelA- or cRel-containing NF-κB dimers could be responsible for

cell line-specific induction of BH3-mimetic resistance through MCL1 (Figure 4A). Therefore, we

sought to quantify the nuclear activity of NF-κB RelA and cRel using immunofluorescence

microscopy in cell lines that preferentially induce BCLXL (RIVA and U2932) and cell lines that

preferentially induce MCL1 (SUDHL8, Figure 4B, analysis pipeline supplemental Figure 5). This

imaging revealed substantial cell-to-cell variability in nuclear NF-κB activity (Figure 4C) and double

the average nuclear RelA in the SUDHL8 cell line (Figure 4D, bottom).

We performed global, and serine threonine proteomics in the cell line with elevated nuclear RelA

(SUDHL8), a line with low nuclear RelA (U2932), and a line dependent on non-canonical signaling

(SUDHL10), to test whether elevated B Cell Receptor (BCR) signaling was responsible for elevated

nuclear RelA. These data show substantially elevated CD19 and SYK abundance and

phosphorylation levels in SUDHL8 compared to U2932 and SUDHL10 (supplemental Figure 6A-B).

BTK abundance in SUDHL8 was not elevated; however, phosphorylated Y223 in the BTK SH3 domain

has recently been found to mirror catalytic activity (44). Therefore, we also performed

phosphotyrosine (pY) proteomics, which revealed elevated phosphorylation at BTK_Y223 in SUDHL8

cells (1.8 fold) consistent with elevated BTK activity (supplemental Figure 6C).

As CD40L is a selective activator of non-canonical NF-κB signaling in B cells (45), it is not clear how

elevated BTK activity and RelA nuclear abundance in SUDHL8 could confer CD40-mediated

induction of MCL1 (Figure 4A). IκBα, IκBε, and p100/IκBδ are all induced by RelA activity (12), and are

preferential inhibitors of distinct NF-κB subunits (Figure 4A)(14, 36, 38). Therefore, we hypothesized

that the altered profile of NF-κB inhibitors present when NF-κB RelA is constitutively active could

confer distinct responses to the TME, and sought to establish how this could lead to selective

induction of MCL1.

Computational modelling informed by imaging experiments predicts that high basal nuclear

NF-κB RelA leads to crosstalk, with CD40-mediatead induction of cRel

We employed established computational models of NF-κB signaling (19, 36), and ran two

simulations differing only in the degree to which basal BCR-signaling was elevated to recapitulate

the constitutive nuclear RelA activity seen in SUDHL8 cells, and low nuclear RelA seen in RIVA cells.

Plotting the predicted composition of NF-κB inhibitors bound to both RelA:p50 (Figure 5A, left)

revealed that RelA:p50 is mainly inhibited by IκBα in RIVA cells (Figure 5A), with SUDHL8 cells having

reduced total inhibition of RelA and a moderate shift in inhibitor composition (away from IκBα and

IκBε, Figure 5A–left). The predicted impact of high basal canonical pathway activation on cRel:p50

was markedly different (Figure 5A, right), shifting towards IκBδ inhibition of cRel in SUDHL8 cells,

with <10% of cRel being inhibited by IκBα and -ε (Figure 5A right).

Simulations of the virtual SUDHL8 and RIVA cell lines (Figure 5B), demonstrated that the steady state

of these simulations (Figure 5B, t=0) recapitulated the selectively elevated nuclear RelA, with no

difference in cRel, as seen in immunofluorescence imaging (Figure 4D). Simulating the impact of co-

culture mediated non-canonical pathway activation revealed induction of RelB:p52, without

induction of RelA:p50 (Figure 5B, left and center). However, a striking induction of nuclear cRel:p50

was predicted to occur only in the SUDHL8 cell line (Figure 5B, right). Cells with low basal nuclear

RelA, such as RIVA cells, reliably induce p100 processing to p52, and subsequent translocation of

RelB:p52 to the nucleus upon CD40L activation (Figure 5C). Simulations predict that constitutive

activation of the BCR pathway results in degradation of IκBα and IκBε, nuclear translocation of

RelA:p50 and subsequent induction of p100, which forms higher molecular weight inhibitory

complexes termed IκBδ (13). IκBδ has higher affinity for cRel than RelA (14), resulting in sequestration

of cRel by IκBδ prior to CD40L activation (Figure 5D, left). Upon CD40L activation p100 is processed

into a self-inhibited p100:p52 dimer, which frees cRel for nuclear translocation (13, 38) (Figure 5D,

right). This crosstalk mechanism was first identified in fibroblasts (13), and shown to preferentially

upregulate cRel in proliferating healthy B cells responding to BAFF (38). This predicted crosstalk from

non-canonical signaling to NF-κB cRel has not previously been described in lymphoma linked to

induction of anti-apoptotic proteins, therefore we sought to validate these computational

predictions.

Experimental validation of modelling predictions confirms crosstalk between CD40 and cRel

confers BH3-mimetic resistance and can be overcome with BTK inhibition

Immunofluorescence imaging of RelA, RelB and cRel confirmed that hCD40L co-culture did not

induce RelA (Figure 5E-F, compare to 5B left), but did induce significantly higher levels of

nuclear:cytoplasmic RelB in both the RIVA and SUDHL8 cell lines, as predicted by computational

simulations (Figure 5E-F, compared to 5B middle, $p<0.05$). Only in SUDHL8 cells was this

accompanied by significantly increased nuclear cRel, as predicted computationally (Figure 6E-F,

compared to 5B right, $p<0.01$). These combined computational predictions and experimental

validation indicated that SUDHL8 cells have higher basal RelA activity, which renders them

susceptible to crosstalk between CD40L-mediated activation of the non-canonical pathway and

cRel. To confirm that BCR-pathway activation was responsible for BH3-mimetic resistance in the

SUDHL8 cells, we tested the ability of the canonical NF-κB inhibitor Ibrutinib (targeting BTK) to

overcome TME-mediated resistance to the BCLXL inhibitor A1331852 (Figure 6G). hCD40L co-culture

with the addition of ibrutinib, confirmed canonical pathway inhibition re-sensitized SUDHL8 cells to

BCLXL inhibition (Figure 5H, $p<0.001$).

NF-κB cRel activity selectively induces MCL1 in B cells

We hypothesized that crosstalk-mediate induction of cRel was responsible for the induction of MCL1

(Figure 3F). We investigated ChIP-seq data generated in a lymphoblastoid B cell line (GM12878)(46),

and while this data indicated promiscuous binding of all NF-κB subunits around the transcription

start site (TSS) of *BCL2L1* (encoding BCLXL), and no definitive binding of NF-κB subunits at the TSS

for *BCL2*. We did find marginally higher levels of cRel binding than both RelB and RelA at the *MCL1*

TSS (Figure 6A). To explore whether this bias towards NF-κB cRel was unique to the lymphoblastoid

cell lines we collected Model-based Analysis for ChIP-Seq 2 (MACS2) scores for NF-κB cRel, RelA

and RelB within 1kb of the MCL1 TSS across ChIP-Seq datasets reported in a ChIP-seq database

(ChIP-Atlas (47), Figure 6B). This analysis confirmed significantly higher binding of cRel to the *MCL1*

TSS than both RelA and RelB across multiple ChIP-seq datasets (Figure 6B, $p < 0.0001$).

To further investigate our hypothesis, we sought an alternative method to selectively increase cRel

activity in B cells. Computational modelling of NF-κB in wild type (WT) B cells, IκBε knock-out B cells,

and B cells bearing an IκBα promoter mutation that lowered IκBα expression (IκBα$^{κB/κB}$), predicted that

IκBε$^{-/-}$ induces cRel activity significantly more than RelA activity (Figure 6D, $p < 0.001$). Simulations

also predicted that IκBα$^{κB/κB}$ would increase cRel and RelA with no significant enrichment in the

activity of either NF-κB subunit (Figure 6D). This computational prediction was experimentally

validated using data from Alves *et al*. 2014 (Figure 6E) who found a similar selective induction of cRel

in IκBε$^{-/-}$ mouse B cells (Compare Figure 6D-6E). We therefore investigated the levels of MCL1 in

primary splenic B cells from WT, IκBε$^{-/-}$ and IκBα$^{κB/κB}$ mice (Figure 6F, 95-99% purity, supplemental

Figure 7), which revealed significant selective induction of Mcl1 in IκBε$^{-/-}$ cells (Figure 6G, $p < 0.05$).

IκBα$^{κB/κB}$ cells showed no selectivity in the induction of BCL2-family proteins (Figure 6G). Together,

this ChIP-seq analysis, computational modeling, and validation in primary mouse models (Figure 6

D, E and G), align to implicate cRel in the upregulation of MCL1 in DLBCL.

Inhibition of the NF-κB inducing kinase (NIK) overcomes tumor microenvironment (TME)-

mediated BH3-mimetic resistance in DLBCL

Our data highlighted a key challenge, that multiple distinct and context-specific mechanisms of

resistance to BH3-mimetics can be identified. We sought to identify a single pharmacological

intervention that could overcome multiple methods of TME-mediated resistance to multiple BH3-

mimetics. We assessed the efficacy of NIK inhibition using Amgen16 (Figure 7A), and found the

inhibitor achieved significant re-sensitization of the SUDHL8 cell lines to BCLXL inhibition in hCD40L-

3T3 co-culture (Figure 7B, $p < 0.001$). We also found that in both cell lines that were ABT199 sensitive

in monoculture (U2932 and RIVA), and resistant in hCD40L-3T3 co-culture, treatment with the NIK

inhibitor significantly reversed the ABT199 resistance (Figure 7C and D, $p<0.05$). As such, NIK

inhibition is effective in all cell lines tested here: either as a monotherapy in RelB high DLBCL (Figure

1B), to re-sensitize BCL2-sensitive DLBCL to ABT199 in the TME (Figure 7C and D), or to re-sensitize

BCLXL-sensitive DLBCL to BCLXL targeting BH3-mimetics in the TME (Figure 7B).

Discussion

The molecular heterogeneity that characterizes DLBCL is a major challenge contributing to clinical

resistance and relapse (48, 49). While there is substantial evidence that aberrant NF-κB activation

within the lymph node TME, confers worse prognosis in DLBCL, the pharmacological targeting of this

interaction has been challenging due to toxicities associated with targeting the canonical NF-κB

pathway (50).

Here we found that visualizing heterogeneity within and between DLBCL cell populations, as z-

scored contour plots (termed NF-κB and BCL2-family "fingerprints"), was able to identify markers of

drug sensitivity. We found that high RelB conferred sensitivity to inhibition of the non-canonical NF-

κB pathway using a NIK inhibitor. The present study indicates that flow cytometry fingerprinting may

enable identification and assignment of NIK-inhibitors particularly in the recently identified subset of

DLBCL with high RelB and poor prognosis (51).

BCL2 fingerprints confirmed that basal high basal BCL2 levels predicted sensitivity to ABT199, in

accordance with results from clinical trials (52, 53). When compared to other biochemical

measurements, or functional measurements such as BH3-profiling, flow cytometry-based

fingerprinting enables identification of cellular sub populations within a heterogeneous tumor. We

found that even within a single cell line we could identify multiple venetoclax resistance

mechanisms, with some cells inherently resistant due to high MCL1, and some cells gaining

resistance in the context of a TME-mimicking co-culture through upregulation of BCLXL.

BCL2-targeting therapies create impressive responses in CLL, where the bulk of the disease is

circulating in the peripheral blood, however lymph-node mediated treatment resistance has been

implicated in the inability to cure CLL (54). In DLBCL, where the bulk of the disease is supported by

the lymph node TME, BCL2-targeting therapies have been far less effective. Increased non-canonical

NF-κB activity, and abundance of BCLXL, may provide a rationale for the lack of efficacy of ABT199 in

DLBCL. The addition of the NIK inhibitor Amgen16 overcame TME-mediated protection and re-

sensitized DLBCL cells to ABT199. This finding is supported by studies in CLL (24, 25). Taken together

these data show dual potential for NIK-inhibition in DLBCL, either as a monotherapy for RelB-reliant

lymphoma, or as a combination therapy to overcome BH3-mimetic resistance induced by the TME.

We found that this effect was not restricted to BCL2-targeting therapies as NIK inhibition could re-

sensitize BCLXL dependent cell lines to BCLXL-inhibition in the context of TME-mimicking co-

culture.

We discovered an unexpected induction of MCL1 in cells with elevated basal NF-κB activity. This

result highlighted limitations in flow cytometry fingerprints in predicting cellular responses: the lack

of information on nuclear NF-κB activity. Incorporating NF-κB activity information into computational

models led to a prediction of signaling crosstalk between the two NF-κB pathways, which was

experimentally confirmed. It has been unclear which NF-κB subunit controls MCL1 in lymphoma

(55). Our combined modeling, immunofluorescence and flow cytometry data, along with published

ChIP-seq datasets implicate cRel as a regulator of MCL1 in DLBCL. cRel-mediated gene expression

has been correlated with GC-DLBCL (56), and pre-clinical MCL1 inhibitors show increased efficacy

in GC-DLBCL (57). As MCL1 inhibitors are currently reaching first-in-human studies (58), a predictive

understanding of how the TME controls abundance of anti-apoptotic proteins through NF-κB will be

key to successful trial design and clinical adoption. This study highlights the importance of

understanding the impact of TME-mediated signaling, which may not be captured in assays

performed on isolated cells or isolated mitochondria (59).

Computational simulations can: predict DLBCL responses to BH3-mimetics (35), integrate flow

cytometry and mutational information to predict DLBCL signaling responses to the TME (19), and

predict unexpected crosstalk between the TME and anti-apoptotic proteins as shown here. Higher

dimensional data, combining NF-κB subunit nuclear localization with BCL2-family protein

abundances, and integration of this data with computational modelling, enables assignment of

targeted therapies that can overcome the protective effect of the TME. While detailed molecular

characterization is unlikely to be incorporated into the standard of care for all DLBCL patients,

computational simulations informed by genetic profiling of diagnostic samples enable the

identification of DLBCL patients that are molecularly predisposed to a poor response (37). Such a

prediction motivates further combined molecular profiling and computational modeling in order to

assign efficacious targeted therapeutic approaches to the subset patients who will not respond to

the standard of care.

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Data Availability Statement

The computational code and analysis pipelines generated during and/or analyzed during the current

study are available in the GitHub repository, https://github.com/SiFTW/VareliEtAl/. Any other data

generated during and/or analyzed during the current study are available from the corresponding

author on reasonable request.

Authorship Contributions

Contribution: **A.V** designed the research, performed experiments, analyzed data, designed figures

and wrote the manuscript; **H.V.N** performed experiments, cosupervised part of the study and

reviewed the manuscript; **H.C, E.J, L.S** performed experiments; **H.Z., Y.L** performed experiments,

analyzed data, designed figures and wrote the manuscript; **F.S** interpreted data and reviewed the

manuscript; **A.H** contributed vital new reagents, interpreted data, supervised part of the study and

reviewed the manuscript; **A.P, C.P** designed the research, cosupervised the study and reviewed the

manuscript; **S.M** designed the research, supervised the study, performed experiments, analyzed

data, designed figures and wrote the manuscript.

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Figure Legends

Figure 1. NF-κB and BCL2 'fingerprinting' predicts sensitivities to inhibition of non-canonical NF-κB and BCL2 in Diffuse Large B cell Lymphoma (DLBCL). (A) Representative dot plots of RelA and RelB Median Fluorescence Intensity (MFI) values for the DLBCL cell lines SUDHL8, SUDHL10, U2932, and RIVA. Workflow pipeline for the productions of NF-κB fingerprints. (B) Relative RelA and RelB expression levels measured with flow cytometry, in the cell lines RIVA, U2932, SUDHL8 and SUDHL10 as fingerprints, with dots representing the median in a single experiment, also shown as probability density curves (right and top). (C) Bar graphs of RelA and RelB median fluorescence intensity (MFI) values as mean ± standard deviation of two independent experiments. (*$P< 0.05$; one-way ANOVA with Tukey's comparisons test). (D) Cell viability in response to 0.125-100μM of Amgen16 in the indicated DLBCL cell lines post a 24-hour treatment, error bars representing the mean ± standard deviation of three independent experiments, normalized to the untreated control. (E) LC$_{50}$ values for the indicated cell lines in response to Amgen16 with mean indicated, three independent experiments *(**$P<0.01$, ***$P<0.001$ unpaired T-test)*. (F) Relative MCL1, and BCL2, and BCLXL expression levels measured with flow cytometry, in the cell lines RIVA, U2932, SUDHL8 and SUDHL10 as fingerprints, with dots representing the median in a single experiment, also shown as probability density curves (right and top). (G) Bar graphs of MCL1, and BCL2, and BCLXL median fluorescence intensity (MFI) values as mean ± standard deviation of three independent experiments. *(*$P<0.05$, **$P< 0.01$, ***$P<0.001$, ****$P<0.0001$; one-way ANOVA with Tukey's comparisons test)*. (H) Cell viability in response to 0.0001-100μM of ABT199 (venetoclax) in the indicated DLBCL cell lines, post a 24-hour treatment, error bars representing the mean ± standard deviation of three independent experiments, normalized to the untreated control. (I) LC$_{50}$ values for the indicated cell lines in response to ABT199 with mean indicated, of three independent experiments *(**$P<0.01$, ***$P<0.001$ unpaired T-test)*.

Figure 2. Differential BCL2 family abundance in the sub-clonal cell line U2932 predicts differential

responses to ABT199 (venetoclax), TME mimicking hCD40L-3T3 co-culture confers resistance to

BCL2 inhibition. (A) Flow cytometry dot plot showing the distinct levels of CD20 Median

Fluorescence Intensity (MFI) in the U2932 subclones R1 and R2. (B) Cell viability in response to

0.0001-100μM of ABT199in the indicated U2932 subclones R1 and R2, post 24-hour treatment, error

bars representing the mean ± standard deviation of three independent experiments, normalized to

the untreated control. (C) Bar graphs of MCL1, and BCL2, and BCLXL median fluorescence intensity

(MFI) values as mean ± standard deviation of three independent experiments (****P<0.0001;

unpaired t-test). (C) Cell viability in response to 0.0001-100μM of ABT199in the indicated U2932

subclones R1 and R2, post 24-hour treatment, error bars representing the mean ± standard deviation

of three independent experiments, normalized to the untreated control. (D) Schematic of the co-

culture system used. U2932 cells were co-cultured with hCD40L-3T3 cells prior to treatment with

increasing doses of ABT199. (E) Viability of U2932 cells cultured for 24 hours with or without CD40-

Ligand NIH3T3 in the presence of 0.0001-100μM of ABT199. Error bars representing the mean ±

standard deviation of three independent experiments, normalized to the untreated control *(**P<0.01,*

****P<0.001 multiple unpaired T-tests using the Holm-Šídák corrections test).* (F) LC50 values for the

U2932 cell line in monoculture vs co-culture with hCD40L-3T3 in response to ABT199, with error bars

representing the mean ± standard deviation of three independent experiments*(**P<0.01, unpaired T-*

test). (G) MCL1, BCL2, and BCLXL levels, shown as fold changes of 24-hour stimulation with hCD40L-

3T3 cells to unstimulated control in U2932 cells with error bars representing the mean ± standard

deviation of five independent experiments *(*P<0.1, **P<0.01 one-way ANOVA with Tukey's*

comparisons test).

Figure 3. Tumor microenvironment-mimicking co-culture induced resistance to BH3-mimetics in Diffuse Large B Cell Lymphoma (DLBCL) cell lines. (A) Viability of RIVA cells cultured for 24 hours with or without hCD40L-3T3 cells in the presence of 0.0001-100μM of the BCL-2 inhibitor ABT199 (venetoclax). Error bars representing the mean ± standard deviation of three independent experiments, normalized to the untreated control. (B) LC$_{50}$ values for RIVA in each condition with error bars representing the mean ± standard deviation of three independent experiments, normalized to the untreated control (*P<0.1, unpaired T-test). (C) MCL1, BCL2, and BCLXL levels, shown as fold changes of 24-hour stimulation with hCD40L-3T3 cells to unstimulated control in RIVA with error bars representing the mean ± standard deviation of five independent experiments (**P<0.01, ***P<0.001 one-way ANOVA with Tukey's comparisons test. (D) Viability of SUDHL8 cells cultured for 24 hours with or without hCD40L-3T3 cells in the presence of 0.0001-100μM of the BCLXL inhibitor A1331852. Error bars representing the mean ± standard deviation of three independent experiments, normalized to the untreated control. (E) LC$_{50}$ values for SUDHL8 in each condition with error bars representing the mean ± standard deviation of three independent experiments, normalized to the untreated control (***P<0.001, unpaired T-test). (F) MCL1, BCL2, and BCLXL levels, shown as fold changes of 24-hour stimulation with hCD40L-3T3 cells to unstimulated control in SUDHL8 with error bars representing the mean ± standard deviation of five independent experiments (*P<0.05, one-way ANOVA with Tukey's comparisons test).

Figure 4. Immunofluorescence microscopy reveals differential NF-κB basal RelA activity in Diffuse

Large B-cell Lymphoma (DLBCL) cell lines. (A) Schematic of the canonical and non-canonical NF-κB

signaling pathway illustrating how non-canonical NF-κB activation results in the induction of BCLXL

and how elevated basal canonical signaling induces multiple negative regulators of NF-κB which may

contribute to cell line specific induction of MCL1. (B) Representative immunofluorescence

microscopy following staining in RIVA cells for RelA (NF-κB), DAPI (nucleus), actin (cytoplasm), to

measure nuclear and cytoplasmic subcellular localization. (C) Quantification immunofluorescence

microscopy showing nuclear to cytoplasmic ratio of cRel and RelA in single cells. Data shows a

representative replicate in the indicated cell lines. Violin width indicates data density. (D)

Quantification of the nuclear to cytoplasmic ratio of cRel (top) and RelA (bottom) as bar graphs with

error bars of the mean ± standard deviation of three independent experiments in RIVA, U2932 and

SUDHL8 (*$P<0.1$; One-Way ANOVA).

Figure 5. Co-culture with hCD40L-3T3 cells upregulates NF-κB RelB and BCLXL in DLBCL, and

selectively upregulates NF-κB cRel and MCL1 through signaling crosstalk when NF-κB RelA is

chronically active. (A) Abundances of the heterodimers RelA:p50 (left) and cRel:p50 (right) bound to

inhibiting NF-κB proteins (IκB), as simulated by computational modeling for basal canonical NF-κB

activation state in RIVA, and high basal activation state in SUDHL8. (B) Computational modeling

results showing the nuclear abundance of the indicated NF-κB dimers in a simulation with low basal

nuclear RelA (RIVA, pink), and a simulation high basal nuclear RelA (SUDHL8, teal). The mean (line)

and standard deviation (shaded region) of 25 cells is indicated. (C) Schematic demonstrating the

mechanism by which NF-κB contributes to the induction of BCLXL in a cell line with normal basal

signaling (RIVA) upon stimulation with CD40L (right). hCD40L-3T3 mediated activation of NIK results

in p100 processing into p52, leading to nuclear translocation of RelB:p52 and increased expression

of BCLXL. Gray = inactive pathways and low abundance proteins, color = active pathways and

predominant complexes. (D) Schematic demonstrating how crosstalk emerges between CD40, NIK,

cRel, and MCL1. Increase basal RelA results in increase p100, and IκBδ (left). hCD40L-3T3 mediated

activation of NIK results in processing of IκBδ and release of cRel:p50, which translocates to the

nucleus and potentially upregulates expression of MCL1 (right). Gray = inactive pathways and low

abundance proteins, color = active pathways and predominant complexes. (E-F) Quantification of

immunofluorescence microscopy in RIVA (E) and SUDHL8 (F) cells showing nuclear to cytoplasmic

ratio of RelA, RelB and cRel. Data post 24 hours of monoculture and hCD40L-3T3co-culture is shown

side by side. Single cells of a representative replicate are shown (left), with violin width indicating

data density. Quantification of the nuclear to cytoplasmic ratio of RelA, RelB and cRel is shown as

bar graphs (right) with error bars displaying the mean ± standard deviation of three independent

experiments (*P<0.5, **P<0.01*; unpaired t-test). (G) Schematic of the co-culture system used,

following 24 hours of treatment with 0.0001-100μM of the BCLXL inhibitor A1331852 ± 0.1μM of the

Bruton's Kinase (BTK) inhibitor Ibrutinib. (H) Cell viability of SUDHL8 in response to 0.0001-100μM of

the BCLXL inhibitor A1331852 post a 24-hour treatment in monoculture, post a 24-hour hCD40L-

3T3co-culture or post a 24-hour hCD40L-3T3 co-culture with the addition of 0.1μM of the BTK

inhibitor, Ibrutinib. LC_{50} values for each condition is shown (right) with error bars representing the

mean ± standard deviation of three independent experiments, normalized to the untreated control

(***$P<0.001$ one-way ANOVA with Tukey's comparisons test).

Figure 6. IκBε knock-out mouse model reveals cRel-dependent induction of MCL1. (A) NF-κB ChIP-seq data from Zhao et al. 2014 (47) showing binding of the indicated NF-κB subunits around the transcription start site (TSS) of the indicated anti-apoptotic genes in lymphoblastoid B cell line. A 1kb window around the TSS is indicated. (B) Model-based Analysis for ChIP-Seq 2 (MACS2) scores for the indicated NF-κB subunits within 1kb of the MCL1 promoter across all ChIP-Seq datasets reported in ChIP Atlas Zou et al. 2024 (47), after outlier removal using ROUT method (q=1%, ****p<0.0001). (C) Schematic of normal basal NF-κB signaling (left), schematic of NF-κB signaling predicting the unknown effect of IκBε$^{-/-}$ on cRel and MCL-1 induction. (D) Computational modelling simulation of RelA and cRel abundance in IκBε$^{-/-}$ and IκBα$^{κB/κB}$ demonstrated as fold changes normalized to wild-type. Error bars represent the mean and ± standard deviation of 25 cells *(***P<0.001*, unpaired t-test). (E) RelA and cRel abundances in IκBε$^{-/-}$ and IκBα$^{κB/κB}$ cells derived from primary splenocytes, demonstrated as fold changes to wild-type, error bars representing the mean ± standard deviation. (F) Experimental pipeline showing the workflow of isolating and purifying primary B cells from wild type, IκBε$^{-/-}$ and IκBα$^{κB/κB}$ mouse genotypes. (G) Abundances of MCL1 and BCLXL acquired with flow cytometry in primary B cells isolated and purified from IκBε$^{-/-}$ (left) and IκBα$^{κB/κB}$ (right) mouse genotypes, demonstrated as fold changes normalized to wild-type. Error bars represent the mean ± standard deviation of three independent experiments (**P<0.05*, unpaired t-test).

Figure 7. Targeting the NF-κB inducing kinase (NIK) to overcome tumor microenvironment (TME)

resistance in Diffuse large B cell lymphoma (DLBCL). (A) Schematic of the co-culture system used,

following 24 hours of treatment with 0.0001-100μM of venetoclax (ABT199) or A1331852 ± 50μM of

the NIK inhibitor Amgen16 . (B) Cell viability of SUDHL8 in response to 0.0001-100μM of A1331852

post a 24-hour treatment in monoculture, post 24-hour co-culture on hCD40L-3T3 cells or post 24-

hour hCD40L-3T3 co-culture with the addition of 50μM of the NIK inhibitor Amgen16. LC_{50} values for

each condition is shown (right) with error bars representing the mean ± standard deviation of three

independent experiments, normalized to the untreated control (****P<0.001* one-way ANOVA with

Tukey's comparisons test). (C) U2932 and (D) RIVA cells in response to 0.0001-100μM of ABT199 in

the cell lines post a 24-hour treatment in monoculture, post a 24-hour hCD40L-3T3 co-culture or

post 24-hour hCD40L-3T3 co-culture with the addition of 50μM of the NIK inhibitor, Amgen16. LC_{50}

values for each condition is shown (right) with error bars representing the mean ± standard deviation

of three independent experiments, normalized to the untreated control (**P<0.1, **P<0.01* one-way

ANOVA with Tukey's comparisons test).