Targeting *de novo* lipogenesis improves gemcitabine efficacy in pancreatic ductal adenocarcinoma

Sarah E Hancock[1,2], Linda Garthwaite[1], Konstantina Harellis[1], Michael Susetio[1], Eileen Ding[2], Laura Choong[1,3], Osvaldo Contreras[3,4] Amy Nguyen[1], Josiah Lising[2], Felicia KM Hansen[5], Puttandon Wongsomboon[5], Jan Philipp Menzel[5], Berwyck LJ. Poad[5,6], Todd W Mitchell[7,8], Stephen J Blanksby[5,6] Nigel Turner[1,2,]*

[1]Cellular Bioenergetics Laboratory, Victor Chang Cardiac Research Institute, Darlinghurst, NSW, Australia

[2]Department of Pharmacology, School of Biomedical Sciences, UNSW Sydney, NSW, Australia.

[3]School of Clinical Medicine, Faculty of Medicine & Health, University of New South Wales, UNSW Sydney, Sydney, NSW, Australia

[4]Developmental and Regenerative Biology Division, Victor Chang Cardiac Research Institute, Darlinghurst, NSW, Australia

[5]School of Chemistry and Physics, Queensland University of Technology, Brisbane, QLD

[6]Central Analytical Research Facility, Queensland University of Technology, Brisbane, QLD

[7]School of Medical, Indigenous & Health Sciences, University of Wollongong, Wollongong, NSW

[8]Molecular Horizons, University of Wollongong, Wollongong, NSW, Australia

* Corresponding author. Email n.turner@victorchang.edu.au

Abbreviations

ACC acetyl-CoA carboxylase, *AMP$^+$* *N*-(4-aminomethylphenyl)pyridinium, *CE* cholesteryl ester, *Cer* ceramide, *CL* cardiolipin, *CombAT* combination therapy attenuated, *CON* control, *DG* diacylglycerol, *ELOVL* elongation of very long chain fatty acid protein, *FADS2* fatty acid desaturase 2, *FAS* fatty acid synthase, *FOLFIRINOX* folinic acid, 5-fluorouracil, irinotecan and oxaliplatin; *GEMC* gemcitabine, *GEMR* gemcitabine resistant, *IC$_{50}$* half maximal inhibitory concentration, *LC-MS* liquid chromatography-mass spectrometry, *LPC* lysophosphatidylcholine, *LPE* lysophosphatidylethanolamine, *MUFA* monounsaturated fatty acid, *OzFAD* ozone-induced fatty acid discovery, *PBS* phosphate buffered saline *PC* phosphatidylcholine, *PDAC* pancreatic ductal adenocarcinoma, *PE* phosphatidylethanolamine, *PG* phosphatidylglycerol, *PS* phosphatidylserine, *PTX* paclitaxel, *PUFA* polyunsaturated fatty acid, *SCD1* stearoyl-CoA desaturase 1, *SFA* saturated fatty acid, *siRNA* small interfering siRNA *SM* sphingomyelin, *TBST* Tris-buffered saline with 0.1% Tween20, *TG* triacylglycerol, *VEH* vehicle.

Abstract

Pancreatic ductal adenocarcinoma (PDAC) is a highly aggressive disease with few treatment options and poor survivability. In this work we sought to characterise metabolic adaptations to gemcitabine (GEMC)-based chemotherapy exposure to discover new therapeutic targets for improving treatment efficacy. We show that GEMC resistance (GEMR) upregulates *de novo* lipogenesis in Panc1 and MiaPaCa2 cells through increased activity and expression of acetyl-CoA carboxylase (ACC), fatty acid synthase (FAS) and stearoyl-CoA desaturase 1 (SCD1). We also discovered alternate fatty acid desaturase 2 (FADS2) activity in Panc1 cells, which led to the production of sapienic acid (FA 16:1*n*-10, *cis*) from palmitic acid (FA 16:0). Knockdown of key lipid synthesis enzymes sensitised cells to GEMC treatment, with FAS (both cell lines), SCD1 (MiaPaCa2 only) and SCD1+FADS2 (Panc1) knockdown showing the greatest reduction in cell growth when combined with GEMC treatment. In Panc1 cells, either desaturase upregulated its activity when the alternate was knocked down, necessitating the need for dual desaturase knockdown in this cell line. PDAC cells attenuated to grow in combination GEMC/paclitaxel (CombAT) also displayed enhanced *de novo* lipogenesis; however, combination chemotherapy significantly downregulated FADS2 expression and activity in Panc1 CombAT cells rendering them more sensitive to SCD1 knockdown. We conclude that co-targeting lipid synthesis in PDAC could be a viable strategy for improving the efficacy of both GEMC monotherapy and combination GEMC/PTX therapy.

Introduction

Pancreatic ductal adenocarcinoma (PDAC) is the twelfth most common cancer worldwide, with close to half a million new cases being diagnosed in 2020 (1). Despite its relatively low incidence rate, the mortality associated with PDAC remains high, with a global 5-year overall survival rate of just 9% (2). The ongoing poor survivability of PDAC is a result of many contributing factors. PDAC is a highly asymptomatic disease that is often detected at later stages, with fewer than 20% of cases being eligible for surgical resection at the time of diagnosis (3). For most patients only palliative chemotherapy remains as a treatment option. Either FOLFIRINOX (folinic acid, 5-fluorouracil, irinotecan and oxaliplatin) or gemcitabine (GEMC) monotherapy have long been the primary chemotherapy options for PDAC, with the former coming at a cost of higher toxicity (4,5). More recently, GEMC combined with albumin-bound (nab-)paclitaxel (also known as Abraxane) has replaced GEMC monotherapy as the standard of care for metastatic PDAC, but survivability still remains extremely poor with an increase in median overall survival of only a few months when compared with GEMC monotherapy (6).

Underlying the poor treatability and chemoresistance of PDAC are a myriad of genetic mutations, many of which are sporadic and heterogeneous between patients. Activating mutations in *KRAS* are common and present in around 90% of tumours, as are inactivating mutations in *TP53*, *CDKN2A*, and *SMAD4* (>20% of tumours) (3,7). Beyond this, common mutations seen across PDAC tumours drop to <10% (3,8), precluding the identification of druggable gene therapy targets that can impact a majority of patients. The genetic mutations present in PDAC have wide-ranging impacts on tumour molecular biology, activating diverse pro-survival and anti-apoptotic signalling pathways (9–11). Further compounding the chemoresistant nature of PDAC is the presence of a dense desmoplastic stroma that creates a hypoxic tumour microenvironment and impedes the delivery of chemotherapy to cancer cells (12). Together this results in extensive metabolic reprogramming in PDAC to facilitate the acquisition of biomolecules necessary to support cancer cell rapid growth and proliferation. Despite the lack of a good genetic therapeutic target in PDAC, mutational effects likely converge on relatively fewer metabolic pathways (13,14), making metabolism-based therapies an attractive pathway for improving options for PDAC treatment.

The role of lipid metabolism in cancer cell survival, metastasis, and chemoresistance has become a recent topic of interest across many different cancer types including PDAC (15–21). Lipids are ubiquitous molecules essential to life that have diverse functions in biology, including in energy production and storage, cell signalling, as structural components of cell membranes that can also modulate membrane-bound proteins, as well as substrates for post-translational modifications. The diversity of biological function in lipids is reflected by their complex and varied structures, as their structural composition typically informs their biology. Key *de novo* lipogenesis enzymes are commonly upregulated in many cancers, consistent with the continual need for accrual of lipids in cancer (22). For

example, fatty acid synthase (FAS) is the rate-limiting step in fatty acid synthesis and catalyses the

elongation of malonyl-CoA produced by acetyl-CoA carboxylase (ACC) to palmitic acid (*i.e.*, FA 16:0,

a fatty acid with 16 carbons and no carbon-carbon double bonds). FAS is commonly expressed at high

levels in a variety of cancers (reviewed by (23–25)), where its overexpression often correlates to poorer

survival (17,26) and chemotherapy resistance (17,27–29). Aberrant lipid metabolism is an emerging

metabolic hallmark of PDAC, where fatty acid and sterol metabolism is upregulated (18,30), and

distinct lipid signatures can predict patient prognosis and resistance to chemotherapy PDAC (15).

Collectively, relatively little is known about the role of lipid metabolism in PDAC growth, metastasis,

and chemoresistance, and therefore a more complete elucidation of implicated metabolic pathways

could lead to the identification of novel therapeutic targets to improve PDAC treatment and patient

survival.

In this work, we describe significant increases in *de novo* lipogenesis following chronic treatment of

PDAC cells with GEMC monotherapy or combination GEMC/paclitaxel (PTX) therapy. We show that

targeting key lipogenic enzymes can improve the efficacy of GEMC chemotherapy, including ACC1,

FAS, stearoyl-CoA desaturase 1 (SCD1) and fatty acid desaturase 2 (FADS2). Furthermore, we describe

Δ6 desaturation of saturated fatty acids by FADS2 in PDAC for the first time, alongside selective

downregulation of FADS2 by chronic GEMC/PTX treatment offering a novel pathway towards dual

desaturase targeting to improve GEMC-based chemotherapy efficacy in PDAC.

Results

Development of GEMR PDAC cell lines

Panc1 and MiaPaCa2 were chosen as model cell lines to explore chemotherapy-induced metabolic

reprogramming due to their divergent mutational heterogeneity (Figure S1) combined with discrete

metabolic phenotypes (31). Generation of gemcitabine resistant (GEMR) cell lines was achieved by

culturing Panc1 and MiaPaCa2 cells in increasing doses of GEMC over a period of 10-12 weeks. The

cells were deemed resistant once a difference in the half maximal inhibitory concentration (IC_{50}) could

be observed between treated and non-treated control (CON) cells. Panc1 cells were attenuated to grow

150 nM GEMC and MiaPaCa2 in 64 nM, and at the final concentration of GEMC, Panc1 GEMR cells

had an IC_{50} for GEMC that was more than 2.5 times that of CON Panc1 cells (Table 1), with the IC_{50}

of MiaPaCa2 GEMR cells being just over 3 times that of CON. Proliferation in Panc1 GEMR cells was

slightly increased compared with controls, with CON cells having a doubling time of 1.30 (1.07-1.57,

95% CI) days compared with GEMR at 0.97 (0.78-1.21, 95% CI) days. (Figure S2A). In contrast, the

doubling time of MiaPaCa2 cells were similar between CON and GEMR cells, being 1.33 (1.18-1.49,

95% CI) and 1.32 (1.21-1.45, 95% CI) days, respectively. Few overt morphological changes could be

observed in either cell line when GEMR was compared with CON (Figure S2B). Together these data

suggest that both PDAC cell lines are newly adapted to GEMC, with none of the typical more extreme

changes in cell morphology or growth rate seen in more advanced GEMR PDAC models (32–34).

Table 1: half-maximal inhibitory concentration of control and gemcitabine-resistant (GEMR) PDAC
cell lines.

Cell line	IC$_{50}$ (nM)	95% CI (nM)	p value*
Panc1 CON	273.3	136.0 - 575.5	-
Panc1 GEMR	720.5	427.2 - 1225.0	0.012
MiaPaCa2 CON	30.6	20.3 - 46.1	-
MiaPaCa2 GEMR	92.2	59.7 - 142.2	<0.001

127   *CON* control *GEMR* gemcitabine resistant *IC$_{50}$* half-maximal inhibitory concentration.
128   * control vs GEMR, non-linear regression with extra sum-of-squares F test, n= 3.
129

GEMR alters lipid profile and increases lipid droplet number in Panc1 cells

Previous work had indicated a distinct lipidomic signature associated with chemoresistant PDAC (15),

and so to better understand the changes that might be occurring in PDAC cell lipid metabolism with

GEMR we performed untargeted lipidomics using liquid chromatography-tandem mass spectrometry

(LC-MS/MS). Untargeted lipidomics enabled the quantification of more than 400 distinct molecular

lipid species within Panc1 & MiaPaCa2 control & GEMR cells from 12 different classes of lipid,

including cholesteryl esters (CE), ceramides (Cer), cardiolipin (CL), diacylglycerol (DG),

lysophosphatidylcholine (LPC), lysophosphatidylethanolamine (LPE), phosphatidylcholine (PC),

phosphatidylethanolamine (PE), phosphatidylglycerol (PG), phosphatidylserine (PS), sphingomyelin

(SM) and triacylglycerol (TG). Of these 400-plus molecular lipids species, 77 displayed statistically

significant differences ($P < 0.05$) between Panc1 control and GEMR cells (Figure 1A), with 79

statistically significant differences detected between the two MiaPaCa2 cell lines (Figure 1B). While

there appeared to be roughly equal proportions of increased and decreased lipid species between Panc1

CON & GEMR cells (Figure 1A), lipid species in MiaPaCa2 GEMR cells were mostly decreased when

compared to CON (Figure 1B). Interestingly, Panc1 cells appeared to have an overrepresentation of

lipids containing saturated (no carbon-carbon double bonds; SFA) or monounsaturated fatty acids (1

carbon-carbon double bond; MUFA) that were increased with GEMR (Figure 1A), strongly suggesting

the upregulation of *de novo* lipid synthesis within this cell line. Confocal imaging of BODIPY-stained

cells revealed increased lipid droplet number per cell in Panc1 GEMR cells when compared with CON,

with no change in lipid droplet size (Figure 1D). No significant change in lipid droplet number or size

was observed between MiaPaCa2 CON and GEMR cells (Figure 1E); however, MiaPaCa2 CON cells

contained approximately three times more neutral lipid droplets per cell compared with Panc1 CON

(Figure 1F). Together these data suggest a role for GEMC-driven upregulation of *de novo* lipogenesis

and lipid droplet biogenesis in Panc1 cells specifically.

Figure 1: Differentially abundant lipid species from **A** Panc1 and **B** MiaPaCa2 CON & GEMR cell
lines detected by untargeted lipidomics (unpaired t test, $P < 0.05$). Lipids were quantified from internal
standards, and values are mean-scaled. **C** Representative confocal images of BOPIDY-stained Panc1 &
MiaPaCa2 CON & GEMR cells lines, with (**D-E**) quantification of lipid droplets per cell and lipid
droplet perimeter (μm). **F** Comparison of lipid droplet number and size between Panc1 and MiaPaCa2
cells. Statistical significance was determined by unpaired t test, *$P < 0.05$ ** $P < 0.01$. *** $P < 0.001$

GEMR increases *de novo* lipogenesis in PDAC cell lines

To better understand GEMR-driven reprogramming of PDAC lipid metabolism we undertook extensive
profiling of lipid synthesis pathways in both cell lines (Figure 2A). We measured *de novo* lipogenesis
in PDAC cells by tracing the incorporation of radiolabelled glucose into the lipid fraction of both Panc1
and MiaPaCa2 CON & GEMR cells (Figure 2B). Surprisingly GEMR increased *de novo* synthesis of
lipid from glucose in both PDAC cell lines, despite MiaPaCa2 GEMR cells showing fewer increases in
lipid species (Figure 1B) and no change in lipid droplet size or number when compared with CON
(Figure 1C&E). To further elucidate specific changes in lipid metabolism we next performed

immunoblotting to characterise changes in total and activated enzymes involved in lipid synthesis.

Acetyl-CoA carboxylase 1 (ACC1) catalyses the first step of fatty acid synthesis, forming malonyl-

CoA (Figure 2A). Phosphorylation of ACC1 at serine 79 inhibits ACC1 activity, and palmitic acid (FA

16:0) is synthesised by fatty acid synthase (FAS) by the sequential elongation of ACC1-derived

malonyl-CoA. From here, palmitic acid can be alternatively elongated by various elongation of very

long chain fatty acids protein (ELOVL) isoforms or desaturated (*i.e.*, the introduction of a carbon-

carbon double bond) to form a variety of SFA or MUFA (Figure 2A) (35,36). In Panc1 GEMR cells we

observed the activation of lipid synthesis pathways through decreased phosphorylation of ACC1 and

increased expression of FAS. MiaPaCa2 GEMR cells demonstrated a statistically significant increase

in total ACC1 abundance as compared to CON (Figure 2D). Together these data suggest that GEMR

causes upregulation of *de novo* lipogenesis in both PDAC cell lines.

Figure 2: A map of lipid synthesis in mammalian cells, including elongation and desaturation steps. Canonical lipid synthesis pathways are shown in blue/black, while the alternative fatty acid desaturase 2 (FADS2)-mediated pathway is shown in red/orange. **B** *De novo* lipogenesis measured by tracing uniformly radiolabelled glucose into the lipid fraction of control (CON) and gemcitabine resistant (GEMR) Panc1 and MiaPaCa2 cells. Immunoblotting of key enzymes involved in *de novo* lipid synthesis in **C** Panc1 and **D** MiaPaCa2 CON and GEMR cell lines. **E** Analysis of AMP$^+$-derivatised isomeric FA16:1 and FA 18:1 MUFA by ozone-enabled fatty acid discovery (OzFAD). **F** SCD1 activity measured by tracing uniformly labelled ^{13}C-palmitate (FA 16:0) into palmitoleic acid (FA 16:1n-7) using liquid chromatography-mass spectrometry (LC-MS). **G** immunoblotting of FADS2. **H** FADS2 activity measured by tracing uniformly labelled ^{13}C-palmitic acid into sapienic acid (FA 16:1n-10) by LC-MS. Unpaired t test, * $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$. *ELOVL* elongation of very long chain fatty acids *FADS2* fatty acid desaturase *FAS* fatty acid synthase 2 *pACC* phosphorylated acetyl-CoA carboxylase *SCD1* stearoyl-CoA desaturase 1 *tACC* total ACC.

GEMR increases stearoyl-CoA desaturase (SCD)-driven desaturation in Panc1 cells

Palmitic acid can either be elongated by various ELOVL isoforms or desaturated to form MUFA (Figure 2A). SCD1 is an endoplasmic reticulum-localised enzyme that introduces a carbo*n*-carbon double bond at the Δ9 position (*i.e.*, ninth carbon from the carboxylate end) on either palmitic or stearic acid to form palmitoleic (FA 16:1n-7, *cis*) or oleic acid (FA 18:1n-9, *cis*) respectively (where the *n-x* refers to the location of the carbon-carbon double bond, *x*, from the methyl end of the fatty acid with *n* carbons). From here, FA 16:1n-7 can also be elongated by ELOVL5/6 to produce vaccenic acid (FA 18:1n-7, *cis*) (35,36). To better understand upregulation of lipid metabolism in our GEMR PDAC cells we performed immunoblotting for SCD1 (the dominant human isoform) in both cell lines and found increased abundance of SCD1 in Panc1 GEMR cells by immunoblot (Figure 2C). This increase in SCD1 protein abundance could explain increased levels of MUFA-containing lipids in Panc1 GEMR cells; however, recent work has demonstrated the presence of FADS2-derived isomeric MUFA in other cancer types (35,37) that contain carbon-carbon double bonds at locations distinct from SCD1-derived MUFA (Figure 2A). Such isomers are unable to be differentiated using the LC-MS/MS method used for untargeted lipidomics analysis in Figure 1A&B. To measure SCD1-derived fatty acids specifically in our GEMR PDAC cell lines we performed ozone-enabled fatty acid discovery (OzFAD) (38) on AMP$^+$-derivatised MUFA (Figure 2E). These data demonstrated a statistically significant increase in FA 16:1n-7 in Panc1 GEMR when compared with Panc1 CON cells whereas FA 18:1n-9 was increased in MiaPaCa2 GEMR cells. Both of these fatty acid species are SCD1-derived MUFA. (Figure 2A). To confirm these findings, SCD1 activity was measured in both cell lines by measuring desaturation of uniformly labelled ^{13}C$_{16}$ palmitate into ^{13}C$_{16}$-FA 16:1n-7 after 72 h. Baseline levels of FA 16:0 were not different between CON and GEMR cells of either cell line (Figure S3A&B). Despite no change in labelled palmitate uptake in Panc1 cells (Figure S3C), an increase in the ratio of FA 16:1n-7/FA 16:0 was detected in GEMR Panc1 cells indicating enhanced SCD1 activity in this cell line (Figure 2F). In contrast, no difference was observed in SCD1 activity for GEMR MiaPaCa2 cells despite a slight increase in labelled palmitate uptake (Figure S3D) and increased 18:1n-9 in this cell line (Figure 2E).

Taken together, these data suggest that GEMR upregulates SCD1 expression and activity specifically
in Panc1 cells.

Given that GEMR cells from both lines exhibited increases in *de novo* lipogenesis (Figure 2B), we also
sought to characterise the impact of GEMR on the utilisation of fatty acids by assessing fatty acid
oxidation (FAO) in both cell lines using radiolabelled palmitate. These data demonstrated a significant
increase in FAO in Panc1 GEMR cell lines as compared to CON, with very low rates of FAO in both
CON and GEMR MiaPaCa2 cells (Figure S4A). No change was observed in either GEMR cell line for
radiolabelled palmitic acid uptake when compared with CON (Figure S4B).

FADS2-derived monosaturated fatty acids are present in Panc1 cells

Through OzFAD we were also able to detect the presence of n-10 isomers of FA 16:1 and FA 18:1 in
both cell lines, with a greater amount of n-10 found in Panc1 cells relative to MiaPaCa2 (Figure 2E).
The amount of 16:1n-10 & 18:1n-10 detected in Panc1 GEMR cells was lower compared with CON,
with no change in 16:1n-10 or 18:1n-10 detected between MiaPaCa2 CON & GEMR cell lines.
Alternative FADS2-mediated desaturation of SFA has recently been described within prostate cancer
(35) and immortalised lung and breast cancer cell lines (37), where FA 16:0 is desaturated to form
sapienic acid (FA 16:1n-10, *cis*) or FA 18:0 is desaturated to petroselinic acid (FA 18:1n-12, *cis*; Figure
2A). Subsequent elongation of FA 16:1n-10 by ELOVL2 produces FA 18:1n-10 (35,36). In mammalian
cells FADS2 normally desaturates polyunsaturated fatty acids (PUFA; >1 carbon-carbon double bond)
at the Δ6 or Δ8 carbon. Immunoblotting for FADS2 revealed no difference in its abundance between
Panc1 CON and GEMR cells; however, FADS2 protein was virtually undetectable in MiaPaCa2 cells
(Figure 2G). Absence of significant FADS2 protein in MiaPaCa2 cells agrees with the much lower
amounts of n-10 fatty acids detected in MiaPaCa2 when compared with Panc1 (Figure 2E). Only trace
amounts of n-12 isomers were detected in the Panc1 cell lines (data not shown), suggesting a specific
upregulation of desaturation of FA 16:0 by FADS2. To further elucidate the effect of GEMR on FADS2
we measured its steady-state activity by tracing uniformly labelled ^{13}C palmitate into 16:1n-10 in both
cell lines. We detected no change in FADS2 activity observed between CON and GEMR Panc1 cells
and a small but statistically significant decrease in FADS2 activity in MiaPaCa2 GEMR cells (Figure
2H). Overall, these data suggest that there is no specific increase in FADS2 abundance or n-10 MUFA
synthesis activity with GEMR in either cell line.

SCD1 and FADS2 compensate for each other when the alternate is knocked down in
Panc1 cells

To investigate if targeting lipid synthesis can improve the response of PDAC cells to GEMC treatment
we performed knockdown of key enzymes using small interfering RNA (siRNA). We targeted the genes
of key enzymes in lipid synthesis pathways including *ACACA* (*i.e.*, the gene encoding ACC1), *FASN*

(FAS), *SCD* (SCD1), and *FADS2*. We tested single siRNA targets against *ACACA* and *FASN* and confirmed knockdown in Panc1 & MiaPaCa2 cells (Figure 3A). Knockdown of either *ACACA* or *FASN* also resulted in large decreases in *de novo* lipogenesis as measured by tracing radiolabelled glucose into the lipid fraction of CON Panc1 & MiaPaCa2 cell lines (Figure 3B). Two different siRNA targets were tested for *SCD* and *FADS2*, with either showing good efficacy in the knockdown of their target (Figure 3C). Therefore, both siRNAs for *SCD* and *FADS2* were used in combination throughout.

Figure 3: A Immunoblotting for ACC & FAS and **B** measurement of radiolabelled glucose into lipid fraction following knockdown of *ACACA* or *FASN*. **C** Immunoblotting for SCD1 & FADS2 or **D** quantification of 16:1 isomers measured by liquid chromatography-mass spectrometry following knockdown of *SCD* or *FADS2*. All measurements were performed following 72 h of siRNA transfection. **E** effect of 48 h GEMC treatment (Panc1 1 μM, MiaPaCa2 100 nM, or vehicle, VEH) on relative cell growth following 72 h knockdown of lipid synthesis enzymes. Cell growth was measured by crystal violet assay and normalised to start of siRNA knockdown (dashed line). Statistical significance was determined by **B** unpaired t test, or **D&E** one-way ANOVA with Tukey posthoc correction, *$P < 0.05$ ** $P < 0.01$. *** $P < 0.001$

We next measured the effect of siRNA knockdown on SCD1 and FADS2 activity by measuring changes in the amount of FA 16:1 isomers by LC-MS/MS (Figure 3D). In MiaPaCa2 cells, SCD1 knockdown had the intended effect where it significantly decreased FA 16:1*n*-7 levels. Knockdown of FADS2 in MiaPaCa2 cells did not affect the amount of FA 16:1*n*-10; however, levels of FA 16:1*n*-10 (Figure 2E) and the abundance of FADS2 protein (Figure 2G&3C) are very low in this cell line. In contrast, knockdown of either desaturase in Panc1 cells did not result in a significant decrease in the expected isomeric MUFA product; instead, the alternate desaturation product increased in abundance (Figure 3D). For example, knockdown of SCD1 in Panc1 cells resulted in a large increase in FA 16:1*n*-10 with

279   no change in FA 16:1*n*-7 content relative to si*NEG*. Likewise, the knockdown of FADS2 resulted in a

280   large increase in FA 16:1*n*-7. Together these data suggest that each desaturase can compensate when

281   the alternate is inhibited in Panc1 cells.

Knockdown of lipogenic enzymes improves GEMC efficacy in PDAC cells

Post validation of knockdown targets, we assessed if reducing the activity of the different lipid enzymes

could improve GEMC chemotherapy efficacy on cell growth in Panc1 & MiaPaCa2 cells (Figure 3E).

Target enzymes were knocked down in Panc1 & MiaPaCa2 cells for 72 h prior to 48 h of treatment

with vehicle (VEH) or a dose of GEMC tailored to induce a statistically significant decrease in si*NEG*

cell growth (Panc1 1 μM, MiaPaCa2 100 nM). Knockdown of *ACACA*, *FASN*, *SCD* or *FADS2*

combined with GEMC treatment resulted in decreased cell growth in Panc1 cells when compared with

GEMC-treated si*NEG* controls, with si*FASN* producing the greatest effect (Figure 3E). *ACC, SCD* or

FADS2 knockdown each had an equivalent impact on cell growth. However, co-targeting desaturases

using si*SCD* and si*FADS2* produced a significantly greater decrease in Panc1 cell growth than targeting

either enzyme alone, with the effect of dual desaturase knockdown on cell growth being comparable to

that of si*FASN* (Figure 3E). All reported decreases in cell growth following concomitant knockdown

and GEMC treatment was above that for knockdown alone for all targeted lipogenic genes except *FASN*,

which had a similar impact on growth with or without GEMC treatment (Figure S5A). Knockdown of

key lipid synthesis enzymes in combination with GEMC treatment in MiaPaCa2 cells showed a similar

trend to that of Panc1, except that si*FASN* or si*SCD* produced a comparable decrease in relative cell

growth (Figure 3E). Knockdown of *FADS2* did not significantly decrease cell growth in MiaPaCa2

cells, which is consistent with the observed low level of FADS2 enzyme abundance (Figure 2G&3C)

and activity (Figure 2H&3D) in this cell line. Not surprisingly, co-targeting both desaturases with si*SCD*

and si*FADS2* in MiaPaCa2 cells produced no additional effect when compared with si*SCD* alone

(Figure 3E). The effect of combined knockdown with GEMC treatment was above that of knockdown

only for *ACACA* and *FASN* in MiaPaCa2 cells (Figure S5B).

We also measured the effect of knockdown of lipid synthesis enzymes in GEMR cells; however, only

si*FASN* resulted in decreased cell growth on either cell line (Figure S5C&D). Collectively, these data

suggest that targeting key enzymes involved in fatty acid synthesis can successfully sensitise GEMC-

naïve PDAC cells to GEMC treatment, and that where alternate desaturase activity exists co-targeting

both desaturases is necessary to have the greatest impact on cell growth.

Combination GEMC/paclitaxel resistance also upregulates lipid synthesis

GEMC monotherapy has long been the first-line treatment for metastatic PDAC, but is now more

typically given in combination with nab-paclitaxel (39). To test the effect of combination chemotherapy

on *de novo* lipogenesis in PDAC we chronically exposed Panc1 and MiaPaCa2 cells to

GEMC/paclitaxel (PTX) for 12 weeks using a similar regime to that of GEMR induction. GEMC and

PTX were provided to cells at a ratio of 10:1 (GEMC:PTX) to approximate the typical ratio of the two

drugs as given to PDAC patients (40,41). In Panc1 cells we attenuated the dose of combination therapy

given to a maximum of 28 nM GEMC (2.8 nM PTX), while MiaPaCa2 cells were attenuated to grow

in up to 8 nM GEMC (0.8 nM PTX). Combination therapy attenuated (CombAT) Panc1 and MiaPaCa2

cells showed improved growth and proliferation in media containing 15 nM GEMC/1.5 nM PTX when

compared to naïve control cells, suggesting that resistance was present in both cell lines (Figure S6).

We next performed untargeted lipidomics to determine relative changes in lipid species across both cell

lines (Figure 4A&B). These data revealed extensive increases across 166 lipid species in Panc1

CombAT cell lines compared with CON ($p < 0.05$), including increases in many TG species as well as

total TG (Figure 4A). Increases were also seen in several TG species in CombAT MiaPaCa2 cells, with

30 lipid species increased in total when compared with CON ($p < 0.05$; Figure 4B). Together these data

suggest that the addition of PTX to GEMC treatment does not abrogate the lipogenic phenotype

observed with monotherapy GEMR, and in fact, may enhance *de novo* lipogenesis in both cell lines.

Figure 4: Untargeted lipidomics of both **A** Panc1 and **B** MiaPaCa2 control (CON) and combination therapy attenuated (CombAT) cell lines (unpaired t-test, $P < 0.01$). **C** *De novo* lipogenesis measured by the incorporation of radiolabelled glucose into the lipid fraction. Immunoblotting for total and activated key lipid synthesis enzymes in **D** Panc1 and **E** MiaPaC2 CON and CombAT cells. **F** 16:1 fatty acid isomers measured by LC-MS of AMP$^+$-derivatised fatty acids. Measurement of **G** SCD1 and **H** FADS2 activity in Panc1 and MiaPaCa2 CON and CombAT cell lines by tracing uniformly stable-labelled palmitic acid into isomeric MUFA. **I** Analysis of PDAC tumour RNAseq data published by Zhou and colleagues obtained from patients who underwent surgical resection prior to chemotherapy (chemo-naïve) or received GEMC/nab-paclitaxel neoadjuvant treatment (Neoadj.) before tumour resection. **J** Effect of 72 h knockdown of lipid synthesis enzymes on Panc1 CombAT cell growth. Statistical significance was determined by unpaired t test (**A-I**) or one-way ANOVA with Tukey posthoc comparisons with *si*NEG only (**J**). *$P < 0.05$ ** $P < 0.01$. *** $P < 0.001$.

We next assessed if increased *de novo* lipogenesis persists in our CombAT cell lines, with both Panc1 and MiaPaCa2 CombAT cells demonstrating increased radiolabelled glucose incorporation into the lipid fraction (Figure 4C). To better understand the specific metabolic pathways reprogrammed in CombAT cells we performed immunoblotting of key lipid synthesis enzymes (Figure 4D&E). Panc1 CombAT cells had increases in both total and phosphorylated ACC1 (serine 79), leading to no change in the ratio of phosphorylated to total ACC1 (Figure 4D). No changes were seen in FAS or SCD1 levels between CombAT and CON Panc1 cells, while MiaPaCa2 CombAT cells had increased levels of phosphorylated ACC1 and a small but statistically significant increase in SCD1 abundance (Figure 4E).

Combination chemotherapy resistance decreases FADS2 abundance and activity in Panc1 cells

Surprisingly, FADS2 protein abundance was substantially decreased in Panc1 CombAT cells (Figure 4D). Similar to GEMR cell lines, little to no FADS2 protein was detected in MiaPaCa2 CombAT or CON cells (Figure 4E) To confirm decreased FADS2 abundance in Panc1 CombAT cells we measured FA 16:1 isomers in both cell lines by LC-MS/MS and found increased FA 16:1*n*-7 in Panc1 CombAT cells alongside decreased FA 16:1*n*-10 (Figure 4F). Also observed in Panc1 CombAT were changes in PUFA profile consistent with FADS2 downregulation, including decreases in FA 22:6*n*-3, FA 18:3*n*-6, FA 20:4*n*-6, FA 22:4*n*-6 and FA 22:5*n*-6 when compared with CON (Figure S7). No changes were detected in FA 16:1 isomeric profile in MiaPaCa2 CombAT cells when compared to CON (Figure 5F), alongside no changes in PUFA levels (Figure S7C). To further confirm these findings, we measured steady-state desaturase activity by tracing uniformly labelled ^{13}C-palmitate into both cell lines over 72 h. Neither cell line exhibited any differences between CON and CombAT cells in unlabelled FA 16:0 content (Figure S8A&B). However, Panc1 CombAT cells had more labelled palmitic acid (relative to unlabelled palmitic acid) while MiaPaCa2 CombAT cells had less (Figure S8C&D respectively). No differences were seen for SCD1 activity as measured by the ratio of labelled FA16:1*n*-7 to FA 16:0 in Panc1 or MiaPaCa2 CombAT cells (Figure 4G). We also measured FADS2 activity in this cell line by comparing labelled FA 16:1*n*-10 with its labelled FA 16:0 precursor, which confirmed a substantial decrease in FADS2 activity in Panc1 CombAT cells (Figure 4H). No change in FA 16:1*n*-10/FA 16:0

was observed for MiaPaca2 CombAT cells. Also apparent in Panc1 CombAT cells was a marked

decrease in FAO compared with CON cells (Figure S9). Taken together, these data indicate that chronic

combination GEMC/PTX treatment strongly downregulates FADS2 abundance and activity in the

Panc1 cell line and decreases FAO. To explore if combination GEMC/PTX therapy might exhibit the

same effect on lipid metabolism in human PDAC patients, we analysed recently published RNA-seq

data obtained from PDAC patients who received no treatment (chemo-naïve) or GEMC/nab-paclitaxel

neoadjuvant chemotherapy prior to tumour resection (42). The data showed no difference in the

expression of *ACACA, FASN or SCD* between chemo-naïve or neoadjuvant-treated tumours; however,

the neoadjuvant group demonstrated a small but statistically significant decrease in *FADS2* expression

when compared with chemo-naïve tumours (Figure 4I). These data suggest that our *in vitro* findings of

combination chemotherapy downregulating FADS2 protein abundance potentially translate to human

PDAC patients treated with GEMC/PTX.

Given the effect of combination therapy resistance on FADS2 abundance and fatty acid isomer profile

we sought to understand if co-targeting both desaturases was still necessary to produce a decrease in

cell growth in Panc1 CombAT cell lines. Knockdown of *ACACA*, *FASN*, or *SCD* for 72 h in Panc1

CombAT cells resulted in a statistically significant decrease in cell growth when compared to negative

siRNA control (si*NEG*), with si*FASN* or si*SCD* producing the largest decreases in cell growth (Figure

5J). Consistent with the already decreased FADS2 levels, siRNA targeting *FADS2* in Panc1 CombAT

cells did not result in a change in cell growth, and simultaneous knockdown of both *SCD* and *FADS2*

did not produce a further decrease in growth above that of *SCD* alone. These data suggest that

therapeutically targeting SCD1 in combination with GEMC/PTX chemotherapy could be a viable

strategy for enhancing cytotoxicity in PDAC.

Discussion

We sought to characterise metabolic adaptations to chemotherapy exposure in PDAC and found

enhanced *de novo* lipogenesis in PDAC cells with resistance to both monotherapy GEMC and

combination GEMC/PTX chemotherapy. Enhanced *de novo* lipogenesis is a known feature of many

cancers, including pancreatic cancer (18), where increased expression of lipogenic genes is correlated

with poorer survival and greater resistance to chemotherapy (17). Herein we provide the first report of

enhanced *de novo* lipogenesis specifically in GEMC resistance in PDAC, providing a novel target for

the disease that could potentially improve treatment efficacy. We also provide the first report of

alternate saturated fatty acid desaturation in PDAC, whereby FA 16:0 is desaturated by FADS2 to

produce FA 16:1*n*-10. The ability of cancer cells to exhibit diversity in isomeric lipids has recently been

described in other cancer cell types including liver & lung cancer cell lines more extensively in prostate

cancer (35,37). This metabolic and isomeric diversity is proposed to promote metabolic plasticity

enabling cancer cells to survive and proliferate in challenging tumour microenvironments depleted in
bioenergetic fuels and oxygen.

In this work we specifically found upregulation of ACC1 (through increased total abundance or
decreased phosphorylation at Serine-79), FAS and SCD with GEMR. FAS is commonly expressed at
high levels in a variety of cancers of human tissues (23–25) and *FASN* overexpression correlates to
poorer survival and increased GEMC resistance in PDAC (17). High FAS levels have also been found
in the serum of patients with PDAC or intraductal papillary mucinous neoplasms (43). We found that
genetically inhibiting FAS (Panc1 & MiaPaCa2), SCD1 (MiaPaCa2) or SCD1 & FADS2 (Panc1) in
combination with GEMC produced the greatest impact on PDAC cell growth (Figure 4E). Previous
work demonstrated that inhibition of FAS by Orlistat induces ER stress and acts synergistically with
GEMC to decrease PDAC cell growth and reduce tumour burden in xenograft models of PDAC (17).
Orlistat has also been reported to attenuate oxaliplatin resistance in colorectal cancer (44). This
synergistic effect of Orlistat with chemotherapy *in vivo* may be related to a direct effect on FAS but
may also arise from the dual action of Orlistat on lipases that further inhibit the availability of free fatty
acids for use by cancer cells. However, Orlistat has poor bioavailability, is contraindicated in pancreatic
disease, and can cause pancreatitis in susceptible patients (45), all of which potentially limit its
therapeutic use in PDAC. Other small molecule inhibitors of FAS have had some success in decreasing
cancer cell growth *in vitro* and *in vivo*, including in breast, colon, lung, colorectal, bladder, ovarian,
gastric, endometrial, prostate, gastrointestinal cancers as well as in melanoma and lymphoma (reviewed
extensively by (23)). Cerulenin has previously been shown to re-sensitise cisplatin-resistant ovarian
cancer cell lines to treatment (46), while its more stable derivative C75 sensitises breast cancer cells to
cisplatin treatment (47). However, both cerulenin and C75 exhibit significant off-target and side effects
that preclude their clinical use (23). Newer FAS inhibitors TVB-3166 and fasnall show promise for
synergistically inhibiting cell viability when used in combination with tubuli*n*-stabilising drugs in
taxane-resistant prostate cancer (48). Mouse and human-derived mutant $KRAS^{G12D}$ lung cancer models
are sensitive to genetic or TVB-3664 inhibition of FAS (49). Moreover, high *FASN* and *SCD* expression
are correlated with mutant $KRAS^{G12D}$ in lung cancer (49), which could potentially explain the differences
between the two PDAC cell lines examined herein – Panc1 cells similarly contain $KRAS^{G12D}$ and GEMR
increased expression and activity of both lipogenic enzymes, while MiaPaCa2 cells contain $KRAS^{G12C}$.
In any event, targeting FAS could provide therapeutic benefits to PDAC patients when used in
combination with GEMC-based therapy; however, the development of a small molecule inhibitor with
good efficacy and a low side effect profile would be needed.

SCD1 has been described as an oncogene in lung cancer (50) and explored as a potential therapeutic
target for several cancers including PDAC (reviewed by (51)). SCD1 is highly expressed in the exocrine
pancreas (52) and, specifically in PDAC, increased expression of SCD1 in cancer-associated fibroblasts
correlates with decreased PDAC survival time and GEMC resistance (16). Higher levels of FA 16:1

and 18:1 are associated with aggressive subtypes of PDAC immortalised cells; however, positions of unsaturation (*i.e.*, fatty acid isomers) were not determined in this previous work (31). Inhibition of SCD1 using the small molecule inhibitor A939572 induces the unfolded protein response and decreases the growth of pancreatic tumours in KPC mice and in EPCAM$^+$ organoids derived from KPC mouse tumours (53). In this work, we also discovered significant MUFA desaturase products of FADS2 in the Panc1 cell line as evidenced by the detection of unsaturation at the *n*-10 position in both FA 16:1 and FA 18:1 fatty acid (Figure 2E). Alternative FADS2 activity has only recently been discovered in other cancer cell types (35,37) but this is the first report specifically in pancreatic cancer. There is limited exploration of FADS2 as a therapeutic target in cancer and existing data has largely focused on its role in Δ6 desaturation of PUFA (54,55). FADS2 inhibition by small molecule inhibitor sc-26196 suppresses prostaglandin E2 production via arachidonic acid and sensitises glioblastoma cells to radiotherapy in a xenograft model (56). Genetic or pharmacological FADS2 inhibition also suppresses colon, lung, melanoma, and cholangiocarcinoma cancer cell tumour growth in xenograft and genetically engineered models (57–59). Pharmacologic or genetic dual-inhibition of SCD1 and FADS2 decreases tumour and metastatic lesion growth and cancer stem cell formation in ovarian cancer while reducing resistance to platinum-based chemotherapy (55). Our work and others (35,37) observed overcompensation by the alternative desaturation pathway when SCD1 or FADS2 are individually inhibited in cancer cells (Figure 4D). Indeed, this same compensatory desaturase effect might explain the observed decrease in 16:1*n*-10 and 18:1*n*-10 in Panc1 GEMR cells, where SCD1 abundance, activity, and MUFA products were all increased when compared with Panc1 CON cells (Figure 2C, E, &F). Similarly, an increase in *FADS2* expression has been observed when cells lines resistant to SCD1-inhibitors (A549 & HeLa) are treated with A939572 (60). In our work, we show that there is suboptimal inhibition of PDAC cell proliferation when only one desaturase is silenced alongside co-treatment with GEMC (Figure 4E). Therefore, the use of SCD1 inhibitors might be sub-optimal in the presence of significant FADS2 abundance or activity; however, the extent of FADS2 protein abundance or activity in PDAC tumours on a population level is not yet fully known.

This phenomenon of competing inhibitory pathways has previously been described and is thought to enable enhanced plasticity at the expense of maximised proliferation (37,61,62). Such competing pathways may also prove beneficial to cancer cell survival in PDAC as the hypoxic, nutrient-depleted tumour microenvironment is particularly enhanced by the dense fibrosis associated with the disease (63). Desaturation is a highly energy-demanding process, and desaturases are NADPH, O_2, and cytochrome b5 dependent (64) - all of which are likely in short supply in the tumour microenvironment. FADS2 contains a cytochrome b5-like domain meaning it is not wholly reliant on cytochrome b5 for its activity, but FADS2 activity is enhanced in the presence of external cytochrome b5 (65). Specifically in PDAC, mutant *KRAS* regulates GOT1 synthesis of NADPH from glutamine to maintain redox status (66), but feasibly this pathway could also support high NADPH levels to maintain enhanced lipid

synthesis and desaturation. Though highly energy-demanding, desaturation would allow the
sequestration of highly lipotoxic SFA such as FA 16:0 and FA 18:0 into less toxic MUFA in lipogenic
cells, thus preventing cell death (67). Increased desaturation of lipids also modulates cell membrane
fluidity and is highly associated with epithelial-to-mesenchymal transition (EMT), a process crucial to
cell migration and metastatic initiation (68,69), and FADS2-derived FA 16:1*n*-10 specifically promotes
cell migration in melanoma cells (70). Expression of EMT transcription factor Zeb1 has been shown to
promote increased PUFA to MUFA ratio within cancer cells, with downregulation of Zeb1 suppressing
FADS2 and enhancing SCD1 & FAS expression (71). MUFA are also less susceptible to peroxidation
by reactive oxygen species (ROS) than PUFA, and given that ROS levels are often high in PDAC and
other cancers (72,73) increased MUFA would limit both ROS and cell death from iron-driven lipid
peroxidation (*i.e.* ferroptosis). Indeed, cells cultured with exogenous sources of MUFA have suppressed
ferroptosis (74) and SCD1 overexpression protects ovarian cancer cells from ferroptosis-mediated cell
death (75). Similarly, pharmacological inhibition of SCD1 sensitises cancer cells expressing high levels
of Zeb1 to ferroptosis (71). In short, despite the high energy demands associated with lipid desaturation
the process likely provides significant benefits for cancer cell survival that outweigh the energetic cost.

Our finding that combination GEMC/PTX resistance strongly downregulates FADS2 protein
abundance and activity in Panc1 cells was unexpected, as PTX has previously been shown to increase
FADS2 protein abundance in lung adenocarcinoma cells (76). The mechanism by which PTX combined
with GEMC downregulates FADS2 protein levels and activity is unknown, and FADS2 shares similar
transcriptional factors to ACC, FAS and SCD1 (77). Upregulated *FADS2* expression and increased
sapienic acid biosynthesis can be driven in multiple cancer cells lines by mammalian target of
rapamycin (mTOR) signalling and sterol regulatory element-binding protein (SREBP) (78); however,
little else is known about transcriptional or post-translational regulation of FADS2 abundance and
activity. Nevertheless, our results strongly suggest that combining SCD1 inhibition with GEMC/PTX
chemotherapy could be an effective strategy for decreasing PDAC cell growth without the need to
include a FADS2 inhibitor where desaturase diversification is apparent. This could be important for
accelerated translational efforts as a therapeutic target as only a single small molecule inhibitor is
currently available for FADS2 (sc-26196), and its *in vivo* safety and efficacy profile is yet to be
established in humans. Importantly PDAC patients who received GEMC/PTX neoadjuvant treatment
show decreased *FADS2* expression (Figure 5I), further highlighting the potential translatability of our
findings.

In summary, we have identified that *de novo* lipogenesis is increased in GEMC-resistant PDAC cells
including the presence of an alternate desaturation pathway in Panc1 cells. We identify several key lipid
metabolic pathways including ACC1, FAS, SCD1 and FADS2 that could be targeted to improve GEMC
efficacy on cell growth. Importantly, we have determined that SCD1 and FADS2 can compensate for
each other in PDAC, and that where dual desaturase activity exists both desaturases must be targeted to

provide the best effect. Finally, we provide evidence that combination GEMC/PTX therapy strongly
downregulates FADS2 expression and activity and increases the efficacy of SCD1 inhibition in PDAC
cells with dual desaturase activity. Therefore, we conclude that co-targeting lipid synthesis in PDAC
could be a viable strategy for improving the efficacy of both GEMC monotherapy and combination
GEMC/PTX therapy in patients.

Method details

Materials

Gemcitabine hydrochloride, paclitaxel and foetal calf serum (FCS) were purchased from BioStrategy
(Melbourne, VIC, Australia). High glucose DMEM was purchased from ThermoFisher Scientific
(Melbourne, VIC, Australia). All solvents and additives used for liquid chromatography-mass
spectrometry (LC-MS) were HPLC grade or higher and were purchased from ThermoFisher Scientific.
Crystal violet and LC-MS grade water were purchased from Merck Life Sciences (Melbourne, VIC,
Australia). All lipid internal standards were purchased from Merck Life Sciences except diacylglycerol
15:0/15:0 (Nu-Chek Prep, Elysian, MN, USA) and d5-triacylglycerol 16:0/16:0/16:0 (C/D/N Isotopes,
Quebec, Canada). Antibodies for immunoblotting were purchased from Cell Signaling Technology
(Danvers, MA, USA), Abclonal (Woburn, MA, USA) Abcam (Melbourne, VIC, Australia), or Santa
Cruz Biotechnology (Dallas, TX, USA) as indicated in Table S1. MUFA isomer standards were
purchased from Sapphire Bioscience (Sydney, NSW, Australia).

Cell culture & chemotherapy resistance generation

Panc1 and MiaPaCa2 cells from ATCC were cultured in high glucose Dulbecco's Modified (DMEM)
containing 4.5 g/L glucose and were supplemented with 10% FCS. Cells were cultured under 5% CO_2
at 37ºC and routinely passaged every 2-3 days (when ~80-90% confluent). GEMC resistance was
induced in PDAC cell lines through increasing doses over 10-12 weeks. Each cell line was treated with
the highest tolerable dose of gemcitabine for 48 h and allowed to recover until normal proliferation was
observed (1-3 weeks). This process was repeated a minimum of three times before comparing the half-
maximal inhibitory concentration (IC_{50}) with untreated cells of the same PDAC line. If the IC_{50} in the
GEMC-treated group was higher than CON then resistance was determined to have been established. If
not, then the concentration of GEMC was increased, and the process repeated. CombAT cells were
generated similarly through repeat escalating doses of GEMC/PTX (10:1 v/v) for 12 weeks.

Measurement of half-maximal inhibitory concentration

539   The IC_{50} was determined using a crystal violet assay. Cells were seeded at 1×10^4 cells/well into a 96-
540   well plate in triplicate and allowed to adhere overnight. The next day cells were treated with serial
541   dilutions of GEMC (phosphate buffered saline, PBS, as vehicle) or GEMC:PTX (10:1, with PBS+0.1%
542   ethanol as the vehicle). The IC_{50} was measured after 48 h by crystal violet assay. Briefly, media was

removed from adherent cells and cells were washed once with PBS. Cells were fixed in a solution of 0.5% w/v crystal violet in 50% v/v methanol for a minimum of 10 min. After fixation, cells were washed with water to remove excess crystal violet and allowed to dry overnight. Stained adherent cells were then solubilised in 1% w/v SDS by vigorous shaking for several hours following which the absorbance was read at 570 nm. Absorbance values were normalised to the vehicle and the IC_{50} was calculated by a non-linear regression by fitting the $\log_{10}$ transformed drug concentration against relative cell viability. Statistical significance was determined by comparing a four-parameter curve fit using the extra sum of squares F test ($P < 0.05$).

BODIPY staining and confocal imaging

For BODIPY staining and confocal imaging, cells were seeded in a 96 well plate at 10,000 cells/well and allowed to grow to near-confluency. Cells were then fixed with 4% paraformaldehyde (PFA) for 10 min at room temperature, followed by PBS washes. Permeabilization was performed for 10 min using a saponin-based permeabilization/blocking buffer (0.2% (w/v) saponin, 4% (v/v) FBS, 1% (w/v) BSA, and 0.02% (v/v) sodium azide in PBS). Next, cells were incubated for 2 h with Alexa Fluor® 647 anti-Tubulin-α antibody (1:250 dilution, clone 10D8, BioLegend) prepared in the permeabilization/blocking buffer. After several washes with PBS, 200 nM BODIPY 493/503 (Cat. No. 25892, Cayman Chemical) and Hoechst 33342 (10 µg/mL, B2261-25MG, Sigma-Aldrich) were added in permeabilization buffer for 10 min at room temperature, followed by PBS washes. Confocal images were acquired using an LSM900 confocal laser scanning microscope with a 40x objective. Lipid droplets per cell and droplet size were quantified using Fiji software.

Lipid extraction

Lipids were extracted from cells grown to 80-90% confluency in 6 well plates using a modified methyl *tert*-butyl ether (MTBE) method (79,80). Adherent cells were washed with ice-cold PBS and scraped into methanol containing 0.01% butylated hydroxytoluene and 100 pmol of internal standards (phosphatidylcholine 19:0/19:0, phosphatidylethanolamine 17:0/17:0, phosphatidylserine 17:0/17:0, lysophosphatidylcholine 17:0, lysophosphatidylethanolamine 14:0, phosphatidylglycerol 17:0/17:0, phosphatidic acid 17:0/17:0, ceramide d18:1/17:0, dihydrosphingomyelin 12:0, cholesteryl ester 22:1, diacylglycerol 17:0/17:0, D_5-triacylglycerol 16:0/16:0/16:0 and cardiolipin 14:0/14:0/14:0/14:0). An empty well was also scraped for use in background subtraction. To this, MTBE was added at a ratio of 3:1 v/v, and extracts were rotated overnight at 4ºC. Following overnight rotation, 1 part of ice-cold 150 mM ammonium acetate was added, samples were vortexed vigorously and centrifuged at 2000 x g for 5 min. The upper organic phase containing lipids was transferred into a 1.5 mL autosampler vial and dried under N_2 at 37ºC Dried lipids were reconstituted in chloroform:methanol:water (60:30:4.5 v/v/v), transferred to a sleeved vial, and stored at -20ºC until analysis. The aqueous phase containing the protein pellet was dried under N_2 and digested with 1M NaOH overnight at 4ºC. Digested protein was diluted

578 1:2 v/v with water and protein concentration was determined using a Pierce BCA assay kit
579 (ThermoFisher Scientific)

Untargeted lipidomics

Untargeted lipidomics was performed as previously described (81). Untargeted lipidomics was
performed by liquid chromatography-mass spectrometry (LC-MS) using a Dionex Ultimate 3000 LC
pump and Q Exactive Plus mass spectrometer equipped with a heated electrospray ionization (HESI)
source (ThermoFisher Scientific, Waltham, MA, USA) (82–84). Lipids were separated on a core-shell
hybrid C18 reverse-phase column (ACQUITY C18 CSH, 2.1 x 100 mm, 1.7μm pore size, Waters Corp.,
Milford, MA) using a binary gradient, where mobile phase A consisted of acetonitrile:water (6:4 v/v)
and B of isopropanol: acetonitrile (9:1 v/v). Both mobile phases A and B contained 10 mM ammonium
formate and 0.1% formic acid. The autosampler was kept chilled at 10ºC, the column was heated to
60ºC, and the flow rate was maintained at 0.26 ml/min throughout. Source conditions were as follows:
a spray voltage 4.0 kV in positive ion mode and 3.5 kV in negative ion mode, capillary temperature
290°C, S lens RF 50, and auxiliary gas heater temperature of 250°C. Nitrogen was used as both source
and collision gas, with the sheath gas flow rate set at 20 and the auxiliary gas flow rate at 5 (arbitrary
units). Data were acquired in full scan/data-dependent MS2 mode (full-scan resolution 70,000 FWHM,
max ion injection time 50 ms, scan range m/z 200–1,500), with the 10 most abundant ions being
subjected to collision-induced dissociation using an isolation window of 1.5 Da and a normalized
stepped collision energy of 15/27 eV. Product ions were detected at a resolution of 17,500. An exclusion
list for background ions was developed using extraction blanks, and mass calibration was performed in
both positive and negative ionization modes before analysis to ensure mass accuracy of 5 ppm in full-
scan mode.

Lipids were identified using MS-DIAL v4.9 (85). Lipids were detected in both positive and negative
ionization modes using a minimum peak height of $1x10^4$ cps, an MS1 tolerance of 5 ppm and MS2
tolerance of 10 ppm, and a minimum identification score of 50%. Identified peaks were aligned with a
retention time (RT) tolerance of 0.5 min. Exported aligned data were background subtracted, quantified
from internal standards, and normalised to protein using the statistical package R.

De novo lipogenesis assay using [U-14]C labelled glucose

Cells were seeded in 6 well plates and allowed to grow to near-confluence (80-90%, ~1-2×10^6
cells/well). Briefly, cells were washed with PBS and incubated in DMEM containing 1 g/L D-glucose
and 2 μCi/mL [U-14C]C-glucose (Perkin Elmer, Sydney, NSW, Australia) for 2 h at 37°C. Following
this, cells were washed and scraped into ice-cold PBS. Cells were lysed by passing repeated through a
fine gauge needle, and an aliquot was taken for protein determination by BCA assay. Lipids were
extracted from the remaining sample by Folch extraction (86). The lower lipid-containing organic phase

was removed to a new vial and dried under N_2 at 37ºC before being reconstituted in scintillation fluid

(Ultima Gold, Perkin Elmer, Sydney, NSW, Australia). [14]C content was determined by direct DPM

assay using a beta counter (TriCarb liquid scintillation counter, Perkin Elmer) and normalised to total

protein.

Western blotting

For immunoblotting of lipid synthesis enzymes cells were grown to near-confluency on 6 well plates

($\sim$1-2$\times$10^6 cells/well). Cells were washed with ice-cold PBS and scraped into ice-cold

radioimmunoprecipitation assay (RIPA) buffer containing protease and phosphatase inhibitors (10

μg/mL phenylmethylsulfonyl fluoride, 10 μg/mL aprotinin, 10 μg/mL leupeptin, 1 mM Na_3VO_4, and

10 mM NaF). Cells were lysed by repeated freeze/thawing on ice using liquid N_2, before being

centrifuged at 16,100 x g (4ºC) for 5 min. The lysate supernatant was removed to a new vial, from which

the protein concentration was determined by BCA assay. Lysates were resuspended in laemelli buffer,

and 10-15 ug of protein was separated by SDS polyacrylamide gel electrophoresis (10%). Proteins were

transferred onto 0.2 μm polyvinylidene fluoride membrane and protein bands visualised by Ponceau S

staining. Destained membranes were blocked in 5% w/v skim milk in Tris-buffered saline containing

0.1% Tween20 (TBST) for 1 h, before being incubated in primary antibody (1:1000) overnight (Table

S1). Membranes were washed with TBST before being incubated with an appropriate secondary

antibody conjugated to horse radish peroxidase (1:10,000, 5% w/v skim milk in TBST) for 1 h.

Membranes were washed in TBST and antibodies were detected by enhanced chemiluminescence

(Clarity Western ECL substrate, Bio-Rad Laboratories, Sydney NSW, Australia, or SuperSignal West

Femto Maximum Sensitivity Substrate, ThermoFisher Scientific) and imaged using a ChemiDoc

imaging system (Bio-Rad Laboratories). Densitometry was performed using Image Lab v6.1 (Bio-Rad

Laboratories) and normalised to the mean of the control group.

Hydrolysis and AMP derivatisation of fatty acids

Lipids were extracted from adherent cells grown to near-confluency in 6 well plates using the procedure

described above with the addition of 20 nmol of methyl nonadecanoate (Merck Life Science) as an

internal standard. Following MTBE extraction of lipids, an aliquot was taken and hydrolysed in 0.6 M

KOH in 75% v/v methanol at 60ºC for 30 min. Samples were then cooled to room temperature and

neutralised with 25% v/v acetic acid. Water and n-hexane (3:2 v/v) were added separately and samples

were vortexed vigorously before being centrifuged at 2000 x g for 5 min. The upper phase containing

hydrolysed fatty acids was removed, and the aqueous phase was washed with a second volume of n-

hexane and combined. The combined organic phase was then dried under N_2 at 37°C. Dried hydrolysed

fatty acids were derivatised with an AMP+ MaxSpec kit (Cayman Chemical, Ann Arbor, MI, USA) as

per manufacturer instructions (87). Following this, AMP-derivatised fatty acids were re-extracted using

MTBE:water (1:1 v/v), and the upper MTBE phase was dried under N_2 before being resuspended in

methanol. Samples were stored at -20°C until analysis. A 37-component fatty acid methyl ester standard (Merck Life Sciences) containing an additional 3.184 nmol of methyl nonadecanoate was concurrently subjected to the same derivatisation procedure and used as an external quality control for fatty acid identification by LC-MS. Derivatised MUFA standards FA 16:1*n*-9,*cis*, FA 16:1*n*-10,*cis*, FA 18:1*n*-7,*cis*, FA 18:1*n*-10,*cis*, and FA 18:1*n*-12,*cis* were also spiked into this mixture to generate retention times (RT) for MUFA isomer identification by LC-MS.

OzFAD analysis of AMP-derivatised fatty acids

Ozone-enabled fatty acid discovery analysis was conducted as previously described (38). Briefly, 10 µL injections of AMP+ derivatized fatty acids were subjected to reversed-phase chromatography using a Waters ACQUITY Class UPLC (Waters Corporation, Milford, USA) fitted with an ACQUITY C18 reversed-phase column (2.1 × 100 mm i.d., particle size 1.7 µm, Waters Corporation) maintained at 60 °C. The 20 min gradient utilised a binary mobile phase system comprised A: water (0.1% formic acid) and B: acetonitrile (0.1% formic acid). Chromatographic detection was conducted using an ion-mobility enabled quadrupole time of flight (QTOF) mass spectrometer (SYNAPT G2-S*i* HDMS, Waters Corporation) previously modified to allow introduction of high concentration ozone into the ion mobility region of the instrument (88). Electrospray ionisation parameters were: capillary +3 kV, sampling cone +40 V, source temperature 120 °C, desolvation temperature 550 °C, cone gas 100 L/h, desolvation gas 900 L/h, and nebulizer gas pressure 6.5 bar. Gas flows to the ion mobility region of the instrument were 2.0, 180 and 90 mL/min, for the trap, helium cell and IMS region, respectively. For the ozonolysis reactions, oxygen ($\geq$ 99.999%, Coregas, NSW, Australia) was converted to ozone at concentrations of 220-240 g/Nm^3 (~15-17% O_3 in O_2) using a high concentration ozone generator (TG-40, Ozone Solutions, Hull, IA). Peak areas for Criegee and aldehyde ions for each monounsaturated fatty acid isomer were combined and normalised to internal standard and total protein (measured by BCA assay).

Desaturase activity determination

Cells were seeded in 6 well plates at a density of 3×10^5 cells/well and allowed to adhere overnight. The following day, cell culture media was changed to FCS-free high glucose DMEM containing 12.5 µM $^{13}C_{16}$-labelled or unlabelled palmitate conjugated to 2% fatty acid-free bovine serum albumin (BSA, Merck Life Sciences). Palmitate was prepared in cell culture media from 100 mM ethanolic stocks of palmitic acid and conjugated to fatty acid-free BSA by incubating at 55°C in media for 2 h. Lipids were extracted and derivatised as described above after 72 h of incubation with labelled or unlabelled palmitate Lipids were identified and analysed as described below for LC-MS analysis of AMP-derivatised fatty acids, with labelled fatty acids identified from [M+H+16.0542]$^+$ precursors with the same RT as their unlabelled counterparts as per Table S2.

LC-MS analysis of AMP-derivatised fatty acids

AMP-derivatised fatty acids were separated on a core-shell C30 reverse phase column (Accucore 2.6 μm, 2.1 x 150 mm, ThermoFisher Scientific) on an Agilent 1290 Infinity II HPLC pump (Agilent Technologies Inc, Santa Clara, CA, USA) using a modified gradient to that described above for OzFAD analysis. Mobile phase A consisted of water and mobile phase B of acetonitrile (both containing 0.1% formic acid), the flow rate was set at 0.4 mL/min throughout and the column heater at 30°C. The gradient was as follows: 0-3.25 min increase from 50% B to 56% B, 3.25-6.5 min increase to 58% B, 6.5-7.5 min increase to 80% B, 7.5-9.5 min increase to 100% B, hold at 100% B for 1.5 mins. The column was then re-equilibrated at 50% B for 4.5 mins. AMP-derivatised fatty acids were detected as positive ions in QTOF-only mode on an Agilent 6560 IM-MS QTOF mass spectrometer (Agilent Technologies). Source conditions were as follows: capillary voltage of 3.5 kV, nozzle voltage of 1 kV and fragmentor at 360 V. Nitrogen was used as the sheath and collision gas, with drying gas set at 5 L/min and sheath gas at 12 L/min (both gases heated to 300°C) and the nebuliser pressure set at 20 psi. Ions were acquired in Auto MS/MS mode at an MS1 mass range of *m/z* 100-1000 and MS2 mass range of *m/z* 50-600. Spectra were acquired in MS1 mode at 5 spectra/s and 200 ms/spectrum, and in MS2 mode at 10 spectra/s and 100 ms/spectrum. Precursor ions were isolated using a window of 1.3 Th, acquisition time of 50 ms/spectra, and collision energy of 45 eV. Calibration mix A was infused throughout and masses were automatically detected and corrected using a 100 ppm window and minimum height of 1×10^3 counts to ensure 5 ppm mass accuracy, with *m/z* 121.050873 and 922.009798 used as reference ions. AMP-derivatised fatty acids as $[M+H]^+$ were aligned using Mass Profinder v10.0 (Agilent Technologies) with an RT tolerance of 0.5 min and MS1 tolerance of 10 ppm. Lipids were identified using a custom personal compound database and library (PCDL) generated from the RT of external quality control samples (Table S2) and MS/MS spectra were manually inspected to ensure correct MUFA isomer identification. Using this method, FA 18:1 isomers were only partially separated and so these data were not analysed further. Data were exported, blank subtracted and quantified from internal standards before being normalised to total protein.

Knockdown by small interfering RNA

Knockdown experiments were performed in adherent cells grown in 6 well plates for 72 h. Cells were seeded at $1-3\times10^5$ cells/well and allowed to adhere overnight. Cells were transfected with Silencer Select siRNA targeting *ACACA* (s883), *FASN* (s5030), *SCD* (s12505,s12504) *FADS2* (s18025,s18023) or negative control (Silencer Select Negative Control No. 1) using Lipofectamine RNAiMAX transfection reagent as per the manufacturer's instructions (ThermoFisher Scientific).

RNAseq dataset analysis

PDAC tumour RNAseq data previously published by Zhou et al. (42) were used in this analysis. Genes of interest (*ACACA*, *FASN*, *SCD*, *FADS2*) were filtered from the main dataset, alongside patients who received either neo-adjuvant (Neoadj, n=9) or adjuvant (chemo-naïve, n=66) gemcitabine/nab-paclitaxel treatment. Normalised counts were compared between the groups by unpaired t text ($p < 0.05$).

Statistical analysis

Unless otherwise stated, all data were analysed by comparing CON with GEMR or CombAT cell lines using an unpaired t-test with statistical significance set at $P < 0.05$. Data are expressed as means ± standard error of the mean (SEM).

Acknowledgements

The authors acknowledge the use of the UNSW Sydney Mark Wainwright Bioanalytical Mass Spectrometry Facility, QUT Central Analytical Research Facility, and Victor Chang Cardiac Research Institute Innovation Centre Metabolomics & Microimaging Facilities (funded by the New South Wales Government Ministry of Health) in this work.

Funding sources

This project was supported by a Young Investigator Priority-driven Collaborative Cancer Research Grant (APP1160909, funded by Cure Cancer Australia and Can Too!) awarded to SEH, a Miltenyi Research Award (2022) & Victor Chang Cardiac Research Institute Outstanding Early and Mid-career Researcher Grant award to OC, and a PanKind Accelerator grant awarded to NT, SEH, and SJB. BLJP and SJB acknowledge support for enabling technologies from the Australian Research Council Discovery (DP190101486) and Linkage Project (LP180100238).

References

1. Sung H, Ferlay J, Siegel RL, Laversanne M, Soerjomataram I, Jemal A, et al. Global Cancer Statistics 2020: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries. CA Cancer J Clin. 2021;71(3):209–49.

2. Rawla P, Sunkara T, Gaduputi V. Epidemiology of Pancreatic Cancer: Global Trends, Etiology and Risk Factors. World J Oncol. 2019 Feb;10(1):10–27.

3. Kleeff J, Korc M, Apte M, La Vecchia C, Johnson CD, Biankin AV, et al. Pancreatic cancer. Nat Rev Dis Primer. 2016 Apr 21;2(1):1–22.

4. Conroy T, Desseigne F, Ychou M, Bouché O, Guimbaud R, Bécouarn Y, et al. FOLFIRINOX versus Gemcitabine for Metastatic Pancreatic Cancer. N Engl J Med. 2011 May 12;364(19):1817–25.

5. Chun JW, Lee SH, Kim JS, Park N, Huh G, Cho IR, et al. Comparison between FOLFIRINOX and gemcitabine plus nab-paclitaxel including sequential treatment for metastatic pancreatic cancer: a propensity score matching approach. BMC Cancer. 2021 May 11;21(1):537.

6. Tempero MA, Pelzer U, O'Reilly EM, Winter J, Oh DY, Li CP, et al. Adjuvant nab-Paclitaxel + Gemcitabine in Resected Pancreatic Ductal Adenocarcinoma: Results From a Randomized, Open-Label, Phase III Trial. J Clin Oncol Off J Am Soc Clin Oncol. 2022 Dec 15;JCO2201134.

7. Bailey P, Chang DK, Nones K, Johns AL, Patch AM, Gingras MC, et al. Genomic analyses identify molecular subtypes of pancreatic cancer. Nature. 2016 Mar;531(7592):47–52.

8. Jones S, Zhang X, Parsons DW, Lin JCH, Leary RJ, Angenendt P, et al. Core signaling pathways in human pancreatic cancers revealed by global genomic analyses. Science. 2008 Sep 26;321(5897):1801–6.

9. Hezel AF, Kimmelman AC, Stanger BZ, Bardeesy N, DePinho RA. Genetics and biology of pancreatic ductal adenocarcinoma. Genes Dev. 2006 May 15;20(10):1218–49.

10. Liu YH, Hu CM, Hsu YS, Lee WH. Interplays of glucose metabolism and KRAS mutation in pancreatic ductal adenocarcinoma. Cell Death Dis. 2022 Sep 24;13(9):1–10.

11. Yao W, Maitra A, Ying H. Recent insights into the biology of pancreatic cancer. EBioMedicine. 2020 Mar 1;53:102655.

12. Myo Min KK, Ffrench CB, Jessup CF, Shepherdson M, Barreto SG, Bonder CS. Overcoming the Fibrotic Fortress in Pancreatic Ductal Adenocarcinoma: Challenges and Opportunities. Cancers. 2023 Apr 18;15(8):2354.

13. Hardie RA, van Dam E, Cowley M, Han TL, Balaban S, Pajic M, et al. Mitochondrial mutations and metabolic adaptation in pancreatic cancer. Cancer Metab. 2017 Jan 30;5:2.

14. Gatto F, Schulze A, Nielsen J. Systematic Analysis Reveals that Cancer Mutations Converge on Deregulated Metabolism of Arachidonate and Xenobiotics. Cell Rep. 2016 Jul 19;16(3):878–95.

15. Kaoutari AE, Fraunhoffer NA, Hoare O, Teyssedou C, Soubeyran P, Gayet O, et al. Metabolomic profiling of pancreatic adenocarcinoma reveals key features driving clinical outcome and drug resistance. EBioMedicine. 2021 Apr 1;66:103332.

16. Wu C, Hu B, Wang L, Wu X, Gu H, Dong H, et al. Assessment of stromal SCD-induced drug
resistance of PDAC using 3D-printed zPDX model chips. iScience. 2022 Dec 5;26(1):105723.

17. Tadros S, Shukla SK, King RJ, Gunda V, Vernucci E, Abrego J, et al. De Novo Lipid Synthesis
Facilitates Gemcitabine Resistance through Endoplasmic Reticulum Stress in Pancreatic Cancer.
Cancer Res. 2017 Oct 15;77(20):5503–17.

18. Sunami Y, Rebelo A, Kleeff J. Lipid Metabolism and Lipid Droplets in Pancreatic Cancer and
Stellate Cells. Cancers. 2017 Dec 23;10(1):3.

19. Rozeveld CN, Johnson KM, Zhang L, Razidlo GL. KRAS Controls Pancreatic Cancer Cell Lipid
Metabolism and Invasive Potential through the Lipase HSL. Cancer Res. 2020 Nov
13;80(22):4932–45.

20. Wang G, Yao H, Gong Y, Lu Z, Pang R, Li Y, et al. Metabolic detection and systems analyses of
pancreatic ductal adenocarcinoma through machine learning, lipidomics, and multi-omics. Sci Adv.
2021 Dec 22;7(52):eabh2724.

21. Auciello FR, Bulusu V, Oon C, Tait-Mulder J, Berry M, Bhattacharyya S, et al. A Stromal
Lysolipid–Autotaxin Signaling Axis Promotes Pancreatic Tumor Progression. Cancer Discov.
2019 May 1;9(5):617–27.

22. Broadfield LA, Pane AA, Talebi A, Swinnen JV, Fendt SM. Lipid metabolism in cancer: New
perspectives and emerging mechanisms. Dev Cell. 2021 May 17;56(10):1363–93.

23. Fhu CW, Ali A. Fatty Acid Synthase: An Emerging Target in Cancer. Molecules. 2020 Aug
28;25(17):3935.

24. Kuhajda FP. Fatty-acid synthase and human cancer: new perspectives on its role in tumor biology.
Nutrition. 2000 Mar 1;16(3):202–8.

25. Vanauberg D, Schulz C, Lefebvre T. Involvement of the pro-oncogenic enzyme fatty acid synthase
in the hallmarks of cancer: a promising target in anti-cancer therapies. Oncogenesis. 2023 Mar
18;12(1):1–10.

26. Yuan Y, Yang X, Li Y, Liu Q, Wu F, Qu H, et al. Expression and prognostic significance of fatty
acid synthase in clear cell renal cell carcinoma. Pathol - Res Pract. 2020 Nov 1;216(11):153227.

27. Yang Y, Li H, Li Z, Zhao Z, Yip-Schneider M, Fan Q, et al. Role of fatty acid synthase in
gemcitabine and radiation resistance of pancreatic cancers. Int J Biochem Mol Biol. 2011 Jan
31;2(1):89–98.

28. Ghaeidamini Harouni M, Rahgozar S, Rahimi Babasheikhali S, Safavi A, Ghodousi ES. Fatty acid
synthase, a novel poor prognostic factor for acute lymphoblastic leukemia which can be targeted
by ginger extract. Sci Rep. 2020 Aug 21;10(1):14072.

29. Liu H, Wu X, Dong Z, Luo Z, Zhao Z, Xu Y, et al. Fatty acid synthase causes drug resistance by
inhibiting TNF-α and ceramide production[S]. J Lipid Res. 2013 Mar 1;54(3):776–85.

30. Suzuki T, Otsuka M, Seimiya T, Iwata T, Kishikawa T, Koike K. The biological role of metabolic
reprogramming in pancreatic cancer. MedComm. 2020 Nov 5;1(3):302–10.

31. Daemen A, Peterson D, Sahu N, McCord R, Du X, Liu B, et al. Metabolite profiling stratifies
pancreatic ductal adenocarcinomas into subtypes with distinct sensitivities to metabolic inhibitors.
Proc Natl Acad Sci. 2015 Aug 11;112(32):E4410–7.

32. Chen C, Zhao S, Zhao X, Cao L, Karnad A, Kumar AP, et al. Gemcitabine resistance of pancreatic
cancer cells is mediated by IGF1R dependent upregulation of CD44 expression and isoform
switching. Cell Death Dis. 2022 Aug 5;13(8):1–13.

33. El Amrani M, Corfiotti F, Corvaisier M, Vasseur R, Fulbert M, Skrzypczyk C, et al. Gemcitabine-
induced epithelial-mesenchymal transition-like changes sustain chemoresistance of pancreatic
cancer cells of mesenchymal-like phenotype. Mol Carcinog. 2019;58(11):1985–97.

34. Wang R, Cheng L, Xia J, Wang Z, Wu Q, Wang Z. Gemcitabine resistance is associated with
epithelial-mesenchymal transition and induction of HIF-1α in pancreatic cancer cells. Curr Cancer
Drug Targets. 2014;14(4):407–17.

35. Young RSE, Bowman AP, Williams ED, Tousignant KD, Bidgood CL, Narreddula VR, et al.
Apocryphal FADS2 activity promotes fatty acid diversification in cancer. Cell Rep [Internet]. 2021
Feb 9 [cited 2021 Feb 16];34(6). Available from: https://www.cell.com/cell-
reports/abstract/S2211-1247(21)00051-6

36. Guillou H, Zadravec D, Martin PGP, Jacobsson A. The key roles of elongases and desaturases in
mammalian fatty acid metabolism: Insights from transgenic mice. Prog Lipid Res. 2010
Apr;49(2):186–99.

37. Vriens K, Christen S, Parik S, Broekaert D, Yoshinaga K, Talebi A, et al. Evidence for an
alternative fatty acid desaturation pathway increasing cancer plasticity. Nature. 2019 Feb 6;1.

38. Menzel JP, Young RSE, Benfield AH, Scott JS, Wongsomboon P, Cudlman L, et al. Ozone-enabled
fatty acid discovery reveals unexpected diversity in the human lipidome. Nat Commun. 2023 Jul
4;14(1):3940.

39. Garajová I, Peroni M, Gelsomino F, Leonardi F. A Simple Overview of Pancreatic Cancer
Treatment for Clinical Oncologists. Curr Oncol. 2023 Oct 31;30(11):9587–601.

40. Ueno H, Ikeda M, Ueno M, Mizuno N, Ioka T, Omuro Y, et al. Phase I/II study of nab-paclitaxel
plus gemcitabine for chemotherapy-naive Japanese patients with metastatic pancreatic cancer.
Cancer Chemother Pharmacol. 2016 Mar 1;77(3):595–603.

41. Von Hoff DD, Ervin T, Arena FP, Chiorean EG, Infante J, Moore M, et al. Increased Survival in
Pancreatic Cancer with nab-Paclitaxel plus Gemcitabine. N Engl J Med. 2013 Oct
31;369(18):1691–703.

42. Zhou X, An J, Kurilov R, Brors B, Hu K, Peccerella T, et al. Persister cell phenotypes contribute
to poor patient outcomes after neoadjuvant chemotherapy in PDAC. Nat Cancer. 2023
Sep;4(9):1362–81.

43. Walter K, Hong SM, Nyhan S, Canto M, Fedarko N, Klein A, et al. Serum Fatty Acid Synthase as
a Marker of Pancreatic Neoplasia. Cancer Epidemiol Biomarkers Prev. 2009 Sep 10;18(9):2380–
5.

44. Han L, Dai W, Luo W, Ye L, Fang H, Mo S, et al. Enhanced De Novo Lipid Synthesis Mediated
by FASN Induces Chemoresistance in Colorectal Cancer. Cancers. 2023 Jan;15(3):562.

45. Ahmad FA, Mahmud S. Acute Pancreatitis Following Orlistat Therapy: Report of Two Cases. J
Pancreas. 11(1):0–0.

46. Bauerschlag DO, Maass N, Leonhardt P, Verburg FA, Pecks U, Zeppernick F, et al. Fatty acid synthase overexpression: target for therapy and reversal of chemoresistance in ovarian cancer. J Transl Med. 2015 May 7;13:146.

47. Al-Bahlani S, Al-Lawati H, Al-Adawi M, Al-Abri N, Al-Dhahli B, Al-Adawi K. Fatty acid synthase regulates the chemosensitivity of breast cancer cells to cisplatin-induced apoptosis. Apoptosis. 2017 Jun 1;22(6):865–76.

48. Souchek JJ, Laliwala A, Houser L, Muraskin L, Vu Q, Mohs AM. Fatty Acid Synthase Inhibitors Enhance Microtubule-Stabilizing and Microtubule-Destabilizing Drugs in Taxane-Resistant Prostate Cancer Cells. ACS Pharmacol Transl Sci. 2023 Dec 8;6(12):1859–69.

49. Bartolacci C, Andreani C, Vale G, Berto S, Melegari M, Crouch AC, et al. Targeting de novo lipogenesis and the Lands cycle induces ferroptosis in KRAS-mutant lung cancer. Nat Commun. 2022 Jul 26;13(1):4327.

50. She K, Fang S, Du W, Fan X, He J, Pan H, et al. SCD1 is required for EGFR-targeting cancer therapy of lung cancer via re-activation of EGFR/PI3K/AKT signals. Cancer Cell Int. 2019 Dec;19(1):1–11.

51. Tracz-Gaszewska Z, Dobrzyn P. Stearoyl-CoA Desaturase 1 as a Therapeutic Target for the Treatment of Cancer. Cancers. 2019 Jul 5;11(7):948.

52. Tissue expression of SCD - Summary - The Human Protein Atlas [Internet]. [cited 2024 Feb 23]. Available from: https://www.proteinatlas.org/ENSG00000099194-SCD/tissue

53. Skrypek K, Balog S, Eriguchi Y, Asahina K. Inhibition of Stearoyl-CoA Desaturase Induces the Unfolded Protein Response in Pancreatic Tumors and Suppresses Their Growth. Pancreas. 2021 Feb 1;50(2):219–26.

54. Li YL, Tian H, Jiang J, Zhang Y, Qi XW. Multifaceted regulation and functions of fatty acid desaturase 2 in human cancers. Am J Cancer Res. 2020 Dec 1;10(12):4098–111.

55. Xuan Y, Wang H, Yung MM, Chen F, Chan WS, Chan YS, et al. SCD1/FADS2 fatty acid desaturases equipoise lipid metabolic activity and redox-driven ferroptosis in ascites-derived ovarian cancer cells. Theranostics. 2022 Apr 24;12(7):3534–52.

56. Wang J, Liang H, Sun M, Zhang L, Xu H, Liu W, et al. Delta-6-desaturase inhibitor enhances radiation therapy in glioblastoma in vitro and in vivo. Cancer Manag Res. 2018 Dec 7;10:6779–90.

57. He C, Qu X, Wan J, Rong R, Huang L, Cai C, et al. Inhibiting Delta-6 Desaturase Activity Suppresses Tumor Growth in Mice. PLOS ONE. 2012 Oct 24;7(10):e47567.

58. Hasegawa K, Fujimori H, Nakatani K, Takahashi M, Izumi Y, Bamba T, et al. Delta-6 desaturase FADS2 is a tumor-promoting factor in cholangiocarcinoma. Cancer Sci [Internet]. 2024 Aug 7 [cited 2024 Sep 12]; Available from: https://onlinelibrary.wiley.com/doi/abs/10.1111/cas.16306

59. Hansen-Petrik MB, McEntee MF, Johnson BT, Obukowicz MG, Masferrer J, Zweifel B, et al. Selective inhibition of Δ-6 desaturase impedes intestinal tumorigenesis. Cancer Lett. 2002 Jan 25;175(2):157–63.

60. Ikeda T, Katoh Y, Hino H, Seta D, Ogawa T, Iwata T, et al. FADS2 confers SCD1 inhibition resistance to cancer cells by modulating the ER stress response. Sci Rep. 2024 Jun 7;14(1):13116.

61. Vockley J. Optimizing metabolism is a complex issue. Nat Metab. 2024 Jan 19;1–2.

62. Fischer E, Sauer U. Large-scale in vivo flux analysis shows rigidity and suboptimal performance
of Bacillus subtilis metabolism. Nat Genet. 2005 Jun;37(6):636–40.

63. Qin C, Yang G, Yang J, Ren B, Wang H, Chen G, et al. Metabolism of pancreatic cancer: paving
the way to better anticancer strategies. Mol Cancer. 2020 Mar 2;19(1):50.

64. Cerone M, Smith TK. Desaturases: Structural and mechanistic insights into the biosynthesis of
unsaturated fatty acids. Iubmb Life. 2022 Nov;74(11):1036–51.

65. Guillou H, D'Andrea S, Rioux V, Barnouin R, Dalaine S, Pedrono F, et al. Distinct roles of
endoplasmic reticulum cytochrome b5 and fused cytochrome b5-like domain for rat Δ6-desaturase
activity. J Lipid Res. 2004 Jan 1;45(1):32–40.

66. Son J, Lyssiotis CA, Ying H, Wang X, Hua S, Ligorio M, et al. Glutamine supports pancreatic
cancer growth through a KRAS-regulated metabolic pathway. Nature. 2013 Apr 4;496(7443):101–
5.

67. Piccolis M, Bond LM, Kampmann M, Pulimeno P, Chitraju C, Jayson CBK, et al. Probing the
Global Cellular Responses to Lipotoxicity Caused by Saturated Fatty Acids. Mol Cell. 2019 Apr
4;74(1):32-44.e8.

68. Sánchez-Martínez R, Cruz-Gil S, de Cedrón MG, Álvarez-Fernández M, Vargas T, Molina S, et al.
A link between lipid metabolism and epithelial-mesenchymal transition provides a target for colon
cancer therapy. Oncotarget. 2015 Oct 5;6(36):38719–36.

69. Giudetti AM, De Domenico S, Ragusa A, Lunetti P, Gaballo A, Franck J, et al. A specific lipid
metabolic profile is associated with the epithelial mesenchymal transition program. Biochim
Biophys Acta BBA - Mol Cell Biol Lipids. 2019 Mar 1;1864(3):344–57.

70. Lee HJ, Chen Z, Collard M, Chen F, Chen JG, Wu M, et al. Multimodal Metabolic Imaging Reveals
Pigment Reduction and Lipid Accumulation in Metastatic Melanoma. BME Front. 2021:9860123.

71. Schwab A, Rao Z, Zhang J, Gollowitzer A, Siebenkäs K, Bindel N, et al. Zeb1 mediates
EMT/plasticity-associated ferroptosis sensitivity in cancer cells by regulating lipogenic enzyme
expression and phospholipid composition. Nat Cell Biol. 2024 Jul 15;1–12.

72. Afanas'ev I. Reactive Oxygen Species Signaling in Cancer: Comparison with Aging. Aging Dis.
2010 Feb 20;2(3):219–30.

73. Abdel Hadi N, Reyes-Castellanos G, Carrier A. Targeting Redox Metabolism in Pancreatic Cancer.
Int J Mol Sci. 2021 Feb 3;22(4):1534.

74. Magtanong L, Ko PJ, To M, Cao JY, Forcina GC, Tarangelo A, et al. Exogenous Monounsaturated
Fatty Acids Promote a Ferroptosis-Resistant Cell State. Cell Chem Biol. 2019 Mar 21;26(3):420-
432.e9.

75. Tesfay L, Paul BT, Konstorum A, Deng Z, Cox AO, Lee J, et al. Steroyl-CoA Desaturase 1 (SCD1)
protects ovarian cancer cells from ferroptotic cell death. Cancer Res. 2019 Oct 15;79(20):5355–66.

76. Zheng W, Xu S. Analysis of Differential Expression Proteins of Paclitaxel-Treated Lung
Adenocarcinoma Cell A549 Using Tandem Mass Tag-Based Quantitative Proteomics.
OncoTargets Ther. 2020 Oct 13;13:10297–313.

77. Guillou H, Martin PGP, Pineau T. Transcriptional Regulation of Hepatic Fatty Acid Metabolism.
In: Quinn PJ, Wang X, editors. Lipids in Health and Disease [Internet]. Dordrecht: Springer

Netherlands; 2008 [cited 2024 Feb 23]. p. 3–47. (Subcellular Biochemistry). Available from: https://doi.org/10.1007/978-1-4020-8831-5_1

78. Triki M, Rinaldi G, Planque M, Broekaert D, Winkelkotte AM, Maier CR, et al. mTOR Signaling and SREBP Activity Increase FADS2 Expression and Can Activate Sapienate Biosynthesis. Cell Rep. 2020 Jun 23;31(12):107806.

79. Abbott SK, Jenner AM, Mitchell TW, Brown SHJ, Halliday GM, Garner B. An Improved High-Throughput Lipid Extraction Method for the Analysis of Human Brain. Lipids. 2013 Mar 1;48(3):307–18.

80. Norris SE, Friedrich MG, Mitchell TW, Truscott RJW, Else PL. Human prefrontal cortex phospholipids containing docosahexaenoic acid increase during normal adult aging, whereas those containing arachidonic acid decrease. Neurobiol Aging. 2015 Jan;36(4):1659–69.

81. Jayashankar V, Selwan E, Hancock SE, Verlande A, Goodson MO, Eckenstein KH, et al. Drug-like sphingolipid SH-BC-893 opposes ceramide-induced mitochondrial fission and corrects diet-induced obesity. EMBO Mol Med. 2021 Jul 7;e13086.

82. Hu C, van Dommelen J, van der Heijden R, Spijksma G, Reijmers TH, Wang M, et al. RPLC-Ion-Trap-FTMS Method for Lipid Profiling of Plasma: Method Validation and Application to p53 Mutant Mouse Model. J Proteome Res. 2008 Nov 7;7(11):4982–91.

83. Bird SS, Marur VR, Sniatynski MJ, Greenberg HK, Kristal BS. Serum Lipidomics Profiling Using LC–MS and High-Energy Collisional Dissociation Fragmentation: Focus on Triglyceride Detection and Characterization. Anal Chem. 2011 Sep 1;83(17):6648–57.

84. Turner N, Lim XY, Toop HD, Osborne B, Brandon AE, Taylor EN, et al. A selective inhibitor of ceramide synthase 1 reveals a novel role in fat metabolism. Nat Commun. 2018 Aug 21;9(1):3165.

85. Tsugawa H, Cajka T, Kind T, Ma Y, Higgins B, Ikeda K, et al. MS-DIAL: data-independent MS/MS deconvolution for comprehensive metabolome analysis. Nat Methods. 2015 Jun;12(6):523–6.

86. Folch J, Lees M, Sloane Stanley GH. A simple method for the isolation and purification of total lipides from animal tissues. J Biol Chem. 1957 May;226(1):497–509.

87. Bollinger JG, Thompson W, Lai Y, Oslund RC, Hallstrand TS, Sadilek M, et al. Improved Sensitivity Mass Spectrometric Detection of Eicosanoids by Charge Reversal Derivatization. Anal Chem. 2010 Aug 15;82(16):6790–6.

88. Poad BLJ, Green MR, Kirk JM, Tomczyk N, Mitchell TW, Blanksby SJ. High-Pressure Ozone-Induced Dissociation for Lipid Structure Elucidation on Fast Chromatographic Timescales. Anal Chem. 2017 Apr 4;89(7):4223–9.