Kremen1 dependence receptor induces SEC24C- and ATG9A-dependent autophagic cell death

Sonia Brahim[1,2,*], Thomas Schott[2*], Shiva Ghasemi[1*], Ana Negulescu[2], Clara Geneste[2], Elisabeth Errazuriz-Cerda[3], Gabriel Ichim[1], Patrick Mehlen[1] and Olivier Meurette[1,2,$]

[1]Cancer Cell Death Laboratory, LabEx DEVweCAN, Centre de Recherche en Cancérologie de Lyon, INSERM U1052-CNRS UMR5286, Université de Lyon, Centre Léon Bérard, 69008 Lyon, France.

[2]Apoptosis, Cancer and Development Laboratory- Equipe labellisée 'La Ligue', LabEx DEVweCAN, Centre de Recherche en Cancérologie de Lyon, INSERM U1052-CNRS UMR5286, Université de Lyon, Centre Léon Bérard, 69008 Lyon, France.

[3]Centre de l'Imagerie Quantitative Lyon Est, Faculté de Médecine Laënnec, Lyon, France.

*Co first authors

Corresponding author: O. Meurette; email: olivier.meurette@lyon.unicancer.fr.

ABSTRACT

Dependence receptors (DRs) induce cell death by apoptosis in the absence of their ligand. Among

them, Kremen1 was first described to induce cancer cell death in the absence of its ligand, DKK1.

Nevertheless, the exact mechanism of Kremen1-triggered cell death remains unexplored. In this

study, we demonstrate that Kremen1 induces cell death with autophagic features, contrasting with

the apoptotic process typically associated with dependence receptors. Specifically, chemical

inhibition of autophagy by spautin or wortmannin or genetic inhibition of ATG9A or ATG18B

effectively blocks this cell death process. Furthermore, through a proximity protein interactome

analysis of Kremen1, we identified Sec24C, a component of the COP-II complex, as important

effector of Kremen1-induced autophagy and cell death. Our findings reveal an interaction between

Sec24C and ATG8 regulated by Kremen1, potentially underlying the increased number of

autophagosomes in cancer cells, leading to their death. This correlation between Kremen1 and the

induction of aberrant autophagy deserves particular attention, especially as the Kremen1/DKK1

pair is frequently altered in cancers, with higher DKK1 expression associated with poor survival

outcomes. Thus, targeting this pathway may offer a potential strategy for treating cancers resistant

to current therapies.

43   Keywords: Cancer, Cell death, ATG9A, SEC-24C, Dependence Receptors

ABBREVIATIONS

APEX: Ascorbate Peroxidase

ATG: Autophagy related genes

CNS: Central Nervous System

COP-II: Coat Protein Complex II

DKK1: Dickkopf-Wnt Signaling Pathway Inhibitor

DR: Dependence Receptor

LRP5/6: LDL Receptor Related Protein 5

PLA: Proximity Ligation assay

STING: Stimulator Of Interferon Response CGAMP Interactor

TCGA: The Cancer Genome Atlas

WNT: Wingless-related integration site

INTRODUCTION

Dependence receptors (DR) are a family of transmembrane receptor proteins crucial in maintaining cellular homeostasis. Notably, they play a significant role in cancer progression by regulating cell proliferation when bound to their ligand, and by inducing apoptosis in absence of their ligand [1]. Despite their structural diversity, these receptors constitute a functional family, each shown to induce apoptosis through different mechanisms [2–4]. Kremen1, a recently identified DR, has been recognized for its ability to induce cell death in absence of its ligand, Dickkopf-Wnt Signaling Pathway Inhibitor (DKK1) [5]. Initially characterized as a Wnt signaling inhibitor, Kremen1/2 serves as a high-affinity receptor for DKK1. Together, they cooperate to recruit the WNT co-receptor LRP5/6, thereby inhibiting the Wnt/β-catenin pathway [6]. Further studies suggested that Kremen1/2 are not directly involved in this inhibition but they recruit DKK1 and present it to LRP5/6 when the WNT coreceptor is in excess [7]. Once the ternary complex between DKK1, Kremen1/2, and LRP5/6 is formed, it undergoes rapid clathrin-mediated endocytosis, thereby limiting the number of available Wnt co-receptors on the plasma membrane [8,9]. Kremen1/2 has been implicated in essential developmental processes, including anteroposterior patterning of the central nervous system (CNS) in *Xenopus* [10], as well as DKK1 in mice [11]. Kremen1 has also more recently been described as a receptor for enteroviruses [12].

As observed with other DR, Kremen1/DKK1 receptor-ligand pair may play a significant role in regulating cancer initiation and progression. Kremen1 expression is frequently lost in cell lines derived from various cancers, including glioblastoma, neuroblastoma, lung cancer, kidney cancer, stomach cancer, melanoma, and lymphoma [13]. Conversely, its ligand DKK1 is upregulated in several primary tumor type and is elevated in the serum of cancer patients [14]. Furthermore, high serum levels of DKK1 are associated with poor prognosis in breast, prostate and bladder cancers [15–17], as its overexpression similarly correlated with poor outcomes in hepatocellular carcinoma [18]. As Kremen1 has been described as a DR inducing cell death independent from Wnt inhibition [5], we thought to study how this DR induces cell death. Initial description of Kremen1-induced cell death involved caspase-3 cleavage and subsequent activation. However, we mainly observed autophagic features in dying cells that would never show apoptotic features but rather necrotic swelling and plasma membrane permeabilization. Although caspases were slightly activated, their

inhibition was only associated to a minor rescue of cell death. The COP-II complex is emerging as

an important regulator of autophagy induction with Sec24C as a key autophagy effector [19,20] in

STING-associated autophagy and cell death [21,22]. Interestingly, we found that SEC24C is essential

for Kremen1 and ATG8 to trigger autophagic cell death in an ATG9A-dependent manner. The

signaling pathway triggered by Kremen1, especially in the context of tumorigenesis, remains

poorly understood. Here, we demonstrate that, unlike other DRs, Kremen1 induces a form of cell

death reliant on autophagy, rather than caspases and lacks traditional apoptotic features. Notably,

Kremen1 expression is absent in various cancers, including breast carcinoma, where it serves as a

favorable prognostic marker when DKK1 levels are low. Collectively, these findings suggest that

Kremen1 acts as a tumor suppressor by inducing autophagy-dependent cell death in the absence of

DKK1, indicating that the Kremen1/DKK1 pair may represent a promising therapeutic target in

cancer.

RESULTS

Kremen1/DKK1 pair is altered in cancers

Given the established role of DR and their ligands in tumor suppression, we first examined the expression profiles of the Kremen1/DKK1 pair across various datasets. Consistent with characteristics of tumor suppressors, Kremen1 expression was reduced in multiple cancer types, including breast cancer (BRCA), colon cancer (COAD), and head and neck cancers (HNSCC) (Figure 1A). In contrast, DKK1 expression was markedly upregulated across several cancers (Figure 1B). Consistently, analysis of the The Cancer Genome Atlas (TCGA) dataset showed that patients with high DKK1 expression had worse overall survival in pancreatic ductal adenocarcinoma (PAAD) and in breast cancers (BRCA)(Figure 1C-D). Interestingly, DKK1 expression is higher in basal-like (TCGA data) and HER2-overexpressing breast cancers (Figure 1E), an observation corroborated in the METABRIC dataset, where DKK1 was elevated in HER2+ and HER2-/ER- subtypes (Figure 1F). In contrast, Kremen1 expression did not vary significantly by subtype in the TCGA dataset (Figure 1G), though it was slightly but significantly higher in HER2+ cases in the METABRIC dataset (Figure 1H). These findings suggest that alterations in the Kremen1/DKK1 pair may be particularly relevant in basal-like (ER-/HER2-) breast cancers, where DKK1 is highly expressed while Kremen1 is low. Consequently, we decided to focus on triple-negative breast cancers for further investigation. We also studied pancreatic cell lines given the predictive value of DKK1 in PDAC. Given Kremen1's role in Wnt inhibition in the presence of DKK1, we examined whether Wnt gene signatures were altered in patients with high Kremen1/DKK1 expression, but observed no significant differences meaning the expression of DKK1 and Kremen1 is not associated to Wnt signature (Supplementary figure 1A). Thus, the deregulated Kremen1/DKK1 expression ratio favoring DKK1 is a potential biomarker of poor prognosis.

Kremen1 does not induce apoptotic cell death

Kremen1 has previously been described as a DR inducing features of apoptotic cell death [5]. In order to investigate the mechanisms underlying Kremen1-induced cell death, we developed stable cell lines of triple-negative breast cancer MDA-MB-231 cells and of pancreatic cancer cell line BxPC3 that express Kremen1 upon doxycycline induction. Cell death analysis using propidium iodide staining demonstrated that doxycycline treatment induced cell death in both cell lines (Figure 2A, supplementary figure 1B). Additionally, colony formation assays revealed a reduction in colony formation upon Kremen1 induction (Figure 2B). Co-expression of DKK1 reduced Kremen1-induced cell death, supporting the previously documented DR activity of Kremen1 (Figure 2C). Importantly, doxycycline treatment did not trigger cell death in control cells (Supplementary figure 1B). Furthermore, the treatment of cells in the presence of siRNA targeting DKK1 also induced cell death although to a lower extend than Kremen1 induction (Supplementary Figure 2A). Kremen1 expression led to a dose-dependent activation of caspase-3, which was efficiently inhibited by treatment with Q-VD- OPh pan-caspase inhibitor (Figure 2D). However, treatment with Q-VD-OPh (QVD) inhibited only very partially cell death (Figure 2E). We also treated cells with additional caspase inhibitors, including IETD and DEVD, and observed no impact on cell death, indicating that these caspases are not involved in our cell death model (Supplementary Figure 2C). Interestingly, treatment of Kremen1-expressing cells with ABT263 triggered a rapid shift towards apoptotic features, indicating that these cells remain responsive to apoptotic stimuli and that Kremen1-induced caspase activity may prime cells to a stronger apoptotic stimulus (Supplementary Figure 2D). Treatment of cells with BV6, used as an apoptotic control to achieve the same level of cell death, revealed that caspase activation was weak in Kremen1 treated cells compared to the control (Supplementary figure 2E). Furthermore, Kremen1-expressing cells did not exhibit molecular markers of apoptosis, such as PARP-1 or caspase-3 cleavage, as shown by western blot analysis (Supplementary Figure 2F). Finally, Nanolive microscope-based holotomography imaging of cells treated with doxycycline or BV6 as an apoptotic inducer revealed distinct phenotypic differences in cell death. Cells treated with BV6 exhibited membrane blebbing and cell contraction, while Kremen1-overexpressing cells displayed a phenotype characterized by cellular swelling and finally permeabilization of the plasma membrane (Figure 2F). Thus, our results indicate that kremen1 induces a form of cell death distinct from classical apoptosis.

Kremen1 induced-cell death displays autophagic features

Prior to examining the specific mechanisms of Kremen1-induced cell death, we analyzed the morphology of dying cells using transmission electron microscopy (TEM). In fact, we did not observe apoptotic features like membrane blebbing or nuclear condensation and cells appeared to increase in volume rather than exhibit the typical apoptotic shrinkage (Figure 3A). Across multiple time points, in both adherent and non-adherent cells, the dying cells consistently displayed autophagic features, including an accumulation of vacuoles, phagophores, autophagosomes, and multilamellar bodies (supplementary figure 3A). In the supernatant, rare apoptotic cells were observed although most of dead cells appeared necrotic (Supplementary figure 3B). We confirmed autophagy induction through molecular analyses, evidenced by the accumulation of the lipidated form of LC3 and a decrease in p62 expression upon Kremen1 induction, as shown by western blotting (Figure 3B), and the formation of dense LC3 puncta in immunofluorescence assays (Figure 3C,D) indicating that autophagosomes are increased in dying cells both in MDA-MB231 and BxPC3 cells. Moreover, no LC3 lipidation was observed in control cells treated with doxycycline (Supplementary figure 4A). In agreement with autophagy being regulated by the DR function of Kremen1, cells re-expressing DKK1 induced a reduction in LC3B lipidation (supplementary figure 4B). Interestingly, p62 levels decreased transiently up to 24 hours and subsequently increased from 48h up to 72 hours (Supplementary figure 4C). This observation suggests that the autophagic flux initially increases rapidly; however, at a certain point, it becomes blocked due to excessive accumulation of autophagosomes, surpassing the cell's capacity. This imbalance may result in impaired autophagic flux.

The autophagic machinery is necessary for Kremen1-induced cell death.

We next sought to assess the requirement of the autophagic machinery in the observed cell death. Wortmannin as well a spautin treatment which inhibit the early stage of autophagic flux by preventing autophagosome formation, resulted in a significant decrease in cell death and autophagic flux (Figure 4 A,B). In contrast, treatment with Bafilomycin-A and Chloroquine, which both block the flux at late stages inducing autophagosome accumulation led to an increase of cell death following kremen1 expression (Figure 4 C,D). As expected, treatment with bafilomycine A1 and chloroquine induced further accumulation of lipidated form of LC3 and accumulation of p62 (supplementary figure 4D). This suggests that the presence of autophagosomes or certain

autophagic components may be essential for cell death induction. While autophagy is often induced
following apoptosis as a mechanism thought to inhibit cell death, in our model, treatment with
Spautin1 completely blocked cell death by inhibiting LC3 lipidation (Figure 4B) without affecting
caspase activation (Supplementary figure 4E). Surprisingly, knock-down of ATG5 by siRNA or
by CRISPR knock-down had no impact on cell death induction nor on caspases activation
(Supplementary figure 4F) showing that atypical autophagy is likely involved in this process. As
ATG5 was not involved in Kremen1-induced cell death, we examined the role of ATG9A, since it
is a protein which facilitates membrane recruitment and autophagosome membrane expansion [23].
We observed partial co-localization between Kremen1 and ATG9A (Figure 4E, supplementary
Figure EG). We further showed that inhibition of ATG9 via siRNA (supplementary Figure 4G)
significantly reduced cell death in both MDA-MB-231 and BxPC3 cell lines, highlighting its
essential role in this process (Figure 4F). We also investigated the involvement of ATG18 and
ATG2 since they have shown to participate with ATG9A to autophagosome membrane expansion
[24]. siRNA mediated knock-down of ATG2 alone induced a high amount of cell death preventing
us to study its putative involvement in this context. In contrast ATG18B knock-down also rescued
Kremen1-induced cell death (Figure 4G). Altogether, these findings support the involvement of an
atypical form of autophagy relying on ATG9A and ATG18 to induce aberrant accumulation of
autophagosomes leading to autophagic cell death.

SEC-24C is involved in Kremen1-induced cell death
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To elucidate the mechanisms underlying this autophagy-mediated cell death, we analyzed
the Kremen1 interactome via mass spectrometry. For this purpose, we employed a proximity
labeling approach by fusing Kremen1 with an ascorbate peroxidase (APEX2) enzyme to perform
enzyme-mediated biotin identification. Using the same doxycycline-inducible system, we
expressed a Kremen1-APEX fusion protein to identify proteins in close proximity. We first
confirmed that the Kremen1-APEX fusion did not alter K1-mediated signaling, as Kremen1-
APEX2 induced autophagy and cell death with comparable efficiency to Kremen1 alone (data not
shown). We then used streptavidin beads to isolate proteins proximal to Kremen1-APEX, followed
by mass spectrometry analysis, which yielded a list of proteins most enriched upon doxycycline
addition and subsequent Kremen1 induction (Figure 5A,B). Among the most enriched proteins
were SEC24C and other proteins of the COP-II complex. Two major clusters appeared using String-

database analysis (Figure 5B). The first one was enriched in membrane-associated, adhesion and
focal adhesion proteins such as integrins (ITGB1, ITGA6, ITGA2), taline (TLN1), vinculin (VCL),
paxillin (PXN), showing the membrane localization of Kremen1 in the experiments. The second
cluster was a cluster of COP-II complex proteins, including SEC23A and B, SEC24 B and C as
well as SEC31A. This complex particularly caught our attention since the COP-II complex has
been implicated in atypical autophagy regulation [19,20]. Specifically, SEC24C stands out due to its
role in autophagy regulation by its interaction with ATG9 to increase autophagosomes abundance
in yeast [25]. We first confirmed the Kremen1/SEC24C interaction through a proximity ligation assay
(PLA), observing that Kremen1 and SEC24C were indeed in close proximity (Figure 5C). This
interaction was also observed in BxPC3 cell line by confocal immunofluorescence (Figure 5D). To
investigate the potential role of SEC24C during Kremen1 cell death induction, we inhibited its
expression via siRNA and found a significant reduction of Kremen1-induced cell death in both
MDA-MB-231 and BxpC3 cell lines (Figure 5E).

SEC24C is fostering autophagy induction by Kremen1

We next looked at the role of SEC24C in Kremen1 induced autophagy. We observed that
SEC24C knock-down induced a reduction in autophagic markers following Kremen1 induction,
suggesting that SEC24C plays a crucial role in promoting autophagosome formation in response
to Kremen1 expression (Figure 6 A,B). We then sought to determine whether SEC24C was
associated with autophagosomes upon Kremen1-dependent cell death induction. To this end, we
performed immunoprecipitation of SEC24C in the presence and absence of Kremen1 and observed
that, upon Kremen1 induction, SEC24C interacted with ATG8, indicating that SEC24C plays a
specific role in autophagy regulation within this autophagic cell death pathway (Figure 6B). This
observation was further validated through confocal microscopy, which revealed the colocalization
of ATG8 and SEC24C in BxPC3 cells in condition of Kremen1 expression, as indicated by yellow
puncta (Figure 6C). Altogether, these findings demonstrate that SEC24C and the COP-II complex
are essential components in mediating Kremen1-induced cell death by increasing autophagy in
cells. Furthermore, DKK1 expression induced an inhibition of Kremen1 and ATG9A interaction,
as seen with PLA experiments (Figure 6D) showing that in absence of DKK1, Kremen1 interaction
with ATG9A vesicle is fostering autophagosome accumulation.

DISCUSSION

Kremen1, initially identified as a receptor involved in DKK1-mediated Wnt signaling inhibition [6], was later characterized as a DR [5]. DRs constitute a diverse family of structurally unrelated receptors that share the unique capacity to actively signal cell death in the absence of their respective ligands. Until now, all known DRs have been shown to induce apoptosis through distinct pathways that ultimately converge on caspase-3 activation [26]. In the case of Kremen1, Causeret et al. reported that its overexpression led to caspase-3 cleavage, consistent with an apoptotic pathway similar to that of other DRs. In this study, we confirmed that Kremen1 expression induces caspase-3 activation despite the absence of classical apoptotic features, as evidenced by transmission electron microscopy and Nanolive time-lapse microscopy. However, inhibition of caspase activity with qVD-Oph had no effect on cell death indicating that effector caspases are dispensable for Kremen-1 induced cell death. It is plausible to consider that caspase activation in this context occurs at a sub-lethal threshold, insufficient to directly induce cell death but potentially involved in non-apoptotic roles as it already has been shown before [27]. Another explanation would be that the aberrant increase of autophagosomes vacuoles may prevent the cleavage of canonical substrates necessary for apoptotic progression. However, cells expressing Kremen1 remain responsive to apoptotic stimuli, particularly in the early stages following Kremen1 induction, as treatment with ABT263, a Bcl-xL and Bcl-2 antagonist, rapidly induces canonical apoptosis indicating that cells remain sensitive to apoptotic stimuli.

Cells exhibiting autophagic features have long been reported in physiological cell death [28]. However, the presence of abundant autophagosomes in dying cells does not necessarily imply that autophagy is the direct trigger of cell death. Autophagy is well-established as a survival pathway under nutrient-limiting conditions [29] and it is generally considered to limit apoptosis and confer resistance to cell death [30]. Evidence from physiological development supports the role of autophagy as a *bona fide* cell death mechanism. In Drosophila, for example, autophagy, not apoptosis, is essential for programmed cell death in the midgut [31] and is also required for the degradation of salivary gland cells [32]. Additionally, autophagy-dependent cell death, termed autosis, can be induced by autophagy-stimulating peptides, such as Tat-Beclin1, which holds potential for therapeutic applications [33]. The cell death observed following Kremen1 induction displays phenotypic similarities with Tat-Beclin1-induced autosis. However, treatment with Na^+/K^+ inhibitors did not rescue this cell death (data not shown), suggesting mechanistic differences from

canonical autosis. Kremen1-induced cell death results in a substantial accumulation of autophagosomes, which may contribute to the observed cytotoxicity. Autophagosome accumulation alone has been reported as sufficient to induce cytotoxic effects [34] and the timing of autophagosome accumulation relative to ATP availability and lysosomal homeostasis may be critical factors [35]. Based on these studies, we hypothesize that Kremen1 induction triggers a substantial increase in autophagy, resulting in elevated autophagosome formation that demands extensive membrane resources and, consequently, significant ATP consumption. Through proximity ligation assay and further immunoprecipitation and immunofluorescence analysis we identified the COP-II complex as part of the Kremen1 interactome involved in autophagosomes aberrant accumulation. The COP-II complex primarily serves two functions: it facilitates the physical deformation of the endoplasmic reticulum membrane into vesicles and selects cargo molecules for transport to the Golgi apparatus. Notably, SEC24C, a core component of this complex, plays a significant role in autophagy. Under cellular stress, such as nutrient deprivation, SEC24C undergoes phosphorylation by the kinase Hrr25, enabling it to interact with ATG9 [25]. This interaction reroutes the COP-II complex towards the autophagic pathway, promoting an increase in autophagosome formation. In line with this, SEC24C has also been implicated in ER-phagy [19] and activation of the cGAS-STING pathway [21]. This is likely involved in Kremen1 induced cell death although identification of putative SEC24C phosphorylation remains to be identified in this context. However, both SEC24C and ATG9A are required for Kremen1-induced, autophagy-dependent cell death. Beyond SEC24C, we identified additional SEC24 isoforms (A/B and D), as well as SEC31 and SEC23, in the Kremen1 interactome via mass spectrometry. We also showed that in presence of its ligands DKK1, Kremen1 is not or much less interacting with ATG9A. We therefore hypothesize that upon Kremen1 induction or limitation for DKK1 ligand, Kremen1 is recruiting ATG9A vesicle to SEC24C/ATG8 site of autophagosome formation creating an increased demand for membrane resources to support autophagosome formation. Thus, genetic inhibition of SEC24C of ATG9A prevents cell death by avoiding the massive accumulation of autophagosomes, thereby reducing the associated metabolic stress from extensive autophagosome formation and the high energy demands placed on lysosomal processing.

Given the relevance of DRs as therapeutic targets in cancer [26], we examined the status of the Kremen1/DKK1 pair across various cancer types. Our observations indicate that Kremen1 expression is frequently downregulated in multiple cancers, suggesting a potential role for

Kremen1 as a tumor suppressor through its autophagy-dependent cell death pathway. Notably Sato

et al [14] reported elevated DKK1 serum levels in patients, stronger than those observed here in RNA

sequencing data. In breast cancer specifically, while some patients exhibited high DKK1 levels,

the median expression of DKK1 in matched tumor/normal samples remained below 1 in breast

tumors (Figure 1B), contrasting with the significant serum increases observed by Sato et al,.

Additionally, DKK1 expression has been linked to metastasis and poor survival outcomes in lymph

node-positive breast cancer patients [36]. Notably, recent studies have demonstrated that autophagic

cell death may contribute to tumor suppression by limiting chromosomal instability [37,38]. We are

currently exploring the therapeutic potential of activating this novel autophagic cell death pathway

as a targeted approach in cancer treatment.

EXPERIMENTAL PROCEDURES

Plasmids construction

The inducible Sleeping Beauty transposon system was used as backbone for cloning the murin Kremen1 gene under doxycycline inducible control. The Kremen1 gene was fused in N-terminal with an HA tag. Two constructs were realized: pitr1-Kremen1, containing a GFP insertion constitutively expressed and a puromycin resistant gene constitutively expressed and pitr2-Kremen1 containing a RFP insertion and a zeocin resistant gene both constitutively expressed.

Cell culture

Human breast cancer cell line MDA-MB231 and human embryonic kidney HEK293T cells were obtained from ATCC (UK) and maintained in Dulbecco's Modified Eagle's Medium (DMEM) supplemented with 10% fetal bovine serum (FBS) and 1% penicillin/streptomycin.

For the establishment of stable cell lines MDA-MB231 and HEK293T with pitr1-Kremen1 or pitr2-Kremen1, the cells were transfected with 1,6 µg plasmid, 0,4 µg SB100x transposase and Fugen (Promega) in a ratio total DNA : transfectant of 1:3 and then selected with puromycin (Gibco Life Technologies) or zeocin (Invitrogen) for 2 to 4 weeks. MDA-MB231 clones were selected by flow cytometry in accordance with high or low expression of GFP.

For inhibitor treatments cells were incubated with 20 µM q-VD (Sigma-Aldrich SML0063), 40 µM Necrostatin-1 (Sigma-Aldrich N9037), 5 mM 3-MethylAdenin (Sigma-Aldrich M9281) in different combinations. For induction of Kremen1, Doxycycline (Sigma-Alderich) was added in various concentrations in cell media.

siRNA transfections were realized in 6-well plates with 10nM siRNA and 3µl Lipofectamine RNAiMAX (Life) according to the manufacturer instructions. The siRNA used were Life Silencer Select Negative control #1 Cat#4390843, lot AS021N56;

Transmission electron microscopy (TEM)

Cells were prepared for fixation in 6-well plates or in surnatants with 1 volume complete DMEM medium + 1 volume glutaraldehyde 4% for 15 minutes at 4°C. Cells were fixed in 1 volume

cacodylate pH 7,4 + 1volume g glutaraldehyde 4%. Attached cells were harvested by scratching
and centrifugated. The sample were washed three times in saccharose 0.4 M/0.2 M Na C-HCl-
Cacodylate-HCl pH 7.4 à 0,2 M for 1 hour at 4°C, and postfixed with 2% OsO4/0.3 M Na C-
HCl Cacodylate-HCl pH 7.4 1hour at 4°C. Then cells were dehydrated with a increading ethanol
gradient (5minutes in 30%, 50%, 70%, 95% and 3 times for 10 minutes in absolute ethanol.
Impregnation was performed with Epon A (50%) plus Epon B (50%) plus DMP30 (1,7%).
Inclusion was obtained by polymerisation at 60°C for 72hrs. Ultrathin sections (approximately 70
nm thick) were cut on a ultracut UC7 (Leica) ultramicrotome, mounted on 200 mesh copper grids
coated with 1:1000 polylisine, and stabilized for 1day at room temperature (RT) and, contrasted
with uranyl acetate and lead citrate. Sections were examined with a Jeol 1400 JEM (Tokyo,Japan)
transmission electron microscope equipped with a Orius 600 camera and Digital Micrograph.

Caspase-3 activity assay

374 Cell were were harvest by trypsinization and cell pellets were obtained by centrifugation at 4°C
375 and lysed. The caspase-3 activity assay was performed according to the manufacturer's instructions
376 (Biovision caspase-3 colorimetric assay kit). Total protein concentrations were measured with the
377 BCA assay kit using BSA as a standard (Pierce Biotechnology, Rockford, IL, USA). Absorbance
378 readings were done on a TECAN infinite F500.

PI/Sytoxgreen stained cells counting

380 Cells were plated in 96-well plates, incubated with 0,33 ng/ml PI or Sytoxgreen and different
381 treatments. The plates were further monitored by Incucyte Zoom (Essenbio) for several days. The
382 PI positive cells were normalized by the confluence percentage for each well, at several time points.

Immunofluorescence staining

Fixation and staining were performed simultaneously. Attached cells samples were fixed with
freshly prepared 4% PFA , washed 3 times with PBS for 5 minutes and permeabilized with PBS-
0.2% Triton X-100 (TX-100) for 10 minutes at room temperature. Samples were then washed 3
times with PBS for 5 minutes and blocked in PBS with 4% bovine serum albumin (BSA), 2%
normal donkey serum and 0.2% TX-100 for one hour. Primary antibodies were diluted in the
blocking solution at a dilution of 1:200 for the anti-Kremen1 produced antibodies and 1:50 for anti-

HA (Sigma-Aldrich H4908). Alexa-conjugated secondary antibodies (Alexa555-donkey anti
rabbit, Alexa488-donkey anti rabbit, Alexa488-donkey anti mouse) were used at 1:1000 dilution.
1 g/ml DAPI was added at the end to stain nuclei. Images were acquired with Zeiss Axio
fluorescence microscopy.

Quantitative RT PCR

395 mRNA were extracted with the NucleoSpin RNA kit (Machery-Nagel) according to manufacturer's
396 instructions. cDNA were generated with the iScript cDNA Synthesis kit (BIO-RAD) according to
397 the manufacturer's instructions. Real-time quantitative RT-PCR was performed using a
398 LightCycler 480 (Roche Applied Science).

Western Blot

400 Cells were lysed in SDS buffer (2% SDS, 150mM NaCl, 50mM Tris-HCl, pH 7.4), denatured at
401 94℃ for 5 minutes. Protein concentration was measured with the BCA assay kit using BSA as a
402 standard (Pierce Biotechnology, Rockford, IL, USA) according to manufacturer's instructions. The
403 primary antibodies used were : anti-HA (1:1000 dilution, Sigma-Aldrich H4908), anti-LC3 (1:1000
404 dilution, Cell signaling) and an anti-actin conjugated with HRP ().

Proximity-Dependent Biotinylation assay

In order to identify new partners of the K1 induced signalization, a proximity biotinylation
screening of the receptor K1 was performed. The receptor K1 was fused to the soybean ascorbate
peroxydase (APEX2) in a Tet–ON/OFF plasmid (PITR). MDA-MB 231 cell line was stably
transfected with the PITR K1-APEX2 plasmid expressing the receptor fused to APEX under DOX
treatment. For each biotinylation experiment 30 million cells were seeded. 2 conditions were
chosen, a control condition without induction of K1 (DOX 0) and the dox treated condition (DOX
0.25). DOX (0.25 µg/mL) was added 24 hours after seeding and biotinylation was performed after
24 hours of treatment. 500 µm Biotin Phenol (BP) in DMEM and incubated for 30 minutes at 37°C.
Fresh diluted H_2O_2 was then directly added in BP/DMEM at a concentration of 1 mM for 1 minute.
After 1 minute, the supernatant was collected and 15 mL of a quenching solution (10 mM sodium
ascorbate – 5 mM Trolox – 10 mM sodium azide solution) was added to the dish to stop the
biotinylation reaction.

Three washing steps were repeated in 20 mL quenching solution. Between each washing step, cells
were centrifugated for 4 minutes. The quenching solution was then discarded. A centrifugation for
10 minutes was then performed. The quenching solution was aspirated and the dry pellet was lysed.
RIPA lysis buffer supplemented with 1X protease inhibitor cocktail and with quencher at 1X was
used. RIPA lysis buffer was made in a total volume of 50 mL, containing: 12.5 mL Tris Hcl (250
mM), 7.5 mL NaCl (750 mM), 1.25 mL SDS 20% (0.5% final), 12.5 mL NaDeoxy 10% (2.5%
final),2.5 mL NP40 (5% final) and 13.75 mL H2O. For each condition, 500µL of lysis buffer was
used. Samples were vortexed to facilitate lysis.   Protein concentration was measured with
Pierce 660nm protein assay kit (ThermoFicher scientific). 2 mg of proteins was used for enrichment
on 100µL of streptavidin magnetic beads (ROCHE, ref 11641786001) at +4°C for 2 hours. The
supernatant was then discarded and beads washed at 4°C for 5 minutes twice with RIPA buffer,
once with KCl (1M), once with Na_2CO_3 (0.1M) and twice Urea (2M) in Tris HCl 10 mM at pH 8.0.
432
433   Proteins were then eluted for 10 minutes at 95°C in a protein loading buffer supplemented with
434   biotin (2 mM) and DTT (20 mM). Samples were then quickly vortexed and cooled on ice for 5-10
435   minutes. Beads were then pelleted using a magnetic rack, frozen at -80°C and sent to the mass
436   spectrometry (MS) platform EDyP in Grenoble on dry ice.
437

438   **Statistical analysis**

439   If samples followed a Gaussian distribution, one-way ANOVA or two-way ANOVA were applied,
440   either paired-ratio or unpaired depending on the experimental data. When samples did not pass the
441   normality test, non-parametric test was applied (Mann-Whitney for unpaired samples and
442   Wilcoxon signed-rank test for paired samples). * : $p<0,05$; ** : $p<0,01$; *** : $p<0,001$.

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Figure legends

Figure 1: The Kremen-1/DKK1 pair is altered in cancers.

(**A,B**) Kremen1 (**A**) and DKK1 (**B**) expression was assessed in paired Normal /Tumoral sample from different cancers from TCGA dataset. (**C,D**) Kaplan-Meier survival analysis of DKK1 expression (low or high) in pancreatic adenocarcinoma (**C**) and breast cancer (**D**) patients from the TCGA dataset. (**E-H**) Violin plot of DKK1 (**E,F**) and Kremen1 (**G,H**) expression across different subtypes of breast cancer patients from the TCGA dataset (**E,G**) and metabric (**F,H**).

Figure 2: Kremen1 does not induce apoptotic cell death

(**A**) Cell death was measured by propidium iodide incorporation in MDA-MB-231 with or without Kremen1 expression upon doxycycline treatment (0,5 and 2 μg/mL). (**B**) Colony formation assay using crystal violet with or without Kremen1 expression following dox treatment (dox 2μg/mL) and quantification of the colonies. (**C**) Cell death measured by propidium iodide incorporation upon Kremen1 expression +/- DKK1 expression and western blot analysis showing the expression of Kremen1 in the different cell lines. (**D**) Caspase-3 activity was measured in presence or not of Kremen1 expression (dox) and q-VD-oph treatment (5μM). (**E**) Cell death was measured by propidium iodide incorporation +/- Kremen1 expression and qVD-oph treatment (5μM). (**F**) Nanolive imaging analysis comparing Kremen1 expressing cells and apoptotic cells treated with BV6 (1μM).

Figure 3: Kremen1 induced-cell death displays autophagic features

(**A**) Electronic transmission microscopy of MD-AMB-231 cells expressing Kremen1 showing numerous vacuoles. (**B**) Western blot showing LC3 and p62 expression upon doxycycline treatment at 8h, 14h and 24 hours. (**C**) Immunofluorescence staining using LC3 antibody, DAPI in control cells or Kremen1 expressing cells. (**D**) Immunofluorescence staining and confocal microscopy using LC3B antibody and DAPI on BxPC3 cells. (**E**) Western blot showing LC3 and p62 expression upon doxycycline treatment in MDA-MB-231 cell line expressing Kremen1 or Kremen1 and DKK1.

Figure 4: Kremen1-induced cell death is dependent on ATG9A

(**A**) Measure of cell death by propidium iodide incorporation following Kremen1 expression (DOX) +/- spautin (1μM) (**A**) or +/- Wortmannin (**B**) and western blot analysis of autophagic markers following Kremen1 expression and spautin (1μM, **A**) or wortmannin (1, 2,5 and 5 μM, **B**). (**C,D**) Measure of cell death following kremen1 induction (Dox 0.25 or 2 μg/ml) +/- Bafilomycin A1 (**C**) or Chloroquine treatment (**D**). (**E**) Confocal analysis of immunofluorescence staining with ATG9A and Kremen1 antibodies in BxPC3 cells following Kremen1 induction. (**F,G**) Monitoring of cell death following anti-ATG9A (**F**) or anti-ATG18B (**G**) siRNA transfection of MDA-MB-231 cells following Kremen1 induction.

Figure 5: SEC24C is implicated in Kremen1-induced cell death

(**A**) Volcano plot showing protein identified by mass spectrometry in Kremen1 interactome. (**B**) STRING database protein interaction network map highlighting members of the COP-II complex revealed by mass spectrometry. (**C**) Protein Ligation Assay (PLA) performed on cells with only Kremen1 antibody or Kremen1 and Sec24C antibodies in MDA-MB-231 cells. (**D**) Confocal imaging showing cells stained with DAPI, Kremen1 antibody (red) or Sec24C antibody (Green) and merged on BxPC3 cell line treated with DOX. (**E**) Cell death induction following Kremen1 induction (dox, 2μg/ml) and knock-down of SEC24C by siRNA in MDA-MB -and BxPC3 cells.

Figure 6: Kremen1 induced SEC24C interaction with ATG8

(**A**) Monitoring of autophagic marker LC3 following inhibition of Sec24C by siRNA at 12h, 14h and 36h and associated quantification at 24h. (**B**) Western blot analysis following immunoprecipitation of Sec24C upon Kremen1 expression and associated quantification. (**C**) Confocal imaging showing cells stained with LC3 (red) Sec24C (Green) or DAPI following Kremen1 induction. (**D**) PLA images and quantification of ATG9/K1 interaction in presence of Kremen1 induction with or without DKK1 induction and associated quantification.

Brahim, Schott et al., Figure 6