ADAR1 Regulates Lipid Remodeling to Dictate Ferroptosis Sensitivity

Che-Pei Kung[1], Nick D. Terzich[2], Ma Xenia G. Ilagan[3,4], Michael J. Prinsen[3,4], Madhurima

Kaushal[5], Raleigh D. Kladney[1], Jade H. Weber[1], Alex R. Mabry[1,6], Luisangely Soto Torres[1,6],

Emily R. Bramel[1], Eric C. Freeman[1], Thwisha Sabloak[1], Sua Ryu[1], William M. Weber[1], Kyle A.

Cottrell[7], Leonard B. Maggi Jr.[1], Leah P. Shriver[2,8,9], Gary J. Patti[2,10,11] and Jason D.

Weber[1,11,12,13]

[1]Department of Medicine, Division of Molecular Oncology, Washington University School of

Medicine, Saint Louis, MO, USA

[2]Department of Chemistry, Washington University, St. Louis, MO, USA

[3]High Throughput Screening Center, Washington University School of Medicine, Saint Louis,

MO, USA

[4]Department of Biochemistry and Molecular Biophysics, Washington University School of

Medicine, Saint Louis, MO, USA

[5]Institute for Informatics, Data Science and Biostatistics, Washington University School of

Medicine, Saint Louis, MO, USA

[6]Cancer Biology Graduate Program, Washington University School of Medicine, Saint Louis,

MO, USA

[7]Department of Biochemistry, Purdue University, West Lafayette, IN, USA

[8]Department of Medicine, Division of Nutritional Science and Obesity Medicine, Washington

University School of Medicine, Saint Louis, MO, USA

[9]Center for Mass Spectrometry and Metabolic Tracing, Washington University, St. Louis, MO,

USA

[10]Department of Genetics, Washington University, St. Louis, MO, USA

[11]Siteman Cancer Center, Washington University, St. Louis, MO, USA

[12]Department of Cell Biology and Physiology, Washington University School of Medicine, Saint

Louis, MO, USA

[13]Department of Biology, Washington University, Saint Louis, MO, USA

30   Co-correspondence:
31   Che-Pei Kung, Ph.D.
32   Department of Medicine, Division of Molecular Oncology
33
Washington University School of Medicine
660 South Euclid Avenue
Campus Box 8069
St. Louis, MO 63110 USA
Email: patkung@wustl.edu
Telephone: 314-747-3898
Fax: 314-362-0152
41
42   and
43
44   Jason D. Weber, Ph.D.
45   Department of Medicine, Division of Molecular Oncology
46   Department of Cell Biology and Physiology
47
Washington University School of Medicine
660 South Euclid Avenue
Campus Box 8069
St. Louis, MO 63110 USA
Email: jweber@wustl.edu
Telephone: 314-747-3896
Fax: 314-362-0152
55

Summary

Triple-negative breast cancer (TNBC), defined by the lack of estrogen, progesterone, and HER2 receptor expressions, is aggressive and lacks targeted treatment options. Adenosine deaminase acting on RNA 1 (ADAR1) has been shown to contribute to TNBC tumorigenesis by modulating an innate immune response. However, little is known about its role in the regulation of metabolic fitness of TNBC. We tested the hypothesis that ferroptosis is an ADAR1-protected vulnerability by showing that ADAR1 knockdown sensitizes TNBC cells to ferroptosis inducers. Lipidomic analyses showed that ADAR1 loss increased the abundance of phospholipids enriched with polyunsaturated fatty acids (PUFA), of which peroxidation is the main driver of ferroptosis. Transcriptomic analyses discovered that the proto-oncogene MDM2 contributes to the lipid remodeling phenotype. A ferroptosis-focused drug screen identified FDA-approved cobimetinib as a drug-repurposing candidate to synergize with ADAR1 loss. This finding supports further basic, pre-clinical, and clinical studies to develop novel therapeutic strategies for TNBC through ADAR1-mediated metabolic regulation.

Keywords: ADAR1, RNA editing, TNBC, ferroptosis, RSL3, lipid remodeling, PUFA, MUFA, MDM2, cobimetinib.

Introduction

Despite the recent development of PARP inhibitors, immunotherapy, and antibody-drug conjugates, there remains a significant gap in targeted therapies for TNBC, contributing to its poor prognosis[1]. A multi-prong approach is underway to investigate the immunogenic, epigenetic, and metabolic landscapes of TNBC to identify points of vulnerability[2-4].

One such vulnerability is ferroptosis, a distinctive form of programmed cell death that depends on iron-mediated peroxidation of long polyunsaturated fatty acids (PUFA) to break down cell membranes[5]. Compared to other BC subtypes, TNBC cells express lower levels of iron exporter ferroportin, resulting in an increase in labile iron pools[6]. TNBC cells have also been shown to increase the uptake of cystine, a precursor for the antioxidant glutathione, rendering them more vulnerable to inhibitions of the glutamate/cystine antiporter xCT and glutathione effector GPX4[7,8]. TNBC's sensitivity to ferroptosis is also correlated with abundance of PUFA, regulated by enzymes contributing to PUFA biosynthesis, such as Acyl-CoA synthetase long-chain family member 1 and 4 (ACSL1/4), as well as fatty acid desaturases 1 and 2 (FADS1/2)[9-11].

Adenosine deaminase acting on RNA 1 (ADAR1, encoded by *ADAR*) converts adenosine to inosine within cellular dsRNA, in a process known as A-to-I editing. Elevated expression of ADAR1 is prevalent in breast cancer, and ADAR1-mediated editing contributes to tumor progression and resistance to therapy in breast cancer, including TNBC[12,13]. We have previously reported a TNBC-centric ADAR1 dependency phenomenon, in which ADAR1 protects TNBC cells from translational stress and type I interferon activation predisposed by elevated levels of interferon stimulated gene signatures[14]. ADAR1-mediated regulation of the innate immune response has been observed in several types of cancer, and the loss of ADAR1 has been shown to

sensitize certain cancers to immunotherapy[15-18]. Through its ability to prevent the cytotoxic

inflammatory response, ADAR1 also protects cancer cells from other anti-tumorigenic stresses,

such as necroptosis and epigenetic modulation[19,20]. However, few studies have investigated the

ability of ADAR1 to regulate the metabolic fitness of cancer cells and their sensitivity to

metabolic stress. Considering the role of ADAR1 in metabolic regulation and the importance of

cancer metabolism, it is important to fill these knowledge gaps[21,22].

In the current study, we demonstrate that ADAR1 protects TNBC cells from ferroptosis by

regulating the expression of MDM2 and lipid profiles. Our observations indicate broader

applications of ADAR1-targeting therapies against TNBC.

Results

ADAR1 protects TNBC cells from ferroptosis induction

To determine whether ADAR1 inhibits ferroptosis directly, ADAR1 was knocked down with a

short hairpin RNA (shRNA) in the TNBC cell line MDA-MB-231 (**Figure S1A**). The level of

malondialdehyde (MDA), a byproduct and marker of lipid peroxidation, was measured to show

that cells with ADAR1 knockdown (ADAR1-deficient) did not display induced ferroptosis

phenotype compared to ADAR1-intact cells treated with a non-targeting shRNA (shNT) (**Figure**

S1B). Similarly, by staining for both the reduced and oxidized forms of the lipid peroxidation

probe BODIPY[TM] 581/591 C11, it was revealed that ADAR1 knockdown did not improve the

cells' ability to oxidize PUFA (**Figure S1C-D**). Cell viability assay was performed to show that

reduced proliferation and viability of MDA-MB-231 cells resulting from ADAR1 knockdown

could be partially rescued by an apoptosis inhibitor (Z-VAD-FMK) or an eIF2α inhibitor

(ISRIB), but not by ferroptosis inhibitors Ferrostatin-1 or Liproxstatin-1 (**Figure S1E**). These

results suggest that the reduction of ADAR1 does not overtly induce ferroptosis phenotypes.

ADAR1-intact and -deficient MDA-MB-231 cells were then tested to determine whether

ADAR1 expression influences the sensitivity of cells to ferroptosis induction. Ferroptosis can be

induced by the GPX4 inhibitor RSL3, whose effect can be rescued by the ferroptosis inhibitors

Ferrostatin-1 or UAMC, but not Z-VAD-FMK or necroptosis inhibitor Necrostatin-1 (**Figure**

S1F). ADAR1-deficient cells were found to be more sensitive to RSL3 at concentrations as low

as 50nM (**Figure 1A**). Cell viability assay was performed to determine the IC_{50} (half-maximum

inhibitory concentration) of RSL3, and ADAR1-deficient cells ($IC_{50} = 0.11\mu M$ vs $2.9\mu M$) were

27 times more sensitive compared to ADAR1-intact cells (**Figure 1B**). A similar level of

sensitization was observed when using another GPX4 inhibitor, ML162 ($IC_{50} = 0.08\mu M$ vs

$2.27\mu M$) (**Figure 1C**).

To evaluate whether this sensitization effect occurs in TNBC cells in addition to MDA-MB-231,

multiple TNBC cell lines (MDA-MB-436, HCC1806, MDA-MB-468, BT20, BT549) were

tested. In all TNBC cell lines tested, ADAR1 knockdown resulted in increased RSL3 sensitivity,

ranging from 1.8-fold (BT549) to 9.8-fold (MDA-MB-436) (**Figure 1D-F, Figure S1G-H**).

Multiple non-TNBC cell lines (MCF7, T47D, BT474, SKBR3, MDA-MB-361, ZR75.1) were

also tested. Interestingly, by arbitrarily setting $IC_{50}shNT/IC_{50}shADAR1=1.5$ as the threshold for

sensitization, none of the non-TNBC cell lines acquired higher sensitivity after ADAR1

knockdown (**Figure 1G-J, Figure S1I-K**). A cell line derived from a TNBC PDX (patient-

derived xenograft), WHIM12, was also shown to be highly sensitized to RSL3 after ADAR1

knockdown (**Figure 1K**). These results indicate that ADAR1 protects TNBC, but not non-

TNBC, cell lines from ferroptosis induction.

An orthotopic implantation mouse model was established to test whether these *in vitro* results

can be recapitulated *in vivo*. MDA-MB-231 cells stably transduced with Tet-inducible shADAR1

were implanted in the mammary fat pad of female immunocompromised NSG mice (**Figure 2A-**

B). Upon the formation of palpable tumors, half of the mice were switched to a diet containing

doxycycline to induce ADAR1 knockdown (**Figure S2A**). Both control and doxycycline diet

mice were subjected to intraperitoneal (i.p.) injection of RSL3 (100mg/kg weight; twice a week)

for 5 weeks. Weekly health and weight monitoring did not suggest additional toxicity associated

with RSL3 treatment (**Figure S2B**). Doxycycline diet or RSL3 treatment alone reduced tumor

burdens, and mice that received both experienced significantly slower tumor progression (**Figure**

1C-E, Figure S2C-E). Immunohistochemical (IHC) staining of ADAR1 in resected tumors

confirmed a sustained overall reduction in ADAR1 expression (**Figure 2F and S2F**). IHC

staining of 4-Hydroxynonenal (4HNE), a product of lipid peroxidation, showed that the

combination treatment enhanced the ferroptosis phenotype (**Figure 2F-G**). Moreover, showing a

mosaic pattern of staining in doxycycline/RSL3-treated tumors, ADAR1 levels can be seen to be

inversely correlated with 4HNE staining (**Figure S2G**). Together, these results suggest that

ADAR1 reduction also sensitizes cancer cells to ferroptosis induction to suppress tumor

progression *in vivo*.

Knockdown of ADAR1 leads to lipid remodeling

Multiple factors contribute to ferroptosis sensitivity, including ferrous iron availability,

glutathione activity, and the relative abundance of PUFA over monounsaturated fatty acid

(MUFA)[5] (**Figure 3A**). To test the hypothesis that ADAR1-deficient cells are primed for

ferroptosis induction, these elements were evaluated using the MDA-MB-231 cell line, as it is

highly sensitive to ferroptosis induction by ADAR1 knockdown.

In ADAR1-deficient cells, both the level of total glutathione and the ratio between reduced and

total glutathione were unchanged (**Figure S3A-B**). FerroOrange staining was used to show that

ADAR1-deficient cells do not display significantly higher levels of ferrous iron (**Figure S3C-D**).

This suggests that elevated sensitivity to ferroptosis after ADAR1 knockdown cannot be

attributed to altered glutathione activity or the abundance of ferrous iron.

Consequently, a targeted lipidomic analysis was performed to identify possible changes in lipid

profiles after ADAR1 knockdown. Interestingly, a clear pattern change was detected with the

phosphatidylcholine (PC) species, the most abundant phospholipid in mammalian cells and the

most impactful phospholipid in controlling sensitivity to ferroptosis (**Figure 3B**). The observed

lipid reprogramming disproportionally enriched PC species with longer carbon chains and higher

degrees of unsaturation (**Figure 3C-F**). Some of the longest and most highly unsaturated PC

species, such as PC38:4, are among the most significantly enriched PCs in ADAR1-deficient

cells (**Figure 3G, Figure S3E**).

To investigate whether similar lipid reprogramming occurs in TNBC cells sensitized to ADAR1

knockdown to a lesser extent, lipidomic analysis was performed with ADAR1-deficient MDA-

MB-436 cells (**Figure S3F**). Several highly unsaturated PCs, such as PC 34:3, 35:3, and 44:6,

were enriched after ADAR1 knockdown (**Figure S3G-I**). However, enrichment was not limited

to PUFA, as some MUFA PC species (i.e. PC36:1, 37:1, 38:1) were also upregulated. Some

PUFA PC species appeared to be reduced (**Figure S3G**).

Interestingly, PUFAs from other phospholipid families, such as phosphatidylserine (PS) and

phosphatidylethanolamine (PE), were also enriched in ADAR1-deficient MDA-MB-436 cells

(**Figure S3J-N**). These results showed that the reduction of ADAR1 leads to lipid remodeling,

specifically enrichment of PUFA over MUFA and saturated fatty acid (SFA). The publicly

available metabolomics dataset shows that ADAR1 expression levels were strongly correlated

with the abundance of SFA (PC32:0) and MUFA (PC32:1 and PC34:1) species in TNBC, but not

non-TNBC cells (**Figure 3H-J**). These data support the hypothesis that in TNBC cells, ADAR1

helps maintain FA homeostasis to protect cells from ferroptosis.

ADAR1 regulates MDM2 expression to dictate lipid profiles and ferroptosis sensitivity

To identify mechanisms contributing to ADAR1-regulated lipid remodeling, four TNBC cell

lines, including those that are more highly (>5-fold - MDA-MB-231, MDA-MB-468) or

moderately (<5-fold - HCC1806, BT549) sensitized to RSL3 after ADAR1 knockdown, were

subjected to RNA-seq analyses to compare transcriptomic profiles between ADAR1-intact and

ADAR1-deficient cells (**Figure 4A, Table S1**).

Pathway analyses were performed to provide a glimpse of cellular functions impacted by

ADAR1 knockdown. The genes altered in at least three cell lines were from a variety of

pathways, including metabolic regulations in cancer cells and lipid and fatty acid metabolism

(**Figure 4B-E, Figure S4A-B, Table S2-4**). Gene set enrichment analysis (GSEA) with RNA-

sequencing data from MDA-MB-231 cells showed that the reduction in ADAR1 resulted in

significant changes in transcriptomes involved in fatty acid metabolism, but not in the ROS

(reactive oxygen species) pathway, iron uptake, or direct ferroptosis regulation (**Figure 4F-G,**

Figure S4C-D). GSEA results also suggest a lack of clear effect on interferon signaling or cell

cycle regulation (**Figure S4E-F**). Interestingly, when other metabolic pathways were evaluated,

ADAR1 knockdown had no effect on the glycolysis gene set but significantly altered the

transcriptome involved in amino acid metabolism, suggesting that ADAR1 might affect the

metabolic state of cancer cells beyond lipid programming (**Figure S4G-H**).

To narrow down the targets for further investigation, more stringent cutoff points (FDR<0.01,

Log2FC>0.5 or <-0.5) were applied to identify the individual genes that were most easily altered.

Seventeen genes (besides *ADAR*) were downregulated in at least 3 TNBC cell lines after ADAR1

knockdown, while only one (*MDM2*) was upregulated (**Figure 4H-I**). The induction of MDM2

protein in ADAR1-deficient cells was confirmed in multiple TNBC cell line models used in this

study, including PDX-derived WHIM12 cells (**Figure 4J and S4I).**

The transcription of *MDM2* is known to be regulated by ADAR1-mediated editing in 3'UTR[23,24].

In ADAR1-deficient MDA-MB-231 and MDA-MB-468 cells, reduced levels of A-to-I/G editing

were observed at the first reported editing site using both Sanger sequencing and RNA editing

site-specific quantitative PCR (RESS-qPCR) (**Figure 5A-D**). Multiple studies have suggested

that ADAR1-mediated RNA editing in *MDM2* 3'UTR can occur within a cluster of nearby

editing sites, potentially representing a delicate machinery for MDM2 regulation[23,25,26]. By

analyzing Sanger sequencing results from ADAR1-intact and -deficient MDA-MB-231 and

MDA-MB-468 cells, it was revealed that despite both showing induced MDM2 expression after

ADAR1 knockdown, the two cell lines displayed similar yet nonidentical editing profiles that are

sensitive to ADAR1 knockdown (**Figure S5A-B**).

MDM2 has been shown to promote ferroptosis sensitivity by mediating lipid remodeling,

including induction of PUFA levels[27]. To determine whether MDM2 is also capable of

promoting ferroptosis sensitivity in TNBC cells, MDA-MB-231 cells overexpressing MDM2

were subjected to treatment with RSL3 (**Figure 5E**). Overexpression of MDM2 sensitized

MDA-MB-231 cells to RSL3, albeit to a lesser extent compared to ADAR1 knockdown (**Figure**

5F). In particular, MDM2 overexpression resulted in induced sensitivity to RSL3 without

affecting the proliferation potential of MDA-MB-231 cells, suggesting that MDM2 plays a

ferroptosis-predisposing role in TNBC cells (**Figure S5C**).

To determine whether MDM2 promotes PUFA enrichment in TNBC cells similarly to ADAR1

knockdown, MDA-MB-231 cells possessing Tet-inducible MDM2 were subjected to lipidomic

analysis to identify PC PUFA profiles 48 and 96 hours after doxycycline treatment (**Figure**

S5D). At 48 hours, some PC PUFAs (i.e. PC34:3) were enriched. After 96 hours, a wider

enrichment profile emerged, including inductions of several highly unsaturated PC species, such

as PC42:7 and PC42:8 (**Figure 5G-I**). To confirm whether elevated ferroptosis sensitivity after

ADAR1 reduction can be attributed to MDM2 induction, a rescue experiment was conducted

with MDA-MB-231 cells treated with RSL3. The inflection point concentration of RSL3

(100nM) that distinguishes between ADAR1-intact and -deficient cells was used in combination

with MDM2 inhibitors. All three MDM2 inhibitors used (MX69, MEL23, SP141) partially

rescued ADAR1-deficient cells treated with RSL3 (**Figure 5J**). MDM2 was previously shown to

promote ferroptosis sensitivity by suppressing the activity of peroxisome proliferator-activated

receptor alpha (PPAR-α)[27]. Consistent with the report, an agonist of PPAR-α, pirinixic acid, was

shown to confer a mild but significant rescue effect. These results indicate that ADAR1 regulates

lipid profiles through MDM2 to protect TNBC cells from ferroptosis induction.

These results pointed to a paradoxical, tumor-suppressive role in TNBC for MDM2, commonly

known as a proto-oncogene[28]. In fact, BC patients with the basal subtype (ESR1-/HER2-) with

higher levels of tumor MDM2 expression have better survival outcomes (**Figure S5E**). This

MDM2-associated survival advantage is amplified (HR = 0.61 VS 1.25) in patients that received

systematic treatments (i.e. chemotherapy), potentially reflecting the fact that many existing

therapies, such as platinum-based agents, induce ferroptosis[29,30] (**Figure S5F-G**). One hypothesis

is that instead of exerting its pro-tumorigenic activity through inhibiting wild-type p53, MDM2

engages in more p53-independnet functions such as lipid-remodeling/ferroptosis in TNBC cells

that disproportionally possess deactivating p53 mutations that abrogate MDM2 interactions[31].

Supporting this hypothesis, high expression of MDM2 correlate strongly with better survival

(HR = 0.39) in patients of the basal subtype with confirmed p53 mutations (**Figure S5H**).

ADAR1 reduction synergizes with cobimetinib to suppress tumorigenesis

The most widely used ferroptosis inducers in preclinical studies, such as RSL3, remain distant

from clinical applications due to poor pharmacological profiles and excessive toxicity[32].

Meanwhile, many drugs currently used in clinics or tested in clinical trials have ferroptosis-

inducing activities[29]. Therefore, there is an opportunity to harness the lipid-remodeling effect of

ADAR1 inhibition to enhance the efficacy of treatments readily available to patients.

To identify drug candidates that synergize with ADAR1 reduction, a high-throughput screen was

performed to assess the effect of ADAR1 status on the sensitivity of MDA-MB-231 cells to

drugs included in a ferroptosis-focused library (**Figure 6A**). Drugs that synergize with ADAR1

reduction (shADAR1-sensitized) were expected to suppress ADAR1-deficient cells more

effectively, similarly to RSL3, which was used as a positive control (**Figure 6B-C**).

Several hits were identified to react at least twice as strongly with ADAR1-deficient cells,

compared to ADAR1-intact cells (**Figure 6D**). Siramesine is a lysosome disrupting agent that

induces ferroptosis by promoting ROS-mediated oxidative stress and reducing the expression of

ferroportin-1, an iron transport protein[33,34]. SB590885 is a B-Raf inhibitor that induces the

accumulation of ROS[35]. UC2288 is a derivative of Sorafenib, known to promote ferroptosis by

regulating p21 activity[36]. Alpha-Mangostin is a dietary xanthone that induces ROS activity and

suppresses lipogenesis[37]. Nordihydroguaiaretic acid (NDGA) is an inhibitor of 5-lipoxygenase

(5-LOX) that promotes PUFA peroxidation[38]. GW284543 and cobimetinib are MEK inhibitors,

and MEK inhibition has been shown to induce ferroptosis in multiple cancers[39,40].

Among the identified hits, cobimetinib is the only FDA-approved drug. Cobimetinib is approved

for the treatment of metastatic melanoma and histiocytic neoplasms but was also shown to

improve the survival of TNBC patients when combined with chemotherapy and

immunotherapy[41-43]. Publicly available drug response data show that cobimetinib exhibits

stronger activity towards TNBC compared to non-TNBC cell lines, similar to carboplatin, which

is known to improve the outcome of TNBC[44] (**Figure S6A-B**).

The orthotopic implantation mouse model described earlier was used to test the synergistic effect

between ADAR1 reduction and cobimetinib *in vivo* (**Figure S6C**). Upon the formation of

palpable tumors from MDA-MB-231 cells, mice were fed a control diet or a diet containing

doxycycline to induce ADAR1 knockdown before being subjected to cobimetinib treatment (oral

gavage at 20mg/kg weight; twice a week) for 5 weeks. The combination of the doxycycline diet

and cobimetinib showed superior tumor suppressive efficacy and a stronger ferroptosis

phenotype without observed toxicity, indicating a strong synergy between ADAR1 reduction and

cobimetinib to suppress tumor progression (**Figure 6E-G, Figure S6D-G**).

Discussion

Justified by the data shown in this study, we expanded our knowledge of ADAR1-associated

vulnerabilities in TNBC by showing that ADAR1 depletion sensitizes TNBC cells to ferroptosis

induction. Two recent studies showed that ADAR1 loss leads to overt ferroptosis phenotypes[45,46].

Different experimental conditions are known to affect ferroptosis phenotypes[47]. In particular,

CRISPR (clustered regularly interspaced short palindromic repeats)-mediated gene editing used

to knock out ADAR1 in these studies has been shown to alter the p53 signaling pathway, which

can promote ferroptosis[48,49]. Despite the disparate observations, our results agree with the

premise that ADAR1 plays a protective role against ferroptosis.

ADAR1-mediated desensitization to ferroptosis was attributed to lipid remodeling, as the

reduction of ADAR1 led to an increased abundance of long and highly unsaturated PUFA,

known to be the main drivers of ferroptosis[50]. Transcriptomic analysis revealed that MDM2 is

one of the commonly regulated genes in ADAR1-deficient TNBC cell lines that are sensitized to

ferroptosis. Consistent with its reported function in promoting ferroptosis through lipid

reprogramming, MDM2 was shown to be related to ADAR1-regulated ferroptosis sensitivity[27].

These results reveal a novel mechanism by which ADAR1 protects TNBC cells from stresses

that could lead to ferroptosis (**Figure 6H**). Publicly available drug response data show that the

sensitivity of TNBC cells to the three ferroptosis inducers used in this study (RSL3, ML162,

cobimetinib) is inversely correlated with their dependence on ADAR1 (**Figure S6H-J**). This

suggests that the dependence of TNBC cells on ADAR1 could be partially attributed to its

ferroptosis-protecting activity, since ferroptosis-tolerant cell lines rely on ADAR1's protection

against ferroptosis induction.

Synthetic lethality, defined as cancer cells acquiring a therapeutically targetable dependency on

one gene or pathway for survival following the loss or inhibition of another gene or pathway, has

been applied to genetically regulated metabolic vulnerabilities in TNBC[51]. Although recent

studies have questioned the status of ADAR1 as a *bona fide* oncogene, it is a promising target for

synthetic lethality applications with its ability to suppress multiple stresses directly and

indirectly[52]. Our model where ADAR1 inhibition primes TNBC cells for ferroptosis inducers

through lipid remodeling presents a novel therapeutic strategy based on recently discovered

TNBC biology and ferroptosis-related pharmacology. MUFA has been shown to promote cell

proliferation and obesity-driven metastasis of TNBC[53]. Moreover, multiple studies revealed that

in TNBC, MUFAs generated intracellularly and by their originating environment protect cancer

cells from ferroptosis[54-56]. However, PUFA abundance is positively correlated with ferroptosis

sensitivity in TNBC cell lines, and the increase in the PUFA/MUFA ratio has been shown to be

effective in sensitizing TNBC to ferroptosis[9,10,57]. A recent study identified an elevated

MUFA/PUFA ratio in 3D versus 2D cancer cell cultures, including TNBC, as a major obstacle to

translating ferroptosis inducers into preclinical/clinical settings[58]. Our *in vitro* and *in vivo* results

shown in this study suggest that ADAR1 inhibition is a promising way to mitigate this challenge.

Preliminary results showed that non-TNBC cells with ADAR1 knockdown are not sensitized to

RSL3. Multiple mechanisms contribute to ferroptosis resistance in non-TNBC cells, suggesting

higher thresholds for sensitization[59-61]. We posit that the prevalence of p53 mutations in TNBC

contributes to this discrepancy, as the ability of MDM2 to promote lipid remodeling and

ferroptosis sensitivity could be dictated by its dynamic relationship with p53. The recent

discovery that mutant p53 protects TNBC from ferroptosis indicates that MDM2 plays an

antagonistic role in promoting ferroptosis sensitivity[62]. With its many p53-independent functions,

both pro- and anti-tumorigenic, the complex role of MDM2 in the ADAR1 targeting strategy

against TNBC warrants further investigation[63].

Exciting opportunities are highlighted by the synergistic effect between ADAR1 reduction and

ferroptosis induction. In addition to the lack of clinically proven ADAR1 and ferroptosis

modulators, both ADAR1 inactivation and ferroptosis have been associated with pathological

consequences[32,64,65]. In addition to developing effective ADAR1 inhibitors, functional drug

repurposing offers a derisking strategy[66]. A ferroptosis-focused screen identified cobimetinib, an

FDA-approved MEK inhibitor with ferroptosis-inducing activity, to be sensitized with ADAR1

reduction. Cobimetinib and other MEK inhibitors have been shown in preclinical and clinical

settings to inhibit TNBC tumorigenesis[43,67]. Cobimetinib has also been shown to induce a type I

interferon response, indicating the potential of repurposing drugs that affect multiple pathways

downstream of ADAR1[68]. Future studies could examine whether other existing TNBC treatments

also synergize with ADAR1 inhibition with their ferroptosis-promoting activity.

Recent advances in ADAR1- and TNBC-related research, combined with the results shown in

our study, raise further questions about the implication of ADAR1's ability to regulate lipid

metabolism and ferroptosis sensitivity. Does ADAR1 expression or its editing profile have a

prognostic value to predict the response of TNBC patients to ferroptosis inducers? As both

ferroptosis and ADAR1 inhibition can sensitize 'immune cold' tumors to immunotherapy, can a

sequential or combined approach targeting ADAR1, ferroptosis, and immune checkpoints

minimize resistance to treatment[17,69]? Does ADAR1 protect TNBC from other metabolic

stresses, such as amino acid dysregulation? And how do ADAR1-regulated metabolic

adaptations fit into dietary interventions to improve cancer treatment[70]? ADAR1 can alter most

RNA species and has enormous potential for exploitation to develop innovative therapies against

challenging cancers such as TNBC.

Methods

Cell culture

Breast cancer cell lines (MDA-MB-231, MDA-MB-436, MDA-MB-468, HCC1806, BT549, BT20, MCF7, T47D, ZR751, SKBR3, BT474, MDA-MB-361) and human embryonic kidney 293T (HEK293T) cells were obtained from American Tissue Cells Consortium (ATCC, Manassas, VA USA). WHIM12 cell line, as part of the patient-derived xenograft (PDX) collection referred to as "Washington University Human in Mouse" (WHIM) lines, was obtained from the Human and Mouse Linked Evaluation of Tumors (HAMLET) core at Washington University in St. Louis. All cell lines were maintained in Dulbecco's Modification of Eagle's Medium (DMEM, GE Life Sciences, Pittsburgh, PA USA) supplemented with 10% fetal bovine serum (FBS, Gibco, 10091-148), Sodium Pyruvate (Cellgro, Waltham, MA USA, 30-002-CI), Non-Essential Amino Acids (NEA, Cellgro, 25-030-CI), and L-glutamine (Cellgro, 25-005-CI). Sensitivity of cells to ferroptosis inducing agents were tested in defined medium with low serum using DMEM supplemented with 2% FBS and L-glutamine. LipoFexin (Lamda Biotech, St. Louis, MO USA, TS310) was used to generate lentivirus. Fugene 6 transfection reagent (Promega, E2692) was used for other transfection experiments.

Plasmids

Tetracycline-inducible shADAR1 was generated by cloning shADAR1 oligonucleotides (targets 3'UTR: GCCCACTGTTATCTTCACTTT) into Tet-pLKO.1-puro construct (Addgene #21915) with AgeI and EcoRI restriction enzyme sites. Tet-inducible MDM2-overexpressing construct was generated by subcloning MDM2 open-reading frame (ORF) from pCMV-myc3-MDM2 (Addgene #20935) into pSBtet-GP sleeping beauty vector (Addgene #60495) using the SfiI restriction enzyme site. pSBtet-GP-MDM2 and pCMV(CAT)T7-SB100 transposase construct

(Addgene #34879) were co-transfected into MDA-MB-231 cells to generate a puromycin-

resistant stable cell line. Constructs containing shADAR1 (pLKO.1-shADAR1) and shNT

(pLKO.1-shNT; CCTAAGGTTAAGTCGCCCTCG) were obtained from MilliporeSigma

(MISSION® Lentiviral shRNA; TRCN0000050788) and Addgene (#136035), respectively.

Lentiviral production and transduction

To generate lentivirus, HEK293T cells were transfected using LipoFexin with pCMV-VSV-G

(Addgene #8454), pCMV-ΔR8.2 (Addgene #8455), and expression constructs. Growth medium

was replaced with fresh medium 24hr after transfection, and supernatants containing lentivirus

were harvested 24hr later. For transduction, one million cells were infected with lentivirus for

24hr in the presence of 10 µg/ml protamine sulfate to facilitate viral entry. Transduced cells were

selected with puromycin (2 µg/ml) (Gibco, A11138-03).

Cell viability assay

For cell viability assays, cells were plated at a density of 1,000 to 3,000 cells per well on a 96-

well plate and left to grow overnight in complete growth medium at 37°C. Cells were then

treated with the indicated drugs in equal volume at 2× desired concentration and left to incubate

for 72 h. Cells were then incubated with CellTiter-Glo® 2.0 Reagent (Promega, Madison, WI,

USA, G924C) for 1h at room temperature, and viability was read out according to the

manufacturer's protocol on a GloMax Navigator Microplate Luminometer (Promega, GM2000).

The half-maximal inhibitory concentration (IC_{50}) was determined using a nonlinear regression

model using Prism 10 software (GraphPad, https://www.graphpad.com).

Chemicals used during viability assays in this study include RSL3 (Selleck chemicals, #S8155),

ML162 (Selleck chemicals, #S4452), UAMC-3203 (MedChemExpress, #HY-112909),

Ferrostatin-1 (Selleck chemicals, #S7243), Liproxstatin-1 (Selleck chemicals, #S7699), SP-141

(MedChemExpress, #HY-110182), MEL23 (MilliporeSigma, #373227), MX69 (Selleck

chemicals, #S8403), and pirinixic acid (MedChemExpress, #HY-16995).

Lipid peroxidation assay; Glutathione activity assay; Ferrous iron assay

Biochemical assays were performed to evaluate ferroptosis phenotypes or molecular mechanisms

contributing to cells' sensitivity to ferroptosis induction. Level of lipid peroxidation was

determined by **1)** measuring its natural byproduct malondialdehyde (MDA) using MDA

Colorimetric/Fluorometric Assay (Abcam, Cambridge, UK, ab118970), or by **2)** staining and

comparing levels of reduced and oxidized forms of lipid peroxidation probe BODIPY^{TM} 581/591

C11 (Image-iT^{TM} Lipid Peroxidation Kit, Thermo Fisher Scientific, #C10445), according to

manufacturer's instruction. Intracellular oxidative stress level was determined by measuring the

ratio between reduced (GSH) and oxidized (GSSG) forms of Glutathione using GSH/GSSG

Ratio Detection Assay (Abcam, ab205811) according to manufacturer's instruction. Ferrous iron,

which drives ferroptosis, was measured by FerroOrange staining (Dojindo, Japan, F374)

according to the manufacturer's instructions. Quantification of signal intensity was performed

using ImageJ software (NIH, Bethesda, MD USA).

Untargeted lipidomic analysis with reversed-phase liquid chromatography (RPLC)

Cells were washed with cold PBS 3 times, cold molecular biology grade water (Corning,

Glendale, AZ, 46-000-CM) 3 times, metabolically quenched with cold methanol for 5 min,

scraped harvested, and centrifuged at 10,000 × g for 5 min to remove supernatant. Cell pellets

were dried using CentriVap Concentrator (Labconco, Kansas City, MO, 79700-00) and stored in

-80°C before extraction of metabolites. Cold extraction buffer containing

Methanol:Acetonitrile:Water at 2:2:1 ratio was added to the pellets. Samples were then subjected

to 3 times of 30-sec vortex → 1-min liquid nitrogen bath → 10-sec thaw → 10-min bath

sonication at 25°C (Fischer Scientific, CPXH Series Model 3800 Heated Ultrasonic Cleaner),

before being stored at -20°C for 2 hours to overnight. After centrifuging at 14000 RPM at 4°C

for 10 min, sample supernatants were transferred to new Eppendorf tubes and speed dried for 2

hours. BCA Protein Assay was performed on cell pellets in advance to determine protein

concentration. Isopropanol:Methanol at 1:1 ratio was added at 1µL per 2.5µg of proteins to the

residue and subjected to 2 times of 5-min bath sonication at 25°C → 1-min vortex, before being

stored at 4°C for 1 hour to overnight. After centrifuging at 14000 RPM at 4°C for 10 min,

supernatants were transferred to LC vials for LC/MS analysis. Following extraction, an internal

standard (Avanti Research, SPLASH® LIPIDOMIX® Mass Spec Standard, 330707) was spiked

into each experimental sample for quality control.

An aliquot (4µL) of the extracted sample was injected onto a Waters HSS T3 1.8µM,

2.1x150mm column with a 1.8µM, 2.1x50mm guard column connected to 1290 Infinity II LC.

The columns were used with the following buffers and gradients: Mobile Phase A = 40% water,

60% Acetonitrile, 0.1% Formic Acid, 10mM Ammonium Formate, 2.5µM Medronic Acid;

Mobile Phase B = 90% Isopropanol, 10% Acetonitrile, 0.1% Formic Acid, 10mM Ammonium

Formate; Needle Wash = 70% Mobile Phase A solution + 30% Mobile Phase B solution; Seal

Wash = 9:1 Water:Isopropanol. All solutions were mixed and degassed for 10 min before use.

The binary pump was operated at 70% A + 30% B from 0 - 17 min, 25% A + 75% B 0% B from

17 - 20 min, 15% A + 85% B from 20 - 23 min, 100% B from 23 - 27 min, and 70% A + 30% B

thereafter at constant 0.25 mL/min flow rate. MS detection was carried out using Agilent 6545

Q-TOF with 150-1,200 Da mass range. Lipid Annotator (Version 1.0, Agilent) was used to

generate a target list for all lipids detected. LC/MS results were analyzed and visualized with

MetaboAnalyst (McGill University, https://www.metaboanalyst.ca).

Bulk RNA sequencing and analysis

Total RNA was isolated from cells transduced with shNT or shADAR1 lentivirus for 24hr,

followed by 24hr of puromycin selection, using miRNeasy Mini Kit (Qiagen, Hilden, Germany,

217004) including on-column DNase digestion following the manufacturer's protocol. Samples

were prepared according to RiboErase library kit (Roche) manufacturer's protocol, indexed,

pooled, and sequenced on an Illumina NovaSeq S4. Base calls and demultiplexing were

performed with Illumina's bcl2fastq software and a custom python demultiplexing program with

a maximum of one mismatch in the indexing read. RNA-seq reads were then aligned to the

Ensembl release 76 primary assembly with STAR version 2.5.1a1. Gene counts were derived

from the number of uniquely aligned unambiguous reads by Subread:featureCount version 1.4.6-

p52. Sequencing performance was assessed for the total number of aligned reads, total number of

uniquely aligned reads, and features detected. All gene counts were then imported into the

R/Bioconductor package EdgeR and TMM normalization size factors were calculated to adjust

for samples for differences in library size. Ribosomal genes and genes not expressed in the

smallest group size minus one sample greater than one count-per-million were excluded from

further analysis. The TMM size factors and the matrix of counts were then imported into the

R/Bioconductor package Limma. Weighted likelihoods based on the observed mean-variance

relationship of every gene and sample were then calculated for all samples with

voomWithQualityWeights. The performance of all genes was assessed with plots of the residual

standard deviation of every gene to their average log-count with a robustly fitted trend line of the

residuals. Differential expression analysis was performed to analyze differences between

conditions and raw p-values and Benjamini-Hochberg false-discovery rate (FDR) adjusted p-

values were determined to filter results based on cut-off. Biological and functional pathways

analyses, as well as gene set enrichment analyses were performed with the Enrichr platform

(Icahn School of Medicine at Mount Sinai, https://amp.pharm.mssm.edu/Enrichr), the

GeneOntology enrichment tools (Gene Ontology Consortium, https://geneontology.org/docs/go-

consortium), and the Gene Set Enrichment Analysis (GSEA) software (Broad Institute/UC San

Diego, https://www.gsea-msigdb.org/gsea). $p < 0.05$ was used as the cutoff to identify genes

commonly regulated among 4 TNBC cell lines, and FDR<0.1 was used as the cutoff to identify

regulated genes in MDA-MB-231 cells for GSEA analysis. Relevant molecular signatures

databases (MSigDB) were selected for GSEA analysis. When multiple MSigDB files exist for a

similar pathway, the one with the biggest gene list was preferred. MSigDB used in this study

include WP_FERROPTOSIS, REACTOME_FATTY_ACID_METABOLISM,

HALLMARK_REACTIVE_OXYGEN_SPECIES_PATHWAY,

REACTOME_IRON_UPTAKE_AND_TRANSPORT, REACTOME_CELL_CYCLE,

REACTOME_INTERFERON_SIGNALING, HALLMARK_GLYCOLYSIS, and

GOBP_AMINO_ACID_METABOLIC_PROCESS.

Immunoblotting (western blotting) analysis

Cells were washed with phosphate-buffered saline (PBS, Corning, #21-031-CM), scrape

harvested, centrifuged at $1000 \times g$ for 5 min, and lysed with RIPA buffer (20mM Tris-HCl

pH7.5, 150mM NaCl, 1mM EDTA, 1% NP-40, 0.1% SDS, 0.1% Deoxycholate) supplemented

with 10mM PMSF and HALT protease inhibitor cocktail (Thermo Fisher Scientific, #78440).

Lysates were clarified by centrifugation, and the protein concentration was determined using DC

protein assay system (Bio-Rad, Hercules, CA USA, #5000113). Equal amount of protein was

resolved by sodium dodecyl sulfate-polyacrylamide gel electrophoresis (SDS-PAGE) using

Criterion TGX Stain-Free Precast Gels (Bio-Rad, #5678094) and transferred onto Immobilon-P

membranes (MilliporeSigma, ISEQ85R). Primary antibodies used in this study include anti-

ADAR1 antibody (Santa Cruz Biotechnology, sc-73408; RRID:AB_2222767; 1:300), anti-

GAPDH antibody (Bethyl Laboratories, A300-641A; RRID:AB_513619; 1:10,000), anti-MDM2

antibody (Cell Signaling Technology, #86934; RRID:AB_2784534; 1:1,000), and anti-Myc-tag

antibody (Cell Signaling Technology, #2278; RRID:AB_490778; 1:1,000). Secondary antibodies

conjugated to Horseradish peroxidase were used at a dilution of 1:5-10,000 (Jackson

Immunochemicals, West Grove, PA USA). Clarity Western ECL Substrate (Bio-Rad, #170-

5061) was then applied to blots and protein levels were detected using autoradiography with

ChemiDoc XRS+ Imager (Bio-Rad).

RNA editing site-specific quantitative PCR (RESS-qPCR)

Total RNA was isolated from lentivirus-transduced cells using RNeasy Plus Mini Kit including

on-column DNase digestion following the manufacturer's protocol. To eliminate any residual

genomic DNA contamination, TURBO DNA-free^{TM} Kit (ThermoFisher Scientific, AM1907)

was used to further clean up isolated RNAs. RNAs free of genomic DNA were reverse

transcribed to cDNAs using the High-Capacity cDNA Reverse Transcription Kit (ThermoFisher

Scientific, #4368814). Primers were designed to amplify MDM2-WT (Forward:

ATAGGACTGAGGTAATTCTGCACAGCA; Reverse:

ATAATGCTTGGAGGACCTCCACATGT) and MDM2-Edited (Forward:

TAAATGGCCAAAGGGATTAGTAGTGTG; Reverse:

AAGAGATTCTGCTTGGTTGTAGCTGAAG). Quantitative PCR was performed using iTaq

Universal SYBR Green Supermix (Bio-Rad, #1725125) on the CFX96 Touch Real-Time PCR

Detection System (Bio-Rad, #1845097). The relative RNA editing level (Edit/Wild-Type RNA

ratio) was calculated as $2^{-(Ct\,Edit\,-\,Ct\,WT)}$.

Sanger sequencing to detect RNA editing

Isolated RNAs free of genomic DNA were used for Sanger sequencing analysis to verify RNA

editing events. PCR was performed using the high-fidelity Phusion PCR kit according to the

manufacturer's instructions (New England Biolabs, Ipswich, MA, E0553). "Outer" primers were

used to produce amplicons flanking the editing site about 50-150 bp on either side to ensure

successful sequencing analysis: MDM2 3'UTR Motif 1 (Forward:

GCCTAGCAATGATCTAGAAGCAG; Reverse: GCACACCCATCAGCTCAAATAT), MDM2

3'UTR Motif 2 (Forward: ATAGGACTGAGGTAATTCTGCACAGCA; Reverse:

AAGAGATTCTGCTTGGTTGTAGCTGAAG). Successful PCRs were verified by DNA gel

electrophoresis and amplicons were extracted from the gel using Monarch gel extraction kit

(BioRad, T1020S) according to manufacturer's instructions and submitted for sequencing

analysis (IDT Technologies). Sanger sequencing was performed using the outer primers (A/G

were read for WT/Edited if forward primers were used; T/C were read if reverse primers were

used) used for PCR, and sequence chromatograms were analyzed and converted to A/G reading

for presentation purposes using Chromas software (Technelysium,

https://technelysium.com.au/wp/chromas).

Drug screening with ferroptosis-focused library

MDA-MB-231 cells treated with shNT (ADAR1-intact) or shADAR1 (ADAR1-deficient) were

screened against the ferroptosis-focused drug library (MedChemExpress, HY-L051) at the High

Throughput Screening Center (HTSC) at Washington University in St. Louis. CellTiter-Glo®

Viability Assay was utilized to determine cell viability upon drug treatment. Cells were prepared

in defined medium with low serum using DMEM supplemented with 2% FBS and L-glutamine.

All drugs in the library were pre-dispensed into 96-well sterile polypropylene plates (Corning,

Axyen) using a Hummingbird and subsequently diluted with media to produce intermediate

plates at 20μM and 2μM. Diluted compounds were then transferred using a BiomekFX

(Beckman Coulter) to 96-well white cell culture plates (Greiner Bio-One, Monroe, NC, 655083)

(50μl/well, 18 plates total with 9 plates for each experimental group. Select wells containing

DMSO alone served as controls. Cells were seeded (15,000 cells in 50μl cell culture media per

well) using the Multidrop 384 dispenser (Thermo Fisher Scientific, 24291). Plates were kept at

room temperature for 30 min before being moved to the incubator (37°C, 5% CO_2) for 24h. On

day 2, viability Assays were performed using the integrated and automated platform (Beckman

Coulter), with library plate-matched ADAR1-intact and ADAR1-deficient samples alternating

between screening steps: Cell plates were equilibrated at room temperature for 30 min in a

Cytomat MPH incubator. CellTiter-Glo® reagent (100μl/well) was added with a Multidrop 384

dispenser. Plates were shaken at 250 rpm for 2 min with a Teleshake followed by room

temperature incubation for 1h in a Cytomat MPH incubator. Luminescence was measured (1

sec/well after a 1 min delay) with a Perkin Elmer Envision plate reader. To monitor assay

performance, Coefficient of variations (CVs) and Z'-factors for DMSO-treated and no-cell

control samples were determined. All screening plates were confirmed to display high quality

assay metrics (CVs < 10%; Z'-factors > 0.8). All test wells were normalized to no-treatment

samples on the same plate. Relative cell viability was compared between ADAR1-intact and

ADAR1-deficient samples, and the cut-off was set at 51% to discriminate hits from no-hits. Drug

screening results were analyzed and visualized with CDD vault (Collaborative Drug Discovery,

https://www.collaborativedrug.com).

Mammary fat pad orthotopic implantation

Immuno-deficient NOD scid gamma (NSG) female mice at 6-8 weeks old were purchased from

Jackson Laboratory (Bar Harbor, ME, USA, #005557) and placed on Teklad Global 18% protein

rodent diet (Envigo, Indianapolis, USA, T.2918.15) 3 days before implantation. 1.5×10^5 MDA-

MB-231 cells were harvested and resuspended in PBS, mixed with Matrigel® Matrix Basement

Membrane (Corning, Waltham, USA, #354230) at 1:1 volume ratio, and kept at 4°C until

implantation. In total 100µl of cells-Matrigel solutions were injected into the right inguinal

mammary glands of NSG mice. Ten days after the implantation, palpable tumors were detected

and half of the mice were switched to doxycycline-containing diet (Envigo, 625mg/kg,

TD.01306). RSL3 (100mg/kg weight; IP injection) and cobimetinib (MedChemExpress, HY-

13064; 20mg/kg weight; Oral gavage) were freshly prepared in DMSO:Corn oil

(MedChemExpress, HY-Y1888) before treatment, starting 3 days after the diet switch. Tumors

were measured using a caliper once per week, and tumor volumes were calculated using the

following formula: $L \times W^2 \times 0.52$ (L and W represent the large and small diameter of the tumor,

respectively). Mice were euthanized 6 weeks post implantation or before tumors reached 2 cubic

cm in size. Tumors were dissected from the mice for weight measurement and subsequently

fixed in 10% formalin, before transferred to 70% ethanol for processing to prepare formalin-

fixed paraffin-embedded (FFPE) tissue blocks. All animal-related experimental procedures were

performed in compliance with the guidelines given by the American Association for

Accreditation for Laboratory Animal Care and the U.S. Public Health Service Policy on Human

Care and Use of Laboratory Animals. All animal studies were approved by the Washington

University Institutional Animal Care and Use Committee (IACUC) in accordance with the

Animal Welfare Act and NIH guidelines (Protocol 20220144).

Immunohistochemistry (IHC)

Tumor FFPE tissue blocks were sectioned at 5μm thickness. Hematoxylin and eosin (H&E)

staining was performed for histological evaluations. For immunohistochemistry, sections were

stained using a Bond RXm autostainer (Leica, Buffalo Grove, IL USA). Primary antibodies for

ADAR1-p150 (Abcam, ab126745; RRID:AB_11145661) and 4-Hydroxynonenal (4HNE,

ThermoFisher Scientific, MA5-27570; RRID:AB_2735095) were diluted 1:100 in Antibody

Diluent (Leica, AR9352). Briefly, slides were baked at 65°C for 15min and automated software

performed dewaxing, rehydration, antigen retrieval, blocking, primary antibody incubation, post

primary antibody incubation, detection (DAB chromogen; 3,3′-diaminobenzidine), and

hematoxylin counterstaining using Bond reagents (Leica, DS9800 system). Samples were then

removed from the machine, dehydrated through ethanol and xylenes, mounted and cover slipped

before being imaged using Zeiss Axioskop 2 MOT microscope. Quantification of DAB signals

was performed using ImageJ Fiji package.

Bioinformatic analysis and data availability

Bioinformatic analyses to assess relationships among gene expression, drug response, gene

dependency and metabolomics in breast cancer cell lines were performed using the DepMap

public data (depmap.org) with the TNBC (HCC1187, HS578T, HCC1599, DU4475, BT549,

HCC1143, BT20, MDA-MB-436, HCC1806, HCC70, HCC2157, HCC1395, MDA-MB-231,

MDA-MB-468, MDA-MB-453) and non-TNBC (SKBR3, MCF7, KPL1, MDA-MB-134VI,

ZR751, EFM192A, T47D, AU565, HCC1419, EFM19, HCC1500, HCC1428, UACC893,

UACC812, HCC202, HCC2218, MDA-MB-175VII, BT483, ZR7530, MDA-MB-415, BT474,

HCC1569, MDA-MB-361) groups. The results published here are in whole or part based upon

data generated by Cancer Target Discovery and Development (CTD²) Network

(https://ccg.cancer.gov/ccg/research/functional-genomics/ctd2/data-portal) established by the

National Cancer Institute's Center for Cancer Genomics. Kaplan-Meier plots for breast cancer

patients' survival outcome were obtained from Kaplan-Meier Plotter (https://KMplot.com), using

the mRNA gene chip data with auto select best cutoff. The secondary RNA structure of MDM2

3'UTR was predicted and visualized with RNAfold web server (ViennaRNA Web Services,

https://rna.tbi.univie.ac.at). RNA-seq data from this study are available at the Gene Expression

Omnibus under accession number GSE286185.

Statistical analysis

All *in vitro* and *in vivo* data are reported as the mean ± SD unless stated otherwise, and statistical

analyses were performed using GraphPad Prism 10. The two-tailed unpaired student t test was

performed for experiments comparing between two experimental groups. One-way ANOVA

with Tukey's multiple comparisons was used for statistical analysis of all other experiments

unless stated otherwise. Tumor volume analyses were performed by **1)** comparing AUC (area

under curve) between experimental groups using one-way ANOVA, and **2)** comparing weekly

measured tumor volumes between groups using two-way ANOVA with Tukey's multiple

comparison. Pearson correlation coefficient and/or Spearman's rank correlation coefficient were

calculated to assess correlations between two data sets. Statistical significance was evaluated

using p-value, which is shown in the numerical format. Lower p-values reject the null hypothesis

more strongly, and p-value <0.05 is generally considered statistically significant.

Resource availability

Lead contact

Requests for further information and resources should be directed to and will be fulfilled by the lead contact, Jason D. Weber (jweber@wustl.edu).

Materials availability

All unique/stable reagents generated in this study are available from the lead contact with a completed materials transfer agreement.

Data and code availability

All data reported in this paper will be shared by the lead contact upon request. This paper does not report original code. Any additional information required to reanalyze the data reported in this paper is available from the lead contact upon request.

Acknowledgements

We thank the Division of Comparative Medicine at Washington University in St. Louis for housing the mouse colony. We thank the Denardo lab for processing the fixed tumor tissues. We thank the Histology and Morphometry Core, Musculoskeletal Research Center (supported by NIH P30 AR074992), for sectioning the tumor samples and performing H&E staining. We thank the support by the Genome Technology Access Center (GTAC) at McDonnell Genome Institute (MGI) Symposium Pilot Project Funding to perform RNA-seq analyses (Catrina Fronick and Michael Heinz for logistics; Toni Sinnwell, Elliott Klotz, and Eric Tycksen for quality control, sequencing and analyses). We acknowledge the Just-In-Time (JIT) Core Usage Funding Program to support the collaboration with HTSC for drug screening. Both GTAC@MGI Symposium Pilot Project and JIT programs are funded through the Institute of Clinical and Translational Sciences

(ICTS), Washington University in St. Louis. ICTS was supported by the National Center for

Advancing Translational Sciences (NCATS) grant UL1TR002345. This work was supported by

R01CA262804 (JDW) from National Cancer Institute (NCI), and W81XWH-21-1-0476 and

W81XWH-21-1-0466 from the Congressionally Directed Medical Research Programs

(CDMRP), Department of Defense (JDW). C-P. K received support from Transdisciplinary

Research in Energetics and Cancer (TREC) Training Workshop R25CA203650 from NCI and

TL1 Translational Sciences Postdoctoral Program TL1TR002344 from National Center for

Advancing Translational Sciences. L.S.T. is supported by R25HG006687 and T32GM148405

from National Human Genome Research Institute and National Institute of General Medical

Sciences, respectively.

Author contributions

C-P. Kung: Conceptualization, investigation, methodology, formal analysis, project

administration, writing–original draft, writing–review and editing. **N.D. Terzich:** investigation,

methodology, formal analysis. **M.X.G. Ilagan:** investigation, methodology, formal analysis,

writing–review and editing. **M.J. Prinsen:** Investigation, methodology, formal analysis. **M.**

Kaushal: Investigation, methodology, formal analysis. **R.D. Kladney:** Investigation,

methodology. **J.H. Weber:** Investigation. **A.R. Mabry:** Investigation. **L.S. Torres:**

Investigation. **E.R. Bramel:** Investigation. **E.C. Freeman:** Investigation. **T. Sabloak:**

Investigation. **K.A. Cottrell:** Investigation. **S. Ryu:** Investigation. **W.M. Weber:** Investigation.

L.B. Maggi Jr.: investigation, writing–review and editing. **L.P. Shriver:** investigation,

methodology, writing–review and editing. **G.J. Patti:** funding acquisition, investigation,

writing–review and editing. **J.D. Weber:** Conceptualization, resources, supervision, funding

acquisition, writing–original draft, writing–review and editing.

Declaration of interests

G.J. Patti is the Chief Scientific Officer of Panome Bio, a scientific advisory board member for

Cambridge Isotope Laboratories, and has a collaborative research agreement with Agilent

Technologies.

Supplementary information

Supplementary Figure S1-S6

Supplementary Table 1. Genes altered in ADAR1-deficient TNBC cell lines

Supplementary Table 2. Signaling pathways altered upon ADAR1 knockdown

Supplementary Table 3. Disease-related biological functions altered upon ADAR1 knockdown

Supplementary Table 4. Biological pathways altered upon ADAR1 knockdown

Figure 1. ADAR1 protects TNBC cells from ferroptosis induction

A) Light micrographs of ADAR1-intact (shNT) and -deficient (shADAR1) MDA-MB-231 cells treated with RSL3 for 24h. Cell viability analyses were performed to determine IC_{50} values of ferroptosis inducers **B)** RSL3 and **C)** ML162 for MDA-MB-231 cells. IC_{50} of RSL3 were determined for **D)** MDA-MB-436, **E)** HCC1806, and **F)** MDA-MB-468 TNBC cells, as well as **G)** MCF7, **H)** T47D, and **I)** BT474 non-TNBC cells. Cell viability graphs are representatives of three replicates. **J)** Average levels of shADAR1-mediated sensitization to RSL3 among TNBC (red bars) and non-TNBC (nTNBC; blue bars) cell lines. Dashed line denotes an arbitrarily determined threshold ($IC_{50}shNT/IC_{50}shADAR1 = 1.5$) for notable shADAR1-mediated sensitization to RSL3. **K)** IC_{50} values of RSL3 for PDX-derived TNBC cell line WHIM12. FC (fold-change) represent levels of shADAR1-mediated sensitization to RSL3.

Figure 2: Combining ADAR1 reduction with RSL3 suppresses orthotopically implanted MDA-MB-231 xenograft progression *in vivo*

A) Immunoblot analysis showed similar levels of ADAR1 knockdown in doxycycline-treated MDA-MB-231 cells with Tet-inducible shADAR1 compared to cells treated with shADAR1-containing lentivirus. Images are representative of three replicates. GAPDH, loading control. **B)** MDA-MB-231 cells (1.5×10^5 per mouse) with Tet-inducible shADAR1 were implanted into mammary fat pads of female NSG mice. Ten days post implantation, half of the mice were switched to doxycycline-containing (625mg/kg) diet, followed by RSL3 treatments (100mg/kg weight; i.p. injection twice a week) for 5 weeks. **C)** Progression of overall tumor volumes, n=5-9 each group. Error bars mark standard deviation. **D)** Quantification of areas under curve (AUC) from C). Error bars mark standard deviation. **E)** Two-way ANOVA analysis to compare weekly measured overall tumor volumes. Statistically significant p-values (<0.05) were highlighted in red. **F)** Representative images of IHC staining of H&E, ADAR1 (p150 isoform), and 4HNE in resected tumor samples. Scale bar, 200μm. **G)** Quantification of IHC staining intensity of 4HNE. Error bars mark standard deviation. N=4-6 each group.

Figure 3: ADAR1 reduction leads to lipid remodeling

A) Key regulators of ferroptosis. GSH, Glutathione. PL, phospholipid. MUFA, monounsaturated fatty acid. PUFA, polyunsaturated fatty acid. PM, plasma membrane. **B)** Heatmap of lipidomic analysis in MDA-MB-231 cells upon ADAR1 knockdown. PC, phosphatidylcholines. **C)** Relative abundance of PC species listed in the order of carbon chain length or **D)** lipid unsaturation. Values were log10 transformed, mean centered, and shown as mean over standard deviation ratio. n=5. Red dots denote ADAR1-intact, and blue dots denote ADAR1-deficient samples. **E)** Enrichment of PC species with different carbon chain lengths and **F)** different unsaturation levels (SFA, 0 double-bond; MUFA, 1 double-bond; PUFA, $\geq$ 2 double-bond; XPUFA, $\geq$ 4 double-bond) upon ADAR1 knockdown. Data from individual samples (n=4) were normalized to the average intensity in shNT samples. **G)** Relative abundance of PC38:4 between ADAR1-intact and -deficient MDA-MB-231 cells. Data from individual samples (n=5) were divided by the overall average of PC38:4 intensity in all samples and log2 transformed. Abundance of **H)** PC32:0, **I)** PC32:1, and **J)** PC34:1 positively correlate with *ADAR* (encoding

ADAR1) expression level in TNBC (n=13), but not non-TNBC (n=23), cell lines. Data was extracted from metabolomics data set from DepMap (depmap.com).

Figure 4: Transcriptomic regulation in TNBC cells upon ADAR1 knockdown

A) RNA sequencing to identify significantly altered genes in ADAR1-deficient TNBC cells. **B)** Downregulated and **C)** upregulated genes in ADAR1-deficient TNBC cell lines. **D)** Significantly altered signaling pathways (BioPlanet_2019) and **E)** disease-related biological functions (PheWeb_2019) in ADAR1-deficient TNBC cells. Genes altered in at least 3 cell lines are included. **F)** GSEA enrichment plot of ferroptosis and **G)** fatty acid metabolism genes in ADAR1-deficient MDA-MB-231 cells. **H)** The most significantly downregulated and **I)** upregulated genes (FDR<0.01, Log2FC<-0.5 or >0.5) in ADAR1-deficient TNBC cells. Genes altered in at least 3 cell lines are listed on the right. **I)** Immunoblot analysis showed MDM2 induction upon ADAR1 knockdown in MDA-MB-231 cells. Images are representative of three replicates. GAPDH, loading control.

Figure 5: ADAR1 regulates MDM2 expression to dictate ferroptosis sensitivity

A) Reported ADAR1 editing motifs (red bracket) and a representative site (bolded and underlined) in MDM2 3'UTR. Numbers mark the location within the open reading frame. **B)** Predicted RNA secondary structure of the entire MDM2 3'UTR and the reported ADAR1 editing motifs (dashed red box) and a specific site (circled in red in the zoomed-in square). **C)** Reduced editing of the representative MDM2 site in ADAR1-deficient TNBC cells. A (green) and G (black) reading represent non-edited and edited RNA, respectively. Ratio of G/A peak heights indicates editing levels. Sequence chromatograms shown are representative of 3 replicates. **D)** RESS-qPCR showed reduced editing of the MDM2 3'UTR site in ADAR1-deficient cells. n=3. Error bars mark standard error. **E)** Immunoblot analysis showed MDM2 (Myc-tagged) overexpression in MDA-MB-231 cells. GAPDH, loading control. **F)** IC_{50} of RSL3 for MDA-MB-231 cells with MDM2 overexpression. Graph is representative of three replicates. FC, fold-change of MDM2-mediated sensitization (IC_{50}Control/IC_{50}MDM2) to RSL3. **G)** Relative abundance of PUFA PC species, listed in the order of lipid unsaturation, in MDA-MB-231 cells with MDM2 overexpression (red dots) for 48h (left panel) and 96 h (right panel). n=5. **H)** Relative abundance of PC42:7 between control (Ctrl) and MDM2-overexpressing MDA-MB-231 cells. n=5. **I)** Significantly enriched PUFA PC species (red dots) in MDM2-overexpressing (96h) MDA-MB-231 cells. **J)** Relative cell viability within ADAR1-intact and -deficient MDA-MB-231 cells treated with RSL3 (100nM), as well as ADAR1-deficient cells co-treated with MDM2 inhibitors MX69 (10µM), MEL23 (10µM), and SP-141 (10µM), or PPAR-α agonist pirinixic acid (PA; 10µM) for 72h. n=3. Error bars mark standard error.

Figure 6: ADAR1 reduction synergizes with cobimetinib to suppress tumorigenesis

A) Drug screen to identify shADAR1-sensitized ferroptosis modulators. **B)** shADAR1-sensitized hits (red dots) preferentially reduce viability of ADAR1-deficient cells. X and Y axis represent cell viability for ADAR1-intact and -deficient cells, respectively. **C)** Screening result with a ferroptosis-focused library (654 small molecules) in MDA-MB-231 cells. Data were normalized

to DMSO-treated cells. RSL3 was included as positive control. Black dashed line denotes expected locations for molecules without discriminating activity. **D)** List of hits (viability ratio shADAR1/shNT ≤ 0.51) identified, ranked by cell viability ratio. **E)** Progression of overall tumor volumes, n=5-10 each group. Error bars mark standard deviation. **F)** Quantification of areas under curve (AUC) from F). Error bars mark standard deviation. **G)** Two-way ANOVA analysis to compare weekly measured overall tumor volumes. Statistically significant p-values (<0.05) were highlighted in red. **H)** ADAR1 protects TNBC cells from ferroptosis through regulating MDM2 and lipid compositions between MUFA and PUFA. FIN, ferroptosis inducer.

References

Obidiro, O., Battogtokh, G. & Akala, E. O. Triple Negative Breast Cancer Treatment Options and Limitations: Future Outlook. *Pharmaceutics* **15**, doi:10.3390/pharmaceutics15071796 (2023).

Loizides, S. & Constantinidou, A. Triple negative breast cancer: Immunogenicity, tumor microenvironment, and immunotherapy. *Front Genet* **13**, 1095839, doi:10.3389/fgene.2022.1095839 (2022).

Zhou, L. & Yu, C. W. Epigenetic modulations in triple-negative breast cancer: Therapeutic implications for tumor microenvironment. *Pharmacol Res* **204**, 107205, doi:10.1016/j.phrs.2024.107205 (2024).

Munkacsy, G., Santarpia, L. & Gyorffy, B. Therapeutic Potential of Tumor Metabolic Reprogramming in Triple-Negative Breast Cancer. *Int J Mol Sci* **24**, doi:10.3390/ijms24086945 (2023).

Stockwell, B. R. Ferroptosis turns 10: Emerging mechanisms, physiological functions, and therapeutic applications. *Cell* **185**, 2401-2421, doi:10.1016/j.cell.2022.06.003 (2022).

Verma, N. *et al.* Synthetic lethal combination targeting BET uncovered intrinsic susceptibility of TNBC to ferroptosis. *Sci Adv* **6**, doi:10.1126/sciadv.aba8968 (2020).

Beatty, A. *et al.* Metabolite Profiling Reveals the Glutathione Biosynthetic Pathway as a Therapeutic Target in Triple-Negative Breast Cancer. *Mol Cancer Ther* **17**, 264-275, doi:10.1158/1535-7163.MCT-17-0407 (2018).

Timmerman, L. A. *et al.* Glutamine sensitivity analysis identifies the xCT antiporter as a common triple-negative breast tumor therapeutic target. *Cancer Cell* **24**, 450-465, doi:10.1016/j.ccr.2013.08.020 (2013).

Beatty, A. *et al.* Ferroptotic cell death triggered by conjugated linolenic acids is mediated by ACSL1. *Nat Commun* **12**, 2244, doi:10.1038/s41467-021-22471-y (2021).

Lorito, N. *et al.* FADS1/2 control lipid metabolism and ferroptosis susceptibility in triple-negative breast cancer. *EMBO Mol Med* **16**, 1533-1559, doi:10.1038/s44321-024-00090-6 (2024).

Doll, S. *et al.* ACSL4 dictates ferroptosis sensitivity by shaping cellular lipid composition. *Nat Chem Biol* **13**, 91-98, doi:10.1038/nchembio.2239 (2017).

Fumagalli, D. *et al.* Principles Governing A-to-I RNA Editing in the Breast Cancer Transcriptome. *Cell Rep* **13**, 277-289, doi:10.1016/j.celrep.2015.09.032 (2015).

Peng, X. *et al.* A-to-I RNA Editing Contributes to Proteomic Diversity in Cancer. *Cancer Cell* **33**, 817-828 e817, doi:10.1016/j.ccell.2018.03.026 (2018).

Kung, C. P. *et al.* Evaluating the therapeutic potential of ADAR1 inhibition for triple-negative breast cancer. *Oncogene* **40**, 189-202, doi:10.1038/s41388-020-01515-5 (2021).

Karki, R. *et al.* ADAR1 restricts ZBP1-mediated immune response and PANoptosis to promote tumorigenesis. *Cell Rep* **37**, 109858, doi:10.1016/j.celrep.2021.109858 (2021).

Liu, H. *et al.* Tumor-derived IFN triggers chronic pathway agonism and sensitivity to ADAR loss. *Nat Med* **25**, 95-102, doi:10.1038/s41591-018-0302-5 (2019).

Ishizuka, J. J. *et al.* Loss of ADAR1 in tumours overcomes resistance to immune checkpoint blockade. *Nature* **565**, 43-48, doi:10.1038/s41586-018-0768-9 (2019).

Gannon, H. S. *et al.* Identification of ADAR1 adenosine deaminase dependency in a subset of cancer cells. *Nat Commun* **9**, 5450, doi:10.1038/s41467-018-07824-4 (2018).

Zhang, T. *et al.* ADAR1 masks the cancer immunotherapeutic promise of ZBP1-driven necroptosis. *Nature* **606**, 594-602, doi:10.1038/s41586-022-04753-7 (2022).

20　Mehdipour, P. *et al.* Epigenetic therapy induces transcription of inverted SINEs and
ADAR1 dependency. *Nature* **588**, 169-173, doi:10.1038/s41586-020-2844-1 (2020).
21　McGuirk, S., Audet-Delage, Y. & St-Pierre, J. Metabolic Fitness and Plasticity in Cancer
Progression. *Trends Cancer* **6**, 49-61, doi:10.1016/j.trecan.2019.11.009 (2020).
22　Kung, C. P., Maggi, L. B., Jr. & Weber, J. D. The Role of RNA Editing in Cancer
Development and Metabolic Disorders. *Front Endocrinol (Lausanne)* **9**, 762,
doi:10.3389/fendo.2018.00762 (2018).
23　Yang, C. C. *et al.* ADAR1-mediated 3' UTR editing and expression control of antiapoptosis
genes fine-tunes cellular apoptosis response. *Cell Death Dis* **8**, e2833,
doi:10.1038/cddis.2017.12 (2017).
24　Crews, L. A. *et al.* An RNA editing fingerprint of cancer stem cell reprogramming. *J Transl Med* **13**, 52, doi:10.1186/s12967-014-0370-3 (2015).
868
25　Jiang, Q. *et al.* Hyper-Editing of Cell-Cycle Regulatory and Tumor Suppressor RNA
Promotes Malignant Progenitor Propagation. *Cancer Cell* **35**, 81-94 e87,
doi:10.1016/j.ccell.2018.11.017 (2019).
26　Almeric, E. *et al.* 3'UTR RNA editing driven by ADAR1 modulates MDM2 expression in
breast cancer cells. *Funct Integr Genomics* **25**, 103, doi:10.1007/s10142-025-01611-3
(2025).
27　Venkatesh, D. *et al.* MDM2 and MDMX promote ferroptosis by PPARalpha-mediated
lipid remodeling. *Genes Dev* **34**, 526-543, doi:10.1101/gad.334219.119 (2020).
28　Kung, C. P. & Weber, J. D. It's Getting Complicated-A Fresh Look at p53-MDM2-ARF
Triangle in Tumorigenesis and Cancer Therapy. *Front Cell Dev Biol* **10**, 818744,
doi:10.3389/fcell.2022.818744 (2022).
29　Zhao, L. *et al.* Ferroptosis in cancer and cancer immunotherapy. *Cancer Commun (Lond)*
42, 88-116, doi:10.1002/cac2.12250 (2022).
30　Jennis, M. *et al.* An African-specific polymorphism in the TP53 gene impairs p53 tumor
suppressor function in a mouse model. *Genes Dev* **30**, 918-930,
doi:10.1101/gad.275891.115 (2016).
31　Cancer Genome Atlas, N. Comprehensive molecular portraits of human breast tumours.
Nature **490**, 61-70, doi:10.1038/nature11412 (2012).
32　Liu, J., Kang, R. & Tang, D. Adverse effects of ferroptotic therapy: mechanisms and
management. *Trends Cancer* **10**, 417-429, doi:10.1016/j.trecan.2024.01.002 (2024).
33　Ma, S., Henson, E. S., Chen, Y. & Gibson, S. B. Ferroptosis is induced following
siramesine and lapatinib treatment of breast cancer cells. *Cell Death Dis* **7**, e2307,
doi:10.1038/cddis.2016.208 (2016).
34　Ostenfeld, M. S. *et al.* Effective tumor cell death by sigma-2 receptor ligand siramesine
involves lysosomal leakage and oxidative stress. *Cancer Res* **65**, 8975-8983,
doi:10.1158/0008-5472.CAN-05-0269 (2005).
35　Gagliardi, M. *et al.* Aldo-keto reductases protect metastatic melanoma from ER stress-
independent ferroptosis. *Cell Death Dis* **10**, 902, doi:10.1038/s41419-019-2143-7 (2019).
36　Gao, F. *et al.* Regulation of endothelial ferroptosis by SESN1 in atherosclerosis and its
related mechanism. *Aging (Albany NY)* **15**, 5052-5065, doi:10.18632/aging.204777 (2023).
37　Shi, Y. *et al.* alpha-Mangostin suppresses the de novo lipogenesis and enhances the
chemotherapeutic response to gemcitabine in gallbladder carcinoma cells via targeting the
AMPK/SREBP1 cascades. *J Cell Mol Med* **24**, 760-771, doi:10.1111/jcmm.14785 (2020).

38 Gilbert, N. C. *et al.* Structural and mechanistic insights into 5-lipoxygenase inhibition by
natural products. *Nat Chem Biol* **16**, 783-790, doi:10.1038/s41589-020-0544-7 (2020).
39 Bhatt, V. *et al.* Inhibition of autophagy and MEK promotes ferroptosis in Lkb1-deficient
Kras-driven lung tumors. *Cell Death Dis* **14**, 61, doi:10.1038/s41419-023-05592-8 (2023).
40 Yin, J. *et al.* 4EBP1-mediated SLC7A11 protein synthesis restrains ferroptosis triggered
by MEK inhibitors in advanced ovarian cancer. *JCI Insight* **9**,
doi:10.1172/jci.insight.177857 (2024).
41 Larkin, J. *et al.* Combined vemurafenib and cobimetinib in BRAF-mutated melanoma. *N
Engl J Med* **371**, 1867-1876, doi:10.1056/NEJMoa1408868 (2014).
42 Diamond, E. L. *et al.* Efficacy of MEK inhibition in patients with histiocytic neoplasms.
Nature **567**, 521-524, doi:10.1038/s41586-019-1012-y (2019).
43 Brufsky, A. *et al.* A phase II randomized trial of cobimetinib plus chemotherapy, with or
without atezolizumab, as first-line treatment for patients with locally advanced or
metastatic triple-negative breast cancer (COLET): primary analysis. *Ann Oncol* **32**, 652-
660, doi:10.1016/j.annonc.2021.01.065 (2021).
44 Han, H. S. *et al.* Early-Stage Triple-Negative Breast Cancer Journey: Beginning, End, and
Everything in Between. *Am Soc Clin Oncol Educ Book* **43**, e390464,
doi:10.1200/EDBK_390464 (2023).
45 Yin, C. *et al.* Loss of ADAR1 induces ferroptosis of breast cancer cells. *Cell Signal* **121**,
111258, doi:10.1016/j.cellsig.2024.111258 (2024).
46 He, D., Niu, C., Bai, R., Chen, N. & Cui, J. ADAR1 Promotes Invasion and Migration and
Inhibits Ferroptosis via the FAK/AKT Pathway in Colorectal Cancer. *Mol Carcinog*,
doi:10.1002/mc.23818 (2024).
47 Murray, M. B., Leak, L. B., Lee, W. C. & Dixon, S. J. Protocol for detection of ferroptosis
in cultured cells. *STAR Protoc* **4**, 102457, doi:10.1016/j.xpro.2023.102457 (2023).
48 Enache, O. M. *et al.* Cas9 activates the p53 pathway and selects for p53-inactivating
mutations. *Nat Genet* **52**, 662-668, doi:10.1038/s41588-020-0623-4 (2020).
49 Gnanapradeepan, K. *et al.* The p53 Tumor Suppressor in the Control of Metabolism and
Ferroptosis. *Front Endocrinol (Lausanne)* **9**, 124, doi:10.3389/fendo.2018.00124 (2018).
50 Qiu, B. *et al.* Phospholipids with two polyunsaturated fatty acyl tails promote ferroptosis.
Cell **187**, 1177-1190 e1118, doi:10.1016/j.cell.2024.01.030 (2024).
51 Zhang, Y. *et al.* Metabolic switch regulates lineage plasticity and induces synthetic lethality
in triple-negative breast cancer. *Cell Metab* **36**, 193-208 e198,
doi:10.1016/j.cmet.2023.12.003 (2024).
52 Mendez Ruiz, S., Chalk, A. M., Goradia, A., Heraud-Farlow, J. & Walkley, C. R. Over-
expression of ADAR1 in mice does not initiate or accelerate cancer formation in vivo. *NAR
Cancer* **5**, zcad023, doi:10.1093/narcan/zcad023 (2023).
53 Avellino, A. *et al.* An Olive Oil-Based High-Fat Diet Promotes Obesity-Driven Metastasis
of Triple-Negative Breast Cancer. *Cancer Res* **85**, 5015-5032, doi:10.1158/0008-
5472.CAN-25-0822 (2025).
54 Xie, Y. *et al.* Mammary adipocytes protect triple-negative breast cancer cells from
ferroptosis. *J Hematol Oncol* **15**, 72, doi:10.1186/s13045-022-01297-1 (2022).
55 Ackermann, T. *et al.* Breast cancer secretes anti-ferroptotic MUFAs and depends on
selenoprotein synthesis for metastasis. *EMBO Mol Med* **16**, 2749-2774,
doi:10.1038/s44321-024-00142-x (2024).

Puente-Cobacho, B. *et al.* De novo lipogenesis protects dormant breast cancer cells from ferroptosis and promotes metastasis. *Redox Biology*, 103480, doi:https://doi.org/10.1016/j.redox.2024.103480 (2024).

Yang, F. *et al.* Ferroptosis heterogeneity in triple-negative breast cancer reveals an innovative immunotherapy combination strategy. *Cell Metab* **35**, 84-100 e108, doi:10.1016/j.cmet.2022.09.021 (2023).

Park, V. S. *et al.* Lipid Composition Alters Ferroptosis Sensitivity. *Cancer Res* **85**, 4380-4397, doi:10.1158/0008-5472.CAN-24-4207 (2025).

Park, S. Y. *et al.* Irreversible HER2 inhibitors overcome resistance to the RSL3 ferroptosis inducer in non-HER2 amplified luminal breast cancer. *Cell Death Dis* **14**, 532, doi:10.1038/s41419-023-06042-1 (2023).

Liu, L. *et al.* ESR1 inhibits ionizing radiation-induced ferroptosis in breast cancer cells via the NEDD4L/CD71 pathway. *Arch Biochem Biophys* **725**, 109299, doi:10.1016/j.abb.2022.109299 (2022).

Wang, H. *et al.* Strong Protection by 4-Hydroxyestrone against Erastin-Induced Ferroptotic Cell Death in Estrogen Receptor-Negative Human Breast Cancer Cells: Evidence for Protein Disulfide Isomerase as a Mechanistic Target for Protection. *Biochemistry* **63**, 984-999, doi:10.1021/acs.biochem.3c00261 (2024).

Dibra, D. *et al.* Mutant p53 protects triple-negative breast adenocarcinomas from ferroptosis in vivo. *Sci Adv* **10**, eadk1835, doi:10.1126/sciadv.adk1835 (2024).

Adams, C. M. *et al.* Targeted MDM2 Degradation Reveals a New Vulnerability for p53-Inactivated Triple-Negative Breast Cancer. *Cancer Discov* **13**, 1210-1229, doi:10.1158/2159-8290.CD-22-1131 (2023).

Cottrell, K. A., Torres, L. S., Dizon, M. G. & Weber, J. D. 8-azaadenosine and 8-chloroadenosine are not selective inhibitors of ADAR. *Cancer Res Commun* **1**, 56-64, doi:10.1158/2767-9764.crc-21-0027 (2021).

Rehwinkel, J. & Mehdipour, P. ADAR1: from basic mechanisms to inhibitors. *Trends Cell Biol*, doi:10.1016/j.tcb.2024.06.006 (2024).

Weth, F. R. *et al.* Unlocking hidden potential: advancements, approaches, and obstacles in repurposing drugs for cancer therapy. *Br J Cancer* **130**, 703-715, doi:10.1038/s41416-023-02502-9 (2024).

Lee, J. *et al.* Anti-tumor and anti-metastasis efficacy of E6201, a MEK1 inhibitor, in preclinical models of triple-negative breast cancer. *Breast Cancer Res Treat* **175**, 339-351, doi:10.1007/s10549-019-05166-3 (2019).

Lulli, D., Carbone, M. L. & Pastore, S. The MEK Inhibitors Trametinib and Cobimetinib Induce a Type I Interferon Response in Human Keratinocytes. *Int J Mol Sci* **18**, doi:10.3390/ijms18102227 (2017).

Deng, J. *et al.* Targeting Cancer Cell Ferroptosis to Reverse Immune Checkpoint Inhibitor Therapy Resistance. *Front Cell Dev Biol* **10**, 818453, doi:10.3389/fcell.2022.818453 (2022).

Martinez-Garay, C. & Djouder, N. Dietary interventions and precision nutrition in cancer therapy. *Trends Mol Med* **29**, 489-511, doi:10.1016/j.molmed.2023.04.004 (2023).

a) MDA-MB-231

b)

c)

d) Area Under Curve

e)

f) Ctrl/Ctrl | Doxy/Ctrl | Ctrl/RSL3 | Doxy/RSL3

H&E | ADAR1 | 4HNE

g) 4HNE IHC Intensity

a) TNBC cells → drug screening → *CellTiterGlo viability assay
*Ferroptosis library (654)

b)

c)

shADAR1-sensitized

RSL3

shADAR1-sensitized

d)

Drug	Viability Ratio (shADAR1/shNT)
Siramesine	0.26
SB-590885	0.33
α-Mangostin	0.39
GW284543	0.45
UC2288	0.46
Nordihydroguaiaretic acid (NDGA)	0.5
Cobimetinib	0.51
Cobimetinib (racemate)	0.51

e)

f) Area Under Curve

g)

Comparison		p-Value - Post Treatment (Week)					
Group 1	Group 2	0	1	2	3	4	5
Ctrl - Ctrl	Doxy - Ctrl	>0.999	0.957	0.367	0.015	<0.0001	<0.0001
Ctrl - Ctrl	Ctrl - Cobi	>0.999	0.979	0.319	<0.0001	<0.0001	<0.0001
Ctrl - Ctrl	Doxy - Cobi	>0.999	0.725	0.002	<0.0001	<0.0001	<0.0001
Doxy - Ctrl	Doxy - Cobi	>0.999	0.994	0.436	<0.0001	<0.0001	<0.0001
Ctrl - Cobi	Doxy - Cobi	>0.999	0.980	0.426	0.011	<0.0001	<0.0001

h)

TNBC