CDK4/6 inhibition induces a DNA damage-independent senescence-associated

secretory phenotype driven by delayed activation of NF-κB

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ABSTRACT

Cellular senescence consists of regulated cell phenotypes associated with permanent

exit from the cell cycle in response to stressors such as genomic instability. The

consequences of senescence go beyond individual cells due to the senescence

associated secretory phenotype (SASP), which can induce inflammation in neighboring

cells. Some cancers respond to CDK4/6 inhibitors (CDK4/6i)—a family of targeted

therapies that inhibit proliferation—with a senescence-like phenotype in the absence of

DNA damage. We asked how the SASP and the transcriptional regulatory profile

triggered by CDK4/6i-driven arrest compares to the canonical NF-κB-regulated SASP

triggered by DNA damage. We profiled the temporal dynamics of transcriptional

regulation in response to the CDK4/6i, palbociclib, and the DNA damaging agent,

doxorubicin. We found that, although upregulation of NF-κB driven-SASP genes is

shared across both drugs, it is delayed in CDK4/6i. This coincides with slower enhancer

activation and epigenetic changes. Interestingly, ATM/ATR inhibition does not affect

CDK4/6i-induced NF-κB nuclear localization, pointing to an alternative mechanism

driving NF-κB activity in the absence of DNA damage. Inhibiting NF-κB suppresses the

expression of shared SASP genes without reversing stable arrest. This points to SASP

manipulation as a potential therapeutic strategy, and resolves an ongoing controversy

about the nature of cell cycle arrest-driven SASP.

INTRODUCTION

Cellular senescence is a state of stable cell cycle arrest that suppresses tumorigenesis by limiting the proliferation of cells that are aged, damaged, or stressed (Ajoolabady et al. 2025). However, even in established tumors, certain therapeutics can force cancer cells into therapy-induced senescence and thereby curb tumor growth (Schmitt et al. 2022). While DNA damage has historically been considered a requirement for entry into senescence, emerging targeted therapies can induce senescent-like states outside of DNA damaging agents and radiation; these include inhibitors of the cyclin-dependent kinases CDK4 and CDK6 (CDK4/6i) (Kovatcheva et al. 2017; Klein et al. 2018; Wagner and Gil 2020). An outstanding question in the field is whether senescence, when caused by dramatically different triggers, converges on a common cell state, or represents a heterogeneous set of states sharing core phenotypic qualities. It is imperative to understand the molecular mechanisms underlying distinct growth-arrest states, as regulatory networks intrinsic to normal aging and stress responses can ultimately shape therapeutic outcomes (Lee and Schmitt 2019; Schmitt et al. 2022; Gleason et al. 2024).

Although senescent cells can no longer divide, they remain metabolically active and acquire features that continually evolve (Schmitt et al. 2022). As such, no universal biomarker of senescence exists, and identification of senescent cells relies on the characterization of several hallmarks (Hernandez-Segura et al. 2018). Beyond stable growth arrest, senescent cells exhibit enlarged morphology, heightened lysosomal content to maintain homeostasis in stressed conditions, increased nuclear size, as well as extensive alterations in the chromatin landscape, including senescence-associated heterochromatic foci (SAHFs) (Hernandez-Segura et al. 2018). Importantly, senescent

cells secrete a complex network of cytokines and chemokines, along with other

bioactive factors, known as the senescence-associated secretory phenotype (SASP)

(Wang et al. 2024); this process increases the paracrine signaling of these "dormant"

cells, thus imbuing them with significant influence over the neighboring environment.

Given its effects on the tumor microenvironment, identifying regulators of the SASP

across distinct therapeutic triggers of senescence is critical for understanding its impact

on disease outcomes. The SASP acts as a double-edged sword, having pro- and anti-

tumorigenic effects, depending on its composition (Lau and David 2019). The benefits of

the SASP include reinforcing stable arrest through both autocrine and paracrine signals,

while facilitating a robust anti-tumor immune response. In contrast, a chronic pro-

inflammatory SASP drives increased invasive and migratory capacity of cancer cells,

promoting angiogenesis and immune evasion (Schmitt et al. 2022).

The regulation and composition of the SASP have largely been investigated in model

systems in which senescence is induced by DNA damage or genome instability (Rodier

et al. 2009; Malaquin et al. 2016). Such triggers have been shown to induce expression

of inflammatory genes through stimulation of NF-κB, a master regulator of the SASP

(Chien et al. 2011b); this is coordinated via the DNA damage response kinase, ATM

(Miyamoto 2011; Bournique et al. 2025). While DNA damaging agents are frequently

applied in cancer therapeutic approaches, targeted therapies like CDK4/6i can induce

senescent-like states through non-DNA damage mechanisms. This begs the question,

what drives the SASP when there is cellular senescence but not DNA damage? Prior

studies of the response to CDK4/6i treatment have thus far offered conflicting results

regarding the involvement of NF-κB (Goel et al. 2017; Guan et al. 2017; Wang et al.

2022; Gleason et al. 2024; Lee et al. 2024).

Here we sought to investigate: (1) does the presence (or absence) of DNA damage give

rise to distinct therapy-induced senescent cell states and SASP profiles over time? and

(2) what epigenetic changes dynamically regulate the SASP in cancer cells in response

to therapeutics? We chose to address these questions systematically in a liposarcoma

model, a rare type of malignant mesenchymal tumor with limited treatment options in

advanced disease. Over 90% of liposarcoma tumors are characterized by co-

amplification of *CDK4* and *MDM2* (Creytens et al. 2015), and previous work has shown

that CDK4/6i can induce a full senescence program with irreversible arrest driven by

ANGPTL4, correlating with patient outcomes and clinical efficacy (Kovatcheva et al.

2015; Dickson et al. 2016; Gleason et al. 2024). While traditional chemotherapeutics,

such as doxorubicin, trigger senescence through DNA damage, CDK4/6i instead arrest

cells in G1 by preventing the activity of E2F transcription factors in a DNA damage-

independent mechanism (Guan et al. 2017; Kovatcheva et al. 2017; Gleason et al.

2024) (Fig. 1A). We performed an extended 28-day time course directly comparing

these two distinct triggers of therapy-induced senescence. By profiling epigenomic

changes across multiple time points, we captured the temporal evolution of

senescence-associated gene regulatory programs, including features that would be

missed in short-term studies.

We find that early senescence programs are trigger-specific and largely remain distinct,

including p53 activation following doxorubicin-induced DNA damage and an

extracellular matrix (ECM)-enriched SASP program upon CDK4/6i treatment. At later

time points, both therapies initiate a shared NF-κB-driven SASP, albeit with slower

induction in the absence of DNA damage. Such activation of NF-κB is conserved

beyond liposarcoma, observing a similar response in breast cancer cells. By extending

the duration of CDK4/6i treatment here, we revealed delayed NF-κB activation and

clarify its previously debated role from short-term studies, where its activity was not

detected. Notably, NF-κB inhibition suppresses the shared SASP without reversing

stable arrest, suggesting that selective modulation of SASP composition is possible

while preserving growth arrest, representing new therapeutic opportunities to explore.

RESULTS

CDK4/6i and doxorubicin both induce senescence features with distinct levels of

DNA damage and p53 activation

To understand whether the absence or presence of DNA damage drives distinct cell

states over time, we compared 1 µM palbociclib (Palbo), a type of CDK4/6i, against 100

nM doxorubicin (Doxo), standard chemotherapy, over a 28-day period across multiple

timepoints in a patient-derived dedifferentiated liposarcoma cell line, LS8817 (Singer et

al. 2007; Brill et al. 2010; Crago and Singer 2011) (Fig. 1B). Among multiple well-

differentiated/dedifferentiated liposarcoma (WD/DDLS) cell lines tested, LS8817 was

among those which undergoes stable senescence in response to palbociclib

(Kovatcheva et al. 2015; Kovatcheva et al. 2017), providing a unique and experimentally

tractable system for interrogating CDK4/6i-induced senescence in a clinically relevant

cancer type. To investigate the full breadth of gene regulatory networks that underlie the

senescent state, we performed a time-resolved, multi-omics analysis that profiles the

transcriptome using mRNA-seq, accessible chromatin regions by ATAC-seq, and the

epigenome using CUT&Tag and CUT&RUN methods (Fig. 1B; Supplemental Table 1).

We first validated that cells are entering into a senescent state in response to both drug

treatments. Since there is no universal biomarker of senescence, we measured several

accepted hallmarks of senescence. We observed an increased amount of lysosomal

activity, through senescence-associated beta galactosidase (SA-βgal) staining, in both

CDK4/6i and doxorubicin over time (Fig. 1C). We confirmed cells entered a stable

growth arrest state by assessing for clonogenic outgrowth upon drug removal (Fig. 1D).

In these clonogenic outgrowth assays, doxorubicin caused a stable arrest in nearly the

entire population early in treatment, by day 3, whereas stable arrest did not occur for

most cells in response to palbociclib until day 14 of treatment (Fig. 1D). We also

measured senescence-associated nuclear changes by immunofluorescence staining for

the heterochromatin remodeler, ATRX (Kovatcheva et al. 2015; Kovatcheva et al. 2017)

and the histone variant, macroH2A, a key structural SAHF component (Zhang et al.

2005) (Fig. 1E, F). Indeed, we saw that both treatments lead to an accumulation of both

ATRX foci and SAHFs (Fig. 1E,F), indicating that the global chromatin landscape does

undergo dynamic changes during senescence.

Given the differences in the mechanisms of action for each drug, we anticipated the

amount of DNA damage would be a distinctive feature between treatments. We

measured the foci of γH2AX, a classical marker of DNA damage, and 53BP1, a DNA

repair factor (Fig. 1G,H). We found that even by day 28 of palbociclib treatment, the

amount of DNA damage-associated foci remains comparable to that of untreated cycling

controls (Fig. 1G). This contrasts with doxorubicin treatment, under which DNA damage

is robustly induced and remains elevated across all timepoints (Fig. 1G). Next, we

asked whether these differences in DNA damage are also reflected in the levels of

phosphorylated p53, indicative of activation of the downstream DNA damage response

(Sakaguchi et al. 1998; Saito et al. 2002; Loughery et al. 2014). Immunoblotting for

phosphorylated p53 (Serine 15) and total p53 protein levels confirmed that CDK4/6i

treatment does not result in downstream activation of p53, whereas p53 is robustly

activated in doxorubicin (Fig. 1I). Thus, our results demonstrate that CDK4/6i treatment

can induce senescence without the requirement for persistent DNA damage or

activation of the DNA damage response.

Fig. 1: CDK4/6i and doxorubicin both induce senescence features with distinct levels of DNA damage and p53 activation

A. Diagram summarizing CDK4/6i (Palbo) vs. doxorubicin (Doxo) mechanisms of cell cycle arrest.
B. Schematic overview of comparative time-course between CDK4/6i and doxorubicin and multi-omics approaches used to profile the transcriptome (RNA-seq), chromatin accessibility (ATAC-seq) and epigenome (CUT&RUN/Tag) in LS8817 cells. At least 2 biological replicates per timepoint and drug treatment were profiled.
C. Left: Percent nuclei counted that had cellular SA-βgal+ staining at different timepoints. Number of nuclei counted was > 300 per condition at 10x objective magnification. Each point represents a field of view, with different shapes indicating biological replicates. Error bars denote standard deviation. Right: Representative SA-βgal staining images at day 3 and day 14 shown at 10x objective magnification with scale bar = 50 μm.
D. Crystal violet staining after clonogenic outgrowth for 10-12 days. 800 cells were seeded per well in a 6-well plate in drug-free media after completion of drug treatment at each timepoint.
E. Number of ATRX foci (left) and macroH2A foci (indicative of SAHFs; right) per nucleus was counted for ~100 nuclei per timepoint.
F. Representative ATRX and SAHF images are shown at day 14 of each drug treatment at 60x objective magnification. The scale bar is 15 μm.
G. Number of γH2AX foci and 53BP1 foci per nucleus was counted for ~100 nuclei per timepoint and stratified into 0-4, 5-10 or >10 foci/nuclei.
H. Representative images of γH2AX and 53BP1 staining are shown at day 14 of each drug treatment at 60x objective magnification. The scale bar is 15 μm.
I. Western blots of Serine 15-phosphorylated p53 (phospho-p53) and total p53 in Cycling, Palbo- and Doxo-treated LS8817 cell lysates harvested 18 days after treatment started. GAPDH was used as a loading control. Samples are from a separate experiment, independent of multi-omics data.

183 **Global changes in the epigenome and transcriptome define drug-induced**

184 **senescence trajectories**

185 Given that both treatments drive cells into a senescent state, we asked whether the

186 overall transcriptional regulatory state of these cells depends on the driver, particularly

187 since doxorubicin triggers DNA damage while palbociclib does not. We assayed the

188 regulatory landscape with ATAC-seq to measure chromatin accessibility. Sample

189 distance measures and principal component analysis showed that the global

190 transcriptome and chromatin accessibility landscape continues to change throughout

191 senescence (Supplemental Fig. 1A). These overall changes correspond to the timing of

192 the stable growth arrest state as observed by accumulation of SA-βgal and reduced

193 clonogenic outgrowth (Fig. 1C,D).

194 We found that many changes in chromatin accessibility trended in the same direction,

195 but the timing and magnitude of the change was often dependent on the treatment (Fig.

196 2A). A common feature among the senescent cells was decreased accessibility proximal

197 to promoters (Fig. 2B: top). These regions are enriched in E2F motifs (Supplemental

198 Fig. 1C,D), and thus their repression is indicative of cells disengaged from active

199 cycling. Increases in accessibility, on the other hand, were predominantly localized to

200 intergenic and intronic regions (Fig. 2B: bottom), suggesting potential enhancer

201 activation. These regions are enriched for motifs of stress-responsive and lineage-

202 specifying transcription factors (Balamurugan and Sterneck 2013; Kamachi and Kondoh

203 2013; Sarkar and Hochedlinger 2013; Golson and Kaestner 2016; Tremblay et al. 2018;

204 Huh et al. 2019; Romano and Miccio 2020; Awasthi et al. 2021; Currey et al. 2021; Li et

205 al. 2023; Ren et al. 2023) (Supplemental Fig. 1E), consistent with activation of

transcriptional programs that shape senescence-associated cell fate decisions beyond

cell cycle arrest.

We wondered whether enhancer activation dynamics differ depending on the timing of

senescence entry; to capture these changes, we profiled H3K27ac, a histone mark of

active enhancers. We found that 28% of all peaks that increased in accessibility also

displayed significantly increased H3K27ac signal (Supplemental Fig. 1F), indicating

remodeling of the enhancer landscape underlying the therapy-induced senescent state.

Accordingly, we defined these regions as drug-activated enhancers (Fig. 2C).

Somewhat surprisingly, the majority of these activated enhancer elements were shared

across treatment, albeit with different dynamics (Fig. 2C). H3K27ac in shared-

upregulated enhancers gradually increases with CDK4/6i treatment, reaching levels

similar to that of day 14 doxorubicin by day 28 (Fig. 2C). This is supported by principal

component analysis, which shows that day 28 palbociclib clusters more closely with day

14 doxorubicin than day 14 palbociclib (Supplemental Fig. 1G). This delayed enhancer

activation in the CDK4/6i treated cells corresponds to slower progression into stable

growth arrest (Fig. 1D).

We next asked how the transcriptional landscape compared between these two distinct

therapy-induced senescence states, across multiple time points (Fig. 1B; Fig. 2D;

Supplemental Data 1). Consistent with decreased accessibility at promoter regions

enriched in E2F motifs (Fig. 2B: top; Supplemental Fig. 1C,D), E2F target genes were

downregulated in both drug treatments, reflecting the cell cycle arrested state (Fig.

2D,E; Supplemental Data 2). We also observed more obvious drug-specific and

temporal effects than at the chromatin accessibility and enhancer activation level (Fig.

2D). This could be explained by differential transcription factor activity at DNA regulatory

elements that are dependent on the DNA damage context. Among the genes that

displayed higher expression levels in a drug-specific manner, palbociclib was related to

a stronger "Epithelial to Mesenchymal Transition" signature (Fig. 2F; Supplemental Data

2). Phosphorylation of p53 at serine 15 has been shown to enhance p53 binding to

chromatin, thereby facilitating transcriptional activation at p53-responsive promoters

(Loughery et al. 2014). Supporting this notion, doxorubicin preferentially activated the

p53 axis, as evidenced by induction of p53 target genes including CDKN1A (encoding

p21) (Supplemental Fig. 1H,I), enrichment of the p53 pathway (Fig. 2G; Supplemental

Data 2) that was absent in palbociclib, and increased accessibility at p53 motifs

(Supplemental Fig. 1G).

Further analysis of drug-specific clusters revealed distinct early and late transcriptional

responses within each treatment. Notably, while some late-response genes were also

upregulated under the alternate condition, their induction was consistently greater in the

treatment in which they were classified (Supplemental Fig. 2B: top). The early

doxorubicin response was once again centered around p53 (Supplemental Fig. 2B:

bottom; Supplemental Data 3), while the later response may involve metabolic

adaptation through genes like *PPARGC1A* and *SORL1* (Supplemental Fig. 2B: bottom;

Supplemental Data 3).

Although there was a large number of transcriptomic changes that were specific to the

senescence trigger, we noted a set of genes that increased in expression as cells

entered a senescent state independent of treatment (Fig. 2D: Shared-upregulated). This

upregulation was faster in the doxorubicin treatment and more gradual with palbociclib,

coinciding with the dynamics of the enhancer activation we noted previously (Fig. 2C).

Gene Set Enrichment Analysis (GSEA) revealed this set of genes was enriched for NF-

κB transcriptional activity (Fig. 2H; Supplemental Data 2), a motif we also observed

among ATAC-seq peaks with shared increased accessibility between treatments

(Supplemental Fig. 1E: middle; Supplemental Data 4).

Fig. 2: Distinct and shared transcriptional and chromatin responses define drug-specific senescence trajectories

A. Heatmap of z-scores from VST-normalized read counts under ATAC-seq peaks with significantly less accessibility (top) or more accessibility (bottom) over time, relative to cycling or day 3. Annotations indicate significance in Palbo (pink) or Doxo (green) and their genomic location.

B. Genomic feature annotation of ATAC-seq peaks with less accessibility (top) or more accessibility (bottom), merged across all time points compared to Cycling (left) or day 3 (right)). N= number of peaks in merged peak-set making up the pie chart.

C. RPGC-normalized H3K27ac coverage in drug-activated enhancers (total number N= 13,928). Each row in the heatmap represents a drug-activated enhancer: defined as a region of increased chromatin accessibility overlapping a corresponding H3K27ac region increasing in palbociclib (Palbo-upregulated), both treatments (Shared-upregulated) or doxorubicin (Doxo-upregulated) (See Supplemental Materials). The number of regions plotted is shown on the right. Scale bar represents bigwig signal of normalized coverage.

D. K-means clustered heatmap of z-scores from rlog normalized counts for significantly changing genes across treatment and timepoints (days of treatment). Cell cycle genes annotated in dark green and blue, respectively.

E. GSEA running enrichment score for enriched Hallmark term "E2F TARGETS" identified in Shared-downregulated genes. Ranked gene list is based on day 14 Doxo and day 14 Palbo relative to Cycling comparisons. *Padj* values showing significance of enrichment are shown.

F. GSEA running enrichment score for enriched Hallmark term "EPITHELIAL MESENCHYMAL TRANSITION" identified in Palbo-regulated genes.

G. GSEA running enrichment score for enriched Hallmark term "P53 PATHWAY" identified in Doxo-regulated genes.

H. GSEA running enrichment score for enriched Hallmark term "TNFA SIGNALING VIA NFKB identified in Shared-upregulated genes. *Padj* values showing significance of enrichment are shown.

NF-κB is a predicted transcriptional regulator of the shared SASP in liposarcoma

Although multiple features of therapy-induced senescence vary between doxorubicin and palbociclib treatment responses (e.g., DNA damage activation, p53 signaling, and a large fraction of RNA and chromatin accessibility changes), we were particularly interested in what aspects these two very different drivers of stable arrest have in common. To investigate this, we focused on shared-upregulated genes which had distinct temporal dynamics in expression levels across drug treatments (Fig. 2D), with a strong enrichment in the "TNFA SIGNALING VIA NFKB" Hallmark term (Fig. 2H; Supplemental Data 2).

Despite its activity being undetected in prior short-term CDK4/6i treatment studies, the NF-κB complex and its canonical subunit, RELA (p65 or TF65) emerged as top predicted upstream regulators (Fig. 3A; Supplemental Data 2). We identified 40 NF-κB targets within the shared-upregulated gene module and analyzed their RNA levels at days 3 and 14 of treatment (Fig. 3B). Approximately half of these genes were also defined as SASP across multiple databases (Fig. 3B: right; Supplemental Data 1). Both drugs showed a significant increase in expression over time, consistent with a progressive NF-κB response (Fig. 3B). However, this response was delayed in palbociclib-treated cells, with the median fold change at day 14 resembling that of doxorubicin at day 3 (Fig. 3B). Corresponding to the shared induction of NF-κB target genes, NF-κB family motifs were similarly enriched in regions with increased chromatin accessibility in both drugs (Supplemental Fig. 3A; Supplemental Data 4). To confirm this shared NF-κB signature predicted by multi-omics analysis, we performed immunofluorescence on p65 (Fig. 3C; Supplemental Fig. 3B). In both treatments, we

observe increased p65 nuclear localization, with timing that correlated approximately

with the onset of stable cell cycle arrest (Fig. 1D), i.e., steadily increasing up to day 14

in response to palbociclib and much earlier, by day 3, in doxorubicin (Supplemental Fig.

3B).

A shared NF-κB-driven SASP program is also found in MCF7 breast cancer cells

A previous study did not report NF-κB activation with 5 days of CDK4/6i treatment using

the ER+ breast cancer model cell line, MCF7. Therefore, we wondered whether later

timepoints would show NF-κB activation that could regulate the SASP in this system as

well. To assess whether delayed NF-κB activation also occurred in this additional

clinically relevant model, we treated MCF7 breast cancer cells with 1 μM palbociclib,

100 nM doxorubicin, or 100 nM palbociclib and 10 nM fulvestrant (Palbo+Fulv) —the

standard of care regimen for ER+ breast cancer.

We confirmed that CDK4/6i induces senescence in MCF7 cells without triggering

excess DNA damage, beyond what is observed in cycling cells, unlike doxorubicin

(Supplemental Fig. 3C-E). We observed increased SA-βgal staining (Supplemental Fig.

3C) and reduced clonogenic outgrowth (Supplemental Fig. 3D) across all conditions.

While strong stable arrest is observed in Palbo+Fulv, few γH2AX and 53BP1 DNA

damage-associated foci accumulated compared to doxorubicin (Supplemental Fig. 3E),

consistent with what we see in the liposarcoma context (Fig. 1G,H).

Even in a model where NF-κB activity was previously undetected in short-term studies

(Lee et al. 2024), we observed the eventual activation of NF-κB as a late treatment

response. Time-resolved analysis over the course of 21 days of Palbo+Fulv treatment

revealed 7,510 significantly altered genes based on a *Padj* threshold of < 0.05 (Fig. 3D).

Strikingly, NF-κB-related pathways were enriched in a group of genes that are modestly

upregulated at early time points (days 3-5) but show strong induction after day 10 (Fig.

3E, cluster 3). GSEA across different drug conditions in MCF7 samples, showed that

the "TNFA SIGNALING VIA NFKB" Hallmark term was significantly enriched in both

palbociclib- and doxorubicin-treated samples (Fig. 3F; Supplemental Data 2). Evidence

of shared induction of NF-κB activity was further validated by immunofluorescence

staining of p65, which showed increased nuclear localization across all drug treatments

(Fig. 3G). This supports the notion that NF-κB-SASP network activation is a shared

feature of therapy-induced senescence across cancer types.

To identify shared NF-κB–associated SASP components, we examined NF-κB target

genes upregulated across treatments in MCF7 cells and found that 41 of 116 (35%)

were common to palbociclib, Palbo+Fulv, and doxorubicin (Supplemental Fig. 3F). We

next assessed conserved SASP programs driven by CDK4/6i across cell types. Several

common SASP genes exist, including established NF-κB targets such as CXCL2 and

CXCL8, which were consistently upregulated following CDK4/6i treatment in both MCF7

and LS8817 cells (Supplemental Fig. 3G). Although not a direct NF-κB target,

ANGPTL4, a SASP factor necessary for CDK4/6i-mediated stable arrest (Gleason et al.

2024), was induced in both cell types. Moreover, *ANGPTL4* activates *IL1A*, a pro-

inflammatory cytokine transcribed by NF-κB (Makulyte et al. 2026)—highlighting the

complexity of the CDK4/6i-driven SASP, which may include components that can act

either upstream or downstream of NF-κB. Together, these findings highlight a shared

NF-κB response across distinct senescence-inducing treatments, alongside a CDK4/6i-

specific SASP conserved across cancer cell types

Fig. 3: A shared senescence signature driven by NF-κB activation is delayed in CDK4/6i treatment across cancer cell types

A. -Log10(*Padj*) values of top 5 IPA predicted upstream regulator complexes and transcriptional regulators of Shared-upregulated genes relative to other RNA-seq clusters in LS8817 cells.

B. Left: Log2 fold change (log2FC) values of NF-κB target genes that are part of the Shared-upregulated genes (RNA Cluster 7) in day 3 and day 14 Palbo and Doxo relative to Cycling in LS8817 cells. Median log2FC values for each condition are shown as a bold white line. The dotted gray line at log2FC = 0 indicates no change from Cycling. A paired Student's t-test was used to assess significance between log2FC distributions. Right: gene IDs of NF-κB target genes that are also defined as SASP genes based on whether they were classified as such in manually curated databases provided in Wang et al.,(Wang et al. 2022) Gleason et al.,(Gleason et al. 2024) and the SASPAtlas (Basisty et al. 2020).

C. Quantification of log10 ratio of mean intensity of p65 in the nucleus to perinuclear region in LS8817 cells. Statistical significance was calculated using Dunnett's test. Each point is a cell that was quantified.

D. K-means clustered heatmap of z-scores from rlog normalized counts for significantly changing genes across treatment and timepoints (days of treatment) based on RNA-seq performed in MCF-7 cells. SASP and cell cycle genes are annotated in dark green and blue, respectively. NF-kB target genes found in each upregulated gene cluster are shown left of the heatmap. Genes in dark green are also annotated as SASP.

E. GO enrichment results of NF-kB related terms from each RNA-seq cluster in MCF7 cells.

F. GSEA running enrichment score for enriched Hallmark term "TNFA SIGNALING VIA NFKB" for palbociclib, doxorubicin and palbociclib+fulvestrant treatment in MCF7 cells. *Padj* values from GSEA are shown.

G. Quantification of log10 ratio of mean intensity of p65 in the nucleus to perinuclear region in MCF7 cells across different biological replicates. Statistical significance was calculated using Dunnett's test.

Nearby enhancer activation contributes to the induction of shared NF-κB target

genes

Although NF-κB family motifs were globally enriched in regions of increased

accessibility (Supplemental Fig. 3A), we sought to determine whether this enrichment

was retained at regulatory elements more likely to directly influence expression levels of

shared-upregulated genes. To focus on such elements, we restricted our analysis to

nearby upregulated accessible regions, which were defined as within 50kb of genes

belonging to the shared-upregulated gene module (Supplemental Data 5). Even under

this constraint, we observed that increased Tn5 insertion coverage at TF65 (p65) motifs

occurs across both drug treatments (Supplemental Fig. 4A-B).

Next, we identified nearby drug-activated enhancers by intersecting upregulated

accessible regions with sites of increased H3K27ac, specifically located within 50kb of

shared-upregulated genes that increased in expression (Fig. 4A). Notably, H3K27ac

accumulation at these nearby enhancers was delayed in CDK4/6i relative to doxorubicin

(Fig. 4A: top). Coinciding with the slower kinetics of NF-κB target gene induction in

CDK4/6i (Fig. 2D; Fig. 3D), these shared-upregulated enhancers proximal to shared-

upregulated genes were highly enriched in NF-κB family motifs, including canonical

subunits TF65 and NFKB1 (Fig. 4B: left).

In addition, motifs enriched in nearby palbociclib-upregulated enhancers—including

CEBPB, GATA3, GATA6, SOX5, and FOXK1 (Fig. 4B: middle)—were also present at

nearby shared-upregulated enhancers (Fig. 4B: top), suggesting continual engagement

of transcription factors associated with mesenchymal enhancer activity and epithelial-

mesenchymal transition programs. In contrast, doxorubicin-upregulated enhancers near

shared-upregulated genes were additionally enriched for p53 family motifs (Fig. 4B:

right), consistent with activation of the DNA damage response.

Interestingly, AP-1 motifs (e.g., FOSB and ATF2), a family of stress-responsive pioneer

transcription factors (Biddie et al. 2011; Vierbuchen et al. 2017; Patrick et al. 2024) were

also specifically enriched in doxorubicin-responsive enhancers near shared-upregulated

genes (Fig. 4B: right). When considering regions gaining accessibility near the same

genes, without requiring a change in acetylation, we found that there was some gain of

accessibility at AP-1 motifs under palbociclib, but it was more modest than with

doxorubicin (Supplemental Fig. 4C, top). Consistently, enrichment of AP-1 motifs in this

accessible region set was also present at a low level (Supplemental Fig. 4C, bottom;

Supplemental Data 5). However, when considering all upregulated ATAC-seq peaks

genome-wide, peaks containing AP-1 motifs were strongly enriched at all times under

doxorubicin treatment but also significantly enriched under palbociclib treatment,

especially after day 3—exhibiting delayed activation kinetics (Supplemental Fig. 4D;

Supplemental Data 4). Given that AP-1 has been identified as a master regulator of

oncogene-induced senescence (Martínez-Zamudio et al. 2020), a DNA damage-driven

process, the combined enrichment of p53 and AP-1 motifs at doxorubicin-upregulated

enhancers may contribute to the earlier and more robust activation of NF-κB compared

to CDK4/6i.

Loss of macroH2A is associated with increased expression of NF-κB-driven

shared SASP genes

In addition to enhancer activation, we wondered if other nearby changes in the

epigenome contributed to activation of NF-κB-driven SASP genes. It is thought that the

spatial rearrangement of heterochromatin into SAHFs plays a role in silencing cell cycle

progression genes (Narita et al. 2003), while allowing for SASP genes to be

sequestered into a transcriptionally permissive environment (Aird et al. 2016). Given the

role that the histone variant, macroH2A, plays in transcriptional repression and the

formation of the SAHFs (Zhang et al. 2005; Zhang et al. 2007), we used CUT&RUN to

map the genome-wide distribution of macroH2A1 in late-stage therapy-induced

senescence. We find that macroH2A2 is not expressed in this cell line (Supplemental

Fig. 4E: top), additionally neither macroH2A1 RNA levels (Supplemental Fig. 4E:

bottom) nor its global distribution on chromatin changed with drug treatment

(Supplemental Fig. 4F). However, by examining macroH2A1-containing regions found

within 50kb of shared-upregulated genes, we observe a striking loss of macroH2A (Fig.

4C). Hence, in addition to enhancer activation, locally reduced levels of macroH2A may

also contribute to the activation of inflammatory SASP genes, likely through a de-

repression mechanism.

We also focused on chromatin changes surrounding specific canonical SASP genes

upregulated across both treatments. We examined a ~300 kb window around the *IL1A,*

IL1B (Fig. 4D), *CXCL1*, and *CXCL8* loci (Supplemental Fig. 4G). Across both

treatments, we observed shared increases in chromatin accessibility as early as day 3,

spanning gene bodies, transcription termination sites, and distal intergenic regions (Fig.

4D; Supplemental Fig. 4G). Despite these early accessibility gains, H3K27ac

accumulation was delayed, remaining lower at day 14 in CDK4/6i-treated cells

compared to doxorubicin before gradually increasing to comparable levels by day 28

(Fig. 4D; Supplemental Fig. 4G).

Finally, we identified enhancers selectively activated in doxorubicin-treated cells, which

may contribute to the earlier and more robust induction of shared SASP genes

observed under this condition (Fig. 4D; Supplemental Fig. 4G). Compared to ATAC-seq

and H3K27ac signal, macroH2A1 coverage is broader and more diffuse, with signal

depletion generally occurring in regions flanking—rather than within—the gene bodies

of these inflammatory loci (Fig. 4D; Supplemental Fig. 4G). This pattern is surprising,

and suggests an additional regulatory layer beyond the transcribed gene-body

macroH2A depletion predicted by the "transcriptional pruning" model (Sun et al. 2018).

Fig. 4: Activation and loss of macroH2A at enhancers near NF-κB-driven shared SASP genes

A. H3K27ac coverage signal across conditions in drug-activated enhancers within 50kb of shared-upregulated genes (Nearby enhancers). Each row in the heatmap represents a drug-activated enhancer: defined as a region of increased chromatin accessibility overlapping a corresponding H3K27ac region increasing in palbociclib (Palbo-upregulated), both treatments (Shared-upregulated) or doxorubicin (Doxo-upregulated) (See Supplemental Materials). The number of nearby peaks is shown on the left. Scale bar represents bigwig signal of normalized coverage.
B. Motif enrichment results of drug activated enhancers shown in (A) within 50kb of Shared-upregulated genes. Dot intensity represents -log10(p-adj) values, while dot size reflects the difference between true positive and false positive peaks (%TP - %FP).
C. macroH2A1 (mH2A1) signal for all mH2A1 peaks within 50kb of shared-upregulated genes (nearby mH2A1 regions) from Fig. 2D. The number of nearby mH2A1 peaks is shown on the left. Scale bar represents bigwig signal of normalized coverage.
D. Genome browser view of *IL1A* and *IL1B* loci. Normalized bigwig tracks for ATAC-seq, H3K27ac and macroH2A1 (mH2A) are shown. Upregulated regions occurring in both treatments are highlighted in blue (Shared changes) while Doxo-upregulated regions are highlighted in green (Changes in Doxo).

The NF-κB-driven shared SASP component can be uncoupled from stable cell

cycle arrest

We next considered whether NF-κB activation was necessary for cells to drive stable

arrest, or is it solely responsible for the shared SASP program without any additional

effects on senescence? We attempted to alter the NF-κB-driven shared SASP response

through pharmacological inhibition with BAY11-7082 (BAY) (Pierce et al. 1997) during

both treatments, after senescence was established (Fig. 5A). Principal component

analysis shows NF-κB inhibition had minimal impact on the overall transcriptome, as

BAY- and DMSO-treated samples clustered together within each drug group (Fig. 5B).

However, BAY suppressed expression of key shared NF-κB target SASP genes,

CXCL1, CXCL8, IL1A, IL1B, GMCSF (*CSF2*), *IL6* and *SOD2* (Fig. 5C; Supplemental

Fig. 5A,B).

Beyond these, NF-κB inhibition downregulated 57 shared genes, as well as additional

drug-specific targets (Supplemental Fig. 5C), suggesting that while NF-κB is a common

feature of senescence, its ability to regulate specific targets may differ across

treatments. Like previous studies of NF-κB in other types of senescence (Chien et al.

2011a; Lau and David 2019), inhibiting its activity was not enough to reverse

senescence, as indicated by no differences in clonogenic outgrowth assays (Fig. 5D).

Hence, although NF-κB activation does not appear to be necessary for maintaining

stable arrest, it is responsible for driving part of the inflammatory SASP response.

Fig. 5: Inhibition of NF-kB activity suppresses the shared SASP without reversing stable growth arrest

A. Schematic of pharmacological inhibition of NF-κB with BAY11-7082 (BAY) in LS8817 cells (see Methods). 10 μM BAY or equivalent volume of DMSO (negative control) was added to cells for 2-3 days prior to harvest.
B. Principal component analysis on RNA-seq of day14 palbociclib or doxorubicin treated LS8817 cells with or without NF-κB inhibitor, BAY11-7082 (BAY).
C. RT-qPCR results of palbociclib or doxorubicin treated LS8817 cells with or without BAY. Relative fold change values to Cycling are shown. Dotted grey line indicates no change. Diamonds inside boxplot represent the mean fold change value. Circles, triangles, and rectangles represent the fold change of individual biological replicate. Dark purple and dark green shades indicate Palbo and Doxo samples treated with BAY while lighter purple and green shades indicate samples that had DMSO added at the same time as BAY samples. Statistical significance was calculated using a two-tailed t-test.
D. Crystal violet staining after clonogenic outgrowth after palbociclib or doxorubicin treatment +/- BAY. 800 cells were seeded per well in a 6-well plate and grown in drug-free media for 12 days after harvest.

529 **DNA damage response pathway is upstream of NF-κB nuclear localization in**

530 **doxorubicin but not CDK4/6i**

NF-κB activity can be triggered by a variety of cellular stressors, among which the DNA

damage response (DDR) is a major contributor (Miyamoto 2011). Notably, several

contexts, such as mitochondrial dysfunction and treatment with histone deacetylase

inhibitors, have demonstrated that senescence-associated DDR signaling can be

engaged in the absence of overt DNA damage (Pospelova et al. 2009; Pazolli et al.

2012; Wiley et al. 2016).

While CDK4/6 inhibition does not directly induce DNA damage, these previous studies

raise the possibility that DDR components could nonetheless be engaged through other

mechanisms. To test whether DDR signaling contributes to NF-κB activation in this

context, we pharmacologically inhibited the key DDR kinases ATM and ATR in arrested

LS8817 cells (Supplemental Fig. 6A). We confirmed that the DDR signaling was

dampened by ATM and ATR inhibition by immunoblotting for phosphorylated (phospho-)

p53 (Fig. 6A; Supplemental Fig. 6B) and Chk2 (Fig. 6C; Supplemental Fig. 6C).

Phospho-p53 is largely absent following palbociclib treatment, and co-treatment with

ATM and ATR inhibitors did not alter phospho-p53 levels (Fig. 6A). Phospho-Chk2 levels

were modestly increased under palbociclib treatment, suggesting mild ATM activation in

the absence of p53 activation and additional DNA damage (Fig. 6B). In contrast,

doxorubicin treatment induced robust p53 and Chk2 phosphorylation and activation,

which was attenuated by ATM and ATR inhibition (Fig. 6A,B). This corresponded with

reduced p65 nuclear localization, consistent with DNA damage-dependent activation of

NF-κB (Fig. 6C). In contrast, inhibiting ATM and ATR did not affect NF-κB nuclear

localization in CDK4/6i-treated cells (Fig. 6C), indicating that NF-κB activation in this

setting occurs independently of the canonical DDR pathway.

ECM driven SASP is specifically activated in CDK4/6i-induced senescence

Given that inhibition of DNA damage response factors did not affect NF-κB nuclear

localization in CDK4/6i-treated cells, we next sought to identify alternative upstream

pathways by characterizing gene expression programs specific to CDK4/6i-induced cell

cycle arrest. Notably, genes associated with TGF-β signaling, including ligands

(Supplemental Fig. 6D) and receptors (Supplemental Fig. 6E), were selectively

upregulated in CDK4/6i-treated cells, but not in doxorubicin-treated cells. In addition,

many of these genes encode ECM components and established TGF-β targets, several

of which have been identified as SASP genes in other contexts (Fig. 6D). These findings

suggest that, in parallel to the later NF-κB-driven shared SASP, CDK4/6 inhibition

promotes an earlier, ECM-enriched SASP program.

Consistent with a role for extracellular signaling in this context, *IL1R1*, the primary

receptor that *IL1A* and *IL1B* binds to (Wesche et al. 1997), increases in expression

during CDK4/6i treatment (Supplemental Fig. 6F: top). This indicates potential activation

of cell surface receptors that could drive downstream NF-κB activation. We also

detected increased expression of TLR4 in both treatment conditions (Supplemental Fig.

6F: bottom), pointing to pattern recognition receptor signaling as an additional route to

NF-κB activation (Kelsh and McKeown-Longo 2013; Guo et al. 2024). We hypothesize

that upregulation of multiple cell surface receptors—including *TGFBR1/2, IL1R1*, and

TLR4 (Supplemental Fig. 6D-F)—along with ECM-enriched SASP components (Fig. 6D)

 that engage these receptors, may provide alternative routes to NF-κB activation in

 CDK4/6i-induced senescence, independent of intrinsic DNA damage signaling (Fig. 6E).

Fig. 6: Inhibiting ATM and ATR affects NF-κB nuclear localization in doxorubicin but not CDK4/6i therapy-induced senescence

A. Western blots of LS8817 cells treated with Palbo (17 days) or Doxo (7 days), with or without ATR inhibition (ATRi; 4 μM AZD6783) or combined ATR and ATM inhibition (ATRi + ATMi: 4 μM AZD6783 + 4 μM KU-60019) for two biological replicates (Bioreps). ATR and ATM inhibitors were added after cell-cycle arrest had been established. ImageJ quantification of signal relative to GADPH loading control (Top). Phospho-p53 (Ser15) relative to total p53 (Bottom). "−" indicates DMSO control; "+" and "++" indicate 2 μM and 4 μM inhibitor, respectively. Replicate indicates different biological replicates.

B. Same as (A) but western blots for phospho-Chk2 (Thr68) relative to total Chk2.

C. Quantification of log10 ratio of mean intensity of p65 in the nucleus to perinuclear region in LS8817 cells treated with ATMi+ATRi or DMSO. Statistical significance was calculated using Dunnett's test. Representative images taken at 60x objective magnification of different amounts of p65 nuclear localizations in each condition are shown at the bottom.

D. Log2 fold change (log2FC) values of Palbo-upregulated genes that are under the Hallmark term "EPITHELIAL TO MESENCHYMAL TRANSITION", across different timepoints (days of treatment) and drug conditions, relative to Cycling or day 3 controls for each drug treatment. Genes that are also SASP are shown on the left in dark green. Genes that are also NF-κB targets are shown in red text.

E. Summary model showing possible pathways activated by CDK4/6i and doxorubicin to induce the shared SASP driven by NF-κB at different temporal rates.

DISCUSSION

Therapeutic response in various cancers is in part determined by how effectively tumors

are driven into stable growth arrest. However, even upon entering such a senescent

state, the profile of secreted molecules, or SASP, plays an important role in influencing

the neighboring environment (Wang et al. 2024). Unlike replicative senescence that

arises over a lifetime (McHugh and Gil 2018), therapy-induced senescence-like states

are acute responses to cancer treatments, exhibiting many features of canonical

senescence although mediated through distinct mechanistic triggers (Wagner and Gil

2020; Wang et al. 2020; Schmitt et al. 2022). Such acute models of senescence offer

new insights into the underlying networks that are accessed during these processes and

assist us in revealing common underlying features of the elusive core components of

what it means to be a senescent cell. Additionally, understanding how the composition

of the SASP changes over time across different cancer therapies will be essential in

identifying new targeted approaches that improve patient outcomes.

Here we have used a dedifferentiated liposarcoma patient-derived cell line known to

enter senescent-like states in response to CDK4/6i, and identified NF-κB as a key

regulator of the common SASP inflammatory response. We show that this module of the

response arises despite being triggered by a DNA-damaging agent (i.e., doxorubicin) or

a DNA damage-independent mechanism (i.e., the CDK4/6 inhibitor palbociclib), and can

be decoupled from stable arrest. We confirm this shared NF-κB activation also occurs in

an estrogen receptor-positive (ER+) breast cancer cell line model (MCF7), supporting

the generality of this regulatory node as a key feature of therapy-induced SASP. While

the use of cell line models does not allow for the assessment of the SASP's effects on

immune clearance and/or evasion, we sought to focus on the molecular landscape of

the tumor cell to clarify this context. Therefore, we mapped the temporal dynamics of

epigenomic and transcriptomic networks at different phases of the CDK4/6i-induced

senescence, by analyzing the genome-wide chromatin accessibility, H3K27ac-marked

enhancers, and mRNA levels at early quiescent (day 3), mid transition (day 14), and late

senescent (day 28) timepoints (Fig. 1B). We compared this to the DNA damage-induced

senescent state that arises rapidly upon doxorubicin exposure.

Most transcriptomic changes are drug-distinct differences explained by p53 activation

specific to DNA damage induced by doxorubicin (Fig. 2D,G) and a CDK4/6i-specific

treatment response characterized by increased expression of ECM-related genes (Fig.

2D,F; Supplemental Fig. 2B). Nonetheless, we identified a common SASP-associated

enhancer module enriched for NF-κB motifs that displayed delayed activation in

CDK4/6i relative to doxorubicin, which was further substantiated by later accumulation

of H3K27ac at enhancer elements (Figs. 2B,3A-B,4A-B). A concurrent loss of the SAHF

component macroH2A around these loci may further contribute to the induction of the

shared SASP module (Fig. 4C). While loss of macroH2A has been linked to de-

repression of inflammatory loci in oncogene-induced senescence (Chen et al. 2015), to

our knowledge this is the first report of its depletion in CDK4/6i-induced senescence,

although its functional role here remains to be determined.

Our data reveal a previously underappreciated inflammatory component of CDK4/6i-

induced senescence, with potential implications for long-term therapeutic outcomes.

Although NF-κB's role in senescence induced by oncogene activation is established

(Chien et al. 2011a; Salminen et al. 2012), its activation in CDK4/6i-induced senescence

was surprising, as prior studies failed to detect NF-κB activity (Goel et al. 2017; Wang et

al. 2022; Lee et al. 2024). This discrepancy likely reflects differences in the duration of

treatment, as these studies were focused on early responses. We did not detect NF-κB

activation in earlier timepoints, in line with a previous observation in MCF7 cells after

five days of treatment (Lee et al. 2024). However, by increasing the duration of CDK4/6i

treatment (i.e., 14, 21, 28 days) we observed delayed but robust NF-κB activation

across both liposarcoma and breast cancer cells.

To determine whether the NF-κB-driven inflammatory response is necessary for the cell

to enter stable arrest, we showed that important shared SASP factors *(CXCL1, CXCL8*,

IL6, *IL1A*, and *IL1B*) can be effectively suppressed by NF-κB inhibition *without reversing*

stable arrest (Fig. 5 A-D). Many of these shared SASP factors have known tumor-

promoting functions, including immunosuppression, metastasis, and chemoresistance

(Ancrile et al. 2007; Acosta and Gil 2009; Jones and Jenkins 2018; Lau and David 2019;

Rebe and Ghiringhelli 2020; Garlanda and Mantovani 2021; Wu et al. 2022). The SASP

may therefore be tunable by adjuvant therapies to diminish pro-tumorigenic side effects.

Beyond shared targets, CDK4/6i also induces a distinct ECM-enriched SASP program

(Fig. 6D) that may be driven by TGF-β signaling (Supplemental Fig. 2B,6D-E) and its

downstream transcription factors (Fig. 4B). Future work is needed to understand the

interplay and regulation between CDK4/6i-distinct and shared components of the SASP.

Nonetheless, our data support a growing shift in the way we think about the clinical

implications of CDK4/6i treatment. While it may offer initial benefits to patients over

traditional chemotherapy, over time it leads to the emergence of a pro-inflammatory

SASP driven by NF-κB that can promote tumor progression. Further therapeutic options

that modulate the SASP while maintaining arrest are an area ripe for development.

These findings improve our understanding of the questions we set out to answer

regarding the dependence of the SASP on DNA damage and the dynamic nature of the

epigenetic changes that underlie the response. Since macro was previously shown to

activate enhancers in response to CDK4/6i in breast cancer (Watt et al. 2021), we

asked whether increased accessibility at AP-1 motifs contributed to the differences in

the temporal activation of the SASP. In our data, both drug treatments showed evidence

of AP-1 activation but exhibited distinct kinetics: rapidly increased in doxorubicin and

more gradual with CDK4/6i (Supplemental Fig. 4C-D), with additional AP-1 enrichment

at Doxo-specific increased H3K27ac regions. This may indicate that doxorubicin triggers

full enhancer activation at AP-1 bound sites, whereas palbociclib treatment merely

causes AP-1 factors to open chromatin via pioneering activity (Biddie et al. 2011;

Vierbuchen et al. 2017). AP-1 is known to act synergistically with NF-κB to drive the

expression of its target genes through genome-wide chromatin remodeling (Fujioka et

al. 2004; Oeckinghaus et al. 2011; Ji et al. 2019), which offers an explanation for the

timing and magnitude differences of NF-κB-driven SASP activation across treatments;

earlier and robust in doxorubicin but delayed in CDK4/6i.

An outstanding question is, what drives NF-κB activation in CDK4/6i-induced

senescence in the absence of DNA damage? Inhibition of ATM and ATR does not affect

NF-κB nuclear localization with CDK4/6i but indeed blocks this response with

doxorubicin (Fig. 6C), supporting a DNA damage response-independent mechanism in

the CDK4/6i context. Therefore, NF-κB activation in CDK4/6i treatment is likely

mediated through alternative upstream pathways, which we suspect includes TGF-β

and IL-1, known mediators of this pathway (Guo et al. 2024). Both *TGFBR1/2* and

IL1R1 expression levels are upregulated in CDK4/6i treatment (Supplemental Fig. 6D-

F), and converge on the TRAF6-TAK1 signaling axis, resulting in nuclear localization of

NF-κB (Freudlsperger et al. 2013; Wang et al. 2021). In addition, both CDK4/6i and

doxorubicin treatment cause increased expression of *TLR4*, another cell surface

receptor that feeds into NF-κB activation (Guo et al. 2024). *TLR4* can be activated by

endogenous damage-associated molecular patterns (DAMPs), including ECM

components, versican (*VCAN*) and tenascin C (*TNC*) (Kelsh and McKeown-Longo

2013; Han et al. 2020), which are part of the CDK4/6i-enriched SASP (Fig. 6E).

Activation of NF-κB promotes continued upregulation of *IL1A* and *IL1B* (Figs. 3B,4D)*,

resulting in a positive feedback loop that sustains NF-κB activity (Croston et al. 1995;

Weber et al. 2010). Together, our data suggest a model to be tested in future studies

(Fig. 6E), whereby NF-κB activation in CDK4/6i-treated cells arises gradually through

upregulation of cell-surface receptors and extracellular signaling rather than acute DNA

damage.

Our results underscore two important considerations: (1) the importance of the

underlying chromatin landscape that can vary intrinsically by cell type and extrinsically

by trigger response, and (2) the dynamic and tunable nature of the SASP. In conclusion,

we propose a model in which both doxorubicin and CDK4/6i induce senescence through

distinct molecular mechanisms that converge over time, leading to NF-κB activation

through enhancer remodeling and loss of macroH2A. These epigenetic changes

promote a shared senescence response that manifests as a common set of cytokines

and chemokines, which are secreted as part of the SASP. Our results bring new insights

that help explain conflicting reports on various features of therapy-induced senescence,

including the involvement of NF-κB in therapeutics that act via a DNA damage-

independent mechanism.

MATERIALS AND METHODS:

Cell lines and cell culture

Human LS8817[TetON FLAG-MDM2] liposarcoma cell line was a gift from Dr. Andrew Koff's

laboratory at Memorial Sloan Kettering Cancer Center and has been extensively

characterized in the literature (Singer et al. 2007; Barretina et al. 2010; Brill et al. 2010;

Gobble et al. 2011; Miller et al. 2013; Kovatcheva et al. 2015). LS8817 have previously

been described using the nomenclature DDLS8817 (RRID:CVCL_M814). Cells were

cultured in DMEM high glucose no glutamine (Cat# 11960044, Gibco), supplemented

with 9% Fetal Bovine Serum (Cat# 10082147, Gibco™), 1% of 100x GlutaMAX™

Supplement (Cat# 35050061, Gibco™) and 1% of 10,000U/mL Penicillin/Streptomycin

(Cat# 15140122, Gibco™) and maintained at 37°C and 5% CO_2. Cells were

authenticated by performing STR profiling to another LS8817 isogenic cell line. Cells

were passaged at a 1:3 ratio every 3 days and regularly tested for mycoplasma.

Human MCF-7 cells (RRID:CVCL_0031) were cultured in in 75 cm2 flasks DMEM/F-12

(#Cat 10565018, Thermo Fisher Scientific) supplemented with GlutaMAX, 10% Fetal

Bovine Serum (Cat# F4135, Sigma-Aldrich) and 1% Penicillin-Streptomycin at 37 °C

and 5% CO_2. Prior to their use, MCF7 cell identity was verified by STR profiling.

Drug treatments

Cells were passaged at a 1:3 ratio one day before drug treatment. For samples sent for

sequencing, cells were treated with either 1 µM palbociclib (Cat# S1116, Selleck

Chemicals) or 100 nM doxorubicin (Cat# S1208, Selleck Chemicals), with media changes

every 2–3 days until harvest.

For NF-κB inhibition experiments, 10 µM BAY11-7082 (Cat# S2913, Selleck Chemicals)

was co-administered with 1 µM palbociclib in cells that had been treated with palbociclib

3 days before harvest. For the corresponding timepoints in Doxo, cells were treated with

100 nM doxorubicin for 24 hours, after which the drug was washed out. 10 µM BAY11-

7082 was then added for 2–3 days prior to harvesting the Doxo-treated cells.

For ATMi + ATRi experiments, LS8817 cells were first treated for 3 days with 1 µM

palbociclib and 100 nM doxorubicin. At day 3, cells treated with palbociclib continued to

receive palbociclib with the addition of ATRi (AZD6783 at 4 µM; Cat #T3338, TargetMol),

ATMi + ATRi (4 µM KU-60019; Cat #S1570, SelleckChem + 4 µM AZD6783) or equal

volume of DMSO as vehicle control. Doxorubicin was washed out after ~3 days before

addition of DMSO, ATMi, ATRi or ATMi+ATRi treatment until harvest. Fresh drug-

containing media was changed every 2-3 days until harvest.

Stock solutions were prepared as followed: palbociclib (10 mM in ultrapure dH_2O, stored

at -80°C), doxorubicin (1 mM in ultrapure dH_2O, stored at -20°C), BAY11-7082 (50 mM in

DMSO, stored at -80°C), KU-60019 (10 mM in DMSO, , stored at -80°C), AZD6783 (10

mM in DMSO, stored at -80°C)

Immunofluorescence

50,000-60,000 cells were plated on acid washed glass coverslips and allowed to adhere

overnight. Cells were fixed for 15 minutes with 4% formaldehyde followed by

permeabilization with 0.1% Triton-X. Blocking was done with 0.5% Tween-20 and 1%

normal goat serum for 30 minutes-1 hour at room temperature (RT).

Antibody dilutions used: ATRX (Cat# A301-045A, Bethyl) 1:2000, macroH2A (Cat# sc-

377452, Santa Cruz) 1:500, γH2A.X (Cat# 05-636, Millipore) 1:1000, 53BP1 (Cat#

ab172580, Abcam) 1:1000, NF-κB p65 (Cat #8242, Cell Signaling Technology) 1:800.

Primary antibody incubations were done at 4°C overnight. The next day, secondary Alexa

Fluor™ antibodies (Cat #A-11004, A-11008, Invitrogen) were diluted 1:500 with 1:2000

Hoechst (Cat #H3570, Fisher Scientific) and incubated for 1 hour at RT. All reagents,

including antibodies, were diluted in 1X PBS. All steps were followed by 3 washes of 1X

PBS. Coverslips were mounted on homemade mounting medium (1 mL 10X PBS, 9 mL

Ultrapure glycerol and 50mg of N-propyl gallate (Cat# A10877-06, Alfa Aesar)).

All images were acquired using the Nikon Ti2E Research Microscope System where

about 100 nuclei or more were used for downstream quantification. To quantify ATRX,

macroH2A, γH2AX, and 53BP1 foci in immunofluorescent images, we used a custom

CellProfiler pipeline (Stirling et al. 2021). Foci and nuclei were identified using the

IdentifyPrimaryObjects module, with the **EnhanceOrSuppressFeatures** module

applied beforehand to improve foci detection. The **RelateObjects** module was then used

to associate foci with their respective nuclei.

The NF-κB nuclear-to-perinuclear intensity ratio was calculated using a CellProfiler

pipeline based on https://www.youtube.com/watch?v=DlQSgDlGuds. Briefly,

IdentifyPrimaryObjects detected nuclei, followed by **ExpandOrShrinkObjects** to

expand nuclear boundaries, and **IdentifyTertiaryObjects** to define the perinuclear region.

The **MeasureObjectIntensity** module was then used to quantify intensity in nuclear and

perinuclear regions. SA-βgal+ associated nuclei were manually counted using Fiji

software (Schindelin et al. 2012). For all quantifications, Dunnett's test was used to test

for significance between pairwise comparisons of conditions.

SA-βgal staining

Senescence-associated beta galactosidase (SA-βgal) staining was conducted following

the manufacturer's protocol (Cat #9860S, Cell Signaling Technology), with all reagents

diluted in 1× PBS instead of dH2O.

Colony formation assays

Clonogenic outgrowth was performed in a 6-well plate by plating 1600, 800, and 400 cells

per well using a 2× serial dilution method. Cells were allowed to grow for 10-12 days in

drug-free media, followed by staining with crystal violet (1.25 g in 100 mL methanol and

400 mL distilled water) for 10 minutes at RT. Plates were scanned using an Epson

Perfection V600 photo scanner.

Western blots

Cells grown in a 10cm dish were washed once with ice-cold 1x Tris Buffer Saline (TBS),

then scraped into 2mL of ice-cold 1x TBS contained 1x phosSTOP (Cat #04906845001,

Millipore Sigma) & 1x cOmplete™ EDTA-free Protease Inhibitor (Cat #11836170001,

Millipore Sigma). Cells were spun down at 400g for 10 minutes at 4oC, before removing

the supernatant. 100-200 µL of 1x Laemmli buffer (Cat #1610747, Bio-Rad) + 50mM

Dithiothreitol (DTT) + 10% glycerol + 1x phosSTOP & 1x cOmplete™ EDTA-free Protease

Inhibitor was added to the cell pellet before boiling at 95°C for 5 minutes. Cell lysates

were then sonicated for 3 cycles of 10 seconds on and 25 seconds off on the Bioruptor.

4–20% Mini-PROTEAN® TGX™ Precast Protein Gels (Cat # 4561096, Bio-Rad) were

ran in 1x Tris/Glycine/SDS buffer (Cat #1610732) at 200V for 30 minutes then transferred

to a nitrocellulose membrane (Cytiva, 0.1 µm pore size, Cat #10600000) overnight at 4°C

in 1x transfer buffer [20 mM Tris, 150 mM Glycine, 20 % Methanol] (14V). Membranes

were blocked for 30 min at RT with Intercept® (TBS) Protein-Free Blocking Buffer (Cat#

927-80001, LICORbio), followed by primary antibody incubation (diluted in Intercept® T20

(TBS) Antibody diluent (Cat# 927-65001, LICORbio)) for overnight in 4°C. Membranes

were washed then incubated 1:10,000 dilution with secondary antibodies (Cat #926-

32211, Cat #926-68070, LICORbio) for 1 hour at RT and washed. Blots were then imaged

on a LI-COR Odyssey M system. Each wash step occurred 3x, 5 min each wash, in 1x

TBS + 0.05% Tween-20.

The following antibodies were used: Phospho-p53 (Ser15) Antibody (Cat #9284, Cell

Signaling Technologies) 1:1000, p53 Antibody Cat #9282) 1:1000, GAPDH (D4C6R)

Mouse Monoclonal Antibody, (Cat #97166, Cell Signaling Technologies), Phospho-Chk2

(Thr68) (C13C1) Rabbit Monoclonal Antibody (Cat #2197, Cell Signaling Technology)

1:1000, Chk2 (D9C6) Rabbit Monoclonal Antibody (Cat #6334, Cell Signaling Technology)

1:1000

Signal intensities of protein bands relative to loading control was quantified following the

ImageJ protocol described by (Davarin 2015).

RNA-sequencing

RNA extraction was done on at least 2 biological replicates per condition using the Quick-

RNA Microprep Kit (Cat #R1050, Zymo Research). Sample quality was checked by

determining RNA integrity number (RIN) via running samples through High Sensitivity

RNA ScreenTape (Cat #5067-5579, Agilent Technologies) on the Tapestation.

LS8817 cells: Samples were sent to Novogene for stranded library preparation and

sequencing. cDNA libraries were made with NEBNext® Ultra™ II Directional RNA Library

Prep Kit for Illumina (Cat #E7765, New England Biolabs) and sequenced on Illumina

NovaSeq 6000 Sequencing System as 150-base pair-end reads.

ATAC-sequencing

ATAC libraries were generated following Corces et al. protocol for OMNI-ATAC (Corces

et al. 2017). In brief, cells were treated in culture medium with DNase (Cat #LS002007,

Worthington) at a final concentration of 200 U/mL at 37 °C for 30 minutes, then washed

twice with PBS at 500 RCF, RT. Approximately ~50,000-60,000 cells were used for each

transposition reaction. Following permeabilization, 2.5 µL of Illumina TDE1 enzyme (Cat#

20034198, Illumina) was used for transposition at 37 °C for 30 minutes. Libraries were

PCR amplified for 8-13 cycles with Illumina i5 or i7 barcoded primers and were cleaned

up pre- and post-amplification following the manufacturer's instructions using Zymo DNA

Clean and Concentrator-5 Kit (Cat# D4014, Zymo Research). At least 2 technical

replicates and 2 biological replicates per condition were sequenced. Fragment length

distribution and DNA amount was quantified via TapeStation and Qubit to assess for

quality prior to sequencing. Libraries were sequenced on the Illumina NovaSeq 6000 or

on the NextSeq 1000 Sequencing System.

CUT&Tag sequencing

CUT&Tag on LS8817 cells was performed following the protocol from Kaya-Okur et al.

(Kaya-Okur et al. 2020) and was previously described in Soroczynski et al. (Soroczynski

et al. 2024). Antibodies used include: Anti-Histone H3 (acetyl K27) antibody - ChIP Grade

(ab4729, Abcam), 1:100; Guinea Pig anti-Rabbit IgG (Heavy & Light Chain) antibody

(ABIN101961, Antibodies-online), 1:100.

CUT&RUN sequencing

CUT&RUN in LS8817 cells was performed on macroH2A1 (Cat #ab37264, lot #1046297-

1, Abcam), 1:100 following an optimized protocol by Epicypher (Version 2.2). NEBNext

Ultra II DNA Library Prep Kit for Illumina was used for fragmentation, end repair and dA-

tailing, adapter ligation and PCR amplification according to the manufacturer's

instructions. Ampure XP beads were used for post-PCR cleanup. Samples were eluted in

IDTE buffer.

RT-qPCR

Total RNA was extracted using the Quick-RNA Microprep Kit (Cat# R1050, Zymo

Research) from at least two biological replicates per condition. cDNA was synthesized

with the Applied Biosystems High-Capacity cDNA Reverse Transcription Kit (Cat#

4368814, Thermo Fisher Scientific) and SUPERase• In™ RNase Inhibitor (Cat# AM2696,

Thermo Fisher Scientific). Prior to qPCR, cDNA was diluted to 5 ng/μL in dH2O.

qPCR was performed in triplicate in a 96-well microplate using a 15 μL reaction containing

7.5 μL PowerUp SYBR Green Master Mix (Cat# A25742, Thermo Fisher Scientific), 4 μL

dH2O, 0.75 μL each of forward and reverse primers, and 1.5 μL of 5 ng/μL cDNA.

Reactions were run on a QuantStudio™ 5 Real-Time PCR System with the following

untreated cycling conditions: 98°C for 30 seconds, followed by 40–45 cycles of 98°C for

10 seconds, 63°C for 30 seconds, and 72°C for 1 minute. Cq values were normalized to

the housekeeping gene *PUM1*, which was selected based on its stable expression across

conditions in RNA-seq datasets.

All sequencing datasets have been deposited in the Gene Expression Omnibus (GEO)

database. Code supporting analysis of sequencing datasets can be found at

https://github.com/yeungj234/Manuscript_Figures. Further information and request for

resources and reagents should be directed to and will be fulfilled by the lead contact, Dr.

Viviana Risca (vrisca@rockefeller.edu).

ATACseq: GSE295258 (Reviewer token: ojihqayqnhethgj)

RNA-seq: GSE295260 (Reviewer token: qbsxqqouzxufzub)

CUT&Tag: GSE295261 (Reviewer token: shapgsuwfnqthcp)

COMPETING INTERESTS STATEMENT

V. I. R. has submitted a patent application (PCT/US2024/059554) for a chromatin

conformation capture method.

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AUTHOR CONTRIBUTIONS

J. L. Y.: Conceptualization of project, performed experiments, data analysis, visualization

and curation, manuscript writing and editing. J. R.: Performed experiments, data analysis,

manuscript writing and editing, and provided mentorship. N. P.: Bioinformatics analysis.

L. A. W..: Performed experiments, image analysis and manuscript editing. A. O.:

Performed experiments. M. P.: Performed experiments and manuscript editing. I. D.:

Bioinformatics analysis. R. H.: Bioinformatics analysis. B. T.: Performed experiments and

image analysis. V. I. R.: Conceptualization of project, resources, project supervision,

mentorship, funding acquisition, manuscript writing and editing.

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