A Sequential Triple-Drug Strategy for Selective Targeting of p53-Mutant Cancers

Mohammed M. Alruwaili[1,2], Yanqi Guo[1], Justin Zonneville[1], Thomas Melendy[3], Robert M.

Straubinger[4,5], Barbara A. Foster[5], Priyanka Rajan[1], Henry Withers[6], Sarah Chatley[7], Renuka

Iyer[7], Christos Fountzilas[7*], and Andrei V. Bakin[1*]

Author affiliation: [1]Department of Cancer Genetics and Genomics, Roswell Park Comprehensive

Cancer Center, Buffalo, New York 14263; [2]Department of Medical Laboratory Technology,

College of Applied Medical Science, Northern Border University, Arar City, Saudi Arabia;

[3]Department of Microbiology and Immunology, University at Buffalo, 14214, [4]Department of

Pharmaceutical Sciences, University at Buffalo, 14214; [5]Department of Pharmacology and

Therapeutics, [6]Department of Biostatistics and Bioinformatics, [7]Department of Medicine,

Roswell Park Comprehensive Cancer Center, Buffalo, New York 14263.

[*]**Corresponding authors:** Andrei V. Bakin, Department of Cancer Genetics and Genomics, Tel.

(716) 845-1033; e-mail: Andrei.Bakin@Roswellpark.org; and Christos Fountzilas, Department

of Medicine, Tel. (716)845-8974, e-mail: Christos.Fountzilas@Roswellpark.org, Roswell Park

Comprehensive Cancer Center, Buffalo, New York 14263

The Lead Contact: Andrei V. Bakin, Department of Cancer Genetics and Genomics, Tel. (716)

845-1033; e-mail: Andrei.Bakin@Roswellpark.org

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SUMMARY

The tumor suppressor *TP53* gene (p53) is mutated in most human malignancies; however,

existing treatment options are largely ineffective, lack selectivity, and cause toxic side effects. To

address these clinical problems, we developed a sequential triple-drug strategy for p53 mutant

cancer cells. Here we show that a combination of a thymidine analogue (TAS102) plus PARP

inhibitor (PARPi) promotes formation of DNA double-strand breaks (DSBs) and G2-arrest

specifically in p53 mutant cancer cells. Transcriptome analysis revealed that TAS102-PARPi

treatment of p53 mutant cells did not repress DNA replication but activated DSB repair and

blocked the mitotic program, consistent with G2-arrest. In contrast, TAS102-PARPi treatment of

normal p53 wild-type cells resulted in a temporal G1-arrest and rapid recovery of cell cycle

capacity after drug withdrawal. In p53 mutant cancer cells, subsequent blocking of a G2-

checkpoint kinase, such as WEE1, released these G2-arrested cells into mitosis, leading to

massive cell death. Delayed administration of a G2-kinase inhibitor provides time for p53 wild-

type cells to repair DNA, thereby minimizing toxicity to normal tissues. This sequential triple-

drug strategy exhibited robust efficacy in preclinical models of colorectal and pancreatic cancers

and was well tolerated in mice. Together, our findings illustrate a promising triple-drug strategy

for targeting p53 mutant malignancies.

KEYWORDS: pancreatic cancer, colorectal cancer, poly (ADP-ribose) polymerase, DNA

damage, 5-fluorodeoxyuridine, PARP inhibitor, TAS102, trifluorothymidine

ABBREVIATIONS: BER, base excision repair; CRC, colorectal adenocarcinoma; DSB,

double-strand break; EdUrd, 5-ethynyl-2'-deoxyrudine; TFT, trifluorothymidine; HR,

homological recombination; MMR, mismatch repair; mPFS, median progression-free survival;

OS, overall survival; PDAC, pancreatic ductal adenocarcinoma; SSB, single-strand break.

INTRODUCTION

Colorectal cancer (CRC) and pancreatic ductal adenocarcinoma (PDAC) are among the

leading causes of cancer-related mortality worldwide, posing significant global health

challenges[1]. Despite improvements in early detection [2], CRC remains a considerable clinical

burden, as the majority of patients are diagnosed at advanced stages or progress to metastatic

disease after initial treatment[3]. The 5-year overall survival (OS) rate for patients with metastatic

disease is less than 15% [4, 5]. PDAC is an aggressive cancer characterized by rapid disease

progression, early metastasis, and limited response to conventional therapies[6]. The 5-year OS

rate for PDAC for all stages combined remains under 10% despite the use of multi-agent

chemotherapy regimens [6, 7]. For patients with chemotherapy-refractory CRC or PDAC, there are

currently no FDA-approved therapies that extend overall survival beyond 3 months[5, 7]. These

poor clinical outcomes suggest the need for more effective therapeutic strategies that target the

molecular vulnerabilities of these cancers.

The tumor suppressor *TP53* gene is mutated in most cancers, including CRC and PDAC, and

mutant p53 (p53mut) contributes to cancer progression and poor response to therapy[8, 9]. p53

protein is critical for maintaining genomic stability by regulating DNA repair and cell cycle

control at the G1/S checkpoint in response to DNA damage[10]. Despite ample knowledge of the

functional consequences of p53 mutations, therapeutic approaches targeting p53mut cancers

have been largely unsuccessful, and p53 status is largely ignored in the clinical management of

patients[11]. Cancer cells with mutant p53 show greater reliance on the G2 checkpoint due to the

loss of G1-checkpoint control. This vulnerability of p53mut tumors has been explored with

agents targeting the G2 checkpoint alone or in combination with chemotherapeutics, such as

doxorubicin and carboplatin[12-14]. The major limitations of these approaches are the low

selectivity of these therapeutics for p53 status and the high hematologic and organ toxicities in

combination therapy[15, 16]. Therapeutic strategies with enhanced selectivity towards p53mut

cancers are needed to improve treatments of these malignancies [10].

Recently, we developed a two-drug therapeutic strategy that selectively induced DNA

damage in p53mut cancer cells [17, 18]. This strategy combines the thymidine analog TAS102,

which acts as an inducer of DNA single-strand breaks (SSBs) through post-replicative DNA

repair, and PARP inhibitor (PARPi) which acts as an amplifier of DNA damage by converting

SSBs to more lethal double-strand DNA breaks (DSBs)[17, 18]. TAS102-PARPi treatment induces

G1-arrest in wild-type p53 (p53WT) cells, while p53mut cells exhibit high DSB levels, G2-

arrest, and increased cell death [18]. The inducer-amplifier strategy showed greater efficacy in

p53mut cancer models, including CRC and PDAC, compared to either drug alone, while no

major toxicities were observed in mice [17, 18]. This two-drug strategy is being tested in a first-in-

human Phase I clinical trial for patients with refractory CRC using the TAS102-talazoparib

combination (NCT04511039)[19]. Preliminary data showed no significant signs of toxicity and

improved median progression-free survival (mPFS) compared to historical mPFS for TAS102

alone[19].

Here, we show that TAS102-PARPi treatment induces prolonged G2-arrest in p53mut cancer

cells even after drug washout, while non-tumor p53WT cells rapidly repair their DNA and re-

enter the cell cycle. The ATR-WEE1 signaling axis is critical for G2-arrest in response to

TAS102-PARPi in p53mut cancer cells. Following TAS102-PARPi treatment, a selective

inhibitor of WEE1 kinase released p53mut cells with unrepaired DNA into mitosis, leading to

cell death. This sequential approach combining TAS102-PARPi treatment with a WEE1 inhibitor

showed greater tumor control in preclinical models than either treatment alone. The sequential

triple-drug regimen was well tolerated in animals even after extended administration.

MATERIALS AND METHODS

Cell culture models

The human CRC cell lines HT29 (RRID:CVCL_0320) and DLD1 (RRID:CVCL_0248), human

non-tumor breast epithelial MCF10A (RRID: CVCL_0598) and human breast cancer MDA-MB-

231 (RRID:CVCL_0062) were obtained from the American Type Culture Collection (ATCC,

Manassas, VA, USA) and cultured as recommended by ATCC. The human CRC cell lines

HCT116, HCT116-p53(-/-; KO), HCT116-p53(R248W/-), SW48, and SW48-p53(-/-; KO) were

obtained from Dr. Bert Vogelstein, Johns Hopkins University. Human CRC RKO and RKO-

p53(-/-, KO) cell lines were obtained from Dr. Alessandro Carugo, IRBM European School of

Molecular Medicine, Italy. The details of the genetic information for the cell line and patient-

derived xenograft (PDX) models are presented in **Key Resources Table**. All human cell lines

were authenticated using short tandem repeat profiling by ATCC or the Roswell Park Genomic

Shared Resource within the last three years. The cells were routinely screened for mycoplasma,

and all studies made use of mycoplasma-free cells. Cell cultures were maintained in media and

incubated as recommended by ATCC.

Cell-derived xenografts in mice

Female SCID/CB17 mice (6−8-week-old) were obtained from a colony of SCID/CB17 mice that

were bred and maintained at the Animal Facility of the Roswell Park Comprehensive Cancer

Center. Animals were kept in microinsulator units and were provided with food and water *ad*

libitum according to a protocol and guidelines approved by the Institute Animal Care and Use

Committee (IACUC). The facility was certified by the American Association for Accreditation

of Laboratory Animal Care (AAALAC) and in accordance with the current regulations and

standards of the US Department of Agriculture and the US Department of Health and Human

Services. Mice were inoculated subcutaneously into the left flank with exponentially growing

HT29 tumor cells at (1×10^6/mouse). Tumor growth was monitored by measuring tumor

diameters with electronic calipers twice/a week. The volume was calculated using the formula

(length) $\times$ (width)^2/2. The weights of mice were measured twice per week. Once the tumor

volume reached 50-100 mm^3, mice were randomly assigned (n = 8-10/group) into four treatment

arms: (1) vehicle control, (2) WEE1 inhibitor (WEE1i, adavosertib, MK-1775, 40-60 mg/kg), (3)

TAS102-talazoparib (TAS102: 50 mg/kg, talazoparib: 0.150 mg/kg), and (4) sequential regimen

(TAS102-talazoparib for one week followed by WEE1i in the second week). TAS102 and

talazoparib were dissolved in 12% HPCD (2-hydroxypropyl)-β-cyclodextrin in DPBS, whereas

MK-1775 was prepared in 5% DMSO, 40% PEG300, 5% Tween-80, and 50% saline. All drugs

were freshly prepared and administered via oral gavage on a 5-days-on, 2-days-off schedule. At a

tumor diameter of 2cm^3, mice were euthanized and subjected to necropsy and organ collection.

Tumor growth assessment was stopped once a mouse reached the endpoint (typically in a

vehicle-treated cohort) while survival data were still collected in the study. Tumor tissues were

collected by snap-freezing in liquid nitrogen for RNA and protein analyses. Blood was collected

for CBC by cardiac puncture.

Patient Derived Xenograft (PDX)

Donor and experimental pancreatic patient-derived xenografts (PDAC-PDX-14312-4p) were

implanted subcutaneously into SCID mice, whereas colorectal patient-derived xenografts (CRC

PDX-3B1-29-RP-3p; APC E1353*, KRAS-G12D, TP53-R213*, PIK3CA-E545K) were grown

in NOD-Cg-Prkdcscid Il2rgtm1Wjl/SzJ mice (Jackson Laboratory, Bar Harbor, ME, USA), also

known as NOD SCID gamma (NSG). Tumors were grown in donor mice to a volume of

~1500mm^3, harvested rapidly after euthanasia, cut into 2×2×2 mm^3 pieces under sterile

conditions, and surgically implanted into the left flank. Surgical staples were removed about ten

days post implantation, and tumor growth and mouse weight were measured twice per week. At

the average tumor volume of 100mm^3, mice were randomized and treated as described above.

Complete Blood Counts

Blood was collected by cardiac puncture into a tube containing EDTA to prevent coagulation at

the endpoint of the study. The analysis was performed using the HemaTrue Analyzer and

HeskaView Integrated Software version 2.5.2. Graphs for the blood compounds were generated

using GraphPad Prism8 (Version 8.4.2).

Immunoblotting

Whole-cell lysates were prepared using NP40 Lysis Buffer (0.88% NP-40, 132 mM NaCl, 44

mM HEPES, and 8.8 mM NaF) supplemented with 2 mM sodium orthovanadate, 1 mM PMSF,

and Protease Inhibitor Cocktail. Protein concentrations were quantified using the Bio-Rad DC

Protein Assay (Cat# 5000111). Equal amounts of protein from each sample were heated for 5

min and resolved by SDS-PAGE at a constant voltage of 100V. Proteins were then transferred

onto a nitrocellulose membrane (0.2-µm pore size) at a constant voltage of 100V for 120 min at

4°C. Membranes were blocked in 1x TBS-T (Tris-buffered saline (TBS)) with 0.1% v/v

TWEEN-20) and 5% w/v non-fat dry milk. Primary antibodies were diluted in 5% BSA or 5%

milk in 1x TBS-T and incubated overnight at 4°C. The membranes were washed three times with

1x TBST for 10 min each and then incubated with secondary mouse or rabbit HRP-conjugated

antibody for 1h at room temperature. The membranes were washed three times with 1x TBST for

15 min each. Pierce ECL Western Blotting Substrate was used for chemiluminescent detection.

Signals were visualized and imaged using radiographic films.

Cell cycle analysis by Flow Cytometry

Cells were seeded at 300,000 cells/well in 6-well plates and then treated for 24h with various

concentrations of drugs, listed in **Key Resources Table**. Cells were collected and fixed with ice-

cold 70% ethanol for 1h at -20°C and stained for 1h at 4°C in Krishan DNA Buffer (propidium

iodide, sodium citrate, RNase A, NP40, and 0.1 mM HCl). The samples were analyzed on a BD

LSR Fortessa cytometer running FACS Diva (version 6.1.3), and the data were processed using

FCS Express 7 (version 7.06.0015). The experiments were repeated twice, and representative

histograms are shown.

Cytotoxicity

The cells were seeded at a density of 5,000 cells/well in a 96-well plate. After 24h, cells were

treated with TAS102 at a range of concentrations in the presence of 100nM talazoparib, and/or

the G2 kinase inhibitors at various concentrations for 72h. The cells were stained with 1%

methylene blue for 30 min, rinsed with water, and dried overnight. The cells were solubilized in

5% SDS prepared in PBS, and absorbance was measured at 650 nm. IC50 values were calculated

using GraphPad Prism (version 10.0.3). Combination Index (CI) values were calculated based on

the Loewe Additivity Model as implemented in the SynergyFinder R package using the

following formula: $CI = D1/IC50_1 + D2/IC50_2$, where D1 and D2 are the concentrations of drugs

1 and 2 used in the combination, while $IC50_1$ and $IC50_2$ are the concentrations of drugs 1 and 2

inhibiting 50% of the activity when used individually. Each dot in the Scatter plot represents the

drug interaction in the combination at specific concentrations, plotted against the fraction

affected (Fa). The CI values are distributed below, at, or above the threshold of 1, indicating

synergy (CI < 1), additivity (CI = 1), or antagonism (CI > 1).

Immunohistochemistry (IHC)

Freshly isolated tumors were fixed in 10% neutral buffered formalin (Sigma-Aldrich, Cat.

#HT501128) for 48h, then transferred to 70% ethanol for dehydration, before embedding in

paraffin at Roswell Park's Pathology Network Shared Resources (PNSR) into formalin-fixed

paraffin-embedded (FFPE) blocks. Staining for hematoxylin & eosin (H&E) and for p-Y15-

CDK1, Cyclin B1, and p-S10-HH3 was performed by the PNSR. Antibodies and reagents are

listed in **Key Resources Table.** Slides were scanned by Aperio ImageScope version 12.4.0.5043,

and representative images were captured at 20x magnification. Three representative tumors from

each treatment group were used for quantification. A minimum of eight fields of view (FOV)

were analyzed for each tumor sample. Entire stained tissue sections were scanned, and the areas

of highest density for immunoreactivity ("hot spots") were manually selected for quantification.

Each "hot spot" was recorded at 20x magnification. The positive area was calculated using the

formula: Negative area – Positive area × 100) in ImageJ. Data were reported as mean and

standard error (mean +- SE). Data are presented using GraphPad Prism8 (v8.4.2).

Annexin-V staining

Following drug exposure, the cells were trypsinized, washed with PBS, and resuspended

in annexin-binding buffer. Dead cells were stained for annexin-V and DNA with propidium

iodide according to the manufacturer's instructions (Dead Cell Apoptosis Kit with Annexin-V-

FITC and PI, for flow cytometry, ThermoFisher Scientific, Cat. No.: V13242). The samples were

processed on a BD LSR Fortessa cytometer running FACS Diva (v6.1.3), and the data were

analyzed using FCS Express 7 (v7.06.0015). Experiments were repeated twice, and

representative histograms were shown.

Immunofluorescence microscopy

The cells were grown on glass coverslips for 24h and then treated with 500nM TAS102, 100nM

talazoparib, or their combination for the indicated time; alternatively, cell were treated with

TAS102-talazoparib for 25h following drug withdrawal in incubation for indicated time. Cells

were fixed with 4% PFA and permeabilized with 0.05% Triton X-100. Samples were blocked

with 3% milk in PBS and probed with γH2AX and RAD51 antibodies in 1% milk, followed by a

wash in PBS and incubation with fluorescent secondary antibodies in 0.5% milk. Samples were

washed with PBS three times and DNA was labeled with Hoechst 33342 before mounting on

glass slides. Fluorescence images were taken with a Plan Apochromat 100x objective (1.40 NA

mineral oil) at ambient temperature using a Nikon TE2000-E inverted microscope equipped with

a charge-coupled device camera (CoolSNAP HQ; Photometrics). The levels of γH2AX and

RAD51 were assessed by measuring cellular fluorescence intensity as the Corrected Total

Cellular Fluorescence (CTCF). Briefly, a minimum of six random fields per treatment group

were evaluated using MetaVue imaging software (version 7.7.3, Molecular Devices). Three

background readings were measured for each field of view and individual cells that were

positively stained with γH2AX and RAD51 were selected with a region freehand tool. For each

treatment group, >40 cells were evaluated and the CTCF values were calculated using the

formula: integrated density – (area of cell × average background fluorescence). The CTCF values

are reported as mean and standard error (mean +- SE). Data are presented using GraphPad

Prism8 (v8.4.2).

RNA sequence

Cells were seeded at a density of 1×10^6 cells in a 100mm dish, and the following day media was

replaced with base media containing 5% FBS for 6h. Cells were then treated with 500nM

TAS102, 100nM talazoparib or their combination for 24h. Next day, cells were lysed with

TRIzol reagent (Thermofisher Scientific; Cat # 15596026). RNA was isolated using Direct-zol

RNA Miniprep Kit (Zymo Research; Cat # R2050). The sequencing libraries are prepared from

500ng total RNA using the mRNA HyperPrep kit (Roche) and following manufacturer's

instructions. The polyA+ RNA population was captured using the mRNA Capture Beads and

then utilized for cDNA synthesis using random primers and reverse transcriptase. cDNA was

converted into blunt-ended double-strand DNA using Taq pol (overhanging A) and purified

using Pure Beads (Roche). Multiple indexing adapters with overhanging T at the 3' end were

ligated to the ds-cDNA ends. Adapter ligated ds-cDNA libraries were amplified by PCR,

purified using Pure Beads, and then were validated for appropriate size on a 4200 TapeStation

D1000 Screentape (Agilent Technologies, Inc.). The DNA libraries were quantitated using

KAPA Biosystems qPCR kit, and were pooled together in an equimolar ratio, following

experimental design criteria. Each pool was denatured and diluted to 200pM with 1% PhiX

control library added. The resulting pool was then loaded into the appropriate NovaSeq Reagent

cartridge, as determined by the desired sequencing depth and number of samples. 100-cycle

paired-end sequencing was then performed on a NovaSeq6000 following the manufacturer's

recommended protocol (Illumina Inc.).

Raw count files were generated from FASTQ files using UB CCR's HPC nr-core/rnaseq pipeline

(https://nf-co.re/rnaseq/3.12.0). Raw sequencing reads passed quality filters from Illumina RTA

were first pre-processed by using FASTQC (v0.11.8) for sequencing base quality control. The

reads were mapped to GRCh38 human reference genome and the GENCODE (v38) (128)

annotation database using STAR (v2.7.9a). Counts from RSEM were filtered and then upper

quartile normalized using R package edgeR. Gene Ontology analysis of biological processes

pathways was selected based on adjusted p-values, and the NES was calculated by ranking all

genes based on their differential expression, calculating the Enrichment Score (ES) for each gene

set, and normalizing the ES by dividing it by the mean ES values from random permutations.

Cell-cycle genes in the heatmap were derived from the Cyclebase 3.0 database.

Quantification and Statistical Analysis

Statistical analysis was performed using GraphPad Prism software (v10.0.3) unless otherwise

indicated. The data represent biological replicates (n) as mean value with standard error (mean $\pm$

SE). Statistical significance of data comparisons was determined using the Student's unpaired *t*-

test with a two-tailed distribution, one way ANOVA, or two-way ANOVA with a Tukey

multiple comparisons test or with Sidak's multiple comparisons test as indicated in figure

legends. Statistical significance was achieved when *P*<0.05. The correlation analysis was

performed using the Pearson correlation approach in RStudio. Survival was evaluated using the

Kaplan-Meier estimator with the log-rank test, based on time-to-arrive at a defined tumor volume

using GraphPad Prism. Cytotoxicity data were normalized to that of the control, and IC50 values

were calculated using three-parameter nonlinear regression.

RESULTS

The TAS102-talazoparib treatment activates DNA damage response and arrests cells in G2.

Prior studies have shown that the incorporation into DNA of thymidine analogs (i.e., ethynyl-

deoxyuridine, EdU, or trifluorothymidine, a component of TAS102) triggers post-replicative

repair, resulting in single-strand DNA break (SSB) intermediates [17, 18]. The addition of a PARP

inhibitor (PARPi) greatly increases the formation of double-strand breaks (DSBs) [17, 18]. DNA

damage activates the p53-dependent G1 checkpoint and DNA repair in non-tumor p53WT cells,

whereas p53mut cells (exhibiting a compromised G1 checkpoint) accumulate DSBs and respond

with the G2 checkpoint [17, 18]. To define the molecular mechanisms of the G2 checkpoint response

to TAS102-PARPi treatment, isogenic CRC cell lines with p53WT, p53mut or p53- deletion

(KO, knockout) were utilized. Treatment with talazoparib (PARPi) for 24h increased the G2

population in p53mut and p53KO cells but had little effect on p53WT cells, whereas TAS102

alone increased the G2 population in p53mut/p53KO cells and a moderate G2 increase in p53WT

cells (**Fig. 1a-b**). TAS102-talazoparib treatment (TAS-Tal) exerted in p53mut/p53KO cells a

strong increase in the G2 population and a reciprocal decrease in the G1 population, and these

changes were statistically significant (**Fig.1a-b**). In p53WT cells, the combination did not

increase the G2 population compared to TAS102 alone. Immunoblot analysis of cell cycle and

DNA damage response (DDR) markers showed that TAS102 and TAS102-PARPi decreased the

activating phosphorylation of PLK1, a kinase mediating mitotic transition, independent of p53

status (**Fig.1c-d**). TAS102-PARPi treatment increased an inactivating phosphorylation of CDK1

at Tyr15 (**Fig. 1c-d**), a site known to be phosphorylated by WEE1 kinase. Protein levels of

cyclins A2 and B1, partners of CDK1, were also elevated (**Fig.1c-d**). In contrast,

phosphorylation of histone H3 was not increased, indicating no entry into mitosis (**Fig.1c-d**).

Together, these results showed induction of the G2 checkpoint and DDR in p53-deficient cells

upon treatment with TAS102 alone and more robustly in combination with PARPi (**Fig.1g**). To

validate this observation *in vivo*, the G2 markers were examined by immunohistochemistry

(IHC) in tumor tissues from the CRC PDX models (generated within the Phase I clinical

NCT04511039 study), which were treated with vehicle or drugs (talazoparib, TAS102, or

combination) as described [18]. IHC analysis showed that TAS102 and TAS102-PARPi increased

the levels of phospho-Tyr15-CDK1 and Cyclin B1 in p53^{H179R} mutant model (PDX-02-07-RP),

whereas the levels of phospho-H3 were reduced (**Fig. 1e** and **Suppl. Fig.1a-b**). Similar results

were obtained in the PDX-01-03-RP model carrying p53WT, although the effects of the drug

combination were lower in the p53WT model (**Fig. 1f** and **Suppl. Fig.1c-d**). These findings

indicate that the TAS102-PARPi combination primarily activated the G2 checkpoint in p53mut

cancers, while p53WT cells responded by activating both G1 and G2 checkpoints (**Fig. 1g**).

TAS102-talazporib alters the transcriptomic program in p53WT and p53mut cells.

To better define the response to the two-drug combination, transcriptomic analysis was performed on isogenic HCT116 p53WT and p53KO cell lines treated with drug monotherapies or their combination for 24h. Talazoparib alone induced minimal transcriptomic changes in both cell lines (**Fig. 2a, d**). In contrast, TAS102 exerted strong effects by inducing expression of 774 genes and downregulating expression of 367 genes in p53WT cells and 614 upregulated and 418 downregulated genes in p53KO cells relative to vehicle-treated controls (**Fig. 2b, e**). The drug combination in p53WT cells increased expression of 897 genes and decreased expression of 368 genes, while in p53KO cells expression of 698 genes was induced and that of 615 genes was decreased (**Fig. 2d, f**). The Venn diagrams demonstrated a notable overlap in altered gene expression between TAS102 monotherapy and the TAS102-PARPi combination, with 936 genes shared in p53WT and 770 shared in p53KO cells (**Fig. 2g-h**).

The gene ontology (GO) enrichment analysis was conducted on the differentially expressed genes (**DEGs**) to infer the biological processes affected by the drug treatments. The GO analysis showed that in both p53WT and p53KO cells treated with TAS102, the up-regulated genes were enriched in processes associated with cell cycle regulation and extracellular matrix (ECM) organization (**Suppl. Fig. 2a-b**). However, among the downregulated genes distinct processes were affected in p53WT *vs*. p53KO cells. In p53WT cells, downregulated genes were mainly associated with processes related to mRNA splicing and pyrimidine metabolism, whereas in p53KO cells with processes related to ribosome biogenesis, rRNA processing and maturation (**Suppl. Fig. 2a-b**). In TAS102-talazoparib treatment, the top upregulated biological processes in p53KO cells were related to DNA replication and G2/M transition, whereas downregulated

processes were related to ribosome biogenesis (**Suppl. Fig. 2c-d**). The dot plots summarize the

top significantly enriched processes related to cell cycle regulation, ECM organization, and

ribosome biogenesis for p53WT and p53KO cells (**Fig. 2i**). The upregulation of processes related

to ECM organization suggests a contribution of the matrix to cell division, while repression of

ribosome biogenesis is consistent with reduced ribosome biogenesis at the G2 checkpoint in

preparation for mitosis [20].

To reveal the transcriptome changes related to the cell cycle and DNA repair in p53WT *vs.*

p53KO cells, heatmaps were built for p53 targets, cell cycle, and DNA repair genes identified in

the GO analysis. The regulation of p53 target genes was clearly different between p53WT and

p53KO cells (**Fig. 2j, k**). Treatment of p53WT cells with TAS102 (TAS) or TAS102-PARPi

(TAS+Tal) strongly induced the expression of p53 targets (i.e., p21/CDKN1A, MDM2, BTG2);

in contrast their regulation was markedly lower in p53KO cells (**Fig. 2j, k**, p53 Targets). In

p53KO cells the expression of homologous recombination (HR) DNA repair genes (i.e., BRCA1,

BRCA2, RAD51) was robustly induced by TAS102-PARPi treatment, whereas the effect was

lower in TAS102 alone (**Fig. 2j, l**, HR genes). This finding is consistent with higher double-

strand breaks (DSBs) induced by TAS102-PARPi treatment in p53KO cells compared to

TAS102 alone [17, 18]. The genes involved in G1/S transition (CDK4, E2F1, E2F3) and DNA

replication (MCM6, PRIM2) were reduced in p53WT cells treated with TAS102 and TAS102-

PARPi (**Fig. 2j, m**). In contrast, treatment of p53KO cells with TAS102 or TAS-PARPi

increased the expression of genes mediating G1->S transition (E2F1, E2F3, TFDP1) and DNA

replication (CCNE1, CDK2, MCM10, ORC1), **Fig. 2j, m**, G1/S and S/G2 genes. These effects

show that neither TAS102 nor TAS-PARPi repress DNA replication in p53-deficient cells,

whereas the treatments of p53WT cells induce a p53-dependent G1-arrest. Importantly, TAS-

PARPi treatment of p53KO cells strongly reduced expression of genes involved in mitosis

(AURKA, BUB1, CDC20, CENPF, PLK1, PIF1), an effect that was lower in TAS102 alone

(**Fig. 2j**, **n**, M phase). In contrast, the expression of these genes was not reduced in p53WT cells.

We further verified the transcriptome effects in the HT29 CRC cell line carrying p53^{R273H}.

RNAseq analysis showed that TAS102-PARPi treatment downregulates expression of M-phase

genes and upregulates expression of HR-related genes comparable to the effects observed in

HCT116-p53KO cells (**Suppl. Fig. 3**). The TAS102-PARPi effects were greater than those of

TAS102 alone. Together, these data showed that the TAS102-PARPi treatment caused distinct

transcriptome changes in p53-deficient *vs.* p53WT cells, consistent with G2-arrest and activation

of HR-mediated DSB repair in p53mut cells and G1-arrest in p53WT cells.

Targeting G2 checkpoint kinases and cytotoxicity of TAS102-PARPi treatment.

We have shown that TAS102-PAPRi treatment activates signaling by ATM and ATR kinases

[18], which are known to mediate DNA repair and G2-arrest [21, 22]. Therefore, we examined whether

blocking these kinases can enhance the toxicity of TAS102-PARPi in p53mut cells. A selective

ATM inhibitor (KU55933; ATMi) did not enhance toxicity of TAS102-talazoparib in p53WT

and p53-deficient (p53KO, p53$^{R248W/-}$) HCT116 cell lines (**Suppl. Fig. 4a-c**). Instead, ATMi

reduced sensitivity to TAS102-talazoparib in all tested lines, potentially due to ATM function in

the G1/S checkpoint [23] and/or recovery of replication fork after DNA repair [21, 22]. In contrast, the

selective ATR inhibitor (AZD6738/ceralasertib; ATRi) markedly enhanced toxicity of TAS102-

talazoparib in p53KO and p53mut cell lines (**Fig. 3a-d**). In p53-deficient cells the IC50 was

enhanced 4-10-fold by 100nM ATRi (**Fig. 3b-d, n**), whereas only 1.5-fold increase was observed

in p53WT cells (**Fig. 3a, n**). This result is consistent with our prior finding that, in cells treated

with TAS102-talazoparib, blockade of ATR increases levels of γH2AX (a DNA damage marker)

[18]. Furthermore, blockade of ATR, but not ATM, increased phosphorylation of histone H3

(phospho-H3, a marker of mitosis) (**Suppl. Fig.4i**). These data are aligned with the role of ATR

in resolving replication stress and activating the G2/M checkpoint, thus ensuring proper cell

cycle progression and DNA repair [24]. ATR kinase blockade allows cells with unrepaired DSBs to

enter mitosis, leading to cell death [22].

ATR kinase induces G2-checkpoint through downstream effector kinases such as CHK1 and

WEE1; CHK1 kinase phosphorylates and inactivates CDC25 phosphatase, which controls

CDK1, while WEE1 kinase inactivates CDK1 by phosphorylating Tyr15 [21, 25-30]. Therefore, we

explored whether blockade of these kinases would result in cytotoxic effects comparable to those

of ATRi. A selective CHK1 inhibitor (AZD7762; CHK1i) showed comparable increase in

cytotoxicity of TAS102-talazoparib in both p53WT and p53-deficient cells, about 8-10-fold at

100nM CHK1i (**Fig. 3e-i**). In contrast, a WEE1 inhibitor (MK1775; WEE1i) enhanced the

cytotoxicity of TAS102-talazoparib preferentially in p53mut cells, 8-15-fold in p53mut *vs* 3-4-

fold in p53WT cells at 100nM WEE1i (**Fig. 3j-m, o**).

Next, we examined the cytotoxicity of G2-kinase inhibitors in non-tumor p53WT MCF10A

cells. ATRi and WEE1i showed only a moderate (2-3-fold) enhancement of toxicity of TAS102-

talazoparib in non-tumor cells (**Suppl. Fig. 4d, f**). In contrast, CHK1i strongly enhanced toxicity

of TAS102-talazoparib (nearly 10-fold) in non-tumor cells (**Suppl. Fig. 4e**). Immunoblotting

verified the activities of CHK1 and WEE1 inhibitors on DNA damage response (DDR) markers

in p53WT MCF10A and p53mut MDA-MB-231 cells (**Suppl. Fig. 4g, h**). Consistent with the

effects of CHK1i *in vitro*, clinical trials have shown significant toxicities associated with CHK1i,

resulting in discontinued early trials [31, 32]. Conversely, drugs targeting ATR and WEE1 have

shown tolerable toxicity in clinical trials [33, 34], positioning them as potential therapeutic

candidates. Given that efficacy of TAS102-talazoparib was enhanced by both ATRi and WEE1i

preferentially in p53mut cells, we evaluated the drug interaction using the Loewe Additivity

Model [35, 36]. The analysis revealed synergism between TAS102-talazoparib and both ATRi and

WEE1i in p53mut cell models, with cooperativity index (CI) values ranging from 0.21 to 0.30

for ATRi (**Fig. 3n**, **Suppl. Fig. 5a-d**) and 0.16-0.30 for WEE1i (**Fig.3o**, **Suppl. Fig. 5f-i**). In

contrast, in non-tumor p53WT cells, ATRi and WEE1i did not show substantial cooperativity

with TAS102-talazoparib with the CI values of 0.73 and 0.69, respectively (**Fig. 3n-o** and **Suppl.**

Fig. 5e, j). Thus, in this simultaneous drug regimen, TAS102-talazoparib synergized with ATRi

and WEE1i in p53mut cancer cells, while exerting only a moderate interaction in p53WT cells.

TAS102-talazoparib induces persistent DNA damage in p53-mutant cancer cell models.

A clinical drug regimen for TAS102 and TAS102-talazoparib includes cycles of 5-days On-

treatment plus a 9-day Off period [37]. To explore the response dynamics, the cell-cycle analysis

was performed on p53WT and p53-deficient cells treated with TAS102-talazoparib followed by

drug washout. In p53WT cells, an increase in the G2 population was observed following the two-

drug treatment and remained elevated up to 24h after drug washout, then followed by a gradual

increase in the G1 population, with a small fraction of sub-G1 cells (**Fig. 4a**). In contrast, p53KO

and p53R248W cells responded to TAS102-talazoparib with a prolonged G2-arrest even after

drug withdrawal. Moreover, the sub-G1 population was increased at 48-72h after drug

withdrawal, indicating cell death in p53-deficient cells (**Fig. 4b-c**).

To verify the cell cycle effects and to assess DNA damage, the molecular markers of DDR

and cell cycle were examined by immunoblotting in cells treated with TAS102-talazoparib for

24h followed by drug washout. In HCT116-p53WT cells, 24h-treatment with TAS102-

talazoparib (T0) induced the markers of G2-checkpoint (phospho-CHK1 and phospho-CDK1)

and DNA damage (γH2AX) (**Fig. 4d**). The levels of these markers decreased after 24hours of

drug washout. Protein levels of p21/CDKN1A (a p53 target) followed this trend with a reduction

at 36h (**Fig. 4d**). Cyclin D1 levels increased at 36h, indicating a recovery of cell cycle capacity

(**Fig. 4d**). Together, these findings align with the cell cycle data (**Fig. 4a**). In contrast, HCT116-

p53KO and HCT116-p53$^{R248W/-}$ cells exhibited sustained phospho-CHK1, phospho-CDK1, and

γH2AX levels after the TAS102-talazoparib treatment, indicating a prolonged G2-arrest with

high DNA damage (**Fig. 4e-f**). Consistent with this, cyclin D1 protein levels remained low, not

recovering within 72h (**Fig. 4e-f**). Comparable results were observed in HT29-p53^{R273H} cells

(**Fig. 4g**), where a prolonged increase in DNA damage and G2 markers mirrored the data in

HCT116 p53KO and p53R248W/- cell lines.

To validate the recovery of cell proliferation following treatment with TAS102-talazoparib

for 24h and drug withdrawal, cell growth was examined using live-cell imaging. The analysis

showed that p53WT non-tumor MCF10A cells quickly recovered growth capacity after drug

washout, while growth recovery was delayed by ~48h in p53WT HCT116 cells (**Suppl. Fig. 6a,**

b). In contrast, p53KO and p53mut cancer cells did not regain the growth capacity within the 92h

timeframe of the experiment (**Suppl. Fig. 6c-d**).

Together, these data showed that TAS102-talazoparib induced in p53-deficient cells a long

G2-arrest and persistent DNA damage observed even after 72h of drug withdrawal, and a sizable

proportion of p53mut cells underwent cell death within 48-72h (sub-G1 fraction). In contrast,

p53WT cells were able to repair DNA and recover their cell cycle capacity within 48h of drug

withdrawal.

The dynamics of DNA repair following TAS102-talazoparib treatment in p53mut cells

To evaluate the dynamics of DNA damage repair, changes in the DSB markers γH2AX and

RAD51 were examined in MCF10A (p53WT), DLD1 (p53^{S241F}), and HT29 (p53^{R273H}) cell lines

using immunofluorescence. Cells were treated with TAS102-talazoparib for 24h followed by

drug washout. Immediately after 24h-treatment (at T0), the levels and the foci formation of

γH2AX and RAD51 were increased in all tested cell lines (**Fig. 5a, d, e, g, j, k, m, n**). In

MCF10A cells, the nuclear area was increased by nearly 2-fold (from 130μm^2 to 250μm^2)

(**Fig.5c, f**), indicating enlargement of the nucleus in a significant proportion of cells (about 77%

with area of 200-580μm^2, insert). Following drug withdrawal, the γH2AX and RAD51 signals

and the nuclear sizes were decreased within 24-48h in MCF10A cells (**Figs. 5c-f**). These data

show that DNA damage by TAS102-talazoparib was repaired, and cells completed the mitotic

cell division. In contrast, the γH2AX/RAD51 signals were not reduced in p53mut DLD1 and

HT29 cell lines within 72h of drug washout (**Fig. 5g-h, j-k, m-n**). The nuclear area was also

increased at T0, and a sustained enlargement was observed at 24-48h of drug washout (**Fig. 5i, l,

o**). These results indicate that p53mut cells replicate DNA but do not undergo cell division

resulting in enlarged nucleus, and DSBs are not repaired up to 72h of drug washout. Together,

these observations show that the TAS102-PARPi treatment can induce DNA breaks and G2-

arrest in p53WT and p53mut cells. However, DNA repair and recovery of cell division were

remarkably different in p53WT and p53mut cells. Non-tumor p53WT cells repaired DNA breaks

and completed the mitotic cell division within 48h, whereas p53mut cells could not complete

DNA repair and cell division, resulting in high levels of DNA breaks and G2-arrest even at

72hours of drug withdrawal. These observations are aligned with the cell cycle and cell growth

data, which showed a lack of proliferation in p53mut cells within this timeframe (**Fig. 4, and**

Suppl. Fig.5). Thus, TAS102-PARPi treatment induced high DSB levels and long G2-arrest in

p53mut cancer cells, while p53WT cells repaired DNA and recovered cell cycle capacity.

A sequential triple-drug approach using TAS102-PARPi treatment followed by blockade of

WEE1 kinase elicits synergistic toxicity in p53mut cancer cells.

TAS102-PARPi treatment induced DNA breaks and sustained G2-arrest in p53mut cells even

after drug washout, whereas non-tumor p53WT cells recovered remarkably faster (**Figs. 4-5**).

Next, we examined whether toxicity of TAS102-PARPi treatment in p53mut cells can be further

enhanced by blockade of a G2-checkpoint kinase. Cells were treated with TAS102-talazoparib

for 24h, followed by drug washout for 24h and subsequent incubation with WEE1i (MK1775)

for 48h. Cytotoxicity assays showed that WEE1i did not synergize with TAS102-PARPi in

p53WT MCF10A cells, ~1.1-fold at 100nM WEE1i (**Fig. 6a, f**). In HCT116-p53WT cells,

WEE1i only modestly enhanced the IC50 of TAS102-talazoparib (by ~1.4-fold at 100nM

WEE1i). In contrast, in HCT116-p53KO and HCT116-p53^{R248W} cell lines WEE1i at 100nM

enhanced toxicity of TAS102-talazoparib by ~3.6-fold and ~2.5-fold, respectively (**Fig. 6b-d, f**).

In HT29 (p53^{R273H}) cells, the toxicity of TAS102-talazoparib was enhanced by ~7-fold at 100nM

WEE1i (**Fig. 6e-f**). Evaluation of drug interactions in this sequential regimen showed CI = 0.94

for MCF10A cells and CI = 0.57 for HCT116 cells (both p53WT), indicating no or modest drug

interactions (**Fig. 6f**). In contrast, p53-deficient cells, HCT116-p53KO or p53mut cells

(HCT116-p53^{R248W} and HT29-p53^{R273H}), showed CI values ranging 0.26-0.42, indicating a

synergistic interaction between TAS102-talazoparib and WEE1i (**Fig. 6f**).

Examination of cell death, using flow cytometry with Annexin V and propidium iodide (PI)

staining, showed that the sequential treatment of MCF10A cells with TAS102-PARPi followed

by 100nM WEE1i resulted in ~9% double-positive (annexin-V$^+$/PI$^+$) dead cells, compared to

~8% dead cells by TAS102-PARPi treatment alone (**Fig. 6g-h**). In HCT116-p53WT cells, ~19%

of cells were double-positive after TAS102-talazoparib treatment and ~39% after the sequential

triple-drug combination (**Fig. 6g, i**). Approximately 29% of HCT116-p53KO cells were double-

positive in response to TAS102-talazoparib, and cell death increased to ~68% after triple-drug

treatment (**Fig. 6g, j**). In HT29 cells, TAS102-talazoparib treatment resulted in ~30% double-

positive cells, whereas the sequential drug combination resulted in ~76% double-positive dead

cells (**Fig. 6g, k**). Similar effects of a sequential triple-drug treatment were observed in p53mut

MDA-MB-231 cells compared to p53WT MCF10A cells (**Suppl. Fig. 7**). Together, these data

showed a synergistic toxicity of TAS102-talazoparib treatment followed by WEE1i in p53mut

cancer cells, whereas this sequential triple-drug regimen showed low toxicity in non-tumor

p53WT cells.

Anti-tumor efficacy of the sequential triple-drug combination

The therapeutic efficacy of the sequential combination of TAS102-talazoparib and WEE1i

was examined in tumor xenograft models. The drug regimen included repeats of the two-week

cycle with TAS102-talazoparib treatment in the first week followed by WEE1i treatment in the

second week, based on the clinical schedule for TAS102 and TAS102-talazoparib [37]. This two-

week regimen was initially tested in xenografts of HT29 cells (p53^{R273H}, BRAF^{V600E}) in SCID

mice. Treatment was initiated when tumors reached 100mm^3 using 5-days-ON, 2-days-OFF

schedule in four groups: vehicle, WEE1i (every week), TAS102-talazoparib (every week), and

the triple-drug combination (a sequential two-week cycle). Treatment with WEE1i had a limited

effect on tumor growth with tumor growth inhibition (TGI) of 18%, whereas TAS102-

talazoparib was more effective, with a TGI of 43% (**Fig. 7a-b**), consistent with our previous

studies[18]. Importantly, a sequential combination of TAS102-talazoparib and WEE1i showed

greater tumor growth control than each treatment alone, with a TGI of 63% (**Fig. 7a-b**). The

triple-drug regimen also improved survival to 39 days compared to 32 days for TAS102-

talazoparib, and 24 days for WEE1i alone (**Fig. 7c**). Neither treatment affected animal weight

compared to the control group (**Fig.7d**), indicating the absence of major toxic side effects.

The efficacy of the triple-drug regimen was tested in a patient-derived xenograft (PDX)

model (PDX-3B1-29-RP, $p53^{R213*}$) established from a colorectal cancer biopsy within the

clinical trial NCT04511039. The R213* truncating p53 mutation is commonly found in human

tumors and exhibits pro-tumor effects [38]. Treatment with TAS102-talazoparib reduced tumor

growth by ~20% and WEEi1 alone had no effect, whereas the sequential drug combination

reduced tumor growth by ~50% (**Fig. 7e-f**) and extended survival from 24 to 43 days (**Fig. 7g**).

No major toxic side effects by the treatments were noted based on the examination of mouse

weight (**Fig.7h**), the bone marrow histology, and peripheral cell blood counts (**Suppl. Fig. 8**).

The efficacy was further examined in a pancreatic cancer PDX model (PDX-14312-5p) carrying

$p53^{R175H}$ and $KRAS^{G12R}$ mutations. It was observed that WEE1i monotherapy modestly reduced

tumor growth (~30%), whereas TAS102-talazoparib was more effective in tumor control, with a

TGI of ~43% on day 50 (**Fig.7i-j**). The triple-drug regimen showed remarkably greater tumor

control than either treatment alone (TGI ~80%, **Fig.7i-j**) and extended survival to >75days,

compared to ~64 days by TAS102-talazoparib and 48 days by WEE1i (**Fig.7k**). No major

toxicity signs were noted based on mouse weight (**Fig.7l**). Together, these data demonstrate that

the triple-drug regimen combining the two-drug TAS102-PARPi treatment followed by WEE1i

is effective against p53mut cancer models and the regimen is well tolerated in mice.

DISCUSSION

Treatment of p53mut cancers remains a significant clinical challenge mainly due to lack of

effective therapeutic options [9, 10]. Here, we introduce a triple-drug strategy for p53mut cancers

combining two-drug TAS102-PARPi treatment with blockade of the G2-checkpoint. TAS102-

PARPi treatment acts as an *inducer-amplifier* pair to induce DNA double-strand breaks (DSBs)

and G2-arrest selectively in p53mut cancer cells. Subsequent blockade of the G2-checkpoint

kinase WEE1 releases G2-arrested cells into mitosis leading to cell death, acting as a *terminator*.

We found that delaying WEE1i application until after TAS102-PARPi treatment allows normal

p53WT cells to repair their DNA, thus reducing the impact on normal cells (**Figs. 5-6**). This

sequential triple-drug approach is a promising therapeutic strategy for treatment of p53mut

cancers as it showed high efficacy in preclinical cancer models and was well tolerated in mice.

Prior work has shown that TAS102-PARPi treatment induces high levels of DNA damage in

p53mut cancer cells, and this effect was linked to a compromised G1/S checkpoint [17, 18].

Thymidine (dT) analogs, such as trifluorothymidine (TFT, a component of TAS102) or ethynyl-

deoxyuridine (EdU), are incorporated into DNA during replication[17, 18]. These dT-analogs also

inhibit thymidylate synthase[39], leading to the incorporation of uridine residues into DNA[17, 18, 40].

The incorporated analogs are removed from DNA by base-excision repair (BER) resulting in

single-strand breaks (SSBs) [17, 18, 40], which are repaired *via* a mechanism involving PARP1[41].

PARP1 inhibitors (such as talazoparib) compromise SSB repair, increasing levels of more lethal

DSBs that further activate DDR signaling mediated by ATM and ATR kinases. In p53WT cells,

DDR signaling mediated by ATM activates the p53-p21 axis resulting in G1-checkpoint

activation [18]. p21/CDKN1A inhibits CDK2 and CDK4/6 leading to cell cycle arrest in G1/S

and/or inhibit CDK1-cyclin B1 contributing to G2-arrest [42-44]. This effect of TAS102-PARPi

treatment is consistent with the role of ATM-CHK2-p53 signaling in DNA damage response [42,

43]. In p53mut cells with compromised G1/S checkpoint, TAS102-PARPi treatment resulted in

high DSBs and activation of the G2-checkpoint mediated by ATR (this study and [18]).

The distinct effects of TAS102-PARPi treatment on p53WT and p53-deficient cells were also

reflected in the transcriptomic program. In p53WT cells, TAS102-PARPi reduced expression of

genes involved in the G1/S transition (e.g., E2F1, E2F3), indicative of G1-arrest. However, in

p53-deficient cells, TAS102-PARPi increased expression of the G1/S transition factors (E2F1,

E2F3) and S/G2-phase genes (e.g., CCNE1, CCNE2, CDT1), consistent with the lack of G1/S

checkpoint in these cells. Moreover, TAS102-PARPi treatment reduced expression of M-phase

genes (i.e., AURKA, BUB1, CDC20, PLK1), consistent with G2-arrest in p53-deficient cells.

Thus, TAS102-PARPi treatment had distinct effects on p53WT and p53mut cells in the global

gene expression program related to cell cycle control.

Transcriptome analysis also revealed striking upregulation of HR-related DSB repair genes

(BRCA1, BRCA2, RAD51, RECQL, RBBP6) in p53-deficient cells. This distinct effect of

TAS102-PARPi treatment is likely to reflect DNA repair at the G2-checkpoint controlled by

ATR kinase [45]. ATM may also contribute to DNA repair by acting through H2AX (γH2AX),

RAD51, and BRCA1/2, thus promoting homologous recombination (HR) [46-48]. Thus, in addition

to G2-arrest, TAS102-PARPi treatment upregulated HR-mediated DNA repair.

Cytotoxicity studies showed a substantial dichotomy in the consequences of ATM and ATR

inhibition. Blockade of ATM reduced sensitivity to TAS102-talazoparib treatment in all tested

lines cells, independent of the p53 status. This effect of ATM blockade is likely related to the

function of ATM in the G1/S checkpoint [23] or replication fork recovery after DNA repair [21, 22]. In

contrast, ATR blockade greatly enhanced cytotoxicity of TAS102-talazoparib in p53mut cells,

and this effect is related to transition to mitosis with high DNA damage (elevated phospho-H3

and γH2AX levels). These results are consistent with the role of ATR in activation of the G2/M

checkpoint and in the control of replication completion before mitosis [24]. ATR can also control

an intrinsic S/G2 checkpoint, and the ATR blockade may deregulate the S/G2 transition allowing

early mitosis with under-replicated DNA and DNA damage [45]. Thus, ATR plays a critical role in

activation and control of the G2-checkpoint in p53mut cells treated with TAS102-PARPi,

making ATR a potential target to further enhance efficacy of TAS102-PARPi treatment.

To induce the G2 checkpoint, ATR activates downstream effector kinases, such as CHK1

and WEE1, which inactivate the CDC25-CDK1 axis that controls transition to mitosis [21, 25-30].

Here, we found that CHK1 blockade in combination with TAS102-PARPi treatment was

cytotoxic in both non-tumor p53WT and p53mut cancer cells (**Fig. 3**). This effect may reflect

CHK1 role in S-phase and explain high toxicities of CHK1 inhibitors observed in clinical trials,

leading to discontinuation of early trials [31, 32]. In contrast, WEE1 blockade enhanced toxicity of

TAS102-talazoparib preferentially in p53mut cells, while showing limited toxicity in non-tumor

models (**Fig.3**). This effect is consistent with the tolerable toxicities of WEE1i observed in early-

phase clinical trials [33, 34].

The drug response studies showed that the selectivity and efficacy of the drug combinations

can be enhanced in a sequential triple-drug regimen. TAS102-talazoparib treatment of p53mut

cancer cells resulted in prolonged G2-arrest and persistent DNA damage even at 72h after drug

washout with a sizable amount of cell death (**Figs.4-5**). In contrast, p53WT cells were able to

repair DNA and re-enter the cell cycle within 48h of drug withdrawal. Moreover, a 24h-delay in

WEE1i treatment after TAS102-talazoparib washout was still highly effective against p53mut

cells but was markedly less toxic to normal cells (**Fig.6**). This sequential triple-drug regimen

(TAS102-talazoparib plus 24h-delayed WEE1i) resulted in massive 80% cell death in p53mut

cancer cells, whereas cell death was not increased in non-tumor cells.

A sequential triple-drug regimen combining TAS102-talazoparib and WEE1i showed robust

anti-tumor effects in preclinical animal models (**Fig. 7**). Tumor growth was reduced by 63% in

the CRC HT29 tumor model and ~80% in the PDAC PDX-14312 model (p53^{R175H}) (**Fig.7**).

Further, the triple-drug treatment was also highly effective in reducing tumor growth in CRC

PDX model (~55%). No major toxic side effects were observed during assessment of mouse

weight, bone marrow, and peripheral blood.

In summary, this study presents a sequential triple-drug strategy combining TAS102-PARPi

treatment with delayed application of a G2-kinase inhibitor (WEE1i), which together work as an

inducer-amplifier-terminator trio (**Fig.7m**). The TAS102-talazoparib regimen was well tolerated

in patients with refractory CRC and showed promising median progression-free survival (mPFS)

of 5.7 months (NCT04511039) [37]. This study showed that a sequential G2-kinase blockade with

WEE1i strongly enhances efficacy of TAS102-talazoparib in p53mut cancers. This sequential

triple-drug strategy is a promising approach for management of patients with p53mut cancers.

Limitations of the Study

This study demonstrated the increased efficacy of TAS102-PARPi treatment in combination with

a subsequent administration of WEE1i in p53mut CRC and PDAC models. Although, prior work

has shown that TAS102-PARPi treatment can block breast cancer metastases [17], the current study

did not directly assess the effect of the combinatorial drug treatment on metastatic burden (e.g.,

liver) in PDAC and CRC *in vivo* models. This question is the subject of future research.

AUTHOR CONTRIBUTIONS

A.V.B. conceived the idea; A.V.B., R.M.S., J.Z., and M.M.A. designed the experiments; J.Z.,
M.M.A., A.V.B, M.N.N and B.G. performed the experiments and analyzed the data; A.V.B. and
C.F. analyzed and interpreted the data; T.M. and R.M.S. helped in the interpretation of the data;
B.G., B.F., S.C. helped with PDX generation; A.V.B., C.F., T.M., J.Z., M.M.A., R.M.S. and R.I.
contributed to preparing and writing the paper.

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ETHICS STATEMENT

The study protocol was approved by the Institute Animal Care and Use Committee (IACUC).
The facility was certified by the American Association for Accreditation of Laboratory Animal
Care (AAALAC) and in accordance with the current regulations and standards of the US
Department of Agriculture and the US Department of Health and Human Services.

MATERIALS AVAILABILITY

Patient-derived xenograft colorectal cancer models are available from the lead contact (A.B.)
under a Material Transfer Agreement.

LEAD CONTACT

Further information and requests for resources and reagents should be directed to and will be

fulfilled by the lead contact, prof. Andrei Bakin (Andrei.Bakin@roswellpark.org)

FIGURE LEGENDS

Figure 1. The combination of TAS102 and talazoparib induces DNA damage response and

the G2 checkpoint. (**a-b**) Cell-cycle analysis of HCT116 p53WT and p53KO, and DLD1

(p53^{S241F}) cell lines treated with vehicle control (C), 100nM talazoparib (Tal), 500 nM TAS102

(TAS) or their combination (TAS+Tal) for 24 hours. Cells were stained with Hoechst for DNA

content and analyzed by flow cytometry. (**b**) Quantification of cell cycle data. Comparisons were

made using two-way ANOVA (∗p < 0.05, ∗∗p < 0.01, ∗∗∗p < 0.001, ∗∗∗∗p < 0.0001).

Experiments were repeated at least two times. (**c-d**) Immunoblots of whole-cell extracts from cell

lines treated with vehicle control (C), 100 nM talazoparib (T), 500 nM TAS102 (TAS), their

combination (TT), or 50 nM nocodazole (Nc) for 24 hours. (**e-f**) Quantification of phospho-

CDK1 and phospho-H3 levels in CRC PDX-02-07-RP (p53^{H179R}) tissues (**e**), and PDX-01-03-RP

(p53WT) tissues (**f**). PDX tumor bearing mice were treated by oral gavage with vehicle-control,

talazoparib, TAS102, or TAS102-talazoparib. Comparisons were done using one-way ANOVA

(*p < 0.05, **p < 0.01, ***p < 0.001, and ****p < 0.0001). (**g**) Working model.

Figure 2. Transcriptomic changes in p53WT and p53KO cells following TAS102 and

talazoparib treatment. Volcano plots show differential gene expression between control and

treatment groups (talazoparib, TAS102, and combination) for both HCT116 p53WT (**a-c**) and

p53KO (**d-f**) cell lines. Red data points represent genes that meet both the adjusted p-value <0.05

and a pre-defined log2 fold change (FC) threshold. Blue data points indicate genes that only meet

the log2 FC threshold, gray dots show non-significant genes. (**g-h**) Venn diagrams show the

overlap of differentially expressed genes among the treatment groups in HCT116 p53WT (**g**) and

p53KO (**h**) cells. (**i**) Heatmaps show the expression profiles of select genes across the control and

treatment groups in HCT116 p53WT (left) and p53KO (right) cells. Gene lists are curated from

KEGG and Cyclebase_3.0 databases.

Figure 3. G2 checkpoint kinase inhibitors enhance the cytotoxic effects of TAS102 and

talazoparib treatment. (**a-d**) Dose-response curves for a panel of colorectal cancer cell lines

treated with increasing concentrations of TAS102 in the presence of 100 nM talazoparib. Cells

were co-treated for 72 hours with varying concentrations of the ATR inhibitor AZD6738

(ATRi; 50nM, 100nM, 250nM, and 500nM). (**e-i**) Cells were treated as described above with the

CHK1 inhibitor, AZD7762 (CHK1i; 50, 100, 250, and 500 nM). (**j-m**) Cells were treated as

described above with the WEE1 inhibitor, MK-1775 (WEE1i; 50, 100, 250, and 500 nM). All

data were normalized to untreated control. The half-maximal inhibitory concentration (IC50)

values were determined using three-parameter nonlinear regression. All experiments were

performed with at least two biological replicates and six technical replicates. (**n-o**) Cytotoxicity

parameters in p53WT and mutant cell lines. Combination Index (CI) values were calculated for

combinations with ATRi (**n**) and WEE1i (**o**) across several concentrations.

Figure 4. Combination treatment with TAS102 and talazoparib induces a prolonged G2
arrest in p53-mutant cancer cells. (**a-c**) Cell cycle analysis was performed on cell lines treated
with vehicle control (C), 500nM TAS102 and 100nM talazoparib for 24 hours (**T0**) followed by
incubation in drug-free medium. All experiments were done in at least two independent
biological replicates. (**d-g**) Immunoblotting on whole-cell extracts from HCT116-p53WT,
HCT116-p53KO, HCT116-p53$^{R248W/-}$ and HT29 cell lines treated as described above (**a-c**). The
experiments were repeated in at least two independent biological replicates and two technical
replicates. Blots were probed with antibodies to phopsho-CHK1, p53, cyclin D1, phospho-
CDK1, p21, phospho-H2AX (γH2AX), phospho-histone H3, and GAPDH as a loading control.
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Figure 5. The dynamics of DNA damage repair in response to combined TAS102 and
talazoparib treatment. (**a**) Immunofluorescence microscopy images of p53WT cells stained for
γH2AX (green), a DNA damage marker, and RAD51 (red), a homologous recombination
component, along with Hoechst 33342 (blue; nucleus). Cells were treated with vehicle-control
(CTR) or 500nM TAS102 plus 100nM talazoparib (**T0**) for 24 hours, followed by drug
withdrawal and the cells were allowed to recover. All images were taken using 100x lens; scale
bar 10μm. (**b, h**) Enlarged images of regions highlighted in the main panels show the co-
localization of γH2AX and RAD51 foci at T0 in MCF10A cells and at 24 hours in DLD1 cells.
Arrows indicate the positions of these foci. (**c**) Enlarged images of Hoechst-stained cells at CTR,
T0, and 72hours. (**d-e, j-k, m-n**) Quantitative analysis of corrected total cellular fluorescence
(CTCF) for γH2AX (**d, j, m**) and RAD51 (**e, k, n**) was performed on a minimum 40 cells per
treatment group. The graphs show representative median scattered dot plots. Comparisons were
made using the two-way ANOVA (****, $P<0.001$). (**f, l, o**) The nuclear area was measured from
Hoechst-stained cells, with at least 40 cells/group. All experiments were done at least two times.
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Figure 6. Sequential application of WEE1 inhibitor enhances the cytotoxicity of TAS102-
talazoparib treatment in p53-deficient cancer cells. (**a-e**) Cytotoxicity curves for p53 wild-
type (MCF10A and HCT116), and p53-deficient (HCT116-p53KO, HCT116-p53$^{R248W/-}$, HT29)
cells. Cells were treated with increasing concentrations of TAS102 plus 100nM talazoparib for
24 hours. After a 24-hour drug washout, cells were incubated with 50, 100, 250, or 500 nM of
the WEE1 inhibitor (WEE1i) for an additional 72 hours. (**f**) Combination index (CI) analysis for
the tested WEE1i concentrations. Data are presented as mean ± SEM from at least two
independent biological replicates, each with six technical replicates. (**g**) Flow cytometry analysis
of cells treated with vehicle control or a sequential regimen of 500 nM TAS102 plus 100 nM
talazoparib, followed by 250 nM WEE1i. Cells were stained with propidum iodide and annexin-
V. (**h-k**) Quantification of Annexin V and propidium iodide (PI) double-positive cells from two
biological replicates. Statistical significance was determined using one-way ANOVA (*$p < 0.05$,
**$p < 0.01$, ***$p < 0.001$, and ****$p < 0.0001$).
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Figure 7. A sequential application of WEE1 inhibitor enhances the efficacy of TAS102-
talazoparib treatment in p53 mutant cancer models. (**a-d**) SCID mice (10mice/group) were
subcutaneously implanted with colon cancer HT29 cells. At tumor size of 100mm^3, mice were
randomized into four treatment groups: vehicle control, WEE1 inhibitor (WEE1i, MK1775, 60
mg/kg), a combination of TAS102 (50 mg/kg) and talazoparib (0.15 mg/kg), and a sequential
regimen consisting of one week of TAS102/talazoparib followed by one week of the WEE1

inhibitor. All treatments were administered *via* oral gavage on a schedule of five days ON and
two days OFF. Tumor growth was measured twice weekly, and statistical significance was
determined using a two-way ANOVA (*p < 0.05). (**b**) Tumor growth inhibition (TGI) was
calculated as TGI = 100% x [Vehicle − Treatment) / Vehicle]. Comparisons were made using a
one-way ANOVA (**, P<0.01, ***, P<0.001, ****, P<0.001). (**c**) Survival was evaluated using
Kaplan-Meier estimator based on time-to-arrive at 750 mm^3 of tumor size. The comparison was
made using the log-rank test. (**d**) Mouse body weights were measured twice per week over the
course of study. (**e-h**) Patient-derived tumor xenografts (PDXs) from a patient with PDAC
(PDAC-14312-4p) were subcutaneously implanted into SCID mice (10 mice/group). At 100
mm^3, mice were randomized and treated as described above for HT29 xenografts. (**f**) Tumor
growth inhibition in the PDX model was calculated as described in (**b**). Comparisons were made
using a one-way ANOVA (**, P<0.01, ***, P<0.001, ****, P<0.001). (**g**) Survival was evaluated
using Kaplan-Meier estimator based on time to arrive at 750 mm3 of tumor size. Group
comparisons were performed with the log-rank test. (**h**) Mouse body weights were measured
twice weekly over the course of study. (**i-l**) Patient-derived tumor xenografts (PDXs) from a
colorectal cancer patient (PDX-3B1-29-RP-3p) were subcutaneously implanted into SCID mice
(10 mice/group). Experiments and the analysis were done essentially as described for (**e-h**). (**m**)
A model of the triple-drug drug strategy acting as an *inducer-amplifier-terminator* trio in p53
mutant cancers.
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Description.
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904 **KEY RESOURCES TABLE**

REAGENT or RESOURCE	SOURCE	IDENTIFIER
Antibodies		
anti-p53 (Mouse Monoclonal antibody, Clone do-1)	Santa Cruz Biotechnology	Cat# sc-126; RRID:AB_628082
anti-p21 (CDKN1A), F-5 mouse monoclonal	Santa Cruz Biotechnology	Cat# sc-6246; RRID:AB_628073
anti-phospho-Ser15 p53 (rabbit, polyclonal)	Cell Signaling Technology	Cat# 9284; RRID:AB_331464
anti-PARP1 (mouse monoclonal antibody, Clone 5a5)	Santa Cruz Biotechnology	Cat# sc-56197; RRID:AB_630080
anti-phospho-Ser139 H2AX (γH2AX; rabbit polyclonal)	Abcam	Cat# ab-11174; RRID:AB_297813
anti-Thymidylate Synthase (TS106)	Millipore	Cat# MAB4130, RRID:AB_2210729
anti-phospho-Tyr15-CdC2	Santa Cruz	Cat# sc-136014, RRID:AB_2016914
anti-phospho-Chk1 (Ser325)	Cell signaling	Cat# 2348, RRID:AB_331212
anti-phospho HH3 (Ser10)	Cell signaling	Cat# 31261, RRID:AB_3076725
anti-Cyclin A2	Invitrogen	Cat# MA1-180, RRID:AB_2633305
anti-bromodeoxyuridine, anti-BrdU	Dako	Cat# M0744, RRID:AB_10013660
anti-cleaved Caspase-3 (Asp175)	Cell signaling	Cat# 9661, RRID:AB_2341188
Rabbit anti-gamma-H2AX (phospho-Ser139) Antibody	Bethyl	Cat# A300-081A, RRID:AB_203288
anti-Human Ki67/MKI67 Antibody	R&D Systems	Cat#: IC7617S, RRID:AB_2889352
anti-Rad51 antibody	Abcam	Cat# ab133534, RRID:AB_2722613
anti-phospho-Ser139 H2AX (γH2AX; mouse mAb, JBW301)	Millipore	Cat# 05-636; RRID:AB_309864
anti-BrdU antibody (3D4), FITC conjugate	Biolegend	Cat#364104; RRID:AB_2564481
Goat Anti-Rabbit IgG (H L)-HRP Conjugate antibody	Bio-Rad	Cat# 170-6515; RRID:AB_11125142
Goat Anti-Mouse IgG (H L)-HRP Conjugate antibody	Bio-Rad	Cat# 170-6516; RRID:AB_11125547
Biological samples: Patient Derived Xenografts (PDXs)		
PDAC PDX-14312-4p	Dr. Robert Straubinger (University at Buffalo)	SUNY at Buffalo
CRC PDX-3B1-29-RP-3p	Dr. Andrei Bakin (Roswell Park)	PDX-3B1-29-RP

Chemicals, peptides, and recombinant proteins		
Talazoparib (Synonyms: BMN-673)	Adooq	Cat# A15533
TAS102 (trifluorthymidine (trifluridine)/tipiracil HCl mix)	Adooq	Cat# A11243
5-ethynyl-2'-deoxyuridine (EdUrd)	Lumiprobe	Cat# 20540
Cy3-azide	Lumiprobe	Cat#B1030
CellTrace Violet Dye	Invitrogen	Cat#C34557
AFDye 488 Azide	Click Chemistry Tools, Scottsdale, AZ	Cat#1275-1
THPTA (tris-hydroxypropyltriazolylmethylamine)	Click Chemistry Tools, Scottsdale, AZ	Cat#1010-500
RNase A (10 mg/mL)	Thermo Fisher Scientific	Cat#EN0531
D-luciferin	Gold Biotechnology, St Louis	LUCK-1G
Copper sulfate, Cu(II)SO4	Sigma-Aldrich	Cat# 61230
Hydroxyurea	Sigma-Aldrich	Cat#55291
(2-Hydroxypropyl)-β-cyclodextrin (HPCD; Cavasol)	Sigma-Aldrich	Cat#778907
Bovine serum albumin (BSA)	Sigma-Aldrich	Cat#A2153
Dimethyl sulfoxide (DMSO)	Sigma-Aldrich	Cat#D8418
Boric acid	Sigma-Aldrich	Cat#B6768
Propidium iodide	Sigma-Aldrich	Cat#P4170
Hoechst 33342	Sigma-Aldrich	Cat#B2261
Methylene Blue hydrate	Sigma-Aldrich	Cat#M9140-100G
Paraformaldehyde	Sigma-Aldrich	Cat#158127
Dialyzed FBS (fetal bovine serum)	Gibco	Cat#A33820
ECL Western Blotting Substrate, Pierce	Thermo Fisher Scientific	Cat# 32106
SuperSignal™ West Atto Ultimate Sensitivity Substrate	Thermo Fisher Scientific	Cat#A38555
SDS (Sodium Dodecyl Sulfate)	Bio-Rad	Cat#1610301
DC™ Protein Assay Kit I	Bio-Rad	Cat#5000111
Tween 20, 100% Nonionic Detergent	Bio-Rad	Cat#1706531
Matrigel Matrix GFR	VWR International	Cat# 47743-720
Critical commercial assays		
Caspase-Glo® 3/7 Assay System	Promega	Cat#G8090
Deposited data		
Gene Expression and Mutation Counts	Pan-CANCER-TCGA	Cbioportal.org
Experimental models: Cell lines		
HCT-116 (p53-WT)	Dr. Bert Vogelstein (Johns Hopkins)	RRID:CVCL_0291
HCT-116-p53-KO; HCT-116 TP53(-/-); HCT116-p53-null	Dr. Bert Vogelstein (Johns Hopkins)	RRID:CVCL_HD97

HCT-116-p53-R248W/-	Dr. Bert Vogelstein (Johns Hopkins)	RRID:CVCL_RJ68
RKO	Dr. Alessandro Carugo (IRBM European School of Molecular Medicine, Lazio, Italia)	RRID:CVCL_0504
RKO-p53(-/-); RKO-p53KO; RKO-p53-null	Dr. Alessandro Carugo (IRBM ESMM, Lazio, Italia)	
HT29; HT-29	ATCC	RRID:CVCL_0320
MIAPACA2; MiaPaCa-2	ATCC	RRID:CVCL_0428
MCF10A	ATCC	RRID:CVCL_0598
MDA-MB-231	ATCC	RRID:CVCL_0062
HPNE; hTERT-Human Pancreatic Nestin-Expressing cells	ATCC	RRID:CVCL_C466
DLD1	ATCC	RRID:CVCL_0248
PANC-1	ATCC	RRID:CVCL_0480
Experimental models: Organisms/strains		
Mouse: SCID/CB17, Balb/c background	Roswell Park Colony	
Mouse: NOD.Cg-Prkdcscid Il2rgtm1Wjl/SzJ (NSG) mice, Balb/c background	Jackson Laboratory	
Software and algorithms		
GraphPad PRISM 10.1.2	GraphPad Software	https://www.graphpad.com/
R/RStudio v4.0.4	The R Foundation	https://www.r-project.org/
FCS Express 7 (Version 7.04.0016)	De Novo software	FCS Express Flow Cytometry Software - De Novo Software
Image J	NIH	https://imagej.net/software/imagej/
HeskaView Integrated Software (version 2.5.2)	Heska	Element HT5 - Heska
Aperio ImageScope (version 12.4.0.5043)	Leica Biosystems	
MetaVue imaging software (Version 7.7.3)	Molecular Devices	
FACSDiva (Version 6.1.3)	Beckman Coulter	
Other		
Nikon TE2000-E inverted microscope	Nikon, USA	
CoolSNAP HQ (CCD camera)	Photometrics, USA	
LSRFortessa Cytometer	BD Biosciences, USA	
VERITAS microplate luminometer	Promega, USA	
Nanodrop	Thermo Fisher, USA	

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			ATR inhibitor		WEE1 inhibitor		CHK1 inhibitor	
Cell line	p53 Status	IC50-TAS102, µM + 100nM Tal	IC50-TAS102, µM + 100nM Tal + 100nM ATRi	Fold change at 100nM ATRi	IC50-TAS102, µM + 100nM Tal + 100nM WEE1i	Fold change at 100nM WEE1i	IC50-TAS102, µM + 100nM Tal + 100nM CHK1i	Fold change at 100nM CHK1i
MCF10A	WT	2.99 ± 0.18	2.94 ± 0.48	1.02	0.99 ± 0.49	2.90	0.13 ± 0.17	2.23
HCT116	WT	1.02 ± 0.06	0.70 ± 0.08	1.45	0.24 ± 0.15	4.64	0.15 ± 0.01	6.93
HCT116	KO	0.77 ± 0.09	0.09 ± 0.06	11.00	0.05 ± 0.01	14.09	0.11 ± 0.05	6.78
HCT116	R248W/-	0.79 ± 0.05	0.19 ± 0.08	4.16	0.10 ± 0.01	7.97	0.28 ± 0.27	3.00
HT29	R273H	0.68 ± 0.23	0.06 ± 0.04	11.33	0.08 ± 0.05	9.09	0.12 ± 0.04	5.82

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Cell line	p53 Status	CI index ATRi	CI index WEE1i
MCF10A	WT	0.73	0.69
HCT116	WT	0.49	0.42
HCT116	KO	0.21	0.19
HCT116	R248W/-	0.24	0.30
HT29	R273H	0.30	0.16

Fig. 4

Fig. 5

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Cell line	p53 Status	IC50-TAS102, μM + 100nM Tal	IC50-TAS102, μM + 100nM Tal + 100nM WEE1i	Fold change at 100nM WEE1i	CI index
MCF10A	WT	3.20 ± 0.65	3.02 ± 0.36	1.07	0.94
HCT116	WT	1.19 ± 0.15	0.86 ± 0.07	1.38	0.67
HCT116	KO	0.75 ± 0.16	0.21 ± 0.15	3.57	0.31
HCT116	R248W/-	0.79 ± 0.19	0.32 ± 0.06	2.47	0.42
HT29	R273H	0.81 ± 0.16	0.12 ± 0.06	6.75	0.26