

ARTICLE



Non-genomic activation of the AKT-mTOR pathway by the mitochondrial stress response in thyroid cancer

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Cancer progression is associated with metabolic reprogramming and causes significant intracellular stress; however, the mechanisms that link cellular stress and growth signalling are not fully understood. Here, we identified a mechanism that couples the mitochondrial stress response (MSR) with tumour progression. We demonstrated that the MSR is activated in a significant proportion of human thyroid cancers via the upregulation of heat shock protein D family members and the mitokine, growth differentiation factor 15. Our study also revealed that MSR triggered AKT/S6K signalling by activating mTORC2 via activating transcription factor 4/sestrin 2 activation whilst promoting leucine transporter and nutrient-induced mTORC1 activation. Importantly, we found that an increase in ^{mt}DNA played an essential role in MSR-induced mTOR activation and that crosstalk between MYC and MSR potentiated mTOR activation. Together, these findings suggest that the MSR could be a predictive marker for aggressive human thyroid cancer as well as a useful therapeutic target.

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INTRODUCTION

Metabolic reprogramming is a hallmark of cancer that facilitates macromolecule synthesis and supports increased energy demands, cellular survival, and tumour proliferation [1]. Increased glycolysis and the suppression of mitochondrial oxidative phosphorylation (OXPHOS) were thought to be an essential feature of tumour cell metabolism, as postulated by Warburg [2]. However, cancer cells display metabolic flexibility that allows them to adapt to different metabolic conditions [3–6] via mechanisms that mediate changes in glucose utilization as well as amino acid and lipid metabolism [7]. This metabolic flexibility can also trigger the mitochondrial stress response (MSR), suggesting that the adaptive mechanisms associated with mitochondrial stress, which rely on efficient mito-nuclear communication, are conserved in cancer cells [8–11].

The mitochondrial unfolded protein response (^{mt}UPR) is an important mitochondrial stress pathway that has been investigated extensively in invertebrates such as *Drosophila melanogaster* and *Caenorhabditis elegans* [12]. In these invertebrates, the ^{mt}UPR is activated by mitochondrial proteotoxic stresses, such as unfolded protein accumulation, impaired protein quality control, and OXPHOS inhibition. These stressors co-ordinately induce the transcription of genes encoding chaperones, proteases, and metabolic enzymes that restore mitochondrial function and

induce cellular adaptation [12–15]. The mechanisms via which the ^{mt}UPR is activated and integrated with other autonomous or non-autonomous cellular stress responses in vertebrates are currently under intensive research [9].

The integrated stress response (ISR) is a highly conserved intracellular stress pathway that regulates global protein synthesis [16] and can be activated by oxidative, endoplasmic reticulum (ER), mitochondrial, and nutritional stresses [9, 17, 18]. The ISR is initiated by the phosphorylation of the α -subunit of eukaryotic translation initiation factor 2 (eIF2 α) by kinases including general control non-derepressible 2 (GCN2) and PKR-like ER kinase (PERK). Phosphorylated eIF2 α then suppresses global protein synthesis while specifically promoting the expression of stress-response genes, such as activating transcription factor 4 (ATF4), thereby inducing various stress proteins that restore cellular homeostasis [18–20]. However, cell-based experiments have been unable to provide a clear mechanistic link between the MSR and autonomous proliferative signalling, which is a hallmark of cancer [21, 22].

Mechanistic target of rapamycin (mTOR) is a master kinase regulator of metabolic signalling that integrates environmental cues for cellular growth and stimulates the *de novo* synthesis of cellular building blocks [23]. Previous studies have shown that mitochondrial stress rapidly inhibits the mTOR signalling pathway, thereby reducing cytosolic protein translation and cell

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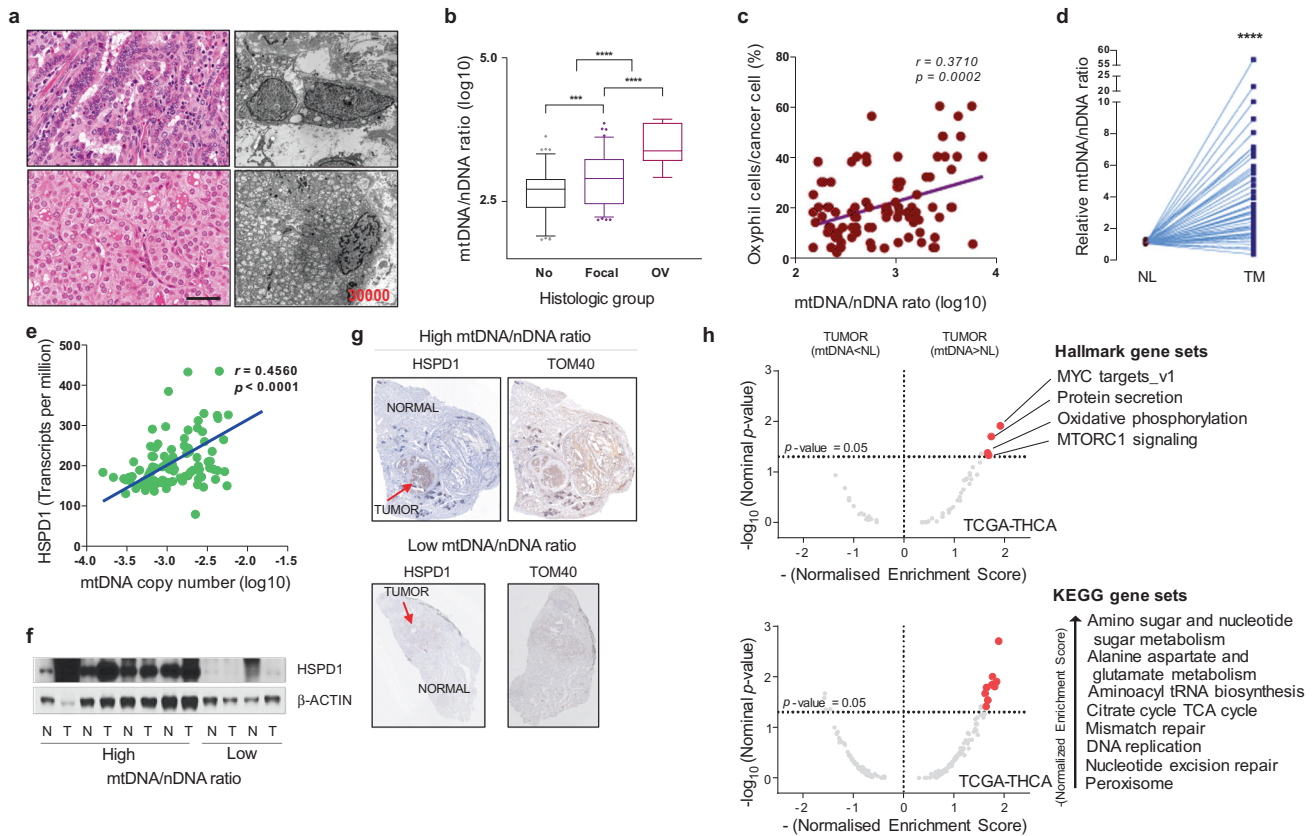


Fig. 1 **mtDNA copy number, mtUPR, and mTOR signalling in thyroid cancer.** **a** Microscopic findings of classical PTC (upper) and ovPTC (lower). Scale bar = 25 μ m. Magnification = $\times 30,000$ for electron microscopy. **b** Comparison of $^{mt}DNA/nDNA$ ratio according to oxyphil cell number. No = no oxyphil cell ($n = 99$). Focal $\leq 70\%$ oxyphil cells ($n = 98$). OV $\geq 70\%$ oxyphil cells ($n = 11$). **c** Relationship between $^{mt}DNA/nDNA$ ratio and oxyphil cell number in focal tumours ($n = 98$). **d** Comparison of $^{mt}DNA/nDNA$ ratio between PTC and NL from the same patients ($n = 53$). PTC showed no oxyphil cells. **e** Relationship between mtDNA copy number and *HSPD1* mRNA expression (transcripts per million) in TCGA-THCA (PTC, $n = 100$). **f** Representative results of western blotting analysis using tissue samples from patients with non-ovPTC. N indicates paired normal thyroid tissues while T indicates tumour tissues. **g** Representative IHC-P staining images of tissue samples from PTC with high or low $^{mt}DNA/nDNA$ ratios. TOM40, a component of the mitochondrial outer membrane, was used as a mitochondrial marker. **h** Enriched Hallmark and KEGG genes ($p < 0.05$, FDR $q < 0.25$) in high ^{mt}DNA copy number tumours from TCGA-THCA. $***p < 0.001$, $****p < 0.0001$. Data represent the mean \pm SD. PTC papillary thyroid cancer, ^{mt}DNA mitochondrial DNA, ^{n}DNA nuclear DNA, OV oncocytic variant, NL matched normal tissues, TM tumour, HSPD1 heat shock protein family D member 1 (HSP60), TOM40 translocase of outer mitochondrial membrane 40, IHC-P immunohistochemistry-paraffin-embedded tissues.

proliferation [24, 25]. However, the mTOR pathway is activated in animal models of mitochondrial disease [26, 27] and aberrant mTOR signalling is a feature of the MSR during senescence and aging [28, 29]. In cancer cells, genetic and genomic alterations are thought to govern PI3K/AKT/mTOR signalling regardless of mitochondrial stress; however, the Cancer Genome Atlas (TCGA) has suggested that genetic and genomic alterations in this pathway occur at a lower frequency than expected [30–33]. Thus, maintaining metabolic flexibility in cancer cells may require dynamic interactions between signalling molecules rather than fixed genetic alterations.

Unfortunately, it has been difficult to identify dynamic non-genomic alterations in signalling pathways using clinical tissue samples due to confounding variables like diverse driver gene mutations and concomitant genomic instability within an already complex signalling system [34–36]. To overcome this problem, we analysed the role of MSR and the mechanism coupling the MSR to mTOR signalling in a cohort of patients from The Cancer Genome Atlas Thyroid Cancer (TCGA-THCA), since thyroid cancers harbour homogenous driver mutations and have a lower somatic mutation and genetic alteration burden than other solid tumours [33, 37, 38]. Together, our findings suggest that the MSR could be a predictive marker for aggressive human thyroid cancer as well as a useful therapeutic target.

RESULTS

Mitochondrial DNA (^{mt}DNA) copy number is linked to ^{mt}UPR and mTOR signalling in human thyroid cancer

Aerobic glycolysis is a key feature of cancer cells that induces mitochondrial stress [39]. The compensatory response of cancer cells to this mitochondrial stress can facilitate their invasion, metastasis, and drug resistance [40, 41]. A subset of thyroid cancers contains oxyphil cells with an increased number of mitochondria, also known as Hurthle or Askanazy cells. Human papillary thyroid carcinoma (PTC) with $>70\%$ oxyphil cells is defined as oncocytic type PTC (ovPTC) and has a poor prognosis. Here, we found that the number of mitochondria was increased in a subset of cancers, resulting in oxyphil cells with many mitochondria (Fig. 1a). Although not as extensive as in ovPTC, there were some cases with focal oxyphil changes and focal increases in the number of mitochondria, as reflected by an increased ^{mt}DNA copy number (Fig. 1b, c). Furthermore, cancer cells had more ^{mt}DNA than matched normal cells (Fig. 1d), even though no oxyphil changes were observed. A high ^{mt}DNA copy number was also associated with poor prognosis in our non-ovPTC and TCGA-THCA cohorts (Tables 1 and 2, Supplementary Tables 1 and 2). As this increase in ^{mt}DNA might induce mito-nuclear imbalance in protein translation leading to ^{mt}UPR , the expressions of genes related to ^{mt}UPR , including six chaperone genes, six

Table 1. Clinicopathological characteristics in non-ovPTC according to mtDNA/nDNA ratio ($n = 197$).

	mtDNA/nDNA ratio		P value
	Lower third (<2.56) ($n = 64$) (%)	Upper third (>2.96) ($n = 72$) (%)	
mtDNA/nDNA ratio, log10 (IQR) ^{††}	2.33 (2.11–2.45)	3.24 (3.05–3.46)	<0.001*
Age (years), median (IQR)	38 (28–56)	48 (36–59)	0.010*
BMI (kg/m ²), median (IQR)	22.7 (20.0–25.6)	24.3 (22.2–27.3)	0.006*
Gender (female)	48 (75.0)	51 (70.8)	0.586 [†]
Tumour size (cm), median (IQR)	1.5 (1.1–2.1)	1.7 (1.2–2.3)	0.241*
MACIS score, median (IQR)	4.2 (3.6–5.1)	4.9 (4.4–6.7)	0.002*
Histological subtype			
Follicular variant	13 (20.3)	17 (23.6)	0.253 [†]
Conventional	51 (79.7)	51 (70.8)	
Solid variant	0 (0.0)	2 (2.8)	
Tall cell variant	0 (0.0)	2 (2.8)	
Bilaterality			
Negative	46 (71.9)	53 (73.6)	0.820 [†]
Positive	18 (28.1)	19 (26.4)	
Extrathyroidal extension			
No	36 (56.3)	21 (29.2)	0.001 [†]
Yes	28 (43.8)	51 (70.8)	
T stage			
T1	31 (48.4)	19 (26.4)	0.066 [†]
T2	3 (4.7)	4 (5.6)	
T3	25 (39.1)	40 (55.6)	
T4	5 (7.8)	9 (12.5)	
N stage			
N0	17 (26.6)	24 (33.3)	0.390 [†]
N1	47 (73.4)	48 (66.7)	
M stage			
M0	62 (96.9)	72 (100.0)	0.131 [†]
M1	2 (3.1)	0 (0.0)	
TNM stage [‡]			
I/II	48 (75.0)	35 (48.6)	0.002 [†]
III/IV	16 (25.0)	37 (51.4)	
BRAF ^{V600E} mutation			
Absent	31 (48.4)	16 (22.2)	0.001 [†]
Present	33 (51.6)	56 (77.8)	
TERT promoter mutation			
Absent	63 (98.4)	69 (95.8)	0.370 [†]
Present	1 (1.6)	3 (4.2)	

MACIS distant Metastasis, patient Age, Completeness of resection, local Invasion, and tumour Size.

* p values calculated using an independent t -test or Mann–Whitney U test. Data are expressed as the mean (IQR).

[†] p values calculated using a χ^2 test or linear-by-linear association.

^{††}IQR interquartile range.

[‡]T-, N-, M-, TNM- stage according to the AJCC TNM staging system 7^e.

Table 2. Multivariate analysis of the association of high third mtDNA copy number with high-risk clinicopathological and molecular parameters in non-ovPTC.

	mtDNA copy number (upper third)		
	Odds ratio	95% CI	P value
Age (≥ 45)			
Model A	2.337	1.172–4.662	0.016
Model B	2.506	1.243–5.052	0.010
Model C	2.542	1.241–5.204	0.011
Model D	2.431	1.157–5.110	0.019
Model E	2.114	0.985–4.538	0.055
BRAF ^{V600E} mutation (present)			
Model F	2.962	1.392–6.304	0.005
Model G	2.846	1.328–6.097	0.007
Model H	2.855	1.332–6.122	0.007
Model I	2.840	1.292–6.242	0.009
Model J	2.478	1.103–5.568	0.028
Extrathyroidal extension (present)			
Model F	2.955	1.430–6.107	0.003
Model G	2.827	1.359–5.879	0.005
Model H	2.857	1.370–5.961	0.005
Model K	2.799	1.325–5.912	0.007
Model L	2.806	1.307–6.023	0.008
TNM stage (stage III/IV)			
Model A	3.167	1.524–6.580	0.002
Model B	2.983	1.424–6.246	0.004
Model C	3.137	1.454–6.767	0.004
Model D	3.050	1.383–6.729	0.006
Model E	2.458	1.084–5.574	0.031

Model A: Adjusted for gender.

Model B: Adjusted for gender and BMI (≥ 25).

Model C: Adjusted for gender, BMI, and MACIS score (≥ 7).

Model D: Adjusted for gender, BMI, MACIS score, and extrathyroidal extension.

Model E: Adjusted for gender, BMI, MACIS score, extrathyroidal extension, and BRAF^{V600E} mutation.

Model F: Adjusted for age at diagnosis and gender.

Model G: Adjusted for age at diagnosis, gender, and BMI.

Model H: Adjusted for age at diagnosis, gender, BMI, and MACIS score.

Model I: Adjusted for age at diagnosis, gender, BMI, MACIS score, and extrathyroidal extension.

Model J: Adjusted for age at diagnosis, gender, BMI, MACIS score, extrathyroidal extension, and TNM stage.

Model K: Adjusted for age at diagnosis, gender, BMI, MACIS score, and TNM stage.

Model L: Adjusted for age at diagnosis, gender, BMI, MACIS score, TNM stage, and BRAF^{V600E} mutation.

proteases, four mitokines, and nine other related genes, were compared between normal and tumour tissues using TCGA-THCA [42]. As shown in Supplementary Fig. 1, many genes related to mtUPR such as heat shock protein family D (Hsp60) member 1 (HSPD1), TNF receptor associated protein 1 (TRAP1), prohibitin 1 (PHB1), prohibitin 2 (PHB2), caseinolytic mitochondrial matrix peptidase proteolytic subunit (CLPP), lon peptidase 1, mitochondrial (LONP1), lon peptidase 2, peroxisomal (LONP2), OMA1 zinc metallopeptidase (OMA1), and growth differentiation factor 15 (GDF15) were upregulated. To select a representative marker related to mtDNA copy number among those genes related to mtUPR, multiple correlation analyses were performed. We

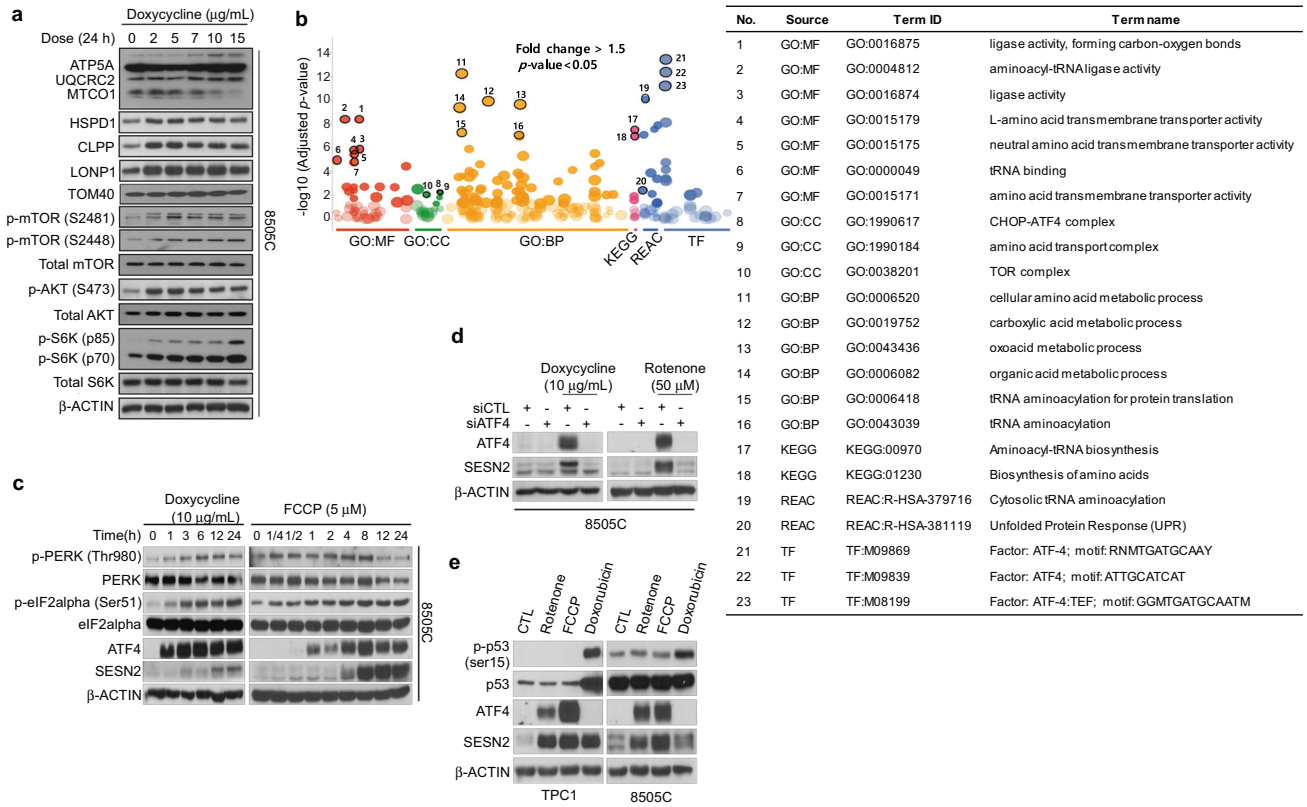


Fig. 2 ^{mt}UPR is closely related to the integrated stress response for mTOR signalling activation. **a** OXPHOS, mtUPR marker, and mTOR signalling protein expression and phosphorylation in doxycycline-treated 8505C cells. **b** Transcriptome analysis of doxycycline-treated 8505C cells showing significantly enriched GO, KEGG, Reactome (REAC), and transcription factor (TF) terms. **c** Doxycycline and FCCP induce the integrated stress response, ATF4, and SESN2 in 8505C cells. **d** ATF4 silencing affects SESN2 induction by doxycycline and rotenone. Immunoblots represent at least three independent experiments. **e** ATF4/SEN2 activation in FCCP- or rotenone-induced mitochondrial stress or in doxorubicin-induced genotoxic stress in TPC1 and 8505C cells. Immunoblots represent at least three independent experiments. OXPHOS oxidative phosphorylation, ATP5A ATP synthase F1 subunit alpha, UQCRC2 ubiquinol-cytochrome C reductase core protein 2, MTCO1 mitochondrially encoded cytochrome C oxidase I, HSPD1 heat shock protein family D member 1, CLPP mitochondrial matrix peptidase proteolytic subunit, LONP1 mitochondrial lon peptidase 1, TOM40 translocase of outer mitochondrial membrane 40, S6K ribosomal protein S6 kinase, PERK PKR-like ER kinase (eukaryotic translation initiation factor 2 alpha kinase 3, EIF2AK3), eIF2α α-subunit of eukaryotic translation initiation factor 2, ATF4 activating transcription factor 4, SESN2 sestrin 2, CTL control, FCCP carbonyl cyanide-4-(trifluoromethoxy) phenylhydrazine.

observed that 18 out of 25 genes showed positive correlations with ^{mt}DNA copy number and of these, 11 were statistically significant (Fig. 1e and Supplementary Fig. 2). Among these 11 genes, HSPD1 and TRAP1 had the highest correlation. HSPD1 was selected as the representative ^{mt}UPR marker because HSPD1 has higher expression value (transcripts per million) and has been widely used in experiments [15]. This finding was confirmed by the western blotting analysis using tissue samples (Fig. 1f) and immunohistochemical (IHC) staining of paraffin-embedded tissue samples (IHC-P; Fig. 1g, Supplementary Fig. 3a–e). In addition, gene set enrichment analysis (GSEA) was conducted to confirm the representativeness of HSPD1 as a ^{mt}UPR marker. The expression of other ^{mt}UPR markers was also enriched in PTC samples with high HSPD1 expression, indicating that HSPD1 could be a marker of ^{mt}UPR (Supplementary Fig. 3f).

To understand the molecular features of PTC with a high ^{mt}DNA copy number, we divided PTC samples into groups with high and low ^{mt}DNA copy numbers compared to matched normal tissues. In PTC with a high ^{mt}DNA copy number, Hallmark gene sets related to MYC targets, protein secretion, OXPHOS, and mTOR signalling were highly enriched, as were KEGG gene sets related to amino acid metabolism (Fig. 1h, Supplementary Tables 3 and 4). Gene set enrichment analysis (GSEA) of our transcriptomic data according to HSPD1 expression also indicated the enrichment of MYC targets, protein secretion, OXPHOS, mTOR signalling, and UPR

Hallmark gene sets (Supplementary Fig. 4a, Supplementary Table 5). GSEA also revealed the enrichment of KEGG gene sets related to aminoacyl tRNA biosynthesis, ribosomes, and thyroid cancer (Supplementary Fig. 4b, Supplementary Table 6). Consistently, GSEA of TCGA-THCA revealed that the upregulated gene sets were similar to those in our transcriptome data (Supplementary Fig. 4c, d, Supplementary Tables 7 and 8). Together, these results suggest that mitochondrial stress pathways and genes related to the MSR may be co-ordinately upregulated in PTC with high ^{mt}DNA copy number. Moreover, the MSR may be linked to mTOR signalling and amino acid metabolism.

ATF4/SEN2 upregulation by mitochondrial stress

To verify the biological function of MSR induced by a high ^{mt}DNA copy number, we treated human thyroid cancer cell lines, such as BCPAP, TPC1, C643, and 8505C, with doxycycline, which induces ^{mt}UPR and inhibits mitochondrial translation [15]. Consistent with previous reports [43], doxycycline downregulated MTCO1, upregulated HSPD1, and increased the secretion of growth differentiation factor 15 (GDF15), a stress-inducible mitokine, in HeLa cells (Supplementary Fig. 5a). The same effects were observed in 8505C thyroid cancer cells treated with doxycycline, but not amoxicillin (Supplementary Fig. 5b). In addition, doxycycline increased the expression of mitochondrial matrix peptidase proteolytic subunit (CLPP) and mitochondrial lon peptidase 1 (LONP1; Fig. 2a), while

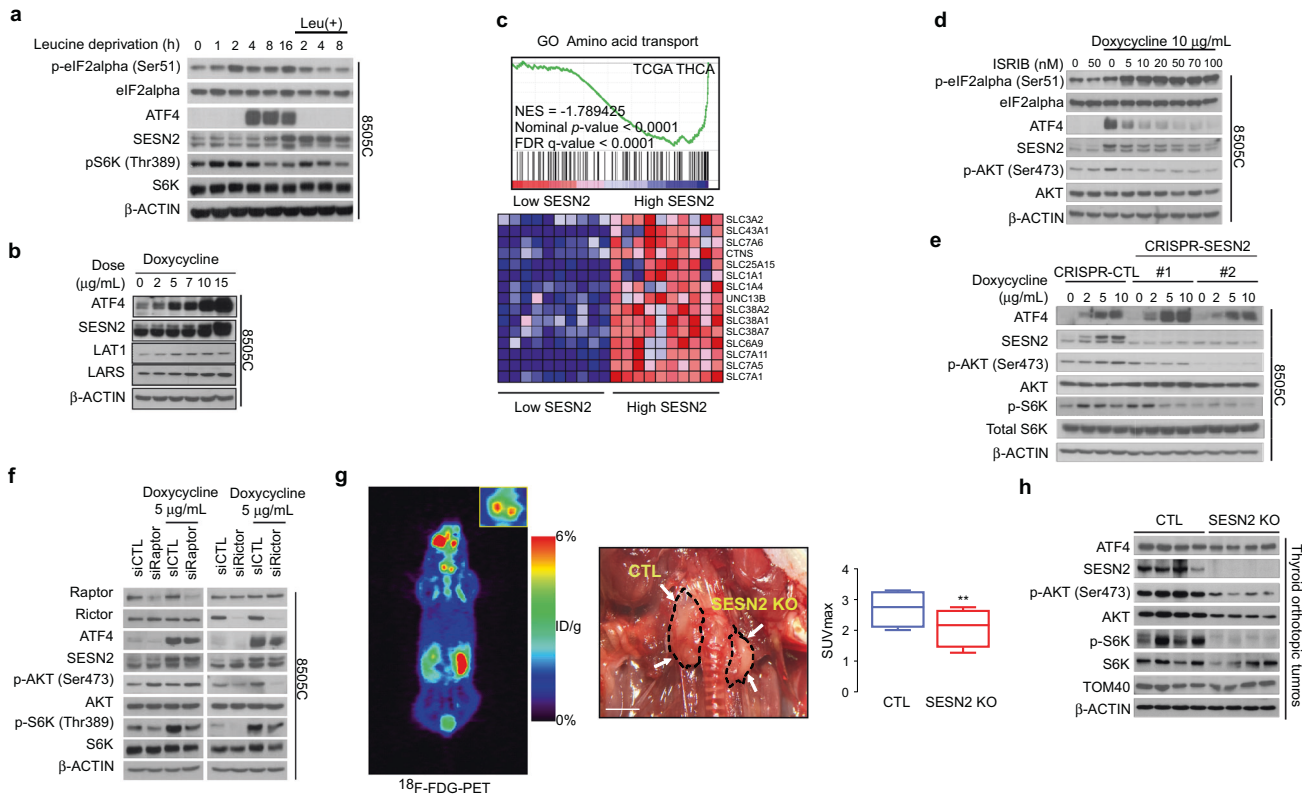


Fig. 3 Dual mechanism via which MSR maintains mTOR activity. **a** Effect of leucine supplementation on ATF4/SESN2 expression and S6K (Thr389) phosphorylation in leucine-deprived 8505C cells. Immunoblots represent at least three independent experiments. **b** Coordinated enrichment of amino acid transport-related genes in tumours with high *SESN2* expression. **c** LARS and LAT1 protein expression in doxycycline-treated 8505C cells. **d** ISRIB affects ATF4/SESN2 and AKT (Ser473) phosphorylation induced by doxycycline in 8505C cells. **e** *SESN2* knockout affects AKT (Ser473) and S6K (Thr389) phosphorylation induced by doxycycline. **f** *Raptor* or *Rictor* silencing affect AKT (Ser473) and S6K (Thr389) phosphorylation induced by doxycycline in 8505C cells. **g** Representative image of orthotopic thyroid tumours, corresponding ^{18}F -FDG-PET results, and SUV_{max} between CRISPR-CTL and CRISPR-*SESN2*-KO tumours ($n = 7/\text{group}$) of the right and left thyroid of the same mouse (arrows). p values calculated using Wilcoxon matched-pairs signed rank tests. **h** ATF4 and *SESN2* expression and AKT (Ser473) and S6K (Thr389) phosphorylation in CRISPR-CTL and CRISPR-*SESN2*-KO orthotopic tumours. Immunoblots represent at least three independent experiments. $**p < 0.01$. Data represent the mean \pm SD. LARS leucyl-tRNA synthetase, LAT1 L-type amino acid transporter 1, ISRIB integrated stress response inhibitor, SUV_{max} maximum standardised uptake value, CTL control, KO knockout.

increasing mTOR, AKT, and S6K phosphorylation, suggesting AKT-mTOR signalling activation (Fig. 2a).

To clarify the mechanistic link between m^{t} UPR and mTOR, we performed transcriptome analysis using doxycycline-treated 8505C cells, finding that doxycycline induced ATF4 transactivation and increased amino acid metabolism (Fig. 2b). Consistent with previous data [18], these findings suggest that m^{t} UPR is closely associated with the ISR, as evidenced by increased PERK and eIF2 α phosphorylation with ATF4 and *SESN2* induction (Fig. 2c). *SESN2*, a known ATF4 target under mitochondrial dysfunction, has dual actions as a leucine (Leu)-dependent mTORC1 inhibitor and mTORC2 activator through direct interaction with GATOR2-mTORC2 [44–46]. By silencing ATF4 in 8505C cells treated with doxycycline and rotenone, a mitochondrial complex I inhibitor that can also be used as a mitochondrial stress inducer, we revealed that *SESN2* induction was dependent on ATF4 (Fig. 2d). In BCPAP (B-Raf Proto-Oncogene, Serine/Threonine Kinase (BRAF) $^{\text{V600E}}$ positive PTC) cells, doxycycline concomitantly induced ATF4 and *SESN2* (Supplementary Fig. 5c), while rotenone induced ATF4/*SESN2* in TPC1 PTC cells (Supplementary Fig. 5c). FCCP, a mitochondrial OXPHOS uncoupling agent used as a mitochondrial stress inducer, also activated the ISR (Supplementary Fig. 5d, left panel) and increased AKT and S6K phosphorylation before appearance of cleaved caspase and poly(ADP-ribose) polymerase (PARP), indicating cellular apoptosis (Supplementary Fig. 5d, right panel). These data suggest that the m^{t} UPR is coupled with ISR

induction and mTOR signalling via ATF4/*SESN2*. Notably, doxorubicin also induced *SESN2* without ATF4 induction in TPC1 cells, but not in 8505C cells which harbour a p53 mutation (Fig. 2e), suggesting that *SESN2* is also induced by genotoxic stress via a p53-dependent pathway. Thus, *SESN2* upregulation by genotoxic stress requires p53, but that induced by mitochondrial stress requires ATF4. Taken together, these data demonstrate that mitochondrial stress is linked to signalling pathways related to biosynthesis and cell proliferation, potentially via ATF4/*SESN2*.

Amino acid metabolism is closely linked to the MSR

Since *SESN2* is a Leu sensor that can inhibit mTORC1 activation by interacting with the GATOR2 complex [47, 48], the MSR could negatively affect cancer cell proliferation. Although TCGA-THCA revealed significant *SESN2* upregulation, *SESN3* was downregulated (Supplementary Fig. 6a). Consistent with an association between the m^{t} UPR and ATF4-*SESN2*, we found that *SESN2* expression correlated positively with *HSPD1* and *ATF4* (Supplementary Fig. 6b, c) and that *HSPD1*, *ATF4*, and *SESN2* had similar IHC staining patterns (Supplementary Fig. 6d). In addition, we found a strong positive correlation between *HSPD1*, *ATF4*, *SESN2*, and *GDF15* (Supplementary Fig. 7a). Therefore, we removed Leu from the culture medium of 8505C cells to determine whether *SESN2* inhibited mTORC1 (Fig. 3a). Increased eIF2 α and decreased S6K phosphorylation suggested nutritional stress and mTORC1 inactivation, respectively; however, adding Leu to the medium

abolished eIF2 α phosphorylation and restored S6K phosphorylation, even in the presence of SESN2 (Fig. 3a). Thus, SESN2 does not appear to inhibit mTORC1 under Leu-rich conditions.

Since the GSEA of doxycycline-treated 8505C cells indicated that the MSR is linked to amino acid metabolism (Fig. 2b) and correlation analysis revealed that the MSR is related to cellular amino acid biosynthesis rather than amino acid catabolism (Supplementary Fig. 7b, c), we investigated whether cancer cells generate Leu-rich conditions during the MSR. Doxycycline activated the MSR by inducing leucyl-tRNA synthetase 1 (LARS) and L-type amino acid transporter 1 (LAT1), which regulates the cellular uptake of large neutral amino acids (leucine, methionine, and valine; Fig. 3b). Consistently, LARS and methionyl-tRNA synthetase 1 (MARS) were upregulated in tumours with high HSPD1 expression (Supplementary Fig. 7d, e). Our correlation analysis also indicated that MSR is related to cellular amino acid transporters (Supplementary Fig. 8a). GSEA indicated that genes related to amino acid transport were upregulated in tumours with high SESN2 expression (PTC-hiSESN2) (Fig. 3c), suggesting the involvement of amino acid transporters. Indeed, the expression of *SLC7A5* and *SLC3A2*, which encode L-type amino acid transporter 1 (LAT1), was significantly higher in tumour samples (Supplementary Fig. 8b) and correlated positively with SESN2 expression (Supplementary Fig. 8c). Although SESN2 is thought to inhibit mTORC1, our data suggest that the upregulation of amino acid transporters and biosynthesis following the MSR may disable this effect. Considering the positive correlation between SESN2, LARS, *SLC7A5*, and *SLC3A2* in TCGA-THCA, we examined whether the MSR upregulates these genes via ATF4/SESN2; however, silencing ATF4 did not affect LAT1 and LARS upregulation by the MSR, suggesting that LAT1 and LARS induction do not require ATF4/SESN2 (Supplementary Fig. 8d).

MSR activates mTOR through ISR-ATF4/SESN2 signalling

Our in silico analyses also indicated a relationship between the MSR and cell growth signalling. The PI3K/AKT/mTOR pathway plays a major role in thyroid carcinogenesis by facilitating aggressive tumour behaviour [49–52]. GSEA of Hallmark gene sets indicated that mTORC1 and PI3K-AKT-mTOR signalling was co-ordinately upregulated in PTC-hiSESN2 (Supplementary Fig. 9a, Supplementary Table 9). Consistently, HSPD1, ATF4, and SESN2 expression correlated positively with PI3K-AKT signalling-related genes (Supplementary Fig. 9b). As SESN2 also showed positive correlation with the genes of interest in this study and pS6K(Thr389) (Supplementary Fig. 9c), we performed in vitro and in vivo experiments to investigate the effect of SESN2 on tumour behaviour. SESN2 overexpression in 8505C and TPC1 cells increased cell proliferation and AKT (Ser473) phosphorylation, providing direct evidence for the role of SESN2 in cancer proliferation (Supplementary Fig. 10a, b). Interestingly, we also found that ISRIB inhibited doxycycline-induced AKT (Ser473) phosphorylation (Fig. 3d), indicating that the ISR is required for AKT phosphorylation by the MSR as ISRIB is a known small-molecule integrated stress response (ISR) inhibitor that reverses the effects of eIF2 α phosphorylation, which is an initiating event of ISR [53].

To determine whether AKT (Ser473) phosphorylation by the MSR involves SESN2, we generated two CRISPR-SESN2 knockout 8505C cell lines (CRISPR-SESN2-KO #1 and #2). Although doxycycline did not increase AKT (Ser473) phosphorylation in CRISPR-SESN2 #1 and #2 cells, it did increase AKT phosphorylation in the CRISPR-CTL cell line (Fig. 3e). Since mTORC2 phosphorylates AKT at Ser473 [23], we examined whether MSR-mediated AKT (Ser473) phosphorylation was increased in an mTORC2-dependent manner. Doxycycline-induced AKT (Ser473) phosphorylation was not reduced by silencing Raptor, a core component of mTORC1, but was abrogated by silencing Rictor, a core component of mTORC2 (Fig. 3f). Silencing Raptor or Rictor downregulated p-S6K

(Thr389), indicating that p-S6K (Thr389) requires mTORC1 for MSR-induced mTORC2/AKT activation. Reducing mTORC1-induced S6K (Thr389) phosphorylation by silencing Raptor slightly increased p-AKT (Ser473) phosphorylation, potentially by alleviating the negative feedback effect of p-S6K on insulin receptor substrate 1 (IRS1) [54, 55]. Due to the complex crosstalk between mTORC2, AKT, mTORC1, and S6K, we examined the regulatory effects of the MSR on p-S6K (Thr389) via the mTORC2-AKT axis. Treating 8505C cells with doxycycline and A6730, an AKT inhibitor, downregulated MSR-mediated AKT (Ser473) and S6K (Thr389) phosphorylation (Supplementary Fig. 10c), suggesting that the MSR may induce mTORC2/AKT activation and S6K phosphorylation through a SESN2-dependent mechanism. mTORC2/AKT and mTORC1/S6K may also be synergistically activated via the MSR-induced upregulation of amino acid transporters.

The MSR-mTOR axis regulates tumour growth and aggressiveness in vivo

To validate the effect of the MSR on thyroid carcinogenesis in vivo, we created an orthotopic mouse model of thyroid cancer using CRISPR-SESN2-CTL and CRISPR-SESN2-KO cells. Consistent with our in vitro findings, orthotopic tumours were smaller in CRISPR-SESN2-KO mice than in CRISPR-SESN2-CTL mice (Fig. 3g, Supplementary Fig. 10d). Positron emission tomography with 2-deoxy-2-[fluorine-18] fluoro-D-glucose integrated with computed tomography (18F-FDG PET/CT) revealed decreased glucose metabolism in CRISPR-SESN2-KO tumours (Fig. 3g). In addition, p-AKT (Ser473) and p-S6K (Thr389) were downregulated in CRISPR-SESN2-KO tumours (Fig. 3h); however, PET/CT revealed no significant difference in ¹¹C-methionine uptake between the CRISPR-SESN2-KO and CRISPR-SESN2-CTL mice (Supplementary Fig. 10e), indicating that SESN2 plays no direct role in the uptake of large neutral amino acids.

We further validated the clinical significance of the MSR-mTOR-S6K axis by analysing TCGA-THCA-reverse phase protein array (RPPA) data divided into low and high p-S6K (Thr389) groups. GSEA of KEGG or Hallmark gene sets revealed that high S6K phosphorylation was associated with biosynthetic processes and cell proliferation-related pathways such as aminoacyl tRNA biosynthesis, DNA replication, and mTORC1 signalling (Supplementary Fig. 11a, b, Supplementary Tables 10 and 11). Conversely, high S6K (Thr389) phosphorylation was closely related to mitochondrial gene sets (Supplementary Fig. 11c, Supplementary Table 12). HSPD1, ATF4, SESN2, GDF15, *SLC7A5*, and LARS expression correlated positively with p-S6K (Thr389) but not total S6K, while p-AKT(S473) and p-AKT(T308) correlated positively with p-S6K (Thr389) (Supplementary Fig. 11d). We further examined the effect of high p-S6K (Thr389) on tumour aggressiveness using clinical data, finding that patients in the high p-S6K group was significantly older (Supplementary Fig. 12a) and that high p-S6K (Thr389) expression was related to aggressive clinicopathological features (Supplementary Fig. 12b–h) and a lower disease-free survival (Supplementary Fig. 12i). Collectively, these data suggest that the MSR-mTOR-S6K axis is important for the growth and aggressiveness of human thyroid cancer.

ISR-related ER stress is dependent on ^mtDNA

Thapsigargin, a non-competitive inhibitor of sarco/endoplasmic reticulum Ca ATPase (SERCA) induced ATF4/SESN2 like doxycycline (Fig. 4a). Moreover, the ER stressor tunicamycin increased mTOR, AKT, and S6K phosphorylation (Fig. 4b) and upregulated genes related to the MSR and the ER stress response, whereas doxycycline only induced MSR-related genes (Fig. 4c–e). Since ER stressors also induce the MSR, we examined the role of the MSR in ER stress-induced ISR by treating 8505C cells with ethidium bromide (EtBr) to deplete ^mtDNA (Supplementary Fig. 13a, b), as EtBr has been known to cause ^mtDNA depletion in a reproducible and dose-dependent manner in mammalian cells [56, 57]. After

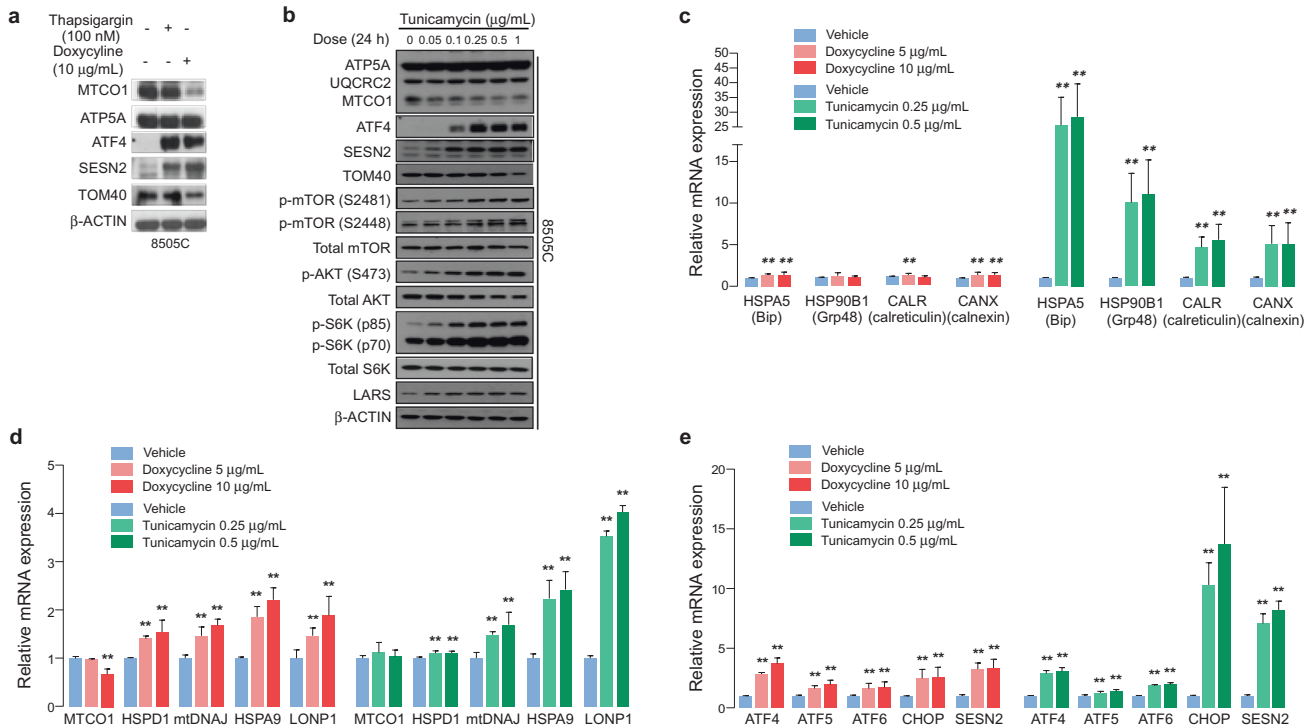


Fig. 4 Integrated stress response comparison between $mtUPR$ and ER UPR. **a** OXPHOS, ATF4, and SESN2 expression in thapsigargin- or doxycycline-treated 8505C cells. **b** Changes in mTOR (Ser2481, Ser2448), AKT (Ser473), and S6K (Thr389) phosphorylation in tunicamycin-treated 8505C cells. **c** mRNA expression of ER stress response-related genes (HSPA5, HSP90B1, CALR, and CANX) in doxycycline- or tunicamycin-treated 8505C cells. **d** mRNA expression of MSR-related genes (MTCO1, HSPD1, mtDNAJ, HSPA9, and LONP1) in doxycycline- or tunicamycin-treated 8505C cells. **e** mRNA expression of ATFs (ATF4, 5, 6), CHOP, and SESN2 in doxycycline- or tunicamycin-treated 8505C cells. Data represent the mean \pm SD of at least three independent experiments. $^{***}p < 0.01$. HSPA5, heat shock protein family A (Hsp70) member 5; HSP90B1, heat shock protein 90 beta family member 1; CALR, calreticulin; CANX, calnexin; mtDNAJ, DnaJ heat shock protein family (Hsp40); HSPA9, heat shock protein family A (Hsp70) member 9; CHOP, C/EBP homologous protein (DNA damage-inducible transcript 3 (DDIT3)).

5 days, doxycycline was unable to trigger mTOR phosphorylation or induce LAT1 and LARS1 (Fig. 5a). Increasing EtBr concentrations progressively decreased the expression of $mtDNA$ -encoded genes (MTCO1) and reduced doxycycline-induced mTOR phosphorylation (Fig. 5b). mTOR phosphorylation and LARS1 induction by tunicamycin were also reversed in 8505C cells treated with EtBr (Fig. 5c), suggesting that ER stress-induced ISR requires $mtDNA$.

Since EtBr may induce the MSR, we classified thyroid cancer cell lines according to $mtDNA$ copy number, finding that C643 cells had the lowest $mtDNA$ copy number (Supplementary Fig. 13c). Interestingly, doxycycline failed to induce ATF4/SESN2, LAT1, or LARS1 in these cells (Supplementary Fig. 13d, e), whereas TPC1 and 8505C cells (similar $mtDNA$ copy numbers) responded similarly to doxycycline (Supplementary Fig. 13f, g). In TCGA-THCA, $mtDNA$ copy number correlated significantly with the MSR and AKT-mTOR signalling (Supplementary Fig. 14a) and ER stress markers were downregulated in most PTC samples (Supplementary Fig. 14b). Thus, we postulated that the MSR is clinically relevant and that $mtDNA$ is essential in mitochondria- and ER-induced ISR.

BRAF^{V600E}-induced MYC activation requires $mtDNA$ to amplify the MSR

Since $mtDNA$ is crucial for the ISR, we investigated the underlying regulatory mechanism. First, we tested whether the BRAF^{V600E} mutation, the most common driver mutation in PTC, could directly induce the MSR as a mitochondrial stress inducer. Notably, oncogenes such as RAS proto-oncogene, GTPase (RAS), AKT/PKB, hypoxia-inducible factor (HIF), and BRAF^{V600E} have been known to inhibit mitochondrial respiration and promote glycolysis, thereby generating aerobic glycolysis, a phenomenon termed “the

Warburg effect” [58, 59]. Moreover, BRAF^{V600E} was more frequently detected in non-ovPTC harbouring high $mtDNA/nDNA$ ratio (Table 1). Infecting immortalized normal thyroid follicular cells (Nthy-ori 3–1) with mutant BRAF (BRAF^{V600E}) lentivirus increased the $mtDNA$ copy number compared to wild-type BRAF (BRAF^{WT}; Fig. 5d). This effect was synergistic with MYC, as identified by GSEA of PTC with high $mtDNA$ copy number (Fig. 1h). BRAF^{V600E} and ERK phosphorylation decreased MTCO1 and induced the MSR, which was reversed by PLX4032 (BRAF^{V600E} inhibitor) and SCH772984 (ERK inhibitor; Fig. 5e, Supplementary Fig. 15a). Since ISRIB reversed all aspects of doxycycline-induced MSR except for $mtDNA$ -encoded genes (Fig. 5f), we evaluated whether ISRIB affected $mtDNA$ copy number. ISRIB countered the effects of doxycycline-induced MSR on amino acid metabolism, mTOR signalling, and UPR (PERK signalling, ATF and MYC transactivation; Fig. 6a). Consistently, SCH772984 and ISRIB significantly decreased $mtDNA$ copy number upregulation by BRAF^{V600E} (Fig. 6b). However, SCH772984 and ISRIB did not affect $mtDNA$ copy number upregulation by MYC (Supplementary Fig. 15b), even when co-transfected with BRAF^{V600E} (Fig. 6c), indicating that MYC is the final effector of increased $mtDNA$ copy number. Indeed, MYC silencing (shMYC) abolished the increase in $mtDNA$ copy number induced by BRAF^{V600E} or doxycycline (Fig. 6d). Doxycycline-induced MSR increased MYC expression in a similar manner to BRAF^{V600E} and MYC silencing almost abolished the expression and phosphorylation of major MSR components (Fig. 6e, Supplementary Fig. 15c), indicating that MSR and MYC are co-dependent. Accordingly, MYC expression and eIF2 α and mTOR phosphorylation were decreased in Rho0 cells generated using mitochondrial uracil-DNA glycosylase (UNG1; Supplementary Fig. 15d, Fig. 6f). Taken together, our data indicate that oncogenic

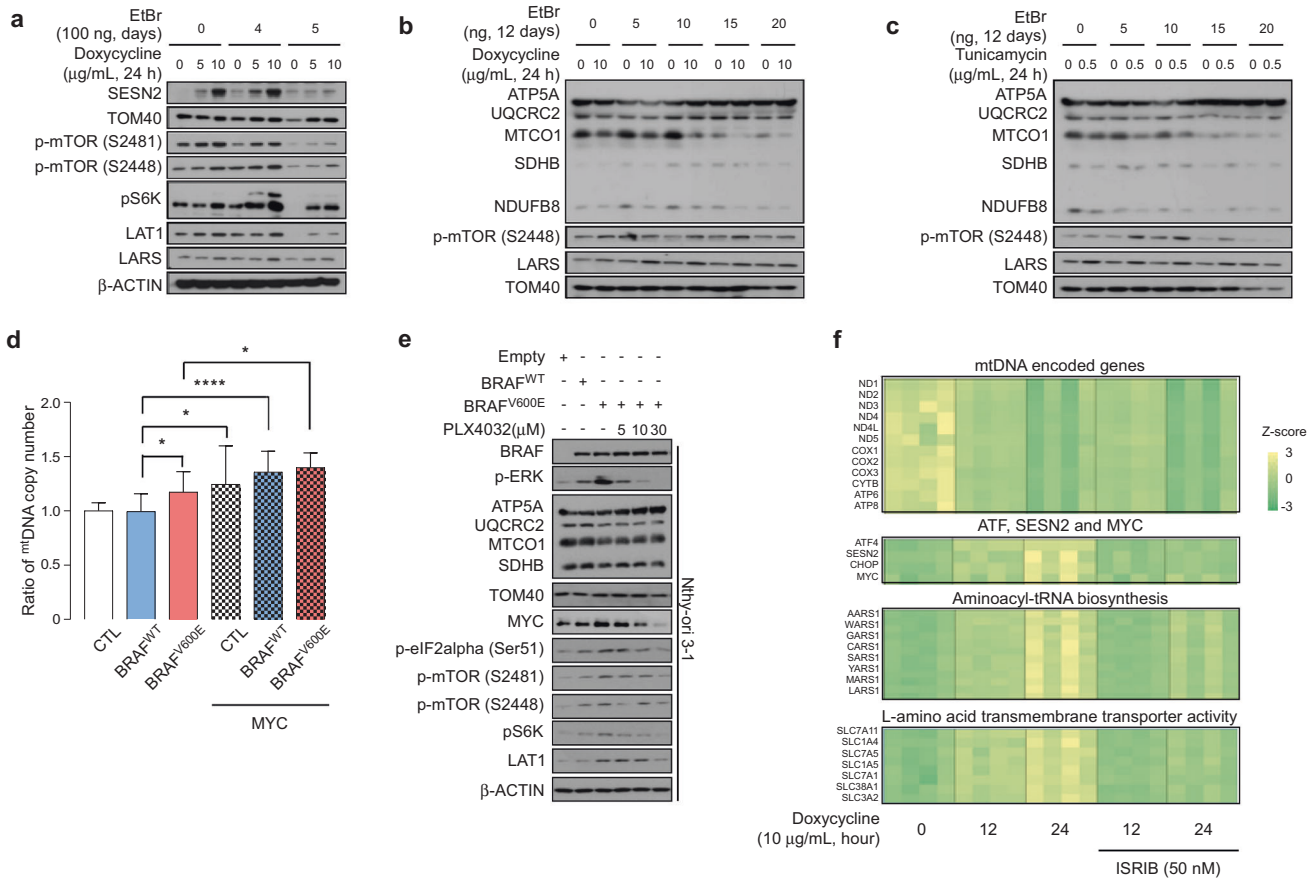


Fig. 5 **mtDNA depletion affects the integrated stress response from mitochondria and the ER.** **a** Effect of mtDNA depletion by 100 ng/mL EtBr on SEN2, TOM40, LAT1, and LARS protein expression and mTOR (Ser2481 and Ser2448) and S6K (Thr389) phosphorylation in doxycycline-treated 8505C cells. **b**, **c** Effect of mtDNA depletion on the protein expression or phosphorylation of OXPHOS (ATP5A, UQCRC2, MTCO1, SDHB, NDUFB8), mTOR (Ser2448), LARS, and TOM40 in 8505C cells treated with doxycycline (**b**) or tunicamycin (**c**). **d** mtDNA copy number alterations induced by BRAF^{V600E} and MYC. **e** Effect of BRAF^{V600E} on MSR via kinase activity. **f** Heat-map of changes in MSR-related gene expression in 8505C cells treated with doxycycline alone or with ISRIB. **p* < 0.05, *****p* < 0.0001. EtBr ethidium bromide.

BRAF^{V600E} induces MSR via an ERK and mtDNA-dependent mechanism and that MYC transactivation may increase mtDNA copy number to amplify the MSR (Fig. 6g).

DISCUSSION

Metabolic remodelling is an essential process that provides energy to support cancer cell growth and division. Decades ago, cancer cells were found to ferment glucose even in the presence of oxygen, suggesting that mitochondrial respiration defects underlie cancer development [60, 61]. However, more recent studies have demonstrated that the genetic events that promote aerobic glycolysis do not impair mitochondrial gene expression [58] and that mitochondrial biogenesis and quality control are often upregulated in cancer and coupled with mitochondrial stress [62]. Consistently, OXPHOS protein expression does not decrease uniformly in PTC. In fact, we postulated that an increased mtDNA copy number could proportionally unbalance mtDNA and nDNA, triggering the mtUPR. Cross-sectional analyses from this study revealed a relationship between mtDNA copy number and the expression of mitochondrial stress-related genes, such as HSPD1, LONP1, and GDF15. Moreover, our analyses suggested that tumour cells may experience more stress than normal cells and thus require a more robust retrograde mechanism to regulate mitochondrial stress and maintain metabolic homeostasis.

Although we focused on the regulation of mtUPR by oncogenic signalling in this study, diverse mitochondrial stressors (oxidative

stress, complex inhibition) may also be linked to the ISR and mTOR signalling. Multi-omics approaches have recently indicated that compounds that alter mitochondrial function activate the ISR, allowing the main effector, ATF4, to promote the expression of specific cytoprotective genes that reprogramme cellular metabolism toward the synthesis of key metabolites [18]. Here, we found that the MSR induced by doxycycline, FCCP, or rotenone consistently upregulated ATF4, leading to SESN2 accumulation in cancer cells. SESN2 contains an ATF4 binding motif, suggesting that SESN2 is induced by MSR-mediated ATF4 transactivation [46]. Although SESN2 can exert tumour-suppressive effects by inhibiting mTORC1 to restrict protein synthesis upon amino acid deprivation or unfolded protein accumulation, thereby protecting cells from nutrient crisis or ER stress, SESNs are highly expressed in many cancers [63]; however, their molecular mechanism in tumour progression remain largely unclear [64–66]. Here, we demonstrated that SESN2 plays an essential role in MSR-induced AKT phosphorylation. mtDNA is an essential component of mitochondrial and ER-induced ISR, as confirmed in our experiments using Rho0 cells. Interestingly, the oncogene BRAF^{V600E} increased mtDNA copy number via the downstream transcription factor, MYC, suggesting that oncogenic signalling can induce the ISR. Similarly, the mitochondrial stress inducer, doxycycline, increased MYC expression and mtDNA copy number in an ISR-dependent manner. Since cancer cells experience many types of metabolic stress (hypoxia, oxidative stress, nutrient deprivation), this bi-directional loop may be an important mitochondrial survival strategy [11].

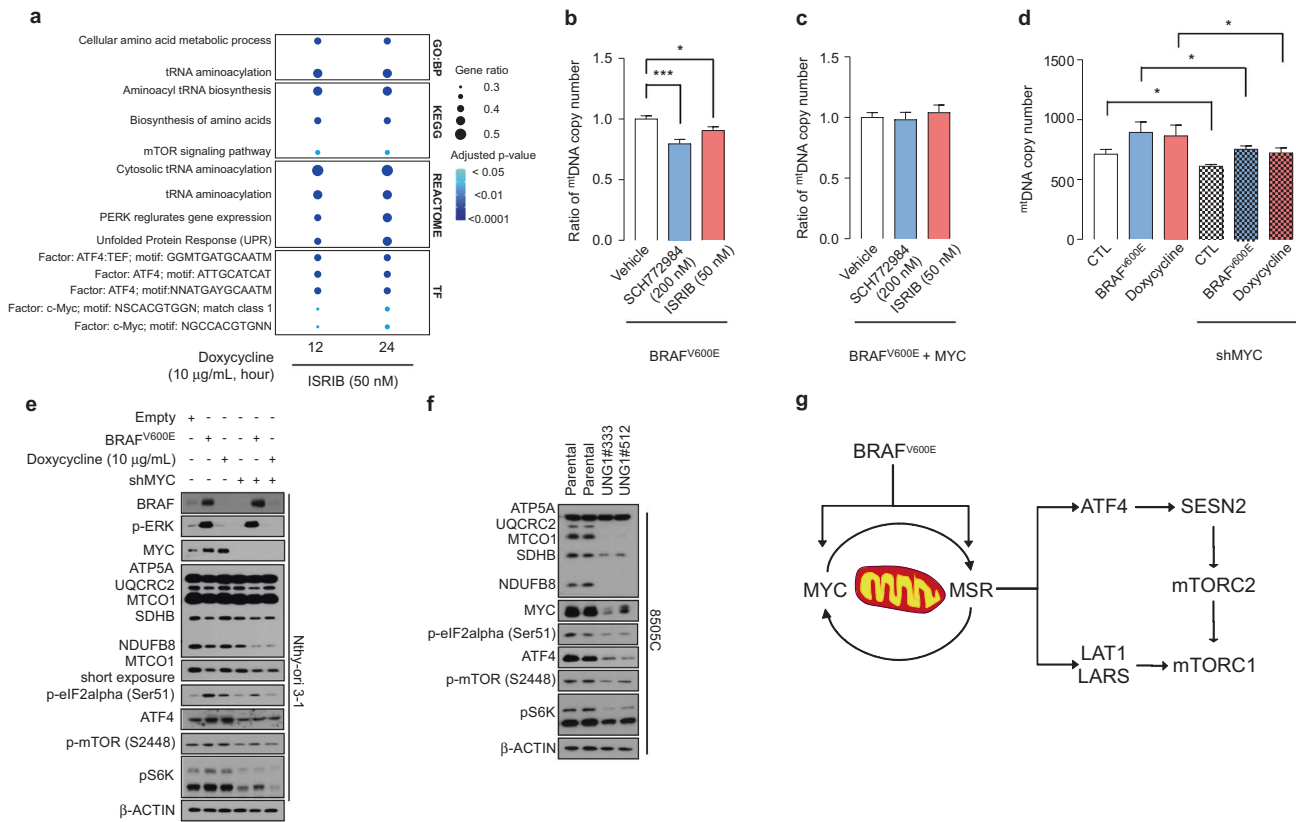


Fig. 6 MYC transactivation is a critical regulator of positive feedback loop formation in the MSR. **a** Dot plot of significantly enriched GO (BP biological process), KEGG, Reactome (REACTOME), and transcription factor (TF) terms in response to the doxycycline with ISIRIB of doxycycline alone in 8505 C cells. Dot size represents gene ratio and colour represents adjusted p value. **b** mtDNA copy number alterations by BRAF^{V600E} via ERK and ISR. BRAFV600E lentivirus infected Nthy-ori-3-1 cells were treated with SCH772984 (ERK inhibitor, 200 nM, 24 h) and ISIRIB (ISR inhibitor, 50 nM, 24 h). **c** mtDNA copy number alterations by BRAF^{V600E} via MYC. **d** The effect of MYC silencing on the changes in mtDNA copy number induced by BRAF^{V600E} or doxycycline. **e** Effect of MYC silencing on the ISR induced by BRAF^{V600E} or doxycycline. **f** Effect of mtDNA depletion by stable UNG1 expression on MSR. **g** Schematic summary of this study. All experiments were performed at least three times. * p < 0.05, ** p < 0.01, *** p < 0.001, **** p < 0.0001. UNG1 uracil-DNA glycosylase.

The MSR stimulates the synthesis of specific mitochondrial proteins by counteracting the effect of mitochondrial stress on cellular homeostasis [13, 15]. In *C. elegans* and *D. melanogaster*, mitochondrial proteotoxic stress activates the mtUPR, a typical feature of the MSR that promotes the transcription of proteases, chaperones, and metabolic enzymes which restore mitochondrial function and cellular homeostasis [12–15]. In tumour cells, the MSR is not limited to mitochondrial quality control and restoration. Here, GSEA of high mtDNA copy number and HSPD1 showed a consistent increase in overall amino acid metabolism, MYC targets, and mTOR signalling, suggesting that tumour cells exploit evolutionarily conserved mechanisms to overcome mitochondrial stress, stimulate protein synthesis, and sustain tumour growth. In addition, the MSR modulated amino acid metabolism in cancer cells. Previous studies have shown that SESNs inhibit Rag GTPases that are essential for mTORC1 activity by inhibiting GATOR2 [67, 68], which is disrupted by Leu [47, 48]. GSEA indicated that the MSR was related to amino acid biosynthesis, transporters, and aminoacyl tRNA biosynthesis. In particular, the MSR was important for LAT1 and LARS induction in Leu metabolism and may reprogram amino acid metabolism to avoid SESN2-mediated mTORC1 inhibition. Furthermore, increased Leu uptake could promote MSR-mediated mTORC1 activation. The MSR also directly activates mTORC2-AKT signalling and thereby increases S6K (Thr389) phosphorylation. AKT is a key oncogenic signalling molecule that is activated in most cancers, including thyroid

cancer, and integrates growth factor responses with cell survival, proliferation, and bioenergetics [69]. In addition, AKT is involved in tumour adaptation to hypoxia [70] and nutrient depletion [44]. Here, we revealed that mitochondrial stress, as a cell-autonomous stress response, regulates cancer progression by activating AKT in the absence of canonical genetic or genomic alterations, thereby facilitating S6K phosphorylation. These adaptive processes were critical for tumour cell growth in our orthotopic mouse model of thyroid cancer and correlated with aggressive tumour behaviour, poor clinical risk scores, and a shorter DFS. Consequently, this mechanism could be used to predict poor prognosis in patients with thyroid cancer.

In conclusion, we demonstrated that mitochondrial stress drives tumour progression via the MSR-mediated reprogramming of amino acid metabolism and activation of SESN2-mTORC2-AKT/S6K signalling. We also validated the clinical significance of this cell-autonomous regulatory mechanism on unfavourable outcomes in patients with thyroid cancer. Thus, major components of this pathway could be promising diagnostic biomarkers for aggressive thyroid cancer and ISIRIB, a potent ISR inhibitor, could be a potential therapeutic agent.

MATERIALS/SUBJECTS AND METHODS

Detailed information for key resources and methods are provided in Supplementary Information.

Experimental design

To investigate the role of mitochondrial stress response in cancer cell biology such as growth signalling and amino acid metabolism, we collected formalin fixed paraffin-embedded tissues of human papillary thyroid cancer ($n = 208$) with paired normal tissues including oncogenic variant papillary thyroid cancer ($n = 11$) according to their histologic diagnosis. Sample size was determined by tissue availability. Identifying the relationship of $^{m}tDNA/^{n}tDNA$ ratio with mitochondrial stress response, gene set enrichment analysis using TCGA-THCA and our own transcriptome data ($n = 292$) was performed.

To verify the signal propagation generated by mitochondrial stress response, 8505C cells with or without doxycycline and a small-molecule ISR inhibitor (ISRIB), were subjected to RNA sequencing. Diverse mitochondrial stress inducers such as carbonyl cyanide-4-(trifluoromethoxy) phenylhydrazone (FCCP), and rotenone and various cancer cell lines such as BCPAP, TPC1, FTC133, SW1736, CAL62, HTH83, and C643 were used for the validation experiments.

To prove the direct regulation of SESN2 on mTOR signalling, CRISPR/Cas9 genetically modified cells targeting SESN2 were generated and used for orthotopic xenograft mouse models. Sample size varied depending on animal availability; however, seven mice were analysed for ^{18}F -FDG-PET and ten mice were subjected to ^{11}C -Methionine-PET.

To investigate the relationship of mitochondrial stress on mTOR and amino acid metabolism, we performed extensive correlative analyses and conducted qRT-PCR and western blot analysis to prove the identified correlation. Using EtBr and mutant Y147A human uracil-DNA glycosylases (mtUNG1) by lentiviral transduction, we generated Rho0 cells, which are devoid of mtDNA. For cell-based assays, at least three biological replicates per group were studied.

Patients and specimens

Human thyroid cancer and matched contralateral normal fresh tissue samples were obtained from patients who underwent thyroidectomy for papillary thyroid cancer (PTC) at Yonsei Cancer Center (Seoul, South Korea) between April 2014 and December 2017. All samples were frozen in liquid nitrogen and stored at $-80^{\circ}C$ prior to analysis. All patients provided written informed consent. The study protocols were approved by the Institutional Review Board of Severance Medical Center (Seoul, Korea).

Orthotopic xenograft mouse model

Five-week-old male athymic nude BALB/c mice were obtained from Orientbio (Seongnam-si, Korea). The left and right thyroid glands were injected orthotopically with CRISPR-SESN2 and CRISPR-CTL cells (1×10^5 cells in $5 \mu L$ phosphate-buffered saline, PBS, #P3813, Sigma-Aldrich), respectively, using a $25 \mu L$ syringe (Hamilton, Reno, NV, USA). ^{18}F -FDG and ^{11}C -MET were synthesised in-house using a Cyclone 18/9 cyclotron (IBA - Radiopharma Solutions, Reston, VA). Dynamic ^{18}F -FDG or ^{11}C -MET PET were performed using an InveonTM Dedicated Micro PET (SIEMENS Medical Systems, Erlangen, Germany) for 1 h, with intravenous injections of $200 \mu Ci/0.1 mL$ ^{18}F -FDG or $400 \mu Ci/0.2 mL$ ^{11}C -MET. CT was performed using an NFR Polaris G90 Micro CT (Nano Focus Ray, Jeonju-si, South Korea). Before FDG PET/CT, mice were fasted for a minimum of 12 h. Short-acting isoflurane anaesthesia (2% isoflurane, 98% air) was used throughout the study. After imaging, the mice were sacrificed and tumour tissues extracted for western blot analysis.

All images were analysed using Amide's Medical Image Data Examiner (AMIDE, <http://amide.sourceforge.net/index.html>). PET data were arranged into sinograms with Fourier 2D rebinning and reconstructed to generate 3D DICOM images using the Ordered Subset Expectation Maximization (OSEM3D) algorithm. After qualitative assessment, the region of interest was drawn manually

to cover the entire tumour within the tomographic planes. Tumour tracer uptake (standardised uptake value; SUV) was assessed as follows: $SUV = \text{tissue activity concentration (Bq/mL)} / \text{injected dose (Bq)/body weight (g)}$. PET and CT images were fused using MIM v6.6.7 (MIM Software, Cleveland, OH, USA). All animal experiments were approved by the Committee for Ethics in Animal Experiments of Yonsei University College of Medicine. All mice were handled according to the care and use of laboratory animal guidelines of the Department of Laboratory Animal Resources, Yonsei University College of Medicine.

DATA AVAILABILITY

The datasets generated during and/or analysed during this study are available from the corresponding author on reasonable request.

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Conceptualization: JA, JL, and YSJ; Methodology: WKL, SP, SGL, SJ, GL, DR, KS, and JA; Investigation: WKL, SP, SGL, SJ, GL, and DR; Visualization: WKL, SP, SGL, SJ, and GL; Funding acquisition: KS, JA, JL, and YSJ; Project administration: JL and YSJ; Supervision: KS, JA, JL, and YSJ. Writing – original draft: WKL and SP; Writing – review & editing: WKL, SP, SGL, KS, JA, JL, and YSJ.

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COMPETING INTERESTS

The authors declare no competing interests.

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