

1 **LKB1 depletion-mediated epithelial–mesenchymal transition**
2 **induces fibroblast activation in lung fibrosis**

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18

19 **Running title:** LKB1 inhibition in pulmonary fibrosis

20 **Abstract**

21 The factors that determine fibrosis progression or normal tissue repair are largely
22 unknown. We previously demonstrated that autophagy inhibition-mediated epithelial-
23 mesenchymal transition (EMT) in human alveolar epithelial type II (ATII) cells
24 augments local myofibroblast differentiation in pulmonary fibrosis by paracrine
25 signalling. Here, we report that liver kinase B1 (LKB1) inactivation in ATII cells
26 inhibits autophagy and induces EMT as a consequence. In IPF lungs, this is caused by
27 downregulation of *CAB39L*, a key subunit within the LKB1 complex. 3D co-cultures
28 of ATII cells and MRC5 lung fibroblasts coupled with RNA sequencing (RNA-seq)
29 confirmed that paracrine signalling between LKB1-depleted ATII cells and fibroblasts
30 augmented myofibroblast differentiation. Together these data suggest that reduced
31 autophagy caused by LKB1 inhibition can induce EMT in ATII cells and contribute to
32 fibrosis via aberrant epithelial–fibroblast crosstalk.

33 **Introduction**

34 Idiopathic pulmonary fibrosis (IPF) is a chronic, progressive, fibrotic lung disease of
35 unknown aetiology ¹. In IPF the current paradigm of disease pathogenesis proposes that
36 the delicate alveolar architecture of the lung is disrupted by extracellular matrix (ECM)
37 deposition as a consequence of repetitive micro-injuries to the alveolar epithelium,
38 resulting in tissue scarring, increased stiffness and impaired gas exchange. Two anti-
39 fibrotic drugs, nintedanib and pirfenidone, are approved worldwide for the treatment of
40 IPF however whilst there is evidence that they can slow disease progression they cannot
41 stop or reverse it ² and so better treatments are urgently required.

42 We previously identified that alveolar epithelial type II (ATII) cells undergoing
43 epithelial-mesenchymal transition (EMT) promote a pro-fibrotic microenvironment
44 through paracrine signalling activating local fibroblasts ^{3, 4, 5}. EMT is a dynamic,
45 reversible process which has been implicated in embryonic development, wound
46 healing, cancer metastasis and fibrosis ⁶. Induction of EMT in fibrosis has been linked
47 to a variety of processes including autophagy inhibition which triggers EMT via the
48 p62/*SQSM1*-NFκB-Snail2 signalling pathway ^{3, 7}. Autophagy (macro-autophagy) is a
49 regulated self-management mechanism allowing the bulk or selective degradation of
50 intracellular components and has been widely associated with several ageing processes
51 including neurodegeneration, cancer and fibrosis ⁸. It has been reported that autophagy
52 activity is reduced in IPF ^{9, 10, 11, 12, 13}, however, signalling pathways leading to this
53 phenomenon remain to be elucidated. Here, we report that inactivation of Liver Kinase
54 B1 (LKB1, encoded by the gene *Serine/Threonine Kinase 11, STK11*) in ATII cells
55 inhibits autophagy and induces EMT. We identified downregulation of *CAB39L*, the
56 allosteric activator of LKB1 in IPF alveolar septae and found that levels of *CAB39L*
57 were significantly inversely correlated with *SNAI2* (Snail2) suggesting that reduction

58 of *CAB39L* in IPF alveolar epithelium leads to LKB1 inactivation and promotes EMT.
59 The profibrotic relevance of alveolar LKB1 inactivation was demonstrated in 3D co-
60 cultures of ATII cells and lung fibroblasts in which paracrine signalling between LKB1-
61 depleted ATII cells and fibroblasts was shown to augment myofibroblast
62 differentiation.

63 **Results**

64 **Global transcriptomic changes in LKB1-depleted alveolar type II (ATII) cells.**

65 It was reported previously that activation of AMP-activated protein kinase (AMPK), a
66 downstream effector of LKB1, in myofibroblasts from IPF lungs reduces fibrogenic activity¹⁴.
67 To determine if, and how, ATII cells responded to alteration of LKB1 activity, we characterized
68 the global transcriptomic changes in ATII cells upon RNA interference (RNAi)-mediated
69 LKB1 depletion by performing RNA-seq. The human ATII cell line grows in continuous
70 culture and expresses the ATII cell marker, pro-surfactant protein C, as reported earlier⁷.

71 Differentially expressed genes (DEGs) were defined by a false discovery rate (FDR)-
72 adjusted P value (P_{adj}) less than 0.05 and $|\text{Log}_2\text{FoldChange}|$ above 1. In total, 763 up-regulated
73 and 664 down-regulated DEGs were identified (Table S1). Gene Ontology (GO) enrichment
74 analysis was performed and grouped into molecular function, biological process and cellular
75 component. Of note, several EMT-related terms were identified, including cell junction,
76 chemotaxis and regulation of cell migration (FDR < 0.05; Figs. 1A and S1; Table S2). To
77 provide further mechanistic insights, Gene Set Enrichment Analysis (GSEA)¹⁵ was performed
78 and several Hallmark pathways were identified, including "TNF α signalling pathway via
79 NF κ B" and "EMT" as top up-regulated pathways in LKB1-depleted ATII cells (Fig 1B; Table
80 S3).

81

82 **LKB1 depletion in ATII cells induces EMT.**

83 Given that the "Hallmark_EMT" pathway was positively enriched upon LKB1 (*STK11*)
84 depletion in ATII cells (Fig. 2A; normalized enrichment score, NES = 2.03; FDR < 0.001), we
85 examined changes in EMT-associated genes. We identified increases in expression of *VIM*
86 (Vimentin, a mesenchymal marker) and several EMT-transcriptional factors, in particular

87 *SNAI2* (encoding Snail2), as well as a reduction in *CDH1* (encoding E-cadherin, an epithelial
88 marker) in our RNA-seq dataset (Fig. 2B) which we confirmed by real time qPCR (Fig. 2C),
89 as well as demonstrating increased protein levels of Snail2 while E-cadherin protein was
90 decreased (Fig. 2D). Together, these results demonstrate that loss of LKB1 activates an EMT
91 programme in ATII cells.

92

93 **LKB1 depletion leads to autophagy inhibition-mediated EMT via the p62-NFκB-Snail2**
94 **pathway in ATII cells.**

95 Another highly enriched pathway in LKB1-depleted ATII cells was "Hallmark_TNFα
96 signalling pathway via NFκB" (Fig. S2A; normalized enrichment score, NES = 2.45; FDR <
97 0.001). To verify this, we assessed NFκB activity using a reporter assay identifying that LKB1
98 depletion in ATII cells increased NFκB activity above 2-fold (Fig. S2B; $P < 0.01$).

99 We have previously demonstrated that autophagy inhibition induced accumulation of
100 p62/*SQSM1* and activation of the NFκB pathway^{3,16}. Given our identification of increased
101 NFκB activity upon LKB1 silencing, we therefore investigated the role of LKB1 on autophagy
102 activity in ATII cells. This identified that LKB1 depletion in ATII cells led to autophagy
103 inhibition, as demonstrated by decreased levels of LC3-II and increased p62 by western blot
104 analysis (Fig. 3A), as well as punctate staining for p62 by immunofluorescence (Fig. 3B).

105 We next checked if LKB1 depletion induced EMT via the p62-NFκB-Snail2 pathway.
106 Depletion of p62 abolished the increase in NFκB activity induced by LKB1 knockdown (Fig.
107 3C), suggesting that LKB1 depletion in ATII cells triggers the NFκB pathway via p62.
108 Functionally, knockdown of either NFκB p65 (Fig. 3D) or p62 (Fig. 3E) abolished the increase
109 in Snail2 expression induced by LKB1 depletion in ATII cells. Taken together, these results

110 demonstrate that LKB1 inactivation in ATII cells inhibits autophagy and promotes EMT via a
111 p62-NFκB pathway.

112

113 **Down-regulation of *CAB39L* in human IPF lungs.**

114 Activation of LKB1 occurs via allosteric binding of LKB1 to STE20-related adaptor (*STRAD*)
115 and mouse protein 25 (MO25, encoded by *CAB39* and *CAB39L*)¹⁷. Given our *in vitro* findings,
116 we compared the expression of LKB1 (*STK11*), *STRADA*, *STRADB*, *CAB39* and *CAB39L* in
117 IPF and control lungs in a transcriptomic dataset that we have recently established (GSE169500)
118¹⁸. Briefly, laser capture microdissection was performed upon Formalin-Fixed Paraffin-
119 Embedded (FFPE) control non-fibrotic lung tissue (alveolar septae, n = 10) and usual
120 interstitial pneumonia/idiopathic pulmonary fibrosis FFPE lung tissue (fibroblast foci and
121 adjacent non-affected alveolar septae, n = 10 each), followed by RNA-seq. Among those
122 subunits within the LKB1 complex, only the expression of *CAB39L*, the allosteric activator of
123 LKB1, was down-regulated in IPF alveolar septae (Fig. 4A). By contrast, expression of other
124 subunits, including LKB1 (*STK11*), *STRADA*, *STRADB* and *CAB39*, did not significantly
125 change in IPF lungs (Fig. S3). Down-regulation of *CAB39L* in human IPF lung tissue was
126 confirmed using real time qPCR of IPF tissue lysates (Fig. 4B; $P < 0.05$) as well as RNA *in*
127 *situ* hybridisation of alveolar septae (Fig. 4C). We also assessed the expression of *CAB39L* and
128 *SNAI2* (encoding Snail2) in alveolar septae from control and IPF lungs using the same dataset
129 (GSE169500) and found that the levels of *CAB39L* were significantly inversely correlated with
130 *SNAI2* (Snail2) (Fig. 4D, Pearson $r = -0.65$; n = 20; $P = 0.002$). These observations support
131 the concept that in IPF alveolar epithelium down-regulation of *CAB39L* leads to LKB1
132 inactivation and promotes EMT via the p62-NFκB pathway (Fig. 4E).

133 **3D co-cultures of ATII cells and pulmonary fibroblasts suggest involvement of paracrine**
134 **signalling in augmenting myofibroblast differentiation.**

135 Our previous study reported that reduced autophagy activity contributed to fibrosis via aberrant
136 epithelial-fibroblast crosstalk ³. To determine if it was also the case for LKB1-depletion in
137 ATII cells, 2D cultures of ATII cells alone or 3D co-cultures with MRC5 lung fibroblasts (Fig.
138 5A) were established and then analysed by RNA-seq. DEGs were defined by a FDR-adjusted
139 *P* value (*P*_{adj}) less than 0.05 and |Log₂FoldChange| above 1 (Table S4).

140 Our earlier reports ^{3,5} by comparison of the relative expression of ECM components in ATII
141 cells and fibroblasts highlight that ATII cells produce extremely low levels of ECM genes even
142 after the induction of EMT, suggesting that ECM production in fibrosis is more likely to be a
143 consequence of fibroblast activation than direct deposition by epithelial cells undergoing EMT.
144 This is also true in this study. A comparison of collagen genes in 2D monocultures of control
145 or LKB1-depleted ATII showed relatively low levels of collagen gene expression that were not
146 significantly different (control ATII vs. LKB1-depleted ATII; Fig. 5B; Table S5), even though
147 an EMT signature was clearly detectable in the LKB1 depleted cells (Figs. 1 and 2). In contrast,
148 when LKB1-depleted ATII cells were co-cultured with MRC5 fibroblasts, there was a marked
149 up-regulation of a large number of collagen genes (control ATII + MRC5 vs. LKB1-depleted
150 ATII + MRC5; Fig. 5B; Table S5). Quantification of the changes in collagen gene expression
151 using Gene Set Variation Analysis (GSVA) ¹⁹, identified a significant effect of LKB1 depletion
152 in 3D co-cultures of ATII cells and MRC5 (Fig. 5C; *P* < 0.01), but not in 2D-cultured ATII
153 cells (Fig. 5C; *P* > 0.05). This suggested collagen production in IPF lungs is unlikely to be a
154 direct consequence of epithelial collagen gene expression due to EMT, but rather epithelial

155 cells exhibiting an indirect effect on fibroblast differentiation via paracrine signalling,
156 especially when undergoing EMT^{3,5}.

157 To further explore the effect of paracrine signalling on fibroblast to myofibroblast transition,
158 in 3D co-cultures we analysed the expression of *ACTA2* (α -SMA, a myofibroblast marker),
159 confirming that LKB1 depletion in ATII cells caused increased expression and that this was
160 associated with up-regulations in *COL1A1*, *COL3A1*, and *FNI* (Fig. 5D; all *P values* < 0.01).
161 Finally, to confirm the paracrine influence of ATII cells on fibroblast differentiation, we treated
162 MRC5 cells with conditioned media (CM) from ATII cells transfected with control or LKB1
163 siRNA without or with addition of transforming growth factor- β (TGF- β), and assessed levels
164 of α -SMA. CM from ATII cells transfected with LKB1 siRNA without TGF- β had a similar
165 effect on α -SMA expression compared to TGF- β treatment alone (Fig. 5E). Furthermore, CM
166 from LKB1-depleted ATII cells together with TGF- β achieved a strong synergistic effect on
167 α -SMA protein levels (Fig. 5E). These data suggest that LKB1 depletion in ATII cells
168 augments myofibroblast differentiation via paracrine signalling.

169 **Discussion**

170 IPF is a progressive interstitial lung disease with limited treatment options available ²⁰.
171 Although the underlying cause of IPF is not fully understood, repetitive microinjuries to aged
172 alveolar epithelium is proposed to trigger aberrant wound healing processes, initiating an
173 accumulation of ECM deposited by myofibroblasts ²¹, which are critical in the pathogenesis of
174 IPF, with increased fibroblast foci associated with worse prognosis ²². The origin of
175 myofibroblasts in IPF is controversial and it was proposed that ATII cells undergoing EMT
176 may be a source of myofibroblasts in fibrotic diseases. However, findings from our group
177 suggest that ATII cells undergoing EMT induced by RAS activation ⁵ or autophagy inhibition
178 ³ express only low levels of ECM genes. Our findings in this study support the concept that
179 epithelial cells do not directly contribute to myofibroblast populations via EMT, rather they
180 are able to promote myofibroblast differentiation through paracrine signaling ⁷.

181 LKB1 is an evolutionarily conserved serine/threonine protein kinase, which acts as an
182 important regulator of cell polarity, proliferation, and cell metabolism in epithelial cells ²³.
183 Activation of LKB1 occurs via allosteric binding of LKB1 to STE20-related adaptor
184 (*STRAD*) and mouse protein 25 (MO25, encoded by *CAB39* and *CAB39L*) ²⁴. Many of the best-
185 known functions of LKB1 are attributable to its ability to activate AMPK, which is an
186 important conserved regulator of cell growth and metabolism ²⁵. It was reported recently that
187 activation of AMPK in myofibroblasts from IPF lungs displays lower fibrotic activity. In a
188 bleomycin mouse model of lung fibrosis, metformin accelerates the resolution of well-
189 established fibrosis in an AMPK-dependent manner ¹⁴. This study supports a role for such an
190 approach to reverse established fibrosis by facilitating deactivation and apoptosis of
191 myofibroblasts ¹⁴. In line with this, a recent study suggests that in patients with IPF and type 2

192 diabetes, metformin therapy may be associated with improved clinical outcomes. However,
193 further investigation with randomized clinical trials is necessary prior to metformin's broad
194 implementation in the clinical management of IPF ²⁶.

195 Han and colleagues reported that kidney-specific deletion of *Lkb1* induces severe renal
196 fibrosis ²⁷. Similar to our findings, they found LKB1 (*STK11*) mRNA levels are not statistically
197 significant altered in fibrotic kidney samples. Instead, the expression of the allosteric activator
198 of LKB1, *CAB39L*, is significantly decreased in kidney fibrosis ²⁷, raising its potential role in
199 the development of fibrotic disease. Coincidentally, thymoquinone alleviates thioacetamide-
200 induced hepatic fibrosis by activating the LKB1-AMPK signaling pathway in mice ²⁸. Apart
201 from AMPK, LKB1 also activates a family of 12 "AMPK-related kinases", including BRSK1,
202 BRSK2, NUAK1, NUAK2, QIK, QSK, SIK, MARK1, MARK2, MARK3, MARK4 and
203 MELK ²⁹. It was shown earlier that LKB1 suppresses EMT-transcriptional factor Snail1 ³⁰ and
204 ZEB1 ³¹ expression via MARK1/4 and miR-200a/c, respectively. In this study, we
205 demonstrated that LKB1 depletion induces Snail2 expression via autophagy inhibition-p62-
206 NFκB pathway in ATII cells, consistent with our previous reports ^{3,16}.

207 As a highly conserved process ³², autophagy has been associated with several human
208 diseases, including pulmonary fibrosis (see our recent review ³³). It has been reported that
209 LKB1 modulates autophagy activity via an AMPK-mTORC1 ^{34,35} or AMPK-ULK1 (ATG1)
210 axis ³⁶. In ATII cells, upon LKB1 inhibition, autophagy activity is reduced, leading to EMT
211 via the p62-NFκB pathway (Fig. 4E). This drives local myofibroblast differentiation via
212 paracrine signalling.

213 In summary, this study provides novel insights into the role of epithelial LKB1 in pulmonary
214 fibrosis, highlighting the potential therapeutic intervention by targeting this pathway in IPF.

215 **Materials and Methods**

216 **Cell Culture, reagents and transfections**

217 Sources of cell lines, culture conditions and short interfering RNA (siRNA) transfections were
218 reported earlier ^{3, 4, 5, 16, 18, 37, 38}. MRC5 lung fibroblasts were obtained from the European
219 Collection of Authenticated Cell Cultures (ECACC). Fibroblasts were cultured in Dulbecco's
220 Modified Eagle's Medium (DMEM) supplemented with 10% foetal bovine serum (FBS), 50
221 units/ml penicillin, 50µg/ml streptomycin, 2mM L-glutamine, 1mM sodium pyruvate, and 1x
222 non-essential amino acids (all from Life Technologies). An alveolar type II (ATII) cell line ³⁹
223 ^{40 5} was cultured in DCCM-1 (Biological Industries Ltd) supplemented with 10% new-born
224 calf serum (NBCS) (Life Technologies), 1% penicillin, 1% streptomycin, and 1% L-glutamine
225 (all from Life Technologies). The human ATII cell line grows in continuous culture and
226 expresses the ATII cell marker, pro-surfactant protein C (ProSP-C) ^{3, 5}. All cells were kept at
227 37 °C and 5 % CO₂. All cultures were tested and free of mycoplasma contamination. Details
228 are provided in the [Supplementary Methods](#).

229

230 **Three-dimensional (3D) co-cultures**

231 Aggregation of 3D co-cultures was achieved using Nanoshuttle-PL (Greiner Bio-One). Briefly,
232 MRC5 fibroblasts at 80% confluence were treated with Nanoshuttle-PL for 24 h, before
233 trypsinisation. Cells were then pipetted onto cell repellent 96-well plates sat on a magnetic
234 drive and left to incubate at 37 °C and 5% CO₂ for a minimum of 3 h on the magnetic drive to
235 enable the spheroid to form. The process was then repeated for control or LKB1-depleted ATII
236 cells so they could then grow around the existing fibroblast spheroid. LKB1-depleted ATII

237 cells were generated by transfection with LKB1 (*STK11*) siRNA oligos at a final concentration
238 of 35 nM using DharmaFECT 2 reagent (Dharmacon).

239

240 **RNA *in situ* hybridization**

241 *In situ* detection of *CAB39L* mRNA on formalin-fixed paraffin-embedded (FFPE) sections of
242 lung tissue from patients with IPF or non-fibrotic control were performed using RNAscope®
243 technology (Advanced Cell Diagnostics, Biotechnique, Abingdon, UK) (n = 3 samples each group)
244 ¹⁸. *CAB39L* mRNA was detected by the predesigned probe. Briefly, lung tissue sections
245 (thicknesses: 5 µm) were baked at 60 °C, deparaffinized in xylene, followed by dehydration in
246 graded ethanol. Target retrieval, hybridization with target probe, amplification, and
247 chromogenic detection were performed according to the manufacturer's recommendations
248 (RNAscope 2.5 HD Assay-RED for FFPE tissues). Sections were counterstained with Gill's
249 Hematoxylin and mounted with Vectamount prior to imaging. Assays were performed with
250 positive (Peptidylprolyl Isomerase B, *PPIB*) and negative controls. Images were acquired using
251 an Olympus Scanner VS110 (Olympus UK, Southend-on-Sea, UK).

252

253 **Methods for RNA-seq and bioinformatics; western blot; real-time qPCR;**
254 **immunofluorescence microscopy; luciferase reporter assay and statistical analysis** were
255 reported earlier ^{3, 4, 5, 16, 18, 37, 38}, with details provided in the [Supplementary Methods](#).

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270

271 **Conflict of interest**

272 The authors declare that they have no relevant conflict of interest.

273

274 **Data Availability**

275 All data generated or analysed during this study are included in the manuscript and supporting
276 files. The RNA-seq data have been deposited in the Gene Expression Omnibus (GEO) database

277 (accession code GSE205970; the following secure token ifstmcyadrqvlr has been created to
278 allow review of this record while it remains in private status).

279 **Figure Legend**

280 **Figure 1. Global transcriptomic changes in LKB1-depleted ATII cells.**

281 **A.** Bar plot showing Gene Ontology (GO) enrichment of upregulated and downregulated
282 differentially expressed genes (DEGs) in 3 groups: cellular component (orange), biological
283 processes (yellow), and molecular functions (green). The top 10 enriched GO terms are
284 arranged in $-\text{Log}_{10}(P\text{-value})$.

285 **B.** Scatter plot showing Gene Set Enrichment Analysis (GSEA). Results are ranked by the
286 normalised enrichment score (NES). The colour and size of the dots represent false discovery
287 rate (FDR) and gene counts, respectively.

288

289 **Figure 2. LKB1 depletion in ATII cells induces EMT.**

290 **A.** Gene Set Enrichment Analysis (GSEA) plot showing the enrichment of
291 Hallmark_Epithelial-Mesenchymal Transition in LKB1-depleted ATII cells. Normalised
292 enrichment score (NES) and false discovery rate (FDR) are indicated.

293 **B.** RNA-seq data showing relative expressions of *CDHI* (encoding E-cadherin), *VIM*
294 (encoding Vimentin), *SNAIL1* (encoding Snail1), *SNAIL2* (encoding Snail2), *TWIST1*, *ZEB1* and
295 *ZEB2* in LKB1-depleted ATII cells vs. control. Data are mean \pm s.d.; n = 3 samples in each
296 group. $**P < 0.01$; $***P < 0.001$; $****P < 0.0001$ and ns: not significant.

297 **C.** Relative fold changes in mRNA levels of *CDHI* (E-cadherin), *VIM* (Vimentin), *SNAIL1*
298 (Snail1), *SNAIL2* (Snail2), *TWIST1*, *ZEB1* and *ZEB2* in LKB1-depleted ATII cells vs. control.
299 *ACTB* (encoding β -actin)-normalised mRNA levels in ATII cells were used to set the baseline
300 value at unity. Data are mean \pm s.d.; n = 3 samples in each group. $*P < 0.05$; $**P < 0.01$; $***P$
301 < 0.001 and ns: not significant.

302 **D.** Protein expressions of E-cadherin, Snail2, and LKB1 in ATII cells transfected with the
303 indicated siRNA. β -tubulin was used as a loading control.

304

305 **Figure 3. LKB1 depletion leads to autophagy inhibition-mediated EMT via the p62-**
306 **NF κ B-Snail2 pathway in ATII cells.**

307 **A.** Protein expressions of LC3-I, LC3-II, p62 and LKB1 in ATII cells transfected with the
308 indicated siRNA. β -actin was used as a loading control.

309 **B.** Immunofluorescence staining of p62 (red) in ATII cells transfected with the indicated
310 siRNA. DAPI (blue) was used to stain nuclei. Scale bar: 40 μ m.

311 **C.** NF- κ B reporter assays in ATII cells with the indicated treatment. Values represent the
312 relative fold of *Renilla* luciferase, normalised against control (1.0). Data are mean \pm s.d.; n = 3
313 samples in each group. **** P < 0.01.**

314 **D.** Protein expression of Snail2, p65 and LKB1 in ATII cells with the indicated treatment. β -
315 tubulin was used as a loading control.

316 **E.** Protein expression of Snail2, p62 and LKB1 in ATII cells with the indicated treatment. β -
317 actin was used as a loading control.

318

319 **Figure 4. Down-regulation of *CAB39L* in human IPF lungs.**

320 **A.** Expression of *CAB39L* in healthy (control) alveolar septae, IPF alveolar septae and IPF
321 fibroblast foci (n = 10 individual healthy and IPF donors; GSE169500). Relative expression
322 levels are calculated as Fragments Per Kilobase of transcript per Million mapped reads (FPKM).

323 Data are mean \pm s.d.; n = 10 samples in each group. *** P < 0.05; ** P < 0.01 and *** P < 0.001.**

324 **B.** Relative fold changes in the mRNA level of *CAB39L* in human non-fibrotic control vs. IPF
325 lung tissue. Data are mean \pm s.d.; n = 6 samples in each group. * $P < 0.05$.

326 **C.** Representative images of mRNA expression of *CAB39L* (arrows) in non-fibrotic control or
327 IPF lung tissue using RNAscope[®] RNA *in-situ* hybridisation. Scale bar: 20 μ m.

328 **D.** Scatter plot to compare the expression of *CAB39L* and *SNAI2* (Snail2) in alveolar septae
329 from non-fibrotic control and IPF lung tissue. (Pearson coefficient $r = - 0.65$; $P = 0.002$; n =
330 20).

331 **E.** Diagram showing that *CAB39L* downregulation in IPF inactivates LKB1 complex, leading
332 to autophagy inhibition-mediated EMT via the p62-NF κ B-Snail2 pathway in ATII cells.

333

334 **Figure 5. 3D co-cultures of ATII cells and MRC5 coupled with RNA-seq suggest a role of**
335 **paracrine signalling in augmenting myofibroblast differentiation.**

336 **A.** A representative image showing a 3D co-culture spheroid of MRC5 lung fibroblasts (green)
337 and ATII cells (red). Scale bar: 250 μ m.

338 **B.** Heatmap and hierarchical cluster analysis of multiple collagen genes in 2D-cultured control
339 or LKB1-depleted ATII cells and 3D co-cultures of MRC5 with control or LKB1-depleted
340 ATII cells. Red indicates up-regulation and blue down-regulation. n = 3 samples in each group.

341 **C.** Graph showing Gene Set Variation Analysis (GSVA) scores using a collagen signature in
342 2D-cultured control or LKB1-depleted ATII cells, and 3D co-cultures of MRC5 with control
343 or LKB1-depleted ATII cells. Data are mean \pm s.d.; n = 3 samples in each group. ** $P < 0.01$
344 and ns: not significant.

345 **D.** Relative mRNA expressions of *STK11* (encoding LKB1), *ACTA2* (encoding α -SMA),
346 *COL1A1*, *COL3A1* and *FNI* in the spheroid samples from MRC5 co-cultured with control or

347 LKB1-depleted ATII cells. *ACTB* (encoding β -actin)-normalised mRNA levels in ATII cells
348 were used to set the baseline value at unity. Data are mean \pm s.d.; n = 3 samples in each group.
349 ***P* < 0.01; ****P* < 0.001 and *****P* < 0.0001.

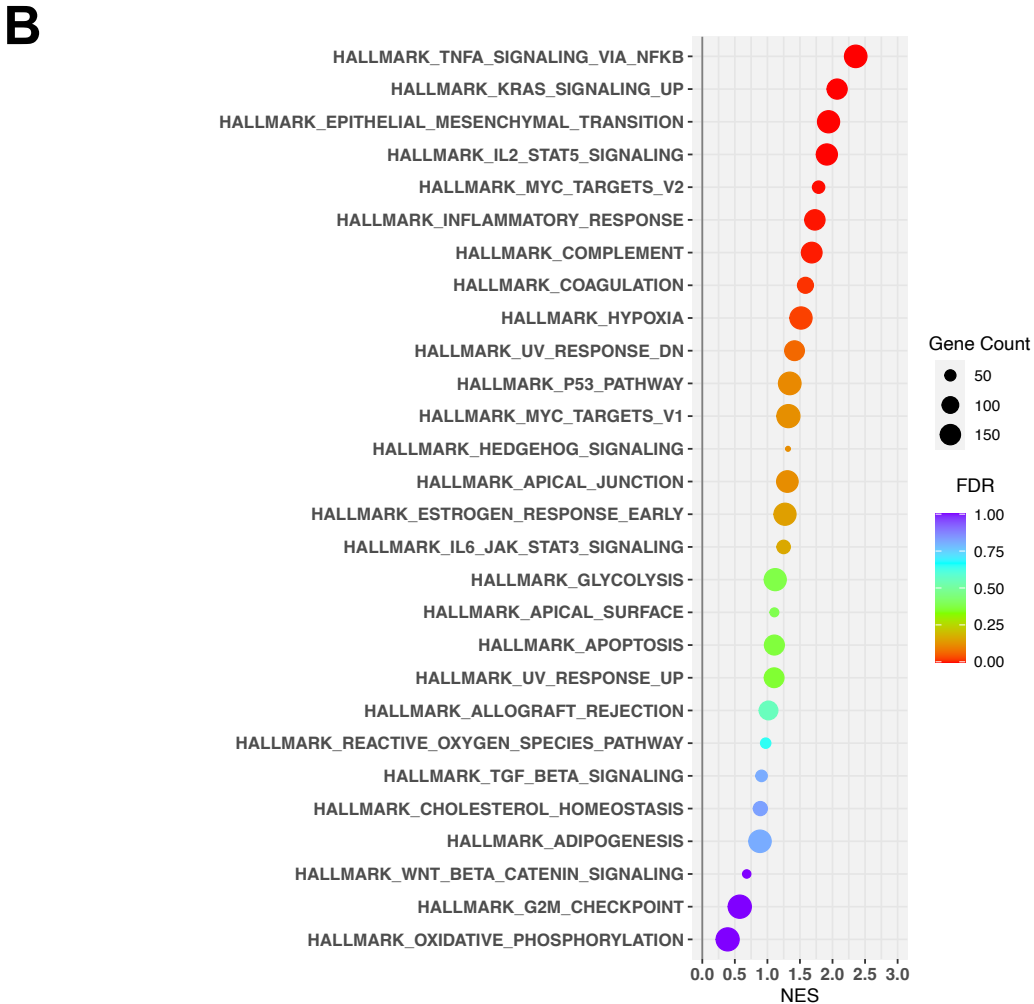
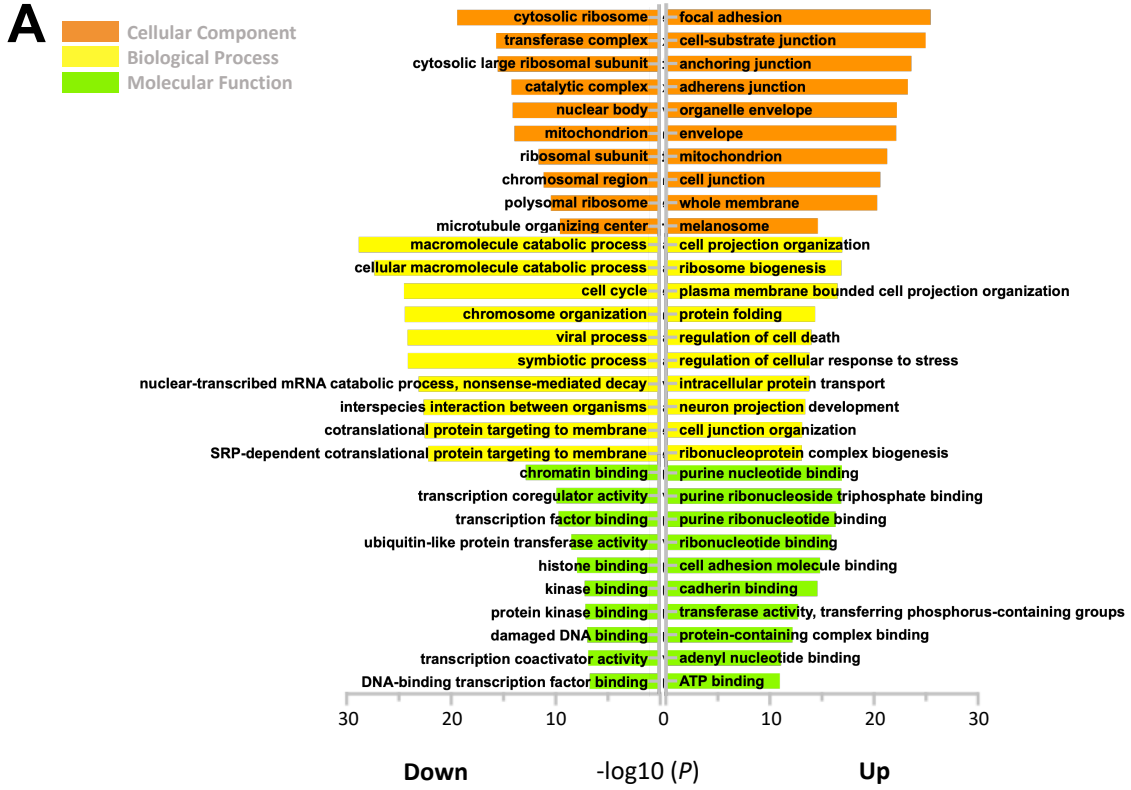
350 **E.** Protein expression of α -SMA and phospho-Smad2 (p-Smad2) in MRC5 with indicated
351 treatments. β -tubulin was used as a loading control.

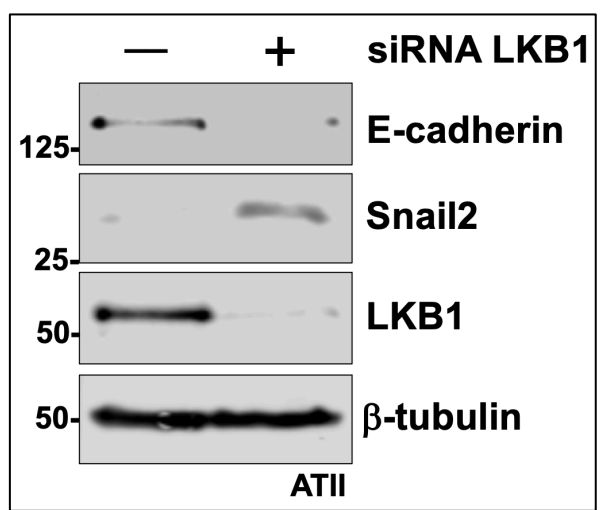
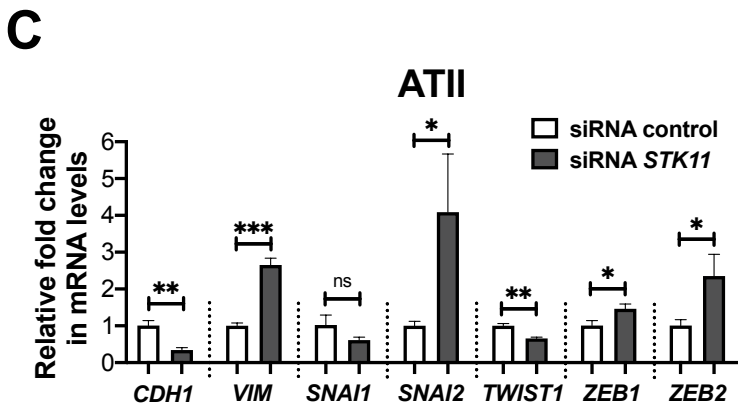
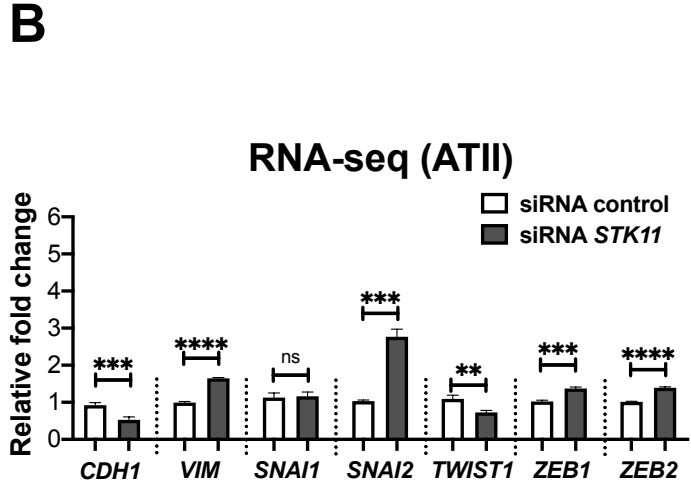
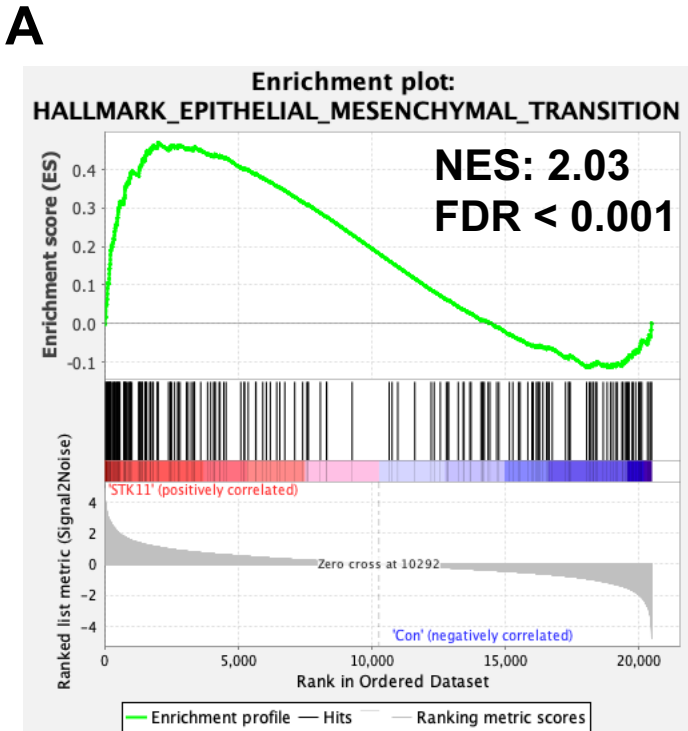
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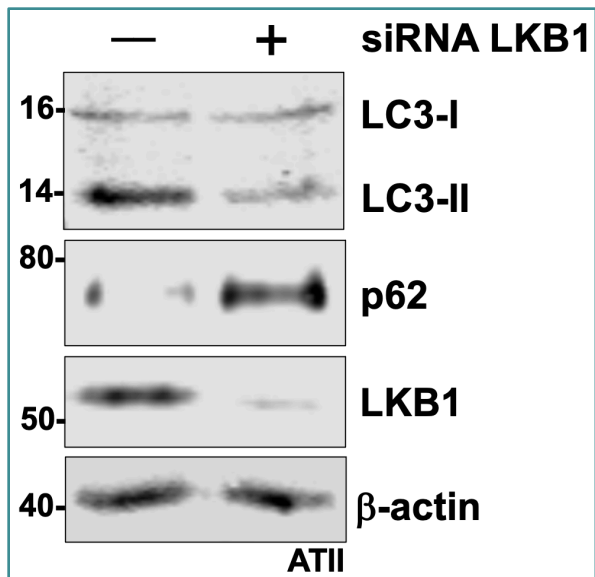
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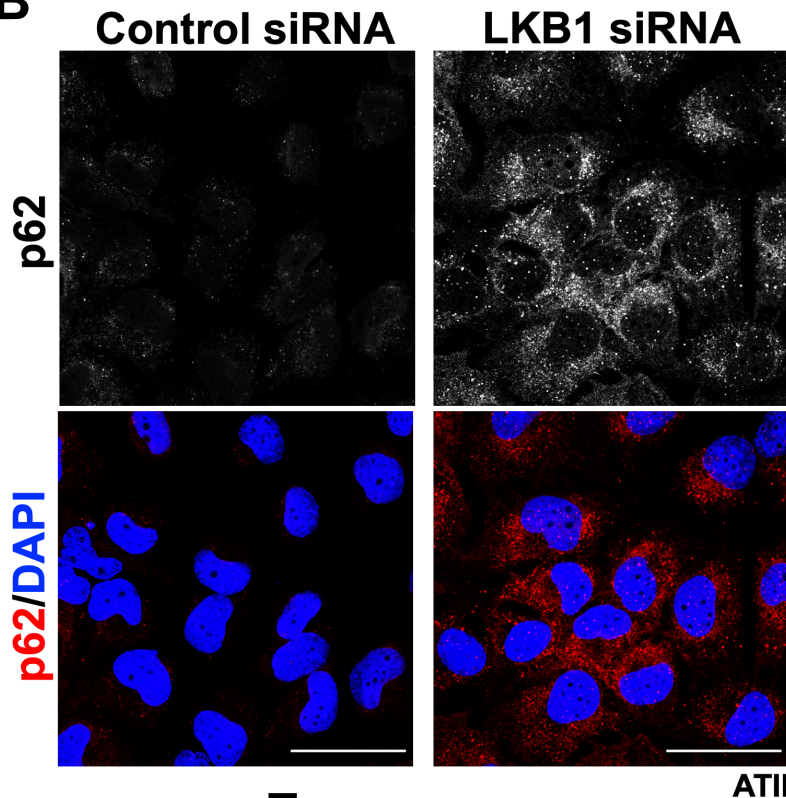




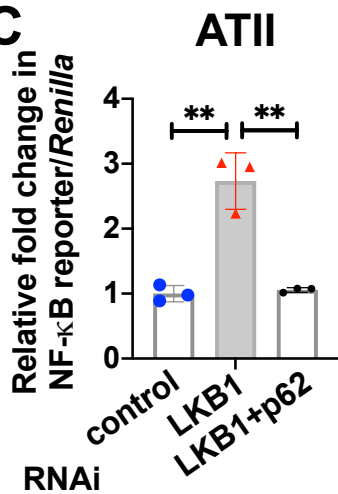
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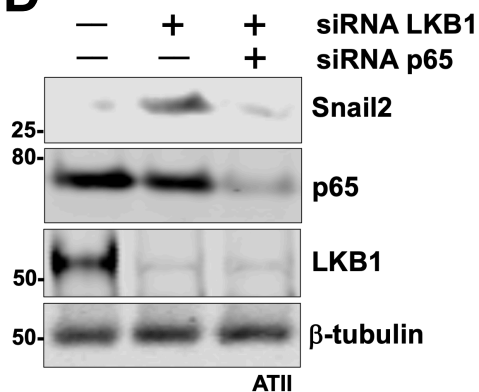
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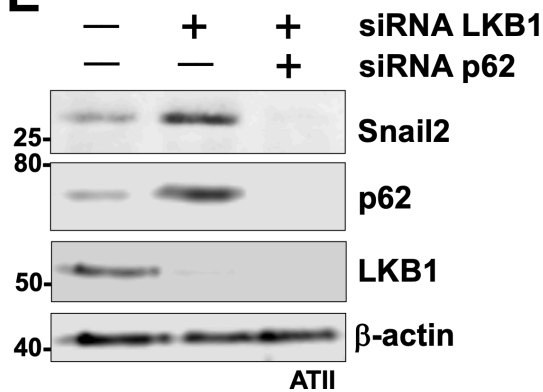
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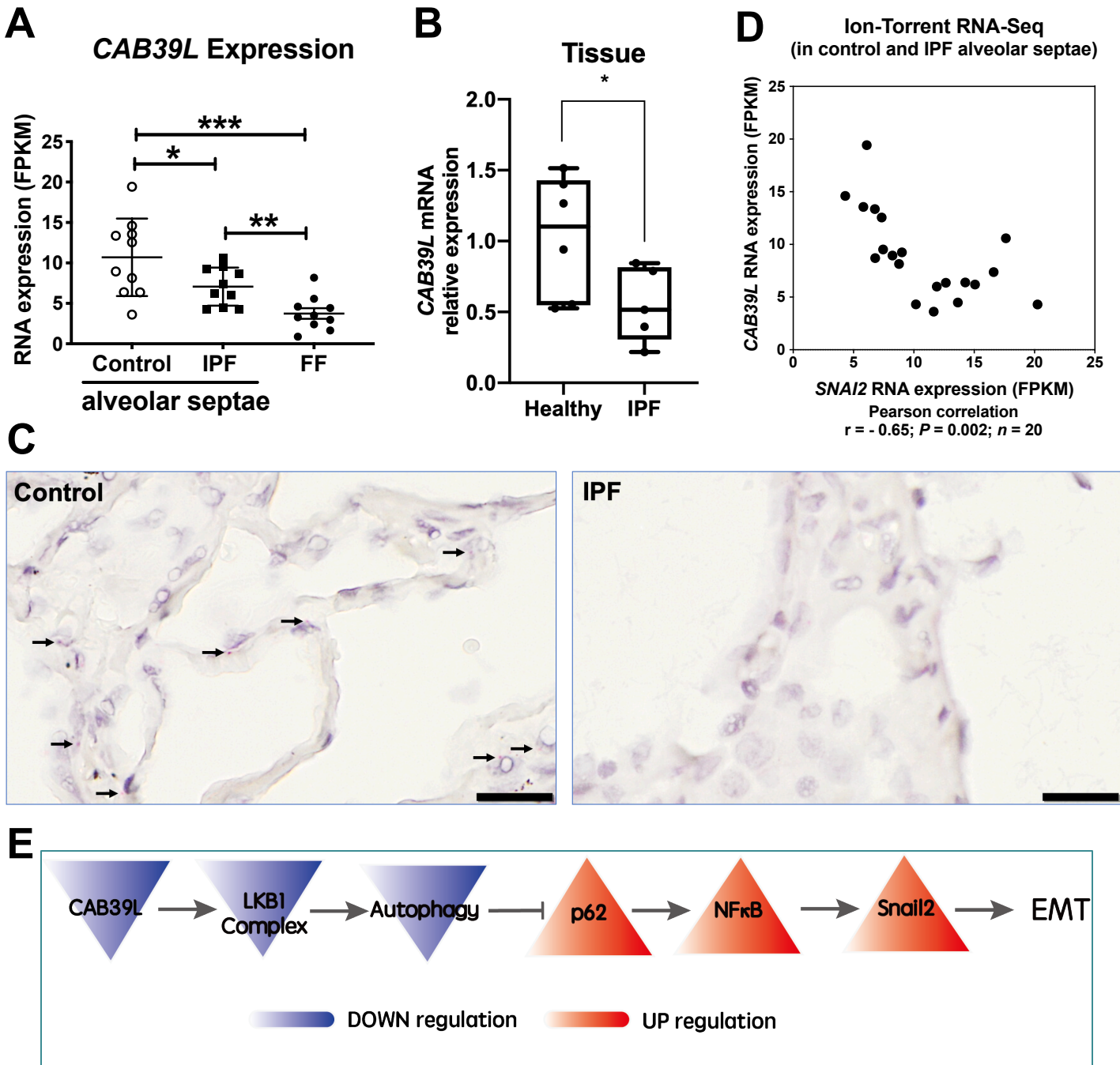


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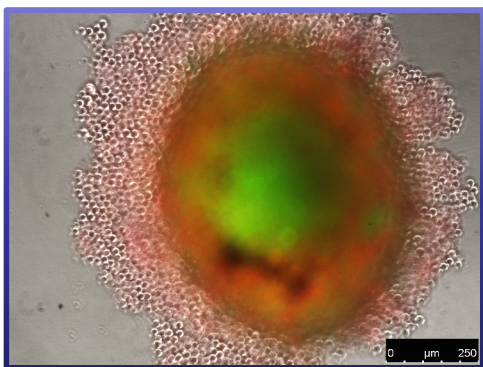


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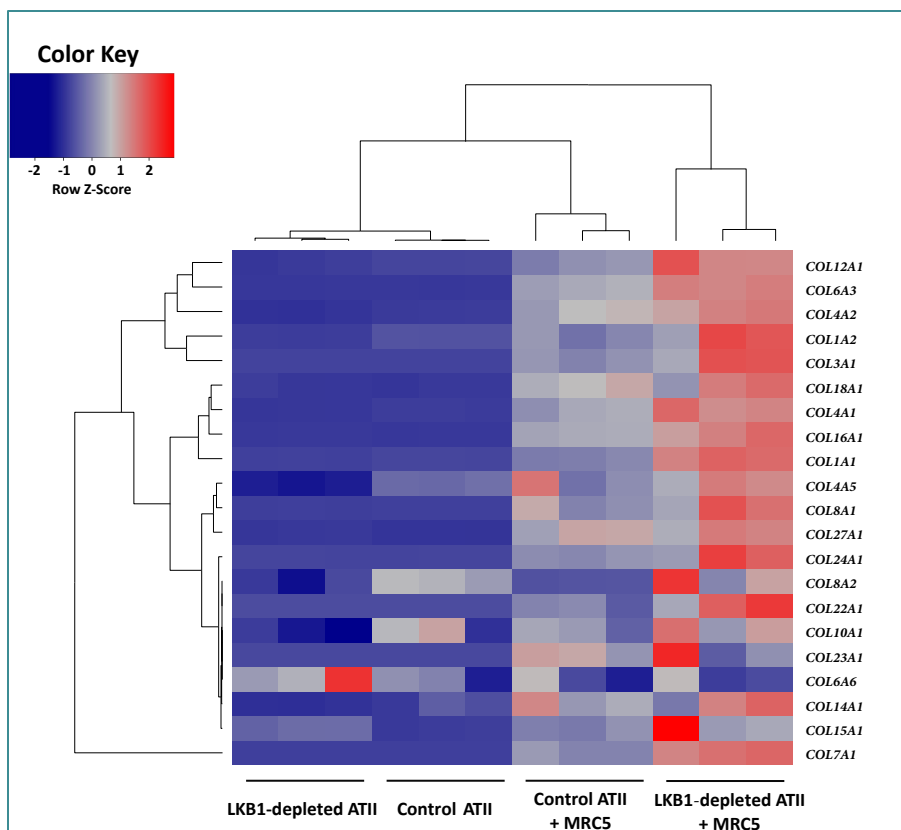




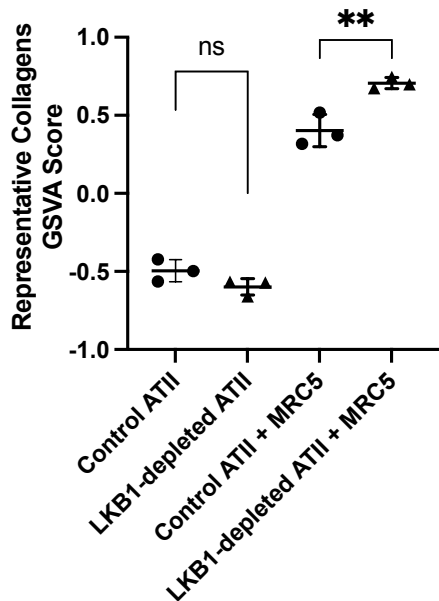
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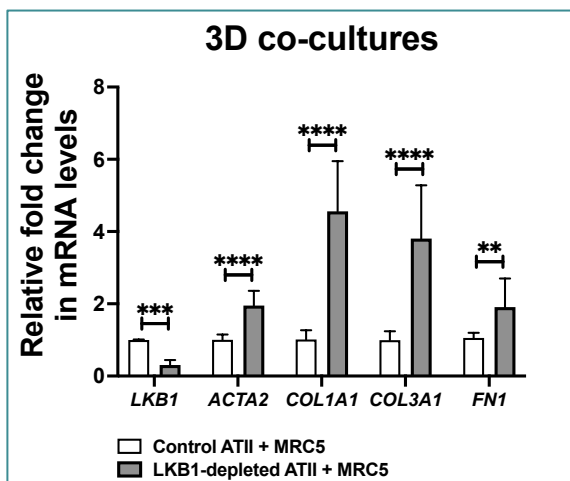
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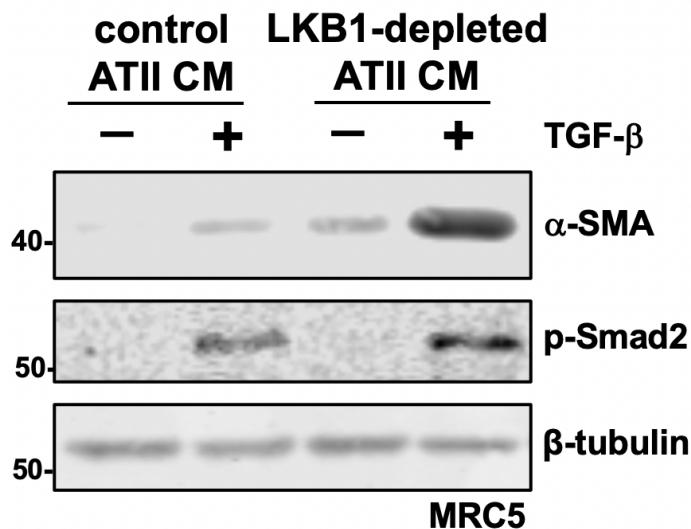
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LKB1 inhibition in alveolar epithelial cells induces fibroblast activation in pulmonary fibrosis

Supplementary Materials

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Supplementary Methods

1. Cell culture, reagents and transfections

MRC5 lung fibroblasts were obtained from the European Collection of Authenticated Cell Cultures (ECACC). Fibroblasts were cultured in Dulbecco's Modified Eagle's Medium (DMEM) supplemented with 10% foetal bovine serum (FBS), 50 units/ml penicillin, 50µg/ml streptomycin, 2mM L-glutamine, 1mM sodium pyruvate, and 1x non-essential amino acids (all from Life Technologies). Alveolar type II (ATII) cells [1] [2] [3] were cultured in DCCM-1 (Biological Industries Ltd) supplemented with 10% new-born calf serum (NBCS) (Life Technologies), 1% penicillin, 1% streptomycin, and 1% L-glutamine (all from Life Technologies). All cells were kept at 37 °C and 5 % CO₂. All cultures were tested and free of mycoplasma contamination.

Short interfering RNA (siRNA) against *STK11* (LKB1) (M-005035-02-0010), *SQSTM1* (p62) (MU-010230-00-0002) and *RELA* (p65) (MU-003533-02-0002) were purchased from Dharmacon. Sequence is available from Dharmacon, or on request. ATII cells were transfected with the indicated siRNA at a final concentration of 35 nM using DharmaFECT 2 reagent (Dharmacon). siGENOME RISC-Free siRNA (Dharmacon) was used as a negative control.

2. Lung tissue sampling

All human lung tissue samples for primary cell culture were approved by the Southampton and South West Hampshire and the Mid and South Buckinghamshire Local Research Ethics Committees, and all subjects gave written informed consent. Clinically indicated IPF lung biopsy tissue samples and non-fibrotic control tissue samples (macroscopically normal lung sampled remote from a cancer site) were assessed as surplus to clinical diagnostic requirements. All IPF samples were from patients subsequently receiving a multidisciplinary diagnosis of IPF according to international consensus guidelines [4]

3. RNA-seq and bioinformatic analysis

RNA isolation and mRNA sequencing of samples were performed following the manufacturer's instructions (Novogene, UK). The ATII cells were treated transfected with siRNA against indicated siRNAs for 48h. Total RNA was isolated using RNeasy mini kit (Qiagen) according to manufacturer's instructions and quantified using a Nanodrop Spectrophotometer 2000c (Thermo Fisher Scientific).

A total amount of 3 μ g RNA per sample was used as input material for library construction. Sequencing libraries were generated using NEBNext[®] UltraTM RNA Library Prep Kit for Illumina[®] (NEB, Ipswich, Massachusetts, USA) following manufacturer's instruction. Libraries were pooled in equimolar and sequenced using the paired-end strategy (2 \times 150) on the Illumina NovaSeq 6000 platform following the standard protocols (Novogene, UK). Raw read counts were imported into RStudio (version 4.2.0) and analyzed by using DESeq2 [5] (version 1.26.0). Transcripts with low abundance (under 10 counts across all samples) were removed. The R codes were provided in the [Supplementary Materials](#). Genes with a false discovery rate (FDR) adjusted *P* value using Benjamini-Hochberg (BH) method less than 0.05 and $|\text{Log}_2\text{FoldChange}|$ above 1 were considered as differentially expressed genes (DEGs). DEGs in 2D-cultured LKB1-depleted ATII cells are provided in [Table S1](#) and DEGs in 3D co-cultures of LKB1-depleted ATII cells and MRC5 in [Table S4](#).

The collection of Hallmark gene sets generated from the gene set enrichment analysis (GSEA) software (version 4.1.0) (with registration) [6]. Gene Ontology (GO) terms and Hallmark enrichment analysis of DEGs were generated through DAVID website tools (<https://david.ncifcrf.gov>) with default parameters. FDR adjusted *P* values by Benjamini-Hochberg (BH) method were used to estimate the statistical significance. Details for GO enrichment analysis are provided in [Table S2](#) and Gene Set Enrichment Analysis (GSEA) in [Table S3](#).

A collagen gene score for each sample was calculated using Gene Set Variation Analysis (GSVA) based on a list of 21 collagen genes upregulated in 3D co-cultured LKB1-depleted ATII cells and MRC5 ([Table S5](#)).

4. Western blot analysis

Western blot analysis was performed with lysates from cells with Urea buffer (8 M Urea, 1 M Thiourea, 0.5% CHAPS, 50 mM DTT, and 24 mM Spermine). Primary antibodies were from: Santa Cruz (β -actin, sc-47778; Snail2, sc-10436), Abcam (β -tubulin, ab6046) and Cell Signalling Technology (α -SMA, 14968; Snail2, 9585; β -tubulin, 86298; LC3, 2775; p62/*SQSTM1*, 5114; p65/RELA, 8242; Phospho-Smad2, 3104). Signals were detected using Odyssey imaging system (LI-COR), and evaluated by ImageJ 1.42q software (National Institutes of Health).

5. Real-time qPCR analysis

Total RNA was extracted using RNeasy mini kit (Qiagen) following manufacturer's instructions. RNA concentration was quantified on a Nanodrop Spectrophotometer 2000c (ThermoFisher Scientific, UK). Real-time PCR was carried out using gene-specific primers *SNAIL1* (Snail1) (QT00010010), *SNAIL2* (Snail2) (QT00044128), *ZEB1* (QT00008555), *ZEB2* (QT00008554), *TWIST1* (QT00011956), *STK11* (LKB1) (QT01008980), *ACTA2* (Alpha smooth muscle actin, α -SMA) (QT00088102), *COL1A1* (QT00037793), *COL3A1* (QT00058233) and *FNI* (QT00038024) or *ACTB* (β -actin) (QT01680476), QuantiNova SYBR Green RT-PCR kits (Qiagen) and QuantiTect Primer Assays (Qiagen) according to manufacturer's instruction or RNA was reverse transcribed and run with primers and Taqman probe sets obtained from ThermoFisher Scientific, Reading UK. Relative transcript levels of target genes were normalised to *ACTB* (β -actin).

6. Immunofluorescence microscopy

The immunofluorescence assay was performed as previously described [7]. When the cells reached 80 - 90% confluency, media were removed and cells were gently washed with 1 \times PBS twice. One ml 4% paraformaldehyde (PFA) (Thermo Fisher Scientific, UK) in 1 \times PBS was added to fix the cells for 15 minutes. PFA was then removed and cells were washed with 1 \times PBS. For permeabilisation of cells, 500 μ l of 0.1% TritonX-100 (Thermo Fisher Scientific, UK) in 1 \times PBS was added to the each well of 12 well

plate and the slide was transferred from 6 well plate into 12 well plate and incubated in 0.1% TironX-100 for 5 minutes on ice. This was followed by washing the slides with 1× PBS twice. Then, cells on the slides were blocked in 0.2% Fish Skin Gelatine (Sigma Aldrich, UK) in 1× PBS for 60 minutes at room temperature. Meanwhile, anti-p62 primary antibody was prepared in blocking buffer with 1:50 dilution and paraflim was put on the foil wrapped container. To moisture the container, wet tissues were put into the side of box. Primary antibody was put on the paraflim and the excess buffer was got rid of from the slides and slides were put on the antibody upside down for 60 minutes at room temperature. 60 minutes after the primary antibody incubation (anti-p62/SQSTM1; Progen Biotechnik GmbH, GP62-C; 1:300), slides were flipped and put into 12 well plate and washed with 1× PBS 3 times, each time for 15 minutes on the rocker. Then, secondary antibody with 4'6-Diamidino-2-Pheylindole (DAPI) (Invitrogen, UK) was prepared in 1× PBS with the dilution of 1:400 and 1:1000, respectively. New paraflim was put into the box, 95 µl of secondary antibody was put onto paraflim, and slides were put onto paraflim upside down and incubated at room temperature for 60 minutes. Slides were washed with 1× PBS as previously by avoiding light. 8 µl of mounting solution was added to the cover slip and slide was put on the cover slip upside down and left to air dry overnight by avoiding light. Protein expression was detected using Alexa Fluor (1:400, Molecular Probes) for 20 minutes. Immunostained cells were analyzed and photographed using an Olympus IX83 inverted fluorescence microscope.

7. Luciferase reporter assay

The luciferase reporter assay was performed as previously described [3]. Cells were transfected using Lipofectamine 3000 (Life technology) in a 96-well plate with 100 ng of *Renilla* along with 100 ng of NFκB reporter per well. Cells were washed with 1 × PBS and lysed by trypsin (0.05% trypsin, Gibco), then centrifuged at 500 g for 5 minutes. Cell pellet was then re-suspended in certain amount of complete media before plating on a 96-well plate (Usually 100 µl of medium for each well) at 70-80% confluency. For each well to be transfected, 0.1 µl of Lipofectamine 3000 reagent (Life

technology) was diluted in 5 μ l of Opti-MEM medium. Mixed well reagent was made and short vortexed. Diluted plasmids and Lipofectamine 3000 were mixed by pipetting up and down and the lipid-DNA mixture was incubated at room temperature for 15 minutes. Cells were transfected at 37°C for 48 hours before analysis. The transcriptional assay was carried out using the Dual-Luciferase reporter assay system (Promega, UK) following the manufacturer's protocol. Cells were wash with 1 \times PBS prior to lysis in a 96-well plate. Cells were lysed in 100 μ l of passive lysis buffer and put on a room temperature shaker for 15 minutes. Freezing lysates at -20 °C facilitated the lysis. Five μ l of lysate was analyzed for each well in a 96 well white plate. Triplets were used for each transfection and 25 μ l LAR II was first added and mixed by pipetting to measure the firefly luciferase activity. Another 25 μ l of stop and go reagent was then added to help identify the *Renilla* activity. The final Dual-Luciferase Reporter activity was normalized based on both measurements.

8. Statistical analysis

Statistical analyses were performed in GraphPad Prism v7.02 (GraphPad Software Inc, San Diego, CA) unless otherwise indicated. No data were excluded from the studies and for all experiments, all attempts at replication were successful. For each experiment, sample size reflects the number of independent biological replicates and is provided in the figure legend. Normality of distribution was assessed using the D'Agostino-Pearson normality test. Statistical analyses of single comparisons of two groups utilised Student's *t*-test or Mann-Whitney *U*-test for parametric and non-parametric data respectively. Where appropriate, individual *t*-test results were corrected for multiple comparisons using the Holm-Sidak method. For multiple comparisons, one-way or two-way analysis of variance (ANOVA) with Dunnett's multiple comparison test or Kruskal-Wallis analysis with Dunn's multiple comparison test were used for parametric and non-parametric data, respectively. Results were considered significant if $P < 0.05$, where $*P < 0.05$, $**P < 0.01$, $***P < 0.001$, $****P < 0.0001$.

Supplementary Figures

Supplementary Figure 1. Global transcriptomic changes in LKB1-depleted ATII cells.

A. REVIGO TreeMap showing Gene Ontology (GO) analysis of upregulated differentially expressed genes (DEGs) in LKB1-depleted ATII cells. Common colours represent groupings based on parent GO terms, and each rectangle is a percentage of the relative enrichment of the GO term compared with the whole genome. Genes with a false discovery rate (FDR) less than 0.05 and $|\text{Log}_2\text{FoldChange}|$ above 1 were considered as DEGs.

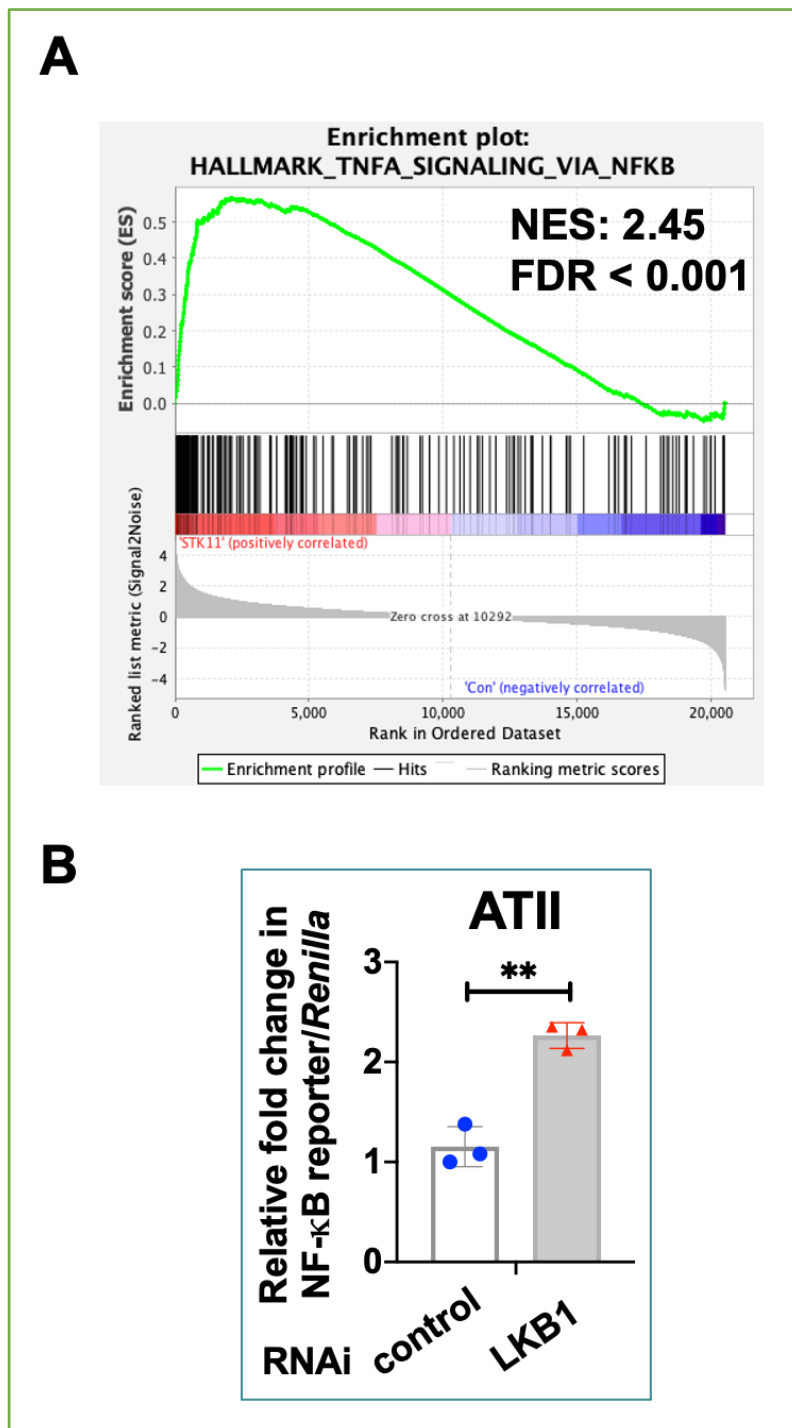
B. Scatter plot showing top ten GO terms enriched by upregulated DEGs in 3 functional groups: cellular component, biological processes and molecular functions. Rich factor is the percentage of DEG-enriched gene count in the given annotated GO terms. The sizes of circles represent gene counts, and the colours of circles represent FDR.



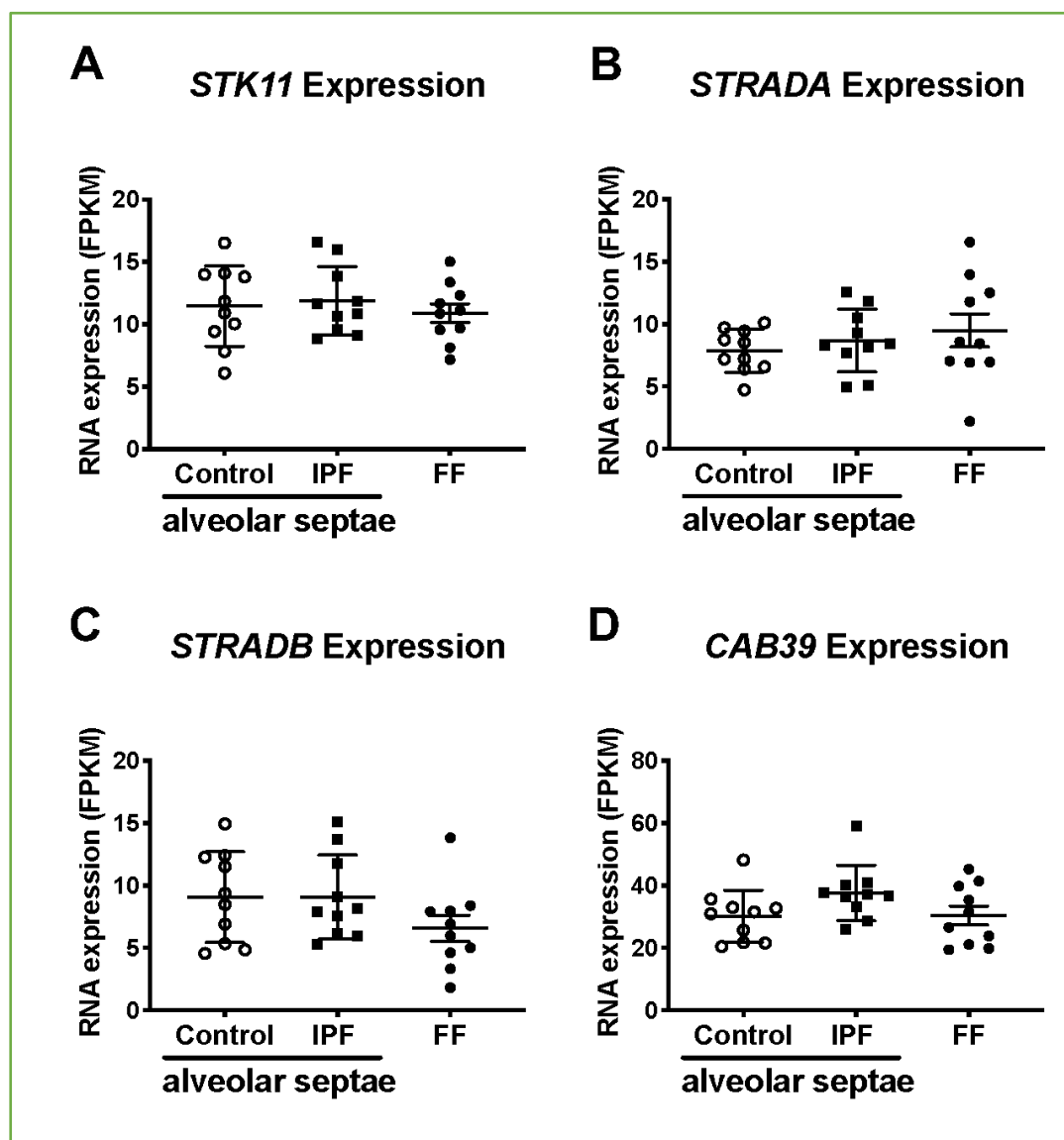
Supplementary Figure 2. LKB1 depletion leads to autophagy inhibition-mediated EMT via the p62-NFκB-Snail2 pathway in ATII cells.

A. Gene set enrichment analysis (GSEA) plot showing an enrichment of Hallmark_TNFA_Signaling_Via_NFKB in LKB1-depleted ATII cells. Normalised enrichment score (NES) and false discovery rate (FDR) are indicated.

B. NF-κB reporter assays in ATII cells transfected with the indicated siRNA. Values represent the relative fold of firefly luciferase in relation to Renilla luciferase, normalised against control (1.0). Data are mean ± s.d.; n = 3 samples in each group. ** $P < 0.01$.



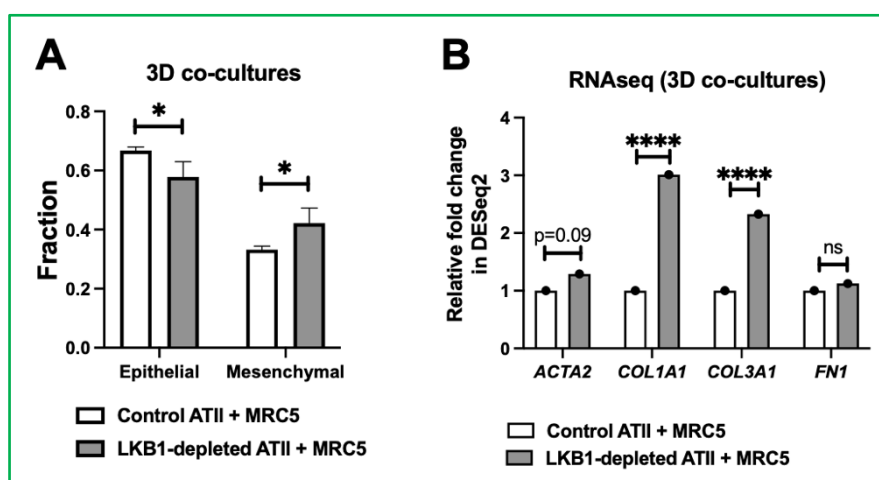
Supplementary Figure 3. Down-regulation of *CAB39L* in human IPF lungs. Expression of *STK11* (LKB1) (A), *STRADA* (B), *STRADB* (C) and *CAB39* (D) in healthy (control) alveolar septae, IPF alveolar septae and IPF fibroblast foci (n = 10 individual healthy and IPF donors; GSE169500). Relative expression levels are calculated as Fragments Per Kilobase of transcript per Million mapped reads (FPKM). Data are mean \pm s.d.; n = 10 samples in each group.



Supplementary Figure 4. 3D co-cultures of ATII cells and MRC5 coupled with RNA-seq suggest a role of paracrine signalling in augmenting myofibroblast differentiation.

A. Cell deconvolution based on an epithelial or a mesenchymal cell signature matrix derived from the single-cell RNA-seq (GSE135893) was used to determine cell compositions in spheroid samples from MRC5 co-cultured with control or LKB1-depleted ATII cells. Data are mean \pm s.d.; n = 3 samples in each group. * $P < 0.05$.

B. RNA-seq data showing relative expressions of *ACTA2*, *COL1A1*, *COL3A1* and *FN1* in spheroid samples from MRC5 co-cultured with control or LKB1-depleted ATII cells. Data are mean \pm s.d.; n = 3 samples per group. **** $P < 0.0001$ and ns: not significant.



Supplementary Tables

Table S1. DEGs in LKB1-depleted alveolar type II (ATII) cells.

Table S2. GO terms enrichment analysis in LKB1-depleted ATII cells.

Table S3. GSEA in LKB1-depleted ATII cells.

Table S4. DEGs in 3D co-cultured LKB1-depleted ATII cells and MRC5.

Table S5. List of collagen genes used for GSVA calculation in Figure 5C.

R Scripts

Raw data were imported into RStudio (version 4.2.0). RStudio Version 1.4.1717 for IOS and R scripts were run.

```
# Set the working directory before run
# setwd("C:/Users/zx2n18/RNA-seq")
```

R codes for Figure 1B

```
library(ggplot2)
data <- read.csv ("Hallmark_gsea_Up.csv")
p <- ggplot(data, aes(NES, NAME))
p + geom_point(aes(colour=FDR.q.val, size=SIZE)) +
  scale_color_gradientn(colours=rainbow(4), limits=c(0, 1)) +
  geom_vline(xintercept=0, size=0.5, colour="gray50") +
  theme(axis.text = element_text(size = 8, face = "bold"),
  panel.background=element_rect(fill="gray95", colour="gray95"),
  panel.grid.major=element_line(size=0.45,linetype='solid',
  colour="gray90"),
  panel.grid.minor=element_line(size=0.45,linetype='solid',
  colour="gray90"),
  axis.title.y=element_blank()) +
  expand_limits(x=c(0,3)) +
  scale_x_continuous(breaks=c(0,0.5,1,1.5,2,2.5,3)) +
  scale_y_discrete(limits=rev(data$NAME))
```

R codes for Figure 5B, S4A

```
#signature matrix building (scRNAseq by GSE13589)

library(dplyr)

source("https://z.umn.edu/archived-seurat")

library(Seurat)

library(patchwork)

install.packages('umap')

library(umap)

library(reticulate)

getwd()

setwd('/Users/lianyuanyuan/Desktop/Cell death and disease')

# Load the PBMC dataset

# Load the dataset

cell_type<-read.csv('/Users/lianyuanyuan/Library/Mobile
Documents/com~apple~CloudDocs/R/GSE135893_PF_subtypes/Control_Celltype.cs
v',header = T,sep = ',')

ppulmonary_fibrosis <- Read10X(data.dir = "/Users/lianyuanyuan/Library/Mobile
Documents/com~apple~CloudDocs/R/GSE135893_PF_subtypes/GSE135893_PF_su
btypes",gene.column = 1) ppulmonary_fibrosis_seurat <-
CreateSeuratObject(ppulmonary_fibrosis, project = "scRNA lung",min.features =
200) sc_data<-GetAssayData(object = pbmc.data, slot = 'counts')

sc_epi_mesenchymal<-sc_data[,cell_type$X]

#notice to delete the row.name with "march"or"sep" in the csv file, because that will
cause the "duplicate row.name" when you

#run it in the cibersorts.

write.table(sc_epi_mesenchymal,file='sc_epi_mesenchymal_Control_M.txt',sep =
'\t',row.names = T)

write.table(cell_type$population,file='sc_epi_mesenchymal_control_M_population.tx
t',sep = '\t',row.names = T)
```

R codes for Figure 5C

```
BiocManager::install("GSVA")  
library("GSVA")  
data <- read.csv("2d_3d_exprMatrix.rpm2.csv")  
rownames(data) <- data[,1]  
data <- data[,-1]  
data <- as.matrix(data)  
geneset <- read.csv("col_up_3d.csv")  
GSVA <- gsva(data, geneSets, mx.diff=1)
```

R codes for Figure S1A

```
library(treemap)
revigo.names <-
c("term_ID","description","frequency","value","uniqueness","dispensability","representative");
revigo.data <- read.csv("GO_data.csv")
stuff <- data.frame(revigo.data);
names(stuff) <- revigo.names;
stuff$value <- as.numeric( as.character(stuff$value) );
stuff$frequency <- as.numeric( as.character(stuff$frequency) );
stuff$uniqueness <- as.numeric( as.character(stuff$uniqueness) );
stuff$dispensability <- as.numeric( as.character(stuff$dispensability) );
# by default, outputs to a PDF file
pdf( file="revigo_treemap.pdf", width=16, height=9 ) # width and height are in inches
# check the tmPlot command documentation for all possible parameters - there are a
lot more
treemap(
  stuff,
  index = c("representative","description"),
  vSize = "value",
  type = "categorical",
  vColor = "representative",
  title = "Revigo TreeMap",
  inflate.labels = FALSE,      # set this to TRUE for space-filling group labels -
good for posters
  lowerbound.cex.labels = 0,   # try to draw as many labels as possible (still, some
small squares may not get a label)
  bg.labels = "#CCCCCCAA",    # define background color of group labels
                                # "#CCCCCC00" is fully transparent,
"#CCCCCCAA" is semi-transparent grey, NA is opaque
  position.legend = "none"
)
dev.off()
```

R codes for Figure S1B

```
mytheme <- theme(axis.title=element_text(face="bold", size=10,colour = 'gray25'),
axis.text=element_text(face="bold", size=10,colour = 'gray25'), axis.line =
element_line(size=0.5, colour = 'black'), panel.background =
element_rect(color='black'), legend.key = element_blank()
)
Go_Up<-read.xlsx('/Toppgene_2dup_result.xlsx',sheet = 1)
Go_Up$Count<-sapply(Go_Up$InTerm_InList,function(x)
strsplit(x,"/")[1][1]) %>%as.numeric()
Go_Up$Member<-sapply(Go_Up$InTerm_InList,function(x)
strsplit(x,"/")[1][2])%>%as.numeric()
Go_Up$GeneRatio<-as.numeric(Go_Up[,10])/as.numeric(Go_Up[,11] )
Go_Up<-Go_Up[grepl('Member',Go_Up$GroupID),]
Go_Up$`P.adjust` <-10^(Go_Up$`Log(q-value)` )
Go_Up<-Go_Up[order(Go_Up$GeneRatio),]
Go_Up$Description<-factor(Go_Up$Description,levels = (Go_Up$Description))
#Plot
p<-ggplot(Go_Up,aes(GeneRatio,Description)) +

geom_point(aes(size=Count,color=`P.adjust`))+scale_colour_gradient(high='blue',low
='red',n.breaks=10)+
  theme_bw()+
  theme(axis.title=element_text(face="bold", size=10,colour = 'black'),
        axis.text=element_text(face="bold", size=10,colour = 'black'))
p
ggsave('Up_Go_result.pdf,width = 9,height = 8)
```

R codes for Figure S4B

```
library(gplots)
a1<-read.csv("colleagen_up.csv")
a1<-as.matrix(a1)
a1<-as.numeric(a1)
distCor <- function(a1) as.dist(1-cor(t(a1)))
hclustAvg <- function(a1) hclust(a1, method="average")
pdf("collagen_heatmap.pdf",width=20, height=20)# units="in", width=12, height=8,
res=300)
colorbar<-colorRampPalette(c('darkblue','grey','red'))(n=1000)
###set the color for heatmap
heatmap.2(a1, trace="none", density='none',margin=c(5,10),scale="row",cexRow =
1.3,
          #labRow = labels,
          cexCol = 0.8, zlim=c(-10,10),Colv = T,Rowv =
T,srtCol=45,adjCol=c(1,0),
          hclustfun = hclustAvg,distfun=distCor,symbreak=FALSE,key =
T,keysiz = 1.5,
          #labRow =c(as.character(DEP_ras_expression_fc_pvalue$P.Value..)),
          #ColSideColors = condition_colors
          #RowSideColors=row_annotation)
)
dev.off()
```


References

1. Coelho, M.A., et al., *Oncogenic RAS signaling promotes tumor immunoresistance by stabilizing PD-L1 mRNA*. *Immunity*, 2017. **47**(6): p. 1083-1099. e6.
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3. Yao, L., et al., *Paracrine signalling during ZEB1-mediated epithelial–mesenchymal transition augments local myofibroblast differentiation in lung fibrosis*. *Cell Death & Differentiation*, 2019. **26**(5): p. 943-957.
4. Raghu, G., et al., *Diagnosis of idiopathic pulmonary fibrosis. An official ATS/ERS/JRS/ALAT clinical practice guideline*. *American journal of respiratory and critical care medicine*, 2018. **198**(5): p. e44-e68.
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7. Ertay, A., et al., *WDHD1 is essential for the survival of PTEN-inactive triple-negative breast cancer*. *Cell Death & Disease*, 2020. **11**(11): p. 1001.

Raw data for western blots

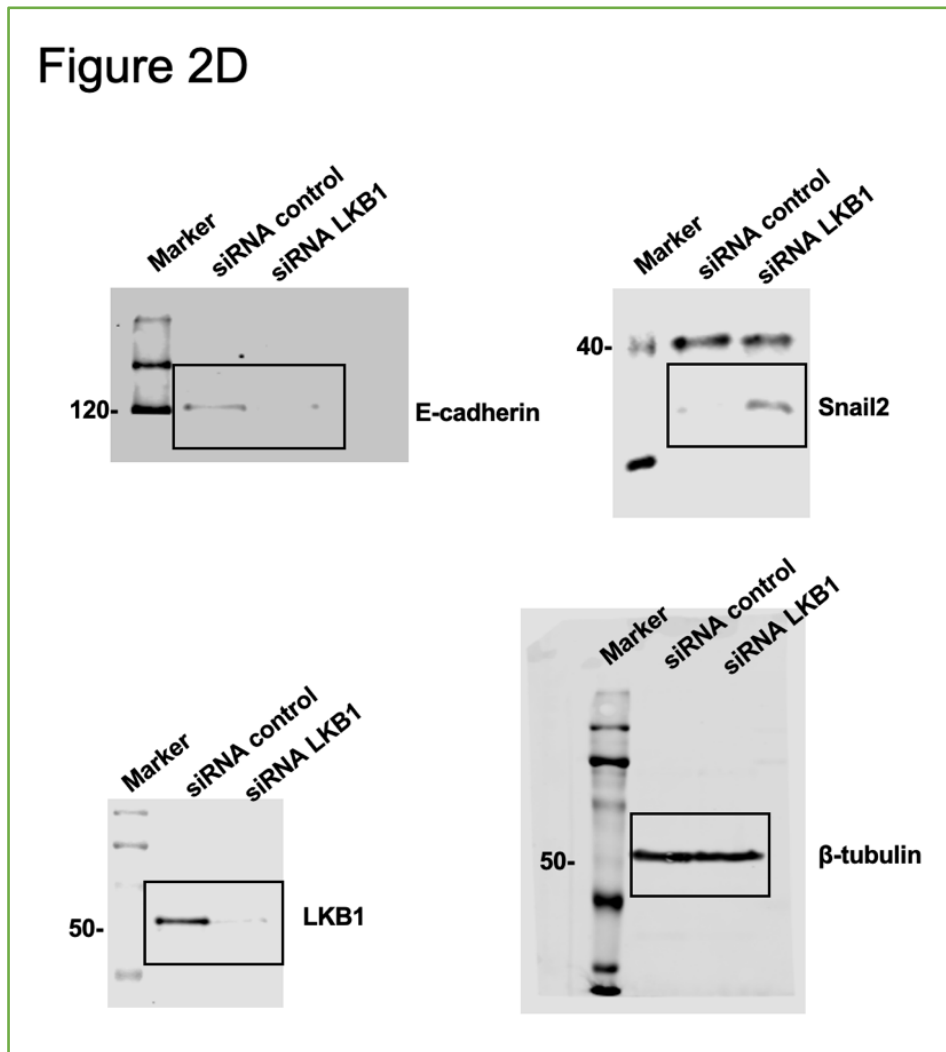


Figure 3A

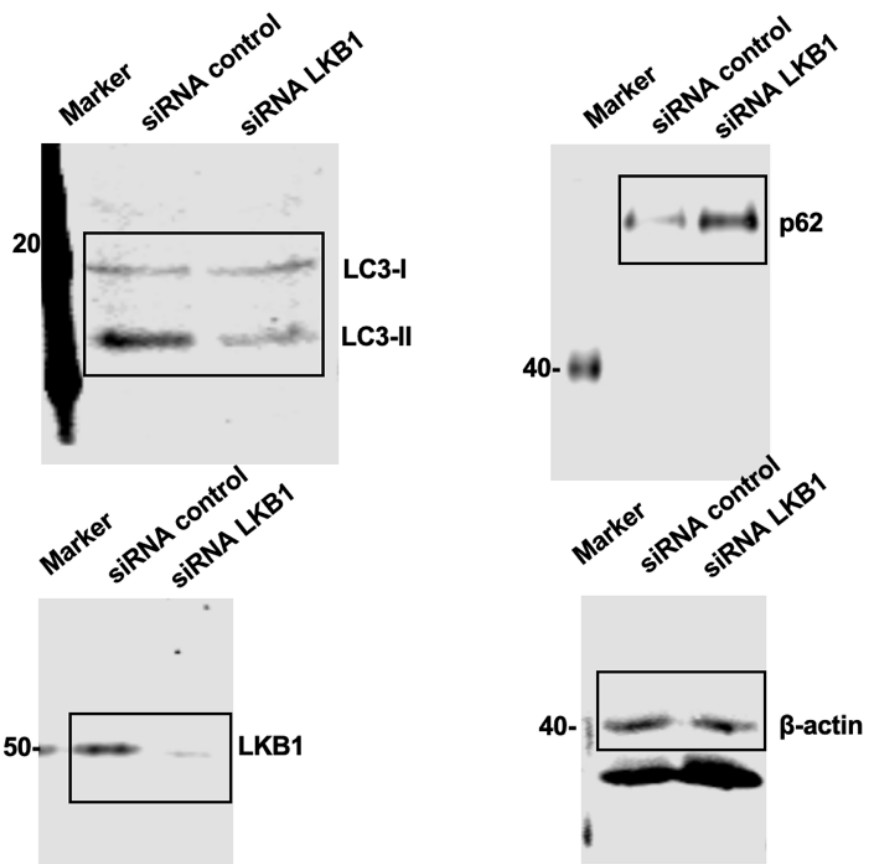


Figure 3D

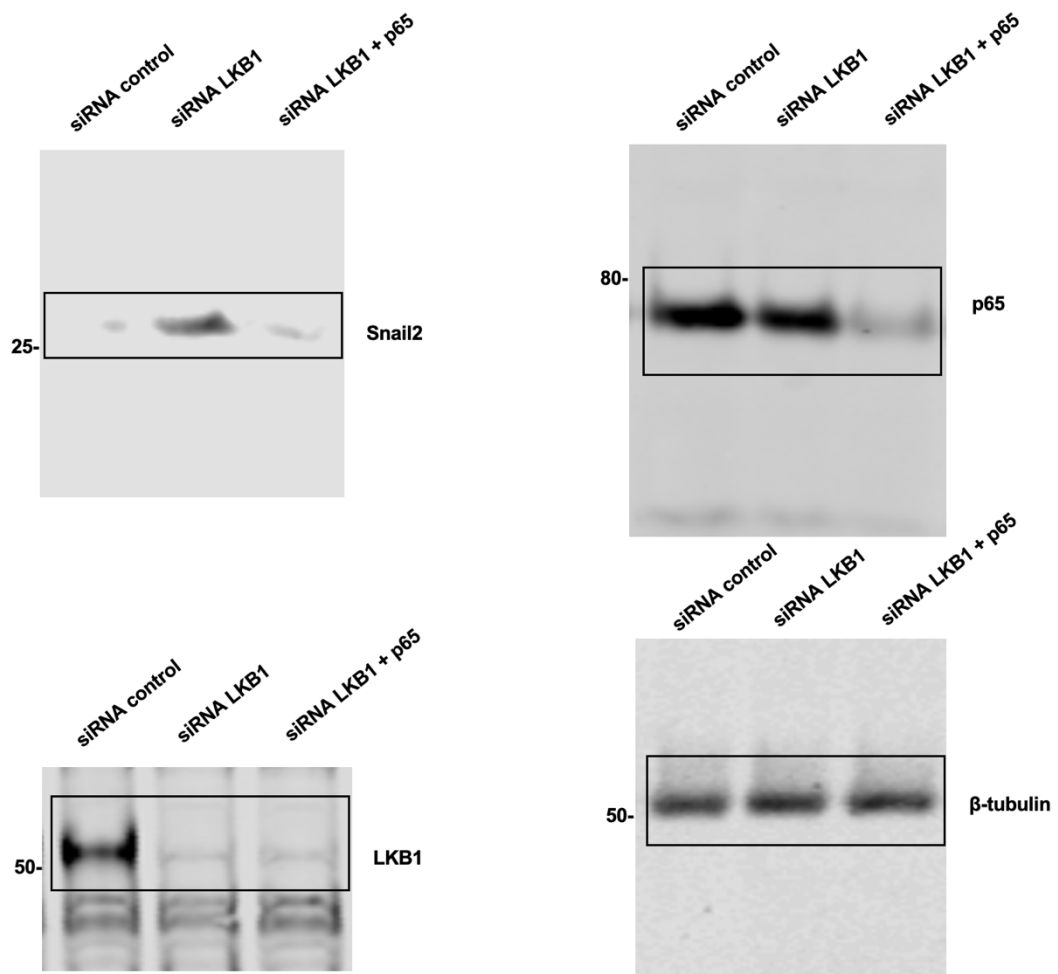


Figure 3E

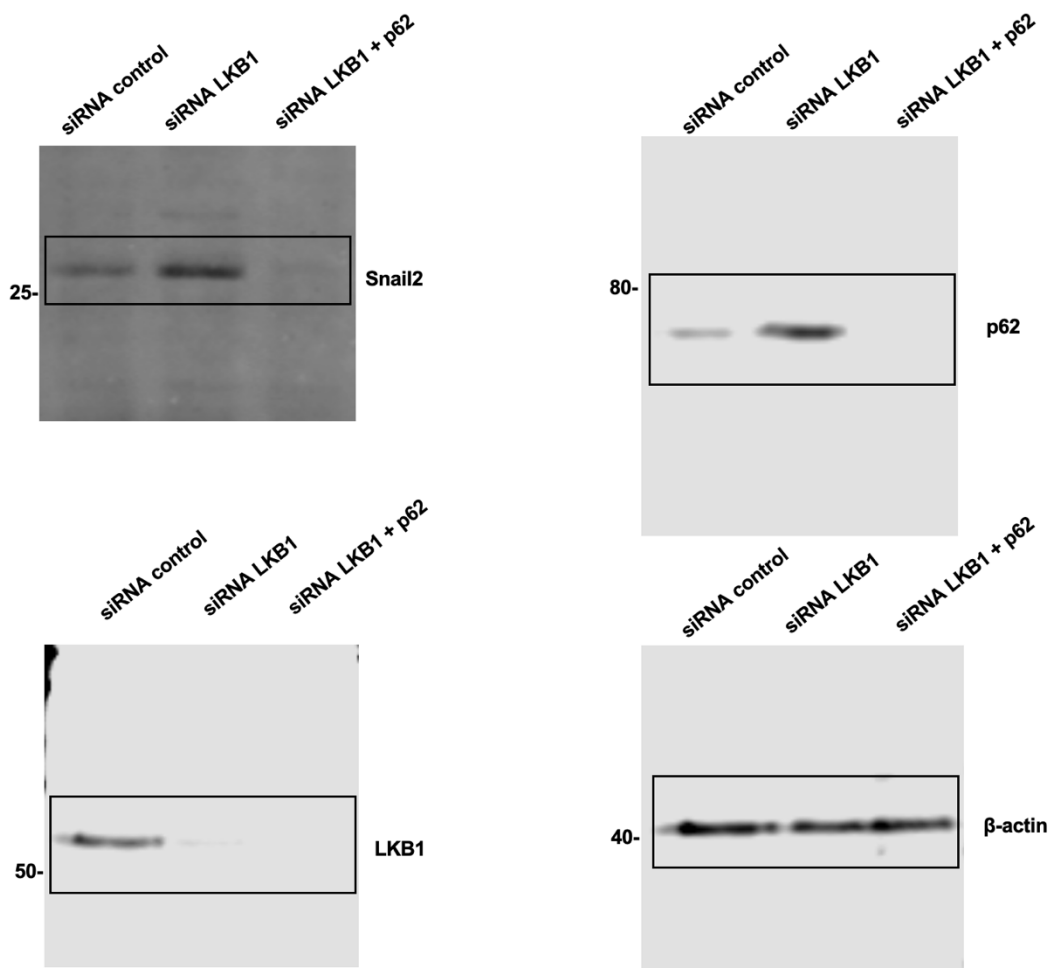
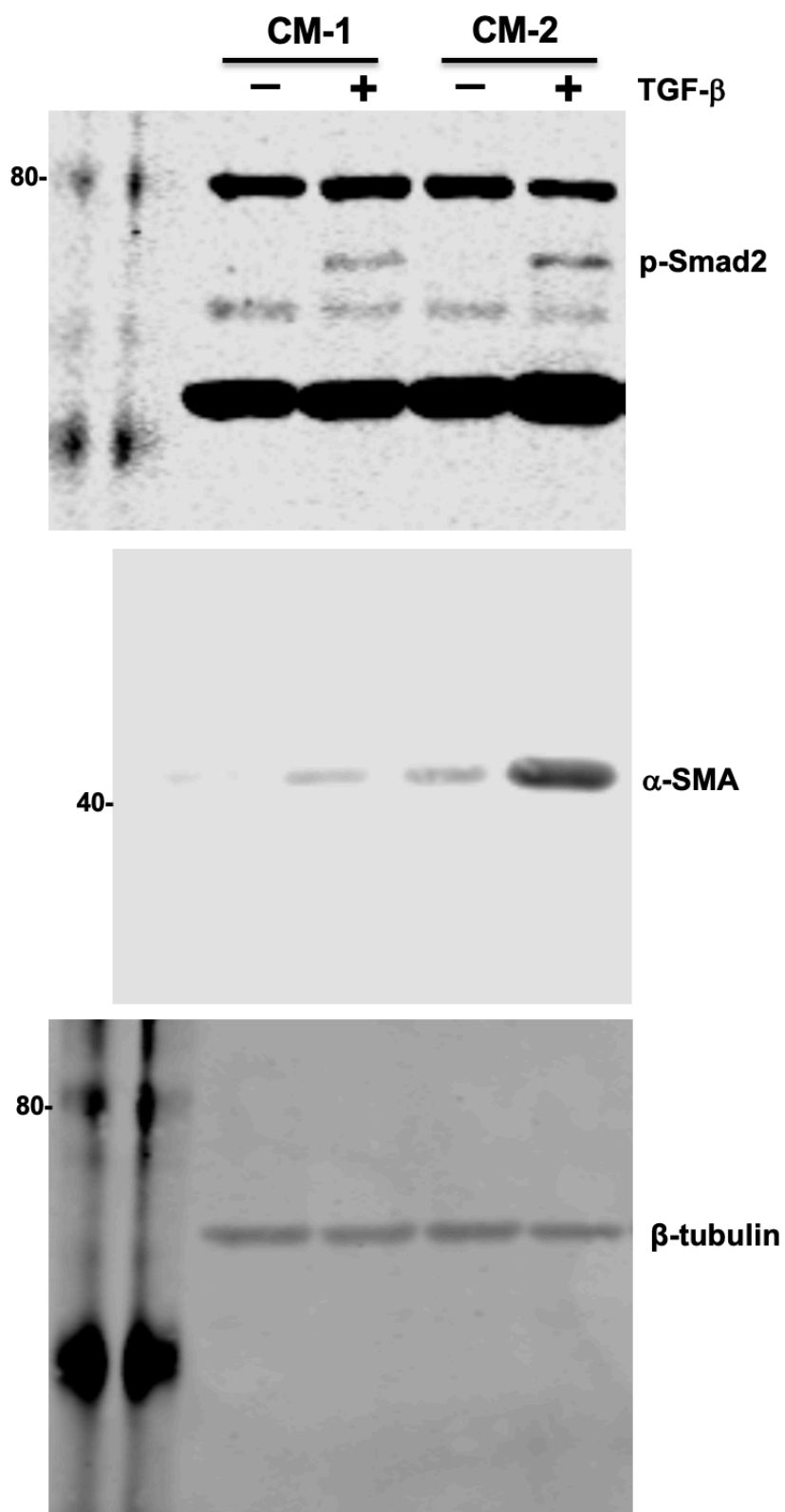


Figure 5F



CM-1: control ATII CM
CM-2: LKB1-depleted ATII CM