

**Investigating the role of changes to the mammary gland immune
microenvironment in pregnancy-induced oncoprotection**

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“...it’s fine to fake it till you make it

‘til you do, ‘til it’s true”

Taylor Swift

Summary

Pregnancy is the physiological stimulus that induces complete mammary gland development. Epidemiological, clinical, and experimental data have shown that one factor that affects the risk of developing breast cancer is pregnancy. More specifically, an early age of first pregnancy has been associated with a long-term protective effect against breast cancer development. Subsequent pregnancies can extend this protection even further. This protective effect seems to have an evolutionary root, given that even in a variety of rodent models, parity has been reported to reduce the frequency of mammary tumor development. While many hypotheses have been developed to address why post-pregnancy epithelial cells are less likely to be engaged in cancer initiation, the contribution of mammary resident immune cells in post-pregnancy cancer protection remains mostly unknown.

Mammary-resident cells of the adaptive and innate immune system play a critical role during mammary gland development. Changes to the immune microenvironment have been described to influence, and in some cases, guide pregnancy-induced mammary development. In this study, we set out to define the link between pregnancy, immune microenvironment, and oncogenesis to better understand the effect of pregnancy on breast cancer development.

We used single cell RNA-sequencing to define the diversity of epithelial and non-epithelial cells in mammary tissues from nulliparous and parous female mice. Our analysis supports the conclusion that pregnancy epigenetically reprograms mammary epithelial cells (MECs) - marked by an upregulation of immune communication signaling pathways. We identified a population of Natural Killer T-cells (NKT) that are expanded in healthy, post-involuted mammary glands, and a corresponding elevation in the expression of CD1d, an antigen presenting molecule, on the surface of MECs that has the potential to induce NKT maturation. Loss of CD1d expression or an overall lack of activated NKT cells in various mouse strains leads to increased tissue hyperplasia in response to cMyc overexpression or Brca1 loss, in a pregnancy-independent manner, pointing to a role for this immune sub-population in restricting oncogenic transformation in the post-pregnancy mammary gland.

Natural killer T-cells (NKT) are a rare subset of T cells that exhibit characteristics of both innate and adaptive immune cells. Like adaptive immune cells, they express antigen specific T-cell receptors (TCR) generated by VDJ recombination, but like innate cells, they do not develop immunological memory and react rapidly to antigen exposure. This makes NKT cells uniquely capable of mounting a rapid response in response to activation by specific antigens. We used flow cytometry to assess any changes to the TCR repertoire of NKT cells and found that post-pregnancy NKT cells predominantly expressed $\gamma\delta$ -TCRs on their surface, unlike typical NKTs that express $\alpha\beta$ -TCRs, indicating a role in specialized antigen recognition.

While a loss of CD1d and activated NKT cells promotes oncogenesis in our mouse models, we observe that in post-pregnancy mice that do not develop signs of hyperplasia, the tumor-free mammary glands are enriched in NKT cells that express $\gamma\delta$ -TCRs, and the MECs have elevated CD1d on their surface. We found that by culturing healthy, pre-pregnancy mammary gland organoids with pregnancy hormones *in vitro*, we are able to increase the expression of CD1d on the MECs. By implanting these high-CD1d MECs into pregnancy naïve recipient female mice, we found that NKT cell abundance is transiently increased in the glands injected with pregnancy hormone treated organoids, compared to those injected with untreated control organoids. This points us to the potential of reprogramming MECs to exhibit post-pregnancy properties and to explore opportunities to extend pregnancy-induced protection to never-pregnant recipients in future rodent studies.

Collectively, our findings illustrate how pregnancy-induced changes modulate the communication between MECs and the immune microenvironment, and establish a causal link between pregnancy, the immune microenvironment, and mammary oncogenesis. Given the emerging role of immunotherapy in blocking cancer progression, this study sets the ground for understanding pregnancy-induced changes in the context of oncoprotection.

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continued to believe in me when I did not. Your faith in me made me want to push myself to be better, to work harder, to not let you down. You have made me not only a better scientist, but a better person. Thank you for everything, I'm really proud to have been your first grad student and I will always treasure that! Thank you also for trusting me to take care of Xuxa every now and then, it has been an absolute joy to be one of her favorite people in lab. Nothing brightens up my day more than hearing her dog collar jingling as she runs through the halls!



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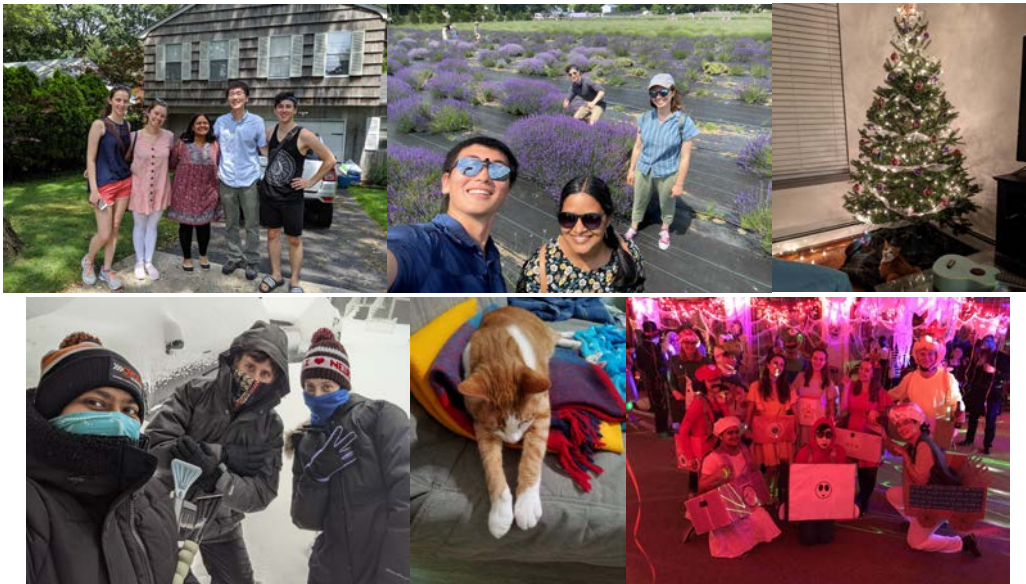
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List of Abbreviations

ACT	Adoptive Cell Therapy
AR	Androgen Receptor
ATAC-seq	Assay for Transposase-Accessible Chromatin with high throughput sequencing
ATM	Ataxia Telangiectasia Mutated
BC	Breast Cancer
BCL11B	BAF Chromatin Remodeling Complex Subunit BCL11B
BLG	Beta Lactoglobulin
BM	Basement Membrane
BRCA1	BRCA1 DNA Repair Associated
BRCA2	BRCA2 DNA Repair Associated
CAF	Cancer Associated Fibroblast
CAR	Chimeric Antigen Receptor
CBX3	Chromobox 3
CCL2	C-C Motif Chemokine Ligand 2
CCL5	C-C Motif Chemokine Ligand 5
CCR5	C-C Motif Chemokine Receptor 5
CD	Cluster of Differentiation
CDX	Cell line-Derived Xenograft
CHEK2	Checkpoint Kinase 2
cMYC	MYC proto-oncogene
CNV	Copy Number Variation
CSC	Cancer Stem Cell
CTLA-4	Cytotoxic T-Lymphocyte Associated Protein 4
CXCR6	C-X-C Motif Chemokine Receptor 6
DEG	Differentially Expressed Gene
DMBA	7,12-Dimethylbenz(a)anthracene
DNA	Deoxyribonucleic Acid
DOX	Doxycycline
E2	Estrogen
ECM	Extracellular Matrix
EGFR	Epidermal Growth Factor Receptor
EGR2	Early Growth Response 2
EMT	Epithelial to Mesenchymal Transition
EPCAM	Epithelial Cell Adhesion Molecule
EPP	Estrogen, Progesterone, Prolactin
ER	Estrogen Receptor

ERK1/2	Extracellular signal Regulated Kinase 1/2
EZH2	Enhancer Of Zeste 2 Polycomb Repressive Complex 2 Subunit
FACS	Fluorescence Activated Cell Sorting
FAS	Fas Cell Surface Death Receptor
FOXP3	Forkhead Box P3
GATA3	Globin Transcription Factor binding protein 3
GEMM	Genetically Engineered Mouse Model
GFP	Green Fluorescent Protein
GH	Growth Hormone
GLI2/3	GLI Family Zinc Finger 2/3
GO	Gene Ontology
GSEA	Gene Set Enrichment Analysis
GVHD	Graft Versus Host Disease
GZMA	Granzyme A
GZMB	Granzyme B
H&E	Hematoxylin and eosin stain
HER2	Human Epidermal growth factor Receptor 2
Hh	Hedgehog pathway
HOX	Homeobox family
ICI	Immune checkpoint inhibition
IF	Immunofluorescence
IFN- γ	Interferon Gamma
IHC	Immunohistochemistry
IL-1 β	Interleukin 1 Beta
IL-6	Interleukin 6
ITGAX	Integrin Subunit Alpha X
JAK2	Janus Kinase 2
K14/KRT14	Cytokeratin 14
K5/KRT5	Cytokeratin 5
K8/KRT8	Cytokeratin 8
KI	Knock In
KLRK1	Killer Cell Lectin Like Receptor K1
KO	Knock Out
LYPLA1	Lysophospholipase 1
MACS	Magnetic-Activated Cell Sorting
MAF	Avian Musculoaponeurotic Fibrosarcoma (MAF) Protooncogene
MAGED1	MAGE Family Member D1
MAIT	Mucosal Associated Invariant T-cells
MDSC	Myeloid Derived Suppressor Cell

MEC	Mammary Epithelial Cells
MET	Mesenchymal to Epithelial Transition
MHC	Major Histocompatibility Complex
MMPs	Matrix Metalloproteinases
MMTV	Mouse Mammary Tumor Virus
MR1	Major Histocompatibility Complex, Class I-Related
mTOR	Mechanistic Target Of Rapamycin Kinase
NK	Natural Killer cell
NKG7	Natural Killer Cell Granule Protein 7
NKT	Natural Killer T cell
OXT	Oxytocin
P4	Progesterone
p53	Tumor Protein P53
PABC	Pregnancy Associated Breast Cancer
PALB2	Partner And Localizer Of BRCA2
PARP	Poly(ADP-Ribose) Polymerase
PD-1	Programmed death-1
PD-L1	Programmed death-ligand 1
PDK4	Pyruvate Dehydrogenase Kinase 4
PDX	Patient-Derived Xenograft
PIK3CA	Phosphatidylinositol-4,5-Bisphosphate 3-Kinase Catalytic Subunit Alpha
PR	Progesterone Receptor
Prl	Prolactin
PTEN	Phosphatase And Tensin Homolog
RAG1	Recombination Activating Gene 1
RAS	Rat Sarcoma oncogene
RNA	Ribonucleic acid
ROR γ T	Retinoic acid receptor-related Orphan Receptor gamma 2
RSG5	Regulator of G-protein Signaling 5
scRNA-seq	Single Cell RNA Sequencing
SLUG	Snail Family Transcriptional Repressor 2
STK11	Serine/Threonine Kinase 11
TAA	Tumor Associated Antigen
TAM	Tamoxifen
TAMs	Tumor Associated Macrophages
Tbet/TBX21	T-Box Transcription Factor 21
TCR	T Cell Receptor
TEB	Terminal End Bud
TF	Transcription Factor

TGF- β	Transforming Growth Factor Beta
Th17	T helper 17 cell
TIL	Tumor Infiltrating Lymphocytes
TNBC	Triple Negative Breast Cancer
TNF- α	Tumor Necrosis Factor Alpha
TRAIL	TNF-related apoptosis-inducing ligand
T-reg	Regulatory T cell
TWIST	Twist Family Base-Helix-Loop-Helix Transcription Factor
UMAP	Uniform Manifold Approximation and Projection for Dimension Reduction
UTX	Ubiquitously transcribed tetratricopeptide repeat, X chromosome
VEGF	Vascular Endothelial Growth Factor
WAP	Whey Acidic Protein
WNT	Wingless-Type
WT	Wild-Type
ZBTB16/PLZF	Zinc Finger And BTB Domain Containing 16
ZEB1	Zinc Finger E-Box Binding Homeobox 1
α -GalCer	alpha-Galactosylceramide
α -SMA	Alpha Smooth Muscle Actin

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1. Introduction

Breast cancer is the most commonly diagnosed cancer in women, with one in eight women being affected during their lifetime. Breast cancer is not a single disease, given its distinct histopathology, genomic variations, and clinical outcomes. Although a lot has been understood about the biology of breast cancer, and effective therapies exist for specific subtypes of the disease, we still lack a clear picture for when or whether an individual will develop breast cancer. Moreover, targeted therapies for the more aggressive subtypes such as luminal B and triple negative breast cancer (TNBC) have not yet been developed (Collins et al. 2015). Therefore, there must be an increase in efforts to define better risk prediction models and additional and effective therapies for the disease.

There are several factors that may influence breast cancer risk. These include genetic predisposition, age, race, ethnicity, age of menarche and menopause, reproductive history, alcohol consumption, weight and physical activity, hormone therapy, and exposure to radiation (CDCBreastCancer 2022).

This thesis focused on pregnancy as a mediator of sustained changes to the cells of the mammary gland, particularly the immune compartment, and their association with cancer inhibition. In the introduction, I will outline the normal developmental process that the mammary gland goes through and the signals that cause it to reach its fully differentiated state, and how changes to normal processes can promote tumorigenesis. I will briefly describe the work that has been done to understand the stromal components of the mammary gland during various developmental stages. Next, I will go over the commonly used *in vivo* and *in vitro* models to study normal and cancerous mammary gland development. Finally, I will describe the limited ways in which immunotherapy and engineered immune cells have been used to treat breast cancer in the clinic and challenges that remain in order to make this treatment more widely available.

1.1 An overview of mammary gland development

The mammary gland is composed of a variety of cell types – epithelial cells, immune cells, fibroblasts, and adipocytes. We will briefly discuss the role of each of these cell types in mammary gland development.

1.1.1 The hierarchy of Mammary Epithelial Cell development

The epithelial cells of the mammary gland can be subdivided into cell types that have different functions but make up the mammary tree together (**Fig. 1-1**). Broadly, the two main epithelial cell compartments in the mammary gland are the luminal compartment (the inner layer) and the basal compartment (the outer layer) that is in direct contact with the basement membrane.

Recent studies that use lineage tracing and scRNA-seq approaches have demonstrated that the luminal and basal compartments are not solely maintained by one common pool of bipotential mammary stem cells (MaSC), but also have lineage-restricted stem and progenitor cells from embryonic development through puberty (Pal et al. 2017; Bach et al. 2017; Cristea and Polyak 2018).

Luminal cells can be further subdivided into progenitor, alveolar, and ductal cells. Luminal progenitor cells have the ability to give rise to differentiated cells. Alveolar cells are predominantly responsible for the production of milk during lactation. Ductal cells form the milk ducts that carry milk to the nipples in response to the suckling stimulus from offspring. There is also a lineage of hormone receptor (ER) positive cells in the luminal compartment that is distinct from ER negative alveolar and ductal cells (Fu et al. 2020; Tiede and Kang 2011).

The basal progenitor gives rise to highly contractile myoepithelial cells which guide milk from the lumen, and are also involved in deposition and remodeling of the basement membrane (Fu et al. 2020; Tiede and Kang 2011).

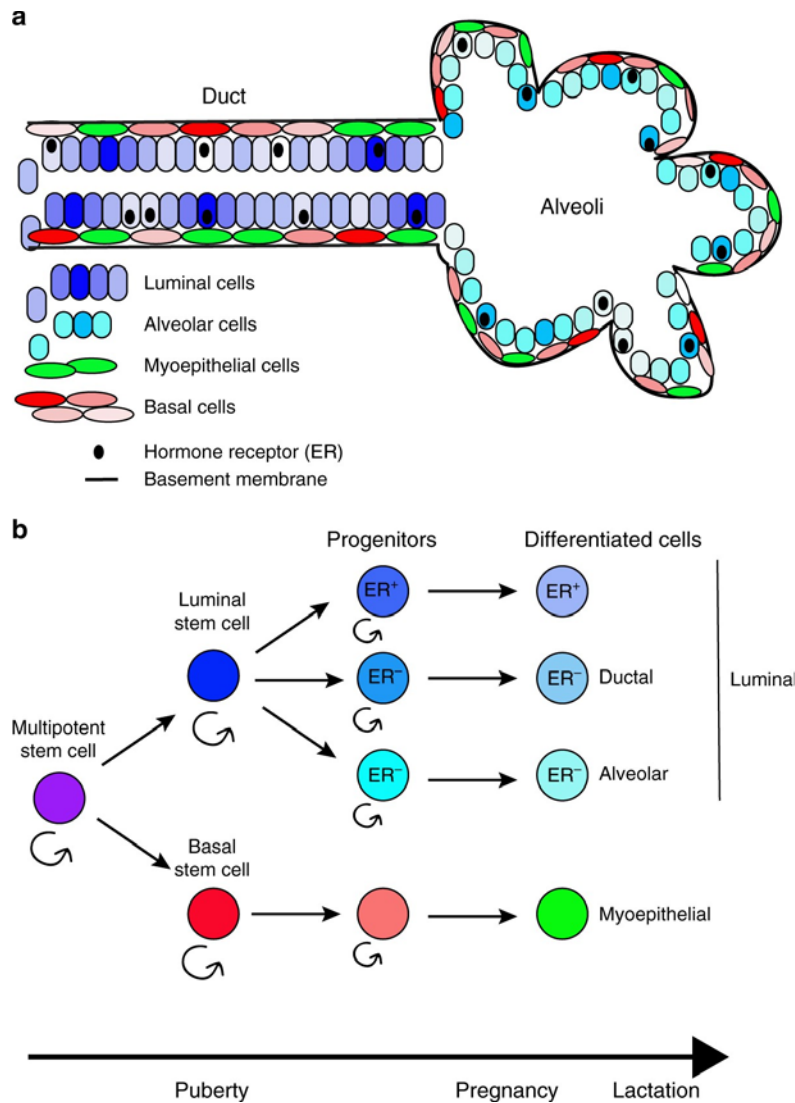


Figure 1-1 *Simplistic model of mammary epithelial cell differentiation hierarchy.*

A. Schematic outline of a ductal-alveolar unit with location of the various cell types indicated.

B. A putative map of mammary epithelial cell differentiation. A multipotent stem cell present during development gives rise to luminal epithelial and basal stem cells, which further divide into luminal and basal progenitors during puberty. Ductal and alveolar hormone-receptor negative progenitors are distinct lineages and there is also a separate hormone receptor positive luminal lineage.

Figure from: Cristea and Polyak., 2018, Nature Communications. Image used under a Creative Commons 4.0 International License. <http://creativecommons.org/licenses/by/4.0/>

1.1.2 The stages of mammary gland development

Mammary gland development (**Fig. 1-2**) mainly occurs postnatally, even though it sees its beginnings in the embryonic stages.

Embryonic development

Embryonic development of the mammary gland is initiated during mid-gestation. In mice, the primary species that has been used as the model system to study mammary gland development, mammary gland formation begins at embryonic day 10 (E10) (Macias and Hinck 2012; Slepicka et al. 2021). Thick bands of ectodermal cells form bilateral and vertical mammary lines at E11.25 whereupon clumps of ectoderm (placodes) bloom along the mammary line at day E11.75. At day E12.5 the placodes protrude into the mesoderm, forming an early mammary bud surrounded by a basement membrane (BM) and the first traces of a mammary mesenchyme (fat pad). Between E13 and E14, the bud will give rise to mammary bulbs with an ectodermal stalk that will elongate into a sprout surrounded by the mesenchyme at E15.5. Lumen formation commences at day E17-18, involving the programmed death of ectodermal cells localized at the center of the mammary branches.

Members of the fibroblast growth factor (FGF) and the wingless-related integration site (WNT) protein families govern signaling in mammary embryonic tissues, and they regulate transcription factors (TFs) from the Homeobox gene family (HOX), GATA3 (GATA binding protein 3), and the T-box family (TBX), which are intermittently expressed either in the endoderm or mesoderm (Carroll and Capecchi 2015; Asselin-Labat et al. 2007; Davenport et al. 2003).

Other regulators of mammary embryogenesis include TFs that are part of the Hedgehog (Hh) pathway. Through a signaling cascade with members of the Hh network, Gli3 activates gene-specific transcription that controls bud formation (Lee et al. 2013a; Tickle and Jung 2016; Robinson 2007). Gli2 functions in ductal branching through its localization in the tissue surrounding mammary branches (stroma) from embryogenesis to adulthood, but it becomes stromal and epithelial during pregnancy and lactation (Hatsell and Cowin 2006).

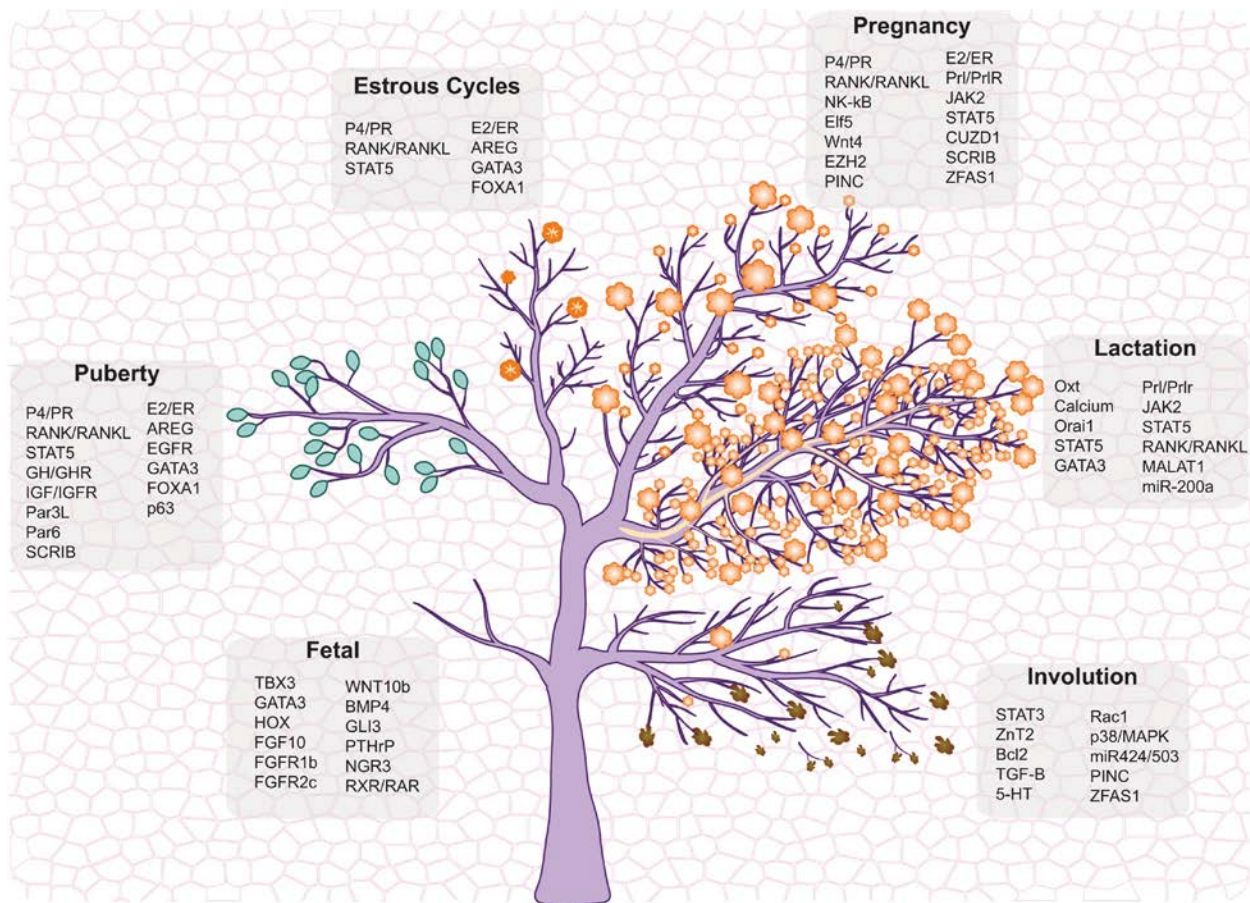


Figure 1-2 The stages of mammary gland development.

Schematic illustration of mammary gland developmental stages, showing fetal, puberty, estrous cycles, pregnancy, lactation and involution (from left to right). In puberty, green buds represent TEBs. Mammary alveoli are shown as orange flowers in estrous cycles, pregnancy and lactation. In lactation, the milk is represented as yellow sap flowing from the alveoli (flowers) to the ducts (branches). During involution, the regression of the mammary tissue is depicted with falling dead flowers and branches into the background, which portrays the fat pad. The main molecular regulators of each developmental stage are highlighted in the grey squares.

Figure from: Slepicka et al., 2021, *Seminars in Cell and Developmental Biology*

Pubertal development

During embryogenesis, maternal hormones provide the initial stimuli to the rudimentary mammary gland for ductal development. However, after birth, cessation of maternal signaling reduces ductal and branching genesis in the postnatal mammary gland. This activity resumes with the onset of puberty, a stage marked by the production of female sexual hormones, which will complete mammary morphogenesis and prepare the gland for milk production in the event of pregnancy.

Puberty varies widely, from a few weeks to several years post-birth, in different mammalian species (5 weeks in mice and 9-18 years in humans). The onset of puberty is triggered by the increase in gonadotropin levels that lead to the secretion of ovarian hormones, mainly estrogen (E2) and progesterone (P4). Peak levels of E2 production are between the follicular phase and ovulation and, depending on the vertebrate, E2 synthesis occurs every 2-4 days in mice and once every month in humans (Fata et al. 2001).

Estrous cycles in adulthood

In the pubertal and adult female, the mammary gland undergoes developmental modifications tightly correlated with ovarian/uterine reproductive cyclical repetitions (4-5 days in mice and 26-32 days in humans). The rapid increase in mammary morphogenesis through branch initiation, invasion of the fat pad, and ductal elongation, transforms a pre-formed, rudimentary mammary epithelium into an extensive ductal network. Hormonal signaling promotes differentiation and proliferation of Mammary epithelial cells (MECs), culminating in an extensively branched mammary morphology (Robinson et al. 1995).

Overall, several molecular pathways and factors act during puberty to promote mammary ductal maturation, and these pathways remain active throughout adulthood. As each reproductive cycle promotes lobulo-alveologensis and branching, we speculate that the constant promotion of mammary cell differentiation and proliferation may induce tumorigenesis over time or otherwise elicit oncogenic pathways that are dormant in the first years of adulthood.

Pregnancy and Lactation

A complete pregnancy cycle involves gestation, lactation, and involution and, collectively represents the second postnatal stage of mammary gland development, which prepares the gland to produce nourishment to support the offspring.

During pregnancy, Progesterone (P4) and prolactin (Prl) orchestrate the differentiation of MECs into specialized alveolar structures, which are capable of synthesizing and secreting milk during lactation. Like its function during puberty, the main role of P4 during pregnancy is to promote extensive ductal branching but, in pregnancy, P4 signals substantially increase the number of alveolar structures to promote a lactation-competent gland. During the early stages of pregnancy, markedly increased Prl levels play a role in maintaining the *corpus luteum* (a hormone secreting structure in the ovary, responsible for the production of P4), expression of E2 and P4, and in inducing mammary morphogenesis (Ormandy et al. 1997a, 1997b).

The release of oxytocin (peptide and neuropeptide hormone secreted by the hypothalamus, OXT) is one of the factors that control parturition (the act of giving birth) and lactation. OXT controls calcium uptake and contractibility of myoepithelial cells and induces mechanical constriction of luminal alveolar cells to eject milk droplets into the lumen of alveoli (Moore et al. 1987).

While the placental hormones regulate Prl function mid-pregnancy, Prl levels increase during lactation. Prl is mainly expressed by lactotrophic cells in the pituitary gland and released into the bloodstream, but it is also expressed locally in several tissues, including by MECs in the mammary glands. Late during gestation and early during lactation, formation of tight junctions during luminal cell specification controls cellular polarity, which is crucial for directional secretion of milk droplets into the lumen (Rodriguez-Boulan and Macara 2014), which is principally coordinated by Prl/Jak2 modulation of Erk1/2 function (Liu et al. 2015).

Involution

Offspring weaning removes the suckling stimulus and causes milk stasis, which triggers a series of remodeling processes leading to regression of mammary tissue to a pre-pregnancy state, also known as

involution (**Fig. 1-2**). In humans involution lasts an average of 24 months, while in rodents it lasts for ~10-20 days and encompasses two main phases, the reversible phase (days 0-2 of involution) and the irreversible phase (days 8-18) (Jindal et al. 2014; Sharp et al. 2007).

The reversible phase is characterized by reduced milk production, milk absorption, epithelial cell shedding, alveolar cell death, phagocytosis of apoptotic cells by non-specialized epithelial cells, leukocyte infiltration, and breakdown of tight junctions. As the name implies, resumption of suckling and the suckling stimulus restores lactation through the release of accumulated milk. During lactation, the mammary gland may commence reversible involution after a few hours of milk accumulation, which restores milk-producing cells and avoids over production of milk.

During the irreversible phase (days 2-6), the mammary extracellular matrix (ECM) undergoes substantial remodeling, with the activation of wound healing processes, via increased activity of matrix metalloproteases (MMPs), deposition of collagen and BM, in addition to changes in many signaling pathways (Green and Lund 2005). Macrophages and non-professional phagocytic MECs clear the remainder of the cellular debris, resulting in a second wave of inflammation and immune cell recruitment (Stein et al. 2004; Monks et al. 2005).

The ECM also plays a role in immune cell recruitment and activation, as well as broader immune system functions, as collagen and laminin fragments may also induce an influx of macrophages and neutrophils to the involuting gland (Jena et al. 2019). Accordingly, TGF- β regulates MEC cell death and phagocytosis, and helps in the maintenance of ECM integrity, thus also playing a role during the final stages of involution (Xu et al. 2009; Pang et al. 2016). Signaling pathways and the high cell-turnover modulate mammary involution, and they also promote an increase in self-antigen reactions, creating an immune tolerant environment and a mucosal barrier. Increased numbers of ROR γ T⁺ FoxP3⁺ CD4⁺ T regulatory cells, dendritic cells, and memory Th17-Treg cells are observed during involution. The immune environment then reverts to its nulliparous state when involution comes to an end (Betts et al. 2018).

1.1.3 Mammary glands retain a memory of pregnancy

Pregnancy brings about many changes in the mammary gland, some transient and some more permanent, and these can influence breast cancer risk. The protective effect of pregnancy on breast cancer has been hypothesized to involve both cell non-autonomous and cell autonomous mechanisms. The cell non-autonomous changes likely involve persistent changes in hormone levels and the stromal composition of the mammary gland post-pregnancy (Thordarson et al. 1995; Schedin et al. 2004). Reduced levels of prolactin (PRL) and growth hormone (GH) are observed post-pregnancy, and in studies investigating the effects of hormone levels, elevated PRL and GH have been associated with an increased incidence of mammary tumorigenesis (Harvey 2012). The stromal composition including in the extracellular matrix (ECM) and collagen organization are altered by pregnancy, which has been hypothesized to reduce tumor growth and invasion (Maller et al. 2013).

Cell autonomous changes brought about by pregnancy that have been implicated in breast cancer protection include changes in the differentiation and alteration in cell fates of populations of mammary epithelial cells (MEC). After involution, even though the physiological state of the mammary gland goes back to its pre-pregnant state, there are several changes that persist. This includes a reduction in the rate of proliferation and an increased ability to repair DNA damage (Barton et al. 2014). It has been hypothesized that pregnancy induced terminal differentiation removes cells prone to become cancerous and hence reduces the risk of developing breast cancer (Meier-Abt and Bentires-Alj 2014). Pregnancy associated hormonal changes have also been hypothesized to change the developmental fate of certain MEC subpopulations by causing persistent changes to signaling pathways and other regulatory molecules that control the “stemness” and proliferation potential of mammary progenitor cells. The Wnt/Notch signaling, TGF β signaling pathways, and the cell cycle regulator p27 have been implicated in this cell fate alteration to CD44⁺/CD24⁻/CD10⁻ breast progenitor cells, leading to a downregulation of pro-tumorigenic pathways (Meier-Abt et al. 2013; Choudhury et al. 2013).

The terminal differentiation of the mammary gland also brings with it changes in gene regulation. Cells in the post-pregnant mammary gland show a higher content of heterochromatin (more condensed) as

compared to cells in the pre-pregnant gland which contain mostly euchromatin. This is thought to be due to the lack of terminal differentiation of the cells in the pre-pregnant gland (Russo et al. 2012). The more differentiated post-pregnant cells are more resistant to transformation into cancer cells. A parity induced genomic signature was described in post-pregnancy MECs which provides clues to the mechanism of pregnancy induced protection against tumorigenesis (Blakely et al. 2006). Post-pregnancy MECs show an upregulation of genes like *EZH2*, *GATA3*, and *CBX3* which are involved in gene silencing by chromatin condensation, a feature seen in the parous mammary gland (Russo et al. 2012).

Pregnancy has been found to permanently alter the epigenetic landscape and induce long term changes in the breast tissue (Choudhury et al. 2013; Blakely et al. 2006). An epigenetic memory of pregnancy has been shown to persist in the mammary gland, allowing the gland to react quicker and more efficiently to subsequent pregnancies (Dos Santos et al. 2015). These changes have been shown to affect cMyc driven oncogenesis – post-pregnancy MECs resist oncogenesis in response to cMyc overexpression. This has been linked to reduced H3K27ac activation marks in cMyc enhancer regions that persist post-pregnancy (Feigman et al. 2020).

1.1.4 The role of the tissue microenvironment in mammary gland development and oncogenesis

The microenvironment surrounding mammary tissue plays a pivotal role in the gland development, predominantly via regulation of epithelial-to-mesenchymal transition (EMT), during which epithelial cells lose cell polarity and cell adhesion to become mesenchymal cells with migration and invasion properties. Both EMT and mesenchymal-epithelial transition (MET), the reverse of EMT, are associated with normal mammary development – as with the placodes during embryogenesis, and with cancer - as mammary tumor-initiating cells acquire stem-cell properties through EMT (Creighton et al. 2009; Ye et al. 2015). EMT-inducing transcription factors (i.e. Zeb1, Slug, Twist) have been detected in cells at terminal end buds (TEBs) during puberty, and Wnt and transforming growth factor beta (TGF- β) signaling pathways in TEBs have also been reported as regulators of EMT (Nassour et al. 2012).

The stroma of the mammary gland is made up of several cell types – adipocytes, fibroblasts, vascular and lymphatic cells, and immune cells. The role of each of these in the normal and oncogenic mammary gland development is described in this section.

Adipocytes

The mammary stroma is largely composed of fat-filled adipocytes that make up the mammary fat pad, into which the mammary epithelial tree grows in response to previously described signals. In addition to providing structural support for the epithelium, adipocytes also serve an endocrine function in the mammary gland. They secrete vascular endothelial growth factor (VEGF), which points to their role in regulating angiogenesis in the mammary gland. They are thought to be involved in regulating epithelial growth and function, as well as cell to cell communication in the mammary gland (Gregor et al. 2013; Hovey and Aimo 2010).

An increase in adiposity of the mammary gland associated with obesity is considered an independent risk factor for breast cancer. Cancer-associated adipocytes can release inflammatory factors such as CCL2, CCL5, IL-1 β , IL-6, TNF- α , VEGF, and leptin, that can promote the progression and metastatic potential of breast cancer (Wu et al. 2019a; Fujisaki et al. 2015; Dirat et al. 2011; D’Esposito et al. 2016). Mature adipocytes have been shown to have elevated expression of PD-L1, which inhibits the anti-tumor function of CD8⁺ T-cells (Wu et al. 2019a, 2018).

Fibroblasts

Fibroblasts communicate with the mammary epithelium either by direct cell-cell contact or by secreting various growth factors and proteases and have been implicated in having a role in regulating the survival and morphogenesis of epithelial cells in the fat pad (Liu et al. 2012; Makarem et al. 2013; Wang and Kaplan 2012; Howard and Lu 2014). They also secrete the components that make up the extracellular matrix (ECM), such as collagens, proteoglycans, and fibronectin. Intralobular fibroblasts regulate the expression of TGF- β 1 and α -SMA, which is similar to the expression profile of tumor stroma. It has been

suggested that these act as a “reservoir” of cancer-associated fibroblasts (CAFs) (Avagliano et al. 2020; Morsing et al. 2016).

Fibroblasts have been thus implicated in regulating oncogenesis by altering the composition or density of the ECM (Lühr et al. 2012), which can support cancer cell migration, invasion, and survival in circulation – all key processes in the metastatic cascade (Hill et al. 2020; Ao et al. 2015). The role of CAFs in solid tumors is a widely studied topic, but is beyond the scope of this dissertation and will not be further elaborated upon.

Vascular and lymphatic networks

The mammary fat pad has an extensive network of vascular and lymphatic networks that are formed during pubertal development. Lymphangiogenesis is driven by the secretion of VEGF-C and/or VEGF-D by the myoepithelial cells and macrophages (Betterman et al. 2012). While the lymphatic vasculature remains relatively stable in adults, inflammation caused by either immune cells or in the tumor microenvironment can induce excess production of VEGF-C and VEGF-D, which increase lymph flow by dilating the vasculature and allowing infiltration of invading tumor cells. Lymphatic networks have thus been shown to be involved in metastatic spread by numerous studies, and breast cancer metastasis in particular (Schoppmann et al. 2004; Fisher et al. 1983; Pepper et al. 2000; Betterman et al. 2012; Stacker et al. 2001; Skobe et al. 2001; Ran et al. 2010).

Immune cells

Immune cells, including macrophages, mast cells, and eosinophils, are involved in various stages of mammary gland development. At puberty, they regulate ductal elongation and branching morphogenesis and mediate the invasion of the branching epithelial tips into the fat pad (Gouon-Evans et al. 2000; Lilla and Werb 2010). CD4+ T-helper cells guide lineage commitment and differentiation of MECs (Plaks et al. 2015). During pregnancy, they are involved in regulating the differentiation of epithelial cells and the development of the alveolar structures required for milk production (Pollard and Hennighausen 1994).

During lactation, secretory immune cells are recruited to the mammary gland and these cells produce immunoglobulins that are passed on to the offspring through the milk (Bourges et al. 2008). Finally, during involution, macrophages provide growth factors and help clear the excess ducts and remaining milk particles to return the mammary gland to its pre-pregnancy architecture (Dawson et al. 2020; Hitchcock et al. 2020; Plaks et al. 2015; Rahat et al. 2016; Stewart et al. 2019; Wang et al. 2020; O'Brien et al. 2010).

IFN- γ is a cytokine that is secreted by and can activate more than one type of cytotoxic immune cell. MECs have been shown to directly respond to interferon- γ (IFN- γ) secreted by CD4⁺ T cells, leading to changes in luminal cell differentiation (Plaks et al. 2015). This, in addition to several other studies on T-cell effector cytokines (Chan et al. 2014; Khaled et al. 2007), lends support to the idea that immune cells can directly regulate MECs. In addition, there are likely a variety of other cytokines/secreted factors involved in the epithelial-immune communication in normal/cancerous tissue yet to be identified.

Changes that impact immune cell function and abundance can also influence the development and progression of mammary oncogenesis (Bach et al. 2021; Ibrahim et al. 2020). Immune surveillance and communication in the mammary gland are critical to post-pregnancy mammary tissue homeostasis, particularly as part of mammary reconstruction during post-partum involution, and have been suggested to influence mammary tumor progression (Lyons et al. 2011). For example, T-cell activity is suppressed by the infiltration of involution-associated macrophages, an immune reaction that may also induce mammary tumorigenesis (Martinson et al. 2015; Freire-de-Lima et al. 2006; Guo et al. 2017; Fornetti et al. 2012; O'Brien et al. 2010).

Conversely, cell-autonomous processes in MECs contribute to pregnancy-induced breast cancer protection, a lasting effect that decreases the risk of breast cancer by ~30% in rodents and humans (Medina 2009; Britt et al. 2007; Terry et al. 2018). For example, p53 function is critical for blocking mammary tumor development in murine and human MECs, with a complete loss of p53 in post-pregnancy MECs promoting tumor initiation (Sivaraman et al. 2001; Medina and Kittrell 2003). Epigenetic-mediated alterations of post-pregnant MECs have been shown to interfere with the transcriptional output of cMyc,

which suppressed mammary oncogenesis via oncogene-induced senescence (Feigman et al. 2020). Given that oncogene-induced senescence signals influence the immune system, a link between normal pregnancy-induced mammary development, the immune microenvironment, and oncogenesis needs to be addressed to fully understand the effects of pregnancy on breast cancer development.

1.2 Breast cancer

Breast cancer (BC) is not a single disease, but a heterogeneous group of diseases with each subtype having its own tumorigenesis pathways and disease presentation. Breast cancer tumors (like all tumors) are made up of many cell types, and there is heterogeneity in the cells of the tumor tissue. Tumors are made up of variable proportions of proliferative malignant cells, stromal cells, and immune cells, and all of these have been hypothesized to play a variety of roles in tumor heterogeneity.

The exact mechanism that initiates breast cancer remains unknown, but there has been extensive effort in the field to characterize the molecular events that cause abnormal development that lead to cancer development and progression over time. The prevailing theory is the clonal evolution model, where mutations accumulate over time and the cells with mutations and epigenetic modifications that provide them with a fitness advantage survive and evolve into cancer initiating cells (or cancer stem cells). Furthermore, molecularly, breast cancer progression has been linked to ER expression which determines tumor grade and proliferation (discussed in detail in section 1.2.1). There are gains, losses, and amplifications of chromosomal regions of genes that are associated with the ER phenotype and the HER2 phenotype (Ellis et al. 2012; Lopez-Garcia et al. 2010; Harbeck et al. 2019).

The most frequent somatically mutated and/or amplified genes in tumor cells are *TP53* (41% of tumors), *PIK3CA* (30%), *MYC* (20%), *PTEN* (16%), *CCND1* (16%), *ERBB2* (13%), *FGFR1* (11%) and *GATA3* (10%) (**Fig. 1-3**) (Nik-Zainal et al. 2016). These genes control processes such as the cell cycle, proliferation, apoptosis, and inhibiting oncogenic pathways. Most breast cancers are caused by dysregulation of more than one of these genes working cooperatively.

Even though hereditary breast cancers are less common (5-10% of all diagnosed cases) than those caused by somatic mutations acquired in the breast tissue, they are a major risk factor because of the high penetrance of the disease in carriers (Godet and Gilkes 2017).

Mutations in the *BRCA1* and *BRCA2* genes have been widely studied and well described as a significant risk factor in carriers. It is estimated that 7 in 10 women with a *BRCA1* or *BRCA2* mutation will develop breast cancer by the age of 80 (Godet and Gilkes 2017; Chen and Parmigiani 2007).

Other, less common, mutations can also increase the risk of breast cancer, including *ATM*, *TP53*, *CHEK2*, *PTEN*, *STK11*, and *PALB2* (Renwick et al. 2006; Zhang et al. 1998; Walsh et al. 2006; Lynch et al. 1997; Boardman et al. 1998; Rahman et al. 2007). Still, not all women with genetic or other predisposition factors will develop breast cancer.

Classification of BC into subtypes is based on the presence or absence of established biomarkers such as estrogen receptor (ER), progesterone receptor (PR), and the overexpression of the HER2 (human epidermal growth factor receptor 2) oncogene. These features, along with histopathology, are used to divide BC into luminal A, B, and B-like, HER2+, and basal (triple negative) subtypes. Molecular classification of BC not only helps inform patient prognosis, but also in predicting therapy response and in developing treatment strategies (Sokolova et al. 2022; Dai et al. 2016).

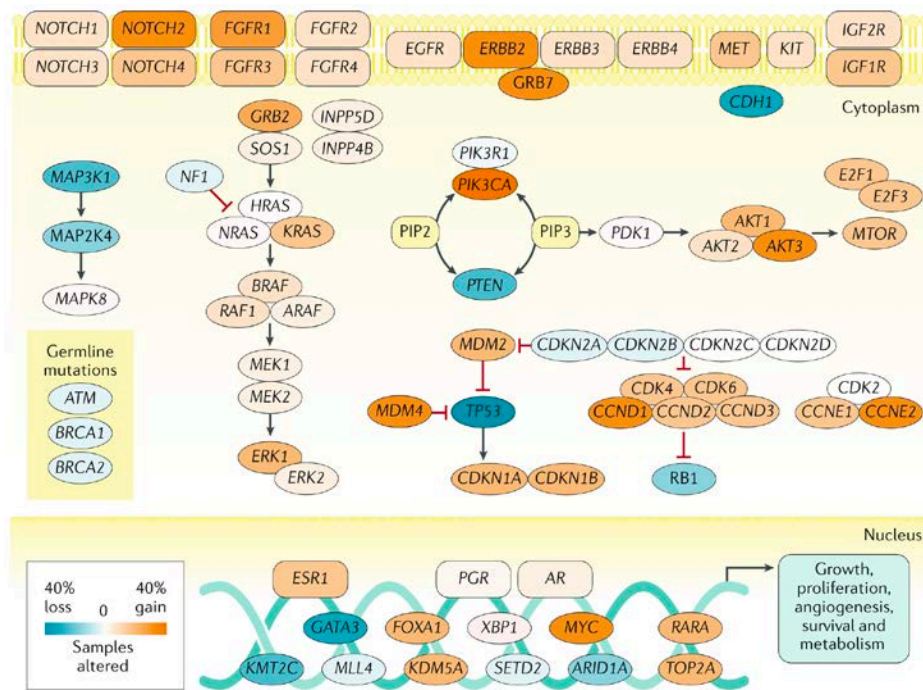


Figure 1-3 Molecular mutations in breast cancer.

The Cancer Genome Atlas data on breast tumor DNA copy number and somatic mutations were used to identify the frequency of each genetic alteration across 792 patients with breast cancer (all subtypes). Each gene is shaded according to the overall frequency of alteration. Orange indicates a high level of amplification and/or likely gain-of-function mutations; blue represents homozygous deletions and/or likely loss-of-function mutations.

Figure from: Harbeck et al., 2019, *Nature Reviews Disease Primers*. Image used with publisher’s permission (License # 5447821165732).

1.2.1 Molecular subtypes of breast cancer

Hormone receptor positive BC

Patients with ER+ and/or PR+ cancers (i.e. hormone receptor positive) are responsive to treatment with hormonal therapy (i.e. ER inhibitors such as tamoxifen or aromatase inhibitors). Hormone receptor positive BCs are associated with mutations in *BRCA2*, *PALB2*, *ATM*, and *CHEK2* (Breast Cancer Association Consortium et al. 2022; Sokolova et al. 2022; Waddell et al. 2010). Luminal A, B, and B-like are all classified as being hormone receptor positive. Chemotherapy is generally omitted in patients with luminal A tumors, but in all hormone receptor positive BCs, the use of chemotherapy is guided by the assessment of the risk of recurrence based on markers such as Ki-67 expression (Harbeck et al. 2019).

Luminal A breast cancers:

ER+ and PR+, but HER2 negative. Luminal A breast cancers have low levels of Ki67 expression, and tend to be slow-growing, lower grade, and have better patient outcomes. The most frequently mutated genes in luminal A cancers are *PIK3CA*, *GATA3*, *MAP3K1*, and *TP53* (Ciriello et al. 2013; Cancer Genome Atlas Network 2012; Banerji et al. 2012).

Luminal B and B-like breast cancers:

Luminal B BCs are ER+ and HER2 negative, and either PR- or have high levels of Ki-67, hence more proliferative than Luminal A.

Luminal B-like BCs are also ER+ and HER2 negative, but can either be PR+ or PR-, and can have any level of Ki67 expression.

Luminal B/B-like cancers grow faster than Luminal A, and have a slightly worse prognosis. The most frequently mutated genes in luminal B and B-like cancers are *PIK3CA*, *TP53*, *GATA3*, *CDH1*, *MAP3K1*, *RUNX1*, and *PTEN* (Ciriello et al. 2013; Cancer Genome Atlas Network 2012; Banerji et al. 2012).

HER2-positive BC

ER- and PR-, but HER2-positive. These grow faster than luminal cancers, and can have a worse prognosis but are able to be treated with HER2 targeted therapies. HER2+ cancers can be targeted with a small molecule inhibitor (Lapatinib) or monoclonal antibodies (Trastuzumab, Pertuzumab). *TP53* pathogenic variants and *CHEK2* variants have been associated with HER2+ cancers (Breast Cancer Association Consortium et al. 2022; Melhem-Bertrandt et al. 2012; Wilson et al. 2010).

Triple Negative BC (TNBC)

A small proportion of breast cancers stain negative for ER, PR, and HER2, and these are classified as triple negative breast cancers (TNBC). A majority of TNBCs present with a more basal phenotype, which is more aggressive than luminal cancers, and therapy options have more limited efficacy (Foulkes et al. 2003; Sønderstrup et al. 2019; Lakhani et al. 2005). Chemotherapy is the standard for TNBC, typically consisting of an anthracycline and a taxane, and a platinum compound may be added for improved overall survival, though it leads to increased hematological toxicity. More recently, the use of PARP inhibitors (olaparib or talazoparib) in combination with other chemotherapy has shown promise in improving the survival and quality of life for people with TNBC (Harbeck et al. 2019).

BRCA1 associated breast cancers are very commonly linked with TNBC. More than 60% of *BRCA1* mutation associated tumors are triple-negative, and TNBC has been shown to be predictive of *BRCA1* mutation status. Additional genes involved in DNA damage repair have been associated with TNBC, including variants of *BRCA2*, *PALB2*, *RAD51C*, *RAD51D*, and *BARD1* (Heikkinen et al. 2009; Breast Cancer Association Consortium et al. 2022).

1.2.2 Breast cancer cell of origin and tumor heterogeneity

Each tumor subtype has been hypothesized to have a different cell of origin which also correlates with clinical outcomes. These subtypes fit into the broader grouping of “basal” or “luminal” types, according to their similarities to the corresponding normal MECs. In other words, basal-type breast cancers express high levels of basal cell markers (Krt5/6, Krt14, Krt17). Luminal-type breast cancers express luminal markers (ER α , Krt8/18, GATA 3-binding protein) (Sørli et al. 2003; Chaffer and Weinberg 2010). It was thought that each lineage gives rise to its own subtype of breast cancers – basal cancers arise from transformed basal progenitors and luminal cancers arise from transformed luminal progenitors. However, several studies have shown that this is not always the case.

BRCA1 mutations greatly increase the chance of developing a basal-type breast carcinoma. However, in a mouse model of *Brcal* loss driven by the *Blg* promoter (hence MEC restricted), a luminal ER-progenitor has been identified as the cell-of-origin, even though it formed basal-like tumors (Molyneux et al. 2010; Lim et al. 2009; Chaffer and Weinberg 2010). This suggests that the cell-of-origin may have the ability to dedifferentiate into a different progenitor cell type, and thus have the ability to give rise to basal tumors.

The plasticity of tumor cells and their ability to self-renew is another factor that contributes to tumor heterogeneity. Cells with self-renewal capabilities are also called “cancer stem cells” (CSCs). CSCs have the ability to differentiate into cell types of the parental tissue, but differentiated cells in tumors also have the ability to dedifferentiate. Oncogenes may be a driving factor in this process, as shown by studies using *PIK3CA* mutant basal and luminal differentiated cells where they dedifferentiate into multipotent stem-like cells (Koren et al. 2015; Van Keymeulen et al. 2015). Though the mechanism of this plasticity is not yet understood, the process of EMT could be involved, since basal-like cancers express several EMT markers (Skibinski and Kuperwasser 2015; Guo et al. 2012).

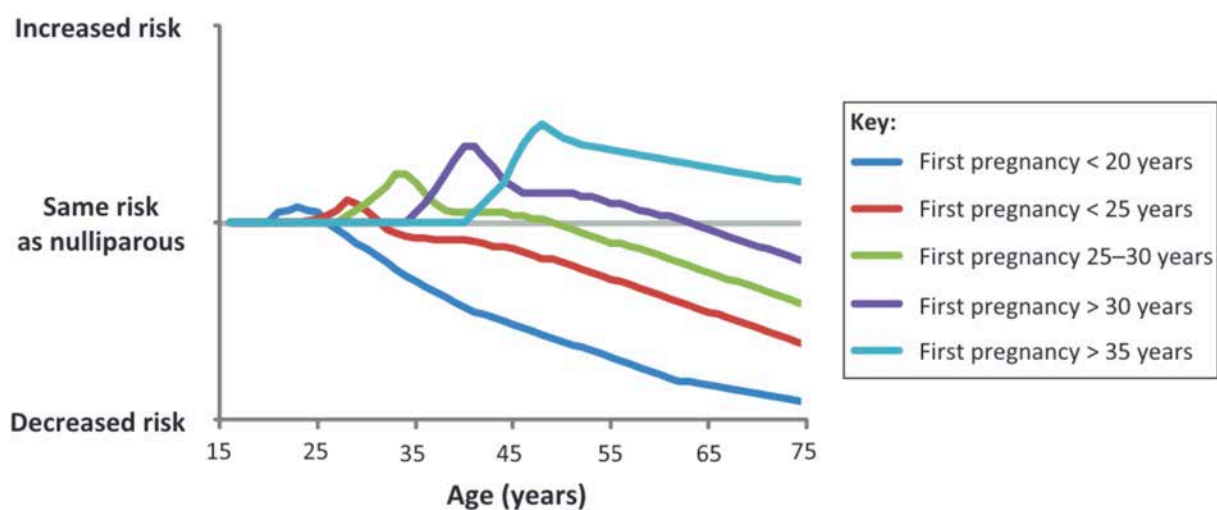
Clonal diversity in tumor cells adds another layer of heterogeneity to the tumor tissue. Genetic evolution, where tumor cells that have acquired mutations that provide them with a survival benefit expand into larger sub-clones, has been attributed as a source for tumor heterogeneity for many years (Nowell 1976;

Kreso and Dick 2014; Marusyk and Polyak 2010). Recent studies using single cell RNA-seq have shown that TNBC tumors have multiple cancer and normal cell types. Signatures derived from bulk analyses thus do not accurately represent the properties and behavior of breast cancers and may be the reason why these signatures have not been useful as diagnostic tools for TNBC (Karaayvaz et al. 2018; Samocha et al. 2019). There are also cell-to-cell differences in copy number variation that is distributed across clones within tumors, and this can significantly change gene expression levels since CNVs cause large scale expression differences in multiple genes in the amplified regions (Funnell et al. 2022).

It is clear that tumor heterogeneity is caused by interplay between a variety of processes. It is important to understand the ramifications of heterogeneity on response to therapies over a long term so that we may develop better, long-lasting treatments.

1.2.3 Pregnancy and breast cancer

Epidemiological, clinical, and experimental data have shown that one of the factors that affects the risk of developing breast cancer is pregnancy (Rosner et al. 1994; Schedin 2006). A pregnancy cycle causes alterations in the metabolism, gene expression, epigenome profiles, and proliferation of MECs. These changes have been shown to significantly alter the risk of breast cancer development. The age and duration of the first pregnancy, as well as the number of pregnancies a woman goes through have all been shown to alter the overall risk of breast cancer development (MacMahon et al. 1970; Albrektsen et al. 2005; Wohlfahrt and Melbye 2001). Induced abortions and other pregnancies of short durations have been shown to not affect breast cancer risk (Melbye et al. 1997; Beral et al. 2004).



TRENDS in Molecular Medicine

Figure 1-4 Effect of pregnancy and age at first birth on breast cancer risk in humans.

Schematic illustration demonstrating that: (i) early pregnancy decreases breast cancer risk in the long term; (ii) the breast cancer protective effect of pregnancy is greater the earlier the pregnancy has occurred; (iii) pregnancy leads to a transient increase in breast cancer risk following parturition; and (iv) pregnancy-associated increase in breast cancer risk becomes more pronounced with increasing age at first pregnancy. The figure represents a qualitative summary adapted from several epidemiological studies and highlights the principal relationship between age at first pregnancy and breast cancer risk.

Figure from: Meier-Abt and Bentires-Alj., 2014, Trends in Molecular Medicine. Image used with publisher's permission (License # 5438410815739).

Pregnancy provides a long-term protective effect against breast cancer development in women who complete their first full term pregnancy in their late teens to early twenties (**Fig. 1-4**) (MacMahon et al. 1970; Albrektsen et al. 2005). Subsequent pregnancies can extend this protection even further (Kelsey et al. 1993). However, the protection against breast cancer reaches the same levels as observed in nulliparous women for women whose first full-term pregnancy occurs after the age of 30, increasing further with age (MacMahon et al. 1970; Meier-Abt and Bentires-Alj 2014). This protective effect seems to have an evolutionary root, given that even in rodent models of chemically induced carcinogenesis, parity has been reported to reduce the frequency of mammary tumor development (Russo et al. 2008; Russo and Russo 1996; Sinha et al. 1988; Guzman et al. 1999). A recent retrospective study identified that the minimal length of 34 weeks of gestation is required to confer substantial reduction in breast cancer risk (Husby et al. 2018). They also showed that any subsequent pregnancies at an early maternal age provide additive protection and this is not restricted to the first pregnancy.

Lactation and breastfeeding have been reported to provide a protective effect against breast cancer, especially in the case of hormone receptor negative cancers (Lord et al. 2008; Islami et al. 2015). The number of pregnancies did not affect risk in cases with early age at first birth (< 25 years), whereas in the cases of late age at first birth, multiple pregnancies and breastfeeding cycles incrementally provided protection against breast cancer risk (Stordal 2022). The exact reasons for how and why breastfeeding can provide oncoprotection remain unknown, but it has been theorized that there could be changes in the population of breast cancer stem cells and differentiation properties associated with extended lactation. A slower, more gradual process of involution might also be beneficial in reducing the likelihood of creating a tumor supportive niche due to the inflammatory process of involution (Kobayashi et al. 2012).

While it has been widely accepted that an early full-term pregnancy reduces the long-term risk of developing breast cancer, there is an increase in short-term risk (until 5 years after giving birth) (**Fig. 1-4**). This is known as pregnancy associated breast cancer (PABC), and is independent of factors such as age, race, and number of pregnancies (MacMahon et al. 1970; Albrektsen et al. 2005; Meier-Abt and Bentires-Alj 2014; Shakhar et al. 2007; Slepicka et al. 2019). The tumor subtypes diagnosed in PABC tend to be

more aggressive – luminal B-like and triple negative breast cancers (TNBC) are more frequently diagnosed in women within the first 5 years post-pregnancy (Collins et al. 2015; Zhang et al. 2021; Allouch et al. 2020; Pilewskie et al. 2012). The stromal component of the mammary gland plays a crucial role in driving disease progression. Current data suggests that breast tumors from PABC are indistinguishable from non-PABC tumors (Zhang et al. 2021; Middleton et al. 2003). But this does not explain the differential disease progression and outcome of PABC. Since assessment of tumors generally only involves identifying hormone receptor status, the stromal component is not taken into consideration. We know that pregnancy significantly remodels the mammary stroma – including, but not limited to, ECM architecture and composition, immune cell infiltration, and elevated angiogenesis (Green and Lund 2005; Stein et al. 2004; Monks et al. 2005; Betterman et al. 2012). All of these processes can contribute to cancer progression and metastatic dissemination. Although PABC metastasizes to the same sites as non-PABC, it disseminates earlier and at a higher frequency and presents later in life as late stage invasive disease (Goddard et al. 2019; Callihan et al. 2013). It also exhibits an increased likelihood for disease relapse, and this has been suggested to be related to the earlier age of initial PABC diagnosis (Hartman and Eslick 2016). Given that metastasis and disease relapse are the two main drivers of cancer related deaths, understanding how pregnancy influences these processes will help inform better ways to diagnose and treat PABC.

Pregnancy, thus, plays a dual role in breast cancer risk. Some molecular changes may promote tumorigenesis, while others provide a cancer preventive effect. It is imperative that we gain a better understanding of the molecular mechanisms involved in the dual effect of pregnancy so that we may develop better prophylactic interventions suitable for specific types of breast cancers.

1.3 Models to study mammary gland development and tumorigenesis

1.3.1 In vivo models

The mammary gland is an extensively studied system in mouse models in the context of both normal development and tumorigenesis. This is due to the easy accessibility of the gland for the purposes of manipulation. Early studies in mouse models of breast cancer were performed on spontaneous tumors that were usually due to oncogenic viruses (such as MMTV). There were also models of chemically induced tumorigenesis using agents such as 7,12-dimethylbenzanthracene (DMBA), and exposure to radiation. However, the cleared fat pad transplantation model paved the way for many further discoveries about mammary gland biology that continue to drive research questions to this day (DeOme 1967; Medina 2010).

Transplantation models

As described previously, most of the mammary gland develops postnatally, and is driven by pubertal hormones. There is only a rudimentary ductal tree that has not invaded the fat pad in mice when they are ~3 weeks of age. The cleared fat pad transplantation model takes advantage of this by surgically removing the portion of the fat pad that contains epithelial ducts in these young mice. MECs from a syngeneic mouse (regardless of age), when into the remaining fat pad, are able to repopulate the gland and respond normally to hormonal stimuli at puberty. If tumor cells are injected, hyperplastic lesions form and progress into tumors with the same phenotypic characteristics as the original tumor.

The cleared fat pad model is an “orthotopic” transplantation model, where the external cells are injected into the same site they were collected from. There are also “ectopic” transplantation models, where MECs are typically injected into the subcutaneous stroma. This has been used to determine the potential of cells to proliferate as either normal or malignant growth, and also to evaluate the invasive and metastatic properties (Cardiff and Kenney 2011).

We can also perform xenografts – transplanting cells from a donor of a different species to a recipient mouse. Xenografts can be performed either with immortalized cell lines (CDX), or from primary

tissue derived from human patients (PDX) (Kuperwasser et al. 2004). Recipient mice for xenografts are immunodeficient in order to bypass host-mediated killing of injected cells. Humanized mice are a good alternative and can be used to study the interaction of the immune system with tumor cells or therapies.

Finally, it is also possible to inject cells directly into the primary ducts (intraductal transplantation) as a modification of the cleared fat pad transplant model. The advantage of this is that the recipient mice can be of any age (Behbod et al. 2009), and there is no need to surgically remove the existing fat pad.

Genetically engineered mouse models

Like every model system, the transplant models have their drawbacks. Mainly, they bypass the early stages of cancer development, including the development of tumor permissive niches, and immune involvement (in the case of xenograft models). Genetically engineered mouse models (GEMMs) can be used to overcome some of these challenges – by activating oncogenes that cause tumorigenesis in an immune competent environment.

GEMMs are typically designed to have gene alterations that resemble the genetic profiles of human cancers. Oncogenes and/or tumor suppressors are usually altered via an inducible system where a Cre-lox or FLP/FRP system is activated to alter expression under a specific promoter. Tamoxifen inducible Cre-ER and tetracycline inducible Tet-off and Tet-on systems are most commonly used (Couto and Bentires-Alj 2017; Lewandoski 2001).

Historically, studies that focused on the role of pregnancy in inducing or preventing the development of mammary tumors heavily relied on tissue-specific inducible gene knockouts controlled by mammary specific promoters such as MMTV, BLG, and WAP (Webster et al. 1995; Wagner et al. 2001; Wen et al. 1995). These models were pivotal in establishing fundamental aspects mammary tumorigenesis driven by many oncogenes, including neu/ErbB2, cyclin D1, cyclin E, PIK3CA, RAS, and Myc (Couto and Bentires-Alj 2017; Taneja et al. 2009). However, they do not accurately recapitulate the situation of patients with germline mutations, where mutations are not restricted to breast cells. More importantly, MMTV,

BLG, and WAP promoter activity is enhanced by pregnancy hormones, thus clouding our understanding of the effects of pregnancy in inducing or preventing the development of mammary tumors.

Mammary basal or luminal progenitor cells can also be used to drive the expression of genes of interest. This removes the confounding effect of pregnancy hormone driven expression changes. Through lineage tracing studies, cytokeratin 14 (K14) and cytokeratin 5 (K5) have been identified to be expressed in progenitor cells that give rise to basal and luminal lineages of the mammary epithelium, and cytokeratin 8 (K8) which is only active in the luminal compartment (Van Keymeulen et al. 2011; Rios et al. 2014; Van Keymeulen et al. 2015). K14-CreER, K5-CreER, and K8-CreER systems have been used to generate GEMMs to study key breast cancer oncogenes such as *Brca1*, *Brca2*, *Tp53*, and *PIK3CA* (Liu et al. 2007; Hollern et al. 2019; Hanasoge Somasundara et al. 2021; Jonkers et al. 2001; Koren et al. 2015). Cytokeratins are not limited to mammary tissue, and are expressed more widely in epithelial tissues in the body such as the skin, gut, and the reproductive organs. This model better mimics the phenotype exhibited by patients that bear germline mutations in *BRCA* genes, as the loss of *BRCA1* is not restricted to the mammary tissue unlike a majority of existing mouse models.

1.3.2 In vitro models – 3D organoid cultures to study mammary gland development

While rodent models have provided crucial insights in understanding mammary gland development, it is difficult to scrutinize the molecular events that take place in whole animal studies. Most tissues and organs have been successfully cultured *ex vivo* in various forms – whole organ, cell lines, primary cells, and tissue organoids. However, 2D cell cultures do not faithfully represent the *in vivo* conditions, and thus exhibit altered morphological and molecular signaling networks. Moreover, as with all cell lines, the immortalization process may have modified the proliferation and differentiation properties of the cells. Even though whole organ (or organ slice) cultures are easily achieved *ex vivo*, there are several limitations to this method. Thick tissues are not suited to long term culture as nutrients and other molecules cannot permeate the tissue to reach all cells, thus limiting tissue viability. Additionally, the roles of individual cell types in complex tissues cannot be delineated by these culture methods.

Over the last few decades, it has been demonstrated that functional differentiation and development of tissues is dependent on three-dimensional architecture. Consequently, there has been a surge in studies that use 3D cultures to model mammary gland development. Numerous protocols have been developed for 3D cultures of tissues and organs, and the resulting structures are collectively referred to as “organoids”. However, the definition of the organoids depends on the source tissue. In the case of mammary glands, organoids are cultures of mammary epithelial ducts in 3D gels whose composition is similar to the ECM (Simian et al. 2001; Shamir and Ewald 2014). By depriving epithelial cells of their natural stroma, the roles of epithelial-stromal interactions versus the innate properties of the epithelium can be delineated.

Mammary organoids can be grown in commercial 3D matrices such as Matrigel (Kleinman and Martin 2005) or collagen I (Wolf et al. 2009), which contain basement membrane (BM) matrix proteins required for epithelial cell growth and differentiation. Culturing mammary organoids in Matrigel gives rise to organized clusters of bi-layered mammary epithelium, which can be stimulated into branching morphogenesis with growth factors, partially resembling normal *in vivo* mammary gland development (Jamieson et al. 2017; Florian et al. 2019). Such organoid systems can also be used as models to study the modifications that pregnancy brings about to the mammary gland. By culturing organoids with pregnancy hormones, organoids can be stimulated to secrete milk proteins (lactation), and removal of such signals can mimic some of the stages seen during involution (Feigman et al. 2020; Sumbal et al. 2020; Ciccone et al. 2020). Additionally, to understand the role of various stromal components during normal mammary gland development, several co-culture assays for MECs or primary mammary organoids with fibroblasts have been developed (Koledova and Lu 2017; Krause et al. 2008). There are also 3D-printing strategies for controlled placement of cells in the hydrogel matrix, which allows for reproducible, high-throughput experiments (Reid et al. 2018). Furthermore, it has been shown by single-cell analysis that normal and pre-malignant organoid cultures can retain the complex system of multiple MEC states (stem/progenitor and differentiated) and protein expression patterns (Rosenbluth et al. 2020).

In addition to gaining a better understanding of normal development, organoids can help advance our knowledge of cancer. Organoid cultures can be established from primary tissue samples obtained from

breast cancer patients. These organoids can also be used in personalized medicine – to test new and existing therapies that could predict the specific patient’s response. Although lacking the complex interactions with the microenvironment, human tissue organoids can be used as a model system to characterize cellular and molecular changes during development and to test the susceptibility of an individual to a variety of therapies.

1.4 Exploiting immune cells for breast cancer therapies

The therapeutic interventions currently used to treat breast cancer are surgery, radiotherapy, and chemotherapy. Based on the subtype of breast cancer, hormone therapy and HER2-guided therapy are effective against hormone receptor positive (HR+) and HER2-positive breast cancers. But in cases of recurrent, therapy resistant disease, or for triple negative breast cancers (TNBC), there are no targeted therapies readily available for standard use. Although there are FDA approved therapies such as antimetabolites, taxanes, and anthracycline for use in TNBC, these are only somewhat beneficial at early stages of TNBC (Zhang et al. 2022; Slade 2020). Newer treatments like platinum, PARP inhibitors, androgen receptor (AR) inhibitors, immune checkpoint inhibitors, and PI3K/mTOR/AKT inhibitors have been the focus of recent studies on novel therapies.

The immune system plays a very important role in responsiveness to therapy. High levels of tumor-infiltrating lymphocytes (TILs) have been identified as a favorable prognostic marker. Checkpoint inhibitor immunotherapies (ICIs), such as PD-L1/PD-1/CTLA4 targeting antibodies, are currently in clinical trials as monotherapy or in combination with the more classical treatments (Zhang et al. 2022) for TNBC.

In general, breast cancer forms “cold” tumors – there is not much immune infiltration in tumor tissue. This severely reduces the effectiveness of ICI therapies which rely on the host immune system to engage, unlike in other solid tumors such as melanoma and lung cancer that are “hot” (Lesterhuis et al. 2011). Thus, in the case of breast cancers, adoptive cell transfer (ACT) therapies may be more effective.

Adoptive cell transfer (ACT) is a cell-based immunotherapy that involves several steps (Humphries 2013; Maus et al. 2014; Restifo et al. 2012):

1. Isolation of circulating or tumor-infiltrating lymphocytes
2. *In vitro* selection of specific cells, modification and/or activation, and expansion
3. Re-administration into patients in combination with cytokines that are required to keep these cells alive.

One way of modifying the isolated immune cells *in vitro* is to genetically modify them to express a tumor associated antigen-specific (TAA) TCR or a chimeric antigen receptor (CAR). This gives the

modified cells the ability to recognize and kill TAA-expressing cells independently of MHC recognition. TAA-TCR or TAA-CAR T cells have been shown to be beneficial in hematological malignancies (Brentjens et al. 2011; Kalos et al. 2011; Ray et al. 2010; Robbins et al. 2011). There are currently a number of clinical trials that are recruiting breast cancer patients to test CAR-T cells that are specifically targeted towards common BC antigens, as summarized recently (Yang et al. 2022).

Most studies on the therapeutic potential of T cells against various cancers have focused on conventional CD8⁺ and CD4⁺ T cells. Conventional T cells recognize peptide antigens presented by major histocompatibility complex (MHC) I and II molecules. Following antigen presentation and activation, CD8⁺ T cells undergo clonal expansion and differentiate into cytotoxic T lymphocytes (CTL) and can target and kill tumor cells expressing the activating antigen(s). CD4⁺ T cells can help enhance the CD8⁺ T cell response against certain types of antigens (Coulie et al. 2014). However, there are several types of unconventional T cells whose anti-tumor potential has not been harnessed yet, even though they have been implicated in anti-tumor immunity.

1.4.1 Unconventional T cells as potential ACT agents

Unconventional T cells can be divided into groups based on the molecules they use to recognize antigens. Unlike MHC-restricted T cells, these cells rely on different antigen presentation molecules such as CD1d (natural killer T cells), MR1 (mucosal associated invariant T cells), and $\gamma\delta$ T cells to name a few (Godfrey et al. 2018). The advantages of unconventional T cells include their ability to respond much more rapidly by secreting cytotoxic cytokines without needing activation and clonal expansion, and their ability to naturally home to non-lymphoid sites in various tissues making them helpful in targeting solid tumors. They are present in significantly greater numbers in humans (2-4 fold higher) when compared to CD8⁺ T cells (Godfrey et al. 2015).

Natural Killer T-cells (NKT)

Of these unconventional T cells, CD1d-restricted natural killer T cells (NKT cells) are perhaps the most well studied and characterized cell type. The CD1 family of antigen presenting molecules consists of four members: CD1a, CD1b, and CD1c – collectively known as group 1 CD1, and CD1d – group 2. CD1d restricted NKT cells are however the focus of most studies as this molecule is expressed in mice, but none of the group 1 molecules are expressed (Godfrey et al. 2018). Within CD1d restricted NKT cells, there are subgroups based on the types of T cell receptors (TCRs) that are expressed and the types of antigens they can recognize. These are as follows:

- Type I NKT cells: also known as invariant NKT (iNKT) cells. They express semi-invariant TCRs (specific combinations of $\alpha\beta$ chains) and react to the glycolipid antigen α -galactosylceramide (α -GalCer) and its analogs (Hong et al. 1999).
- Type II NKT cells: all other CD1d restricted $\alpha\beta$ TCR expressing T cells and react to a diverse array of antigens not including α -GalCer (Godfrey et al. 2018).
- Atypical NKT cells: express atypical TCRs including $\gamma\delta$, and hybrid $\delta\alpha\beta$ TCRs which may also recognize α -GalCer, though this is uncommon (Le Nours et al. 2016; Uldrich et al. 2013; Pellicci et al. 2014).

Type I NKT cells (hereafter referred to as iNKT cells) are more common in mice than humans and have been shown to have anti-tumor properties by many studies (Bassiri et al. 2014; Hix et al. 2011). Following antigen presentation by CD1d, iNKT cells are activated and rapidly produce a diverse array of cytokines such as IFN- γ , TNF, IL-4, IL-13, IL-17, IL-21, and IL-22 (Coquet et al. 2008), and cytotoxic factors such as perforin, granzymes, FAS-ligand, and TRAIL to directly lyse tumor cells (Metelitsa et al. 2001; Smyth et al. 2002). The secreted factors can further recruit and activate other immune effector cells including dendritic cells, CD4+ and CD8+ T cells (Shimizu et al. 2007; Hermans et al. 2003). They can also attack cells involved in creating a tumor supporting stromal microenvironment such as tumor associated macrophages (TAMs) and myeloid derived suppressor cells (MDSCs) (Song et al. 2009; Santo

et al. 2008). However, iNKT cells can also have immunosuppressive properties and have been shown to be involved in controlling autoimmune diseases and graft versus host disease (Godfrey and Kronenberg 2004; Hong et al. 2001; Zeng et al. 1999). This is likely due to the immunosuppressive cytokines produced by specific iNKT cell subsets (IL-4 by NKT2, IL-10 by NKT10) (Lee et al. 2013b; Sag et al. 2014). These subsets have not been individually studied for their anti-tumor or tumor suppressive properties so far.

Type II NKT cells have a more diverse repertoire of TCRs and do not have a universal activating antigen like α -GalCer. Though more abundant in humans than iNKT cells, type II NKT cells are not present in mice (Godfrey et al. 2018). This has made them harder to study and there are very few studies being conducted. The data available so far suggests that type II NKT cells have an immunosuppressive role and that their effector functions depend on IL-13 secretion (Terabe et al. 2005).

Transcriptionally, there are various markers that have been used to classify NKT cells based on their intracellular staining patterns. PLZF, EGR2, T-bet, GATA-3, and ROR γ t expression patterns distinguish NKT cells into subsets – NKT1, NKT2, and NKT17, which produce effector molecules such as IFN- γ , IL-4, and IL-17 respectively (Lee et al. 2013b; Klibi et al. 2020).

A number of clinical trials have been conducted to study the effect of using α -GalCer on iNKT cells to harness their potential as immunotherapeutic agents. Injecting dendritic cells pulsed with α -GalCer or *in vitro* expanded iNKT cells intravenously into patients causes iNKT cell expansion, and have been suggested to lead to tumor regression (Nagato et al. 2012; Richter et al. 2013). Chimeric antigen receptor expressing NKT (CAR-NKT) cells have also been shown to be effective in a mouse model of neuroblastoma (Heczey et al. 2014).

Mucosal associated invariant T-cells (MAIT)

Mucosal associated invariant T (MAIT) cells are another type of innate-like unconventional T cells. Their abundance depends on the species – while found in humans, they are much less common in mice. MAIT cells are found in mucosal organs, but also in peripheral blood and liver. MAIT cells can be activated

in response to viruses and bacteria, and rapidly secrete cytokines like IFN- γ and TNF following activation (Salio et al. 2014). MAIT cells rely on the MR1 molecule for antigen presentation, a molecule related to MHC-I but specific to the TCRs expressed on MAIT cells (Treiner et al. 2003). There are no specific antigens for MR1, but in certain cases of viral infections, MAIT cells can be activated without the need for antigen recognition (Ussher et al. 2018).

Gamma Delta T-cells ($\gamma\delta$)

Another type of unconventional T cells that have gained a lot of interest over the last decade are $\gamma\delta$ T cells. $\gamma\delta$ T cells make up ~1-5% of circulating T cells in humans. $\gamma\delta$ T cell subsets are defined based on the TCR variable (V) chains used, TCR γ in mice and TCR δ in humans. Mouse and human $\gamma\delta$ T cells also differ in their tissue homing ability – mouse $\gamma\delta$ T cells are found mostly in peripheral sites like skin, intestine, liver, lungs, and the reproductive tract, whereas human $\gamma\delta$ T cells are found in the peripheral blood in addition to skin and large intestine (Godfrey et al. 2015; Ebert et al. 2006).

$\gamma\delta$ T cells can be subdivided into two classes based on their function – effector $\gamma\delta$ T and regulatory $\gamma\delta$ T cells. Activated $\gamma\delta$ T cells play an antitumor role by secreting cytokines, antibody dependent cellular cytotoxicity (ADCC), and other effects, and these are the effector $\gamma\delta$ T cells. On the other hand, regulatory $\gamma\delta$ T cells are responsible for modulating the immune tolerance, and can promote cancer growth by dampening the functions of various effector cells and by inducing immune-senescence of naïve T cells and dendritic cells (Paul and Lal 2016).

The presence of $\gamma\delta$ T cells in tumors has been found to be a very favorable prognostic marker (Gentles et al. 2015), and they possess properties that make them promising candidates for immunotherapy. $\gamma\delta$ T cells are activated by small phosphorylated metabolite antigens known as phosphoantigens. These are typically produced by foreign pathogens but tumor cells can also produce them (Gober et al. 2003). Of interest, some $\gamma\delta$ T cells can also be activated by α -GalCer presented by CD1d (Uldrich et al. 2013). Once activated by antigens *in vivo* or *in vitro*, $\gamma\delta$ T cells expand readily. This makes them suitable for adoptive transfer therapies. $\gamma\delta$ T cells also have more favorable homing properties to epithelial tissues and solid

tumors compared to $\alpha\beta$ T cells. Since they are not MHC restricted, they do not cause Graft versus Host disease (GVHD) even when transferred to an MHC mismatched host (Godder et al. 2007).

Unconventional T cells can thus be a valuable tool to be harnessed for immunotherapy against solid tumors, and more research is required to understand how we can use them effectively against breast cancers. It is, however, important to note that all of these unconventional T cells play a dual role in cancer development. Some of their subtypes or effector functions may promote cancer progression. NKT17 and $\gamma\delta$ T17 cells are major sources of IL-17, which can have an immunosuppressive role in cancer. $V\gamma 1$ $\gamma\delta$ T cells have been reported to secrete TGF- β which can induce epithelial-to-mesenchymal transition and aid in cancer cell dissemination and metastasis (Klibi et al. 2020; Yang and Weinberg 2008).

1.5 Research hypotheses

Previous studies have established that both a full pregnancy cycle (gestation, lactation, and involution), and an induced pseudo-pregnancy (exogenous delivery of pregnancy hormones) decreased the frequency of mammary tumors in several epidemiological studies and mouse models. Yet, pregnancy does not fully prevent the development of breast cancer, thus suggesting that cellular and biological alterations taking place right before pregnancy, or throughout a woman's life span could bypass the preventive effects of pregnancy. It is also possible that pregnancy-induced changes to mammary gland stroma and to the mammary immune microenvironment could alter signals that block cancer development. Our previous work has shown that MECs exhibit a state of semi-senescence in response to cMyc overexpression as an oncogenic stressor, and this could be engaging the immune system. *We hypothesized that pregnancy alters the overall immune composition of the mammary gland after the completion of a full pregnancy cycle.*

We undertook an unbiased approach to define the cellular heterogeneity of the mammary glands from pre- and post-pregnancy female mice by single cell RNA-sequencing (scRNA-seq). We illustrated that the fully involuted, post-pregnancy mammary gland is populated with an expanded population of resident NKT cells, suggesting a prolonged role for these cells in tissue homeostasis post- involution. We showed that post-pregnancy NKT cells express mostly $\gamma\delta$ TCRs, as opposed to pre-pregnancy NKT cells which express $\alpha\beta$ TCRs. $\gamma\delta$ TCR expressing immune cells are known to possess a high antitumor capability. *We hypothesized that post-pregnancy mammary NKT cells play a role in pregnancy associated protection against oncogenesis.*

We set out to investigate this hypothesis in various mouse models of mammary hyperplasia. Our previous results indicate that pregnancy brings cell autonomous (epithelial cell epigenome) and non-autonomous (immune microenvironment) changes to mammary glands that block cMyc-induced mammary oncogenesis (Feigman et al. 2020). *We hypothesized that pregnancy will also influence the development of Brca1-deficient mammary tumors.* To address this hypothesis, we developed a new transgenic model of inducible Brca1-loss that drives mammary oncogenesis to define whether Brca1 deficiency interferes with

the pregnancy-induced epigenome of epithelial cells and pregnancy-induced mammary immune microenvironment. These analyses were performed both in asymptomatic tissue (without malignant lesions) and in mammary tumor tissue to elucidate the establishment of pregnancy-induced modifications, and how they are sustained in the event of tumor development, in a *Brca1* deficient background. Given that *BRCA1* mutations in humans increase the risk of development of breast cancer by over 50%, our work could elucidate strategies to prevent tumorigenesis in high risk populations.

2. Parity induced changes to the mammary epithelial and immune composition

2.1 Author contributions

I acknowledge the following people who assisted with this project. Mary Feigman and Camila dos Santos conceptualized and performed the initial experiments and prepared cells for single cell RNA-seq libraries. The Single Cell Sequencing core at CSHL provided the sequencing files. Matt Moss and Marygrace Trousdell analyzed the scRNA-seq data and generated the data plots. Marygrace Trousdell assisted with ATAC-seq analysis. Mary Feigman provided the preliminary flow data for CD1d KO mice and CD1d expression on MECs. Samantha Cyrill performed the pregnancy hormone pellet implantation experiments and corresponding flow cytometry. Michael Ciccone performed the organoid culture experiment for CD1d expression changes. J. Erby Wilkinson performed the histopathological analyses. Semir Beyaz generously provided the UTX KO mice and provided critical feedback. Camila dos Santos oversaw the project, and participated in experimental design and data analyses.

2.2 Results

The use of single cell strategies has elucidated the dynamics of epithelial cell lineage specification and differentiation across major mammary developmental stages (Gray et al. 2022; Twigger et al. 2022; Henry et al. 2021; Bach et al. 2017; Chung et al. 2019; Li et al. 2020a; Pal et al. 2017, 2021). Previous studies have indicated that post-pregnancy epithelial cells bear an altered transcriptome and epigenome, thus suggesting that pregnancy stably alters the molecular state of MECs (Blakely et al. 2006; Feigman et al. 2020; Huh et al. 2015; Dos Santos et al. 2015). However, it is unclear whether pregnancy leads to disproportionate changes in the transcriptome of specific mammary cell populations, which we investigated in this study.

2.2.1 Single cell analysis identifies changes to the transcriptional programs and immune composition of the post-pregnancy mammary gland

In order to characterize the effects of parity on the cellular composition and heterogeneity of mammary glands, we used single cell RNA-sequencing (scRNA-seq) to compare the abundance, identity and gene expression of mammary gland epithelial and non-epithelial cells from nulliparous (virgin, never pregnant, n=2) and parous female mice (20 days gestation, 21 days lactation, 40 days post-weaning, n=2). scRNA-seq clustering defined 20 cell clusters (TCs), which were further classified into 3 main cell types; epithelial cells (Krt8+ and Krt5+), B-lymphocytes (CD20+), and T-lymphocytes (CD3e+), and 2 smaller clusters, encompassing fibroblast-like cells (Rgs5+) and myeloid-like cells (Itgax+) (**Fig. 2-1 A-B**).

Figure 2-1

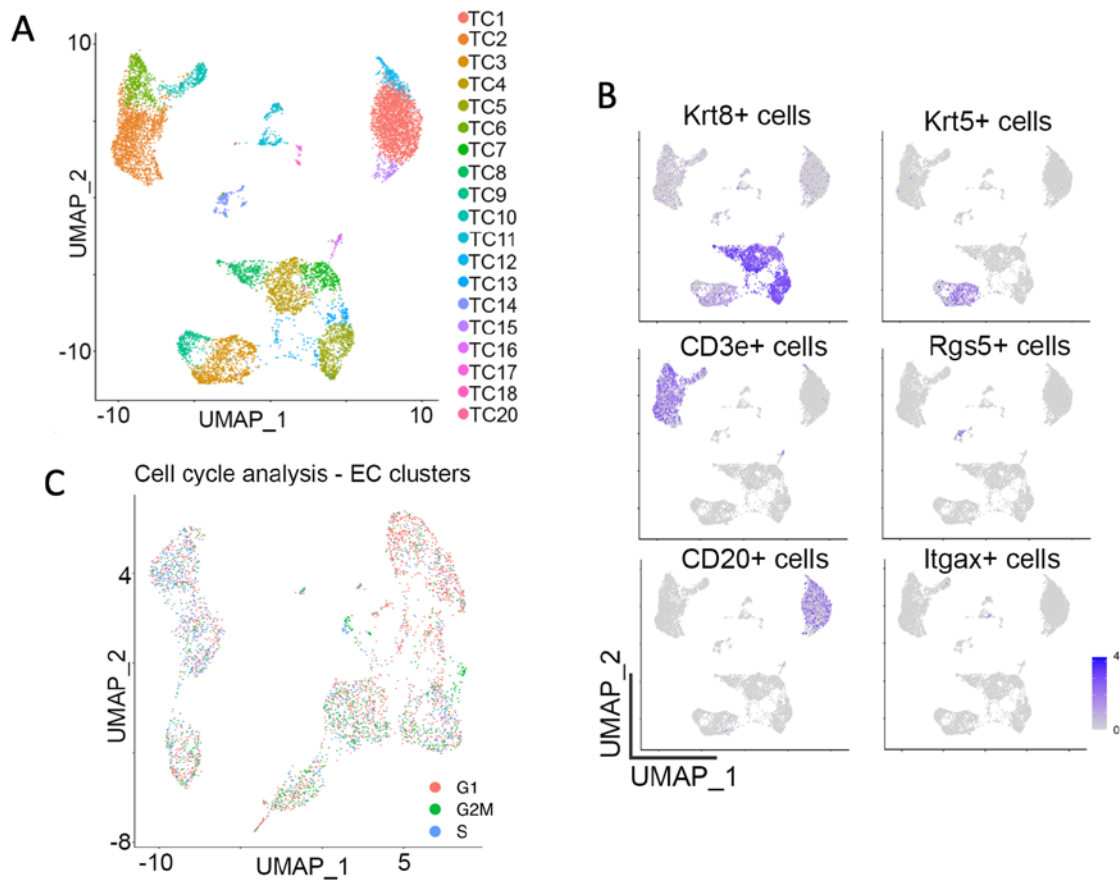


Figure 2-1 Single cell level classification of pre- and post-pregnancy MECs.

(A) UMAP showing the distribution of total, pre- and post-pregnancy mammary resident cells.

(B) Classification of mammary resident lineages based on the expression of *Krt8* and *Krt5* (epithelial cells), *Cd20* (B-cells), *Cd3e* (T-cells), *Rags5* (Fibroblasts), and *Itgax* (myeloid cells).

(C) UMAP showing the distribution of mammary epithelial clusters according different stages of cell cycle.

Changes to the mammary epithelial compartment

To characterize the cellular heterogeneity across pre- and post-pregnancy MECs, we used a re-clustering approach, which selected for cells expressing the epithelial markers *Epcam*, *Krt8*, *Krt18*, *Krt14* and *Krt5*, and resolved 11 clusters of mammary epithelial cells (ECs) with similar cell cycle states (Henry et al. 2021) (**Fig. 2-2 A, 2-1 C**). Analysis of cellular abundance and lineage identity revealed that clusters EC7 (mature myoepithelial MEC), EC9 (luminal common progenitor-like MEC), EC10 and EC11 (bi-potential-like MECs), were evenly represented in pre- and post-pregnancy mammary tissue, thus demonstrating populations of cells that are mostly unchanged by a pregnancy cycle. We also identified clusters predominantly represented within pre-pregnancy MECs (EC2, EC4, and EC8), and those biased towards a post-pregnancy state (EC1, EC3, EC5, and EC6), classified as luminal alveolar-like clusters (EC1, EC2 and EC6), myoepithelial progenitor-like clusters (EC3 and EC4), and luminal ductal-like clusters (EC5 and EC8) (**Fig. 2-2 B-D**).

Figure 2-2

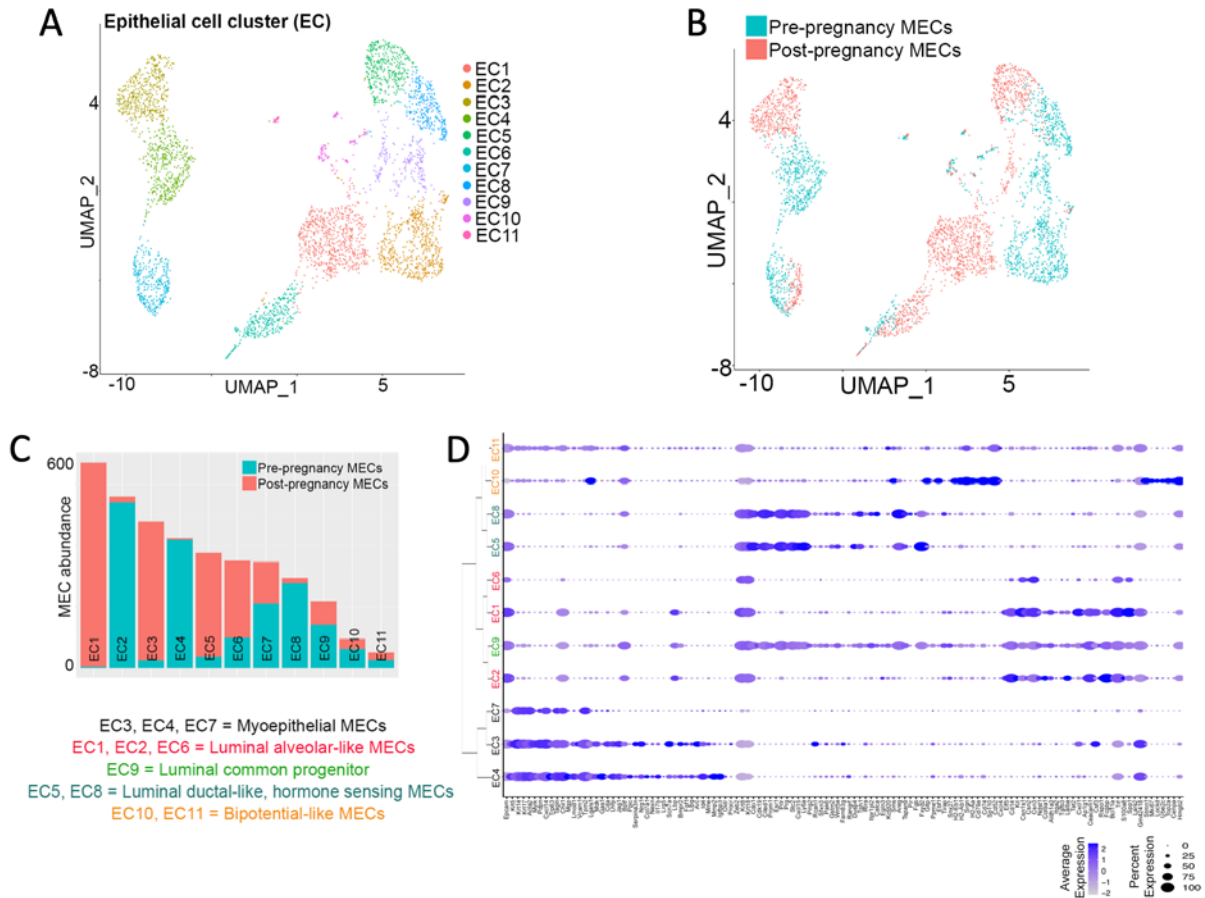


Figure 2-2 Single cell analysis identifies post-pregnancy biased epithelial cells in mammary tissue from parous female mice.

- (A) UMAP showing epithelial-focused re-clustering (Epcam+, Krt8+, Krt18+, and Krt5+ cells) of pre- and post-pregnancy MECs.
- (B) UMAP showing epithelial-focused re-clustering (Epcam+, Krt8+, Krt18+, and Krt5+ cells) of pre-pregnancy (blue) and post-pregnancy (pink) MECs.
- (C) Cell abundance of pre- and post-pregnancy epithelial cells across all 11 epithelial clusters.
- (D) Dot plot analysis of molecular signatures and lineage identity of pre- and post-pregnancy MECs.

Comparative gene expression analysis indicated that processes associated with immune cell communication, such as *Complement* and *Inflammatory Response*, were markedly enriched in luminal and myoepithelial cell clusters biased towards the post-pregnancy state (Fig. 2-3 A-C and Table 8-1). This observation was supported by analysis of previously published pre- and post-pregnancy bulk RNA-seq data, which suggested an overall enrichment for immune communication signatures in epithelial cells after a full pregnancy cycle (Feigman et al. 2020) (Fig. 2-3 D and Table 8-2).

Figure 2-3

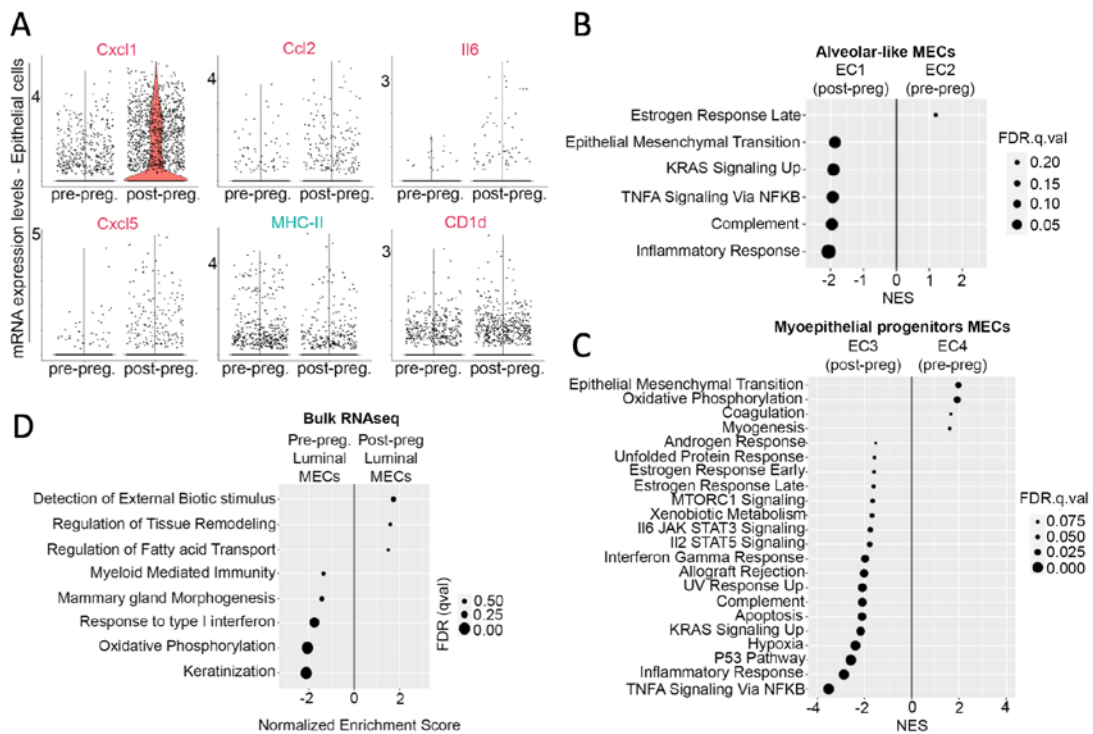


Figure 2-3 Pathway analysis of post-pregnancy biased epithelial cells indicates changes to immune communication signatures

(A) mRNA levels of senescence-associated, immune communication genes *Cxcl1*, *Ccl2*, *Il6*, *Cxcl5*, *Mhc-II* and *Cd1d* in pre- and post-pregnancy MECs.

(B, C) Gene set enrichment analysis (GSEA) of pathways differentially enriched in (B) alveolar-like MECs, and (C) myoepithelial progenitor-like MECs.

(D) Gene set enrichment analysis (GSEA) of pathways differentially enriched in FACS-isolated, pre- and post-pregnancy luminal MECs.

Changes to the mammary immune compartment

Changes in the immune microenvironment are known to contribute to pregnancy-induced mammary development (Coussens and Pollard 2011). A series of single cell strategies have identified alterations to mammary immune composition across several stages of mammary gland and cancer development (Bach et al. 2021; Dawson et al. 2020; Saeki et al. 2021). However, it is still unclear whether the immune composition of fully involuted, post-pregnancy mammary tissue resembles its pre-pregnancy state, or if a combination of epithelial and non-epithelial signals collectively influences the normal and malignant development of mammary tissue. In light of the potentially altered epithelial-immune cell communication identified in post-pregnancy MECs suggested above, we set out to understand the effects of pregnancy on the mammary resident immune compartment using scRNA-seq.

Transcriptional analysis of clusters representing B-lymphocytes (CD20+) did not identify major differences in gene expression between cells from pre- and post-pregnancy mammary glands, even though there were non-significant cell abundance differences, suggesting that B-cells may not be significantly altered in fully involuted mammary tissue (**Fig. 2-4 A**). Re-clustering of CD3e+ T-lymphocytes identified 9 distinct immune cell clusters (IC) marked by the expression of immune lineage genes such as *Cd4*, *Cd8*, *Klrl1*, and *Gzma* (**Fig. 2-4 B-C**). Classification according to cell abundance and lineage identity of pre- and post-pregnancy mammary resident lymphocytes, revealed 2 cell clusters, IC1 (CD4+ memory-like T-cells), and IC2 (CD8+ T-cells), which were evenly represented across pre- and post-pregnancy mammary tissue (**Fig. 2-5 A-B**). Differential gene expression analysis of clusters IC1 and IC2 identified minimal expression changes, suggesting that the transcriptional output of CD8+ T-cells (IC2), and certain populations of CD4+ T-cells (IC1) were not substantially altered by parity (**Fig. 2-5 C-D**).

Figure 2-5

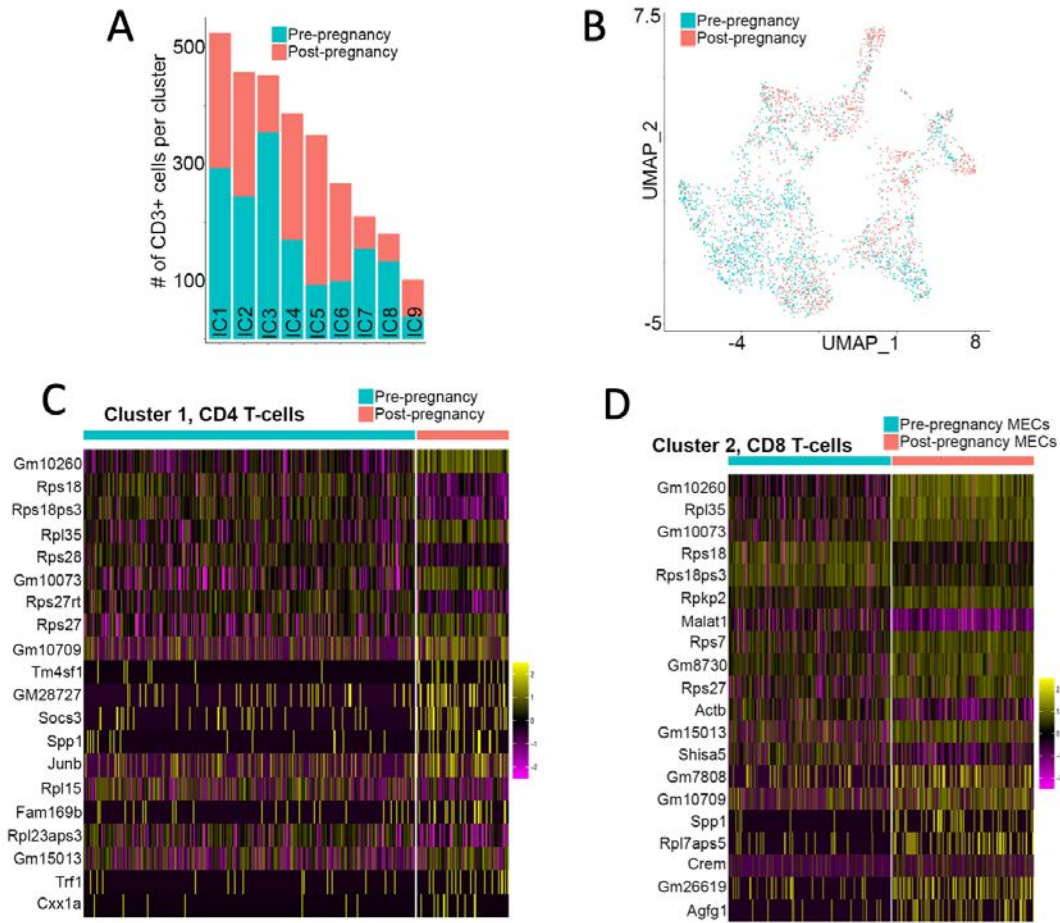


Figure 2-5 Characterization of pre- and post-pregnancy mammary resident immune cells.

(A) Cell abundancy of pre- and post-pregnancy CD3+ immune cells.

(B) UMAP showing CD3+ focused re-clustering of pre-pregnancy (blue) and post-pregnancy (pink) immune resident cells.

(C-D) Heatmap showing top 20 DEGs across CD4+ T-cells (C, cluster 1) and CD8+ T-cells (D, cluster 2) harvested from pre and post-pregnancy mammary tissue.

Analysis of clusters biased towards pre-pregnancy mammary tissue identified several populations of CD4+ T-lymphocytes, with gene identifiers supporting their identity as CD4+ Tregs (IC3), CD4+ naïve T-cells (IC7 and IC8), and CD4+ helper T-cells (IC4), suggesting that pre-pregnancy mammary tissues are enriched for populations of CD4+ T-cells (**Fig. 2-6 A**). Conversely, clusters enriched with post-pregnancy mammary immune cells (IC5, IC6, and IC9) were classified as NKT cells, a specialized population of T-cells involved in immune recruitment and cytotoxic activity (Godfrey et al. 2004) (**Fig. 2-6 A**). These clusters expressed master regulators of NKT cell fate, including transcription factors (TFs) *Tbx21* (*Tbet*), and *Zbtb16* (*Plzf*) (Townsend et al. 2004; Savage et al. 2008).

Figure 2-6

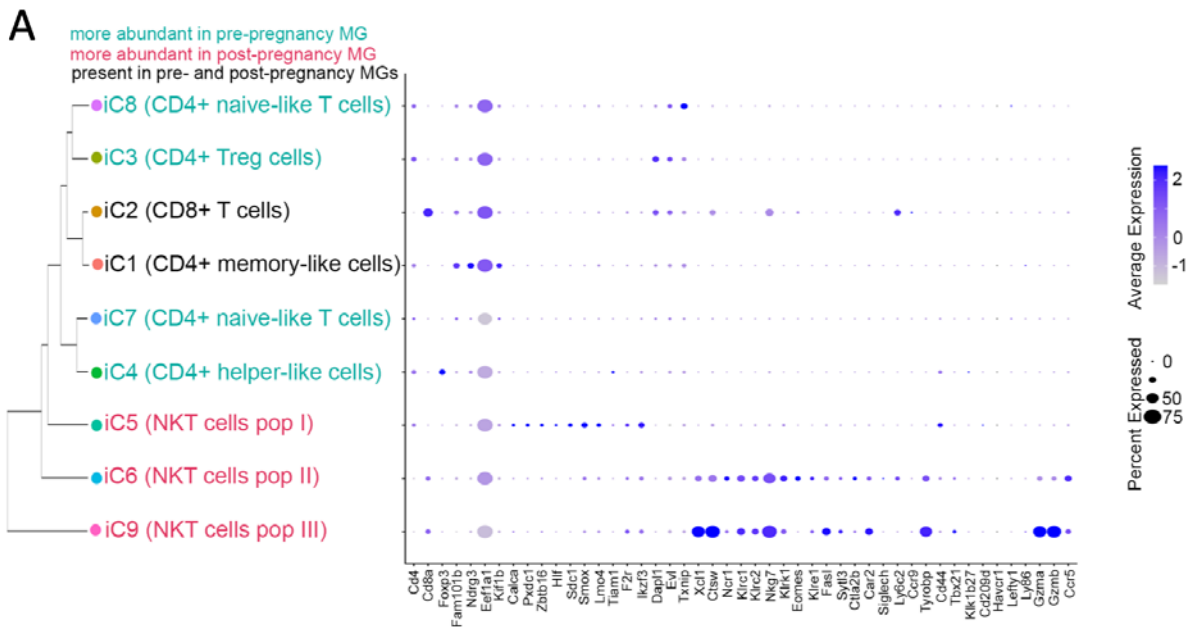


Figure 2-6 Single cell analysis identifies post-pregnancy biased immune cell identity as NKT cells.

(A) Dendrogram clustering and dot plot showing molecular signature and lineage identity of pre- and post-pregnancy mammary resident CD3+ immune cells. NKT cells are specifically enriched in post-pregnancy mammary glands.

While Natural Killer (NK) cells are known to play a role in mammary gland involution and parity-associated mammary tumorigenesis (Fornetti et al. 2012; Martinson et al. 2015), the role of NKT cells in this process has yet to be determined. Therefore, we analyzed clusters of immune cells expressing the common NK/NKT marker *Nkg7* to further define the influence of pregnancy on the abundance and identity of NK and NKT cells. Deep-clustering analysis of *Nkg7*+ immune cells revealed 6 distinct cell clusters (NC1-6). Cells classified under cluster NC5, which includes cells from both the pre- and post-pregnancy mammary tissue, lacked expression of CD3e, and therefore was the only cluster with an NK cell identity in our dataset (**Fig. 2-7 A-C**). Further gene expression analysis confirmed that post-pregnancy mammary glands are enriched with a variety of NKT cells, including those expressing markers of cell activation (*Gzmb* and *Ccr5*) and of a resting state (*Bcl11b*) (**Fig. 2-7 C**). In agreement, each of the post-pregnancy-biased NKT cell clusters were enriched with an array of immune activation signatures, suggesting an altered state for these cell populations after pregnancy (**Fig. 2-7 D**).

Collectively, our scRNA-seq analysis of fully involuted mammary tissue confirmed that pregnancy leads to a stable alteration of the transcriptional output of post-pregnancy MECs, including gene expression signatures that suggest enhanced communication with the mammary immune microenvironment. Our study further indicates that mammary resident NKT cells are present at higher levels in post-pregnancy glands, suggesting that pregnancy plays a role in inducing changes to the mammary immune microenvironment.

Figure 2-7

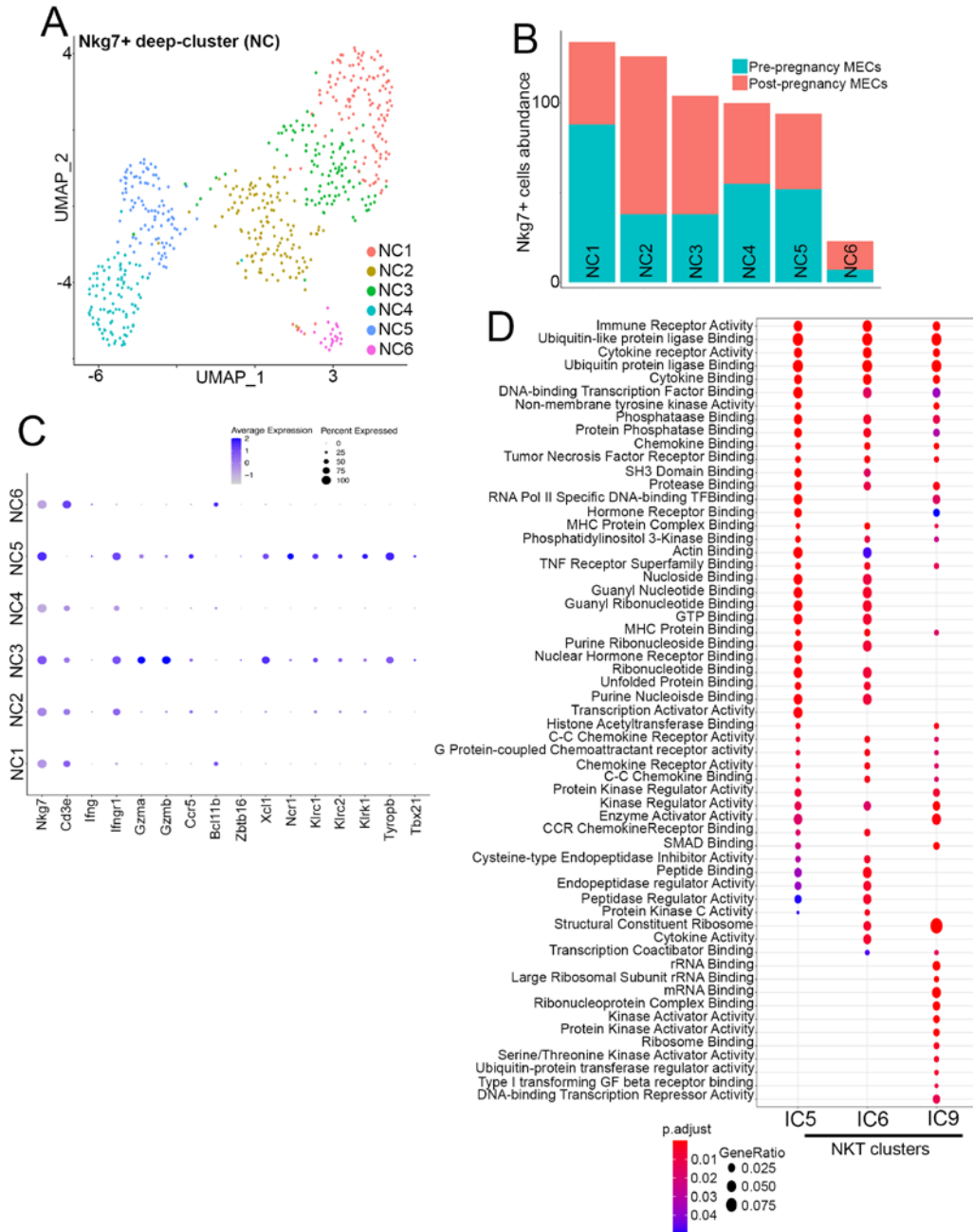


Figure 2-7 scRNA-seq identification of post-pregnancy NKT cells.

(A) UMAP showing Nkg7+ expressing cells focused re-clustering (NKT/NK cells) of pre- and post-pregnancy mammary tissue.

(B) Cell abundancy of pre- and post-pregnancy Nkg7+ immune cells.

(C) Dot plot showing the expression of NKT/NK associated genes across Nkg7+ cell clusters.

(D) Dotplot of pathway analysis across populations of CD3+ NKT cells (IC5, IC6 and IC9).

2.2.2 Pregnancy induces the expansion of a specific population of NKT cells in the mammary gland

During post-partum mammary gland involution, there is an influx of infiltrating mast cells, macrophages, neutrophils, dendritic cells and natural killer cells, which remove apoptotic epithelial cells and support the remodeling of the gland (Guo et al. 2017; Kordon et al. 2017; O'Brien et al. 2010; Schwertfeger et al. 2001). Since our scRNA-seq analyses suggested that fully involuted, post-pregnancy mammary glands are enriched for populations of NKT cells, we next utilized a series of flow cytometry analyses to validate this observation.

Analysis using antibodies against the markers NK1.1 and CD3, which defines NKT cells (NK1.1+CD3+), identified a 12-fold increase in the abundance of NKT cells in post-pregnancy mammary tissue, consistent with the results of our scRNA-seq data (**Fig. 2-8 A**). Further analysis indicated a 2.3-fold higher abundance of NKT cells in recently involuted mammary tissue (15 days post offspring weaning), compared to mammary glands from nulliparous mice, or those exposed to pregnancy hormones for 12 days (mid-pregnancy), suggesting that the expansion of NKT cells is likely to initiate at the final stages of post-pregnancy mammary involution (**Fig. 2-8 B**). The selective expansion of NKT cells was further supported by the analysis of markers that define mammary resident neutrophils (Ly6G+) and macrophages (CD206+), which were largely unchanged between pre- and post-pregnancy mammary tissue (**Fig. 2-8 C-D**).

Immunofluorescence analysis of Cxcr6-GFP-KI mammary tissue, previously described to selectively label NKT cells (Germanov et al. 2008), demonstrated several GFP+ cells surrounding ductal structures from pre-pregnancy mammary tissue, an observation that supports the presence of NKT cells in mammary tissue (**Fig. 2-9 A**). Moreover, analysis of bone marrow and spleen from nulliparous and parous mice showed no difference in the abundance of NK1.1+CD3+ cells, suggesting that pregnancy-induced expansion of NKT cells is mammary-specific (**Fig. 2-9 B-C**).

Figure 2-8

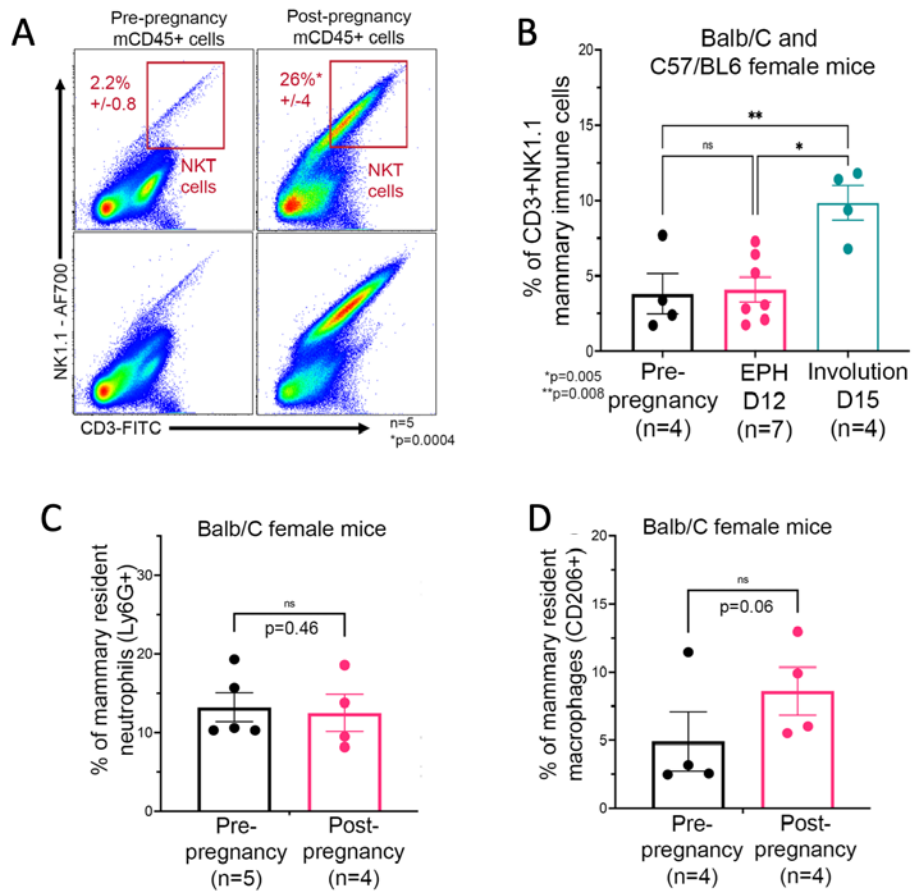


Figure 2-8 Pregnancy induces expansion of specific populations of NKT cells.

(A) Flow cytometry analysis of resident CD45+ cells harvested from pre- and post-pregnancy mammary tissue, and their distribution of NKT cells (NK1.1+CD3+). n=5 nulliparous and 5 parous female mice. *p=0.0004.

(B) Quantification of NKT cells abundance in mammary tissue from nulliparous female mice (black bar, n=4), from female mice during Exposure to Pregnancy Hormone day 12 (pink bar, EPH D12, n=7), and from female mice at post-pregnancy involution D15 (blue bar, n=4). EPH D12 x Involution D15 *p=0.005; Involution D15 x Pre-pregnancy **p=0.008.

(C) Quantification of Ly6G+ mammary resident neutrophils abundance in tissue from pre- and post-pregnancy female mice. n=5 nulliparous and n=4 parous female mice. *p=0.46.

(D) Quantification of CD206+ mammary resident macrophages abundance in tissue from pre- and post-pregnancy female mice. n=4 nulliparous and n=4 parous female mice. *p=0.06.

Figure 2-9

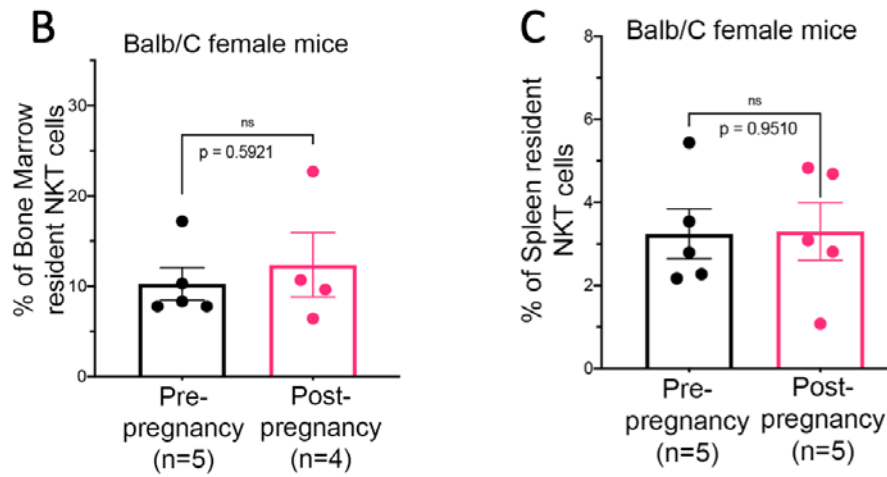
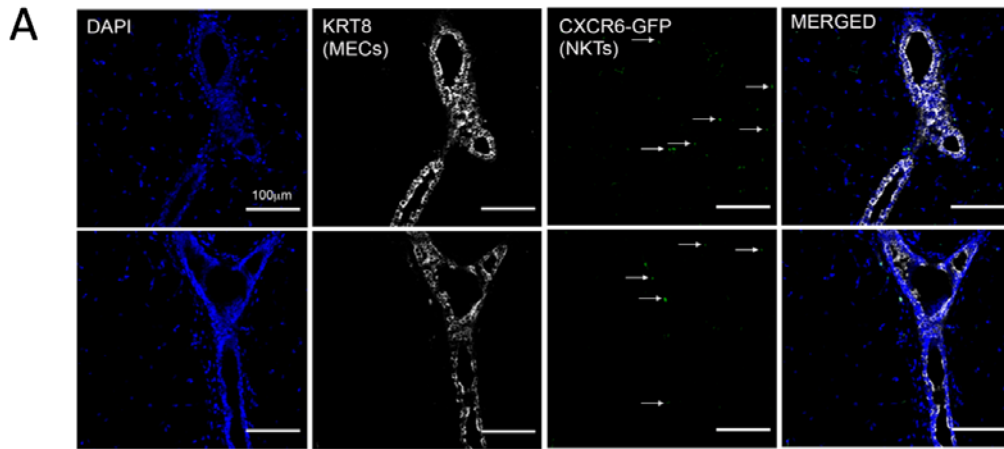


Figure 2-9 Cellular characterization of post-pregnancy mammary immune microenvironment.

(A) Immunofluorescence images (IF) of mammary tissue from Cxcr6-GFP-KI nulliparous mouse model showing the presence of GFP+ cells (NKT cells, green, white arrows) surrounding duct structures (Krt8+, white).

(B) Quantification of NKT cells abundance in bone marrow from pre- and post-pregnancy female mice. n=5 nulliparous and n=4 parous female mice. *p=0.5921.

(C) Quantification of NKT cells abundance in spleen from pre- and post-pregnancy female mice. n=5 nulliparous and n=5 parous female mice. *p=0.95.

To further characterize the identity of the post-pregnancy, mammary resident NKT cells, we combined cell surface and intracellular staining to detect canonical NKT lineage markers, including the NKT master regulator Tbet, the NKT/T-cell secreted factor IFN γ , and the NKT lineage marker Nkp46 (CD335) (Yu et al. 2011). Pre- and post-pregnancy, mammary resident NK1.1+CD3+ cells expressed all three markers, supporting their NKT identity. However, we detected a 2-fold increase in the percentage of post-pregnancy cells expressing Tbet, IFN γ , and CD335, suggesting that specific populations of NKTs are expanded in post-involved mammary tissue (**Fig. 2-10 A**).

We also investigated whether pregnancy induced NKT cells represented a specialized population of CD8+ T-cells, a cytotoxic cell type reported to reside in mammary tissue (Wu et al., 2019) (Wu et al. 2019b). We found that a fraction of the NKT cells present in both pre- and post-pregnancy mammary tissue expressed CD8 on their surface, accounting for 41% and 35% of the total NKT cells, respectively (**Fig. 2-10 B**). To determine whether the triple-positive (CD3+NK1.1+CD8+) cells contributed significantly to the expanded population of post-pregnancy NKT cells, we analyzed mammary tissue of nulliparous and parous RAG1 KO mice, which lack mature CD8+ T-cells (Mombaerts et al. 1992). We observed a 10-fold expansion of NKT cells in RAG1 KO post-pregnancy mammary tissue, suggesting that CD8-expressing cells do not comprise a significant fraction of pregnancy-induced NKT cells (**Fig. 2-10 C**). These results are consistent with our scRNA-seq data, and further validate the existence of specific NKT subtypes in mammary glands after a full pregnancy cycle.

NKT cells have multiple roles, including tissue homeostasis, host protection, microbial pathogen clearance, and anti-cancer activity, mediated through their ability to recognize both foreign- and self-antigens via T-cell receptors (TCRs) (Balato et al. 2009). Therefore, we next investigated changes to the TCR repertoire of mammary resident, post-pregnancy NKT cells. We found that 17% of pre-pregnancy NKT cells expressed $\gamma\delta$ TCRs, in marked contrast to post-pregnancy NKT cells, which mostly expressed $\alpha\beta$ TCRs (44%) (**Fig. 2-10 D, top panels**). A pregnancy cycle did not alter TCR composition across all immune cells, given that mammary resident, pre- and post-pregnancy CD8+ T-cells mostly express

$\alpha\beta$ TCRs, suggesting that parity promotes expansion of subtypes of NKT cells that bear a specific TCR repertoire (**Fig. 2-10 D, bottom panels**).

Figure 2-10

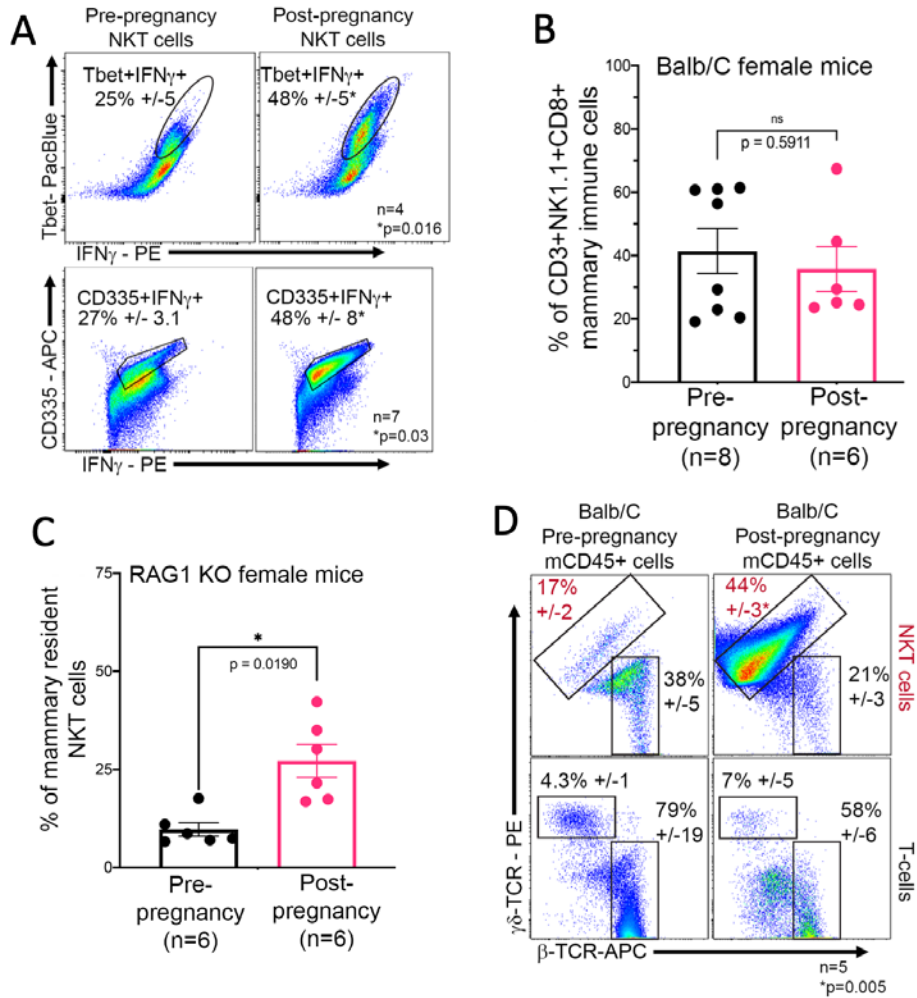


Figure 2-10 Cellular characterization of post-pregnancy NKT cells shows altered TCR expression.

(A) Flow cytometry analysis of the classical NKT cell markers T-bet, CD335, and IFN γ in NKT cells harvested from pre- and post-pregnancy mammary tissue. For Tbet analysis n=4 nulliparous and 4 parous female mice. *p=0.016. For CD335 analysis n=7 nulliparous and 7 parous female mice. *p=0.03.

(B) Quantification of CD8+ NKT cells abundance in mammary tissue from pre- and post-pregnancy female mice. n=8 nulliparous and n=6 parous female mice. *p=0.6

(C) Quantification of NKT cells abundance in mammary tissue from pre- and post-pregnancy RAG1 KO female mice. n=6 nulliparous and n=6 parous female mice. *p=0.019.

(D) Flow cytometry analysis of β and $\gamma\delta$ T-cell receptors (TCRs) of pre- and post-pregnancy mammary NKT cells. n=5 nulliparous and 5 parous female mice. *p=0.005.

We next investigated the molecular signatures of FACS-isolated, mammary resident, NKT cells. Unbiased pathway analysis of bulk RNA-seq datasets revealed the enrichment of post-pregnancy NKT cells for processes controlling overall NKT development and activation, such as Notch signaling, TNF α signaling, TGF β signaling, response to estrogen, and cMyc targets (Oh et al. 2015; Almishri et al. 2016; Doisne et al. 2009; Huber 2015; Mycko et al. 2009). Conversely, pre-pregnancy NKT cells were mainly enriched for processes previously associated with reduced immune activation, such as IFN α response (Bochtler et al. 2008) (**Fig. 2-11 A, Table 8-3**).

The activation of specific processes in post-pregnancy NKT cells was also evident from analysis of their accessible chromatin landscape. ATAC-seq profiles showed similar genomic distributions of accessible regions across pre- and post-pregnancy NKT cells, with a 93% overlap of their total accessible chromatin regions, suggesting that parity-induced changes did not substantially alter the chromatin accessibility associated with NKT lineage (**Fig. 2-11 B-C**). General TF motif analysis identified chromatin accessible regions bearing classical NKT regulator DNA binding motifs such as *T-bet*, *Plzf*, and *Egr2*, further supporting their NKT lineage identity (Seiler et al. 2012) (**Fig. 2-11 D**). Analysis of accessible chromatin exclusive to post-pregnancy NKT cells showed an enrichment for terms/genes associated with regulation of the adaptive immune response, killer cell activation and antigen presentation, such as *Pdk4*, *Maged1*, and *Lyplal1*, all involved in enhanced immune-activation (Na et al. 2020; Connaughton et al. 2010; Lee et al. 2016; Jehmlich et al. 2013) (**Fig. 2-12 A and C**). DNA motif analysis at accessible regions exclusive to post-pregnancy NKT cells identified enrichment of specific TF motifs, including those recognized by Maf, a factor associated with an activated NKT state, and previously predicted by our scRNA-seq data to be expressed in cell clusters with an NKT identity (**Fig. 2-12 B**).

Overall, our analyses confirmed that post-pregnancy mammary tissue has an altered $\gamma\delta$ NKT cell composition, which bears molecular and cellular signatures of activated and mature adaptive immune cells.

Figure 2-11

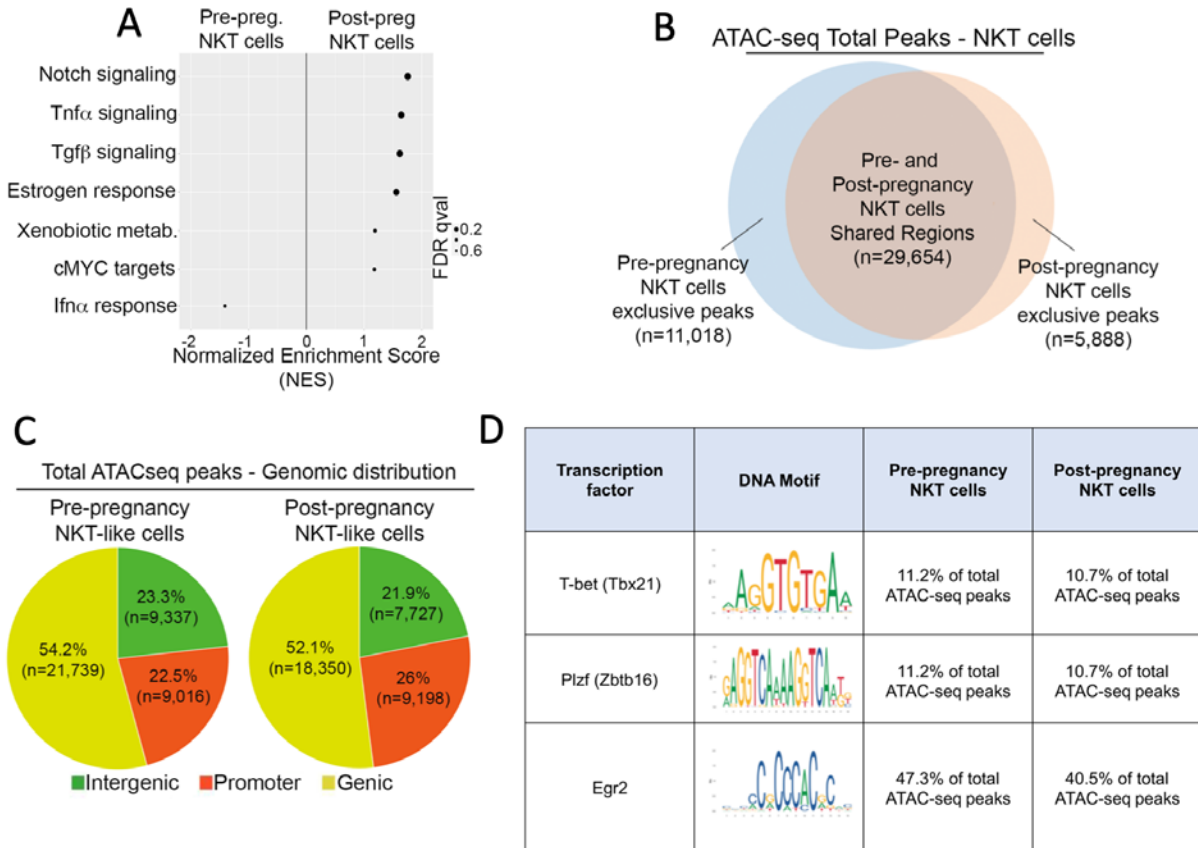


Figure 2-11 The molecular signature of post-pregnancy NKT cells.

- (A) Gene set enrichment analysis of differentially expressed genes in FACS-isolated NKT cells from pre- and post-pregnancy mammary tissue.
- (B) Venn-diagram demonstrating the number of shared and exclusive ATAC-seq peaks of FACS-isolated NKT cells from nulliparous female mice (blue circle) and parous female mice (orange circle).
- (C) Genomic distribution of total ATAC-seq peaks from FACS-isolated pre- and post-pregnancy NKT cells.
- (D) TF motif analysis across total ATAC-seq peaks from FACS-isolated pre- and post-pregnancy NKT cells.

Figure 2-12

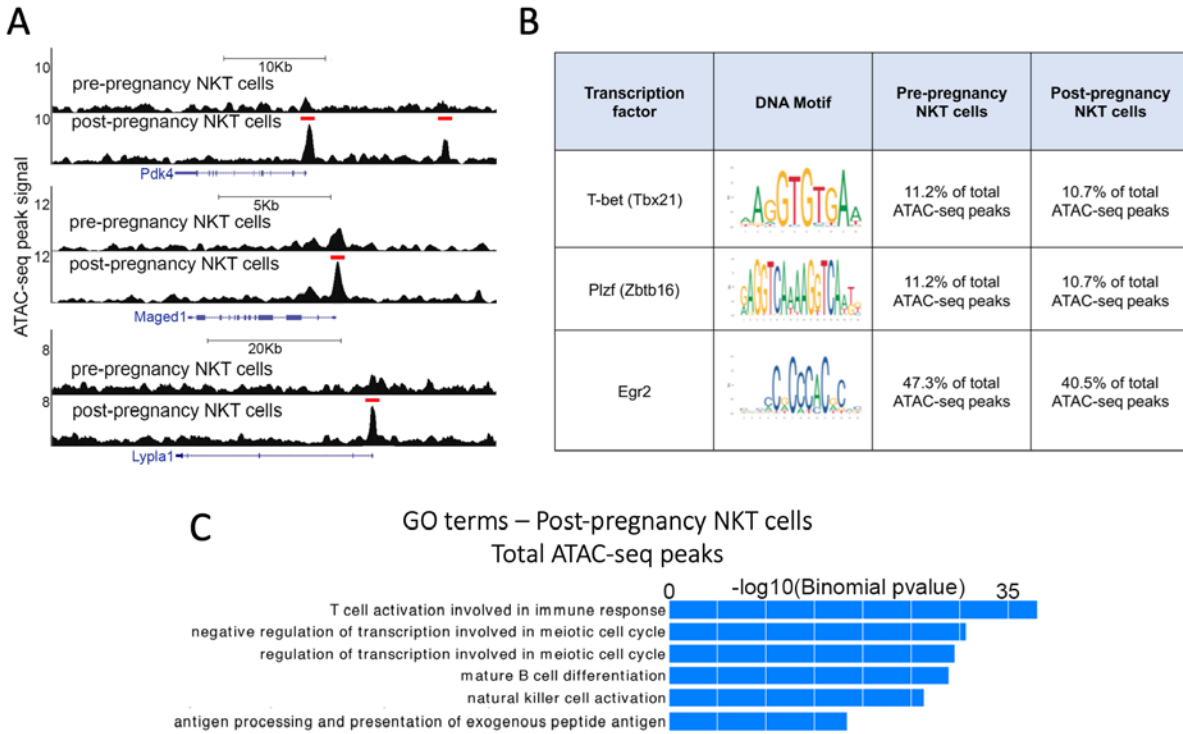


Figure 2-12 The epigenetic signature of post-pregnancy NKT cells.

- (A) Genome browser tracks showing distribution of MACS-called ATAC-seq peaks at the *Pdk4*, *Maged1* and *Lypla1* genomic loci from pre- and post-pregnancy NKT cells.
- (B) TF motif analysis across exclusive ATAC-seq peaks from FACS-isolated pre- or post-pregnancy NKT cells.
- (C) GO term analysis of genes associated with total ATAC-seq peaks of FACS-isolated post-pregnancy NKT cells.

2.2.3 NKT expansion requires CD1d expression on post-pregnancy MECs

Classically, NKT cells are subdivided based on their activating antigens, including the main antigen-presenting molecules MHC class I, MHC class II, and the non-classical class I molecule, CD1d, which can be expressed on the surface of macrophages and dendritic cells, as well on the surface of epithelial cells (Gapin et al. 2013; Rizvi et al. 2015; Thibeault et al. 2009). Therefore, we next analyzed whether the expression of antigen-presenting factors on the surface of mammary epithelial and non-epithelial cells could underlie NKT cell expansion after pregnancy.

Flow cytometry analysis detected a 5-fold increase in the CD1d levels on the surface of post-pregnancy luminal and myoepithelial MECs (**Fig. 2-13 A-B**). In contrast, no differences in the expression of antigen-presenting factors MHC-I and MHC-II on the surface of pre- and post-pregnancy MECs were found (**Fig. 2-13 C-D**). No difference in surface expression of CD1d on mammary CD45+ immune cells was detected, suggesting that signals provided by CD1d+ MECs could promote the post-pregnancy expansion of mammary NKT cells (**Fig. 2-13 E**).

Gene expression analysis of scRNA-seq datasets and qPCR quantification of FACS-isolated epithelial cells confirmed that post-pregnancy MECs express higher levels of *Cd1d* mRNA, supporting that pregnancy induced molecular alterations may represent the basis for the observed increase in percentage of CD1d+ post-pregnancy MECs (**Fig. 2-13 A and Fig. 2-14 A**). In agreement, we observed increased levels of the active transcription marker histone H3 lysine 27 acetylation (H3K27ac) at the *Cd1d* genomic locus in FACS-isolated post-pregnancy MECs, suggesting that increased mRNA levels could be associated with parity-induced epigenetic changes at the CD1d locus (**Fig. 2-14 B**). These observations were confirmed in organoid systems that mimic the transcription and epigenetic alterations brought to MECs by pregnancy signals (Ciccone et al. 2020), where pregnancy hormones induced upregulation of *Cd1d* mRNA levels and increased H3K27ac levels at the *Cd1d* locus (**Fig. 2-14 C-D**). Thus, pregnancy-associated signals may induce epigenetic alterations at the *Cd1d* gene locus, that subsequently increase *Cd1d* mRNA and CD1d protein levels in post-pregnancy MECs.

Figure 2-13

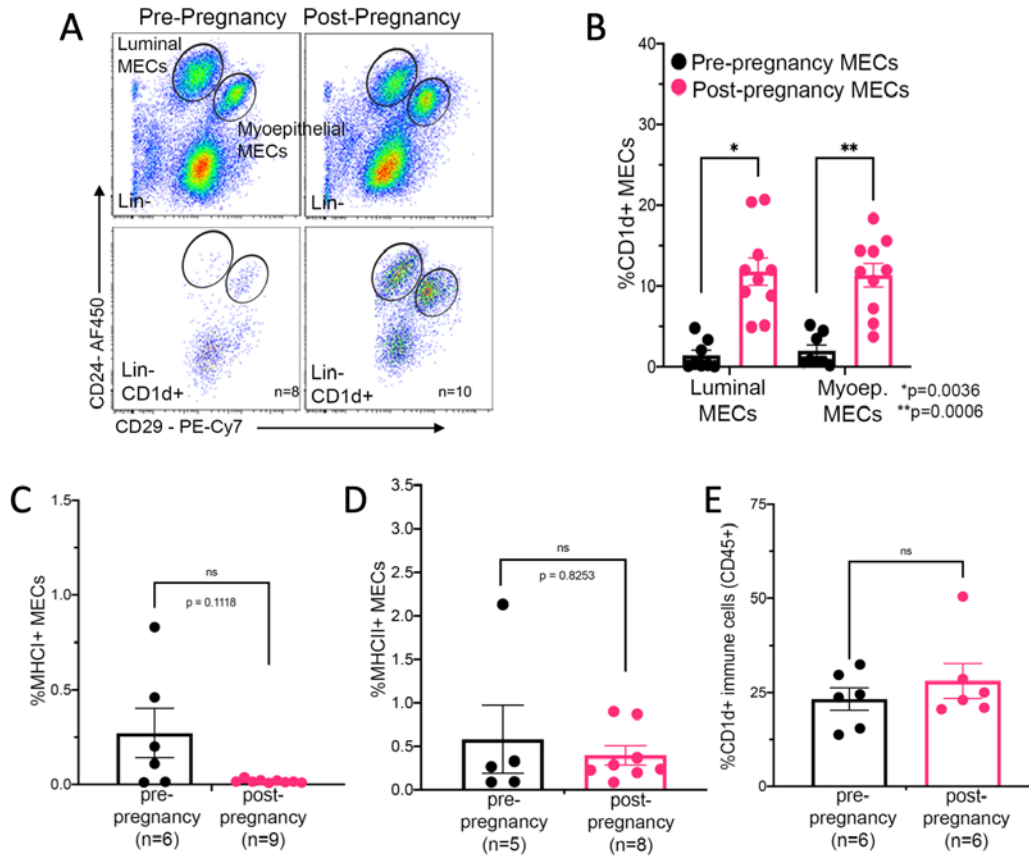


Figure 2-13 Pregnancy alters CD1d transcription and expression on the surface of MECs.

(A) Flow cytometry analysis of myoepithelial and luminal MECs harvested from pre-pregnancy (and post-pregnancy mammary tissue, and their distribution based on CD1d cell-surface expression.

(B) Flow cytometry quantification of CD1d+ MECs harvested from pre-pregnancy (black bars, n=8) and post-pregnancy (pink bars, n=10) mammary tissue. *p=0.0036 for luminal MECs and **p=0.0006 for myoepithelial MECs.

(C) Quantification of MHC-I+ MECs in pre- and post-pregnancy mammary tissue. n=6 nulliparous and n=9 parous female mice. *p=0.1.

(D) Quantification of MHC-II+MECs in pre- and post-pregnancy mammary tissue. n=5 nulliparous and n=8 parous female mice. *p=0.8.

(E) Quantification of CD1d+ immune cells in pre- and post-pregnancy mammary tissue. n=6 nulliparous and n=6 parous female mice. *p=0.28.

Figure 2-14

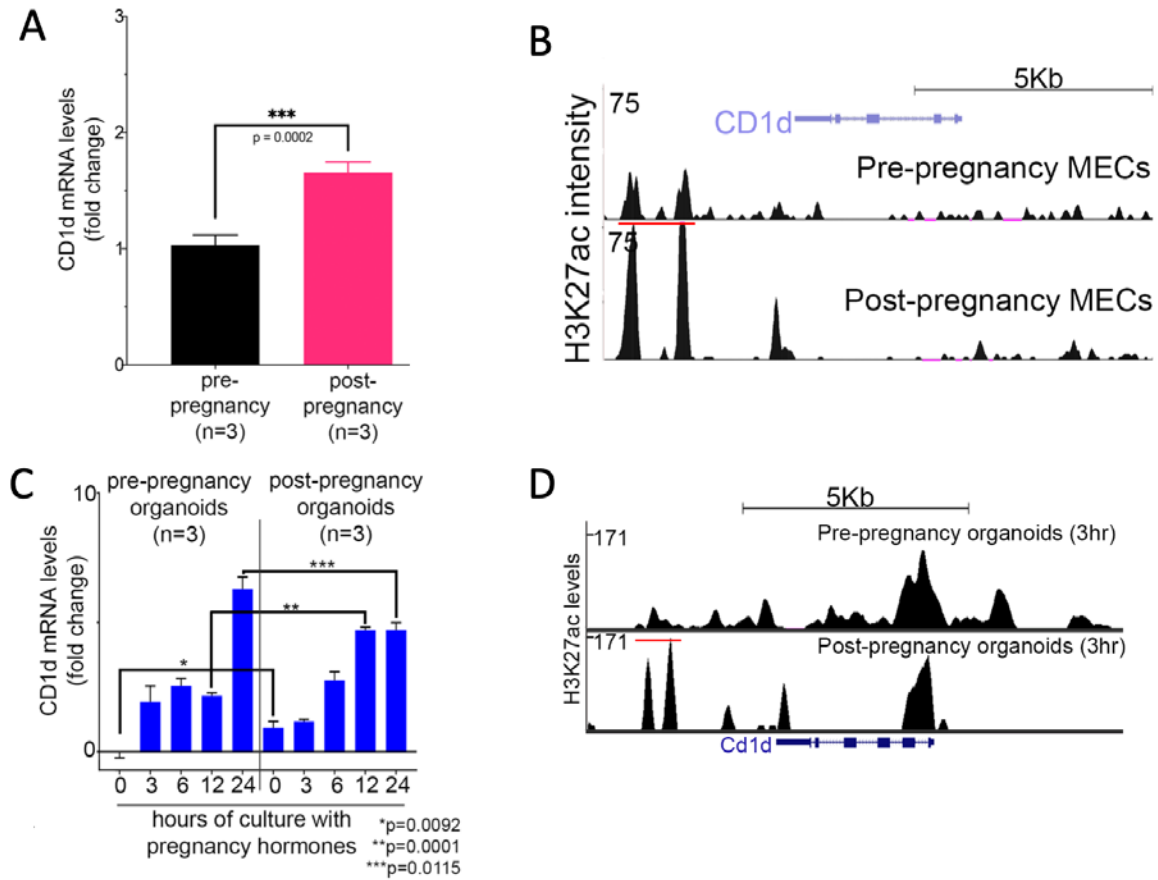


Figure 2-14 The effects of pregnancy in controlling *CD1d* expression.

(A) qPCR analysis of *Cd1d* mRNA levels in lineage depleted pre- and post-pregnancy MECs. n=3 biological replicates. p=0.0002.

(B) Genome browser tracks showing MACS-called, H3K27ac ChIP-seq peaks at the *Cd1d* genomic locus in FACS-isolated, pre- and post-pregnancy luminal MECs.

(C) qPCR analysis of *Cd1d* mRNA levels in organoid cultures derived from pre- and post-pregnancy MECs treated with pregnancy hormones. n=3 biological replicates. 0h, *p=0.0092; 12h, **p=0.0001; 24h, ***p=0.01.

(D) Genome browser tracks showing distribution of SEACR-called, H3K27ac Cut&Run, peaks at the *Cd1d* genomic locus in organoid cultures derived from pre- and post-pregnancy MECs treated for 3 hours with pregnancy hormones.

To investigate whether CD1d expression is required for the expansion of NKT cells after parity, we analyzed mammary glands from CD1d KO mice, which bear reduced levels of activated NKT cells (Faunce et al. 2005; Macho-Fernandez and Brigl 2015; Mantell et al. 2011). Mammary glands from nulliparous and parous CD1d KO mice displayed similar numbers of ductal structures and MEC populations as CD1d wild-type (WT) female mice, suggesting that loss of CD1d does not majorly alter mammary tissue homeostasis (**Fig. 2-15 A**). Further flow cytometry analysis indicated no statistically significant changes in the percentage of NKT cells in mammary glands of nulliparous CD1d KO mice (2.2% +/- 0.8), compared to nulliparous CD1d WT mice (3% +/- 1.6) (**Fig. 2-8 A, left panel, and Fig. 2-15 B, left panel**). Conversely, we found a 7-fold decrease in the percentage of NKT cells in mammary tissue from fully involuted, parous CD1d KO female mice (3% +/- 1.5) compared to parous CD1d WT mammary tissue (26% +/- 4), supporting the role of CD1d in regulating NKT activation (**Fig. 2-8 A, right panel, and Fig. 2-15 B, right panel**). Moreover, we found no difference in the abundance of NKT cells in glands from pre- and post-pregnancy CD1d KO female mice, consistent with lack of CD1d expression reducing the activation of NKT cells (**Fig. 2-15 B**). The analysis of an additional mouse strain that is deficient in mature/activated NKT cells, due to the deletion of the histone-demethylase *Kdm6* (UTX KO mouse model), failed to detect an expansion of NKT cells post-pregnancy, supporting that pregnancy induces the expansion of mature/active subtypes of NKT cells (Beyaz et al. 2017) (**Fig. 2-15 C**). Moreover, NKT cells observed in post-pregnancy CD1d KO mammary tissue mainly expressed $\alpha\beta$ TCR on their surface, in contrast to the $\gamma\delta$ NKT cells observed in CD1d WT post-pregnancy glands, further confirming that loss of CD1d expression affects the expansion and activation of specific populations of NKT cells in post-pregnancy mammary tissue (**Fig. 2-15 D**).

Collectively, our studies identify pregnancy-induced epigenetic changes that may control the expression of *Cd1d* mRNA in MECs, and elucidate a role for CD1d in mediating communication between MECs and the $\gamma\delta$ TCR-expressing NKT cells, unique to post-pregnancy mammary glands.

Figure 2-15

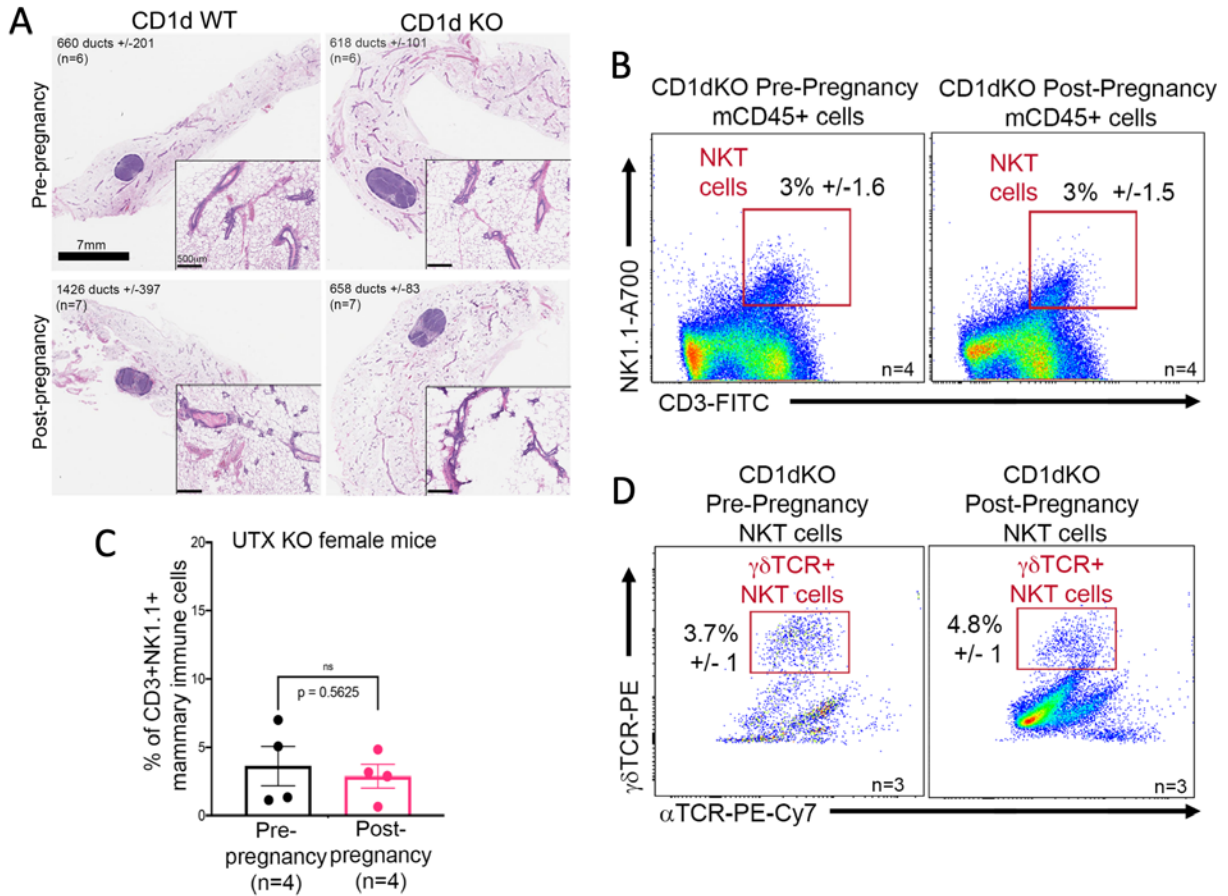


Figure 2-15 NKT expansion depends on CD1d expression on post-pregnancy MECs.

(A) H&E stained histological images and duct quantification from mammary glands harvested from nulliparous (top left, n=6) and parous (bottom left, n=7) CD1d WT female mice, and nulliparous (top right, n=6) and parous (bottom right, n=7) CD1d KO female mice. p=0.86 for pre-pregnancy glands and p=0.78 for post-pregnancy glands. Scale: 7mm. Zoom in panels, scale 500µm.

(B) Flow cytometry analysis of mammary resident CD45+ cells harvested from pre- and post-pregnancy CD1d KO female mice, and their distribution of NKT cells (NK1.1+CD3+). n=4 nulliparous and n=4 parous female mice. *p=0.3.

(C) Quantification of NKT cells abundance in mammary tissue from nulliparous and parous UTX KO female mice, which are deficient for activated NKT cells. n=4 nulliparous and n=4 parous female mice. *p=0.5.

(D) Flow cytometry analysis of β and $\gamma\delta$ T-cell receptors (TCRs) of CD1d KO NKT cells from nulliparous (left, n=3) and parous (right, n=3) female mice. *p=0.5.

3. Pregnancy and oncoprotection in genetic models of mammary cancer

3.1 Author contributions

I acknowledge the following people who assisted with this project. Mary Feigman performed the initial flow cytometry and histology experiments on the CAGMYC mice, and transplant experiments with the double transgenic CD1d KO CAGMYC mouse model. Chen Chen and City Yang generated the K5-Brcal KO mouse line. City Yang and Michael Ciccone maintained the mouse colony. Siran Li and Jude Kendall performed the whole genome DNA sequencing and CNV analyses. Matt Moss and Marygrace Trousdell analyzed the bulk RNA-seq data and generated the GSEA plots. Chen Chen performed the western blots on CAGMYC organoid cultures. J. Erby Wilkinson performed the histopathological analyses. Camila dos Santos oversaw the project, and participated in experimental design and data analyses.

3.2 A brief introduction to the GEMMs used in this section

3.2.1 The CAGMYC mouse model

To characterize the oncoprotective epigenetic changes induced by pregnancy, the dos Santos lab created a transgenic mouse strain (CAGMYC) of doxycycline (DOX) inducible *cMyc* overexpression as an oncogenic stressor. *Myc* is a key regulator of vital cellular processes such as growth, differentiation, proliferation, metabolism, and apoptosis. *Myc* deregulation has been widely shown to be associated with breast cancer progression and poor prognosis (Xu et al. 2010; Escot et al. 1986; Deming et al. 2000; Aulmann et al. 2002). We opted to use the CAGMYC model in which overexpression of *cMYC* is controlled by the CAG promoter, which is independent of pregnancy/lactation signals (Feigman et al. 2020), as opposed to classical promoters such as *MMTV*, *BLG*, and *WAP* as previously described. Pregnancy was found to elicit oncogenic protection in response to *cMYC* overexpression. Pre-pregnancy MECs showed abnormal growth, while post-pregnancy MECs resisted this phenotype and blocked malignant transformation.

Analysis of the pregnancy-induced epigenome revealed that genes that retained active histone marks (H3K27ac) after pregnancy, and are downregulated during re-exposure to pregnancy hormones, were associated with immune regulation. Further analysis of global gene expression of CAGMYC MECs demonstrated that post-pregnancy MECs have greater expression of genes associated with immune recruitment, thus suggesting that a full pregnancy cycle alters the communication between epithelial and immune cells. Here, we use this model to further understand epithelial-immune communication and cMyc driven oncogenesis.

3.2.2 The K5-CreERT2 *Brcal*^{fl/fl} p53^{-/+} (*Brcal* KO) mouse model

cMYC overexpression is present in approximately 60% of basal-like breast cancers, with *cMYC* gain of function commonly found in *BRCA1* mutated breast cancers (Chen and Olopade 2008; Grushko et al. 2004). Interestingly, women harboring *BRCA1* mutations with a full-term pregnancy before the age of 25 benefit from pregnancy-induced breast cancer protection (Medina 2009; Terry et al. 2018). Therefore, we developed an inducible mouse model of *Brcal* loss of function, for the purpose of investigating how pregnancy-induced changes influence *Brcal* null mammary tumor development.

In this model, tamoxifen (TAM) induces homozygous loss of *Brcal* function in cells that express the cytokeratin 5 gene (*Krt5*⁺ cells), which include MECs (dos Santos et al. 2013), cells from gastrointestinal tract (Sulahian et al. 2015), reproductive organs (Ricciardelli et al. 2017), and additional epithelial tissue (Castillo-Martin et al. 2010; Majumdar et al. 2012), in p53 heterozygous background (*Krt5*^{CRE-ERT2}*Brcal*^{fl/fl}p53^{-/+}, hereafter referred to as the *Brcal* KO mouse).

Nulliparous *Brcal* KO mice exhibited signs of mammary hyperplasia approximately 12 weeks post TAM treatment, which gradually progressed into mammary tumors at around 20 weeks after *Brcal* deletion (**Fig. 3-1 A-B**). *Brcal* KO mammary tumors display cellular and molecular features similar to those previously described in human breast tissue from *BRCA1* mutation carriers and animal models of *Brcal* loss of function, including high EGFR and KRT17 protein levels and altered copy number variation marked by gains and losses of genomic regions (Annunziato et al. 2019) (**Fig. 3-1 C-D**).

Figure 3-1

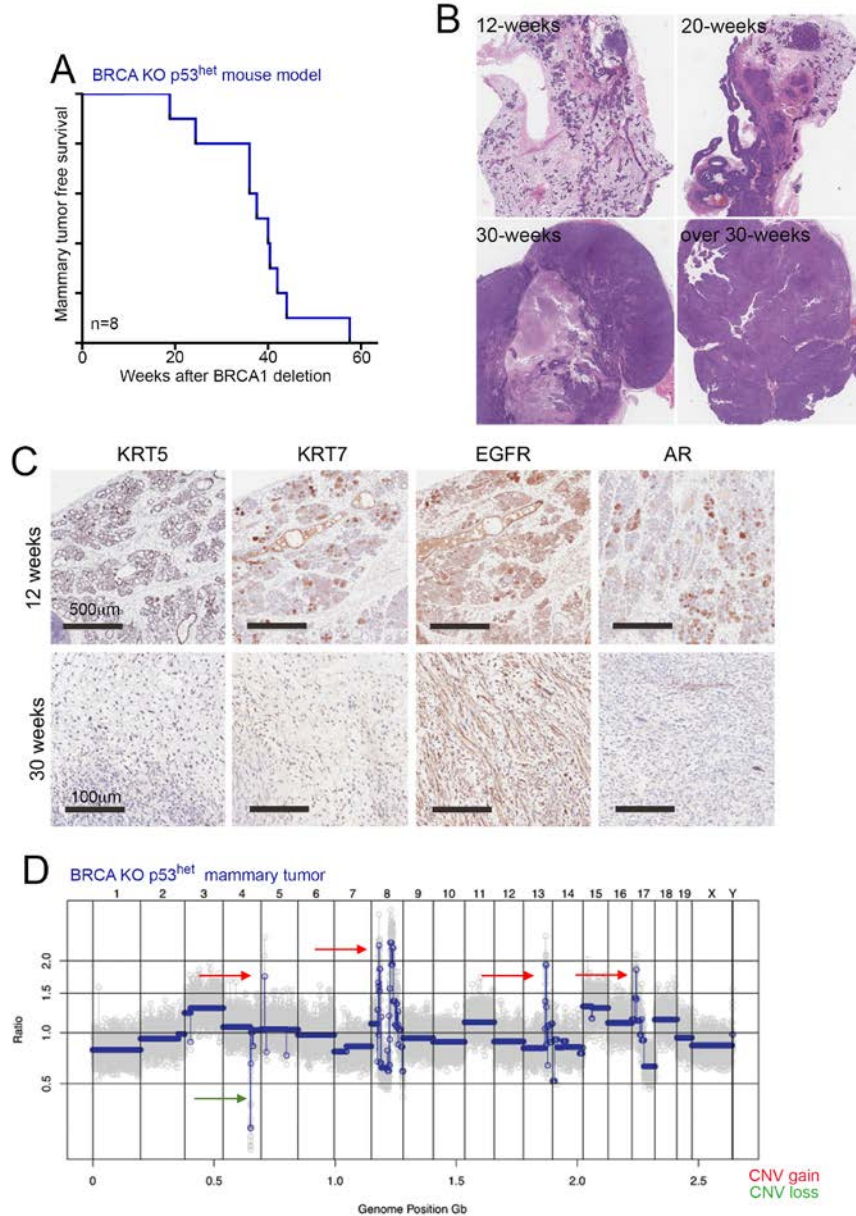


Figure 3-1 Characterization of *Krt5*^{CRE-ERT2}*Brca1*^{ko}*p53*^{het} (*Brca1* KO) mouse model.

(A) Tumor-free survival plot of nulliparous *Brca1* KO female mice in weeks after TAM-treatment (to induce *Brca1* deletion) (n=8).

(B) Mammary tissue and tumors from *Brca1* KO nulliparous female mice at specific time points after TAM-treatment.

(C) Immunohistochemistry (IHC) analysis of mammary tissue and tumors from *Brca1* KO nulliparous female mice for marker of basal-like mammary tumors KRT5, KRT7, EGFR and AR.

(D) Genomic segment plot showing Copy Number Variation (CNV) in mammary tumor from nulliparous *Brca1* KO female mice.

3.3 Results

Parity resulted in the expansion of a specific population of $\gamma\delta$ NKT cells in the mammary gland in response to the upregulation of surface CD1d on MECs, pointing to a mechanistic connection between pregnancy-associated MECs and immune cell biology. Pregnancy has also been demonstrated to induce molecular modifications to MECs associated with an oncogene-induced senescence response to cMyc overexpression, and thus suppression of MEC malignant transformation (Feigman et al. 2020). Therefore, we next investigated whether pregnancy-induced mammary cancer protection was associated with the expansion of NKT cells.

3.3.1 Lack of mammary oncogenesis is marked by NKT expansion and CD1d+ MECs in CAGMYC and Brca1 KO parous mice

Flow cytometry analysis of pre- and post-pregnancy mammary tissue from cMyc overexpressing female mice (DOX-treated, CAGMYC model) demonstrated a 1.5-fold increase in the abundance of total CD3+ T-cells (**Fig. 3-2 A**). CD3+ T-cell expansion was also observed in mammary tissue transplanted with CAGMYC post-pregnancy MECs and organoid cultures derived from post-pregnancy CAGMYC MECs, both conditions previously demonstrated to lack mammary oncogenesis, and therefore suggesting a link between pregnancy-induced tumorigenic inhibition and specific changes to the adaptive immune system (**Fig. 3-2 B-C**). This selective expansion of CD3+ T cells was further supported by the analysis of markers that define mammary resident neutrophils (Ly6G+) and macrophages (CD206+), which were largely unchanged in mammary tissue transplanted with either pre- or post-pregnancy CAGMYC MECs (**Fig. 3-2 B**).

Figure 3-2

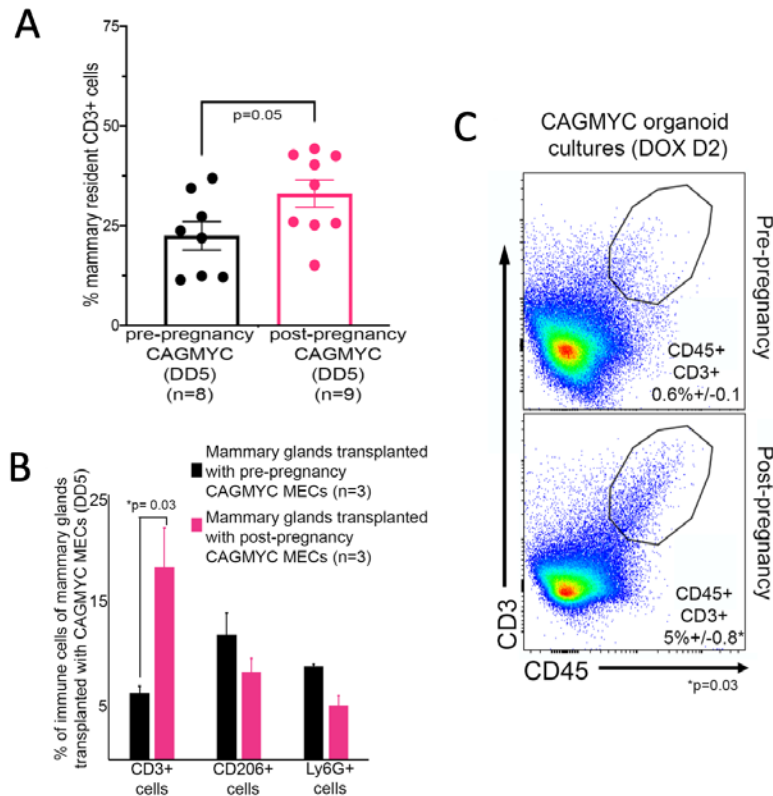


Figure 3-2 *The effects of cMYC-overexpression on pregnancy-induced immune changes and CD1d+ post-pregnancy MECs.*

(A) Quantification of CD3+ immune cell abundance in mammary tissue from DOX-treated (DD5), pre- and post-pregnancy CAGMYC female mice. n=8 nulliparous and n=9 parous female mice. p=0.05.

(B) Quantification of CD3+ (T/NKT cells), CD206+ (macrophages) and Ly6G+ (neutrophils) in mammary tissue of DOX-treated nulliparous female mice transplanted with pre-pregnancy CAGMYC MECs (black bars, n=3) or post-pregnancy CAGMYC MECs (pink bar, n=3) *p=0.03.

(C) Quantification of CD45+CD3+ immune cell abundance in DOX-treated (2-days), organoid cultures derived from pre-pregnancy CAGMYC mammary tissue (top panel, n=3) or from post-pregnancy CAGMYC mammary tissue (bottom panel, n=3) *p=0.03.

Further flow cytometry analysis identified a 6-fold increase in the percentage of NKT cells in mammary tissue from parous CAGMYC female mice, which predominantly expressed $\gamma\delta$ TCRs (**Fig. 3-3 A-B**). No change in the abundance of CD8⁺ T-cells or CD4⁺ T-cells was observed between mammary tissue from nulliparous and parous CAGMYC female mice, supporting the parity-induced expansion of $\gamma\delta$ NKT cells (**Fig. 3-3 C-D**), and suggesting that specific constituents of the mammary immune microenvironment may control tumorigenesis. In agreement, we also found a 5-fold higher percentage of CD1d⁺ luminal MECs in post-pregnancy mammary tissue, thus linking gain of CD1d expression and the expansion of $\gamma\delta$ TCR-expressing NKT cells, which may collectively play a role in blocking tumorigenesis (**Fig. 3-3 E**).

To investigate the effects of pregnancy on the mammary immune microenvironment and oncogenesis, age matched, TAM-treated, Brca1 KO nulliparous and parous (1 pregnancy, 21-days of gestation, 21-days of lactation/nursing, and 40-days post offspring weaning) female mice were monitored for tumor development (**Fig. 3-4 A**). Our study demonstrated that 100% of nulliparous Brca1 KO female mice (5 out of 5 mice) developed mammary tumors, compared to only 20% of the parous Brca1 KO female mice that developed mammary tumors (1 out of 5), thus indicating that a full pregnancy cycle decreases the frequency of Brca1 KO mammary tumors by 80% (**Fig. 3-4 B-C**).

Histopathological analysis suggested that pre-pregnancy mammary tumors were quite diverse, as previously reported for tumors from Brca1 KO mice (Brodie et al. 2001). These included poorly differentiated tumors, such as micro-lobular carcinomas with squamous trans-differentiation (**Fig. 3-4 C – top rows, far left panel**), medullary like carcinomas (**Fig. 3-4 C – top rows, right panel**), and solid carcinomas resembling high-grade invasive ductal carcinoma (IDC) in humans (**Fig. 3-4 C – top rows, left and far right panels**). Accordingly, the only tumor-bearing parous Brca1 KO female mouse developed a poorly differentiated carcinoma with extensive squamous trans-differentiation and with extensive necrosis, also previously reported for tumors from Brca1 KO mice (**Fig. 3-4 C – bottom rows, far right panels**). Additional histopathological analysis confirmed that mammary tissues from the remaining parous Brca1

KO female mice (4 out of 5) were largely normal (**Fig. 3-4 C – bottom rows, far left, left and right panels and Fig. 3-4 D**).

Figure 3-3

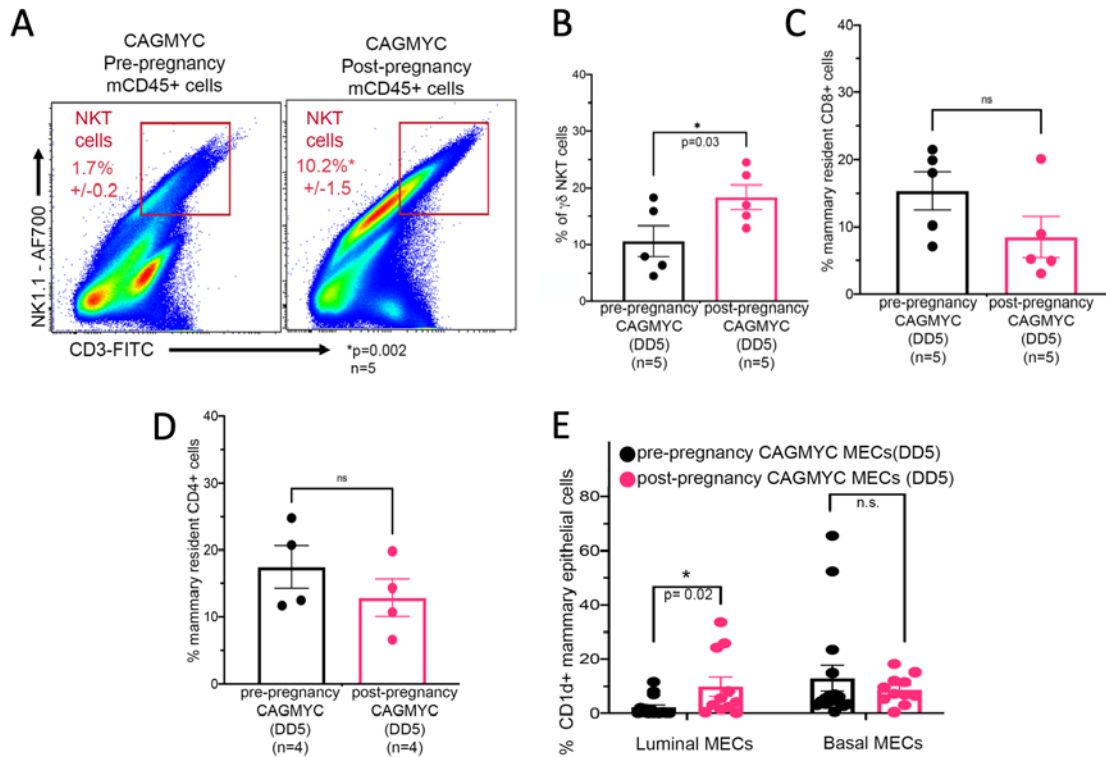


Figure 3-3 Lack of mammary oncogenesis is marked by NKT expansion and CD1d+ MECs in CAGMYC parous female mice.

(A) Flow cytometry analysis of mammary resident NKT cells (CD45+NK1.1+CD3+) from DOX-treated nulliparous (left panel, n=5) and parous (right panel, n=5) CAGMYC female mice. *p=0.002. (B) Flow cytometry quantification of CD1d+ luminal and myoepithelial MECs from DOX-treated nulliparous (left panel, n=16) and parous (right panel, n=11) CAGMYC female mice. *p=0.02.

(C) Quantification of $\gamma\delta$ TCR expression at the surface of NKT cells in mammary tissue from DOX-treated (DD5), pre- and post-pregnancy CAGMYC female mice. n=5 nulliparous and n=5 parous female mice. *p=0.03.

(D) Quantification of total CD8+ T-cells in mammary tissue from DOX-treated (DD5), pre- and post-pregnancy CAGMYC female mice. n=5 nulliparous and n=5 parous female mice. *p=0.24.

(E) Quantification of total CD4+ T-cells in mammary tissue from DOX-treated (DD5), pre- and post-pregnancy CAGMYC female mice. n=4 nulliparous and n=4 parous female mice. *p=0.41.

(F) Flow cytometry quantification of CD1d+ luminal and myoepithelial MECs from DOX-treated nulliparous (left panel, n=16) and parous (right panel, n=11) CAGMYC female mice. *p=0.02.

Figure 3-4

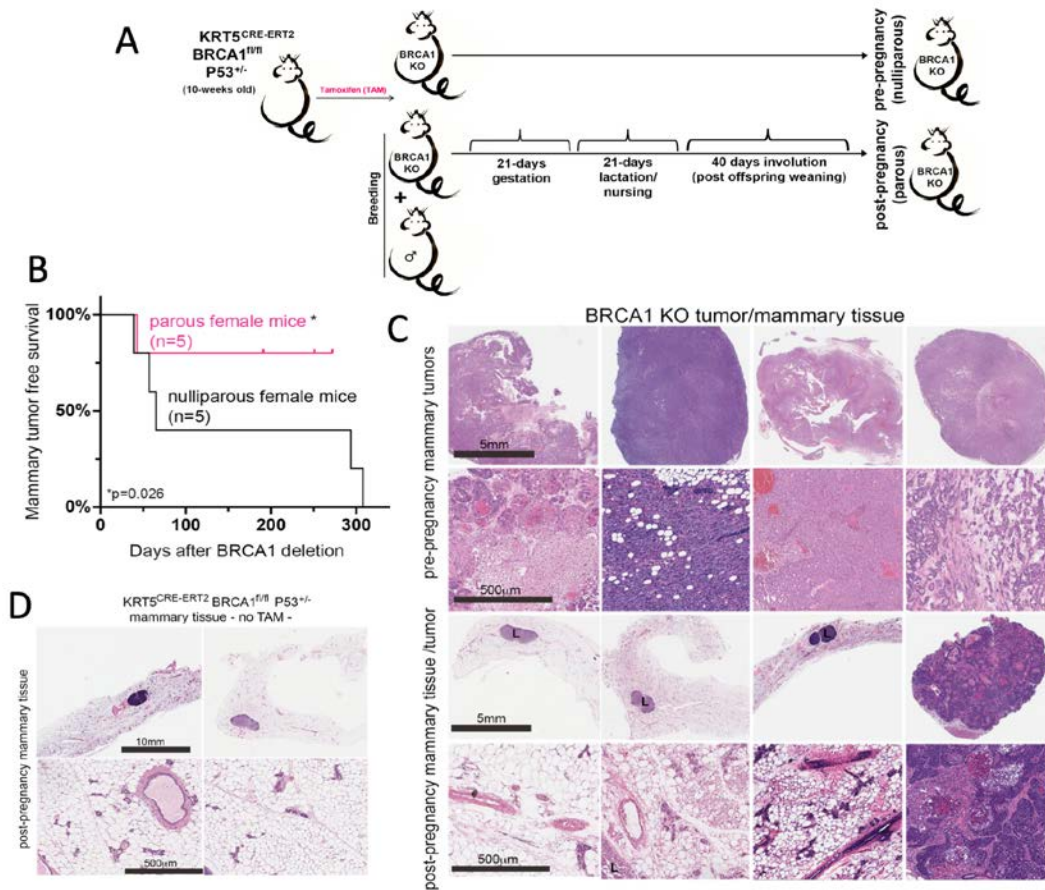


Figure 3-4 Pregnancy decreases the frequency of Brca1 KO mammary tumor development.

(A) Experimental approach showing the strategy for Brca1 deletion, and analysis of tumor development in pre- and post-pregnancy Brca1 KO female mice.

(B) Mammary tumor-free survival plot of nulliparous (black line, n=5) and parous (pink line, n=5) Brca1 KO female mice.

(C) H&E stained histological images from mammary tissue and mammary tumor harvested from nulliparous (top panels) and parous (bottom panels) Brca1 KO female mice. Scale: 5mm. Zoom-in panels, scale: 500µm.

(D) H&E histological images of normal mammary tissue harvested from parous, non-TAM treated, Krt5^{CRE-ERT2} Brca1^{fl/fl} p53^{het} (therefore Brca1 WT) female mice.

Immunofluorescence analysis confirmed that both pre-pregnancy mammary tumors and post-pregnancy normal mammary tissue were indeed deficient for Krt5+ Brca1+ epithelial cells, indicating that the lack of mammary tumors in parous female mice was not due to inefficient *Brca1* deletion (**Fig. 3-5 A**).

Flow cytometry analysis of *Brca1* KO MECs demonstrated a progressive loss of myoepithelial cells in tumor tissue from nulliparous (2.5-fold) and parous (2-fold) *Brca1* KO female mice, defined by an increase in the percentage of CD24^{high}CD29^{low} luminal-like MECs, (**Fig. 3-5 B**). These results suggest that tumor progression in this model is accompanied by changes to the population of CD24^{high} MECs, which has been associated with poor clinical outcomes in patients with triple negative breast cancer (Chan et al. 2019). Further cellular analysis indicated a 2.7-fold increase in the percentage of CD24^{high}/luminal CD1d+ cells in healthy, post-pregnancy *Brca1* KO mammary tissue compared to tissue from tumor-bearing nulliparous and parous *Brca1* KO mice, supporting that parity induces the expression of CD1d at the surface of MECs (**Fig. 3-5 C**).

Given the increased levels of CD1d expression at the surface of post-pregnancy *Brca1* KO MECs, we next investigated the presence of NKT cells in mammary tissue from nulliparous and parous *Brca1* KO female mice. Flow cytometry analysis demonstrated a 3.8-fold increase in the percentage of NKT cells in healthy, post-pregnancy *Brca1* KO mammary tissue compared to non-affected normal mammary tissue from tumor-bearing, nulliparous and parous *Brca1* KO mice (**Fig. 3-6 A-B**). Additional flow cytometry analysis demonstrated that approximately 70% of total NKT cells from healthy, post-pregnancy *Brca1* KO mammary tissue expressed $\gamma\delta$ TCR, in marked contrast to NKT cells from healthy (2.7%) and tumor mammary tissue (8.6%) from nulliparous *Brca1* KO mice (**Fig. 3-6 C**).

Collectively, our findings show that pregnancy-induced gain of CD1d expression at the surface of MECs and expansion of NKT cells associates with lack of mammary oncogenesis in response to cMyc overexpression or loss of *Brca1* function, thus supporting to the link between pregnancy-induced molecular changes, mammary tissue immune alteration, and inhibition of mammary tumorigenesis in clinically relevant mouse models.

Figure 3-5

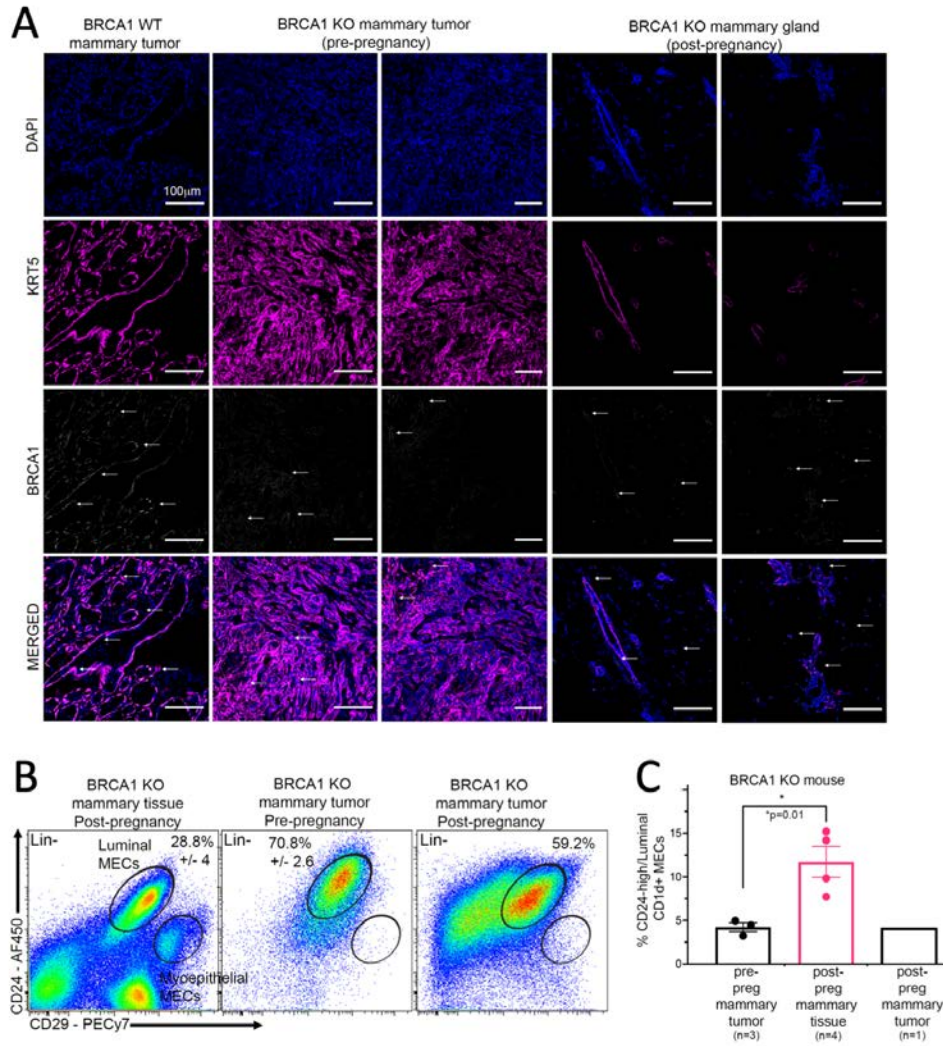


Figure 3-5 Lack of mammary oncogenesis is marked by increased *CD1d* expression on MECs in *Brcal* KO parous mammary tissue.

(A) Immunofluorescence analysis (IF) of BRCA1 protein levels (white signal) in mammary epithelial cells (KRT5+, pink signal) from *Brcal* WT mammary tumor (far left panels), pre-pregnancy *Brcal* KO mammary tumors (left and middle panels), and from normal mammary tissue from parous *Brcal* KO female mice (right and far right panels). Arrows indicate cells positive for BRCA1 and KRT5.

(B) FACS plots showing the abundance of luminal mammary epithelial MECs (CD24^{high}CD29^{low}) and myoepithelial mammary epithelial MECs (CD24^{low}CD29^{high}) in mammary tissue from parous *Brcal* KO female mice (left panel), mammary tumor from nulliparous *Brcal* female mice (middle panel), and mammary tumor from parous *Brcal* female mice (right panel).

(C) Flow cytometry quantification of CD1d⁺ CD24^{high} luminal MECs from *Brcal* KO pre-pregnancy mammary tumors (black bar, n=3), *Brcal* KO post-pregnancy healthy mammary tissue (pink bar, n=4), and *Brcal* KO post-pregnancy mammary tumor (blue bar, n=1). *p=0.02.

Figure 3-6

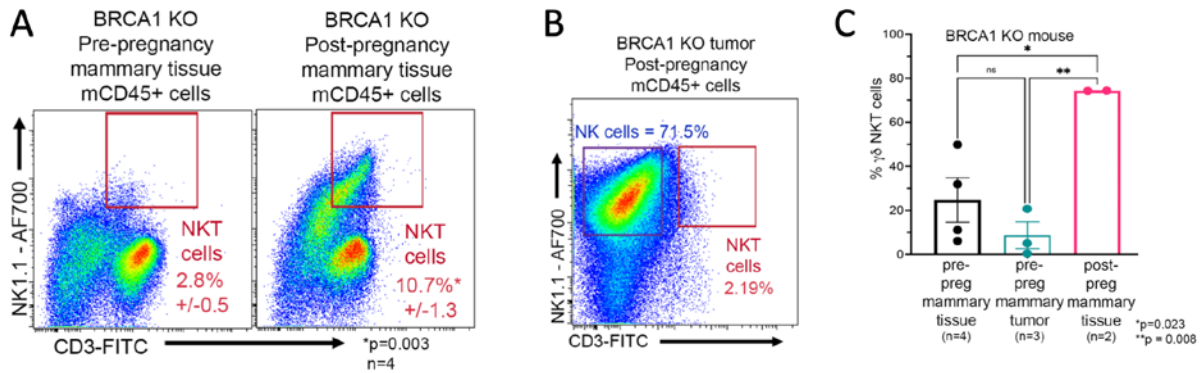


Figure 3-6 Lack of mammary oncogenesis is marked by NKT expansion in *Brca1* KO parous mammary tissue.

(A) Flow cytometry analysis of mammary resident NKT cells in normal mammary tissue from nulliparous, tumor-bearing, *Brca1* KO female mice (left panel, $n=4$) and normal mammary tissue from healthy parous *Brca1* KO female mice (right panel, $n=4$). * $p=0.003$.

(B) FACS plots showing the abundance of NKT cells in mammary tumors from parous *Brca1* KO female mice.

(C) Quantification of $\gamma\delta$ NKT cells in normal mammary tissue from nulliparous, tumor-bearing, *Brca1* KO female mice (black bar panel, $n=4$), in mammary tumor tissue from nulliparous *Brca1* KO female mice (blue bar, $n=3$), and in normal mammary tissue from healthy parous *Brca1* KO female mice (black bar panel, $n=2$). * $p=0.023$ and ** $p=0.008$.

3.3.2 Functionally active NKT cells are required to block malignant progression of post-pregnancy MECs

Given that we demonstrated that pregnancy-induced changes block mammary oncogenesis in two distinct models (**Fig. 3-3 and 3-4**), and that *cMyc* gain of function is commonly found in *Brca1* mutated breast cancers, we utilized the *cMyc* overexpression model to further characterize the effects of the immune microenvironment on the malignant progression of post-pregnancy MECs.

Analysis of fat-pad transplantations into severely immune deficient NOD/SCID female mice, which lack T-cells, B-cells, NK and NKT cells, indicated that 100% of mammary tissue injected with pre-pregnancy (n=5) or post-pregnancy (n=5) CAGMYC MECs developed adeno-squamous-like carcinomas with acellular lamellar keratin, high levels of cell proliferation (Ki67 staining), and increased collagen deposition (Trichrome blue staining) (**Fig. 3-7 A-C**). Therefore, NKT cells, or associated adaptive immune cells, are required for the parity associated protection from oncogenesis in the CAGMYC model.

Bulk RNA-seq analysis demonstrated that post-pregnancy CAGMYC MECs transplanted into the fat-pad of NOD/SCID female mice were less effective at activating the expression of canonical *cMyc* targets and estrogen response genes, compared to transplanted pre-pregnancy CAGMYC MECs, in agreement with the previously reported transcriptional state of post-pregnancy CAGMYC MECs (Feigman et al. 2020) (**Fig. 3-7 D**). We also found that organoid cultures derived from post-pregnancy CAGMYC MECs transplanted into NOD/SCID female mice retained a senescent-like state, characterized by reduced p300 protein levels and moderately increased p53 protein levels, in agreement with the previously reported senescent state of post-pregnancy CAGMYC MECs (Feigman et al. 2020) (**Fig. 3-7 E**). Together, these findings indicate that oncogenic progression of post-pregnancy CAGMYC MECs is associated with the immune deficient mammary microenvironment of NOD/SCID mice.

Figure 3-7

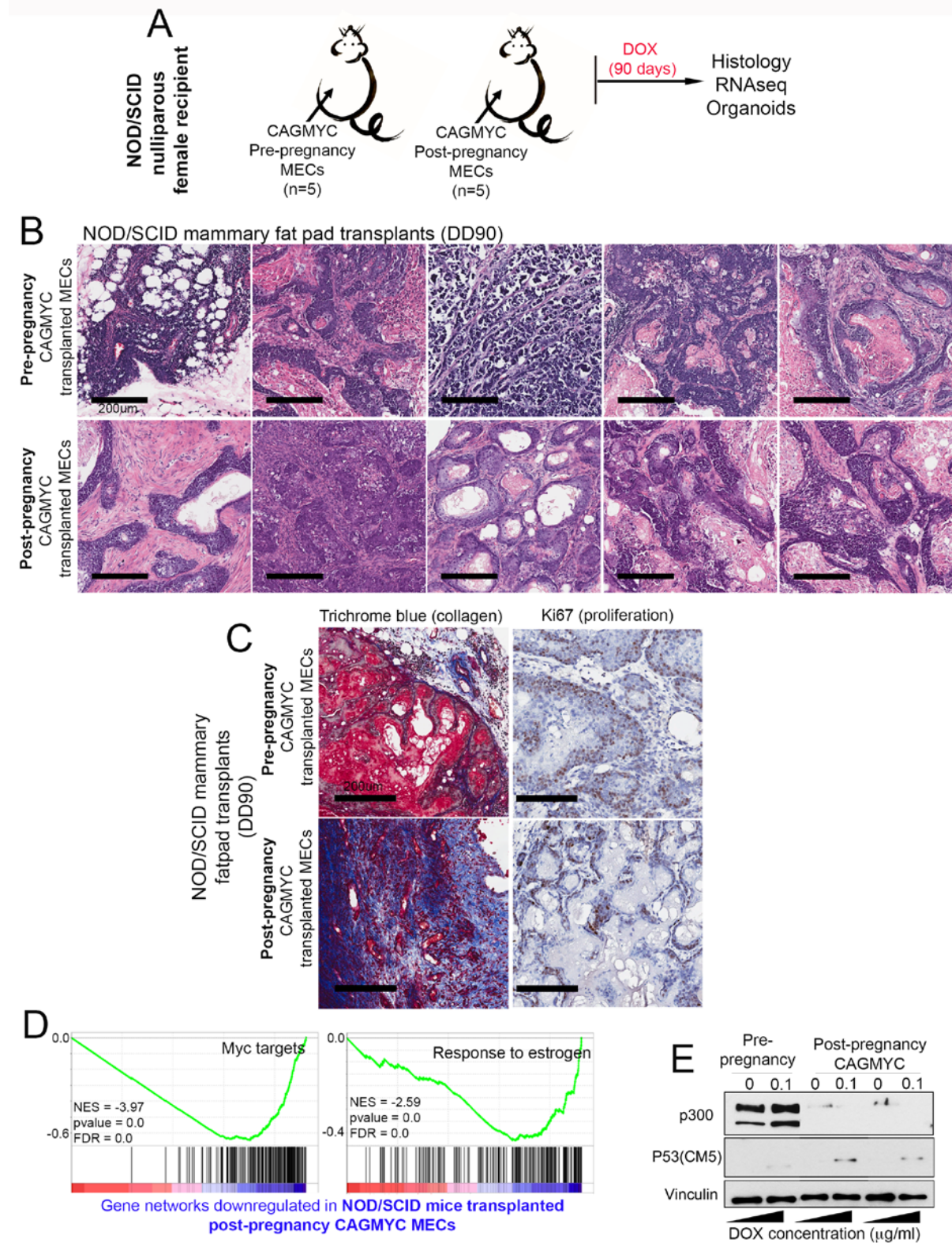


Figure 3-7 cMYC-overexpression induces oncogenesis of post-pregnancy MECs transplanted into NOD/SCID mammary fatpads.

(A) Experimental approach showing strategy for the transplantation of pre- and post-pregnancy CAGMYC MECs into the fatpad of nulliparous NOD/SCID female mice, and tissue analysis.

(B) H&E stained histology images from DOX-treated (DD90) NOD/SCID mammary tissue transplanted with pre- and post-pregnancy CAGMYC MECs. n=5 nulliparous and 5 parous female mice. Scale: 200 μ m.

(C) Immunohistochemistry (IHC) analysis of Masson's Trichrome levels (collagen deposition) and Ki67 levels (proliferation) in DOX-treated (DD90) NOD/SCID mammary tissue transplanted with pre- and post-pregnancy CAGMYC MECs. n=5 nulliparous and 5 parous female mice. Scale: 200 μ m.

(D) Gene set enrichment analysis of gene networks down-regulated in NOD/SCID mice transplanted with post-pregnancy CAGMYC MECs.

(E) Western blot of p300, and p53 proteins in organoid cultures derived from NOD/SCID transplanted pre- and post-pregnancy CAGMYC tumor cells, with and without DOX treatment (2 days). Vinculin protein levels were used as endogenous control.

While our investigation of post-pregnancy CAGMYC MECs that were transplanted into the mammary tissue of immunosuppressed animals alluded to the importance of a robust immune system in blocking mammary tumorigenesis, it did not uncouple whether functionally active NKT cells, or CD1d expression at the surface of MECs, act to block oncogenesis in post-pregnancy mammary tissue. To determine whether signaling between CD1d+ MECs and NKT cells is critical for the development of mammary oncogenesis after pregnancy, we developed a double transgenic mouse model, by crossing the DOX-inducible CAGMYC mice into a CD1d KO background, hereafter referred as CAGMYC CD1d KO.

Tissue histology analysis indicated that mammary tissue from DOX-treated, nulliparous and parous CAGMYC CD1d KO female mice showed signs of tissue hyperplasia with atypia and abnormal ductal structures, demonstrating that loss of Cd1d expression is accompanied by mammary oncogenesis in a parity-independent fashion (**Fig. 3-8 A, left and far right panels and Fig. 3-8 B**). Conversely, analysis of DOX-treated, CAGMYC CD1d WT mice showed that mammary tissue from parous female mice lacked malignant lesions in response to cMyc overexpression (**Fig. 3-8 A, right panels and Fig. 3-8 B**). Flow cytometry analysis showed a lack of NKT cells in mammary tissue from both nulliparous and parous CAGMYC CD1d KO female mice, in marked contrast to the observed expansion of $\gamma\delta$ NKT cells in healthy post-pregnancy CAGMYC CD1d WT mammary glands that lacked tissue hyperplasia suggesting that CD1d expression may control pregnancy-induced expansion/activation of NKTs, and thus block mammary tumorigenesis. (**Fig. 3-8 C and Fig. 3-3 A**).

Figure 3-8

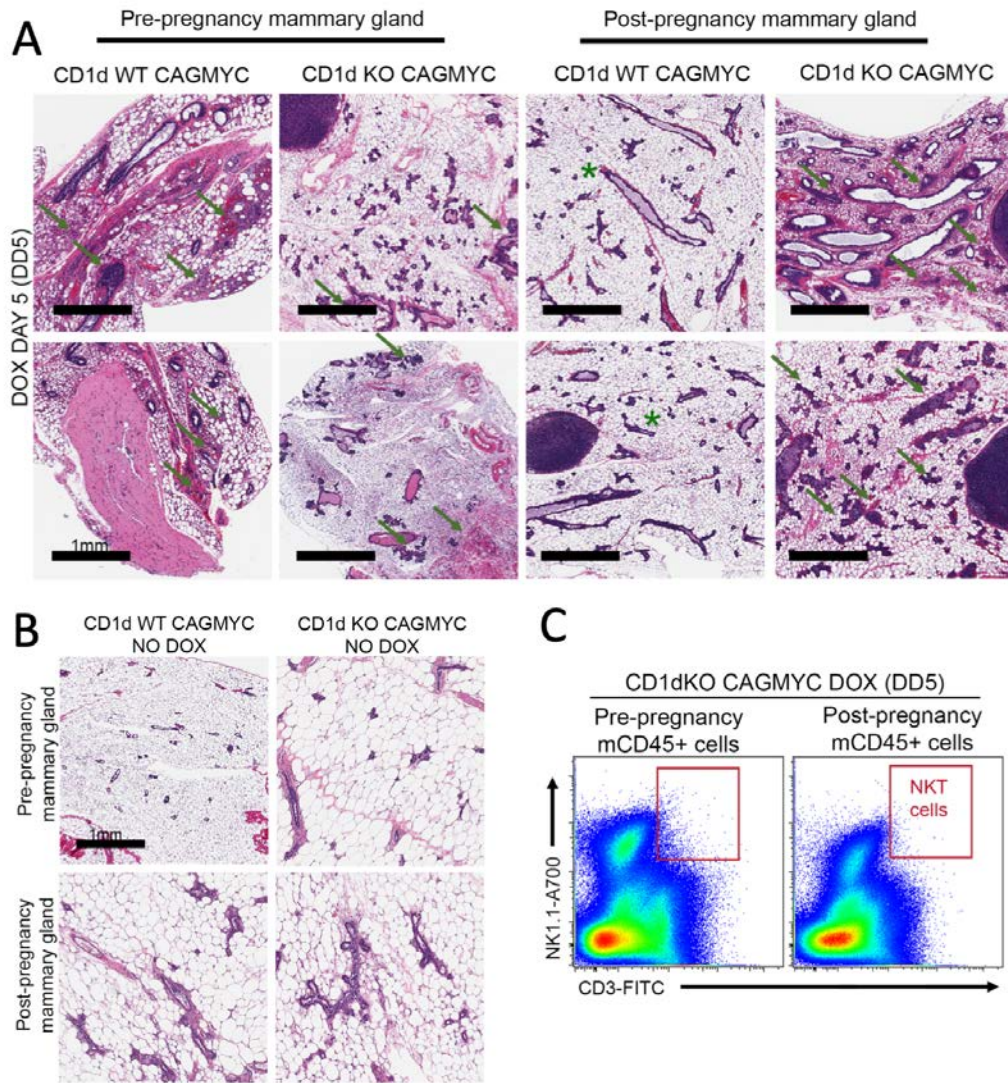


Figure 3-8 Functionally active NKT cells are required to block malignant progression of post-pregnancy MECs.

(A) H&E stained histological images of mammary tissue harvested from DOX-treated (DD5), nulliparous CD1d WT CAGMYC (far left panels), nulliparous CD1d KO CAGMYC (left panels), parous CD1d WT CAGMYC (right panels), and parous CD1d KO CAGMYC (far right panels) female mice. Green arrows indicate signs of malignant lesions/mammary hyperplasia. Green asterisks indicate normal-like ductal structures. Scale: 1mm.

(B) H&E stained histology images from mammary tissue from pre- and post-pregnancy CD1d WT CAGMYC and CD1d KO CAGMYC female mice without DOX treatment. Scale: 1mm.

(C) Flow cytometry analysis of mammary resident NKT cells harvested from pre- and post-pregnancy CD1d KO CAGMYC female mice (DOX D5).

To further determine whether loss of CD1d expression underlies the malignant transformation of post-pregnancy CAGMYC MECs, we performed mammary transplantation assays of CAGMYC CD1d KO MECs into the fat-pad of syngeneic animals (CD1d WT female mice). We found that 100% of mammary tissue injected with pre-pregnancy CAGMYC CD1d KO MECs and 70% of mammary glands injected with post-pregnancy CAGMYC CD1d KO MECs developed signs of malignant lesions, supporting that the loss of CD1d expression impacts pregnancy-induced breast cancer protection (**Fig. 3-9 A - black font**, and **Fig. 3-9 B-C**). This last observation was in marked contrast to the finding in glands injected with post-pregnancy CAGMYC CD1d WT MECs which, as previously reported, did not present signs of malignant transformation (Feigman et al. 2020) (**Fig. 3-9 A, blue font and Fig. 3-9 D-E**).

Altogether, these results suggest that loss of CD1d, with concomitant loss of pregnancy-induced expansion of NKT cells, supports the development of mammary malignant lesions, independently of parity. Moreover, our study elucidates that parity blocks the malignant transformation of MECs, both by inducing cell-autonomous, epigenetic alterations within the MECs, and non-autonomous, communication between CD1d+ MECs cells and NKT cells in the mammary gland.

Figure 3-9

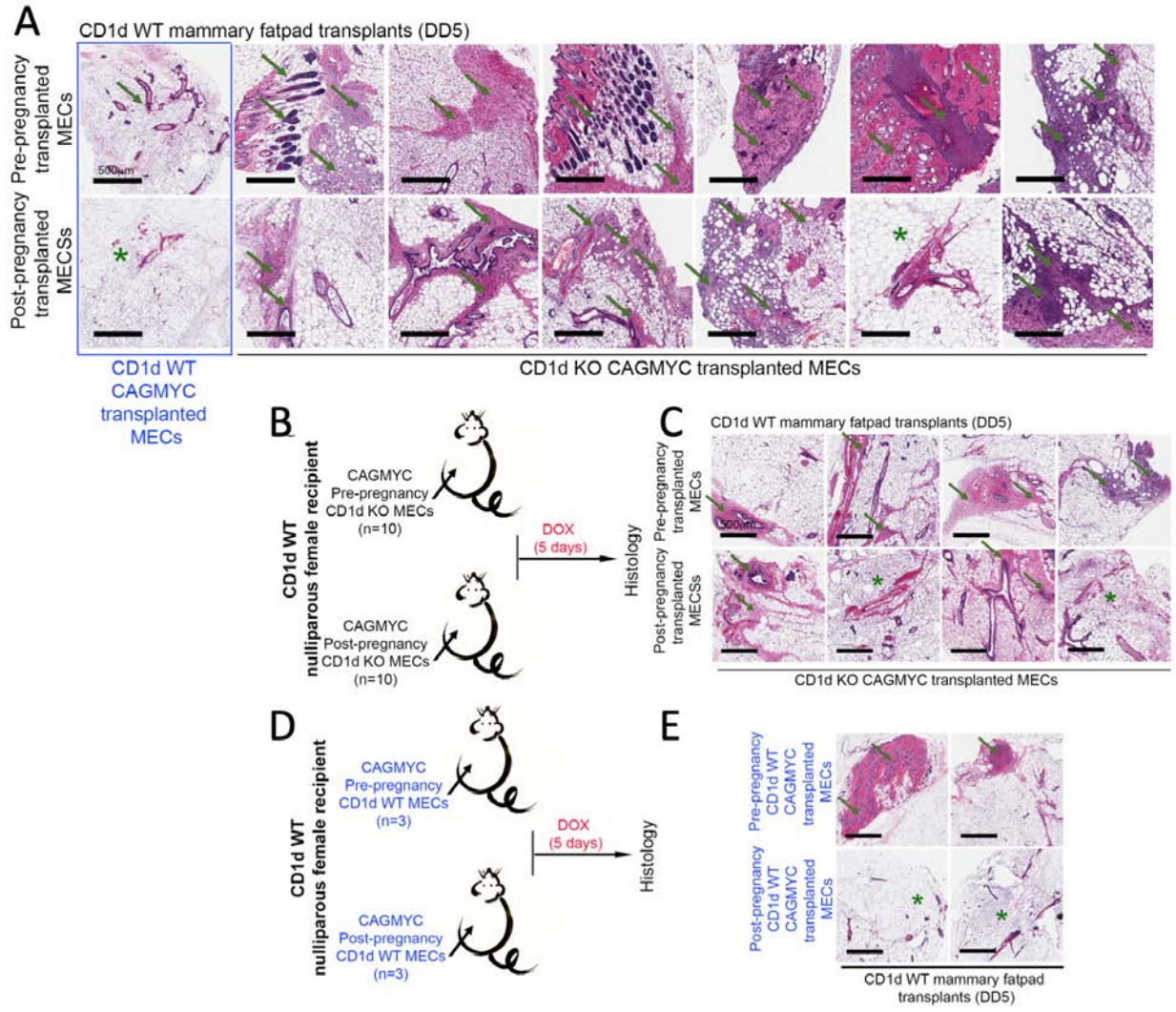


Figure 3-9 Loss of CD1d expression supports the malignant transformation and oncogenesis of post-pregnancy CAGMYC MECs.

(A) H&E stained histological images of DOX-treated, CD1d WT mammary tissue transplanted with pre-pregnancy CD1d WT CAGMYC MECs (blue font, top far left panel), pre-pregnancy CD1d KO CAGMYC MECs (black font, top panel), post-pregnancy CD1d WT CAGMYC MECs (blue font, bottom far left panel), or post-pregnancy CD1d KO CAGMYC MECs (black font, bottom panel). Green arrows indicate signs of malignant lesions/mammary hyperplasia. Green asterisks indicate normal-like ductal structures. Scale: 500 μ m.

(B) Experimental approach showing the strategy for the transplantation of pre- and post-pregnancy CD1d KO CAGMYC MECs into the fatpad of nulliparous CD1d WT female mice, and tissue analysis.

(C) H&E stained histology images from mammary tissue from DOX-treated (DD5) CD1d WT nulliparous female mice transplanted with pre- and post-pregnancy CD1d KO CAGMYC MECs. Scale: 500 μ m.

(D) Experimental approach showing the strategy for the transplantation of pre- and post-pregnancy CD1d WT CAGMYC MECs into the fatpad of nulliparous CD1d WT female mice, and tissue analysis.

(E) H&E stained histology images from mammary tissue from DOX-treated (DD5) CD1d WT nulliparous female mice transplanted with pre- and post-pregnancy CD1d WT CAGMYC MECs. Scale: 500 μ m. Green arrows indicate signs of malignant lesions/mammary hyperplasia. Green asterisks indicate normal-like ductal structures.

4. Establishing an *in vitro* system to reprogram and assay pregnancy naïve MECs

4.1 Author contributions

I acknowledge the following people who assisted with this project. James Rail and Michael Ciccone performed the screen for CD1d inducing compounds *in vitro* in organoids. Charlie Chung provided an early protocol which was the basis for the organoid-immune cell co-culture imaging system, and helped with troubleshooting the analysis pipeline. Mackenzie Callaway provided critical feedback. Erika Wee from the CSHL Microscopy Shared Resource provided training and assisted during the setup of the imaging assays. Camila dos Santos oversaw the project, and participated in experimental design and data analyses.

4.2 Introduction

Given that our results indicate that pregnancy can induce an expansion of $\gamma\delta$ NKTs, and inhibit mammary oncogenesis in the presence of CD1d expression, we sought to understand ways in which we could extend the pregnancy protection to never pregnant conditions.

We hypothesized that inducing CD1d expression in MECs could eventually support the expansion of NKT cells. We also wanted to further understand the specific $\gamma\delta$ chains that were more abundant in parous NKT cells. Our long term goal with this is to make engineered NKT cells that specifically express the $\gamma\delta$ TCRs that provide pregnancy protection, and to edit epithelial cells to express more CD1d in order to attract these NKT cells and enhance their oncoprotective effect.

We started developing *in vitro* assays in order to assess any changes in cytotoxicity of mammary resident immune cells after pregnancy. The reasoning behind this was twofold – we would be able to pinpoint immune cells involved in pregnancy protection against oncogenesis, and we would be able to use the assay as a platform to screen engineered NKT cells in the future.

4.3 Results

4.3.1 Pregnancy hormones are the most effective inducers of CD1d expression on MECs and may increase NKT abundance *in vivo*

We set up a low throughput screening assay to search for chemical compounds or culturing conditions that would increase the expression of CD1d at the surface of MECs. 3D organoid cultures derived from mammary tissue from never pregnant female mice were treated with a series of compounds previously described to induce CD1d expression in other model systems (**Table 4-1**) (Brutkiewicz 2006; Zhou et al. 2004; Jahng et al. 2004; Wu et al. 2003; Amprey et al. 2004; Maira et al. 2012; Li et al. 2010). Treated organoid cultures were then harvested and CD1d expression at the surface of MECs was quantified by flow cytometry. Based on the expression of CD1d via flow cytometry, pregnancy hormones appear to be the most efficient in inducing CD1d expression on the surface of MECs, once again linking pregnancy signals with induction of CD1d at the surface of MECs (**Fig. 4-1 A**). Additionally, we determined that the timepoint for maximal CD1d induction by pregnancy hormones at the surface of MECs to be 48 hours of culturing in media with hormones (**Fig. 4-1 B**).

In order to understand whether increased CD1d expression due to exposure of MECs to pregnancy hormones is sufficient to cause an increase in NKT cell abundance in mammary glands, we transplanted organoids treated with pregnancy hormones into the mammary glands of 8 week old wild-type Balb/C mice, in addition to untreated organoids, and a matrigel only control. 3 weeks post-transplant, we harvested mammary gland tissues and analyzed the abundance of NKT cells. This approach was chosen with the goal to allow organoid cultures grown with pregnancy hormones to involute from their exposure to pregnancy hormones, thus mimicking a mammary developmental program where NKTs became expanded.

Table 4-1 CD1d inducing compounds used in the screen, related to Figure 4-1

Estrogen, Progesterone, Prolactin (EPP)	(Ciccone et al. 2020)
18:0(2R-OH) SulfoGalCer (Sulfatide)	(Brutkiewicz 2006; Jahng et al. 2004)
18:0(2S-OH) SulfoGalCer (PC)	
Dactolisib (BEZ-235)	(Shissler and Webb 2019; Maira et al. 2012)
Buparlisib (BKM-120)	
7DW8-5	(Li et al. 2010)
C17:0 Globotriaosylceramide (GB3)	(Brutkiewicz 2006)
Ganglioside GD3 (Bovine Milk)	
Ganglioside GM3 (Bovine Milk)	
15:0 Lyso PG-d5 (15:0 LPG)	(Amprey et al. 2004)
17:0 Lyso PG-d5 (17:0 LPG)	
19:0 Lyso PG-d5 (19:0 LPG)	

Figure 4-1

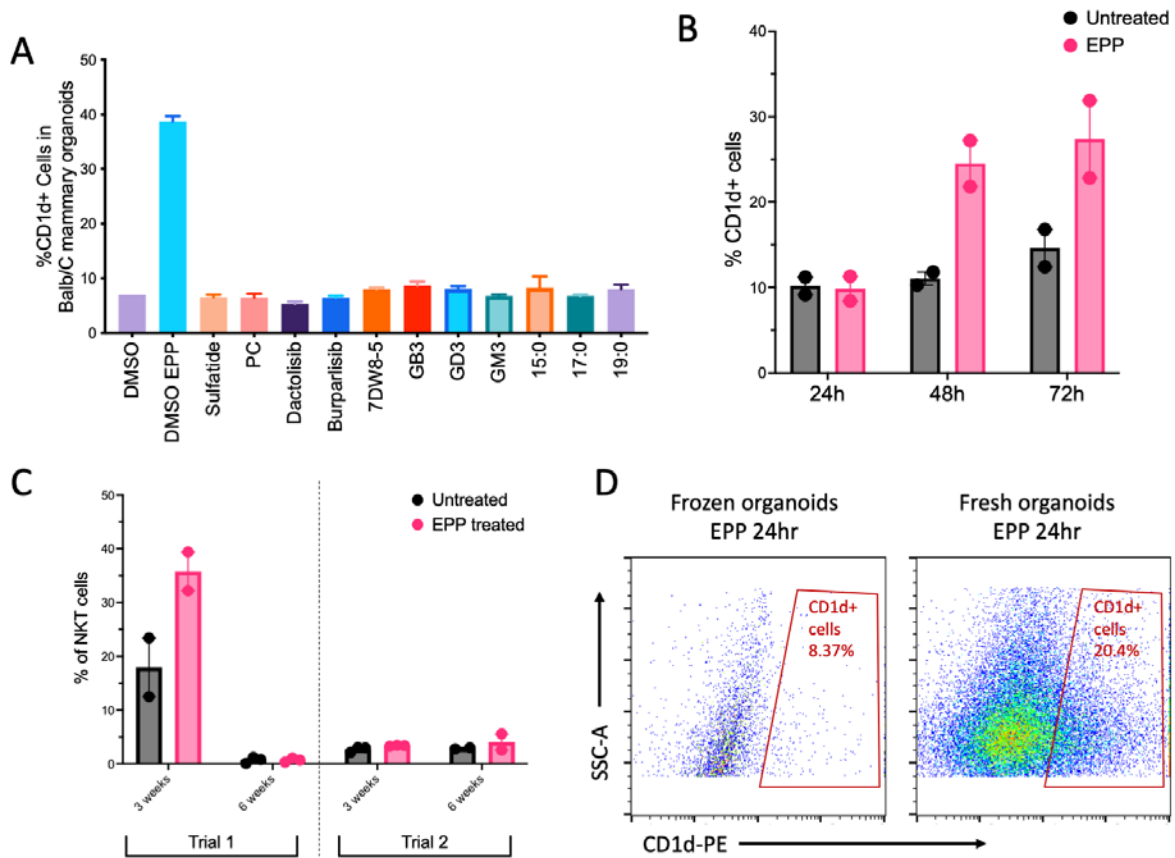


Figure 4-1 Pregnancy hormones induce an increased CD1d expression on the surface of MECs in mammary organoid cultures derived from healthy Balb/C mice.

(A) Flow cytometry quantification of CD1d expression on the surface of mammary organoids cultured with CD1d-inducing treatments.

(B) Flow cytometry quantification of CD1d expression on the surface of control untreated mammary organoids (black) and those cultured with pregnancy hormones (EPP – pink) at 24hr, 48hr, and 72hr of treatment.

(C) Flow cytometry quantification of NKT cells from mammary glands of mice transplanted with cultured, untreated organoids (black) or organoids treated with pregnancy hormones (EPP – pink). Two independent trials of the experiment are shown.

(D) Flow cytometry quantification of CD1d at the surface of MECs from frozen organoids from healthy Balb/C mice (left), or freshly obtained organoids from age-matched healthy Balb/C mice (right).

Our preliminary results confirmed that exposure of organoids to pregnancy hormones induces an expansion in the NKT cell population in the transplanted mammary glands at 3 weeks after transplanting. But this expansion disappears by 6 weeks post-transplant (**Fig. 4-1 C, left**) – indicating that serial infusions of treated cells might be necessary to keep the NKT cells around in the transplanted glands. Interestingly, when we attempted to repeat this experiment, we were unable to recapitulate the same results (**Fig. 4-1 C, right**).

It has been shown that freeze-thaw cycles of mammary tumor tissue can affect the overall epithelial cell profiles (Le Gallo et al. 2018). We used frozen organoids in our second experiment but fresh isolated organoids the first time. We hypothesized that this could be affecting how the cells react to pregnancy hormone treatment. We tested this hypothesis by treating freshly obtained organoids and frozen organoids from healthy Balb/c mice with pregnancy hormones and measuring CD1d expression via flow cytometry. And indeed, the overall viability and health of cells from frozen organoids was much lower and the freshly isolated organoids seemed to express CD1d more robustly after exposure to pregnancy hormones (**Fig. 4-1 D**).

4.3.2 Post-pregnancy immune cells exhibit an enhanced ability to induce cell death in Brca1 KO tumor organoids

To determine whether pregnancy enhances the overall cytotoxic abilities of mammary resident immune cells, we isolated pre- and post-pregnancy NKT cells (CD3⁺ NK1.1⁺) from mammary glands by magnetic bead aided separation (MACS). We placed these in 2D culture with Brca1 KO tumor cells (primary tumor cells from our mouse model described previously), and assayed Caspase 3/7 activity by flow cytometry using the Magic Red Caspase 3/7 Assay kit (Abcam) after 24 hours of co-culture. However, we did not notice any differences in the Caspase activity caused by pre- and post-pregnancy NKT cells in this system (**Fig. 4-2 A**). Interestingly, we noted that most of the NKT cells seemed to be dying while being processed for flow cytometry, as the co-culture needed to be dissociated into single cells by enzymatic digestion (**Fig. 4-2 B**). Moreover, 2D culture does not truly recapitulate how immune cells would interact

with MECs *in vivo*. Finally, NKT cells might need other immune cells and/or CD1d expression, or other environmental cues that we cannot reproduce in 2D culture.

Figure 4-2

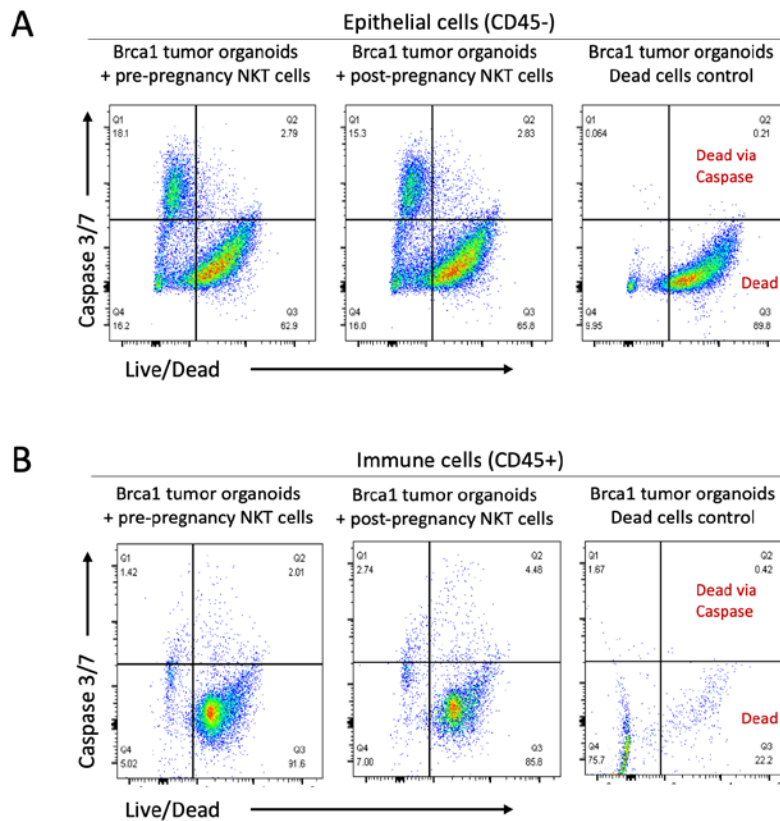


Figure 4-2 2D co-culture of primary tumor organoids with primary NKT cells is not an informative system to assess changes in NKT cytotoxicity

Flow cytometry analysis of Caspase 3/7 mediated killing of 2D cultured Brca1 tumor organoids by NKT cells isolated from pre- or post-pregnancy wild-type mice (n=2 per condition) showing NKT mediated killing represented in gate Q2.

(A) epithelial cells from the co-culture (CD45-)

(B) NKT cells from the co-culture (CD45+).

Based on these observations, we determined that a 3D co-culture system in Matrigel medium that we use to culture mammary organoids would be a better system. For this assay, tumor cells and immune cells were labeled with different fluorescent dyes (non-specific binding) and then plated together in a glass-bottom imaging plate with a Caspase 3/7 substrate in the culture media. Sequential images were captured to track the progression of colocalization of immune cells with tumor cells and killing on a spinning-disk confocal microscope (**Fig. 4-3 A**). This is a more direct readout of the killing ability and motility of immune cells than measuring Caspase 3/7 activity by flow cytometry, where there is no direct visualization of the interaction between the epithelial and immune cells.

An increase in colocalization of immune cells (green) with tumor cells (red) can be observed in the case of post-pregnancy immune cells at the peak of cell death (**Fig. 4-3 B**). Quantifying the relative colocalization of red fluorescence (tumor cells) with blue fluorescence (Caspase activity – i.e. cell death), shows that post-pregnancy immune cells elicit an increased rate of cell death in the tumor organoids (**Fig. 4-3 C**).

Though preliminary observations, our results from this section have the potential to be used as a therapeutic avenue to increase immune surveillance and curb oncogenesis in pregnancy naïve mammary glands. Once optimized to be reproducible, we can use our transgenic models of mammary oncogenesis to understand the protective potential of MECs treated with pregnancy hormones. We can also investigate whether combining treated MECs with immune cells from post-pregnancy mammary glands would be an effective intervention to arrest and/or cause regression in tumor growth.

Figure 4-3

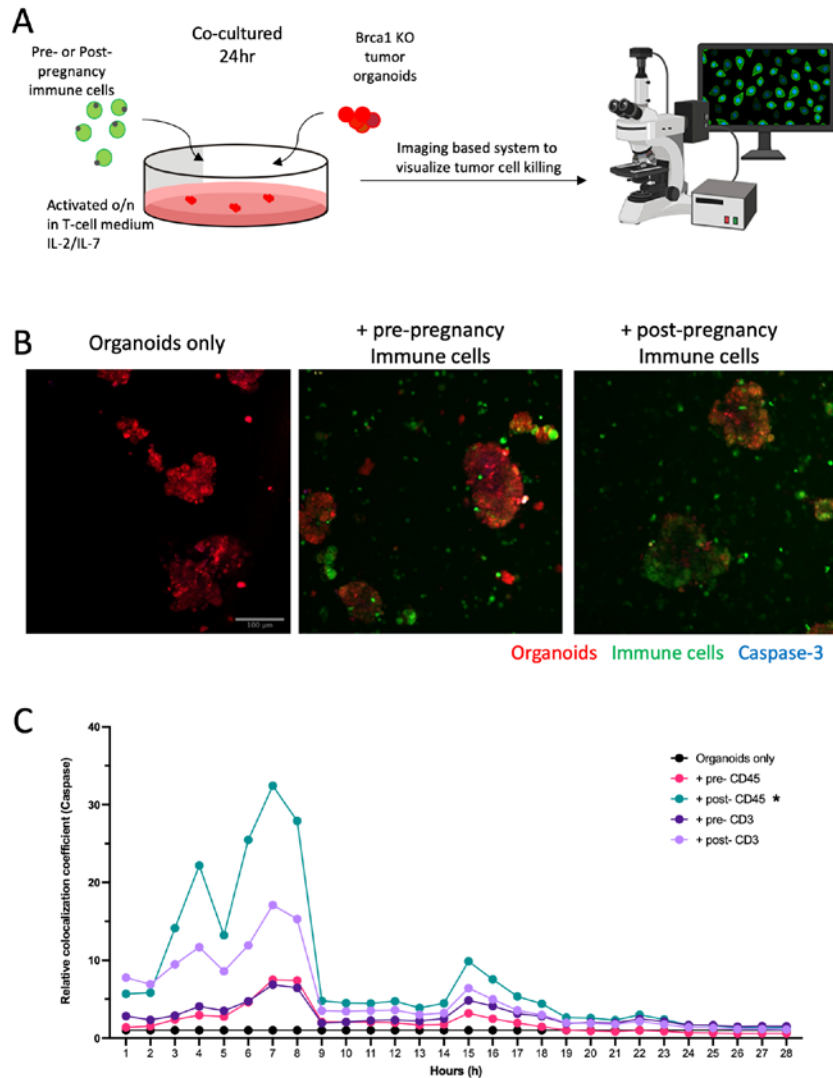


Figure 4-3 3D co-culture of primary tumor organoids with primary immune cells shows increased cell death caused by post-pregnancy immune cells

(A) Schematic of the 3D co-culture live imaging setup. Fluorescently labeled *Brca1* KO tumor organoids (red) and mammary resident immune cells (green) are mixed in an imaging medium containing a Caspase 3/7 substrate (blue) and serially imaged over 28 hours.

(B) Representative images demonstrating increased colocalization of post-pregnancy immune cells with *Brca1* KO tumor organoids at 6hr of co-culture. Scale: 100μm.

(C) Relative colocalization (normalized to organoids only) of Red/Blue for Caspase activity. Post-pregnancy immune cells cause an increased rate of cell death.

5. Conclusions and Perspectives

Our findings suggest that post-pregnancy mammary homeostasis does not rely on the presence of $\gamma\delta$ NKT cells, given the largely normal histology and cellular content of mammary tissue in mice deficient for this cell type. It is possible that NKT cells expand in response to the re-setting of whole-body immunity post-partum, with the child-bearing event providing signals that alter antigens across all maternal tissues as well as expanding specific immune cell populations. $\gamma\delta$ NKT cells have been found in the pregnant uterus across many mammalian species, linking NKT specialization and the pregnancy cycle (Mincheva-Nilsson 2003). Our results support that the expansion of NKT cells was predominantly observed in post-lactating, post-involution tissue, thus suggesting that the immune reprogramming of mammary tissue takes place after giving birth. In addition to the NKT cell population expansion, parity also promotes a modification of the TCR repertoire in NKT cells. $\gamma\delta$ T-cells reside within the normal breast, and their presence has been associated with a better prognosis during triple-negative breast cancer development (Wu et al. 2019b). Here we report that pregnancy-induced changes in TCR expression was specific to NKT cells, given that we did not find pregnancy-induced TCR rearrangements in CD8+NK1.1- immune cells, pointing to the specific engagement of NKT-lineages during pregnancy-induced mammary development.

Several other immune subtypes have been described to be enriched in mammary tissue during gestation, lactation and involution stages of mammary gland development. These studies identified alterations in leukocyte interaction with mammary ductal structures, as well to specific transcriptional changes, suggesting that cell interaction and cellular identity of mammary resident cells are affected by pregnancy-induced development (Dawson et al. 2020; Hitchcock et al. 2020). Our analysis of leukocytes, specifically macrophages and neutrophils, did not show alterations in cell abundance either in from healthy parous murine mammary tissue or in post-pregnant CAGMYC mammary tissue lacking malignant lesions. Moreover, we found that CD1d expression on the surface of total CD45+ mammary resident immune cells were not altered by parity, thus supporting a role for post-pregnancy CD1d+ MECs in regulating CD1d-dependent NKT cells. However, given that leukocytes have been implicated in the activation of NKT cells

(Macho-Fernandez and Brigl 2015; Rizvi et al. 2015), it is possible that molecular alterations, rather than changes to cellular abundance or antigen presentation, could play a role in inducing or sustaining the population of NKT cells in post-pregnancy mammary tissue.

Our studies also provide evidence linking pregnancy-induced immune changes with the inhibition of mammary oncogenesis. Our previous research focused on how post-pregnancy MECs assume a senescence-like state in response to cMyc overexpression, an oncogene-induced response that activates the immune system via the expression of senescence-associated genes (Braig and Schmitt 2006). Here, we found that CD1d expression at the surface of post-pregnancy MECs, and the presence of $\gamma\delta$ NKT cells were linked with the inhibition of mammary oncogenesis in two independent models of breast cancer, illustrating how epithelial and immune cells communicate to support pregnancy-induced mammary cancer prevention. Given that NKT cells were previously shown to interact with senescent cells, it is possible that pregnancy-induced activation of CD1d expression and NKT cell expansion represent additional responses to oncogene-induced cellular senescence (Kale et al. 2020).

Women completing a full-term pregnancy before the age of 25 have a substantially reduced breast cancer risk, by approximately one-third (Medina 2009). This benefit applies to the risk of all breast cancer subtypes, including those from women harboring *BRCA1* mutations (Terry et al. 2018). Thus, our findings supporting a role for pregnancy in inhibiting the development of Brca1 KO mammary tumors lends a clinical relevance to our studies. Interestingly, the mammary tumor from parous Brca1 KO female mouse was associated with low abundance of $\gamma\delta$ NKT cells and CD1d+ MECs, suggesting that loss of the pregnancy-induced epithelial to immune microenvironment communication may support mammary tumorigenesis. In agreement, the genetically engineered loss of CD1d expression, with a consequent deficiency in activated NKTs, supported the malignant progression of cMyc overexpressing MECs, further illustrating a link between epithelial and immune cells in supporting pregnancy-induced mammary cancer prevention.

Finally, our studies are the first to attempt to induce pregnancy-associated changes to MECs with the long term goal to use them in a therapeutic setting to improve immune surveillance in pregnancy naïve mammary glands. This, in combination with our live imaging experimental setup, can be further exploited to study epithelial-immune interactions *in vitro* to understand the roles of individual types of immune cells in the mammary microenvironment. Understanding the causal factors of pregnancy-associated oncoprotection will enable us to translate this into future therapies against breast malignancies.

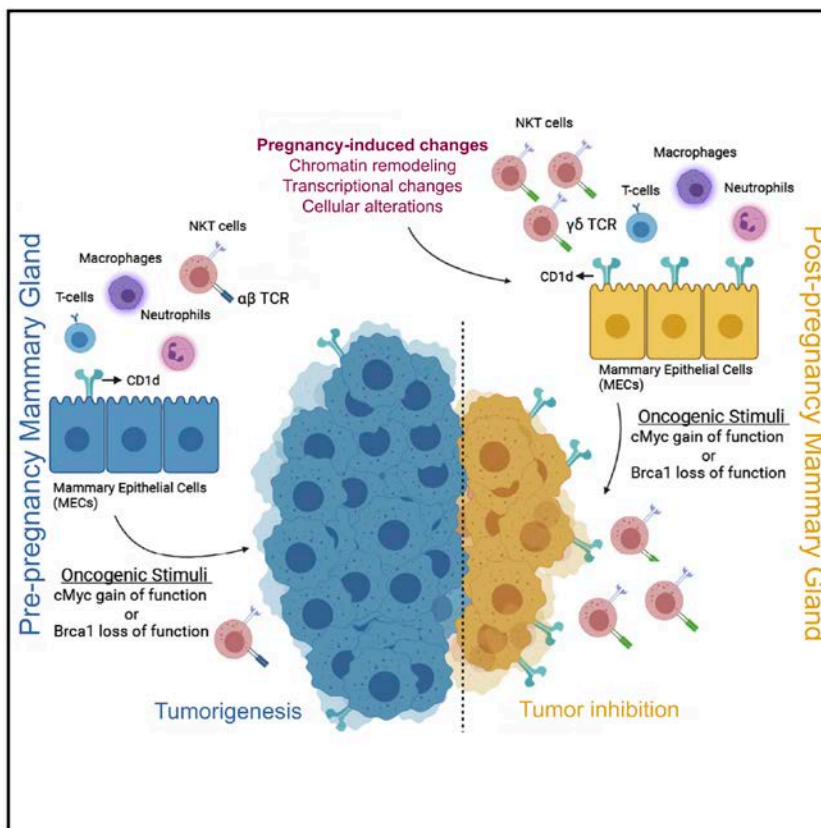
Our findings are based on studies performed in mice that became pregnant at a young age (~8 weeks old), which reinforced pregnancy-induced changes to epithelial cells, and their effect on immune recruitment and oncogenesis inhibition. However, it remains unclear why such strong, pregnancy-induced changes do not fully prevent the development of breast cancer (Nichols et al. 2019). It has been suggested that specific mammary epithelial clones with oncogenic properties reside within the mammary tissue after pregnancy, and may give rise to late-onset mammary oncogenesis in aged mice (Li et al. 2020b). It is possible that such populations of rare MECs lose some of their pregnancy-induced molecular signatures over time, thereby bypassing oncogene-induced senescence and immune recognition, and ultimately developing into mammary tumors. Moreover, given that pregnancy-induced breast cancer protection becomes apparent ~5-8-years after pregnancy, it is possible that additional immune reprogramming induced by genetic makeup, age at pregnancy, and/or overall post-partum health, may further modify breast tissue and erase pregnancy-induced changes that inhibit breast cancer development.

Nonetheless, the connection between pregnancy, immunity, and oncogenesis could be used to develop therapies to block cancer development. Strategies could be developed to induce NKT expansion in the absence of a true pregnancy. Indeed, a series of preclinical models have been developed to optimize the delivery of CD1d stimulatory factors, such as α Galcer and KRN7000, and induce expansion of NKT cells (Zhang et al. 2019). Such strategies are mostly side-effect free, and could be used in cases of high cancer risk, including in the event of genetic alterations that affect BRCA1 function and/or family history of breast cancer. Additionally, the characterization of specific, pregnancy-induced TCR rearrangements could be leveraged in CAR-NKT immunotherapy, for example, which could also efficiently target disease that has

already developed. Collectively, such strategies could improve breast health, nursing experience, and decrease cancer risk in women who experience their first pregnancy after 35 years of age, when they are at greater risk of requiring medical intervention to improve milk production, breastfeeding assistance, and to develop breast cancer.

5.1 Highlights

Parity influences mammary cancer progression. We demonstrate how pregnancy induced changes modulate the communication between MECs and immune cells and establish a causal link between pregnancy, the immune microenvironment, and mammary oncogenesis in models of cMYC overexpression and Brca1 loss of function.



- Post-pregnancy MECs express higher levels of the antigen-presenting molecule CD1d
- $\gamma\delta$ TCR-expressing NKT cells are expanded in post-pregnancy mammary glands
- NKTs and CD1d expression associate with oncogenesis inhibition after pregnancy
- Loss of $\gamma\delta$ NKTs and CD1d expression supports mammary oncogenesis after pregnancy

5.2 Future directions

The work presented in this thesis paves the way for a number of follow up studies focused on understanding the role of pregnancy in the expansion $\gamma\delta$ NKT cells in the mammary gland, and to further characterize the NKT cells.

Identification of specific TCR rearrangements in pregnancy-induced mammary resident NKT cells

NKT cells are known to assume multiple roles in maintaining tissue homeostasis, pathogen clearance, and cancer by recognizing self- and foreign-antigens using T-cell receptors (TCRs). We have shown that the TCRs expressed on post-pregnancy mammary NKT cells are different from those on pre-pregnancy NKT cells. Identifying the specific TCRs that are differentially expressed in post-pregnancy NKT cells may help us understand and replicate pregnancy associated oncoprotection.

In order to determine the specific changes to the TCR repertoire of mammary NKT cells, single cell TCR-sequencing by 5'-RACE may be employed. A caveat is that the existing single cell TCR sequencing reagents provided by 10X Genomics do not include $\gamma\delta$ TCRs, but other groups have designed and validated primers for sequencing $\gamma\delta$ TCRs with the 10X reagents, and this method can be used (Daniels et al. 2020).

TCR replacement in NKT cells to assess changes in cytotoxicity

The TCRs identified to be upregulated in post-pregnancy will then be overexpressed in NKT cells using a CRISPR-mediated TCR replacement strategy (Legut et al. 2018). With the help of CRISPR/Cas9, the endogenous TCRs from the recipient cells will be knocked out, and simultaneously the identified receptors will be transduced. Knocking out endogenous receptors ensures that mixed dimers of TCRs are not formed and the effects observed are solely due to the newly introduced TCRs. The TCR replacement strategy involves the use of two separate lentiviral transductions – one that encodes the chosen TCR transgenes (the desired $\gamma\delta$ variable region sequences) in a pELNS transfer vector, and the other

CRISPR/Cas9 targeting the endogenous TCR- β constant region using a pLentiCRISPR v2 plasmid containing a puromycin-resistance marker gene. NKT cells will be isolated by magnetic enrichment for CD3⁺ and NK1.1⁺ cells, cultured overnight, and transduced with lentiviral particles in the presence of 5 μ g/ml polybrene. Cells that take up the virus will be selected by incubation with puromycin. The next step would be to test whether TCR replacement in pregnancy naïve NKT cells can increase the activation of cytotoxic CD8⁺ T cells as an effect of the secreted cytokines, or if the cytotoxic capabilities of the NKT cells themselves increases. These studies will be performed using *in vitro* killing assays in the 3D culture conditions described in section 4.3.2.

Devise ways to upregulate CD1d in vivo to extend pregnancy protection in a never-pregnant setting

NKT cells are classically activated by antigens presented by CD1d on the cell surface (Gapin et al. 2013; Rizvi et al. 2015). We find that CD1d expression on the surface of epithelial cells is elevated after pregnancy in healthy and in Brca1 KO mice. But the CD1d expression in Brca1 KO mice seems to be related to mammary tumorigenesis, as we observed more CD1d expression in non-tumor bearing mice. Moreover, approximately 70% of total NKTs from healthy, post-pregnancy Brca1 KO mammary tissue expressed $\gamma\delta$ TCR, in marked contrast to NKTs from healthy (2.7%) and tumor mammary tissue (8.6%) from nulliparous Brca1 KO mice (**Fig. 3-6**).

Our results show that there is a transient increase in the NKT cell population in mammary glands of mice transplanted with pregnancy hormone treated organoids. The next step would be to understand whether serial infusions of treated cells is required to sustain the expansion, and to determine the ideal route of delivery of these cells, since serial surgeries would not be ideal. We can use intraductal injections, where cells are injected into the nipples, as a local and minimally invasive delivery method.

Next, to confirm the necessity of CD1d expression on the surface of MECs, organoid cultures will be derived from CD1d KO mice, treated with pregnancy hormones, and transplanted into CD1d WT mice

to see if they can induce NKT expansion (Faunce et al. 2005; Macho-Fernandez and Brigl 2015; Mantell et al. 2011).

Taking it a step further, we would ask the question of whether ex-vivo treated organoids can bring in NKTs to mammary glands in our breast cancer mouse models and if they provide protection against oncogenesis. To do this, we would harvest one of the mammary glands from Brca1 KO mice, derive organoid cultures, treat with pregnancy hormones, and transplant them back into the same mouse and monitor to see whether this would provide protection against tumorigenesis. Alternatively, normal organoids treated with pregnancy hormones could be transplanted into Brca1 KO females and monitored for tumor growth over time.

6. Experimental Procedures

6.1 Data and Code Availability

scRNA-seq, RNA-seq, ATAC-seq datasets were deposited into BioProject database under number PRJNA708263 [<https://www.ncbi.nlm.nih.gov/bioproject/PRJNA708263>].

Results shown in Fig. 2-2 (pre-pregnancy scRNA-seq) were deposited into BioProject database number PRJNA677888 [<https://www.ncbi.nlm.nih.gov/bioproject/?term=PRJNA677888>].

Results shown in Fig. 2-3 C (pre- and post-pregnancy RNA-seq), and Fig. 2-9 C (pre- and post-pregnancy H3K27ac ChIP-seq) were deposited in the BioProject database under numbers PRJNA192515 [<https://www.ncbi.nlm.nih.gov/bioproject/?term=PRJNA192515>] and PRJNA544746 [<https://www.ncbi.nlm.nih.gov/bioproject/PRJNA544746>].

Results shown in Fig. 2-10 F (H3K27ac Cut&Run of organoid cultures) were deposited in the BioProject database under number PRJNA656955 [<https://www.ncbi.nlm.nih.gov/sra/?term=PRJNA656955>].

This thesis does not report original code.

6.2 Experimental Model and Subject Details

Animal Studies

All experiments were performed in agreement with approved CSHL Institutional Animal Care and Use Committee (IACUC). All animals were housed at a 12 hour light/12 hour dark cycle, with a controlled temperature of 72°F and 40-60% of humidity. Balb/C female mice were purchased from The Jackson Laboratory and Charles River. RAG1 KO mice (B6.129S7-Rag1^{tm1Mom}/J, IMSR Cat# JAX:002216, RRID:IMSR_JAX:002216) were purchased from The Jackson Laboratory. VavCre UTX KO were generated as previously described (Beyaz et al., 2017). CXCR6-KO-EGFP-KI mice (B6.129P2-Cxcr6^{tm1Litt}/J, IMSR Cat# JAX:005693, RRID:IMSR_JAX:005693) were purchased from The Jackson

Laboratory. CAGMYC transgenic mouse strain was generated as previously described (Feigman et al. 2020). CD1d KO CAGMYC transgenic mouse strain was generated by crossing CD1d KO (C.129S2-Cd1^{tm1Gnu}/J, IMSR Cat# JAX:003814, RRID:IMSR_JAX:003814) mice with CAGMYC mice. Krt5^{CRE-ERT2}Brca1^{fl/fl}p53^{het} (Brca1 KO) transgenic mouse strain was generated by crossing Blg^{CRE}Brca1^{fl/fl}p53^{het} transgenic mouse strain (Trp53^{tm1Brd}Brca1^{tmAash}Tg(B-cre)74Acl/J, IMSR Cat# JAX:012620, RRID:IMSR_JAX:012620) with Krt5^{CRE-ERT2} transgenic mouse strain (B6N.129S6(Cg)-Krt5^{tm1.1(cre/ERT2)Blh}/J, IMSR Cat# JAX:029155, RRID:IMSR_JAX:029155).

6.3 Method Details

Antibodies

All antibodies were purchased from companies as indicated below and used without further purification. Antibodies for lineage depletion: biotinylated anti-CD45 (Thermo Fisher Scientific Cat# 13-0451-85, RRID:AB_466447), biotinylated anti-CD31 (Thermo Fisher Scientific Cat# 13-0311-85, RRID:AB_466421), biotinylated anti-Ter119 (Thermo Fisher Scientific Cat# 13-5921-85, RRID:AB_466798) and biotinylated anti-CD34 (Thermo Fisher Scientific Cat# 13-0341-82, RRID:AB_466425). Antibodies for cell surface flow cytometry: eFluor 450 conjugated anti-CD24 (Thermo Fisher Scientific Cat# 48-0242-82, RRID:AB_1311169), PE-Cy7 conjugated anti-CD29 (BioLegend Cat# 102222, RRID:AB_528790), 7-AAD viability staining solution (BioLegend Cat# 420404, RRID:SCR_020993), PerCP-Cy5.5 conjugated anti-CD1d (BioLegend Cat# 123514, RRID:AB_2073523), PE conjugated anti-CD1d (BioLegend Cat# 140805, RRID:AB_10643277), APC conjugated anti-CD45 (BioLegend Cat# 103112, RRID:AB_312977), FITC conjugated anti-CD3 (BioLegend Cat# 100204, RRID:AB_312661), Alexa Fluor 700 conjugated anti-NK1.1 (BioLegend Cat# 108730, RRID:AB_2291262), APC/Cy7 conjugated anti-CD8 (BioLegend Cat# 100714, RRID:AB_312753), PE conjugated anti-TCR γ/δ (BioLegend Cat# 118108, RRID:AB_313832), APC conjugated anti-TCR β (BioLegend Cat# 109212, RRID:AB_313435), APC conjugated anti-H-2Kb (BioLegend Cat# 116517,

RRID:AB_10568693), Pacific Blue conjugated anti-I-Ab (BioLegend Cat# 116421, RRID:AB_10613291), Brilliant Violet 421 conjugated anti-CD206 (BioLegend Cat# 141717, RRID:AB_2562232), Alexa Fluor 700 conjugated anti-Ly6G (BioLegend Cat# 127621, RRID:AB_10640452). Antibodies for intracellular flow cytometry: PE conjugated anti-IFN γ (BioLegend Cat# 505808, RRID:AB_315402), Pacific Blue conjugated anti-T-bet (BioLegend Cat# 644807, RRID:AB_1595586). Antibodies for negative controls: eFluor 450 conjugated mouse IgG (Thermo Fisher Scientific Cat# 48-4015-82, RRID:AB_2574060), FITC conjugated rat IgG (Thermo Fisher Scientific Cat# 11-4811-85, RRID:AB_465229), and PE-Cy7 conjugated mouse IgG (BioLegend Cat# 405315, RRID:AB_10662421). Antibody for MaSC enrichment: biotinylated anti-CD1d (BioLegend Cat# 123505, RRID:AB_1236543). Antibodies for Western Blot: anti-p300 antibody (Santa Cruz Biotechnology Cat# SC-585, RRID:AB_2231120), anti-Vinculin antibody (Abcam Cat# ab129002, RRID:AB_11144129), anti-p53 antibody (Leica Biosystems Cat# P53-CM5P, RRID:AB_2744683), goat anti-rabbit IgG HRP (Abcam Cat# ab6721, RRID:AB_955447) and goat anti-mouse IgG HRP (Abcam Cat# ab97051, RRID:AB_10679369). Antibodies for Immunohistochemistry (IHC) staining: anti-Cytokeratin 5 (KRT5) (BioLegend Cat# 905501, RRID:AB_2565050), anti-Cytokeratin 7/17 (KRT7/17) (Santa Cruz Biotechnology Cat# sc-8421, RRID:AB_627856), anti-EGFR (Santa Cruz Biotechnology Cat# sc-373746, RRID:AB_10920395), anti-AR (Santa Cruz Biotechnology Cat# sc-7305, RRID:AB_626671), and anti-Ki67 (Spring Bioscience Cat# M3062, RRID:AB_11219741). Antibodies for Immunofluorescence (IF) staining: Alexa Fluor 647 conjugated anti-Cytokeratin 5 (KRT5) (Abcam Cat# AB193895, RRID:AB_2728796), unconjugated rabbit anti-BRCA1 (Bioss Cat# bs-0803R, RRID:AB_10858843), Alexa Fluor 568 conjugated goat anti-rabbit IgG (Thermo Fisher Scientific Cat# A-11036, RRID:AB_10563566), Alexa Fluor 488 conjugated anti-GFP (BioLegend Cat# 338007, RRID:AB_2563287), Alexa Fluor 405 conjugated anti-Cytokeratin 8 (KRT8) (Abcam Cat# ab210139, RRID:AB_2890924).

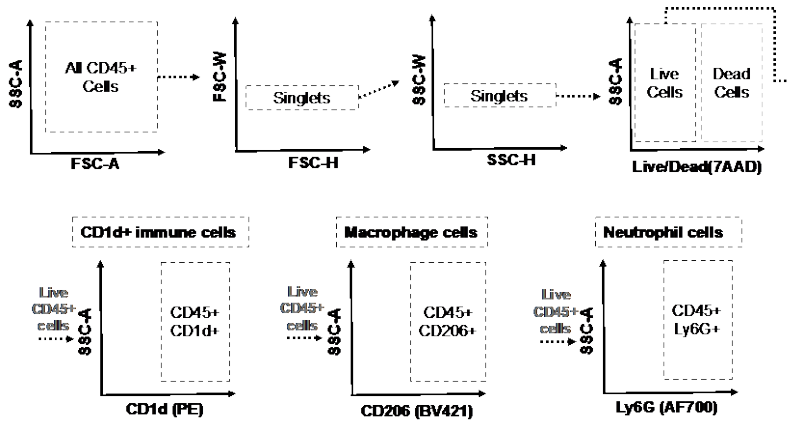
Mammary gland isolation

Female mice classified as Pre-pregnancy (nulliparous, never pregnant), Post-pregnancy (parous, 1 gestation cycle, 21 days of lactation and 40 days of involution post offspring weaning), were housed together for 1-2 weeks to allow for estrous cycle synchronization prior to mammary gland isolation. For the experiments utilizing exposure to pregnancy hormones (EPH), never pregnant female mice (~8 weeks old) were implanted with 21 days-slow-release estrogen and progesterone pellets (17 β -Estradiol (0.5 mg/pellet) + Progesterone (10 mg/pellet) – Innovative Research of America Cat# HH-112) prior to mammary gland isolation (at D12 post pellet implantation). Females classified as involution D15 had 1 gestation cycle, 21 days of lactation and 15 days of involution post offspring weaning. In all cases, mammary gland isolation was performed as previously described (dos Santos et al. 2013). In short, mammary glands (one to four pairs per mouse) were harvested, minced, and incubated for 2 hours with 1x Collagenase/Hyaluronidase (10x solution, Stem Cell Technology Cat# 07912) in RPMI 1640 GlutaMAX supplemented with 5% FBS. Digested mammary gland fragments were washed with cold HBSS (Thermo Fisher Scientific Cat# 14175103) supplemented with 5% FBS, followed by incubation with TrypLE Express (Thermo Fisher Scientific Cat# 12604-013) and an additional HBSS wash. Cells were incubated with 2 mL of Dispase (Stem Cell Technology Cat# 07913) supplemented with 40 μ L DNase I (Sigma Cat# D4263) for 2 minutes and then filtered through a 100 μ m Cell Strainer (BD Falcon Cat# c352360). The single cell suspension was incubated with lineage depletion antibodies and loaded onto a MACS magnetic column (Miltenyi Biotec Cat# 130-042-401). Lineage negative, flow-through cells (epithelial cells) were utilized for flow cytometry, and transcriptomic analysis. Lineage positive cells (immune cells) were eluted from column with 3ml of MACS buffer and utilized for flow cytometry, transcriptomic and epigenomic analysis. For cell analysis, Dual Fortessa II cell analyzer (BD Biosciences) was used. Data analysis was performed using BD FACSDiva Software (RRID:SCR_001456) or FlowJo (FlowJo, RRID:SCR_008520). Statistically significant differences were considered with Student's t-test *p*-value lower than 0.05 (*p*<0.05).

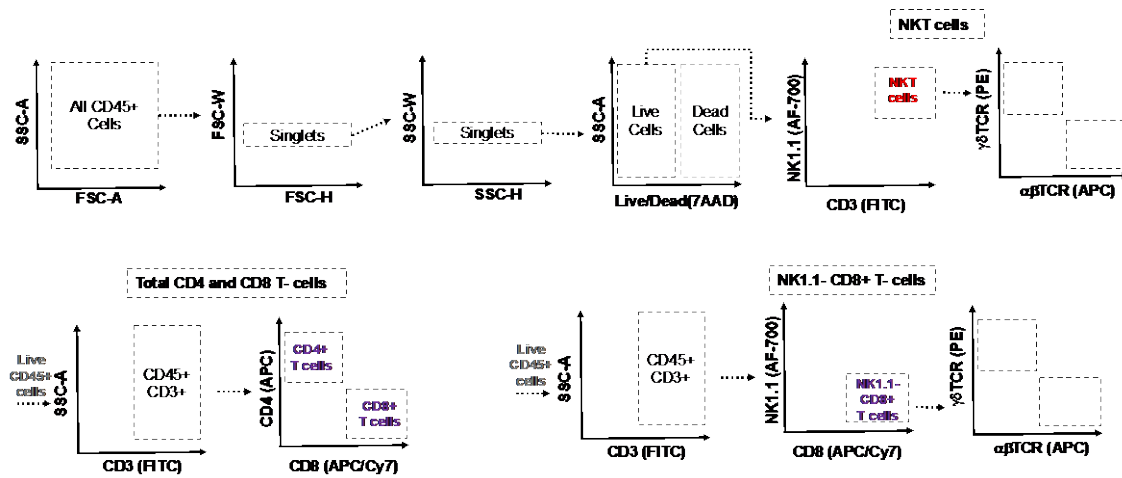
Flow cytometry gating analysis

Mammary resident cells (epithelial and non-epithelial) were harvested from both top and bottom mammary glands, and analyzed according to the bellow indicated strategy. For all flow cytometry analysis an average of 300,000 cells live cells (7-AAD negative) were recorded.

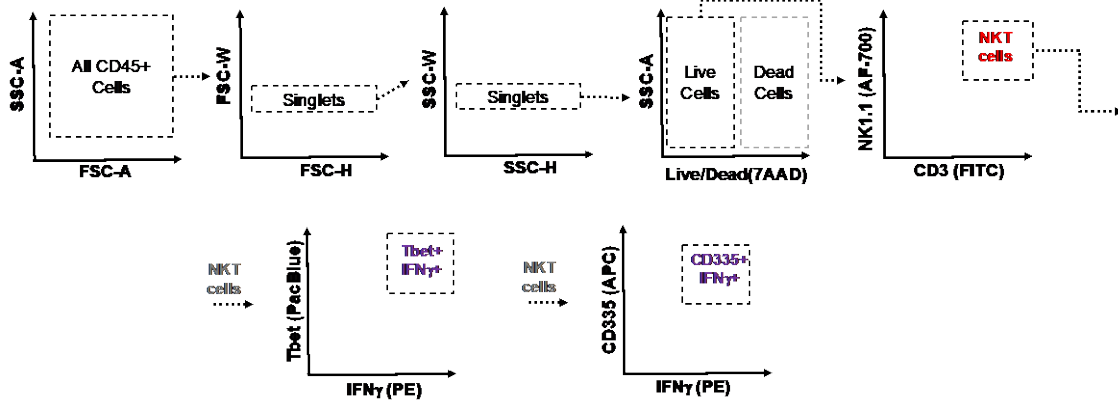
a) General innate immune cells analysis strategy:



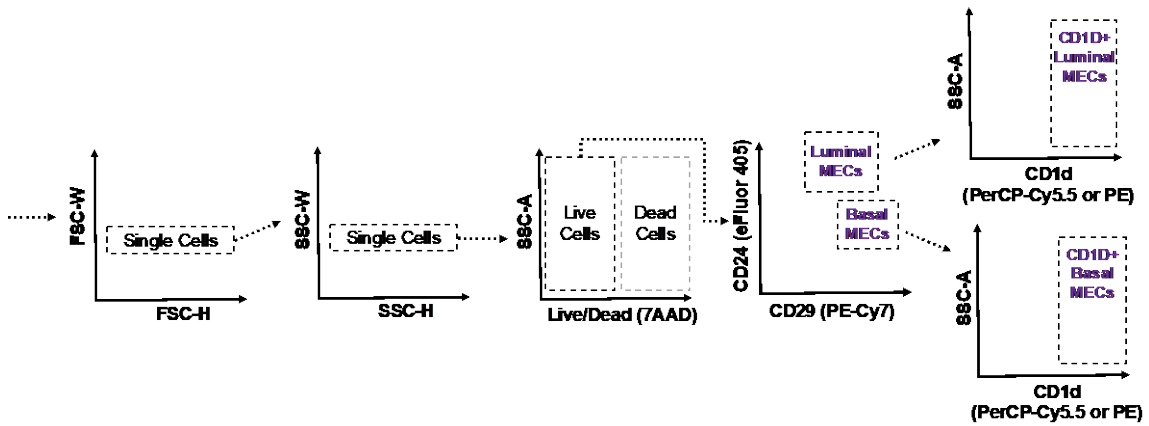
b) General adaptive immune cells analysis strategy:



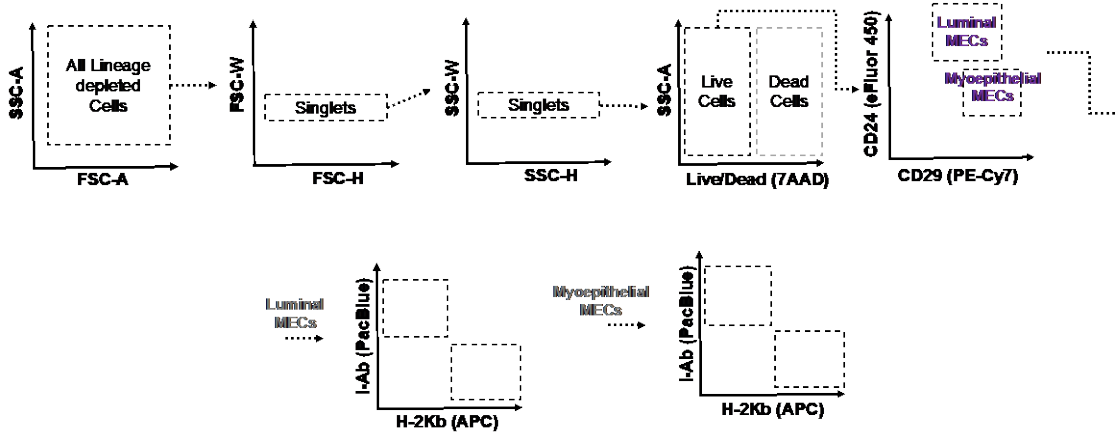
c) NKT intracellular analysis strategy:



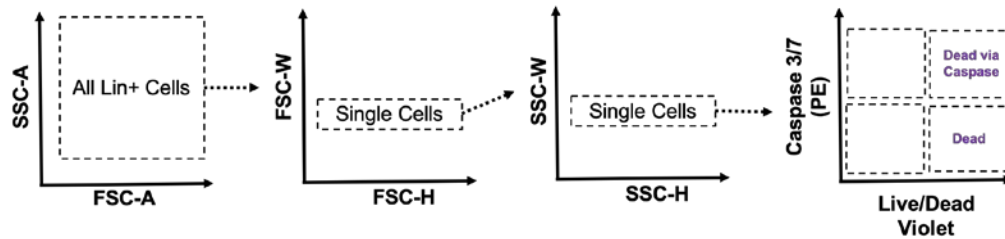
d) CD1d+ MECs analysis strategy:



e) MHC-I and MHC-II MECs analysis strategy:



f) Magic Red Caspase 3/7 activity analysis strategy:



Mammary Organoid Culture

Mammary tissue dissected was minced and digested for ~40 minutes in Collagenase A, type IV solution (Sigma, Cat Cat# C5138-1G), following a series of centrifugations to enrich for mammary organoids. Freshly isolated mammary organoids were cultured with Essential medium (Advanced DMEM/F12, supplemented with ITS (Insulin/Transferrin/Sodium selenite, Gibco Cat# 41400-045, and FGF-2 (PeproTech, Cat# 450-33)) prior to analysis. For experiments shown in Fig. 2-10, organoid cultures were derived from normal mammary tissue from pre- or post-pregnancy Balb/C female mice (RRID:IMSR_CRL:028), cultured in the presence of FGF-2 for 6 days, following FGF-2 withdrawal for 24 hrs and then incubated with Complete medium (AdDF+++), supplemented with ITS (Final Concentration:1x, Insulin/Transferrin/Sodium Selenite, Gibco Cat# 41400-045), 17- β -Estradiol (Final concentration: 40ng/mL, Sigma Cat# E2758), Progesterone (Final concentration: 120ng/mL, Sigma Cat# P8783), Prolactin (Final concentration: 120ng/mL, Sigma Cat# L4021), as previously described (Ciccone et al. 2020). For experiments shown in Fig. 3-2, organoid cultures were derived from pre- or post-pregnancy CAGMYC MECs, following treatment with doxycycline (DOX, 0.1mg/mL, Clontech Cat# 631311) for 2 days (DD2). For experiments shown in Fig. 3-8, organoid cultures were derived from NOD/SCID female mice, transplanted with either pre- or post-pregnancy CAGMYC MECs, following treatment with doxycycline (DOX, 0.1mg/mL) for 2 days (DD2). For experiments shown in Fig. 4-1, organoid cultures were derived from pre-pregnancy Balb/C female mice and incubated with CD1d inducing compounds described in Table 4-1 for 24 hours and then assayed by flow cytometry for CD1d expression. For

experiments shown in Fig. 4-2 and Fig. 4-3, organoid cultures were derived from a mammary gland tumor from a Tamoxifen treated Brca1 KO mouse.

RT-qPCR

Lineage depleted MECs or organoid cultures were washed with 0.5mL 1x PBS, following RNA extraction with Trizol (0.5mL, Thermo Fisher Scientific, Cat# 15596018). Reverse transcription was carried out using SuperScript III™ kit (Thermo Fisher Scientific, Cat# 18080-051). RT-qPCR was performed using a Quantstudio 6 with SYBR Green Master mix (Applied Biosystems, Cat# [4368577](#)). Relative mRNA expression of target gene was calculated via the $\Delta\Delta C_t$ method and normalized to β -actin mRNA levels.

Cd1d qPCR primers: FWD: 5' TCC GGT GAC TCT TCC TTA CA 3' and REV: 5' CTG GCT GCT CTT CAC TTC TT 3'.

β -actin qPCR primers: FWD: 5' TGT TAC CAA CTG GGA CGA CA 3' and, REV: 5' GGG GTG TTG AAG GTC TCA AA 3'.

Mammary fat pad transplantation

MaSCs-enrichment was performed as previously described (dos Santos et al., 2013). In short, lineage depleted MECs were incubated with biotinylated anti-CD1d antibody, to allow for MaSC enrichment. CD1d-enriched MEC fractions were resuspended with 50% growth factor reduced matrigel solution (Corning, Cat# 356230) and injected into the cleared fat-pad of the inguinal mammary gland (anterior part of the gland). For experiments presented on Fig. 3-2 CD1d-enriched MECs fractions (~100K) were injected into the mammary fatpad of 12 weeks old CAG-only female mice, followed by DOX-treatment and histology analysis. For experiments presented on Fig. 3-6 CD1d-enriched MECs fractions (~100K) were injected into the mammary fatpad of 12 weeks old NOD/SCID (RRID:IMSR_JAX:001303) female mice, followed by DOX-treatment and histology analysis. For experiments presented on Fig. 3-7 and Fig. 3-8, pre- or post-pregnancy CD1d WT CAGMYC MECs (~10K) or CD1d KO CAGMYC MECs

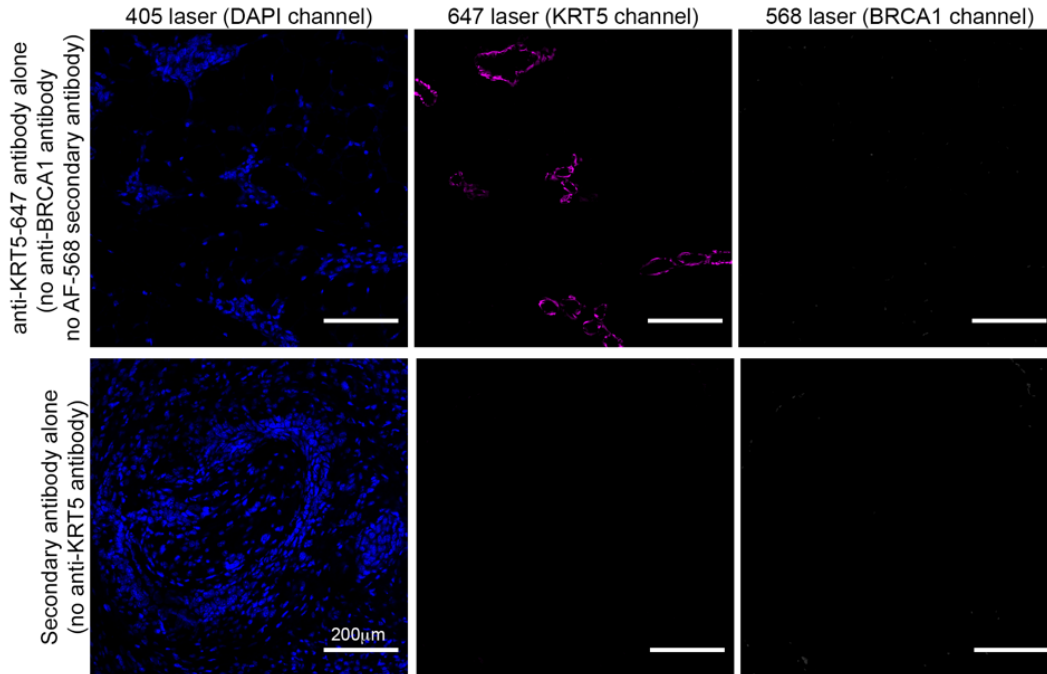
(~10K) were injected into the mammary fatpad of 8-10 weeks old CD1d WT female mice, and allowed 3-days of tissue engraftment prior to DOX-treatment for 5 days.

Histological analysis

For histological analysis, the left inguinal mammary gland was harvested and fixed in 4% Paraformaldehyde overnight prior to paraffin embedding. For conventional histological analysis, mammary gland tissue slides were stained with Hematoxylin and Eosin (H&E). For ductal quantification, mammary gland H&E histological images were uploaded into Fiji (Fiji, RRID:SCR_002285), and ducts present in the posterior part of the gland were manually counted. Immunohistochemistry staining (IHC) was performed on a Roche Discovery Ultra Automated IHC/ISH stainer. For Masson's trichrome staining, Leica Multistainer Stainer/Coverslipper Combo (ST5020-CV5030) was used to stain slides according to standard reagents and protocols. Images were acquired using Aperio ePathology (Leica Biosystems) slide scanner in 40X lenses.

Immunofluorescence (IF) analysis

Paraffin-embedded mammary gland sections were deparaffinized in Xylene (Sigma Cat# 534056) and rehydrated, followed by antigen retrieval in Trilogy (Cell Marque Cat# 920P-10). Tissue was washed in 1x PBS (phosphate-buffered saline) for 1 min then blocked with blocking solution (10mM Tris-HCl pH 7.4, 100mM MgCl₂, 0.5% Tween 20, 10% FBS, 5% goat serum) for 4 hours in a humidified chamber. Sections were stained with the appropriate conjugated primary antibodies in blocking solution for 16 hours at 4°C. After subsequent washings with 1x PBS and blocking solution, tissues were incubated with DAPI (Sigma Cat# 10236276001) for 10 minutes to stain nuclei, and slides were mounted in ProLong Glass Antifade Mountant (Invitrogen Cat# P36980). Cell visualization and image collection was performed on a Zeiss LSM780 confocal laser-scanning microscope utilizing Zen lite software, Blue edition (ZEN Digital Imaging for Light Microscopy, RRID:SCR_013672) version 2.0.0.0. Non-specific staining was defined as follows (Scale: 200µm).



Doxycycline (DOX) treatment

Doxycycline was purchased from Takara Bio USA, Inc. (Cat# 631311) and sucrose was purchased from Sigma (Cat# S7903). DOX drinking solution (1 mg/mL) was prepared using sterile 1% sucrose water.

Tamoxifen (TAM) treatment

Tamoxifen USP grade was purchased from Sigma-Aldrich (Cat# 1643306) and sunflower seed oil (European Pharmacopoeia grade) was purchased from Sigma-Aldrich (Cat# 88921). To prepare the working solution, the Tamoxifen powder was weighed and dissolved in ethanol by vortexing. Heat sterilized sunflower oil was added at a ratio of 19:1 oil:ethanol mixture to a final concentration of 5mg/100ul (one dose), heated to 55°C and shaken vigorously to homogenize the mixture.

Krt5^{CRE-ERT2}Brca1^{fl/fl}p53^{het} transgenic female mice received a total of three intraperitoneal doses of Tamoxifen warmed to 37°C on alternate days.

Monitoring tumor growth

3 week old Krt5^{CRE-ERT2}Brcal^{fl/fl}p53^{-/+} female mice were treated with TAM. Half of TAM-treated female mice were housed together (pre-pregnancy/nulliparous group), and the other half were paired with a male (1 female and 1 male per breeding cage). Breeding TAM-treated females were allowed to give birth, nurse the offspring (21 days), and were considered post-pregnant (parous) after 40 days from offspring weaning. Both pre- and post-pregnancy mice were monitored for signs of tumor growth, and added to the Kaplan-Meier curve as soon as there was a palpable tumor. Mice with a tumor burden exceeding the limit of the animal's well-being (>2 cm), or mice showing signs of distress independently of tumor development were euthanized. At experimental end point, mammary tissue or mammary tumors were harvested for histological and flow cytometry analysis. Statistical analysis was performed with Logrank (Mantel-Cox) test.

Western blot

DOX-treated and control organoid cultures were homogenized in 1x Laemmli sample buffer (Bio-Rad, Cat# 1610747). Samples were loaded into homemade 10% SDS-PAGE gel and transferred overnight to PVDF membrane (Bio-Rad, Cat# 162-0177) using wet-transfer apparatus. Membranes were blocked with 1% BSA solution and incubated overnight with a diluted solution of primary antibody, followed by incubation with HRP-conjugated antibody for 40 minutes. HRP signal was developed with Luminata Crescendo Western HRP substrate (Millipore, Cat# WBLUR0100) in autoradiography film (Lab Scientific, Cat# XARALF2025). Developed films were scanned on Epson Perfection 2450 photo scanner.

scRNA-seq data analysis

Single cell data (pre-pregnancy mammary glands= 3,439 cells from n=2 biological replicates; post-pregnancy mammary glands= 4,412 cells from n=2 biological replicates) were aligned to mm10 using Cell Ranger v.3.1.0 (10x Genomics) (Cell Ranger , RRID:SCR_017344) (Zheng et al. 2017), and downstream processing was performed using Seurat v3.1.1 (SEURAT, RRID:SCR_007322) (Stuart et al.

2019). Cells with fewer than 250 features or higher than 10% mitochondrial gene content were removed prior to further analysis. Genes with fewer than 3 cells expressing them were removed, and the data were then log-normalized. Post-filtering analysis was performed on 3,075 cells (pre-pregnancy) and 4,029 cells (post-pregnancy). Principal component analysis was performed using the top 2,000 variable genes. This analysis was used to identify the number of significant components before clustering. Clustering was performed by calculating a shared nearest neighbor graph, using a resolution of 0.6. Subsetting into different cell types was performed using known markers for MECs, T-cells, Myeloid cells, B cells and NK cells. Epithelial cells for both datasets were defined by the expression of Epcam, Krt8, Krt18, Krt5 and Krt14 (cluster average expression > 2). Non-epithelial were cells considered having low expression of Epcam, Krt8, Krt18, Krt5 and Krt14. Epithelial lineage identification and T-cell lineage identification was performed utilizing a previously validated gene signature (Henry et al. 2021). Genes used to define each immune cluster (differentially expressed genes, DEGs) were determined using known cell type markers and using the FindAllMarkers function, which uses a Wilcoxon Rank Sum test to identify differentially expressed genes between all clusters in the dataset. Cell cycle scoring was performed with the CellCycleScoring function, using the default gene lists provided by Seurat. Cell dendrograms were generated using the BuildClusterTree function in Seurat, using default arguments. Diffusion mapping was performed using the DiffusionMap function from the “destiny” R package (Angerer et al. 2016). Gene Set Enrichment Analysis (GSEA, RRID:SCR_003199) (Subramanian et al. 2005) was used for global analyses of differentially expressed genes.

RNA-seq library preparation and analysis

FACS-isolated pre- and post-pregnancy NKT cells were collected and homogenized in TRIzol LS (Thermo Fisher Scientific, Cat# 10296010) for RNA extraction. Double stranded cDNA synthesis and Illumina libraries were prepared utilizing the Ovation RNA-seq system (V2) (Nugen Technologies, Cat# 7102-32). RNA-seq libraries were prepared utilizing the Ovation ultralow DR multiplex system (Nugen Technologies, Cat# 0331-32). Each library (n=2 biological replicates per experimental condition) was

barcoded with Illumina TruSeq adaptors to allow sample multiplexing, followed by sequencing on an Illumina NextSeq500, 76bp single-end run. Analyses were performed with command-line interfaced tools such as FastQC (FastQC, RRID:SCR_014583) for quality control and Trimmomatic (Trimmomatic, RRID:SCR_011848) (Bolger et al. 2014) for sequence trimming. We used STAR (STAR, RRID:SCR_004463) for mapping reads (Dobin et al. 2013), FeatureCounts (featureCounts, RRID:SCR_012919) for assigning reads to genomic features (Liao et al. 2014) and DESeq (DESeq, RRID:SCR_000154) to assess changes in expression levels simultaneously across multiple conditions and in multi-factor experimental designs, incorporating information from multiple replicates (Anders and Huber 2010). Genes with a statistically significant pvalue of $p < 0.05$ were considered differentially expressed. Gene Set Enrichment Analysis (GSEA) (Gene Set Enrichment Analysis, RRID:SCR_003199) was used for global analyses of differentially expressed genes (Subramanian et al. 2005). GSEA terms with statistically significant pvalue of $p < 0.05$ were selected for data plotting and data interpretation. For experiments presented on Fig. 2-6 D, FACS-isolated, pre- and post-pregnancy CD45+NK1.1+CD3+ NKT cells (n=2 females per experimental group, n=4 pairs of mammary glands per female, n=2 biological replicates per experimental group) were utilized. For experiments presented on Fig. 3-6, total mammary tissue isolated from DOX-treated, NOD/SCID female mice transplanted with either pre- or post-pregnancy CAGMYC MECs (n=2 biological replicates per group) were utilized.

ChIP-seq library analysis

Previously published H3K27ac ChIP-seq datasets (Feigman et al. 2020) were mapped to the indexed mm9 genome using bowtie2 short-read aligner tool (Langmead and Salzberg 2012), using default settings. MACS2 peak-calling program (MACS, RRID:SCR_013291) (Zhang et al. 2008) was used to identify enriched genomic regions in this data by comparing the pulldown ChIP data to the control (Input) data using a q-value cutoff of 1.00^{-3} . Identification of genes closest to these differentially called peaks was performed using Genomic Regions Enrichment of Annotations Tool (GREAT, RRID:SCR_005807)

(McLean et al. 2010). Peak visualizations were generated using the UCSC Genome Browser (UCSC Genome Browser, RRID:SCR_005780) (Dreszer et al. 2012).

Cut&Run library analysis

Previously published H3K27ac Cut&Run datasets (Ciccone et al. 2020), were mapped to the indexed mm9 genome using bowtie2 short-read aligner tool using default settings (Langmead and Salzberg 2012). Sparse Enrichment Analysis for Cut&Run (SEACR) peak-calling program (Meers et al. 2019) was used to identify enriched genomic regions with an empirical threshold of $n=0.01$, returning the top n fraction of peaks based on total signal within peaks. The stringent argument was implemented, which used the summit of each curve. Identification of genes closest to these differentially called peaks was performed using Genomic Regions Enrichment of Annotations Tool (UCSC Genome Browser, RRID:SCR_005780) (McLean et al. 2010). Peak visualizations were generated using the UCSC Genome Browser (UCSC Genome Browser, RRID:SCR_005780) (Dreszer et al. 2012).

ATAC-seq library preparation and analysis

Nuclei of FACS-isolated, pre- and post-pregnancy NKT cells were isolated utilizing hypotonic lysis buffer and incubated with Tn5 enzyme from Nextera DNA sample Preparation kit (Illumina, Cat# FC-121-1031) for the preparation of ATAC libraries. Each library ($n=2$ per experimental condition) was amplified and barcoded as previously described (Buenrostro et al. 2015), then pooled for sequencing on an Illumina Nextseq500, 76bp single-end run. ATACseq library reads ($n=2$ per cell condition) were mapped to the indexed mm9 genome using Bowtie2 short read-aligner (Bowtie 2, RRID:SCR_016368) (Langmead and Salzberg 2012) and replicate alignment files were merged. MACS2 (MACS, RRID:SCR_013291) (Zhang et al. 2008) was used to identify enriched genomic regions in both conditions using a tag size of 25bp and a q -value cutoff of 1.00^{-2} . Peaks were annotated using Homer (HOMER, RRID:SCR_010881) with standard mm9 genome reference. Location of peaks was then grouped into intergenic, promoter and genic (containing 5'UTR, Exons, Introns, Transcription Termination Sites, 3'UTR, ncRNA, miRNA,

snoRNA, and rRNA) regions. The UCSC genome browser (UCSC Genome Browser, RRID:SCR_005780) (Dreszer et al. 2012) was used to analyze genomic regions for overlap, using the Bedtools intersect function (BEDTools, RRID:SCR_006646) (Quinlan and Hall 2010). Any base pair overlap was enough to consider two regions “shared” and regions where no overlap existed defined the regions as exclusively being in one condition. The comparison was made into a Venn diagram using tool available at <https://www.meta-chart.com/venn>.

DNA motif analysis

Peaks from pre- and post-pregnancy NKT cells ATAC-seq libraries were utilized as input for unbiased transcription factor analyses using Analysis of Motif Enrichment (AME) (McLeay and Bailey 2010) and Find Individual Motif Occurrences (FIMO) (MEME Suite - Motif-based sequence analysis tools, RRID:SCR_001783) (Grant et al. 2011) was used to computationally define DNA binding motif regions to identify sequences of known motifs, with a statistical threshold of 0.0001.

Genomic library preparation and Copy number variation (CNV) analysis

Mammary normal tissue and tumor from nulliparous BRCA1 KO p53het female mice were dissociated as above described. Lineage depleted tumor cells were utilized for DNA extraction using DNeasy Blood & Tissue Kit (Qiagen Cat# 69504). Genomic DNA was sonicated to an average of 300 bp using Covaris E220 Focused-ultrasonicator. For library preparation, fragmented DNA went through standard end-repair (NEB Cat# E6050), dA-tailing (NEB Cat# E6053), and sequencing adapter ligation (NEB Cat# M2200) steps. Following universal adapter ligation, eight cycles of PCR was performed for each sample. During the PCR step, a unique pair of Illumina TruSeq i7 index and i5 index was added to each sample. The PCR library was purified with AMPure XP beads (Beckman Coulter Cat# A63881), and quantified using NanoDrop spectrophotometer and Agilent Technologies 2100 Bioanalyzer. Whole-genome-sequencing libraries with different combination of Illumina indexes were pooled together for one lane of Illumina MiSeq. 150 base pairs from both ends were sequenced along with two 8-bp indexes. For

CNV analysis, Read 1 of the sequence data was mapped to the mm9 reference genome using Hisat2 version 2.1.0 in single read alignment mode (Kim et al. 2015). The reference genome was divided into 5,000 variable-length bins with equal mappability as previously described (Baslan et al. 2012). The ratio of mapped reads in the tumor sample to mapped reads in the diploid sample (normal tissue) was used to compute a fitted piecewise constant function (segmentation). This segmentation used DNACopy version 1.50.1 implementation of the circular binary segmentation algorithm (Seshan and Olshen 2022) and the copy number profiles were plotted using R version 3.4.4.

2D co-culture system

Brcal KO tumor organoids were cultured in Matrigel (Corning, Cat# 356230), recovered with Cell Recovery Solution (Corning, Cat# 354253), and plated in 2D overnight to allow the cells to adhere, following which NKT cells (CD3+ NK1.1+ cells) isolated using MACS magnetic columns (Miltenyi Biotec Cat# 130-042-401) were added. After 24 hours of co-culture, organoids were dissociated into single cells by gentle agitation with TryPLE Express (ThermoFisher, Cat# 12604013), filtered, and cell death was quantified as a measure of Caspase 3/7 activity using the Magic Red assay kit (Abcam, Cat# ab270771) and Live/Dead Violet (Invitrogen Cat# L23105).

3D co-culture system

Single cell suspensions from pre- and post-pregnancy mammary glands (derived as described earlier) were incubated with a CD45 or CD3 biotin antibodies, incubated with anti-biotin magnetic beads (Miltenyi Biotec Cat# 130-090-485) and loaded onto a MACS magnetic column (Miltenyi Biotec Cat# 130-042-401). Positively labeled cells (immune cells or T-cells) were eluted from column with 3ml of MACS buffer and incubated overnight in a T-cell activating medium (media composition below). Glass bottom 96-well imaging plates were warmed overnight in a 37°C incubator. Brcal KO tumor organoids cultured in Matrigel and recovered with Cell Recovery Solution. Tumor organoids and immune cells were fluorescently labeled separately using non-specific CellTracker dyes (ThermoFisher, Red CMTPX Cat#

C34552 for organoids, Green CMFDA Cat# C7025 for immune cells) according to manufacturer protocols. Organoids and immune cells were then mixed at a ratio of 1:1000 and plated in imaging media composed of 10% Matrigel in 1:1 organoid:immune cell media containing 1mM NucView Blue Caspase-3 dye (Millipore-Sigma Cat# SCT104).

T-cell activating medium: RPMI + 10% FBS, P/S (100 U/ μ l), 5.5mM β -mercaptoethanol, 0.1M MEM nonessential amino acids, 10mM HEPES, 20 ng/ml IL-2 (PeproTech Cat# 212-12), 50 ng/ml IL-7 (PeproTech Cat# 217-17).

3D time lapse live imaging

Live cell imaging was set up on a Perkin-Elmer UltraVIEW VoX high speed spinning disk confocal microscope equipped with a high end CCD camera, a fully automated stage, and 6 laser lines (405, 440, 488, 514, 561, and 640nm). Temperature was held at 37°C, CO₂ at 5%, and humidity at 80%. Plate setup included setting XY coordinates at 3 distinct points per well for serial imaging of the same organoids. Images were set to be collected at 1 hr intervals with exposure times of ~500ms. A 100 μ m z-stack was acquired at 10 μ m steps. The images were acquired, assembled, and analyzed using Volocity (Perkin-Elmer v.6.3) and FIJI (Schindelin et al. 2012) software.

Quantification and Statistical Analysis

Data represent results from three or more independent biological replicates, unless otherwise specified. Sequencing data are from two biological replicates from each condition. All statistical analyses were performed using GraphPad Prism V9 software. For all analyses, error bars indicate standard error of mean across samples of the same experimental group. Statistically significant differences were considered with *p*-values lower than 0.05 ($p < 0.05$) from unpaired Student's *t*-tests, as described in the figure legends.

7. References

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8. Appendix 1 – Supplementary tables

Table 8-1 Differential gene-expression analysis (avg_log2FC) comparing selected pre- and post-pregnancy mammary epithelial scRNA-seq clusters, related to Figure 2-3.

Cluster EC2 x Cluster EC1

Cluster EC2 Pre-pregnancy alveolar like cells Positive avg_log2FC

Cluster EC1 Post-pregnancy alveolar like cells Negative avg_log2FC

ID	avg_log2FC				
HP	-3.41225				
RPS18	0.95423309				
RPS18-PS3	0.85295349				
CSN1S1	-1.9926168				
GM10260	-0.8173944				
RPL35	-0.7285127				
SQSTM1	-1.4970493				
CXCL1	-2.4381099				
CSN3	-1.4063395				
CSN1S2A	-1.2777775				
LGALS7	1.67539669				
SPP1	-1.7734804				
CD200	-1.3720457				
WFDC18	2.21187284				
GM10073	-0.7484677				
LGALS3	-1.4123553				
CSF3	-2.3265594				
LTF	-2.2219596				
TM4SF1	-1.1436616				
PLET1	-0.8856469				
FCGBP	1.17875924				
RPL15	0.76517913				
CSRPI	1.12668615				
DMKN	1.32242531				
RPL23A-PS3	0.53010216				
PK4	-1.3128634				
TNFRSF12A	-0.7757174				
SLC7A2	-0.9027661				
DKKL1	-0.8177405				
UBALD2	0.78067012				
RPL6L	0.58878136				
PLAUR	-0.9842945				
FABP5	1.79955594				
ANXA2	-0.758103				
RPS28	0.35223714				
TMSB4X	0.87902067				
EMID1	0.60013274				
TRF	-0.7353312				
ERDR1	0.86928857				
ITM2B	-0.6600402				
KIT	0.76187512				
CD63	-1.7277041				
EHD1	-0.7459027				
CITED4	0.76045598				
CST3	-1.7269527				
PLIN2	-1.0621507				
RP23-278M8.1	-0.5886355				
GM9493	0.58379215				
EEF2	0.50344529				
RNF19B	-0.9647511				
RHOJ	0.99617701				
CAR2	-1.0739367				
TNFAIP2	-1.2408653				
SFN	-0.9458161				
ARRDC3	0.85177601				
LMO4	0.8362841				
C4B	-0.8514614				
PMEPA1	-0.8647831				
EMP1	-0.9158746				
PABPC1	0.49804445				
PRELP	-0.7346324				
LMNA	-0.6266127				
SRXN1	-0.8147953				
RPS27RT	0.34944042				
RPS27	-0.5149663				
SLC2A1	-0.928184				
TFAP2B	0.38381511				
GM10709	-0.5783823				
DBI	0.60159515				
XBP1	1.08331436				
PIK3R1	0.96368608				
COMT	0.5336296				
POLR2L	-0.7056183				
RPL6	0.37690283				
HILPDA	-1.0976729				
MFGE8	-0.5539383				
SBSN	0.76130029				
CIDEA	-0.7813266				
CX3CL1	-0.8076444				
CYP1B1	0.53143687				
CGREF1	-0.5920381				
IGSF8	0.67984248				
RPS26	0.30681624				
LASIL	0.78938915				
LCN2	-0.5443904				
CEL	-1.0674076				
CRIP1	-0.8142327				
0610040J01RIK	0.54050183				
PTTG1IP	-0.6817496				
MGAT4B	-0.4960538				
RPS11	0.26963681				
TNC	-0.5409597				
RSRP1	0.53485115				
RPL27	0.48710796				
S100A13	-0.6244361				
IGFBP7	-0.6457311				
BCAM	-0.6676489				
RSPO1	0.65861476				
IER2	0.75081181				
JCHAIN	-0.4094184				
CBR2	-0.7848635				
FOXQ1	0.34182107				
FOS	1.0583883				
GAPDH	0.54979904				
BTG1	0.53533872				
PSAP	0.44076867				
GM16136	0.46814484				
NEAT1	0.54571735				
PPP2CA	-0.4991189				
KRT8	-0.4639008				
EHF	0.7105334				
FAM107B	-0.6710583				
HMGNI	0.42460841				
CP	-0.6012948				
CAMK2N1	-0.4090801				
QSOX1	-0.6046003				
CRISPLD2	1.0300721				
APRT	-0.5160206				
LRG1	1.37454062				
CALM1	-0.5182316				
PTGS2	-1.0427087				
H3F3A	0.37140594				
SLC31A2	0.43570049				
ARHGEF6	-0.6759192				
CLTA	0.55780014				
GM10076	-0.4244255				
UBD	0.50710925				
9530053A07RIK	0.27612258				
FOSL1	-0.4820608				
UBA52	0.48291589				
CXADR	0.62276051				
GM10036	0.39226964				
H1FO	0.68803391				
PRR13	-0.5550719				
TIMP3	-0.5760445				
CCK	-0.889174				
HBP1	0.35773448				
ERBB3	0.42608471				
CRIP2	-0.4852684				
SLC35E4	-0.4720801				
MAP3K1	0.53566684				
CDKN1A	-0.7639228				
1500015010RIK	-0.3435542				
ZC3H12A	-0.5359317				
ABCC3	0.30721929				
SCN1B	-0.3110158				
EZR	-0.4729411				
FRAT2	0.38174187				
EIF3F	0.34084188				
EIF3H	0.38251764				
CD44	-0.6107016				
RPL13-PS3	0.34043176				
BAIAP2	-0.5435382				
SGMS2	-0.6073056				
CRABP2	-0.6992823				
WNT7B	-0.4411393				
GM2A	0.51816379				
MET	-0.5259474				
GIPC1	0.388673				
RFTN1	-0.4529127				
COL16A1	0.35202565				
CXCL5	-1.1883553				
TXN1	-0.3993605				
GM266	0.34386915				
UBALD1	0.33515308				
F3	-0.6314083				
VMP1	-0.512585				
MCL1	-0.5869433				
RNASET2A	0.39990554				
DACT2	0.25705329				
COX7A2L	0.39075435				
SLC39A14	-0.5964625				
RGMA	0.25603816				
HBEGF	-0.6166383				
TGM2	0.51496309				
NFKB1	-0.5035646				
KCTD1	0.57646587				
PFKL	-0.3564594				
MAP1LC3B	0.46680867				
S100A16	-0.3510357				
F11R	0.44921496				
FLRT3	0.33224128				
KLF4	0.47886011				
COL9A2	0.25993645				
GRB7	0.36944442				
TRPS1	0.5826528				
RPL3	0.27286246				
AHNAK	-0.41897				
NCOA7	0.34228615				
MAT2A	-0.4377527				
PHLDA1	0.5080431				
JDP2	-0.5418526				
CXCL2	-1.1870372				
PVRL4	0.38658609				
GM13889	-0.7240565				
CEACAM10	-0.3713838				
HS3ST1	-0.6299339				
FTL1	-0.3107629				
SOX4	0.6151711				
RALBP1	0.42496207				
EPHA2	-0.3692702				
CELSR2	0.47901132				
SHISA2	0.36214805				

FTH1	-0.4501944
TUBB6	-0.3502234
RALY	0.37048391
UBE2C	0.39428408
SDC4	-0.4271935
RBP1	-0.51637636
CYP24A1	0.55703934
TUBA1C	-0.4171137
TBCC	-0.4899248
S100A10	-0.3926241
FAM32A	0.36250055
PLA2G4A	-0.3332718
WFDC2	-0.3780653
ALOX12E	0.32632416
SLPI	-0.6102408
ILIRN	0.64626012
TSPAN3	-0.3442177
CD47	0.50617619
EGR1	0.49385
RPL27-PS3	0.34873231
KLF13	0.42881199
TNFRSF1B	-0.4612497
RP9	0.46179308
ZNRF1	0.40809964
QARS	0.37139715
PHXR4	-0.4562922
SDC1	0.56791041
ARMCX2	0.37943921
GN5	0.33081346
PIEZO1	-0.4249671
BASPI	-0.299978
POR	-0.4363149
ATOX1	0.34224381
HOMER2	-0.3709951
ARPC4	0.35503639
SLC6A6	-0.2596367
OGFRL1	0.69985122
IGFBP5	0.64707378
CLDN1	0.43933564
TRIM8	0.43753854
BSG	-0.3522088
YPEL3	0.33983985
TSC22D1	0.61834165
RB1	-0.3838559
AHR	0.40000467
MTHFSL	0.26017157
FOXJ1	0.34603328
ANXA8	-0.3502678
PNRC1	0.4157556
STX5A	0.30234494
ARID5B	0.30161658
EIF4EBP1	0.44270438
RCHY1	0.30878347
TUBB2A	-0.4019754
GM10116	-0.3972508
CTSC	-0.3215553
ARF5	0.32656296
IFI202B	-0.8499241
STMN1	0.67824401
4631405K08RIK	0.37566258
HSP90AA1	-0.2673399
GM8973	0.32049154
TOP1	-0.2868505
KLF7	0.52905911
XDH	0.37355702
PPP1CB	0.31469134
ANGPTL4	-0.6103214
MAST4	-0.4342893
NUS1	-0.3704873
NUPR1	-0.5320468
ACOT1	0.38646036
ZFP36L2	0.63070253
LALBA	1.46236547
GDI2	0.33563334
PLB1	0.4190669
ABHD17C	0.38204019
TNFRSF21	0.40617835
ZFAND5	0.4328498
GLTSCR2	0.3763282
SLC5A8	0.28849913
FOSL2	0.44146105

LIF	-0.5037808
P2RY6	-0.3146484
ATF7IP	0.25493467
S100A8	1.14763301
DDI2	0.32916634
AU020206	-0.3412263
S100A11	-0.2687169
SRSF7	-0.3471977
ETV6	0.33593341
SMOX	-0.4320533
TUBB4B	-0.3873203
GAS6	-0.3673182
COL9A1	0.41095673
MAF1	0.29241706
CSF1	-0.5908555
GM10126	-0.3377947
SERPINE1	-0.5088554
OXA1L	0.28637108
LDHA	0.50010519
HMGN5	0.30534965
TANC1	0.35938205
MAT2B	0.28401174
FAM102A	-0.3615152
PLEKHB1	0.30612316
NGF	-0.4291502
NOS1AP	0.28530111
ZFP637	0.26921015
GM26917	-0.330914
KRT18	-0.2747509
PDGFA	-0.2520496
S100A1	-0.3223718
NFKBIZ	-0.4028743
HIST1H1E	0.26071624
CLCF1	-0.2542899
LZTS2	0.31236088
VEGFA	-0.9070968
DAB2	-0.4019607
ZFP36	0.3837823
HMGB1	0.36841265
TPM3	0.31072285
BNIP3L	0.36700092
TAGLN	0.35538996
CITED2	0.6030088
DDX5	-0.2557279
EIF3E	0.32515081
IER3	-0.4319319
TSPO	0.3575336
PKM	0.34501178
SECISBP2L	0.30704951
CHIC2	0.33078651
SRGN	-0.2589423
NFKBIA	-0.398926
EFNA5	0.25471357
HMOX1	-0.6146459
ANKRD11	0.38423583
SNRPG	0.30762884
TMPRSS13	0.27203199
CHMP2B	0.30480499
JUN	0.50749064
HIST1H1C	0.31489971
TAX1BP3	0.34998334
TXNIP	0.45864972
PTX3	-0.3768637
ZFP36L1	0.35318112
MAFB	0.42708452
PHPT1	0.32728633
ALDOC	-0.3531481
CARD19	-0.2902602
M6PR	0.30079085
GM42418	-0.5267728
ERRF1	-0.3043006
CHIL1	-0.4571045
SERPINH1	0.34082078
FHL2	-0.2874073
MBP	-0.3765734
ZFP46	0.28494482
CRYSTM1	-0.2988292
HS2ST1	0.26958674
GCH1	-0.3461258
MAP7D1	-0.4160341
NCL	-0.2680592

PTGES	-0.4082996
PTN	0.5806618
STAP2	0.27216495
UQCRRS1	0.32525939
TMEM120A	-0.3271727
ZMIZ1	-0.3318022
AK2	-0.2922428
HEG1	0.25884961
BTG2	0.48602494
GPX1	0.28405723
CSTB	-0.2868117
RBM47	0.33105398
LY6D	0.2620322
RIN2	0.28241235
PDE4B	-0.3427502
DUSP14	-0.2735975
HMGA1-RS1	-0.2555186
RSF1	0.26478857
STAT3	0.3352457
CTSD	-0.3110779
KDM6B	-0.368726
RB1CC1	0.26483381
BZW2	0.2783197
CTDSP2	0.33249325
NOP56	-0.3123795
MPZL1	0.27898106
C3	0.40079502
SSR2	0.34712048
SLC20A1	-0.3206587
CTBP1	0.25286113
ETS1	-0.3295536
PTPN1	0.3351736
CREB5	0.58631554
PNRC2	0.26845156
ERGIC3	0.25837039
PDHA1	0.29174117
ETS2	-0.3271724
SGMS1	0.36600606
RRS1	-0.3052903
PDLIM4	0.32435107
HMGB2	0.55497336
PQLC1	0.30438279
GABARAPL1	0.30204707
ST6GALNAC4	-0.286954
TNF	-0.2689575
GADD45B	-0.5367672
ARL6IP5	0.28910018
HAGH	0.32230037
TGFBRI	0.34985606
RHPN2	-0.2792711
GSTM1	-0.2974814
HES1	0.35998282
GJA1	0.31525636
MED24	-0.3259472
U2AF1	-0.2822284
UBB	0.26409757
PFKFB3	-0.3957841
PRKCA	0.34014384
SFI1	0.26748777
0610012G03RIK	0.26301393
FAM103A1	0.28919345
GM7808	-0.2988717
SYNE4	0.25152708
LURAP1L	-0.3423981
PLPP2	0.28488562
RALGDS	0.40137463
ENO1	-0.3001817
AKAP9	0.2589015
IKZF2	0.38894087
KRT7	0.52313111
SLC28A3	-0.4321609
MRPL14	-0.2676343
2200002D01RIK	-0.3131905
VAT1	-0.2697
TMEM234	0.27013045
RRAS	0.26112937
NFKBIB	-0.3040674
SLC12A2	0.28958084
ATXN7L3B	0.2709961
RABAC1	-0.2576567
CDCP1	-0.2922656

GJB2	0.37264187
CD24A	-0.4017969
TMBIM1	-0.2610876
ITGAV	-0.2803802
CELF2	-0.2971656
ZFOS1	0.29612099
ECM1	-0.3128016
IFITM2	0.29857567
CISH	-0.2804749
CNN3	0.30421046
BMS1	-0.3175096
KLC3	0.25249611
WIPI2	0.25625356
PEAK1	-0.3070777
CYCS	0.28989905
TCF7L2	0.30108475
LITAF	0.31333653
TNIP1	0.25232102
LOCKD	0.30008829
PNISR	0.25396539
TPST2	-0.2849968
CLDN3	0.38732362
SSU72	0.26989651
NAV2	-0.302443
MT2	-0.4646665
RAB10	-0.2720932
SLC39A1	0.3263839
TNRC6A	0.26957111
ACLY	-0.3051099
H2AFV	0.40725129
AEN	-0.2999965
TUBB2B	-0.2937099
PLEKHM2	-0.2864394
LRR8A	0.27965519
MARCH7	0.32373008
TRABD	0.25479352
NSMF	0.28829313
KLHL21	-0.3357838
CXCL16	-0.3045125
PIK3C2A	0.3696741
SUPT4A	0.27761471
BPTF	0.25245585
IFT43	-0.2511782
KRT17	0.31234665
SCARB1	0.25523327
MSRB1	0.30265914
ARL6IP5	-0.2596836
LIMA1	0.26485213
SNRPD1	-0.268913
ELF1	0.26047715
TNIP3	0.28484656
PLAT	-0.2879236
SMPDL3A	0.28371022
TUBA4A	-0.2581073
AY036118	-0.2762664
SUMO1	0.26652609
CEBPB	-0.2716935
SLC5A1	0.36017054
SGK1	0.29682199
PLEKHG3	-0.3207291
CEP170B	-0.2569257
PTPRF	0.25279701
IRX1	0.31311492
PRDX2	0.26431467
TUBA1A	-0.309363
SNW1	0.26550676
IFNGR1	0.31214391
WBP5	0.30115424
ERP29	0.25056607
TKT	0.25670866
EPHB3	0.30033295
EGLN3	0.29929304
SAI1	-0.4700263
MARCKS	-0.3331056
CD14	0.5052468
MKRN1	0.26270229
LAP3	0.28036583
TMEM176A	-0.3321555
CLU	-0.2536262
TSPAN8	-0.2516312
CALD1	0.42275897

GSN	0.32736505
CYR61	-0.6312425
PIPF	-0.325058
OSTC	0.25442301
MYC	-0.2649687
PLSCR1	0.42440326
HN1	0.25620642
IFI203	-0.4145351
MSN	0.25100561
PPM1H	0.29429954
PVRL1	-0.2822224
HYPK	0.254143
KRT19	0.3741407
ATP2B1	0.28993429

BCL3	0.28982274
MYH9	0.33685507
MUC15	0.27633305
MANF	0.31417477
ACTB	0.60903947
HK2	-0.3102336
SPPL2A	0.25365488
MNDAL	-0.3042569
FLNB	0.25695665
ELF3	-0.3522617
BGLAP3	0.54309612
RASSF1	0.28686589
TRIM25	-0.2772625
MARCKSL1	-0.3153275

ID2	0.27232432
ICAM1	0.37269107
SEPP1	0.27175515
POSTN	-0.2572193
PDZK1IP1	0.25204479
FOXC1	-0.287111
KLF5	0.28742002
SOD2	0.42536864
PRKCDBP	-0.3427673
AQP3	-0.4371909
DCTN3	-0.3939237
PDLIM3	0.2747511
NDRG1	-0.3012046
CEACAM1	0.35572358

H2AFZ	0.32994125
AREG	0.30950056
TAGLN2	0.35824755
SPRY2	-0.2812402
APOD	-0.7533769
BTN1A1	-0.4624796
ADAMTS4	-0.2758964
ARRDC4	0.30074565
TIMP1	-0.2690303
GADD45G	0.25388697
HSPB1	0.35888183

Cluster EC4 x Cluster EC3

Cluster EC4 Pre-pregnancy myoepithelial progenitor MEC Positive avg_log2FC

Cluster EC3 Post-pregnancy myoepithelial progenitor MEC Negative avg_log2FC

ID	avg_log2FC
SPARC	2.31533684
RPS18-PS3	0.93844188
RPS18	0.91982817
CSF3	-3.5196402
IGFBP3	1.85755426
EMID1	1.12598284
MT1	-0.8993478
MGP	1.6753208
COL9A3	1.20720255
GAS1	1.66834078
COL9A2	1.10333706
MAFF	-1.3367986
RPS28	0.51844485
MT2	-0.8072718
IGFBP7	0.97804857
MMP2	1.03063964
HSPB1	-1.6811946
CDKN1A	-1.3011324
ADAMTS4	-2.0307597
VEGFA	-1.2790844
MAST4	-0.9524079
RPS8	0.44249643
PLAUR	-1.3203245
FST	-1.0554729
POLR2L	-0.8855032
MT-ATP6	-0.4667118
KRT14	-0.8731447
FTH1	-0.8207371
RPS4X	0.48833952
CTGF	1.92716183
GEM	-1.6646074
MIA	0.97744332
CNN2	0.93898999
EMB	0.99997595
GMI10260	-0.6025848
PDPN	-1.0070121
I500015O10RIK	-1.2045197
SOCS3	-1.20897
TSC22D1	-0.9846283
ELN	0.9810055
PLPP3	-1.2186489
RPL7	0.41065277
MAT2A	-0.8053547
ERDR1	0.77289846
UBB	-0.6459221
TM4SF1	-1.2503979
ADAMTS1	-1.0981749
RCAN1	-1.4058609
SDC1	0.90490115
RPS3A1	0.36441531
FZD1	0.69960277
CRISPLD2	0.878397
RGS2	-1.4043259
RPL35	-0.5361239
LGALS7	0.84250928
EEF1G	0.51770473
RPS26	0.48163962
SRM	0.67153651
COL4A2	0.76477759
SLC43A2	1.0023914
TNS1	-0.9776525
BCAM	0.75356007
RPL15	0.66090123
TMEM165	0.69759769
EIF1	-0.346456
NET1	0.84187384

NFKBIA	-1.1983614
RPL23A-PS3	0.54322523
COL16A1	0.71172101
MFGE8	0.77648684
NEAT1	0.61165955
APOE	0.49057493
PDE4B	-0.7058161
PTX3	-1.2862653
COMT	0.56490532
RPL22L1	0.52361073
LITAF	-0.7444526
RPLP1	0.35900057
MFAP2	0.54021457
GM9493	0.63288626
DLL1	-1.0604585
PHLDA3	0.67044447
TXNRD1	-0.8264388
GNB2L1	0.43371403
SERPINE1	-1.2395515
BRINP1	-0.7215813
SMAD7	-0.8041567
PAPPA	0.54563931
UCP2	0.60630776
TUBB2A	-0.9317279
RBP1	0.66437244
SOX9	-0.9740876
XIST	0.47191884
PPIC	0.53608313
PHLDA1	-1.0055703
MT-CYTB	-0.3364994
RPL6L	0.55466562
HACD1	0.58505046
MT-CO3	-0.3021533
CD63	-0.3671894
SMIM3	-0.6882912
RPL36A	0.37377545
GMI10354	0.58074988
RPL37A	0.280373
IFRD1	-1.0941353
SPHK1	-0.7111664
KRT15	0.83262061
RPL6	0.42041412
OGT	0.60528786
HBEGF	-0.808186
RPL10A	0.38747415
ERRF1	-0.6664904
CYP11B1	0.6861433
SH3PXD2B	0.58426786
ARC	-0.8342408
SPRY2	-1.1145088
SNHG11	-0.6080732
B2M	-0.5298562
RPS20	0.34271813
SQSTM1	-0.7667289
CAV2	0.64058548
FAM110A	-0.6517043
CD24A	-0.8677453
GADD45G	-1.0702124
FOSL2	-0.7965096
HSP90AA1	-0.4797294
PIPB	0.54063238
CXCL14	-0.6045752
BGN	0.6462825
SLC2A1	-0.7942687
SFN	-0.5260975
CNIH4	0.55628832
KRT18	-0.7362266

CNDP1	0.47432199
CXCL1	-2.0747369
H3F3B	-0.2720352
CDA	-0.9688632
RPS15A	0.27096931
IFITM3	-0.3650145
GSN	0.59272819
PTMA	-0.3315391
FRMD6	-0.7595661
RPL14	0.26747713
URAH	-0.8050883
GPR153	0.33944661
COL4A1	0.66007096
EPHA2	-0.5938618
EFHD2	-0.5659558
MT-ND4	-0.3135075
DDIT4	-1.0068922
TRP63	0.81112026
CCL2	-1.3752987
RPSA	0.33189487
WNT5B	0.48803126
TNS3	0.5979923
HES1	-0.6662436
COL4A5	0.46764622
ADAMTS5	-0.832783
CHADL	0.48697472
ARF6	-0.4654558
KLF7	0.64132675
FTL1	-0.3460791
RPL12	0.32448236
RNF19B	-0.6411261
ICAM1	-0.6696807
HP	-0.670264
CEBPB	-0.4041555
4631405K08RIK	0.58329099
NEDD9	-0.6062499
NPM1	0.38004012
CHD7	0.55037146
XYLT1	0.49650518
GCNT2	-0.6387185
MAN1A	-0.6659465
ATP2B1	0.53395439
TSPAN5	0.48842022
PMEP A1	-0.4685796
FRMD4B	-0.5669053
TNFRSF12A	-0.5109
SCN7A	-0.6312598
LDHA	0.36190965
PDGFRL	0.43547576
RPL3	0.30551659
EIF3F	0.51933994
TXNIP	0.52084788
SRSF5	0.44500396
PRPF19	0.45223762
P2RY1	0.37140954
RPL4	0.27676966
ECE1	-0.5987072
JAM2	-0.4661935
RCN1	0.47084665
TNFSF10	0.34644
PGM5	-0.445634
NONO	0.54552869
HMOX1	-0.8856775
TPT1	-0.2609572
PLEKHB1	0.40835234
RAB20	-0.6880616
FHL2	0.51202847

SERF1	0.34685372
PSMA4	0.42848742
WDR89	0.39773657
NABP1	-0.5605526
SRSF6	0.49418054
TFAP2B	0.51336205
CRLF2	0.30380665
PEBP1	0.40710043
RAMP1	0.29496676
SDC4	-0.4699373
THSD7A	-0.4177646
ELL2	-0.5023646
JCHAIN	-0.3783936
F11R	0.46162011
NPW	0.4074802
LHFPL2	0.44793518
NDUFV2	0.47199861
DSTN	0.35178272
BCAR1	-0.5868095
FGFR2	-0.6113653
EIF4EBP1	0.57437562
AFF1	-0.5176102
ZFP637	0.4697336
RERG	0.32082093
PHPT1	0.48258603
RPL23	0.25121188
RPS27RT	0.31039414
RASL12	0.37046823
FBLN2	0.33285403
SERPINH1	0.32980026
WFDC18	0.75080132
SBSPON	0.29906632
SLC7A5	0.44200303
FERMT2	-0.6853473
RNF122	-0.5604109
PRSS23	0.61700477
ZFAND5	0.43163879
AJUBA	0.26497697
LAMB3	0.47746315
TEAD1	0.53602904
PRELID1	0.39313129
JOSD2	0.42959797
LMOD1	0.48853126
MSRB1	0.55284846
NDUFA3	0.43962502
ZFP260	0.36563007
CDK4	0.426703
UBALD2	0.50781208
EPRS	0.45454923
TIMM44	0.38420928
KRIT1	0.41800746
UHRF2	0.41785218
DEPDC7	-0.586058
RPL27	0.39692026
APOL10B	0.33410419
TMEM147	0.45024579
MAT2B	0.34075028
ACSL4	0.58112396
DYNLL1	-0.4780073
NACC2	0.40226332
FOSL1	-0.5666335
IGFBP5	0.56145017
CLCA3A2	0.53746288
ZFP36L1	-0.5738934
TIGD2	0.30712765
FAM43A	-0.3422713
COL7A1	0.40223898

CUL4A	0.34232447
IER5	-0.6757285
RPL31	0.25380973
ARPC4	0.39976332
BRD3	0.45287809
LMAN1	0.44866407
CST3	-0.5569612
KEAP1	0.35624593
CSRNP1	-0.5836823
BCLAF1	0.38881578
FOXC1	-0.5212569
EEF1B2	0.33393866
PCDH7	-0.5709166
ANXA6	0.38063561
AATF	0.39449673
MTHFD2	0.44674565
ACTG1	0.31228593
GJA1	-0.5333332
TRIM29	0.41057539
TMEM51	-0.4844163
PXDC1	-0.7909189
ERP29	0.39700372
CTSF	0.35621831
RPS27	-0.4274824
GOLIM4	0.3130729
AEBP1	0.37627045
CD9	-0.3025922
PDAP1	0.37191478
KLF4	-0.589869
CSN1S1	-0.5766556
FBLN7	0.25958328
LIF	-0.6083555
PHXR4	-0.504854
GADD45A	-0.7145401
TGFA	-0.5262129
TIMM9	0.39914248
CDK2AP1	0.3922054
CALM2	-0.4449998
SUP14A	0.41790276
CAPRIN1	0.40534059
NCL	0.34339354
DUSP5	-0.713894
GFRA1	0.45763336
FAM103A1	0.3152435
PDIA6	0.43508388
CIR1	0.33946913
PLS3	0.48245323
FOXO1	0.52862089
TXNDC5	0.38774984
H2AFX	0.39548501
PLEKHA1	0.33547894
PMM1	0.32905662
PINX1	0.31393275
ACTA2	0.56448816
RPS26-PS1	0.36754392
POLR2E	0.37354047
NFE2L2	0.46342246
SPP1	-0.6121358
HNRNPA2B1	-0.3213263
TANC2	0.425398
TAX1BP3	0.39588865
MEDAG	-0.6400996
NOCT	-0.5408565
RUNX1	-0.4430038
CCDC6	0.32457028
KIF1A	0.29156081
CDC16	0.36769992
FSTL1	0.38540657
GARS	0.33739441
TPBG	-0.574881
RUSC2	-0.2720314
SLC25A4	0.39774954
SRP72	0.34480645
ERH	0.29878681
FAM83A	-0.4517431
BTG2	-0.8584152
PSAP	0.37168572
PEX11B	0.30081339
SAE1	0.35777803
TAGLN	0.52444022
KDM6B	-0.6416266

SEC61B	0.37870012
ACAD9	0.30806691
IER3	-0.6830465
TSPAN7	0.30069923
SDHD	0.37571699
RPS12-PS3	0.36544885
GM10116	-0.4371065
LMNA	-0.3316212
ANP32B	0.32172679
TAGLN2	-0.4488051
UQC3	0.37288685
PIGT	0.39027094
HDDC2	0.2588352
RBM5	0.41102126
RNPEP	0.30080457
IL11	-0.5088407
SFRP1	-0.4449052
H2-Q6	-0.4049656
SLC38A2	0.34250873
PERP	0.35709232
BNC1	-0.2664369
KLC1	0.40708266
MAF1	0.29348089
TOPORSOS	0.30800575
ATG101	0.31243432
TNFRSF18	0.29652422
GM11713	-0.3573909
ATP5C1	0.39357475
OST4	0.34164821
LAMC1	0.33023107
SPTBN1	0.38486574
YBX3	0.38865125
WIF1	0.48657687
UBA52	0.35184243
TRIB1	-0.5917682
NUDCD2	0.26134308
UQC3Q	0.31565634
MYBBP1A	0.36714805
LSM1	0.29191815
SSR2	0.41874809
RPL9-PS6	0.33654384
IMMT	0.36951128
PXN	-0.4647902
MANF	0.41468346
PHB2	0.39203273
SERBP1	0.2828969
SOX10	-0.4798252
COPE	0.39442061
2810004N23RIK	0.34740187
NRIP1	-0.3386643
MORC4	0.25095288
RAE1	0.37164297
ECHDC2	0.31523672
GPATCH4	0.37068642
EMP1	-0.696586
ARGLU1	0.40718827
STX11	-0.4366108
UBAC1	0.30345463
BTG3	-0.3947181
STARD3NL	0.31227141
DAB2	-0.2954445
BRI3BP	0.27921262
RELN	0.27798043
NUDT21	0.36157685
RTCB	0.38383592
SEC31A	0.35929852
FRG1	0.34292623
EIF1A	-0.3911459
YIPF3	0.36021646
ZFP706	0.33440768
GAS6	0.39181917
1810037I17RIK	-0.4875338
KCTD4	0.30616561
NIPAL4	0.28310065
TINAGL1	-0.6310722
UBE2D3	-0.3044025
ILK	0.31327639
FAM162A	0.44557318
CCT4	0.32219454
COA3	0.35707481
LAP3	0.38093417

SSNA1	0.3081824
HRAS	0.32139642
CSTB	0.3355974
TGIF1	-0.4018765
NTNG1	0.34091013
MATN4	0.39958731
EPCAM	-0.2696682
MINA	0.29914148
CCT5	0.35450689
RNF10	0.34570631
EIF3M	0.33814594
SLC4A7	0.32777162
GAPDH	0.28635784
RRAD	-0.6094345
BSG	0.30357164
DAG1	0.35655236
EXOSC7	0.30813708
AKAP2	-0.459156
EIF4E2	0.30710229
PPP1R14B	0.3657822
NR4A2	-0.5779799
RPL13-PS3	0.30730943
UNC5B	-0.4437752
CCT3	0.33701293
1810058I24RIK	0.36160031
DDX27	0.32674642
PAICS	0.26274236
IL17B	0.54322222
ASXL2	0.27597167
FGFR1OP2	0.36655766
ETS2	-0.4703247
NFKB1	-0.4344701
TRIM28	0.29330919
PPP3R1	0.27405411
FAM195B	0.33584045
BAX	0.30761806
RRP15	0.31936193
RGCC	-0.4381616
ATP13A1	0.28829229
LTF	-0.3732564
CLINT1	0.3103585
CFL2	0.32976322
C1QBP	0.33632
PARM1	0.37811999
RPL10	0.32939948
CCNJL	-0.2552777
KTN1	0.33428696
TLR2	0.36383299
GPX8	0.2883108
SERPINA3N	-0.6318531
RAB24	0.30831828
THOC7	0.36224132
ATAD3A	0.30651805
ZBTB7A	0.38935402
PABPC4	0.33731556
IKZF4	-0.5053935
PCBP4	0.33314422
ID4	0.52341058
CHIL1	0.59775596
MBD3	0.3675118
DCTPP1	0.29335745
STX16	0.26421627
GLRX	-0.5465164
ITPKB	-0.506864
DYNC1I2	0.31652263
HDLBP	0.35242735
TUFM	0.30706302
SSBP1	0.33278462
SMC1A	0.41174748
COP56	0.27280278
AK1	-0.477259
1110004F10RIK	0.28073955
PTPRE	-0.4994545
MAP3K7	0.28167803
PSMD6	0.3302106
DUSP7	-0.3711356
NRBP2	0.26889204
LSM2	0.30310515
GM7676	-0.4055085
RBM6	0.36019144
UAP1	-0.5684793

REST	0.31120158
ELOVL7	0.36507809
TAF1D	0.28911219
TMEM167	0.27620036
WDR77	0.28877813
WDR26	0.28008568
ZFP292	0.30172772
ZFP106	0.27283828
PPP2CB	-0.4556738
PRMT7	0.295475
CSNK2A1	0.25778915
EZR	-0.4328437
ITGB4	0.28084443
ADGRG1	-0.4421174
UQCRC1	0.30019907
0610012G03RIK	0.2927798
MPZL2	-0.4552464
GM8973	-0.2505212
EBNA1BP2	0.28710592
ADPRLH2	0.31786817
SLC39A14	-0.4354608
RAP2B	0.38862021
MRPS17	0.27526535
CXCL2	-1.7614319
LYSMD2	0.27802615
CTAGE5	0.32390617
TCN2	0.30472465
FAM60A	0.28031402
COLGALT1	0.2633101
POLB	0.28008404
TSPO	-0.4213732
CAMK2N1	-0.4815123
NRP2	-0.3932933
CP	-0.5303249
SGMS2	-0.4601589
DCA7	0.3483478
1810011O10RIK	-0.5290126
CDC42EP4	-0.3962075
PBDC1	0.36183479
TIMM13	0.3115409
R3HDM4	0.27083187
LGALS3	-0.4872663
TJP2	-0.4549103
CHTF8	0.27062033
VIMP	0.32301812
RGS19	0.27111727
RALGDS	-0.4993997
ATRX	0.31035105
HK2	-0.5812297
ARF3	0.34633373
HERPUD1	0.34617543
MZT2	0.36664695
LYAR	0.35710477
PPIL2	0.35133399
METTL1	0.32997665
SSB	0.31559358
LZTS2	0.29626
PYCR2	0.2887178
POLR1A	0.25198401
LBP	0.30360189
MRPL34	0.29327553
SPRY1	0.2593321
ZFOS1	0.36412275
SUSD6	-0.432964
COP57A	0.29932026
SEMA4C	-0.4428507
CNPY2	0.32042431
MOXD1	0.30420897
HEG1	0.41127993
2-Sep	0.33103339
TENM2	0.33883669
SLPI	-0.5543372
IL19	0.36507232
BLMH	0.25995015
SYNCRIP	0.30231097
RDX	0.34059444
PGLS	0.28953013
DCTN2	0.32020427
TMEM173	-0.3121298
HADHA	0.29649667
MKRN1	0.30118109

PUS7	0.26884441
ZC3H12A	-0.3084632
TIMM10B	0.3039074
RPL27-PS3	0.26511831
TUBA1B	0.34105002
SOX4	-0.3770179
MRT04	0.28729525
MYDGF	0.28759299
EIF3A	0.28189265
DUT	0.25480828
NSUN2	0.31109974
CTSD	0.34680005
UBTF	0.28835974
PRDX2	0.33812661
IMPDH2	0.29509665
ZFP36L2	-0.4482765
FARSB	0.32129396
KRCC1	0.26102589
DKC1	0.2876327
RAB2A	0.26013704
FAF2	0.27020559
GABARAPL1	0.33255972
DST	-0.4095084
GNG5	0.28376148
EIF5B	0.25104829
SDHB	0.34203588
GPS1	0.3339113
CSPP1	0.25466682
GORASP2	0.34408839
IFRD2	0.27091401
IGFBP6	-0.3070253
KLF13	0.32147109
FABP5	0.36547102
RABL6	0.28541043
UR11	0.27170986
POLR2J	0.26253636
PNN	0.29758303
SH2D5	-0.4609008
PDIA3	0.33569238
MAFK	-0.3983459
BMF7	0.29374638
PPID	0.28913241
ATPSG3	0.29764128
RNF166	0.25850692
BRK1	0.30447817
ADH5	0.27457244
MRPL14	0.31346617
RPS6KA1	0.25918788
PPPICA	0.26578586
JUP	-0.372577
LUZP1	-0.3343226
EIF3I	0.35657155
OSTC	0.2943919
MAF	0.3354657
MRFS34	0.27892591
S100A6	-0.3808668
CD200	-0.4983864
PNISR	0.314966
RRBP1	0.29117117
PES1	0.31104103
IER2	-0.4005167
1110065P20RIK	0.25273141
GLRX5	0.27815202
PCGF2	0.25988125
RSU1	0.33145684
EMG1	0.29275472
ARF5	0.25791704
MT-ND4L	-0.3857562
MDH2	0.29443577
DNAJC2	0.29807656
UBA5	0.26083595
KRT8	-0.4374715
IARS	0.28236859
PPIL4	0.27306153
PRKCA	0.30587186
METAP2	0.261197
ACTR1A	0.26132854
UTP11L	0.28610594
MICAL2	0.28001954
ZFP280C	0.25384681
SSRP1	0.29358092

RPL13A-PS1	0.28067437
FXDY2	-0.7811718
PEX19	0.27525296
ATF3	-0.5896153
AHR	0.31695045
ATPSA1	0.25554229
1110008P14RIK	0.28796553
PTOV1	0.31042106
MAP1LC3A	-0.3617765
LAMTOR5	0.25471769
SLC7A2	0.41472158
OSGIN1	-0.4987429
AIMP2	0.27001796
CHMP2B	0.29457881
ANXA1	0.41619062
ARHGEF40	0.28136028
ENY2	0.29462073
RABGEF1	-0.3722777
ATPSO	0.28262356
ITGB3	0.4665733
LYPD3	-0.4220152
BAK1	0.26959336
ADSL	0.28100369
PSMD9	0.25905926
WDFY1	0.28038882
GADD45GIP1	0.3194576
SNAI2	0.27557276
AIMP1	0.26152968
SLC25A51	0.26686323
MAP2K3	-0.2943596
PPM1H	0.26909874
P4HB	0.25430814
FAM83G	-0.3468894
NFIC	0.25840333
TCEA1	0.27045886
ARL6IP5	0.31923587
SPPL3	0.26619412
BIRC3	-0.3669547
TXNDC9	0.2641789
PPP1R18	-0.397703
MRPL57	0.26482153
MAP7D1	-0.4762334
GM10036	0.2524142
YPEL3	0.28265688
ANAPC2	0.27004058
CALM1	-0.3391943
STRAP	0.25767591
UQCRC2	0.2905505
CRIM1	-0.4382513
JUNB	-0.3766895
YWHAH	0.28080339
GABARAPL2	-0.4316758
NLE1	0.26215605
LTBP2	0.26240883
UBE3A	0.271055
ANKRD12	0.25835874
SOCS1	-0.4390789
GALNT18	0.29079108
LY6E	0.26553968
CISD1	0.31007628
PTPN14	-0.2934405
C4B	-0.318458
BRD7	0.25556092
TPR	0.28869399
NAA20	0.28653849
BTG1	0.26525725
KCTD1	0.34354026
1110008F13RIK	0.30454105
RTN3	0.25488168
TCEB1	-0.3526274
DHX30	0.25471763
ARL1	0.26596153
GMPS	0.28290706
2810474O19RIK	0.32223164
PDGFC	0.25424277
TOMM70A	0.25571258
PLAGL1	0.28448598
MRPL52	-0.3500249
ZF3B5	0.28926677
HTRID	-0.2584835
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TRIM32	0.2589827
GTF2F2	0.34418362
CLMP	-0.3555079
HAS2	-0.4719543
PGAM1	0.25347273
PFKFB3	-0.2841986
RNF187	0.28324877
HDAC2	0.26066118
RRAGA	0.25804136
H2-Q4	-0.3758206
SNX10	-0.366059
SMARCB1	0.26420055
BCL3	-0.523212
GSR	-0.3496278
XPOT	0.28341554
FHAD1	-0.4351905
MRPL3	0.25404685
MTX2	0.26875255
TMA7	0.26122839
SYNGR2	0.28891296
TOMM5	0.31197582
ABCF1	0.28198095
CHD2	0.25708688
NFKBIZ	-0.3164092
GM6133	0.26682526
CYC1	0.3124549
RNF7	0.25380471
TSN	0.27802403
NSA2	0.25856491
5730559C18RIK	-0.4728983
CCL7	-0.504884
FKBP4	0.2673495
LAMP1	0.28208354
UQCRC2	0.28467361
PROCR	-0.4595694
MRPS24	0.27176402
SAC3D1	0.27731375
GNP1	0.25076828
RPS2	0.26176479
HNRNPA1	-0.3123329
ANKRD11	0.27219913
FABP4	-0.8815584
ACP1	0.265252
NPTN	0.27737128
NPTX2	-0.3074983
TIA1	0.26598959
GM10709	-0.3762732
CALU	0.25552986
RBPI	-0.3348149
BZW2	0.25269565
ARPC5	0.26046012
FLNC	-0.5051666
TMEM238	0.30503277
CCAR1	0.30990657
RND1	-0.4117352
PTK7	0.26412503
ARHGAP42	-0.3426682
TMEM33	0.2623349
SNTB2	-0.3247926
ANAPC5	0.30482345
CLTB	-0.2511393
LRRCS8	0.26295995
CRLF1	0.27504382
FLNA	0.2847464
NUDC	0.28976751
GLUL	-0.447331
LGALS1	0.42695736
MIR143HG	0.28861547
ASPH	0.27760104
VPS37B	-0.3922518
LTV1	0.2606141
JMJD1C	-0.4378552
ITGA5	-0.3887217
SMAD1	0.30941261
ETHE1	-0.3351722
NDUFA10	0.25770263
NDUF57	0.2832036
ARID5A	-0.4162362
SNX17	0.28532048
AHSA1	0.26227417
ITM2B	-0.2538379

ARMC1	0.2581443
ARPC3	-0.4043713
MTCH2	0.25865473
DUSP1	-0.7816019
GABARAP	-0.2827577
MRPL36	0.26988939
MED21	0.29751108
OLA1	0.26643749
KNOP1	0.29048826
MAPK1	0.25390048
ZFP462	-0.3887111
RAP1A	0.25224894
CSF1	-0.7271172
GM10053	-0.3131711
S100A16	0.28209942
USP36	0.25673012
TRNAU1AP	0.26789372
GRWD1	0.26441605
FZD7	0.32093415
NRG1	-0.3828285
WASF2	0.27223762
FGG	-0.5146343
WNT5A	-0.3233618
HNRNPH1	-0.3858656
MRPL54	0.27041759
TXN1	-0.3636133
LRRFIP1	-0.3299886
ADARB1	-0.2993121
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EPS8	0.29285819
RPL7L1	0.28495885
SNRPE	0.25023731
CALR	0.25107548
MPHOSPH8	0.28507556
NDUFA8	0.26864457
PIN1	0.26395498
RB1CC1	0.2841917
HCAR2	-0.2910127
WBSR22	0.25379804
HADHB	0.29390143
YAP1	-0.3468991
KRT23	0.25165482
ZFP91	0.25444789
JAK1	0.28908155
COL14A1	0.25701656
GADD45B	-0.6779728
PPP3CA	0.27750842
ZFP703	-0.3144785
RNH1	-0.4153291
CKB	-0.4033804
SYNM	-0.3797559
LAMB2	0.25778733
POLE4	-0.3700228
SCAP	0.25891013
SLC6A6	-0.3956762
PPDF	0.28524098
NR4A3	-0.3153713
TCP1	0.25782616
CAV1	0.35720543
H2-T23	-0.371192
1700025G04RIK	0.29973804
CBR3	0.26144267
ENAH	-0.3571742
PRKCDBP	0.27685229
KAZN	-0.363265
SMC3	0.25357415
CEBPZ	0.25801958
IRX3	0.28079631
2700060E02RIK	0.2503269
HIVEP2	-0.3817948
DNAJB1	-0.8025256
DDX3X	-0.2765232
LDHB	0.32541194
NDUFB5	0.25697518
PRMT1	0.28152081
CLIC1	-0.2741242
ZFP207	0.25464338
CX3CL1	0.25057288
S100A1	0.32312934
SUCO	-0.2638043
NR1D1	-0.2809194

MIDI1P1	-0.2866345
FGFR1	-0.305203
SLC41A1	-0.3340476
MRPS30	0.25146644
TRIM27	0.25390091
KLHL21	-0.3108227
PLSCR1	-0.2808647
RNASE4	0.28765903
PIM1	-0.3350008
COQ10B	-0.3763347
CXCL12	-0.4387291
RSRP1	0.26312431
LIPE	-0.2567864
NDUFS6	0.25784205
CNN1	0.30499414
TIPARP	-0.4112152
IFI202B	0.35593479
GSTM5	0.26277025
ITM2C	0.30748972
EFNB1	-0.3939123
IRS2	-0.3087484
YTHDC1	-0.3589166
FERMT1	-0.4100528
CYP51	0.26323189
CBR2	-0.3962188
KLF10	-0.363313
TRIP12	0.25081132
ANGPTL4	0.34181698
BHLHE40	-0.3613637
MARCKS	-0.3821772
KRT5	0.26961365
YPEL5	-0.2802858
DBI	0.32342532
GM5786	-0.2574996

CSN3	-0.2968789
ANXA7	-0.2955547
ZFP36	-0.5121517
JUND	-0.3596601
PRORS1	0.25255265
HSP90B1	0.26275558
XBP1	0.25410387
ID3	-0.4219109
GPX3	-0.4160527
EHD4	-0.2800302
OSMR	-0.2823905
TMEM120A	-0.296411
MED13L	-0.3168404
ANXA2	-0.294842
AY036118	-0.2645271
SOD2	-0.3621312
MAP3K2	-0.3275486
MOCS2	-0.3203483
ITPK1	-0.2675809
CD44	-0.285081
ARL4C	0.26311693
SNX18	-0.2522661
GCLM	-0.3160262
CYSTM1	-0.2892793
CREM	-0.2791787
SPOP	-0.2627009
ATXN7	-0.3655965
TSC2D2	-0.3353653
UBE2H	-0.2983197
GM20186	-0.39789
ODC1	-0.2504866
ID11	0.25054512
SERTAD2	-0.3127763
PURA	-0.2733728

ITPKC	-0.2501931
PAWR	-0.2524261
HACD2	-0.2720441
DYNLRB1	-0.286995
MGST3	-0.2584638
GRB2	-0.2884103
MDM2	-0.3645892
GJB3	-0.3001574
MEG3	0.2541342
HTRA1	0.2764651
NFATC2	-0.2566964
LGMN	-0.3421986
AHNAK	-0.253099
SEC14L1	-0.2776982
KRT16	-0.48625
SRXN1	-0.3056399
ETS1	-0.3411989
LACTB	-0.281461
SLC16A1	-0.3061881
TMBIM1	-0.2738378
CGREF1	-0.2630399
FNDC4	-0.2958394
STEAP4	0.32917848
SFR1	-0.2953137
FHOD3	-0.257756
MYC	-0.2759724
BCR	-0.2936909
EPAS1	-0.2523975
KLF6	-0.2702859
PPP1R15A	-0.3390034
CRIP1	-0.2631821
RHO	-0.3048126
USP50	-0.2501396
TIMP2	-0.2767852

MICALL1	-0.2540084
DEK	-0.2751447
NOTCH2	-0.2546141
PRR13	-0.2678446
TRP53INP1	-0.2541585
FEM1B	-0.2887525
REEP5	-0.276574
TGOLN1	-0.2907745
TMSB4X	-0.3530559
VIM	-0.4420188
RBMS3	-0.2590783
PLET1	0.54782958
CHKA	-0.2727559
WFDC2	-0.2585037
SLC5A3	-0.260472
TNIP1	-0.2703667
MBP	-0.3661046
BAG3	-0.2850318
PDLIM3	-0.3337658
HILPDA	-0.3226099
PMP22	-0.2929944
VCAM1	-0.4649157
ELF3	-0.2572267
CYR61	0.25169352
THBS1	0.30056578
HSPA1A	-1.4447849
NR4A1	-0.3236005
SGK1	-0.3334334
NUPR1	-0.48738
EGR1	-0.3041719
HSPA1B	-0.7375439
FOS	-0.2745653
FOSB	-0.266892

Cluster EC8 x Cluster EC5

Cluster EC8

Pre-pregnancy ductal-like MEC

Positive avg_log2FC

Cluster EC5

Post-pregnancy ductal-like MEC

Negative avg_log2FC

ID	avg_log2FC
RPS18-PS3	1.18992122
RPS18	1.26388637
RPS28	0.8618869
FXYD2	-1.9250332
LY6D	2.54194062
RPS26	0.84120746
DCN	2.38411347
HP	-2.2748495
NRXN3	1.32871626
RPL10A	0.72121968
RPL32	0.63809086
PTN	1.18253047
EMB	-1.2415353
TMPRSS6	-0.9886125
RPS27RT	0.59065672
2210407C18RIK	-2.3893773
RPL3	0.49567543
LTC4S	-1.2573627
RPS8	0.46709917
FAM3C	-1.075416
RPS27A	0.43796626
RPS20	0.63072393
R3HDML	1.12771004
RPS3A1	0.48473335
RPS26-PS1	0.70743652
CST3	-1.0302361
ITM2B	-0.7741654
RPL23A-PS3	0.65744914
PABPC1	0.72907796
RPL23	0.42674955
RPLP0	0.50880619
RPLP1	0.48755774
RPL37A	0.39911891
SOX9	1.16737231
RPL17	0.45692419
RPL37	0.41587614
H2-K1	-1.0256533
TM4SF1	-1.5094496
RPS15A	0.45067426
RPL15	0.63524675
TOX2	0.7974272
RPL12	0.63069255
PCOLCE	-0.9207665
ATOX1	-0.5910612
RPL18	0.39360442
COMT	0.65569565
CLCA3A2	-1.3647923
RPL36	0.41638775
RPL6	0.47622587
TMEM158	0.9064517
FUCA1	-0.805027
FTL1	-0.6488383
RPL35A	0.36829896
EEF2	0.42868848
GNB2L1	0.56382118
GM8730	0.44458698
CRIM1	-0.8055155
NAV2	0.73859137
H2-D1	-0.8441993
RPS4X	0.43817281
SGMS1	0.88851498
WFDC12	-0.7239626
MAN1A	-1.1171824
RG520	0.54281344
BMP3	-0.9091897
RPS19	0.36535408
POLR2L	-0.7504381

RPS17	0.37428292
TSPAN1	-0.9691037
RPL13	0.39570293
RPL39	0.34738731
HSPB1	-1.2010745
BTF3	0.47275331
TMED3	-0.8586651
RPS3	0.35350051
RPL36A	0.44326677
RPL24	0.34438727
SMIM22	-0.6963714
CALCA	1.71855172
GSN	0.78232932
ERRFI1	0.97012886
RPS5	0.36878438
GM9493	0.61859878
RPS24	0.3872358
ERDR1	0.89063282
AREG	0.75630221
TSPAN13	-0.6051338
RPL22L1	0.5594345
RPL7	0.39298197
RPS9	0.3267333
UBE2Q2	0.73498743
AQP3	0.92562487
GPX4	-0.514277
OAZ1	-0.4226787
RPL34	0.33433024
RPL28	0.39872847
COG2	-0.7133057
RPSA	0.42595774
GM10263	0.38023062
RPS29	0.2902955
RPS14	0.32664833
RPL14	0.32367454
KIF5C	0.6145501
HIF1A	0.71327378
RPL19	0.29316566
RPS2	0.52893089
RPS13	0.34091859
GM10036	0.45622388
EEF1B2	0.4820212
EEF1A1	0.30611073
RPL5	0.4092854
TSPO	-0.5364546
RPL8	0.32090655
RPS15	0.31625636
HMGCS2	0.97914016
TMEM176B	-0.6174452
RPS10	0.36549744
MUC1	-0.5797397
MALAT1	-0.3547237
RPL11	0.32341954
TMPRSS2	0.65416519
PNRC1	0.57063559
RPL6L	0.45766681
CD81	-0.6570352
SAMD5	-0.5542301
ANAPC13	-0.4791306
RPL4	0.36028972
SNHG11	-1.1042267
HEPACAM2	-0.6661256
RPS16	0.27812016
UBA52	0.56725577
TNS3	-0.4357214
ENO1	-0.6408969
TMSB4X	-0.6191246
RPL18A	0.28013432

RPS21	0.33179284
PLCB1	-0.5829767
NFIB	0.5638651
5330417C22RIK	0.44789575
MFGE8	-0.5577449
CALR	-0.6672341
MASP2	-0.3703753
CRIP1	-0.6813086
RPL26	0.29704517
GSTA4	-0.6383727
PIRA2	0.87690026
RPS6	0.30135317
APP	-0.6138135
RPL13-PS3	0.48799412
CRYM	-1.3657359
WDR89	0.42464941
PTMA	-0.3032444
AGPS	-0.8364079
CXCL17	0.65407753
MORF4L1	-0.411987
ABCC3	0.62346604
RPS12-PS3	0.45395573
TMEM59	-0.4808266
SOCS2	-0.6533881
TRP53INP1	0.71133098
IFITM3	-0.4782109
ADRBK2	0.51105176
SV2C	-0.6079549
ITIH5	0.49230396
UQC22	-0.4266572
RPL31	0.2854199
OST4	-0.4304637
TMEM176A	-0.5606968
RPL27A	0.26454219
5930412G12RIK	0.52326026
PRSS23	-0.6783544
FBXO2	-0.4595704
GJB3	-0.7376795
RPS7	0.33552708
ACHE	-0.412324
SH3PXD2B	0.45600695
PDLIM1	-0.4697243
CALM2	-0.4648533
NET1	0.92432368
NACA	0.26616553
HAGH	-0.5064756
YWHAQ	-0.4735318
GM9843	0.29502448
LCP1	-0.5009999
SMDT1	-0.4284063
EIF3F	0.35908056
LDHD	-0.5786977
ATP6V1F	-0.347671
PLEKHG3	0.49286046
WBP5	-0.4591178
VDAC1	-0.4601759
B2M	-0.4926122
NDRG1	0.53511242
CHCHD2	-0.3245578
ARID5B	0.6110499
BTG3	-0.4946694
PCBD1	-0.3876396
CXADR	0.67542794
DBP	-0.6763226
CD63	-0.423267
NABP1	0.53050603
FGB	1.20992864
DAD1	-0.3976842

ECM1	-0.7107852
PHYH	0.5355907
POLR2G	-0.4878713
LRG1	0.37796361
S100A16	0.53600967
PFKL	-0.44899
UBL5	-0.3185216
IL6RA	0.33208637
CEL4	0.45549687
PKM	-0.4436203
ALDOA	-0.3637458
CYSTM1	-0.3421409
RABAC1	-0.3721842
ARPC2	-0.3827931
ABCC8	0.30037024
1700025G04RIK	-0.2950847
TAP2	-0.6736999
BEX1	0.28819542
MDF1	0.41714241
RPL9-PS6	0.34134613
CNN3	-0.4272618
SCARF2	-0.4458248
GNAI2	-0.4048364
PRDX6	-0.4657721
ITIH2	0.43114586
AKRIB3	-0.4014325
SPHK1	0.49375587
ATP6V1G1	-0.3152623
CD24A	0.52105915
RPL10	0.41975797
UFSP1	-0.4086446
IL6ST	0.485334
HSPA5	-0.6485635
RPL27-PS3	0.36178619
ID2	0.70514834
GJB4	-0.6707199
F3	0.62139297
CNS1S1	-0.4571236
GM6133	0.39795033
PSMC4	-0.4365438
PCP4	-1.2876637
TNIP3	0.91970039
CD82	-0.4248255
TOP1	0.39934446
RPL27	0.42323425
TMEM56	-0.4415401
ACTG1	0.42113947
CDKN1A	0.41060402
SPINT2	-0.2675067
NEAT1	0.44320544
SYNGR2	-0.4471871
MRPL14	-0.3800478
LAPTM4A	-0.3775298
ATP5H	-0.3049357
CTSE	-0.5835866
PRDX1	-0.3094062
UBL3	-0.4757524
MYL12A	-0.292468
CTSB	-0.4247592
ABHD12	-0.448543
PER3	-0.5622943
ZFOS1	0.44527727
CEACAM1	0.47728257
CCDC124	-0.4028937
INHBB	0.46590391
DNAJA4	-0.5678117
TMEM116	-0.2677182
MYO1E	0.42416459

FZD10	0.40168503
INSL6	-0.337511
GM10116	-0.4789945
CAPNS1	-0.3721853
TMED10	-0.3234307
CISD1	-0.4396111
NDUFB6	-0.4050791
BSG	-0.2966119
ALDOC	-0.3694125
ZFP36	0.34547289
UBB	-0.492613
INPPL1	0.48619911
AY036118	-0.5414036
DNAA1	-0.9119501
PSMA2	-0.4227833
EIF4EBP1	0.36896881
TROVE2	-0.3492607
CLDN8	-0.3858389
MT2	0.94926496
NDUFA11	-0.4252678
HCFC2	0.30016671
AHNAK2	0.33865778
NRAS	0.35283219
ROMO1	-0.3193179
ATP1B1	-0.4703144
STXBP6	-0.4289754
GM13393	-0.257271
MPC1	-0.421387
AES	-0.361434
FOSB	-1.0067064
CAPN5	0.3588379
RPL13A-PS1	0.35084702
MIEN1	-0.3708059
S100A10	0.4102787
CDC42EP5	0.34043773
MRFAP1	-0.3412783
GALNT18	-0.4990803
GSTK1	-0.3560957
VAMP8	-0.3465466
ATP6V0E	-0.3671716
NGF	0.44635201
CYP3A57	-0.669751
RER1	-0.3401843
GLRX5	-0.3953919
FTM2	0.30804073
CCDC162	0.37666112
MYADM	0.43920601
PSMB3	-0.387222
ADRM1	-0.4285549
SDF2L1	-0.4053932
NUPR1	-0.5076809
TMEM147	-0.3645828
SPTAN1	0.34907129
DGAT2	0.7104496
PDIA3	-0.4281573
GM17430	0.35258833
ARF1	-0.3078058
RPL35	-0.2759195
N4BP1	0.3007646
NDUF55	-0.3406087
CDH13	-0.2539134
LARGE	-0.6578414
URAH	0.34948125
PRKCA	0.32913762
AR	-0.281882
PDE4B	0.33835851
FKBP2	-0.3733531
MT1	0.95092806
TNFRSF21	0.43117743
SPCS1	-0.3243892
HSPA1B	-1.3257733
CLTB	-0.3368119
CXCL16	-0.4235144
CHMP5	-0.3498245
TMEM205	-0.4205774
OAZ2	-0.3474344
BC031181	-0.3307821
GM10709	-0.3212095
RBX1	-0.3010299
AMD1	0.36213597
GM11808	0.30626078

MSN	0.33642691
PARD6G	-0.2908865
S100A14	0.35395467
SEC62	-0.3627336
TMEM159	-0.5462207
CDO1	-0.3097039
POLE3	-0.3343585
PTPN2	0.47042934
TM2D1	-0.3538362
RNF5	-0.3372868
KLF9	0.31674452
TONSL	-0.3857407
NAB1	0.34188842
TGIF1	0.43752468
GM5160	-0.2767176
OSTF1	-0.327465
ACOT1	0.46840362
CRISPLD2	0.45221509
GSTT1	-0.3428685
JCHAIN	-0.2587859
TSPAN17	-0.4169673
LASP1	0.32969216
SRP14	-0.2967375
MAL	-0.3813902
YIPF4	-0.3298835
CDK2AP1	0.3490344
GSTP1	-0.3384946
GNG12	-0.8039197
KCNQ1OT1	0.36023827
LY6A	-0.5616344
HSP90B1	-0.4680939
TXNL1	-0.360731
PSMB5	-0.3433695
OAT	-0.4409555
RPS2-PS6	0.25250022
ORMDL2	-0.372701
LAMP1	-0.2951512
SLC35B1	-0.3304246
PLAC8	0.39045153
TMEM123	-0.3857128
ANXA5	-0.4584788
UGP2	-0.3316819
ARG1	0.3879202
PFKFB3	0.53263766
UQCR10	-0.293065
BCL2L11	0.46953149
SAT1	-0.4234823
SPP1	-0.4604669
CXXC5	0.38179185
FAM83H	0.31186295
STUB1	-0.3401348
BHLHE40	-0.3711905
WDR26	0.3589136
ITM2C	-0.3259819
ISCU	-0.3388099
MSRB1	-0.3634143
NDUFA1	-0.2892189
DSTN	-0.2754448
METTL7A1	0.33685858
GPR137B	-0.3153005
DNAJC12	-0.3739782
ITGB3	-0.3930528
MGAT4B	-0.3192086
PLIN2	-0.367006
SCSD	-0.315579
LRP10	-0.3483122
FEZ2	-0.2741846
TIRAP	0.26063218
PSMC5	-0.3368527
GOT1	-0.3831788
PEPD	-0.29292
SERINC3	-0.2994849
CRAMP1L	0.25673154
UQCRCQ	-0.260438
DBI	-0.3318247
LITAF	0.34450975
HSP90AA1	-0.9472682
TALDO1	-0.3379679
HSP90AB1	-0.3064295
1500011K16RIK	-0.3482527
RPL36-PS3	0.31667722

MAD2L2	-0.3425921
FAU	0.29292763
TMBIM4	-0.3438819
UBZF2	-0.3091939
ADM	0.34334868
PAPSS1	-0.329373
PINK1	-0.3830007
PFDN2	-0.2855621
MBOAT7	0.31717533
HIF0	0.53137118
ETS2	0.32105219
PIR	0.47937978
FAM134C	0.26683228
4833439L19RIK	-0.4010284
NDUFAB1	-0.3183634
FAM110A	-0.3449546
HIPK1	0.29367441
MIDN	0.36903155
EIF2S2	0.29218196
MAFG	0.28870861
BDNF	0.30295803
PRSS22	0.53830135
HIFX	0.30485366
LTF	-0.3499346
MANBA	0.38489209
JUND	-0.4074126
STK40	0.29546553
BNIP3	-0.2592173
SCAMP3	-0.3206791
MRPS14	-0.2788464
MLPH	0.36375568
ID3	-0.9512744
SUMO1	-0.2986105
FAM174A	-0.3290689
ATP6AP1	-0.3562517
NDUFB7	-0.3347969
CIB1	-0.3214876
EHD1	0.28315836
SUB1	0.34225072
RAB7B	-0.2521833
FAT1	0.36683852
DYNLRB1	-0.3141866
RHOC	-0.2927152
DUSP4	-0.3522378
NBL1	-0.3711691
NDUFA13	-0.2544114
SLC7A7	-0.251905
MBNL2	-0.327004
YCP	-0.3478645
EFHD2	0.41309337
FAM96A	-0.2957327
PDGFA	-0.4037185
ISG20	0.3445121
ARL2	-0.3036659
BCR	-0.4503348
NEK7	0.26640008
F11R	0.31101532
DHCR24	-0.2822631
MALL	0.32541564
ATP2C1	-0.3352041
SCP2	-0.3158216
OSMR	0.32902817
GFPT2	0.29992806
HCFC1R1	-0.3022909
CDH1	0.27960117
TNFAIP8	0.33583097
EPHB3	0.34138346
GADD45G	0.57471317
MRPS21	-0.3039096
NME1	-0.3150892
RAB5C	-0.3276518
SNRPG	0.3342037
OGT	0.35197995
PPP1R2	-0.3356636
GLUL	-0.7346685
KLF13	0.31055154
ANO6	0.29755697
OGDH	-0.2893836
ATP6V0B	-0.3122884
ZBTB7A	0.30268727
DMPK	-0.2567292

CPO	-0.2554211
PI4K2B	0.29886119
TMED4	-0.3198525
EPSRL1	0.25142445
2310030G06RIK	-0.3213565
CIRBP	-0.3129272
BST2	-0.3584873
VAV3	-0.3338524
ZYX	0.32726388
PDLIM4	0.28542685
REEP5	-0.3103433
TRAPPC4	-0.2672446
CHCHD5	0.2739542
RAB5A	-0.2654195
CLIP4	0.43360439
PSMB6	-0.2530964
HIST1H2AL	-0.3592269
H2-T23	-0.2993322
PPP1R11	-0.3273171
NDUFA12	-0.2632034
ATP1A1	-0.3426402
PRKAB1	0.26177678
SEC13	-0.2877947
PTPN1	0.40098748
CERS2	-0.3553563
UBALD2	0.26798826
CAV1	0.37255469
BABAM1	-0.3131349
RALBP1	-0.2690528
TET3	0.29581884
KANK3	0.26245318
LRRC10B	-0.2564646
MTHFD2L	0.28964469
TRAK1	0.29311963
CTSH	-0.3085751
ATP6V0E2	-0.2764871
LAMTOR2	-0.2932975
KRT7	-0.262736
EMP1	0.5235891
HOXB2	-0.2656055
STEAP4	0.28665366
CCDC12	-0.2790385
2810474019RIK	0.28835985
LAMC2	0.31153022
IMPDH2	0.27168319
DPM3	-0.2635387
ADCK5	-0.2853413
DYNLT1C	0.30296315
PNKD	-0.2562621
SKP1A	-0.2767257
2200002D01RIK	-0.334315
CUTA	-0.2892114
MARCKS	-0.3059918
SLC9A3R2	-0.2987631
DYNLL2	-0.3232239
SCN1B	-0.2816656
JAG1	-0.2639284
MAD2L1	0.345974
ATP6V1D	-0.2703738
TPM3	0.2677618
SSR2	0.28557938
4930523C07RIK	0.32721467
NDUF3F3	-0.2800843
RCAN1	0.38180351
ITGB6	-0.3160982
NEDD8	-0.2533862
ANXA1	-0.4357169
NDFIP1	-0.3125609
PSMC3	-0.2887129
BC005624	-0.3040177
MVP	-0.2695987
NISCH	0.25701133
AFG3L1	0.25768203
SHB	0.27248808
UNC5B	-0.2784144
SSNA1	0.27498457
AHSA1	-0.2761647
YWHAH	0.29952418
SNRPB	-0.2680773
STAT5A	0.3271492
TMEM50A	-0.2763808

FOS	-0.5486435
UCHL5	-0.2661158
RCN2	-0.2931804
CTSA	-0.2559055
SEMA4C	0.34560881
AHR	-0.349568
NDUFB10	-0.2763413
PIEZO2	0.26842995
TPH1	-0.2834934
TESC	0.25541943
NDUFB4	-0.3020919
SLC48A1	-0.2740522
RAD23A	-0.2812474
LMO7	0.34194259
CAB39L	-0.255705
CSN3	-0.3973642
CDIPT	-0.2683502
POLR2F	-0.2594806
PLBD2	-0.26209
PIGP	-0.2681886
GIPC1	0.31679885
RP9	0.26454173
KRT4	0.51741384
TPPP3	-0.3738329
WFS1	-0.2717045
FIS1	-0.2616459
MRPL20	-0.2658254
AMN1	0.25606103
MPV17	-0.2562361
MAPK13	-0.2901268
DEFB1	0.43344867
LAMA5	0.2514355
SAR1B	-0.2576068
SHISA4	-0.2648458
TRAPPC2L	-0.2716963
RAPH1	0.2510971

LEPROTL1	-0.2771392
PODXL	0.25157772
OCLAD1	-0.2555998
SSRP1	-0.301622
TNFAIP2	-0.2588996
CTSD	-0.2890844
TMEM65	0.28954671
SLC25A39	-0.27518
EPB41L3	-0.2740754
TNFAIP1	0.2508641
SFH1	0.28982417
2210016F16RIK	-0.2517191
UBE2K	-0.265805
ACLY	-0.277086
TRIM25	0.28318653
CALM1	-0.3171159
0610040J01RIK	0.25522141
CD151	-0.2743827
EBPL	-0.2637168
BCL3	0.32728281
KLF3	0.27549059
HDAC11	0.25253409
ARHGEF17	0.29746427
RNF187	-0.2540578
CYB5R3	-0.2697194
SPR	-0.2882224
ETFB	-0.2846293
ANGPTL4	-0.466305
DDIT4	-0.4483809
SYF2	-0.2639814
ACSL3	-0.2750066
LAMTOR4	-0.2658535
ARGLU1	0.26546397
NARS	-0.2537528
LAS1L	0.32060842
KRT6A	0.61208089

COA3	-0.2834306
COPE	-0.2508306
IP6K1	0.25549266
ADGRG6	-0.2633153
HSPA1A	-2.3401206
LY6E	0.28652118
SARAF	-0.2523618
PTS	-0.2597013
HSPH1	-0.3159717
SRA1	-0.2794053
PLET1	0.39038235
DUSP1	-0.5804819
HMGCL	-0.2722476
PABPN1	0.26280452
UQCRC1	-0.2646616
ST3GAL1	0.2914429
CAR8	-0.2684072
TSC22D2	-0.266153
FGF13	-0.2540955
H2-Q7	-0.2703138
FXYD3	-0.2864313
PSMB8	-0.254063
EMC7	-0.2557059
EIF5	0.29273069
SOD2	-0.2610739
DNAJC3	-0.2858517
CAPSL	-0.3332189
SOX4	-0.4267755
RASD1	-0.4934225
FAM213B	-0.2543962
SMIM3	0.25991546
GATA3	-0.2989811
ZWINT	0.26953359
ETS1	-0.2956004
HERPUD1	-0.295105
TRF	-0.3039322

HIST1H1C	0.50922176
HSPB8	-0.2917692
ITGB5	-0.2636675
VEGFA	0.31093751
SQSTM1	-0.2887921
PADI4	0.3190473
FGG	0.4728174
KLF2	-0.6628286
LY6C1	-0.2703588
NFKBIZ	-0.3074371
PLPP3	-0.2917038
ATF3	-0.7236957
HK2	0.26183913
ABHD2	-0.5063073
CCL5	-0.5475305
IDO1	-0.467186
TMEM86A	-0.2952127
RHOB	-0.3518169
HSPE1	-0.3289985
NOCT	-0.2788543
DNAJB1	-1.3023746
CXCL15	-0.4334838
TOB1	-0.2959279
CTSL	0.35667912
TPH1	0.311058
SERPINH1	-0.5159763
APOC1	-0.3106238
CLU	-0.3200278
KRT14	-0.4057282
UPK3A	0.5663947
CHIL1	0.25652983
EGR1	-0.3836938
JUN	-0.7707645
BTG2	-0.2923109

Table 8-2 Differential gene-expression analysis (avg_log2FC) comparing FACS-isolated pre- and post-pregnancy luminal mammary epithelial cells, related to Figure 2-3.

Post-pregnancy x Pre-pregnancy luminal MECs

Pre-pregnancy luminal MECs Negative avg_log2FC

Post-pregnancy luminal MECs Positive avg_log2FC

Table 8-2 can be found at <https://doi.org/10.1016/j.celrep.2021.110099> as Table S2.

Table 8-3 Differential gene-expression analysis (\log_2 FoldChange) comparing FACS-isolated pre- and post-pregnancy mammary resident NKT cells, related to Figure 2-11.

Post-pregnancy x Pre-pregnancy NKT cells

Pre-pregnancy NKT cells

Negative avg_log2FC

Post-pregnancy NKT cells

Positive avg_log2FC

ID	log2FoldChange
Klhdc8a	-10.396616
Mrpl28	-10.354259
Nup43	-10.222935
Emc6	-9.8011804
Dnase1l1	-9.5569436
Tbc1d31	-9.3022889
Rfx2	-9.2570242
Cstad	-9.1275339
Rbm10	-8.917264
Man1b1	-8.7521811
Clec12a	-8.5855052
Gpr151	-8.56871
Mettl26	-8.5414241
Pfkfb4	-8.3813645
Iscu	-8.3463175
Abcg3	-8.2099961
Pold4	-8.1160199
Nlrp10	-8.1113885
Ecsr	-8.0690224
Ap5b1	-8.0400711
Triap1	-8.0005427
Zfp994	-7.990489
Magohb	-7.990489
Zfp691	-7.9854358
Cyp2e1	-7.9752759
Stk11	-7.9701691
Zkscan14	-7.9074333
Txn2	-7.8967069
Ndufa1	-7.8640407
Comtd1	-7.8306177
Bcl2a1a	-7.8193024
Vmn1r43	-7.8136113
Snx24	-7.7254355
Thap4	-7.6698215
Rab42	-7.6635077
Stoml3	-7.6185203
Slc6a1	-7.6119774
Smim20	-7.6119774
Osbpl7	-7.5855052
Fam185a	-7.5379768
Abhd4	-7.5310574
Oprk1	-7.4959536
Krba1	-7.4816694
Tfpt	-7.4744739
Vamp8	-7.4526695
Dcaf11	-7.4453275
Usp17lb	-7.4230747
Zfp975	-7.4155802
Ppp6r2	-7.4155802
Thal	-7.3541797
Mgat1	-7.3541797
Mrs2	-7.3384123
Ntn3	-7.3304636
Cnih1	-7.3224708
Extl2	-7.3144335
Ubl7	-7.3063511
Sf3b6	-7.3063511
Olfrl26	-7.2900493
Fzd6	-7.2568825

Slc9a7	-7.2400086
Sifn1	-7.2229351
Zfpm1	-7.2056571
Mydef	-7.1969399
Gins3	-7.1809291
Poli	-7.1793459
Fgl1	-7.1704677
Mepce	-7.1343984
Fam92b	-7.1252384
Ii5	-7.1160199
Gnat1	-7.1160199
Adhfe1	-7.1067421
Emcn	-7.1067421
Fbxw4	-7.1067421
Adal	-7.0974042
Ercc5	-7.0974042
Gnao1	-7.0974042
Rpp40	-7.0690224
Habp2	-7.0690224
Rtn4rl1	-7.0690224
Tysnd1	-7.0690224
Cox6b2	-7.0594364
Ggn	-7.03029
Apold1	-7.0005427
Nacc2	-7.0005427
Tpd52l2	-6.9803648
Ankrd40	-6.9701691
Tmem258	-6.9495588
S100a13	-6.9391422
Naip5	-6.9286498
Thnsl1	-6.9180805
Dgki	-6.9074333
Fam45a	-6.8967069
Olfrl134	-6.8967069
Cry1	-6.8967069
Mustn1	-6.8859001
Tmem101	-6.8750118
Ubd	-6.8750118
Exo1	-6.8529855
Hpse	-6.8529855
Aqp6	-6.841845
Lynx1	-6.8306177
R3hcc1	-6.8193024
Slc12a9	-6.8193024
Eml3	-6.8193024
Plin1	-6.8078976
Nphp3	-6.8078976
Abt1	-6.784814
Rnf7	-6.7731322
Coq6	-6.7731322
Cdrl	-6.761355
Hic1	-6.761355
Spx	-6.761355
Unc45b	-6.761355
Gata5os	-6.761355
Hlx	-6.761355
Habp4	-6.7494809
Parp11	-6.7494809
Ly96	-6.7254355
Cldn26	-6.7132607

Zfp444	-6.7132607
Ndufb8	-6.7009824
Ppapdc1b	-6.7009824
Ccdc136	-6.7009824
Grwd1	-6.6885987
Tpcn2	-6.6761077
Rdh16	-6.6761077
Ehd3	-6.6635077
Cldn5	-6.6635077
Gdf15	-6.6507967
Clcn2	-6.6250336
Map3k21	-6.6250336
Prss42	-6.6250336
Rnf41	-6.6250336
Fam198b	-6.6119774
Batf2	-6.6119774
Cdk6	-6.6119774
Pygo2	-6.6119774
Fkbp2	-6.598802
Racgap1	-6.598802
Gpr26	-6.598802
Sf3b5	-6.5855052
Mmp13	-6.5720847
Runx3	-6.5585382
Vps4a	-6.5310574
Ufl1	-6.5310574
Cmpk2	-6.5310574
Zfp229	-6.5171182
Gbp3	-6.5171182
Fxyd1	-6.5171182
Oxtr	-6.503043
Mief1	-6.4888292
Pde10a	-6.4888292
Zfp329	-4.2472736
Rn45s	2.06786142
Gas6	9.92948258

9. Appendix 2 – List of publications

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Review

The molecular basis of mammary gland development and epithelial differentiation

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ABSTRACT

Our understanding of the molecular events underpinning the development of mammalian organ systems has been increasing rapidly in recent years. With the advent of new and improved next-generation sequencing methods, we are now able to dig deeper than ever before into the genomic and epigenomic events that play critical roles in determining the fates of stem and progenitor cells during the development of an embryo into an adult. In this review, we detail and discuss the genes and pathways that are involved in mammary gland development, from embryogenesis, through maturation into an adult gland, to the role of pregnancy signals in directing the terminal maturation of the mammary gland into a milk producing organ that can nurture the offspring. We also provide an overview of the latest research in the single-cell genomics of mammary gland development, which may help us to understand the lineage commitment of mammary stem cells (MaSCs) into luminal or basal epithelial cells that constitute the mammary gland. Finally, we summarize the use of 3D organoid cultures as a model system to study the molecular events during mammary gland development. Our increased investigation of the molecular requirements for normal mammary gland development will advance the discovery of targets to predict breast cancer risk and the development of new breast cancer therapies.

1. Introduction

Mammals are a diverse class of warm-blooded vertebrates with class-specific features that include the presence of hair and the nourishment of young offspring through the secretion of milk by the mammary glands of females. The structure and development of the mammary gland, as well as the nutritional constituents of milk (fat globules, casein micelles, whey proteins, and sugars) are highly conserved across mammals. The evolutionary origin of the mammary gland dates to 310 million years ago (mya), during the Carboniferous period [1,2], long before the appearance of mammals (190 mya). In the Carboniferous period, synapsids (mammalian ancestors evolved from basal amniotes) developed a glandular integument. During the various radiations of synapsids (mammals and mammaliaforms, therapsids), the ancestral integument became highly specialized to produce an abundant and nutritive secretion (milk) during lactation, leading to what is currently defined as the mammary gland. The primitive apocrine glands from which mammary glands originated played an initial role in keeping terrestrially-laid parchment-shelled eggs moist, and in protecting the skin of early

synapsids from infection and injury [3].

More recently in evolution, emergence of the placenta diversified mammary gland structures in eutherians in terms of the number of glands and lobuloalveolar structures per nipple [4]. For instance, unlike nipples in mice and humans, cattle or ruminants have a teat formed by epithelial proliferation and gland cisterns that accumulate milk in between each milk harvest, offering a substantial yield of milk for the offspring and an economically advantageous milk supply [5].

During the first days or months of life, milk contributes significantly to nourishment, as well as to the regulation of basal metabolism and temperature of mammalian offspring. As lactation proceeds, caseins are synthesized, phosphorylated, and aggregated into large micelles that are insoluble in the milk and that function to carry calcium phosphate nanoclusters directly to the offspring's body [6]. The presence of casein micelles correlates with an improvement in offspring nutrition, reducing the demand for egg yolk, and potentially leading to the inactivation of genes associated with yolk formation during evolution [7]. The three primary caseins, α -, β -, or κ -casein, present in the milk of monotremes, marsupials, and eutherians, respectively, diverged before these three

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taxa originated [8,9].

All the above processes arose more than 150 million years ago and shaped not only a new evolutionary feature to nourish offspring but also the development and anatomy of mammals. As the mammary gland specialized over time, molecular mechanisms have also evolved to control cellular differentiation of mammary epithelial cells and to support their production of milk during lactation. In this review, we will further discuss several molecular switches that control the identity of mammary epithelial cells (MECs) and the development of a fully-functional, milk-producing mammary gland.

2. Understanding fetal mammary gland development

Embryonic development of the mammary gland (Fig. 1) is initiated during mid-gestation in many mammalian species. Several mammary gland features associated with sexual dimorphism differ among mammals: the number of primary and secondary sprouts, formation of teats and cisterns in cattle and ovines, and the timing of each developmental event [5].

In rodents, thick bands of ectodermal cells form bilateral and vertical mammary lines at embryonic day (E) E11.25 whereupon clumps of ectoderm (placodes) bloom along the mammary line at day E11.75, and these ultimately determine the number of breasts in each mammalian species. At day E12.5 the placodes intumescence into the mesoderm, forming an early mammary bud surrounded by a basement membrane

(BM) and the first traces of a mammary mesenchyme. Between E13 and E14, the bud will give rise to mammary bulbs with an ectodermal stalk that will elongate into a sprout surrounded by the mesenchyme (fat pad) at E15.5. Lumen formation commences at day E17–18, involving the programmed death of ectodermal cells localized at the center of the mammary branches.

2.1. Signaling networks in the placode and mammary tissue formation

The first stage of mammary development occurs at the same time as the specialization and maturation of the embryonic mesoderm and ectoderm. The ectoderm shapes the structural organization of the mammary gland whereas mesenchymal signaling networks guide ectodermal modifications and expansion during mammary line positioning, placode assembly, and mammary bud formation and elongation. Members of the Fibroblast growth factor (FGF) and the Wntless-related integration site (WNT) protein families govern signaling in mammary embryonic tissues, and they regulate transcription factors (TFs) from the Homeobox gene family (HOX), GATA binding protein 3 (GATA3), and the T-box family (TBX), which are intermittently expressed either in the endoderm or mesoderm [10–12].

Hoxc8 is expressed until E12.5 and defines the location of mammary placodes, whereas *Hox9* is expressed until shortly after birth, and their depletion results in mammary ductal hypoplasia [10,13]. *Hox* genes have been suggested to be the founders of the enhancer landscape in

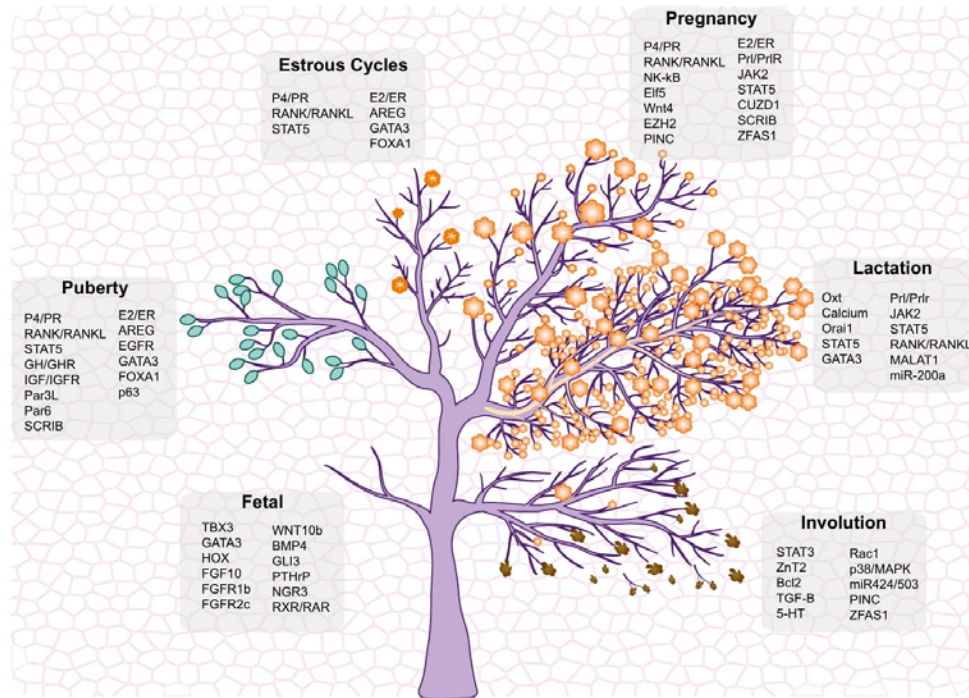


Fig. 1. The blooming of mammary gland development. Schematic illustration of mammary gland developmental stages, showing fetal, puberty, estrous cycles, pregnancy and lactation and involution (from left to right). In puberty, green buds represent TEBs. Mammary alveoli are shown as orange flowers in estrous cycles, pregnancy and lactation. In lactation, the milk is represented as yellow sap flowing from the alveoli (flowers) to the ducts (branches). During involution, the regression of the mammary tissue is depicted with falling dead flowers and branches into the background, which portrays the fat pad. The basal compartment and luminal compartment are delineated with darker and lighter colors in the tree, respectively. The main molecular regulators of each developmental stage are highlighted in the grey squares.

mammary epithelial cells, acting directly via mammary bud regulatory elements (MBRE) [14]. Such elements, including those associated with the *Hoxd9* gene, have been identified in eutherians but not in monotremes or marsupials, suggesting that mammary gland development and a specific pool of regulatory factors perhaps guided evolution in eutherians.

Across all mammals, the TF TBX3 plays a role during fetal mammary gland development. The expression of Fibroblast growth factor receptor 1b (FGFR1b), Fibroblast growth factor receptor 2c (FGFR2c), and Fibroblast growth factor 10 (FGF10) initially promote *Tbx3* gene expression in mammary line mesenchyme and subsequently in the placodes [15]. Conversely, Bone morphogenetic protein 4 (BMP4) negatively regulates *Tbx3*, which influences the orientation of ectodermal cells, mammary line specification, and placode formation [16]. Furthermore, loss of *Tbx3* expression in mice results in the absence of mammary placodes and abnormal gland development, due to loss of expression of Wnt10b and Lymphoid enhancer-binding factor 1 (Lef1), key factors in mammary embryogenesis [17–20]. A similar phenotype is observed in FGF10^{+/-} mice which have lost one of the master regulators of TBX3 [21,22].

Ectopic expression of the Wnt inhibitor Dickkopf (Dkk1) in the ectoderm compromises the formation of mammary placodes and impairs the localization of Wnt10b [23]. As abrogation of placode development is more severe in embryos ectopically expressing Dkk1 compared to FGF10- or FGFR-null mice, Wnt networks may be critical for placode initiation [23]. Later in mammary development, mutations in Wnt10b have been correlated with aggressive clinical outcomes for breast cancer, and rapid development of mammary tumors [24].

Other regulators of mammary embryogenesis include TFs that are part of the Hedgehog (Hh) pathway. For instance, mutations in the GLI family Zinc Finger 3 (Gli3) TF lead to the loss of specific placodes, which can cause ductal defects in later stages of mammary development [22]. Through a signaling cascade with members of the Hh network, Gli3 activates gene-specific transcription that controls bud formation [25–27]. GLI family Zinc Finger 2 (Gli2) functions in ductal branching through its localization in the tissue surrounding mammary branches (stroma) from embryogenesis to adulthood, but it becomes stromal and epithelial during pregnancy and lactation [28].

2.2. The nest of embryonic mammary tissue

The microenvironment surrounding mammary tissue plays a pivotal role in the gland development, predominantly via regulation of epithelial-to-mesenchymal transition (EMT), during which epithelial cells lose cell polarity and cell adhesion to become mesenchymal cells with migration and invasion properties. Both EMT and mesenchymal-epithelial transition (MET), the reverse of EMT, are associated with normal mammary development, such as the placodes during embryogenesis, and with cancer, as mammary tumor-initiating cells acquire stem-cell properties through the EMT [29,30]. EMT-inducing TFs (i.e. Zeb1, Slug, Twist) have been detected in cells at terminal end buds (TEBs) during puberty, and Wnt and Transforming growth factor beta (TGF- β) signaling pathways in TEBs have also been reported as regulators of EMT [31]. More specifically, EMT-driven signals can determine the expression of extracellular matrix (ECM) components and epithelial cell adhesion receptors through Neuregulin-3 (Nrg3), a member of the EGF family, which also localizes in the mesenchyme underlying the mammary line [32]. In Nrg3 mutant mice, FGF10 and mesenchymal *Tbx3* expression levels were normal, however, Wnt10b and Lef1 levels were reduced or undetectable in specific placodes [33,34]. Nrg3 signaling through its receptor Erb-B2 receptor tyrosine kinase 4 (ErbB4) has been suggested to modulate cell adhesion, thus promoting transduction of somatic FGF10 signaling to the developing placodes.

From E15.5–E16.5 to the end of embryonic development, mammary buds continue to elongate and form rudimentary ductal sprouts that embed into the mesenchymal layer. Throughout this developmental

time, transcriptional regulation and cellular signaling mediated by *Tbx2-3*, Wnt genes, Parathyroid related hormone (PTHrP), Msh homeobox 2 (MSX2), and Nuclear factor kappa B (NF- κ B) function in concert to promote branching morphogenesis and expansion [27].

Specific immune cell populations are involved in mammary gland development, with recent studies demonstrating the presence of macrophages in the embryonic mammary gland. During embryonic development, macrophages invade and partially remove the mammary epithelium of males, implicating the microenvironment in the sexual dimorphism of the gland [35]. Macrophage-derived progenitor cells from the fetal liver or yolk sac persist in the gland from embryogenesis to adulthood, thus composing the majority of the macrophage population in the postnatal mammary fat pad [36]. Conversely, during puberty, mammary macrophages mostly originate from precursor cells located in the bone marrow, an observation that may suggest constant remodeling of the gland and the requirement for cellular renewal [37].

Macrophages have been observed in the mesenchyme surrounding the mammary buds, but not in close proximity to the epithelial cells during embryogenesis [35]. This is in marked contrast to postnatal stages of mammary development, in which macrophages are found in periductal locations, indicating their role as scavengers as part of the immune surveillance in the mammary microenvironment [35–38]. During postnatal stages, macrophages reach the intraductal niche through dendritic cell movements whereupon they have direct contact with both luminal and basal ductal compartments [37]. Thus, it is possible that fetal macrophages play a role that is distinct from their “sentinel” function during embryonic mammary development, which still remains to be elucidated. Accordingly, we still lack a clear picture of whether macrophages that populate fetal mammary glands remain dormant during post-birth mammary gland development, and whether they contribute to tissue surveillance after birth.

2.3. Not everything is about symmetry

Mammary gland development is bilateral and asymmetrical, like other paired organs [19]. Although the rate of asymmetry is relatively low for the mammary gland, molecular factors can contribute to left-right (L-R) asymmetry in somites during embryogenesis, including the Retinoic acid receptors, RARs and RXRs. Lack of RXR α induces defects in the ductal networks, with thoracic mammary glands (TMGs) showing asymmetry marked by decreased ductal branching in the left gland, whereas inguinal mammary glands (IMGs) remain symmetric, with no alterations in the ductal profile [39].

Retinoic acid (RA) regulates the expression of *Tbx3*, *Fgf8*, sonic hedgehog protein (*Shh*), and human epidermal growth factor receptor 2 (*ErbB2*), all genes associated with MEC differentiation and proliferation [40,41]. In addition, forkhead box protein M1 (*FoxM1*) and *Gata3* are highly expressed in the left mammary gland, in contrast to retinoic acid-inducible G-protein coupled receptor 5D (*Gprc5d*) and Neurogenic locus notch homolog protein 1 (Notch1), which are more abundant in the right gland [39]. Both pairs of genes play a role in luminal progenitor cell fate commitment, and in chemoresistance to cancer treatment, suggesting that asymmetrical development of the gland may engage programs that could alter the commitment and malignance of MECs. In fact, women whose breasts significantly vary in size have been reported to have an increased risk of developing breast cancer, with the left breast often being the most affected tissue [42,43], thus suggesting that misregulation of genes associated with left-sided breast development could play an important role as a prognostic marker of aggressive cancer development.

3. The “teen” years

During embryogenesis, the maternal hormones provide the initial stimuli to the rudimentary mammary gland for ductal development. However, after birth, cessation of maternal signaling reduces ductal and

branching genesis in the postnatal mammary gland. This activity resumes with the start of puberty, a stage marked by the production of female sexual hormones, which will complete mammary morphogenesis and prepare the gland for milk production in the event of pregnancy.

Puberty varies widely, from a few weeks to several years post-birth, in different mammalian species (5 weeks old in mice and 9–18 years old in humans). The onset of puberty is triggered by the increase in gonadotropin levels that lead to the secretion of ovarian hormones, mainly Estrogen (E2) and Progesterone (P4). Peak levels of E2 production are between the follicular phase and ovulation and, depending on the vertebrate, E2 synthesis occurs every 2–4 days in mice and once every month in humans [44].

In the pubertal and adult female, the mammary gland undergoes developmental modifications tightly correlated with ovarian/uterine reproductive cyclical repetitions (4–5 days in mice and 26–32 days in humans). The cycle (Fig. 1) is divided between two major phases: Follicular (proestrus and estrus in mice) and luteal (metestrus and diestrus in mice) phases. In humans, the follicular phase begins on the first day of menstruation when P4 levels decrease, the previous corpus luteum degenerates, and a new preovulatory folliculum grows. During ovulation (also called estrus in mice), peak levels of E2 stimulate the high production of luteinizing hormone from the pituitary gland, causing the release of the ovum from the ovary whereupon the luteal phase begins. In mice, and in preparation for a potential pregnancy, the corpus luteum keeps up P4 production for a few days thus triggering mammary tissue expansion and lobuloalveologenesis. The percentage of dense tissue in women's breasts (mammographic density), is amplified during this phase given the augmented mammary ductal branching and, in mice, high levels of P4 positively correlate with lobuloalveologenesis and tertiary branching [44,45]. The degradation of the corpus luteum and reduced levels of P4 mark the end of a cycle, which induces clearance of MECs through cell death and lobuloalveolar shedding.

The investigation of the molecular underpinnings of both mammary gland pubertal development and the fluctuations during the reproductive cycle will contribute to evaluate the effects of molecular and signaling perturbations in response to disease and cancer initiation, ductal alveologenesis, stromal composition, and in immune microenvironment studies.

3.1. Pubescent structure of the gland

The rapid increase in mammary morphogenesis through branch initiation, invasion of the fat pad, and ductal elongation, transforms a pre-formed, rudimentary mammary epithelium into an extensive ductal network. Hormonal signaling promotes differentiation and proliferation of MECs, culminating in an extensively branched mammary morphology, with pro-apoptotic factors, such as BH3-only BCL-2 protein (BIM), triggering apoptosis and cell clearance to allow lumen formation in the newly developed ducts [46]. The pubescent emergence of mammary ducts depends on TEBs, which emerge at the tip of the ducts and are responsible for promoting the invagination of ducts into the fat pad at a rate of ~0.5 mm/day in mice [47]. TEBs (Fig. 1) are elongated-shaped structures with an outer layer of cap cells and an inner multi-layer of body cells.

The TEB cap cells have stem cell-like features such as self-renewal properties, being morphologically undifferentiated, and the ability to give rise to both luminal and myoepithelial cells in cleared fat pad transplants. In the "neck" region of TEBs, cap cells tend to differentiate into myoepithelial cells, while a fraction of the cap cells have high mobility, penetrate the lumen of the TEBs, and commit to a luminal cell fate [48,49]. Additional studies of cells expressing the Tumor protein 63 (TP63), a master regulator of MEC development, identified cap cells with a unipotent differentiation capacity towards a myoepithelial cell fate [50], thus suggesting a cellular hierarchy within mammary differentiation and cellular commitment. Conversely, and with the combination of biostatistical modeling and lineage tracing, recent studies dispute

the contribution of cap-in-body cells to the luminal lineage. These migratory cap cells are more apoptotic and unlikely to contribute overall to either the luminal or the myoepithelial lineages [47,50]. Therefore, the role of TEB cap cells in ductal elongation remains controversial and warrants further studies.

As an additional cellular stage, the cap-in-body cells are mostly exclusive to the body of TEBs. These cells have a delayed cell cycle progression and increased apoptotic rate when compared to cap cells localized at the outer layer of the TEBs. Molecular analysis of cap-in-body cells identified the TF Forkhead box O protein 1 (FOXO1), and its downstream targets, as major regulators of apoptosis in cap-in-body cells, which contributed to the formation of the lumen during ductal expansion [50]. Collectively, these studies indicate that TEB cap and cap-in-body mammary cells may represent a pool of plastic, heterogeneous, undifferentiated cells that guide pubescent ductal expansion.

Moreover, signaling between MECs and the stroma plays a crucial role in ductal elongation during puberty. TEBs can secrete factors (i.e. eotaxin and interleukin 5) that recruit eosinophils to the tip of TEBs, thus orchestrating side branching [51,52]. Additionally, macrophages spread throughout the mammary ductal system encasing TEBs and perfusing the epithelial bilayer, where they perform a range of functions in guiding ductal outgrowth into the fat pad and phagocytizing body cells to form the lumen of the ducts [35,52,53].

3.2. Estrogen network

During embryogenesis, estrogen receptor (ER) α -depleted glands showed normal primitive mammary ducts, however, during puberty and the following stages of mammary development, lack of ER expression severely compromised ductal network development [54]. Transplantation of ER α ^{-/-} MECs, together with wild-type (WT) MECs, resulted in ductal elongation, suggesting that ER may also act in a paracrine manner, stimulating neighbor cells [55–57]. Local paracrine signals act downstream of ovarian hormones, as stroma-derived growth factors. Among these factors is Amphiregulin (AREG), a ligand of the Epidermal growth factor receptor (EGFR) in stromal cells, which functions as a membrane-anchored precursor and is expressed in luminal MECs and cells throughout the TEBs. AREG-depleted mice lack a mammary ductal network during puberty, similar to the phenotype observed in ER α ^{-/-} glands, and ectopic AREG overexpression rescues the ductal network phenotype in ER α knock out (KO) mice. [58,59]. AREG is cleaved by Disintegrin and metalloproteinase domain-containing protein 17 (ADAM17) to promote signaling in stromal cells. The ADAM17 KO phenocopies the ablation of mammary ductal outgrowth seen in AREG- and EGFR-depleted mice during puberty, indicating that the E2-AREG-ADAM17 axis is a key network of paracrine signaling responsible for ductal outgrowth during mammary pubertal development [60]. Moreover, the epithelial expression of AREG is sufficient to induce mammary ductal formation, independently of the stromal signals. In contrast, stromal expression of EGFR is crucial for mammary tree formation compared to epithelial EGFR expression, demonstrating that depletion of EGFR family members also delayed ductal expansion with hyperplasia of cap-in-body cells and reduced body cell levels [60–62].

E2 binds to its receptor, ER, which translocates from the cytoplasm to the nucleus, where it activates the transcription of genes associated with expansion and growth of the mammary epithelium. ER executes its TF functions in both a ligand-independent (Activation function-1, AF-1) and ligand-dependent (Activation function-2, AF-2) manner, and both mechanisms support the transcriptional activation of paracrine factors which are crucial for ductal outgrowth and side branching [58]. Beyond its transcription activation role, ER can mediate a series of cellular signaling via its membrane localization. In fact, site-specific mutations in ER α protein that block its anchoring to cellular membrane resulted in delayed mammary development during puberty and an inability of MaSCs to repopulate mammary fat pads in transplantation assays. This phenotype was accompanied by alterations to the transcriptional state of

MECs, thus bringing together a complex regulatory network of endogenous and secreted factors orchestrated by ER α [63].

Another TF, Forkhead box A protein 1 (FOXA1), mediates E2 signaling by facilitating chromatin accessibility and, therefore, the interaction between ER and its gene targets. FOXA1 has been identified as a target of the GATA3 regulatory network in branching morphogenesis during puberty [64–67]. Loss of GATA3 has been shown to abrogate TEB formation and to reduce ductal outgrowth, and impair development of ER + MECs, and perturb pathways regulated by P4, consistent with its role as a master regulator of hormone sensing during mammary gland development [11,67,68]. More recently, a reorganization of the chromatin landscape has been detected in cancer cells, leading to redistribution of ER- and FOXA1-binding sites and disruption of GATA3-ER-FOXA1 signaling network, implicating these TFs and their downstream targets in disease-related pathways [69].

As part of its function during mammary development, ER also recruits other coregulators. The ER co-factor abrogation of glutamic acid [E] and aspartic acid [D]-rich C-terminal domain 1 (CITED1) induced ductal hyperplasia, little to no lumen formation, and dilated ductal structures, thus delaying mammary maturation, although these effects were less pronounced in comparison to ER $\alpha^{-/-}$ [70]. CITED1 also functions as a downstream target of the TGF- β family of TFs, suggesting that its role as a cofactor in these two major signaling pathways, ER and TGF- β , ensures a balance between proliferative and non-proliferative signals during puberty [71].

3.3. Progesterone signaling

In mammals there are two main nuclear progesterone receptor (PR) isoforms (PR-A and PR-B) and multiple variants that homodimerize or heterodimerize to perform distinct gene transcription functions. The ratio of PR-A:PR-B varies in humans (1:1) and in mice (2:1–3:1), and perturbation of the PR ratio has been associated with mammary oncogenesis in humans and atypical side-branching development and proliferation in mice [72,73]. Although PR-A can act as a dominant repressor of PR-B during murine puberty, ablation of PR-B results in the lack of conventional pubertal structures in the mammary gland [74,75]. Overexpression of PR-A in the pubertal gland induces mammary ductal hyperplasia and the development of abnormal TEBs [73]. In mice, during puberty, overall depletion of PR resulted in impaired mammary side branching and lobuloalveolar development [76,77]. Using mammary transplantation assays, injection of PR-depleted MECs resulted in impaired lobuloalveolar development in response to E2/P4 treatment, a phenotype mostly rescued with the co-transplantation of WT MECs and PR $^{-/-}$ MECs [77].

Increased P4 levels result in induction of side-branching morphogenesis, through the activation of a subset of quiescent ductal MECs and their reorganization into a multilayered epithelium that buds laterally [76,78]. Given the role of P4 signaling in side branching, we speculate that PR signaling is essential for MaSCs to promote tissue expansion and differentiation, although MaSCs have not been demonstrated to express PR [79–82]. PR is commonly expressed in luminal epithelial cells in mice and humans, and such cell types also engage in tissue expansion during puberty in response to elevated P4 levels, suggesting that a combination of paracrine and non-paracrine functions are regulated by the PR/P4 axis [79,80].

One of the P4-induced paracrine signaling mechanisms involves release of the Receptor activator of nuclear factor kappa-B-ligand (RANKL) and its interaction with Receptor activator of nuclear factor kappa-B (RANK) in PR-negative cells, which together control mammary alveologenesis during much of mammary gland development [83,84]. In addition to its paracrine function, P4 induces the proliferation of PR-positive MECs, potentially through the activation of its downstream target Cyclin D1 (CCND1), a mitogenic regulator [83]. Ccnd1-depleted mice show similar phenotypes as PR-null mice [85,86]. The abrogation of PR reduces Ccnd1 expression, resulting in cell cycle changes in

highly proliferative cells. P4 also mediates Wnt4 signaling during puberty to promote ductal expansion, revealing that an additional signaling network is involved in mammary branching during major mammary development stages [87]. The balance between P4-induced cell proliferation and side branching may also rely on mediators and downstream targets of P4 signaling.

At puberty, P4 and Insulin growth factor 1 (IGF-1) synergistically promote side branching, TEB expansion, and lobuloalveologenesis, with the combination of P4 and IGF-1 treatment having a 3-fold greater effect on ductal branching compared to IGF-1 treatment alone [76,88]. In prepubertal glands, IGF-1 and/or IGF1R have substantial, P4-independent effects on branching, as increased IGF-1 and/or IGF1R levels markedly enhanced ductal expansion, in some cases resulting in mammary tumors, whereas the transplantation of IGF-1R-depleted cells into mammary fat pads arrested MEC proliferation, causing defects in TEB formation [89–93].

The IGF-1 signaling network involves pituitary hormones required for TEB initiation. Growth hormone (GH) binds to its receptor (GHR) on stromal cells and activates IGF-1 transcription, which, in turn, is secreted and interacts with IGF1R in epithelial cells. The depletion of IGF-1 leads to a delay in pubertal ductal outgrowth with few side branches, a similar phenotype as described in GHR KO glands [94]. As GH and E2 are upstream targets of IGF-1, the combination of GH and E2 treatment rescued the phenotype caused by IGF-1 depletion [94]. The expression of AREG, an E2-transcriptional target, is increased by P4 signaling and mediates TEB formation and expansion during puberty [95].

In summary, the P4 network involves a combination of paracrine signals and other hormonal pathways that coordinate mammary TEB development, ductal expansion into the fat pad, and side branching during puberty and adult reproductive cycles.

3.4. Regulation of cell polarity

The multicellular bi-layered organization of luminal and myoepithelial cells confers the mammary gland tissue with polarization, and polarity proteins regulate the differential apical-basal (A/B) asymmetry of MECs. Collectively, polarity proteins govern TEB expansion, likely through the regulation of MaSC homeostasis and mammary epithelial fate commitment. Golgi positioning and cytoskeleton organization ensures the orientation of vesicle trafficking, which also contributes to cell polarity. MEC cell polarity can also play a role in mammary lumen formation, in epithelial cell shape and, consequently, ductal branching [96,97]. Moreover, depletion of the TF TP63 blocked mammary lumen establishment, and reduced levels of cell-cell adhesion proteins, a phenotype commonly found in mammary tissues with loss of cell polarity [98]. The loss of polarity proteins, i.e. Partitioning-defective protein 3 (Par3), triggers atypical hyperplastic ductal morphology due to loss of A/B symmetry, deregulation of progenitor cell differentiation, and increases in cell proliferation and apoptosis [99]. This results in expansion of the diameter of primary ducts and limits the growth of secondary branches, thus arresting mammary branching.

The exogenous Par3-Like (Par3L) protein is another key polarity factor involved in mammary duct expansion. Par3L localizes in cap cells of TEBs and controls stem cell maintenance, as lack of Par3L significantly depleted a subset of MaSCs [100]. Mechanistically, Par3L has been suggested to interact with and inhibit Protease-activated receptor 4/Liver kinase B1 (Par4/LKB1) kinase activity, thus controlling stem cell maintenance and cell apoptosis [100]. In addition, the depletion of the focal adhesion protein Paxillin, induces loss of A/B cell polarity, misallocation of apical proteins, loss of microtubule acetylation, and disturbed acinar orientation [101].

Moreover, cell polarity determines the orientation of the mitotic spindle and, consequently, the plane of cell division. This also affects the differentiation and architecture of the expanding TEB during pubertal mammary development. In addition to the factors discussed above, a number of signaling pathways are involved in cell fate decisions. Notch/

Numb/Musashi1 signaling, Wnt/ β -catenin signaling, and p53 and its downstream effectors are all key pathways that regulate the symmetry of cell divisions based on microenvironmental cues at various developmental stages in the mammary gland (reviewed in detail by Santoro et al. [102]).

The deregulation of proteins that control cell polarity is often associated with tumorigenesis. The ablation of Par3, besides impairing ductal growth, also induces Signal transducer and activator of transcription 3 (STAT3)-dependent cell invasion and migration, and it contributes to the invasiveness and metastasis of mammary tumors from ErbB2 mice [103]. Partitioning-defective protein 6 (Par6) is overexpressed in ER⁺ human breast tumors and in MCF10A human mammary cell lines, and the inhibition of ErbB2-Par6 signaling axis is sufficient to arrest cell invasion [104]. Although expression of Par6 does not alter A/B polarity, it does cause hyperplasia and induces EGF-independent cell proliferation [105]. Additionally, upregulation of Scribble (SCRIB) as well as its mislocalization away from cell-cell junctions is correlated with poor breast cancer prognosis, and ectopic expression of SCRIB can activate oncogenic pathways (i.e. PTEN and mTOR) [106]. Pubertal rats subjected to 7,12-dimethylbenz(a)anthracene (DMBA) treatment developed more TEBs, which showed a higher proliferation rate compared to other mammary developmental stages, and these TEBs eventually underwent oncogenic transformation [107]. Therefore, TEB development and organization share some characteristics with oncogenic phenotypes (i.e. cell invasion, proliferation and an increase in vascular supply) and investigation of TEBs and pubertal development of the mammary gland may be relevant to breast cancer research.

Microtubule organization also plays a key role in determining the apicobasal polarity of MECs, orienting the mitotic spindle, and forming the mammary lumen structure during development and in response to pregnancy signals. Loss of Stathmin (STM), a microtubule destabilizing protein, causes a significant delay in postnatal development and maturation of the mammary gland in mice, thus depriving them of the ability to nurse offspring. STM loss leads to decreased Prolactin receptor (PrR) trafficking and Signal transducer and activator of transcription 5 (STAT5) signaling, both known to be essential for normal functioning of the gland and to be involved in breast cancer [108]. Huntingtin (HTT) is another protein that regulates apicobasal polarity through microtubule-based dynamics. HTT has been shown to be required for the microtubule dependent apical localization of Par3 through vesicular transport and controls lumen formation in virgin, pregnant, and lactating mice [109]. Integrins also play a critical role in determining the apicobasal polarity of MECs through the Integrin linked kinase (ILK)-microtubule network, by regulating tight junction proteins, basolateral surface, Golgi orientation, and consequently mammary acinar morphogenesis [110].

Additional components of the basement membrane, have also been reported in determining MEC cell polarity. For instance, loss of p120, a complex subunit essential for normal functioning of E-cadherin (epithelial cadherin), induced alterations to ductal architecture and TEB function, phenotypes that were likely resultant of an abnormal interaction of cadherin complexes with polarity proteins [111]. More recently, it was shown that depletion of the laminin-binding integrins α 3 α 6 resulted in abnormal baso-apical polarization of luminal progenitor cells, and blocked alveologenesis during pregnancy, thus illustrating that maintenance of polarity via basement membrane function can influence the secretory potential of MECs [112].

Overall, several molecular pathways and factors act during puberty to promote mammary ductal maturation, and these pathways remain active throughout adulthood. As each reproductive cycle promotes lobulo alveologenesis and side branching, we speculate that the constant promotion of mammary cell differentiation and proliferation may induce tumorigenesis over time or otherwise elicit oncogenic pathways that are dormant in the first years of adulthood.

4. Parity signals and mammary development

A complete pregnancy cycle involves gestation, lactation, and involution and, collectively represents the second postnatal stage of mammary gland development, which prepares the gland to produce nourishment to support the offspring. Given the complexity and importance of each of these steps and their molecular programs in mammary gland development and maturation, we will discuss each of them separately.

As well as their role in sexual maturation and mammary development, increased E2 and P4 levels during early gestation are the main factors that induce and regulate MEC proliferation, differentiation, ductal branching, and alveolar development [113,114]. These effects on mammary gland development can be mimicked with subcutaneous implantation of slow-release 17- β -estradiol and progesterone pellets, which provide a temporally controlled approach for studies of the mammary gland in response to pregnancy hormones [115]. Similar to the pubertal mammary gland development, ER dimerizes and translocates to the nucleus in response to elevated E2 levels, thus acting as (a) a paracrine signal transducer that activates FGF and EGF pathways, and (b) a TF of that induces the expression of ER-responsive genes, during pregnancy [116,117].

During pregnancy (Fig. 1), P4 and prolactin (PrI) orchestrate the differentiation of MECs into specialized alveolar structures, which are capable of synthesizing and secreting milk during lactation. Like its function during puberty, the main role of P4 during pregnancy is to promote extensive ductal side-branching but, in pregnancy, P4 signals substantially increase the number of alveolar structures to promote a lactation-competent gland. The absence of PRs in MECs impairs alveolar and side-branching formation, and its paracrine signaling is associated with Wnt4 and RANKL [114]. The RANKL receptor (RANK) expressed in ER⁺ PR⁺ luminal cells increases WNT paracrine signaling in ER⁺ PR⁺ luminal progenitor cells, wherein P4 mediates Wnt4 and RANKL expression in luminal cells, promoting alveologenesis, expansion of mammary epithelium and milk-secreting acini during pregnancy [118–120]. In progenitor cells, P4-RANK/L signals upregulate R-spondin, a receptor agonist for Wnt. Thus, the Wnt and RANK pathways work in combination to control MEC differentiation [118]. As a consequence, Wnt4 KO does not completely abrogate alveologenesis, as other factors are able to compensate for the absence of Wnt4, promoting alveoli formation in late pregnancy [119]. However, RANKL and RANK KO pregnant mice have no lobuloalveolar milk-secreting structures and experience increased levels of apoptosis in alveolar MECs [121,122].

RANKL activates NF- κ B in combination with I κ B kinase (IKK), inducing the expression of Ccnd1 and promoting MEC proliferation during pregnancy [123]. The impairment of this pathway leads to underdeveloped ductal structures during pregnancy and a subsequent lactation deficiency due to the lack of MEC expansion [124]. RANKL expression in PR⁺ luminal cells induces mitogenic paracrine signaling to MaSCs and RANKL-expressing luminal progenitors. Elf5 is a downstream factor for the P4-RANK/L network that can induce progenitor specification towards luminal secretory cell fate [79,125]. The purification of subpopulations of MECs and organoid culture strategies will potentially help identify the specific cell lineages affected by RANK/L, its downstream targets, and the mechanisms and molecular switches triggered by P4.

The release of oxytocin (peptide and neuropeptide hormone, OXT) is one of the factors that control parturition (the act of giving birth) and lactation (Fig. 1). OXT controls calcium uptake and contractibility of myoepithelial cells and induces mechanical constriction of luminal alveolar cells to eject milk droplets into the lumen of alveoli [126]. Abrogation of oxytocin production and release does not impact milk production, instead affecting myoepithelial cell contraction. This results in an accumulation of milk droplets in the luminal alveolar cells, nursing impairment, and the death of pups [127]. The inhibition of oxytocin master regulators, such as ORAI calcium release-activated calcium

channel protein 1 (Orai1), delays alveolar contraction due to interference with calcium influx, and impairs lactation [128,129].

Lactation and milk production yield during late pregnancy have been associated with the presence of binucleated alveolar cells [130,131]. Aurora kinase A (AURKA) and polo-like kinase (PLK1), essential kinases that control cell cycle progression, were found to be upregulated during the onset of lactation, and binucleated cells were suggested to be a byproduct of cytokinesis failure during cell division [130]. These binucleated MECs not only have an altered ploidy index, but also display an enlarged cell volume, indicating the synthesis of high levels of milk protein. They are postulated to play a critical role during milk production, given that AURKA-depleted mammary glands lacked cells with increased DNA content, and were impaired for milk protein production, resulting in stunting of the pups. Similarly, small molecule inhibition of AURKA and PLK1 kinase activity reduced binucleation in luminal alveolar cells and impacted lactogenesis [130]. Such binucleated cells were also detected in the mammary tissue of humans, cows, seals, and wallabies, indicating their evolutionary conservation across mammalian species [146]. However, recent studies have yielded conflicting results, with some indicating that mitotic events are not involved in promoting alterations in DNA synthesis and milk protein production in murine MECs, while others have suggested that DNA synthesis and lactogenesis are directly associated. This highlights the complexity of mechanisms supporting polyploidy in mammary alveolar cells during pregnancy and lactation, which still remain to be elucidated [132–134].

4.1. Prolactin's role in mammary gland development and lactation

Prolactin (Prl) was first described in 1929 when virgin rabbits injected with pituitary extracts from lactating mice showed pregnancy-like mammary architecture and lactating glands [135]. During the early stages of pregnancy, markedly increased Prl levels play a role in maintaining the *corpus luteum*, expression of E2 and P4, and in inducing mammary morphogenesis [136,137]. Prl KO mice suffer from impaired alveolar bud formation and reduced tertiary ductal branches, demonstrating the role of Prl during pregnancy-induced development of the mammary gland [138]. The defective mammary branching phenotype was restored by administration of P4 in Prl^{-/-} ovariectomized mice, revealing that P4 and Prl potentially coordinate lobuloalveolar development [138]. Impaired alveologenesis, but not ductal branching, was rescued when the mammary fat pads of WT mice were transplanted with Prl^{-/-} MECs, revealing that prolactin alone drives mammary alveologenesis. While the placental hormones regulate Prl function mid-pregnancy, Prl levels increase during lactation. Prl is mainly expressed by lactotrophic cells in the pituitary gland and released into the bloodstream, but it is also expressed locally in several tissues, including by MECs in the mammary glands. RANKL also acts downstream of PrlR signaling and its overexpression in virgin glands induces pregnancy-like mammary architecture. RANKL is also responsive to P4, and depletion of RANKL results in similar mammary phenotypes as in Prl^{-/-} and Prl^{-/-} glands [48,84,139].

Prolactin binds to its receptor (PrlR), resulting in the activation of several signaling cascades, including the Janus Kinase (JAK)/STAT5 pathway in MECs [140,141]. Upon Prl binding, JAK1 and JAK2 are recruited to PrlR, and their activation triggers the phosphorylation and nuclear localization of STAT5 [142]. STAT5(A/B) was first described as one of the progenitors and master regulators of stem cells in normal and leukemic hematopoiesis, and its activation allows for its binding to GAS motif responsive elements (TTCnnnGAA) at gene regulatory regions [143,144]. In MECs, STAT5 controls the expression of an array of genes, including whey acidic protein (*Wap*), β -casein, and others that together regulate differentiation and proliferation across multiple developmental stages [145,146]. STAT5 also binds to super-enhancers of mammary lineage-specific target genes, which then act collectively with additional TFs to control gene expression [147].

A downstream target of the PrlR pathway is the ETS transcription

factor 5(ELF5), a major regulator of alveolar cell fate and lobuloalveolar expansion, as mammary glands from Elf5^{+/-} mice show arrested alveologenesis during pregnancy and lactation failure [148,149]. Elf5 expression increases during pregnancy and lactation, and falls immediately after lactation (involution), when alveolar structures are cleared [149,150]. Accordingly, induction of Elf5 expression in virgin mice leads to an increased expression of milk genes (β -casein and *Wap*), secretion of milk, inhibition of ductal expansion, and alveolar differentiation [148]. The depletion of Elf5 impacts other downstream targets of the prolactin pathway, as female mice and cultured cells that are haploinsufficient for Elf5 showed impairment of STAT5 activation during pregnancy. Elf5 responsive elements were found near the promoter region of *STAT5*, suggesting that ELF5 controls STAT5 expression [150]. Genome-wide analysis showed that ELF5 and STAT5 colocalize at mammary-specific STAT5-bound enhancers, including an intergenic enhancer that controls STAT5 activity, suggesting that they cooperate to induce gene expression [151–153].

Additional factors, such as Cub and zona pellucida-like domain-containing protein 1 (CUZD1) operate downstream of the JAK2/STAT5 pathway. Loss of CUZD1 induces abnormal mammary TEBs, and impairs the development of tertiary branches and alveologenesis, resulting in a critical reduction of milk proteins and milk production in pregnant and lactating mice [154]. CUZD1 deletion resulted in enhanced STAT5-mediated transcription activation of members of the EGF family, such as *Areg*, *Nrg1* (neuregulin-1), and *Epgn* (epigen), which interact with ErbB receptors and promote MEC proliferation [152,154–156].

During early (5–7 days) and mid (11–14 days) pregnancy in mice, the downregulation of SCRIB expression delayed alveologenesis though the reduction of Prl-induced activation of the JAK2/STAT5 pathway [157]. Loss of SCRIB induced PrlR accumulation in the Golgi complex and in recycling endosomes in both mouse and human cells. Given that lactation and milk flow were normal, it was hypothesized that SCRIB levels are restored in late pregnancy [157], however SCRIB depletion has not been fully investigated during involution, when A/B cell polarity is lost [158]. Late during gestation and early during lactation, formation of tight junctions during luminal cell specification controls cellular polarity, which is crucial for directional secretion of milk droplets into the lumen [159], which is principally coordinated by Prl/JAK2 modulation of Extracellular signal-regulated kinases (ERK)1/2 function [160].

4.2. The back-and-forth of mammary involution

Offspring weaning removes the suckling stimulus and causes milk stasis, which triggers a series of remodeling processes leading to regression of mammary tissue to a pre-pregnancy state, also known as involution (Fig. 1). In humans involution lasts an average of 24 months, while in rodents it lasts for ~10–20 days and encompasses two main phases, the reversible phase (days 0–2 of involution) and the irreversible phase (days 8–18) [161,162].

The reversible phase is characterized by reduced milk production, milk absorption, epithelial cell shedding, alveolar cell death, phagocytosis of apoptotic cells by non-specialized epithelial cells, leukocyte infiltration, and breakdown of tight junctions. As the name implies, resumption of suckling restores lactation through the release of accumulated milk. During lactation, the mammary gland may commence reversible involution after a few hours of milk accumulation, which restores milk-producing cells and avoids over production of milk.

Cell death in the reversible phase of involution occurs via non-apoptotic signals, where residual milk fat globules are taken up by the MECs through lysosomes, which induces lysosomal-mediated cell death (LCD) [163,164]. Of the factors that control LCD, the Zinc transporter zinc transporter 2 (ZnT2) is involved in regulating mammary gland development during lactation and involution [165]. During lactation, ZnT2 regulates cell polarization, orientation of vesicles, lumen formation, and prolactin signaling, while induction of ZnT2 expression in MECs induced premature activation of involution and increased zinc

concentration in mitochondria and lysosomes [166]. Mutations in ZnT2 have been found in women who produce milk deficient in zinc, which is an important nutritional constituent for newborns [167]. From day 0–6, ~80% of the mammary epithelium undergoes tightly regulated cell death [168]. Serotonin (5-HT) synthesized by MECs [169] regulates tight junction homeostasis through the activation of p38-MAPK signaling, with long-term exposure to 5-HT inducing tight junction breakdown and promoting cell death [170].

Such events occur concomitantly to the recruitment of STAT3-mediated signals, which is initially activated by Leukemia inhibitor factor (LIF) in response to milk stasis during the first 3 days of involution [171,172]. Activation of LIF-STAT3 pathways induces the expression of Oncostatin M (OSM), one of the main cytokines induced by STAT3-regulatory network, and essential factor for the control of the irreversible phase of involution [173]. In fact, mammary glands from either TGF- $\beta^{-/-}$, interleukin 6 $^{-/-}$ (IL6 $^{-/-}$), IL1F $^{-/-}$, or STAT3 $^{fl/fl}$ mice showed stalled involution and lower levels of cell death [171,172,174,175]. Similarly, STAT5 overexpression during early involution activates *Akt1* transcription, a direct target of STAT5, and both proteins abrogate proapoptotic STAT3 signaling, leading to the survival of mammary cells and delayed involution, indicating that the Prl/JAK2/STAT5 pathway must be terminated during involution [176,177]. Understanding the mechanisms by which STAT3 functions during involution could lead to therapeutic strategies targeting STAT3 during breast cancer development and progression [178].

During the irreversible phase (days 2–6), the mammary Extracellular matrix (ECM) undergoes substantial remodeling, with the activation of wound healing processes, via increased activity of Matrix metalloproteinases (MMPs), deposition of collagen and BM, in addition to changes in many signaling pathways [179]. For example, the metalloproteinase Disintegrin and metalloproteinase domain-containing protein 12 (ADAM12) directly activates the STAT3 pathway, one of the involution signals in MECs. In addition, MECs of both rodents and humans express the inflammatory activator gene Cyclooxygenase-2 (COX-2) in response to collagen accumulation during involution, a signal that supports immune infiltration, but may also be associated with postpartum breast tumor development [180,181]. Finally, the drop of systemic Prl levels, and the increase of leptin hormone levels induces adipogenesis starting on involution day 2, allowing for the initial reestablishment of pre-pregnancy cellular density and architecture in the mammary gland [182,183].

In the irreversible phase of involution, macrophages and non-professional phagocytic MECs clear the remainder of the cellular debris, resulting in a second wave of inflammation and immune cell recruitment [184,185]. Activation of Ras-related C3 botulinum toxin substrate 1 (Rac1), a member of Rho-GTPase family, in MECs sustains their phagocytic activity, while chemotactic factors promote macrophage infiltration in order to eliminate dead cells [186,187]. Concomitantly, Rac1 $^{-/-}$ female mice showed accumulation of dead cells and milk protein in the mammary lumen due to loss of adhesion proteins in dying MECs, and inhibition of the phagocytic function of MECs.

The ECM also plays a role in immune cell recruitment and activation, as well as broader immune system functions, as collagen and laminin fragments may also induce an influx of macrophages and neutrophils to the involuting gland [188]. Accordingly, TGF- β regulates MEC cell death and phagocytosis, and helps in the maintenance of ECM integrity, thus also playing a role during the final stages of involution [189,190]. Signaling pathways and the high cell-turnover modulate mammary involution, and they also promote an increase in self-antigen reactions, creating an immune tolerant environment and a mucosal barrier. Increased numbers of T regulatory cells (ROR γ T $^{+}$ FoxP3 $^{+}$ CD4 $^{+}$), dendritic cells, and memory Treg (Th17) cells are observed during involution. The immune environment then reverts to its nulliparous state when involution comes to an end [191].

The immune tolerance observed during involution and lactation may be relevant for understanding postpartum breast cancer, which has a

very poor clinical prognosis, as well as suggest potential routes to explore in cancer treatment [192]. For example, T-lymphocytes expressing the T-cell receptor $\gamma\delta$ TCR, also called $\gamma\delta$ T cells, may be potential targets for genetic engineering to treat a variety of cancers, including breast tumors [193]. $\gamma\delta$ T-cells are involved in both innate and adaptive immune responses, and the mechanism of activation for $\gamma\delta$ T-cells is major histocompatibility complex (MHC)-independent creating an opportunity for the development of pan-population immunotherapy.

Despite involution being both a complex and extensive developmental process, the post-involution gland is phenotypically indistinguishable from a mammary gland that has never been exposed to pregnancy hormones, and is competent to re-engage in the lactation process *de novo*, by repeating the process with each pregnancy. Part of this ability is based on stable molecular changes brought about by the first pregnancy cycle, which enhance milk production during a consecutive pregnancy, indicating that MECs undergo stable molecular changes that function as a memory of prior pregnancy [194,195]. These changes involve remodeling of the MEC epigenome, including alteration of the DNA methylation landscape and gain of the histone ‘active’ mark, H3K27ac, at genomic regions associated with early activation of milk-related genes during a subsequent exposure to pregnancy hormones [196–198]. These gene activation mechanisms are MEC-autonomous, given that a robust response to pregnancy hormones was also observed using fatpad transplantation and organoid cultures [198].

Involution shares many biological processes and gene networks with those implicated in breast cancer progression and metastasis [188,199]. Thus, research on involution-related processes will provide insights on the orchestration of mechanisms associated with ECM remodeling, regulation of gene transcription, maintenance of the epigenomic landscape, and immune surveillance in the normal environment of the gland, while also exploring their deregulation in contribution to cancer development.

5. Beyond tissue development – The transcriptional regulation of MEC differentiation

Two main theories have been advanced concerning the cellular states between MaSCs and fully differentiated MECs [200]. The first hypothesis is based on a MaSC that differentiates directly into luminal or myoepithelial progenitors, thereby producing the respective differentiated MECs. The second theory postulates the existence of a bipotent stem cell generated by a multipotent stem cell that gives rise to basal and luminal progenitors. However, it is difficult to analyze lineage commitment and differentiation in a system where cell surface markers and signals are highly interchangeable. To address this point, several studies have focused on understanding determinants of cell identity and state, with the goal of defining gene expression dynamics that could identify bi- or unipotent cells and their ability to commit to a lineage during the process of mammary gland differentiation (summarized in Fig. 2 and Table 1).

5.1. Working forces of MEC differentiation

Axis inhibition protein 2 (Axin2) is one such factor whose role in MEC differentiation has been investigated. Axin2 is a target of the Wnt/ β -Catenin pathway and has been shown to mark stem cells localized at the bottom of intestinal crypts and to generate entire crypt/villus structures [201–203]. In the mammary gland, Axin2 $^{+}$ MECs exclusively give rise to MECs committed to the myoepithelial lineage in pre-pubescent mice. However, Axin2 $^{+}$ MECs demonstrated multipotent cell fates in mammary transplantation assays, suggesting that signals present during wound healing, or those coming from specific localization at TEBs during mammary branching, may dictate stemness (Table 1) [203,204].

In addition to signaling molecules, epigenetic factors have also been shown to play a role in lineage commitment and differentiation during

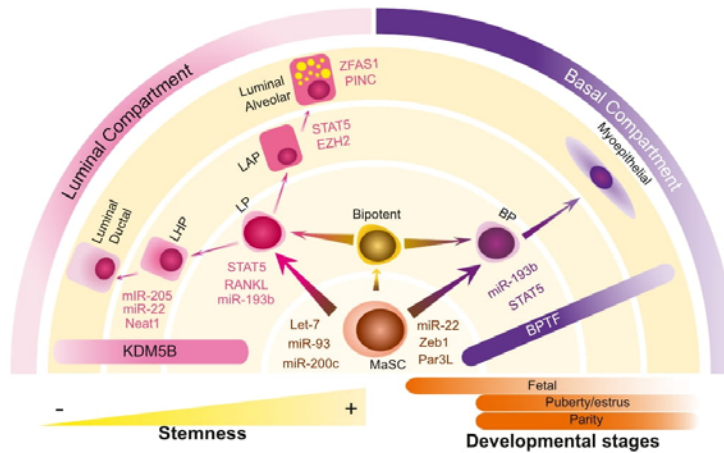


Fig. 2. Molecular regulators of mammary hierarchy. Schematic representation of molecular regulators of mammary cell lineage commitment. Two main differentiation pathways have been reported in literature. In one of them, mammary stem cell (MaSCs) can differentiate into luminal progenitors (LP) and basal progenitors (BP), which are committed to originate either luminal alveolar progenitor (LAP) and luminal hormone progenitors (LHP), or myoepithelial cells, respectively. Another possibility is that MaSCs differentiate into a bipotent MaSC that will give rise to LPs and BPs, subsequently driving luminal and basal differentiated cells. Signaling molecules regulating one MEC subpopulation are color coded according to the cell color and are adjacent to the cell type, whereas molecules regulating more than one cell fate are represented with a bar. Lighter yellow semi-circles indicate high cellular stemness whereas the darker yellow is representative of a differentiated state. The orange bars on the right highlight the most common MECs specification networks identified in each stage of the mammary gland. The gradient colors in the bars representing BPTF (Bromodomain Protein Transcription Factor) and KDM5B (Lysine-Specific Demethylase 5B) are directly related to the function of these proteins at the specified cell lineage.

mammary gland development. For instance, Lysine-specific demethylase 5B (KDM5B), a Jumonji protein, is a histone demethylase that removes H3K4me3 methyl marks and regulates ductal development during puberty and pregnancy through the control of the transcription of genes for luminal lineage maintenance [205]. Using a single-cell approach, KDM5B was identified as a regulator of epigenetic and transcriptomic states of differentiated luminal epithelial cells, as well as a regulator of transcriptomic heterogeneity in ER + luminal breast cancer (Table 1) [206]. The inhibition of KDM5B was associated with a pattern of H3K4me3 marks that overall altered the transcriptomic profile in single cells. The KDM5 family of proteins has been implicated in the development of cancer, poor cancer survival, and cancer therapy resistance (e.g. lung, melanoma and breast) [207–210]. Recent studies have attempted to identify small molecules that target KDM5 [211–213].

Many components of the master epigenetic regulator Polycomb complex (PcG) have been implicated during mammary gland development. The H3K27me3 histone methyltransferase Enhancer of zeste homolog 2 (EZH2), the catalytic subunit of the polycomb repressive complex 2 (PRC2), and a key factor in stem cell differentiation, regulates the timing of alveogenesis and luminal differentiation during mammary development [79,214–216]. Loss of EZH2 induced premature cell differentiation and luminal alveolar lineage commitment due to enhanced STAT5 occupancy at its genomic binding sites and increased expression of its downstream targets, suggesting that loss of a repressive marker catalyzed by EZH2 facilitated STAT5-dependent gene expression activation and luminal-biased differentiation (Table 1) [217]. During pregnancy, activation of genes associated with milk production and cellular differentiation was associated with loss of H3K27me3 signals, whereas genes that were repressed during pregnancy (and mammary morphogenesis) markedly gained H3K27me3, demonstrating a regulated gene expression switch that supports cellular commitment during pregnancy-development [79]. Conversely, the Polycomb repressive complex 1 (PRC1) ring finger protein 4, also known as BMI-1, plays an essential role in controlling the stemness of MECs [214,215]. Loss of Bmi-1 affected the pool of MaSCs and lineage committed progenitors, which resulted in defective mammary development in fat pad transplantation assays (Table 1), a phenotype that was rescued by further loss

of Ink4a/Arf expression, one of the factors negatively regulated by PRC1/BMI-1 [218].

Another key regulator of MaSC self-renewal and differentiation is the Bromodomain protein transcription factor (BPTF). BPTF is the largest subunit of the Nucleosome remodeling factor (NURF) complex, classified as a histone acetylation reader that plays a role in the regulation of chromatin accessibility, modulating TF-DNA occupancy and gene expression levels. [219–223]. Conditional deletion of BPTF in cytokeratin K5 (KRT5+) MaSCs resulted in loss of accessibility at genomic regions occupied by many master regulators of mammary development, such as SRY-box (SOX) 2 [224], Transcription factor AP-2 (TFAP2) [225], Runt-related transcription factor 1 (RUNX1) [226], SOX10 [227], TEA domain transcription factor 1 (TEAD1) [228], SOX6 [229] and Zinc finger e-box binding homeobox 1 (ZEB1) [230], and impacted ductal alveogenesis during active stages of post-birth mammary gland development (Table 1) [231]. Pygopus 2 (PYGO2), is an additional epigenetic factor and histone methylation reader that in response to Wnt signaling controls gene expression, self-renewal and MEC differentiation. Conditional loss of Pygo2 in Cytokeratin 14 (KRT14) expressing cells resulted in reduced mammary repopulation activity in fat pad transplantation assays (Table 1) due to a luminal-biased state of MaSCs, suggesting its role in sustaining the basal-like fate commitment of MECs [232,233]. Further gene-focused chromatin immunoprecipitation assays (ChIP-qPCR) suggested a mechanism through which PYGO2 chromatin association induces the active transcription of *Notch3* mRNA, one of the drivers of luminal/alveolar cellular fate, indicating an epigenomic control of the timing of gene expression according to the cell differentiation state [234,235].

As well as epigenetic regulation of MEC differentiation, many TFs associated with DNA and gene expression regulation are required to determine lineage commitment and cellular differentiation. For example, STAT5 plays a role during pregnancy-development of the mammary gland, and has also been implicated in cellular differentiation [48,139,147,153–156]. Depletion of STAT5 expression in MaSCs resulted in loss of tissue engraftment in fat pad transplantation assays, abrogation of mammary branching, and reduced milk production, demonstrating a role for STAT5 in controlling lineage commitment

Table 1

Transcriptional regulation of MEC differentiation – overall summary of bulk and scRNAseq expression profiles and their contribution to elucidating cellular state, master regulators, and lineage commitment across mammary epithelial trees.

Gene name	Cell types	Function	Identification method	References
Axin2	Multipotent cell fates	Lineage commitment and stemness	Lineage tracing, transplantation assays	[203,204]
BPTF	Basal epithelial cells, MaSC pool	MaSC self-renewal, ductal alveologenesis, regulation of chromatin accessibility	Gene knockdown, transgenic mice, RNA-seq, ATAC-seq	[231,333]
HOTAIR	Ductal carcinoma cells	Hormonal regulation of cell proliferations	Human tumor tissue analysis, microarray expression analysis, gene knockdown, PDX models	[263,264,266]
KDM5B	Luminal epithelial cells	Regulator of epigenetic and transcriptomic states	Single cell RNA-seq, mathematical and molecular modeling, gene knockdown, human tumor cell line cultures, inhibitor resistance	[206,207,211,213]
Let-7/ miR-93/ miR-200c	MaSCs	Maintenance of stemness and regulation of differentiation	3D cell culture assays, miRNA expression sequencing	[248]
NEAT1	Luminal ductal progenitors	Ductal morphogenesis throughout postnatal mammary development	Mouse tissue analysis, RNA in situ hybridization	[260,261]
PER2	MaSC pool	MaSC lineage commitment during pubertal development, regulation of MEC identity, epithelial-mesenchymal transition (EMT)	Transgenic mice, transplantation assays, RNA-seq,	[238,239]
PRC2 complex – EZH2	Luminal alveolar progenitors	Regulator of timing of differentiation and alveologenesis	Gene knockdown, transgenic mice, ES cell differentiation studies	[214,216,217]
PRC1 complex – Bmi1	MaSC pool	Mammary ductal expansion, alveolar cell differentiation, self-renewal of MaSCs	Human MaSC cultures, PDX models, transgenic mice	[218,243]
PROM1	ER+ luminal progenitors	Development and long-term homeostasis of ER+ luminal cells, alveologenesis	Transgenic mice, lineage tracing, transplantation assays	[334]
Pygo2	Basal epithelial cells, MaSC pool	MaSC self-renewal, regulation of chromatin accessibility, lineage commitment and differentiation	Gene knockdown, transgenic mice, transplantation assays, ChIP microarrays	[232,233,335]
SOX9	ER- luminal and basal progenitors	Development and long-term homeostasis of ER- luminal cells	Transgenic mice, lineage tracing, transplantation assays	[240,334]
STAT5	Luminal and basal progenitors	Lineage commitment and differentiation during pregnancy	Inhibitor assays, transgenic mice, microarray analysis, transplantation assays, 3D cell culture systems	[139,147,153–156,236,237]
miR-193b	Luminal progenitors	Control of MaSC activity and alveolar differentiation	Transplantation assays, RNA-seq, gene knockdown	[254]
miR-205/ miR-22	MaSCs, MECs	Stemness, EMT, cell polarity, differentiation and specialization of MECs during late pregnancy through lactation, breast tumorigenesis	Transplantation assays, xenograft models, 3D cell culture, gene knockdown	[249–253]
miR-206/ miR-150	Luminal alveolar cells, MaSCs	Regulation of cell proliferation, differentiation, and stemness during pregnancy, mammary positioning during embryogenesis	3D cell culture, microarray expression analysis, gene overexpression, transgenic mice	[255–257]
ZFAS1, PINC	Luminal alveolar cells	Terminal secretory differentiation during pregnancy and lactation, epigenetic control of mammary development	Gene knockdown, microarray expression analysis, RNA in situ hybridization	[259,261]

(Table 1) [236]. STAT5 overexpression in MaSCs induced precocious alveologenesis, further indicating that STAT5 is involved in the differentiation of luminal alveolar progenitor cells [237].

Based on observations of genes that control MEC lineage commitment, a “developmental clock” has been proposed for MEC fate specification, which functions independently of normal circadian clocks. Period 2 (PER2) is one such gene that regulates MaSC lineage commitment and cell fate determination during the pubertal development of the mammary gland, given that PER2 KO mice exhibited underdeveloped mammary glands with reduced ductal branching, and MECs displayed a dual luminal/myoepithelial phenotype, demonstrating PER2’s role in cell fate determination (Table 1) [238]. Further studies showed that loss of PER2 resulted in alteration of MEC identity, with the deregulation of several factors that block or promote EMT progression and MaSC cell fate determination, suggesting that these MECs have increased cell fate plasticity and heterogeneity, which will need to be defined at the single cell level [239,240].

Additional TFs controlling MEC differentiation include the AP-1 complex, E2 factor (E2F), RUNX1, and BCL11B, which mainly control gene expression in response to changes in the levels of growth factors and hormones (such as FGF, EGF, and ER). For example, loss of function of the TFs AP-1 and E2F suppressed mammary development at all post-natal stages, given their role in controlling genes such as Ccnd1, c-

myelocytomatosis oncogene (c-Myc), Tissue inhibitor matrix metalloproteinase 1 (TIMP1), Vimentin (Vim), and Fibronectin (Fn), which together guide the proliferation, survival, and ECM remodeling of MECs [241,242].

Undoubtedly, this comprehensive overview of molecular regulators in murine MECs illustrates the intersection of complex events that guide murine mammary gland development. The need to understand how such processes take place in mammary tissue aims to answer outstanding questions regarding activation of programs associated with development and carcinogenesis in humans. For example, utilizing RNA interference targeting to induce Bmi-1 knockdown, severely impaired the mammary repopulating capacity of human MaSCs in humanized mammary fat pad transplantation assays, and reduced in vitro mammosphere formation, supporting an evolutionarily conserved role in controlling breast stem cell activity [243]. The notion of the evolutionarily conserved need for molecular regulators of breast development was further expanded in studies that defined cell specific cis-regulatory regions in isolated mammary cell populations from humans, implicating TP63, ELF5, and ESR1 as master regulators of human mammary epithelial lineage commitment [244]. In addition, the utilization of mouse and human comparative analyses revealed that pregnancy epigenetically modifies the Cyclin-dependent kinase inhibitor 1B (p27^{Kip1}) and TGFβ gene loci, an effect that influences the state of

luminal progenitor cells in culturing systems [245]. Still, there remains an acknowledged gap in bridging breast cellular function, lifespan, and life events (pregnancy, environmental exposures, habits, etc) with epigenomic and molecular alterations that can influence MEC homeostasis and cancer development.

5.2. ncRNA regulation of MEC development

Non-coding RNAs (ncRNAs) are known to play key roles during tissue development and cellular lineage commitment. MicroRNAs (miRNAs) and long non-coding RNAs (lncRNAs) have been implicated in fate specification and specialization of MECs. Profiling of miRNA expression in comma-D β cells, a normal-like mammary cell line revealed a number of miRNAs potentially involved in MEC differentiation, including miR-205 and miR-22, which are highly expressed in Sca1^{high} progenitor cells, and let-7 and miR-93, present in mammary undifferentiated cells (Table 1) [246–248].

Several of these miRNAs have subsequently been shown to either promote or block MEC stemness. For example, loss of miR-205 expression resulted in a stemness phenotype in MECs, promoting EMT, and altering cell polarity and symmetric division, through increased Zeb1/2 and Notch expression [249]. During late-pregnancy through lactation, miR-200a stabilizes the levels of E-cadherin and other cell polarity proteins, such as Par6b, by potentially downregulating Zeb1/2, thereby inducing MEC differentiation and specialization [250]. Conversely, miR-22 overexpression resulted in Zeb1 upregulation, leading to the amplification of the MaSC pool, and breast tumorigenesis [251]. Zeb1 and Bmi-1 are also target of miR-200c, a microRNA detected in CD44⁺CD24⁺ mammary repopulating cells and downstream to the p53 oncogene [252,253]. miR-193b has been identified as a STAT5 target, and mice lacking miR-193b showed accelerated stem/progenitor cell activity and proliferation during puberty and pregnancy (Table 1) [254]. Given miR193b is downstream of prolactin signaling, other miRNAs may potentially be targets of hormonal pathways, and their signaling is yet to be elucidated.

Besides its expression in ER + breast cancers, miR-206 regulates the transcription of genes that control cell proliferation, differentiation, and stemness in non-tumorigenic mammary cells during pregnancy (Table 1) [255]. Among the genes upregulated by miR-206 in mammary buds are Tbx3 and Lef1, TFs required for mammary positioning during embryogenesis (see above) [256]. The levels of miR-206 and miR-150 decrease between pregnancy and lactation [255,257]. Constitutive expression of miR-150 in MECs resulted in the failure of alveoli formation, and therefore, lactation, likely caused by reduced the expression and phosphorylation of STAT5 [257], however the exact mechanism is currently not known. miR424–503 has been shown to activate apoptosis during involution [258]. As the offspring are weaned, the TGF- β pathway is activated, upregulating miR-424–503 and resulting in the expression of apoptotic factors while reducing the activity of Akt and ERK1–2 pathways [258].

Amongst the lncRNAs identified in MECs, ZNF1 antisense RNA 1 (ZFAS1) and pregnancy induced non-coding RNA (PINC), are highly expressed in alveolar cells during pregnancy, however, their expression is significantly decreased during lactation with a subsequent increase during involution (Table 1). The reduction of PINC levels during lactation is crucial for terminal secretory differentiation of the gland as knockdown of PINC induces differentiation whereas its overexpression interferes negatively with lactogenic differentiation [259]. PINC inhibits the differentiation of alveolar secretory cells through its interaction with Retinoblastoma-associated protein 46 (RbAp46) and PRC2, which results in the deposition of H3K27me3 marks that repress the transcription of target genes [259]. PINC modulates the epigenetic control of mammary development to prevent overproduction of milk and uncontrolled differentiation of luminal progenitor cells into alveolar secretory cells.

Similarly, the lncRNA Nuclear paraspeckle assembly transcript 1 (Neat1) is expressed in luminal cells and is required for ductal

morphogenesis throughout postnatal mammary gland development, as KO mice for Neat1 show impaired lactation progression (Table 1) [260]. In parous glands, PINC and ZFAS1 localize to the terminal ductal-lobular structures, where their function is associated with cell survival and cell division [261,262]. Taken together, ZFAS1, Neat1, and PINC expression is tightly regulated during mammary development, and collectively these ncRNAs control the differentiation of mammary alveolar structures.

Hox transcript antisense intergenic RNA (HOTAIR) is another lncRNA that recruits PRC2 to control and repress the transcription of target genes (Table 1) [263,264]. Given that E2 regulates HOTAIR, and that HOTAIR regulates cancer cell proliferation and cancer invasion in ER + breast tumors, this suggests that a feedback loop exists between HOTAIR and mammary hormones [265,266]. Metastasis associated lung adenocarcinoma transcript 1 (MALAT1) is a lncRNA upregulated by oxytocin during lactation and in the breast of postmenopausal women [267]. MALAT1 has also been reported to induce invasion and metastasis and to regulate the oncogene p53 [268].

With their wide-ranging role in gene expression regulation, miRNAs and lncRNAs have been considered as suitable drug targets to abrogate the establishment and progression malignant mammary development. While a series of strategies, including the development of tiny-LNAS, have been shown to be efficient in silencing programs regulated by miRNAs [269], recent studies utilizing anti-sense oligo targeting approaches have successfully reduced tumor growth and metastasis by inhibiting MALAT1 expression, thus providing a potential therapeutic strategy to target breast tumors.

5.3. New insights into mammary hierarchy – at single cell resolution

The need for more refined strategies to isolate MaSCs and differentiated MECs has led to the development of flow cytometry-based methods for the prospective isolation of mammary cells, the identification of multiple cellular markers that, coupled with molecular profiling, are starting to reveal the mechanistic basis of mammary lineage commitment [200,204,270–277]. These approaches are also filling in the gaps in our understanding of cell specification and plasticity, while raising questions about our appreciation of cellular heterogeneity in MECs. Recent advances in next generation sequencing coupled with bioengineering approaches for single-cell isolation (e.g. microfluidics) offer versatile and agnostic tools able to address global molecular classification and cell identity at high-resolution.

Single cell RNA-seq (scRNAseq) studies are beginning to analyze mammary epithelial cell developmental trajectories in order to address, for example, the existence of bipotent MaSCs and/or lineage-committed progenitors during mammary development, and the temporal switches that govern lineage segregation [278]. To investigate the onset of the mammary epithelial differentiation during embryogenesis, the transcriptomes of a limited pool of FACS-isolated E14 cells have been analyzed, using scRNAseq [279]. Although a transcriptional signature for multipotency was still detected in E13 mammary tissue, unsupervised analysis revealed a composite of gene expression signatures from both luminal and basal cells at E14 [279]. This data provides insight into the molecular regulation that shifts multipotency to unipotency in a developmentally timed fashion, and also indicates the presence of a rare population of bipotent cells early during mammary fetal development. Consistent with these results, scRNAseq data from mouse mammary tissue at E16 and E18 revealed hybrid transcriptional signatures consistent with both basal and luminal lineage specifiers within a single fMaSC cluster, in addition to signatures associated with chromatin remodeling, indicating a role of the epigenetic reprogramming of stemness during mammary embryogenesis [280]. Single-nucleus ATAC-seq (snATACseq) data revealed an epigenetically poised state in fMaSCs from E18, an observation consistent with earlier lineage tracing studies [281,282]. This poised state may guide bidirectional cell commitment to either the basal or luminal lineage after birth [283].

MEC specification accompanies mammary tissue remodeling during subsequent postnatal developmental stages, involving multiple repeated lineage segregation events. Single-cell transcriptome analyses of prepubertal glands revealed signs of an intermediate cellular state between embryonic and adult cells, with MECs assuming more luminal/alveolar features, which potentially indicates the emergence of a luminal precursor or immature state [280,284]. Such an intermediate cellular state was also observed in studies that analyzed MaSCs microdissected from TEBs, which demonstrated a heterogeneous transcription state for lineage committed MaSCs, thus introducing the concept that perhaps pools of MaSCs are more likely to drive mammary expansion and growth [285]. High-resolution transcriptomics of sorted cells also captured a largely heterogeneous population of MECs wherein myoepithelial cells showed gene profiles correlated to luminal cells, thus suggesting a common ancestry [286].

Single-cell transcriptomics has also revealed and confirmed epithelial cell types within the mammary gland. For instance, scRNA-seq captured Protein C receptor (Procr +) cells, B-cell lymphoma/leukemia 11B (Bcl11 +) cells, and Cadherin 5 (Cdh5 +) cells within myoepithelial cell clusters, corroborating previous studies that characterized populations of MaSCs that reside within the basal compartment, consistent with their ability to fully reconstitute the mammary epithelium in transplantation assays [286–289]. A series of studies have described modifications in the transcriptional landscape of luminal MECs across mammary development. scRNA-seq studies revealed that parity stably affects the transcriptional program of luminal cells, and biases luminal differentiation towards an alveolar fate [288]. E2 treatment correlated with the enrichment of four populations within the luminal progenitor and mature luminal pools, consisting of: (a) ER α ⁺PR⁺; (b) ER α ⁺PR⁻; (c) ER α ⁻PR⁺; and (d) ER α ⁻PR⁻ cells, revealing hormone receptor expression in cells of the luminal fate [290]. Single-cell transcriptomics captured a shift within the hormone-sensing alveolar secretory luminal cells, from high numbers in young murine glands to very low numbers in nulliparous perimenopausal murine glands, indicating a role for aging in luminal cellular fate [291]. Pseudotemporal reconstruction of scRNA-seq data from adult breast epithelial cells have also identified a linear trajectory that may give rise to three distinct cellular populations, connecting one myoepithelial cell cluster with two luminal-committed cell clusters [292]. These further divide into subpopulations that were all proliferative, indicating a specific progenitor cell-type for each cell subcluster.

Although single-cell RNA-seq and ATAC-seq are groundbreaking technologies, standardization and reproducibility are critical issues for these methods. Some of the potential pitfalls in these systems arise from single-cell isolation techniques, variation in cell counts, and computational data analysis that considers both technical and biological effects [293]. Furthermore, we still lack a clear general signature of all cells within mammary tissue, including stromal and immune cells, data that would allow effective cellular identification across developmental stages and could consider cellular fluctuations that could influence tumorigenesis. Regardless, single-cell transcriptomics has been critical in the reconstruction of the cell populations that constitute the mammary gland and in disentangling the transcriptional and epigenomic programs critical for mammary lineage segregation and development.

6. Organoids and modeling normal mammary gland development

Over the last several decades, it has become clear that the functional differentiation and development of tissues is dependent on three-dimensional architecture. Consequently, there has been a surge in studies that use three-dimensional (3D) cultures to model mammary gland development. Numerous protocols have been developed for the 3D culture of tissues and organs, and the resulting structures are collectively referred to as “organoids”. However, the definition of the organoids depends on the source tissue. In the case of mammary glands,

organoids are cultures derived from of mammary tissue fragments in 3D gels, whose composition is similar to the in vivo mammary ECM [294,295].

Cultures of mammary epithelial cells in collagen I gels were first established in the late 1970s. Together with other contemporary studies, they demonstrated that the normal functional differentiation of MECs is dependent on their interaction with a flexible biological substrate [296–299]. MECs harvested from virgin female mice grown in collagen gels showed the ability to reorganize and form structures that can express milk proteins when stimulated with hormones [300–303]. There were also alterations in differentiation and proliferation of MECs depending on whether the collagen gel matrix was attached to a substrate or if it was suspended in dome-like structures [299,304–306].

Mammary organoids can also be grown in commercial 3D matrices such as Matrigel [307] or collagen I [308], which contain BM matrix proteins required for epithelial cell growth and differentiation. Culturing mammary organoids in Matrigel gives rise to organized clusters of bi-layered mammary epithelium, which can be stimulated into branching morphogenesis with growth factors, partially resembling normal in vivo mammary gland development [309,310]. Such organoid systems can also be used as models to study the modifications that pregnancy brings about to the mammary gland. By culturing organoids with pregnancy hormones, organoids can be stimulated to secrete milk proteins (lactation), and removal of such signals can mimic some of the stages seen during involution [198,311] (Fig. 3). Additionally, to understand the role of various stromal components during normal mammary gland development, several co-culture assays for MECs or primary mammary organoids with fibroblasts have been developed [312,313]. These assays involve culturing MECs or primary organoids in Matrigel containing fibroblasts isolated by enzymatic digestion and differential centrifugation. There are also 3D-printing strategies for controlled placement of cells in the hydrogel matrix, which allows for reproducible, high-throughput experiments [314].

3D mammary organoids cultures has led to the elucidation of many factors that drive signaling transduction, gene expression regulation, cell-to-cell junction and tissue remodeling, and that together influence mammary development and MEC differentiation [189,315–320]. More recently, mammary organoids have been used to define a role for Suppressor of zeste 12 (SUZ12) and Embryonic ectoderm development (EED), core components of the PRC2 complex, in sustaining progenitor activity of MECs via regulation of cell type specific gene silencing [321]. In addition, high levels of R-spondin-1 (Rspo) induced the expansion of undifferentiated myoepithelial cells, revealing that the combination of Nrg1 treatment with low concentrations of Rspo can help maintaining mammary organoids in culture for extended periods of time [322]. Moreover, mammary organoid cultures have also been utilized to analyze the signals controlling mTOR regulation of MaSCs, and the specific contribution of EMT-associated genes in controlling MEC migration and invasion, demonstrating the use of such a system to understand signals that control stemness and cellular plasticity [323–325].

Recently, protocols have also been developed for modeling mammary gland developmental and molecular processes engaged during pregnancy, lactation and involution, and as well for culturing irradiated organoids to simulate radiotherapy, a standard protocol for treating many types of breast cancer [311,326,327]. Furthermore, it has been shown by single-cell analysis that normal and pre-malignant organoid cultures can retain the complex system of multiple MEC states (stem/progenitor and differentiated) and protein expression patterns [328]. Although lacking the complex interactions with the microenvironment, human tissue organoids can be used as a model system to characterize cellular and molecular changes during development and to test the susceptibility of an individual to a variety of therapies.

7. Final remarks

In this review we discuss many aspects of the molecular basis of

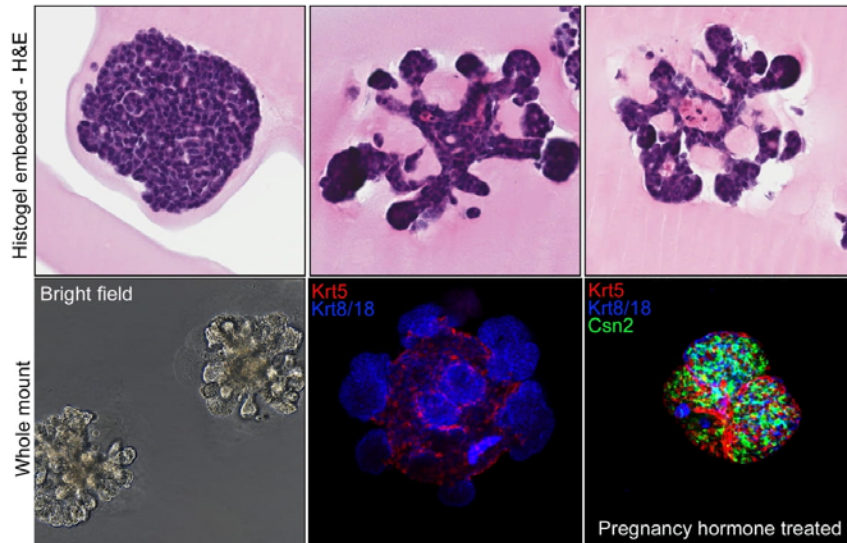


Fig. 3. Mammary organoid cultures can replicate characteristics of normal development. Representative images of mammary organoid culture derived from pre-pregnancy MECs (Balb/C mice), grown with either essential media or media with pregnancy hormones (containing estrogen (E2), progesterone (P4), and prolactin (PrI)). (a) H&E stained organoids (b) light microscope image of organoids in culture (c) Immunofluorescence image of an organoid showing the branching morphogenesis phenotype (d) Immunofluorescence image of an organoid treated with pregnancy hormones expressing Csn2, a milk protein. Scale: 200 μ m. Mammary organoid growth conditions and IF staining were performed as described on [198]. Images credits to Chen Chen and Michael F. Ciccone.

mammary epithelial differentiation, as well as the mechanisms that are engaged during the various mammary gland developmental stages. Our goal was to highlight many of the significant advances in mammary gland biology research from the last several decades, and to highlight important mechanisms that must be considered as we move toward addressing questions about lineage commitment, cellular differentiation, and mammary gland development. Many of the points discussed here have implications for either the initiation, maintenance or progression of mammary tumorigenesis, underlining the disease relevance in the understanding of normal breast development.

Technological developments – the exploration of 3D organoid cultures and single-cell strategies – are deepening our understanding of specific perturbations that influence the mammary tissue as a whole. Unquestionably, the combination of such strategies with novel mathematical models and lineage tracing has the means to provide quantifiable metrics of cell fate and expression heterogeneity and will yield valuable insights into the coordination of tissue development, as well as help in the prediction of novel factors that modulate risk and treatment response of breast tumors. For instance, quantification of MEC-specific apoptosis and proliferation rates, cell size, cell number, and duct morphology, offer parameters that sufficiently predicted the outcome of ductal elongation in TEBs during puberty [47]. In fact, previous studies have also successfully demonstrated the use of mathematical modeling and lineage tracing to correlate the number of cells and differentiation states with age, pregnancy, and the risk for breast cancer development [329–331]. Moreover, the integration of 3D imaging of breast tumor spheroids with the analysis of biophysical parameters using mathematical models has brought us a step closer toward assessing tumor aggressiveness and response to treatment [332], thus offering robustness and a method for the analysis of retrospective clinical data.

Altogether, these strategies hold the promise of answering long-standing questions about the connections between the regulation of gene expression and tissue maintenance, and microenvironment

homeostasis and cellular diversity; evidence of which will hopefully elucidate, address, and perhaps even provide preventative strategies against malignant transformation.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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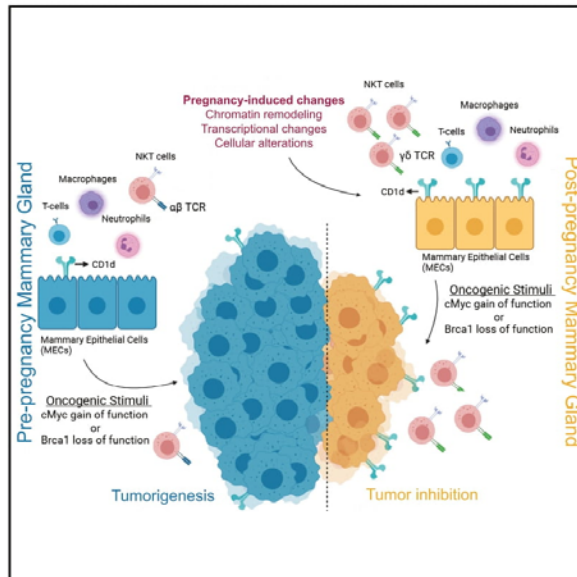
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Parity-induced changes to mammary epithelial cells control NKT cell expansion and mammary oncogenesis

Graphical abstract



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In brief

Parity influences mammary cancer progression. Hanasoge Somasundara et al. demonstrate how pregnancy-induced changes modulate the communication between MECs and immune cells and establish a causal link between pregnancy, the immune microenvironment, and mammary oncogenesis in models of cMYC overexpression and Brca1 loss of function.

Highlights

- Post-pregnancy MECs express higher levels of the antigen-presenting molecule CD1d
- $\gamma\delta$ TCR-expressing NKT cells are expanded in post-pregnancy mammary glands
- NKTs and CD1d expression associate with oncogenesis inhibition after pregnancy
- Loss of $\gamma\delta$ NKTs and CD1d expression supports mammary oncogenesis after pregnancy



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Article

Parity-induced changes to mammary epithelial cells control NKT cell expansion and mammary oncogenesisAmritha Varshini Hanasoge Somasundara,^{1,2,6} Matthew A. Moss,^{3,6} Mary J. Feigman,^{1,6} Chen Chen,¹ Samantha L. Cyrill,¹ Michael F. Ciccone,¹ Marygrace C. Trousdell,¹ Macy Vollbrecht,⁴ Siran Li,¹ Jude Kendall,¹ Semir Beyaz,¹ John E. Wilkinson,⁵ and Camila O. dos Santos^{1,7,*}¹Cold Spring Harbor Laboratory, Cold Spring Harbor, NY, USA²CSHL School of Biological Sciences, Cold Spring Harbor, NY, USA³Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, Hempstead, NY, USA⁴Department of Biology, Stanford University, Stanford, CA, USA⁵Department of Comparative Medicine, University of Washington, Seattle, WA, USA⁶These authors contributed equally⁷Lead contact*Correspondence: dossanto@cshl.edu<https://doi.org/10.1016/j.celrep.2021.110099>

SUMMARY

Pregnancy reprograms mammary epithelial cells (MECs) to control their responses to pregnancy hormone re-exposure and carcinoma progression. However, the influence of pregnancy on the mammary microenvironment is less clear. Here, we used single-cell RNA sequencing to profile the composition of epithelial and non-epithelial cells in mammary tissue from nulliparous and parous female mice. Our analysis indicates an expansion of $\gamma\delta$ natural killer T-like immune cells (NKTs) following pregnancy and upregulation of immune signaling molecules in post-pregnancy MECs. We show that expansion of NKTs following pregnancy is due to elevated expression of the antigen-presenting molecule CD1d on MECs. Loss of CD1d expression on post-pregnancy MECs, or overall lack of activated NKTs, results in mammary oncogenesis. Collectively, our findings illustrate how pregnancy-induced changes modulate the communication between MECs and the immune microenvironment and establish a causal link between pregnancy, the immune microenvironment, and mammary oncogenesis.

INTRODUCTION

Changes to the functions of immune cells modulate both the mammary immune microenvironment and mammary epithelial cell (MEC) lineages during all stages of mammary development, with CD4⁺ T cells guiding lineage commitment and differentiation of MECs, while macrophages provide growth factors and assist in removal of cellular debris from apoptotic events (Dawson et al., 2020; Hitchcock et al., 2020; Plaks et al., 2015; Rahat et al., 2016; Stewart et al., 2019; Wang et al., 2020). Accordingly, changes that impact immune cell function and abundance can also influence the development and progression of mammary oncogenesis, particularly in tissue reconstruction during post-partum involution (Bach et al., 2021; Ibrahim et al., 2020; Lyons et al., 2011; Martinson et al., 2015; Freire-de-Lima et al., 2006; Guo et al., 2017; Fornetti et al., 2012; O'Brien et al., 2010).

Conversely, cell-autonomous processes in post-pregnancy MECs contribute to a lasting effect that decreases the risk of breast cancer by ~30% in rodents and humans (Medina et al., 2004; Britt et al., 2007; Terry et al., 2018). Epigenetic-mediated alterations of post-pregnant MECs have been shown to suppress mammary oncogenesis via oncogene-induced senes-

cence (Feigman et al., 2020). Given that oncogene-induced senescence signals influence the immune system, a link between normal pregnancy-induced mammary development, the immune microenvironment, and oncogenesis needs to be addressed to fully understand the effects of pregnancy on breast cancer development.

In this study, we characterize the interactions between cell-autonomous (MECs) and non-cell-autonomous (immune cells) factors that are part of normal pregnancy-induced mammary development and are involved in inhibiting mammary oncogenesis. Our analysis identified that pregnancy induces the expansion of natural killer T-like cells (NKT) during the late stages of involution, which preferentially populates the fully involuted, post-pregnancy mammary tissue. Unlike typical NKTs that bear $\alpha\beta$ T cell receptors (TCRs), pregnancy-induced NKTs express $\gamma\delta$ TCRs on their surface, indicating a role in specialized antigen recognition. NKT cell expansion was linked with increased expression of the antigen-presenting molecule, CD1d, on the surface of post-pregnancy MECs, which was associated with the stable gain of active transcription marks at the *Cd1d* locus and increased mRNA levels. Further analysis demonstrated that gain of CD1d expression on post-pregnancy



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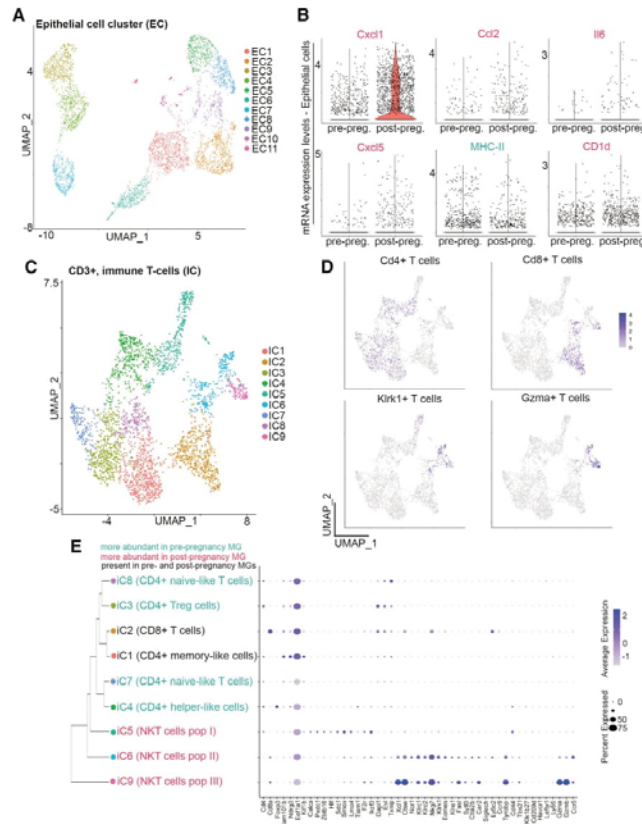


Figure 1. Identification of transcriptional programs and immune cellular heterogeneity in mammary tissue from parous female mice

(A) UMAP of mammary epithelial cells from pre- and post-pregnancy mammary glands.

(B) mRNA levels of senescence-associated, immune communication genes *Cxcl1*, *Ccl2*, *Il6*, *Cxcl5*, *Mhc-ii*, and *Cd1d* in pre- and post-pregnancy MECs.

(C) UMAP of T cells (CD3e⁺ cells) from pre- and post-pregnancy mammary glands.

(D) Feature plots showing the expression of T cell markers *Cd4*, *Cd8*, *Kirkl1*, and *Gzma*.

(E) Dendrogram clustering and dot plot showing the molecular signature and lineage identity of pre- and post-pregnancy mammary resident CD3⁺ immune cells.

See also Figures S1–S4.

pregnancy epithelial cells bear an altered transcriptome and epigenome, thus suggesting that pregnancy stably alters the molecular state of MECs (Blakely et al., 2006; Feigman et al., 2020; Huh et al., 2015; dos Santos et al., 2015). However, it is unclear whether pregnancy leads to disproportionate changes in the transcriptome of specific mammary cell populations.

In order to characterize the effects of parity on the cellular composition and heterogeneity of mammary glands, we used scRNA-seq to compare the abundance, identity, and gene expression of mammary epithelial and non-epithelial cells from nulliparous (virgin, never pregnant) and parous (20 days gestation, 21 days lactation, 40 days post-weaning) female mice. scRNA-seq clustering defined 20

MECs, and expansion of $\gamma\delta$ NKTs was observed in tissues that failed to undergo mammary oncogenesis in response to oncogenic signals, such as cMyc overexpression or Brca1 loss of function. Altogether, our findings elucidate how signals brought to MECs during pregnancy-induced development regulate epigenomic changes, gene expression, and immune surveillance, which together control mammary oncogenesis.

RESULTS

Identification of transcriptional programs and immune cellular heterogeneity in mammary tissue from parous female mice

The use of single cell RNA sequencing (scRNA-seq) has elucidated the dynamics of epithelial cell-lineage specification and differentiation across major mammary developmental stages (Bach et al., 2017; Chung et al., 2019; Li et al., 2020a; Pal et al., 2017, 2021). Previous studies have indicated that post-

clusters (TCs), which were further classified into five main cell types: epithelial cells (Krt8⁺ and Krt5⁺), B lymphocytes (CD20⁺), and T lymphocytes (CD3e⁺) and two smaller clusters, encompassing fibroblast-like cells (Rsg5⁺) and myeloid-like cells (Itgax⁺), with similar cell-cycle states (Figures S1A–S1C).

To characterize the cellular heterogeneity across pre- and post-pregnancy MECs, we used a re-clustering approach that resolved 11 clusters of mammary epithelial cells (ECs) (Henry et al., 2021) (Figure 1A). Analysis of cellular abundance and lineage identity revealed that clusters EC7 (mature myoepithelial MEC), EC9 (luminal common progenitor-like MEC), EC10, and EC11 (bi-potential-like MECs) were evenly represented in pre- and post-pregnancy mammary tissue, thus demonstrating populations of cells that are mostly unchanged by a pregnancy cycle. We also identified clusters predominantly represented in pre-pregnancy mammary tissue (EC2, EC4, and EC8), and those biased toward a post-pregnancy state (EC1, EC3, EC5, and EC6), classified as luminal alveolar-like clusters (EC1, EC2, and

EC6), myoepithelial progenitor-like clusters (EC3 and EC4), and luminal ductal-like clusters (EC5 and EC8) (Figures S1D–S1F). Comparative gene-expression analysis indicated that processes associated with immune cell communication were markedly enriched in luminal and myoepithelial cell clusters biased toward the post-pregnancy state (Figure 1B; Figures S1G and S1H; Table S1). This observation was supported by analysis of previously published pre- and post-pregnancy bulk RNA-seq data, which suggested an overall enrichment for immune communication signatures in epithelial cells after a full pregnancy cycle (Feigman et al., 2020) (Figure S1I; Table S2).

Changes in the immune microenvironment are known to contribute to pregnancy-induced mammary development and cancer (Coussens and Pollard, 2011; Bach et al., 2021; Dawson et al., 2020; Saeki et al., 2021). Therefore, and in light of the potentially altered epithelial-immune cell communication identified in post-pregnancy MECs suggested above, we set out to understand the effects of pregnancy on the mammary resident immune compartment using scRNA-seq. Transcriptional analysis of clusters representing B lymphocytes (CD20⁺) did not identify major differences between cells from pre- and post-pregnancy mammary glands, suggesting that B cells may not be significantly altered in fully involuted mammary tissue (Figure S2A). Re-clustering of CD3e⁺ T lymphocytes identified nine distinct immune cell clusters (IC) marked by the expression of immune lineage genes such as *Cd4*, *Cd8*, *Klrk1*, and *Gzma* (Figures 1C and 1D). Classification according to cell abundance and lineage identity of mammary resident lymphocytes revealed two cell clusters, IC1 (CD4⁺ memory-like T cells) and IC2 (CD8⁺ T cells), which were evenly represented across pre- and post-pregnancy mammary tissue (Figures S2B and S2C). Differential gene-expression analysis of clusters IC1 and IC2 identified minimal expression changes, suggesting that the transcriptional output of CD8⁺ T cells (IC2), and certain populations of CD4⁺ T cells (IC1) were not substantially altered by parity (Figures S2D and S2E).

Analysis of clusters biased toward a pre-pregnancy state identified several populations of CD4⁺ T lymphocytes, with gene identifiers supporting their identity as CD4⁺ Tregs (IC3), CD4⁺ naive T cells (IC7 and IC8), and CD4⁺ helper T cells (IC4), suggesting that pre-pregnancy mammary tissues are enriched for populations of CD4⁺ T cells (Figure 1E). Conversely, clusters enriched with post-pregnancy mammary immune cells (IC5, IC6, and IC9) were classified as NKT cells, a specialized population of T cells involved in immune recruitment and cytotoxic activity (Godfrey et al., 2004) (Figure 1E). These clusters expressed master regulators of NKT cell fate, including transcription factors (TFs) *Tbx21* (*Tbet*) and *Zbtb16* (*Plzf*) (Townsend et al., 2004; Savage et al., 2008).

While natural killer (NK) cells are known to play a role in mammary gland involution and parity-associated mammary tumorigenesis (Fornetti et al., 2012; Martinson et al., 2015), the role of NKT cells in this process has yet to be determined. Therefore, we analyzed clusters of immune cells expressing the common NK/NKT marker *Nkg7* to further define the influence of pregnancy on the abundance and identity of NK and NKT cells. Deep-clustering analysis of *Nkg7*⁺ immune cells revealed six distinct cell clusters (NC1–6). Cells classified under cluster

NC5, which includes cells from both the pre- and post-pregnancy mammary tissue, lacked expression of *Cd3e* and therefore represents the only cluster with an NK cell identity in our dataset (Figures S2F–S2H). Further gene-expression analysis confirmed that post-pregnancy mammary glands are enriched with a variety of NKTs, including those expressing markers of cell activation (*Gzmb* and *Ccr5*) and of a resting state (*Bcl11b*) (Figure S2H). In agreement, each of the post-pregnancy-biased NKT cell clusters was enriched with an array of immune-activation signatures, suggesting an altered state for these cell populations after pregnancy (Figure S2I).

Collectively, our scRNA-seq analysis of fully involuted mammary tissue confirmed that pregnancy leads to a stable alteration of the transcriptional output of post-pregnancy MECs, including gene-expression signatures that suggest enhanced communication with the immune microenvironment. In addition, our study also indicates that mammary resident NKTs are present at higher levels in post-pregnancy glands, suggesting that pregnancy plays a role in inducing changes to the mammary immune microenvironment.

Pregnancy induces the expansion of a specific population of NKTs

The post-partum mammary gland involution is marked by an influx of infiltrating mast cells, macrophages, neutrophils, dendritic cells, and natural killer cells, which remove apoptotic epithelial cells and support the remodeling of the gland (Guo et al., 2017; Kordon and Coso, 2017; O'Brien et al., 2010; Schwertfeger et al., 2001). Since our scRNA-seq analyses suggested that post-pregnancy mammary glands are enriched for populations of NKT cells, we next used a series of flow cytometry analyses to validate this observation.

Analysis using the markers NK1.1 and CD3, which defines NKTs (NK1.1⁺CD3⁺), identified a 12-fold increase in the abundance of NKTs in post-pregnancy mammary tissue, consistent with the results of our scRNA-seq data (Figure 2A). Further analysis indicated a 2.3-fold higher abundance of NKT cells in recently involuted mammary tissue (15 days post-offspring weaning), compared to mammary glands from nulliparous mice, or those exposed to pregnancy hormones for 12 days (mid-pregnancy), suggesting that the expansion of NKTs takes place at the final stages of post-pregnancy mammary involution (Figure S3A). The selective expansion of NKTs was further supported by the analysis of markers that define mammary resident neutrophils (Ly6G⁺) and macrophages (CD206⁺), which were largely unchanged between pre- and post-pregnancy mammary tissue (Figures S3B and S3C). Immunofluorescence analysis of Cxcr6-GFP-KI mammary tissue, previously described to label NKTs (Germanov et al., 2008), demonstrated several GFP⁺ cells surrounding ductal structures, an observation that supports the presence of NKTs within the mammary tissue (Figure S3D). Moreover, analysis of bone marrow and spleen from nulliparous and parous mice showed no difference in the abundance of NKTs, suggesting that pregnancy-induced expansion of these cells is mammary specific (Figures S3E and S3F).

To further characterize the identity of the post-pregnancy, mammary resident NKTs, we combined cell surface and intracellular staining to detect canonical NKT lineage markers, including

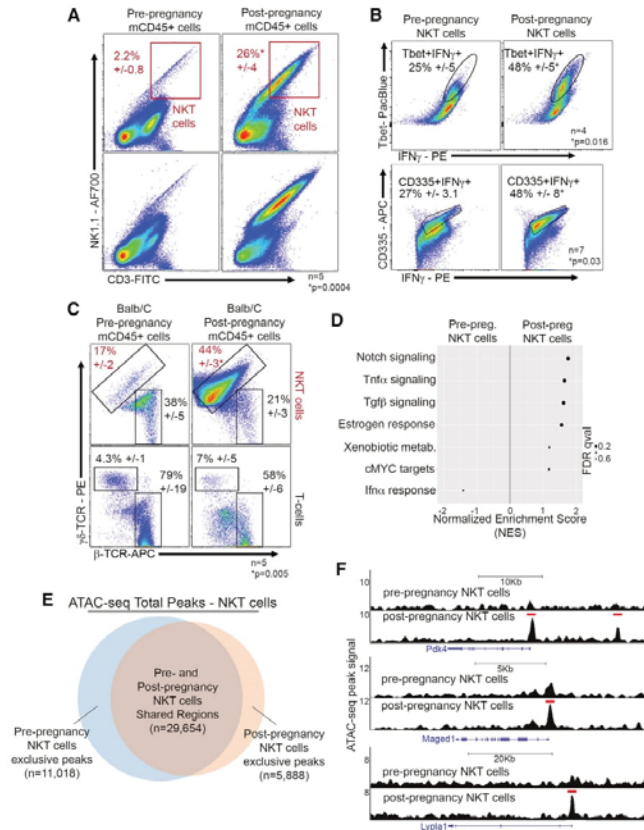


Figure 2. Pregnancy induces the expansion of a specific population of NKTs

(A) Flow cytometry analysis of resident CD45⁺ NK1.1⁺CD3⁺ NKTs from pre- and post-pregnancy mammary tissue. n = 5 nulliparous and 5 parous female mice. *p = 0.0004.

(B) Flow cytometry analysis of the classic NKT cell markers Tbet, CD335, and IFN- γ in NKTs (CD45⁺NK1.1⁺CD3⁺) from pre- and post-pregnancy mammary tissue. For Tbet analysis, n = 4 nulliparous and 4 parous female mice. *p = 0.016. For CD335 analysis, n = 7 nulliparous and 7 parous female mice. *p = 0.03.

(C) Flow cytometry analysis of β and $\gamma\delta$ TCRs of pre- and post-pregnancy mammary NKTs. n = 5 nulliparous and 5 parous female mice. *p = 0.005.

(D) Gene set enrichment analysis of differentially expressed genes in FACS-isolated NKTs from pre- and post-pregnancy mammary tissue.

(E) Venn diagram demonstrating the number of shared and exclusive ATAC-seq peaks of FACS-isolated NKTs from pre- (blue circle) and post-pregnancy (orange circle) mammary tissue.

(F) Genome browser tracks showing distribution of MACS-called, ATAC-seq peaks at the *Pdk4*, *Maged1*, and *Lyp1a1* genomic loci from pre- and post-pregnancy NKTs. For all analyses, error bars indicate standard error of mean across samples of the same experimental group. Statistically significant differences were considered with Student's t test p < 0.05.

See also Figures S5 and S6 and Table S3.

the NKT master regulator Tbet, the NKT/T cell secreted factor interferon- γ (Ifn- γ), and the NKT lineage marker Nkp46 (CD335) (Yu et al., 2011). Pre- and post-pregnancy, mammary resident NK1.1⁺CD3⁺ cells expressed all three markers, supporting their NKT identity. However, we detected a 2-fold increase in the percentage of post-pregnancy cells expressing Tbet, Ifn- γ , and CD335, suggesting that specific populations of NKTs are expanded in post-involved mammary tissue (Figure 2B).

We also investigated whether pregnancy-induced NKTs represented a specialized population of CD8⁺ T cells, a cytotoxic cell type reported to reside in mammary tissue (Wu et al., 2019). We found that a fraction of NKTs present in both pre- and post-pregnancy mammary tissue expressed CD8 on their surface, accounting for 41% and 35% of the total NKTs, respectively (Figure S3G). To determine whether the triple-positive (CD3⁺NK1.1⁺CD8⁺) cells contributed significantly to the expanded population of post-pregnancy NKTs, we analyzed

NKT subtypes in mammary glands after a full pregnancy cycle.

NKTs have multiple roles, including tissue homeostasis, host protection, microbial pathogen clearance, and anti-cancer activity, mediated through their ability to recognize both foreign- and self-antigens via TCRs (Balato et al., 2009). Therefore, we next investigated changes to the TCR repertoire of mammary resident, post-pregnancy NKTs. We found that 17% of pre-pregnancy NKTs expressed $\gamma\delta$ TCRs, in marked contrast to post-pregnancy NKTs, which mostly expressed $\alpha\beta$ TCRs (44%) (Figure 2C, top panels). A pregnancy cycle did not alter TCR composition across all immune cells, given that mammary resident, pre- and post-pregnancy CD8⁺ T cells mostly express $\alpha\beta$ TCRs, suggesting that parity promotes expansion of subtypes of NKTs that bear a specific TCR repertoire (Figure 2C, bottom panels).

We next investigated the molecular signatures of fluorescence-activated cell sorting (FACS)-isolated, mammary resident, NKTs. Unbiased pathway analysis of bulk RNA-seq

datasets revealed the enrichment of post-pregnancy NKTs for processes controlling overall NKT development and activation, such as Notch signaling, tumor necrosis factor- α (TnfNF- α) signaling, transforming growth factor- β (Tgf- β) signaling, response to estrogen, and cMYC targets (Oh et al., 2015; Almi-shri et al., 2016; Doisne et al., 2009; Huber, 2015; Mycko et al., 2009). Conversely, pre-pregnancy NKTs were mainly enriched for processes previously associated with reduced immune activation, such as lfn- α response (Bochtler et al., 2008) (Figure 2D; Table S3).

The activation of specific processes in post-pregnancy NKTs was also evident from analysis of their accessible chromatin landscape. ATAC sequencing (ATAC-seq) profiles showed similar genomic distributions of accessible regions across pre- and post-pregnancy NKTs, with a 93% overlap of their total accessible chromatin regions, suggesting that parity-induced changes did not substantially alter the chromatin accessibility associated with NKT lineage (Figure 2E; Figure S4A). General TF motif analysis identified chromatin accessible regions bearing classic NKT regulator DNA binding motifs such as *Tbet*, *Plzf*, and *Egr2*, further supporting their NKT lineage identity (Seiler et al., 2012) (Figure S4B). Analysis of accessible chromatin exclusive to post-pregnancy NKTs showed an enrichment for terms/genes associated with regulation of the adaptive immune response, killer cell activation, and antigen presentation, such as *Pdk4*, *Maged1*, and *Lypla1*, all involved in enhanced immune activation (Na et al., 2020; Connaughton et al., 2010; Lee et al., 2016; Jehmlich et al., 2013) (Figure 2F; Figure S4C). DNA motif analysis at accessible regions exclusive to post-pregnancy NKTs identified enrichment of specific TF motifs, including those recognized by Maf, a factor associated with an activated NKT state, and previously predicted by our scRNA-seq data to be expressed in cell clusters with an NKT identity (Figure S4D).

Overall, our analyses confirmed that post-pregnancy mammary tissue has an altered $\gamma\delta$ NKT cell composition, which bears molecular and cellular signatures of activated and mature adaptive immune cells.

NKT expansion requires CD1d expression on post-pregnancy MECs

Classically, NKTs are subdivided based on their activating antigens, including the main antigen-presenting molecules MHC class I, MHC class II, and the non-classical class I molecule, CD1d, which can be expressed on the surface of macrophages and dendritic cells, as well on the surface of epithelial cells (Gapin et al., 2013; Rizvi et al., 2015; Thibeault et al., 2009). Therefore, we next analyzed whether the expression of antigen-presenting factors on the surface of mammary epithelial and non-epithelial cells could underlie NKT cell expansion after pregnancy.

Flow cytometry analysis detected a 5-fold increase in CD1d levels on the surface of post-pregnancy luminal and myoepithelial MECs, in marked contrast to the levels of MHC-I and MHC-II proteins, which were largely unchanged across pre- and post-pregnancy MECs (Figures 3A and 3B; Figures S5A and S5B). No difference in surface expression of CD1d on mammary CD45⁺ immune cells was detected, suggesting that signals pro-

vided by CD1d⁺ MECs could promote the post-pregnancy expansion of mammary NKT cells (Figure S5C).

Gene-expression analysis of scRNA-seq datasets and qPCR quantification of FACS-isolated epithelial cells confirmed that post-pregnancy MECs express higher levels of *Cd1d* mRNA, supporting that pregnancy-induced molecular alterations may represent the basis for the observed increase in percentage of CD1d⁺ MECs (Figure 1D; Figure S5D). In agreement, we observed increased levels of the active transcription marker histone H3 lysine 27 acetylation (H3K27ac) at the *Cd1d* genomic locus in FACS-isolated post-pregnancy MECs, suggesting that increased mRNA levels could be associated with parity-induced epigenetic changes at the *Cd1d* locus (Figure 3C). These observations were confirmed in organoid systems that mimic the transcription and epigenetic alterations brought to MECs by pregnancy signals (Cicone et al., 2020), where pregnancy hormones induced upregulation of *Cd1d* mRNA levels and increased H3K27ac levels at the *Cd1d* locus (Figures S5E and S5F). Thus, pregnancy-associated signals may induce epigenetic alterations that subsequently increase *Cd1d* mRNA and CD1d protein levels in post-pregnancy MECs.

To investigate whether CD1d expression is required for the expansion of NKTs after parity, we analyzed mammary glands from CD1d^{KO} mice, which bear reduced levels of activated NKTs (Faunce et al., 2005; Macho-Fernandez and Brigl, 2015; Mantell et al., 2011). Mammary glands from nulliparous and parous CD1d^{KO} mice displayed similar numbers of ductal structures as CD1d wild-type (WT) female mice, suggesting that loss of CD1d does not majorly alter mammary tissue homeostasis (Figure 3D). Further flow cytometry analysis indicated no statistically significant changes in the percentage of NKTs in mammary glands of nulliparous CD1d^{KO} mice (2.2% \pm 0.8), compared to nulliparous CD1d^{WT} mice (3% \pm 1.6) (Figures 2A, left panel, and 3E, left panel). Conversely, we found a 7-fold decrease in the percentage of NKTs in mammary tissue from fully involuted, parous CD1d^{KO} female mice (3% \pm 1.5) compared to parous CD1d^{WT} mammary tissue (26% \pm 4), supporting the role of CD1d in regulating NKT activation after pregnancy (Figures 2A, right panel, and 3E, right panel). Moreover, we found no difference in the abundance of NKTs in glands from pre- and post-pregnancy CD1d^{KO} female mice, consistent with lack of CD1d expression reducing the activation of NKTs (Figure 3E). The analysis of an additional mouse strain that is deficient in mature/activated NKTs, due to the deletion of the histone-demethylase *Kdm6* (Utx^{KO} mouse model), failed to detect an expansion of NKTs post-pregnancy, thus supporting that pregnancy induces the expansion of mature/active subtypes of NKTs (Beyaz et al., 2017) (Figure S5G). Moreover, NKTs observed in post-pregnancy CD1d^{KO} mammary tissue mainly expressed $\alpha\beta$ TCR on their surface, in contrast to the $\gamma\delta$ NKTs observed in CD1d^{WT} post-pregnancy glands, further confirming that loss of CD1d expression affects the expansion and activation of specific populations of NKTs in post-pregnancy mammary tissue (Figure 3F).

Collectively, our studies identified pregnancy-induced epigenetic changes that may control the increased expression of *Cd1d* mRNA in post-pregnancy MECs and elucidated a role for CD1d in mediating communication between MECs and the $\gamma\delta$ NKTs, unique to post-pregnancy mammary glands.

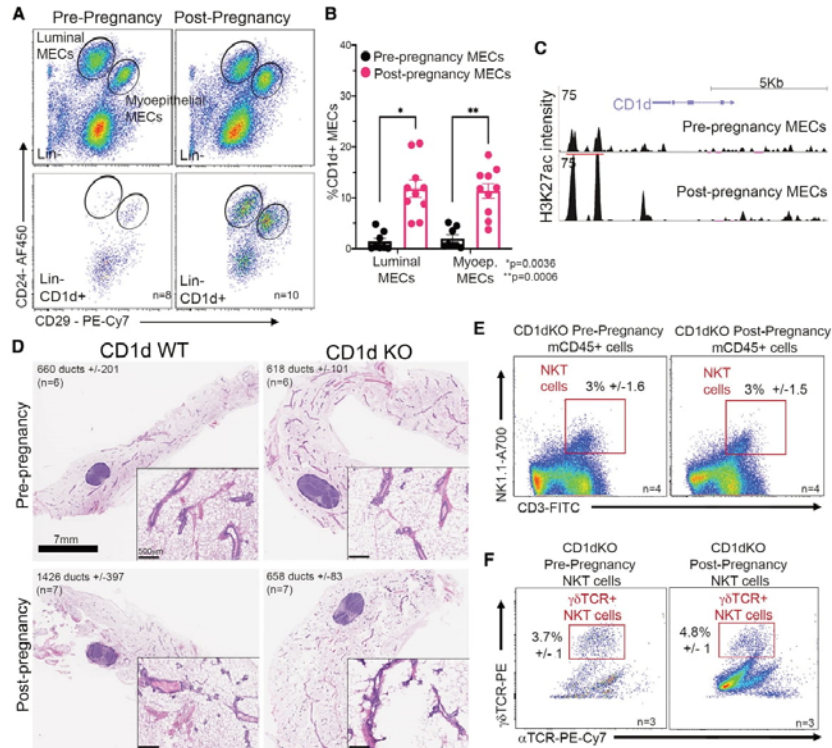


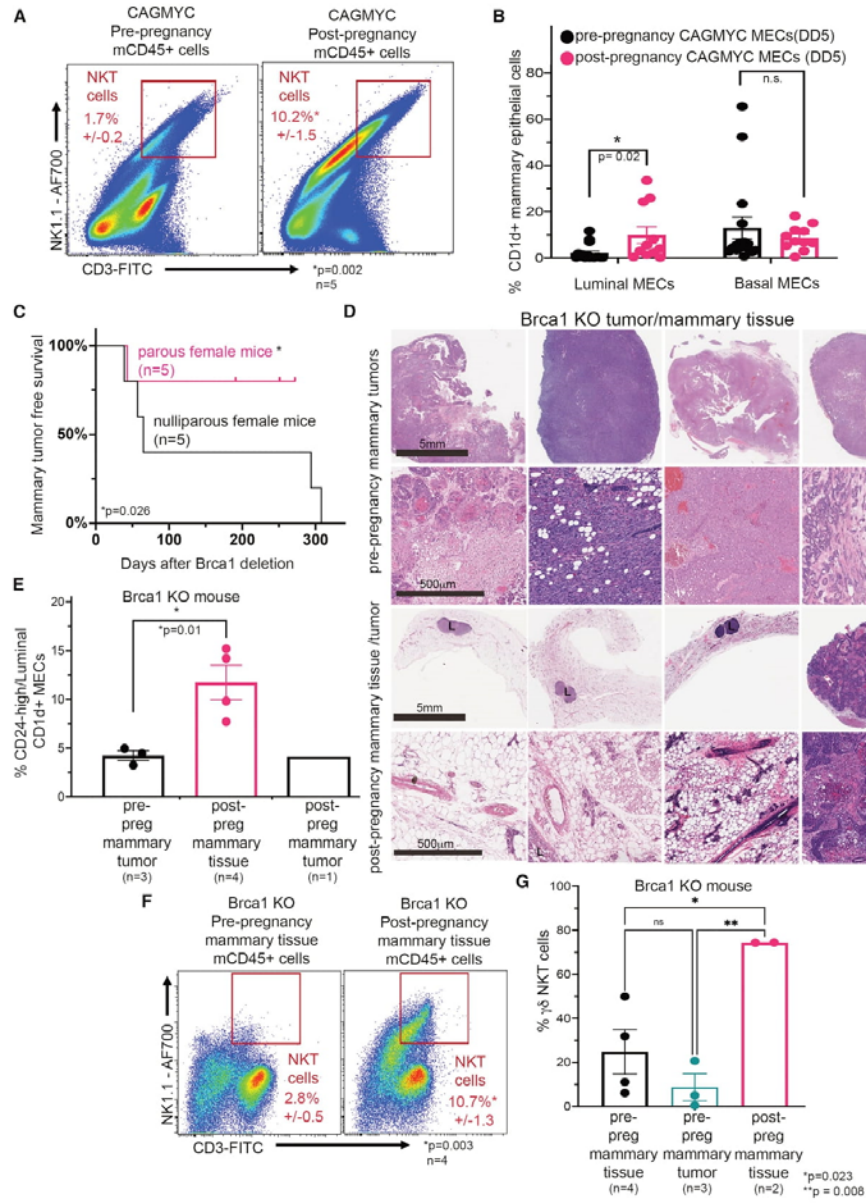
Figure 3. NKT expansion depends on CD1d expression on post-pregnancy MECs
(A and B) Flow cytometry analysis and quantification of CD1d⁺ MECs harvested from pre-pregnancy (black bars, n = 8) and post-pregnancy (pink bars, n = 10) mammary tissue. *p = 0.0036 for luminal MECs and **p = 0.0006 for myoepithelial MECs.
(C) Genome browser tracks showing MACS-called, H3K27ac ChIP-seq peaks at the *Cd1d* genomic locus in FACS-isolated, pre- and post-pregnancy luminal MECs.
(D) H&E-stained histological images and duct quantification from mammary glands harvested from nulliparous (top left, n = 6) and parous (bottom left, n = 7) CD1d^{WT} female mice and nulliparous (top right, n = 6) and parous (bottom right, n = 7) CD1d^{KO} female mice. p = 0.86 for pre-pregnancy glands and p = 0.78 for post-pregnancy glands. Scale: 7 mm. Zoom-in panels, scale 500 μ m.
(E) Flow cytometry analysis of mammary resident NKTs from pre- and post-pregnancy CD1d^{KO} mammary tissue. n = 4 nulliparous and n = 4 parous female mice. *p = 0.3.
(F) Flow cytometry analysis of α and $\gamma\delta$ TCRs of mammary resident NKTs from pre- (n = 3) and post-pregnancy (n = 3) CD1d^{KO} mammary tissue. *p = 0.5.
For all analyses, error bars indicate standard error of mean across samples of the same experimental group. Statistically significant differences were considered with Student's t test p < 0.05. See also Figure S7.

Lack of mammary oncogenesis is marked by NKT expansion and CD1d⁺ MECs

Parity resulted in the expansion of $\gamma\delta$ NKTs in the mammary gland in response to the upregulation of CD1d on MECs, thus pointing to a mechanistic connection between pregnancy-induced changes to MECs and immune cell biology. Pregnancy-induced molecular modifications to MECs have also been associated with an oncogene-induced senescence response to cMyc overexpression, and suppression of mammary oncogenesis (Feigman et al., 2020). Therefore, we next

investigated whether pregnancy-induced mammary cancer protection was associated with the expansion of NKTs.

Flow cytometry analysis of pre- and post-pregnancy mammary tissue from cMyc-overexpressing female mice (DOX-treated, CAGMYC model) demonstrated a 1.5-fold increase in the abundance of total CD3⁺ T cells (Figure S6A). CD3⁺ T cell expansion was also observed in mammary tissue transplanted with CAGMYC post-pregnancy MECs and in organoid cultures derived from post-pregnancy CAGMYC MECs; both conditions previously shown to lack mammary oncogenesis, thus further



(legend on next page)



suggesting a link between pregnancy-induced tumorigenic inhibition and specific changes to the adaptive immune system (Figures S6B and S6C). This selective expansion of CD3⁺ T cells was further supported by the analysis of markers that define mammary resident neutrophils (Ly6G⁺) and macrophages (CD206⁺), which were largely unchanged in mammary tissue transplanted with either pre- or post-pregnancy CAGMYC MECs (Figure S6B).

Further flow cytometry analysis identified a 6-fold increase in the percentage of NKTs in mammary tissue from parous CAGMYC female mice, which predominantly expressed $\gamma\delta$ TCRs (Figure 4A; Figure S6D). No changes in the abundance of CD8⁺ T cells or CD4⁺ T cells was observed between mammary tissue from nulliparous and parous CAGMYC female mice, supporting the parity-induced expansion of $\gamma\delta$ NKTs (Figures S6E and S6F) and suggesting that specific constituents of the mammary immune microenvironment may control tumorigenesis. In agreement, we also found a 5-fold higher percentage of CD1d⁺ luminal MECs in post-pregnancy mammary tissue, thus linking gain of CD1d expression and the expansion of $\gamma\delta$ NKTs, which may collectively play a role in blocking tumorigenesis (Figure 4B).

cMYC overexpression is present in approximately 60% of basal-like breast cancers, with cMYC gain of function commonly found in BRCA1-mutated breast cancers (Chen and Olopade, 2008; Grushko et al., 2004). Interestingly, women harboring BRCA1 mutations with a full-term pregnancy before the age of 25 benefit from pregnancy-induced breast cancer protection (Medina et al., 2004; Terry et al., 2018). Therefore, we developed an inducible mouse model of Brca1 loss of function, for the purpose of investigating how pregnancy-induced changes influence Brca1-null mammary tumor development. In this model, tamoxifen (TAM) induces homozygous loss of Brca1 function in cells that express the cytokeratin 5 gene (Krt5⁺ cells), which include MECs (dos Santos et al., 2013), cells from gastrointestinal tract (Sulhian et al., 2015), reproductive organs (Ricciardelli et al., 2017), and additional epithelial tissue (Castillo-Martin et al., 2010; Majumdar et al., 2012), in a p53 heterozygous background (Krt5^{CRE-ERT2}Brca1^{fl/fl} p53^{-/-}, hereafter referred as Brca1^{KO} mouse).

Nulliparous Brca1^{KO} mice exhibited signs of mammary hyperplasia approximately 12 weeks post-TAM treatment, which gradually progressed into mammary tumors at around 20 weeks after Brca1 deletion (Figures S6G and S6H). Brca1^{KO}

mammary tumors display cellular and molecular features similar to those previously described in human breast tissue from BRCA1 mutation carriers and animal models of Brca1 loss of function, including high EGFR and KRT17 protein levels and altered copy-number variation marked by gains and losses of genomic regions (Annunziato et al., 2019) (Figures S6I and S6J).

To investigate the effects of pregnancy on the mammary immune microenvironment and oncogenesis, age-matched, TAM-treated, Brca1^{KO} nulliparous and parous female mice were monitored for tumor development (Figure S7A). Our study demonstrated that only 20% of the parous Brca1^{KO} female mice developed mammary tumors (one out of five), compared to 100% of nulliparous Brca1^{KO} female mice with mammary tumors (five out of five mice), thus indicating that a full pregnancy cycle decreases the frequency of Brca1^{KO} mammary tumors by 80% (Figures 4C and 4D).

Histopathological analysis suggested that pre-pregnancy mammary tumors were quite diverse, as previously reported for tumors from Brca1^{KO} mice (Brodie et al., 2001). These included poorly differentiated tumors, such as micro-lobular carcinomas with squamous trans-differentiation (Figure 4D, top rows, far-left panel), medullary-like carcinomas (Figure 4D, top rows, right panel), and solid carcinomas resembling high-grade invasive ductal carcinoma (IDC) (Figure 4D, top rows, left and far-right panels). Accordingly, the only tumor-bearing parous Brca1^{KO} female mouse developed a poorly differentiated carcinoma with extensive squamous trans-differentiation and extensive necrosis, also previously reported for tumors from Brca1^{KO} mice (Figure 4D, bottom rows, far-right panels). Additional histopathological analysis confirmed that mammary tissues from the remaining parous Brca1^{KO} female mice (four out of five) were largely normal (Figure 4D, bottom rows, far-left, left and right panels; Figure S7B). Immunofluorescence analysis confirmed that both pre-pregnancy mammary tumors and post-pregnancy normal mammary tissue were indeed deficient for Brca1⁺ epithelial cells, indicating that the lack of mammary tumors in parous female mice was not due to inefficient Brca1 deletion (Figure S7C).

Flow cytometry analysis of Brca1^{KO} MECs demonstrated a progressive loss of CD24^{mid}CD29^{high} myoepithelial cells in tumor

Figure 4. Lack of mammary oncogenesis is marked by NKT expansion and CD1d⁺ MECs

- (A) Flow cytometry analysis of mammary resident NKTs (CD45⁺NK1.1⁺CD3⁺) from DOX-treated, nulliparous (left panel, n = 5) and parous (right panel, n = 5) CAGMYC female mice. *p = 0.002.
 (B) Flow cytometry quantification of CD1d⁺ luminal and myoepithelial MECs from DOX-treated, nulliparous (left panel, n = 16) and parous (right panel, n = 11) CAGMYC female mice. *p = 0.02.
 (C) Mammary tumor-free survival plot of nulliparous (black line, n = 5) and parous (pink line, n = 5) Brca1^{KO} female mice.
 (D) H&E-stained histological images from mammary tissue and tumors from nulliparous (top panels) and parous (bottom panels) Brca1^{KO} female mice. Scale: 5 mm. Zoom-in panels, scale: 500 μ m.
 (E) Flow cytometry quantification of CD1d⁺CD24^{high} luminal MECs from Brca1^{KO} pre-pregnancy mammary tumors (black bar, n = 3), Brca1^{KO} post-pregnancy healthy mammary tissue (pink bar, n = 4), and Brca1^{KO} post-pregnancy mammary tumor (blue bar, n = 1). *p = 0.02.
 (F) Flow cytometry analysis of NKTs in normal mammary tissue from nulliparous, tumor-bearing, Brca1^{KO} female mice (left panel, n = 4) and normal mammary tissue from healthy parous Brca1^{KO} female mice (right panel, n = 4). *p = 0.003.
 (G) Quantification of $\gamma\delta$ NKTs in normal mammary tissue from nulliparous, tumor-bearing, Brca1^{KO} female mice (black bar panel, n = 4), in mammary tumor tissue from nulliparous Brca1^{KO} female mice (blue bar, n = 3), and in normal mammary tissue from healthy parous Brca1^{KO} female mice (black bar panel, n = 2). *p = 0.023 and **p = 0.008.

For all analyses, error bars indicate standard error of mean across samples of the same experimental group. Statistically significant differences were considered with Student's t test p < 0.05. See also Figures S8–S12.

tissue from nulliparous (2.5-fold) and parous (2-fold) *Brca1*^{KO} female mice, and a marked increase in the percentage of CD24^{high}CD29^{low} luminal-like MECs (Figure S7D). These results suggest that tumor progression in this model is accompanied by changes to the population of CD24^{high} MECs, which has been associated with poor clinical outcomes in patients with triple-negative breast cancer (Chan et al., 2019). Further cellular analysis indicated a 2.7-fold increase in the percentage of CD24^{high}/luminal CD1d⁺ cells in healthy, post-pregnancy *Brca1*^{KO} mammary tissue compared to tissue from tumor-bearing nulliparous and parous *Brca1*^{KO} mice, supporting that parity-induced expression of CD1d at the surface of MECs associates with inhibition of mammary oncogenesis (Figure 4E).

Given the increased levels of CD1d expression, we next investigated the presence of NKTs in mammary tissue from nulliparous and parous *Brca1*^{KO} female mice. Flow cytometry analysis demonstrated a 3.8-fold increase in the percentage of NKTs in healthy, post-pregnancy *Brca1*^{KO} mammary tissue compared to non-affected normal mammary tissue from tumor-bearing nulliparous *Brca1*^{KO} mice, and mammary tumors from parous *Brca1*^{KO} mice (Figure 4F; Figure S7E). Additional flow cytometry analysis demonstrated that approximately 70% of total NKTs from healthy, post-pregnancy *Brca1*^{KO} mammary tissue expressed $\gamma\delta$ TCR, in marked contrast to NKTs from healthy (2.7%) and tumor-bearing (8.6%) mammary tissue from nulliparous *Brca1*^{KO} mice (Figure 4G).

Collectively, our findings show that pregnancy-induced gain of CD1d expression at the surface of MECs and expansion of $\gamma\delta$ NKTs associates with lack of mammary oncogenesis in response to *cMyc* overexpression or *Brca1* loss of function. These results support the link between pregnancy-induced molecular changes, mammary tissue immune alteration, and inhibition of mammary tumorigenesis in clinically relevant mouse models of breast cancer.

Functionally active NKTs are required to block malignant progression of post-pregnancy MECs

Given that we demonstrated that pregnancy-induced changes block mammary oncogenesis in two distinct models (Figure 4), and that *cMyc* gain of function is commonly found in *Brca1*-mutated breast cancers, we utilized the *cMyc* overexpression mouse model to further characterize the effects of the immune microenvironment on the malignant development of post-pregnancy MECs. Analysis of fat-pad transplantations into severely immune-deficient NOD/SCID female mice, which lack T cells, B cells, NK, and NKTs, indicated that 100% of mammary tissue injected with pre-pregnancy (n = 5) or post-pregnancy (n = 5) CAGMYC MECs developed adeno-squamous-like carcinomas with acellular lamellar keratin, high levels of cell proliferation (Ki67 staining), and increased collagen deposition (Trichrome blue staining) (Figures S8A–S8C). Therefore, NKTs, or associated adaptive immune cells, are required for the parity-associated protection from oncogenesis in the CAGMYC model.

Bulk RNA-seq analysis demonstrated that post-pregnancy CAGMYC MECs transplanted into the fat pad of NOD/SCID female mice were less effective at activating the expression of canonical *cMyc* targets and estrogen response genes, compared to transplanted pre-pregnancy CAGMYC MECs, in

agreement with the previously reported transcriptional state of post-pregnancy CAGMYC MECs (Feigman et al., 2020) (Figure S8D). We also found that organoid cultures derived from post-pregnancy CAGMYC MECs transplanted into NOD/SCID female mice retained a senescent-like state, characterized by reduced p300 protein levels and moderately increased p53 protein levels, in agreement with the previously reported senescent state of post-pregnancy CAGMYC MECs (Feigman et al., 2020) (Figure S8E). Together, these findings indicate that oncogenic progression of post-pregnancy CAGMYC MECs is associated with the immune-deficient mammary microenvironment of NOD/SCID mice.

While our investigation of post-pregnancy CAGMYC MECs that were transplanted into the mammary tissue of immunosuppressed animals alluded to the importance of a robust immune system in blocking mammary tumorigenesis, it did not uncouple whether functionally active NKTs, or CD1d expression at the surface of MECs, act to block oncogenesis in post-pregnancy mammary tissue. Therefore, to determine whether signaling between CD1d⁺ MECs and NKTs is critical for the development of mammary oncogenesis after pregnancy, we developed a double-transgenic mouse model by crossing the DOX-inducible CAGMYC mice into a CD1d^{KO} background (CAGMYC-CD1d^{KO}).

Histology analysis indicated that mammary tissue from DOX-treated, nulliparous, and parous CAGMYC-CD1d^{KO} female mice showed signs of hyperplasia with atypia and abnormal ductal structures (Figure 5A, left and far-right panels; Figure S9A). Conversely, mammary tissue from DOX-treated, CAGMYC-CD1d^{WT} parous female mice lacked malignant lesions in response to *cMyc* overexpression, thus suggesting that CD1d expression is required to inhibit the development of malignant lesions in post-pregnancy mammary gland (Figure 5A, right panels; Figure S9A). Flow cytometry analysis showed a lack of NKTs in mammary tissue from both nulliparous and parous CAGMYC-CD1d^{KO} female mice, in marked contrast to the observed expansion of $\gamma\delta$ NKTs in healthy post-pregnancy CAGMYC-CD1d^{WT} mammary glands that lacked tissue hyperplasia, supporting that CD1d expression may control pregnancy-induced expansion/activation of NKTs, and thus block mammary tumorigenesis (Figure S9B; Figure 4A). To further determine whether loss of CD1d expression underlies the malignant transformation of post-pregnancy MECs, we performed mammary transplantation assays of CAGMYC-CD1d^{KO} MECs into the fat pad of syngeneic animals (CD1d^{WT} female mice). We found that 100% of mammary tissue injected with pre-pregnancy CAGMYC-CD1d^{KO} MECs and 70% of mammary glands injected with post-pregnancy CAGMYC-CD1d^{KO} MECs developed signs of malignant lesions, supporting that loss of CD1d expression impacts with pregnancy-induced breast cancer protection (Figure 5B, black font; Figures S9C and S9D). This last observation was in marked contrast to the finding in glands transplanted with post-pregnancy CAGMYC-CD1d^{WT} MECs, which, as previously reported, did not present signs of malignant transformation (Feigman et al., 2020) (Figure 5B, blue font; Figures S9E and S9F).

Altogether, these results suggest that loss of CD1d, with concomitant loss of pregnancy-induced expansion of NKTs,

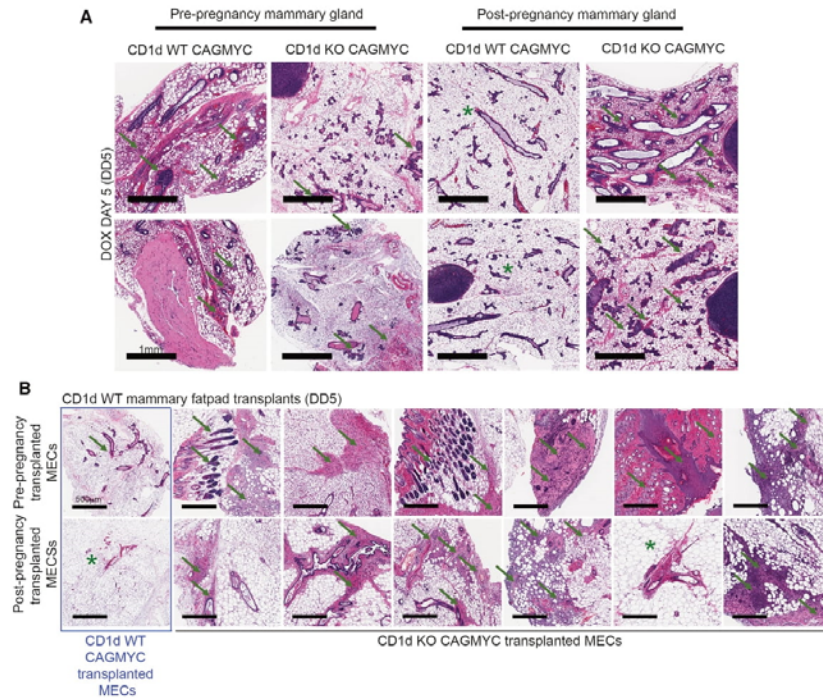


Figure 5. Functionally active NKTs are required to block malignant progression of post-pregnancy MECs

(A) H&E-stained images of mammary tissue harvested from DOX-treated (DD5), nulliparous CAGMYC-CD1d^{WT} (far-left panels), nulliparous CAGMYC-CD1d^{KO} (left panels), parous CAGMYC-CD1d^{WT} (right panels), and parous CAGMYC-CD1d^{KO} (far right panels) female mice. Green arrows indicate signs of malignant lesions/mammary hyperplasia. Green asterisks indicate normal-like ductal structures. Scale: 1 mm.

(B) H&E-stained images of DOX-treated, CD1d^{WT} mammary tissue transplanted with pre-pregnancy CAGMYC-CD1d^{WT} MECs (blue font, top far left panel), pre-pregnancy CAGMYC-CD1d^{KO} MECs (black font, top panel), post-pregnancy CAGMYC-CD1d^{WT} MECs (blue font, bottom far left panel), or post-pregnancy CAGMYC-CD1d^{KO} MECs (black font, bottom panel). Green arrows indicate signs of malignant lesions/mammary hyperplasia. Green asterisks indicate normal-like ductal structures. Scale: 500 μm. See also Figure S13.

supports the development of mammary malignant lesions, independently of parity. Moreover, our study elucidates that parity blocks the malignant transformation of MECs, both by inducing cell-autonomous, epigenetic alterations within the MECs, and non-autonomous communication between CD1d⁺ MECs and NKTs in the mammary gland.

DISCUSSION

In mammals, reprogramming of the immune system is initiated after birth and continues throughout the lifespan of an individual due to exposure to pathogens, hormonal fluctuations, and aging. This dynamic reprogramming is part of an immune surveillance system that detects abnormal cells across many tissues, helping to prevent cancer. Here, we characterized a population of NKT-like immune cells (NKTs) in post-pregnancy mammary tissue, and their role in inhibiting mammary oncogenesis.

Our findings suggest that post-pregnancy mammary homeostasis does not rely on the presence of $\gamma\delta$ NKTs, given the normal histology of mammary tissue in mice deficient for this cell type. It is possible that NKTs expand in response to the re-setting of whole-body immunity post-partum, with the child-bearing event providing signals that alter antigens across all maternal tissues as well as expanding specific immune cell populations. $\gamma\delta$ NKTs have been found in the pregnant uterus across many mammalian species, linking NKT specialization and the pregnancy cycle (Mincheva-Nilsson, 2003). Our results support that the expansion of NKTs was predominantly observed in post-involution tissue, thus suggesting that the immune reprogramming of mammary tissue takes place after lactation.

Several other immune subtypes have been described to be enriched in mammary tissue during gestation, lactation, and involution stages of mammary gland development. These studies identified alterations in leukocyte interaction with

mammary ductal structures, as well as specific transcriptional changes, suggesting that cell interaction and cellular identity of mammary resident cells are affected by pregnancy-induced development (Dawson et al., 2020; Hitchcock et al., 2020). Our analysis of leukocytes, specifically macrophages and neutrophils, did not show alterations to such cell populations in healthy parous murine mammary tissue or in post-pregnant CAGMYC mammary tissue lacking malignant lesions. However, given that leukocytes have been implicated in the activation of NKTs (Macho-Fernandez and Brigl, 2015; Rizvi et al., 2015), it is possible that molecular alterations, rather than changes to cellular abundance or antigen presentation of leukocytes, could play a role in inducing or sustaining the population of NKTs in post-pregnancy mammary tissue.

Our studies also provide evidence linking pregnancy-induced immune changes with the inhibition of mammary oncogenesis. Our previous research focused on how post-pregnancy MECs assume a senescence-like state in response to cMyc overexpression, an oncogene-induced response that activates the immune system via the expression of senescence-associated genes (Braig and Schmitt, 2006). Here, we found that CD1d expression at the surface of post-pregnancy MECs and the presence of NKTs were linked with the inhibition of mammary oncogenesis in two independent models of breast cancer, illustrating how epithelial and immune cells communicate to support pregnancy-induced mammary cancer prevention. Given that NKTs were previously shown to interact with senescent cells, it is possible that pregnancy-induced activation of CD1d expression and NKTs expansion represent additional responses to oncogene-induced cellular senescence (Kale et al., 2020).

Women completing a full-term pregnancy before the age of 25 have an approximate one-third reduction of the risk of breast cancer (Medina et al., 2004). This benefit applies to the risk of all breast cancer subtypes, including those from women harboring *BRCA1* mutations (Terry et al., 2018). Thus, our findings supporting a role for pregnancy in inhibiting the development of *Brca1*^{KO} mammary tumors lends a clinical relevance to our studies. Interestingly, the mammary tumor from parous *Brca1*^{KO} female mouse was associated with low abundance of $\gamma\delta$ NKTs and CD1d⁺ MECs, suggesting that loss of the pregnancy-induced epithelial to immune microenvironment communication may be part of cellular changes that support mammary tumorigenesis. In fact, the genetically engineered loss of CD1d expression, with a consequent deficiency in activated NKTs, supported the malignant progression of cMYC-overexpressing MECs, further illustrating a link between epithelial and immune cells in supporting pregnancy-induced mammary cancer prevention.

Our findings are based on studies performed in mice that became pregnant at a young age (~8 weeks old), which reinforced pregnancy-induced changes to epithelial cells, and their effect on immune recruitment and oncogenesis inhibition. However, it remains unclear why such strong, pregnancy-induced changes do not fully prevent the development of breast cancer (Nichols et al., 2019). It has been suggested that specific mammary epithelial clones with oncogenic properties reside within the mammary tissue after pregnancy and may give rise to late-onset mammary oncogenesis in aged mice (Li et al., 2020b). It

is possible that such populations of rare MECs lose some of their pregnancy-induced molecular signatures over time, thereby bypassing oncogene-induced senescence and immune recognition, and ultimately developing into mammary tumors. Moreover, given that pregnancy-induced breast cancer protection becomes apparent ~5–8 years after pregnancy, it is possible that additional immune reprogramming influenced by genetic makeup, age at pregnancy, and/or overall post-partum health may further modify breast tissue and erase pregnancy-induced changes that inhibit breast cancer development.

Nonetheless, the connection between pregnancy, immunity, and oncogenesis could be used to develop therapies to block cancer development. Indeed, a series of preclinical models have been developed to optimize the delivery of CD1d stimulatory factors, such as α Galcer and KRN7000, and induce expansion of NKTs (Zhang et al., 2019). Such strategies are mostly side-effect free and, if proven to support the expansion of pregnancy-induced NKT cells, could be used in cases of high breast cancer risk, including those with genetic alterations and/or family histories of breast cancer. Additionally, the characterization of specific, pregnancy-induced TCR rearrangements may be leveraged in CAR-NKT immunotherapy, for example, which could also efficiently target disease that has already developed. Collectively, such strategies could improve breast health and decrease cancer risk in women who experience their first pregnancy after 35 years of age, when they are at a greater risk to develop breast cancer.

Limitations of the study

The majority of existing transgenic and knockout models of breast cancer utilize mammary gland-specific promoters to control oncogene activation, such as MMTV, BLG, and WAP, which are enhanced/activated by signals present during pregnancy and lactation, thus potentially confounding the analysis of the molecular basis of pregnancy and mammary cancer risk. Therefore, the development of new model systems of mammary tumorigenesis, that do not rely on pregnancy-induced promoters, will allow us to further understand the effect of pregnancy on oncogenesis across all breast cancer subtypes.

STAR★METHODS

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SUPPLEMENTAL INFORMATION

Supplemental information can be found online at <https://doi.org/10.1016/j.celrep.2021.110099>.

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AUTHOR CONTRIBUTIONS

C.O.d.S. designed and supervised the research; C.O.d.S., A.V.H.S., M.A.M., M.J.F., and S.L.C. wrote the manuscript. A.V.H.S., M.A.M., M.J.F., C.C., S.L.C., M.F.C., M.C.T., and M.V. performed experiments and analyzed the results. M.A.M. and M.C.T. performed bioinformatics analyses. S.L. and J.K. performed and analyzed whole-genome sequencing (CNV analysis). S.B. provided reagents and critical feedback. J.E.W. performed histopathological analysis.

DECLARATION OF INTERESTS

The authors declare no competing interests.

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STAR★METHODS

KEY RESOURCES TABLE

Reagent or resource	Source	Identifier
Antibodies		
Biotinylated anti-CD45	Thermo Fisher Scientific	Cat# 13-0451-85; RRID:AB_466447
Biotinylated anti-CD31	Thermo Fisher Scientific	Cat# 13-0311-85; RRID:AB_466421
Biotinylated anti-Ter119	Thermo Fisher Scientific	Cat# 13-5921-85; RRID:AB_466798
Biotinylated anti-CD34	Thermo Fisher Scientific	Cat# 13-0341-82; RRID:AB_466425
eFluor 450 conjugated anti-CD24	Thermo Fisher Scientific	Cat# 48-0242-82; RRID:AB_1311169
PE-Cy7 conjugated anti-CD29	BioLegend	Cat# 102222; RRID:AB_528790
7-AAD viability staining solution	BioLegend	Cat# 420404; RRID:SCR_020993
PerCP-Cy5.5 conjugated anti-CD1d	BioLegend	Cat# 123514; RRID:AB_2073523
PE conjugated anti-CD1d	BioLegend	Cat# 140805; RRID:AB_10643277
APC conjugated anti-CD45	BioLegend	Cat# 103112; RRID:AB_312977
FITC conjugated anti-CD3	BioLegend	Cat# 100204; RRID:AB_312661
Alexa Fluor 700 conjugated. anti-NK1.1	BioLegend	Cat# 108730; RRID:AB_2291262
APC/Cy7 conjugated anti-CD8	BioLegend	Cat# 100714; RRID:AB_312753
PE conjugated anti-TCR g/d	BioLegend	Cat# 118108; RRID:AB_313832
APC conjugated anti-TCR b	BioLegend	Cat# 109212; RRID:AB_313435
APC conjugated anti-H-2Kb	BioLegend	Cat# 116517; RRID:AB_10568693
Pacific Blue conjugated anti-I-Ab	BioLegend	Cat# 116421; RRID:AB_10613291
Brilliant Violet 421 conjugated anti-CD206	BioLegend	Cat# 141717; RRID:AB_2562232
Alexa Fluor 700 conjugated anti-Ly6G	BioLegend	Cat# 127621; RRID:AB_10640452
PE conjugated anti-IFN γ	BioLegend	Cat# 505808; RRID:AB_315402
Pacific Blue conjugated anti-T-bet	BioLegend	Cat# 644807; RRID:AB_1595586
eFluor 450 conjugated mouse IgG	Thermo Fisher Scientific	Cat# 48-4015-82; RRID:AB_2574060
FITC conjugated rat IgG	Thermo Fisher Scientific	Cat# 11-4811-85; RRID:AB_465229
PE-Cy7 conjugated mouse IgG	BioLegend	Cat# 405315; RRID:AB_10662421
biotinylated anti-CD1d	BioLegend	Cat# 123505; RRID:AB_1236543
anti-p300 antibody	Santa Cruz Biotechnology	Cat# SC-585; RRID:AB_2231120
anti-Vinculin antibody	Abcam	Cat# ab129002; RRID:AB_11144129
anti-p53 antibody	Leica Biosystems	Cat# P53-CM5P; RRID:AB_2744683
goat anti-rabbit IgG HRP	Abcam	Cat# ab6721; RRID:AB_955447
goat anti-mouse IgG HRP	Abcam	Cat# ab97051; RRID:AB_10679369
anti-Cytokeratin 5 (KRT5)	BioLegend	Cat# 905501; RRID:AB_2565050
anti-Cytokeratin 7/17 (KRT7/17)	Santa Cruz Biotechnology	Cat# sc-8421; RRID:AB_627856
anti-EGFR	Santa Cruz Biotechnology	Cat# sc-373746; RRID:AB_10920395
anti-AR	Santa Cruz Biotechnology	Cat# sc-7305; RRID:AB_626671
anti-Ki67	Spring Bioscience	Cat# M3062; RRID:AB_11219741
Alexa Fluor 647 conjugated anti-Cytokeratin 5 (KRT5)	Abcam	Cat# AB193895; RRID:AB_2728796
unconjugated rabbit anti-BRCA1	Bioss	Cat# bs-0803R; RRID:AB_10858843
Alexa Fluor 568 conjugated goat anti-rabbit IgG	Thermo Fisher Scientific	Cat# A-11036; RRID:AB_10563566
Alexa Fluor 488 conjugated anti-GFP	BioLegend	Cat# 338007; RRID:AB_2563287
Alexa Fluor 405 conjugated anti-Cytokeratin 8 (KRT8)	Abcam	Cat# ab210139; RRID:AB_2890924
Chemicals, peptides, and recombinant proteins		
DNase I	Sigma	Cat #D4263
Collagenase A, type IV solution	Sigma	Cat #C5138-1G
ITS (Insulin/Transferrin/Sodium selenite)	GIBCO	Cat #41400-045

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Reagent or resource	Source	Identifier
FGF-2	PeproTech	Cat #450-33
Progesterone	Sigma	Cat #P8783
17-β-Estradiol	Sigma	Cat #E2758
Prolactin	Sigma	Cat #L4021
Doxycycline	Clontech	Cat# 631311
Collagenase/Hyaluronidase 10x solution	Stem Cell Technology	Cat #07912
Growth factor reduced matrigel solution	Corning	Cat #356230
Trilogy	Cell Marque	Cat# 920P-10
ProLong Glass Antifade Mountant	Invitrogen	Cat# P36980
17β-Estradiol (0.5 mg/pellet) + Progesterone (10 mg/pellet)	Innovative Research of America	Cat# HH-112
Luminata Crescendo Western HRP substrate	Millipore	Cat# WBLUR0100
TrypLE Express	Thermo Fisher Scientific	Cat #12604-013
Dispase	Stem Cell Technology	Cat #07913
Critical commercial assays		
Ovation ultralow DR multiplex system	Nugen Technologies	Cat #0331-32
Nextera DNA sample Preparation kit	Illumina	Cat #FC-121-1031
Ovation RNA-seq system (V2)	Nugen Technologies	Cat #7102-32
DNeasy Blood & Tissue Kit	QIAGEN	Cat# 69504
SuperScript III kit	Thermo Fisher Scientific	Cat #18080-051
Deposited data		
ATAC-seq data	This paper	PRJNA708263
RNA-seq data	This paper	PRJNA708263
WGS data	This paper	PRJNA708263
scRNA-seq data, Figure 1 (pre-pregnancy)	Henry et al., 2021	PRJNA677888
RNA-seq (pre- and post-pregnancy)	dos Santos et al., 2013	PRJNA192515
H3K27ac ChIP-seq (pre- and post-pregnancy)	Feigman et al., 2020	PRJNA544746
H3K27ac Cut&Run, Figure S7F	Ciccone et al., 2020	PRJNA656955
Experimental models: Organisms/strains		
Mouse: BALB/c	Charles River	https://www.criver.com/
Mouse: NOD/SCID	Jackson Laboratory	https://www.jax.org/
Mouse: CAGMYC	Feigman et al., 2020	N/A
Mouse: Cxcr6-GFP KI	Jackson Laboratory	https://www.jax.org/strain/005693
Mouse: RAG1 KO	Jackson Laboratory	https://www.jax.org/
Mouse: UTX KO	Beyaz et al., 2017	N/A
Mouse: CD1d KO	Jackson Laboratory	https://www.jax.org/
Mouse: Krt5 ^{CRE-ERT2} Brca1 ^{fl/fl} p53 ^{het}	This paper	N/A
Oligonucleotides		
Cd1d qPCR FWD: 5' TCC GGT GAC TCT TCC TTA CA 3'	This paper	N/A
Cd1d qPCR REV: 5' CTG GCT GCT CTT CAC TTC TT 3'	This paper	N/A
b-actin qPCR FWD: 5' TGT TAC CAA CTG GGA CGA CA 3'	This paper	N/A
b-actin qPCR REV: 5' GGG GTG TTG AAG GTC TCA AA 3'	This paper	N/A
Software and algorithms		
Fiji	ImageJ	Version 2.1.0
Zen lite software, Blue edition	ZEN Digital Imaging for Light Microscopy	Version 2.0.0.0
FlowJo	BD Biosciences	Version 10.0
Prism	Graphpad	Version 9.0

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Continued

Reagent or resource	Source	Identifier
Cell Ranger	Zheng et al., 2017	Version 3.1.0
Seurat	Stuart et al., 2019	Version 3.1.1
GSEA	Broad Institute	Version 3.0
BD FACSDiva Software	BD Biosciences	Version 6.0
STAR	Dobin et al., 2013	Version 2.4.0
Bowtie2	Langmead et al., 2009	Version 2.4.2
MACS2	Zhang et al., 2008	Version 2.2.5
GREAT	McLean et al., 2010	Version 4.0.4
HOMER	Benner et al., 2017	Version 4.11
Bedtools	Quinlan and Hall, 2010	Version 2.28.0
UCSC Genome Browser	Dreszer et al., 2013	N/A
Hisat2	Kim et al., 2015	version 2.1.0
DNAcopy	Seshan and Olshen, 2014	version 1.50.1
DESeq	Anders and Huber, 2010	N/A

RESOURCE AVAILABILITY

Lead contact

Further information for resources and reagents should be directed to and will be fulfilled by the lead contact, Camila dos Santos (dossanto@cshl.edu).

Materials availability

All unique/stable reagents generated in this study are available from the lead contact upon request.

Data and code availability

scRNA-seq, RNA-seq, ATAC-seq datasets were deposited into BioProject database under number PRJNA708263 [<https://www.ncbi.nlm.nih.gov/bioproject/PRJNA708263>], and are publicly available as of the date of publication. All accession numbers are listed in the key resources table. Results shown in Figure 1 (pre-pregnancy scRNA-seq) were previously deposited into BioProject database number PRJNA677888 [<https://www.ncbi.nlm.nih.gov/bioproject/?term=PRJNA677888>]. Results shown in Figure S2C (pre- and post-pregnancy RNA-seq), Figure 3C (pre- and post-pregnancy H3K27ac ChIP-seq) were previously deposited in the BioProject database under numbers PRJNA192515 [<https://www.ncbi.nlm.nih.gov/bioproject/?term=PRJNA192515>] and PRJNA544746 [<https://www.ncbi.nlm.nih.gov/bioproject/PRJNA544746>]. Results shown on Figure S7F (H3K27ac Cut&Run of organoid cultures) were previously deposited in the BioProject database under number PRJNA656955 [<https://www.ncbi.nlm.nih.gov/sra/?term=PRJNA656955>]. This manuscript does not report original code. Any additional information required to reanalyze the data reported in this paper is available from the lead contact upon request.

EXPERIMENTAL MODEL AND SUBJECT DETAILS

Animal studies

All experiments were performed in agreement with approved CSHL Institutional Animal Care and Use Committee (IACUC). All animals were housed at a 12 hour light/12 hour dark cycle, with a controlled temperature of 72°F and 40%–60% of humidity. Balb/C female mice were purchased from The Jackson Laboratory and Charles River. RAG1^{KO} mice (B6.129S7-Rag1^{tm1Mornv}/J, IMSR Cat# JAX:002216, RRID:IMSR_JAX:002216) were purchased from The Jackson Laboratory. VavCre UTX^{KO} were generated as previously described (Beyaz et al., 2017). CXCR6-KO-EGFP-KI mice (B6.129P2-Cxcr6^{tm1Litt}/J, IMSR Cat# JAX:005693, RRID:IMSR_JAX:005693) were purchased from The Jackson Laboratory. CAGMYC transgenic mouse strain was generated as previously described (Feigman et al., 2020). CD1d^{KO} CAGMYC transgenic mouse strain was generated by crossing CD1d^{KO} (C.129S2-Cd1^{tm1Gru}/J, IMSR Cat# JAX:003814, RRID:IMSR_JAX:003814) mice with CAGMYC mice. Krt5^{CRE-ERT2}Brca1^{fl/fl}p53^{hot} (Brca1^{KO}) transgenic mouse strain was generated by crossing Blg^{CRE}Brca1^{fl/fl}p53^{hot} transgenic mouse strain (Trp53^{tm1Brd}Brca1^{tmAashTg(B-cre)}74Ac/J, IMSR Cat# JAX:012620, RRID:IMSR_JAX:012620) with Krt5^{CRE-ERT2} transgenic mouse strain (B6N.129S6(Cg)-Krt5^{tm1.1(cre/ERT2)Bih}/J, IMSR Cat# JAX:029155, RRID:IMSR_JAX:029155). Female mice ranging from 3 weeks old to 30 weeks old were utilized in the described research.



METHOD DETAILS

Antibodies

All antibodies were purchased from companies as indicated below and used without further purification. Antibodies for lineage depletion: biotinylated anti-CD45 (Thermo Fisher Scientific Cat# 13-0451-85, RRID:AB_466447), biotinylated anti-CD31 (Thermo Fisher Scientific Cat# 13-0311-85, RRID:AB_466421), biotinylated anti-Ter119 (Thermo Fisher Scientific Cat# 13-5921-85, RRID:AB_466798) and biotinylated anti-CD34 (Thermo Fisher Scientific Cat# 13-0341-82, RRID:AB_466425). Antibodies for cell surface flow cytometry: eFluor 450 conjugated anti-CD24 (Thermo Fisher Scientific Cat# 48-0242-82, RRID:AB_1311169), PE-Cy7 conjugated anti-CD29 (BioLegend Cat# 102222, RRID:AB_528790), 7-AAD viability staining solution (BioLegend Cat# 420404, RRID:SCR_020993), PerCP-Cy5.5 conjugated anti-CD1d (BioLegend Cat# 123514, RRID:AB_2073523), PE conjugated anti-CD1d (BioLegend Cat# 140805, RRID:AB_10643277), APC conjugated anti-CD45 (BioLegend Cat# 103112, RRID:AB_312977), FITC conjugated anti-CD3 (BioLegend Cat# 100204, RRID:AB_312661), Alexa Fluor 700 conjugated anti-NK1.1 (BioLegend Cat# 108730, RRID:AB_2291262), APC/Cy7 conjugated anti-CD8 (BioLegend Cat# 100714, RRID:AB_312753), PE conjugated anti-TCR γ/δ (BioLegend Cat# 118108, RRID:AB_313832), APC conjugated anti-TCR β (BioLegend Cat# 109212, RRID:AB_313435), APC conjugated anti-H-2Kb (BioLegend Cat# 116517, RRID:AB_10568693), Pacific Blue conjugated anti-I-Ab (BioLegend Cat# 116421, RRID:AB_10613291), Brilliant Violet 421 conjugated anti-CD206 (BioLegend Cat# 141717, RRID:AB_2562232), Alexa Fluor 700 conjugated anti-Ly6G (BioLegend Cat# 127621, RRID:AB_10640452). Antibodies for intracellular flow cytometry: PE conjugated anti-IFN γ (BioLegend Cat# 505808, RRID:AB_315402), Pacific Blue conjugated anti-T-bet (BioLegend Cat# 644807, RRID:AB_1595586). Antibodies for negative controls: eFluor 450 conjugated mouse IgG (Thermo Fisher Scientific Cat# 48-4015-82, RRID:AB_2574060), FITC conjugated rat IgG (Thermo Fisher Scientific Cat# 11-4811-85, RRID:AB_465229), and PE-Cy7 conjugated mouse IgG (BioLegend Cat# 405315, RRID:AB_10662421). Antibody for MaSC enrichment: biotinylated anti-CD1d (BioLegend Cat# 123505, RRID:AB_1236543). Antibodies for Western Blot: anti-p300 antibody (Santa Cruz Biotechnology Cat# SC-585, RRID:AB_2231120), anti-Vinculin antibody (Abcam Cat# ab129002, RRID:AB_11144129), anti-p53 antibody (Leica Biosystems Cat# P53-CM5P, RRID:AB_2744683), goat anti-rabbit IgG HRP (Abcam Cat# ab6721, RRID:AB_955447) and goat anti-mouse IgG HRP (Abcam Cat# ab97051, RRID:AB_10679369). Antibodies for Immunohistochemistry (IHC) staining: anti-Cytokeratin 5 (KRT5) (BioLegend Cat# 905501, RRID:AB_2565050), anti-Cytokeratin 7/17 (KRT7/17) (Santa Cruz Biotechnology Cat# sc-8421, RRID:AB_627856), anti-EGFR (Santa Cruz Biotechnology Cat# sc-373746, RRID:AB_10920395), anti-AR (Santa Cruz Biotechnology Cat# sc-7305, RRID:AB_262671), and anti-Ki67 (Spring Bioscience Cat# M3062, RRID:AB_11219741). Antibodies for Immunofluorescence (IF) staining: Alexa Fluor 647 conjugated anti-Cytokeratin 5 (KRT5) (Abcam Cat# AB193895, RRID:AB_2728796), unconjugated rabbit anti-BRCA1 (Bioss Cat# bs-0803R, RRID:AB_10858843), Alexa Fluor 568 conjugated goat anti-rabbit IgG (Thermo Fisher Scientific Cat# A-11036, RRID:AB_10563566), Alexa Fluor 488 conjugated anti-GFP (BioLegend Cat# 338007, RRID:AB_2563287), Alexa Fluor 405 conjugated anti-Cytokeratin 8 (KRT8) (Abcam Cat# ab210139, RRID:AB_2890924).

Mammary gland isolation

Female mice classified as Pre-pregnancy (nulliparous, never pregnant), Post-pregnancy (parous, 1 gestation cycle, 21 days of lactation and 40 days of involution post offspring weaning), were housed together for 1-2 weeks to allow for estrous cycle synchronization prior to mammary gland isolation. For the experiments utilizing exposure to pregnancy hormones (EPH), never pregnant female mice (~8 weeks old) were implanted with 21 days-slow-release estrogen and progesterone pellets (17 β -Estradiol (0.5 mg/pellet) + Progesterone (10 mg/pellet) – Innovative Research of America Cat# HH-112) prior to mammary gland isolation (at D12 post pellet implantation). Females classified as involution D15 had 1 gestation cycle, 21 days of lactation and 15 days of involution post offspring weaning. In all cases, mammary gland isolation was performed as previously described (dos Santos et al., 2013). In short, mammary glands (one to four pairs per mouse) were harvested, minced, and incubated for 2 hours with 1x Collagenase/Hyaluronidase (10x solution, Stem Cell Technology Cat# 07912) in RPMI 1640 GlutaMAX supplemented with 5% FBS. Digested mammary gland fragments were washed with cold HBSS (Thermo Fisher Scientific Cat# 14175103) supplemented with 5% FBS, followed by incubation with TrypLE Express (Thermo Fisher Scientific Cat# 12604-013) and an additional HBSS wash. Cells were incubated with 2 mL of Dispase (Stem Cell Technology Cat# 07913) supplemented with 40 μ L DNase I (Sigma Cat# D4263) for 2 minutes and then filtered through a 100 μ m Cell Strainer (BD Falcon Cat# c352360). The single cell suspension was incubated with lineage depletion antibodies and loaded onto a MACS magnetic column (Miltenyi Biotec Cat# 130-042-401). Lineage negative, flow-through cells (epithelial cells) were utilized for flow cytometry, and transcriptomic analysis. Lineage positive cells (immune cells) were eluted from column with 3ml of MACS buffer and utilized for flow cytometry, transcriptomic and epigenomic analysis. For cell analysis, Dual Fortessa II cell analyzer (BD Biosciences) was used. Data analysis was performed using BD FACSDiva Software (RRID:SCR_001456) or FlowJo (FlowJo, RRID:SCR_008520). Statistically significant differences were considered with Student's t test *p*-value lower than 0.05 (*p* < 0.05).

Flow cytometry analysis

Mammary resident cells (epithelial and non-epithelial) were harvested from both top and bottom mammary glands, and analyzed according to the below indicated strategy. For all flow cytometry analysis an average of 300,000 cells live cells (7-AAD negative) were recorded. Gating strategy for all flow cytometry analysis is available in [Methods S1](#).

Mammary organoid culture

Mammary tissue dissected was minced and digested for ~40 minutes in Collagenase A, type IV solution (Sigma, Cat# C5138-1G), following a series of centrifugations to enrich for mammary organoids. Freshly isolated mammary organoids were cultured with Essential medium (Advanced DMEM/F12, supplemented with ITS (Insulin/Transferrin/Sodium selenite, GIBCO Cat# 41400-045, and FGF-2 (PeproTech, Cat# 450-33)) prior to analysis. For experiments shown in Figures S5E and S5F, organoid cultures were derived from normal mammary tissue from pre- or post-pregnancy Balb/C female mice (RRID:IMSR_CRL:028), cultured in the presence of FGF-2 for 6 days, following FGF-2 withdrawal for 24 hr and then incubated with Complete medium (AddF+++), supplemented with ITS (Final Concentration:1x, Insulin/Transferrin/Sodium Selenite, GIBCO Cat# 41400-045), 17- β -Estradiol (Final concentration: 40ng/mL, Sigma Cat# E2758), Progesterone (Final concentration: 120ng/mL, Sigma Cat# P8783), Prolactin (Final concentration: 120ng/mL, Sigma Cat# L4021), as previously described (Ciccione et al., 2020). For experiments shown in Figure S6C, organoids cultures were derived from pre- or post-pregnancy CAGMYC MECs, following treatment with doxycycline (DOX, 0.1mg/mL, Clontech Cat# 631311) for 2 days (DD2). For experiments shown in Figure S8E, organoid cultures were derived from NOD/SCID female mice, transplanted with either pre- or post-pregnancy CAGMYC MECs, following treatment with doxycycline (DOX, 0.1mg/mL) for 2 days (DD2).

RT-qPCR

Lineage depleted MECs or organoid cultures were washed with 0.5mL 1x PBS, following RNA extraction with Trizol (0.5mL, Thermo Fisher Scientific, Cat# 15596018). Reverse transcription was carried out using SuperScript III kit (Thermo Fisher Scientific, Cat# 18080-051). RT-qPCR was performed using a Quantstudio 6 with SYBR Green Master mix (Applied Biosystems, Cat# 4368577). Relative mRNA expression of target gene was calculated via the $\Delta\Delta$ Ct method and normalized to β -actin mRNA levels.

Cd1d qPCR primers: FWD: 5' TCC GGT GAC TCT TCC TTA CA 3' and REV: 5' CTG GCT GCT CTT CAC TTC TT 3'.

β -actin qPCR primers: FWD: 5' TGT TAC CAA CTG GGA CGA CA 3' and, REV: 5' GGG GTG TTG AAG GTC TCA AA 3'.

Mammary fat pad transplantation

MaSCs-enrichment was performed as previously described (dos Santos et al., 2013). In short, lineage depleted MECs were incubated with biotinylated anti-CD1d antibody, to allow for MaSC enrichment. CD1d-enriched MEC fractions were resuspended with 50% growth factor reduced matrigel solution (Corning, Cat# 356230) and injected into the cleared fat-pad of the inguinal mammary gland (anterior part of the gland). For experiments presented on Figure S5B CD1d-enriched MECs fractions (~100K) were injected into the mammary fatpad of 12 weeks old CAG-only female mice, followed by DOX-treatment and histology analysis. For experiments presented on Figure S8 CD1d-enriched MECs fractions (~100K) were injected into the mammary fatpad of 12 weeks old NOD/SCID (RRID:IMSR_JAX:001303) female mice, followed by DOX-treatment and histology analysis. For experiments presented on Figure 5 and Figure S9, pre- or post-pregnancy CAGMYC-CD1d^{WT} MECs (~10K) or CAGMYC-CD1d^{KO} MECs (~10K) were injected into the mammary fatpad of 8-10 weeks old CD1d WT female mice, and allowed 3-days of tissue engraftment prior to DOX-treatment for 5 days.

Histological analysis

For histological analysis, the left inguinal mammary gland was harvested and fixed in 4% Paraformaldehyde overnight prior to paraffin embedding. For conventional histological analysis, mammary gland tissue slides were stained with Hematoxylin and Eosin (H&E). For ductal quantification, mammary gland H&E histological images were uploaded into Fiji (Fiji, RRID:SCR_002285), and ducts present in the posterior part of the gland were manually counted. Immunohistochemistry staining (IHC) was performed on a Roche Discovery Ultra Automated IHC/ISH stainer. For Masson's trichrome staining, Leica Multistainer Stainer/Coverslipper Combo (ST5020-CV5030) was used to stain slides according to standard reagents and protocols. Images were acquired using Aperio ePathology (Leica Biosystems) slide scanner in 40X lenses.

Immunofluorescence analysis

Paraffin-embedded mammary gland sections were deparaffinized in Xylene (Sigma Cat# 534056) and rehydrated, followed by antigen retrieval in Trilogy (Cell Marque Cat# 920P-10). Tissue was washed in 1x PBS (phosphate-buffered saline) for 1 min then blocked with blocking solution (10mM Tris-HCl pH 7.4, 100mM MgCl₂, 0.5% Tween 20, 10% FBS, 5% goat serum) for 4 hours in a humidified chamber. Sections were stained with the appropriate conjugated primary antibodies in blocking solution for 16 hours at 4°C. After subsequent washings with 1x PBS and blocking solution, tissues were incubated with DAPI (Sigma Cat# 10236276001) for 10 minutes to stain nuclei, and slides were mounted in ProLong Glass Antifade Mountant (Invitrogen Cat# P36980). Cell visualization and image collection was performed on a Zeiss LSM780 confocal laser-scanning microscope utilizing Zen lite software, Blue edition (ZEN Digital Imaging for Light Microscopy, RRID:SCR_013672) version 2.0.0.0.

Doxycycline treatment

Doxycycline was purchased from Takara Bio USA, Inc. (Cat# 631311) and sucrose was purchased from Sigma (Cat# S7903). DOX drinking solution (1 mg/mL) was prepared using sterile 1% sucrose water.



Tamoxifen treatment

Tamoxifen USP grade was purchased from Sigma-Aldrich (Cat# 1643306) and sunflower seed oil (European Pharmacopoeia grade) was purchased from Sigma-Aldrich (Cat# 88921). To prepare the working solution, the Tamoxifen powder was weighed and dissolved in ethanol by vortexing. Heat sterilized sunflower oil was added at a ratio of 19:1 oil:ethanol mixture to a final concentration of 5mg/100ul (one dose), heated to 55°C and shaken vigorously to homogenize the mixture. $Krt5^{CRE-ERT2}Brca1^{fl/m}p53^{het}$ transgenic female mice received a total of three intraperitoneal doses of Tamoxifen warmed to 37°C on alternate days.

Monitoring tumor growth

3 week old $Krt5^{CRE-ERT2}Brca1^{fl/m}p53^{-/+}$ female mice were treated with TAM. Half of TAM-treated female mice were housed together (pre-pregnancy/nulliparous group), and the other half were paired with a male (1 female and 1 male per breeding cage). Breeding TAM-treated females were allowed to give birth, nurse the offspring (21 days), and were considered post-pregnant (parous) after 40 days from offspring weaning. Both pre- and post-pregnancy mice were monitored for signs of tumor growth, and added to the Kaplan-Meier curve as soon as there was a palpable tumor. Mice with a tumor burden exceeding the limit of the animal's well-being (> 2 cm), or mice showing signs of distress independently of tumor development were euthanized. At experimental end point, mammary tissue or mammary tumors were harvested for histological and flow cytometry analysis. Statistical analysis was performed with Logrank (Mantel-Cox) test.

Western blot

DOX-treated and control organoid cultures were homogenized in 1x Laemmli sample buffer (Bio-Rad, Cat# 1610747). Samples were loaded into homemade 10% SDS-PAGE gel and transferred overnight to PVDF membrane (Bio-Rad, Cat# 162-0177) using wet-transfer apparatus. Membranes were blocked with 1% BSA solution and incubated overnight with a diluted solution of primary antibody, followed by incubation with HRP-conjugated antibody for 40 minutes. HRP signal was developed with Luminata Crescendo Western HRP substrate (Millipore, Cat# WBLUR0100) in autoradiography film (Lab Scientific, Cat# XARALF2025). Developed films were scanned on Epson Perfection 2450 photo scanner.

scRNA-seq data analysis

Single cell RNA-seq data (pre-pregnancy mammary glands = 3,439 cells from $n = 2$ biological replicates; post-pregnancy mammary glands = 4,412 cells from $n = 2$ biological replicates) were aligned to mm10 using CellRanger v.3.1.0 (10x Genomics) (Cell Ranger, RRID:SCR_017344) (Zheng et al., 2017), and downstream processing was performed using Seurat v3.1.1 (SEURAT, RRID:SCR_007322) (Stuart et al., 2019). Cells with fewer than 250 features or higher than 10% mitochondrial gene content were removed prior to further analysis. Genes with fewer than 3 cells expressing them were removed, and the data were then log-normalized. Post-filtering analysis was performed on 3,075 cells (pre-pregnancy) and 4,029 cells (post-pregnancy). Principal component analysis was performed using the top 2,000 variable genes. This analysis was used to identify the number of significant components before clustering. Clustering was performed by calculating a shared nearest neighbor graph, using a resolution of 0.6. Subsetting into different cell types was performed using known markers for MECs, T cells, Myeloid cells, B cells and NK cells. Epithelial cells for both datasets were defined by the expression of Epcam, Krt8, Krt18, Krt5 and Krt14 (cluster average expression > 2). Non-epithelial were cells considered having low expression of Epcam, Krt8, Krt18, Krt5 and Krt14. Epithelial lineage identification and T cell lineage identification was performed utilizing a previously validated gene signature (Henry et al., 2021). Genes used to define each immune cluster (differentially expressed genes, DEGs) were determined using known cell type markers and using the FindAllMarkers function, which uses a Wilcoxon Rank Sum test to identify differentially expressed genes between all clusters in the dataset. Cell cycle scoring was performed with the CellCycleScoring function, using the default gene lists provided by Seurat. Cell dendrograms were generated using the BuildClusterTree function in Seurat, using default arguments. Diffusion mapping was performed using the DiffusionMap function from the "destiny" R package (Angerer et al., 2016). Gene Set Enrichment Analysis (GSEA, RRID:SCR_003199) (Subramanian et al., 2005) was used for global analyses of differentially expressed genes.

RNA-seq library preparation and analysis

FACS-isolated pre- and post-pregnancy NKTs were collected and homogenized in TRIzol LS (Thermo Fisher Scientific, Cat# 10296010) for RNA extraction. Double stranded cDNA synthesis and Illumina libraries were prepared utilizing the Ovation RNA-seq system (V2) (Nugen Technologies, Cat# 7102-32). RNA-seq libraries were prepared utilizing the Ovation ultralow DR multiplex system (Nugen Technologies, Cat# 0331-32). Each library ($n = 2$ biological replicates per experimental condition) was barcoded with Illumina TrueSeq adaptors to allow sample multiplexing, followed by sequencing on an Illumina NextSeq500, 76bp single-end run. Analyses were performed with command-line interfaced tools such as FastQC (FastQC, RRID:SCR_014583) (Andrews, 2015) for quality control and Trimmomatic (Trimmomatic, RRID:SCR_011848) (Bolger et al., 2014) for sequence trimming. We used STAR (STAR, RRID:SCR_004463) for mapping reads (Dobin et al., 2013), FeatureCounts (featureCounts, RRID:SCR_012919) for assigning reads to genomic features (Liao et al., 2014) and DESeq (DESeq, RRID:SCR_000154) to assess changes in expression levels simultaneously across multiple conditions and in multi-factor experimental designs, incorporating information from multiple replicates (Anders and Huber, 2010). Genes with a statistically significant pvalue of $p < 0.05$ were considered differentially expressed. Gene Set Enrichment Analysis (GSEA) (Gene Set Enrichment Analysis, RRID:SCR_003199) was used for global analyses

of differentially expressed genes (Subramanian et al., 2005). GSEA terms with statistically significant pvalue of $p < 0.05$ were selected for data plotting and data interpretation. For experiments presented on Figure 2D, FACS-isolated, pre- and post-pregnancy CD45⁺NK1.1⁺CD3⁺ NKT cells (n = 2 females per experimental group, n = 4 pairs of mammary glands per female, n = 2 biological replicates per experimental group) were utilized. For experiments presented on Figure S8D, total mammary tissue isolated from DOX-treated, NOD/SCID female mice transplanted with either pre- or post-pregnancy CAGMYC MECs (n = 2 biological replicates per group) were utilized.

ChIP-seq library analysis

Previously published H3K27ac ChIP-seq datasets (Feigman et al., 2020) were mapped to the indexed mm9 genome using bowtie2 short-read aligner tool (Langmead et al., 2009), using default settings. MACS2 peak-calling program (MACS, RRID:SCR_013291) (Zhang et al., 2008) was used to identify enriched genomic regions in this data by comparing the pulldown ChIP data to the control (Input) data using a q-value cutoff of 1.00^{-3} . Identification of genes closest to these differentially called peaks was performed using Genomic Regions Enrichment of Annotations Tool (UCSC Genome Browser, RRID:SCR_005780) (McLean et al., 2010). Peak visualizations were generated using the UCSC Genome Browser (UCSC Genome Browser, RRID:SCR_005780) (Dreszer et al., 2013).

Cut&Run library analysis

Previously published H3K27ac Cut&Run datasets (Cicccone et al., 2020), were mapped to the indexed mm9 genome using bowtie2 short-read aligner tool (Langmead et al., 2009) using default settings. Sparse Enrichment Analysis for Cut&Run (SEACR) peak-calling program (Meers et al., 2019) was used to identify enriched genomic regions with an empirical threshold of $n = 0.01$, returning the top n fraction of peaks based on total signal within peaks. The stringent argument was implemented, which used the summit of each curve. Identification of genes closest to these differentially called peaks was performed using Genomic Regions Enrichment of Annotations Tool (UCSC Genome Browser, RRID:SCR_005780) (McLean et al., 2010). Peak visualizations were generated using the UCSC Genome Browser (UCSC Genome Browser, RRID:SCR_005780) (Dreszer et al., 2013).

ATAC-seq library preparation and analysis

Nuclei of FACS-isolated, pre- and post-pregnancy NKTs were isolated utilizing hypotonic lysis buffer and incubated with Tn5 enzyme from Nextera DNA sample Preparation kit (Illumina, Cat# FC-121-1031) for the preparation of ATAC libraries. Each library (n = 2 per experimental condition) was amplified and barcoded as previously described (Buenrostro et al., 2013), then pooled for sequencing on an Illumina Nextseq500, 76bp single-end run. ATACseq library reads (n = 2 per cell condition) were mapped to the indexed mm9 genome using Bowtie2 short read-aligner (Bowtie 2, RRID:SCR_016368) (Langmead et al., 2009) and replicate alignment files were merged. MACS2 (MACS, RRID:SCR_013291) (Zhang et al., 2008) was used to identify enriched genomic regions in both conditions using a tag size of 25bp and a q-value cutoff of 1.00^{-2} . Peaks were annotated using Homer (HOMER, RRID:SCR_010881) (Benner et al., 2017) with standard mm9 genome reference. Location of peaks was then grouped into intergenic, promoter and genic (containing 5'UTR, Exons, Introns, Transcription Termination Sites, 3'UTR, ncRNA, miRNA, snoRNA, and rRNA) regions. The UCSC genome browser (UCSC Genome Browser, RRID:SCR_005780) (Dreszer et al., 2013) was used to analyze genomic regions for overlap, using the Bedtools intersect function (BEDTools, RRID:SCR_006646) (Quinlan and Hall, 2010). Any base pair overlap was enough to consider two regions "shared" and regions where no overlap existed defined the regions as exclusively being in one condition. The comparison was made into a Venn-diagram using tool available at <https://www.meta-chart.com/venn>.

DNA motif analysis

Peaks from pre- and post-pregnancy NKTs ATAC-seq libraries were utilized as input for an unbiased transcription factor analyses using Analysis of Motif Enrichment (AME) (McLeay and Bailey, 2010) and Find Individual Motif Occurrences (FIMO) (MEME Suite - Motif-based sequence analysis tools, RRID:SCR_001783) (Grant et al., 2011) was used to computationally define DNA binding motif regions to identify sequences of known motifs, with a statistical threshold of 0.0001.

Genomic library preparation and copy-number variation analysis

Mammary normal tissue and tumor from nulliparous Brca1^{KO} female mice were dissociated as above described. Lineage depleted tumor cells were utilized for DNA extraction using DNeasy Blood & Tissue Kit (QIAGEN Cat# 69504). Genomic DNA was sonicated to an average of 300bp using Covaris E220 Focused-ultrasonicator. For library preparation, fragmented DNA went through standard end-repair (NEB Cat# E6050), dA-tailing (NEB Cat# E6053), and sequencing adaptor ligation (NEB Cat# M2200) steps. Following universal adaptor ligation, eight cycles of PCR was performed for each sample. During the PCR step, a unique pair of Illumina TrueSeq i7 index and i5 index was added to each sample. The PCR library was purified with AMPure XP beads (Beckman Coulter Cat# A63881), and quantified using NanoDrop spectrophotometer and Agilent Technologies 2100 Bioanalyzer. Whole-genome-sequencing libraries with different combination of Illumina indexes were pooled together for one lane of Illumina MiSeq. 150 base pairs from both ends were sequenced along with two 8-bp indexes. For CNV analysis, Read 1 of the sequence data was mapped to the mm9 reference genome using Hisat2 version 2.1.0 in single read alignment mode (Kim et al., 2015). The reference genome was divided into 5,000 variable-length bins with equal mappability as previously described (Baslan et al., 2012). The ratio of mapped reads in the tumor sample to mapped reads in the diploid sample (normal tissue) was used to compute a fitted piecewise constant function



(segmentation). This segmentation used DNACopy version 1.50.1 implementation of the circular binary segmentation algorithm (Seshan and Olshen, 2014) and the copy number profiles were plotted using R version 3.4.4 (R Core Team, 2019).

QUANTIFICATION AND STATISTICAL ANALYSIS

Data represent results from three or more independent biological replicates, unless otherwise specified. Sequencing data are from two biological replicates from each condition. All statistical analyses were performed using GraphPad Prism V9 software. For all analyses, error bars indicate standard error of mean across samples of the same experimental group. Statistically significant differences were considered with *p-values* lower than 0.05 ($p < 0.05$) from unpaired Student's *t* tests, or otherwise indicated, as described in the figure legends.