Aged and BRCA mutated stromal cells drive epithelial cell transformation

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Abstract: The fundamental steps in high-grade serous ovarian cancer (HGSOC) initiation are unclear presenting critical barriers in prevention and early detection of this deadly disease. Current models propose that fallopian tube epithelial (FTE) cells transform into serous tubal intraepithelial carcinoma (STIC) precursor lesions and subsequently HGSOC. Here we report that an epigenetically altered mesenchymal stem cell niche, termed high risk MSC (hrMSC), exists prior to STIC lesion formation. hrMSCs are enriched in STIC stroma and contribute to a stromal 'field effect' extending beyond the borders of STIC lesion. hrMSCs promote DNA damage in FTE cells while also fostering FTE cell survival. hrMSCs induce malignant transformation of FTE resulting in metastatic cancer *in vivo,* indicating hrMSCs promote cancer initiation. hrMSCs are significantly enriched in BRCA1/2 mutation carriers and increase with age. Combined, these findings indicate that hrMSCs can incite ovarian cancer initiation and have important implications for ovarian cancer detection and prevention.

Statement of Significance: This work demonstrates a critical role of fallopian tube stromal cells in HGSOC initiation with implications for the pathophysiology of HGSOC formation and the development of prevention and early detection strategies critically needed in this disease. Additionally, identification of stromal mediated epithelial transformation has broad implications for understanding pan-cancer initiation.

Introduction: Ovarian cancer is the most lethal gynecologic cancer, with over 13,000 US women dying yearly(1). High-grade serous ovarian carcinoma (HGSOC) is the most common ovarian cancer subtype, with more than 70% of patients presenting with metastatic disease at the time of diagnosis(2). This is attributed to multiple factors, including a non-specific and gradually worsening symptom burden and lack of effective screening or early detection strategies. There is a critical need to identify and understand the mechanisms of HGSOC initiation, which can then be leveraged to derive effective prevention and early diagnosis approaches.

Due to the inability to screen for ovarian cancer, the current approach to primary prevention is surgical castration with bilateral salpingo-oophorectomies in women with BRCA1 or -2 germline mutations. BRCA1 and BRCA2 mutations are well-characterized risk factors conveying a roughly 39-58% or 13-29% lifetime risk of developing HGSOC, respectively (2). However, the majority of HGSOC tumors develop in the absence of germline BRCA1 or -2 mutations, suggesting that malignant transformation is achieved by other, currently undefined, mechanisms. Convincing evidence has demonstrated that the majority of HGSOC tumors arise from the fallopian tube epithelium (FTE), with the immediate precursor lesion of HGSOC termed a serous tubal intraepithelial carcinoma (STIC)(3–6). STIC lesions are a series of *p53*-mutated epithelial cells demonstrating atypical morphology and increased proliferative index indicative of increased malignant behavior (7,8)(9). Research on STIC lesions has mainly focused on changes within epithelial cells, while the microenvironment surrounding STIC lesions has largely been unexplored. Evidence from other cancer types demonstrates that changes in the stromal microenvironment may create a permissive or even causative environment that promotes cancer initiation(10–12). It is clear the microenvironment plays a critical role in the pathophysiology of HGSOC; however, the role of the fallopian tube microenvironment in HGSOC initiation is undefined and thus presents a critical gap in our current understanding of this disease.

Our group previously demonstrated that mesenchymal stromal/stem cells (MSCs), a multipotent stromal progenitor cell found in most adult tissues, can be reprogramed by cancer cells to form cancer-associated mesenchymal stem cells (CA-MSCs)(13). These HGSOC-educated CA-MSCs exhibit a tumor-supportive phenotype that enhances tumor cell growth, confers chemoresistance, enriches the cancer stem-like cell pool, promotes angiogenesis, and aids in the metastatic spread of HGSOC tumor cells(13)′(14–16). The pro-tumorigenic phenotype of CA-MSCs is accompanied by a unique DNA methylation, RNA expression, and protein expression profile that differs from non-tumorigenic or normal MSCs (nMSCs). Using these data, we discovered that CA-MSCs rely on expression of the transcription factor Wilms Tumor Protein 1 (WT1) to carry out their pro-tumorigenic function(13).

Here, using a cohort of primary patient samples, we identified a subset of fallopian tube-derived MSCs from women without cancer that phenocopy cancer-educated CA-MSCs. This group of MSCs exhibited similar epigenetic and transcriptomic changes to CA-MSCs, including high expression of WT1. This subset of MSCs is enriched in women with BRCA1 or -2 mutations, increases with age, and is found within the stroma surrounding STIC lesions creating a stromal 'field effect' which extends well beyond the borders of the transformed epithelium. Spatial transcriptomic analysis confirms stromal changes are correlated with the

distance from the STIC lesion providing independent evidence of a stroma field effect which precedes malignant epithelial transformation. Additionally, MSCs exhibit a tumor-supportive phenotype like their cancer-associated counterparts. That is, these MSCs, which we refer to as high-risk MSCs (hrMSCs), enhance tumor cell growth, chemoresistance, and sphere formation and increase the proliferation and "stemness" of FTE cells. Most notably, hrMSCs trigger full malignant transformation of primary, non-cancerous FTE cells *in vivo*, thus indicating that hrMSCs are a mediator of HGSOC initiation. In support of these findings, we demonstrate that hrMSCs are potent inducers of DNA damage in FTE and promote recovery of FTE following oxidative stress; two mechanisms that are linked to HGSOC initiation. This work describes the tumor-initiating function of hrMSCs and begins to elucidate an important mechanism of HGSOC formation highlighting the critical role of the stroma in oncogenesis.

Results:

HrMSCs are present in the microenvironment of STIC lesions. Our previous work demonstrated that cancer-educated CA-MSCs are present in virtually all invasive HGSOC cases(13). However, the timing of CA-MSC development remained unclear. Therefore, we first asked whether similar stromal cells are found surrounding pre-invasive STIC lesions. We previously demonstrated that the high expression of WT1 can distinguish CA-MSCs from nMSCs(13). Thus, to visualize and quantify CA-MSC-like cells in the STIC microenvironment, a multi-spectral Vectra imaging panel was developed to identify WT1-positive MSCs in patient tissues. All tissue samples were verified for histopathologic features of normal vs STIC-containing vs invasive HGSOC-containing fallopian tubes by clinical diagnosis, and secondarily verified by an independent board-certified gynecologic pathologist (R. Soong and R. Drapkin) (Fig. 1A). Cross sections of invasive HGSOC were used as positive controls (Supp. Fig. 1A). STIC lesions fulfilled pathologic criteria of >10 contiguous cells with nuclear atypia, increased proliferative index (>10% Ki67+) and *TP53* mutation IHC pattern (abnormal increased staining or null pattern). Representative STIC lesion H&E and p53 IHC are presented in Supp. Fig. 1. Tissues were analyzed for CA-MSC localization and abundance by Vectra multispectral imaging (Fig. 1A-F). A representative, multiplexed, stitched cross section is shown for reference (Supp. Fig. 1B). MSCs were identified in the stroma by co-expression of the classic MSC surface markers CD73, CD90, and CD105. We further distinguished CA-MSC-like cells from nMSCs by WT1 expression (CD45-/CD73+/CD90+/CD105+/WT1+). Given the lack of invasive carcinoma in our STIC samples, we herein refer to the CA-MSC-like cells (WT1+ MSCs) as high risk MSCs or hrMSCs. Intriguingly, we observed hrMSCs within the stroma adjacent to and underlying STIC lesions (Fig. 1A; red x), while hrMSCs were rarely detected in normal patient fallopian t ubes.

To further assess hrMSC spatial distribution and quantify the number of hrMSCs within the fallopian tube surrounding STIC lesions, we selected patient samples with STIC lesions that were incidental (N=6) and STIC lesions with concurrent invasive disease (N=11) and compared these to patient samples with invasive HGSOC within the fallopian tube (N=4) or completely normal fallopian tubes (N=2). We sought to determine if there was a stromal "field effect," with hrMSCs involving stroma that extends beyond the boundaries of the STIC lesion. We thus quantified the abundance of hrMSCs and nMSCs directly underlying the STIC lesions as well as the stroma underlying FTE contiguous to the STIC region (first 20 normal, monolayered epithelial cells directly contiguous to the STIC lesion on both sides), the stroma underlying FTE adjacent to the STIC region (within 2mm of the STIC lesion on both sides), and the stroma underlying distal FTE (>2cm away from STIC lesions) (Fig. 1B-D). We compared these groups to hrMSCs found in normal fallopian tubes and CA-MSCs found within the invasive HGSOC microenvironment. Given that most STICs occur in the distal fimbriated end of the FT, we limited our investigation to this portion of the FT. Raw cell numbers (hrMSC or nMSC) were quantified and normalized by the tissue area analyzed and presented as hrMSC and nMSC abundance and hrMSC/nMSC ratio (Fig. 1B-D).

Importantly, hrMSCs were significantly enriched in the stroma directly underlying STIC epithelium (Fig.1C). This was equivalent to CA-MSC abundance in invasive carcinoma. hrMSC abundance was also increased in contiguous and adjacent areas but decreased to significantly lower abundance in the stroma distal to STIC epithelium. nMSC abundance remained consistent across groups but was decreased in the stroma of invasive carcinoma. The ratio of hrMSC to nMSC was significantly higher in STIC-associated stroma and remained high in the contiguous and adjacent regions with a decrease in the regions distal to the STIC lesions. However, even in the distal regions, both the total number of hrMSCs and the ratio of hrMSC to nMSC

remained higher than in normal FT (though this did not reach statistical significance; Fig. 1D). Interestingly, the abundance of hrMSCs found surrounding incidental STIC lesions (STIC lesions without associated invasive cancer) and STIC lesions with concurrent invasive cancer identified elsewhere were not statistically different (Supp. Fig. 1C).

We also demonstrated that hrMSCs are present in the fallopian tubes of women without STIC lesions (completely histologically normal tubes). The initial two normal fallopian tubes analyzed were from women with a germline *BRCA1* mutation. Given the 30-40 fold increased risk of developing HGSOC in patients with germline *BRCA1* or *BRCA2* mutations (*BRCA1*^{mut} *or BRCA2*^{mut}), we hypothesized that hrMSCs are enriched in germline mutation carrier patient fallopian tubes which may account for some of the increased risk of developing HGSOC. We obtained additional normal FTs (without any identifiable pre-cancerous lesions or other pathology) from *BRCA1*^{mut} carriers (N=9), *BRCA2*^{mut} carriers (N=6), and patients without BRCA1/2 mutations/wild type (WT) patients (*BRCA1/2*^{wt}) (N=19). Representative images used for quantification are shown in Supp. Fig. 1D. Given the increased risk of HGSOC with age, we divided the *BRCA*^{wt} patients into two age groups: 30-36 years old and 60-72 years old. The prevalence of hrMSCs was significantly higher in the *BRCA2*^{mut} carriers, with a trend towards increased prevalence in the *BRCA1*^{mut} carriers compared to *BRCA1/2*^{wt} patients (Fig. 1E/F). There was also a trend toward increased hrMSC prevalence in the older *BRCA1/2*^{wt} patients compared to the younger patients (Fig. 1E), but this did not reach statistical significance. Statistical differences were based on individual patient averages shown in Supp. Fig. 1E. nMSC abundance from STIC to distal stroma (Fig. 1F, Supp. Fig. 1F) and in aged and *BRCA1*/2 mutant patients (Supp. Fig. 1G) are shown as reference.

To further understand the stromal differences in STIC lesions vs normal fallopian tube stroma and expand upon the concept of a stromal field effect, we used serial sections from the patients in our initial Vectra cohort and added an additional 5 STIC samples, 2 invasive samples and 2 normal samples (total N=22 STIC, N=6 invasive, N=4 normal) and performed digital spatial profiling (DSP GeoMx). We again divided regions of the fallopian tube based on the location pertaining to the STIC (underlying STIC, contiguous, adjacent, and distal) and compared this to regions of completely normal fallopian tube and fallopian tubes with invasive HGSOC (Fig. 1G-K). Tissue was segmented into epithelial compartments or stromal compartments (excluding CD45+ immune cells) and the transcriptomic profile was assessed for each region and each cell type. Epithelial heatmaps are shown in Supp. Fig. 1H. We demonstrate clear differences in the stroma underlying STIC lesions compared to normal FT stroma (Fig. 1G/I, full DEG list in Supp. Table 1). Interestingly, when the differential gene set of STIC stroma vs normal stroma (referred to as the STIC stromal signature) is applied to stromal locations surrounding the STIC, there is a distinct pattern related to location (Fig. 1H). Of note, the contiguous and adjacent regions were combined due to limited cell numbers in the ‘contiguous’ location and the strong similarities in transcriptional profile in these two groups. The STIC stromal signature remains pronounced in locations surrounding the STIC lesion but becomes less prominent with increasing distance from the STIC. Averaged stromal gene enrichments for all stromal genes and top stromal enriched genes further underscore the unique transcriptional profile of STIC stroma (Supp. Fig. 1I). However, even in regions distal from the STIC, there remains enrichment for the STIC stromal signature arguing that stromal changes remain even at locations far removed from the pre-malignant lesion. Similarly, the STIC stromal signature is most pronounced in the invasive HGSOC stroma. This indicates that changes in the stroma surrounding STIC lesions reflect changes that occur in stroma of fully invasive HGSOC (Fig. 1H). Collectively, these data support the formation of a stromal field effect within fallopian tubes bearing STIC lesions. Interestingly, this field effect is marked by increasing WT1 transcriptomic signature in line with the findings of increased presence of WT1+ hrMSCs (Fig. 1J). This indicates that hrMSCs may be drivers of the stromal field effect. When examining the epithelial compartment, as expected, there are clear transcriptomic differences in the STIC epithelium vs normal epithelium (Supp. Fig. 1H/J). When comparing stroma to its overlying epithelium, there was a strong correlation between stromal WT1 enrichment and epithelial WT1 enrichment (Supp. Fig. 1K). As high WT1 expression is a marker of HGSOC, this supports a crosstalk between the two cellular compartments further supporting an important role for stromal influences on the epithelium during HGSOC initiation (Fig. 1K). Representative H&E and p53 IHC of STIC lesions used for DSP analysis are presented in Supp. Fig. 1L.

hrMSCs have the epigenomic and transcriptomic pattern of tumor-supportive CA-MSCs. We previously demonstrated that CA-MSCs have unique DNA methylation profiles that distinguish them from nMSCs(13,16). Therefore, we utilized the Infinium Methylation EPIC array to compare the DNA methylation pattern of MSCs from normal fallopian tubes of women with *BRCA1*/2^{mut} to MSCs isolated from *BRCA1*/2^{wt} normal fallopian tube, ovary or omental tissue or CA-MSCs isolated from invasive HGSOC (involving the fallopian tube, ovary or omentum) (Fig. 2A)(13). As mentioned previously, patient fallopian tubes were analyzed by SEE-FIM (sectioning and extensively examining the fimbriated end) protocols to validate the absence of STIC or invasive cancer(17). Uniform Manifold Approximation and Projection (UMAP) and unsupervised hierarchical clustering revealed that roughly half of *BRCA1/2*^{mut} fallopian tubes contained MSCs (red circles) which clustered with CA-MSCs (purple circles) while the rest of *BRCA1/2*^{mut} MSCs clustered with normal MSCs (Fig. 2B). A single patient was removed from this analysis to remove neoadjuvant treatment as a confounding factor in our analysis (Supp. Fig. 2A). When assessing the patient characteristics of these samples, the average age of patients whose tubes contain hrMSCs was 47.5 vs 45 years of age in those that did not. There was no difference in race, menopausal status or parity between patients with or without hrMSCs. Interestingly, 75% of the tubes which contained hrMSCs were from *BRCA2*^{mut} carriers while 75% of tubes with only nMSCs were *BRCA1*^{mut} carriers. These data are in line with our Vectra imaging data demonstrating the presence of hrMSCs in some FTs of women with *BRCA1/2* mutations even in the absence of STIC or invasive cancer (Fig.1).

Given that the expression of WT1 is critical to CA-MSC development and can distinguish tumor supportive CA-MSCs from nMSCs(13), we next quantified WT1 protein expression across an independent expanded additional set of normal fallopian-derived MSCs (from either *BRCA1*/2^{wt} or *BRCA1*/2^{mut}) via flow cytometry (Fig. 2C-G). We used WT1 expression from CA-MSCs to set a threshold. All CA-MSC cells express WT1 at $\geq$ 2 RFI (relative fluorescence intensity) while nMSCs fall below 2 RFI, therefore, we used this threshold to define a fallopian tube MSC as a hrMSC or nMSC (Fig. 2E, Supp. Fig. 2B). WT1 expression significantly increased with patient age and significantly more hrMSCs were present in the fallopian tubes of older women (Fig. 2C/D; R^2=0.3792). In this expanded sample set, the average age of women with hrMSCs was 10 years older than those with nMSCs (53-year-old vs 43-year-old). In some cases, WT1 expression varied between contralateral tubes of the same patient. It is important to note that MSCs derived from a patient were not uniformly WT1 high or WT1 low, but these populations existed on a spectrum indicating a mixed population or a population with evolving WT1 expression (Fig. 2F/G). These data are consistent with our multi-spectral imaging data above demonstrating that hrMSCs are enriched in aged fallopian tubes and can be distinguished from nMSCs by WT1 expression. For the remainder of Figure 2 we sought to determine whether hrMSCs possess tumor supportive functions similar to CA-MSCs (Fig. 2H-J), whether pre-cancerous epithelial changes promote WT1 expression thus facilitating tumor support (Fig. 2K/L), and whether WT1 expression was driving the overall tumor supportive phenotype (Fig. 2M-T). To determine if hrMSCs arise from pre-cancerous changes in overlying FTE, we performed co-culture experiments with nMSCs and non-cancerous FTE which harbor a *TP53* mutation (*P53*^{null}) given *TP53* mutation is one of the earliest events in HGSOC initiation. *P53*^{null} FTE co-culture led to a slight, non-significant increase in nMSC WT1 levels which did not reach hrMSC thresholds. As a control, fully transformed HGSOC tumor cells significantly increased WT1 expression in nMSCs to hrMSC thresholds consistent with our prior work demonstrating HGSOC converts nMSCs into CA-MSCs. Interestingly, hrMSCs that already express high levels of WT1 show no change after exposure to *p53*^{tnull} FTE or HGSOC tumor cells (Fig. 2K/L).

hrMSCs enhance cancer cell growth, sphere formation, and adhere to ovarian tumor cells. To determine if hrMSCs are phenotypically like their CA-MSC counterparts and have tumor-supportive functions, we tested the impact of hrMSCs on critical aspects of HGSOC biology. When possible, assays were performed using matched hrMSCs and nMSCs (hrMSCs and nMSCs derived from contralateral fallopian tubes from the same woman to control for patient heterogeneity). Cell Trace Violet (CTV) labeled HGSOC cells (OVCAR3, OVSAHO, and primary patient line 412) were grown with hrMSCs, nMSCs, or primary HGSOC-derived CA-MSCs at a 1:1 ratio to assess the impact of hrMSCs on HGSOC proliferation. Percent of viable cells relative to day 0 were counted at 3 time points (representative time course shown in Supp. Fig. 2C). hrMSCs increased

the proliferation of HGSOC cells 2-fold compared to nMSCs (Fig. 2H), which was equivalent to the proliferation enhancement demonstrated by CA-MSC controls. A critical function of CA-MSC is their ability to directly bind cancer cells and form heterocellular complexes under non-adherent conditions(13). We performed sphere assays to test the impact of hrMSCs on cancer cell growth under non-adherent conditions. The number of cancer cell-containing spheres was equivalent between hrMSC and CA-MSC co-culture groups while nMSCs failed to enhance sphere formation (Fig. 2I). We also compared the ability of hrMSCs to directly adhere to cancer cells with plastic and Poly-D-Lysine used as negative and positive controls, respectively (Supp. Fig. 2D). Cancer cells bound to hrMSCs at a level equivalent to CA-MSCs (~2- to 3-fold higher than nMSCs) (Fig. 2J). These data demonstrate that hrMSCs are functionally equivalent to HGSOC-derived CA-MSCs in their support of ovarian cancer cell proliferation, sphere formation, and adherence to cancer cells. To determine if WT1 mediates the tumor supportive function of hrMSCs, we generated WT1 shRNA knockdown (KD) and WT1 overexpressing (OE) cells with m-GFP lentiviral transduction. Transduced MSCs validated using flow cytometry (Fig. 2M/Q), were sorted on m-GFP and co-cultured with tumor cell lines (OVSAHO, NIH OVCAR3) for five days. WT1 KD hrMSCs demonstrate significant reduction in hrMSC-mediated tumor cell growth, sphere formation, and chemoresistance (Fig. 2N-P). Additionally, WT1 OE nMSCs resulted in increased MSC-mediated tumor cell growth, sphere formation, and chemoresistance indicating WT1 expression mediates the tumor supportive function of hrMSCs (Fig. 2R-T).

hrMSC tumor-supportive functions give rise to increased proliferation and increased DNA damage in FTE. Given the presence of hrMSCs within normal aging and *BRCA1/2*^{mut} FTs and their abundance surrounding STIC lesions, we hypothesized that hrMSCs play a role in FTE transformation and HGSOC initiation. We first characterized the effects of hrMSCs on FTE cell growth and sphere formation under direct co-culture conditions. Primary patient-derived, germline *BRCA1/2*^{mut} carrier FTE or immortalized FTE (FT190 control) cells were labelled with CTV and co-cultured with hrMSCs or nMSCs. By day 4, hrMSCs and nMSCs both significantly increased the proliferation of FTE cells compared to FTE grown alone (Fig. 3A). When co-cultured under non-adherent conditions, however, only hrMSCs significantly increased the growth of FTE spheroids while nMSCs did not (Fig 3B). CA-MSCs also enrich the stem-like population of tumor cells *in vitro*(13). We therefore tested the ability of hrMSCs to impact the stemness of FTE cells. FTE cells that were co-cultured with hrMSCs demonstrated significantly increased ALDH activity, a marker of 'stemness', compared to FTE cells cultured alone or in co-culture with nMSCs (Fig. 3C). These data indicate that hrMSCs also support the growth and potential stemness in non-transformed epithelial cells.

DNA damage, DNA double strand breaks (DSBs), and DNA repair defects are well known hallmarks of HGSOC, therefore, we next assessed the impact of hrMSCs on FTE DNA damage and recovery (Fig. 3D-G). We assayed FTE cells for generalized DNA damage with γH2AX, and DSBs by 53BP1 foci. Like hrMSCs (Supp. Fig. 3A-C), co-cultured FTE cells exhibited robust DNA damage and DNA DSBs (Fig. 3D-F). Importantly, we validated this finding in primary patient samples *in situ*. We applied our hrMSC Vectra multi-spectral imaging panel and incorporated staining for 53BP1 foci in normal *BRCA1/2*^{wt} and *BRCA1*^{mut} fallopian tubes (without STIC; representative phenotype masked and multiplexed images are shown in Supp. Fig. 3D/E). We observed that in areas with high prevalence of hrMSCs, the associated FTE demonstrated a higher relative abundance of 53BP1 foci compared to FTE in nMSC enriched regions (Fig. 3H).

The high burden of DNA DSBs in FTE cells exposed to hrMSCs led us to question if hrMSCs confer a survival and/or recovery advantage to FTE cells following DNA damage. To test this, we treated FTE with a DNA damaging agent (50 μM hydrogen peroxide). This dose is the minimum effective dose used to elicit cell death in the FTE cells. Following treatment, we neutralized the peroxide and supplemented FTE with conditioned media from nMSCs or hrMSCs every other day for 6 days and viable FTE cells were quantified over time. Indeed, hrMSC conditioned media promotes increased cell recovery following peroxide treatment relative to nMSC controls (Fig. 3G). Thus, in addition to promoting FTE cell growth and stemness, hrMSCs also induce DNA DSBs and at the same time support FTE survival under stress, suggesting the ability to recover following DNA damage.

hrMSCs induce full malignant transformation. Given the striking impact of hrMSCs on FTE DNA damage, recovery, and proliferation, we next tested the impact of hrMSCs on FTE malignant transformation. We first created organoids from primary patient-derived, benign FTE cells with (i) *TP53*-null mutation (*p53*^{null} FTE*)* or (ii) germline heterozygous *BRCA1*^{mut} FTE or *BRCA2*^{mut} FTE with hrMSCs or nMSC in a 1:1 FTE:MSC ratio. FTE-alone or MSC-alone organoids were also created as controls. Organoids developed within 7 days and were maintained in culture for 4-10 weeks. Representative *p53*^{null} FTE + nMSC or hrMSC organoids are shown in Supp. Fig. 4A. Organoids were then dissociated to ensure efficient injection and prevent mechanical shearing. Single cell suspensions were normalized based on epithelial cell number—1x10^5 FTE per injection and injected into the mammary fat of NSG mice. Organoids containing *p53*^{null} FTE or *BRCA1*^{mut} FTE alone failed to initiate tumors. Organoids with hrMSCs alone or nMSCs alone also did not initiate tumors. Similarly, organoids containing *p53*^{null} FTE or *BRCA1*^{mut} FTE grown with nMSCs did not initiate tumors over 12 months. In total, *p53*^{null} FTE + hrMSC organoids (5 of 14) and *BRCA1*^{mut} FTE + hrMSCs (2 of 10) initiated tumors within 4 months (Fig. 4A-C). Three of the five *p53*^{null} + hrMSC organoids which initiated tumors also developed metastatic disease to the lung and liver. Representative images of a primary and metastatic tumor are shown (Fig. 4B). Wild type FTE (WT FTE: FTE without TP53, BRCA or any other known mutation) organoids were difficult to sustain thus only 2 mice per group were injected with WT FTE/MSCs after 4 weeks of organoid growth. Interesting, 1 of 2 WT FTE/hrMSC organoids initiated tumors while none of the WT FTE/nMSC organoids initiated tumors (Fig. 4A).

We next assessed functional changes in transformed FTE which initiated tumors. P53^{null} FTE were isolated from primary tumors and lung lesions 6 months post-injection of *p53*^{null} FTE/hrMSC organoids. Human cells were enriched from the xenografts, using mouse cell depletion kits. Residual human MSCs or differentiated human stroma were removed with FACs sorting on the EPCAM+, CD73/90/105- cell population. The isolated transformed *p53*^{null} FTE were propagated *ex vivo* and plated for proliferation and chemoresistance assays. Compared to the original, primary *p53*^{null} FTE, the transformed *p53*^{null} FTE demonstrated a significantly higher proliferation rate and increased resistance to cisplatin treatment (Fig. 4D/E). Additionally, the transformed *p53*^{null} FTE demonstrated immortalization without replicative senescence. Compared to the parent *p53*^{null} FTE line, in which cells underwent senescence after 8-12 passages, the transformed *p53*^{null} FTE have been passaged over 80 times with a doubling time of ~24hrs. To further confirm full malignant transformation, we performed a secondary initiation experiment using an orthotopic model. The transformed *p53*^{null} FTE, after *ex vivo* propagation, were injected into the ovarian bursa of NSG mice and allowed to grow for 3 months. To quantify the time to engraftment, a subset of the transformed *p53*^{null} FTE were transduced with luciferase lentivirus to enable tracking with IVIS imaging. In this subset of tumors engraftment was seen by week 2 with evidence of metastasis by week 7 post-injection (Fig. 4F,G). All other mice bearing transformed *p53*^{null} FTE (without luciferase to prevent any confounding of results from viral transfection) were sacrificed at 3 months to assess tumor initiation and burden. All mice (12 of 12) demonstrated tumor engraftment with local invasion. 5 of 12 mice demonstrated lung and liver metastasis. Tumors were excised and validated with histopathology by our gyn pathologist (TRSoong) demonstrating high grade carcinoma morphology, epithelial origin (Supp. Fig. 4B) and loss of p53 expression (consistent with the parent FTE line harboring a p53 null mutation) (Fig. 4H). Collectively, these data demonstrate stromal-mediated FTE cell transformation.

Transformed FTE cells exhibit genomic HGSOC mutation signatures. HGSOCs bear hallmark mutation signatures and certain mutation signatures can infer potential mechanisms of DNA damage (7,18) (19) (20). Thus, to characterize the genomic alterations in the transformed FTE and shed light on the underlying DNA damage mechanism in our model, we conducted whole genome sequencing on our transformed, metastatic *p53*^{null} FTE cell lines. Compared to the non-transformed parental FTE cell line, transformed FTE cells acquired increased somatic mutations broadly (Supp. Fig. 5A/B) and in genes associated with HGSOC, namely *BRCA1* and *APC*, as well as structural variants (Fig. 5A/B). Moreover, we performed single-base signature analysis on our whole-genome sequencing data and compared this to COSMIC mutational signatures. Interestingly, we discovered that each sample exhibited single-base mutational signatures 1, 2 and 5, with signature 5 having the strongest relative frequency (Fig. 5C; SBS5 for the other two metastatic samples are shown in Supp. Fig. 5C). Double base signatures were analyzed for each sample but were inconclusive (Supp. Fig. 5D). Signature 5 has unknown etiology; however, it has been associated with DNA damage resulting from replication stress, chronic exposure to reactive oxygen species (ROS), and aging. To determine if this correlated with our above

DSP data (Fig. 1 G-K; hrMSC enrichment in STIC stroma), we conducted GSEA on STIC stroma and normal stroma. Interestingly, WT1 pathway targets and oxidative stress signatures (e.g., oxidative stress-induced damage) were upregulated in STIC stroma compared to normal stroma (Fig. 5D). This is best exemplified in Fig. 5E where we observe enrichment of genes associated with oxidative stress-induced senescence in the stroma of STIC and invasive lesions. We analyzed STIC and normal FTE signatures and observed similar signatures, specifically, enrichment in oxidative stress and DNA damage pathways further suggesting a potential link between hrMSC oxidative stress and acquisition of epithelial mutations (Fig. 5F).

Next, we sought to validate this *ex vivo* by comparing levels of oxidative stress between patient-derived MSC cell lines with the general ROS probe CellROX. Compared to nMSCs, hrMSCs exhibited increased CellROX green fluorescence via IF (Fig. 5G) and increased CellROX Deep Red (DR) fluorescence via flow cytometry (Fig. 5H; gating scheme is shown in Supp. Fig. 5E). hrMSC oxidative stress was reduced to nMSC levels with a single 24-hour treatment of the antioxidant Trolox (Fig. 5I). Importantly, FTE exhibited a significant upward shift in oxidative stress when co-cultured with hrMSCs and not nMSCs indicating that hrMSCs induce oxidative stress in adjacent FTE and is a potential source of hrMSC-mediate DNA damage (Fig. 5J).

Therefore, we next tested if neutralizing hrMSC oxidative stress would rescue DNA damage in FTE. We co-cultured hrMSCs with FTE ±10 µM Trolox, and quantified 53BP1 foci in FTE. Trolox treated co-cultured FTE exhibited significantly less 53BP1 foci than DMSO control treated cells (Fig. 5K), and thus these data suggest that hrMSC oxidative stress contributes to FTE DNA damage, albeit by an unknown mechanism. We found that WT1 overexpression also positively correlated with increased CellROX DR fluorescence in MSCs (Fig. 5L). Similarly, WT1 overexpression (OE) in nMSCs resulted in a ~2.5 fold increase in CellRox DR fluorescence compared to empty vector controls (Fig. 5M) while WT1 knock-down (KD) in hrMSCs slightly reduced oxidative stress compared to shRNA scramble control cells (Fig. 5N). Furthermore, nMSCs co-cultured with tumor cells, as seen in Fig. 2K/L, not only exhibited increased WT1 expression, but also exhibited a ~25% increase in CellRox DR fluorescence compared to nMSCs in monoculture (Fig. 5O/P). However, co-culture with *p53*^{null} FTE non-significantly increased nMSC ROS. These results were mirrored in hrMSC co-cultures. Together, these data indicate that increased WT1 expression results in increased MSC oxidative stress. Moreover, neutralizing hrMSC oxidative stress blocks hrMSC induced DNA damage in co-cultured FTE (Fig. 5Q). Further, the increased WT1 and ROS levels in hrMSCs can be driven by fully transformed HGSOC cells but not pre-malignant FTE.

hrMSCs produce elevated lipid hydroperoxides relative to matched, non-tumor-supportive nMSCs. One consequence of increased oxidative stress is lipid peroxidation. Lipid peroxides can be trafficked between cells and break down into the mutagenic compounds malondialdehyde (MDA) and 4-hydroxy-2E-nonenal (4-HNE)(21–23). We hypothesized that this may be a mechanism by which hrMSC induce DNA damage in FTE. Indeed, both 4-HNE and MDA were increased in hrMSCs relative to nMSCs, which was abrogated following Trolox treatment (Fig. 6A-J). Like CellROX, both 4-HNE and MDA positively correlated with WT1 expression (Fig. 6E/J). To determine if lipid peroxides are trafficked from hrMSCs to FTE cells, we utilized both ELISA and IF assays to detect extracellular and intracellular MDA, respectively. While MDA concentrations were near undetectable in the conditioned media of either nMSC or hrMSCs (Supp. Fig. 6A), MDA puncta are visualized by IF both on and within the cell membrane of hrMSCs (Fig. 6K). Notably, these MDA puncta are present in/on the filopodia/nanotubes originating from CTV labelled hrMSCs and connect to FTE suggesting that transfer of lipid peroxides occurred via direct interaction. To verify this, we labelled hrMSC lipids using BODIPY C12 and pretreated cells overnight with 5 µM Latrunculin B (Lat B). Lat B depolymerizes intracellular actin, thereby, causing loss of nanotubes(24,25). CellTrace DR labelled FTE were pulsed with BODIPY labelled MSCs for 4 hours, after which FTE were collected and analyzed by flow cytometry. LatB treated hrMCSs trafficked significantly less lipids to co-cultured FTE (Fig. 6L/M) thus implicating actin-based cellular bridges such as nanotubes as a source of lipid or lipid hydroperoxide transfer. Of note, treating hrMSCs with GW4869, an inhibitor of extracellular vesicle formation and release, did not alter the amount of transferred lipids (Supp. Fig. 6B-D). These data suggest a direct transfer mechanism of lipids/lipid peroxides to epithelium rather than an exosomal mediated mechanism. FTE cells co-cultured with hrMSCs exhibited significantly increased MDA and 4-HNE compared to FTEs cultured alone or with nMSCs (Fig. 6N/O). We next verified that exogenous lipid

peroxide breakdown products could induce DNA DSBs in FTE. We treated FTE with 20 μM 4-HNE for 8 hours and quantified 53BP1 foci. Indeed, 53BP1 foci were significantly increased in FTE treated with 4-HNE compared to DMSO vehicle treated FTE cells (Fig. 6P). These data indicate that hrMSCs induce DNA DSBs in FTE, in part via production and trafficking of lipid peroxide break-down products (Fig. 6Q).

Loss of AMPK, an important redox regulator, mediates development of the hrMSC phenotype. We sought to clarify the mechanism by which hrMSCs upregulate WT1 leading to increased oxidative stress and the DNA damage-inducing phenotype. We investigated pathways with potential WT1 regulatory roles altered in both our DSP and DNA methylation array data. DSP data demonstrated multiple pathways associated with oxidative stress and AMPK regulation. Further, methylation analysis demonstrated increased methylation in the promoter region of AMPK subunits (PRKAG1 shown for reference Fig. 7A; DEGs identified by DSP related to AMPK are included in Supp. Table 2 and Supp. Fig.7A). Given this and a strong body of literature supporting oxidative stress in the setting of reduced AMP-associated protein kinase alpha 1 (AMPKα1) activation, loss of feedback inhibition, as well as reduced AMPK being a well-characterized hallmark of aging(26,27), we assessed alterations in AMPK at the mRNA level between nMSCs and hrMSCs. WT1 ddCq values were used to classify nMSCs or hrMSCs. We characterized expression of AMPK subunits by qRT-PCR and found that hrMSCs compared to nMSCs exhibit a decrease in AMPK subunit and regulatory kinase (*Camkk2* and *Stk11*) expression consistent with functional down regulation in the setting of promoter methylation (Fig. 7B). To date, a direct link between WT1 and AMPK expression has not been demonstrated. AMPK limits phosphorylation of JNK at T182/183(28). Also, JNK phosphorylation of c-JUN at S63/73 results in c-JUN binding at the WT1 promoter and a subsequent increase in WT1 transcription(29). Given that hrMSCs overexpress WT1 and exhibit reduced AMPK mRNA, we hypothesized that AMPK loss, likely through epigenetic silencing, facilitates WT1 upregulation by derepressing JNK/c-JUN signaling (Fig. 7C; ratio of phospho:total protein as well as WT1 ddCq values are shown in Supp. Fig. 7B-F). When we compared AMPKα1 and phospho-AMPKα1 (T172; pAMPKα1; active form) protein expression between nMSC and hrMSC patient cell lines, we observed a significant reduction in the amount of both total and phosphorylated AMPKα1 in hrMSCs (Fig. 7D). There was no difference in the ratio of pAMPK to AMPK (Supp. Fig. 7B/C) further suggesting that AMPK is downregulated at the transcriptional level in hrMSCs. Next, we characterized both total and phospho-JNK/c-JUN in nMSCs and hrMSCs. As expected, hrMSCs have increased phospho-JNK/c-JUN and total c-JUN (Fig.7E/F; ratios are shown in Supp. Fig. 7D/E). Importantly, both p-JNK (r^2=0.3854, p=0.1005) and p-c-JUN (r^2=0.5669, p=0.0311) expression positively correlates with WT1 expression by linear regression at an individual patient/sample level (Fig. 7G/H). As proof of concepts for age-related AMPK loss and JNK/c-JUN regulation of WT1 in hrMSCs, we assessed AMPK protein levels chronologically across MSC passage. We demonstrated AMPK loss with increased passage only in nMSCs (Fig. 7I). Additionally, hrMSC AMPKα1 levels started lower than nMSCs at the same passage and remained lower than levels in nMSCs at earlier passages. No clear differences were observed in phosphor-AMPK (Supp. Fig. 7G). Moreover, inhibiting JNK phosphorylation with the small molecular inhibitor SP600125 resulted in loss of c-JUN phosphorylation at S63 with subsequent loss of WT1 expression (Fig. 7J). There was a dose dependent effect of SP600125 on decreases in p-JNK at T182/183 and p-c-JUN and WT1 further validating the mechanistic link between JNK/c-JUN/WT1 in MSCs (Fig. 7J).

Restoration of AMPK in hrMSCs ameliorates hrMSC oxidative stress and subsequent FTE DNA damage burden after co-culture. To test whether AMPK loss was responsible for the hrMSC phenotype, we both pharmacologically (Fig. 7K-L; Supp. Fig. 7H-L) and genetically (Supp. Fig. 7M-U) restored AMPK expression. When we restored AMPKα1 and pAMPKα1 expression pharmacologically using BC1618 (Fig. 7K/L), a small molecule inhibitor of pAMPKα1 ubiquitination and subsequent degradation, we observed dose dependent decreases in total hrMSC MDA (Fig. 7M) and 4-HNE (Supp. Fig. 7H) via flow cytometry. These trends held true for AMPKα1 overexpressing hrMSCs (created via lenti-viral transduction) (Supp. Fig. 7Q-S). Importantly, treating hrMSCs with either a single dose of 20 μM BC1618 or 40 μM SP600125 resulted in equivalent reduction of p-JNK and p-c-JUN (Fig. 7N/O, respectively). BC1618 treatment resulted in partial reduction of WT1 while treatment with SP600125 resulted in complete loss of WT1 (Fig. 7P). Again, these results were mimicked in AMPK OE hrMSCs (Supp. Fig. 7P) with the greatest reduction seen in WT1 isoform A. Together, these data suggest that AMPKα1 restoration limits WT1 expression and subsequent hrMSC lipid peroxidation

production. Thus, we hypothesized AMPKα1 restoration and subsequent loss of WT1 expression ameliorates DNA damage in FTE. Indeed, after co-culturing FTE cells with AMPKα1 OE hrMSCs, we observed a significant reduction in γH2AX (Supp. Fig. 7T) and a 2-fold reduction in the population of FTE cells with abundant 53BP1 foci (>9 foci per nucleus; Fig. 7Q). Collectively, these data demonstrate that AMPKα1 loss derepresses the JNK/c-JUN axis resulting in increased WT1 in MSCs and increased oxidative stress, lipid peroxidation, and DNA damage in FTE (Fig. 7R).

Discussion: It is now recognized that the majority of HGSOC is derived from the FTE; therefore, the majority of studies have focused exclusively on FTE intrinsic selective pressures for oncogenesis (7,8,28–30). Further, pathologic mutations in either *BRCA1* or *BRCA2* convey a 30- to 40-fold increased risk of developing HGSOC; therefore, most studies focus on patients with germline mutations in these genes. However, most HGSOC occurs in women without germline *BRCA1*/2 mutations, highlighting a critical need to elucidate a mechanism of ovarian cancer initiation that considers other, more broadly applicable factors(31).

Our work indicates a critical role for the fallopian tube stroma in ovarian cancer initiation. Using a combination of multispectral immunofluorescence, digital spatial transcriptomic profiling, DNA methylation analysis, and flow cytometry, we identified and isolated a subset of MSCs that exist within the fallopian tube stroma of women without cancer which phenocopy fully cancer-educated CA-MSCs. CA-MSCs are characterized by their tumor-supportive functions; however, given that these MSCs were identified in women without cancer, we termed these cells high-risk MSCs or hrMSCs. We demonstrated that hrMSCs exist within the fallopian tube stroma of women without HGSOC. hrMSCs were most abundant surrounding STIC lesions which are considered the precursor lesion to HGSOC. Additionally, the presence of hrMSCs extended well beyond the boundaries of the STIC lesion, creating a possible field effect surrounding and contributing to the development of STIC lesions and, ultimately, HGSOC. Spatial transcriptomic data further supported the concept of a stromal field effect with the STIC stromal signature, which is strongly enriched in the stroma of invasive HGSOC, also enriched well beyond the borders of the STIC lesion even extending into regions over 2cm away from the STIC. WT1 signatures also demonstrated enrichment in a location dependent manner supporting the role of hrMSCs in the development of a stromal field effect during HGSOC initiation. hrMSCs were also found in women without any identifiable pathology in their fallopian tubes and were enriched in patients with greater age and patients with germline *BRCA1*/2^{mut}; however, they were not exclusive to those subgroups. We also demonstrated that hrMSCs functionally mirror CA-MSCs in their ability to support tumor cell growth. Moreover, hrMSCs directly influenced benign FTE cells. hrMSCs increased DNA damage and DSB burden in FTE cells. This association was validated *in vivo*, with co-localization of FTE with 53BP1 foci (a marker of DNA DSBs) with hrMSCs within the underlying stroma. DNA DSBs are considered hallmarks of HGSOC, often directly contributing to the allelic copy number variations typical of invasive disease. Given the toxicity of DNA DSBs in human cells, we expected total loss of epithelium after prolonged co-culture or upon additional cell stress. Therefore, it was striking to discover that not only do FTE cells proliferate more when in co-culture with hrMSCs, but FTE recover significantly better, after additional oxidant stress, when exposed to hrMSC conditioned media. These data indicate that hrMSCs provide two vital stimuli for ovarian cancer initiation: induction of DNA damage and promotion of epithelial survival. Additionally, hrMSCs may support the stem-like capacity of FTE by enriching cells with high ALDH expression and with the capacity to grow in spheres. As many hypothesize that cancer initiation depends on malignant transformation of the normal stem cell population, the impact of stromal-mediated DNA damage induction and survival may be even more potent when occurring in the FTE stem cell population(32).

Most importantly, hrMSCs triggered full malignant transformation of primary FTE cells *in vivo*. We validated malignant transformation by WGS, which demonstrated classic hallmarks of HGSOC. To date, the transformed epithelium has been passaged >80 times in comparison to primary epithelial lines that senesce within days or weeks of *ex vivo* culture, demonstrating permanent retention of malignant features resulting from hrMSC influence. Other sources of FTE DNA damage have been described; however, none have recapitulated *in vivo* transformation(33–35). These additional stressors may encourage the pro-tumorigenic function of hrMSCs; therefore, future investigation into hrMSC metabolism, cell-to-cell interactions, and FTE DNA damage and cellular responses are vital in determining the precise mechanism of epithelial transformation. Also, it is important to note, that these tumor initiation experiments were performed in a mammary fat pad model in an immune compromised mouse. This model was chosen to allow easy palpation and avoid cell manipulation

(such as transduction with luciferase constructs) to avoid confounding results however there are important limitations including lack of an orthotopic microenvironment and immune response. Recapitulation of these results in a fully murine model is an important next step.

Our initial investigation into the mechanism of hrMSC-mediated malignant transformation was based on the genomic analysis of the transformed FTE, which demonstrated a mutational signature associated with chronic oxidative stress (COSMIC single base signature 5). We then verified that hrMSCs have higher oxidative stress compared to normal MSCs. This high oxidative stress leads to an increased burden of 4-HNE and MDA in hrMSCs. 4-HNE and MDA belong to two separate lipid peroxide breakdown product families, each capable of inducing genotoxic stress, either in the form of replication fork stalling or DNA DSBs. Lipid peroxides have been implicated in disease progression; however, their involvement in HGSOC initiation has been neglected. We also demonstrate that hrMSCs lose expression of AMPKα1, likely through epigenetic silencing. AMPK loss results in increased JNK/c-JUN signaling which transcriptionally upregulates WT1 thus driving the hrMSC phenotype. Further, AMPK loss results in reduced responsivity toward fluctuations in cellular oxidative stress. This suggests that hrMSCs lack robust, oxidant stress feedback inhibition, which would permit hrMSCs to accumulate 4-HNE/MDA and induce DNA damage in FTE. Intriguingly, pharmacologic, and genetic restoration of AMPKα1 in hrMSCs or hrMSC treatment with Trolox, a lipid peroxide specific antioxidant, resulted in significantly lower oxidative stress, 4-HNE/MDA burden, and FTE DNA DSBs. Further work is needed to understand the mechanism driving epigenetic silencing of AMPKα1 in hrMSCs; how hrMSCs both induce DNA damage yet increase FTE survival; and other related or orthogonal mechanisms underlying hrMSC-mediated FTE transformation.

Collectively, this work identifies the stromal microenvironment as a crucial factor in HGSOC initiation. We demonstrate that benign resident MSCs take on a pro-tumorigenic phenotype prior to the initiation of cancer and that these cells actively participate in the malignant transformation of associated epithelial cells. This information is vitally important to our understanding of how HGSOC forms and in the effort to create early detection or prevention strategies for this deadly disease. To date, biomarkers associated with HGSOC have not reached the necessary sensitivity and specificity to be useful for early detection of ovarian cancer. Understanding the role of the fallopian tube stroma in HGSOC initiation may enable the discovery of stroma-based biomarkers to improve the development of methods for early detection. Similarly, stroma-based prevention strategies may also be possible to block the tumor-promoting impact of hrMSCs. This work highlights the importance of the stromal microenvironment in HGSOC initiation and provides support to investigate similar stroma-mediated functions at other sites of oncogenesis.

Methods:

nMSCs/hrMSCs: Mesenchymal stem cells (MSCs) were isolated from fallopian tubes of women with or without BRCA mutations undergoing gynecologic surgery for benign indications or risk-reducing salpingo-oophorectomies without findings of cancer or pre-cancerous lesions upon standard pathologic examination. Using previously described protocols, fresh fallopian tubes were cut into < $1mm^3$ pieces and plated in 6-well-plates(13). Following ISCT guidelines on the minimal criteria for defining multipotent mesenchymal stem cells, MSCs were selected for plastic adherence and cell surface marker expression (CD105+, CD90+, CD73+, CD45-, CD34-, CD14-, CD19-)(36). Adipocyte, osteocyte, and chondrocyte differentiation capacity was also verified. MSCs were propagated using Mammary Epithelial cell Basal Medium (MEBM) supplemented with 10% heat-inactivated FBS (fetal bovine serum), 1X B27, 20 ng/mL EGF, 1 ng/mL hydrocortisone, 5 µg/mL insulin, 100 µM β-mercaptoethanol, 10 ng/mL β-FGF, 1% Penicillin/Streptomycin, and 20 µg/mL gentamicin. MSCs were used for functional experiments for at most, 8-10 passages. For pharmacologic experiments, BC1618 (provided by the Finkel Lab; treated at a range of 0-20 µM), SP600125 (Sigma Aldrich; 25567; treated at a range of 0-80 µM), and GW4869 (Med Chem Express; HY-19363; treated at a range of 0-40 µM) were diluted in DMSO. Latrunculin B (Millipore Sigma; L5288; treated at a range of 0-5 µM) was diluted on 100% ethanol.

Fallopian tube epithelium (FTE): Using fresh normal human fallopian tube tissue, FTEs were isolated following a modified version of a previously described protocol(37). Briefly, fresh tissue was mechanically and enzymatically dissociated into a single-cell suspension, plated, and passaged on tissue culture-treated placental collagen IV (Sigma Aldrich; C7521)-coated plates. The single-cell suspension was then cultured in

Dulbecco's modification of Eagle's medium/Ham's F-12 50/50 mix (DMEM-Ham's F12) supplemented with 2% Ultroser G serum substitute and 1% penicillin/streptomycin. FTE cells were validated for expression of panCK and negative for MSC markers CD105, CD90 and CD73. Immortalized FT190 control cells were donated by Ronny Drapkin (RRID:CVCL_UH57) and were utilized in parallel where possible. For all adherent and non-adherent co-culture experiments, FTE cells were plated at a 1:1 ratio with MSCs. This ratio was chosen because FTE rapidly undergo replicative senescence in *ex vivo* culture. Higher ratios of FTE to MSCs resulted in poor FTE growth kinetics.

Digital Spatial Profiling (DSP): Nanostring's Digital Spatial Profiling GeoMx platform (RRID:SCR_021660) was used for spatial transcriptomics and conducted in the UPMC Hillman Cancer Center Cytometry Facility. N=22 fallopian tubes with STIC, N=6 fallopian tubes with invasive HGSOC, N=4 fallopian tubes without pathology. Slides were incubated with the Whole Transcriptome Atlas library (WTA) prior to collection. For collection, the GeoMx platform was utilized to select ROIs of interest on the slides. The strategy for segmenting discrete regions by morphology marker within ROIs is as follows: Epithelium: CD45-,PanCK+; Stroma: CD45-,CD20-,PanCK-. STIC regions were confirmed with p53 staining and verified by a gyn pathologist (T.R.Soong). Antibodies used for localization: anti-human CD45 -BUV395 (BD Biosciences Cat# 563792, RRID:AB_2869519), anti-human PanCK (Santa Cruz Biotechnology Cat# sc-81714, RRID:AB_2191222), anti-human CD20 -Spark NIR685 (BioLegend Cat# 302366, RRID:AB_2860775).

96-well plates were collected and sent for sequencing at the UPMC Genomics Core Facility (RRID:SCR_025357) using standard protocols. Data normalization, quality control, and analysis was conducted by the UPMC Hillman Cancer Bioinformatics Services (RRID:SCR_025356). Sequencing files were converted from FastQ to Digital Count Conversion (DCC) format using The GeoMx NGS Pipeline. The sequencing saturation was 87%±2% (mean±S.E.M.). Reads were processed to clip adaptors, merge overlapping mates, align to the Readout Tag Sequence-ID (RTS-ID) barcodes, and remove PCR duplicates by Unique Molecular Identifiers (UMI). The resulting read count matrix was passed through robust QC procedure to remove ROIs of low surface area (<3000 μm2) or low perfect aligned reads (<80%), and probes of low quality or identified as global or local outliers (fails Grubbs outlier test in ≥ 20% segments). The remaining data were upper quartile normalized and log2-transformed. Genes of low expression (<5.2, based on the distribution of negative probe expression) were removed prior to statistical comparisons. Gene set enrichment analysis (GSEA) was conducted on DEGs extracted from DSP data between STIC and normal stroma and epithelium using the BROAD Institute GSEA_4.3.3 software(38,39) (RRID:SCR_016863).

Methylation data processing: EPIC array IDATs from GSE138072 were combined with an additional 12 EPIC array samples for a dataset of 14 FT, 23 OM, and 7 OV samples (N=44 total samples). These samples were further differentiated as nMSCs (N=20), CA-MSCs (N=14), and hrMSCs with heterozygous BRCA mutations (N=10). IDATs were processed using sesame v1.8.2 with the openSesame function (RRID:SCR_002849) and default parameters (40). Array probes were excluded if they had more than 10% missing data across all samples; this resulted in exclusion of 474,808 probes.

Probe selection: The top 1,000 probes with largest average increase in methylation in CA-MSCs relative to normal MSCs, as well as the 1,000 with the largest average decrease in methylation in CA-MSCs, were selected as these probes best discriminate the normal and cancer-associated MSCs. hrMSCs were not included in this probe selection. All samples were included in the selection of the top variable probes, which were selected by ranking the standard deviation across all samples.

UMAP analysis was done using the uwot package v0.1.14 (41). The umap was done using the top discriminating probes for CA-MSC–MSC scaled with column mean of 0 and variance of 1. The umap function was run with default parameters, except the spread option was set to 2, and the effective minimum distance between embedded points was set to 0.001. Heatmaps were generated using ComplexHeatmap v2.14.0 (RRID:SCR_017270) (41)(40).

FTE proliferation assay: FTE cells were stained with CellTrace Violet (CTV - Invitrogen C34571) following the manufacturer's protocol. CTV-labeled FTE cells were cultured alone or co-cultured with nMSCs or hrMSCs in a

12-well plate at a 1:1 ratio. Cells were counted daily for four days using a hemocytometer. The percentage of CTV-labeled FTE cells in co-culture as determined by flow cytometry. Total FTE cells (CTV-labeled) = total cell number × CTV positive cell %.

Sphere formation assay: Primary FTE cells were stained with CTV, following the manufacturer's protocol. Using ultra-low-adherence 96-well plates, labelled FTEs were cultured alone ($1x10^3$ cells/well), with hrMSCs ($1x10^3$ total cells/well), or with nMSCs ($1x10^3$ total cells/well) in 300 µl MEBM media supplemented with 1X B27, 20 ng/mL EGF, 1 ng/mL hydrocortisone, 5 µg/mL insulin, 100 µM β-mercaptoethanol, 10 ng/mL β-FGF, 1% penicillin/streptomycin, and 20 µg/mL gentamicin. Spheres were counted in the entire well at 7 days from plating (> 4 cells spheroid, at least 1 FTE per sphere).

ALDH assay: Primary FTE or FT190 FTE ALDH activity with the Aldehyde Dehydrogenase-Based Cell Detection Kit (Stemcell Technologies, Vancouver, Canada). FACS gating was based on live cells (via PI) with DEAB control for each sample. Percentage of ALDH+ primary FTE cells or FT190 control cells were determined by flow cytometry after 5 days of adherent co-culture with or without nMSCs or hrMSCs. FTE was labeled with cell trace violet (CTV) to distinguish from MSCs. Primary FTE and immortalized FT190 control cells were co-cultured for 24 hours alone or with nMSCs or hrMSCs.

Cell adhesion assay: nMSCs, hrMScs, or CA-MSCs were cultured overnight in a 12-well plate to form a monolayer. $3×10^4$ HGSOC cells, including OVSAHO (RRID:CVCL_3114), OVCAR3 (RRID:CVCL_0465), or pt412 (provided by Ronald Buckanovich) were stained with CTV and then added to the cultured nMSCs, hrMScs, or CA-MSCs. After 30 minutes, cells were then washed twice with PBS, and the attached CTV-labeled HGSOC cells were counted using a fluorescence microscope. Experiments were repeated independently three times per tumor cell type. For our positive control, wells were coated with Poly-D-Lysine (PDL, Gibco, Catalog # A3890401) at a concentration of 50 µg/mL in sterile Dulbecco's Phosphate Buffered Saline (DPBS). After a 1-hour incubation with PDL, the wells were washed thrice with distilled water and allowed to air dry in a laminar flow hood. Both epithelial and tumor cells were seeded onto both untreated and PDL-coated wells. Following a 30-minute incubation at 37°C, the wells were washed twice with DPBS. Cell adhesion was visualized using a Leica LAS-X Thunder microscope and quantified by cell counting with ImageJ (RRID:SCR_003070) software.

Quantitative real-time PCR: Using RNeasy Mini Kit and on-column DNase treatment (Qiagen, 28106), RNA was isolated from MSCs. Samples were then processed for cDNA synthesis using SuperScript III First Strand Synthesis System (random hexamer; Invitrogen, 18080–051). SYBR-green based RT-qPCR (Applied Biosystems, 4472908) was performed using CFX96 Real-Time System, with GAPDH as the reference gene. Samples were run for 40 cycles.

Flow cytometric analysis: For quantification of WT1 expression, MSCs were washed with PBS, trypsonized into a single-cell suspension, and counted. MSCs were processed using the intracellular fixation and permeabilization buffer set (eBioscience; 88-8824-00). Briefly, $1x10^6$ cells were resuspended in IC fixation buffer and fixed at room temperature (RT) for 20 minutes. Cells were washed twice with IC permeabilization buffer and subsequently stained with mouse anti-human WT1 405 (R and D Systems Cat# IC57291V, RRID:AB_3656166; 1:100) for 20 minutes at RT, protected from light. MSCs were washed twice with IC permeabilization buffer, resuspended in FACS buffer, and analyzed using the CytoFLEX 4L cytometer. Ovarian cancer cell lines (e.g., OVCAR3) and primary CA-MSC cell lines were used as positive controls(13,42–46). Where possible, data was gated using a similar baseline strategy of SSC-A/FSC-A>FSC-H/FSC-A>DAPI negative to accurately analyze live cell singlets. A minimum of 5,000 events were recorded for each sample. All MSC cell lines were validated using mouse anti-human CD105 FITC (BD Biosciences Cat# 561443, RRID:AB_10714629), mouse anti-human CD90 PE (BD Biosciences Cat# 555596, RRID:AB_395970), mouse anti-human CD73 APC (BD Biosciences Cat# 560847, RRID:AB_10612019).

For quantification of the CellROX (Life Technologies; C10448) oxidation probe, minor adjustments were made to the manufacturer's protocol. Briefly, MSCs were treated with complete media +/- 50-100 µM hydrogen peroxide and 1-10µM Trolox for 30 minutes. Afterwards, MSCs were rinsed with complete media and stained with 5 µM of the CellROX Deep Red (DR) probe for 30 minutes at 37ºC for 30 minutes. MSCs were rinsed

three times with PBS and processed using the IC Flow kit as described above. MSCs were run on the cytometer within the suggested 2-hour interval. To correlate WT1 expression with CellROX DR, MSCs were stained with WT1 conjugates for 20 minutes after permeabilization.

For quantification of 4-hydroxynonenal (4-HNE), we relied on commercially available 4-HNE antibody conjugates. Briefly, MSC controls were pretreated with either 50-100 μM hydrogen peroxide or 5-10 μM Trolox for 30 minutes. Afterwards, MSCs and their controls were rinsed with complete media and processed using the IC flow kit. After permeabilization, MSCs were stained with mouse anti-4-HNE (Thermo Fisher Scientific Cat# MA5-45792, RRID:AB_2932246; 1:100) or with mouse anti-MDA (Thermo Fisher Scientific Cat# MA5-45801, RRID:AB_2932255; 1:100) conjugated antibodies for 20 minutes at RT. Cells were rinsed with 1X PBS three times and analyzed using the CytoFLEX 4L cytometer.

Vectra multispectral imaging and analysis: For the multispectral immunofluorescence experiments, Akoya Bioscience's Vectra MOTIF imaging pipeline and reagents were used (RRID:SCR_025828). Auto staining of the panels was carried out on a Leica Bond Rx stainer, and the resulting stained slides were scanned using a Vectra Polaris imager. Subsequently, digital image files in QPTIFF format were downloaded and unmixed using Akoya Biosciences InForm software. Qupath software was utilized to identify Regions of Interest (ROIs) for phenotype analysis.

To quantify nMSC and hrMSC populations from our samples, we used QuPath v0.3.2 image analysis software (RRID:SCR_018257). MOTIF QPTiffs were loaded into QuPath. Cell segmentation was performed based on nuclei (DAPI). We created a cell classifier, detecting cells that were positive or negative for the antibodies of interest (CD90, CD45, CD73, CD105, WT1, PanCK). Anti-human antibodies used included: WT1 (Santa Cruz Biotechnology Cat# sc-393498, RRID:AB_2905496), CD73 (Abcam Cat# ab133582, RRID:AB_3674653), CD105 (Abcam ab114052, RRID:AB_10900113), CD45 (Atlas Antibodies Cat# AMAb90519, RRID:AB_2665572), CD90 (Novus Cat# NBP1-43379G, RRID:AB_3209185), PanCK (Santa Cruz Biotechnology Cat# sc-81714, RRID:AB_2191222).

The classifier was used to generate a phenotype algorithm applied to our cohort. We established that nMSCs had to be negative for CD45 and PanCK and positive for three MSC markers (CD90, 73, 105) and negative for WT1, while CA-MSCs were negative for CD45 and PanCK, positive for the same three MSC markers (CD90, 73, 105) and positive for WT1. We quantified the nMSCs and hrMSCs, normalized to the area of the analyzed ROI.

DNA damage assay: NMSCs and hrMSCs were passaged until they were 40-60% confluent. For conditioned media experiments, MSC medium was replaced with complete MSC medium 24 hours prior to FTE treatment. At this time, primary FTE or FT190 control cells were seeded in chamber slides. FTE cells were allowed to adhere overnight. After 24 hours, MSC-conditioned medium was spun down at 4°C, 1,500 rpm, for 5 minutes to remove cells and cellular debris. FTE media was then replaced with the processed conditioned media. FTE cells were incubated in conditioned medium for up to 4 hours, then assayed for γH2AX (Millipore Cat# 05-636, RRID:AB_309864; 1:200) fluorescence intensity and 53BP1 (Abcam Cat# ab175933, RRID:AB_2890610; 1:200) foci by immunofluorescence. For co-culture experiments, 40-60% confluent MSC cultures were dissociated and seeded with FTE or FT190 control cells at a 1:1 ratio and allowed to adhere overnight. 24 hours after co-culture, cells were assayed for γH2AX intensity and 53BP1 foci by immunofluorescence.

FTE recovery assays: Patient-derived primary FTE cells or FT190 control cells were plated in 96-well plates. 24 hours later, cells were treated with 50 mM H_2O_2 for 10 minutes at RT. Cells were rinsed with PBS and supplemented with processed conditioned medium. Where possible, nMSCs and hrMSCs from the same patient were matched to limit confounding. Every 2 days, FTE medium was replaced with fresh, processed conditioned medium. Room-temperature MTS reagent (Celltiter96 AQ_{ueous} One Solution; Promega; G3582) was added to each well, using a multichannel pipette per the manufacturers recommendations. Cells were incubated with the MTS reagent at 37ºC for 4 hours. Absorbance was read on a plate reader at 490 nm.

Immunofluorescence/immunohistochemistry staining: Cells were seeded in chamber slides and harvested at 24 hours. For γH2AX staining, cells were pre-extracted for 1 minute with pre-extraction buffer (0.6M EGTA, 0.5M PIPES, 0.5M $MgSO_4$, 3.0M KCl, 1% Triton-X), then fixed for 20 minutes with ice cold 4% PFA in PBS. Pre-extraction was omitted for 53BP1 foci and MDA/4-HNE experiments. Cells were washed twice with PBS

and permeabilized with 0.5% Triton-X in PBS for 10 minutes at RT. MDA/4HNE experiments were permeabilized with 0.1% Triton-X in PBS. Cells were washed twice with PBS, then blocked for 1 hour at RT with 100% SuperBlock (Thermo Scientific; 37535). Primary antibodies for DNA damage assays were diluted in PBS with 10% SuperBlock at the following dilutions: anti-human γH2AX Ser139 (Millipore Cat# 05-636, RRID:AB_309864; 1:200), goat anti-mouse IgG AF546 (Thermo Fisher Scientific Cat# A-11030, RRID:AB_2737024; 1:2000), anti-human 53BP1 (Abcam Cat# ab175933, RRID:AB_2890610; 1:200), goat anti-rabbit IgG AF488 (Abcam Cat# ab150077, RRID:AB_2630356; 1:4000) or donkey anti-rabbit AF647 (Abcam Cat# ab150063, RRID:AB_2687541; 1:4000). Cells were stained for 1 hour at RT then washed six times with PBS. Secondary antibodies were diluted as above and incubated on cells for 1 hour at RT. Cells were washed six times with PBS, mounted with Prolong Diamond Antifade Mountant with DAPI (Invitrogen; P36962) and allowed to dry overnight, protected from light.

For experiments utilizing the CellROX Green stain, cells were initially stained with live-cell F-actin (Spirochrome; SC001) for 1 hour at 37ºC. Cells were washed three times with PBS and stained with 5 µM CellROX Green in PBS for 30 minutes. Cells were processed per manufacturer's recommendations. Briefly, cells were fixed in IC fixation buffer and mounted using Prolong Diamond Antifade Mountant with DAPI. MSC controls were pretreated with either 50-100 µM hydrogen peroxide or 5-10 µM Trolox for 1 houra. Cells were rinsed three times with PBS and subsequently fixed with 4% PFA for 20 minutes at RT. Afterwards, MSCs and their controls were stained with F-actin, rinsed three times with PBS, and mounted with Prolong Diamond Antifade Mountant with DAPI. Slides were imaged on a Leica Thunder DMi8 fluorescent microscope within 24 hours of staining.

Image Quantification: All slides were imaged on a Leica Thunder DMi8 fluorescent microscope. All images were deconvolved prior to quantification in ImageJ (RRID:SCR_003070). For image quantification, three or four random fields containing 150-200 individual cells were taken, using the 20X objective for each condition. Fluorescence intensity (integrated density) for nuclear γH2AX foci, cytoplasmic 4-HNE and cytoplasmic MDA were quantified using ImageJ. 53BP1 foci per nuclei were also quantified using ImageJ.

Lentiviral transduction: Lentiviral particles encoding *PRKAA1*-mGFP (RC218572L2V), empty vector mGFP control constructs (PS100071V/PS100093V), WT1-A-mGFP (RC220079L4V), WT1 shRNA mGFP (TL300442V) and scrambled shRNA (TR30021V) were purchased from OriGene. Briefly, 2.5-3x10^4 hrMSCs were transduced with a multiplicity of infection (MOI) of 10-50 viral particles per cell. Empty vector or scramble shRNA viral particles at an MOI of 10-50 were used as negative controls. Virus medium was removed 24 hours after transduction, and cells were allowed to recover until they were 70% confluent (1-2 days). Cells were passaged and sorted when applicable on mGFP using a Sony MA900 multi-application cell sorter. GFP+ cells were validated for AMPKα1 overexpression by western blot and allowed to rest at least 24 hours prior to experimental set up. Validation of WT1 overexpression or knockdown was completed using intracellular flow cytometry.

Western blotting: Western blot was used to quantify the amount of total and phosphorylated (T172) AMPKα1. MSCs were rinsed with 1X PBS and centrifuged at 1,500 rpm for 5 minutes at 4ºC. Pellets were lysed with RIPA (Thermo Scientific; 89900) containing 1X phosphatase inhibitor (Roche; 04906837001) and 1X protease inhibitor (Roche; 11697498001) for 30 minutes on ice. Lysates were centrifuged at 13,000xG for 5 minutes at 4ºC. Supernatants were collected, and protein content was determined by BCA (Thermo Scientific; 23227). 30 µM of protein per sample was linearized with 1X LDS sample buffer (Invitrogen; NP0007) and loaded into 4-12% Bis-Tris precast gels (Invitrogen; NW04125). Samples were electrophoresed for 1.5 hours at 115 V and transferred onto nitrocellulose membranes (Cytiva; 10600001) using the Thermofisher semi-wet transfer apparatus. Membranes were blocked for 1 hour at RT, using TBS Licor Buffer (927-60001) with 0.01% Tween 20, then stained using rabbit anti-human pAMPKα1 (Cell Signaling Technology Cat# 2535, RRID:AB_331250; 1:500), rabbit anti-human AMPKα1 (Cell Signaling Technology Cat# 2532, RRID:AB_330331; 1:500), rabbit anti-human WT1 (Abcam Cat# ab89901, RRID:AB_2043201; 1:1000); rabbit anti-human p-JNK T182/183 (Cell Signaling Technology Cat# 9251, RRID:AB_331659; 1:1000), rabbit anti-human JNK (Cell Signaling Technology Cat# 9252, RRID:AB_2250373; 1:1000), rabbit anti-human p-c-JUN S63 (Cell Signaling Technology Cat# 2361, RRID:AB_490908; 1:1000), rabbit anti-human c-JUN (Cell Signaling Technology Cat#

9165, RRID:AB_2130165; 1:1000), rabbit anti-human vinculin (Cell Signaling Technology Cat# 4650, RRID:AB_10559207; 1:1000), rabbit anti-human GAPDH (Cell Signaling Technology Cat# 2118, RRID:AB_561053; 1:5000); and rabbit anti-human β-actin (Abcam Cat# ab8227, RRID:AB_2305186; 1:2000) overnight, rocking, at 4ºC. Membranes were washed three times with 0.01% TBS-T and stained with goat anti-rabbit IR Dye 800CW (LI-COR Biosciences Cat# 926-32211, RRID:AB_621843; 1:10,000) or donkey anti-mouse IR Dye 680RD (LI-COR Biosciences Cat# 926-68072, RRID:AB_10953628; 1:10,000) for 1 hour at RT. Membranes were washed three times with 0.01% TBS-T and imaged using an Odyssey CLx fluorescence imaging system. Band densitometry was determined in ImageJ.

Mouse model tumor initiation: Experimental procedures were performed in accordance with the protocol approved by the Institutional Animal Care and Use Committee at the University of Pittsburgh. 6- to 8-week-old female NSG (NOD scid gamma; RRID:IMSR_JAX:005557) mice were used to assess tumor initiation capacity. Long-term organoids were grown using FTE containing: *p53*^{null} mutation FTE, pathologic *BRCA1* mutation FTE, or FTE from patients that were not genotyped. The latter group of patients failed to meet mutation screening criteria (e.g., family history of BRCA1/2 mutation or associated cancers) and are thus considered to be clinically wildtype. Organoids were originally generated with FTE cells alone or in co-culture with hrMSCs or nMSCs and were allowed to grow for either 4-10 weeks prior to injection. Organoids were dissociated and counted using a hemocytometer and trypan blue to get an estimate of cells per organoid. Each mouse was injected with organoids containing approximately 600-3,000 cells depending on the number of cells obtained at the time of injection. Cells were injected into the inguinal mammary fat pad of NSG mice to allow to us to palpate tumors. Mice were monitored by palpating the injection site for tumor initiation on a weekly basis and validated by tumor resection, H&E and pan-cytokeratin IHC. For secondary initiation studies, the primary *p53*^{null} tumors and two metastases were grown ex vivo. Mouse cells were depleted (see Mouse cell depletion) and $0.5x10^6$ transformed FTE cells were injected into the ovarian bursa of 6- to 8-week-old female NSG mice(47). IVIS imaging was conducted per our previously published protocol(47). Tumor growth was monitored for 7 weeks at which time tumors were dissected out and sent for histology.

Mouse cell depletion: Mouse cells were depleted from the xenograft tumor to enrich for human cells using Mouse Cell Depletion Kit (Miltenyi Biotec, 130-104-694) as previously described(48). Briefly, tumor tissues were mechanically and enzymatically dissociated into single-cell suspension. After determining the number of isolated cells, cells were resuspended in 80 µl of buffer (1x PBS with 0.5% BSA) per 2 x 10^6 tumor cells and 20 µl of the magnetic labeling reagent for mouse cells. Cells were then incubated at 4°C for 15 minutes. After incubation, sample volume was adjusted to 500 µl, using buffer, and run through LS columns for magnetic separation. Flow-through containing purified human cells was collected, and cells were then cultured and propagated using DMEM medium supplemented with 10% FBS and penicillin/streptomycin (penicillin: 100 units/mL, streptomycin: 0.1 mg/mL).

DNA isolation: The isolated post-initiation and matched pre-initiation FTE were processed for DNA isolation using Qiagen DNeasy Blood and tissue kit (cat # 69504), following the manufacture's protocol.

Whole-genome sequencing: Sequence libraries were generated from isolated post-initiation and matched pre-initiation FTE using the Illumina WGS DNA Prep workflow (Illumina) and subsequently sequenced on the Illumina NovaSeq6000 platform (RRID:SCR_016387) with a minimum coverage of 50x and 30x, respectively. FASTQ files were filtered for quality, using FASTQC (v.0.11.8; RRID:SCR_014583), and contaminants, using FastQScreen (v0.11.4), and trimmed of adapters, N-content, and low-quality bases (ea-utils (v1.04); RRID:SCR_005553). Quality FASTQ files containing paired-end clean reads were then mapped to the hg38 human reference genome with BWA (v0.7.17; RRID:SCR_010910), and the resulting BAM files were sorted, merged by lane, and duplicate reads marked using Sambamba (v0.6.7; RRID:SCR_024328) and Picard (v2.18.9; RRID:SCR_006525) (49)(50). GATK BaseRecalibrator (v4.4.0.0; RRID:SCR_001876) was used to adjust bases(51).

SNP and short INDEL variant calling: GATK HaplotypeCaller (v4.4.0.0) was used on pre-initiation FTE bam files to call germline base substitutions and short INDEL variants which were quality filtered and annotated

according to the GATK Best Practices Pipeline(52). Filtered germline variant call format (VCF) files were used as the “panel of normals” for GATK Mutect2 (v4.4.0.0) somatic variant calling. Two variant callers were employed to call somatic base substitutions and short indels, using the pre-initiation FTE samples as normal: GATK Mutect2 (RRID:SCR_000559) and Strelka2 (v2.9.10; RRID:SCR_005109), both using default parameters in tumor-normal mode(53). Variant calls were normalized and decomposed using vt(v0.58), merged using GATK CombineVariants, and left trimmed using vt(54). Variants that passed both callers, had at least five supporting reads, and bidirectional read support were deemed variants of high confidence; these variants were functionally annotated using GATK Funcotator (v4.4.0.0) and matched with reported ClinVar variations(55).All variants of interest were manually interrogated using the Integrative Genomics Viewer(56).

Structural variant and CNV detection: Structural variants (SVs) were called with Parliament2 (v0.1.11; RRID:SCR_019187), utilizing the overlap of the callers lumpy (v0.2.13; RRID:SCR_003253), CNVnator (v0.3.3; RRID:SCR_010821), and Breakdancer (v1.4.3; RRID:SCR_001799), genotyped with SVTyper (v0.7.0), and merged by SURVIVOR (v1.0.3; RRID:SCR_022995), using default parameters.

Mutational signature analysis: Mutational signature analysis was run on high-confidence variants, using the R package MutationalPatterns (v3.12.0, RRID:SCR_024247)(57). Variants were converted to categories of mutational spectra for single-base substitution (SBS) and double-base substitution (DBS). SBS and DBS catalogs were obtained from the COSMIC Mutational Signatures database (v99; RRID:SCR_002260) and compared to sample mutational signatures by calculating the cosign similarity between corresponding count matrices(58).

Lipid transfer assays: MSCs and FT190 cells were grown to 70% confluence in a T75 and 100% confluence in a single well of a 6-well plate, respectively. MSCs were treated with either Latrunculin B or GW4869 overnight. The following day, MSCs were labelled with 2 µM BODIPY FL C-12 (Thermofisher; D3822) per manufacturer recommendations. For extracellular vesicle experiments, MSCs were allowed to rest for 1 hour at which time the conditioned media was centrifuged to remove debris, and media containing EVs was added to celltrace labelled FTE cells. FTE cells rested for 4 hours in EV media. For direct contact experiments, MSCs were trypsinized and added to CellTrace labelled FTE cells and were allowed to rest for 4 hours. Fresh drug was added when inoculating FTE cells. Flow cytometry was used to measure the amount of Celltrace/BODIPY C12+ FTE in both drug and vehicle treated groups. Drug efficacy was assessed for Latrunculin B by IF using an F-actin stain while GW4869 efficacy was determined by ultracentrifugation followed by western blot and probing for mouse anti-CD63 (Abcam Cat# ab271286, RRID:AB_3675317; 1:1000).

Experimental setup: For all *in vitro* experiments, a minimum of n=3 individual repeats were conducted, and where applicable, mono-culture controls were used for co-culture experiments (i.e., 4-HNE quantification via flow cytometry). For DSP and DNA methylation analysis, data collection and analysis were completed once with varying patient numbers per group as indicated in respective Methods, Figure Legends and Results.

Data availability: The data generated in this study are available within the article and its supplementary data files. Whole genome sequencing data are publicly available at Mendeley Data, V1, Frisbie, Leonard (2025), “Whole-Genome Sequencing of Initiated Tumors Arising from Pre-malignant Epithelium Coinjected with Mesenchymal Stem Cells in an Intrabursal Murine Model”, Mendeley Data, V1, doi: 10.17632/tnx9krc8xz.1. The DNA methylation EPIC array is available at NCBI without restriction (GSE138072). The digital spatial profile transcriptomic profile is publicly available at NCBI GEO repository (GSE290451).

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Figure legends:

Figure 1 HrMSCS are enriched in the stroma underlying and adjacent to fallopian tube STIC lesions. A) Representative H&E-stained tissue sections of normal fallopian tubes and fallopian tubes harboring STIC lesions. Histology is paired with multispectral immunofluorescence images of each respective group shown. Black and white images denote cells with the phenotypes of interest. Red x's indicate hrMSCs (WT1+/CD73+/CD90+/CD105+/CD45-), while yellow x's indicate nMSCs (WT1-/CD73+/CD90+/CD105+/CD45-). B) Schematic showing the criteria for the Vectra spatial quantification. C) hrMSC abundance normalized to the area of ROI. D) hrMSC to nMSC ratios. E) hrMSC abundance (normalized to the area of ROI) in the expanded normal FT patient cohorts consisting of Wildtype (WT; N=10 young, N=9 aged), BRCA1 mutant (N=9), or BRCA2 mutant (N=6) fallopian tubes lacking STIC/HGSOC. F) Ratio of hrMSC/nMSC in normal FTs. P-values were determined by ordinary one-way ANOVA with Tukey's multiple comparisons analysis. Data points for C-F are reflective of individual ROIs. Statistics were determined on field ROIs for C and D. Statistics were determined with patient averages for E and F. G) Heatmap with unsupervised clustering of STIC stroma vs normal stroma. H) Enrichment score of differentially expressed genes (DEG) between STIC stroma vs normal stroma (left panel: all, right panel: top 30 genes) applied to stromal location (from normal to STIC distal (dist) to STIC adjacent which contains both STIC contiguous and adjacent regions (STIC adj) to directly underlying STIC to invasive stroma). I) Volcano plot of significantly differentially expressed genes in STIC stroma vs normal stroma. J) Enrichment score of WT1 targets in stroma applied to stromal locations as in I. K) Correlation of stromal WT1 enrichment score with epithelial WT1 enrichment score.

Figure 2 hrMSCs exhibit the epigenetic and phenotypic profile of CA-MSCs. A) DNA methylation array represented as a heat map. MSCs were taken from benign patient tissues (nMSCs; black circles; N=20), BRCA1/2^{mut} carrier patients without cancer (red circles; N=10), and patients with confirmed invasive HGSOC (CA-MSC; purple circles; N=14). B) UMAP on MSCs derived from patients in 2A. C) Relative fluorescence intensity (RFI) of WT1 405 was determined by flow cytometry for Wildtype (N=5), BRCA1^{mut} (N=3), and BRCA2^{mut} (N=13) MSC cell lines. WT1 405 RFI was plotted against patient age. Linear regression of WT1 405 MFI versus patient age (gray line); R^2=0.3745. D) MSCs were categorized into age groups. E) MSCs were classified into nMSCs or hrMSCs based on WT1 405 RFI with a minimum cut off of 2 RFI for hrMSCs. This categorization was independent of BRCA status and age. F/G) Representative histograms and violin plots of nMSC and hrMSC WT1 expression. Ovarian tumor cells (TC) were grown independently or in co-culture with nMSCs, hrMSCs, or CA-MSCs H) under adherent, I) or non-adherent conditions. Individual cells and spheroids were counted and graphed (n=3). J) Tumor cell adherence to nMSCs, hrMSCs, and CA-MSCs is shown (n=3). For Fig. 2D-J, p-values were determined by ordinary one-way ANOVA with Tukey's multiple comparison analysis. K/L) WT1 MFI determined by flow cytometry following co-culture of nMSCs or hrMSCs in monoculture, or co-culture with FTE or ovarian cancer cells. M) WT1 knockdown (KD) hrMSCs scramble shRNA control cells were generated by lentiviral transduction and were validated by flow cytometry. N-P) Tumor cells were co-cultured with WT1 shRNA KD or scramble shRNA hrMSCs under N) adherent and O) non-adherent conditions. P) Chemoresistance assay on aforementioned co-cultures. Q-T) Similarly, WT1 overexpressing (OE) or empty vector (EV) nMSCs were generated using lentiviral transduction. Tumor cells were co-cultured with transduced lines and tumor cell proliferation, sphere formation, and chemoresistance was assessed.

Figure 3 hrMSCs increase FTE proliferation, stemness, induce DNA damage in FTE, and enhance recovery of FTE following oxidative stress. A) Primary FTE were grown in co-culture with matched nMSCs, hrMSCs, or alone for up to 4 days. Each day the total number of viable cells were determined (n=3). B) Primary FTE were grown under non-adherent conditions with or without nMSCs and hrMSCs. Spheroids were grown for 7 days and manually counted (n=3). C) Percentage of ALDH+ primary FTE cells or FT190 control

cells were determined by flow cytometry after 5 days of adherent co-culture with or without nMSCs or hrMSCs. Percent of total cells that are ALDH+ are shown as well as representative flow plots (n=3). Primary FTE and immortalized FT190 control cells were co-cultured for 24 hours alone or with nMSCs or hrMSCs. D) Representative IF images of FTE cell E) □H2AX fluorescence intensity and F) 53BP1 foci per nucleus by fluorescent microscopy (n>3). Individual data points reflect individual nuclei. G) Primary FTE and FT190 control cells were treated with 50μM hydrogen peroxide for 10 mins in FBS-free media and supplemented with either nMSC conditioned media (CM) or hrMSC CM. G) Cell viability was determined by MTS assay (n>3). H) Representative multispectral images of FTE with DNA DSBs (53BP1 foci) overlying either nMSC dense or hrMSCs dense stroma in WT or BRCA1^{mut} fallopian tubes. For Fig. 3A-G, p-values were determined by t-test or two-way ANOVA with Tukey's multiple comparison analysis.

Figure 4 hrMSCs induce malignant transformation of primary FTE cells. Primary FTE cells were cultured under non-adherent conditions alone, or with either nMSCs or hrMSCs. Co-cultures were grown for 4-10 weeks then injected into the fat pad of NSG mice. A) Total number of mice that developed tumors are shown. B) Macroscopic representative images of primary tumors and secondary metastases. C) Tumor volume per mouse was graphed over the course of 5 months. D) Tumors cells from the primary and metastatic tumors were excised, dissociated, and passaged up to 6 days ex vivo. In figure 4D/E, 12 wells per cell line per timepoint were analyzed and statistics were determined by two-way ANOVA with Bonferroni correction. All three transformed lines compared to the primary epithelial line had a p-value<0.0001 in both panels. E) Tumor cells were treated with 1 μg/mL cisplatin and cell growth was determined up to 5 days (n=3). F) IVIS imaging of a representative mouse after week 2 and week 3 of secondary initiation (n=1). G) Gross anatomy of tumor initiation site. Tumors were allowed to grow for 2 weeks before IVIS imaging began. H) Tumors were excised and processed for H&E and p53 IHC stain.

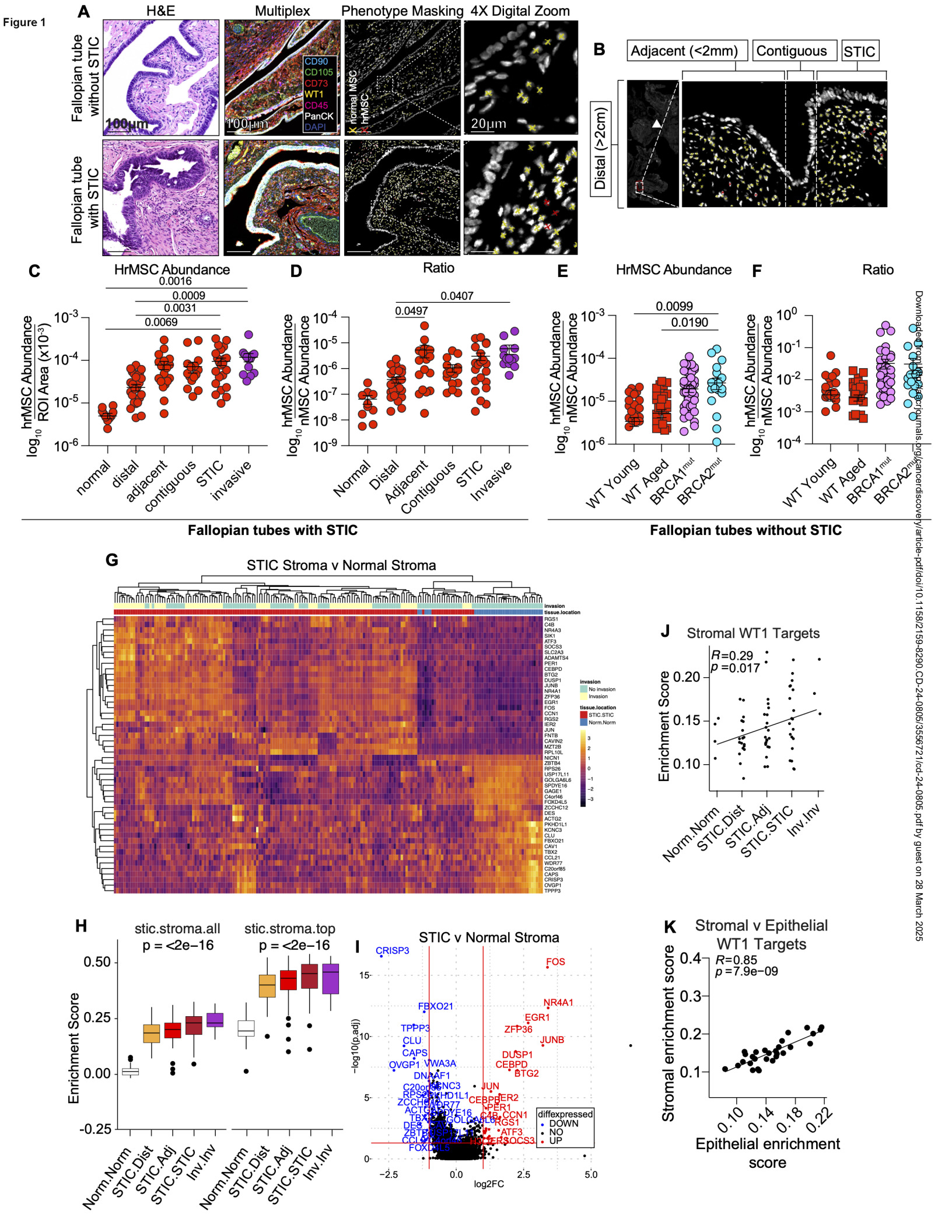
Figure 5 Transformed, metastasized *p53^{null}* FTE harbor mutational hallmarks of HGSOC. Whole genome sequencing was used to characterize mutations present in transformed p53^{null} FTE originating from p53^{null}FTE/hrMSC organoids. A) Oncoprint including mutations in genes commonly mutated in HGSOC. This includes correlations to COSMIC single base and double base signatures which are shown (SBS and DBS, respectively). B) Summary statistics of mutational analysis including somatic synonymous, and non-synonymous mutations. C) Representative graph of single base mutations for one sample exhibiting the pan-cancer mutational signature (signature 5). D) GSEA analysis on STIC stroma relative to normal stroma from Fig. 1 DSP. E) Enrichment score of stromal genes associated with oxidative stress induced senescence derived from our DSP data set. F) Gene set enrichments shared between STIC stroma and STIC epithelium. G) IF and H) flow cytometry of hrMSCs stained with the general oxidation probe CellROX Green and CellROX DR, respectively. Representative cells are shown at 20X magnification with a 100μm scale bar. In panel G/K, individual data points correspond to individual nuclei. >3 fields per group were taken to analyze 150-200 individual cells. In panel H/I/J, individual data points correspond to separate wells. I) Flow cytometry analysis of MSC CellROX DR after treatment with the antioxidant Trolox. J) Flow cytometry analysis of CSFE labelled FTE cells co-cultured with MSCs (n=3). MFI data was normalized for cell number. FTE CellROX values are displayed. K) 53BP1 foci per FTE nuclei after 24-hour co-culture with hrMSCs +/- 10 μM Trolox. L) Simple linear regression correlating WT1 relative fluorescence intensity (RFI) with CellROX DR determined by flow cytometry. Individual data points represent single cells. M) CellROX DR MFI following lentiviral overexpression of WT1 in nMSCs. N) CellROX DR MFI following lentiviral shRNA knockdown of WT1 in hrMSCs. O) FTE or ovarian cancer cells were co-cultured with either Celltrace labelled O) nMSCs or P) hrMSCs. MSCs were assessed for changes in CellROX DR fluorescence. For figures 5G-P, p-values were determined by the student's T-test. Q) WT1 overexpression induces MSC and FTE oxidative stress resulting in increased FTE DNA DSBs.

Figure 6 Increased oxidative stress in hrMSCs results in increased lipid peroxide breakdown products capable of inducing DNA DSBs in FTE. 4-hydroxy-2E-nonenal (4-HNE) and malondialdehyde (MDA) were compared between nMSCs and hrMSCs by fluorescence microscopy (n=3) and flow cytometry (n>3; A-J). 20X magnification representative images are shown. >3 fields were imaged and analyzed per condition. In panels B/G, each data point represents an individual cell while in panels D/I, each data point represents the MFI of

individual patient cell lines (N=3 nMSC lines and N=7 hrMSC lines). C/H) Stacked histograms of nMSCs, hrMSCs, and hrMSC with 10 μM Trolox treatment as a negative control. E/J) Flow cytometry was utilized to conduct a simple linear regression correlating WT1 expression with either MDA or 4-HNE. Individual points are single cells. K) Representative images of MDA in hrMSCs (CTV+) that are co-cultured with FTE (CT CSFE+). White arrowheads depict MDA puncta that are visible within nanotubule connections between cells (n>3). L/M) Analysis of BODIPY C-12/Celltrace DR double positive FTE after co-culture with BODIPY C-12 stained hrMSCs. HrMSCs were treated with 5 μM Latrunculin B or ethanol control overnight preceding co-culture. Individual data points represent individual wells. Black circles represent FTE alone, green circles are FTE with hrMSC co-culture. %Double positive indicate FTE that received hrMSC-derived lipids. Quantification of N) MDA-APC and O) 4-HNE-PE MFIs in FTE cell monocultures or co-cultured with nMSCs or hrMSCs. P) FTE were treated with 5-10 μM 4-HNE and assayed for 53BP1 foci. Student's T-test was used to determine significance in all panels except 6P where p-values were determined by ordinary one-way ANOVA with Tukey's multiple comparison analysis. Q) Excessive stromal lipid peroxidation contributes to increased DNA damage in FTE.

Figure 7 Aging-associated AMPK derepression of JNK/c-JUN/WT1 axis results in the hrMSC pro-tumorigenic phenotype. A) DNA Methylation in nMSCs, hrMSCs, and CA-MSCs at the promoter region of PRKAG1 gene. B) qRT-PCR expression data of AMPK related genes in nMSC vs hrMSC C) Hypothesized AMPK/JNK/c-JUN/WT1 axis. D-F) Characterization of phosphor- and total AMPKa1, JNK, and c-JUN in nMSCs and hrMSCs. Representative western blots are shown with corresponding densitometries. Patient samples were grouped and statistical significance was determined with the student's t-test. For both nMSCs and hrMSCs, N>3 patients. G/H) Simple linear regressions correlating p-JNK and p-c-JUN with WT1 expression on a per sample basis via densitometry. I) Quantification of AMPKwestern blot levels in nMSC vs hrMSC at passage 4 vs passage 8. J) Western blot of hrMSCs treated with increasing doses of the JNK inhibitor SP600125. Quantified band intensities are shown. K/L) Western blot and quantification of AMPKa1 and pAMPKa1 following BC1618 treatment for 24 hours. M) BC1618 treated hrMSCs were analyzed by flow cytometry for MDA fluorescence. P-values were determined by ordinary one-way ANOVA with Tukey's multiple comparison analysis. M-P) Quantification of pJNK, p-c-JUN, and WT1 bands following treatment of hrMSCs with either BC1618 or SP600125. Q) Representative 20X images of FTE that were co-cultured at a 1:1 ratio with hrMSC AMPKa1-mGFP or empty vector transduced. Percent of cells with >9 53BP1 foci were quantified by fluorescence microscopy. >3 fields per condition were taken to analyze 150-200 individual cells. Student's T-test was used to determine significance of panel Q. R) Aging-associated loss of AMPK phosphorylation and expression results in derepression of JNK phosphorylation resulting in increased WT1 expression, oxidative stress, and FTE DNA DSBs.

Figure 1



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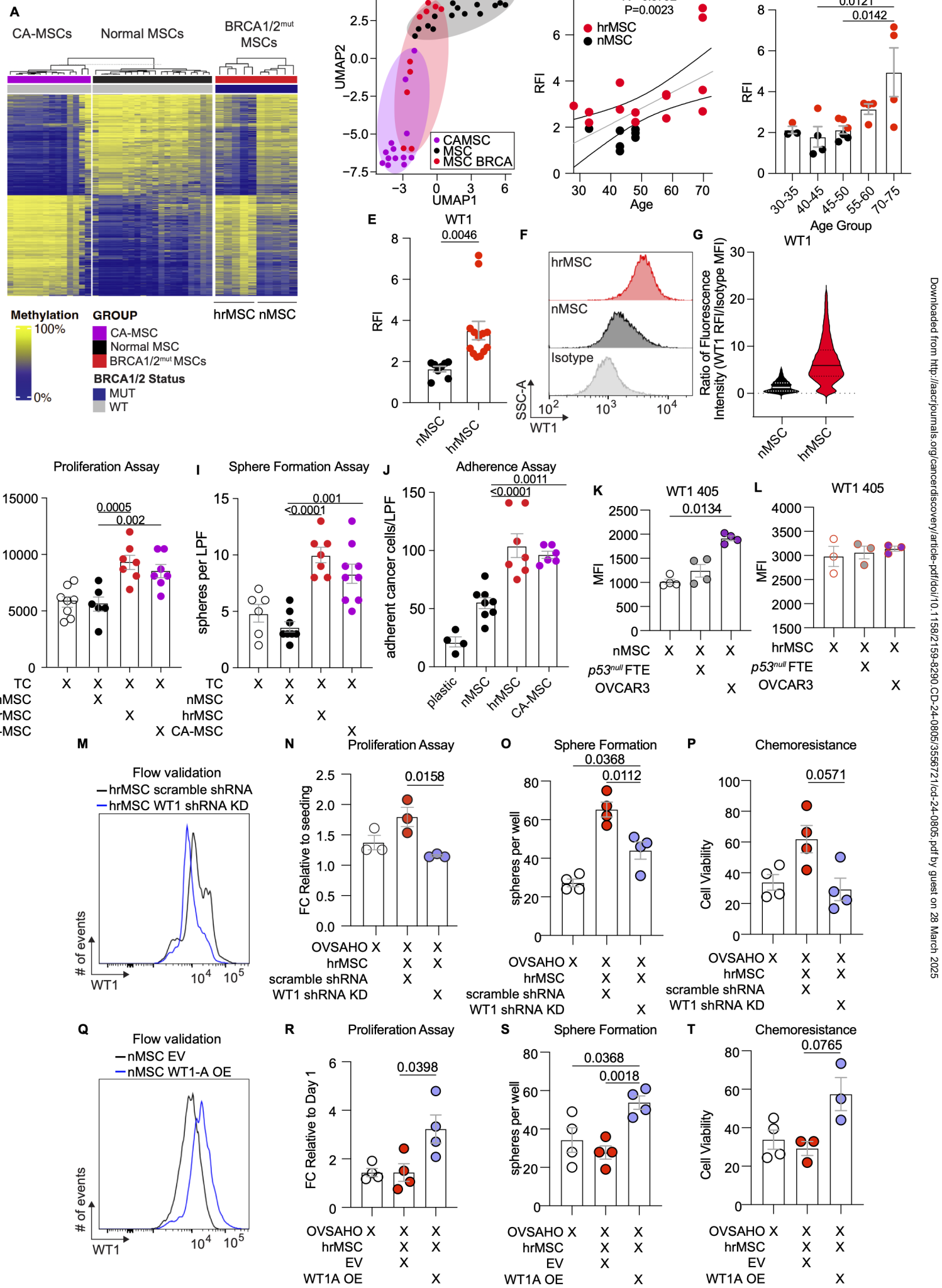

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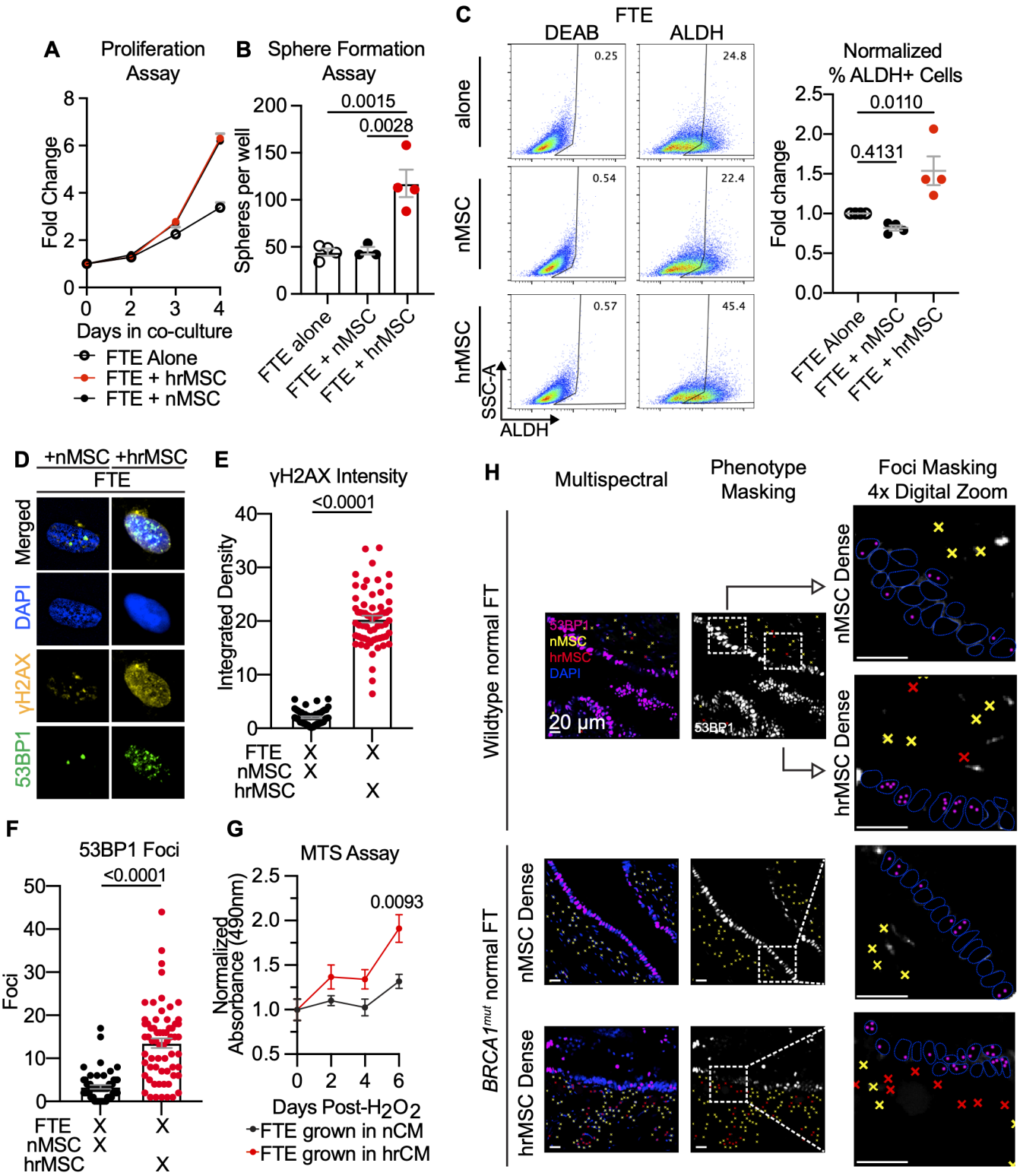
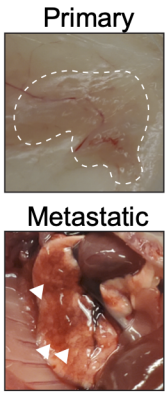


Figure 4

A

Xenograft Composition	Tumors Formed
Single Culture	
p53 FTE	0/3
BRCA1 FTE	0/3
nMSC	0/3
hrMSC	0/3
Direct Co-culture	
WT FTE + nMSC	0/2
WT FTE + hrMSC	1/2
BRCA1 FTE + nMSC	0/9
BRCA1 FTE + hrMSC	2/10
p53 FTE + nMSC	0/12
p53 FTE + hrMSC	5/14

B



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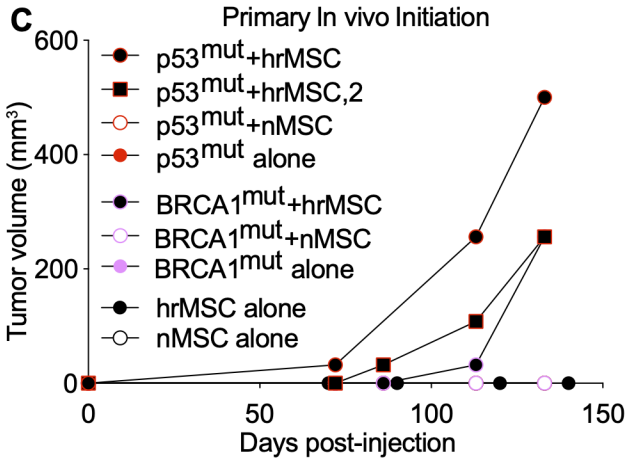

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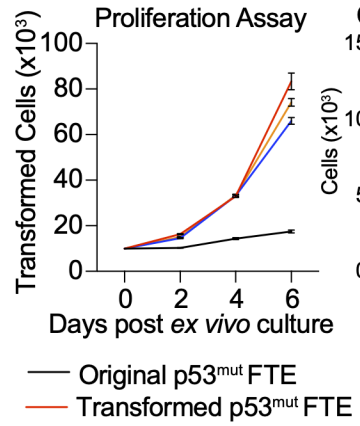

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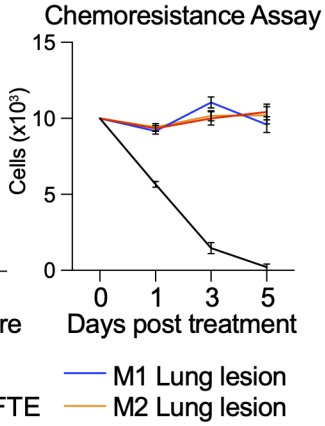

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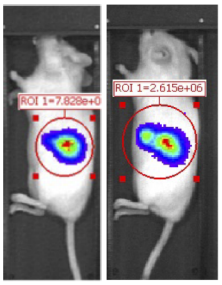

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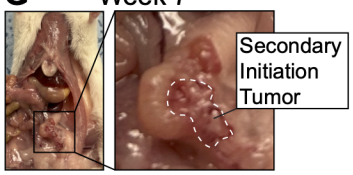

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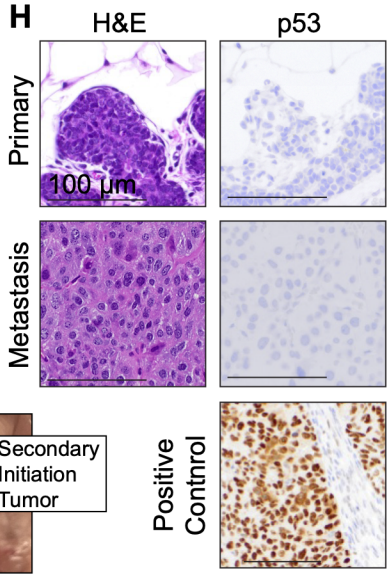

Figure 5

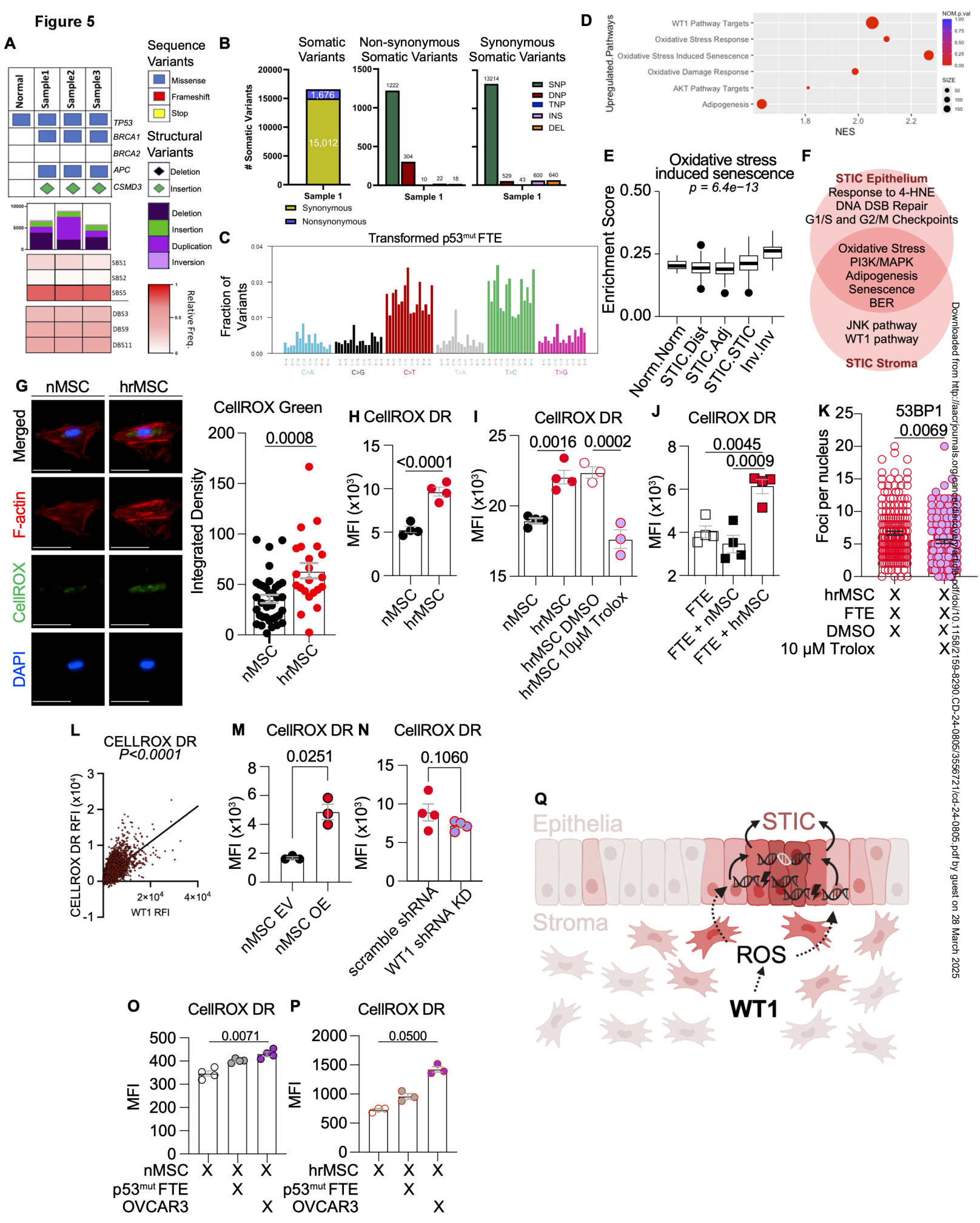

Figure 6

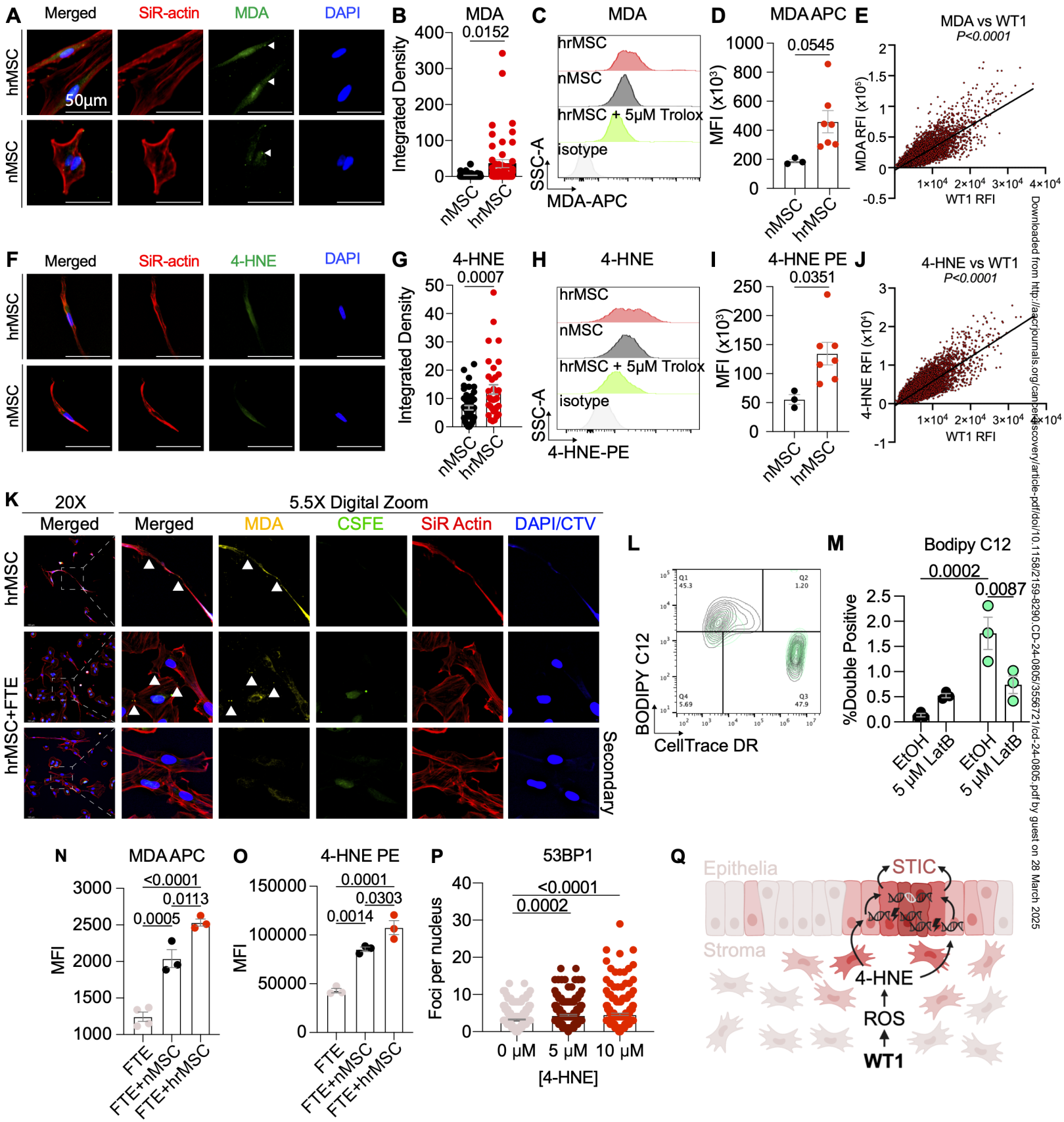

Figure 7