

Tissue-resident macrophages provide a pro-tumorigenic niche to early NSCLC cells

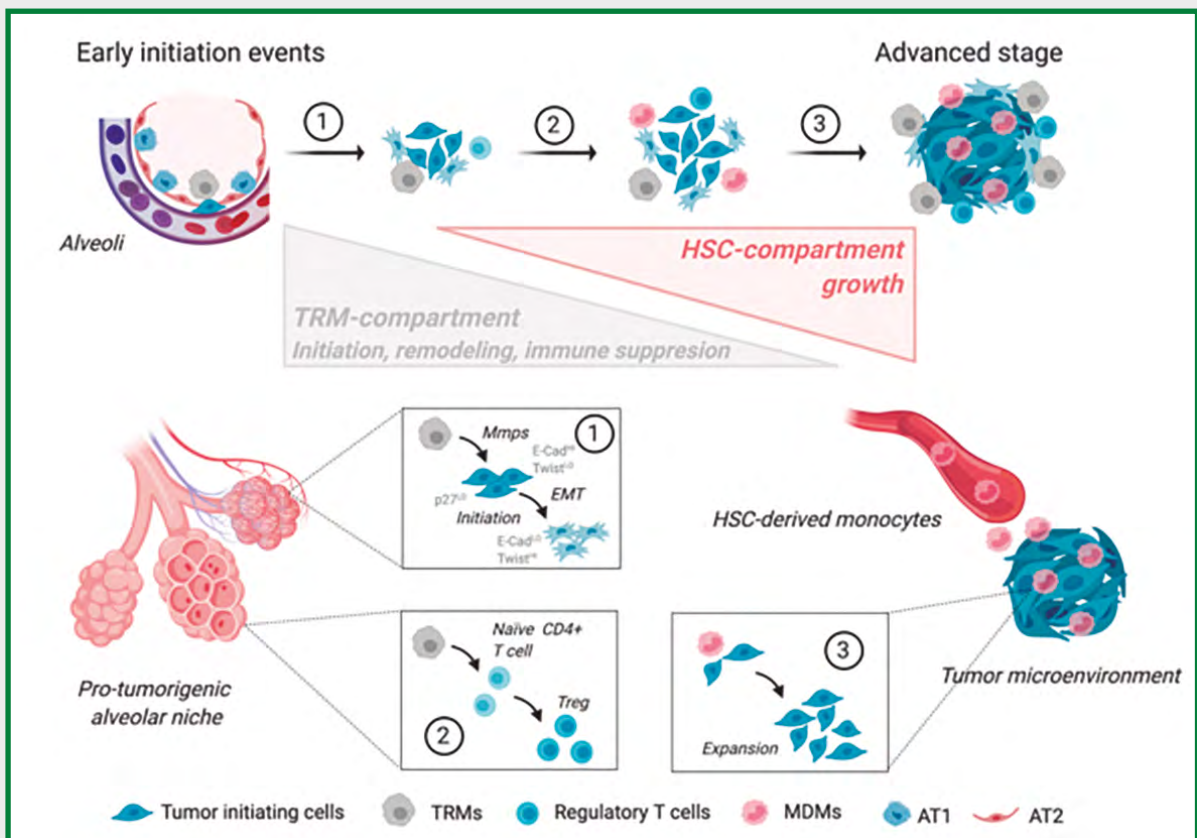
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Macrophages are the largest immune cell compartment of solid tumor lesions. Through their ability to promote tissue remodeling, cell clearance, antigen processing and presentation and production of immunomodulatory cytokines, macrophages play a key role in shaping the composition of the tumor microenvironment (TME), the modulation of tumor innate and adaptive immunity, and the response to cancer immunotherapy. Because of their critical roles, macrophages are an important target for cancer treatment. However, modulating tumor-associated macrophages has proved extremely difficult. This is particularly true for human macrophages, whose biology has primarily been studied using human monocyte-derived macrophages generated *in vitro*. This definition hence, remains incomplete and has ignored the tissue resident-macrophage (TRMs) lineage, which arise from embryonic precursors

that are recruited to tissues prior to birth. This is in contrast to monocyte-derived macrophages (MDMs), which arise from adult hematopoietic stem cells and are recruited to tissues in response to injury. Using fate-mapping approaches, we discovered that clusters of TRMs and MDMs co-existed in KRAS^{G12D}/p53null (KP) lung tumors and remained distinct even in the most advanced tumor lesions. Longitudinal tumor imaging revealed that TRMs interact with tumor cells to promote tumor invasiveness before redistributing around the tumor lesions. Unbiased scRNASequencing of fate-mapped tumor-associated macrophages and fresh patient biopsies, revealed the presence of major discrete macrophage populations that differ in origin, and have a distinct temporal and spatial distribution in the TME. Ablating TRMs while sparing adult MDMs, significantly reduced regulatory T cell numbers and altered their immunosuppressive phenotype, promoted the accumulation of CD8+T cells, and reduced tumor invasiveness and growth. Our study underlines the key contribution of TRMs in providing an ideal niche for early cancer progression, highlighting TRMs as a potential target for the prevention or treatment of early NSCLC lesions.



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