

Table S1. Evidence-tagged references used in Section 2

No.	Authors	Title	Year	Journal	Key content	Tissue	Species	Modality	Evidence level
11	Miao et al.	DDIT4 Licenses Only Healthy Cells to Proliferate During Injury-induced Metaplasia	2021	<i>Gastroenterology</i>	DDIT4 gates mTORC1/QC to permit healthy-cell cell-cycle re-entry after injury	Stomach/Chief	Mouse	in vivo, LT, genetic perturbation	E1
12	Sáenz et al.	ADAR1 licenses metaplastic reprogramming in gastric epithelium	2022	<i>JCI Insight</i>	ADAR1 modulates dsRNA response to license metaplastic reprogramming	GastricChief	Mouse	in vivo (\pm organoid), genetic perturbation (\pm LT)	E1
13	Radyk et al.	ATF3 induces RAB7 to govern autodegradation in paligenosis	2021	<i>EMBO Reports</i>	ATF3 \rightarrow RAB7 drives autodegradation/autophagy in early paligenosis	Stomach/Chief	Mouse	in vivo, LT, genetic perturbation	E1
14	Meyer et al.	xCT Is Required for Chief Cell Plasticity After Gastric Injury	2019	<i>CMGH</i>	Chief-cell plasticity requires xCT (cystine/glutamate antiporter)	Stomach/Chief	Mouse	in vivo, genetic perturbation (\pm LT)	E1
15	Miao et al.	Metaplastic regeneration in the mouse stomach requires a ROS pathway	2024	<i>Developmental Cell</i>	ROS pathway required for metaplastic regeneration; aligns with S1 stress axis	Stomach/Chief	Mouse	in vivo, LT, genetic perturbation	E1
16	Miao et al.	A Conserved Molecular Network Licenses Differentiated Cells to Return to the Cell Cycle	2020	<i>Developmental Cell</i>	Conserved licensing network enables differentiated cells to re-enter the cycle	Stomach/Chief	Mouse	in vivo, LT, genetic perturbation	E1
17	Lee et al.	p57(Kip2) imposes the reserve stem cell state of gastric chief cells	2022	<i>Cell Stem Cell</i>	p57 ^{Kip2} enforces a reserve-stem state in chief cells	Stomach/Chief	Mouse	in vivo (\pm LT), genetic perturbation, organoid	E1
18	Ma et al.	Single-cell transcriptomics reveals a conserved metaplasia	2021	<i>Gastroenterology</i>	Conserved metaplasia program in pancreatic injury (scRNA-seq)	Pancreas/Acinar	Mouse & Human	in vivo injury, scRNA-seq, organoid	E2

No.	Authors	Title	Year	Journal	Key content	Tissue	Species	Modality	Evidence level
19	Johnson et al.	program in pancreatic injury Autophagic state prospectively identifies facultative stem cells in the intestinal epithelium	2022	<i>EMBO Reports</i>	Autophagic state prospectively marks facultative stem cells in intestine	Intestine/Epithelium	Mouse (± Human organoid)	in vivo, reporter/FACS, organoid	E2
22	Toshima et al.	Suppression of autophagy during liver regeneration impairs energy charge and causes senescence	2014	<i>Hepatology</i>	Autophagy inhibition impairs liver regeneration and energy homeostasis	Liver/Hepatocyte	Mouse	in vivo, autophagy inhibition (pharm./genetic)	E2
24	Sundaram et al.	Adipo-glia signaling mediates metabolic adaptation in peripheral nerve regeneration	2023	<i>Cell Metabolism</i>	Metabolic adaptation via adipo-glia signaling in nerve regeneration	Peripheral nerve/Schwann	Mouse	in vivo ± genetic, imaging/omics	E2
26	Rodgers et al.	mTORC1 controls the adaptive transition of quiescent stem cells from G0 to G(Alert)	2014	<i>Nature</i>	mTORC1 drives G0→G(Alert) transition in quiescent stem cells	Skeletal muscle/Satellite	Mouse	in vivo, genetic ± pharmacologic	E1
27	Yang et al.	The mTORC1 effectors S6K1 and 4E-BP play different roles in CNS axon regeneration	2014	<i>Nat Communications</i>	Distinct roles of S6K1 vs 4E-BP in CNS axon regeneration	CNS/Neuron	Mouse (rodent)	in vivo ± ex vivo, genetic perturbation	E2
29	Bohin et al.	IGF-1 and mTORC1 promote the intestinal regenerative response after irradiation injury	2020	<i>CMGH</i>	IGF-1/mTORC1 enhance intestinal regeneration post-irradiation	Intestine/Epithelium	Mouse	in vivo, genetic ± pharmacologic	E1
31	Wang et al.	Transient activation of autophagy via Sox2-mediated mTOR	2013	<i>Cell Stem Cell</i>	Early reprogramming: Sox2 suppresses mTOR to trigger autophagy	Reprogramming/MEF	Mouse	in vitro, genetic perturbation	E2

No.	Authors	Title	Year	Journal	Key content	Tissue	Species	Modality	Evidence level
		suppression in early pluripotency							

Abbreviations: LT, lineage tracing; scRNA-seq, single-cell RNA-seq; CMGH, Cellular and Molecular Gastroenterology and Hepatology.

Table S2. Stage-anchored intervention candidates across paligenosis (hypothesis-generating).

Target node	Stage targeted	Expected effect on repair/tumor risk	Tractable tools (status/examples)	Clinical caveats/notes
Sestrin2 → mTORC1 sensing (amino-acid stress)	S1 (autophagy/QC induction)	↑ QC stringency, ↑ autophagy; may reduce unscheduled proliferation; potential ↓ tumor risk if confined to S1	Nutrient deprivation or leucine restriction ; NV-5138 (leucine mimetic; Systemic catabolism; CNS effects for NV-5138; experimental)	imprecise tissue targeting; needs time-locked dosing
DDIT4/REDD1 → mTORC1 suppression	S1	Enforce S1 “brake”: mTORC1 off, autophagy on; predicted ↓ early oncogenic drift	Rapalogs (everolimus, temsirolimus; approved), ATP-competitive mTOR inhibitors; genetic up-modulation (preclinical)	Over-suppression impairs healing; immunometabolic adverse effects; diabetogenic tendencies
ATF3–RAB7 / Autophagy axis	S1	Promote organelle clearance & QC pass; support orderly plasticity	mTORC1 inhibition (induces autophagy); Trehalose (autophagy enhancer, off-label), Spermidine (nutraceutical), HCQ/CQ (autophagy blockade, for testing opposite hypothesis)	Autophagy inhibition (HCQ/CQ) may increase toxicity yet be useful against DTP; context-specific
xCT/SLC7A11 (cystine importer) / GPX4 axis (ferroptosis defense)	S1–S2	xCT inhibition may sensitize DTP and reduce malignant persistence; short pulses could stress damaged cells	Sulfasalazine (xCT inhibitor; approved for other indications), Erastin/Imidazole-ketone erastin (tool/experimental), RSL3 (GPX4 inhibitor; tool)	Mucosal and neurotox risks; redox crisis in normal tissue; careful timing & dosing
IFRD1 → mTORC1 reactivation licensing	Late S2	Proper reactivation → orderly proliferation; blockade may keep DTP from exiting	RNAi/ASO or CRISPR interference (preclinical); no specific small-molecule yet	Target validation ongoing; off-target transcriptional effects; may delay repair if over-blocked
mTORC1 (reactivation)	S2–S3	Reactivation is required for regeneration; premature or chronic activation ↑ tumor risk	Leucine/AA re-feed , Insulin/IGF/PI3K–AKT pathway activators (context), Rapalog withdrawal	Only after QC pass ; risk of fueling neoplasia; monitor pS6/p4EBP1 closely
p53 axis (arrest/apoptosis)	S1 (fail) / S2 fail	Enforces elimination of damaged cells; prevents erroneous re-entry	No direct activator; MDM2 inhibitors (e.g., idasanutlin , experimental)	p53 wild-type dependence; toxicity (myelosuppression); may impair repair if over-activated
ADAR1 (dsRNA editing, QC)	S1	Proper editing supports QC; inhibition may expose damaged cells to immune clearance	Experimental ADAR1 inhibitors/ASO ; IFN pathway modulation	Hematopoietic/autoimmunity liabilities; hypothesis-generating in paligenosis
Epigenetic regulators (examples): EZH2, BRD4/BET, HDACs, DNMTs	S2–S3 (plasticity maintenance / lineage restoration)	Tuning chromatin may steer repair vs malignant drift; BET/EZH2 blockade can restrain aberrant stemness	Tazemetostat (EZH2i), BET inhibitors (JQ1, birabresib—exp.), HDAC inhibitors (vorinostat), DNMT inhibitors (azacitidine/decitabine)	Broad effects; cytopenias; use short pulses and combine with stage biomarkers
EMT/motility nodes (TGF-β/Snai1/ZEB)	Off-path / risk mitigation	Limiting EMT-like drift may reduce fibrosis/invasion during chronic injury	TGF-β inhibitors (galunisertib—exp.), ALOX/FAO modulators (context)	Anti-fibrotic benefit vs wound healing delay; patient selection critical

Notes: Evidence in paligenosis per se is variable and often indirect; many agents are experimental or context-dependent. Species/tissue differences and model constraints limit generalizability. Clinical translation will require prospective validation, dosing/timing windows, and safety evaluation.

Emergence (DTP entry, S1-like)

mTORC1 suppression • ISR/translation down • Autophagy

- pS6↓ / p4EBP1↓ (mTORC1 inhibition)
- p-eIF2α↑ / ATF4↑ (integrated stress response)
- LC3-II flux↑ / p62↓ (autophagy active)
- Assays: phospho-IHC/IF (pS6/p4EBP1, p-eIF2α/ATF4); LC3/p62 dual-stain; GFP–mCh–LC3 reporters

Regression/exit (DTP exit, S2-S3-like)

mTORC1 reactivation • fast-cycling re-entry

- pS6↑ / p4EBP1↑ (mTORC1 reactivation)
- c-MYC rebound; global translation ↑
- Ki-67, Cyclin–CDK; EdU/BrdU
- Assays: phospho-IHC/flow; short-term ex vivo EdU/BrdU; serial biopsy/organoid time-course



QC gate
[putative]

QC gate
[putative]

Fast-cycling

Emergence
(DTP entry, S1-like)

Regression/exit
(DTP exit, S2-S3-like)

Biomarker panel & longitudinal readout

Emergence: DDIT4↑, pS6↓/p4EBP1↓, LC3-flux↑/p62↓, p-eIF2α↑/ATF4↑, ATF3/RAB7, xCT [± GPX4]

Exit: IFRD1↑ with pS6/p4EBP1↑, Ki-67 & EdU/BrdU, c-MYC, SOX9/LGR5/CD44v

Fig. S1. Drug-tolerant persister alignment with the paligenosis framework in colorectal cancer.

Chemo-surviving colorectal cancer cells enter a diapause-like DTP entry (S1-like) state characterized by mTORC1 inhibition (pS6 ↓ /p4EBP1 ↓), translation down/ISR activation (p-eIF2α ↑ /ATF4 ↑), and autophagy (LC3-II flux ↑ /p62 ↓), with stress/QC markers (ATF3, RAB7) and xCT/SLC7A11 (±GPX4) upregulation. A putative QC gate separates this phase from DTP exit (S2–S3-like), during which mTORC1 reactivates (pS6 ↑ /p4EBP1 ↑), c-MYC and cell-cycle programs resume (Ki-67, Cyclin–CDK; EdU/BrdU). Suggested assays include phospho-IHC/IF or phospho-flow, LC3/p62 dual staining, and organoid LC3 reporters; serial biopsies/organoids enable longitudinal tracking. The biomarker panel at the bottom summarizes emergence vs exit readouts (e.g., DDIT4/ATF3/RAB7/xCT with mTORC1 metrics for entry; IFRD1 with mTORC1 reactivation and proliferation markers for exit). Relationships are hypothesis-generating and require prospective validation.