
Mechanism-Aware Drug Repositioning for T Cell Exhaustion via Single-Cell Transcriptomic Signature Reversal and LLM-Assisted Candidate Curation

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Abstract

1 T cell exhaustion (TEX) is a stable transcriptional program that arises under chronic
2 antigen stimulation and within the tumor microenvironment, and represents a key
3 factor underlying reduced responsiveness and failure of cancer immunotherapy. In
4 this study, we integratively defined transcriptomic signatures of exhausted CD8 T
5 cells at both the single-cell and population levels and present a mechanism-oriented
6 analytical framework for translating these signatures into therapeutic hypotheses.
7 By integrating single-cell and bulk transcriptomic data derived from patients with
8 triple-negative breast cancer (TNBC), we identified core signatures characterizing
9 the TEX transcriptional program and derived potential intervention strategies aimed
10 at modulating TEX-associated transcriptional programs. We further constructed a
11 large language model (LLM)-based inference framework that leverages TEX-based
12 molecular stratification and pathway-level transcriptomic information as structured
13 inputs. This framework integrates molecular mechanisms, clinical applicability,
14 and safety considerations to generate TEX state-informed therapeutic hypotheses
15 at the individual patient level. Collectively, this study frames T cell exhaustion as a
16 transcriptomic reprogramming problem and proposes a reproducible and scalable
17 hypothesis-generation approach for immunotherapy discovery by combining single-
18 cell–bulk integrative analysis with LLM-assisted multidisciplinary reasoning.

19

1 Introduction

20 T cell exhaustion (TEX) is defined as a distinct differentiation state in which T cells progressively
21 lose their functional capacity under conditions of chronic antigen stimulation, such as cancer, and is
22 distinguishable from transient functional impairment. Exhausted T cells are characterized by reduced
23 proliferative capacity, diminished cytokine production, and impaired cytotoxic activity, accompanied
24 by sustained expression of inhibitory receptors including programmed cell death protein 1 (PD-1),
25 cytotoxic T lymphocyte-associated protein 4 (CTLA-4), lymphocyte activation gene 3 (LAG-3),
26 and T cell immunoglobulin and mucin-domain containing protein 3 (TIM-3). Recent studies have
27 demonstrated that TEX is not the result of isolated molecular alterations, but is maintained by stable
28 transcriptional and epigenetic programs centered on transcription factors such as thymocyte selection-
29 associated high mobility group box protein (TOX) and members of the nuclear receptor subfamily 4
30 group A (NR4A) family. Notably, terminally exhausted T cells exhibit limited functional reversibility.

31 Immune checkpoint blockade therapies targeting inhibitory receptors such as PD-1 and CTLA-4
32 have achieved durable clinical responses in a subset of patients; however, overall response rates
33 remain limited, with both primary and acquired resistance frequently observed. These limitations
34 arise from the fact that exhausted T cells are not regulated by a single inhibitory pathway, but rather
35 are constrained by the co-expression of multiple inhibitory receptors and stabilized transcriptional

36 programs. Consequently, there is growing recognition that blockade of individual checkpoints is
37 insufficient to fundamentally reprogram the TEX state.

38 Recent evidence further indicates that TEX is sustained and reinforced not only by chronic antigen
39 stimulation but also by diverse non-canonical factors within the tumor microenvironment, including
40 extracellular matrix components, metabolic stress, hypoxia, immunosuppressive cytokines, and inter-
41 actions with non-immune cells. This multi-pathway nature highlights the limitations of approaches
42 that attempt to predefine and target all relevant molecular pathways individually, and instead motivates
43 the analysis of TEX as an integrated outcome of coordinated transcriptomic alterations rather than as
44 a collection of isolated molecular events.

45 Transcriptomic signature-based approaches define disease states as coordinated patterns of upregu-
46 lated and downregulated gene expression and seek interventions capable of reversing these patterns
47 toward a more favorable state. Such approaches are well suited for modeling conditions involving
48 complex molecular changes. In particular, large-scale perturbation resources such as the Library of
49 Integrated Network-based Cellular Signatures (LINCS) provide systematic transcriptomic profiles
50 induced by diverse pharmacological and genetic perturbations, enabling quantitative evaluation of
51 how effectively a given intervention counteracts a disease-associated signature. The concept of signa-
52 ture reversal therefore provides a useful theoretical framework for analyzing TEX, which involves
53 multi-mechanistic regulation.

54 Drug-gene interaction networks offer a structured representation of how drugs influence molecular
55 targets and pathways, enabling the analysis of indirect or multi-target effects that are difficult to
56 capture using single-target-centric approaches. When combined with transcriptomic signatures,
57 network-based strategies allow systematic prioritization of candidate compounds capable of broadly
58 modulating TEX-associated molecular programs.

59 Meanwhile, recent advances in large language models (LLMs) have enabled their use as tools for
60 curating and integrating drug-gene information dispersed across extensive biomedical literature and
61 public databases. In the context of this study, LLMs are not used to predict drug efficacy or replace
62 transcriptomic analyses. Instead, they serve as auxiliary knowledge curation tools that structure
63 drug-gene relationships and ensure consistency of input information. This division of roles preserves
64 interpretability and reproducibility while facilitating efficient integration of complex biomedical
65 knowledge.

66 Based on this background, we selected triple-negative breast cancer (TNBC) as a well-established
67 tumor model in which immune activation and T cell exhaustion coexist. Although TNBC is charac-
68 terized by relatively high immune infiltration, exhaustion of CD8⁺ T cells is widely recognized as a
69 major factor associated with limited responses to immunotherapy, making it a suitable context for
70 transcriptome-level analyses of TEX states and their potential modulation. Accordingly, this study
71 aims to integrate transcriptomic signatures with drug-gene network information and to leverage large
72 language models to structure dispersed biomedical knowledge, thereby proposing potential drug
73 candidates that may alleviate T cell exhaustion in TNBC.

74 2 Materials and methods

75 2.1 Data sources collection

76 To integratively characterize the CD8⁺ T cell exhaustion (TEX) state in patients with triple-negative
77 breast cancer (TNBC) at both single-cell and cohort levels, we jointly analyzed publicly available
78 single-cell transcriptomic (scRNA-seq) and bulk transcriptomic datasets. For single-cell transcrip-
79 tomic analysis, the GSE176078 dataset, comprising nine TNBC samples, was obtained from the Gene
80 Expression Omnibus (GEO) database. In addition, to capture immune-related transcriptional patterns
81 and TEX-associated expression trends at the cohort level, bulk microarray data from the GSE21653
82 dataset, including 266 samples, were incorporated from the GEO database.

83 2.2 scRNA-seq data processing

84 Preprocessing and downstream analyses of single-cell RNA sequencing (scRNA-seq) data were
85 performed in a Python environment using the Scanpy package (v1.11.5). Raw gene-cell count
86 matrices were subjected to standard quality control and normalization procedures prior to analysis.

87 To remove technical noise and low-quality cells, cell-level quality control criteria were applied. Cells
88 expressing fewer than 200 genes or more than 4,500 genes were excluded, as these were likely
89 to represent empty droplets or doublets, respectively. In addition, cells with mitochondrial gene
90 expression accounting for more than 20% of total counts were removed, as they were indicative of
91 cellular stress or apoptotic states.

92 Following quality filtering, sequencing depth was normalized across cells using the
93 `sc.pp.normalize_total` function, and log-transformed expression values were computed using
94 `sc.pp.log1p`. Highly variable genes (HVGs) were identified by selecting the top 2,000 genes
95 with the greatest expression variability using `sc.pp.highly_variable_genes`. Principal compo-
96 nent analysis (PCA) was then performed for linear dimensionality reduction using `sc.tl.pca`, and
97 batch effects across samples were mitigated using the Harmony algorithm implemented in the Har-
98 monyPy package. Cell neighborhoods were constructed using `sc.pp.neighbors`, and unsupervised
99 clustering was conducted using the Leiden algorithm (`sc.tl.leiden`).

100 Cell type annotation was derived from established marker genes reported in the literature. Lineage-
101 specific signature scores were calculated based on raw expression values at the single-cell level,
102 and rule-based labels were assigned according to cluster-level average scores. Final results were
103 visualized using UMAP embeddings and dot plots. CD8⁺ T cell populations were subsequently
104 extracted and subjected to downstream subclustering analyses.

105 2.3 Pseudotime analysis

106 To evaluate the position of the T cell exhaustion (TEX) state along continuous functional transitions
107 within CD8⁺ T cells, pseudotime analysis was performed. Trajectory inference was conducted using
108 a diffusion map-based approach, and diffusion pseudotime (DPT) values were calculated with the
109 root defined in the CD8_TEFF population.

110 2.4 Identification of CD8⁺ TEX-related DEGs

111 Differential gene expression analysis was first performed at the single-cell level using the
112 `sc.tl.rank_genes_groups` function in the Scanpy package to identify genes associated with
113 the T cell exhaustion (TEX) state within CD8⁺ T cells. Statistical significance of differentially ex-
114 pressed genes (DEGs) was assessed using the Wilcoxon rank-sum test, with adjusted p-values < 0.05.
115 Differential expression analysis was conducted on library-size-normalized and log1p-transformed
116 expression values, and log fold changes represent differences in mean log1p expression between
117 groups. Genes exhibiting biologically meaningful expression differences were further selected based
118 on an absolute log fold change $|\log FC| > 0.25$, which was applied as a conservative filtering criterion
119 to prioritize robust transcriptional changes rather than to define absolute biological effect sizes. These
120 genes were defined as single-cell TEX-associated differentially expressed genes (scTEX-DEGs).

121 In parallel, bulk transcriptomic differential expression analysis was performed as a complementary
122 analysis to evaluate whether TEX-associated transcriptional programs defined at the single-cell level
123 exhibit consistent directions of expression at the cohort level using bulk microarray data (GSE21653).
124 Among a predefined set of canonical TEX marker genes, only those measurable and mappable on
125 the platform were retained. Gene-wise expression values were z-score normalized and averaged
126 to compute a TEX score for each sample. Samples within the top 25th percentile of TEX scores
127 were defined as the TEX-high group, while the remaining samples served as the comparison group.
128 Differential expression between the two groups was evaluated by calculating gene-wise logFC
129 values and assessing statistical significance using an independent two-sample *t*-test, followed by
130 Bonferroni correction for multiple testing. Genes identified from this analysis were defined as bulk
131 TEX-associated differentially expressed genes (bulkTEX-DEGs).

132 Finally, the intersection between scTEX-DEGs and bulkTEX-DEGs was determined. Overlapping
133 genes were defined as CD8⁺ TEX-related differentially expressed genes and were used for subsequent
134 analyses.

135 2.5 Genome enrichment analysis (GSEA)

136 Gene set enrichment analysis (GSEA) was performed to evaluate pathway-level enrichment dif-
137 ferences between the TEX-high group and the comparison group in bulk microarray data. The

138 analysis was conducted in preranked mode using log fold change–based gene rankings implemented
139 in the GSEAp package, with MSigDB Hallmark gene sets (2020) used to interrogate representative
140 TEX-associated biological pathways.

141 **2.6 Building and verifying TEX-based molecular stratification**

142 In this study, we defined a set of TEX marker genes representing the transcriptomic characteristics
143 of exhausted CD8⁺ T cells based on prior single-cell RNA sequencing analyses, and restricted the
144 analysis to genes that were observable in bulk transcriptomic data. Using these defined TEX markers,
145 we performed comparative analyses between High_TEX and Low_TEX groups to derive differentially
146 expressed genes and pathway-level transcriptomic signatures showing directional concordance with
147 TEX-associated programs.

148 These analytical outputs were not treated as mere statistical results, but were organized into structured
149 inputs for therapeutic strategy inference. Specifically, for each patient, we generated (i) TEX
150 state classification results, (ii) a list of key differentially expressed genes, and (iii) summaries of
151 major signaling pathways that were activated or suppressed. Together, these components constitute
152 standardized molecular profiles that were provided as inputs to the large language model (LLM) at
153 the final stage of the analysis pipeline.

154 Deriving therapeutic strategies targeting T cell exhaustion requires multidisciplinary judgment that
155 simultaneously considers molecular mechanisms, clinical applicability, and potential safety concerns.
156 Although transcriptomic analyses can identify molecular signatures associated with exhaustion,
157 translating these findings into actionable therapeutic hypotheses remains a substantial challenge. This
158 limitation is particularly pronounced in drug repurposing studies, where candidate compounds must
159 be evaluated not only for their ability to modulate TEX programs at the transcriptomic level, but
160 also for their clinical feasibility and potential risks of immune-related toxicity or adverse effects.
161 Consequently, computational approaches relying on a single analytical axis are inherently limited.

162 To address these challenges, we reformulated the derivation of TEX-modulating therapeutic strategies
163 as a multidisciplinary reasoning problem. Rather than relying on a single predictive model, we
164 designed an LLM-based inference framework that independently evaluates the molecular mechanisms
165 underlying TEX-related transcriptional programs, the clinical context of candidate interventions, and
166 known safety information, and then integrates these perspectives into a unified hypothesis. In this
167 framework, the LLM does not predict new biological facts or learn statistical associations; instead,
168 it functions as a reasoning engine that combines structured transcriptomic inputs with established
169 biomedical knowledge to construct coherent therapeutic hypotheses.

170 Specifically, the LLM-based inference stage developed in this study was designed to conceptually
171 emulate the discussion process of a clinical tumor board. TEX-based molecular stratification re-
172 sults and pathway-level transcriptomic information are incorporated through role-specific prompts
173 corresponding to mechanistic interpretation, clinical feasibility assessment, and safety evaluation.
174 These perspectives are then synthesized to generate integrated hypotheses regarding candidate drugs
175 and intervention strategies aligned with distinct TEX transcriptional states. This approach provides
176 a reproducible linkage between transcriptomic signature–based discoveries and clinically relevant
177 hypothesis generation, and offers a scalable analytical framework for exploring TEX-modulating
178 strategies that may complement immune checkpoint blockade therapies.

179 **2.7 Statistical analysis**

180 All statistical analyses in this study were performed in a Python environment. Gene expression
181 differences in single-cell RNA sequencing and bulk microarray data were evaluated using statistical
182 tests appropriate for comparing expression distributions or mean expression levels between groups.
183 For single-cell data, differences in expression distributions between cell populations were assessed
184 using the nonparametric Wilcoxon rank-sum test. For bulk microarray data, differences in mean gene
185 expression between groups were evaluated using an independent two-sample *t*-test.

186 To minimize false positives arising from multiple testing, adjusted p-values were used, and results
187 were interpreted by jointly considering statistical significance and log fold change. A p-value < 0.05
188 was considered statistically significant.

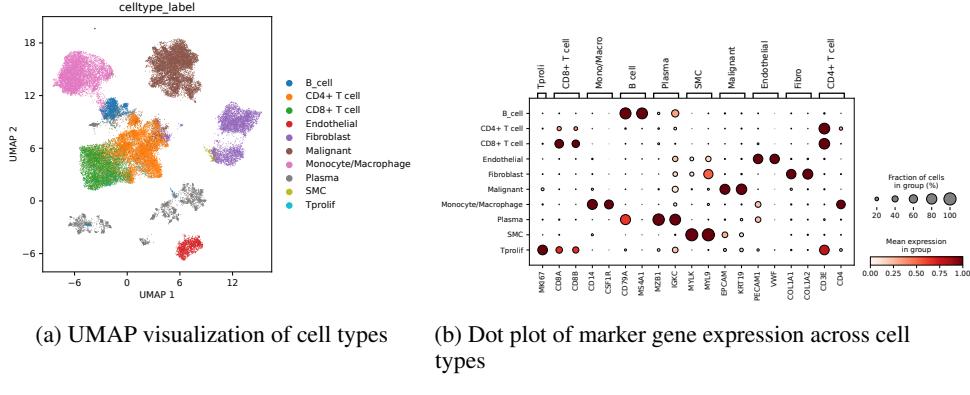


Figure 1: Cell type annotation of TNBC single-cell transcriptomes. (a) UMAP embedding colored by major cell types. (b) Dot plot showing representative marker gene expression patterns used for cell type annotation.

Table 1: TEX marker genes used for TEX score calculation and their functional roles.

Gene symbol	Role in T cell exhaustion	Included in TEX score
PDCD1	Immune checkpoint receptor (PD-1)	Yes
CXCL13	TEX-associated chemokine	Yes
CTLA4	Immune checkpoint receptor	Yes
LAG3	Inhibitory receptor	Yes
TIGIT	Inhibitory receptor	Yes
HAVCR2	Inhibitory receptor (TIM-3)	Yes
TOX	Transcriptional regulator of TEX	Yes
ENTPD1	Ectonucleotidase (CD39)	Yes
ITGAE	Tissue-resident marker (CD103)	Yes
BATF	Transcription factor	Yes
IRF4	Transcription factor	Yes

189 Gene set enrichment analysis (GSEA) was performed using a preranked gene list generated based on
190 gene-wise log fold change values. Statistical significance and normalized enrichment scores (NES)
191 were evaluated using a permutation-based approach.

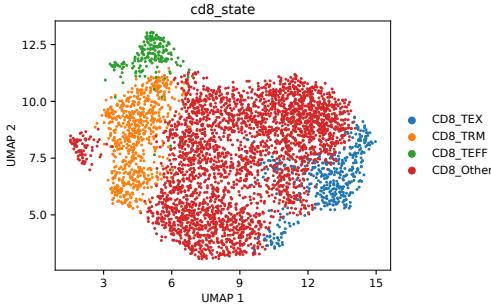
192 3 Results

193 3.1 Identification of TEX-associated genes from single-cell transcriptomes (scTEX-DEGs)

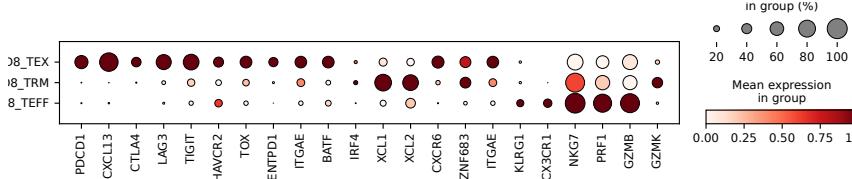
194 Dimensionality reduction and clustering analysis of the GSE176078 single-cell RNA sequencing
195 dataset, comprising nine TNBC samples, resulted in the identification of 40,010 high-quality cells and
196 17 distinct cellular subclusters. These subclusters were annotated into ten major cell types, including
197 malignant cells, CD4⁺ T cells, CD8⁺ T cells, monocytes/macrophages, fibroblasts, B cells, plasma
198 cells, smooth muscle cells, endothelial cells, and proliferating T cells (Tprolif), based on established
199 marker gene expression patterns (Fig. 1a and b; [28]). CD8⁺ T cells were specifically identified by
200 the expression of CD8A and CD8B.

201 A total of 4,394 CD8⁺ T cells were extracted for downstream analyses, and three CD8⁺ T cell
202 subtypes—CD8⁺ TEX, CD8⁺ TRM, and CD8⁺ TEFF—were defined based on established surface
203 marker expression profiles (Table 1). Subclustering of CD8⁺ T cells revealed distinct transcriptional
204 states, which were visualized using UMAP embeddings (Fig. 2a). Dot plot analysis further confirmed
205 distinct and representative marker gene expression patterns for each subtype, supporting the robustness
206 of the classification (Fig. 2b).

207 Pseudotime analysis using diffusion maps and diffusion pseudotime (DPT) was performed to assess
208 the relative positions of CD8⁺ T cell subtypes along the differentiation trajectory. Along the DPT



(a) UMAP visualization of CD8⁺ T cell subclusters



(b) Dot plot of marker gene expression across CD8⁺ T cell subtypes

Figure 2: Subtype characterization of CD8⁺ T cells. (a) UMAP visualization of CD8⁺ T cell subclusters. (b) Representative marker gene expression patterns across CD8⁺ T cell subtypes.

Table 2: Summary of pseudotime distribution across CD8⁺ T cell states.

CD8 ⁺ T cell state	Mean pseudotime	Proportion in terminal region (top 5%)
CD8 ⁺ TEX	0.6689	0.8308
CD8 ⁺ TRM	0.3719	0.0308
CD8 ⁺ TEFF	0.2803	0.0308

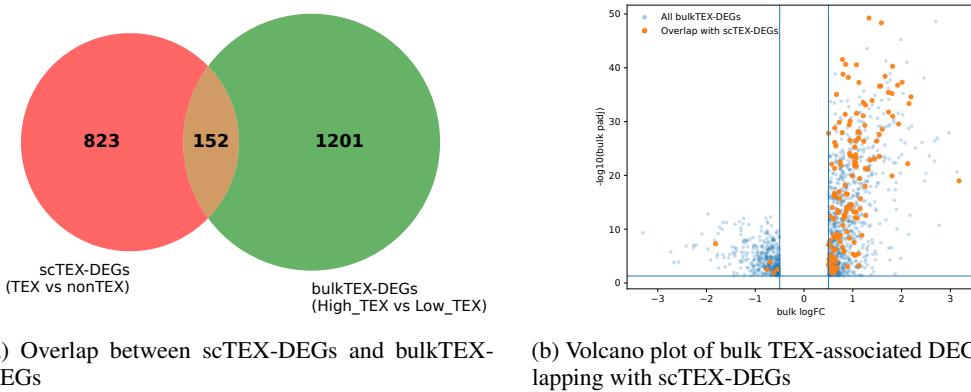
axis, CD8⁺ TEFF cells were located at the beginning of the trajectory, whereas CD8⁺ TEX cells occupied the terminal state. When the terminal region was defined as the top 5% of pseudotime values, CD8⁺ TEX cells accounted for 83.1% of cells in this region, compared with 32.4% of the total CD8⁺ T cell population, indicating a pronounced over-representation of TEX cells in the terminal differentiation state (Table 2). These results support the positioning of CD8⁺ TEX cells at the late stage of the differentiation trajectory.

Differential gene expression analysis was conducted using the `sc.tl.rank_genes_groups` function, with non-TEX CD8⁺ T cells serving as the reference population. Genes with adjusted p-values < 0.05 and an absolute log fold change $|\log FC| > 0.25$ were considered significantly differentially expressed. Among 29,733 genes evaluated, 979 genes were identified as significantly differentially expressed between TEX and non-TEX CD8⁺ T cells and were defined as single-cell TEX-associated differentially expressed genes (scTEX-DEGs). Genes associated with T cell exhaustion and chronic activation, including *CXCL13*, *IFNG*, and *PKM*, were among the most highly upregulated in the TEX population. To minimize potential bias introduced by clonal expansion, T cell receptor (TCR) genes (TRAV/TRBV, TRAC, and TRBJ/TRDJ families) were excluded, yielding a refined set of 975 TEX-specific scTEX-DEGs for subsequent analyses.

In addition, the consistency of CD8⁺ TEX state definition was quantitatively evaluated by establishing a cell-level TEX ground truth (GT) based on raw expression values of a TEX marker gene panel (*PDCD1*, *CXCL13*, *CTLA4*, *LAG3*, *TIGIT*, *HAVCR2*, *TOX*, *ENTPD1*, *ITGAE*, *BATF*, and *IRF4*) and comparing it with cluster-level predictions derived from the proportion of TEX cells within each cluster. The TEX ground truth was defined using a marker-score percentile threshold, and a sweep analysis was performed by varying the cluster-level TEX proportion cutoff to identify an optimal parameter set achieving a recall close to 0.7. Using a marker-score threshold at the 80th percentile and a cluster-level TEX proportion cutoff of 0.35, the model achieved a recall of 0.747, a precision of 0.456, and an F1-score of 0.566, with CD8_subcluster_D and CD8_subcluster_E identified as

Table 3: Performance summary of CD8⁺ TEX classification based on marker- and cluster-level criteria.

Class	Precision	Recall	F1-score
nonTEX	0.92	0.78	0.84
TEX	0.46	0.75	0.57
Accuracy		0.77	
Macro avg	0.69	0.76	0.71
Weighted avg	0.83	0.77	0.79



(a) Overlap between scTEX-DEGs and bulkTEX-DEGs (b) Volcano plot of bulk TEX-associated DEGs overlapping with scTEX-DEGs

Figure 3: Overlap and expression patterns of TEX-associated genes identified from single-cell and bulk transcriptomic analyses.

234 TEX clusters (Table 3). These results demonstrate overall concordance between marker-based and
235 cluster-based TEX definitions and further support the validity of the CD8⁺ TEX classification criteria
236 employed in this study.

237 3.2 Identification of TEX-associated genes from bulk microarray analysis (bulkTEX-DEGs)

238 Using a publicly available bulk microarray dataset (GSE21653) comprising 266 samples, we evaluated
239 whether TEX-associated transcriptional features identified at the single-cell level were also observable
240 at the bulk transcriptomic level. Samples were stratified into High_TEX ($n = 67$) and Low_TEX
241 ($n = 199$) groups based on TEX scores calculated from the expression of TEX marker genes.
242 Differential expression analysis between the two groups compared a total of 22,878 genes, of which
243 1,353 genes were identified as significantly differentially expressed (adjusted p-values < 0.05 ,
244 $|\log FC| > 0.5$).

245 Preranked gene set enrichment analysis (GSEA) based on expression differences between the
246 High_TEX and Low_TEX groups revealed significant enrichment of immune activation and in-
247flammatory hallmark pathways, including interferon gamma response, interferon alpha response,
248 inflammatory response, IL-6/JAK/STAT3 signaling, complement, and TNF- α signaling via NF- κ B.
249 These pathways represent signaling axes associated with T cell activation and chronic immune
250 stimulation, indicating that the transcriptional alterations observed in the High_TEX group extend
251 beyond individual genes to coordinated, program-level immune responses.

252 3.3 Consistency of TEX-associated transcriptional signals between single-cell and bulk data

253 To evaluate the concordance and consistency between scTEX-DEGs derived from single-cell RNA
254 sequencing (TEX vs. non-TEX, with T cell receptor genes excluded) and bulkTEX-DEGs identified
255 from bulk microarray analysis (High_TEX vs. Low_TEX), overlapping genes were identified and the
256 directionality of expression changes was compared. A total of 152 overlapping genes were detected
257 between the two analyses (Fig. 3).

Table 4: Directional concordance of overlapping TEX-associated genes between single-cell and bulk transcriptomic analyses.

Direction in scRNA-seq	Direction in bulk data	Concordance	Number of genes
Up in TEX	Up in High_TEX	Match	111
Down in TEX	Down in High_TEX	Match	1
Down in TEX	Up in High_TEX	Mismatch	36
Up in TEX	Down in High_TEX	Mismatch	4

Table 5: roles and information flow within the LLM-assisted multidisciplinary inference framework

Agent	Role focus	Inputs	Output
Mechanism specialist	Molecular mechanism and pathways	Context + query	Mechanism report
Clinical specialist	Clinical plausibility and applicability	Context + query	Clinical report
Safety specialist	Safety profile and risk considerations	Context + query	Safety report
Moderator	Synthesis and final recommendation	Reports + query	Final verdict

258 Comparison of log fold change (logFC) directions revealed that 111 genes exhibited concordant
 259 upregulation, showing increased expression in TEX cells in the scRNA-seq data and in the High_TEX
 260 group in the bulk dataset. In contrast, 40 genes displayed discordant expression directions between the
 261 two data modalities, while one gene (*MALAT1*) showed consistent downregulation in both analyses.
 262 Overall, the majority of overlapping genes demonstrated consistent upregulation, indicating that
 263 TEX-associated transcriptional signals defined at the single-cell level are largely preserved at the bulk
 264 transcriptomic level (Table 4).

265 Functional enrichment analysis of the directionally concordant TEX overlapping genes revealed
 266 significant enrichment of immune-related pathways. KEGG pathway analysis identified enrichment
 267 in the T cell receptor signaling pathway, PD-1/PD-L1 checkpoint pathway, Th1/Th2 and Th17 cell
 268 differentiation, natural killer cell-mediated cytotoxicity, and hematopoietic cell lineage pathways.
 269 Gene Ontology biological process analysis further highlighted terms related to T cell activation,
 270 regulation of T cell activation, regulation of immune response, and antigen receptor-mediated
 271 signaling pathways, indicating that these genes are predominantly involved in T cell activation and
 272 immune regulatory processes.

273 Taken together, TEX-associated transcriptional signatures defined by single-cell analysis exhibit high
 274 concordance with bulk transcriptomic data at both the expression direction and functional pathway
 275 levels, supporting the notion that the TEX state represents a data modality-independent immune
 276 signaling and regulatory program.

277 3.4 LLM-assisted multidisciplinary inference framework

278 TEX-associated transcriptomic signatures were translated into therapeutic hypotheses through the
 279 construction of a large language model (LLM)-based multidisciplinary reasoning framework. The
 280 LLM was not used as a direct predictive model; rather, it was employed as a reasoning engine to
 281 integratively interpret heterogeneous biomedical knowledge related to T cell exhaustion.

282 The proposed LLM framework was designed to conceptually emulate the discussion process of
 283 a multidisciplinary tumor board (Table 5). Given molecular context derived from TEX-based
 284 stratification and predefined queries, three domain-specific agents independently generated analytical
 285 reports. Each agent performed reasoning through role-specific prompts from distinct perspectives:
 286 molecular mechanism, clinical applicability, and safety considerations.

287 Specifically, the mechanism expert agent evaluated how candidate interventions could modulate
 288 exhaustion-associated pathways and transcriptional programs. The clinical expert agent assessed
 289 therapeutic relevance and feasibility within the oncological treatment context, while the safety expert

290 agent analyzed potential adverse effects and risk factors based on known pharmacological properties.
291 A moderator agent subsequently integrated these independent reports to derive a coherent final
292 judgment.

293 **3.5 Patient-specific therapeutic hypotheses generated using the LLM**

294 The potential of TEX-associated transcriptomic states to inform patient-specific therapeutic hypothe-
295 ses was examined by applying the LLM framework to three TNBC patients with elevated TEX scores,
296 using only scRNA-seq-derived summary features as input (see Supplementary Table 7). Clinical
297 outcome information was intentionally excluded from the analysis.

298 Across the three cases, the LLM generated distinct hypothesis patterns reflecting differences in TEX
299 burden and transcriptional stability. In patients with extremely low or heterogeneous CD8⁺ TEX
300 signals (CID3946 and CID44041), TEX-guided immune checkpoint inhibitor monotherapy was
301 interpreted as having limited applicability, with uncertainty arising from sparse T cell sampling
302 explicitly emphasized, necessitating cautious interpretation. In contrast, patient CID44971 exhibited
303 a stable TEX transcriptional program, for which combination immune blockade strategies
304 were consistently prioritized within the inferred hypothesis space.

305 Importantly, the LLM explicitly confined all outputs to mechanistic hypotheses rather than treatment
306 recommendations and consistently highlighted safety considerations, particularly the increased risk
307 of immune-related adverse events in patients with pronounced TEX features.

308 Overall, the LLM generated distinct therapeutic hypotheses according to patient-specific TEX
309 transcriptomic states, with all outputs presented within the scope of hypothetical interpretation.

310 **4 Discussion**

311 In this study, to simultaneously capture cell state specificity and patient-level reproducibility, we
312 selected TEX-specific genes defined from single-cell RNA sequencing that exhibited consistent
313 directions of expression in bulk transcriptomic data and used them as inputs to a large language
314 model (LLM). This intersection-based strategy enhances the stability and interpretability of the inputs.
315 Although the primary analyses were conducted at the single-cell level, complementary analyses at
316 the cohort level were incorporated to verify that TEX-associated transcriptional programs exhibit
317 consistent directional patterns beyond individual cells, supporting their robustness across biological
318 contexts. These complementary results further indicated that TEX-associated alterations are more
319 coherently reflected at the level of coordinated transcriptional programs rather than individual genes.

320 Within this study, the LLM was not used to predict drug efficacy or to replace clinical decision-
321 making, but rather as a supportive analytical tool to integrate transcriptomic-level TEX programs
322 with existing biological and clinical knowledge and to structure knowledge-informed therapeutic
323 hypotheses and candidate drug sets. Accordingly, all LLM-generated outputs are not intended to
324 function as autonomous decisions or definitive clinical recommendations, but are explicitly framed as
325 hypothesis-level information to support expert interpretation, reflecting the requirement for careful
326 biological and clinical validation of transcriptomic signals in immuno-oncology.

327 A limitation of this approach is that TEX-associated genes and scores were not designed to directly
328 reflect clinical severity or disease progression. Future studies may address this limitation by in-
329 corporating weighted scoring schemes linked to clinical indicators or machine learning models to
330 more precisely quantify patient-specific TEX states. Such extensions suggest that this framework
331 could evolve into a reproducible strategy for generating immunotherapy hypotheses not only in
332 triple-negative breast cancer, but also across other cancer types characterized by chronic antigen
333 stimulation and immunosuppressive microenvironments.

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400 **A Appendix / supplemental material**

401 **A.1 Key resources**

Table 6: Key resources used in this study

Resource	Source	Identifier / Version	License / Terms of use
scRNA-seq dataset	GEO	GSE176078	NCBI GEO public data usage policy (citation required)
Bulk microarray dataset	GEO	GSE21653	NCBI GEO public data usage policy (citation required)
Python	Open source	v3.12.12	PSF License
Scanpy	Open source	v1.11.5	BSD 3-Clause License
GSEApY	Open source	v1.1.11	BSD License
HarmonyPy	Open source	v0.2.0	MIT License
GEOparse	Open source	v2020	MIT License
GO gene sets	Enrichr	GO_2021	Enrichr data usage policy
KEGG gene sets	Enrichr	KEGG_2021_Human	Enrichr data usage policy
MSigDB Hallmark gene set	Broad Institute	MSigDB (2020)	MSigDB Academic Use License
Large language model (LLM)	Upstage	Solar Pro 2	API-based use

402 **A.2. Transcriptomic analysis and differential expression**

403 An executable Google Colab notebook (Supplementary notebook 1) is provided to reproduce
404 the transcriptomic analyses reported in the paper; the notebook is shared via an anonymized access
405 link to preserve author anonymity.

406 This notebook includes data acquisition from GEO, quality control, normalization, differential expres-
407 sion analysis for both single-cell RNA-seq and bulk microarray data, and downstream enrichment
408 analyses. All parameters, software versions, and analysis steps correspond directly to those described
409 in the Materials and Methods section and are sufficient to reproduce the main results supporting the
410 core claims.

411 **A.3. LLM-assisted candidate curation**

412 A second Google Colab notebook (Supplementary notebook 2) is provided to demonstrate how
413 curated textual knowledge and transcriptomic-derived signatures are incorporated into the LLM-
414 assisted candidate curation framework; access is provided through an anonymized link. The notebook
415 documents the construction of a literature-based knowledge corpus, prompt templates, rule-based
416 filtering logic, and the input–output flow of the LLM component. No model training or parame-
417 ter optimization is performed; the notebook is intended to clarify the knowledge integration and
418 hypothesis-structuring steps described in the paper. The corresponding implementation and auxiliary
419 scripts are publicly available at anonymized GitHub repository.

420 **A.4 Computational resources**

421 All experiments were conducted using Google Colab and a local machine running VS Code with 32
422 GB RAM.

Table 7: Patient-specific LLM-suggested therapeutic hypotheses based on scRNA-seq TEX features.

Patient ID	scRNA-seq TEX Features (CD8 ⁺ T cells)	LLM-Suggested Drug Strategy	Key Cautions & Evidence from LLM
CID3946	<ul style="list-style-type: none"> CD8_TEX cells not detected ($n = 0$) Low-level expression of <i>PDCD1</i>, <i>LAG3</i>, <i>HAVCR2</i>, <i>TOX</i>, <i>CXCL13</i> Mean_S_TEX = -0.0123 Early or partial TEX state 	Primary (clinical trial-oriented) <ul style="list-style-type: none"> Pembrolizumab + Epagodostat Nivolumab + Ruxolitinib Secondary (research-stage) <ul style="list-style-type: none"> Nivolumab + Relatlimab Anti-CXCL13 antibody + anti-PD-1 	<ul style="list-style-type: none"> Limited efficacy expected for ICB monotherapy CXCL13-driven immune activation may be unpredictable irAEs possible despite low TEX marker expression TOX inhibition not recommended (preclinical only) CD39/CD73 targeting excluded due to <i>ENTPD1</i> non-expression
CID44041	<ul style="list-style-type: none"> Low-frequency CD8_TEX cells (~0.4%) Low expression of <i>TOX</i>, <i>PDCD1</i>, <i>LAG3</i>, <i>TIGIT</i>, <i>HAVCR2</i>, <i>ENTPD1</i> <i>CXCL13</i> not detected Incomplete or early TEX differentiation 	Research-stage combinations <ul style="list-style-type: none"> Nivolumab + Relatlimab Tiragolumab + anti-PD-1 Experimental <ul style="list-style-type: none"> TOX inhibition + anti-PD-1 	<ul style="list-style-type: none"> ICB monotherapy unlikely effective due to low TEX burden Elevated irAE risk despite weak TEX signals CXCL13 absence suggests reduced T-cell infiltration and TLS formation Preclinical validation strongly recommended
CID44971	<ul style="list-style-type: none"> Clear CD8_TEX phenotype High expression of <i>PDCD1</i>, <i>LAG3</i>, <i>TIGIT</i>, <i>HAVCR2</i>, <i>ENTPD1</i> High <i>CXCL13</i> expression (2.27) TEX maintenance via IFN-γ/IL-6/JAK-STAT signaling 	Primary (clinical trial priority) <ul style="list-style-type: none"> Nivolumab + Relatlimab Pembrolizumab + Tiragolumab Secondary (research-stage) <ul style="list-style-type: none"> TOX inhibitor + anti-PD-1 Anti-CXCL13 antibody + ICB 	<ul style="list-style-type: none"> High risk of Grade 3-4 irAEs and CRS IFN-γ/IL-6 signaling may both support and limit efficacy JAK/STAT inhibitors discouraged (safety-efficacy conflict) Requires intensive immune and cytokine monitoring

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424 **1. Claims**

425 Question: Do the main claims made in the abstract and introduction accurately reflect the
426 paper's contributions and scope?

427 Answer: [Yes]

428 Justification: The Abstract and Section 1 (Introduction) claim (i) integrative single-cell and
429 bulk transcriptomic identification of TEX signatures and (ii) an LLM-assisted, mechanism-
430 oriented hypothesis-generation framework using structured TEX stratification and pathway-
431 level inputs; these are directly supported by the described pipeline in Section 2 (Materials
432 and methods) and the corresponding results in Section 3 (Results).

433 Guidelines:

- 434 • The answer NA means that the abstract and introduction do not include the claims
435 made in the paper.
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437 contributions made in the paper and important assumptions and limitations. A No or
438 NA answer to this question will not be perceived well by the reviewers.
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440 much the results can be expected to generalize to other settings.
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442 are not attained by the paper.

443 **2. Limitations**

444 Question: Does the paper discuss the limitations of the work performed by the authors?

445 Answer: [Yes]

446 Justification: The paper explicitly discusses limitations in Section 4 (Discussion), including
447 that TEX-associated gene scores are not directly linked to clinical severity, that the approach
448 was validated on a limited number of public TNBC datasets, and that the LLM framework
449 is used for hypothesis generation rather than predictive or clinical decision-making, which
450 constrains generalizability and clinical interpretation.

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500 of the paper (regardless of whether the code and data are provided or not)?

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502 Justification: The paper specifies all datasets (GEO accession numbers), preprocessing steps,
503 quality-control thresholds, normalization procedures, differential expression criteria, and
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653 presents a reproducible framework that integrates transcriptomic analyses with structured
654 knowledge curation to support hypothesis generation in immuno-oncology. Negatively, it
655 explicitly acknowledges the risk that LLM-assisted outputs could be over-interpreted or
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