

1 **Conserving adaptive potential: lessons from Tasmanian devils and their** 2 **transmissible cancer**

3
4 Paul A. Hohenlohe^{1*}, Hamish I. McCallum², Menna E. Jones³, Matthew F. Lawrance⁴, Rodrigo
5 K. Hamede³, Andrew Storfer^{4*}

6
7 ¹Institute for Bioinformatics and Evolutionary Studies, Department of Biological Sciences,
8 University of Idaho, Moscow, ID 83843, USA

9
10 ²Environmental Futures Research Institute, Griffith University, Brisbane, QLD 4111, Australia

11
12 ³School of Biological Sciences, University of Tasmania, Hobart, TAS 7001, Australia

13
14 ⁴School of Biological Sciences, Washington State University, Pullman, WA 99164, USA

15
16 *corresponding authors:

17 Paul A. Hohenlohe, hohlenlohe@uidaho.edu , ORCID 0000-0002-7616-0161

18 Andrew Storfer, astorfer@wsu.edu
19

20 **Abstract**

21 Maintenance of adaptive genetic variation has long been a goal of management of natural
22 populations, but only recently have genomic tools allowed identification of specific loci
23 associated with fitness-related traits in species of conservation concern. This raises the
24 possibility of managing for genetic variation directly relevant to specific threats, such as those
25 due to climate change or emerging infectious disease. Tasmanian devils (*Sarcophilus harrisii*)
26 face the threat of a transmissible cancer, devil facial tumor disease (DFTD), that has decimated
27 wild populations and led to intensive management efforts. Recent discoveries from genomic and
28 modeling studies reveal how natural devil populations are responding to DFTD, and can inform
29 management of both captive and wild devil populations. Notably, recent studies have
30 documented genetic variation for disease-related traits and rapid evolution in response to DFTD,
31 as well as potential mechanisms for disease resistance such as immune response and tumor
32 regression in wild devils. Recent models predict dynamic persistence of devils with or without
33 DFTD under a variety of modeling scenarios, although at much lower population densities than
34 before DFTD emerged, contrary to previous predictions of extinction. As a result, current
35 management that focuses on captive breeding and release for maintaining genome-wide genetic
36 diversity or demographic supplementation of populations could have negative consequences.
37 Translocations of captive devils into wild populations evolving with DFTD can cause
38 outbreeding depression and/or increases in the force of infection and thereby the severity of the
39 epidemic, and we argue that these risks outweigh any benefits of demographic supplementation
40 in wild populations. We also argue that genetic variation at loci associated with DFTD should be
41 monitored in both captive and wild populations, and that as our understanding of DFTD-related
42 genetic variation improves, considering genetic management approaches to target this variation
43 is warranted in developing conservation strategies for Tasmanian devils.
44

45 **Keywords**

46 captive breeding, conservation genomics, emerging infectious disease, supplementation, wildlife
47 cancer

48

49 **Introduction**

50 The maintenance or enhancement of genetic diversity has long been a focus of
51 conservation efforts to manage declining, threatened or endangered species (Soulé and Wilcox
52 1980). Early efforts focused on ensuring a minimum effective population size to prevent loss of
53 alleles via genetic drift and avoidance of demographic processes that could lead to inbreeding
54 (Gilpin and Soulé 1986; Lande 1995). The development of genetic tools such as microsatellites
55 allowed direct monitoring of genetic diversity and facilitated more active genetic management,
56 such as genetic rescue, which involves introducing genetic variation into a threatened population
57 to increase population fitness (Frankham 2015; Whiteley et al. 2015). For example,
58 translocations likely prevented extinction and even facilitated recovery in the Florida panther,
59 which suffered from inbreeding depression prior to introduction of animals from Texas (Johnson
60 et al. 2010).

61 Whereas management of overall genetic diversity is a general strategy for maximizing
62 evolutionary potential in the face of uncertain environmental change (Gilpin and Soulé 1986), we
63 are now in the midst of an era of urgent and specific threats coming from anthropogenic global
64 change. With the advent of genomic techniques, researchers can identify loci responsible for
65 reduced fitness (Kardos et al. 2016), associated with variation in phenotypic traits (Santure and
66 Garant 2018), or associated with adaptive differentiation among populations and adaptation to
67 specific environmental factors (Rellstab et al. 2015; Hoban et al. 2016; Storfer et al. 2018a).
68 Numerous studies have identified such loci in natural populations (reviewed by Luikart et al.
69 2018), and Bay et al. (2018) provide an approach for using genomic information on adaptive loci
70 in predictive modeling of species responses to specific and immediate threats, such as climate
71 change or emerging infectious diseases. However, when and how to tailor active conservation
72 efforts based on information about particular loci versus overall genetic variation remains a
73 challenging question.

74 Tasmanian devils (*Sarcophilus harrisii*) are a prime example of a species facing a
75 specific threat. Once native to mainland Australia and the island of Tasmania, these marsupial
76 carnivores were restricted to the island state of Tasmania by the time of European colonization
77 (Brüniche-Olsen et al. 2018). Devils appear to have experienced genetic bottlenecks prior to the
78 contraction of their distribution to Tasmania, which affected genetic diversity at immune-related
79 (Morris et al. 2013) and neutral loci, likely resulting from climatic changes associated with
80 extreme El Niño events 3,000-5,000 years ago and the glacial maximum more than 20,000 years
81 ago (Brüniche-Olsen et al. 2014). Thus far, all genetic studies of devils have shown low genetic
82 diversity in microsatellites (Jones et al. 2004; Lachish et al. 2011; Brüniche-Olsen et al. 2014),
83 mitochondrial genomes (Miller et al. 2011; Brüniche-Olsen et al. 2018), MHC class I (Siddle et
84 al. 2010) and class II (Cheng et al. 2012) loci, and RADseq-derived SNPs (Hendricks et al.
85 2017). Since the mid-1990s, Tasmanian devil populations have declined progressively island-
86 wide as a result of the appearance and spread of devil facial tumor disease (DFTD), a
87 transmissible cancer (Pearse and Swift 2006; Murchison 2009). Transmitted by biting during
88 common social interactions among devils, DFTD is almost always fatal (McCallum et al. 2009;
89 Hamede et al. 2013). In just over 20 years, this clonal cell line has spread approximately 95% of
90 the way across the devil's geographic range, causing localized declines often exceeding 90% and

91 a species-wide decline of approximately 80% (McCallum et al. 2009; Hamede et al. 2015;
92 Lazenby et al. 2018; Storfer et al. 2018b). The severity of this outbreak led to predictions of
93 complete extinction of devils, based on compartmental epidemiological models with frequency-
94 dependent transmission of DFTD (McCallum et al. 2009). However, no local extinctions have
95 been documented (Lazenby et al. 2018; Storfer et al. 2018b).

96

97 **Recent findings in Tasmanian devils and DFTD**

98 A number of recent studies have provided a better understanding of the impacts of DFTD
99 on devil populations and insights into potential future outcomes (Storfer et al. 2018b; Russell et
100 al. 2018). A large amount of research has focused on the physiological and immunological
101 responses of individual devils to DFTD infection (e.g., Siddle et al. 2013; Brown et al. 2016) and
102 genetic changes in the tumor cell line (e.g., Pearse et al. 2012; Ujvari et al. 2013); here we focus
103 on genetic variation and the potential population responses to disease.

104 Recent genomic studies have found evidence of both genetic variation for DFTD-related
105 phenotypes and rapid evolution of devils at loci with functions potentially related to DFTD
106 resistance and transmission (see Supplemental Table S1 for a list of the candidate genes
107 identified by these studies). Epstein et al. (2016) scanned 90,000 SNP loci for multiple signatures
108 of selective sweeps (large changes in allele frequencies pre- and post-disease, increases in
109 linkage disequilibrium, and time-series analyses) in three independent devil populations across a
110 wide geographic area. Strong support was found for rapid evolution (in 4-6 generations) in two
111 small genomic regions containing seven candidate genes, five of which were associated with
112 immune and cancer-related functions (Epstein et al. 2016). In a second study, Hubert et al.
113 (2018) re-analyzed the same dataset using a maximum likelihood approach and extensive
114 functional annotations, and they found evidence for responses to selection in 97 genomic regions
115 containing 148 protein coding genes. Nearly all of these loci with human orthologs were linked
116 with cancer, and many with behavior (Hubert et al. 2018). More directly, a genome-wide
117 association study (GWAS) of 624 devils at nearly 16,000 SNP loci explained much of the
118 phenotypic variance for survival of females with DFTD (>80%) and female case-control (>61%)
119 (Margres et al. 2018a). Notably, for female survival a large proportion of the variance (>61%)
120 was explained by relatively few (~5) large-effect SNP loci.

121 Remarkably, a small but growing number (fewer than 20) of devils have recently shown
122 tumor regression or even complete tumor disappearance after DFTD infection (Pye et al. 2016a;
123 Wright et al. 2017). A comparative genomic study of devils with tumor regression versus those
124 that succumbed to DFTD showed evidence that three genes involved in the regression process
125 likely stimulate angiogenesis in cancer metastases, perhaps enabling increased tumor
126 vascularization to enable lymphocyte penetration (Wright et al. 2017). A second comparative
127 genomic study suggested that regulatory changes in gene expression were involved (Margres et
128 al. 2018b). Additionally, wild devils have recently shown evidence of an apparently effective
129 immune response (Pye et al. 2016a) with circulating lymphocytes that infiltrate the tumor, as
130 well as circulating antibodies against DFTD.

131 Despite models predicting devil extinction (McCallum et al. 2009), the longest diseased
132 populations persist (Lazenby et al. 2018), and more recent modeling efforts are beginning to
133 explain this observation. Based on long-term field study of the West Pencil Pine population
134 located near Cradle Mountain, Wells et al. (2017) found that force of infection, the rate at which
135 susceptible individuals become infected, began to decline roughly six years after disease
136 appearance, and that devils that get infected with DFTD are otherwise more fit than those that do

137 not. Additionally, survival after infection is 12-24 months, longer than previous field estimates of
138 3-9 months based on recapture data (Wells et al. 2017). Two epidemiological models at different
139 spatial scales (Siska et al. 2018; Wells et al. 2019) also predict persistence of devils over a wide
140 range of scenarios, without explicitly incorporating genetic changes. Wells et al. (2019) predict
141 devil persistence with or without DFTD in single populations, by including tumor growth and
142 individual variation in tumor load, in approximately 80% of simulations. At the metapopulation
143 level, Siska et al. (2018) predict dynamic, long-term coexistence of devils and DFTD, using
144 models that incorporate spatial movement, local extinction, and recolonization.

145

146 **Current conservation strategies for Tasmanian devils**

147 There are several strategies that have been proposed to manage the impact of DFTD on
148 wild Tasmanian devil populations (Jones et al. 2007; McCallum 2008), although some have
149 proven ineffective or unfeasible. Removing diseased animals, or culling, was unsuccessful when
150 attempted (Lachish et al. 2010), and models have shown that no feasible culling strategy exists
151 because of the need for unachievably high capture rates (Beeton and McCallum 2011). Isolation
152 of a disease-free population, for instance on islands or by fencing, has also been proposed
153 (McCallum and Jones 2010; Huxtable et al. 2015). However, fencing and related strategies are
154 impractical because devils form a relatively continuous metapopulation across the species range
155 (Hendricks et al. 2017) with few natural barriers (Storfer et al. 2017), and DFTD has spread
156 across nearly the entire topographically rugged range with few remaining disease-free
157 populations. As a result, two primary conservation strategies are currently being pursued: captive
158 breeding and release, and vaccine development.

159 First, a captive insurance metapopulation distributed across a number of locations was
160 established in 2006 with the goal of maintaining a disease-free population that is “genetically
161 representative of the species” (CBSG/DPIPWE/ARAZPA 2009). The insurance population has
162 been managed using a pedigree approach geared to maximize genetic diversity across the
163 genome (Hogg et al. 2015; Grueber et al. 2018). Genetic marker panels have been developed to
164 monitor genetic diversity (Wright et al. 2015), and genetic data may provide more accurate
165 information than pedigree estimates to minimize inbreeding and loss of variation (Hogg et al.
166 2018). A disease-free population was established on Maria Island, derived from the captive
167 insurance population (Thalmann et al. 2016). McLennan et al. (2018) estimated a pedigree for
168 this population based on a panel of microsatellite loci and predicted substantial loss of genetic
169 variation, suggesting that the small size of this population limits its utility for long-term
170 conservation efforts in the absence of continued supplementation. A disease-free population was
171 also established on the Forestier Peninsula, which is connected to mainland Tasmania by a road
172 bridge across a human-made canal. Devils were first eradicated from the 64,000 hectare
173 peninsula and then disease-free individuals introduced from the captive population (Huxtable et
174 al. 2015). Despite the use of genetic markers to quantify variation and estimate pedigree
175 relationships, genetic management of the captive population has not focused specifically on loci
176 associated with DFTD.

177 An original goal of the insurance population was to be a source for reintroduction
178 following local extinction of devil populations (CBSG/DPIPWE/ARAZPA 2009), although no
179 local extinctions have since been documented. Nonetheless the Tasmanian government has
180 released more than 80 animals from the insurance population into the wild, with the stated
181 objectives of boosting devil population size and increasing genetic diversity (DPIPWE 2018).
182 Behavioral changes and possibly domestication selection have reduced the fitness of individuals

183 released from the insurance population, including increased vulnerability to vehicle mortality
184 (Grueber et al. 2017). Currently, genetic variation at specific loci showing signatures of selection
185 in response to DFTD, or associated with DFTD-related phenotypes such as tumor regression, is
186 not considered in assessing individuals for release into wild populations.

187 Second, researchers are investigating the development of a vaccine that could be
188 delivered to wild devils. The prospect of success is supported by progress in understanding
189 immune responses in devils (Brown et al. 2011, 2016; Kreiss et al. 2015) and the observations of
190 tumor regression and immune response in wild populations described above (Pye et al. 2016a).
191 Experimentally treating devils with radiation-killed DFTD cells can produce a detectable
192 immune response, which in some cases led to tumor regression in captive animals (Tovar et al.
193 2017). Pye et al. (2018) found that devils treated with DFTD cells manipulated to produce MHC
194 class I antigens induce an antibody response in devils released into the wild. Yet despite this
195 progress, it is not yet known whether immunization may be protective against DFTD infection in
196 the field.

197

198 **Genetic management and future directions**

199 Current conservation efforts in Tasmanian devils are geared toward maintenance of
200 overall genetic diversity in captivity, to release of individuals into existing wild populations to
201 supplement overall genetic variation and demographic population sizes, and to mitigate the
202 extent of ecosystem change due to trophic cascades (CBSG/DPIPWE/ARAZPA 2009; Huxtable
203 et al. 2015). However, devils have the potential to be a model system for designing conservation
204 strategies focused on adaptive genetic diversity. Devils have been the subject of long-term mark-
205 recapture studies throughout the species range, with phenotypic data and tissue samples collected
206 from over 10,000 individuals in addition to over 2,000 tumor biopsies. Traditional genetic tools
207 such as Sanger sequencing (Cheng et al. 2012) and microsatellite loci (Jones et al. 2003) have
208 been widely applied, and microsatellites are used in genetic monitoring and pedigree estimation
209 in the captive population (Hogg et al. 2015, 2016). Genomic tools include devil reference
210 genome and transcriptome sequences (Murchison et al. 2012), tumor genome sequences
211 (Stammnitz et al. 2018), comparative genomics (Wright et al. 2017; Margres et al. 2018b), and a
212 number of genetic marker panels (Siddle et al. 2010; Morris et al. 2015; Wright et al. 2015;
213 Epstein et al. 2016; Margres et al. 2018a). Given these resources and substantial novel results, it
214 is timely to re-evaluate a few basic questions about strategies for devil conservation: What is
215 likely to happen to devil populations in the absence of management actions? What are the
216 benefits and risks of the ongoing management actions on devil populations, and how do they
217 change predicted future outcomes? What is the best management strategy to maintain adaptive
218 potential in devils, in the face of DFTD as well as other environmental changes, into the future?

219 Recent results point toward greater likelihood of long-term devil persistence than
220 previously expected without any intervention. This conclusion comes from predictive modeling
221 (Wells et al. 2017, 2019; Siska et al. 2018) as well as evidence of DFTD-relevant genetic
222 variation (Margres et al. 2018a), recovery of DFTD-infected individuals (Pye et al. 2016a;
223 Wright et al. 2017; Margres et al. 2018b), shifts in life history traits (Jones et al. 2008; Hamede
224 et al. 2012; Lazenby et al. 2018; Russell et al. 2018), and rapid evolution at the genomic level in
225 response to DFTD (Epstein et al. 2016; Hubert et al. 2018). This provides some margin of time
226 to optimize conservation strategies with regard to adaptive genetic variation. Note, however, that
227 the same models predict long-term persistence of devils at much lower population densities,
228 particularly under scenarios in which DFTD also persists (Siska et al. 2018; Wells et al. 2019).

229 Thus in the absence of any conservation actions, devils are likely to persist, but active
230 management may be necessary if a conservation goal is to restore population densities and the
231 ecological function of devils as the current apex mammalian predator and key scavenger
232 (Hollings et al. 2015; Cunningham et al. 2018). Future research priorities include incorporating
233 genetic variation and evolution in both devils and DFTD into predictive models, as well as
234 empirically investigating coevolution between host and tumor.

235 Release of individuals from captivity into wild populations has the potential benefits of
236 increasing numbers of individuals in these populations (i.e. demographic rescue), as well as
237 increasing adaptive genetic diversity, potentially improving population fitness through genetic
238 rescue. Attempts at genetic rescue carry the risk of outbreeding depression – reduced fitness as a
239 result of erosion of locally adapted genotypes. Recent work shows that genetic rescue attempts
240 often do not suffer from outbreeding depression and increase fitness (Frankham 2015; Whiteley
241 et al. 2015). A notable exception to this trend is when captive populations are used as a source
242 for translocation, because of the potentially rapid and unavoidable genetic changes that can occur
243 in captivity (Whiteley et al. 2015). Additionally, genetic rescue is only appropriate if there is
244 evidence of inbreeding depression or reduced fitness due to low genetic diversity (Weeks et al.
245 2012; Whiteley et al. 2015). While devils have low genetic diversity and some populations have
246 shown declines (Farquharson et al. 2018), there is no evidence for inbreeding depression in wild
247 (Brüniche-Olsen et al. 2013) or captive (Gooley et al. 2017) populations, or genetic limits on
248 devil population fitness.

249 Recent genomic and modeling results in devils discussed above suggest that the risks to
250 release of captive individuals into natural populations may be substantial, and we argue against
251 further release of captive individuals into DFTD-infected wild populations. Translocated
252 individuals can carry deleterious alleles and counteract the effects of natural selection (for
253 example in a salmonid fish; Ferchaud et al. 2018). In the case of devil populations this includes
254 increasing the frequency of alleles conferring susceptibility to DFTD. Moreover, increasing the
255 proportion or number of susceptible individuals would change the dynamics of the DFTD
256 epidemic, increasing the force of infection and disease transmission rates, potentially
257 outstripping any demographic or genetic gains (Wells et al. 2017). Because the insurance
258 population was drawn from DFTD-free populations, with limited supplementation with orphans
259 from diseased populations, and has not been managed for genetic factors explicitly related to
260 DFTD, it is reasonable to assume that the captive population has higher frequencies of
261 susceptible genotypes than natural populations that have evolved in response to DFTD (Epstein
262 et al. 2016). As a result, perhaps counterintuitively, increasing natural population sizes in the
263 short term with supplementation of captive individuals could have the long-term consequence of
264 reducing population sizes because of changes in disease dynamics.

265 We recommend genetic monitoring of allelic variation at DFTD-related loci in both
266 captive and wild populations, as these loci continue to be identified. This would inform
267 predictions about the future of the epidemic, as well as determining how the frequency of
268 susceptible individuals would be affected by supplementation. Development of a panel of genetic
269 markers that would predict individual-level susceptibility would also provide a tool for guiding
270 captive breeding efforts toward natural devil populations that have the capacity to adapt to
271 DFTD, and choosing individual devils for possible translocation from the captive population to
272 the wild. To date, most loci identified as candidates from the selection and association tests
273 described above (Table S1) have not been functionally validated, for instance by study of gene
274 expression and function with transcriptomics, genetic manipulation *in vitro*, or other approaches.

275 We do not advocate selecting for particular genotypes at a set of loci based on these published
276 candidates. But as our understanding improves, management could include the goal of
277 maintaining genetic variation at these loci where strong evidence for an association with DFTD-
278 related phenotypes is found, even if the complete mechanistic link remains unclear. Over the
279 longer term, better understanding of the relationships among genetic variation, individual
280 susceptibility, and population-level disease outcomes will inform other genetic management
281 strategies. One important result of the predictive modeling and evidence for rapid evolution
282 described above is that it may provide somewhat less urgency for active management, as
283 unmanaged natural populations may be more likely to persist, although at lower densities, than
284 previously predicted. We suggest that this time window should be used to evaluate potential
285 genetic management strategies targeting DFTD-associated loci, as our understanding of these
286 loci continues to improve.

287 However, a risk of managing for DFTD-related genetic variation is adverse effects on
288 variation important for other population stressors, such as habitat loss, anthropogenic mortality,
289 or environmental change, or other pathogens. Remarkably, a second independent transmissible
290 cancer was recently discovered in Tasmanian devils, called DFT2 (Pye et al. 2016b), suggesting
291 that devils may be particularly susceptible to this unique type of disease. DFT2 appears to have
292 broad similarities to DFTD (Stanmitz et al. 2018), suggesting that similar suites of genes
293 involved in immune system function and cancer may be involved in potential resistance and
294 evolutionary response to both diseases. The appearance of DFT2 raises the possibility of
295 discovering and managing devil populations for genetic factors associated with resistance or
296 other phenotypes associated with transmissible cancers in general, rather than DFTD
297 specifically, but to date any host responses to DFT2 remain poorly understood.

298 Tasmanian devils face a unique conservation threat in the form of transmissible cancer,
299 but the vast genetic resources available for the devil-DFTD system make the devil a potential
300 model system for management of adaptive genetic variation. We urge continual re-evaluation of
301 devil conservation strategies as our understanding advances. More broadly, the devil-DFTD
302 system illustrates how modern advances in genomics can allow detection of adaptive or
303 functionally significant loci in species of conservation concern, including loci associated with an
304 acute threat to species persistence, such as disease. Identification of such loci should lead
305 conservation biologists to consider the effects of current conservation strategies on this adaptive
306 variation, and the potential utility of genetic management strategies for endangered populations
307 beyond simple maximization of genetic diversity.

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521 **Table S1:** List of candidate genes and putative gene functions identified by recent genomic
522 studies of Tasmanian devils and DFTD (Epstein et al. 2016; Hubert et al. 2018; Margres
523 et al. 2018a,b; Wright et al. 2017).