

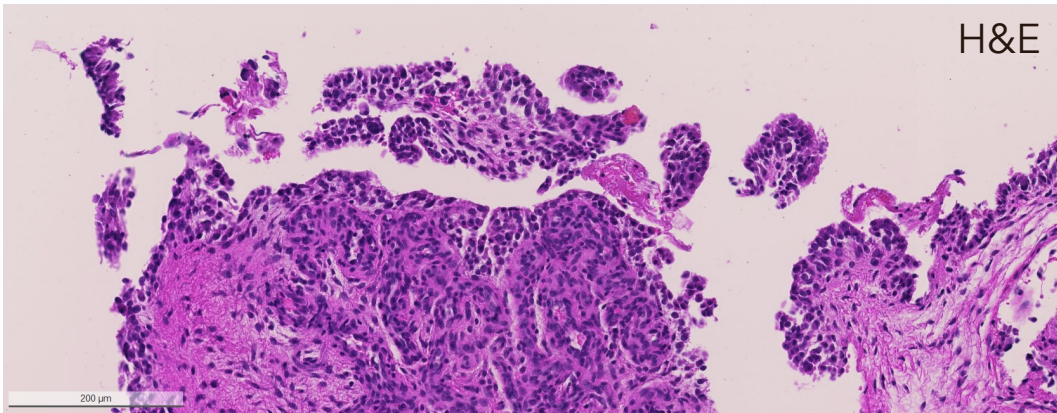
Supplemental information

Molecular maps of synovial cells in inflammatory arthritis using an optimized synovial tissue dissociation protocol

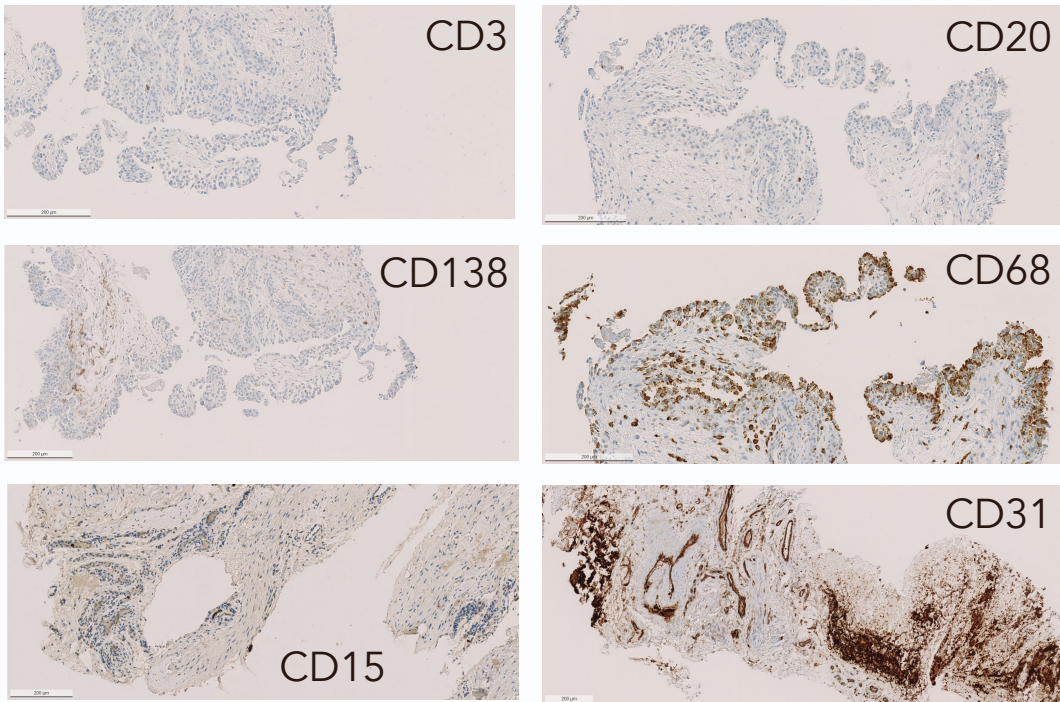
Sam G. Edalat, Reto Gerber, Miranda Houtman, Janine Lückgen, Rui Lourenço Teixeira, Maria del Pilar Palacios Cisneros, Tamara Pfanner, Tadeja Kuret, Nadja Izanc, Raphael Micheroli, Joaquim Polido-Pereira, Fernando Saraiva, Swathi Lingam, Kristina Burki, Blaž Burja, Chantal Pauli, Žiga Rotar, Matija Tomšič, Saša Čučnik, João Eurico Fonseca, Oliver Distler, Ângelo Calado, Vasco C. Romão, Caroline Ospelt, Snežna Sodin-Semrl, Mark D. Robinson, and Mojca Frank Bertoneclj

Figure S1

a



b



c

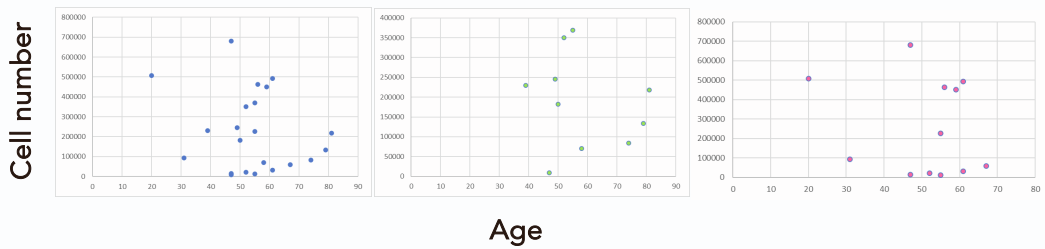


Figure S2

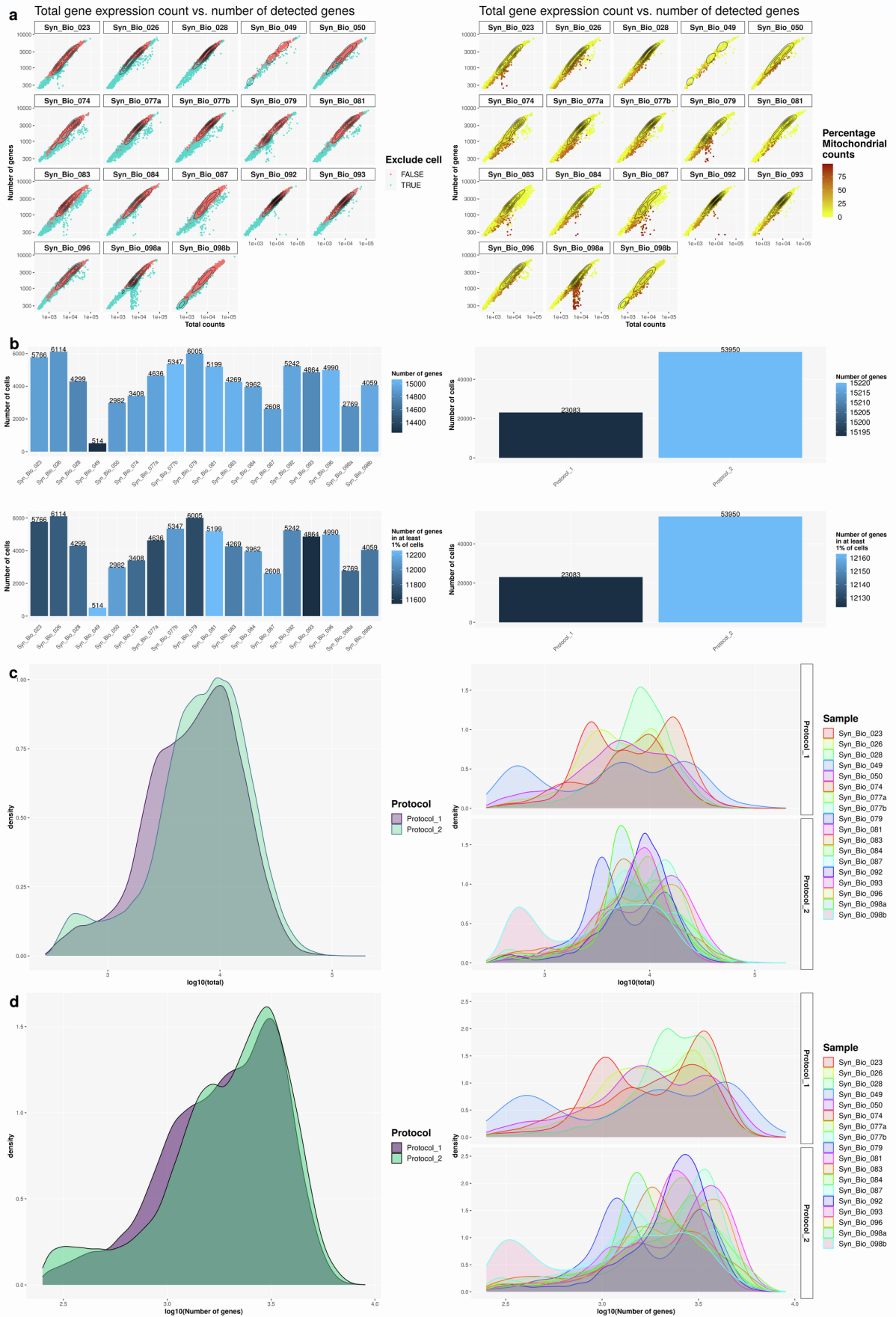


Figure S3

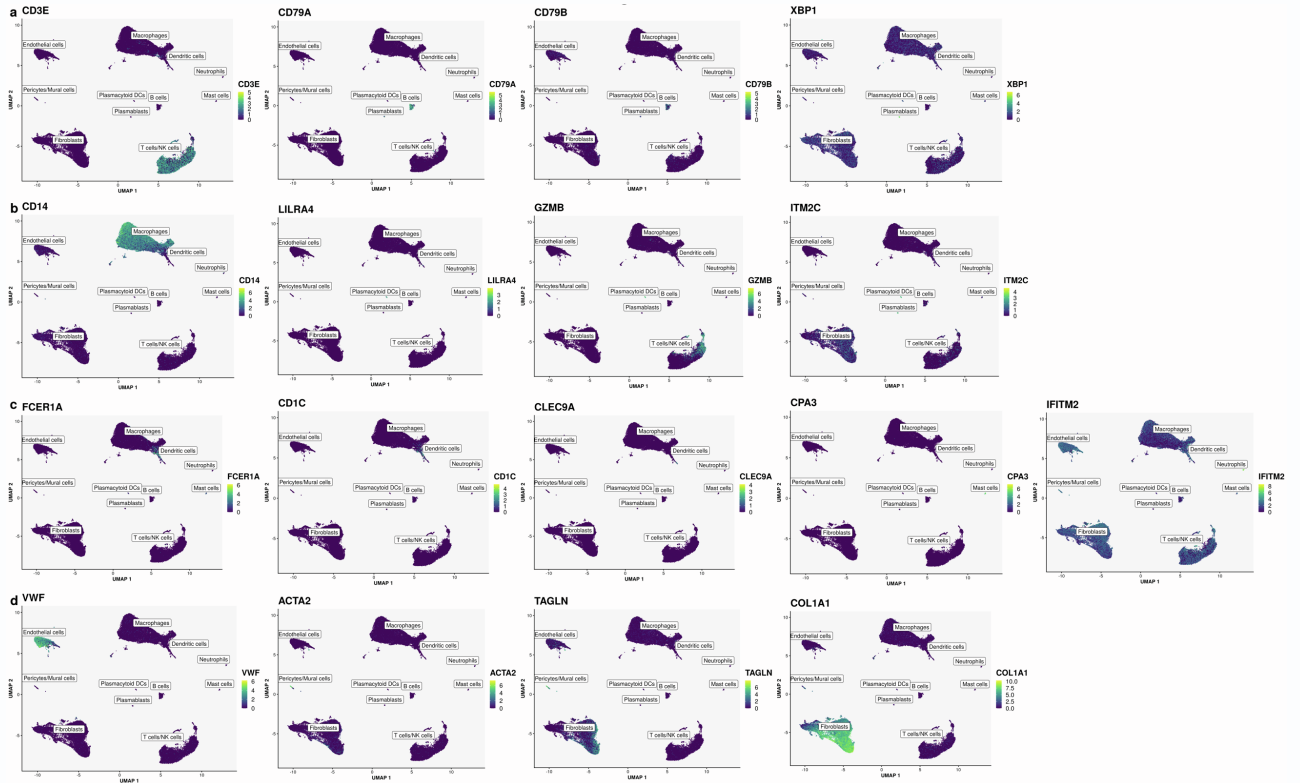


Figure S4

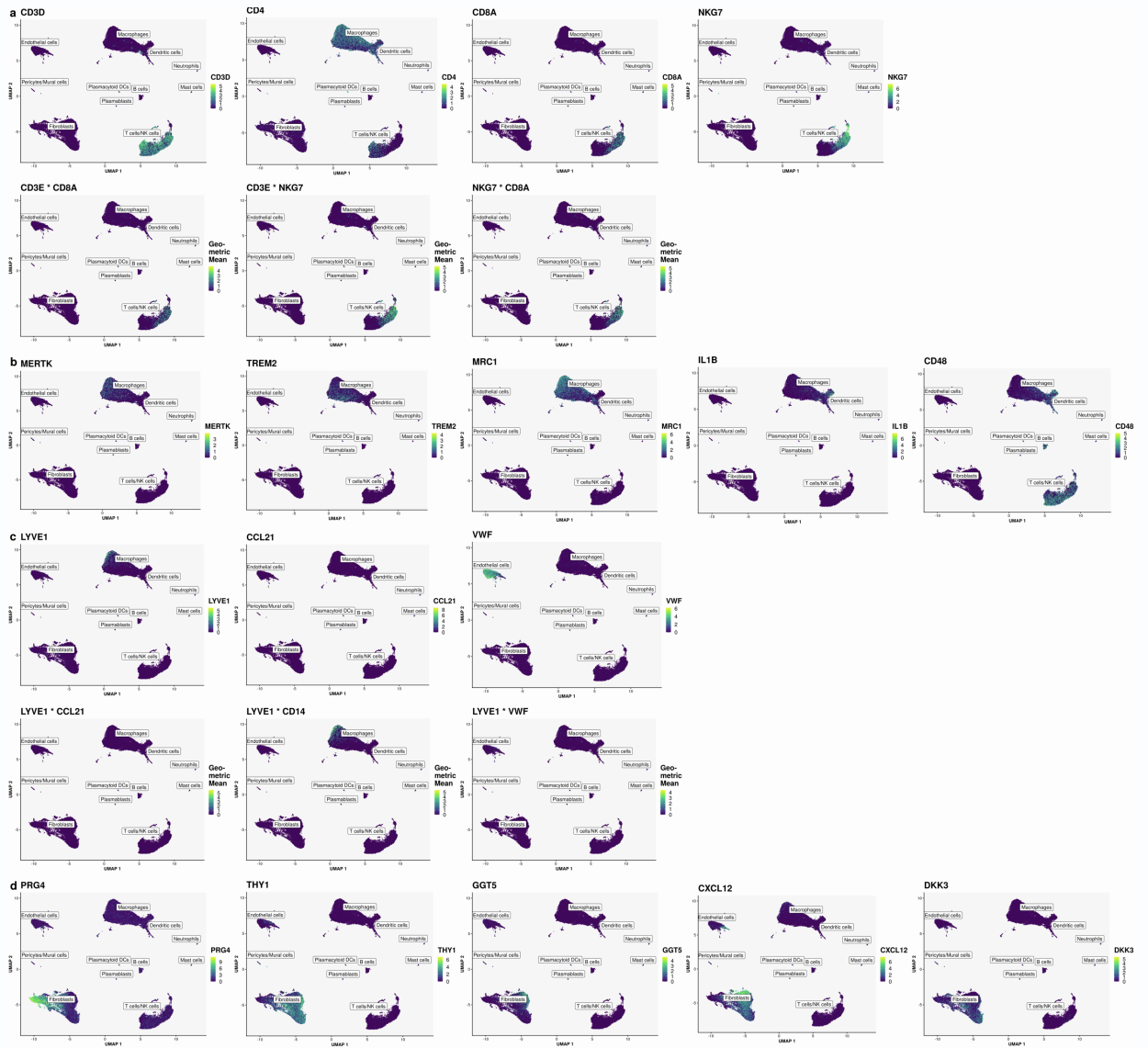


Figure S5

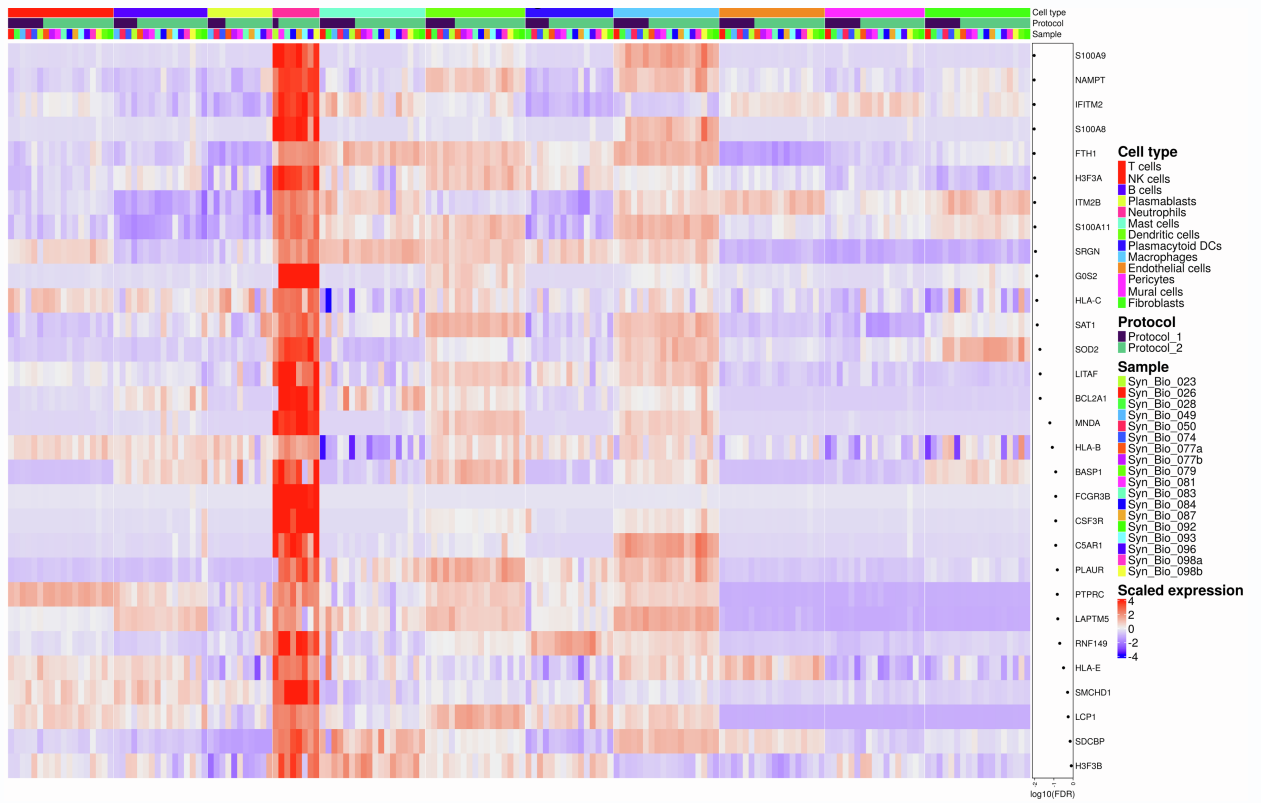
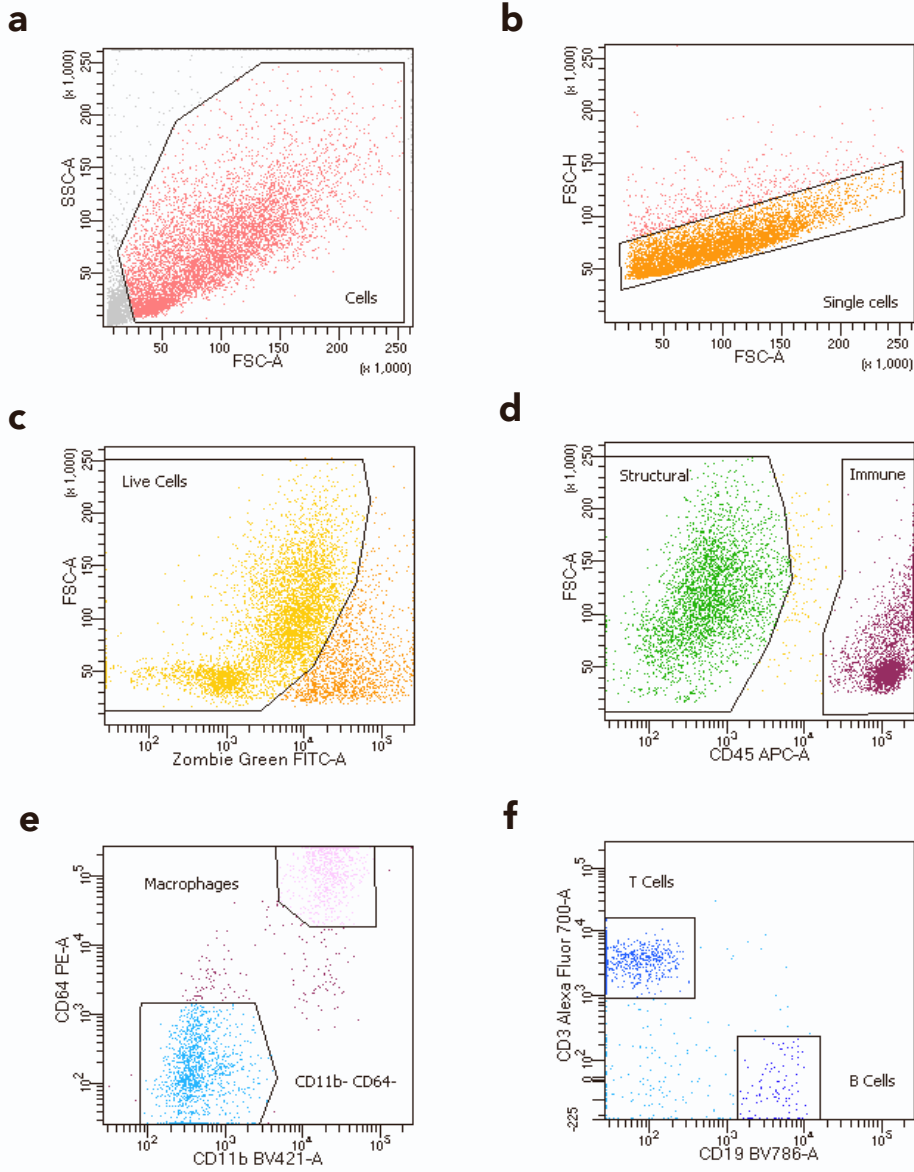


Figure S6



g

Tube: Multicolor Staining + Viability Dye

Population	#Events	%Parent	%Total
All Events	10,121	####	100.0
Cells	7,514	74.2	74.2
Single cells	7,004	93.2	69.2
Live Cells	5,619	80.2	55.5
Structural	3,218	57.3	31.8
Immune	2,270	40.4	22.4
Macrophages	736	32.4	7.3
CD11b- CD64-	1,367	60.2	13.5
T Cells	1,081	79.1	10.7
B Cells	100	7.3	1.0

Figure S7

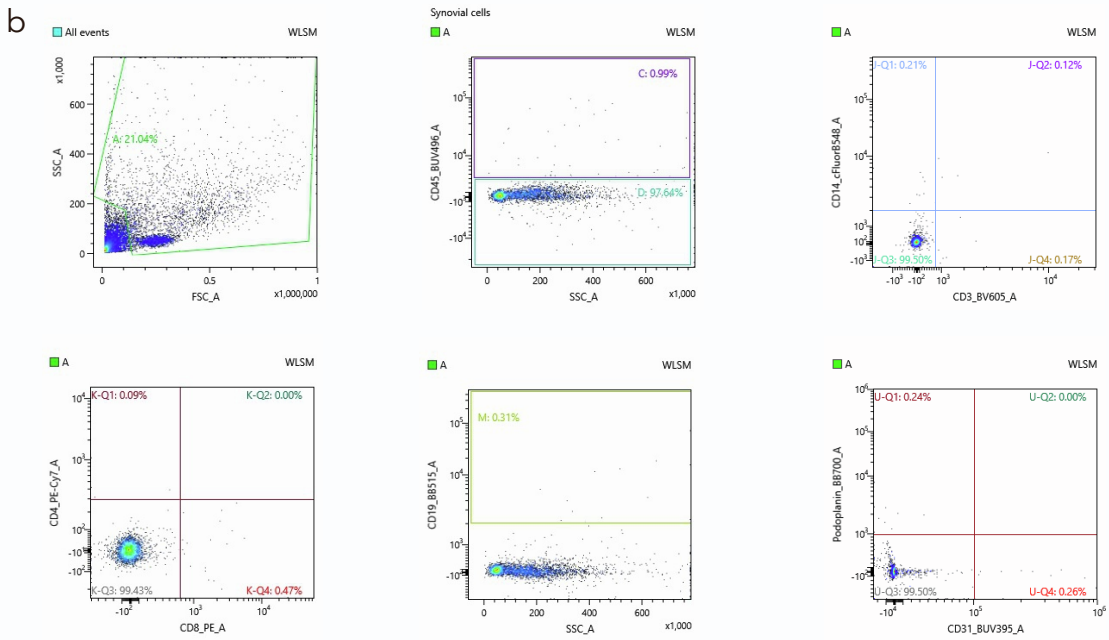
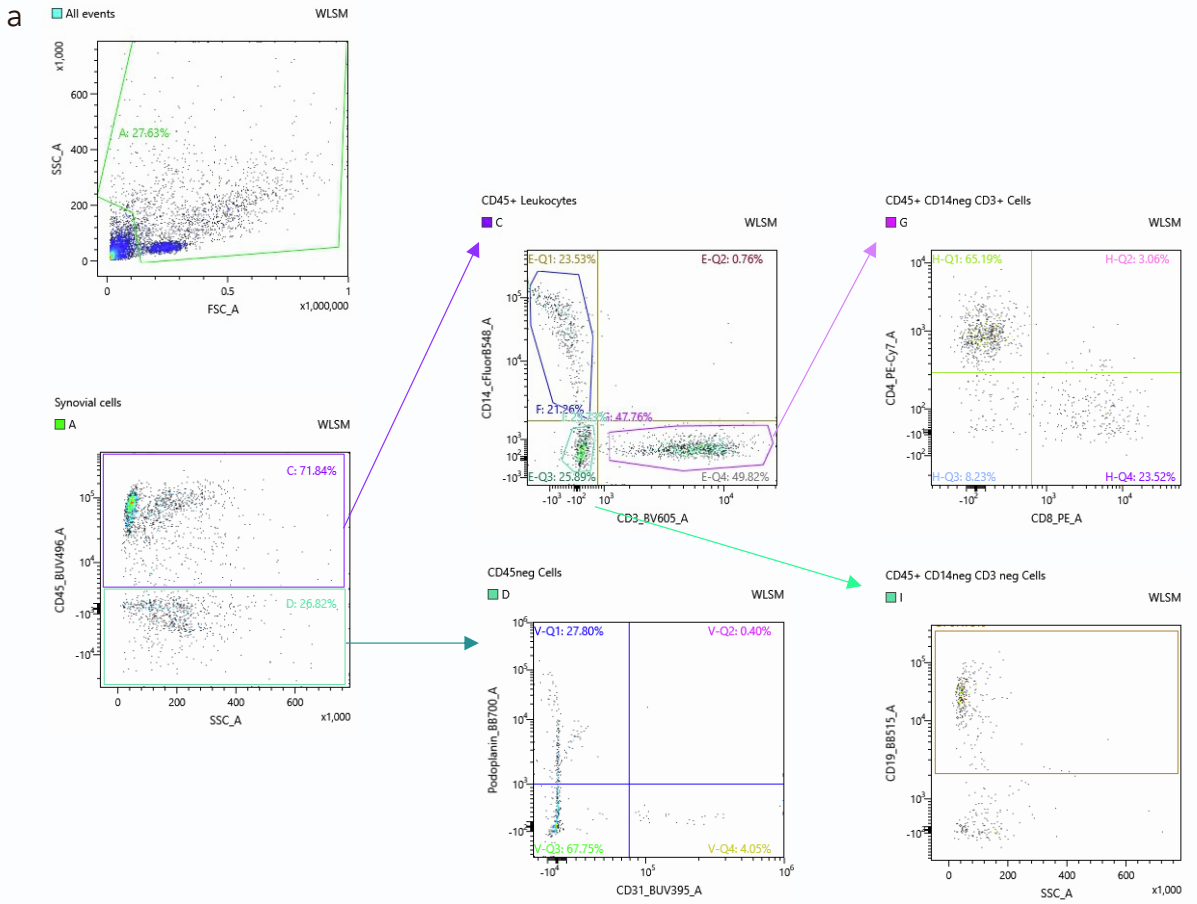


Figure S8

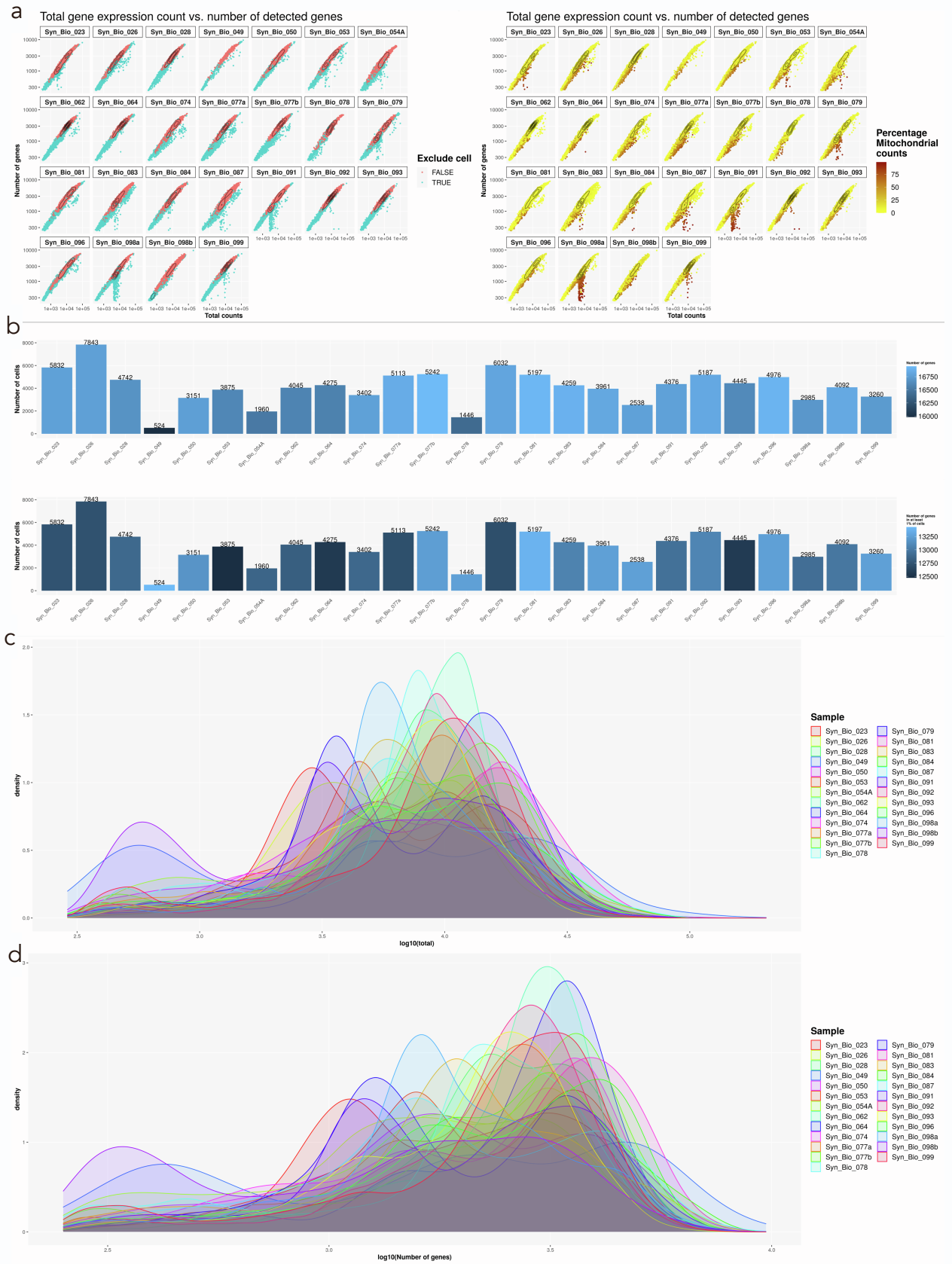


Figure S9

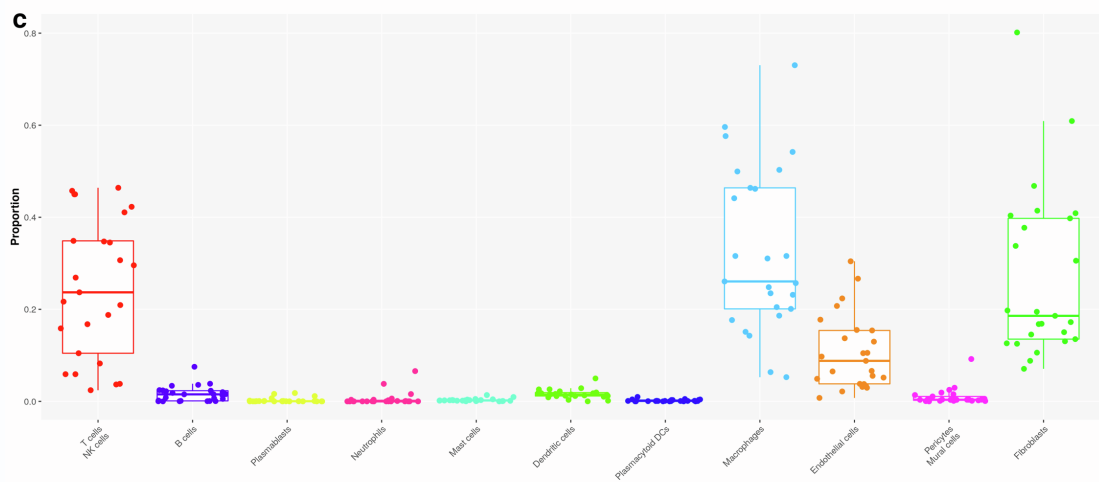
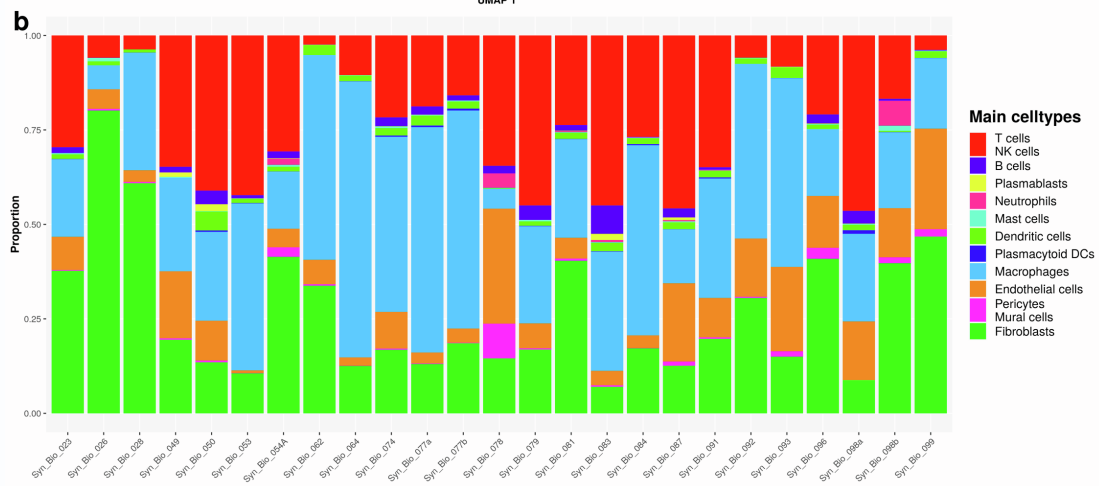
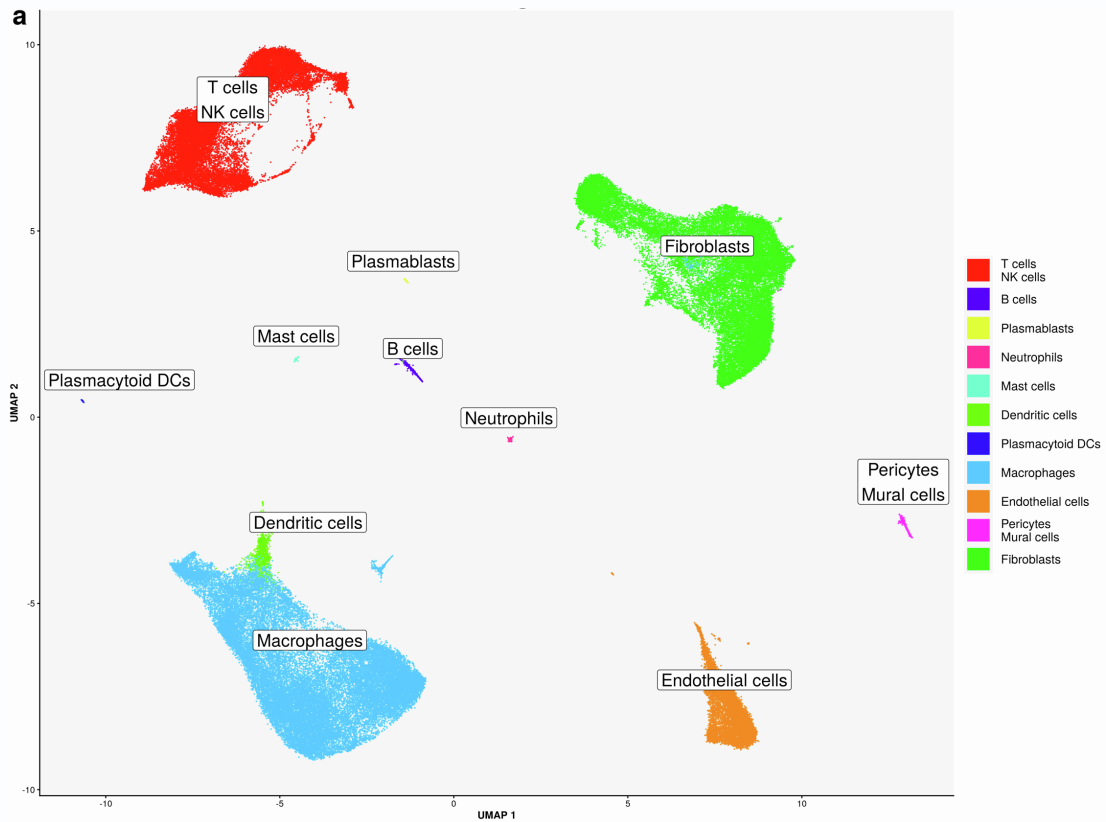


Figure S10

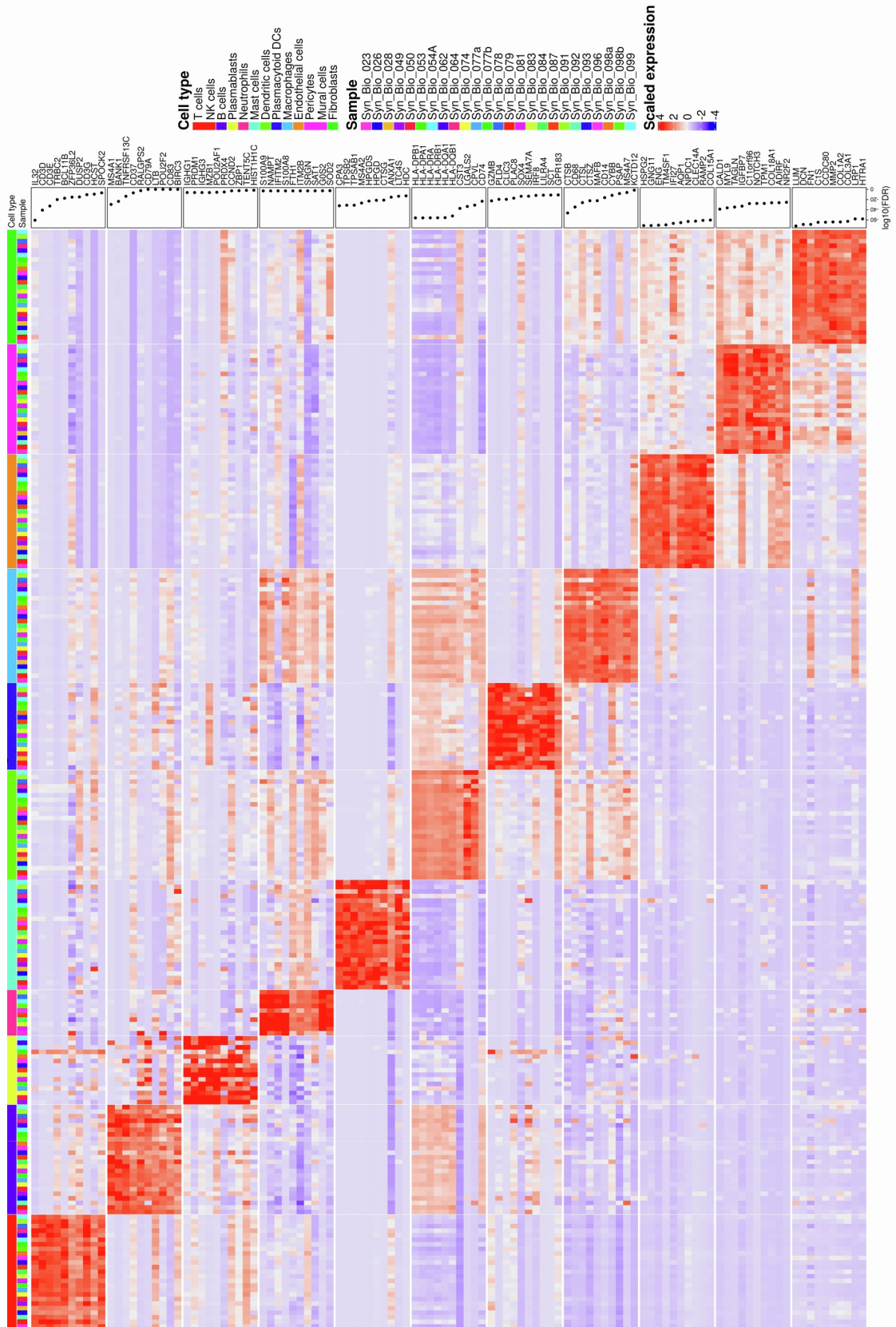


Figure S11

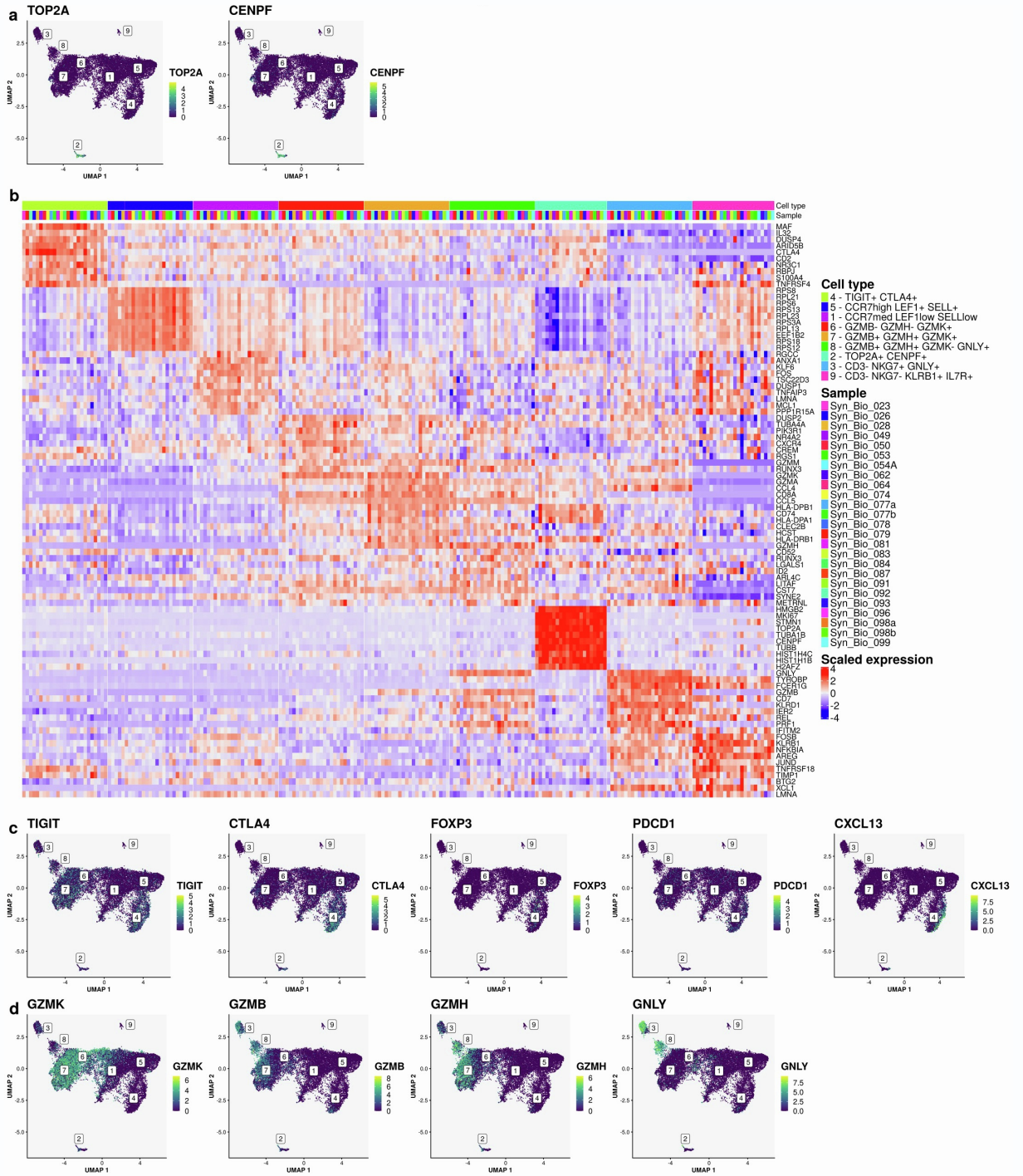
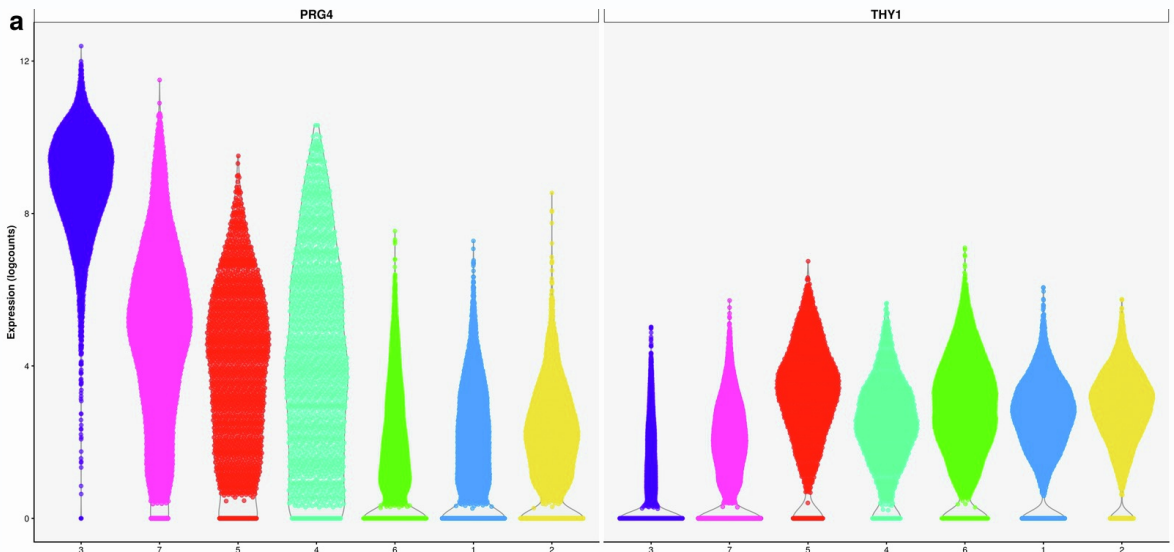


Figure S12



b

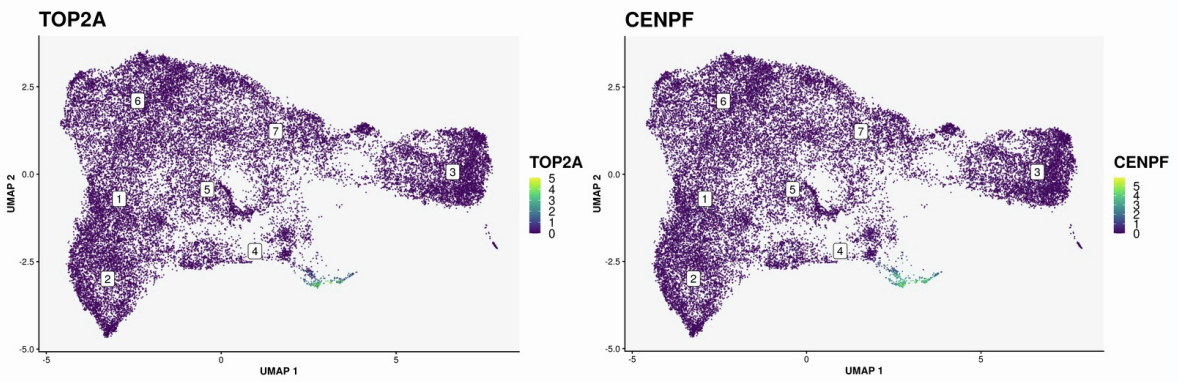
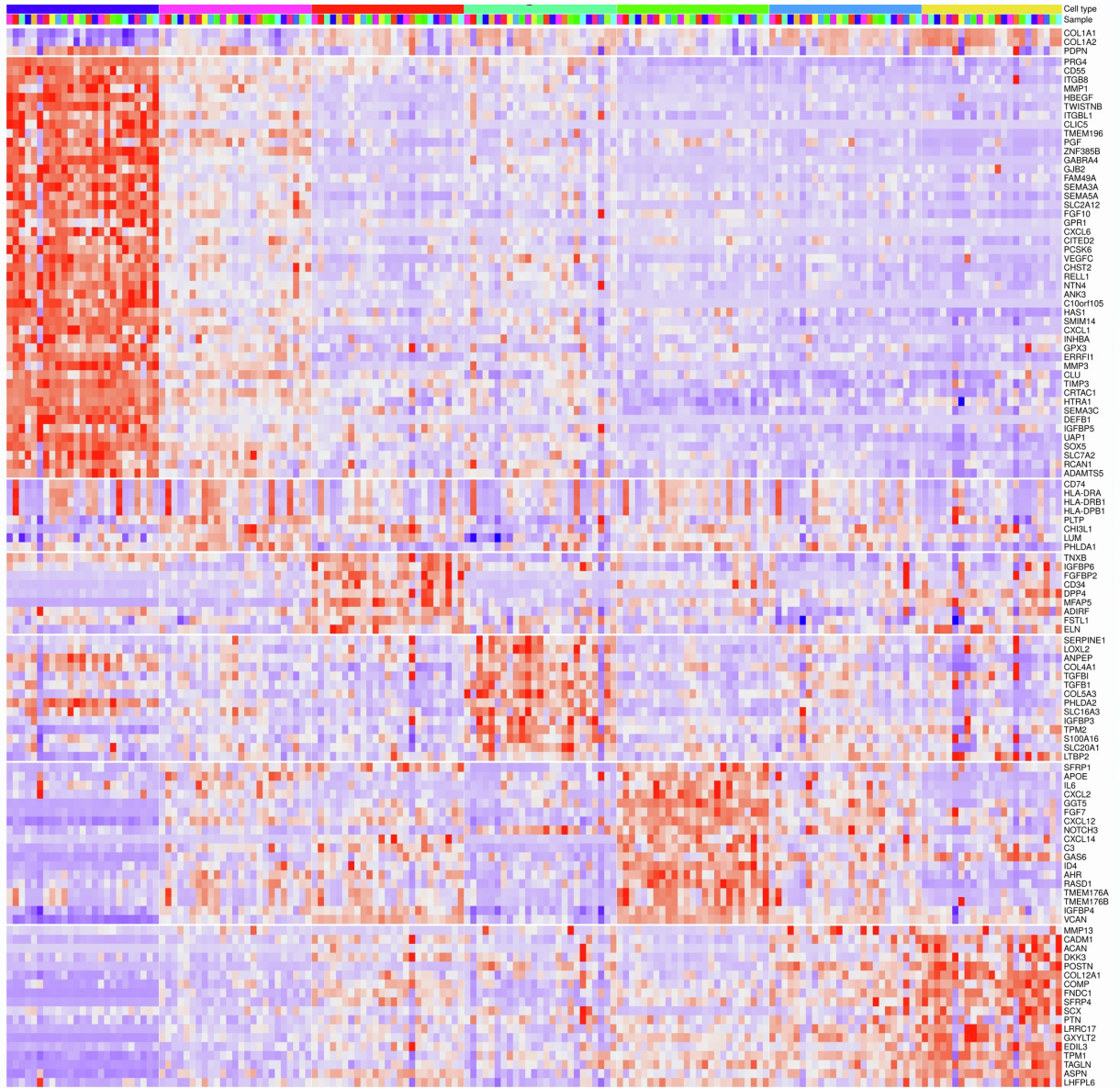


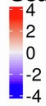
Figure S13



Sample

- Syn_Bio_023
- Syn_Bio_026
- Syn_Bio_028
- Syn_Bio_049
- Syn_Bio_050
- Syn_Bio_053
- Syn_Bio_054A
- Syn_Bio_062
- Syn_Bio_064
- Syn_Bio_074
- Syn_Bio_077a
- Syn_Bio_077b
- Syn_Bio_078
- Syn_Bio_079
- Syn_Bio_081
- Syn_Bio_083
- Syn_Bio_084
- Syn_Bio_087
- Syn_Bio_091
- Syn_Bio_092
- Syn_Bio_093
- Syn_Bio_096
- Syn_Bio_098a
- Syn_Bio_098b
- Syn_Bio_099

Scaled expression



Cell type

- 3 - PRG4+ CD55+ TWISTNB+ lining SF
- 7 - HLA-DRAhigh CD74+
- 5 - TNXBhigh IGFBP6+ FGFBP2+
- 4 - SERPINE1+ COL5A3+ LOXL2high
- 6 - GGT5high CXCL12 high FGF7+
- 1 - MMP13+
- 2 - CADM1high ACAN+ DKK3+

Figure S14

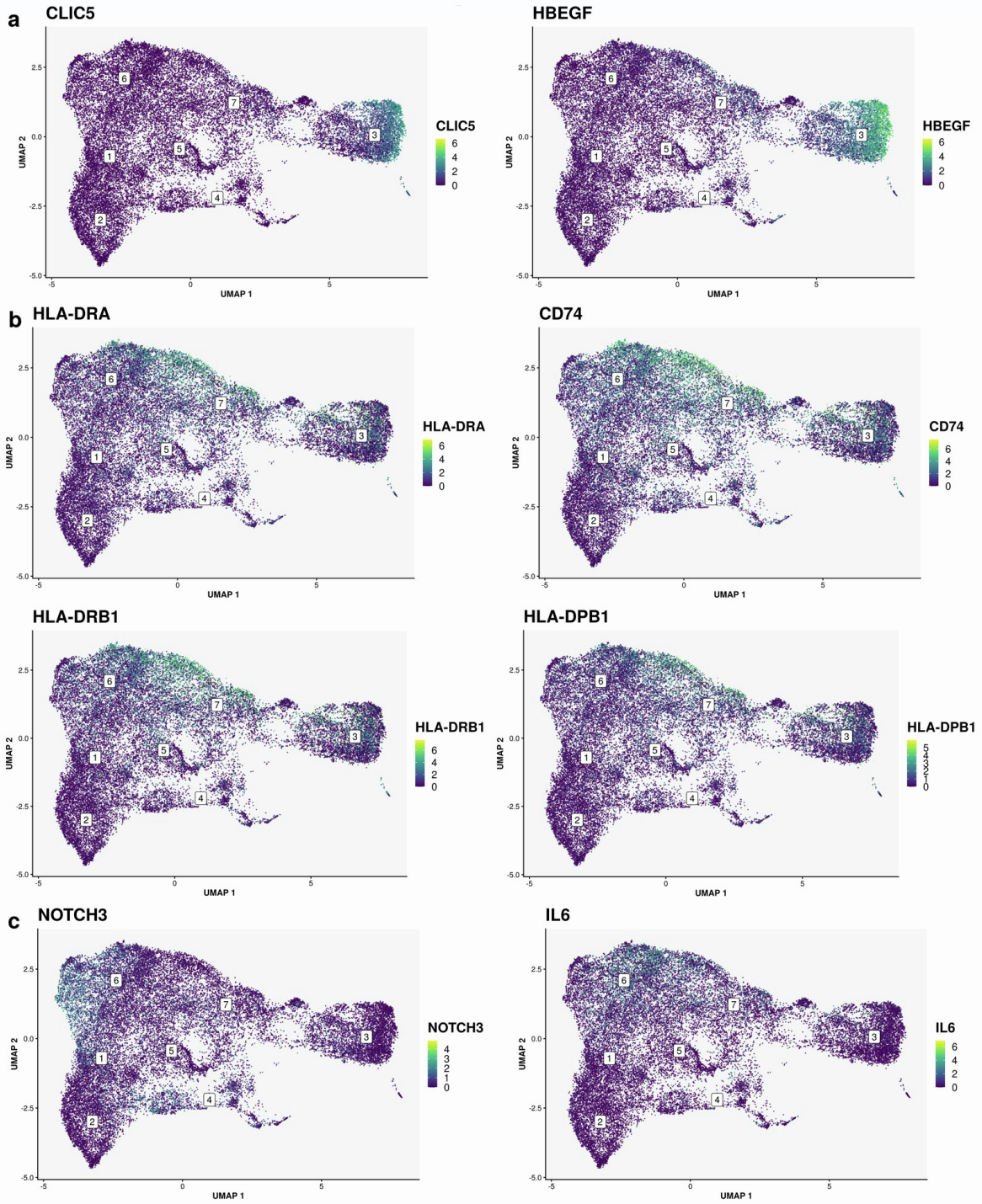
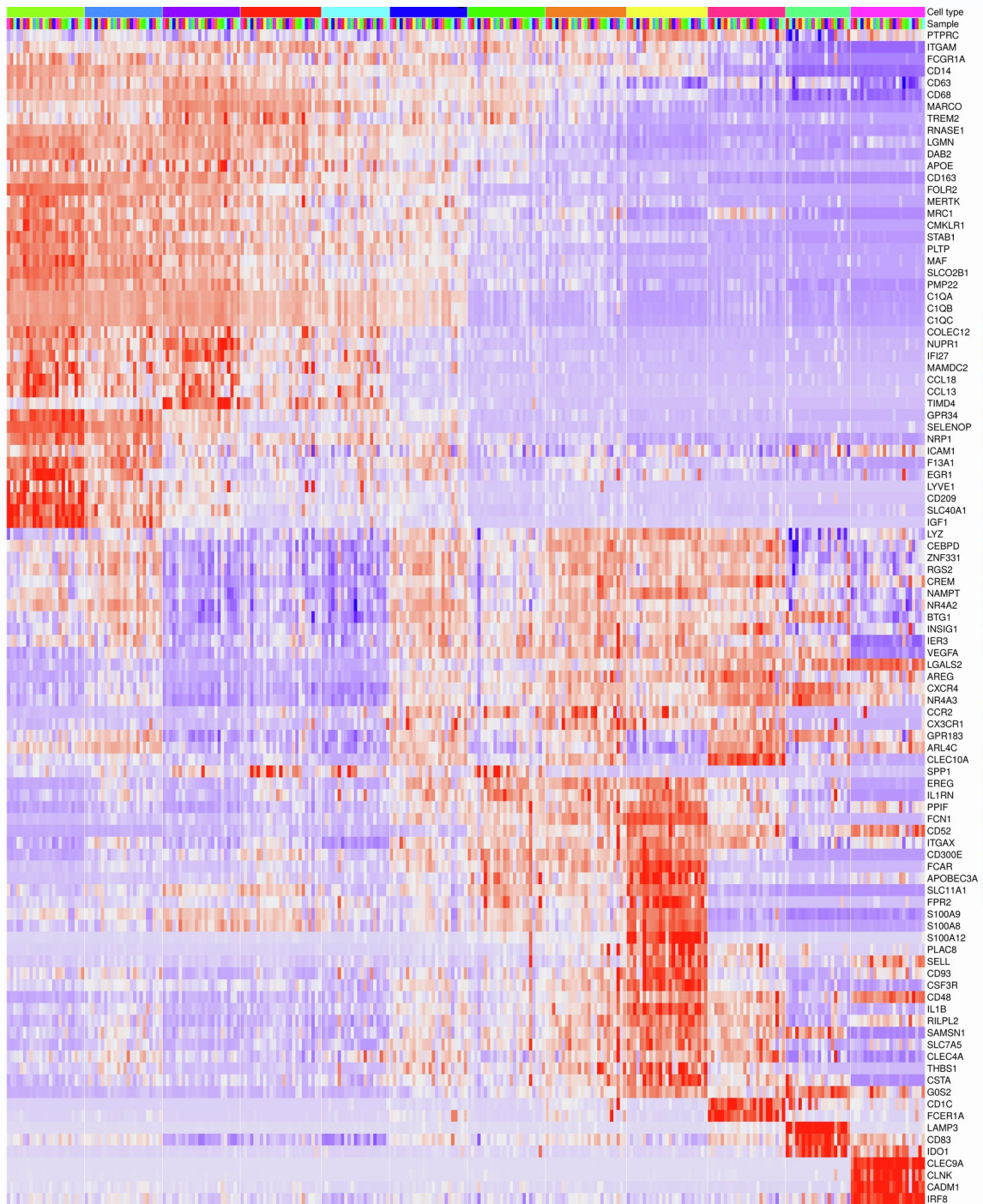


Figure S15



Sample

- Syn_Bio_023
- Syn_Bio_026
- Syn_Bio_028
- Syn_Bio_049
- Syn_Bio_050
- Syn_Bio_053
- Syn_Bio_054A
- Syn_Bio_062
- Syn_Bio_064
- Syn_Bio_074
- Syn_Bio_077a
- Syn_Bio_077b
- Syn_Bio_078
- Syn_Bio_079
- Syn_Bio_081
- Syn_Bio_083
- Syn_Bio_084
- Syn_Bio_087
- Syn_Bio_091
- Syn_Bio_092
- Syn_Bio_093
- Syn_Bio_096
- Syn_Bio_098a
- Syn_Bio_098b
- Syn_Bio_099

Scaled expression



Cell type

- 9 - FOLR2high MERTK+ SELENOPhigh COLEC12high LYVE1+ CD209+ SLC40A1+
- 6 - FOLR2high MERTK+ SELENOPhigh CD48med
- 5 - FOLR2high MERTK+ SELENOPhigh COLEC12high TIMD4+
- 1 - FOLR2+ MERTK+ TIMD4+ & FOLR2low MERTKlow SPP1+ subsets
- 4 - FOLR2low MERTKlow TOP2A+ CENPF+ proliferating
- 8 - C1QA/B/C+ FOLR2low CCR2+ CD48+ CLEC10A
- 2 - CD48low SPP1+
- 10 - CD48+ CLEC10A+
- 3 - CD48high S100A12+ IL1B+
- 11 - CD1C+ CLEC10A+
- 12 - IDO1+ LAMP3+
- 7 - CLEC9A+ CADM1+ CLNK+

Figure S16

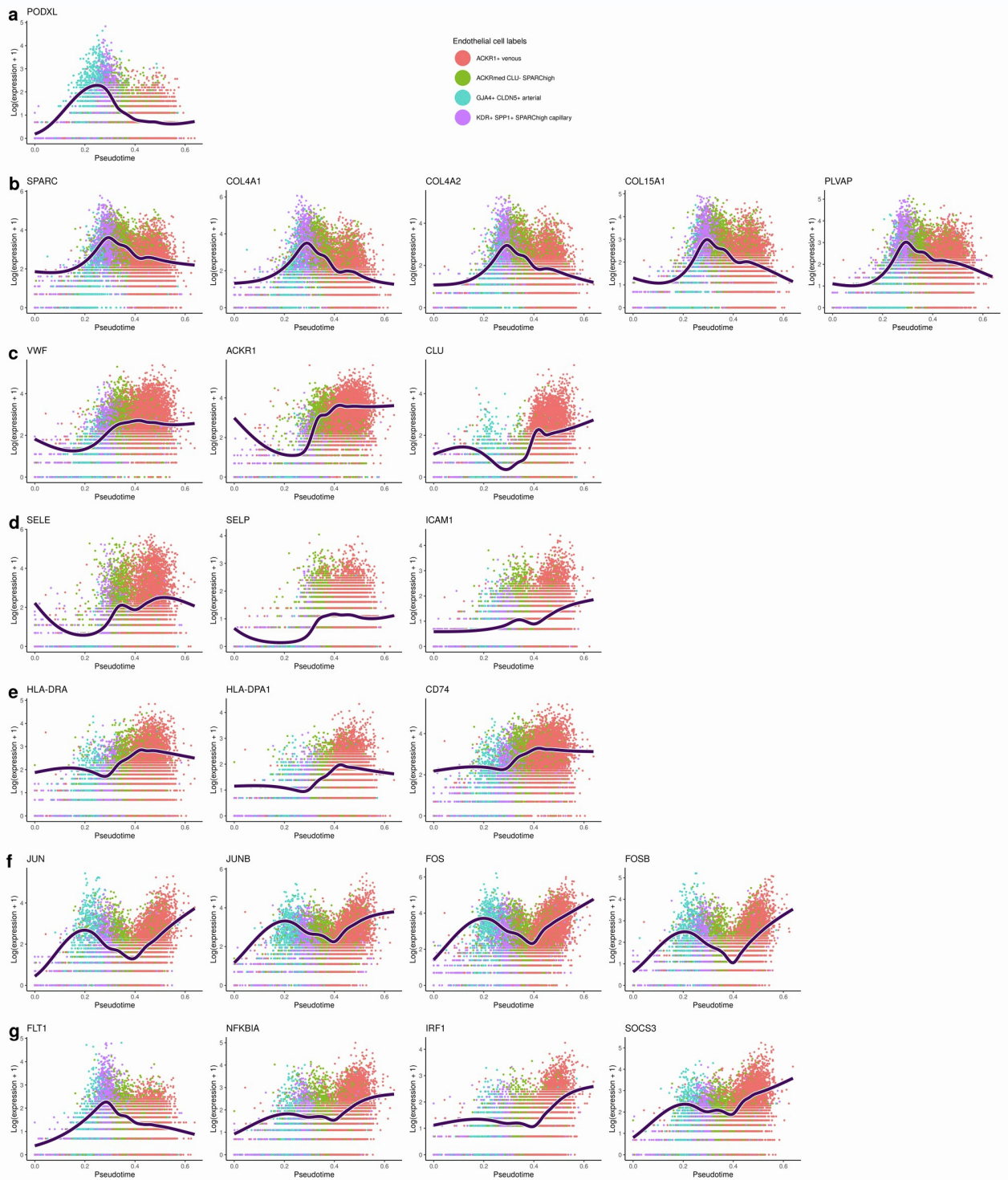
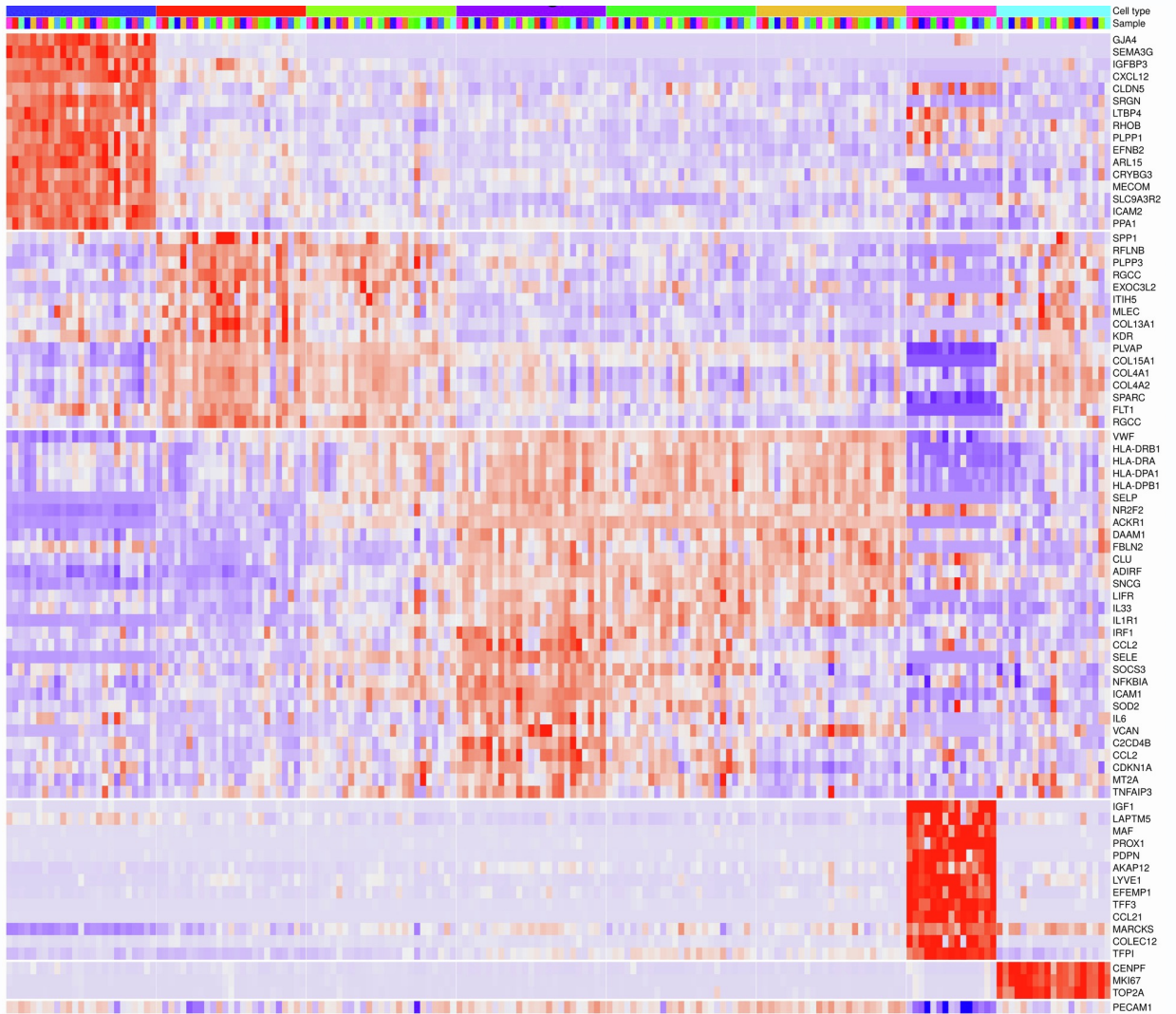


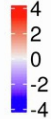
Figure S17



Sample

- Syn_Bio_023
- Syn_Bio_026
- Syn_Bio_028
- Syn_Bio_049
- Syn_Bio_050
- Syn_Bio_053
- Syn_Bio_054A
- Syn_Bio_062
- Syn_Bio_064
- Syn_Bio_074
- Syn_Bio_077a
- Syn_Bio_077b
- Syn_Bio_078
- Syn_Bio_079
- Syn_Bio_081
- Syn_Bio_083
- Syn_Bio_084
- Syn_Bio_087
- Syn_Bio_091
- Syn_Bio_092
- Syn_Bio_093
- Syn_Bio_096
- Syn_Bio_098a
- Syn_Bio_098b
- Syn_Bio_099

Scaled expression



Cell type

- 2 - GJA4+ CLDN5+ arterial
- 6 - KDR+ SPP1+ SPARChigh capillary
- 3 - ACKRmed CLU- SPARChigh
- 5 - ACKRhigh IL1R1+ CLU+ SELEhigh TNFAIP3+ venous
- 8 - ACKRhigh IL1R1+ CLU+ SELE+ venous
- 1 - ACKRhigh IL1R1+ CLU+ VCAN+ venous
- 4 - LYVE1+ PROX1+ CCL21+ lymphatic
- 7 - TOP2A+ CENPF+ proliferating

SUPPLEMENTAL FIGURES AND LEGENDS

Figure S1 Immunohistology analysis of biopsied synovial tissue affected by inflammatory arthritis.

Related to Tables 1 and 2. Representative synovial biopsy images from a patient with psoriatic arthritis.

a) Haematoxylin-eosin staining of formalin-fixed, paraffin-embedded synovial tissue demonstrating synoviocyte hyperplasia with mild chronic lymphocytic inflammation. Krenn synovitis score^{S1} with value 6 (synovial lining hyperplasia: 3, fibroblast activity: 2, inflammatory infiltrate indicates middle-grade synovitis. Scale bar = 200 μ m. **b)** Immunohistochemistry analysis on deparaffinized synovial tissue labeled with antibodies against endothelial cell (CD31/PECAM1), macrophage (CD68), plasma cell (CD138), and neutrophil (CD15) markers. Antigen visualization with HRP-based DAB staining. Diffuse-myeloid synovial tissue pathotype. Predominant CD68+ macrophages, localizing to synovial lining and sublining, vessels with CD31+ endothelial cells. Focal CD15+ neutrophils, and fibrin-associated CD15+ neutrophils. Scale bar = 200 μ m. **c)** Comparison of the number of isolated cells and patient age per individual protocol and per both protocols. Paired age-cell number data were available for 21 samples.

Figure S2. Quality control of integrative protocol scRNA-seq analysis of 18 human synovial biopsies of patients with inflammatory arthritis. Related to Fig. 2.

a) The number of genes vs. total counts per sample coloured by filter (left) and percentage mitochondrial counts (right). **b)** The number of cells per sample (left) and per protocol (right), coloured by the number of genes (top) and by the number of genes in at least 1% of cells (bottom). **c)** Distribution of counts per protocol (left) and per sample (right). **d)** Distribution of the number of genes per protocol (left) and per sample (right).

Figure S3. UMAPs of integrated scRNA-seq data from integrative protocol analysis showing main synovial cell types. Related to Fig. 3.

Data derive from 18 synovial tissue biopsies of patients with inflammatory arthritis and are coloured by top marker genes of major synovial cell populations including **a)** T cells, B cells and plasmablasts; **b)** macrophages and plasmacytoid dendritic cells; **c)** myeloid dendritic cells, mast cells and neutrophils; **d)** endothelial cells, pericytes/mural cells and synovial fibroblasts.

Figure S4. UMAPs of scRNA-seq data from integrative protocol analysis showing synovial cell subsets. Related to Fig. 3.

Data from 18 synovial tissue biopsies of patients with inflammatory arthritis. **a)** T cells/NK cells, color by the expression of key marker genes *CD3*, *CD4*, *CD8*, *NKG7* or by the geometric

mean of the expression of the selected gene pairs. **b)** Macrophages, color by the expression of key marker genes *MERTK*, *TREM2*, *CD206/MRC1*, *IL1B*, *CD48*. **c)** Endothelial cells, color by the expression of key marker genes *LYVE1*, *CCL21*, *VWF*. Additionally, endothelial cells and macrophages, color by the geometric mean of the expression of the selected gene pairs. **d)** Synovial fibroblasts, color by the expression of key marker genes *PRG4*, *THY1*, *GGT5*, *CXCL12* and *DKK3*.

Figure S5: The heatmap of major neutrophil genes, detected in the integrative protocol scRNA-seq analysis. Related to Fig. 3. Data derive from 18 synovial tissue biopsies of patients with inflammatory arthritis. Expressions are aggregated by sample and cell type.

Figure S6 Multicolor flow cytometry analysis of freshly isolated synovial tissue cells using protocol 2.

Related to Fig. 3. Synovial cells were dissociated from a knee synovial biopsy of a patient with septic oligoarthritis. The cells were labeled with Zombie Green™ Fixable Viability Dye, APC anti-human CD45, BV421™ anti-human CD11b, PE anti-human CD64, BV785™ anti-human CD19, and Alexa Fluor® 700 anti-human CD3. **a)** Total synovial cells, excluding cell debris. **b)** Gating single cells and doublet exclusion. **c)** Gating live cells and excluding dead cells, with a high Zombie Green™ Fixable Viability Dye signal. **d)** Live synovial cells gated for CD45+ leukocytes (violet) and CD45- structural cells (green). **e)** Gating of CD45+ leukocytes into CD11b+ CD64+ macrophages. **f)** CD11b - CD64- cells were gated further into CD3+ CD19- T cells and CD3- CD19+ B cells. **g)** A total of 10121 events were analyzed, among which 74.2% were gated as synovial cells, consisting of 93.2% of single cells with 80.2% viability.

Figure S7 Spectral flow cytometry analysis of freshly isolated synovial tissue cells using protocol 2.

Related to Fig. 3. Synovial cells were dissociated from a biopsied wrist synovial tissue of a patient with early RA. Fixed unsorted synovial cells were labeled with a cocktail of antibodies targeting surface leukocyte (CD45), myeloid (CD14), lymphocyte (CD3, CD4, CD8, CD19) and structural cell (CD31, PDPN) markers followed by analysis on spectral analyser Sony ID7000. **a)** Division of synovial cells based on the expression of CD45. CD45+ leukocytes included CD14+ macrophages, CD19+ B cells and CD3+ T lymphocytes, dividing further into CD4+ and CD8+ T cells. CD45neg synovial cells contained two structural cell clusters, including PECAM1+ endothelial cells and PDPN+ synovial fibroblasts. There was a considerable amount of cell debris, which might have been attributed to the sample shipment from Portugal to Germany. **b)** Unstained synovial cells were used for setting the flow cytometry gates.

Figure S8. Quality control of scRNA-seq analysis of the single cell reference map of fresh human synovium from 25 synovial biopsies of patients with inflammatory arthritis. Related to Figs. 4-8. **a)** A cell-level summary of the total number of counts, the number of detected genes and the percentage of mitochondrial counts. The number of genes vs. total counts per sample coloured by filter (left) and percentage mitochondrial counts (right). **b)** Sample summary statistics with the number of cells and number of detected genes after filtering of low-quality cells. The number of cells per sample is coloured by the number of genes (top) and by the number of genes in at least 1% of cells (bottom). **c)** Distribution of counts per sample. **d)** Distribution of the number of genes per synovial tissue sample.

Figure S9. Integrated scRNA-seq dataset from 25 synovial tissue samples from patients with inflammatory arthritis. Related to Figs. 4-8. **a)** UMAP of annotated main synovial cell populations coloured by main cell type. **b)** Bar plots of relative abundances of main cell types per sample coloured by main cell type. **c)** The variability of the proportion of cell types across patient synovial tissues. The box plot visualises 5 summary statistics: the median; two hinges, corresponding to the first and the third quartiles; two whiskers. The upper (lower) whisker extends from the hinge to the largest (smallest) value no further than 1.5 * interquartile range from the hinge. Individual dots represent data from different samples. See **STAR Methods** for details.

Figure S10. A heatmap of top marker genes of the main synovial cell types identified in the integrated scRNA-seq dataset. Related to Figs. 4-8. Data are derived from 25 synovial tissue samples from patients with inflammatory arthritis (see **STAR Methods** for details). Expressions are aggregated by sample and cell type.

Figure S11. T cell, natural killer (NK) cell and innate lymphoid cell sub clustering. Related to Fig. 4. The integrated scRNA-seq dataset consists of scRNA-seq profiles from 25 synovial tissue samples from patients with different types of inflammatory arthritis (see **STAR Methods** for details). **a)** UMAPs showing the small population of proliferating TOP2A+ CENPF+ T cells (cluster 2). **b)** A heatmap of the cluster-enriched genes and marker genes in synovial T cell, NK cell and innate lymphoid clusters in patients with inflammatory arthritides. Expressions are aggregated by sample and cell type. **c)** UMAPs demonstrating the expression of *FOXP3*, *PCDC1* and *CXCL13* genes in the TIGIT+ CTLA4+ T cells (cluster

4). **d)** UMAPs demonstrating the expression of granzyme (*GZMK*, *GZMB*, *GZMH*) and granulysin (*GNLY*) genes in CD8+ T cells (clusters 6-8) and NK cells (cluster 3).

Figure S12. Synovial fibroblast sub clustering. Related to Fig. 5. The integrated dataset from 25 synovial biopsies of patients with inflammatory arthritis (see **STAR Methods** for details) with **a)** violin plots showing the expression (log counts) of the lining marker *PRG4* and the sublining marker *THY1* across the seven synovial fibroblast clusters, and **b)** UMAPs showing the small population of proliferating *TOP2A+* *CENPF+* synovial fibroblasts, co-clustering with the cluster four *SERPINE1+* *COL5A3+* synovial fibroblasts (see also **Fig. 5a, d**).

Figure S13. A heatmap of the top cluster genes and known markers of synovial fibroblast clusters detected in the synovium of patients with inflammatory arthritides. Related to Fig. 5. The integrated scRNA-seq dataset consists of 25 synovial tissue samples from patients with different types of inflammatory arthritis (see **STAR Methods** for details). Expressions are aggregated by sample and cell type.

Figure S14. The expression of a selected set of genes in synovial fibroblast sub clustering. Related to Fig. 5. The integrated dataset from 25 synovial biopsies of patients with inflammatory arthritis (see **STAR Methods** for details) with **a)** UMAPs showing the highest enriched expression of the genes involved in MHCII class mediated antigen presentation in *HLA-DRA^{high}* synovial fibroblasts (cluster 7), and **b)** UMAPs showing the enriched expression of *IL6* and *NOTCH3* genes primarily in sublining *GGT5+* synovial fibroblasts (clusters 6).

Figure S15. Synovial macrophage and myeloid dendritic (DC) cell sub clustering. Related to Fig. 6. A heatmap of the top cluster genes and known marker genes of synovial macrophage and DC subclusters, detected in the integrated scRNA-seq dataset from 25 synovial tissue samples of patients with different types of inflammatory arthritis (see **STAR Methods** for details). Expressions are aggregated by sample and cell type.

Figure S16 Trajectory analysis of synovial endothelial cells. Related to Fig. 7. Inferred pseudotime versus gene expression in synovial endothelial cells. Start of the trajectory are *GJA4+* *CLDN5+* arterial

endothelial cells, end of the trajectory are venous endothelial cells. The color represents an endothelial cell subset, while the black curve represents the fitted model. The identified genes encode **a-c)** main endothelial cell subset markers; **d,e)** genes encoding molecules with subset-specific endothelial cell functions and **f, g)** genes encoding key components of different signaling pathways, which appear differentially enriched across EC subsets.

Figure S17. Endothelial cell sub clustering. Related to Fig. 7. Heatmap of the top cluster genes and known markers of synovial vascular and lymphatic endothelial cell subclusters detected in the integrated scRNA-seq dataset from 25 synovial tissue samples of patients with different types of inflammatory arthritis (see **STAR Methods** for details). Expressions are aggregated by sample and cell type.

Figure S18. Integration of our synovial scRNA-seq from fresh synovium with publicly available synovial scRNA-seq datasets. Related to Fig. 9. We integrated our scRNA-seq data from 25 synovial tissue samples of patients with inflammatory arthritis with published data from Stephenson W and colleagues^{S2} and Wei K et colleagues^{S3} (see **STAR Methods** for details). **a)** UMAP of annotated main synovial cell populations coloured by main cell type across the three studies. **b)** Bar plots of relative abundances of main cell types per sample coloured by main cell types across the 3 studies. **c)** The variability of the proportion of cell types across patient synovia in the 3 studies. The box plot visualises 5 summary statistics: the median; two hinges, corresponding to the first and the third quartiles; two whiskers. The upper (lower) whisker extends from the hinge to the largest (smallest) value no further than 1.5 * interquartile range from the hinge. Individual dots represent data from different samples. Our data and data from Stephenson W et al.^{S2} is derived from unsorted synovial cells, while Wei K et al.^{S3} dataset includes sorted CD45^{neg} CD235^{neg} synovial fibroblasts, pericytes/mural cells and synovial endothelial cells.

SUPPLEMENTAL TABLES AND LEGENDS

Pat.-ID.	Details on neutrophil histology, based on CD15 staining.	Proportion (%) of neutrophils (scRNA-seq).*	Histology. Neutrophil detection.	ScRNA-seq. Neutrophil detection.
SB-023 P1	Focal, in addition fibrin-associated neutrophils	0.000173	Y	y
SB-026 P1	Single fibrin-associated neutrophils	0	Y	N
SB-028 P1	Fibrin-associated neutrophils	0	Y	N
SB-049 P1	No CD15 staining	0	N	N
SB-050 P1	Focally interspersed neutrophils	0	Y	N
SB-074 P1	No CD15 staining	0	N	N
SB-077A P2	Up to 10 neutrophils per HPF (0.26mm ²)	0	Y	N
SB-077B P2	1 fragment with neutrophils, up to 20 per HPF (0.26mm ²)	0	Y	N
SB-079 P2	<2 per HPF (0.26mm ²)	0	Y	N
SB-081 P2	Up to 15 neutrophils per HPF (0.26mm ²)	0.004424	Y	Y
SB-083 P2	Fibrin-associated neutrophils	0.007027	Y	Y
SB-084 P2	Vessel-associated neutrophils	0.000757	Y	Y

SB-087 P2	Focal florid inflammation with more than 35 neutrophils per HPF (0.26mm ²)	0.002684	Y	Y
SB-092 P2	Focal small infiltration	0	Y	N
SB-093 P2	Predominantly fibrin-associated neutrophils with transition into the synovial membrane, up to 5 per HPF (0.26mm ²)	0.000206	Y	Y
SB-096 P2	No CD15 staining	0.001002	N	Y
SB-098a P2	Up to 38 neutrophils per HPF (0.26mm ²)	0	Y	N
SB-098b P2	Fibrin-associated neutrophils	0.056911	Y	Y

Table S1 Detection of neutrophils in 18 synovial tissue biopsies included in integrative protocol analysis using histology and scRNA-seq analyses. Related to Figure 2. For the detection of neutrophils in formalin-fixed, paraffin-embedded synovial biopsy fragments, tissue sections were labeled with CD15 antibodies (see **STAR Methods** for details). In scRNA-seq data, the quantity of neutrophils was estimated by calculating the proportion of neutrophils per sample. Data pertains to 18 samples included in integrative protocol analysis. Y: yes, N: no.

Flow cytometry technology	Multicolor	Spectral
Gender	M	F
Age	46	66
Diagnosis	Septic oligoarthritis (<i>N. gonorrhoeae</i>)	Early RA
Therapy at biopsy	Treatment naive	Treatment naive
Krenn synovitis score ^{S1}	5	7
Dissociation protocol	2	2
N (isolated cells)	200'000	346'000
Cell viability*	86%	90,4%
Markers analyzed	CD45, CD11B, CD64, CD3, CD19, Fixable viability dye	CD45, CD14, CD3, CD4, CD8, CD19, PDPN, CD31

Table S2. Demographic, clinical, therapy, histology and cell characteristics for 2 synovial tissue biopsy samples from patients with arthritis, included in the proof of principle flow cytometry analyses. Related to Figures 6, 7. F: female, M: male, *Automatic cell counting with the Luna-FL Dual Fluorescence Cell Counter.

SUPPLEMENTAL ITEM REFERENCES

- S1 Krenn, V., Morawietz, L., Häupl, T., Neidel, J., Petersen, I., and König, A. (2002). Grading of chronic synovitis—a histopathological grading system for molecular and diagnostic pathology. *Pathology-Research and Practice* 198, 317–325. 10.1078/0344-0338-5710261
- S2 Stephenson, W., Donlin, L.T., Butler, A., Rozo, C., Bracken, B., Rashidfarrokhi, A., Goodman, S.M., Ivashkiv, L.B., Bykerk, V.P., Orange, D.E., et al. (2018). Single-cell RNA-seq of rheumatoid arthritis synovial tissue using low-cost microfluidic instrumentation. *Nat Commun* 9, 791. 10.1038/s41467-017-02659-x.
- S3 Wei, K., Korsunsky, I., Marshall, J.L., Gao, A., Watts, G.F.M., Major, T., Croft, A.P., Watts, J., Blazar, P.E., Lange, J.K., et al. (2020). Notch signalling drives synovial fibroblast identity and arthritis pathology. *Nature* 582, 259–264. 10.1038/s41586-020-2222-z.