



Multiomic analyses uncover immunological signatures in acute and chronic coronary syndromes

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Multiomic analyses uncover immunological signatures in acute and chronic coronary syndromes

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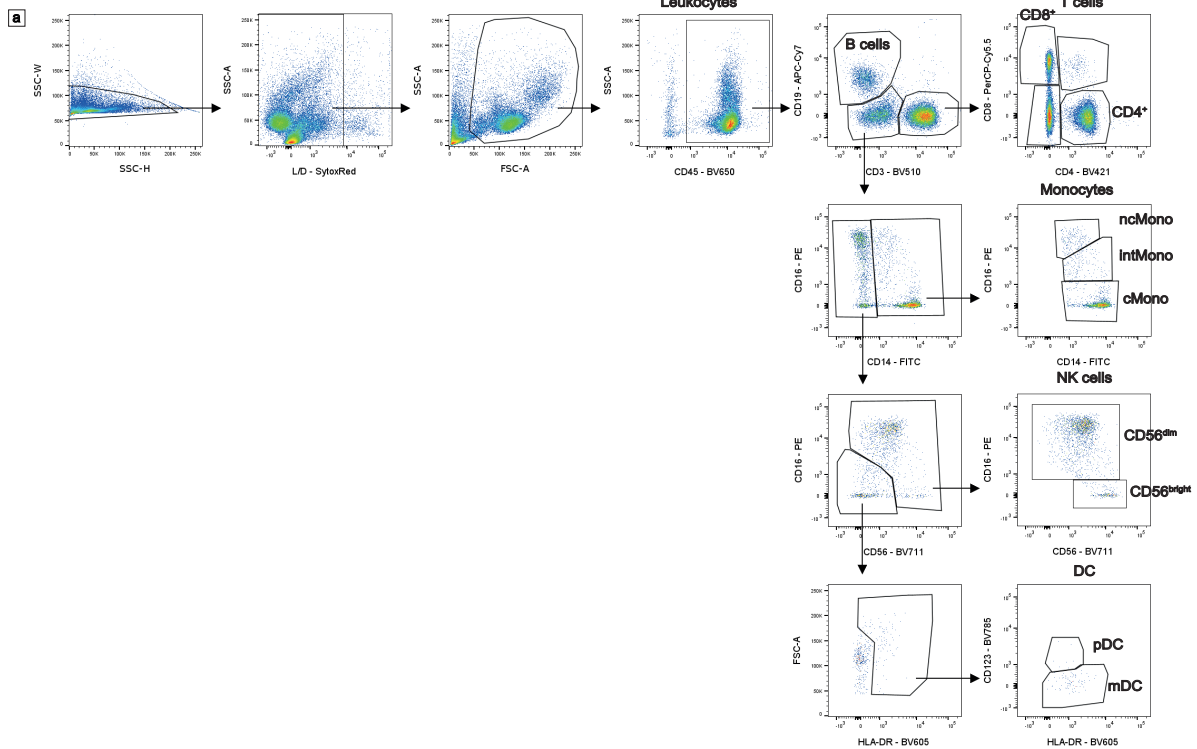
This document contains the following files:

Supplementary Figures

Supplementary Figures 1-14

Supplementary Figures

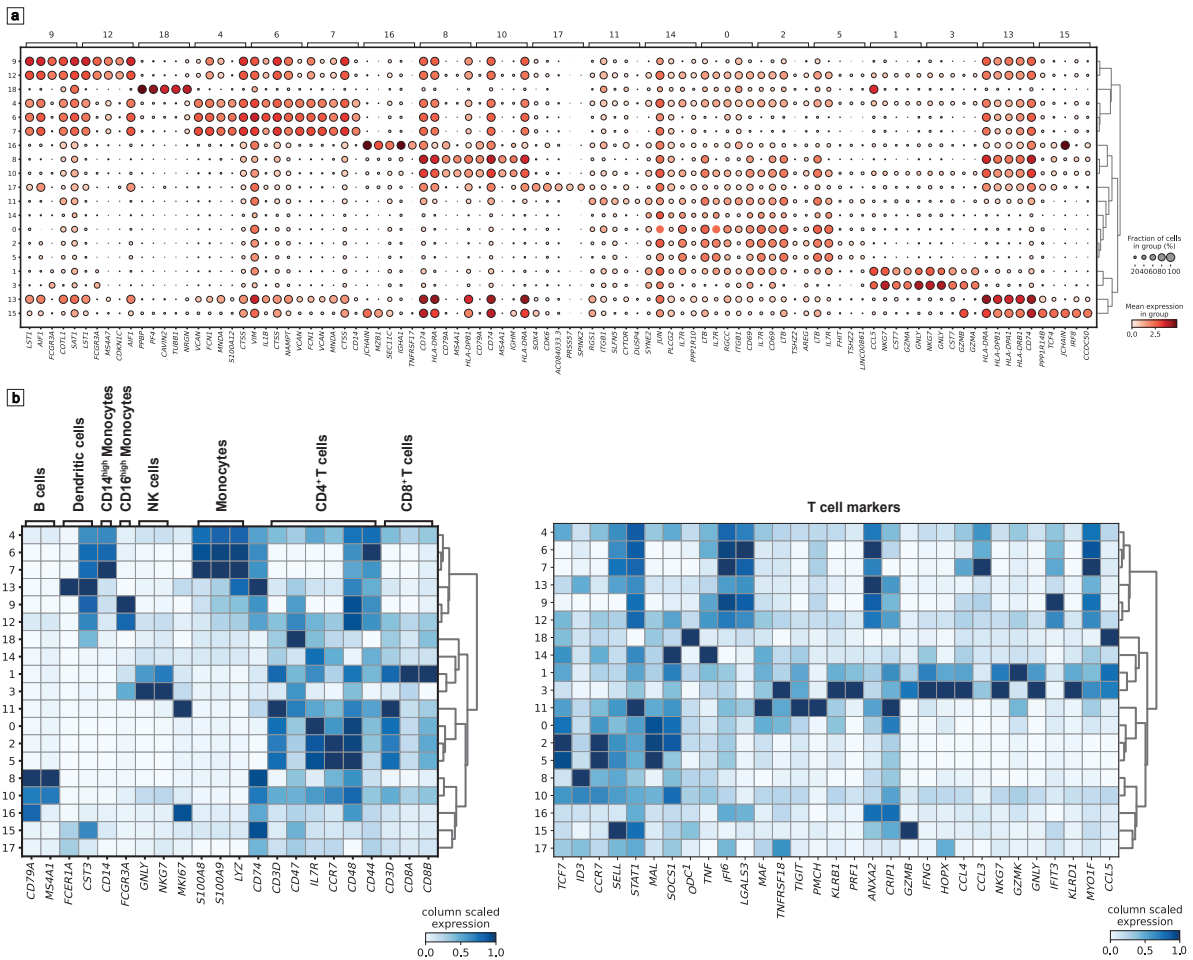
Suppl. Fig. 1



Suppl. Fig. 1

(a) Gating strategy used for flow-cytometric quantification of PBMCs in blood (Leukocytes, B cells, T cells (CD8⁺ and CD4⁺), Monocytes (non-classical monocytes (ncMono), intermediate monocytes (IntMono), classical monocytes (cMono)), NK cells (CD56^{dim} and CD56^{bright}), Dendritic cells (DC) (plasmacytoid dendritic cells (pDC), myeloid dendritic cells (mDC)).

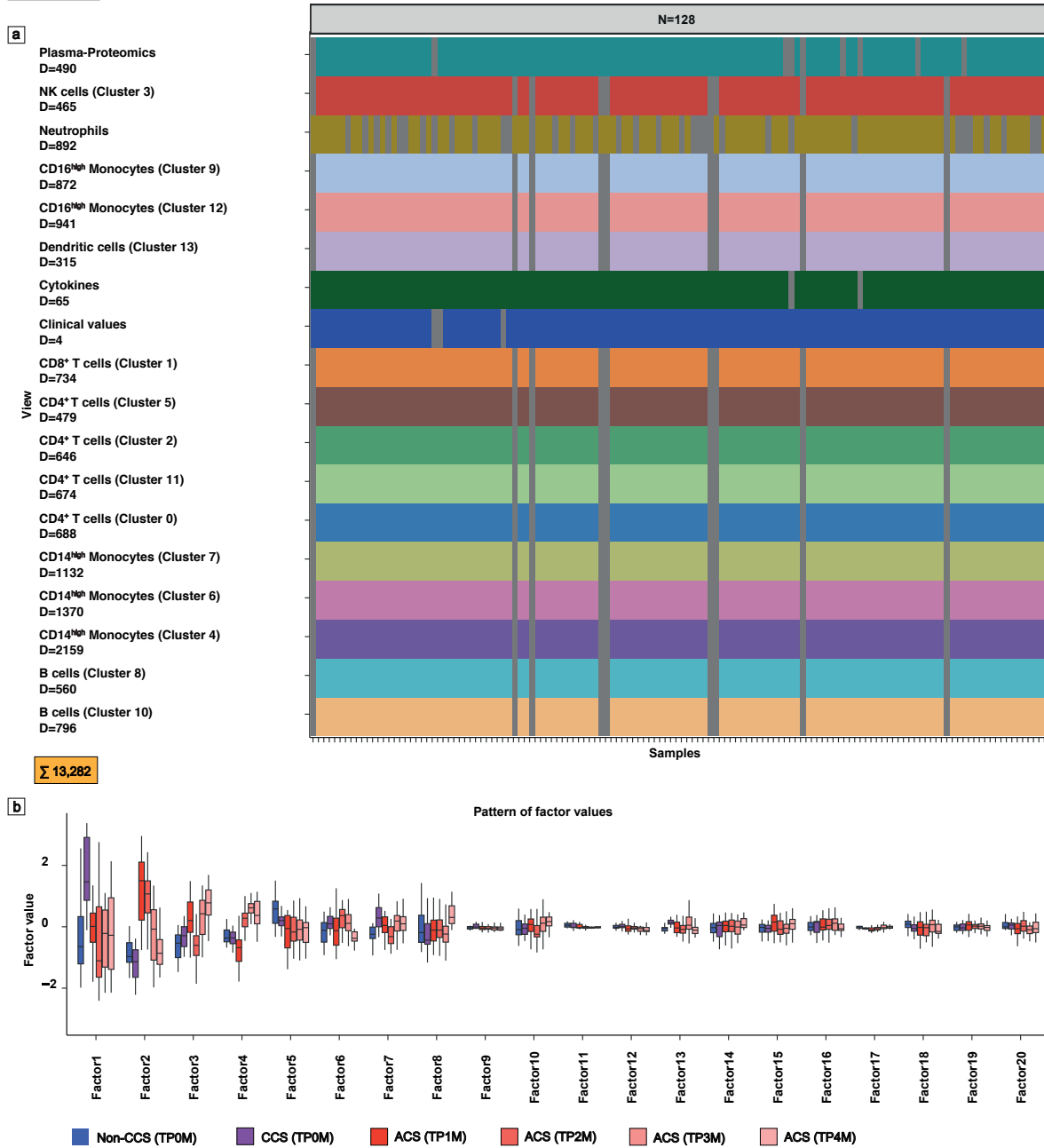
Suppl. Fig. 2



Suppl. Fig. 2

(a) Normalized and log-transformed mean expression of differentially expressed genes (bottom x-axis) shown across all clusters (y-axis). Differentially expressed genes calculated using a Wilcoxon rank sum test with Benjamini-Hochberg correction contrasting expression of one cluster (top x-axis) to expression of the other clusters. **(b)** Scanorama transformed mean expression of PBMC (left) and T cell marker (right) genes per cluster (y-axis) and annotated cell-types (top x-axis).

Suppl. Fig. 3



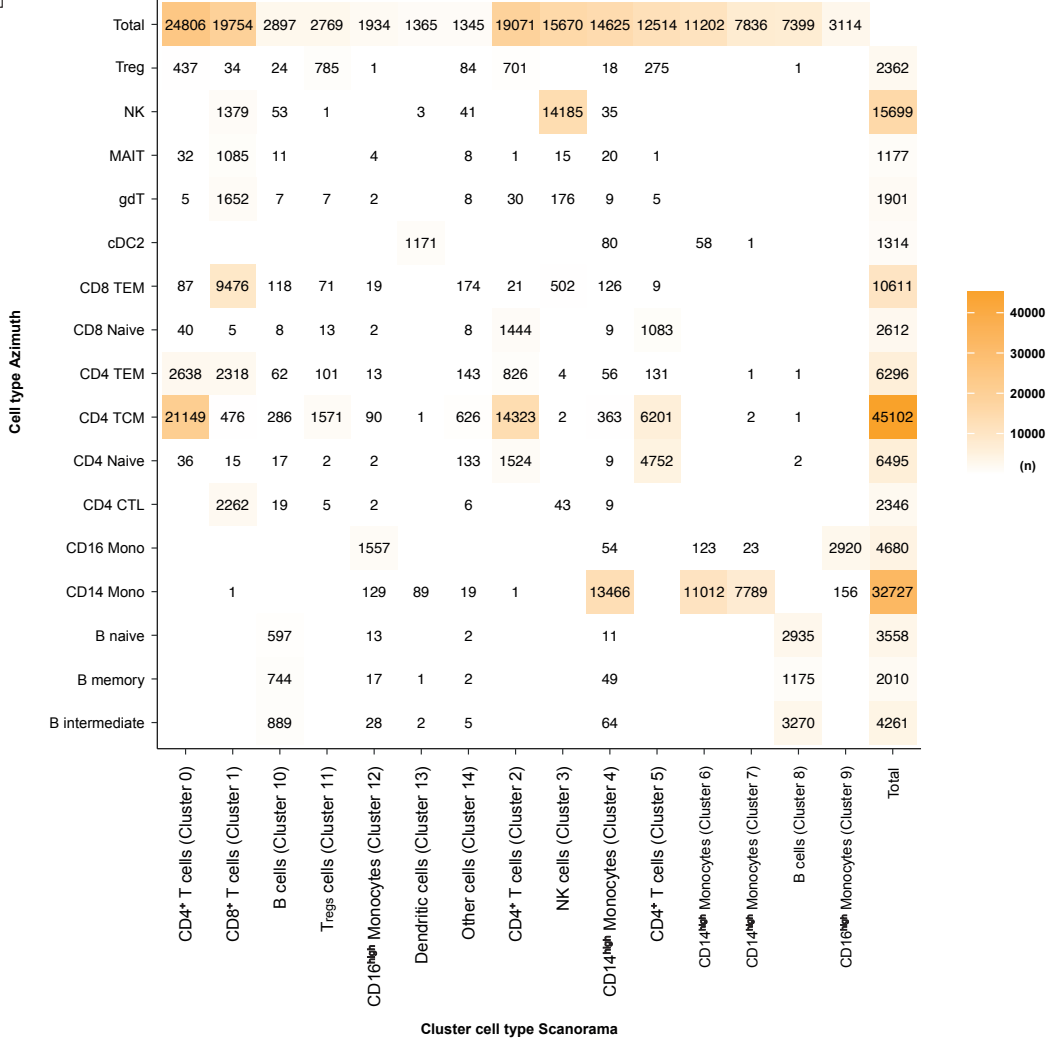
Suppl. Fig. 3

(a) Overview data input MOFA (exploratory Munich cohort): amount of features for each input data dimension (D), amount of samples (N, defined as combinations of subjects and timepoints TP1M/TP2M/TP3M/TP4M) and missing data highlighted by grey colors (specifying missing data for a specific dimension and sample). (b) Factor values of all samples (n=128) in longitudinal comparison for all 20 MOFA factors estimated based on input views visualized in

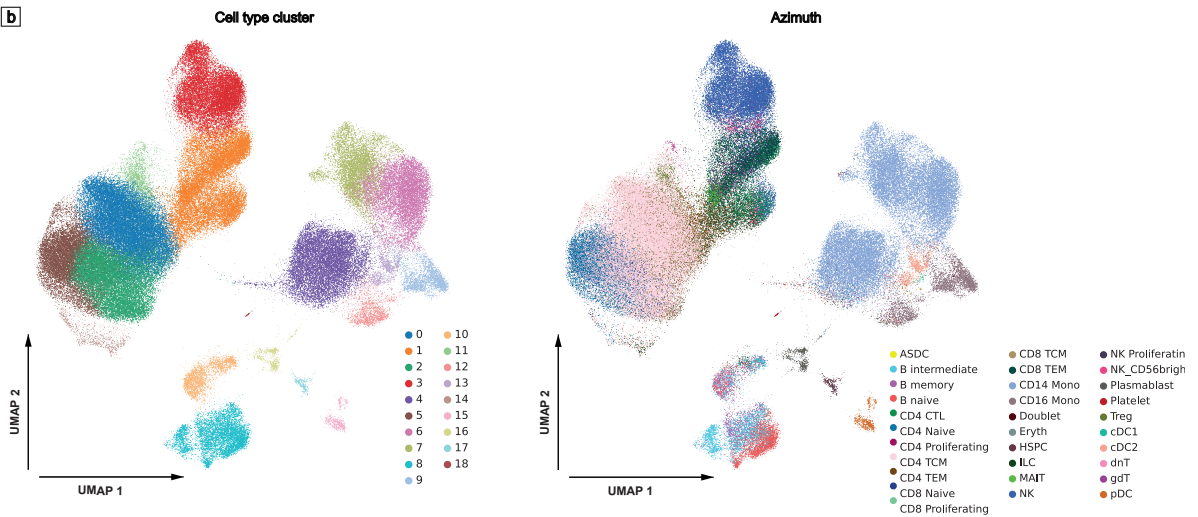
(a) (exploratory Munich cohort). Data are shown as a Box-Whiskers plot (box: median, 25th to 75th percentile; whiskers: hinge to largest/ smallest value, no further than $1.5 \cdot \text{IQR}$ from hinge).

Suppl. Fig. 4

a



b

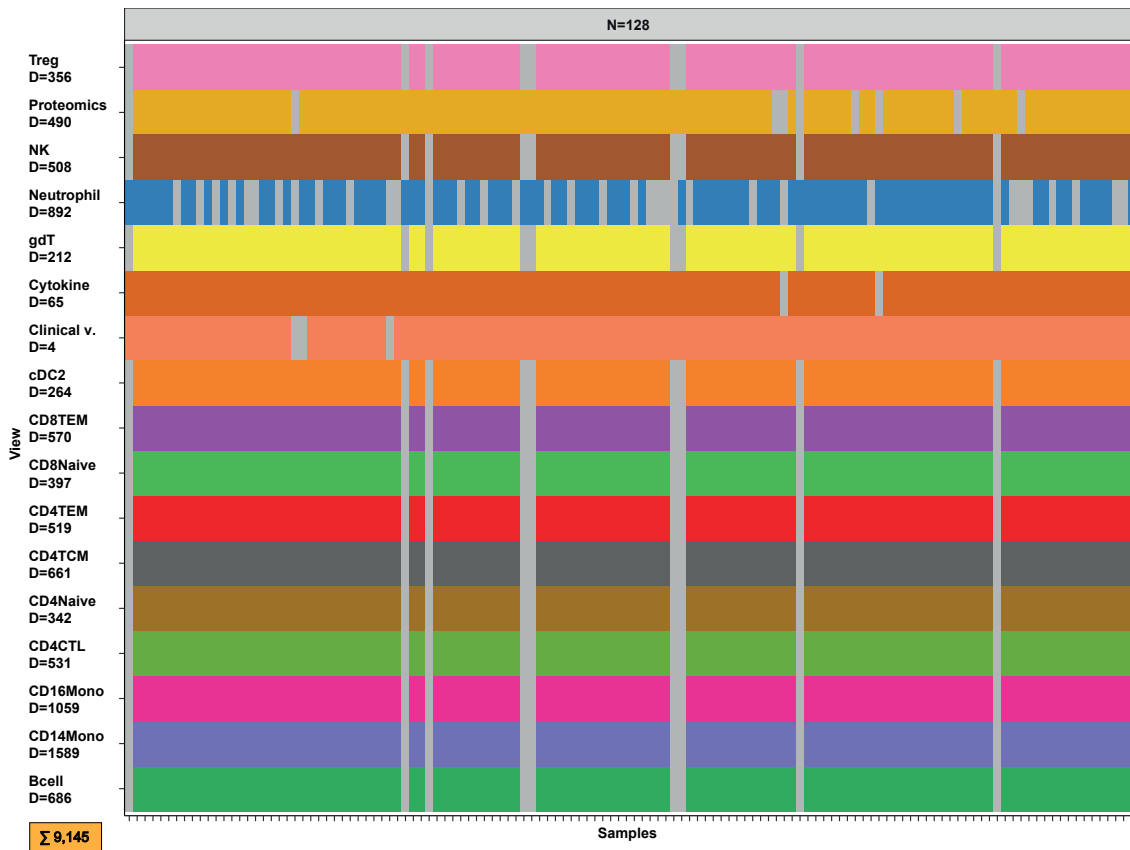


Suppl. Fig. 4

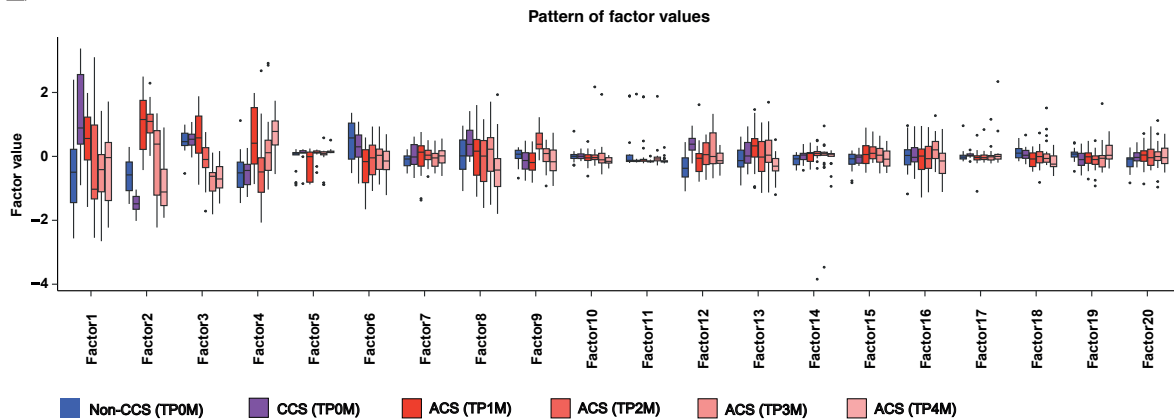
(a) Comparison of the cell-type annotation strategies on Munich data: x-axis showing clusters and assigned cell-types based on marker genes approach; y-axis showing automated cell-type annotations using the Groningen Azimuth annotation pipeline. **(b)** Comparison of the cell-type annotation strategies on Munich data as umap: left umap showing cell-type clusters that have been annotated based on marker genes approach; right umap showing automated cell-type annotations using the Groningen Azimuth annotation pipeline on the same umap.

Suppl. Fig. 5

a



b



Suppl. Fig. 5

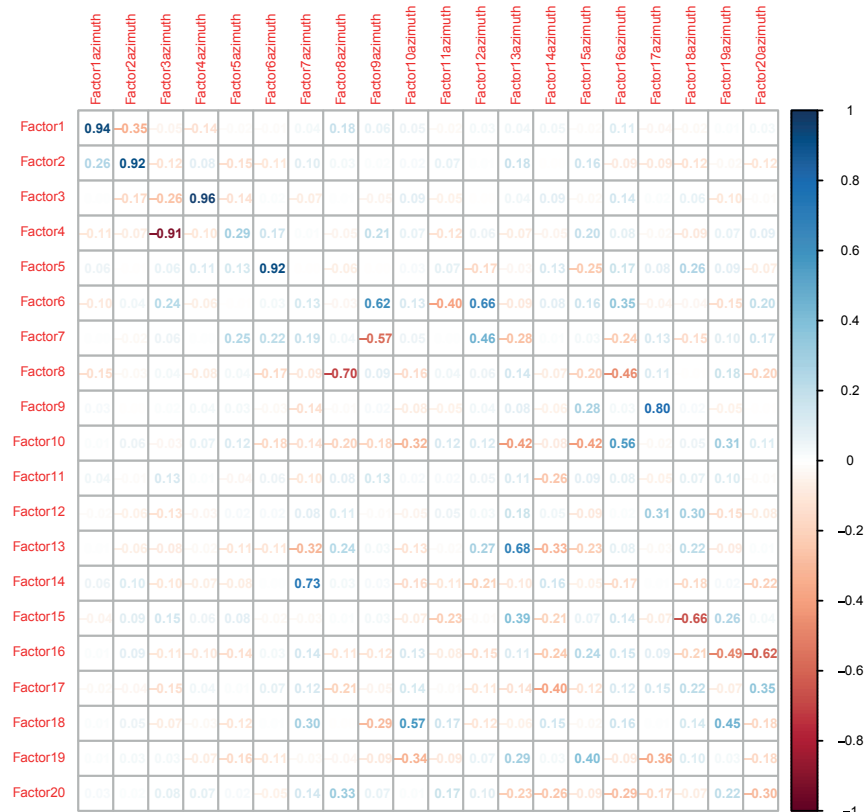
(a) Overview data input MOFA with automated azimuth annotations (exploratory Munich cohort): amount of features for each input data dimension (D), amount of samples (N, defined as combinations of subjects and timepoints TP1M/TP2M/TP3M/TP4M) and missing data highlighted by grey colors (specifying missing data for a specific dimension and sample). (b) Factor values of all samples (n=128) in longitudinal comparison for all 20 MOFA factors

estimated with azimuth annotations and input views as visualized in (a). Data are shown as a Box-Whiskers plot (box: median, 25th to 75th percentile; whiskers: hinge to largest/ smallest value, no further than $1.5 \cdot \text{IQR}$ from hinge).

Suppl. Fig. 6

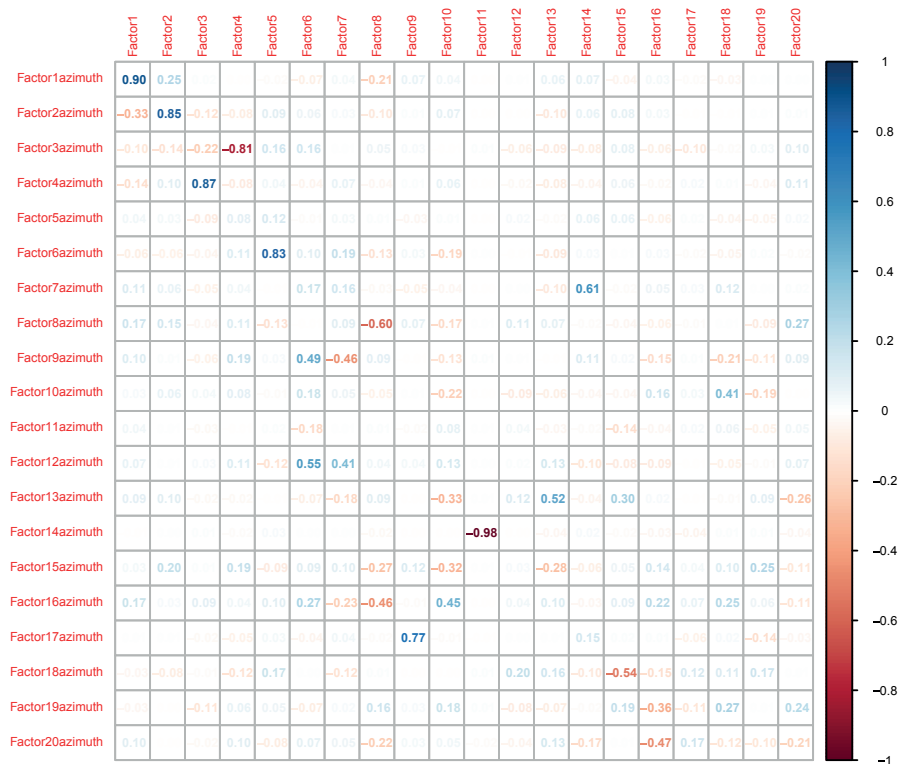
a

Sample factor values



b

Feature factor weights



Suppl. Fig. 6

(a) Pearson correlation between **sample factor values** inferred by two different MOFA models: (1) model with manual cell-type cluster annotation (Suppl. Fig. 3) (y-axis) and (2) model with automated azimuth annotations (Suppl. Fig. 5) (x-axis). **(b)** Pearson correlation between **feature factor weights** inferred by two different MOFA models; (1) model with automated azimuth annotations (Suppl. Fig. 5) (y-axis) and (2) model with manual cell-type cluster annotation (Suppl. Fig. 3) (x-axis).

Note: in order to correlate features for Suppl. Fig 6b based on the different cell-type annotation levels given by model (1) and model (2) we mapped features as given below:

| Munich approach: clusters and annotations | Groningen approach: automated azimuth |
|---|--|
| CD14 ^{high} monocytes clusters (cluster 4, 6, 7) | CD14 Mono |
| B cells (cluster 8, 10) | B cell (aggregating 'B naive', 'B memory', 'B intermediate') |
| CD16 ^{high} monocytes (cluster 9, 12) | CD16 Mono |
| CD4 ⁺ T cells (cluster 0, 2) | CD4TCM |
| Dendritic cells (cluster 13) | cDdC2 |
| NK cells (cluster 3) | NK |
| CD4 ⁺ T cells (cluster 5, 11) | No mapping/ |
| CD8 ⁺ T cells (cluster 1) | No Mapping / |

The left column of the table gives the cluster number and annotation of the cluster of the initial manual marker gene annotation strategy. The right column shows the most similar azimuth-based annotation that could be mapped to this cluster based on a high overlap of cells between the corresponding azimuth cell-type and marker gene-based cluster annotation (Suppl. Fig. 4a).

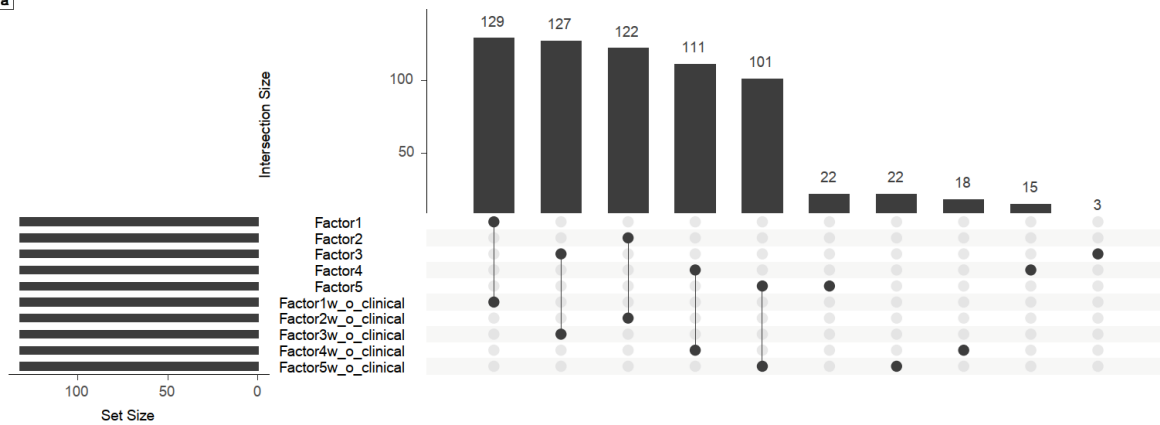
As an example: a specific gene from cluster 4 CD14^{high} monocytes (e.g. *HMGB1*) has been mapped to the same gene (e.g. *HMGB1*) of the aggregated CD14 Mono dimension given by the automated azimuth annotation, then the weights across all features have been correlated. Features from cluster 1, 5 and cluster 11 were not mapped due to the low overlap of cells between the different annotation strategies and therefore excluded from the correlation evaluation presented in Suppl. Fig. 6b.

Suppl. Fig. 7

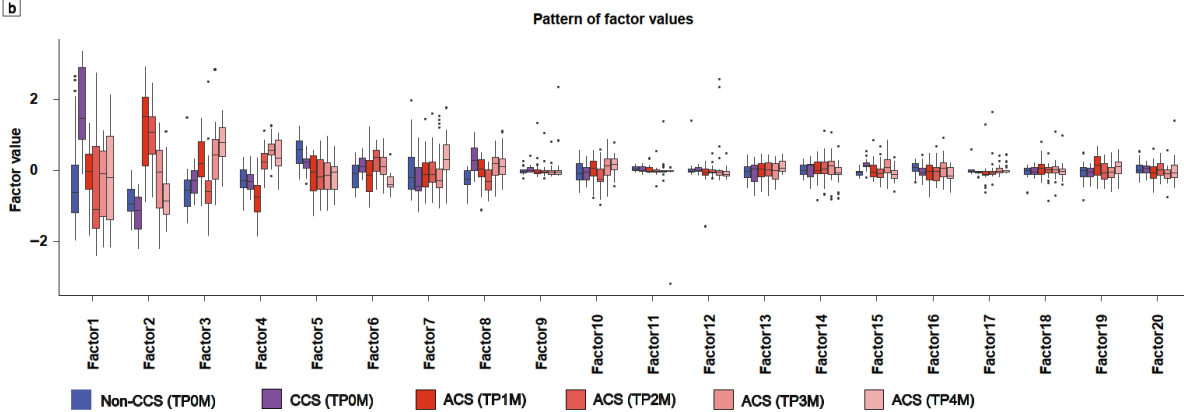
(a) Pearson correlation between **sample factor values** inferred by two different MOFA models: (1) model including clinical features (y-axis) as visualized in Suppl. Fig. 3 and (2) model without clinical features (x-axis). (b) Pearson correlation between **feature factor weights** inferred by two different MOFA models; (1) model including clinical features (y-axis) as visualized in Suppl. Fig. 3 and (2) model without clinical features (x-axis) per factor.

Suppl. Fig. 8

a



b

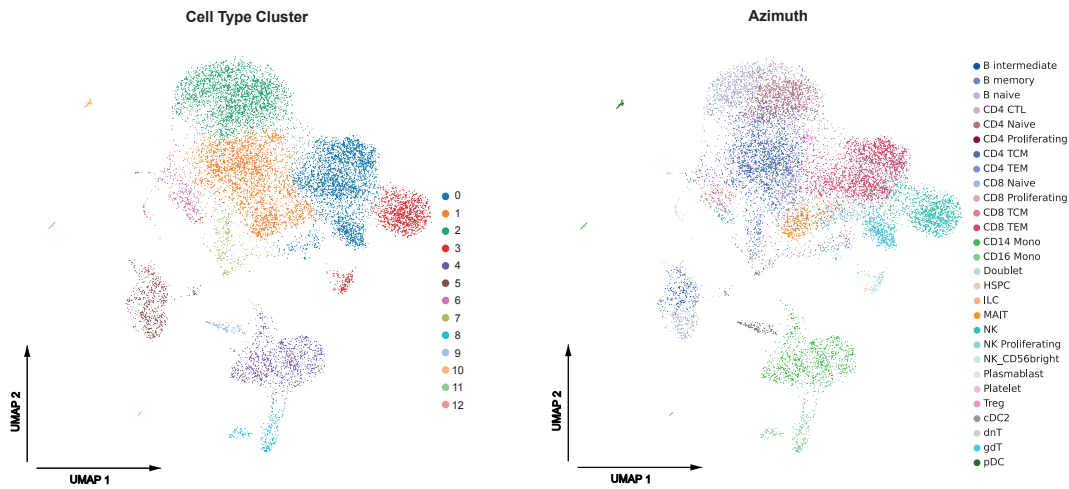


Suppl. Fig. 8

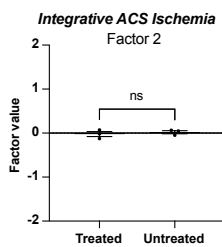
(a) Comparison of the overlap of top 1% of features (D=132) between MOFA model inferred with clinical variables as features and without clinical variables (w_o_clinical). (b) Factor values of all samples (n=128) in longitudinal comparison for all 20 MOFA factors inferred by the MOFA model trained without clinical features. Data are shown as a Box-Whiskers plot (box: median, 25th to 75th percentile; whiskers: hinge to largest/ smallest value, no further than 1.5*IQR from hinge).

Suppl. Fig. 9

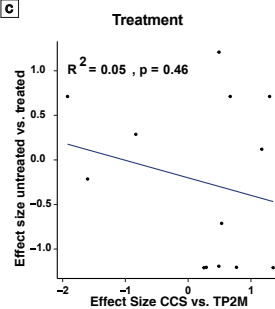
a



b



c



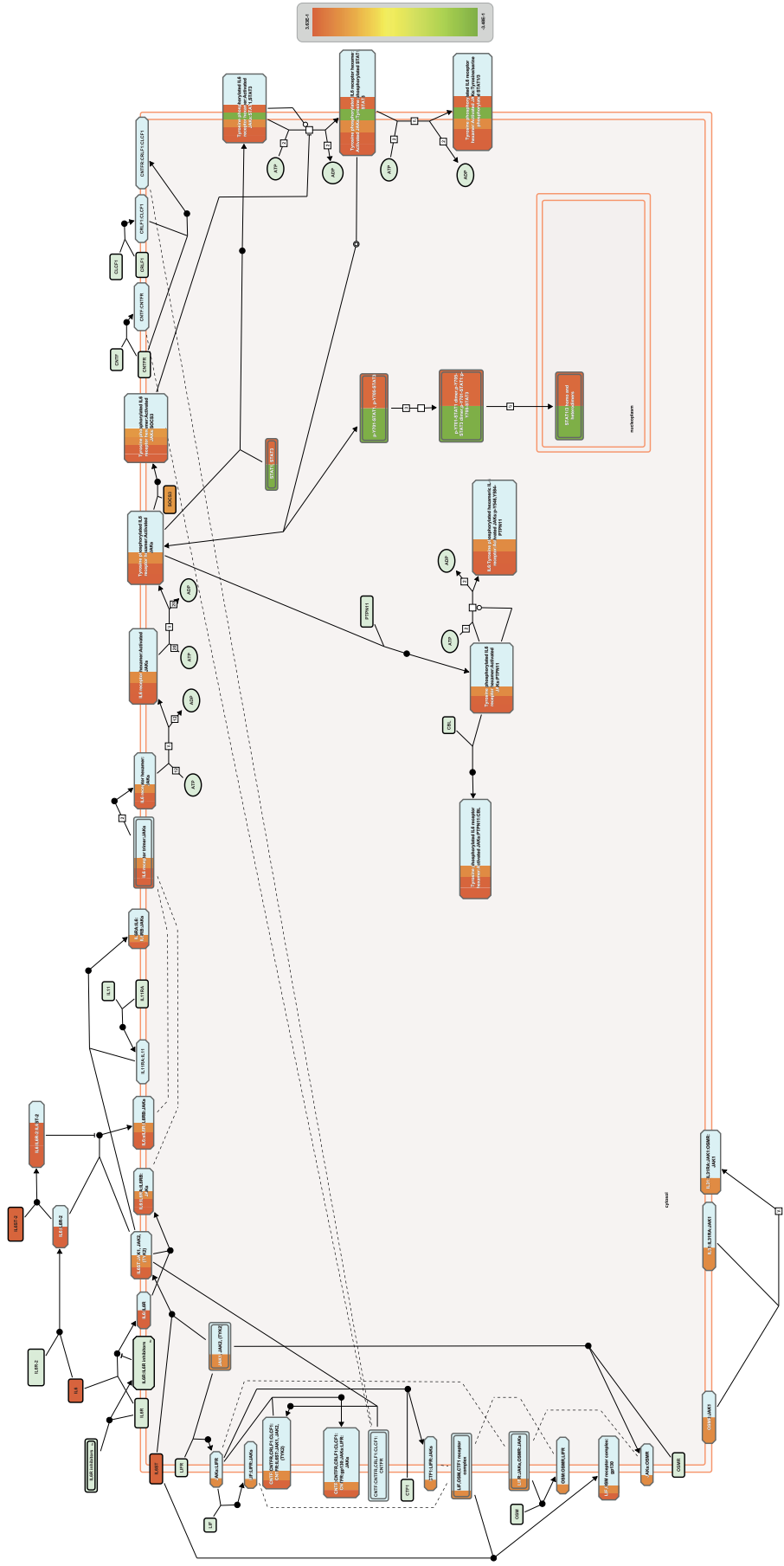
Suppl. Fig. 9

(a) UMAPs of scRNA-seq data from IV PBMCs of samples treated with medication (n=3) and without medication (n=3), showing cells colored by different identified cell clusters (left) and colored by automated cell-type annotation resulting from the Azimuth annotation pipeline (right) (n=12,994). (b) *Integrative ACS Ischemia* (Factor 2) computed on the IV PBMC data. Comparison of the factor values of treated (n=3) and untreated (n=3) samples. The parametric dataset was analyzed using the paired t-test (two-sided, p-value: 0.3395). ns p>0.05. The y-axis was adjusted to the size of the IAI scale. (c) Scatterplot visualizing relationship ($R^2 =$ squared pearson correlation coefficient; two-sided t-test) of effect sizes of high-ranking *Integrative ACS Ischemia* genes visualized in main figures by violin plots (CD14.Mono: *VCAN, SOCS3, PSME2, ODC1, JAK1, IL6ST, CD74*; CD4.TCM: *UBC, STAT3, JAK1, IL6ST, HMGB1, HINT1, EIF3E*) based on the corresponding azimuth annotation. Effect sizes (β) were calculated using a linear model for the comparison of patients with CCS (TP0M n=16) vs patients with sterile ACS at TP2M (n=19) in the pseudobulk aggregated CS scRNA-seq data

and untreated (U n=3) vs. treated (T n=3) patients in the pseudobulk aggregated IV scRNA-seq data (see methods).

Suppl. Fig. 10

a

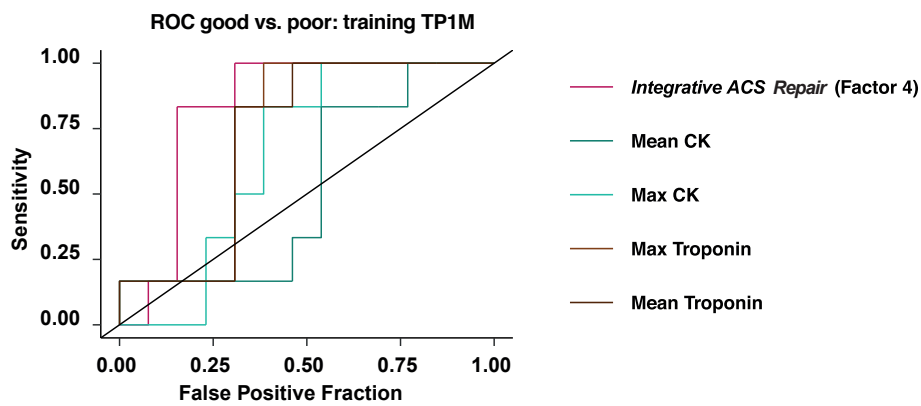


Suppl. Fig. 10

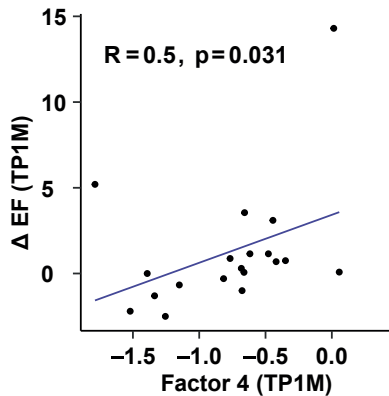
(a) The components of the cellular interleukin-6 cascade illustrated by REACTOME. The coloring of the components is based on the average factor values of the genes belonging to the pathway and the top 25% of genes on *Integrative ACS*. Adapted from URL: <https://reactome.org/content/detail/R-HSA-1059683>

Suppl. Fig. 11

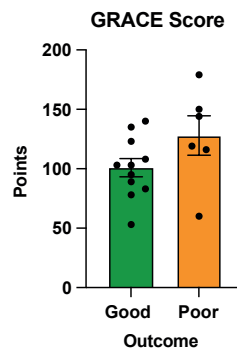
a



b



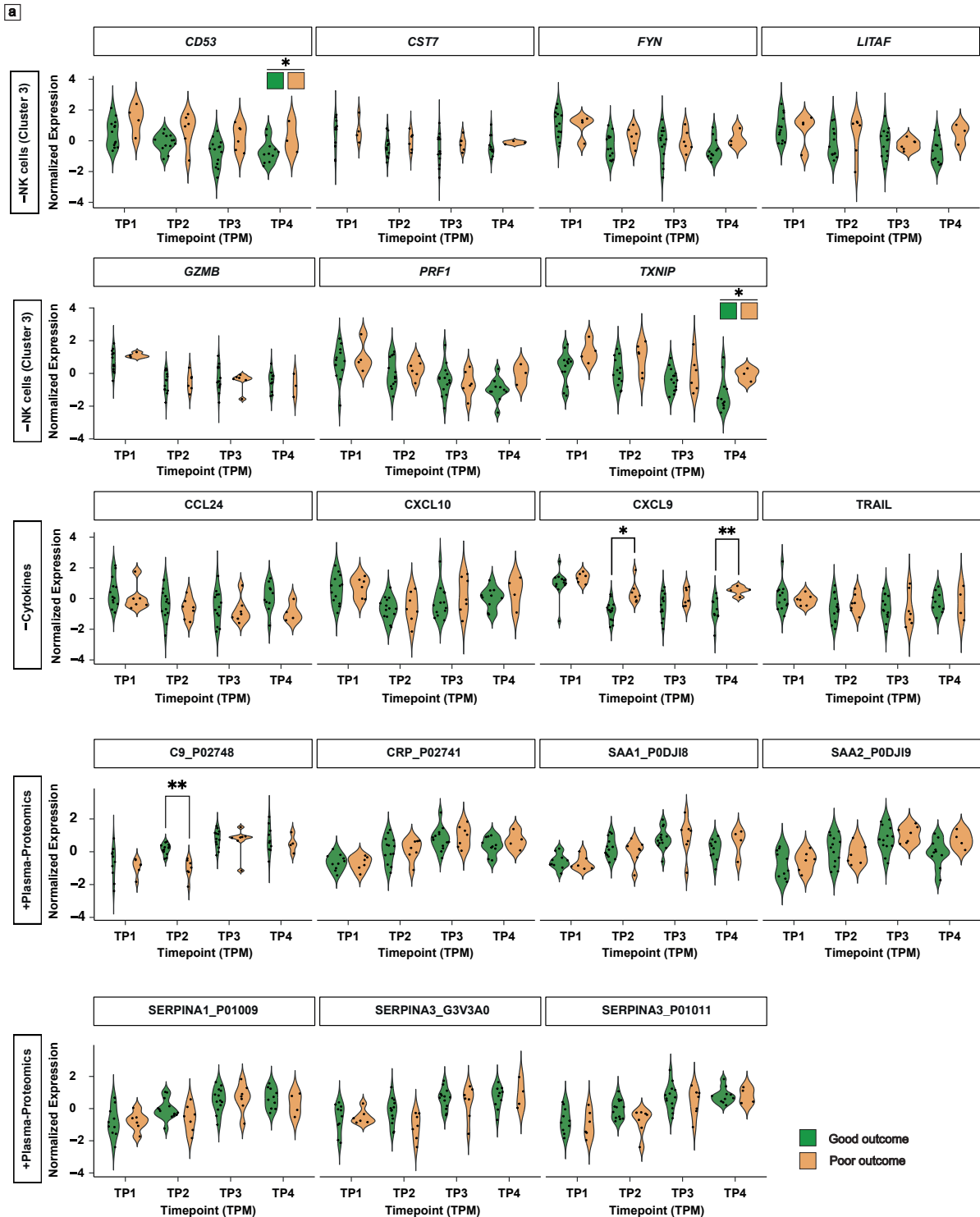
c



Suppl. Fig. 11

(a) ROC AUC. Comparison of the predictive power of *Integrative ACS Repair* (Factor 4) (n=19) and mean and max CK levels (n=19) and mean and max CRP troponin levels (n=19) based on the complete longitudinal values. (b) Spearman correlation of *Integrative ACS Repair* (Factor 4) values for samples at TP1M and measured delta ejection fraction (ΔEF) values (n=19) (two-sided t-test). (c) Risk stratification using the Grace Score. Comparison of the good (M, n=11) and poor outcome (M, n=6) group based on the assessment of the Grace Score. The parametric dataset was analyzed using an unpaired t-test (two-sided). Exact p-values were summarized in Suppl. Table 13. *p \leq 0.05. Mean values with +/- SEM are shown.

Suppl. Fig. 12

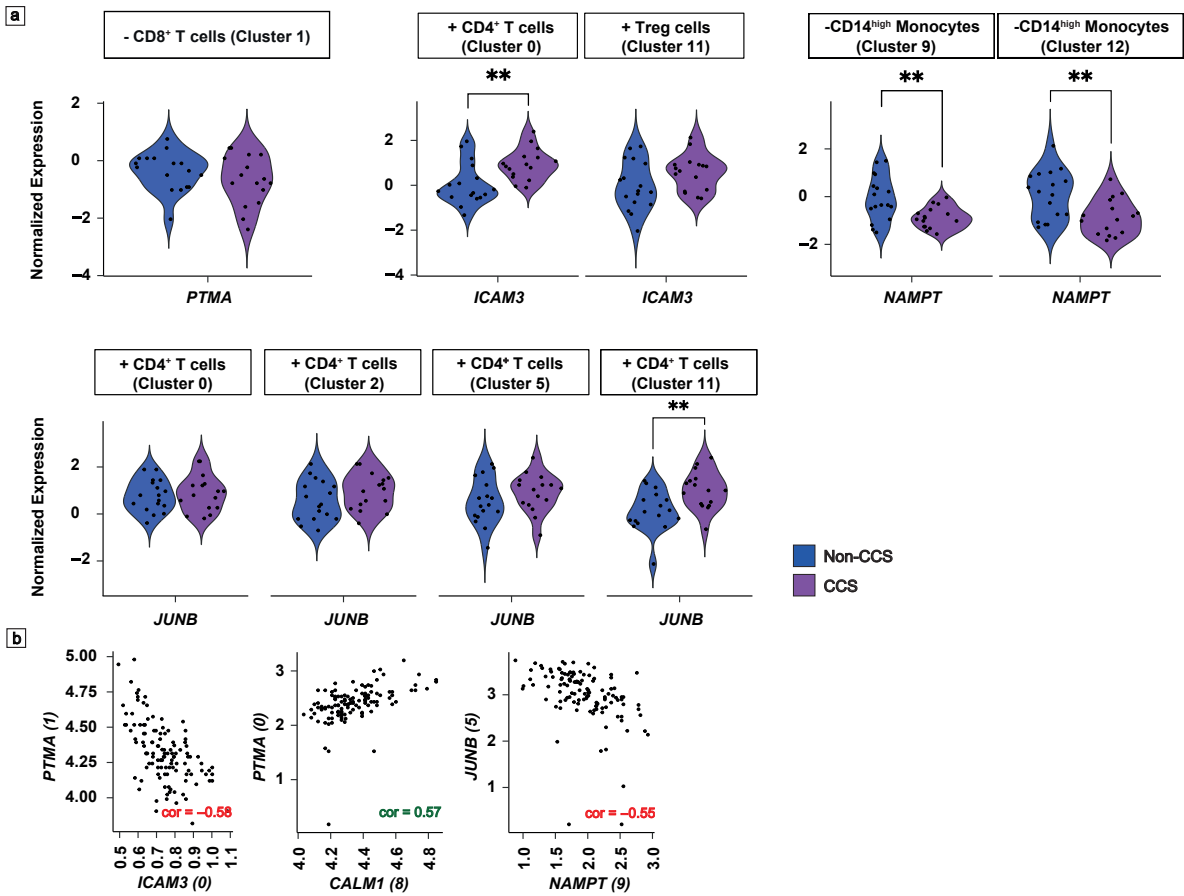


Suppl. Fig. 12

(a) Normalized expression values of selected top features of *Integrative ACS Repair* (Factor 4) in longitudinal comparison for samples classified with good or poor outcome ((NK cells (cluster 3): good outcome: TP1M n=13, TP2M n=13, TP3M n=14, TP4M=11; poor outcome: TP1M n=4, TP2M n=6, TP3M n=6, TP4M n=3) (Cytokines: good outcome: TP1M n=13, TP2M

n=14, TP3M n=13, TP4M=10; poor outcome: TP1M n=6, TP2M n=7, TP3M n=7, TP4M n=4)
(Plasma-Proteomics: good outcome: TP1M n=10, TP2M n=13, TP3M n=13, TP4M=10; poor
outcome: TP1M n=6, TP2M n=7, TP3M n=7, TP4M n=4)). The dataset was analyzed using the
Mixed-effects analysis with correction for multiple comparisons by Šidák test. In case only the
column factor was significant, graphs are marked with a vertical bar on top. * $p \leq 0.05$, ** $p \leq 0.05$.
(+/- indicates the direction of the feature factor weight). Exact p-values were summarized in
Suppl. Table 13.

Suppl. Fig. 13

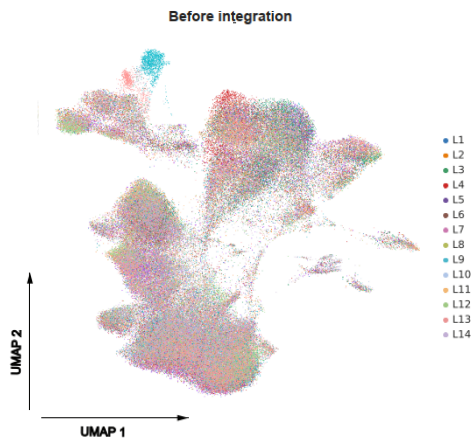


Suppl. Fig. 13

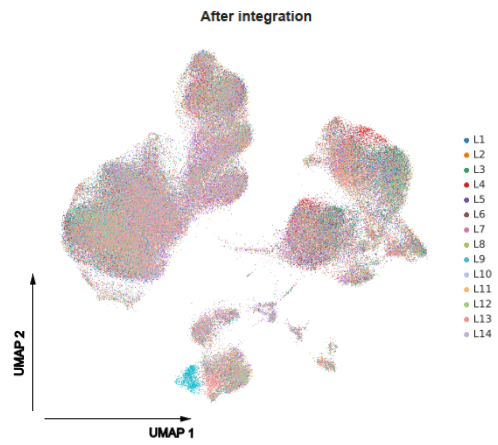
(a) Normalized expression values of selected top features of *Integrative* CCS (Factor 1) in comparison for samples classified CCS (TPOM n=16) and non-CCS (TPOM n=17). Parametric data were analyzed using an unpaired t-test (two-sided). * $p \leq 0.05$, ** $p \leq 0.01$. (+/- indicates the direction of the feature factor weight). Exact p-values were summarized in Suppl. Table 13. **(b)** Correlation score of selected examples of circoplots (a,b).

Suppl. Fig. 14

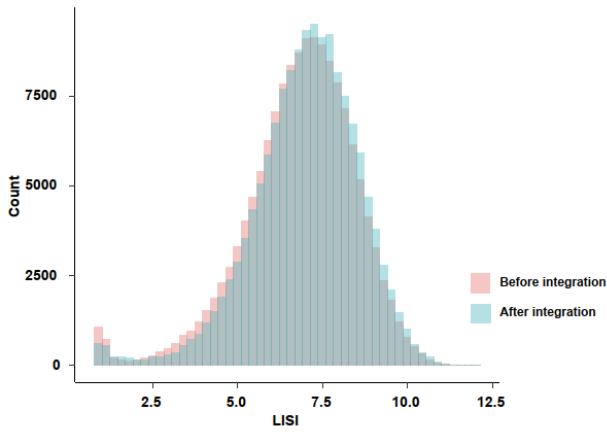
a



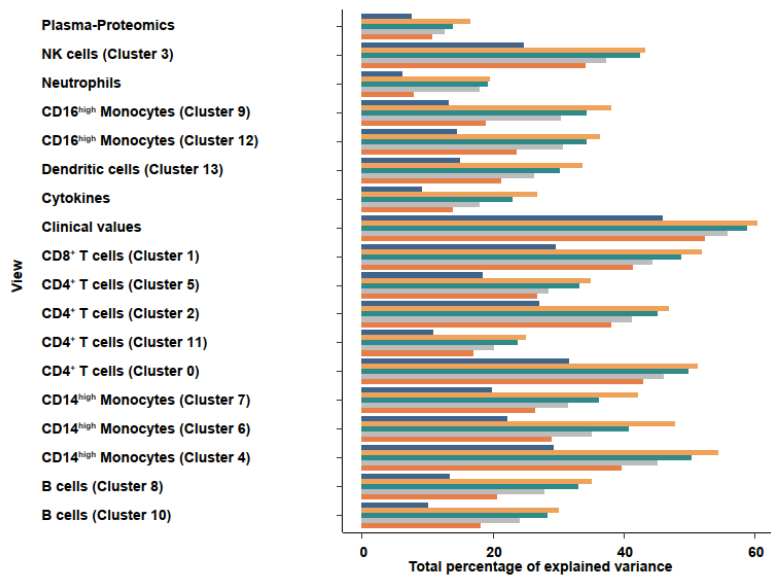
b



c



d



Suppl. Fig. 14

(a) UMAP of scRNA-seq data from PBMCs showing cells before integration with Scanorama colored by the library of origin (L1-L14). **(b)** UMAP of scRNA-seq data from PBMCs showing cells after integration with Scanorama colored by the library of origin (L1-L14). **(c)** Comparison of LSI score distribution before integration and after integration with Scanorama. **(d)** Total percentage of explained variance (x-axis) for each input view (y-axis) of MOFA models with different number of estimated factors (5,10,15,20,25).