Supplementary Information for

Spatial domain analysis predicts risk of colorectal cancer recurrence and infers associated tumor microenvironment networks

Uttam et al.

This PDF file includes:

- 1. Supplementary Figures 1 8
- 2. Supplementary Tables 1- 6

Supplementary Figures

Supplementary Figure 1. Cell DIVE HxIF imaging and processing scheme. For the *K*th iteration, autofluorescence image of the tissue is acquired prior to labeling it with 2-3 fluorescent dyeconjugated primary antibodies and DAPI counterstain. Fluorescent-labeled tissue images are then acquired, followed by inactivation of the dyes and start of the next iteration. (See Supplementary Table 5 for details on the iterative imaging cycles.)

Supplementary Figure 2: Biomarker selection and organization. Fifty-five biomarkers along with DAPI were imaged using the Cell DIVE platform. The biomarkers were selected from seven broad categories that include 1. biomarkers sampling the network biology of signaling pathways (PI3K/AKT/MTOR¹, RAS/RAF/MEK², Mismatch Repair³ (MMR), Hedgehog signaling⁴, Hypoxiasignaling⁵, Apoptosis⁶); 2. biomarkers associated with extracellular transport and metabolism (Albumin⁷⁻⁹, GLUT1^{10,11}, TKLP1^{12,13}); 3. biomarkers associated with tumor suppressive potential $(FOXO1^{14,15}, FOXO3^{15,16}, p53^{17}, PTEN^{18}, Wnt5a^{19})$; 4. biomarkers associated with oncogenic potential (EPCAM²⁰, COX2^{21,22}, c-MET^{23,24}, Beta-Catenin^{24,25}, EZH2²⁶⁻³⁰); 5. biomarkers associated with cell-cell adhesion, cellular and stromal structure (Beta-actin³¹, Claudin-1³², E-cadherin³³, EPCAM²⁰, Lamin A/C^{34,35}, CK19³⁶, NaKATPase³⁷, Fibronectin³⁸, Collagen IV³⁹); 6. biomarkers associated with post-translational modifications (PTM)⁴⁰ (p4EBP1, pMET, pERK1/2, pMAPKAPK2, p-p38MAPK, pEGFR, pGSK3a/b, pNDRG1, pS6); and 7. biomarkers associated with cell types and their states (ALDH1^{41,42}, CD20^{43,44}, CD68⁴⁵, CD163⁴⁵, CD31⁴⁶, CD79⁴⁷, EZH2²⁶⁻³⁰, CD3⁴⁸, CD8^{49,50}, PCK26⁵¹, SMA^{52,53}, Fibronectin³⁸, NDRG1⁵⁴).

Supplementary Figure 3. Tissue and cell segmentation. TMA spot visualized here through a virtual Hematoxylin and Eosin image. (Scale bar = 50 μ m.) Tissue segmentation is performed by using expression of E-cadherin, a highly epithelial cell-specific marker, to identify the epithelial spatial domain, shown in green. The remaining region of the TMA spot is identified as the stromal spatial domain, shown in red. The epithelial-stromal spatial-domain runs all along the boundary between the epithelial (green) and stromal (red) spatial-domains and has a width of 100 µm. Individual cell segmentation in the epithelial spatial domain is performed using expression of Na⁺K⁺ATPase (cell membrane marker), ribosomal protein S6 (cytoplasmic marker) and DAPI (nuclear counterstain, shown in blue). The remaining cells are assigned to the stromal spatial domain.

Supplementary Figure 4. Validity of the proportional hazard assumption in penalized Cox regression. The domain specific p-values (shown in log scale) measure the significance of the relationship between scaled Schoenfeld residuals and time to recurrence for all Cox models generated for the 500 bootstrap runs. A non-significant relationship between the two indicates the validity of the proportional hazard assumption for the overall Cox regression. It can be seen that for each of the three domains, the overall global test is not statistically significant at the 95% confidence level (indicated by the black dashed line) for the 500 bootstrap runs, demonstrating that the proportional hazard assumption is consistently valid. The p-values were computed using the cox.zph function in the survival R package. The use of different colors to render the p-values for the three spatial domains is exclusively to ensure better visual contrast.

Supplementary Figure 5. Rationale for choosing 90% concordance rate. Plot of concordance of the penalized Cox regression model as a function of the threshold function that identifies the biomarker features most consistently selected by L1 penalization at the concordance level corresponding to the threshold. The larger the threshold the more stringent the consistency requirement on feature selection, and smaller the number of selected features. As shown in the plot, for low threshold values, the concordance value is saturated, and therefore, in this region injective correspondence between threshold value and concordance does not exist. In the monotonic decay region such a correspondence can be identified. The 90% concordance level, indicated by the black dashed line, identifies such a correspondence for all three spatial domains without compromising performance.

Supplementary Figure 6. Domain specific and recurrence-guided SpAn coefficients. Boxplots for coefficients that control the contribution of the selected features (obtained using L1-penalty) to each of the recurrence-guided and domain-specific penalized Cox regression under L2 regularization. The coefficients were computed for all 500 bootstrap runs and the boxplots capture the spread of values. The black sold line indicates zero coefficient value. Individual boxplots are colored exclusively for better visualization contrast. It is worth noting that for most bootstraps the coefficients maintain their sign, which quantifies the nature of their contribution. A positive coefficient implies worse prognosis for increase in the corresponding feature value, while negative coefficient implies the converse. (Box plot center line: median value; box bounds: interquartile range (IQR); upper whisker: 3^{rd} quartile + 1.5 IQR; lower whisker: 1^{st} quartile – 1.5 IQR.)

Supplementary Figure 7. Predicting 5-year CRC recurrence risk using only intensity-based features. SpAn ROC curves for predicting risk of 5-year CRC recurrence in patients with resected CRC primary tumor using only biomarker expressions. The plot shows ROC curves, rendered in different colors for improved visual contrast, for 500 bootstrap runs with independent training and validation sets. Area under the mean ROC curve, shown as a black solid curve, is 72% with a standard error of

0.2%. The black dashed 45-degree line indicates random guessing.

Supplementary Tables

Table S1. Biomarkers selection and groupings.

Supplementary Table 2. Patient Cohort and Clinical Properties.

Supplementary Table 3. List of spatial-domain features (biomarkers and their correlations) selected by SpAn.

Supplementary Table 4. Comparing performance of SpAn with other prediction models.

Statistical significance of pairwise performance comparison between SpAn and five different prediction models. The significance was estimated using Dunn's pairwise multiple comparison post-hoc analysis. The five prediction models include the clinical model, biomarker expression model (denoted by intensity), SpAn.null model (SpAn without spatial-domain context), biomarker expression + clinical model and SpAn + clinical model. All pairwise difference in performance are statistically significant at the 99% confidence interval except difference between 1. biomarker expression + clinical and null models, and 2. SpAn and SpAn + clinical models. Both have been highlighted by red solid rectangles.

Supplementary Table 5: List of antibodies (=63) and their imaging cycles. AF = autofluorescence; Biomarkers in blue rectangles (=8) were not used after applying quality control measures.

Supplementary Table 6. Stratified sampling example of patients in whom CRC recurred in the first five years.

Supplementary References

1. Francipane, M. G. & Lagasse, E. mTOR pathway in colorectal cancer: an update. *Oncotarget* **5**, 49–66 (2014).

2. Burotto, M., Chiou, V. L., Lee, J.-M. & Kohn, E. C. The MAPK pathway across different malignancies: a new perspective. *Cancer* **120**, 3446–3456 (2014).

3. Li, G.-M. Mechanisms and functions of DNA mismatch repair. *Cell Res.* **18**, 85–98 (2008).

4. Wu, C., Zhu, X., Liu, W., Ruan, T. & Tao, K. Hedgehog signaling pathway in colorectal cancer: function, mechanism, and therapy. *Onco. Targets. Ther.* **10**, 3249–3259 (2017).

5. Greenhough, A. *et al.* Cancer cell adaptation to hypoxia involves a HIF-GPRC5A-YAP axis. *EMBO Mol. Med.* **10**, e8699 (2018).

6. Watson, A. J. M. Apoptosis and colorectal cancer. *Gut* **53**, 1701 LP – 1709 (2004).

7. González-Trejo, S. *et al.* Baseline serum albumin and other common clinical markers are prognostic factors in colorectal carcinoma: A retrospective cohort study. *Medicine (Baltimore).* **96**, (2017).

8. FUJIKAWA, H. *et al.* Prognostic Impact of Preoperative Albumin–to–Globulin Ratio in Patients with Colon Cancer Undergoing Surgery with Curative Intent. *Anticancer Res.* **37**, 1335– 1342 (2017).

9. Huang, H. *et al.* Validation of Prognosis Value of Cumulative Prognostic Scores Based on Serum High-Density Lipoprotein Cholesterol and Albumin Levels in Patients with Colorectal Cancer. *J. Cancer* **10**, 35–42 (2019).

10. Feng, W. *et al.* Role of glucose metabolism related gene GLUT1 in the occurrence and prognosis of colorectal cancer. *Oncotarget* **8**, 56850–56857 (2017).

11. Shen, Y.-M., Arbman, G., Olsson, B. & Sun, X.-F. Overexpression of GLUT1 in Colorectal Cancer is Independently Associated with Poor Prognosis. *Int. J. Biol. Markers* **26**, 166–172 (2011).

12. Ahopelto, K., Böckelman, C., Hagström, J., Koskensalo, S. & Haglund, C. Transketolase-like protein 1 expression predicts poor prognosis in colorectal cancer. *Cancer Biol. Ther.* **17**, 163–168 (2016).

13. Langbein, S. *et al.* Expression of transketolase TKTL1 predicts colon and urothelial cancer patient survival: Warburg effect reinterpreted. *Br. J. Cancer* **94**, 578–585 (2006).

14. Pan, S. *et al.* Decreased expression of ARHGAP15 promotes the development of colorectal cancer through PTEN/AKT/FOXO1 axis. *Cell Death Dis.* **9**, 673 (2018).

15. Farhan, M. *et al.* FOXO Signaling Pathways as Therapeutic Targets in Cancer. *Int. J. Biol. Sci.* **13**, 815–827 (2017).

16. Bullock, M. D. *et al.* FOXO3 expression during colorectal cancer progression: biomarker potential reflects a tumour suppressor role. *Br. J. Cancer* **109**, 387–394 (2013).

17. Li, X.-L., Zhou, J., Chen, Z.-R. & Chng, W.-J. P53 mutations in colorectal cancer - molecular pathogenesis and pharmacological reactivation. *World J. Gastroenterol.* **21**, 84–93 (2015).

18. Molinari, F. & Frattini, M. Functions and Regulation of the PTEN Gene in Colorectal Cancer. *Front. Oncol.* **3**, 326 (2014).

19. Ying, J. *et al.* WNT5A Exhibits Tumor-Suppressive Activity through Antagonizing the Wnt/β-Catenin Signaling, and Is Frequently Methylated in Colorectal Cancer. *Clin. Cancer Res.* **14**, 55 LP – 61 (2008).

20. Munz, M., Baeuerle, P. A. & Gires, O. The Emerging Role of EpCAM in Cancer and Stem Cell Signaling. *Cancer Res.* **69**, 5627 LP – 5629 (2009).

21. Greenhough, A. *et al.* The COX-2/PGE 2 pathway: key roles in the hallmarks of cancer and adaptation to the tumour microenvironment . *Carcinogenesis* **30**, 377–386 (2009).

22. Wang, D. & DuBois, R. N. The role of COX-2 in intestinal inflammation and colorectal cancer. *Oncogene* **29**, 781–788 (2010).

23. Lee, S. J. *et al.* c-MET Overexpression in Colorectal Cancer: A Poor Prognostic Factor for Survival. *Clin. Colorectal Cancer* **17**, 165–169 (2018).

24. Rasola, A. *et al.* A positive feedback loop between hepatocyte growth factor receptor and β-catenin sustains colorectal cancer cell invasive growth. *Oncogene* **26**, 1078–1087 (2007).

25. Shang, S., Hua, F. & Hu, Z.-W. The regulation of β-catenin activity and function in cancer: therapeutic opportunities. *Oncotarget* **8**, 33972–33989 (2017).

26. Gan, L. *et al.* Epigenetic regulation of cancer progression by EZH2: from biological insights to therapeutic potential. *Biomark. Res.* **6**, 10 (2018).

27. Vilorio-Marqués, L. *et al.* The role of EZH2 in overall survival of colorectal cancer: a metaanalysis. *Sci. Rep.* **7**, 13806 (2017).

28. Karantanos, T., Chistofides, A., Barhdan, K., Li, L. & Boussiotis, V. A. Regulation of T Cell Differentiation and Function by EZH2. *Front. Immunol.* **7**, 172 (2016).

29. Goswami, S. *et al.* Modulation of EZH2 expression in T cells improves efficacy of anti– CTLA-4 therapy. *J. Clin. Invest.* **128**, 3813–3818 (2018).

30. DuPage, M. *et al.* The chromatin-modifying enzyme Ezh2 is critical for the maintenance of regulatory T cell identity after activation. *Immunity* **42**, 227–238 (2015).

31. Simiczyjew, A., Mazur, A. J., Popow-Woźniak, A., Malicka-Błaszkiewicz, M. & Nowak, D. Effect of overexpression of $β$ - and γ-actin isoforms on actin cytoskeleton organization and migration of human colon cancer cells. *Histochem. Cell Biol.* **142**, 307–322 (2014).

32. Dhawan, P. *et al.* Claudin-1 regulates cellular transformation and metastatic behavior in colon cancer. *J. Clin. Invest.* **115**, 1765–1776 (2005).

33. Kim, S. A. *et al.* Loss of CDH1 (E-cadherin) expression is associated with infiltrative tumour growth and lymph node metastasis. *Br. J. Cancer* **114**, 199–206 (2016).

34. Willis, N. D. *et al.* Lamin A/C is a risk biomarker in colorectal cancer. *PLoS One* **3**, e2988– e2988 (2008).

35. Belt, E. J. T. *et al.* Loss of lamin A/C expression in stage II and III colon cancer is associated with disease recurrence. *Eur. J. Cancer* **47**, 1837–1845 (2011).

36. Jain, R., Fischer, S., Serra, S. & Chetty, R. The Use of Cytokeratin 19 (CK19) Immunohistochemistry in Lesions of the Pancreas, Gastrointestinal Tract, and Liver. *Appl. Immunohistochem. Mol. Morphol.* **18**, (2010).

37. Clausen, M. V, Hilbers, F. & Poulsen, H. The Structure and Function of the Na,K-ATPase Isoforms in Health and Disease. *Front. Physiol.* **8**, 371 (2017).

38. Wang, J. P. & Hielscher, A. Fibronectin: How Its Aberrant Expression in Tumors May Improve Therapeutic Targeting. *J. Cancer* **8**, 674–682 (2017).

39. Tanjore, H. & Kalluri, R. The role of type IV collagen and basement membranes in cancer progression and metastasis. *Am. J. Pathol.* **168**, 715–717 (2006).

40. Ardito, F., Giuliani, M., Perrone, D., Troiano, G. & Lo Muzio, L. The crucial role of protein phosphorylation in cell signaling and its use as targeted therapy (Review). *Int. J. Mol. Med.* **40**, 271–280 (2017).

41. Hessman, C. J., Bubbers, E. J., Billingsley, K. G., Herzig, D. O. & Wong, M. H. Loss of expression of the cancer stem cell marker aldehyde dehydrogenase 1 correlates with advancedstage colorectal cancer. *Am. J. Surg.* **203**, 649–653 (2012).

42. Douville, J., Beaulieu, R. & Balicki, D. ALDH1 as a Functional Marker of Cancer Stem and Progenitor Cells. *Stem Cells Dev.* **18**, 17–26 (2008).

43. Nelson, B. H. CD20<sup>+</sup> B Cells: The Other Tumor-Infiltrating Lymphocytes. *J. Immunol.* **185**, 4977 LP – 4982 (2010).

44. Berntsson, J., Nodin, B., Eberhard, J., Micke, P. & Jirström, K. Prognostic impact of tumourinfiltrating B cells and plasma cells in colorectal cancer. *Int. J. Cancer* **139**, 1129–1139 (2016).

45. Pinto, M. L. *et al.* The Two Faces of Tumor-Associated Macrophages and Their Clinical Significance in Colorectal Cancer. *Front. Immunol.* **10**, 1875 (2019).

46. Lu, J. *et al.* Endothelial cells promote the colorectal cancer stem cell phenotype through a soluble form of Jagged-1. *Cancer Cell* **23**, 171–185 (2013).

47. Chu, P. G. & Arber, D. A. CD79: A Review. *Appl. Immunohistochem. Mol. Morphol.* **9**, (2001).

48. Cavalleri, T. *et al.* Combined Low Densities of FoxP3<sup>+</sup> and CD3<sup>+</sup> Tumor-Infiltrating Lymphocytes Identify Stage II Colorectal Cancer at High Risk of Progression. *Cancer Immunol. Res.* **7**, 751 LP – 758 (2019).

49. Ziai, J. *et al.* CD8+ T cell infiltration in breast and colon cancer: A histologic and statistical analysis. *PLoS One* **13**, e0190158–e0190158 (2018).

50. Zhang, S. *et al.* CCL5-deficiency enhances intratumoral infiltration of CD8+ T cells in colorectal cancer. *Cell Death Dis.* **9**, 766 (2018).

51. Schweizer, J. *et al.* New consensus nomenclature for mammalian keratins. *J. Cell Biol.* **174**, 169–174 (2006).

52. Liu, T., Zhou, L., Li, D., Andl, T. & Zhang, Y. Cancer-Associated Fibroblasts Build and Secure the Tumor Microenvironment . *Frontiers in Cell and Developmental Biology* **7**, 60 (2019).

53. Nishishita, R. *et al.* Expression of cancer-associated fibroblast markers in advanced colorectal cancer. *Oncol. Lett.* **15**, 6195–6202 (2018).

54. Mi, L. *et al.* The metastatic suppressor NDRG1 inhibits EMT, migration and invasion through interaction and promotion of caveolin-1 ubiquitylation in human colorectal cancer cells. *Oncogene* **36**, 4323–4335 (2017).