

Additional File 1 for

Integrated genomic and transcriptomic analysis reveals unique characteristics of hepatic metastases and pro-metastatic role of complement C1q in pancreatic ductal adenocarcinoma

Jianyu Yang^{1*}, Ping Lin^{2*}, Minwei Yang^{1*}, Wei Liu¹, XueLiang Fu¹, DeJun Liu¹, LingYe Tao¹, YanMiao Huo¹, JunFeng Zhang¹, Rong Hua¹, ZhiGang Zhang^{3#}, YiXue Li^{2,4,5,6#}, Liwei Wang^{3,7#}, Jing Xue^{8#}, Hong Li^{2#}, Yongwei Sun^{1#}

1. Department of Biliary-Pancreatic Surgery, Ren Ji Hospital, School of Medicine, Shanghai Jiao Tong University, Shanghai 200127, China.
2. CAS-MPG Partner Institute for Computational Biology, Shanghai Institute of Nutrition and Health, Shanghai Institutes for Biological Sciences, University of Chinese Academy of Sciences, Chinese Academy of Sciences, Shanghai 200031, PR China.
3. State Key Laboratory of Oncogenes and Related Genes, Shanghai Cancer Institute, Ren Ji Hospital, School of Medicine, Shanghai Jiao Tong University, Shanghai 200240, China.
4. School of Life Sciences and Biotechnology, Shanghai Jiao Tong University, Shanghai 200240, China.
5. Collaborative Innovation Center for Genetics and Development, Fudan University, Shanghai, 200032, China.
6. Shanghai Center for Bioinformation Technology, Shanghai Academy of Science & Technology, Shanghai, 201203, China.
7. Department of Oncology, Ren Ji Hospital, School of Medicine, Shanghai Jiao Tong University, Shanghai 200127, China.
8. State Key Laboratory of Oncogenes and Related Genes, Renji-Med X Clinical Stem Cell Research Center, Shanghai Cancer Institute, Shanghai Jiao Tong University School of Medicine Affiliated Renji Hospital, Shanghai 200240, China.

#Correspondence to: Yongwei Sun (E-mail: syw0616@126.com); Hong Li (E-mail: lihong01@sibs.ac.cn); Yixue Li (E-mail: yxli@sibs.ac.cn); Jing Xue (E-mail: xuejing0904@126.com); Liwei Wang (E-mail: liweiwang@shsmu.edu.cn) and Zhigang Zhang (E-mail: zzhang@shsci.org)

*** Authors contributed equally to this work**

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Table S1. clinicopathological characteristics of all enrolled metastatic patients

Patient	Tumor location	Sex	Age (years)	Treatment before surgery	Primary tumor histologic type of	Survival (month)	WES			RNA-seq			Validation
							N	T	HM	N	T	HM	N-T-HM
RJPDAC01	Body/Tail	M	57	NO	PDAC	56	X	X	X	√	√	√	√
RJPDAC02	Body/Tail	F	59	NO	PDAC	-	√	√	√	X	X	√	√
RJPDAC03	Body/Tail	M	59	NO	PDAC	13.5	X	X	X	X	√	√	√
RJPDAC04	Body/Tail	F	62	NO	PDAC	20.8	√	√	√	X	√	√	√
RJPDAC07	Head	F	48	NO	PDAC	4.1	X	X	X	X	√	√	X
RJPDAC08	Body/Tail	M	68	NO	PDAC	7.3	√	√	√	√	√	√	√
RJPDAC09	Body/Tail	F	59	NO	PDAC	6.2	√	√	√	X	√	√	√
RJPDAC10	Body/Tail	F	67	NO	PDAC	16.5	√	√	√	√	√	√	√
RJPDAC11	Body/Tail	M	59	NO	PDAC	6.2	√	√	√	X	X	X	√
RJPDAC12	Head	M	75	NO	PDAC	17.1	X	X	X	√	√	√	X
RJPDAC13	Body/Tail	F	53	NO	PDAC	17.5	√	√	√	√	√	√	√
RJPDAC14	Body/Tail	M	57	NO	PDAC	16.1	√	√	√	X	√	√	√
RJPDAC15	Body/Tail	M	63	NO	PDAC	7.8	√	√	√	√	√	√	√
RJPDAC17	Head	F	64	NO	PDAC	6.0	X	X	X	X	√	√	√
RJPDAC18	Head	M	66	NO	PDAC	6.0	X	X	X	X	√	√	X
RJPDAC19	Head	M	68	NO	PDAC	2.2	X	√	√	X	X	X	X
RJPDAC21	Body/Tail	F	66	NO	PDAC	3.9	X	√	√	X	X	X	X
RJPDAC22	Head	F	60	NO	PDAC	31.0	X	X	X	X	X	X	√
RJPDAC23	Head	M	55	NO	PDAC	4.3	X	X	X	X	X	X	√
RJPDAC24	Head	M	71	NO	PDAC	17.0	X	X	X	X	X	X	√
RJPDAC25	Head	F	82	NO	PDAC	5.2	X	X	X	X	X	X	√
RJPDAC26	Head	M	40	NO	PDAC	3.6	X	X	X	X	X	X	√
RJPDAC27	Head	F	50	NO	PDAC	19.0	X	X	X	X	X	X	√
RJPDAC28	Head	F	68	NO	PDAC	4.1	X	X	X	X	X	X	√
RJPDAC29	Head	M	58	NO	PDAC	5.7	X	X	X	X	X	X	√
RJPDAC30	Head	M	58	NO	PDAC	8.9	X	X	X	X	X	X	√
RJPDAC31	Body/Tail	M	63	NO	PDAC	14.5	X	X	X	X	X	X	√
RJPDAC32	Body/Tail	M	65	NO	PDAC	7.7	X	X	X	X	X	X	√
RJPDAC33	Body/Tail	M	69	NO	PDAC	15.0	X	X	X	X	X	X	√
RJPDAC34	Body/Tail	F	69	NO	PDAC	16.9	X	X	X	X	X	X	√
RJPDAC35	Body/Tail	M	75	NO	PDAC	21.0	X	X	X	X	X	X	√
RJPDAC36	Body/Tail	M	47	NO	PDAC	21.0	X	X	X	X	X	X	√
RJPDAC37	Body/Tail	M	69	NO	PDAC	22.0	X	X	X	X	X	X	√
RJPDAC38	Head	F	69	NO	PDAC	1.0	X	X	X	X	X	X	√
RJPDAC39	Head	M	64	NO	PDAC	7.8	X	X	X	X	X	X	√
RJPDAC40	Body/Tail	M	58	NO	PDAC	2.8	X	X	X	X	X	X	√
RJPDAC41	Body/Tail	F	58	NO	PDAC	3.2	X	X	X	X	X	X	√
RJPDAC42	Body/Tail	M	53	NO	PDAC	8.2	X	X	X	X	X	X	√
RJPDAC43	Body/Tail	M	61	NO	PDAC	9.7	X	X	X	X	X	X	√
RJPDAC44	Body/Tail	M	77	NO	PDAC	17.0	X	X	X	X	X	X	√
Total							9.00	11.00	11.00	6.00	13.00	14.00	35.00

Fig S1

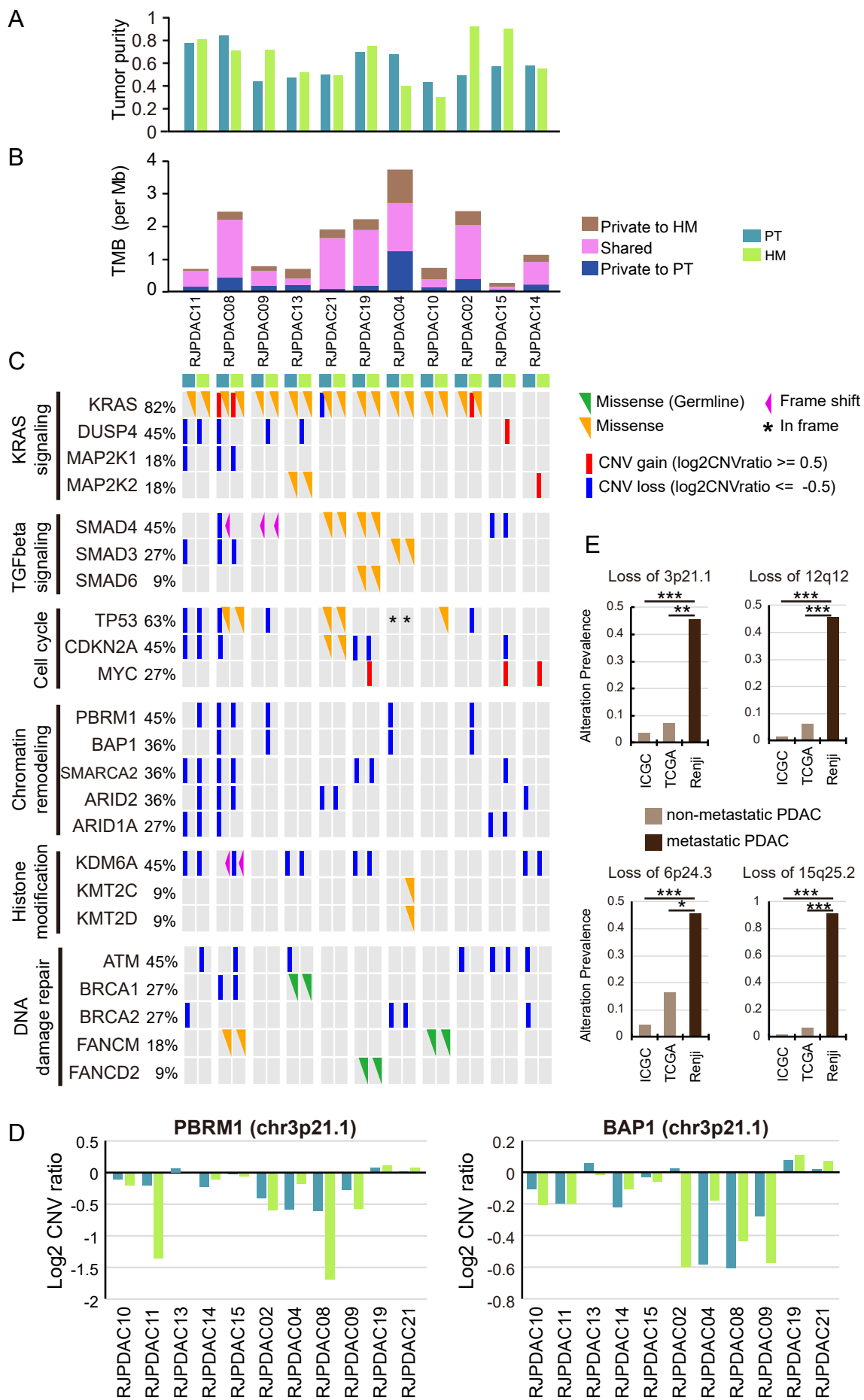


Fig S2

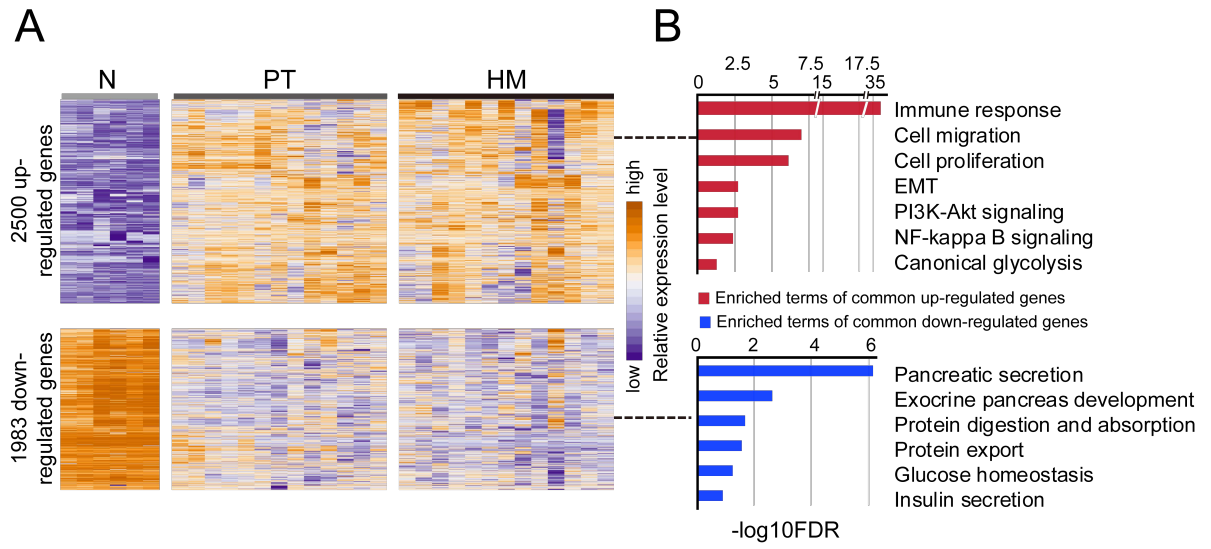


Fig S3

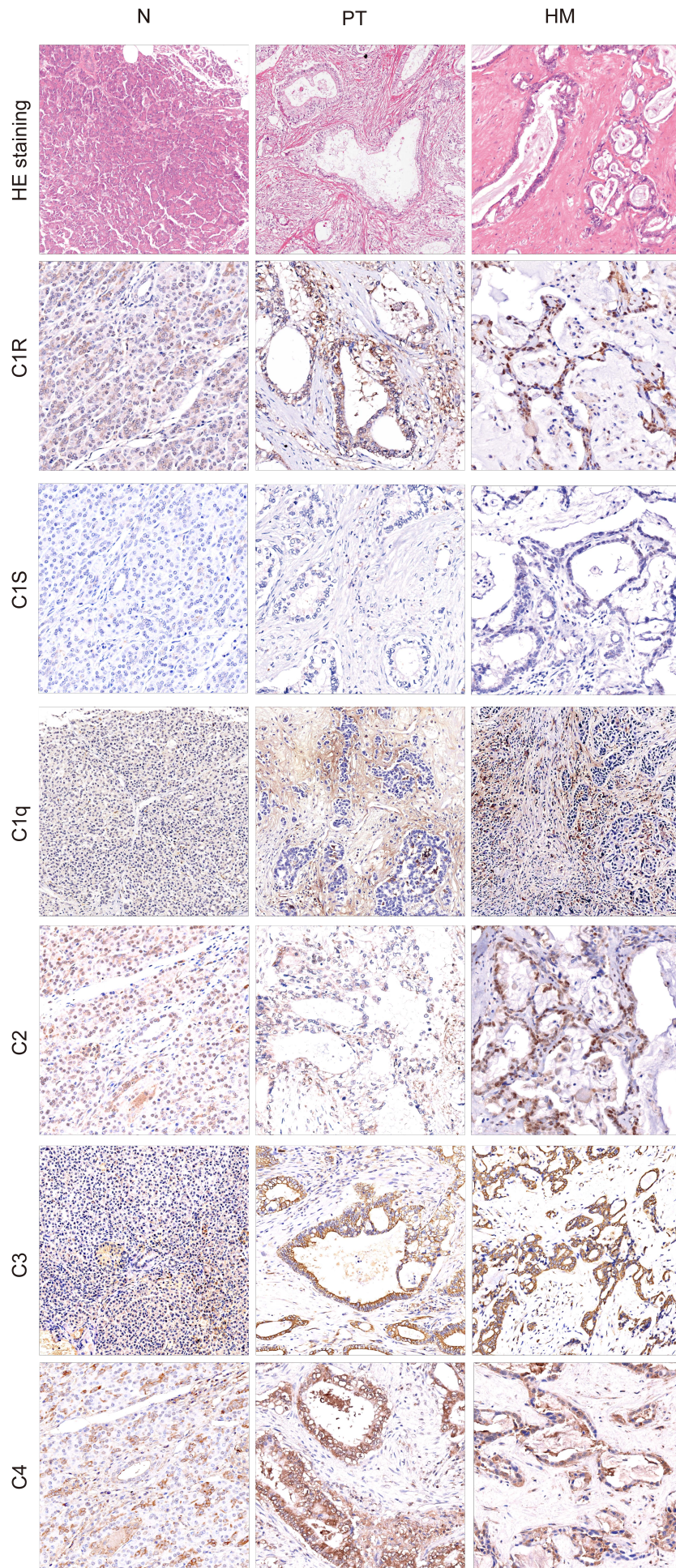
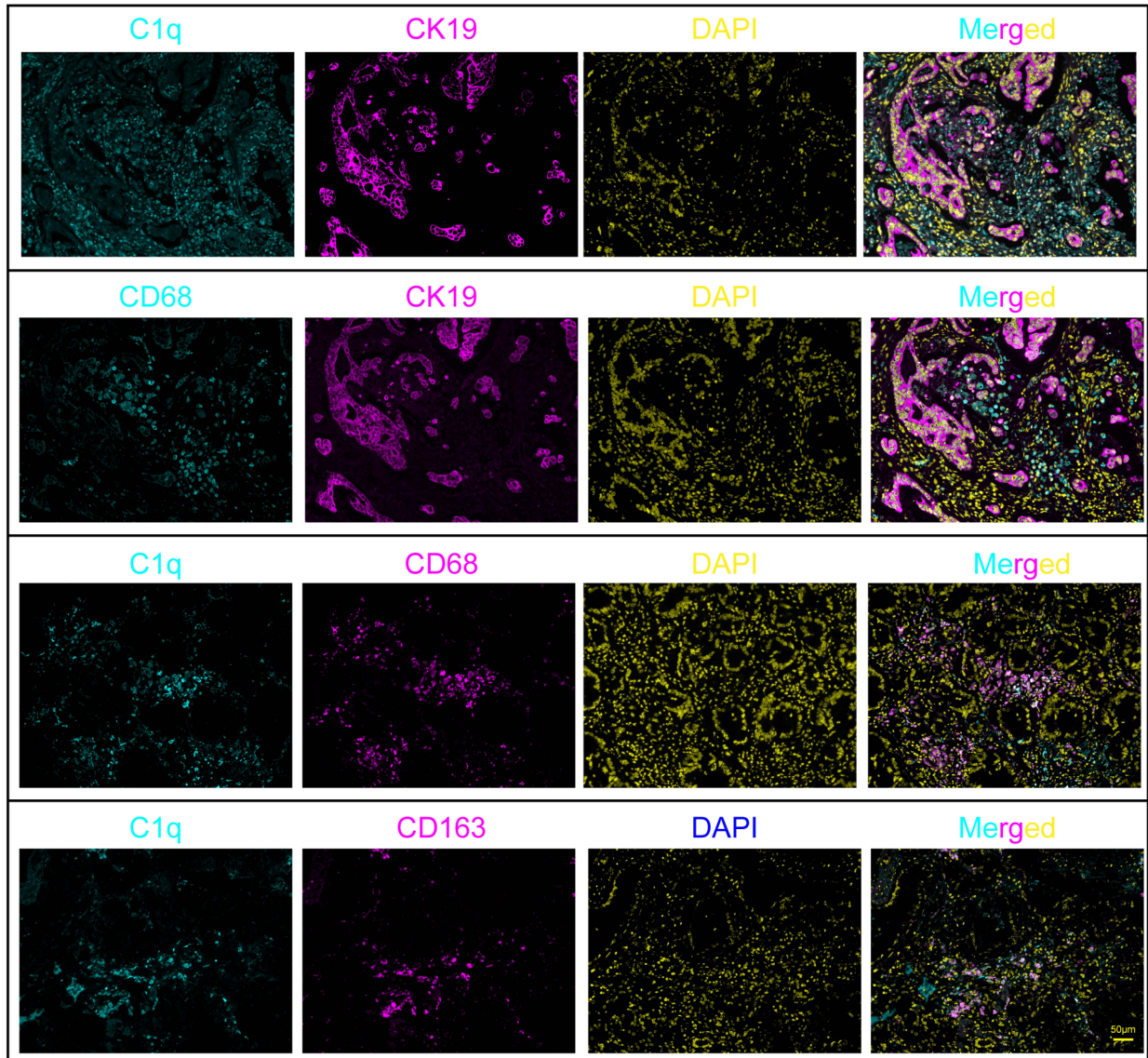


Fig S4

A



B

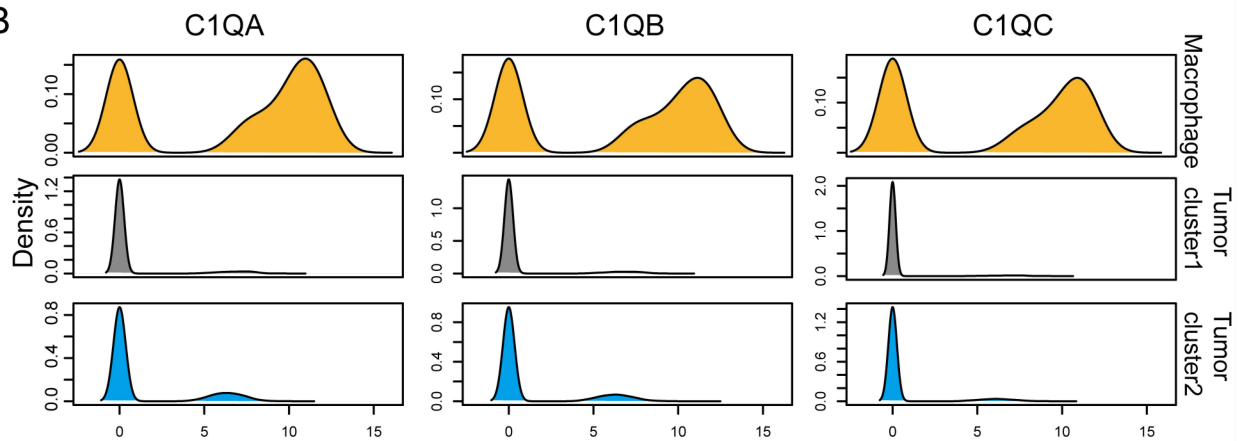


Fig S5

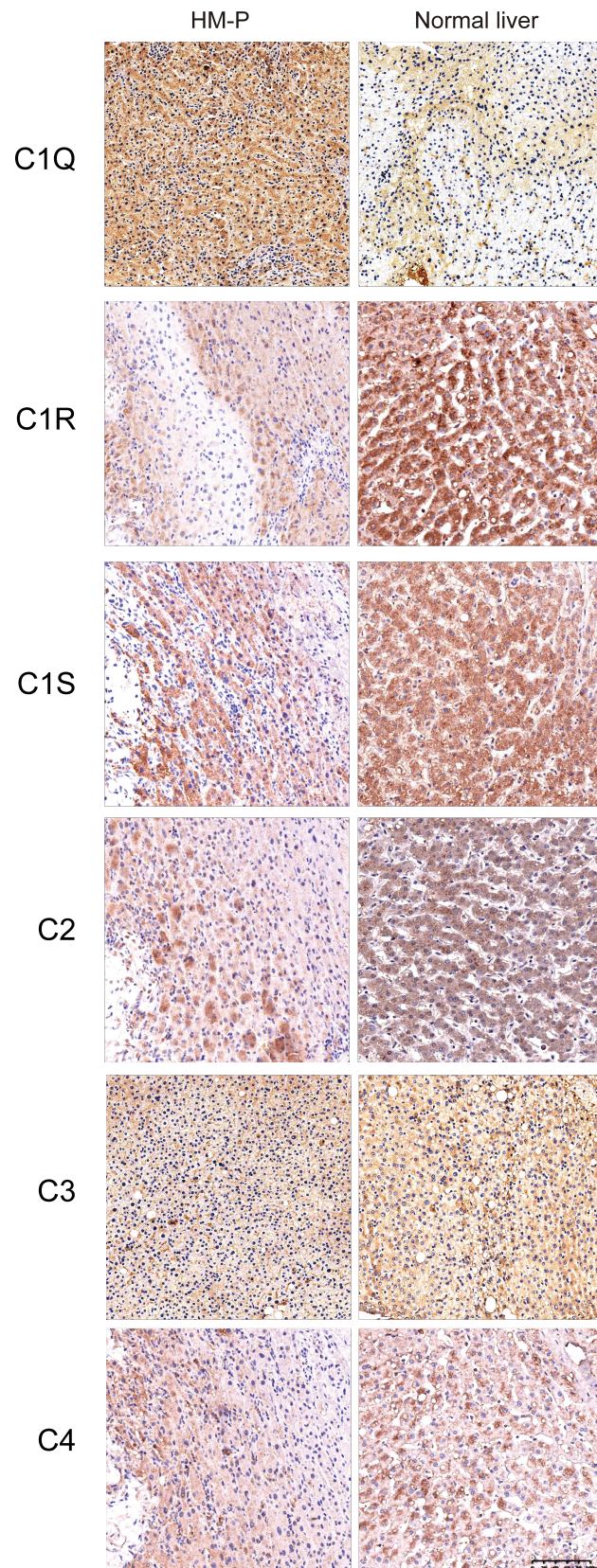
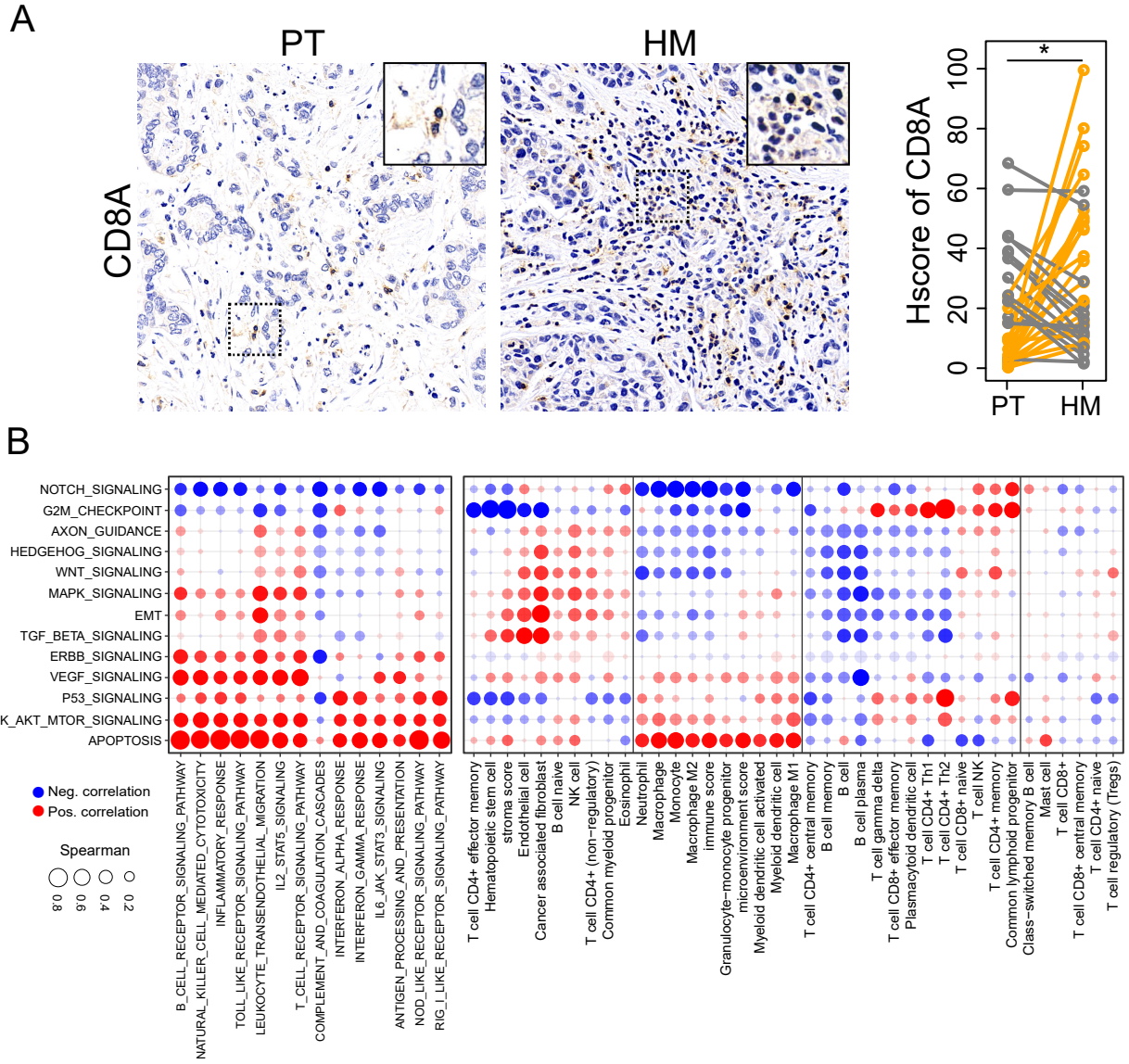


Fig S6



Supplementary Table Notes

Table S1. Clinical characteristics of 40 enrolled patients. The specimens used for WES or RNA sequencing were also indicated in this table.

Table S2. Somatic mutation list.

Table S3. Significantly occurred CNV regions identified by GISTIC2. "N.S.": not significant.

Supplementary Figure Legend

Fig S1. Mutation profiles of paired PTs and HMs. A) Tumor purity of all tumor samples assessed by WES; B) Tumor mutation burden of individual samples; C) Mutation profiles of highly altered genes across samples. Genes were grouped by their function. Among them, the detailed log₂ratio values of PBRM1 and BAP1 of paired samples were indicated in D); E) Highlighted CNV events which exhibited significantly increased alteration prevalence in metastatic PDACs than that in non-metastatic PDACs. *: 0.01<P<0.05; **: 0.001<P<0.01; ***: P<0.001.

Fig S2. Expression pattern A) and enriched pathways B) of common DEGs.

Fig S3. IHC staining of key components of classical complementary pathways in PT and HM specimens. C1R, C1S, C2 and C4 were mainly stained in tumor cells. C3 was expressed mainly in tumor cells of PTs. But in HM, C3 was expressed both in tumor cells and tumor stroma. Only C1q expressed in tumor stroma of both PTs and HMs. HE staining results were showed in the top panel.

Fig S4. IF staining of C1q, macrophage cell marker and epithelial cell marker in tumor specimens as well as single-cell RNAseq data analysis of the resources of C1Q. A) IF staining of C1q and CK19 showed that C1q was mainly expressed in tumor stroma (top panel). IF staining results of CD68 and CK19 of the same patient as in the top panel were showed in second panel. Tissue slices of top two panel are sequential slices from same patient. IF staining of C1q and CD68 showed in third panel revealed that C1q in tumor stroma was mainly derived from macrophage. IF staining of C1q and CD163 showed in last panel revealed that M2 macrophage was the main contributor of C1q. B) Peng. et al. identified macrophages and two clusters of tumor cells in primary tumor tissues of PDAC [1]. Most of tumor cells exhibited zero count in C1QA, C1QB, and C1QC while large proportion of macrophages expressed C1QA, C1QB, or C1QC (UMI>=5).

Fig S5. IHC staining of key components of classical complementary pathways in HM adjacent liver tissue and normal liver tissue. Compared to normal liver, HM adjacent normal tissue (HM-P) showed increased protein level of C1Q. To be noted, this pattern was only displayed in C1Q while C1R, C1S, C2, C3, and C4 didn't display the same pattern.

Fig S6. Correlation of oncogenic pathways and tumor immunity. A) HMs had increased abundance of CD8+ T cell compared to corresponding PTs. *: p<0.05. B) Spearman correlation between oncogenic pathways and immune-related pathways (left panel). And Spearman correlation between pathway NES values and xCell estimations of tumor infiltrating immune cells.

Reference

1. Peng J, Sun BF, Chen CY, Zhou JY, Chen YS, Chen H, Liu L, Huang D, Jiang J, Cui GS, et al: **Single-cell RNA-seq highlights intra-tumoral heterogeneity and malignant progression in pancreatic ductal adenocarcinoma.** *Cell Res* 2019, **29**:725-738.