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Supplemental information

Single-cell sequencing identifies

differentiation-related markers for molecular

classification and recurrence prediction of PitNET

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Classification of hormone-secreting cells in APG

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TF lineage	Cell name	Hormone	Gene
PIT1	Lactotrope	Prolactin (PRL)	PRL
	Somatotrope	Growth hormone (GH)	GH1,GH2
	Thyrotrope	Thyroid stimulating hormone (TSH)	TSHB+CGA
TPIT	Corticotrope	Adrenocorticotropic Hormone (ACTH)	POMC
SF1	Gonadotrope	Follicle Stimulating Hormone (FSH)	FSHB+CGA
		Luteinizing Hormone (LH)	LHB+CGA

Clinicopathological classification of PitNET

Hormone

PRL

GH

TSH

None

ACTH

None

None

None

FSH, and/or LH

Multiple hormones





С

Gene

PRL

GH1, GH2

TSHB, CGA

POMC

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Figure S1. Characterization of major clusters in human APG. Related to Figure 1.

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TF lineage

PIT1

TPIT

SF1

Null

Pluri

Tumor name

Lactotroph tumor

Somatotroph tumor

Thyrotroph tumor

Silent PIT1 tumor

Corticotroph tumor

Silent TPIT tumor

Silent SF1 tumor

Null cell tumor

Gonadotroph tumor

Plurihormonal tumor

- (A) Classification of hormone-secreting cells in APG with corresponding hormones and hormone expressing genes.
- (B) Clinicopathological classification of PitNET with corresponding hormones and hormone expressing genes.
- (C) Integrated UMAP plot of the UMI counts in APGs.
- (D) Signature gene expression of selected marker genes for the cell type definition.
- (E) Heatmap shows canonical marker genes of conserved cell types in APG.





(A) Differential gene expression analysis showing upregulated genes across differentiated endocrine clusters. An adjusted

- p value <1E-6 is indicated in red, while an adjusted p value > 1E-6 is indicated in black.
- (B) Integrated UMAP plot of the distribution of three APG samples.
- (C) Classic hormone genes of differentiated endocrine cells in APGs.
- (D) Signature gene expression of selected marker genes of PIT1_I (Pro.PIT1).



Figure S3. The cellular diversity within adult and fetal APGs. Related to Figure 2.

(A) RNA velocities of PIT1 lineage cells of APGs.

(B) Integrated UMAP plot of PIT1 lineage cells from APGs with cells colored by the latent time of scVelo.

(C) Integrated UMAP plot and Monocle3 developmental trajectories of PIT1 lineages of APGs. The root region was labeled by the circle.

(D) Common expressed genes among Pro.PIT1, Pre.Lacto and LACTO^{Medium} cells.

(E) Integrated UMAP plot of the distribution of adult and fetal APG samples.

(F) Lineage and hormone gene expression of integrated adult and fetal APG endocrine cells.

(G) Partition-based graph abstraction (PAGA) connectivity among clusters of integrated adult and fetal APGs based on scRNA-seq data.

(H) Integrated UMAP plot and Monocle3 developmental trajectories of adult and fetal APG samples colored by the pseudotime of Monocle3. The root region was labeled by the circle.

(I) Integrated Monocle3 analysis reveals the root cells in Adult.Pro.PIT1. left, integrated UMAP plot and Monocle3 developmental trajectories of adult and fetal APG samples, with root cells manually selected in Adult.Pro.PIT1 according to the entrance region of trajectories. Right, integrated UMAP plot of adult PIT1 lineage with root cells mapping from the left panel.



Figure S4. Characteristics of PitNET clusters. Related to Figure 3.

(A) Heatmap showing the detailed clinical characteristics, IHC intensities, and corresponding normalized gene expression in scRNA-seq data of all 21 patients. These clinical characteristics data include gender, age, relapse status, tumor lineage, tumor clinicopathological type, tumor WHO classification, course of disease, tumor size, Knosp grade, radiological invasion status, surgical approach, completeness of resection, and pathological results of granulations and Ki-67, which were indicated as different colors.

(B) Integrated UMAP plot of the UMI counts in 21 PitNETs.

(C) Violin plot showing the expression of marker genes in PitNETs. CC, cycling cells.

(D) Integrated UMAP visualization of cells from 21 PitNETs (P01-P21) and three APGs (A1-A3) samples colored by sample origins.

(E) Integrated UMAP visualization of cells from 21 PitNETs (P01-P21) and three APGs (A1-A3) samples. Cells from APGs were colored by APG cell clusters in **Figure 1B**.

(F) Each UMAP visualization of cells from one of 21 PitNETs (P01-P21) and three APGs (A1-A3) samples colored by cluster in **Figure 3A**.





(B) Bar plot visualization of cluster composition of all filtered cells within each sample. The immune cell cluster (Lymphocytes and Myeloid cells), stroma cell cluster (Endothelial cells and fibroblasts), tumor/APG endocrine cell clusters (PIT-1 lineage, SF-1/Null lineage, and T-PIT lineage), and Stem/CC cell clusters (Stem-like and Cycling cells) were sequentially arranged with interval. The pathological lineage of each tumor/APG was annotated below.

(C) Bar plot visualization of cell lineage composition of all tumor/APG endocrine cells within each sample. The pathological lineage of each tumor/APG was annotated below.



50µm









Figure S6. Characterization of inter-tumoral heterogeneity and tumor stem-like cells in PitNET, related to Figure3.

(A) Heatmap showing inferred large-scale CNVs of endocrine and stem cells from APGs (Normal), tumor endothelium (Endo), tumor fibroblast (Fibro), tumor myeloid cells (Myeloid), tumor lymphocytes (Lymph), and each patient's tumor cells (P01-P21).

(B) Merged UMAP plot of all cells merged from tumor samples after excluding suspicious APG cells. Clusters composed of multiple tumor samples were annotated with canonical markers representing their cell types.

(C-D) Left, mIHC staining of VIM, TROP2, KRT19, CLDN4, SOX2, and Ki-67 in sections from PitNETs. Tissues were counterstained with DAPI. Right, corresponding region stained by Hematoxylin and Eosin (HE). Scale bar: 50 µm.



Figure S7. The EMT state of SOX2 expressing cells in PitNETs and APGs. Related to Figure 3.

(A) Merged UMAP plot of all 750 SOX2 expressing cells from three APGs and 21 PitNETs with cells colored by clusters.

(B) Merged UMAP plot of the distribution of SOX2 expressing cells from PitNETs and APGs samples. Six tumors (P05, P10, P13, P15, P19, and P21) were not shown due to not containing any tumor stem-like cells.

(C) Each UMAP visualized APGs stem cells or tumor stem-like cells from one of 21 PitNETs (P01-P21) and three APGs

(A1-A3) samples colored by cluster in Figure S7A.

(D) Merged UMAP plot of SOX2 expressing cells colored by sample types.

(E) Merged UMAP plot of SOX2 expressing cells colored by APG cluster in Figure 1B.

(F) Dot plot of marker genes in re-grouped SOX2 expressing cells. The color represents the scaled relative expression level of the marker genes in each cell type, and the size indicates the proportion of cells expressing the marker genes.

(G) The heatmap shows each re-grouped SOX2-expressing cluster of PitNETs (columns) scored by S100B^{Pos} STEM and S100B^{Neg} STEM in the APGs, and epithelial (EPI) and mesenchymal (MESEN) scores (rows). The cells from APGs were excluded from re-grouped SOX2-expressing clusters.

(H) Merged UMAP plot of SOX2 expressing cells from PitNETs and APGs with cells colored by epithelial (EPI) and mesenchymal (MESEN) scores.

(I-J) UMAP plot of PitNETs and APGs. Cells were colored by EPI (I) and MESEN (J) scores.





(A) Heatmap showing similarity based on Spearman's correlation between PitNET clusters.

(B) Common gene expression of PIT1_GH+PRL with LACTOHigh (TENT5A and PCK1) and SOMATO (HES6 and RCN1) clusters.





(A) Gene expression of DLK1, PRL, and NTS in PitNETs.

(B)A heatmap showing the relative expression levels of the marker genes of TPIT_Poorly-diff along the latent time axis.

(C)The metabolic activity analysis of PitNETs and APGs. The top 50% of metabolic pathways based on the standard error

of the enrichment score are plotted.



Figure S10. Molecular features and clinical characteristics of TPIT_PAX7. Related to Figure 4.

- (A) Violin plot showing the expression of marker genes in TPIT lineage PitNETs.
- (B) Gene expression of PAX7, SOX2, POMC, TBX19, PCSK2, and PCSK1 in TPIT_PAX7 subtype.

- (C) Diagram of the diagnosis, treatment, and relapse timeline of P21. Magnetic resonance imaging (MRI) images of each key point were displayed above the timeline. Tumor borders were outlined by white dashed lines.
- (D) Serum cortisol and 24h urinary free cortisol (24hUFC) along the treatment process of P21.
- (E) mIHC staining of TPIT, PCSK2, ACTH and SOX2 in sections from P21. Tissues were counterstained with DAPI.

Arrowheads indicate cells with ACTH-positive and SOX2-negative. Scale bar: 50 µm.



Figure S11. The clinical characterization, diagnostic markers, and molecular features of well and poorly differentiated PitNETs. Related to Figure 5.

(A) The IHC micrograph of novel markers for differentiation status classification.

(B-D) Kaplan–Meier PFS curves for patients of PIT1 lineage tumor stratified by the H-score of IGFBP7 (B), LRRC4C (C), and GATA3 (D). The p value was calculated by the log-rank test.

(E) Box plot of the FADS1 H-score in well and poorly differentiated PIT1 tumors. The p value was calculated by the Wilcoxon rank-sum test.

(F-G) Kaplan–Meier PFS curves for patients of silent TPIT tumor stratified by the H-score of ID4 (F), CITED1 (G). The p value was calculated by the log-rank test.

(H-J) Box plot of the FADS1 H-score (H), HMGCR H-score (I), and SCD H-score (J) in well and poorly differentiated silent TPIT tumors. The p values were calculated by the Wilcoxon rank-sum test.