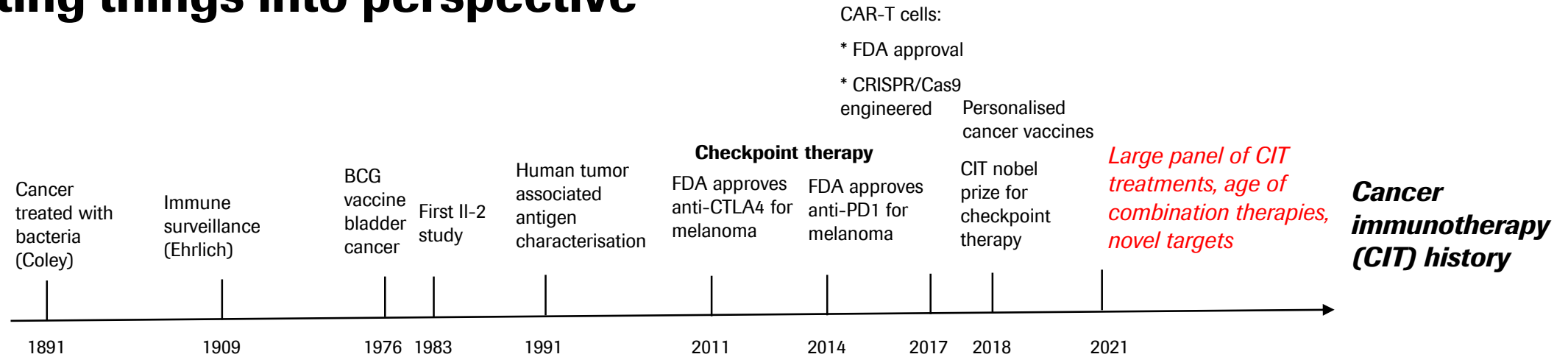

scRNA-Seq analysis in Cancer Immunotherapy Pharma Research

Petra Schwalie

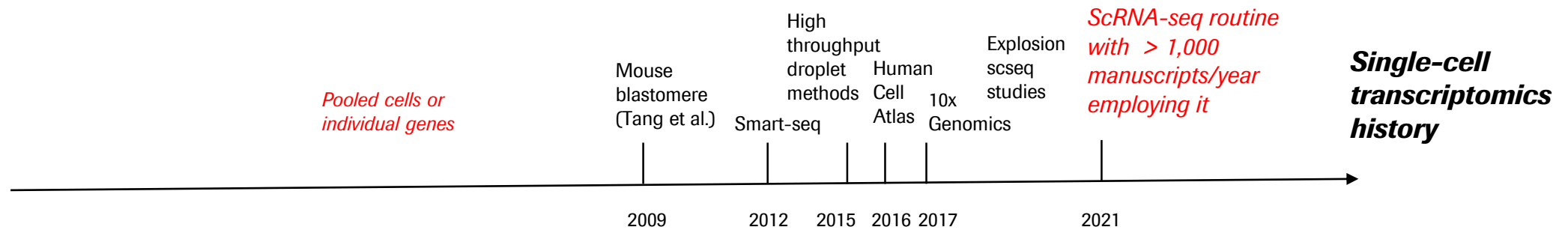
*A computational biologist working in single-cell RNA-seq-based cancer immunotherapy research at pRED Basel
(Pharmaceutical Sciences, BiOmics and Pathology, Bioinformatics & Exploratory Data Analysis)*

07. 05. 2021, Guest Lecture Uni Basel "*Mathematical and Computational Biology In Drug Discovery*"

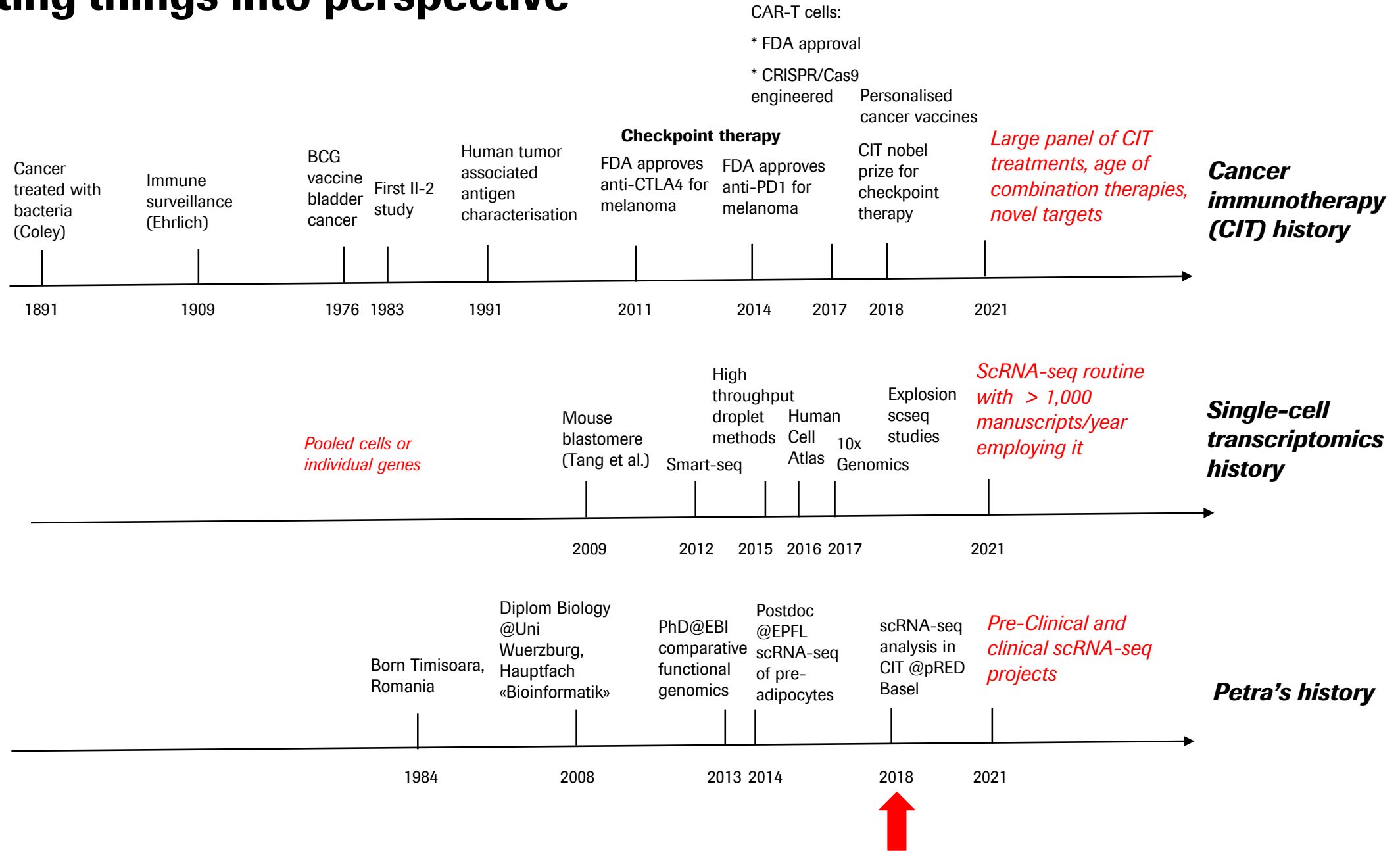
Putting things into perspective



Putting things into perspective



Putting things into perspective



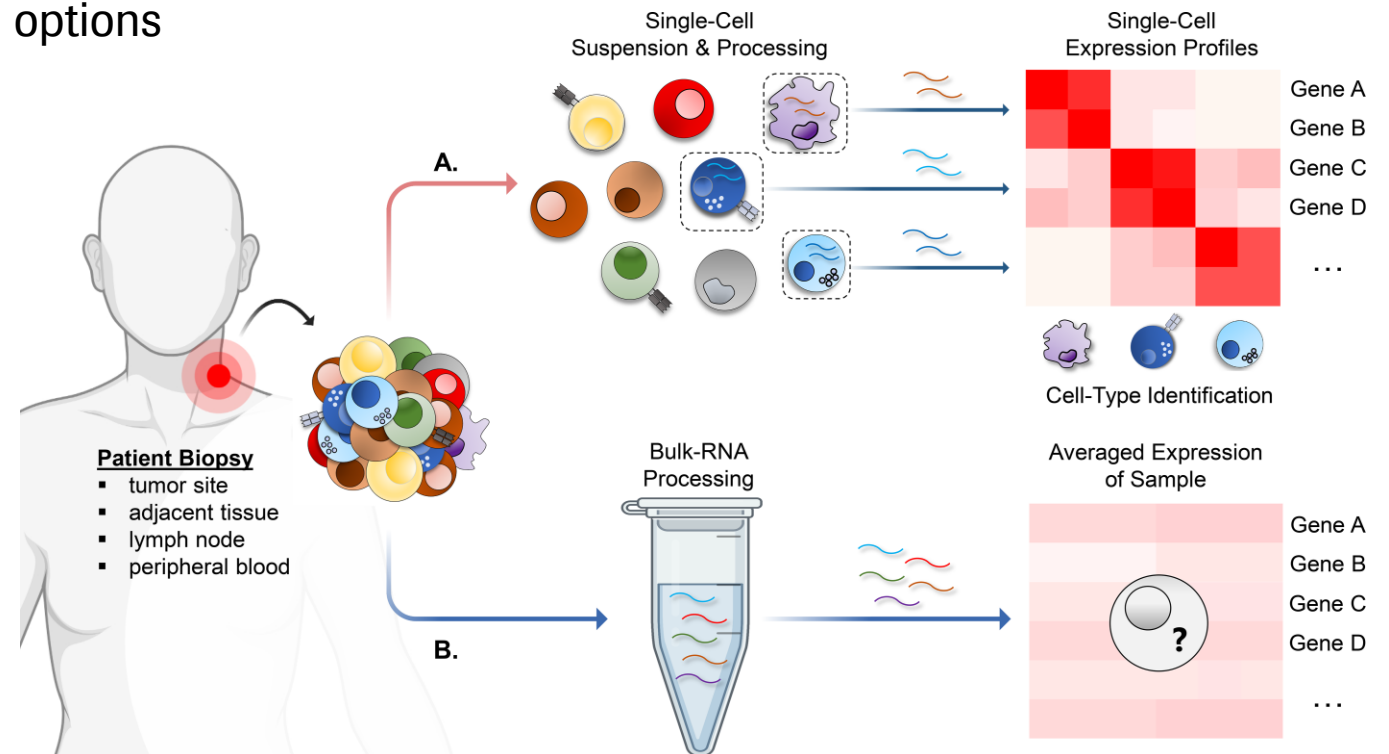
Cancer immunotherapy has been around for a while, what is the issue?

- Most of the patients treated with CIT do not respond or eventually relapse
- Adverse events of CIT treatment (up to 30% severe)
- Explosion of immunotherapies & combination options
- Cost and technical hurdles
- Targeting the tumor is challenging, especially “immune desert” ones
- Biological challenges:
 - Tumor microenvironment is complex
 - Immune system is complex

Cancer immunotherapy has been around for a while, what is the issue?

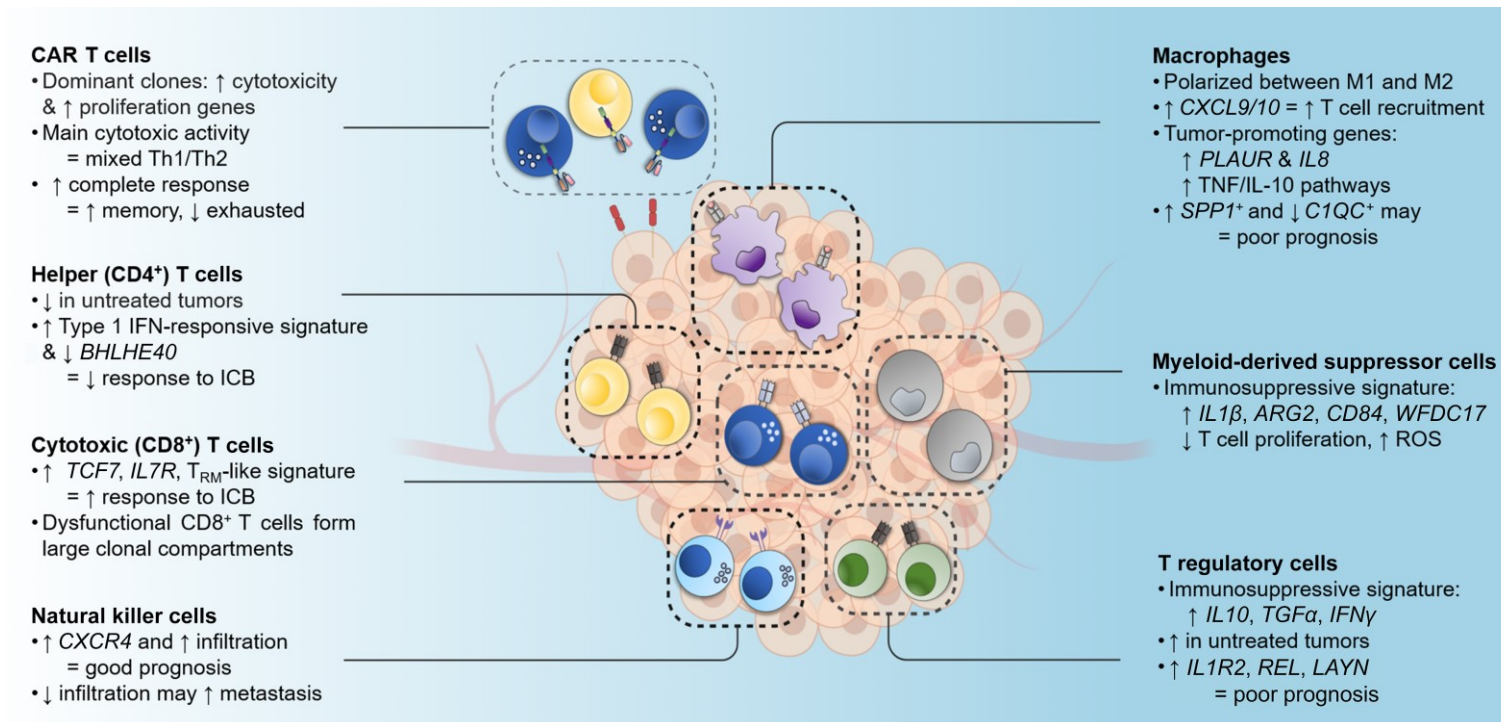
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 - Immune system is complex

How can single-cell RNA-seq help?



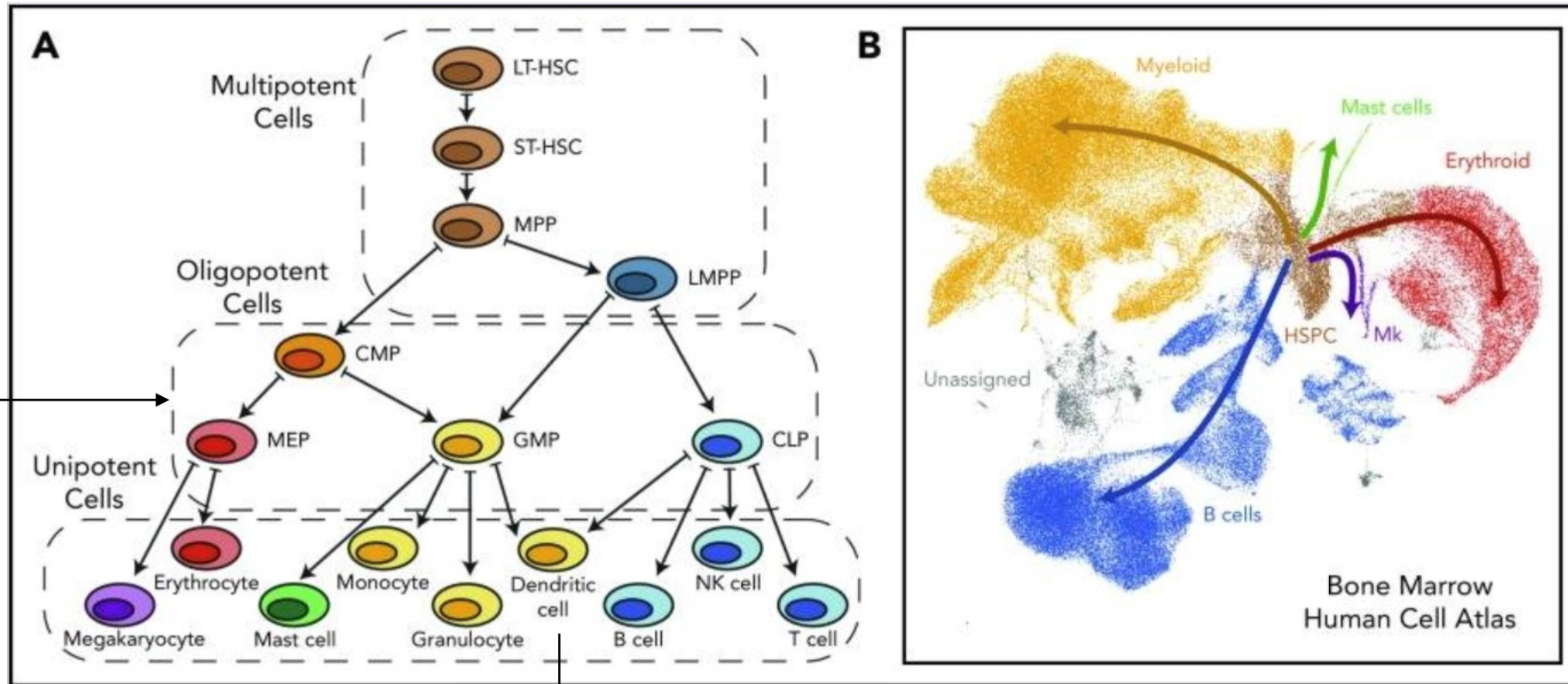
What did single-cell RNA-seq already deliver in this context?

- better understanding of immune cell types (among others) and their characteristics
- unique transcriptional programs in the tumor microenvironment
- large heterogeneity inside single tumors and from one tumor to another
- revealed possible CIT response predictors and resistance mechanisms



scRNA-seq reshaped parts of the hematopoietic tree

Continuous differentiation landscapes, with little or no discrete differentiation stages and smooth transitions across the cell states



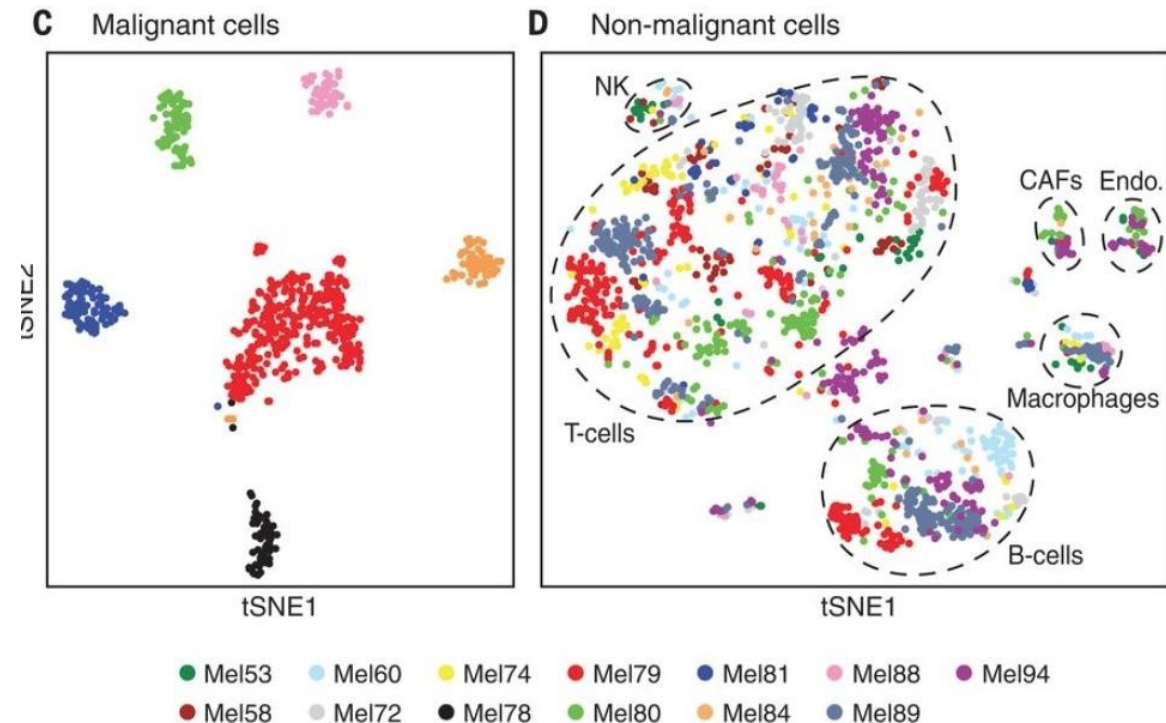
Unipotent (cells dominate the middle tier of hematopoietic progenitor,

High resolution DC subtypes

scRNA-seq in melanoma

[Tirosh et al. Science 2016](#)

- Reference study for scRNA-seq in ONC, despite large limitations (<5,000 cells across 19 patients), provided many long-standing insights:
- **Inter-patient variability highly different malignant cells vs. non-malignant cells:**
 - Malignant cells - individual patient-specific clusters
 - Immune, endothelial cells and fibroblasts cluster per cell types
- Malignant cells in same patient are heterogeneous, with main axes:
 - cell cycle
 - spatial context (not malignant-specific)
 - drug-resistance programs
- **A gradient of T cell phenotypes** rather than discrete cell subtypes/states: naïve/memory to cytotoxic/activated/exhausted, high **expression of coinhibitory receptors by most cytotoxic cells in the tumor**

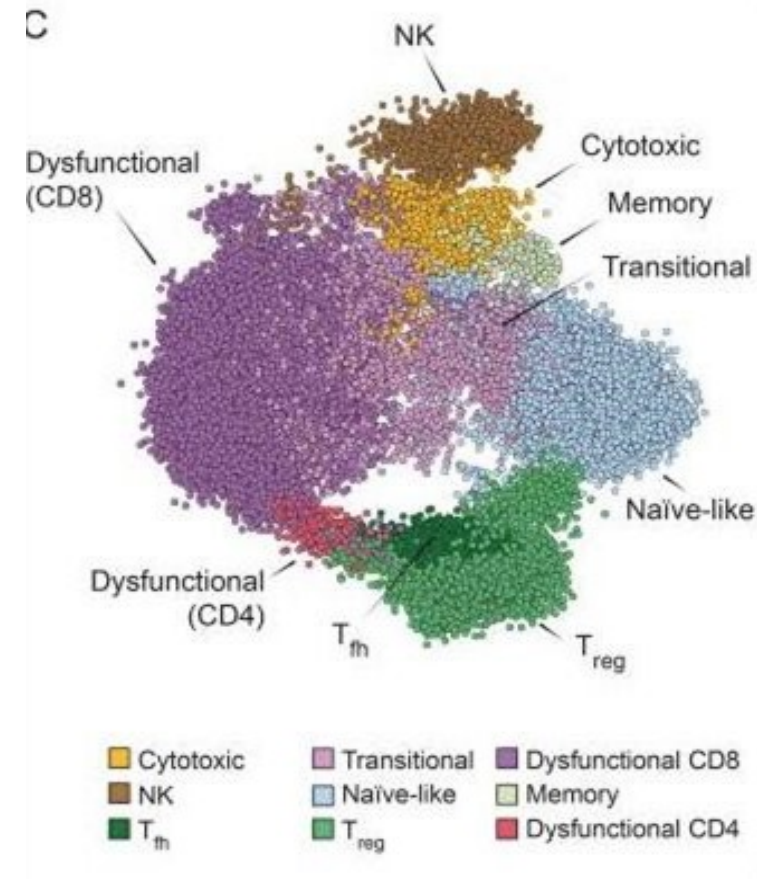


scRNA-seq in melanoma

[Li et al. Cell 2019](#)

Higher resolution insight into the gradient of T cell phenotypes

- Focused on T cell characterization, large nr. of cells (46,612 immune cells; 29,825 T cells, 25 patients)
- Immune cell subtypes largely shared but relative abundance highly variable across patients
- Conserved trajectories of CD8 T cells
 - **Dysfunctional T cells**
 - part of a wide differentiation spectrum
 - highest levels of T cell expansion
 - ongoing proliferation
 - inhibitory expression receptor
 - likely drivers of tumor reactivity (*ex vivo* experiments, Ifng and TNFa secretion)
 - **Cytotoxic T cells** - not linked to dysfunction, not proliferative, more abundant PBMCs, less tumor reactive *ex vivo*



So what do we actually do? Where do we employ scRNA-seq?

**Disease
understanding**

*External data - e.g. healthy and disease
Some internal data (mainly disease)*

Disease-specific cell types and states?

Genes/pathways specifically (co)-expressed in disease context?

**Patient
population**

Heterogeneity across individuals (target expression, pathway expression, cell types)?

Subclasses of individuals?

So what do we actually do? Where do we employ scRNA-seq?

*Mainly internal data: in vitro experiments (2D, 3D culture)
or in vivo experiments (typically mouse)*

MoA

What are the changes induced by X in specific cell populations?

Safety

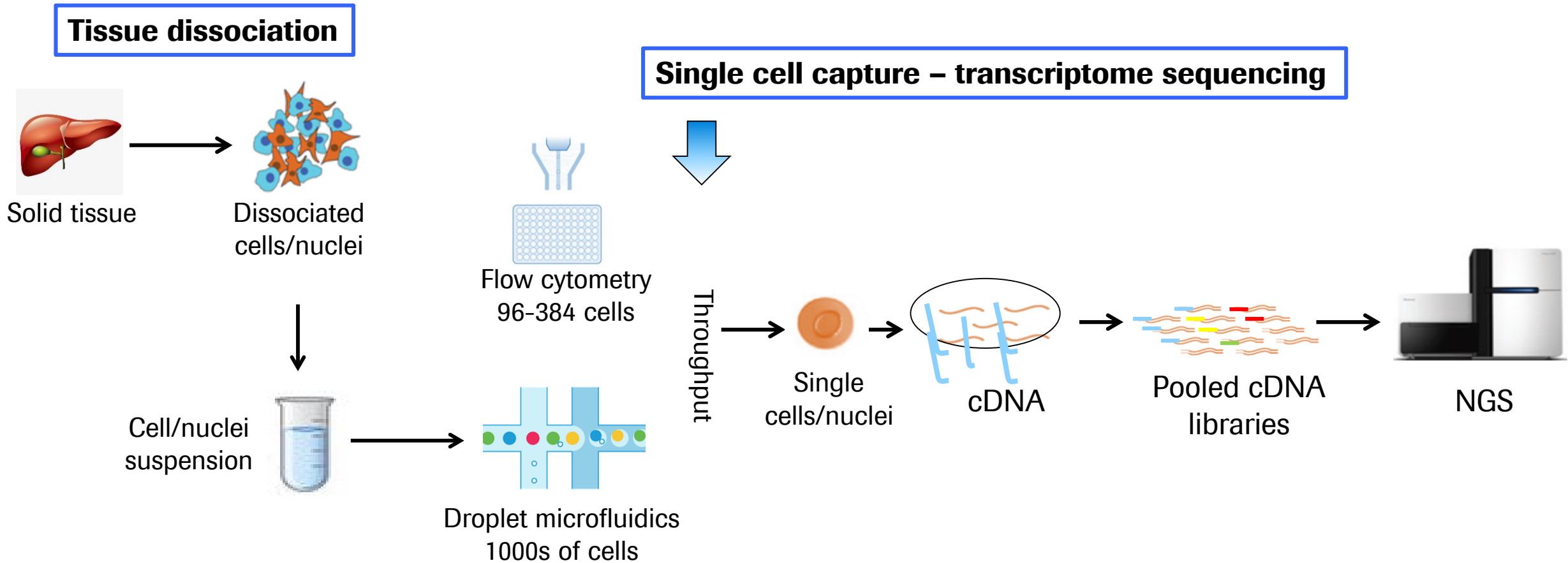
Which cell types react most and how?

Which are the most consistent changes across different model systems?

Biomarkers

Which changes can we expect to see in the clinic?

So how does scRNA-seq work? Experimental workflow



*Typically highly standardised/automatised platforms applied internally
(e.g. 10x Genomics Chromium)*

Adapted from Megana Prasad, pRED

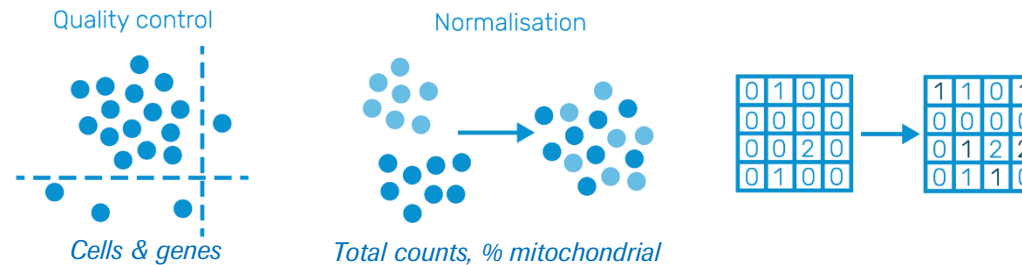
So how does scRNA-seq work? Computational workflow

[Current best practices in single-cell RNA-seq analysis: a tutorial](#). *Mol Syst Biol.* 2019 Luecken & Theis.

From short reads to gene-cell matrix



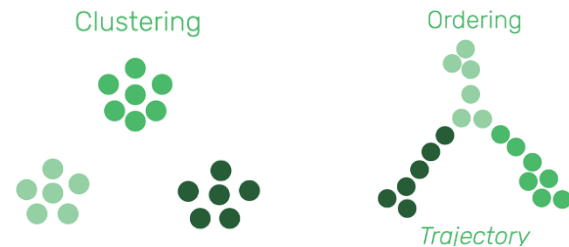
QC, filtering & normalisation



Strive for automatisisation & standardisation, F.A.I.R. data (findable, accessible, interoperable, reusable)

Dimensionality reduction & visualization

Clustering & cell assignment



Downstream analysis



How do we work?

- Reproducible & standardized scRNA-seq analysis *!but also ability to customise per needs*
- Flexible workflow and usage of state-of-the art methods
- Keeping up to date with new developments both on the experimental and methodological side
 - Internship projects (Master & PhD level)
 - cell annotation
 - cell deconvolution
 - perturbation prediction
 - RNA to protein prediction
 - ligand-receptor interactions

Code sharing and automatization

Besca (BEDA's Single Cell Analysis Toolkit) to streamline single cell transcriptomics analyses

Besca documentation page

Besca on github

Besca preprint

bioRxiv is receiving many new papers on coronavirus SARS-CoV-2. A reminder: these are preliminary reports that have not undergone peer review. They should not be regarded as conclusive, guide clinical practice/health-related behavior, or be reported in news media as fact.

New Results

[Comment on this paper](#)

Besca, a single-cell transcriptomics analysis toolkit to accelerate translational research

Sophia Clara Madler, Alice Julien-Laferriere, Luis Wyss, Miroslav Phan, Albert S.W. Kang, Eric Ulrich, Roland Schmucki, Jitao David Zhang, Martin Ebeling, Laura Badi, Tony Kam-Thong, Petra C. Schwalie, Klas Hatje
doi: <https://doi.org/10.1101/2020.08.11.245795>

This article is a preprint and has not been certified by peer review [what does this mean?].

[Abstract](#) [Full Text](#) [Info/History](#) [Metrics](#) [Preview PDF](#)

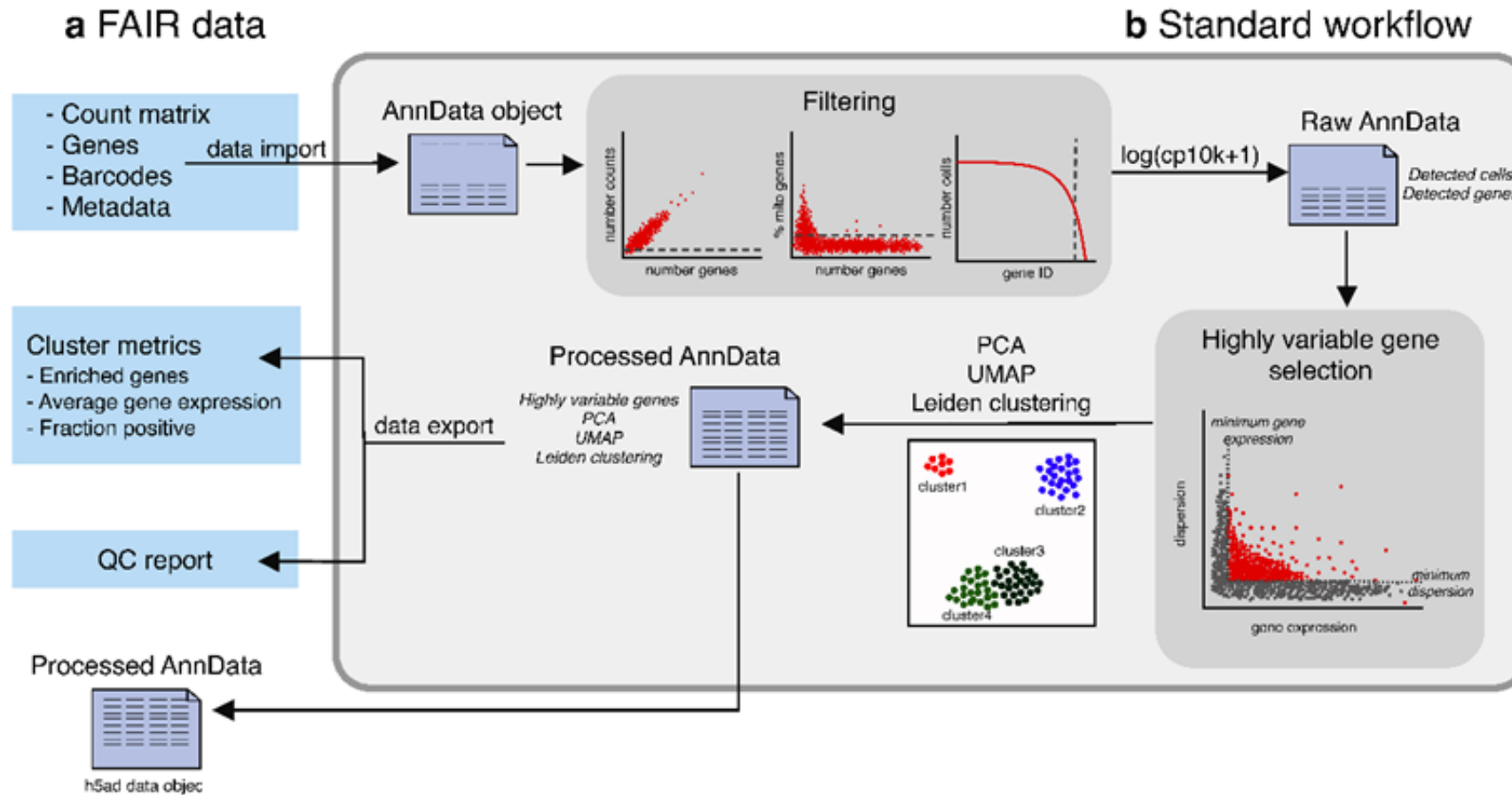
Abstract

Single-cell RNA sequencing (scRNA-seq) revolutionised our understanding of disease biology and presented the promise of transforming translational research. We developed *Besca*, a toolkit that

Sophia Clara Madler, Alice Julien-Laferriere, Luis Wyss, Miroslav Phan, Albert S. W. Kang, Eric Ulrich, Roland Schmucki, Jitao David Zhang, Martin Ebeling, Laura Badi, Tony Kam-Thong, Petra C. Schwalie, Klas Hatje

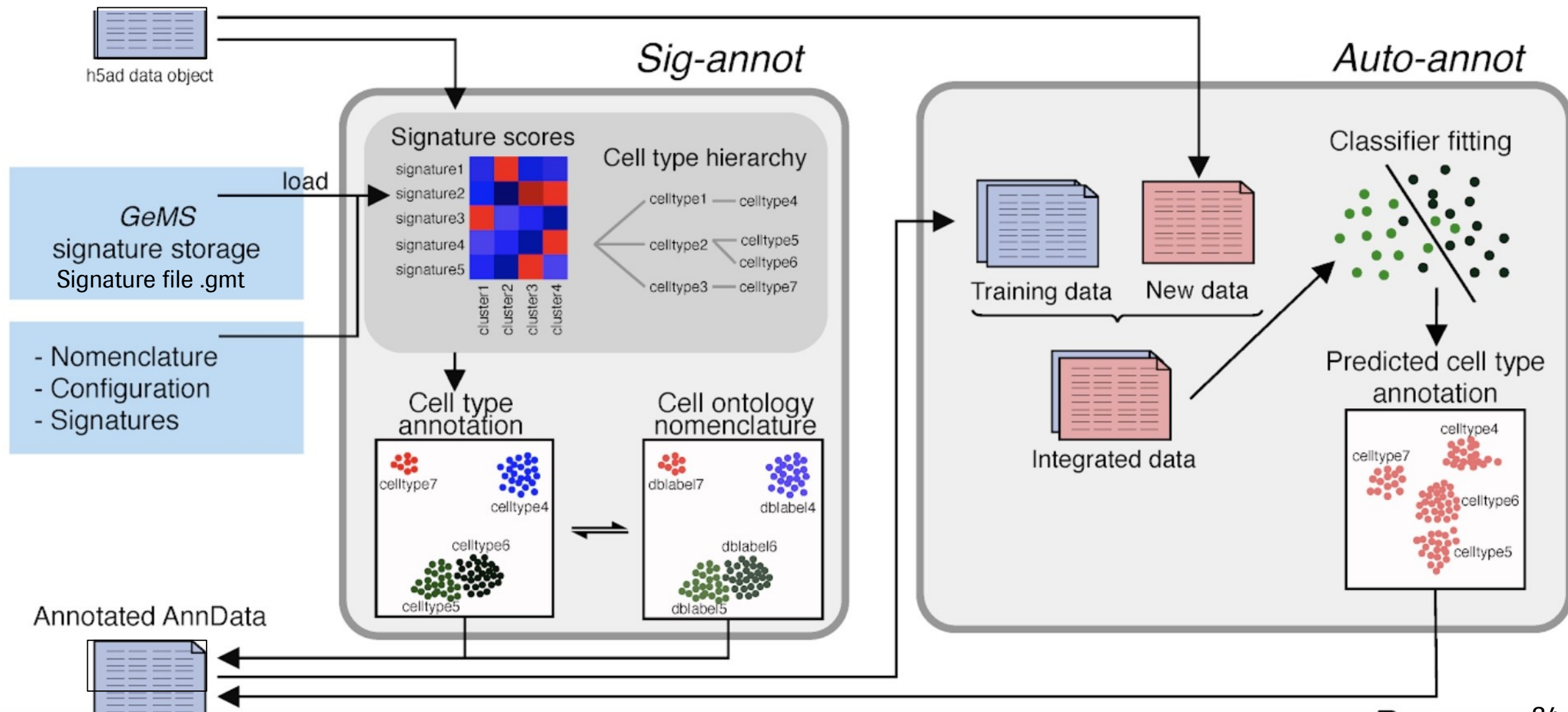
A standard workflow as part of Besca (BEDA's Single Cell Analysis Toolkit)

A toolkit to streamline single cell transcriptomics analyses according to current best practices



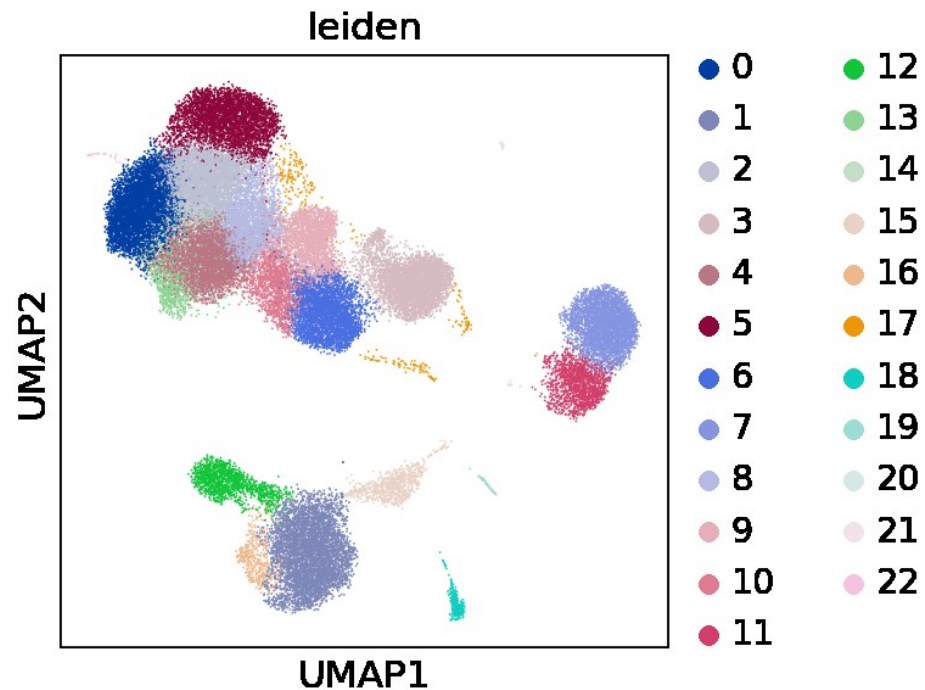
Automatised cell annotation as part of Besca (BEDA's Single Cell Analysis Toolkit)

Addressing one of the bottlenecks in scRNA-seq analysis



Why cell type annotation?

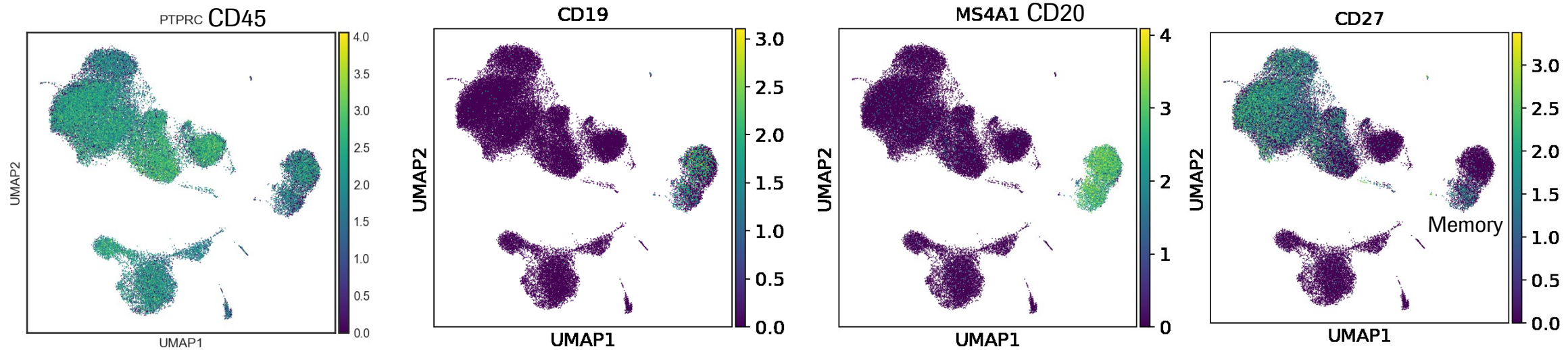
- How does treatment X affect B cells?
- Is the abundance of regulatory T cells different upon treatment?



Why cell type annotation?

- scRNA-seq is unbiased => gene expression profile of all cells in a sample
(unlike FACS, in scRNA-seq cell types are typically not predefined)
- Cell types need to be recognized based on their transcriptome
 - “easy” → “complex” task (e.g. B cells vs. T cells → memory vs. effector CD8+ T cells)
 - requires
 - an understanding of the **universe of cell types** (and/or states)
 - a common vocabulary of cell types (CELL ONTOLOGY)
 - an agreement of characteristic cell types features (at transcriptome level)
(SIGNATURES/MARKERS/REFERENCE GENE EXPRESSION)
 - a way to **match the transcriptome** to that understanding
 - on a cell per cell basis
 - on a cluster basis

Cell type annotation “v1” – manual marker-based, per cluster



Immune cell

B cell

Naive B-cell: CD27 low

Memory B-cell: CD27 high

Annotation from high level cell types down to specific cell types

Limitations

- Laborious => does not scale to processing a large number of samples
- Requires expert knowledge & is prone to bias & error
- Poorly reproducible across studies
- Typically do not cover continuous cell states

“v2” – automatic marker-based annotation

The manual process can be automatized: marker enrichment => call clusters/cells algorithmically

- Implemented in besca as Sig-Annot
- Publicly available tools such as [SCINA](#), [DigitalCellSorter](#), [CellAssign](#)

“v3” – similarity of gene expression to reference

Use previous **reference data** (e.g. bulk gene expression of sorted cells) & assign cell types based on similarity (e.g. Spearman correlation, cosine distance)

- Publicly available tools e.g. [singleR](#) (hierarchical process, large collection of reference datasets), [scMatch](#) (can use ontology), [CHETAH](#) (hierarchical), [scMCA](#) (mouse cell atlas-specific), [scmapCell](#)

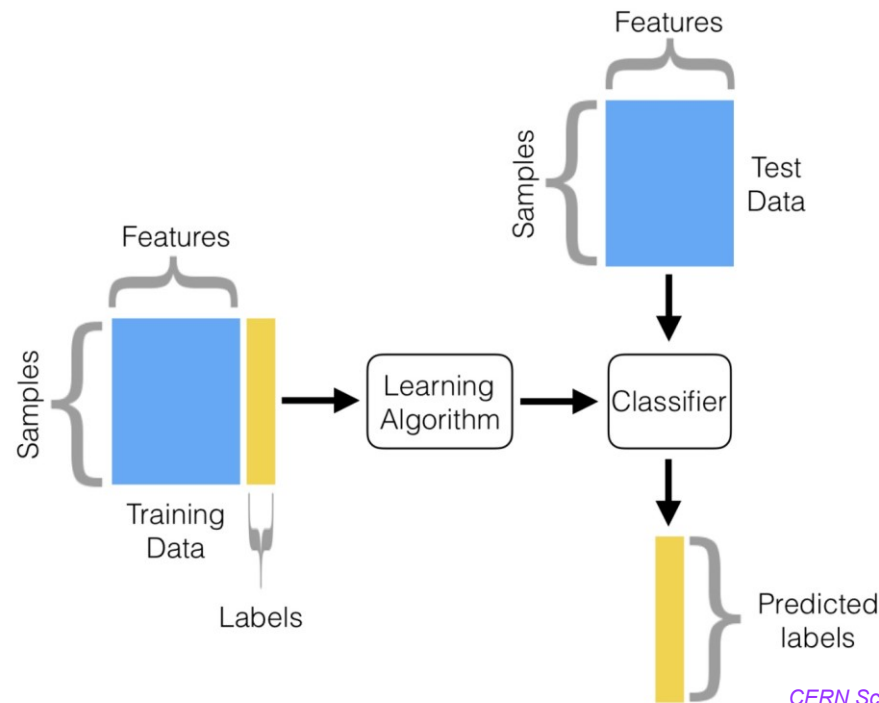
Cell type annotation “v4” – machine-learning based

Use previous data to **train a model to automatically “learn”** characteristics of a cell & predict the type of a new one



Luis Wyss

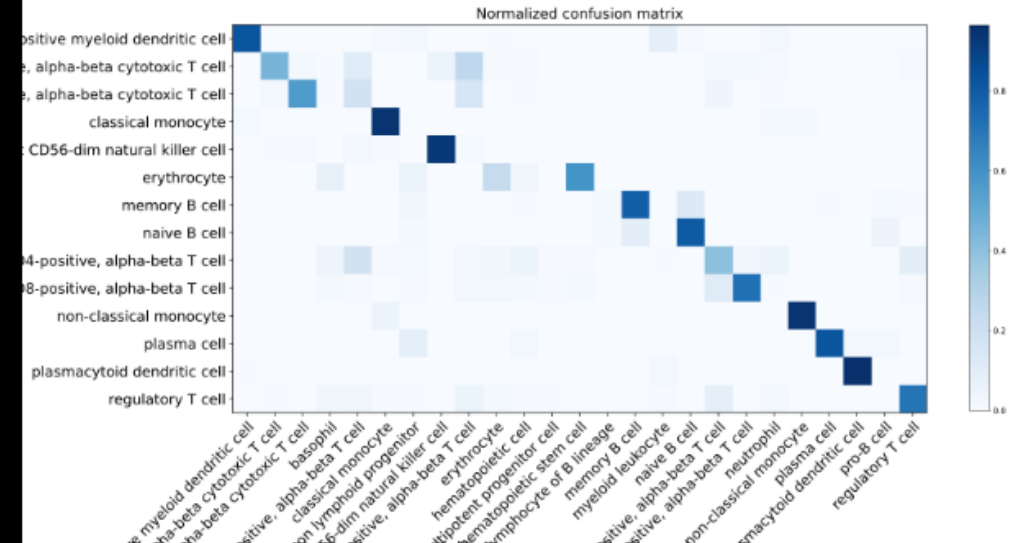
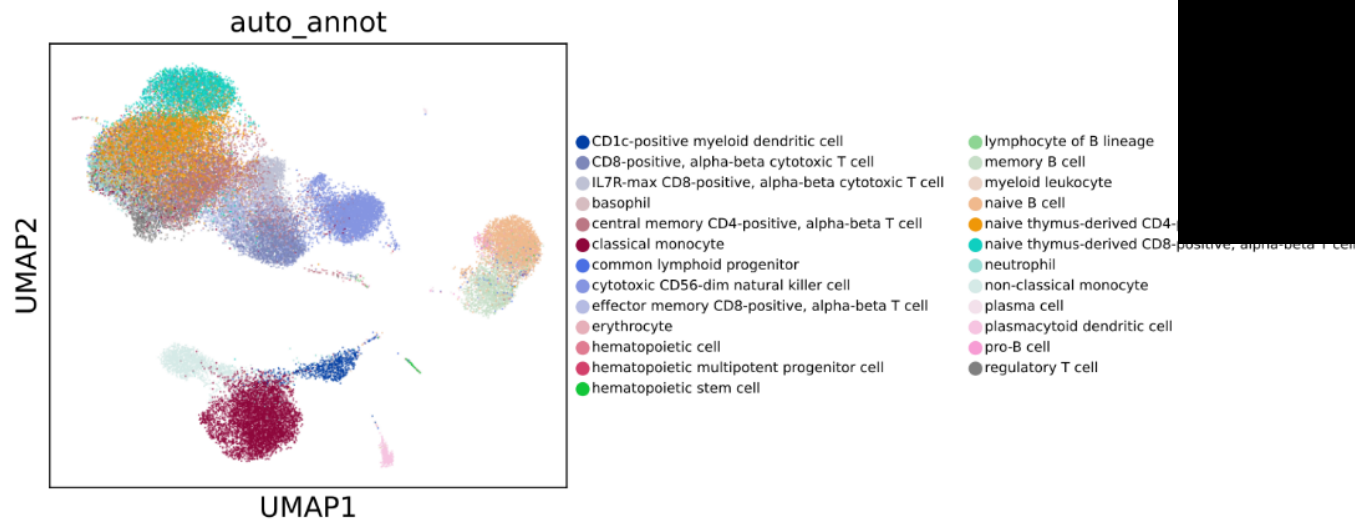
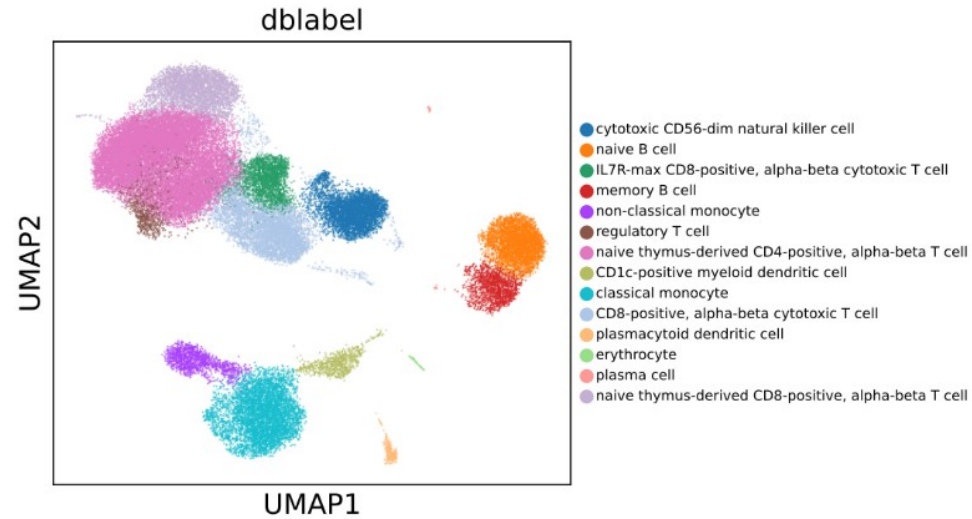
- linear discriminant analysis (*LDA* – e.g. [scID](#)), support vector machine (*SVM* – e.g. [scPred](#)), random forest (*RF* – e.g. [Seurat](#), [SingleCellNet](#)), Xgboost (e.g. [CASTLE](#))
- **Implemented in besca as Auto-Annot (SVM, logistic regression)**
- Deep learning tools – e.g. [scANVI](#) (variational inference), [MARS](#) (meta-learning; claimed to generalize well to unannotated experiments and to identify cell types that were never seen during training)



Cell type prediction in PBMCs



Luis Wyss



How do we work?

Engage with the single cell community outside Roche

- **Open source** libraries
 - Besca (<https://github.com/bedapub/besca>)
 - Bescape (<https://github.com/bedapub/bescape>)

- **Human cell atlas** contribution
 - Besca preprint ([DOI: 10.1101/2020.08.11.245795](https://doi.org/10.1101/2020.08.11.245795))



- Student **interns**
 - Stephan, Gregor, Sophia, Albert, Luis, Miro, Eric, Andreea, Anthony, Mariia, Demeter

- Academic **guest visits**

Sarah Teichmann (Sanger Institute, Cambridge)

Fabian Theis (Helmholtz Center, Munich)

Niko Beerenwinkel (ETH Zurich, Basel)

- **EMBL-EBI Industry Programme Workshop**
on Understanding Single Cell Atlases

Acknowledgements

Single-cell squad, BEDA colleagues and all collaborators

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- **Llucia Alberti Servera**
- **Roland Schmucki**
- **Marco Berrera**
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- Said Aktas
- Tai-Hsien Ou Yang
- Ying He
- Andreas Roller
- Marina Bacac
- Sylvia Herter
- Ramona Schlenker
- Alison Ribeiro
- Jitka Somandin
- Tamara Huesser
- Vinko Tosevski
- Emilio Yanguuez
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- Inga Clausen
- Nadine Kumpesa
- Megana Prasad
- Jelena Kuehn Georgijevic
- Olivia Spleiss
- Claudia Bossen
- Alexia Phedonos

+ many more colleagues providing data & advice!

Doing now what patients need next

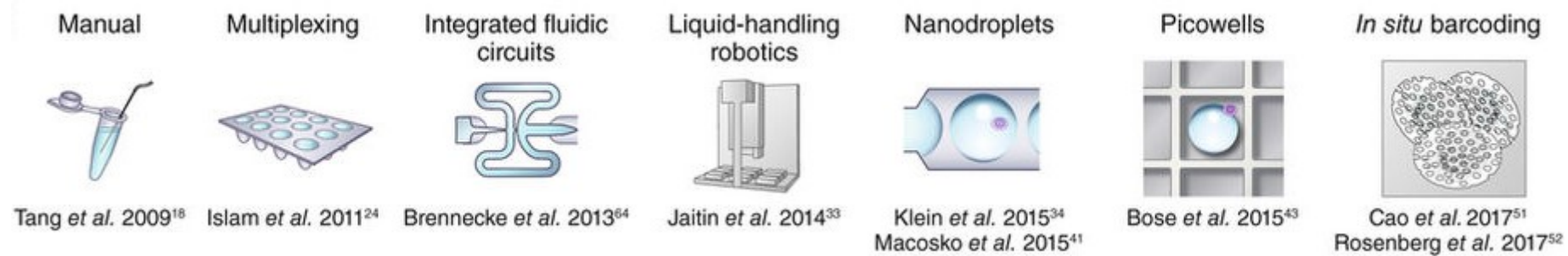
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- On a cell's identity – Wagner et al. Nat Biotech 2016 (<https://www.nature.com/articles/nbt.3711>)

BACKUP

Single-cell RNA-seq challenges

* **Cell Capture:** throughput, automation, cell stress

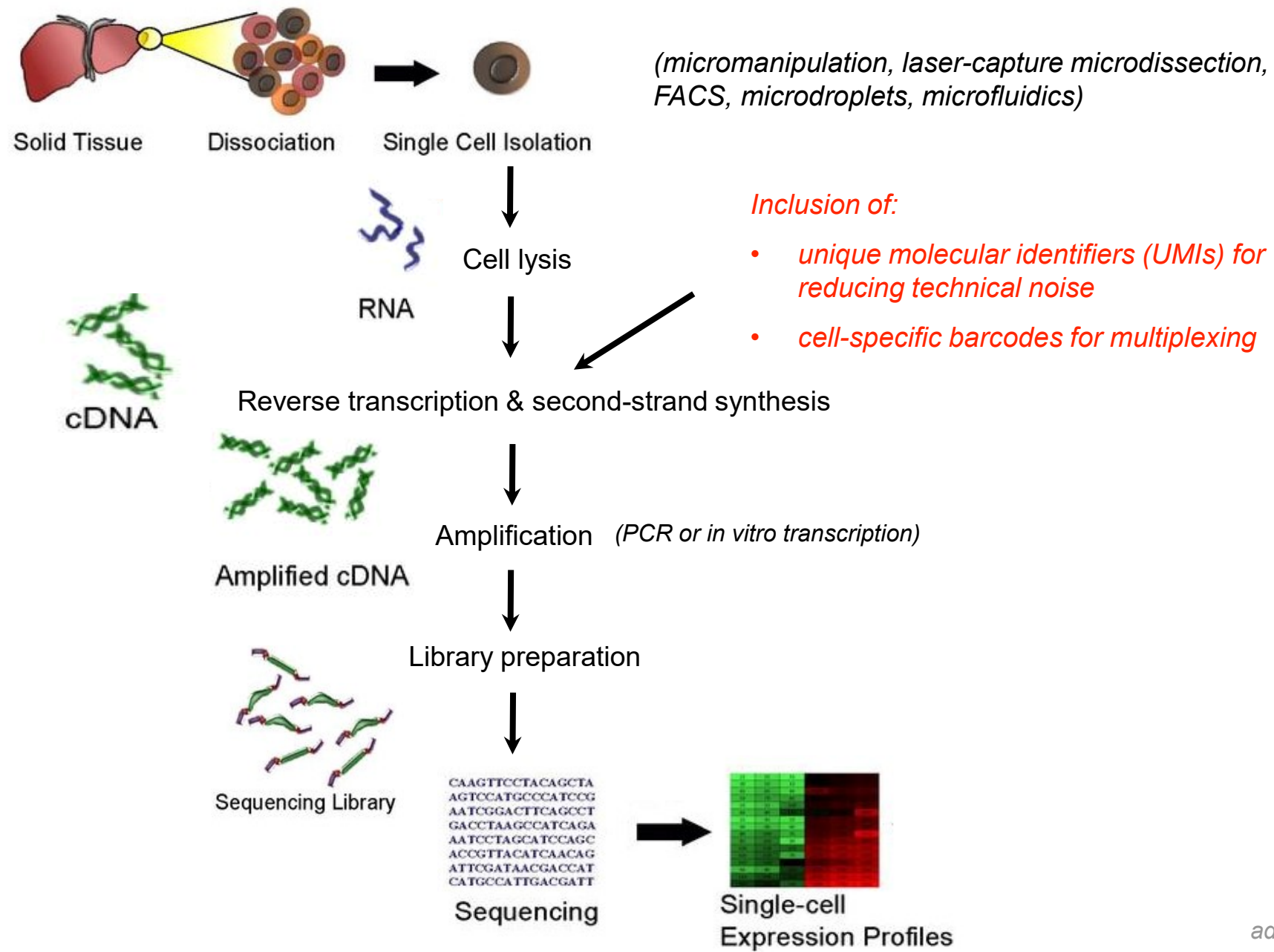


* **Small quantities:** obtain enough material for an accurate readout without introducing biases

* **Data analysis & interpretation:** sparseness, noise, high dimensionality, batch effects, doublets, ...

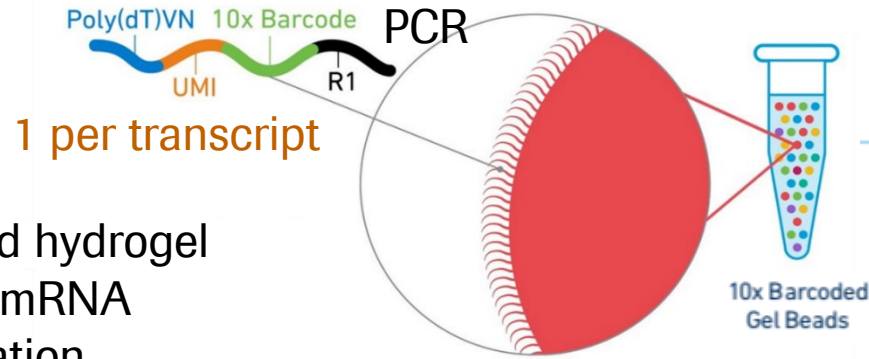
⇒ Gene 'dropouts' (readouts of 0) in which a gene is observed at a moderate expression level in one cell but is not detected in another cell

Experimental workflow



10X Genomics experimental workflow

Capture 1 per cell



Barcoded hydrogel beads – mRNA hybridisation

poly(dT) sequence: catches the poly-A tail at the 3' end of transcripts

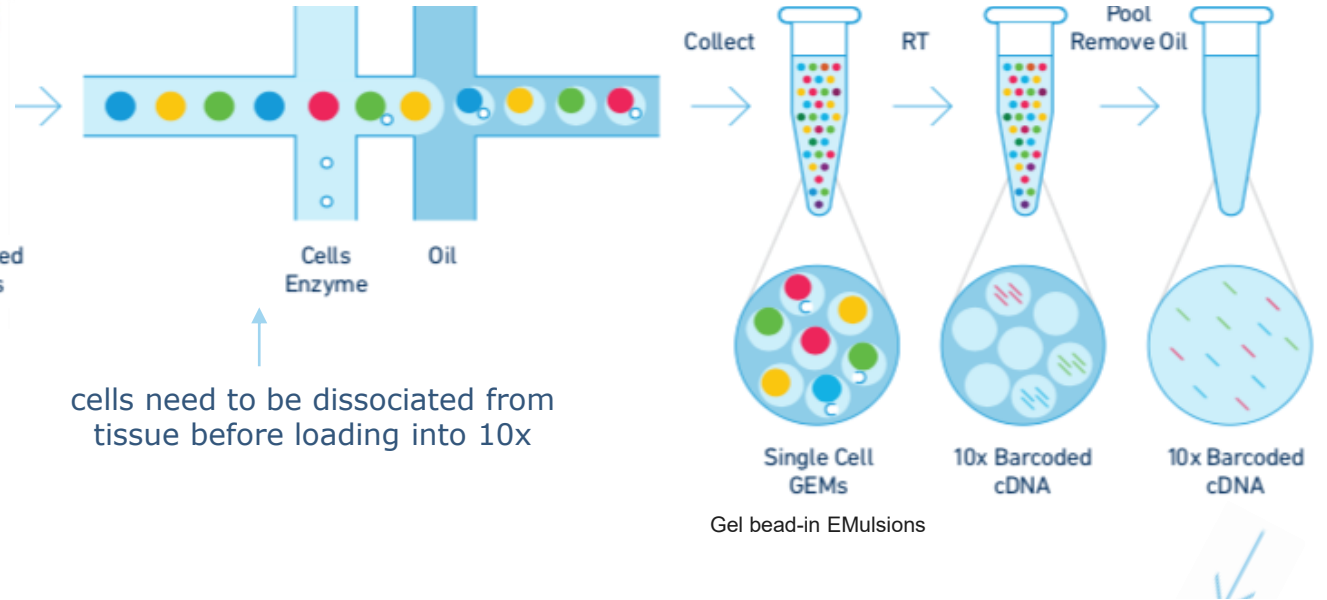
UMI (unique molecular identifier): unique barcode that labels each transcript

10X barcode: barcode that is consistent throughout a bead and marks that cell

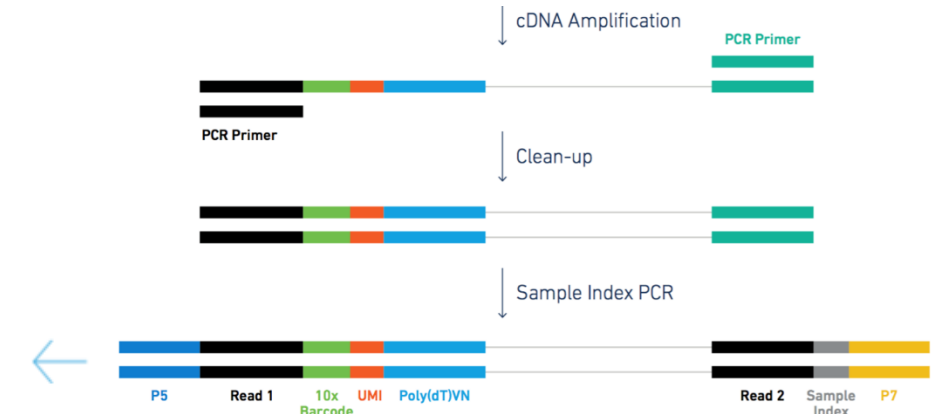
sample index: barcode to identify sample

R1 sequence: adaptor sequence for PCR reactions/sequencing

R2 sequence: adaptor sequence for PCR reactions/sequencing



combine different samples and sequence



Doing now what patients need next