Single Cell Genomics: finer lenses into human immunity

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Disclosure

Consultant, AstraZeneca

How do we define and classify cell types?

molecular markers morphology spatial localization physical properties functions developmental origins transcription factor dependency growth factor dependency chromatin states biochemical states

Limitations of current cell type/state definitions

- **Purity**: Defined cell types may not be pure using the historically defined markers
- **Species**: The more well-defined mouse cell types may not directly translate to human
- Variations: An immune response induces new and unexpected states
 - → Do existing 'standard' set of surface markers truly define distinct immune cell types?
 - \rightarrow Are there more cell subsets that are not currently appreciated?

Embracing the revolution in single cell approaches to define immune cell identity

Over the years, the blood myeloid cell population was defined from 1 to 10 cell populations

CD123



1 population defined through **5 populations** defined through morphology H&E staining flow cytometry analysis

How can we revisit our classification of human cell types?

CD1C⁻CD141⁻⁻

CD1C

CD1C

Embracing the revolution in single cell approaches to define immune cell identity

Over the years, the blood myeloid cell population was defined from 1 to 10 cell populations

CD123



1 population defined through **5 populations** defined through morphology H&E staining flow cytometry analysis

Solution: Generating detailed map through systematic single-cell profiling to enable data-driven molecular definition of cell types

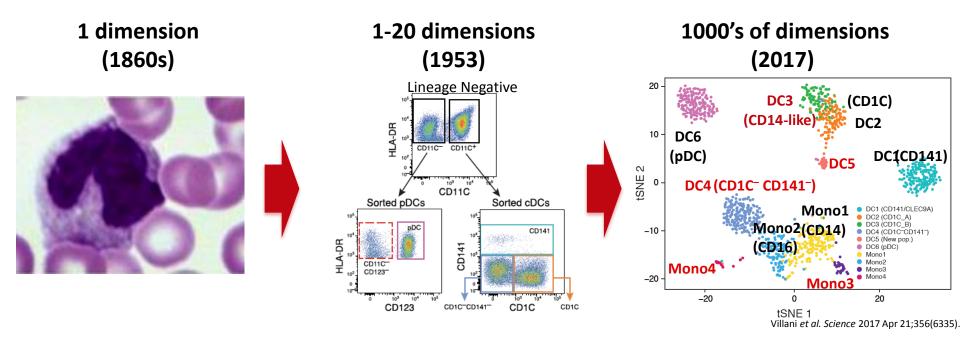
CD1C⁻CD141⁻

CD1C

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Embracing the revolution in single cell approaches to define immune cell identity

Over the years, the blood myeloid cell population was defined from 1 to 10 cell populations



morphology H&E staining

1 population defined through 5 populations defined through flow cytometry analysis

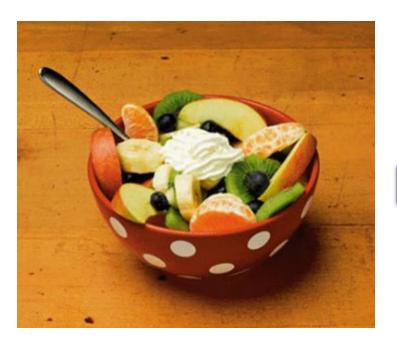
10 populations defined through single cell genomics analysis



Revolution in genomics from bulk to single cell analyses

Complex Mixture

Composition Analysis

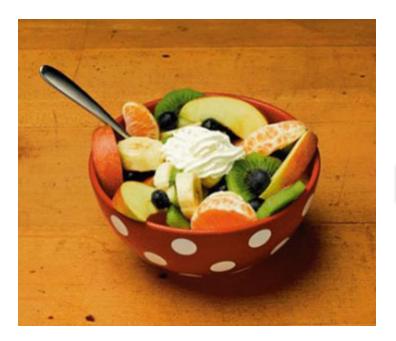


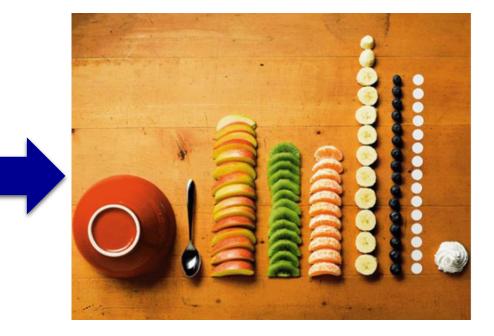


Fruit bowl Complex cellular composition Fruit smoothie Blending information from all cells and derive an average Revolution in genomics from bulk to single cell analyses

Complex Mixture

Composition Analysis

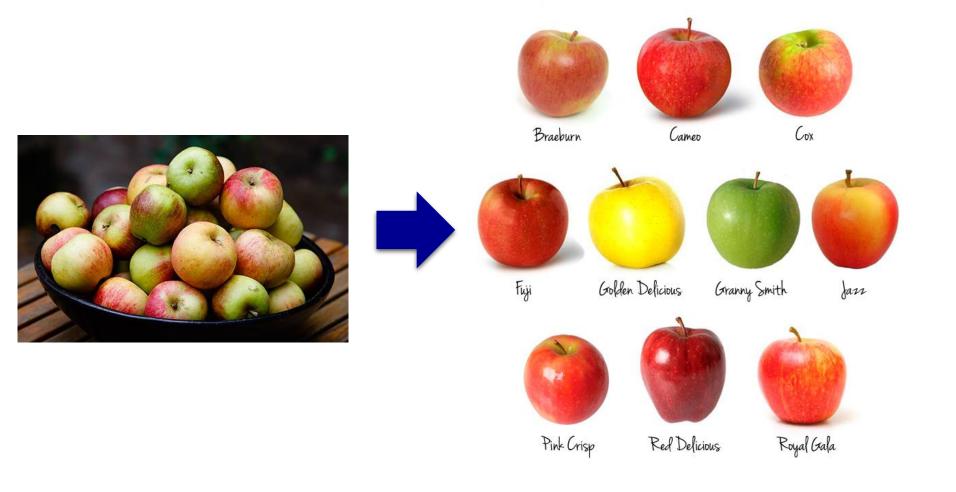




Fruit bowl Complex cellular composition Fruit bowl deconvolution Identifying all cells present through single cell genomics analyses

Adapted from 'The Art of Neat and Tidy', Ursus Wehrli

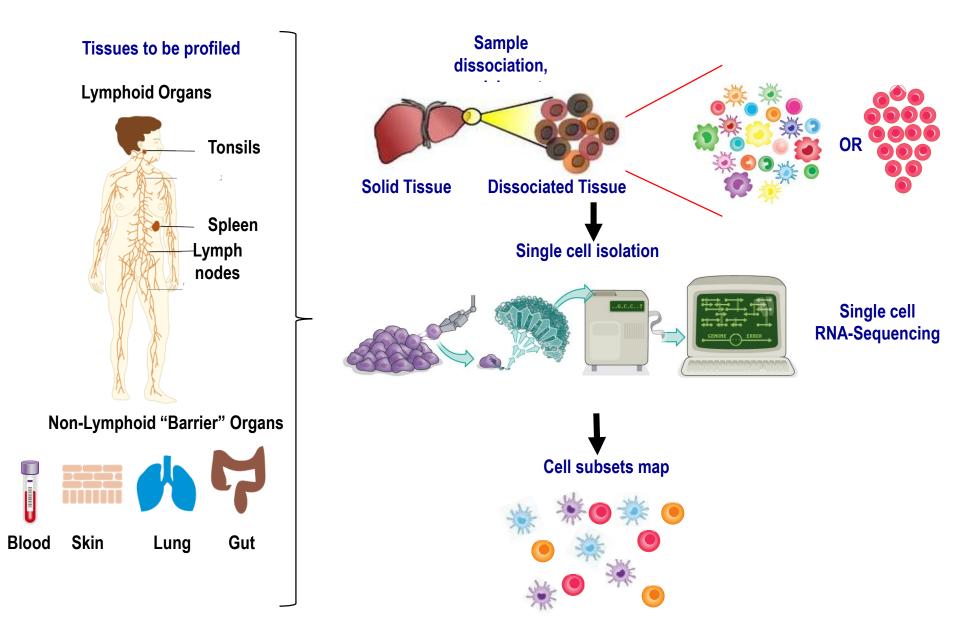
Even specific families of cells have clear distinctions (e.g. T Cells vs B Cells)



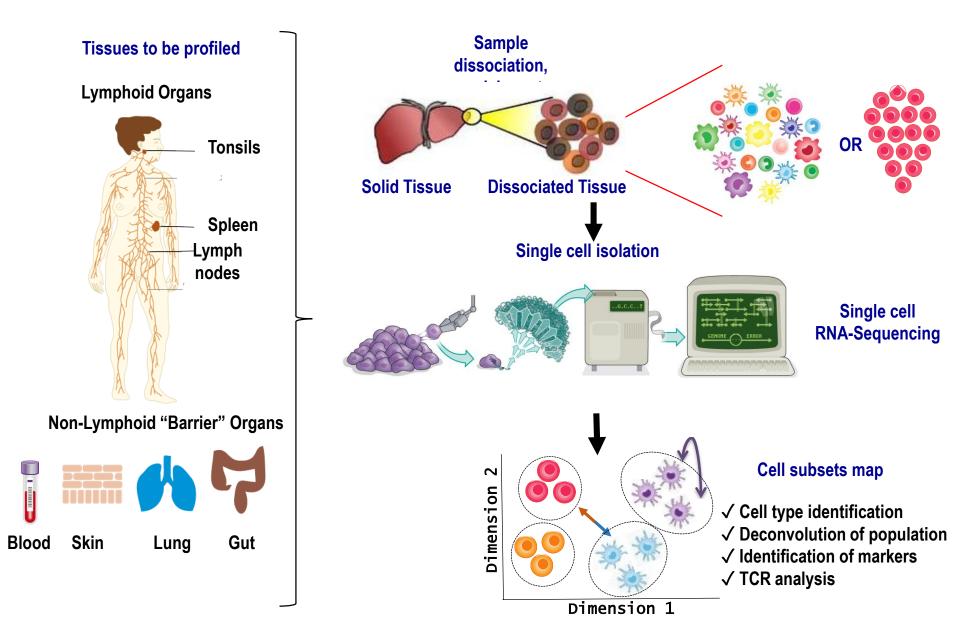
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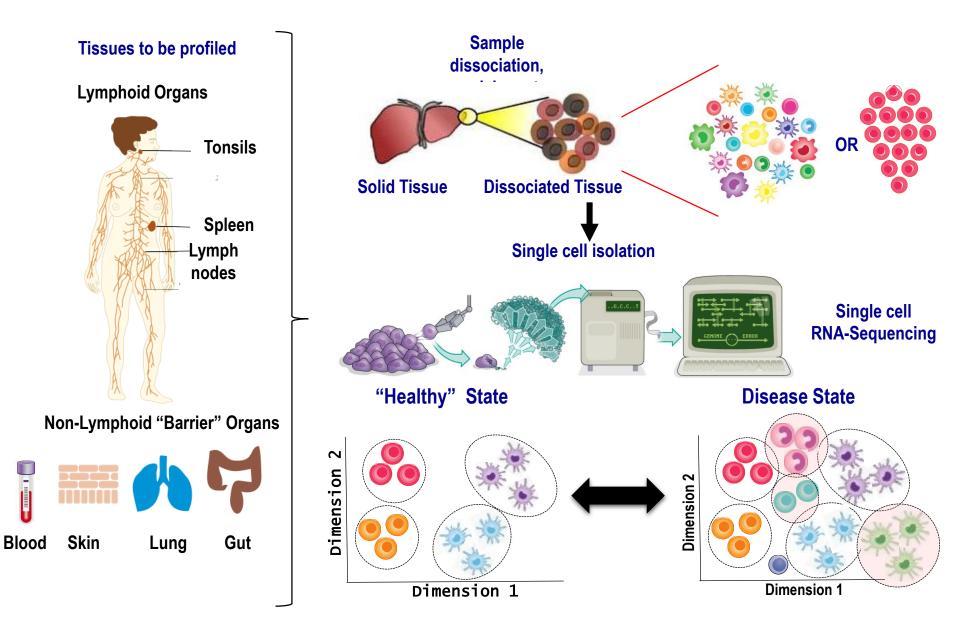
Next-Generation Microscope: Single Cell Genomics Strategies



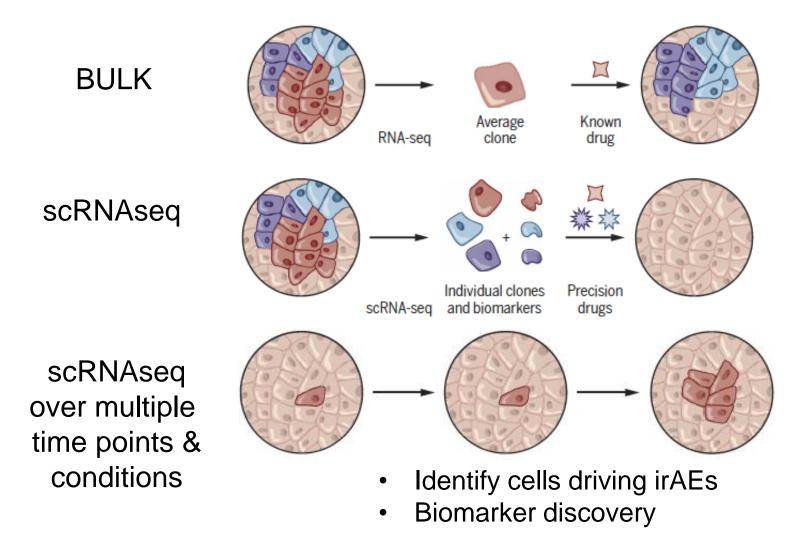
Next-Generation Microscope: Single Cell Genomics Strategies



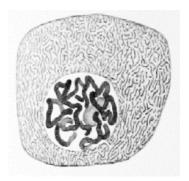
Next-Generation Microscope: Single Cell Genomics Strategies



Strategies – working towards precision medicine



Analysis at single cell level is an old concept

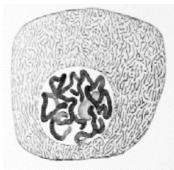


A single-cell genome image of polytene chromosomes from insects from 1882 monograph by Flemming

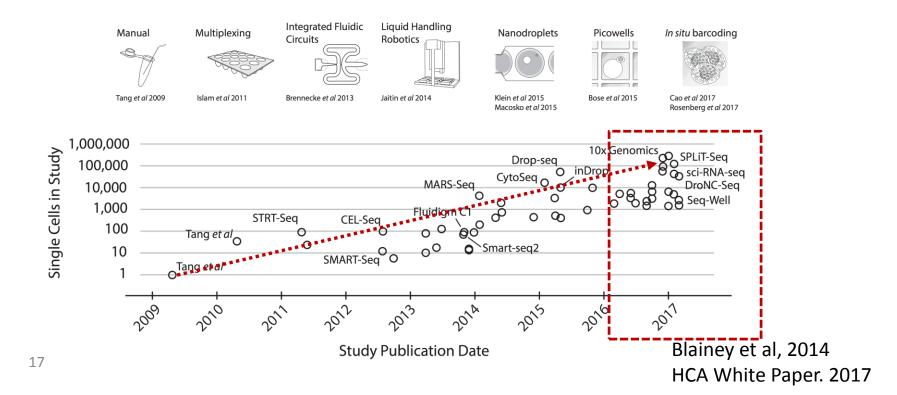
But technology is now allowing us to do this at scale

Millions of single-cells can be analyzed by flow cytometry or mass cytometry, but <u>the challenge remain that parameters to</u> <u>be measured have to be pre-determined</u>

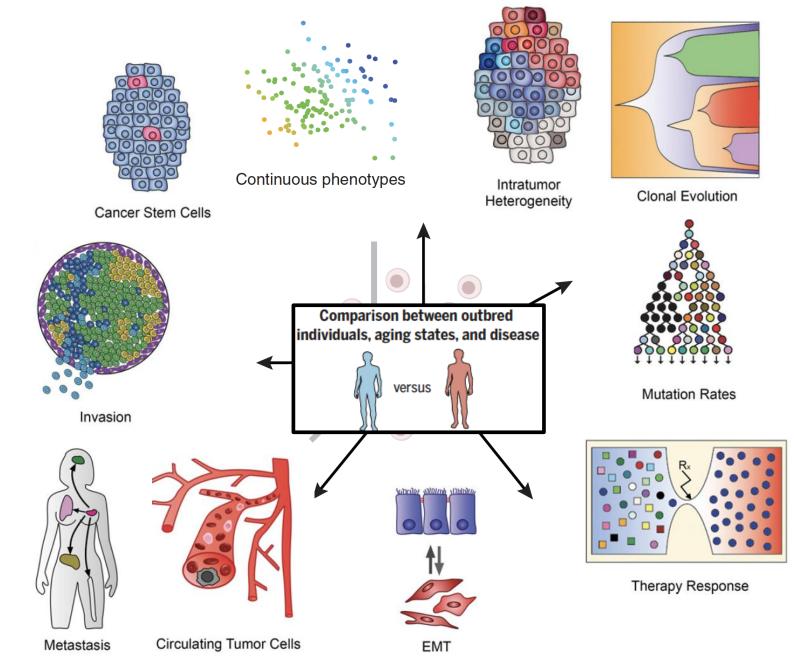
Analysis at single cell level is an old concept but it is <u>scalable today</u>!



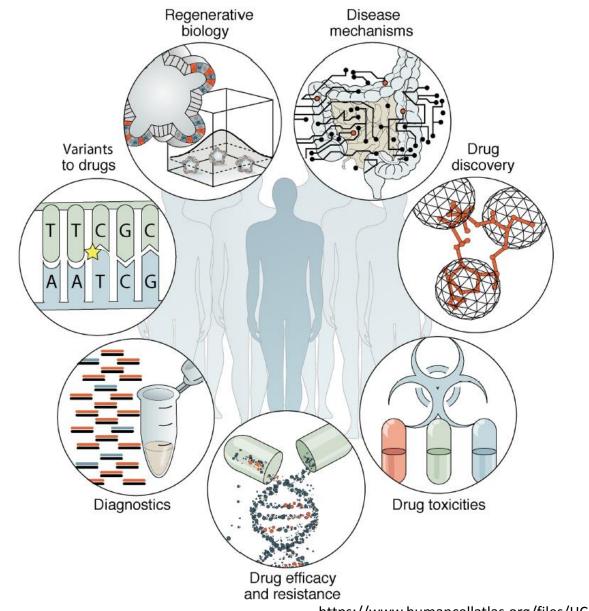
A single-cell genome image of polytene chromosomes from insects from 1882 monograph by Flemming



Inference – from single-cell data to cancer biology



Redefining the human system at single cell resolution has tremendous potential for biology & medicine



nce HCA White Paper. 2017 https://www.humancellatlas.org/files/HCA WhitePaper 18Oct2017.pdf

Vignette #1: Unraveling drug mechanisms of action *in vivo* at unprecedented resolution

Work in collaboration with AstraZeneca



Patricia McCoon



Amy Yang Xu

Biological question: Can we improve the outcome of ICI inhibitor therapy by leveraging innate immunity?



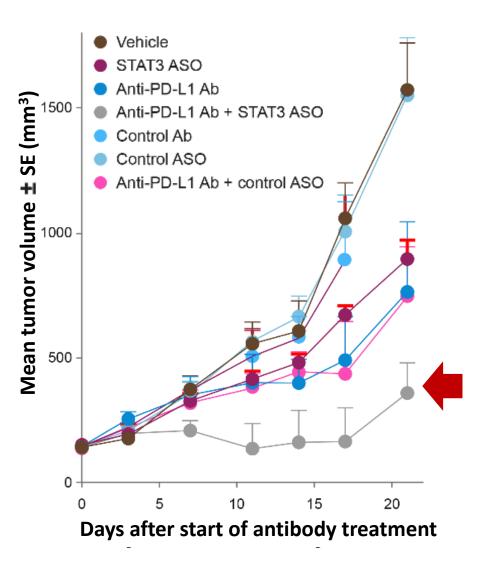
Danvatirsen, a STAT3-targeting therapeutic ASO drug, enhances responses to PDL1-targeting therapy

STAT3

• Ubiquitously expressed TF known to regulate immune suppression in TME

Danvatirsen

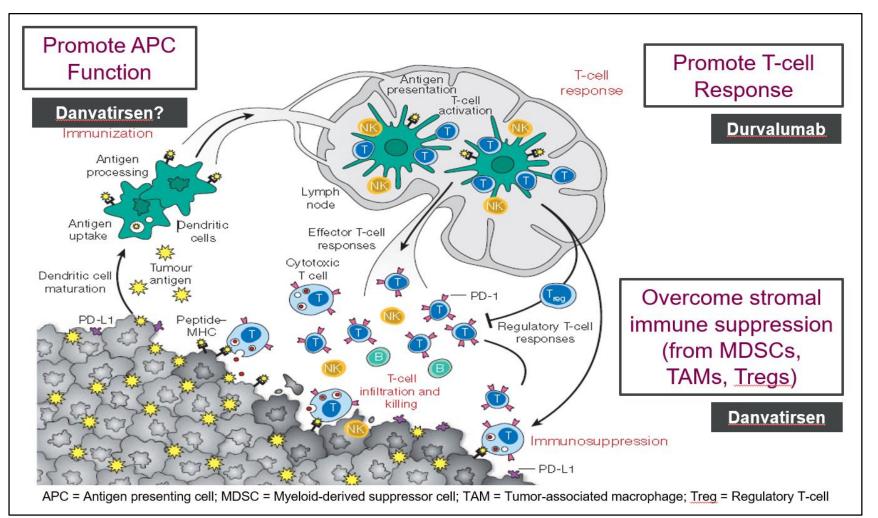
- Inhibits STAT3 levels in stromal and immune cells
- Safety and efficacy demonstrated as monotherapy & in combination with anti-PDL1 durvalumab in Phase 1/2 clinical studies
- How does it work?



Patricia McCoon

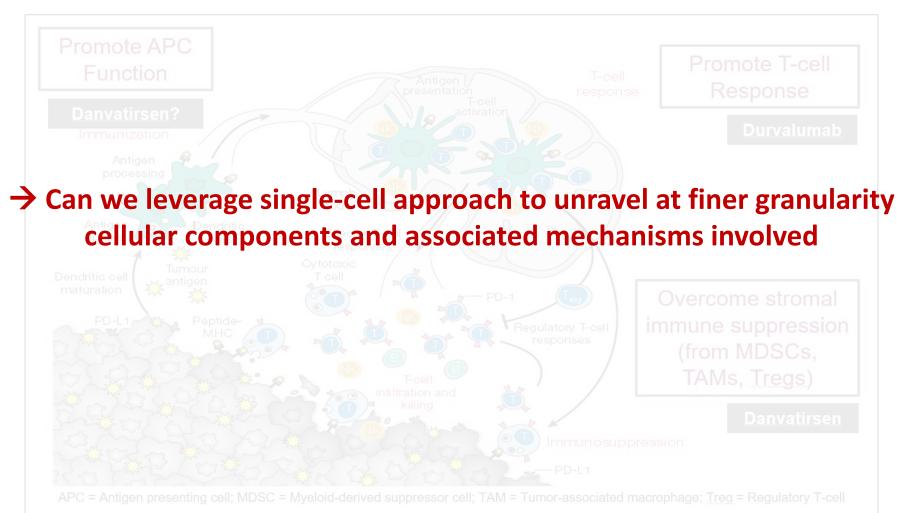
Working hypothesis:

→ Preclinical and clinical immunophenotyping & "bulk" gene expression results suggest that Danvatirsen reduces immunosuppression in the TME

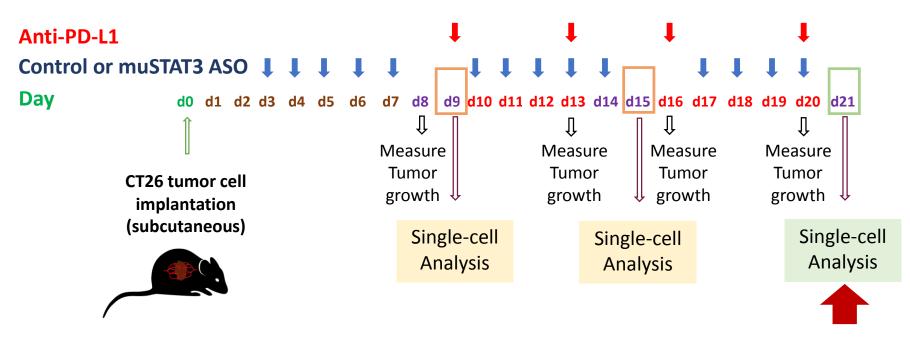


Working hypothesis:

→ Preclinical and clinical immunophenotyping & "bulk" gene expression results suggest that Danvatirsen reduces immunosuppression in the TME



Experimental design



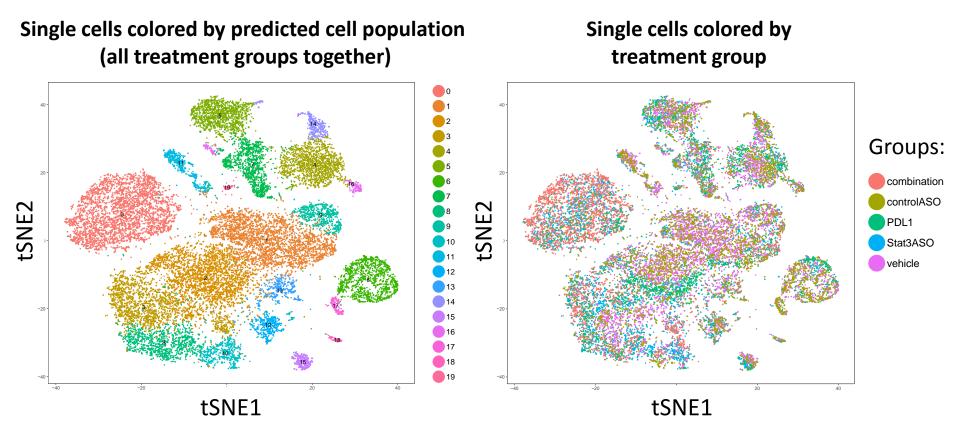
Treatment groups

- 1. Vehicle
- 2. Control ASO
- 3. Anti-PDL1
- 4. STAT3 ASO
- 5. Anti-PDL1+STAT3 ASO (Combination)

Using scRNAseq analysis, can we define:

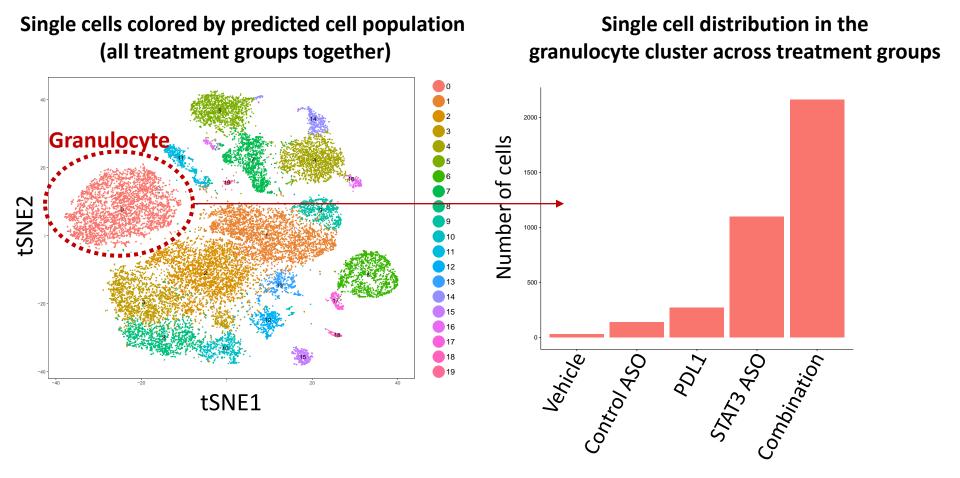
- 1. cellular ecosystem
- 2. cell state spectrum
- 3. associated regulatory programs
- → Analyze ≈ 5,000 cells/treatment group

Single-cell RNA sequencing predicts 19 cell populations in TME



 \rightarrow Are there clusters enriched with cells from a particular treatment group?

Granulocyte cluster is enriched with cells from STAT3 treatment group



 \rightarrow Are there particular gene modules that could explain better immunity?

Exploring biology associated with granulocytes cluster:

Cxcl10 lfit2 20 2 SNE 2 tSNE_ SNE Granulocy -40 20 -40 -20 -40 tSNE 1 tSNE 1 tSNE_1 lfit3 Oasl1 lsg20 tSNE2 40 07 05 0 20 20 N. 2 tSNE tSNE tSNE 1 tSNE 1 tSNE_1 S100a8 -20 Cd14 15 40 40 16 0 05 0 20 2 17 tSNE 18 -20 19 -40 -40 20 40 40 tSNE1 tSNE_1 tSNE_1

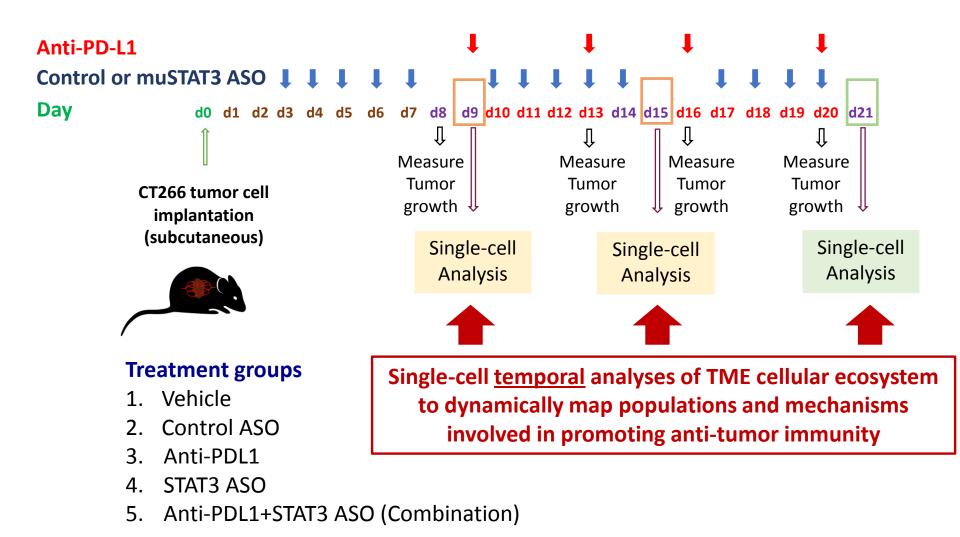
→ Interferon regulated genes more specifically expressed in granulocyte cluster

Single cells colored according to

gene expression levels

Single cells colored by predicted cell population (all treatment groups together)

Planning follow-up experiments



Patricia.McCoon@astrazeneca.com

Vignette #2: Empower future translational efforts through human cell atlas initiatives

Biological question: Do we know all the cells defining the 'healthy' human system?

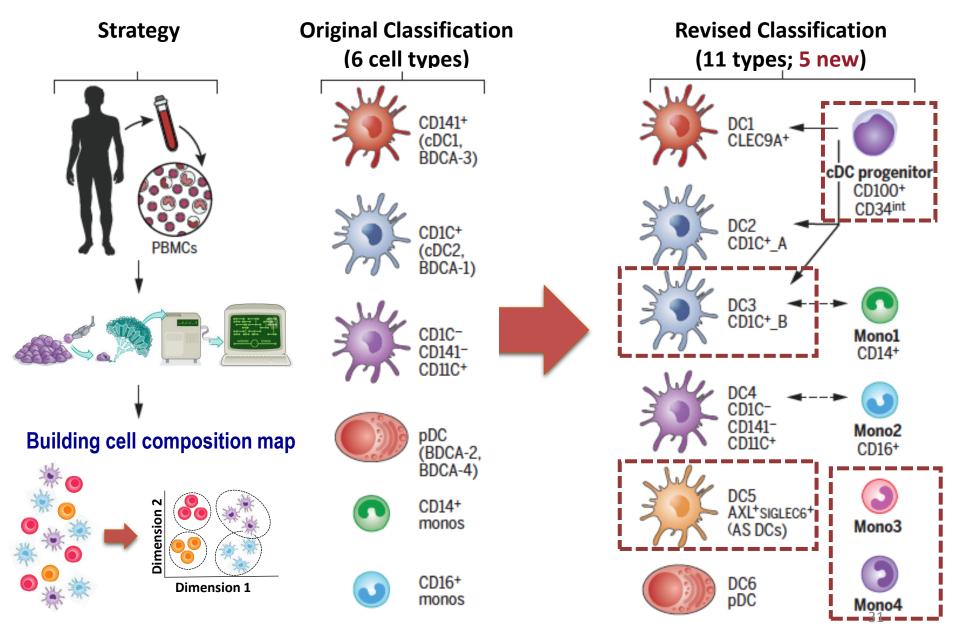


The quest of finding the "guilty" cells driving diseases:

- ~ 30 trillion cells
- Text book \rightarrow ~ 300 'major' cell types?
- Science \rightarrow ~ 100 subtypes of immune cells!

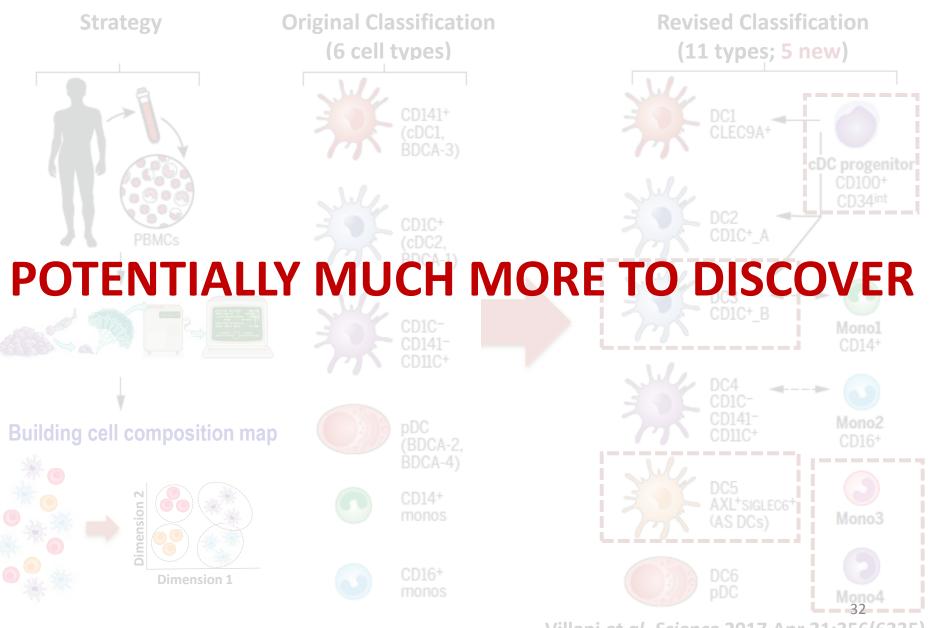
Do we really know cells defining the human system?

Single cell strategies identified NEW blood DC and monocyte populations



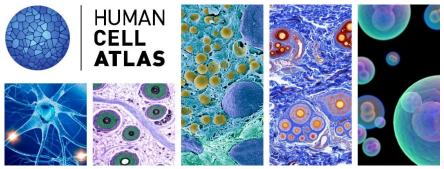
Villani et al. Science 2017 Apr 21;356(6335).

Single cell strategies identified NEW blood DC and monocyte populations



Villani et al. Science 2017 Apr 21;356(6335).

Scaling-up the effort: working towards Immune Cell Atlas



COMMENT

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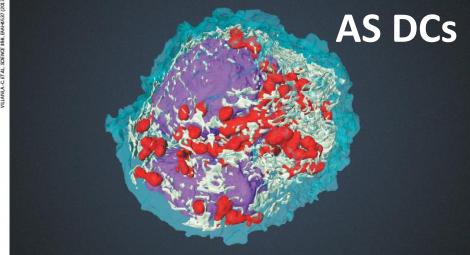
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Mission: To create comprehensive reference maps of all human cells the fundamental units of life—as a basis for both understanding human health and diagnosing, monitoring, and treating disease

https://www.humancellatlas.org



A new type of human dendritic cell recently discovered using single cell RNA sequencing.

The Human Cell Atlas: from vision to reality

Human Immune Cell Atlas Project at the Broad













Sisi Sarkizova

Orr Ashenberg

Marcin Tabaka

Timothy Tickle

Monika Kowalczyk

Molly Fisher



Danielle Dionne



Li

Lan Nguyen



Patricia Rogers



Will Ge



Mazen Nasrallah



Jane

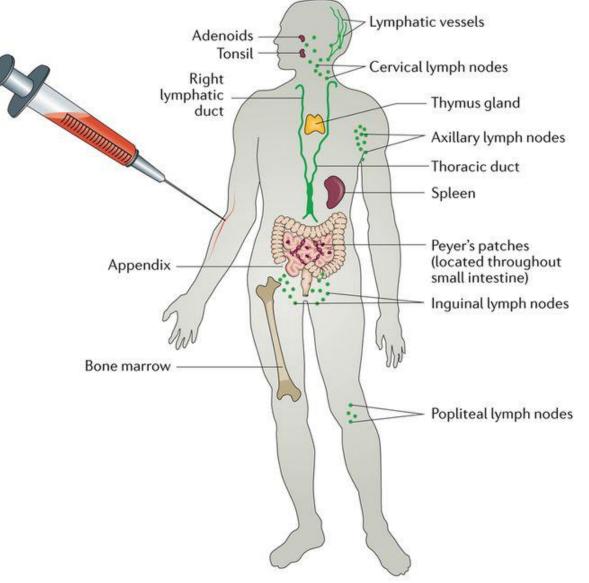
Lee



Orit Rozenblatt-Rosen

Supported by Manton Foundation

The blood as a window for global immune system analysis: most commonly accessible sample in the clinic



Objectives of the human immune cell atlas

- Define & benchmark experimental procedures and computational algorithms to empower other atlas efforts
- Identifying unknown rare cells and better define cell state spectrum
 →Mapping all existing cell types at frequency of at least ~0.1%
- Developing better tools for Immunology Community:

→Defining minimal set of discriminatory markers for each populations
 →Establish "healthy" reference set to study disease

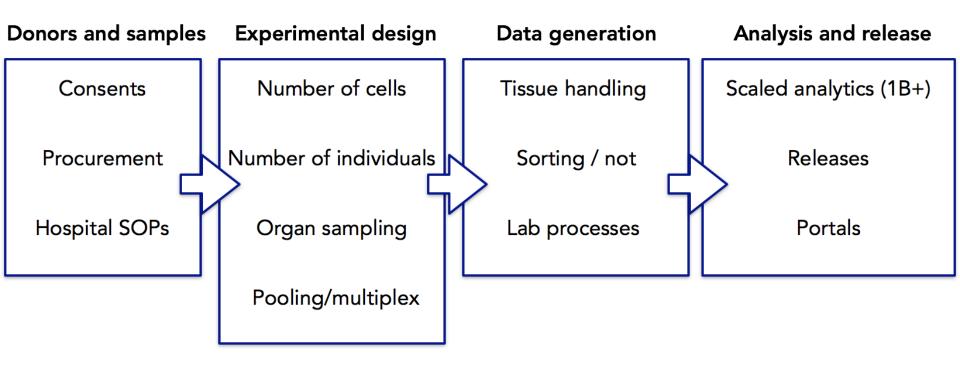
• Developing better tools for Clinical Community:

 \rightarrow Apply new knowledge to revisit clinical tools (e.g. CBC 2.0)

How to build a cell atlas?

 Developing and benchmarking experimental & analytical frameworks that will empower the Community to undertake translational studies across a wide-range of diseases

Key considerations in cell atlas design



Summary of considerations for human blood profiling

- 1. No differences across anticoagulants
- 2. No difference across cell isolation procedures (e.g Ficoll, lymphoprep, RBC lysis)
- No difference between sorting and bead enrichment* (* given specific sorting parameters that will be shared)
- 4. No major differences between fresh and frozen*, important consideration given biobanking efforts (*excluding PMNs)
- 5. Enrichment strategy (by FACS or bead) can empower more cost-effective single cell analyses of rarer cell population

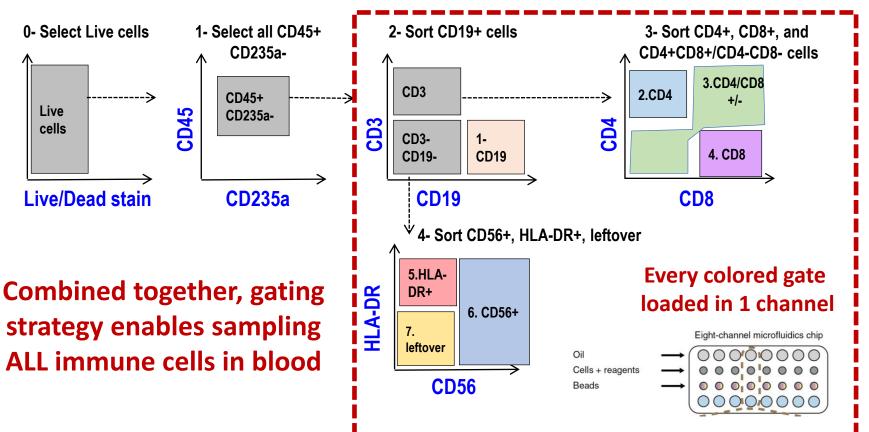
https://www.protocols.io/groups/hca

Sampling strategy of human blood

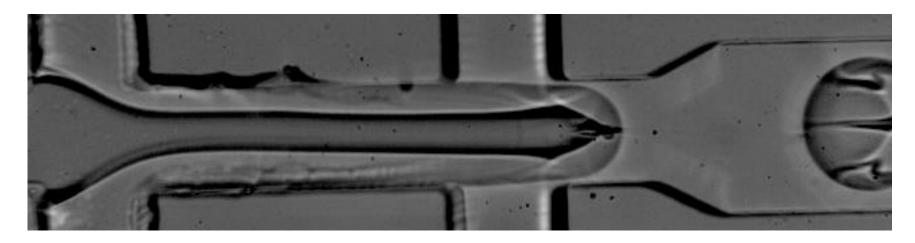
A- For 8 donors: loaded 8 channels of 10X of frozen PBMCs (~32K/indiv.)

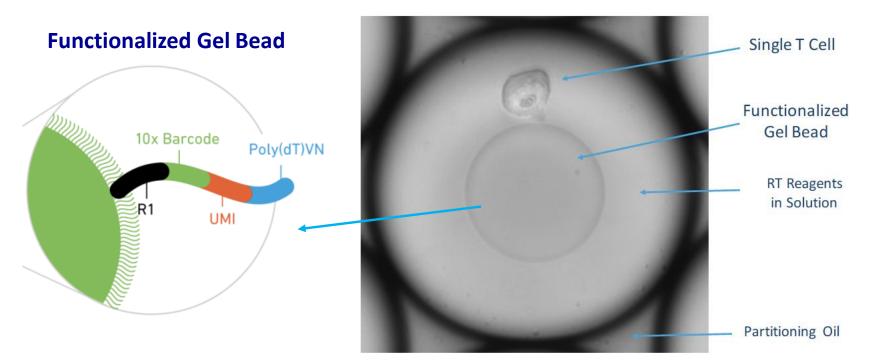
B- For 9 donors:

- 1. Whole blood (only depleting RBCs): 1 channel (~4K cells)
- 2. PBMCs (depleting RBCs + depleting granulocytes): 1 channel (~4K cells)
- 3. 8-bucket approach to enrich for rarer cells: 8 channels

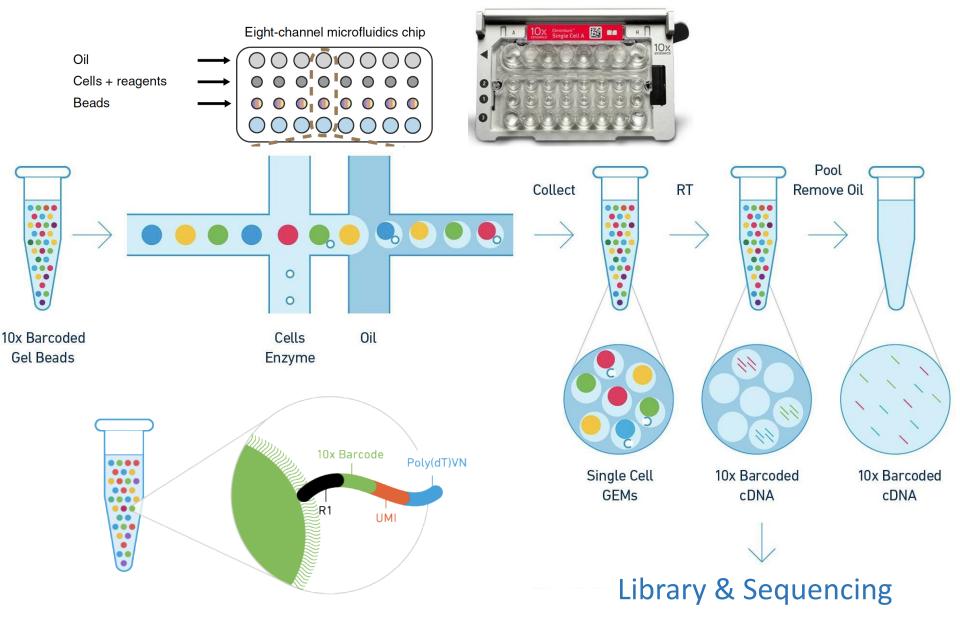


Droplet-based approach (10X Genomics) overview

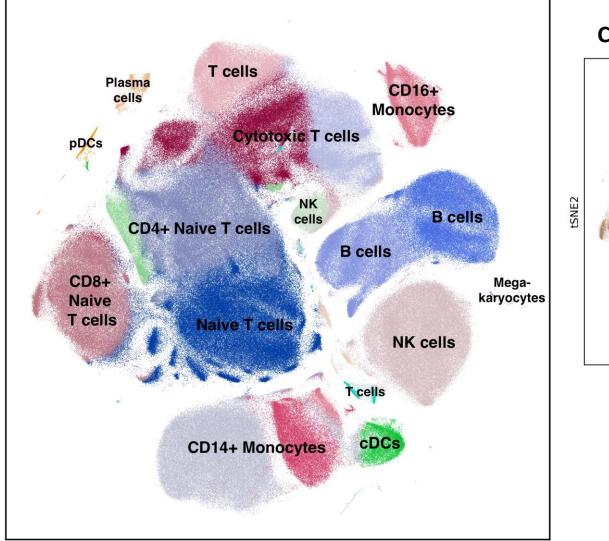




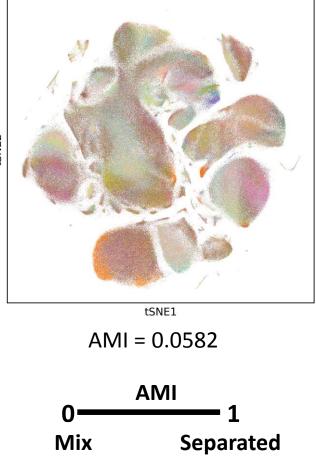
Emulsion-based 10X genomics Approaches



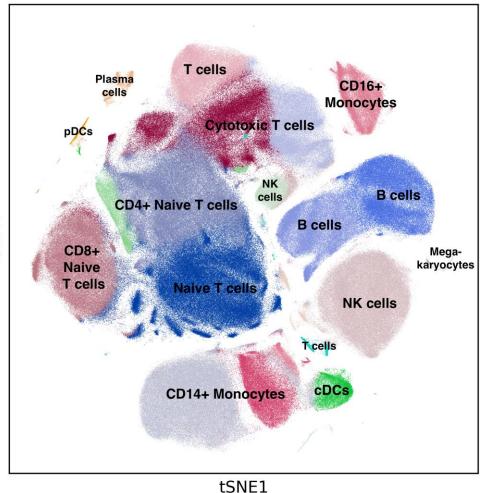
906,536 single cells from 17 individuals



Colored by individual donor



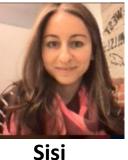
Ongoing analyses



- Sub-clustering analyses
- Defining markers
- Defining cell spectrum



Li



Sarkizova



Orr Ashenberg

Human Cell Atlas Preview Datasets

The first single-cell sequencing datasets from the Human Cell Atlas are now available to the research community.

Census of Immune Cells ¹ Profiling of immunocytes by single cell RNA-seq for understanding human health and disease.		Ischaemic Sensitivity of Human Tissue ² Assessment of ischaemic sensitivity of human spleen tissue by single cell RNA-seq.		Stromal Cells ³ Single cell and CD45 tumour ar	Melanoma Infiltration of Stromal and Immune Cells ³ Single cell RNA-seq of CD45+ and CD45- cells isolated from tumour and lymph nodes of a mouse model of melanoma.	
Species	Homo sapiens	Species	Homo sapiens	Species	Mus musculus	
Organ	Umbilical cord blood and bone marrow	Organ	Spleen	Organ	Lymph node	
	manow	Method	10x	Method	Smart-seq2	
Method	10x	Cell count	~2,000 cells	Cell count	6,639 cells	
Cell count	~530,000 cells	File size	14 GB	File size	380 GB	
File size	1.3 TB					
DOWNLOAD DATASET with script		DOW	DOWNLOAD DATASET with script		DOWNLOAD DATASET with script	
Additional instructions below		Addition	Additional instructions below		Additional instructions below	
Download metadata only		Downle	Download metadata only		Download metadata only	

These include primary datasets (fastq and metadata). Additional analysis (alignment and quantification) produced from a standardized analysis pipeline will be made available this summer.

open access, pre-publication; 1st pre-release: 4/4/18

Empowering downstream analyses:

- Query genes
- Cell type
- Trajectory

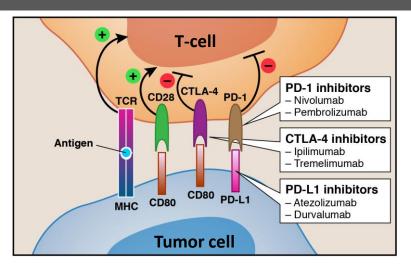
Vignette #3: Bench-to-bedside translation effort example Improving ICI efficacy through better management of irAEs

Translational question: Can we map comprehensively the underpinnings of ICI-related irAEs

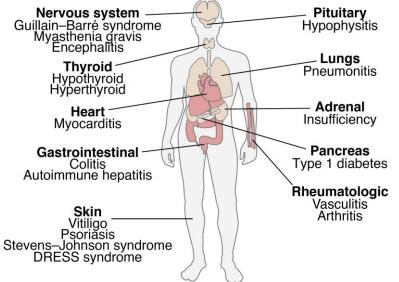


Lifesaving potential ICI therapy is severely limited by irAEs

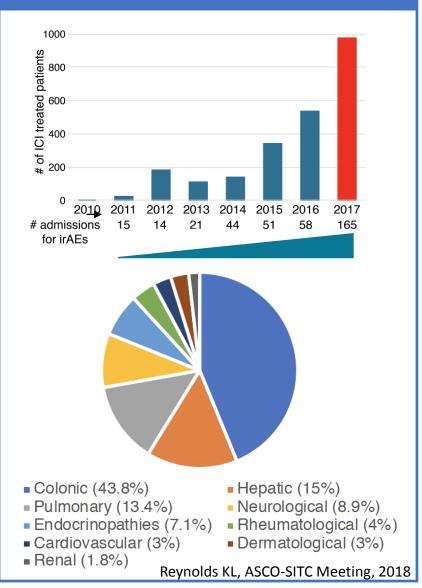
Background: Immune checkpoint inhibitor therapy and associated complications



immune related adverse events (irAEs)



MGH experience: # of ICI treated patients and distribution of irAEs,



MGH Vision: Becoming Center of Excellence in this Novel Arena

1. Develop expertise in the clinical <u>recognition</u> of these atypical presentations and the <u>management</u> of toxicity

2. <u>Coordinate</u> oncology and interdisciplinary care

3. Develop <u>multi-disciplinary</u> and <u>cross-cutting</u> translational research program

Severe Immunotherapy Complications (SIC) Service

Attendings:

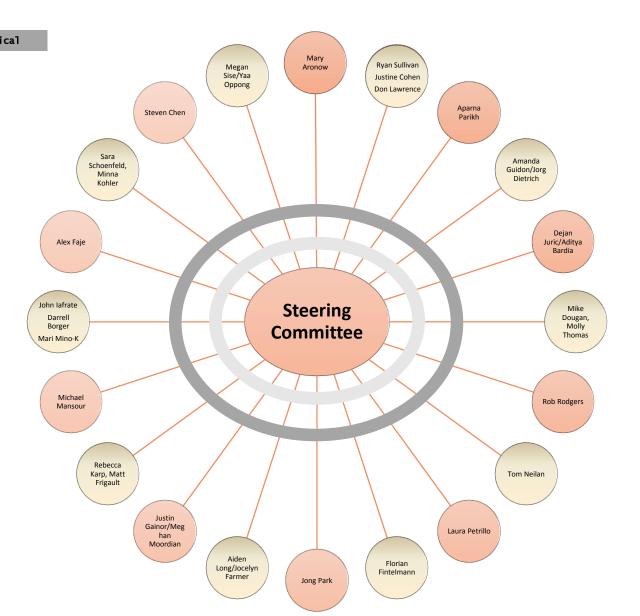
- Kerry Reynolds
- Ryan Sullivan
- Don Lawrence
- Justine Cohen
- Aparna Parikh
- Dejan Juric
- Aditya Bardia
- Jong Park
- Meghan Mooradian
- Justin Gainor
- Howard Kaufman
- Xin Gao
- Oladapu Yeku





Research

Immunotherapy Toxicity Service



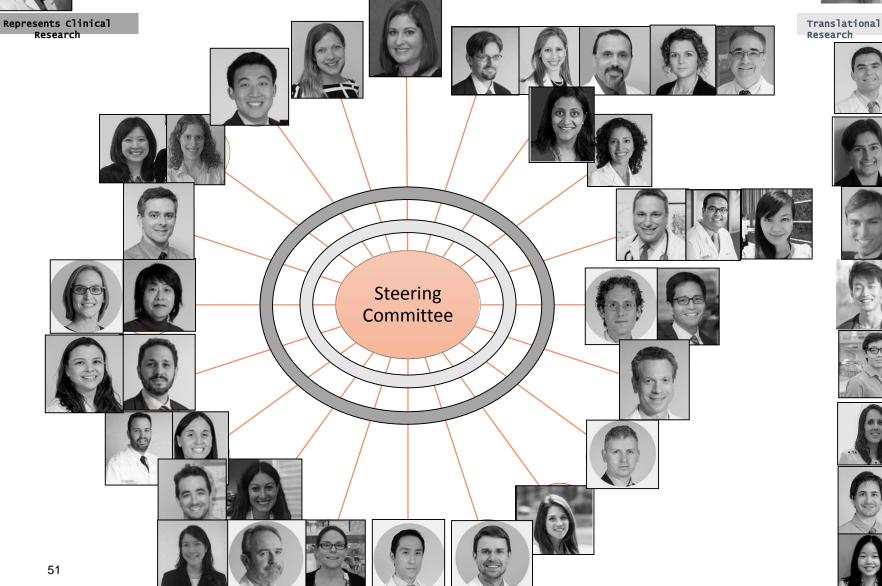
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Translational Research



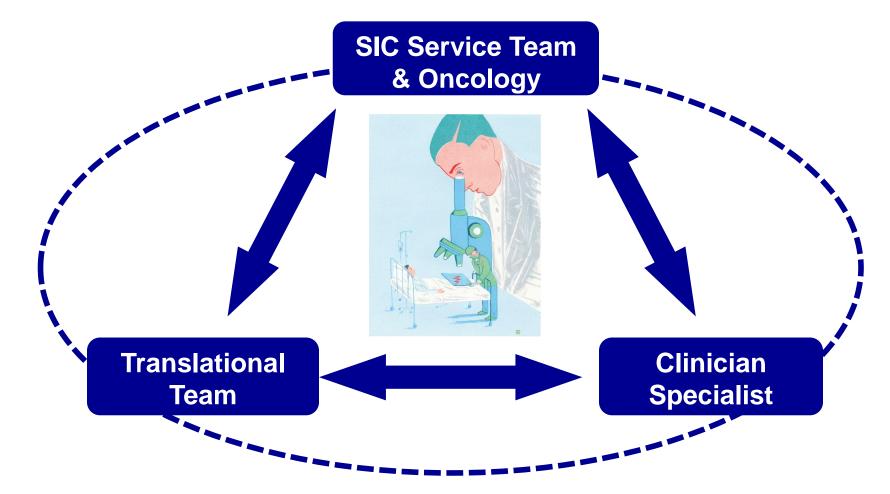
Immunotherapy Toxicity Service





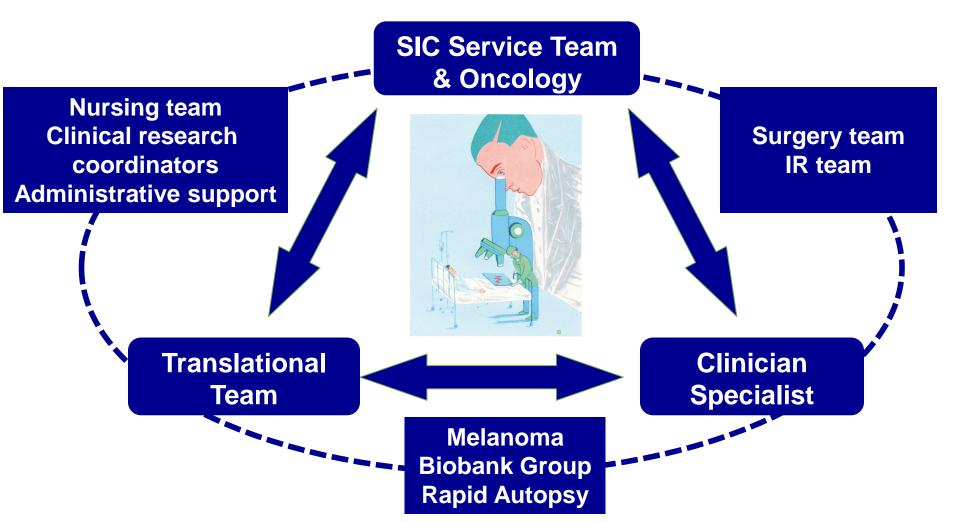
Overview of SIC Service Translational Effort

Leveraging MGH unique multi-disciplinary environment to empower our bedside-bench-bedside SIC translational research program

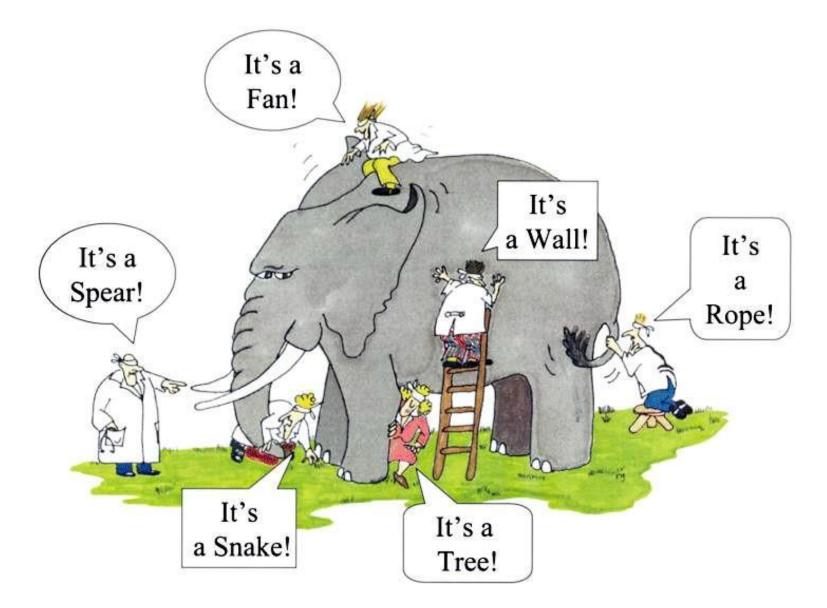


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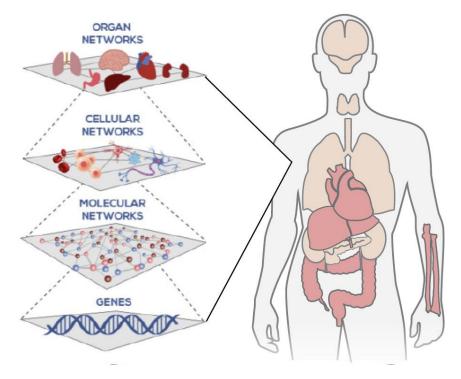


How Can We Generate a "Full Picture"?

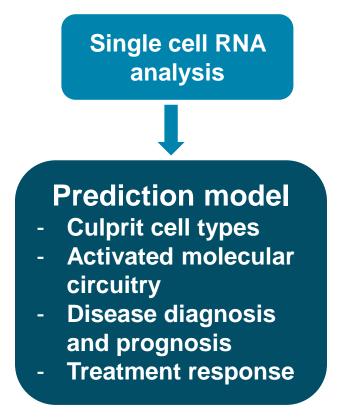


Translational effort: exploration of scale, time, and modalities

Different scales



Developing irAEs Prediction Models

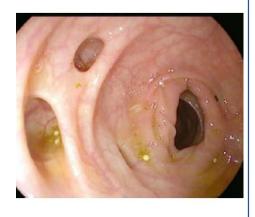


Preliminary single cell data: colitis

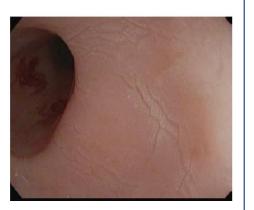
<u>Control Case: Irritable</u> Bowel

<u>Microscopic</u> <u>Colitis</u>

- 75 yo with metastatic melanoma who developed grade 1 diarrhea after 3 cycles of nivolumab
- Colonoscopy showed diverticulae and was otherwise normal



- 61 yo with metastatic melanoma who developed grade 3 diarrhea after 12 cycles of nivolimuab
- Colonoscopy showed edematous colon
- Path: Architecturally preserved active colitis with increased intraepithelial lymphocytes and surface epithelial damage



• Path: normal colon

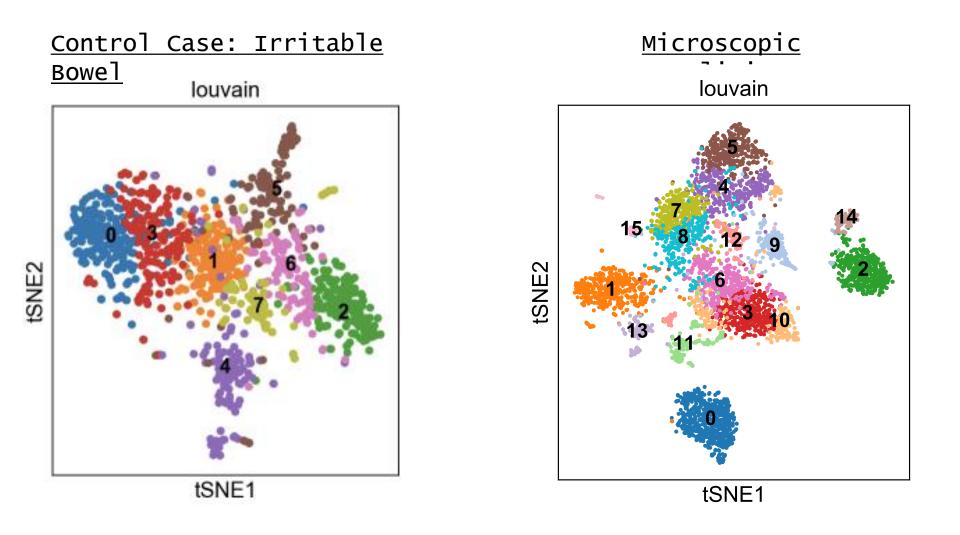




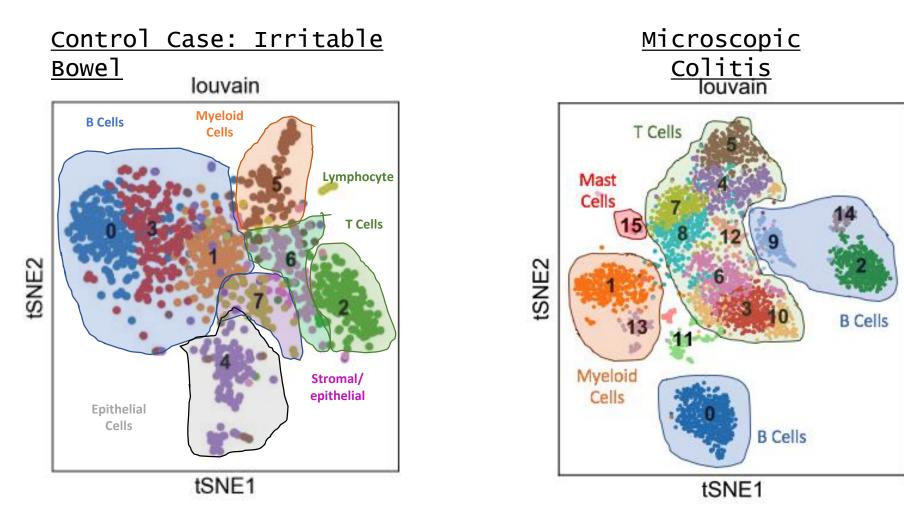
Michael Dougan

Molly Thomas

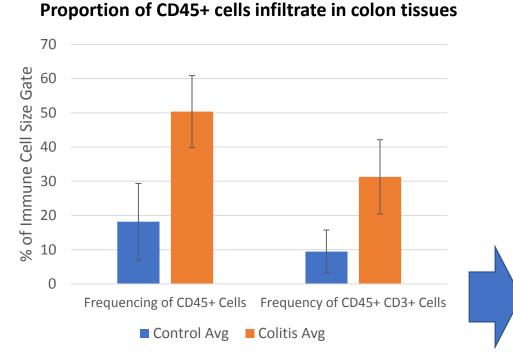
Preliminary single cell data: colitis



Preliminary single cell data: colitis



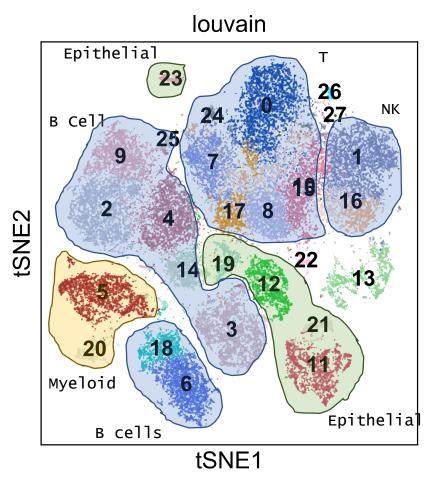
More comprehensive picture we added dimensionalities



Histological features of microscopic colitis

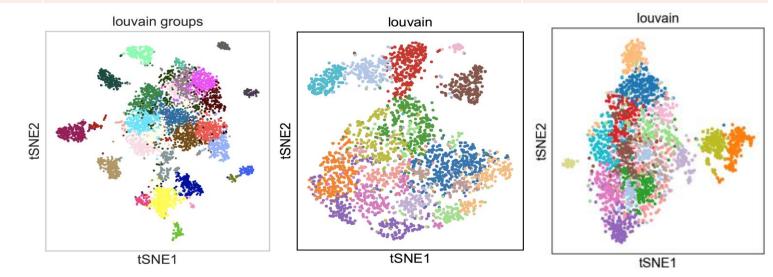






Cellular composition of irAE arthritis synovial fluid is more complex than clinical differential

Clinical Readout	Patient 1	Patient 2	Patient 3
Total cell counts (cells/ul)	26	14940	11006
Neutrophil	2%	99%	6%
Lymphocyte	33%	1%	48%
Monocyte	17%	0%	6%
Eosinophil	1%	0%	
Macrophage/Lining Cell	47%	0%	40%

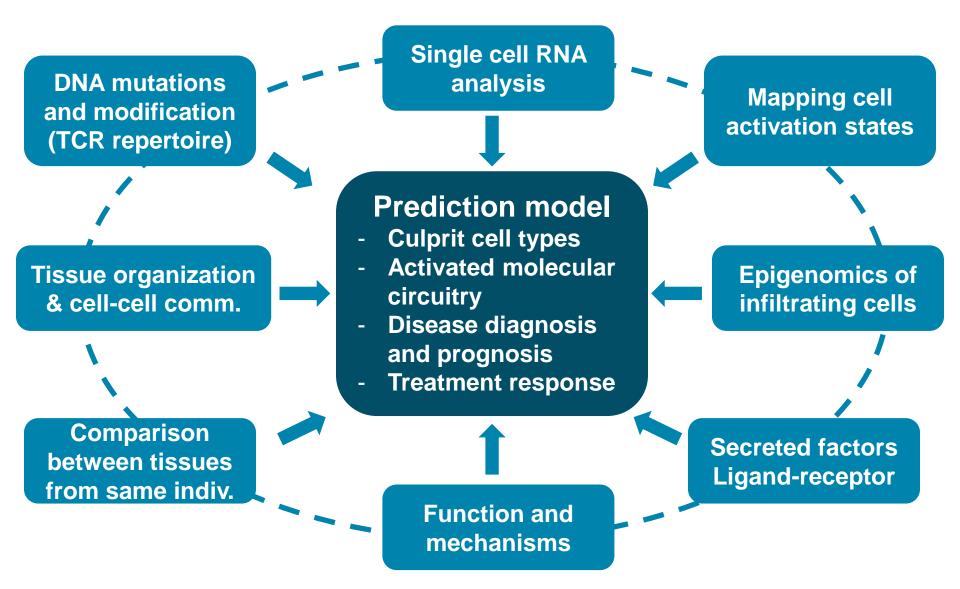




Minna Kohler

Sara Schoenfeld Mazen Nasrallah

Developing irAEs Prediction Models

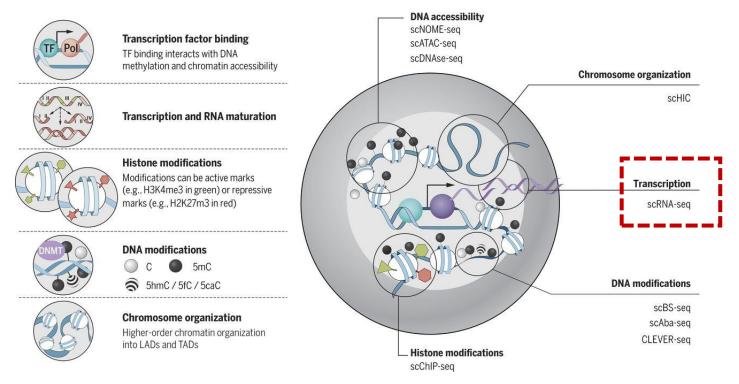


Envisioned outcomes of SIC Translational Research Program

- 1. Identify set of biomarkers to be implemented in clinic
- Development of better therapy strategies to treat autoimmune-toxicities while maintaining anti-tumor immunity
- 3. Identifying novel druggable targets with immunosuppressive potential

Final thoughts ...

The future: integration of many single cell modalities



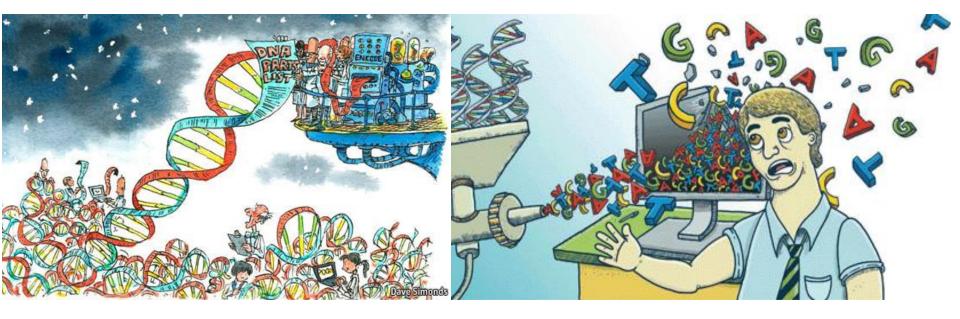
Spatial 'Omics" \rightarrow integrating readout directly *in situ*

- Multiplex FISH (SeqFISH, MERFISH)
 - In situ RNA-seq (e.g. FISSEQ)

Multi-omics

- DNA + RNA (G +T)
- RNA + protein (T + P)
 - Epigenome + RNA

Modified from Kelsey et al. Science 06 Oct 2017



Tackling Big Data Challenge

- → Billions of data points/experiment
- → Need to innovate & develop new analytical frameworks!
- → Interpretation: empowering bench-to-bedside translation of findings



STAT3 Project















Supported by AstraZeneca

Will Ge Kasidet Manakongtreecheep Mazen Nasrallah Molly Thomas Amelia Raymond Oncology Bioinformatics Translational Science Group

Questions: Patricia.McCoon@astrazeneca.com avillani@mgh.harvard.edu

Human Immune Cell Atlas – a team effort

Tabaka



Bo

Li



Sisi

Sarkizova







Michal Danielle Slyper Biton Dionne







Orr

Ashenberg









A.-Chloe Villani



Patricia Rogers Will Ge

Jane Lee

Monika

Kowalczyk

Timothy Tickle

Orit Rozenblatt-Rosen





Supported by Manton Foundation



AT BROAD INSTITUTE

Nir Hacohen Aviv Regev

Villani Lab & MGH SIC Translational Team













Mazen Nasrallah Molly Fisher

er l

Leyre Zubiri Amy Xu

Tariq Daouda

Will Ge Kas Manakongtreecheep



Michael Dougan

Kerry Reynolds

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