

Single cell transcriptome atlas reveals a high degree of heterogeneity in NSCLC circulating tumor cells

Lisa-Marie Rieckmann¹

Lisa Ruff¹, Michael Spohn², David Agorku³, Lisa Becker⁴, Alina Borchers⁵, Jenny Krause⁶, Roisin O'Reilly¹, Jurek Hille⁷, Niklas Beumer⁸, Janna-Lisa Velthaus-Rusik⁹, Charles D Imbusch¹⁰, Benjamin Theek³, Ronald Simon¹¹, Sören Franzenburg¹², Hauke Winter¹³, Michael Thomas¹³, Sabine Riethdorf¹⁴, Carsten Bokemeyer⁹, Nicola Gagliani¹⁵, Christian F Krebs⁵, Martin Sprick⁴, Andreas Trumpp⁴, Sven Peine¹⁶, Olaf Hardt³, Nikolas N Stoecklein¹⁷, Klaus Pantel¹⁸, Philipp Rosenstiel¹², Sonja Loges⁷ and Melanie Janning⁷

¹ DKFZ-Hector Cancer Institute at the University Medical Center Mannheim, Department of Personalized Oncology, University Hospital Mannheim, Medical Faculty Mannheim, University of Heidelberg, Mannheim; Division of Personalized Medical Oncology (A420), German Cancer Research Center (DKFZ), German Center for Lung Research (DZL), Heidelberg, Germany

² Bioinformatic Facility, Medical Faculty, University Medical Center Hamburg-Eppendorf, Hamburg, Germany; Clinic of Pediatric Hematology and Oncology, University Medical Center Hamburg-Eppendorf, Hamburg, Germany; Research Institute Children's Cancer Center Hamburg, Hamburg, Germany; Department of Oncology, Hematology and Bone Marrow Transplantation with section Pneumology, Hubertus Wald Comprehensive Cancer Center Hamburg, University Medical Center Hamburg-Eppendorf, Hamburg, Germany

³ Miltenyi Biotec B.V. & Co. KG, R&D, Bergisch Gladbach, Germany;

⁴ Heidelberg Institute for Stem Cell Technology and Experimental Medicine (HI-STEM gGmbH), Heidelberg, Germany; Division of Stem Cells and Cancer, German Cancer Research Center (DKFZ-ZMBH Alliance), Heidelberg, Germany;

⁵ III. Department of Medicine, University Medical Center Hamburg-Eppendorf, Hamburg, Germany; Hamburg Center for Translational Immunology (HCTI), University Medical Center Hamburg-Eppendorf, Hamburg, Germany;

⁶ I. Department of Medicine, University Medical Center Hamburg-Eppendorf, Hamburg, Germany

⁷ DKFZ-Hector Cancer Institute at the University Medical Center Mannheim, Department of Personalized Oncology, University Hospital Mannheim, Medical Faculty Mannheim, University of Heidelberg, Mannheim; Division of Personalized Medical Oncology (A420), German Cancer Research Center (DKFZ), German Center for Lung Research (DZL), Heidelberg, Germany; Department of Oncology, Hematology and Bone Marrow Transplantation with section Pneumology, Hubertus Wald Comprehensive Cancer Center Hamburg, University Medical Center Hamburg-Eppendorf, Hamburg, Germany; Department of Tumor Biology, Center of Experimental Medicine, University Medical Center Hamburg-Eppendorf, Hamburg, Germany;

⁸ DKFZ-Hector Cancer Institute at the University Medical Center Mannheim, Department of Personalized Oncology, University Hospital Mannheim, Medical Faculty Mannheim, University of Heidelberg, Mannheim; Division of Personalized Medical Oncology (A420), German Cancer Research Center (DKFZ), German Center for Lung Research (DZL), Heidelberg, Germany; Division of Applied Bioinformatics, German Cancer Research Center (DKFZ), Heidelberg, Germany

⁹ Department of Oncology, Hematology and Bone Marrow Transplantation with section Pneumology, Hubertus Wald Comprehensive Cancer Center Hamburg, University Medical

Center Hamburg-Eppendorf, Hamburg, Germany;

¹⁰ Division of Applied Bioinformatics, German Cancer Research Center (DKFZ), Heidelberg, Germany;

¹¹ Institute of Pathology, UKE, Hamburg, Germany

¹² Institute of Clinical Molecular Biology, Christian-Albrechts-University and University Hospital Schleswig-Holstein, Kiel, Germany;

¹³ Thoraxklinik at University Hospital, Heidelberg, Germany; Translational Lung Research Center Heidelberg, Member of the German Center for Lung Research (DZL), Heidelberg, Germany;

¹⁴ Department of Tumor Biology/University Medical Center Eppendorf Hamburg

¹⁵ Hamburg Center for Translational Immunology (HCTI), University Medical Center Hamburg-Eppendorf, Hamburg, Germany; I. Department of Medicine, University Medical Center Hamburg-Eppendorf, Hamburg, Germany; Department of General, Visceral and Thoracic Surgery, University Medical Center Hamburg-Eppendorf, Hamburg, Germany;

¹⁶ Department of Transfusion Medicine, UKE, Hamburg, Germany

¹⁷ Experimental Surgical Oncology, General, Visceral and Pediatric Surgery, University Hospital and Medical Faculty, Heinrich-Heine-University Düsseldorf, Düsseldorf, Germany

¹⁸ University Medical Center Hamburg-Eppendorf

Background & objectives

Background: Circulating tumor cells (CTCs) hold a tremendous potential for a better representation of intratumor heterogeneity and a better understanding of treatment resistance mechanisms. In non-small cell lung cancer (NSCLC) their application is challenged by the limited number of CTCs that can be detected within standard 7.5ml peripheral blood samples. Diagnostic leukapheresis (DLA) has been used to increase CTC numbers, but methods for enrichment of CTCs from such large blood volumes are missing.

Objectives: We aimed to establish a workflow for enrichment of CTCs from DLA and evaluate its potential for detection of intratumor heterogeneity.

Methods

Mononucleated cells and CTCs were collected via DLA from 6 NSCLC patients (stage IV). 80×10^8 cells (~ 1/3 of each DLA) were processed in a two-step enrichment including the MACS based negative depletion of cells expressing CD45, CD16, CD3, CD31 and CD235a and FACS sorting for CD45⁻ cells, followed by scRNAseq using 10X Genomics. CTCs were identified through marker gene expression, expression of lung and cancer associated genes and inferred copy number variation analyses.

Results

By pooling data from 6 DLAs, a total of 3,363 NSCLC CTCs transcriptomes were identified. CTCs showed a high degree of heterogeneity along the EMT axis. Using pseudotime and gene set enrichment analyses (GSEA) distinct phenotypes were identified: (i) epithelial-like/highly proliferative/immune responsive (expression of genes for E-Cadherin, Ki67 and enrichment of INF α/γ -response and TNF- α -response via the NF κ B pathway), (ii) mesenchymal/invasive/glycolytic (expression of vimentin, hypoxia, mTORC1 and glycolysis pathways) and (iii) mesenchymal/cancer stem cell-like (enrichment of ALDH1, oxidative phosphorylation and adipogenesis pathways).

Comparison with single cell transcriptomes from NSCLC- primary tumors revealed a distinct gene signature for CTCs with an upregulation of genes involved in the hemoglobin pathway and downregulation of genes involved in the production of surfactant, amongst others. GSEA indicated higher enrichment of genes involved in cell cycle, migration and invasion indicating an overall higher malignant potential of CTCs.

Conclusion

Enrichment of CTCs from DLAs led to the transcriptomic analysis of an unprecedented number of NSCLC-CTCs. Together with the high CTC heterogeneity, these data clearly indicate the potential of CTC detection from DLA for a better understanding of CTC biology, tumor heterogeneity and ultimately resistance mechanisms.