



# Spatially Resolved Whole Transcriptome Profiling of Fibroblastic Foci in Idiopathic Pulmonary Fibrosis

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### **1. Whole Transcriptome Digital Spatial Profiling**

**Spatial Analysis** - Tissues are not homogenous but are made of multiple discrete compartments. Bulk sequencing methods take a homogenized snapshot, resulting in a huge loss of complexity. Single-cell sequencing methods allow for the cataloguing of individual components within a tissue. However, it is only with spatial techniques that the



## 2. Idiopathic Pulmonary Fibrosis

- **Idiopathic pulmonary fibrosis (IPF)** is a chronic and progressive lung disease, with an average life expectancy of 3-5 years following diagnosis.
- A defining histopathological feature of IPF is localised tissue heterogeneity within the lung. Afflicted tissues present with discrete regions of fibrosis (fibroblastic foci) within the otherwise normal-



relationships between these components can be analysed. GeoMx Digital Spatial Profiling (DSP) enables quantitative, non-destructive, whole transcriptome (WT) profiling in a single FFPE tissue section.





#### 4. Contour-based Segmentation of the Fibroblastic Focus Microenvironment

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appearing lung parenchyma. Regions surrounding fibroblastic foci exhibit aberrant cellular profiles and tissue architecture, while discrete aggregates of infiltrating immune cells are present close to (but often distinct from) foci.

Assaying IPF tissues with WT-DSP analysis enables these discrete regions to be profiled and analysed in the context of their native spatial niche, yielding more informative and biologically relevant transcriptomic data on the pathobiology of the disease than could be achieved with bulk methodologies.

#### 3. ROI Segmentation Approaches to Match the Spatial Phenotype of Tissues

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Alveolar septae Basic geometric	Blood vessels (Bisected) Manual polygon	Immune infiltrate (CD45+ cells) Fluorescence-based thresholding	Fibroblastic foci & surrounding parenchyma, epithelial and non-epithelial tissues Contour & thresholding	



All segment masks overlaid

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°N N Ring 1: PanCK+

Ring 2: PanCK+

Ring 3: PanCK+

The complex histological features of fibroblastic foci and their surrounding tissues was deconvolved with a bespoke ROI segmentation method. Fibroblastic foci were first identified through immunostaining with a tenascin C (TNC) specific antibody. The TNC mask was then sequentially dilated to create concentric masks expanding radially from the foci ("rings"). Concentric ring masks were subsequently segmented based on pan-cytokeratin (PanCK) immunostaining to segregate the epithelial and non-epithelial regions for each ring. This approach allowed WT data to be analysed in the context of proximity to foci. Scale bar = 90µm.

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Using the GeoMX-DSP platform, ROI segmentation methods were tailored to match the histological features of IPF tissue. To profile entire alveolar septae, where high spatial resolution segmentation is unnecessary, simple geometric shapes were utilised. To delineate the inner and outer regions of blood vessels, manual polygons were used to define segments. To selectively capture CD45+ (immune) cells within ROIs, tissues were immunostained with CD45-specific fluorescent probes, and staining intensity is used for signal-based thresholding. To segment fibroblastic foci and their surrounding tissues, a custom image processing algorithm (developed by MDC) was used to segment regions of the tissue based on protein expression (fluorescence signal) and distance from foci (further details panel 4).

DNA (nuclei), Pan-cytokeratin (epithelial cells), CD45+ (immune cells), TNC (fibroblastic foci). Scale bar = 100µm.

## 5. Spatial cellular and gene expression signatures identified in IPF tissues

Analysis of whole transcriptome profiling data revealed expression of individual segment-specific displays genes SFTPC Expression of enrichment. displays (surfactant protein **C**) а proximity-to-focus dependent relationship in epithelial tissues.



A publicly available single-cell RNA-seq dataset was used to generate a transcriptional profile of the different cell types present in lung tissue. This was then used to estimate the proportion of each cell type within each segment.

Cell type deconvolution identified several cell types that display a proximity-to-focus dependent relationship in focus and concentric ring segments, such as T-cells (panCK+ segments only) and myofibroblasts. In non-focus ROIs, segment-specific enrichment of key cell types validated the approach, e.g. the enrichment of endothelial cells in the inner (luminal) vs outer (distal) halves of blood vessels and alveolar Macrophages Mast Cells type I & II (AT1 & AT2) in the alveolar septae. Monocytes NK Cells ACTA2 PTPRC TNC SFTPC pDCs **Plasma Cells** Proliferating Macrophages 200-150 4000-200· Proliferating T Cells T Cells 150· Coul 3000-Fibroblasts 150 100 Myofibroblasts Ŭ Ú PLIN2+ Fibroblasts σ 100 2000-Smooth Muscle Cells

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