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DOI:

[10.1038/s41590-019-0378-1](https://doi.org/10.1038/s41590-019-0378-1)

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Document Version

Peer reviewed version

Citation for published version (Harvard):

Accelerating Medicines Partnership Rheumatoid Arthritis and Systemic Lupus Erythematosus (AMP RA/SLE) Consortium, Turner, J, Filer, A & Buckley, C 2019, 'Defining inflammatory cell states in rheumatoid arthritis joint synovial tissues by integrating single-cell transcriptomics and mass cytometry', *Nature Immunology*, vol. 20, no. 7, pp. 928-942. <https://doi.org/10.1038/s41590-019-0378-1>

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Supplemental Fig. 1. Flow cytometry gating scheme and a data-driven approach to separate samples based on flow cytometry data.

a. Flow cytometry gating: stromal fibroblasts (CD45-PDPN⁺), monocytes (CD45⁺CD14⁺), T cells (CD45⁺CD3⁺), and B cells (CD45⁺CD3⁻CD19⁺). **b.** Synovial T cells, B cells, and monocytes for OA-arthro (OA arthroplasty), RA-arthro (RA arthroplasty), and RA-biopsy (RA biopsy) by flow cytometry. **c.** Association between lymphocytes percent with monocytes percent by flow cytometry. **d.** Mahalanobis distance from OA samples by T cells, B cells, and monocytes for OA-arthro, RA-arthro, and RA-biopsy samples by flow cytometry. Leukocyte-rich RA samples are defined with Mahalanobis distance from OA greater than 4.5 (dashed line). We identified 19 leukocyte-rich RA, 17 leukocyte-poor RA, and 15 OA samples in our cohort.

Supplemental Fig. 2. CCA-based integrative pipeline of scRNA-seq analysis: 1) We first select the highly variable genes from both scRNA-seq and bulk RNA-seq; 2) based on the selected genes from both sides we integrate single cells with bulk samples that by learning a linear projection that the correlation between them are maximized using CCA; 3) we then calculate a cell-to-cell similarity matrix based on the canonical variates from CCA; 4) based on the cell-to-cell similarity matrix, we built a K-nearest neighbors (KNN) and then convert it into an adjacency matrix; 5) we cluster the cells using community detection unbiased clustering algorithm, Infomap, to identify major groups based on the cell-to-cell adjacency matrix; 6) project the cells with identified clusters on to tSNE space; 7) Based on the identified cell type clusters, we do gene expression differential analysis using AUC and Wilcox test; 8) finally, we perform gene set enrichment analysis to find out the upregulated pathways.

Supplemental Fig. 3. Protein markers of viable and DNA+ synovial cells (3,000 downsampled) from all donors by mass cytometry.

a CCA-based clustering

color by clusters

color by 24 plates

color by 21 donors

b PCA-based clustering

color by clusters

color by 24 plates

color by 21 donors

Supplemental Fig. 4. Comparison with PCA-based clustering on batch effect and protein fluorescence validation on each cell from scRNA-seq clusters. **a.** Identified 18 scRNA-seq clusters, source of 24 plates, and source of 21 donors using the CCA-based integrative pipeline. **b.** Identified scRNA-seq clusters, source of plates, and donors using PCA-based clustering by Seurat. Clusters of batch effect plates are highlighted using circles.

Supplemental Fig. 5. Entropy calculation of mixing of the identified scRNA-seq clusters and protein fluorescence validation on each cell. **a.** Number of cells per donor for each scRNA-seq cluster using CCA-based integrative pipeline. **b.** Flow cytometry protein fluorescence of cell type markers on each single cell.

a Fibroblast clusters by mass cytometry

b Monocyte clusters by mass cytometry

c T cell clusters by mass cytometry

d B cell clusters by mass cytometry

Supplemental Fig. 6. Distribution of identified cell type clusters for each donor by mass cytometry. **a-d.** Distribution of mass cytometry clusters for each cell type confirms that the identified clusters are not confounded by obvious batch effects. **e.** Cell counts of all clusters by comparing all the 26 donors reveal that leukocyte-rich donors show high cell abundance of HLA-DR⁺ fibroblasts (THY1⁺ CD34⁺ HLA-DR⁺ and THY1⁺ CD34⁺ HLA-DR⁺), Tph cells (CD4⁺ PD-1⁺ ICOS⁺), two populations of CD14⁺ monocytes (CD11c⁺ CCR2⁺ and CD11c⁺ CD38⁺), and a B cell population (IgM⁺ IgD⁺ CD11c⁺).

a. Pathway analysis of scRNA-seq monocyte clusters

b. Pathway analysis of scRNA-seq B cell clusters

Supplemental Fig.7. Pathway enrichment analysis on GO gene sets for identified scRNA-seq clusters from monocytes and B cells.

Supplemental Fig. 8. scRNA-seq clusters Tregs (SC-T2) and Tph (SC-T3) that separated based on the most informative markers from (Rao et al. 2017). We use hierarchical clustering with R function `hclust()` and then `cutree(k=2)` to pinpoint previously characterized rare cell populations, Tregs and Tph cells.

Supplemental Fig. 9. Quality control of bulk RNA-seq and PCA analysis for each cell type samples. **a.** Quality control of bulk RNA-seq samples. Common genes are defined as the set of genes detected with at least 1 mapped fragment in 95% of the samples (13,041 genes). X-axis is the number of cells for each bulk RNA-seq sample. Y-axis is the percentage of detected common genes for each sample. We discarded 25 low quality samples that have less than 99% (dashed line) of common genes detected, resulting 167 post-QC samples in all. **b.** PCA analysis on all the samples shows that most of the variance in the bulk RNA-seq data is due to cell type. **c.** Cell type marker genes show that there is no obvious contamination in the bulk RNA-seq data. **d-g.** PCA analysis on samples from each cell type. The samples from leukocyte-rich RA appear distinct from leukocyte-poor RA and OA samples. **h-i.** Distribution of significantly enriched GO terms in leukocyte-rich RA by GSEA. Leukocyte-rich fibroblasts and monocytes share the common pathways of Type I interferon and inflammatory response.

Supplemental Fig. 10. Correlation between bulk RNA-seq genes and immune cell type abundances in RA synovial fibroblasts. Integrating bulk RNA-seq samples from fibroblasts with multiple cell type flow gates reveals that T cells, B cells, and monocytes that are abundant in RA synovial tissue directly influence the expression of fibroblasts in the RA synovium.

Supplemental Fig. 11. Correlation between bulk RNA-seq expression with proportion of non-zero expressing cells for scRNA-seq cluster markers per cell type. We depict two marker genes per scRNA-seq cluster and show the bulk RNA-seq expression (x-axis) is correlated with the percent of non-zero expressing cells over the total number of cells (y-axis) for the overlapped **a.** fibroblast samples, **b.** monocyte samples, **c.** B cell samples, and **d.** T cell samples. The statistical R-square and p value are given for each correlation.

Supplemental Fig. 12. Correlation between mean proteomic expression by mass cytometry and transcriptomic expression by bulk RNA-seq on the overlapped samples. Two typical protein/gene markers per cell type were shown for **a.** fibroblast samples, **b.** monocyte samples, **c.** B cell samples, and **d.** T cell samples.

Supplemental Fig. 13. Dynamic filtering strategy for scRNA-seq quality control. **a.** Estimated optimal threshold for three example quadrants of scRNA-seq plates. **b.** Select optimal threshold that maximizes the ratio of TPR (true positive rate) to FPR (false positive rate). We selected 2 marker genes expected to be exclusively expressed in each of the 4 cell types: *PDGFRA* and *ISLR* for fibroblasts, *CD2* and *CD3D* for T cells, *CD79A* and *RALGPS2* for B cells, and *CD14* and *C1QA* for monocytes. We counted nonzero expression of these genes in the correct cell type as a true positive and nonzero expression in the incorrect cell type as a false positive. We discard the cells in the red outlier quadrants. **c.** An example of fibroblast gene *MMP2*. After dynamic filtering strategy, no B cells, monocytes, or T cells express gene *MMP2*.

Supplemental Fig. 14. All post-QC scRNA-seq data for each identified cluster based on number of genes detected and percent of molecules from 32 mitochondrial genes.

Supplemental Fig. 15. Stability test of identified scRNA-seq clusters by Silhouette.

Supplemental Fig. 16. Granzyme expression and cytokine production by synovial tissue CD8 T cells. **a.** RA synovial tissue samples were disaggregated, stained for surface markers and intracellular granzyme B (GzmB) and granzyme K (GzmK), and analyzed by flow cytometry. Shown are plots of GzmB versus GzmK expression by CD8 T cells from three representative tissue specimens. **b.** GzmK and GzmB expression patterns by HLA-DR⁺ CD8 T cells. **c.** IFN γ production by CD4 and CD8 T cells from RA synovial tissue, measured by intracellular flow cytometry after stimulation with PMA/ionomycin. Cells from the same synovial tissue sample are connected by a line. (one-tailed Student's *t*-test $p = 0.028$, t -value = 2.1, $df = 10.94$). **d.** TNF production by CD4 and CD8 T cells from RA synovial tissue.

a Fibroblast gating

b B cell gating

c Monocyte gating

Supplemental Fig. 17. Flow cytometry gating schema for experimental validation. We sorted synovial cell subsets and disaggregated synovial tissues based on markers emerged from the scRNA-seq in this study. **a.** Flow gating strategy for synovial fibroblasts. **b.** Flow gating strategy for synovial B cells. **c.** Flow gating strategy for synovial monocytes.

Fibroblast

Monocyte

B cell

Supplemental Fig. 18. Protein flow sorted bulk RNA-seq of subpopulations from synovial fibroblasts, monocytes, and B cells. **a-c.** LDA analysis on single-cell fibroblasts (a), classification on the sorted fibroblast bulk RNA-seq samples (b), and predicted posterior on each validation sample (c). **d.** Markers of fibroblast populations SC-F2 and SC-F4 identified in scRNA-seq data are strongly differentially expressed in bulk. **e-g.** LDA analysis on single-cell monocytes (e), classification on the sorted monocyte bulk RNA-seq samples (f), and predicted posterior on each validation sample (g). **h.** Markers of monocyte populations SC-M2 and SC-M1 identified in scRNA-seq data are strongly differentially expressed in bulk. **i-k.** LDA analysis on single-cell B cells (i), classification on the sorted B cell bulk RNA-seq samples (j), and predicted posterior on each validation sample (k). **l.** Markers of B cell populations SC-B3 and SC-MB4 identified in scRNA-seq data are strongly differentially expressed in bulk.

Supplemental Fig. 19. Cell density quantification. **a.** Correlation between cell density (cell counts per 200x field) from 10 histology samples and flow cytometric cell yields on B cells. **b.** Correlation between cell density (cell counts per 200x field) from 10 histology samples and flow cytometric cell yields on T cells.