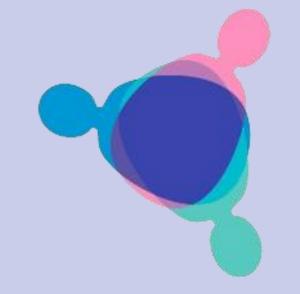
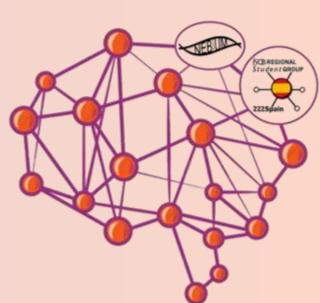
Spatially Resolved Transcriptomic Profiling Highlights Mechanisms Underlying Immune Activation in MSI Colorectal Tumors

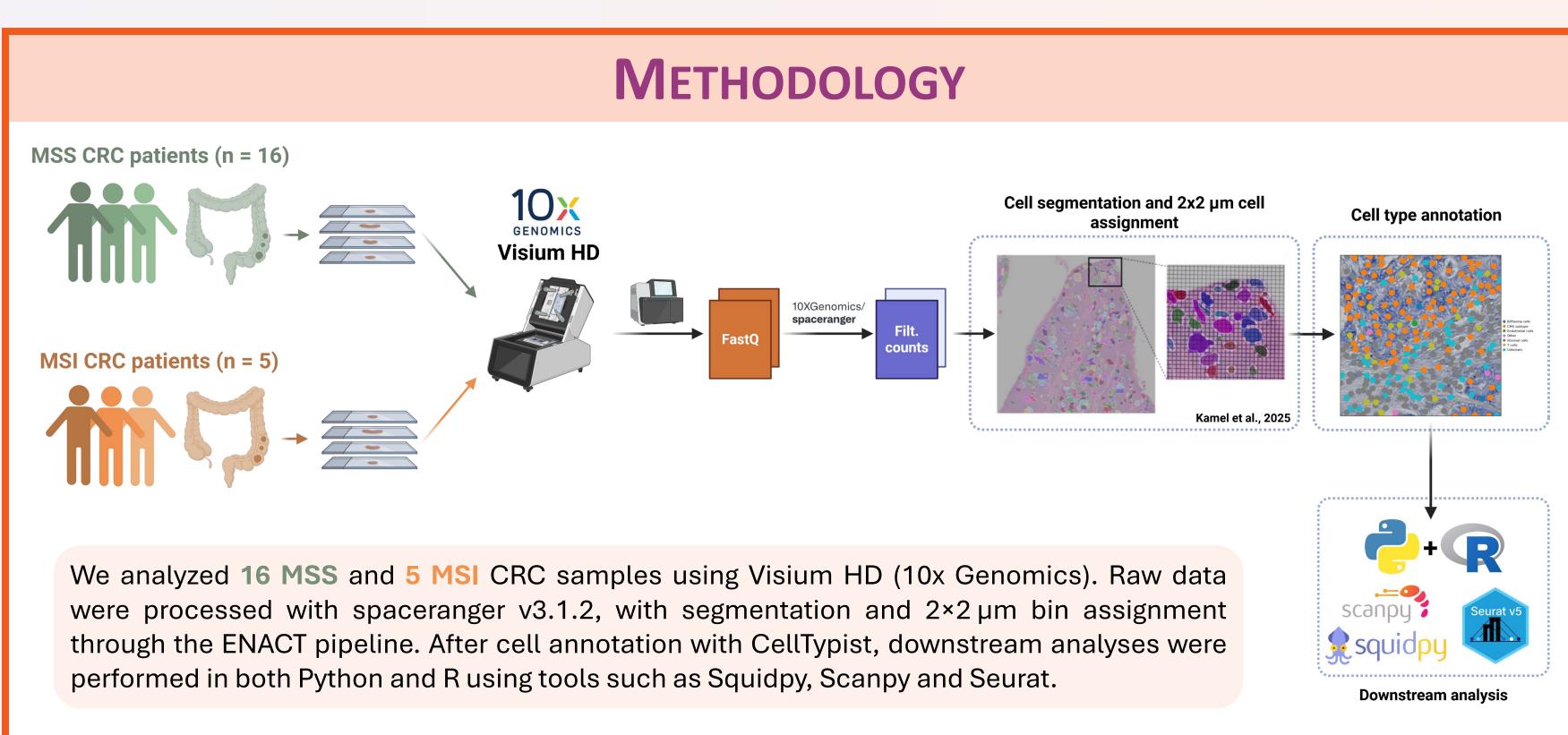


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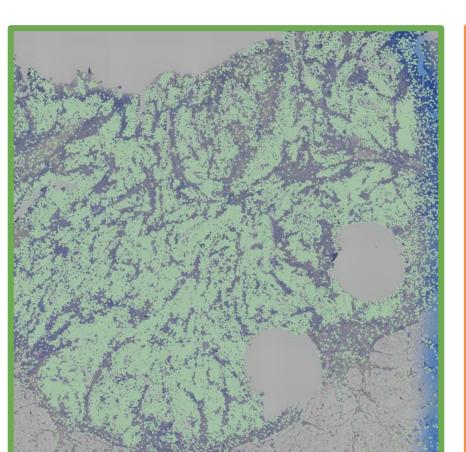
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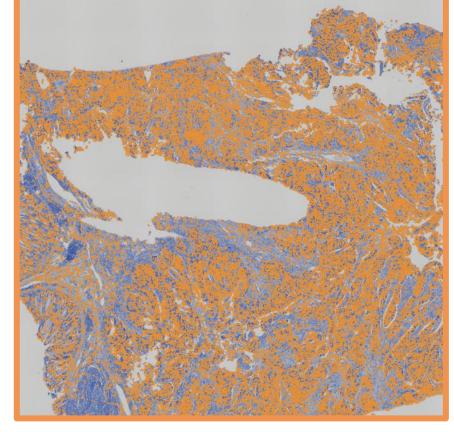
BACKGROUND Microsatellite instability (MSI) colorectal cancers (CRC) show better prognosis and immunotherapy response due to immune-infiltrated microenvironments, unlike most microsatellite stable (MSS) tumors. Microsatellite instable Microsatellite stable Colorectal (MSS) CRC cancer (CRC) immunotherapy? • 80-85% CRC • 10-15% CRC High mutational burden Low mutational burden Low immune infiltration High immune infiltration Responsive to immunotherapy Poor response to immunotherapy Worse prognosis Better prognosis Understanding MSI's spatial immune drivers may improve MSS outcomes. Spatial transcriptomics offers a powerful approach to tackle this challenge.



RESULTS

We selected tumor cells in MSS and MSI samples (Figure 1), aggregated counts to pseudo-bulk and performed differential expression analysis. We found considerable variation between tumor cells of both types of CRC, identifying 989 differentially expressed genes with $\lfloor \log_2 FC \rfloor > 2$ (Figure 2).

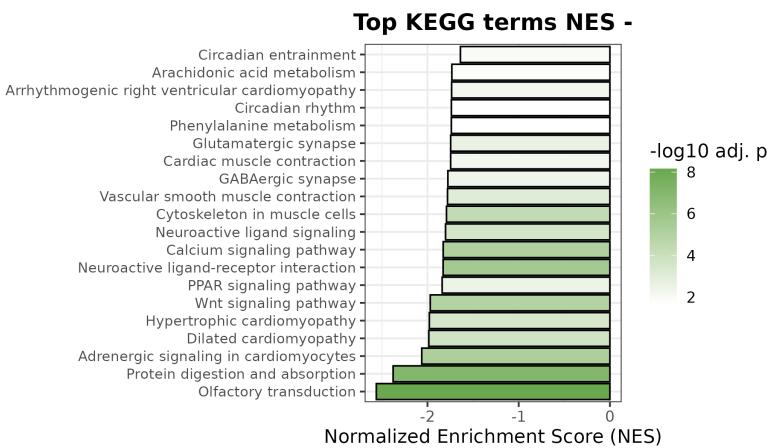




← Overexpressed in MSS | Overexpressed in MSI →

Figure 2. Differential expression analysis for MSS vs. MSI tumor cells.

While MSI tumor cells exhibited less Wnt and PPAR signaling activity (Figure 3), they in turn increased antigen processing and presentation, proliferation (cell cycle, DNA replication) and immune-related pathways (Figure 4).



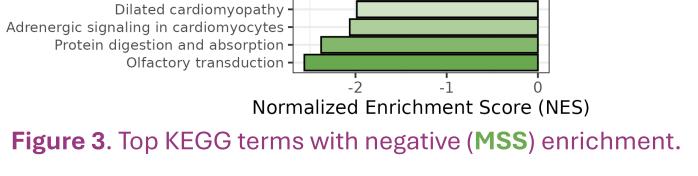


Figure 1. Selection of tumor cells in an MSS and an MSI sample.

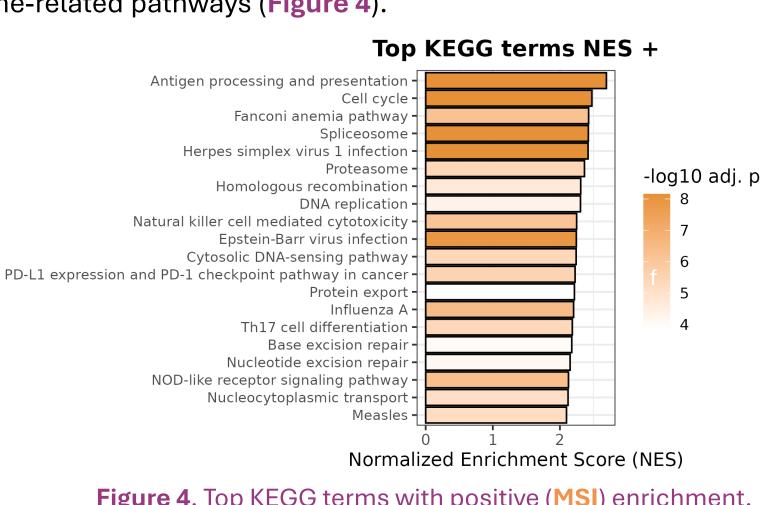
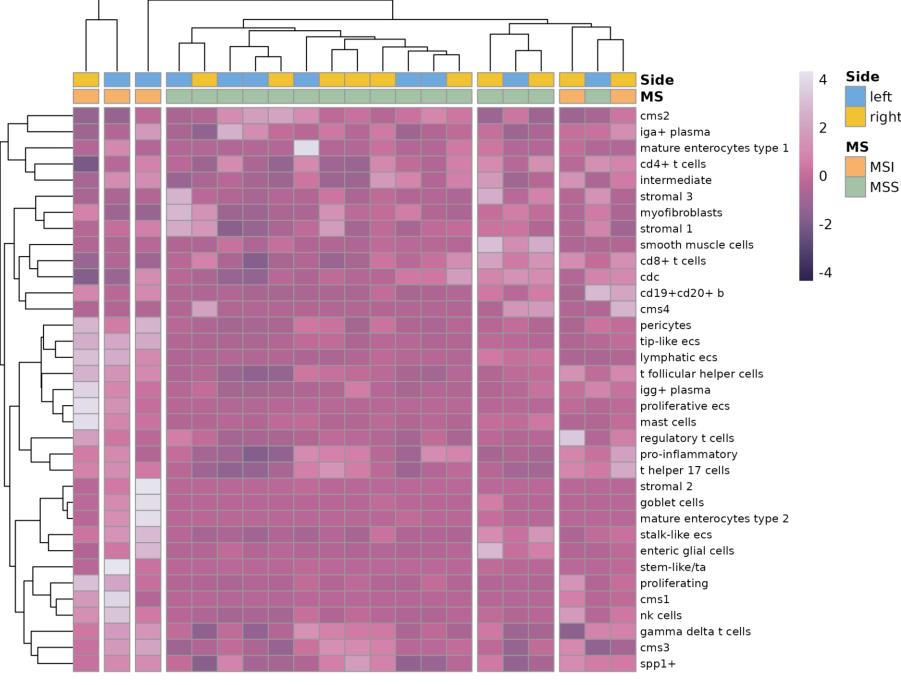
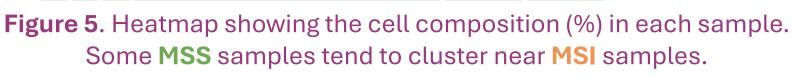


Figure 4. Top KEGG terms with positive (MSI) enrichment.

MSI tumors showed distinct cell composition profiles (Figure 5). Remarkably, they had more CMS1-like cells (tumor cells characterized by high mutational burden) and showed elevated immune infiltration, particularly of NK cells (Figure 6).





Although MSS and

MSI CRC exhibit

clear spatial

differences, some

MSS may have

MSI-like features.

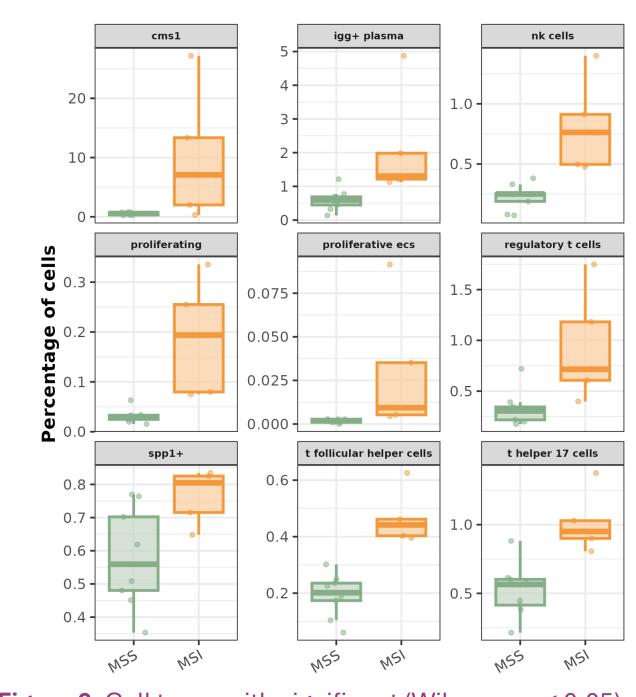


Figure 6. Cell types with significant (Wilcoxon p < 0.05) variation between MSS and MSI samples.

MSI tumors showed more prominent and structured immune infiltrates than MSS tumors (Figure 7), albeit with some exceptions. NK cell infiltrates were particularly involved (Figure 8).

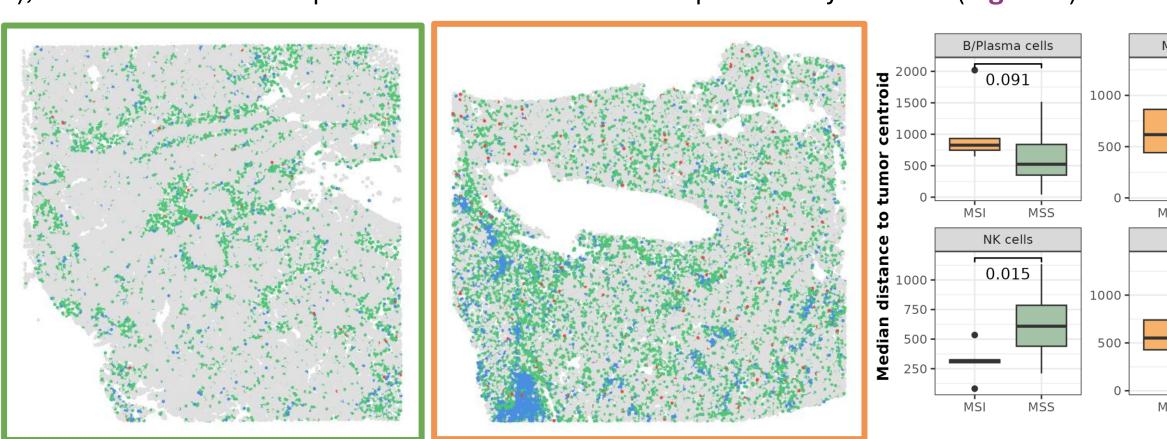


Figure 7. Immune infiltrates in MSS vs. MSI tumors. In green, T cells. In blue, B and plasma cells. In red, NK cells.

Figure 8. Immune cell distance to tumor core.

Spatially resolved pathway analysis using MSI-specific signatures like antigen processing and presentation (Figure 9) and cell cycle (Figure 10) allowed to better distinguish MSS and MSI tumors. Interestingly, some MSS tumors displayed intermediate features that put them closer to MSI.

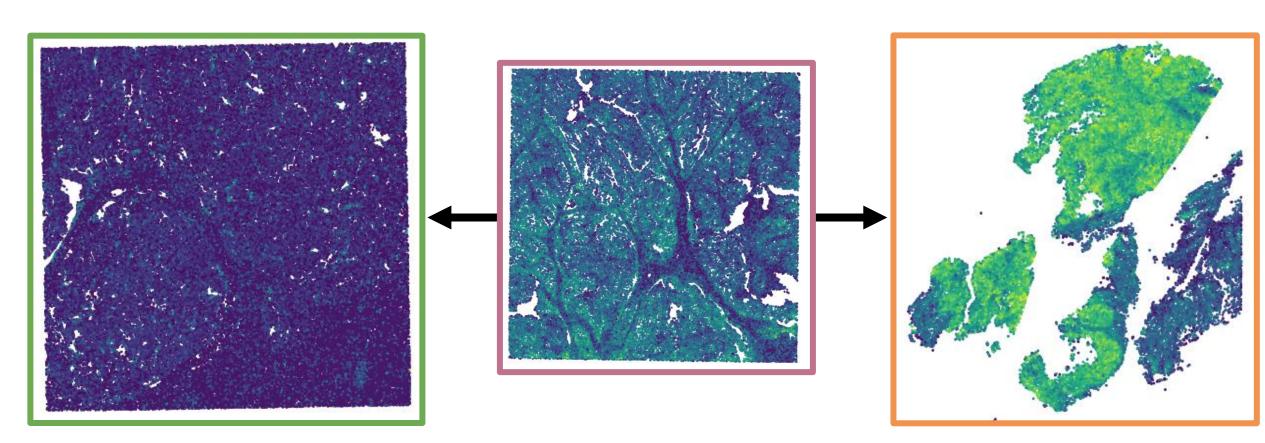


Figure 9. Antigen processing and presentation pathway (KEGG) scores in MSS (left) and MSI (right) samples. Some MSS samples (center) exhibit intermediate scoring.

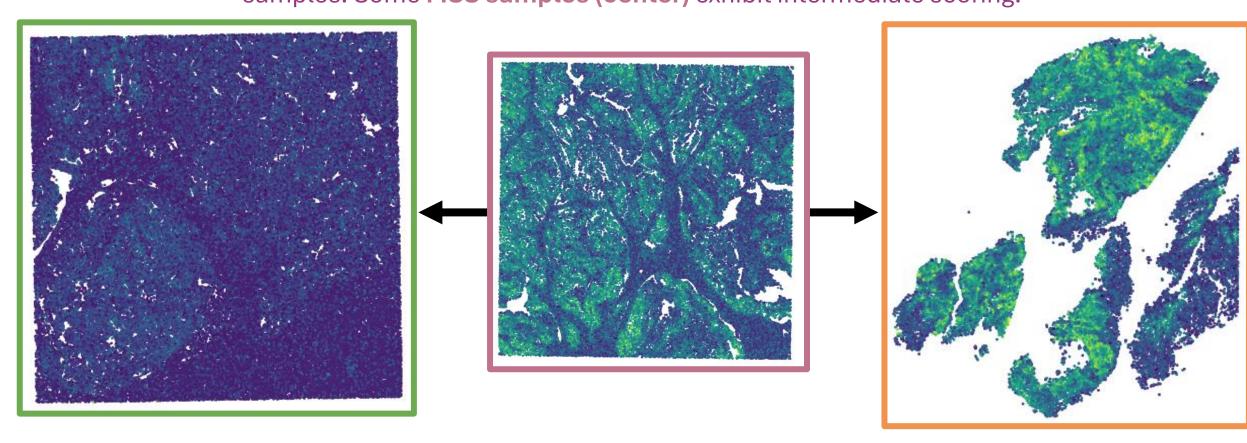


Figure 10. Cell cycle pathway (KEGG) scores in MSS (left) and MSI (right) samples. Some MSS samples (center) exhibit intermediate scoring.

Ligand-receptor inference revealed MSI- and MSS-specific ligand receptor interactions (Figure 11, Figure 12, respectively). MSI tumors mostly showed immune-activating interactions (e.g., TNF), while MSS tumors generally showed immune-repressing interactions (e.g., TGFB1).

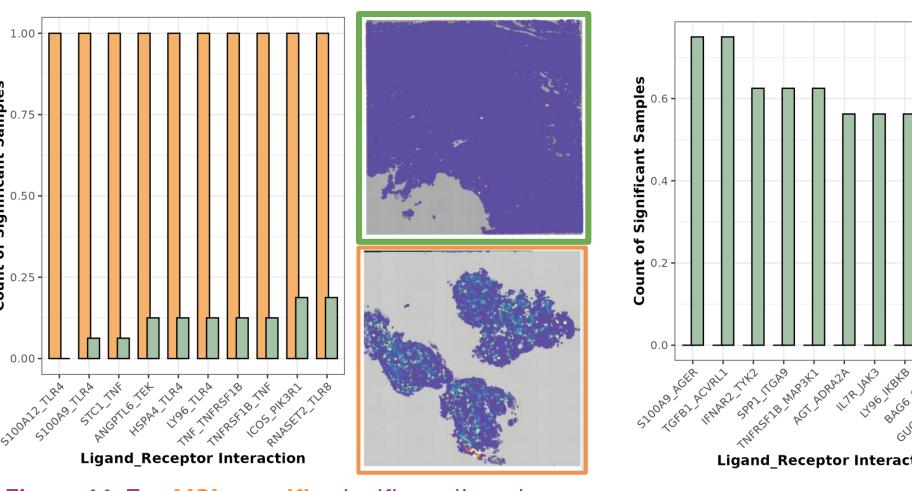
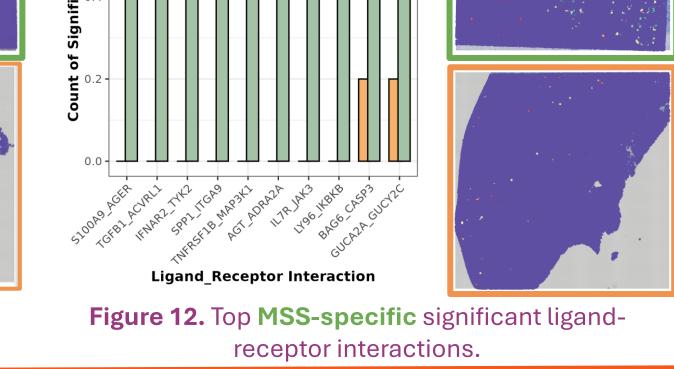


Figure 11. Top MSI-specific significant ligandreceptor interactions.









Spatial transcriptomics

emerges as a technique

of enormous utility to

reveal actionable,

spatially organized

mechanisms of immune

activation in CRC.

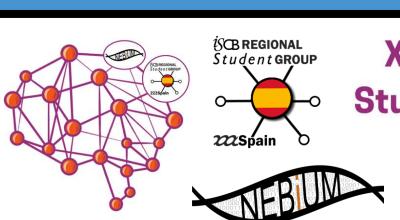
SS

SIO











Exploiting our

knowledge on MSS-

and MSI-specific

ligand-receptor

interactions may lead

to immunotherapy

response in some MSS

patients.