Single-nuclei transcriptomics of schizophrenia prefrontal cortex primarily implicates

neuronal subtypes

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Abstract

Transcriptomic studies of bulk neural tissue homogenates from persons with schizophrenia and controls have identified differentially expressed genes in multiple brain regions. However, the heterogeneous nature prevents identification of relevant cell types. This study analyzed single-nuclei transcriptomics of ~311,000 nuclei from frozen human postmortem dorsolateral prefrontal cortex samples from individuals with schizophrenia (n = 14) and controls (n = 16). 2,846 differential expression events were identified in 2,195 unique genes in 19 of 24 transcriptomically-distinct cell populations. ~97% of differentially expressed genes occurred in five neuronal cell types, with ~63% occurring in a subtype of *PVALB*+ inhibitory neurons and *HTR2C*+ layer V excitatory neurons. Differentially expressed genes were enriched for genes localized to schizophrenia GWAS loci. Cluster-specific changes in canonical pathways, upstream regulators and causal networks were identified. These results expand our knowledge of disrupted gene expression in specific cell types and permit new insight into the pathophysiology of schizophrenia.

Introduction

Schizophrenia is a chronic psychotic illness affecting ~1% of the population worldwide. With typical onset in late adolescence or early adulthood and a chronic unremitting course, schizophrenia is a devastating disease (reviewed[1]). The heritability of schizophrenia has been estimated at 64%[2] and substantial efforts have been dedicated to identifying genetic variants that are associated with vulnerability to developing schizophrenia. The largest genome wide association study (GWAS) identified 108 genomic loci associated with schizophrenia[3], and when combined with an additional dataset, subsequent meta-analysis identified 145 genomic risk loci[4]. Additionally, rare structural variants, such as microdeletions and copy number variants contribute to the heritability of schizophrenia[5-7]. However, these and other studies have only been able to explain a portion of the heritability of schizophrenia, suggesting that gene by

environment interactions may play an important role[8]. Supporting this interpretation is

accumulating evidence that demonstrates increased risk for developing schizophrenia is

associated with maternal infection and obstetrics complications, early life trauma and social

adversity, urbanicity, and substance abuse (reviewed[9]). While these studies have helped

elucidate the genetic and environmental components of risk for developing schizophrenia,

determining the underlying mechanisms has proven difficult. One approach to identifying the

mechanisms that underlie schizophrenia is transcriptomics.

Transcriptomic studies utilizing bulk homogenates of frozen human postmortem brain

tissue from persons with schizophrenia and controls have identified differentially expressed

genes (DEGs) in the amygdala[10], hippocampus[11, 12], superior temporal gyrus[13], anterior

cingulate cortex[14, 15], and dorsolateral prefrontal cortex (dlPFC)[16, 17], with the largest of these

studies identifying ~700 DEGs in the dlPFC[17]. However, the heterogenous cellular composition

of the bulk homogenates prevents identification of the specific cell types in which relevant genes

are differentially regulated and expressed. To address these limitations, prior studies used laser

capture microdissection followed with transcriptomic analysis by microarray to elucidate the

effect of schizophrenia on the transcriptome of individual neural cell types. Examination of layer

III and V pyramidal neurons in the dlPFC identified ~1,400 DEGs[18] in the context of

schizophrenia, whereas a study of parvalbumin positive (PVALB+) interneurons in the dlPFC

identified ~900 DEGs[19]. A substantial portion of the DEGs identified in these studies were not

detected in previous examinations of bulk homogenates of the same brain regions, supporting

the need for more targeted approaches[18, 19]. These findings suggest that examination of

transcriptome changes associated with schizophrenia at the level of neural cellular

subpopulations is necessary to fully appreciate the differences in cell type-specific transcript

levels. Laser capture microdissection studies of human postmortem brain tissue are limited by:

their ability to examine a small number of cell types in a targeted fashion, rather than the

broader cellular landscape of the brain; the relative low throughput of the technique; and the

pooling of cells, which loses the variability of the transcriptome between cells and may collapse

transcriptomically-distinct cellular subpopulations.

Recent advances in single nuclei RNA sequencing (snRNAseq) allow for simultaneous

transcriptomic profiling of thousands of nuclei, across all neural cell types in frozen human

postmortem brain homogenate, with simultaneous indexing of transcripts at the sample,

nucleus, and individual transcript level (unique molecular identifier, UMI). The utility of this

approach for human postmortem study is supported by evidence suggesting that single cells

and their nuclei have similar transcriptomes, with ~98% of transcripts having the same relative

levels[20]. snRNAseq has identified cell type-specific transcriptomic changes in human

postmortem brain samples from Alzheimer's disease[21], autism[22], multiple sclerosis[23], and major

depressive disorder[24].

In this study, we performed snRNAseq of ~311,000 nuclei from dlPFC of individuals with

schizophrenia (n = 14) and controls (n = 16). We chose to examine the dlPFC due to the

evidence of dlPFC dysfunction in schizophrenia[25]. We identified 2,195 DEGs in 19 of 24

transcriptomically-distinct cell populations. ~97% of the DEGs occurred in five neuronal cell

types, with a subtype of PVALB+ inhibitory neurons and 5-Hydroxytryptamine Receptor 2C

positive (HTR2C+) layer V excitatory neurons accounting for ~63% of DEGs. The DEGs were

enriched for genes associated with schizophrenia GWAS loci and overrepresented in gene

ontologies previously associated with the pathophysiology of schizophrenia. Canonical pathway

analysis identified cluster-specific alterations in metabolic and cell signaling pathways, and

upstream regulator and causal network analysis identified cluster-specific effects of shared DEG

regulators. Taken together, the results of this study help elucidate the cell type specific

transcriptomic and neurobiological changes that underlie schizophrenia.

Results

Single nuclei RNA sequencing and identification of cell types

To better understand the effects of schizophrenia on the neural transcriptome, we

utilized snRNAseq to profile dlPFC nuclei from frozen human postmortem brain samples from

14 individuals with schizophrenia and 16 controls (Supplementary Table 1). Schizophrenia and

control groups did not differ significantly in mean age, postmortem interval, or pH

(Supplementary Fig. 1). Tissue samples from the participants were processed to generate

nuclei suspensions, which were utilized for snRNAseq using version 3.0 of 10x Genomics 3'

gene expression assay. After sequencing to an average depth of ~497 million reads per sample,

we initially identified a total of 411,171 nuclei with average medians of ~2,895 genes and ~6,588

UMI per nucleus (Supplementary Table 2). The number of sequencing reads per sample,

number of nuclei per sample, average sequencing reads per nuclei per sample, median genes

per nuclei per sample, and median UMI per nuclei per sample was consistent between the

schizophrenia and control groups (Supplementary Fig. 2). After quality control measures were

applied (Methods), we identified 311,297 high confidence nuclei, 149,943 from control samples

and 161,354 from schizophrenia samples. These nuclei were used for all further analyses.

To identify nuclei from transcriptomically-distinct cellular populations we used the

snRNAseq counts for nuclei from all individuals to perform unbiased clustering using Seurat[26]

(Methods). 24 distinct cellular clusters were identified (Fig. 1a). Nuclei from the schizophrenia

and control groups were found in all clusters (Fig. 1a), with nuclei from individual samples

contributing across the range of most clusters (Supplementary Table 3). Clusters were

annotated by expression of known markers for specific cellular subtypes and all major neural

cell types were identified, including inhibitory neurons (InNeuro), excitatory neurons (ExNeuro),

oligodendrocytes (Oligo), oligodendrocyte precursor cells (OPC), astrocytes (Astro), microglia

(Micro), and endothelial cells (Endo; Fig. 1a-b and Supplementary Fig. 3a). Whereas the

number of nuclei from each major cell type varied by sample, the total number of nuclei from

each major cell type was consistent between schizophrenia and control groups (Supplementary

Fig. 3b-c and Supplementary Table 3). ExNeuro clusters were further annotated using known

markers specific for different cortical layers. Populations of layer II/III *CUX2*+ (ExNeuro4 and

ExNeuro5), layer V *HTR2C*+ (ExNeuro1), layer V *SULF2*+ (ExNeuro7), layer V *KCNK2*+

(ExNeuro2 and ExNeuro8), layer V/VI *RXFP1*+ (ExNeuro3 and ExNeuro6), and layer VI

NR4A2+ (ExNeuro9) excitatory neurons were identified (Fig. 1c). Similarly, InNeuro clusters

were annotated using genes associated with known subpopulations. Somatostatin positive

(*SST*+, InNeuro1 and InNeuro7), vasoactive intestinal peptide positive (*VIP*+, InNeuro6), and

PVALB+ positive (InNeuro2 and InNeuro3) inhibitory neurons were identified (Fig. 1d).

<u>Differential expression</u>

Cell type specific changes in nuclear transcript levels were compared between the

schizophrenia and control groups using the hurdle model, a linear mixed model (LMM), in

MAST[27]. A total of 2,846 differential expression events were identified in 2,195 unique DEGs (q-

value < 0.1; expression change ≥10%; Supplementary Table 4). DEGs were detected in 19 of

the 24 cellular clusters (Fig. 2a and Supplementary Fig. 4a), with 48% and 51% of the

differential expression events occurring in the InNeuro and ExNeuro major cell types,

respectively (Fig. 2b. and Supplementary Table 5). No DEGs were detected in the OPC and

Micro cell types and only a single unique DEG was detected in the Endo cell type (Fig. 2a-b and

Supplementary Tables 4-5). The number of differential expression events per cellular cluster

was not related to the number of nuclei per cluster (Supplementary Fig. 4b). Of the unique

DEGs, ~97% (2,135/2,195) were detected in five neuronal cell clusters (referred to hereafter

collectively as the primary neuronal clusters), with ~63% (1,382/2,195) occurring in just two

neuronal cell types, the *PVALB*+ InNeuro2 and *HTR2C*+ ExNeuro1 cellular clusters (Fig. 2c).

No DEG was differentially expressed in more than five cellular clusters (Supplementary Fig. 4c

and Supplementary Table 4). The majority of the differential expression events (~66%) were

down regulatory in schizophrenia compared to controls (Fig. 2a-b, Supplementary Fig. 4a and

Supplementary Tables 4-5).

<u>DEGs associated with GWAS loci</u>

The most recent schizophrenia GWAS meta-analysis identified 145 genomic loci

associated with schizophrenia[4]. The LMM analyzed a total of 12,239 genes, of which 330 were

associated with these GWAS loci. 67 of the 2,195 DEGs identified in this analysis overlapped

GWAS loci, representing a total of 44 unique loci (Supplementary Table 6). This number of

genes represents an ~13% enrichment over what would be expected by chance

(hypergeometric test, $p = 0.029$). DEGs associated with schizophrenia GWAS loci were only

present in nine clusters. Cluster-specific hypergeometric tests identified significant

overrepresentation of genes related to schizophrenia GWAS loci in DEGs from InNeuro5

(~90%), ExNeuro1 (~32%), and InNeuro2 (~23%; Fig. 3a and Supplementary Table 7). These

results suggest that some of the DEGs identified in this study may represent the transcriptomic

changes that underlie specific schizophrenia GWAS risk loci.

<u>Gene Ontologies and KEGG pathways</u>

To understand the neurobiological consequences of the DEGs in the primary neuronal

clusters, DAVID was used to identify gene ontologies (GO; Supplementary Tables 8-22) and

KEGG pathways (Supplementary Tables 23-27) in which the DEGs from each cell cluster were

over or under represented. The gene ontology analysis identified cluster-specific representation

changes of DEGs in ontologies currently believed to be related to the pathophysiology of

schizophrenia, such as the biological processes "RNA splicing" and "aerobic respiration" and the

cellular compartments "lysosomal membrane" and "mitochondrion". Similarly, the KEGG

pathway analysis identified changes in the representation of DEGs in the KEGG pathways

"Spliceosome", "Oxidative phosphorylation" and "Synaptic vesicle cycle". Taken together, these

results suggest that the cluster-specific DEGs may represent some of the neurobiological

changes that underlie schizophrenia-associated neuropathophysiology.

<u>Canonical Pathways</u>

To better identify the metabolic and cell signaling pathways that are likely to be altered in

the primary neuronal clusters in the context of schizophrenia, canonical pathway analysis was

performed with Ingenuity Pathway Analysis (IPA) using the DEGs occurring in each of the

primary neuronal clusters. Shared and unique affected canonical pathways were identified for

the primary neuronal clusters. The top six shared canonical pathways for the primary neuronal

clusters, as determined by IPA activation z-score, a prediction of the direction and magnitude of

dysregulation, are presented in Fig. 3b and the top six canonical pathways from each of the

primary neuronal clusters, as determined by -log(p-value), are presented in Supplementary

Table 28. Given that the majority of DEGs only occurred in the ExNeuro1 and InNeuro2 cellular

clusters, shared canonical pathways for these clusters were also determined (Fig. 3c).

Interestingly, whereas some clusters shared predicted directions of effect for some pathways,

the DEGs underlying the effect for each cellular cluster were a combination of both shared and

unique DEGs (Supplementary Table 28). For example, function of the Oxidative

Phosphorylation canonical pathway is predicted to be substantially downregulated in

schizophrenia in the ExNeuro1 (z-score = -4.146, p-value = 3.98e-11) and InNeuro2 (z-score = -

3.742, p-value = 3.52e-4) cellular clusters (Fig. 3c). Examination of the DEG heat map (Fig. 3d)

and signaling pathway (Supplementary Figure 5) for the Oxidative Phosphorylation canonical

pathway show a combination of both multi-cluster and cluster-specific DEGs contributing to the

overall dysregulation. While the overall results of the canonical pathway analysis suggest that

the primary neuronal clusters share alterations in neurobiologically relevant metabolic and cell

signaling pathways in the context of schizophrenia, with respect to both direction and magnitude

of effect, examination of the underlying changes suggests that it is actually a combination of

shared and cluster-specific alterations of the transcriptome that drive overall pathway

dysfunction.

Upstream Regulators of DEGs

The majority of DEGs were only detected in the ExNeuro1 or InNeuro2 cellular clusters,

suggesting the possibility that there may be cell type-specific upstream regulators of DEGs

unique to these cellular clusters. IPA was utilized to identify putative upstream regulators of

DEGs. 52 and 87 predicted upstream regulators of DEGs, for which a z-score could be

calculated, were identified for the ExNeuro1 cluster and InNeuro2 cluster, respectively

(Supplementary Tables 29-30). The top six shared upstream regulators of DEGs, as determined

by IPA activation z-score, are presented in Fig. 3e. Predicted upstream regulators with the three

highest and lowest activation z-scores for the ExNeuro1 and InNeuro2 cellular clusters are

displayed in Fig. 3f-g. Similar to the canonical pathways, upstream regulators predicted to be

involved in the function of both the ExNeuro1 and InNeuro2 cellular clusters demonstrate both

shared and cell type-specific DEG targets. For example, the function of the transcription factor

NFE2L2, was predicted to be substantially downregulated in both the ExNeuro1 (z-score = -

3.747, p-value = 2.54e-2) and InNeuro2 (z-score = -2.659, p-value = 7.64e-3) cell clusters (Fig.

3e-g and Supplementary Tables 29-30), with 9 shared DEGs out of the 23 and 32 downstream

DEG targets, respectively (Supplementary Fig. 6a-b). These results suggest that the shared

predicted upstream regulators identified in this analysis may act in a cell cluster-specific fashion

to regulate the DEGs. Supporting the validity of the upstream regulator analysis, 8 DEGs in the

ExNeuro1 cluster and 13 DEGs in the InNeuro2 cluster were predicted to be upstream

regulators of other DEGs in their respective clusters. All 21 upstream DEGs had altered

transcription in the predicted direction of effect (Supplementary Table 31). In total, these results

suggest that the predicted upstream regulators identified in this analysis may play a role in

regulating cluster-specific DEGs in the context of schizophrenia.

<u>Causal Networks of DEG regulation</u>

Knowing that regulation of DEGs in the ExNeuro1 and InNeuro2 cellular clusters would

not be limited to only direct upstream regulators, we utilized IPA to predict upstream causal

networks that putatively regulate the DEGs. The analysis identified 788 and 622 predicted

causal networks that regulate the DEGs in the ExNeuro1 and InNeuro2 cellular clusters,

respectively (Supplementary Tables 32-33). The top six shared causal network master

regulators, as determined by IPA activation z-score, are presented in Fig. 4a. Predicted causal

network master regulators with the three highest and lowest activation z-scores for the

ExNeuro1 and InNeuro2 cellular clusters are displayed in Fig. 4b-c. Similar to the upstream

regulators, there are both shared and cluster-specific DEG targets associated with causal

network master regulators predicted to be involved in the ExNeuro1 and InNeuro2 cellular

clusters (Supplementary Tables 32-33). The validity of causal network analysis is supported by

the prediction of 32 DEGs in the ExNeuro1 cluster and 30 DEGs in the InNeuro2 cluster as

causal network master regulators (Supplementary Tables 32-33). For example, in the ExNeuro1

cluster, *ST3GAL5* was predicted to be an upregulated causal network master regulator that

acted through four known regulatory targets and caused the observed downregulation of 25

DEGs (Fig. 4d). In agreement with this prediction, *ST3GAL5* was upregulated ~19% in the

ExNeuro1 cluster. Taken together, these results suggest that at least a portion of the predicted

master regulators identified in the causal network analysis may be important regulatory

elements that control cell cluster-specific transcriptomic changes in the context of

schizophrenia.

Discussion

This study examined the transcriptome of ~311,000 single nuclei from the dlPFC of

persons with schizophrenia and controls. The median UMI and gene counts per nucleus were

approximately double those of three recent human postmortem cortical snRNAseq studies,

although the ratio of median UMI count to median gene count was similar[22-24]. Differences

between versions 2.0 and 3.0 of the 10x Genomics gene expression assay explain at least a

portion of our increased gene and UMI yield. The identification of 24 transcriptomically distinct

cellular clusters is consistent with other snRNAseq studies of human postmortem cortex[21, 22, 24]

and the number of clusters per major cell type closely approximates those of a recent

snRNAseq study of the dlPFC, including the identification of a single *HTR2C*+ cluster of

pyramidal neurons and two distinct *PVALB*+ clusters of inhibitory neurons[24]. 2,195 DEGs were

detected in 19 of 24 cellular clusters, with ~97% of DEGs occurring in five neuronal cell types

and ~63% occurring in either a cluster of *PVALB*+ inhibitory neurons (InNeuro2), a cluster of

HTR2C+ pyramidal neurons (ExNeuro1), or both. Prior evidence suggests that GWAS loci and

gene sets associated with schizophrenia are related to a limited subset of neurons, including

PVALB+ inhibitory neurons and glutamatergic pyramidal neurons[28]. Similarly, GWAS loci-related

genes were overrepresented in the DEGs of the *PVALB*+ InNeuro2 and *HTR2C*+ ExNeuro1

clusters, as well as the *CALB1*+, *NOS1*+ InNeuro5 cluster. Taken together, these results

support the hypothesis that the common genetic variants associated with schizophrenia are

relevant in limited sets of neuronal cell types and schizophrenia-related transcriptome

alterations are primarily limited to these cells. The observation that no DEG occurred in more

than five cellular clusters and that no DEG was present in all the clusters of any multi-clustered

major cell type underscores the importance of utilizing single nuclei/single cell approaches to

neural transcriptomics.

Analysis of the DEGs in the primary neuronal clusters identified enrichment of genes

associated with a substantial number of GO terms and KEGG pathways, with many aligning to

known pathophysiology of schizophrenia. For example, multiple clusters were enriched for

DEGs related to RNA splicing. Broad differences in alternative splicing have been identified in

brain tissue from individuals with psychiatric disorders, including schizophrenia[13, 29]. Many of

these changes have been shown to occur in candidate genes associated with schizophrenia

pathology (reviewed[30]) or genes associated with schizophrenia GWAS loci[29]. Additionally, our

analyses identified multiple GO terms and KEGG pathways across the primary neuronal

clusters related to energy metabolism and oxidative stress (e.g. mitochondria, mitochondrial

inner membrane, aerobic respiration, and oxidative phosphorylation). Oxidative stress, an

increase in intracellular reactive oxygen species (ROS), is associated with increased risk for

developing schizophrenia and may be integral to the pathology of the disease[31] (reviewed[32]).

ROS cause both single- and double-strand DNA breaks (reviewed[33]) and oxidative stress is

associated with reduced telomere length *in vitro* and *in vivo* (reviewed[34]). Similarly, several

studies have found that individuals with schizophrenia have increased levels of DNA damage

(reviewed[35]) and shortened telomeres[36-38]. As an example, the InNeuro2 cluster exhibited a

downregulation of genes encoding antioxidant proteins, including *TXNRD2*, *PRDX1*, and

PRDX5, consistent with an increase in oxidative stress. Furthermore, the InNeuro2 cluster was

also predicted to have alteration of the mitochondrial dysfunction canonical pathway, which may

be potentially caused by ROS and a producer of additional oxidative stress (reviewed[39]). The

overlapping cluster-specific nature of the GO term, KEGG pathway and canonical pathway

results suggests that the identified mechanisms may represent some of the cell type-specific

neural pathophysiology of schizophrenia.

It is somewhat surprising that the results of the present study primarily highlight the

neuronal transcriptome, given that a substantial body of prior research suggests a role for glia in

the pathophysiology of schizophrenia (reviewed[40]). Thus, it is important to consider why so few

DEGs were identified in the glial populations. Counts of different cell types in human cortical

grey matter have indicated that glia are more prevalent than neurons, with a glia to neuron ratio

of 1.48:1[41]. In contrast, our results found neuronal nuclei to outnumber glial nuclei (glia-to-

neuron ratio 0.79:1). Similar results have been observed in other studies using snRNAseq in

human cortex[21, 22, 24], despite the use of varying nuclear isolation techniques, suggesting that the

apparent discrepancy may be bioinformatic in nature. Glia have consistently shown lower

numbers of UMIs than neurons in human snRNAseq experiments, including the present study[21,

22, 24]. Two reports even detail their need to alter initial UMI quality control cutoffs to prevent the

exclusion of microglia[21, 24]. While this method was successful in these studies with low median

gene and UMI counts, lowering the UMI cutoff ultimately results in the unwanted inclusion of

low-quality background nuclei in the dataset. The effect could be either a failure to detect

distinct cell populations that would be lost in the "noise" below the cutoff or broadly removing

valid nuclei from the low end of all glial populations during application of quality control methods.

More complex quality control methods and reduction of background noise in the snRNAseq data

may be necessary to address this problem in the future. Furthermore, the reduced detection of

glial nuclei in snRNAseq does not discount the glial DEGs that are observed in the present

study, as these transcriptome changes may be highly relevant to glial pathophysiology in the

context of schizophrenia. For example, *PTK2* was a unique DEG to the Astro2 cellular cluster

and literature evidence demonstrates that *PTK2* is uniquely spliced in astrocytes[42] and that

chromosomal deletions and duplications in *PTK2* are associated with increased risk for

schizophrenia[43]. Taken together, this suggest that the glial DEGs identified in this study may

represent interesting targets for future investigation.

Several limitations of the present study must be noted. First, the relatively small number

of postmortem samples analyzed increases the possibility that the subjects are not

representative of the broader schizophrenia population or that variability between individuals is

masking consistent smaller differences in expression between cases and controls. Replication

in a larger sample will be essential for ensuring the biological significance of these results. As

larger numbers of cases and controls are added, it is also likely that additional clusters of nuclei

will be defined. This improved granularity may permit the identification of additional cellular

subpopulations that are disrupted in schizophrenia. Second, schizophrenia patients frequently

have comorbidities (e.g. nicotine use disorder and obesity) that are less common in control

individuals, presenting analytical confounds. Similarly, schizophrenia patients usually have a

history of chronic antipsychotic treatment, whereas controls do not. Thus, it is impossible to

know at present whether any of the identified DEGs reflect causality or response to chronic

pharmacotherapy. This difficulty is compounded by the use of different antipsychotics with

different pharmacologic profiles. It may be possible to partially address this difficult confound

through parallel experiments in animal models treated chronically with antipsychotics. It may

also be possible to address this issue by studying postmortem brains of persons with

schizophrenia who never had antipsychotic treatment. However, at least in the United States,

these patients are uncommon. Third, transcriptome-based methods such as snRNAseq have

the potential to miss relevant genes that are regulated primarily at the level of translation, since

these genes may not display notable mRNA differences between cases and controls. Our use of

a 3' gene expression assay also limits the ability to interrogate splicing changes, which may also

help to shape transcriptomic architecture and be relevant to schizophrenia pathology. Finally,

this project was limited to a single brain region from individuals over 18 years of age. Therefore,

spatial and temporal changes in gene expression occurring over the course of the disease

would not be identified in our analysis. Different cortical and sub-cortical regions are likely to

have both shared and unique gene expression changes in the context of schizophrenia, all of

which may be relevant to the development of new therapies. The findings from this study of

dlPFC cannot be extrapolated to other areas of the brain, justifying the need for more

comprehensive studies. There is also substantial evidence for neurodevelopmental origins in

schizophrenia (reviewed[44, 45]), suggesting that there are likely to be relevant transcriptomic

differences between cases and controls before adulthood. In summary, we have begun to

characterize transcriptome alterations in schizophrenia at the level of single neural cells and

extension of this work may provide a new basis for the development of effective treatment

strategies.

Online Methods

<u>Brain Samples</u>

This study was approved by the University of Pennsylvania Institutional Review Board.

Fresh frozen postmortem dorsolateral prefrontal cortex (dlPFC) tissue from individuals with

schizophrenia (n = 16) and controls (n =16) were obtained from the Douglas-Bell Canada Brain

Bank at McGill University, the Human Brain and Spinal Fluid Resource Center at UCLA and the

New South Wales Brain Tissue Resource Center. Schizophrenia cases were individuals who

were clinically diagnosed with schizophrenia using DSM-IV criteria and controls were individuals

without history of psychiatric disease who died of acute non-central nervous system-related

reasons. All reported age, sex, ethnicity, postmortem interval, and prefrontal cortex pH data are

based on associated medical records. Gray matter samples from the dlPFC were dissected by

trained neuroanatomists at their respective brain banks. 14 schizophrenia cases and 16 controls

were used in differential gene expression analyses (see below).

<u>Isolation of Nuclei</u>

Nuclei were isolated from frozen postmortem dlPFC (~30mg) using a modified version of

a previously described protocol[24]. Briefly, tissue was dounce homogenized in 1 mL lysis buffer

(Nuclease-free water with 10 mM Tris-HCL, 10 mM NaCl, 3 mM $MgCl_2$, 0.5% NP-40) using 20

strokes of the loose pestle and 15 strokes of the tight pestle. The homogenate was diluted to 5

mL with lysis buffer and left to lyse on ice for an additional 5 minutes, followed by addition of an

equal volume of wash buffer (1X PBS with 2% BSA, 1:1000 RNase inhibitor, 0.25% Glycerol).

Samples were then passed through a 30 μm cell strainer and centrifuged at 500 x g for 5

minutes at 4°C. Supernatants were decanted and pellets were resuspended in 10 mL wash

buffer. Samples were passed through a 30 μm cell strainer for a second time and centrifuged at

500 x g for 7 minutes at 4°C. Supernatants were decanted and pellets were resuspended in 5

mL wash buffer and centrifuged at 500 x g for 10 minutes at 4°C. Supernatants were decanted,

pellets were resuspended in 500 μL wash buffer, and mixed with 500 μL of 50% iodixanol

solution (Optiprep), to make a 25% iodixanol solution containing the washed nuclei. The 1 mL

25% iodixanol nuclei solution was layered on 1 mL of a 29% iodixanol cushion and centrifuged

at 10,000 x g for 30 minutes at 4°C to pellet nuclei. Finally, nuclei were counted by the Trypan

Blue method using a hemocytometer and resuspended in wash buffer at a concentration of

1,000 nuclei/μL.

10x Library Preparation, Sequencing, and Initial Quality Control

Microfluidics capture and sequencing library preparation was performed with the 10x

Genomics Chromium Single Cell 3' GEM, Library and Gel Bead Kit v3.0 at the Children's

Hospital of Philadelphia Center for Applied Genomics per manufacturer's instructions. Target

capture was ~10,000 nuclei per sample. Libraries were sequenced in pools of 8 on Illumina

NovaSeq 6000 S2 flow cells. Pools contained 4 schizophrenia samples and 4 control samples

to minimize any batch effects. CellRanger version 3.1 was used to align reads to the hg38 pre-

mRNA transcriptome and make initial cell calls. Filtered read count matrices for all subjects and

nuclei were merged into a single Seurat object for subsequent quality control and clustering

using Seurat version 3.1 (Supplementary Table 34; Initial Seurat File). Mitochondrial transcripts

were removed from the dataset. For initial quality control assessment, the distributions of the

numbers of genes and UMIs were determined. Nuclei with the lowest 1% of genes (< 462

genes) were removed, as they were unlikely to be informative in downstream analyses.

Likewise, nuclei in the top 1% of UMI count (UMI > 63,213) were removed to reduce the

presence of multiplets in downstream analyses (Supplementary Table 34; nFeature & nUMI

Cut).

<u>Calculation of PCs, Clustering</u>

Transcript counts were normalized to 10,000 counts per subject and scaled. Variably

expressed genes were identified with the FindVariableFeatures function in Seurat using the

mean.var.plot selection method and analyzing only genes with mean scaled expression

between 0.003 and 2. These parameters identified 2,215 highly variable genes, which were

used to generate principal components (PCs). Clustering was performed in Seurat using the first

50 PCs. Initial clustering was performed at a resolution of 0.25 and generated 31 clusters. Five

cell populations with low mean UMIs were removed, along with two schizophrenia cases who

did not cluster with the other samples (Supplementary Table 29; Low UMI Clusters & Outlier

Subjects Removed). The remaining nuclei were reclustered at a higher resolution (0.40) and

cell populations with >85% of nuclei coming from ≤2 subjects were removed, resulting in 27

clusters (Supplementary Table 29; Clusters From Few Subjects Removed).

<u>Annotation of Cell Clusters</u>

Major cell types were identified using known cell type markers and methods described in

Nagy et al.[24]: Microglia: - *SP1, MRC1, CX3CR1*; Endothelial – *CLDN5*; Astrocytes – *GLUL,*

SOX9, AQP4, GJA1, NDRG2, GFAP, ALDH1A1, ALDH1L1; Oligodendrocyte Precursor Cells –

PDGFRA, PCDH15, OLIG1, OLIG2; Oligodendrocytes – *PLP1, MAG, MOG, MOBP, MBP*;

Excitatory Neurons – *SATB2, SLC17A7*; Neurons - *SNAP25, STMN2, RBFOX3*; Inhibitory

Neurons – *GAD1, GAD2, SLC32A1*. Three clusters with mixed cell type markers were removed

for a final total of 24 clusters (Supplementary Table 29; Mixed Marker Clusters Removed). The

cortical layer of excitatory neuron clusters was identified using previously described layer

markers[24]: Layer II: *GLRA3*; Layer II/III: *CUX2, CARTPT, LAMP5*; Layer V: *KCNK2, SULF2,*

PCP4, HTR2C, FEZF2; Layer V/VI: *RXFP1, TOX, ETV1, RPRM, FOXP2*; Layer VI: *NR4A2,*

SYNPR, NTNG2. Similarly, inhibitory neuron cell types were identified using previously

described markers[24]: *GAD1, GAD2, CCK, CALB1, CALB2, PVALB, SST, RELN, VIP, NOS1*.

<u>Differential Gene Expression Analysis</u>

Count data were normalized to one million reads, extracted from Seurat, and converted

to log2 counts per million (cpm). Metadata and cpm were merged to form a SingleCellAssay

object for each cluster. Genes expressed in <20% of the nuclei in a cluster were excluded from

downstream analyses. Differential expression analysis between cases and controls was

performed using the *MAST* R package[27] by fitting the following linear mixed model:

m <- zlm(~casestatus + gdr + age + sex + batch + (1|subject), sca, parallel = TRUE, method =

"glmer", ebayes = FALSE, silent=TRUE)

Case status, age, sex, the capture and sequencing batch, and the number of genes detected in

each nucleus (gdr) were included as fixed effects. Subject was included as a random effect to

account for correlations between the nuclei coming from a single person. To optimize the

random and fixed effects coefficients in the penalized iteratively reweighted least squares step,

the integer scalar in the *LME4* R package was set equal to zero, as previously described[22]

(https://github.com/DmitryVel/KriegsteinLab/blob/master/snRNAseq_DGE.R). Likelihood Ratio

Test was performed in *MAST* to test for differences between the model with and without

schizophrenia case status, identifying gene expression differences associated with

schizophrenia. Differentially expressed genes were defined as those that were a) statistically

significant after multiple testing correction with FDR = 0.1 and b) had at least a 10% difference

in expression between case and controls (log2 fold change ≥0.14).

<u>Gene Ontology and KEGG Pathways</u>

Overrepresentation of DEGs in gene ontologies and KEGG pathways was analyzed

using DAVID v6.8 (https://david.ncifcrf.gov/home.jsp). A list of the Ensembl IDs for the DEGs in

each of the primary neuronal clusters was used as input. Statistical significance was determined

as a DAVID EASE Score < 0.1.

<u>Ingenuity Pathway Analysis</u>

Canonical pathway, upstream regulator and causal network analysis were conducted

using Ingenuity Pathway Analysis software[46] (www.ingenuity.com). Each of the five primary

neuronal clusters was analyzed independently using the Core Analysis, Analyze Dataset

function and a list of DEG Ensembl IDs, *MAST* raw p-values, FDR corrected p-values (i.e. q-

values), and log2 fold change was used as input (Supplementary Table 4). The analyses from

the five primary neuronal clusters or the ExNeuro1 and InNeuro2 clusters were compared using

the Core Analysis, Compare Analyses function. P-values were calculated using a right-tailed

Fisher's exact test.

Availability of Data

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Author Contributions

BCR conceptualized this study and performed experiments. BCR and RCC performed bioinformatics and wrote the manuscript. GA contributed to the performance of experiments and manuscript preparation. LMS, AEW, GAD, TNF and MRH contributed to data interpretation and manuscript preparation. WHB provided oversight, including experimental design, data interpretation and manuscript preparation.

Competing Interests Statement

505   MRH receives separate financial support from Boehringer Ingelheim and Eli Lily & Co

506 that was not used for or related to these studies.

Fig. 1 | snRNAseq and clustering. a, The transcriptome profile of ~311,000 nuclei were

utilized for unbiased clustering (dendrogram) and the resulting clusters were annotated with

genes known to be markers for major neural cell types (dot plot, cell types and their respective

markers are color coded). The size and color of dots is proportional to the percentage of cells

expressing the gene (Pct. Exp.) and the average expression level of the gene (Avg. Exp.),

respectively. The number columns list number of nuclei from the control (CT) and schizophrenia

(SZ) groups that are present in each cluster. The bar graph depicts the average number of

unique molecular identifiers (UMI) per nucleus for each cluster. InNeuro, inhibitory neuron;

ExNeuro, excitatory neuron; Oligo, oligodendrocyte; OPC, oligodendrocyte precursor cell; Astro,

astrocyte; Endo, endothelial cell; Micro, microglia/macrophages. **b,** A uniform manifold

approximation and projection (UMAP) dimension reduction plot of all nuclei color coded by

major neural cell type. **c,** Excitatory neuron clusters were annotated with known markers of

cortical layer II/III (CUX2), layer V (HTR2C, SULF2, KCNK2 and PCP4), layer V/VI (RXFP1),

and layer VI (NR4A2) to determine the cortical layer represented by each excitatory neuron

cluster. **d,** Inhibitory neuron clusters were annotated using known markers of inhibitory neuron

subtypes, including calcium binding proteins (PVALB, CALB1, and CALB2), neuropeptides

(SST, VIP, and CCK), and other known markers of cortical inhibitory neurons (GAD1, GAD2,

RELN, and NOS1).

Fig. 2 | Differential expression. a, A categorical scatter plot depicting the $\log_2$ fold change of all

differential expression events. Dashed lines indicate the minimum bioinformatic cutoff of 10%

change in gene expression. This figure is depicted with a continuous y-axis in Supplementary

Fig. 4b. **b,** The number of differential expression events per major cell type. **c,** UpSet plot of the

number of unique DEGs that are unique or shared between the five neuronal cell cluster that

encompass the majority (~97%) of all DEGs.

Fig. 3 | Functional correlations of DEGs. a, Hypergeometric test p-values for cluster specific overlap between DEGs associated with individual cellular clusters and genes associated with the schizophrenia GWAS loci. **b & c,** Canonical pathways predicted to be disrupted in the (b) primary neuronal clusters and in the (c) ExNeuro1 and InNeuro2 cellular clusters, ranked by absolute magnitude of IPA activation z-score, showing multi-cluster and cluster-specific directions of effect. **d,** DEGs associated with disruption of the oxidative phosphorylation canonical pathway. **e,** Shared predicted upstream regulators of DEGs, ranked as in (c). **f & g,** Predicted upstream regulators in the (f) ExNeuro1 and (g) InNeuro2 cellular clusters with the three highest and lowest predicted activation z-scores.

Fig. 4 | Causal networks. a, Shared predicted causal network master regulators of DEGs, in

the ExNeuro1 and InNeuro2 cellular clusters, ranked by absolute magnitude of IPA activation z-

score. **b & c,** Predicted causal network master regulators of DEGs in the (b) ExNeuro1 and (c)

InNeuro2 cellular clusters with the three highest and lowest predicted activation z-scores. **d,** The

predicted causal network of ST3GAL5 in ExNeuro1. Based on the 25 downregulated DEGs

(green), it was predicted that the function of ST3GAL5 was upregulated (red) and acted through

the predicted intermediates (white). ST3GAL5 was upregulated in the ExNeuro1 cluster.

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752 **Supplementary Figures**

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Supplementary Figure 1: Postmortem sample characteristics. This study utilized human
postmortem brain samples from 14 individuals with schizophrenia and 16 controls. Brain
samples for the schizophrenia and control groups did not differ in (a) age at time of death
(control 56.3 ± 19.7; schizophrenia 45.0 ± 14.1; Mann-Whitney U = 65.5, z = 1.91, p = 0.05614)
, (b) postmortem interval (PMI; control 24.0 ± 13.3; schizophrenia 33.0 ± 15.5; Mann-Whitney U
= 65.0, z = -1.93, p = 0.0536), or (c) prefrontal cortex pH (control 6.5 ± 0.2; schizophrenia 6.6 ±
0.2; Mann-Whitney U = 91.5, z = -0.83, p = 0.41). Data presented as Mean ± Standard
Deviation. Box and Whisker plots display the median (center line), first and third quartiles (box),
and the maximum and minimum values within 1.5x the interquartile distance (whiskers). Circles
denote data points in addition to maximum and minimum whiskers.

Supplementary Figure 2: Sequencing statistics. snRNAseq was performed on postmortem brain samples from the schizophrenia and control individuals using a the 10x Genomics Chromium platform. Sequencing data was initially analyzed using the 10x Genomics Cell Ranger pipeline (see Methods). (a) The number of sequencing reads per individual did not vary between the schizophrenia and control groups (control 475,224,180.6 ± 112,275,580.0; schizophrenia 520,881,021.7 ± 196,101,237.3; Mann-Whitney U = 99, z = -0.52, p = 0.60306). (b) The number of nuclei identified per sample (control 13,131.1 ± 3,326.8; schizophrenia 14,362.4 ± 2,116.2; Mann-Whitney U = 90, z = -0.89, p = 0.37346) and (c) the average number of sequencing reads per nuclei per sample (control 37,571.1 ± 9,837.0; schizophrenia 36,475.6 ± 12,646.4; Mann-Whitney U = 98.5, z = 0.54, p = 0.5892) did not differ between the schizophrenia and control groups. One sample from the schizophrenia group had an increased number of total sequencing reads and mean sequencing reads per nuclei (Sample SZ_02; Supplementary Table 2). This is likely the result of the sample being pooled at a higher

concentration than the other samples with which it sequenced. Given the normalization of the
counts per nuclei (see Methods), this is unlikely to negatively affect the results of this study.
Nuclei from the schizophrenia and control groups did not differ in (d) the median number of
genes detected per nuclei (control 2,923.1 ± 962.0; schizophrenia 2,862.2 ± 662.7; Mann-
Whitney U = 107, z = 0.19, p = 0.8493) or (e) the median number of UMI per nuclei (control
6,723.9 ± 3,092.8; schizophrenia 6,432.7 ± 2,237.9; Mann-Whitney U = 110, z = -0.06, p =
0.95216). Data presented as Mean ± Standard Deviation. Box and Whisker plots display the
median (center line), first and third quartiles (box), and the maximum and minimum values
within 1.5x the interquartile distance (whiskers). Circles denote data points in addition to
maximum and minimum whiskers.

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850 **Supplementary Figure 3: Clustering and cell type contributions**. (a) A UMAP dimension
851 reduction plot depicting all 24 individual clusters. (b) A stacked bar graph depicting the
852 proportion of nuclei in the control and schizophrenia cohorts that came from each of the major
853 neural cell types. (c) Stacked bar graphs depicting the proportion of nuclei from each of the
854 major cell types from all individuals.

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Supplementary Figure 4: Differential expression events. (a) A categorical scatter plot
depicting the $\log_2$ fold change of all differential expression events. Dashed lines indicate the
minimum bioinformatic cutoff of 10% change in transcript expression. (b) The number of
differential expression events detect per cellular cluster was not related to the number of the
nuclei in the cluster (ANOVA, $F(1,22) = 0.031$, $p = 0.862$). (c) The number of cellular clusters in
which any DEG was found to be differentially expressed.

Supplementary Figure 5: Oxidative phosphorylation pathway. Diagrams of the Oxidative Phosphorylation conical signaling pathway in (a) ExNeuro1 and (b) InNeuro2. The large purple outlined mitochondrial complexes with green tinting are predicted to have downregulated function. Mitochondrial complexes I, III, IV, and V are predicted to have downregulated function in both ExNeuro1 and InNeuro2 neuronal clusters. Purple diamonds represent DEGs in each cluster. While similar patterns of overall disruption to the oxidative phosphorylation are predicted in ExNeuro1 and InNeuro2, the underlying DEGs are a combination of shared and unique DEGs.

Supplementary Figure 6: Upstream regulation of DEGs by NFE2L2. The function of NFE2L2
(center) was predicted to be downregulated in both the (a) ExNeuro1 and (b) InNeuro2 cellular
clusters. Green and red DEGs indicate observed downregulation and upregulation, respectively.
While the level of NFE2L2 transcripts was not altered between the schizophrenia and control
groups in the ExNeuro1 and InNeuro2 cellular clusters, these data suggest that function of
NFE2L2 was downregulated in the context of schizophrenia, leading to the altered transcription
of the target DEGs.
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