Single-Cell Map of Dynamic Multicellular Ecosystem of Radiation-Induced

Intestinal Injury

Short title: Single-cell map of dynamic ecosystem of RIII

Hua Yan[1,4], Hao Lu[1,4], Yuan Xing[1], Yumeng Ye[1], Siao Jiang[1], Luyu Ma[1], Hongyan

Zuo[1], Yanhui Hao[1], Chao Yu[1], Yang Li[1,2,*], Yiming Lu[1,*], Gangqiao Zhou[1,3,*]

Affiliations:

[1]Beijing Institute of Radiation Medicine, Beijing 100850, China;

[2]Academy of Life Sciences, Anhui Medical University, Hefei City, Anhui Province,

230032, China;

[3]Collaborative Innovation Center for Personalized Cancer Medicine, Center for

Global Health, School of Public Health, Nanjing Medical University, Nanjing City,

Jiangsu Province, 211166, China.

[4]These authors contributed equally: Hua Yan, Hao Lu.

[*]**To whom the correspondence should be addressed:**

Dr. Gangqiao Zhou, Department of Genetics & Integrative omics, State Key

Laboratory of Proteomics, National Center for Protein Sciences, Beijing Institute of

Radiation Medicine, 27 Taiping Road, Beijing, 100850, P. R. China. E-mail:

zhougq114@126.com; Phone & fax: 86-10-66931201.

OR

Dr. Yiming Lu, Department of Genetics & Integrative omics, State Key Laboratory of

Proteomics, National Center for Protein Sciences, Beijing Institute of Radiation

Medicine, 27 Taiping Road, Beijing, 100850, P. R. China. E-mail:

ylu.phd@gmail.com; Phone & fax: 86-10-66930297.

OR

Dr. Yang Li, Department of Experimental Pathology, Beijing Institute of Radiation

Medicine, Beijing 100850, P. R. China. E-mail: leeyoung109@hotmail.com; Phone &

fax: 86-10-66930232.

Abstract

Intestine is a highly radiation-sensitive organ that could be injured during the

radiotherapy for abdominal or pelvic cavity tumors. However, the dynamic change of

the intestinal microenvironment related to radiation-induced intestine injury (RIII) is

still unclear. Using single-cell RNA sequencing, we pictured a dynamic landscape of

the intestinal microenvironment during RIII and regeneration. We showed that the

multicellular ecosystem of intestine exhibited heterogeneous radiosensitivities. We

revealed the distinct dynamic patterns of three subtypes of intestinal stem cells (ISCs),

and the cellular trajectory analysis suggested a complex interconversion pattern

among them. For the immune cells, we found that $Ly6c^+$ monocytes can give rise to

both pro-inflammatory macrophages and resident macrophages after RIII. Besides,

through cellular communication analysis, we identified a positive feedback loop

between the macrophages and endothelial cells, which could amplify the

inflammatory response induced by radiation. Overall, our study provides a valuable

single-cell map of the dynamic multicellular ecosystem during RIII and regeneration,

which may facilitate the understanding of the mechanism of RIII.

KEYWORDS: Radiation-induced intestinal injury; Single-cell sequencing; Intestinal

stem cell; Radiation-induced inflammation.

INTRODUCTION

As one of the most sensitive organs to ionizing radiation, intestine could be damaged during the radiotherapy for abdominal or pelvic cavity tumors or uncontrolled release of radioactive materials, which would lead to radiation-induced intestinal injury (RIII). Treatments of RIII are very limited and generally focused on reducing symptoms, and the curative effects are not satisfactory. RIII is largely defined as clonogenic cell death and apoptosis in the crypt cells, which results in insufficient replacement of villus epithelium, breakdown of the mucosal barrier[1, 2], inflammation and immune abnormality[3]. Previous studies mainly focused on the roles of molecules and pathways in DNA damage, apoptosis, autophagy[4], inflammation and immune. However, the dynamics of the microenvironment during intestine injury and regeneration remains poorly understood, which limits the elucidation and treatment of RIII. Therefore, the present study aims to clarify the dynamic variation of the cellular microenvironment of RIII.

It has been widely accepted that the intestinal stem cells (ISCs) are able to replenish the whole crypt–villus axis, generating all differentiated cell types required for the physiological function of the intestine[5]. A number of ISC subpopulations in the small intestine have been identified, including Lgr5+ crypt-based columnar cells (CBCs), +4 reserve stem cells (RSCs) and revival stem cells (revSCs). Lgr5+ CBCs are considered indispensable for intestine recovery following exposure to radiation[6]. +4 RSCs, which express specific markers *Bmi1*, *Hopx* and *Tert*[7-9], have been described as a slow dividing reserve stem cell population. Recently, a group of

revSCs was identified to be extremely rare under homoeostatic conditions and arise in

damaged intestines to reconstitute Lgr5+ ISCs and regenerate the intestine[10].

Irradiation causes a sharp reduction in the number of ISCs, which brings great

challenges in the repair of injured intestinal epithelium. Despite the advances in our

understanding of the ISCs in the past few years, a dynamic landscape of ISCs during

injury and regeneration is still lacking and their interconversion relationships remain

puzzling.

Immune cells also play important roles in the pathogenesis of RIII. Macrophages

are crucial component of the immune system in the intestine, which modulate

inflammation by secreting distinct cytokines and acting as professional

phagocytes[11-13]. Intestinal macrophages require continuous replenishment by blood

monocytes and have very poor proliferative capacity, which is different from the other

tissue macrophages. Exposure to radiation can significantly decreases the levels of

macrophages in the damaged intestine[14]. Besides, the elucidation of the role of

cross-talk between the macrophages and other cells in the initial inflammatory

response and microenvironment homeostasis recovery post irradiation is also of great

significance for the development of new therapeutic targets.

Recently, the single-cell RNA sequencing (scRNA-seq) has been applied to

identify new cell types or cell states[15-17], investigate cellular plasticity and stemness of

ISCs[10, 18], or trace developmental relationships among different cell populations in the

intestine[19]. However, these studies have not investigated the dynamic changes of

microenvironment during intestine injury and regeneration. Here, we utilized the

scRNA-seq to explore the multicellular ecosystem of homeostatic and regenerating

intestine in a time-course manner. We generated transcriptomes of 22,680 single cells

in the intestinal microenvironment, trying to profile the dynamics of ISCs and

immune cells located in the mucous layer. This large-scale single-cell transcriptome

data can be used as a valuable resource for further studying the cellular mechanism of

RIII and development of potential therapy strategies.

RESULTS

A dynamic single-cell map of multicellular ecosystem in healthy and injured

small intestine

Mice were exposed to 15 Gy of abdominal irradiation using a Co^{60} irradiator to induce

intestinal injury (Figure 1A). About 20% mice died in the irradiation group within 3-6

days post-irradiation (Figure 1B). The body weights of mice after irradiation exposure

continued to lose in the first 7 days and then gradually increased afterward (Figure

1C). In line with this, exposed mice showed significantly reduced intestinal weight at

day 3 and day 7 post-irradiation as compared to unexposed mice and showed recovery

at day 14. Morphological and cellular phenotype analyses also showed significant

decrease of villus length, villus width, crypt depth and number of crypts at day 1

and/or day 3 post-irradiation (Figures S1A–S1D). A peak of TUNEL-positive cells at

day 1 post-irradiation suggested that the radiation-induced cell death occurs mostly

within the first 24–48 hours (Figure S1E). An increase of Ki-67-positive cells from

day 3 to day 14 indicated that the day 3–14 is a key time-window for intestinal

regeneration (Figure S1F).

To generate a dynamic single-cell map of the intestinal microenvironment related

to RIII, we employed a droplet-based scRNA-seq approach to profile the

transcriptomes of single cells from the intestinal tissues at day 1 (n = 4), day 3 (n = 3),

day 7 (n = 3) and day 14 (n = 3) after irradiation exposure as well as the unexposed

healthy intestinal tissues (n = 4) (Figure 1A). After quality filtering, we obtained the

transcriptomes of a total of 22,680 single cells, with an average of 1,778 genes and

7,843 unique transcripts per cell (Figures S2A and S2B; Table S1). These

transcriptomes of single cells from all samples were merged using a canonical

correlation analysis (CCA)-based batch correction approach to generate a global map

of cellular microenvironment of healthy and injured intestines. Shared nearest

neighbor (SNN) graph-based clustering of single cells identified a total of 54 cell

clusters (subtypes), which were visualized on the t-distributed stochastic neighbor

embedding (t-SNE) dimensional reduction map (Figures 1D, S2C and S2D).

Differentially expressed genes were calculated for each cell cluster using the

Wilcoxon rank sum test.

Using canonical marker genes, we identified 10 major cell types in our dataset,

including intestinal stem cells (ISCs), transit amplifying (TA) cells, enterocytes,

goblet cells, enteroendocrine cells (EECs), Paneth cells, endothelial cells, T cells, B

cells and myeloid cells, and most of them consist of multiple subtypes (Figures 1E

and S2E), suggesting a complex cellular ecosystem of healthy and irradiation-injured

intestines. We found the intestinal ecosystem changed greatly during RIII and

regeneration (Figure 1F and 1G). Specifically, the stem cells and immune cells (T

cells, B cells and myeloid cells) decreased markedly at day 1 post-irradiation;

enterocytes decreased sharply at day 3; and immune cells and endothelial cells

exhibited a dramatic increase at day 3. Despite of the great alterations of intestinal

microenvironments during the first 7 days post-irradiation, intestinal tissues at day 14

exhibited very similar cellular composition with those non-irradiated ones. These

results suggested that intestinal multicellular ecosystem disrupted by intense

abdominal irradiation can be largely reconstructed within 14 days post-irradiation,

which is in line with our morphological observations (Figure S1).

Intestinal multicellular ecosystem showed heterogeneity of *in vivo*

radiosensitivities

The dynamic change of cellular composition in intestines before and after irradiation

exposure provided an opportunity to explore the *in vivo* radiosensitivities of various

cell subtypes. To quantify the radiosensitivity for each cell cluster, we compared the

ratios between the observed and expected cell numbers from the intestinal samples at

day 1 after irradiation. Consistent with previous studies[6, 20], most ISC and immune

cell subtypes are highly radiosensitive, exhibiting significantly lower frequencies than

expected at day 1 (Figure 2A). Nevertheless, there are a few ISC and immune cell

subtypes (C22, C30, C19 and C35) exhibited similar or higher frequencies than

expected at day 1, suggesting they are radioresistant subpopulations. Apart from ISCs

and immune cells, we found all the endothelial and stromal cell subtypes are

radioresistant, while the enterocytes, goblet cells and EECs exhibit heterogeneous

levels of radiosensitivity across their respective subtypes.

We next sought to identify the pathways activated by various cell types to

confront irradiation-induced apoptosis. We focused on the top four enriched major cell

types in our dataset, including the ISCs, enterocytes, myeloid cells and T cells. For

each cell type, we identified pathways significantly up-/down-regulated in surviving

cells at day 1 post-irradiation using the whole cells from non-irradiated samples as

background (Figures 2B, 2C and S3). Notably, a number of pathways, including

PI3K/AKT/mTOR signaling, MYC signaling, TGF-β signaling and cell cycle-related

pathways, were consistently downregulated in surviving cells of different cell types,

while KRAS-down signaling pathway were consistently upregulated in surviving cells.

We also investigate the genes that are upregulated in survived cells at day 1

post-irradiation as compared to non-irradiated cells for the stem cells, enterocytes,

myeloid cells and T cells, respectively. We identified 67 significantly upregulated

genes that were shared by all the major cell types (Figures 2D and 2E). Functional

annotation showed that the upregulated genes include several genes known to be

involved in the negative regulation of apoptotic process (Table S3).

Dynamics of three distinct ISC subpopulations during intestinal injury and

regeneration

ISCs are critical for epithelium regeneration after injury[6, 10]; however, their

phenotypic heterogeneity and dynamics during intestinal injury and regeneration have

not been fully characterized. We identified a total of 2,411 ISCs that were divided into

five clusters (Figures 3A, 3B and S4). Cells in clusters C4, C9, and C16 highly

expressed $Lgr5^+$ CBC signatures (*Olfm4*, *Smoc2* and *Prom1*), suggesting they are

Lgr5[+] CBCs; stem cells in C35 expressed high levels of +4 RSC signatures (*Hopx* and

Tert), suggesting they are a set of +4 RSCs[21, 22]; cluster C28 was enriched for stem

cells that highly expressed *Clu*, *Cxadr* and *Anxa1*, which are signatures of recently

reported *Clu*[+] revSCs[10]. We found *Clu*[+] revSCs in C28 also showed high expression

levels of cell cycle-related genes. A closer examine of cells in cluster C28 reveals two

different subclusters (C28a and C28b). Cells in C28a expressed higher levels of *Clu*

and lower levels of cell cycle-related genes, indicating they are likely to be quiescent

Clu[+] revSCs. On the contrary, cells in C28b expressed lower levels of *Clu* and higher

levels of cell cycle-related genes, suggesting that a portion of *Clu*[+] revSCs may be in

actively proliferating status during RIII.

We then investigated the temporal dynamics of these ISC subpopulations. The

proportion of *Lgr5*^{+} CBCs was drastically reduced at day 1 and day 3 and was

substantially recovered at day 14 post-irradiation (Figure 3C). In line with the

scRNA-seq data, the integral luminous density of *in situ* hybridization with probes

specific for *Olfm4* showed similar results (Figure 3D). By contrast, +4 RSCs in C35

were specifically enriched at day 1 post-irradiation, suggesting they are not only

radioresistant but can also be induced by irradiation (Figure 3C), in line with a

previous study that detected increased lineage tracing output of +4 RSCs after

irradiation exposure[23]. Distinct from *Lgr5*^{+} CBCs and +4 RSCs, *Clu*[+] revSCs in C28

were specifically enriched at day 3 post-irradiation (Figure 3C), in accordance with

the study that first reported the population of *Clu*[+] revSCs[10]. Collectively, these results

showed the distinct dynamic patterns of three ISCs subpopulations. Moreover, the

temporal sequential enrichment of +4 RSCs, *Clu*[+] revSCs and *Lgr5*^{+} CBCs during this

process hints at a potential sequential differentiation relationship among them.

Differentiation trajectory analyses of intestinal stem cell subpopulations

We next sought to explore the differentiation trajectories among these heterogeneous

ISC subpopulations. RNA velocity has recently emerged as a powerful approach for

inferring the transition direction of a single cell to neighboring cells[24]. Here, we

performed RNA velocity analysis on stem cell populations in a time-course manner.

Given that only +4 RSCs were enriched at day 1, we combined them with ISCs

presented under homeostatic conditions (Control-D1) or those presented at day 3

(D1-D3), respectively, to investigate the inter-subpopulation differentiation

trajectories. Notably, the Control-D1 RNA velocity map showed that there is a

velocity flow from *Lgr5*^{+} CBCs toward +4 RSCs (Figure 3E), in accordance with a

previous study that demonstrated the interconversion between *Lgr5*^{+} CBCs and +4

RSCs[9]. This result may explain the specific enrichment of +4 RSCs at day 1

post-irradiation. We observed two clear velocity flows in the D1-D3 map (Figure 3F).

The first flow initiates from the +4 RSCs toward *Clu*[+] revSCs, suggesting +4 RSCs

may be able to differentiate to *Clu*[+] revSCs. This result is not only in accordance with

the specific enrichment of *Clu*[+] revSCs at day 3 post-irradiation rather than at day 1

(Figure 3B), but also consistent with the observation of a peak of CLU-tdTomato[+]

clone frequency at the +4 position from the crypt bottom[10], where +4 RSCs are

specifically enriched. The second flow is from the *Clu*[+] revSCs toward *Lgr5*^{+} CBCs,

suggesting that *Clu*[+] revSCs could repopulate *Lgr5*^{+} CBCs when the latter were

almost eliminated by irradiation, in line with the previous study[10].

We then used SCENIC[25] to investigate the potential key regulons along these

velocity flows. We found Myc and Hdac1 were among the top transcription factors

(TFs) that exhibit significantly increasing activities along the velocity flow from

Lgr5[+] CBCs toward +4 RSCs (Figure 3G). Myc has been reported to be required for

intestinal formation and regeneration but dispensable for homeostasis of the adult

intestinal epithelium[26, 27]. Here, our result suggested Myc may facilitate intestinal

regeneration by promoting the conversion from *Lgr5*^{+} CBCs to +4 RSCs upon

radiation-induced injury. Besides, Hdac1 was also reported to regulate intestinal stem

cell homeostasis[28]. Among the top correlated TFs along the velocity flow from +4

RSCs toward *Clu*[+] revSCs (Figure 3H), Ybx1 is a stress-activated TF and has been

reported to be able to transcriptionally activate *Clu* expression by directly binds to the

promoter regions of *Clu*[29]. Our data suggest Ybx1 may play important roles in the

induction of *Clu*[+] revSCs from +4 RSCs. Besides, another TF Hmga1 has been

reported to amplify the Wnt signaling and expand the intestinal stem cell

compartment and Paneth cell niche[30]. For the velocity flow from *Clu*[+] revSCs toward

Lgr5[+] CBCs, we found Runx1 and Stat3 were among the top correlated TFs (Figure

3I). Stat3 has been shown to be indispensable for damage-induced crypt

regeneration[31] and the Runx1-Stat3 signaling pathway has been reported to regulate

the differentiation of *Lgr5*^{+} CBC[32]. Taken together, our results revealed the possible

differentiation trajectories among *Lgr5*^{+} CBCs, +4 RSCs and *Clu*[+] revSCs upon

intestinal injury, and identified the specific TF sets driving these differentiation paths.

Bidirectional differentiation of peripheral monocytes into pro-inflammatory

macrophages and resident macrophages

A total of 4,010 myeloid cells were identified in our dataset, which were divided into

five clusters (C0, C22, C24, C36 and C38) (Figure 4A). Cells in cluster C0 expressed

high levels of monocyte markers (*Cd14*, *Ccr2* and *Ly6c2*), indicating they are

peripheral *Ly6c*$^+$ monocytes. Cells in C22 highly expressed macrophage markers

(*Cd80*, *Cd206*, *Cd64* and *F4/80*) and a set of pro-inflammatory genes (*Il1a*, *Il1b*, *Il6*

and *Tnf*), suggesting they are a set of pro-inflammatory macrophages. C36 was

enriched for cells expressed high levels of resident macrophage markers (*Cx3cr1* and

Fcgr1), suggesting they are *Cx3cr1*$^+$ resident macrophages. Besides, we also

identified a cluster of neutrophils (C24) highly expressing neutrophil markers (*Ly6g*,

Retnlg and *S100a9*) (Figure 4B).

We then investigated the temporal distribution of these myeloid subpopulations.

We found that *Ly6c*$^+$ monocytes (C0), pro-inflammatory macrophages (C22) and the

neutrophils (C24) were highly enriched at day 3 post-irradiation (Figure 4C). The

temporal distributions of pro-inflammatory macrophages after irradiation were

confirmed by flow cytometry, and their expression of pro-inflammatory cytokines

were measured (Figures 4D-4F). In contrast, *Cx3cr1*$^+$ resident macrophages in C36

showed depletion at day 1 and day 3 post-irradiation and became abundant at day 7,

suggesting resident macrophages are radiosensitive and could rapidly recover after

irradiation.

Using RNA velocity analysis, we found that there are two differentiation paths

initiated from *Ly6c⁺* monocytes towards pro-inflammatory macrophages and *Cx3cr1⁺*

resident macrophages, respectively (Figure 4G). Although the alternative outcomes of

Ly6c⁺ monocytes to be resident and pro-inflammatory macrophages has been

previously reported in inflammatory bowel disease (IBD)[33], our result shows that this

bidirectional differentiation pattern may be import for RIII recovery. Further, SCENIC

analysis was performed to investigate the potential key regulons driving these two

differentiation paths, respectively. We found these two differentiation paths shared

several top correlated TFs, including Cebp, Maf, Mafb and Nr1h3 (Figure 4H and 4I).

CCAAT/enhancer-binding protein (Cebp), Maf and Mafb transcription factors has

been reported to be important for monocyte-to-macrophage differentiation[34]. Nuclear

receptor Nr1h3 (LXRα) has also been reported to be a major regulator of macrophage

development[35]. Besides the shared TFs, the two differentiation paths were also driven

by specific factors. Activities of Jun, Stat1, Irf1 and Irf2 were specifically upregulated

along the velocity flow from *Ly6c⁺* monocytes to pro-inflammatory macrophages

(Figure 4H), while Myc and Myc-associated zinc finger (Maz) were specifically

upregulated along the velocity flow from *Ly6c⁺* monocytes to resident macrophages

(Figure 4I), in accordance with the key role of Myc in the self-renewal activity of

macrophages[36]. Together, these results suggested that peripheral monocytes could

differentiate into both pro-inflammatory macrophages and resident macrophages after

RIII, and these two differentiation paths may be driven by different key TFs.

A positive feedback loop between the macrophages and endothelial cells

amplifies inflammatory response upon RIII

To assess the roles of various cell types in the inflammatory response induced by

irradiation, we investigated the ligand-receptor (L-R) pairs that mediate cellular

interactions among the cell clusters. A total of 2,064 L-R interactions were identified

among all the cell clusters within the intestinal microenvironment. We found the

cellular interacting patterns varied greatly at different times during RIII and recovery

(Figure 5A). Especially, we observed massive interactions that occur between the

macrophages and endothelial cells at day 3 post irradiation, in contrast to other time

points and other cell types.

We found that the activated endothelial cells expressed high levels of adhesion

molecules such as *Vcam1* and *Icam1*, to recruit pro-inflammatory macrophages, in

accordance with previous studies[37]. Besides the adhesion molecules, we found these

endothelial cells also expressed high levels of chemokine *Cxcl12* to recruit

pro-inflammatory macrophages (Figure 5D). Interestingly, the pro-inflammatory

macrophages expressed high levels of vascular endothelial growth factor (*Vegf*),

which could, in turn, enhance the endothelial cell survival and proliferation[38] (Figure

5D). The interactions between the activated endothelial cells and pro-inflammatory

macrophages could amplify the proliferation of both populations, which is consistent

with the specific enrichment of pro-inflammatory macrophages and endothelial cells

at day 3 post irradiation. We speculate the amplification effect is critical for the quick

induction of inflammation at early stage of intestinal injury.

We also sought to identify the pathways that are upregulated upon endothelial

cells activation during RIII. Compared to endothelial cells in homeostatic intestine,

the activated endothelial cells at day 3 post irradiation were shown to be upregulated

in inflammatory response, TNF-α signaling via NF-κB, EMT and KRAS signaling

pathways (Figures 5B and 5C). NF-κB has been reported to play a pivotal role in the

inducible expression of cytokines in inflammatory response induced by irradiation[39].

Besides, we found KRAS signaling pathway may also play an important role in

inflammatory cytokines induction. In addition, the upregulation of EMT pathway

indicates that irradiation could induce the epithelial-to-mesenchymal transition of

endothelial cells, which may be involved in intestinal fibrosis after radiation

exposure[40]. Collectively, these results showed that the cellular interactions between

macrophages and endothelial cells could achieve a quick amplification of

inflammation upon the RIII.

DISCUSSION

The dynamics of cellular microenvironment during the radiation-induced intestinal

injury and regeneration remains largely uncharacterized. In this study, by combining

the single-cell transcriptome profiling with temporal distribution analysis, lineage

reconstruction, TF profiling and cellular interaction analyses, we provided a

comprehensive dynamic landscape of the cellular microenvironment during intestinal

injury and regeneration.

The radiosensitivity of cells varies greatly, mainly depending on the degree of

cell differentiation, cell proliferation ability, metabolic status and surrounding

environment[3, 41]. Currently, it is widely accepted that the lymphocytes, hematopoietic

cells, small intestinal crypt cells and germ cells are highly radiosensitive cell types,

but these kinds of cells are composed with multiple subtypes with different biological

characteristics. In this study, based on scRNA-seq, we assessed the *in vivo*

radiosensitivity of different cell subtypes in the intestinal microenvironment. Our data

not only showed that diverse cell subtypes in the intestinal microenvironment

exhibited highly heterogeneous levels of radiosensitivity, but also revealed cross-cell

consistency of pathway activation for various cell types to confront the

radiation-induced apoptosis.

Much attention has been focused on ISC injury and regeneration post irradiation[6, 10, 23, 42]. It is generally accepted that Lgr5+ stem cells were sensitive to irradiation

injury while +4 stem cells show relatively lower sensitivity[7, 9, 23], we here reported a

comprehensive survey on the phenotype and dynamics of diverse ISC subsets in

different phases after high-dose irradiation. Generally, we identified three

subpopulations of ISCs, including *Lgr5*^{+} CBCs, +4 ISCs as well as a cluster of *Clu*[+]

revISCs reported recently[10], with distinct dynamic characteristics. Additionally, our

data provides new insights into the interconversion relationships among the three ISC

subpopulations. Although a previous study has shown *Lgr5*^{+} CBCs could give rise to

+4 RSCs in culture[9], our data suggests this conversion could be induced *in vivo* by

intestinal injury. Besides, we also showed that *Clu*[+] revISCs may originate from *Lgr5*^{+}

CBCs and +4 revISCs, although further studies are still needed to test and verify the

transformation processes.

Exposure to irradiation could also strongly affect immune system responses in the

intestine, which were essential for maintaining mucosal homeostasis. In this study, we

observed that *Cx3cr1*⁺ resident macrophages are drastically reduced at 1 day

post-irradiation and were then followed by a massive influx of monocytes and

macrophages into the injured intestine. Our data suggested that the bidirectional

differentiation of peripheral *Ly6c*⁺ monocytes to pro-inflammatory macrophages or

Cx3cr1⁺ resident macrophages may be important for balancing the radiation-induced

inflammation and resident macrophages recovery. We also showed that different TFs

may contribute to the alternative fates of *Ly6c*⁺ monocytes, which could be potential

intervention targets for modulating the early stage inflammation induced by radiation.

In addition, we found the cellular interacting patterns varied greatly at different

times during RIII and recovery; especially, the massive interactions between the

macrophages and endothelial cells at early inflammation stage aroused our attention.

Our results showed that the cross-talk between pro-inflammatory macrophages and

activated endothelial cells could achieve a quick amplification of inflammation upon

RIII. This finding suggested that intervention in the interaction between these two

cells might alleviate early inflammation.

In summary, based on scRNA-seq, our research refined the radiosensitivity of

small intestinal cells in the cell subtype level. Besides, our dataset revealed the

dynamic patterns of three ISC subpopulations and their interconversion relationships.

Additionally, we showed the bidirectional differentiation of peripheral monocytes into

pro-inflammatory macrophages and resident macrophages, and the amplifying

communicating relationships between macrophages and endothelial cells during the

inflammatory response upon RIII. These findings may provide new views on the

cellular and molecular mechanisms of RIII.

MATERIALS AND METHODS

Ethics statement

The study was approved by the institutional review board of Beijing Institute of

Radiation Medicine (protocol ID: IACUC-DWZX-2020-623). The work submitted in

this article was solely completed by the teams of Gangqiao Zhou, Yiming Lu and

Yang Li, and it is original. Excerpts from others' work have been clearly identified

and acknowledged within the text and listed in the list of references.

Mice and groups

Wild-type male C57BL/6J mice (weight of 20 ± 2g) were purchased from Beijing

Vital River Laboratory Animal Technology Co., Ltd. (Beijing, China). All the mice

were bred in a specific pathogen-free environment under conditions of constant

temperature of 22 ± 1°C, relative humidity of 60%, and regular dark-light schedule

(lights on from 7 a.m. to 7 p.m.) at the Experimental Animal Center of the Beijing

Institute of Radiation Medicine, China. A total of 97 mice were used in this study,

including 78 random mice receiving abdominal irradiation and 19 random mice as

negative controls. The irradiation exposed mice were then randomly divided into four

groups and intestinal samples were collected and used for experiments at day 1, 3, 7

and 14 post-irradiation, respectively. Specifically, 17 mice were used for scRNA-seq

(n = 3 or 4 for each group), 20 mice for flow cytometry (n = 3 for each group, with

additional 5 mice for flow cytometry cell sorting at day 3), 30 mice for

immunohistochemistry (n = 6 for each group), and 30 mice for *in situ* hybridization

analyses (n = 6 for each group).

Abdominal irradiation of mice

Mice were anaesthetized with an intraperitoneal injection of 0.5% pentobarbital (43

mg/kg body weight) and exposed to a single dose of 15 gray (Gy) abdominal

irradiation (from the xiphoid process to the pubic symphysis with lead bricks to cover

the other parts of the mice) using a Co^{60} irradiator to induce intestinal injury *in vivo*.

All experiments were repeated at least twice with n = 6 mice in each group, except for

the scRNA-seq, in which each group contain n = 3 or 4 mice. Mice were monitored

for up to 15 days, and the changes in small intestine lengths and weights were

recorded on day 0, 1, 3, 7, 14 post-irradiation.

Morphological analyses of mice villus and crypt

Mice were monitored for up to 15 days. The mice in control and irradiation groups

were sacrificed on day 1, 3, 7, 14 following irradiation, and the intestine tissues were

harvested and fixed in a 10 % neutral buffered formalin solution. The fixed samples

were dehydrated, cleared and permeated with paraffin in a tissue processor, and

subsequently embedded in paraffin blocks using an embedding system.

Paraffin-embedded samples were sectioned at a 5-mm thickness and stained with

hematoxylin & eosin (HE) staining. The slides were imaged at 50 ×, 100 × and 400 ×

magnification, respectively, using an Olympus BX51 microscope (Japan). The villus

length and width, crypt depth, thickness of muscular layer and number of crypts per

intestinal length were measured with ImageJ (NIH). The villus length was measured

from the top to the base of the villus at the entrance to the intestinal crypt. The villus

width was measured at half of its length. The crypt depth was measured from the

depth of the invagination to the adjacent villi. For each group, at least 30

well-oriented villi were measured and the mean value was calculated.

Single-cell sequencing library construction

To isolate single cells, duodenums were amputated (about 5 cm beyond the pylorus)

and 10 cm jejunum segments following the incision of the mice on day 0, 1, 3, 7, 14

after irradiation were washed in cold PBS, cut longitudinally into roughly 2-mm-long

pieces and were isolated using the Liver Dissociation Kit (mouse) and GentleMACS

Dissociator (Miltenyi Biotec, Germany) according to the manufacturer's instructions.

Tissues were filtered through a 40-μm-mesh cell strainer on ice, pelleted by

centrifugation at 4 °C and washed twice with the ice-cold regular medium to remove

the debris. An estimated 5,000 single cells per sample were then subjected to 10x

Genomics single-cell isolation and RNA sequencing following the manufacturer's

recommendations. Illumina HiSeq 3000 was used for deep sequencing. Two technical

replicates were generated per sorted cell suspension.

Analysis of scRNA-seq data

The Cell Ranger software (version 2.2.0) provided by 10x Genomics was used to

align the reads from droplet-based scRNA-seq to an indexed mouse genome (mm10,

NCBI Build 38), generating a digital gene expression matrix (UMI counts per gene

per cell) for each sample. Expression matrices for all samples were filtered,

normalized, integrated and clustered using the standard Seurat (version 2.3.4) package

procedures. More exactly, for the first quality-control (QC) step, we removed the

genes detected in less than three cells and cells with below 500 or over 8,000

expressed genes and over 10% UMIs derived from mitochondrial genome. After

applying these QC criteria, a total of 22,680 cells and 19,588 genes in total remained

and were included in the following analyses. Then the expression matrices were

log-normalized and scaled to remove the unwanted variation from the total cellular

read count and mitochondrial read count, as implemented in Seurat's *NormalizeData*

and *ScaleData* functions. To integrate datasets from different samples, we used a

subset of highly variably expressed genes to perform the canonical correlation

analysis (CCA). First, the top 1,000 genes with the largest dispersion in each dataset

were selected; then the genes from all 17 datasets were intersected to determine an

overlap-gene set. We used the overlap-gene set as variable genes to implement CCA

through Seurat's *RunMultiCCA* function, which returned an integrated Seurat objects

with canonical correlation vectors. Seurat's *AlignSubspace* function was employed to

align the top ten dimensions in CCA subspaces and generate the *cca.aligned*

dimensional reduction. With the first ten components of the dimensional reduction,

we then performed a shared nearest neighbor (SNN) modularity optimization

clustering method with the Louvain algorithm as implemented in the *FindClusters*

function, which finally identified 54 clusters of different cell types or subtypes, and

different clusters of cells were visualized using a further t-distributed Stochastic

Neighbor Embedding (tSNE) dimensionality reduction.

Immunohistochemistry assay

The 5 μm thick sections from the paraffin-embedded small intestine sections were

deparaffinized and rehydrated using xylene and ethanol, and boiled for 15 minutes

(min) in 10 mM citrate buffer solution (pH 6.0) for antigen retrieval. The sections

were then immersed in a 3% hydrogen peroxide solution for 10 min to block the

endogenous peroxidase. Slides were incubated with goat serum for 10 min and then

with the primary antibody anti-Ki67 (#ab16667, 1:200; Abcam). A horse radish

peroxidase (HRP)-based signal amplification system was then hybridized to a goat

anti-rabbit IgG (H&L) secondary antibody (#PV9001; ZSBIO) followed by

colorimetric development with diaminobenzidine (DAB). Positive cells were counted

in the crypt and villi at 30 randomly selected position per group with ImageJ.

TUNEL assay

Apoptotic cells were identified by terminal deoxynucleotidyl transferase-mediated

dUTP nick end-labeling (TUNEL) staining using the *In Situ* Cell Death Detection Kit

(Roche) according to the manufacturer's protocol. Briefly, the paraffin-embedded

sections were prepared the same as hematoxylin & eosin (HE) staining. After drying

and deparaffinized, the section was treated by proteinase K (20 µg/mL; Roche, Swiss)

for l0 min to make the cell membrane permeable, and then treated by the mixed

reaction solution for TUNEL reaction. After treatment with biotin-labeled HRP, DAB

chromogen was used to render the color. TUNEL-positive cells were identified and

their numbers were counted within a defined area (µ2) using an Olympus BX51

microscope (Japan).

***In situ* hybridization**

In situ hybridization (ISH) assays for *Olfm4* were performed with the RNAscope kit

(Advanced Cell Diagnostics, California, USA) according to the manufacturer's

instructions. Five μm formalin-fixed, paraffin embedded tissue sections or 8 μm OCT

frozen were pretreated with heat and protease digestion prior to hybridization with

target probes (Advanced Cell Diagnostics). An HRP-based signal amplification

system was then hybridized to the target probes followed by colorimetric development

with DAB or Fitc, and Cy3. The housekeeping gene *ubiquitin C* (*UBC*) was served as

a positive control and the *dapB* gene, which is derived from a bacterial gene sequence,

was used as a negative control.

Identification of marker genes

To identify the marker genes for each of the 54 clusters of different cell types or

subtypes, we contrasted the cells from each cluster to cells from all the other clusters

using the Seurat's *FindMarkers* function. The marker genes were required to: (1) have

an averaged expression in the current cluster that is at least 0.25-fold (log-scale) larger

than that in all other clusters; and (2) show expression in at least 10% of cells in either

of the two comparative populations.

Flow cytometry

Single cells prepared as above were resuspended in phosphate buffered saline (PBS).

For macrophages, the antibodies used were against Cd45, F4/80, Cd11b and Cd14,

and cells were stained with 7-AAD to differentiate live cells. Antibody staining was

performed at RT for 30 min before washing cells twice with PBS. The 7-AAD was

added to the final FACS medium for 10 min before flow cytometry analyses and/or

isolation of required single-cell populations. These cells were gated on live cells

(those that were 7-AAD negative) and CD45 positivity. Subsequent determinations

included the presence of F4/80 and Cd11b followed by the presence or absence of

Cd14. The cells were analyzed on a BD FACSCanto II flow cytometer (BD, New

Jersey, USA) utilizing FACS Diva Software (BD).

RNA velocity analyses

RNA velocity of single cells was estimated as previously reported. More exactly, the

spliced and unspliced transcript reads were calculated based on the CellRanger output

using the velocyto command line tool with run10x subcommand. Transcript counts

from different samples were merged together and genes with an average expression

magnitude < 0.5 (for spliced transcripts) or < 0.05 (for unspliced transcripts) in at

least one of the clusters of each cell type were then removed. Cell-to-cell distance was

calculated using Euclidean distance based on the correlation matrix of the *cca.aligned*

dimensional reduction from Seurat. RNA velocity was estimated using gene-relative

models, with k-nearest neighbor cells pooling of 20 and fit quantile of 0.02. Velocity

fields were then visualized in the tSNE dimensionality reduction from Seurat.

Gene set variation analysis (GSVA)

To assess the relative pathway activity on the level of individual cells, we conducted

the gene set variation analysis (GSVA) with the GSVA package (version 1.32.0)[43].

The 50 hallmark gene sets (version 6.2) representing specific well-defined biological

states or processes were obtained from the Molecular Signatures Database

(MSigDB)[44], and genes in each set were converted to orthologous genes in mouse

with g:Profiler[45]. GSVA was performed in the *gsva* function with standard settings.

We then fit a linear model to the output gene set-by-cell pathway enrichment matrix,

implemented in the *lmFit* function of limma package (version 3.40.6), to detect the

differentially enriched pathways.

SCENIC analysis

The pySCENIC (version 0.9.11)[46] analysis was run as described for the stem cells and

myeloid cells. The normalized expression matrix exported from Seurat was set as the

input of pySCENIC pipeline. In addition, the genes with less than 200 UMI counts or

detected in less than 1% of the cells in the corresponding cell types were removed as

noise. Two transcription factor ranking databases, namely the TSS+/-10kb and

500bpUp100Dw databases, were used for inference of co-expression modules and

identification of direct targets. A regulon-by-cell matrix was then calculated to

measure the enrichment of each regulon as the area under the recovery curve (AUC)

of genes defining the regulon. To identify the key regulons driving the differentiation

trajectories among the stem or myeloid cell subpopupation, cells along each RNA

velocity flow were selected and their tSNE coordinates were converted using

principal components analysis (PCA) to capture the differentiation process on the first

principal component (PC1). Differential enrichment was calculated on the SCENIC

AUC matrix along the PC1 coordinates for each trajectory with a general additive

model implemented in the gam package (version 1.16.1).

Ligand-receptor interaction analysis

The ligand-receptor (LR) cellular interaction analysis was performed using the LR

pairs downloaded from Fantom5 (Ref. [47]) and CellPhone[48] databases. Ligand and

receptor genes were first converted to orthology genes from *homo sapiens* to *mus*

musculus by g:Profiler[45]. For genes corresponding to multiple orthology genes, we

selected the orthology gene with the highest mean expression across all cells. One

ligand or receptor was considered to be a marker ligand or receptor in one cluster if it

was identified as a marker gene with an average log-transformed fold-change (logFC) >

0.5 and an adjust *P*-value < 0.05. Two clusters were considered to interact with each

other if one of them was endowed with a marker ligand and the other one was

endowed with the corresponding marker receptor in a LR pair. For interaction analysis

at a specific time, only the clusters with a proportion of cells at that time > 10% were

included and the weighted interaction intensity between two clusters were estimated

by the product of the number of interacting LR pairs and the proportions of cells at

that time of the two. The weighted interaction intensity between two major cell types

was measured by summing up the pairwise weighted interaction intensity between

clusters from the two major cell types. The weighted interaction intensity of one

specific LR pair was estimated by the product of the proportions in the corresponding

time of the two clusters and the average logFC of the ligand and receptor in two

clusters.

Statistical analyses

GraphPad Prism 5 and R (version 3.6.0) were used to perform the statistical analyses.

The Kaplan-Meier method was used to analyze the animal survival curves. The

Chi-square test was applied to analysis the distribution of cells at different times

before and after irradiation. *P*-values of multiple testing were corrected by Bonferroni

correction method and an adjusted P-value < 0.05 was considered to be statistically

significant.

Data availability

The scRNA-seq dataset generated in this study are available at the National Center of

Biotechnology Information's Gene Expression Omniobus database under the

following accession number: GSE165318.

REFERENCES

1. Hauer-Jensen M, Wang J, Denham JW. Bowel injury: current and evolving management strategies. Semin Radiat Oncol. 2003;13:357-71.

2. Wang J, Zheng H, Ou X, Albertson CM, Fink LM, Herbert JM, et al. Hirudin ameliorates intestinal radiation toxicity in the rat: support for thrombin inhibition as strategy to minimize side-effects after radiation therapy and as countermeasure against radiation exposure. J Thromb Haemost. 2004;2:2027-35.

3. Hauer-Jensen M, Denham JW, Andreyev HJ. Radiation enteropathy--pathogenesis, treatment and prevention. Nat Rev Gastroenterol Hepatol. 2014;11:470-9.

4. Gorbunov NV, Kiang JG. Up-regulation of autophagy in small intestine Paneth cells in response to total-body gamma-irradiation. J Pathol. 2009;219:242-52.

5. Spit M, Koo BK, Maurice MM. Tales from the crypt: intestinal niche signals in tissue renewal, plasticity and cancer. Open Biol. 2018;8.

6. Metcalfe C, Kljavin NM, Ybarra R, de Sauvage FJ. Lgr5+ stem cells are indispensable for radiation-induced intestinal regeneration. Cell Stem Cell. 2014;14:149-59.

7. Montgomery RK, Carlone DL, Richmond CA, Farilla L, Kranendonk ME, Henderson DE, et al. Mouse telomerase reverse transcriptase (mTert) expression marks slowly cycling intestinal stem cells. Proc Natl Acad Sci U S A. 2011;108:179-84.

8. Sangiorgi E, Capecchi MR. Bmi1 is expressed in vivo in intestinal stem cells. Nat. Genet. 2008;40:915-20.

9. Takeda N, Jain R, LeBoeuf MR, Wang Q, Lu MM, Epstein JA. Interconversion between intestinal stem cell populations in distinct niches. Science. 2011;334:1420-4.

10. Ayyaz A, Kumar S, Sangiorgi B, Ghoshal B, Gosio J, Ouladan S, et al. Single-cell transcriptomes of the regenerating intestine reveal a revival stem cell. Nature. 2019;569:121-125.

11. Nagashima R, Maeda K, Imai Y, Takahashi T. Lamina propria macrophages in the human gastrointestinal mucosa: their distribution, immunohistological phenotype, and function. J Histochem Cytochem. 1996;44:721-31.

12. Muller AJ, Kaiser P, Dittmar KE, Weber TC, Haueter S, Endt K, et al. Salmonella gut invasion involves TTSS-2-dependent epithelial traversal, basolateral exit, and uptake by epithelium-sampling lamina propria phagocytes. Cell Host Microbe. 2012;11:19-32.

13. Rani R, Smulian AG, Greaves DR, Hogan SP, Herbert DR. TGF-beta limits IL-33 production and promotes the resolution of colitis through regulation of macrophage function. Eur J Immunol. 2011;41:2000-9.

14. Bain CC, Bravo-Blas A, Scott CL, Perdiguero EG, Geissmann F, Henri S, et al. Constant replenishment from circulating monocytes maintains the macrophage pool in the intestine of adult mice. Nat Immunol. 2014;15:929-937.

15. Grün D, Lyubimova A, Kester L, Wiebrands K, Basak O, Sasaki N, et al. Single-cell messenger RNA sequencing reveals rare intestinal cell types. Nature. 2015;525:251-255.

16. Haber AL, Biton M, Rogel N, Herbst RH, Shekhar K, Smillie C, et al. A single-cell survey of the small intestinal epithelium. Nature. 2017;551:333-339.

17. Glass LL, Calero-Nieto FJ, Jawaid W, Larraufie P, Kay RG, Göttgens B, et al. Single-cell RNA-sequencing reveals a distinct population of proglucagon-expressing cells specific to the

mouse upper small intestine. Molecular metabolism. 2017;6:1296-1303.

18. Yan KS, Gevaert O, Zheng GXY, Anchang B, Probert CS, Larkin KA, et al. Intestinal
Enteroendocrine Lineage Cells Possess Homeostatic and Injury-Inducible Stem Cell Activity.
Cell Stem Cell. 2017;21:78-90 e6.

19. Herring CA, Banerjee A, McKinley ET, Simmons AJ, Ping J, Roland JT, et al. Unsupervised
trajectory analysis of single-cell RNA-seq and imaging data reveals alternative tuft cell origins
in the gut. Cell systems. 2018;6:37-51. e9.

20. Heylmann D, Rodel F, Kindler T, Kaina B. Radiation sensitivity of human and murine
peripheral blood lymphocytes, stem and progenitor cells. Biochim Biophys Acta.
2014;1846:121-9.

21. Takeda N, Jain R, LeBoeuf MR, Wang Q, Lu MM, Epstein JA. Interconversion between
intestinal stem cell populations in distinct niches. Science. 2011;334:1420-1424.

22. Montgomery RK, Carlone DL, Richmond CA, Farilla L, Kranendonk ME, Henderson DE, et
al. Mouse telomerase reverse transcriptase (mTert) expression marks slowly cycling intestinal
stem cells. Proceedings of the National Academy of Sciences. 2011;108:179-184.

23. Yan KS, Chia LA, Li X, Ootani A, Su J, Lee JY, et al. The intestinal stem cell markers Bmi1
and Lgr5 identify two functionally distinct populations. Proc Natl Acad Sci U S A.
2012;109:466-71.

24. La Manno G, Soldatov R, Zeisel A, Braun E, Hochgerner H, Petukhov V, et al. RNA velocity
of single cells. Nature. 2018;560:494-498.

25. Aibar S, González-Blas CB, Moerman T, Imrichova H, Hulselmans G, Rambow F, et al.
SCENIC: single-cell regulatory network inference and clustering. Nature methods.
2017;14:1083-1086.

26. Bettess MD, Dubois N, Murphy MJ, Dubey C, Roger C, Robine S, et al. c-Myc is required for
the formation of intestinal crypts but dispensable for homeostasis of the adult intestinal
epithelium. Mol Cell Biol. 2005;25:7868-78.

27. Kim MJ, Xia B, Suh HN, Lee SH, Jun S, Lien EM, et al. PAF-Myc-Controlled Cell Stemness
Is Required for Intestinal Regeneration and Tumorigenesis. Dev Cell. 2018;44:582-596 e4.

28. Zimberlin CD, Lancini C, Sno R, Rosekrans SL, McLean CM, Vlaming H, et al. HDAC1 and
HDAC2 collectively regulate intestinal stem cell homeostasis. FASEB J. 2015;29:2070-80.

29. Shiota M, Zoubeidi A, Kumano M, Beraldi E, Naito S, Nelson CC, et al. Clusterin is a critical
downstream mediator of stress-induced YB-1 transactivation in prostate cancer. Mol Cancer
Res. 2011;9:1755-66.

30. Xian L, Georgess D, Huso T, Cope L, Belton A, Chang YT, et al. HMGA1 amplifies Wnt
signalling and expands the intestinal stem cell compartment and Paneth cell niche. Nat
Commun. 2017;8:15008.

31. Oshima H, Kok SY, Nakayama M, Murakami K, Voon DC, Kimura T, et al. Stat3 is
indispensable for damage-induced crypt regeneration but not for Wnt-driven intestinal
tumorigenesis. FASEB J. 2019;33:1873-1886.

32. Sarper SE, Inubushi T, Kurosaka H, Ono Minagi H, Kuremoto KI, Sakai T, et al. Runx1-Stat3
signaling regulates the epithelial stem cells in continuously growing incisors. Sci Rep.
2018;8:10906.

33. Bain CC, Scott CL, Uronen-Hansson H, Gudjonsson S, Jansson O, Grip O, et al. Resident and
pro-inflammatory macrophages in the colon represent alternative context-dependent fates of

| 675 | | the same Ly6Chi monocyte precursors. Mucosal Immunol. 2013;6:498-510. |

34. Lavin Y, Mortha A, Rahman A, Merad M. Regulation of macrophage development and function in peripheral tissues. Nat Rev Immunol. 2015;15:731-44.

35. Saeed S, Quintin J, Kerstens HH, Rao NA, Aghajanirefah A, Matarese F, et al. Epigenetic programming of monocyte-to-macrophage differentiation and trained innate immunity. Science. 2014;345:1251086.

36. Soucie EL, Weng Z, Geirsdottir L, Molawi K, Maurizio J, Fenouil R, et al. Lineage-specific enhancers activate self-renewal genes in macrophages and embryonic stem cells. Science. 2016;351:aad5510.

37. Francois A, Milliat F, Guipaud O, Benderitter M. Inflammation and immunity in radiation damage to the gut mucosa. Biomed Res Int. 2013;2013:123241.

38. Gupta VK, Jaskowiak NT, Beckett MA, Mauceri HJ, Grunstein J, Johnson RS, et al. Vascular endothelial growth factor enhances endothelial cell survival and tumor radioresistance. Cancer J. 2002;8:47-54.

39. Molla M, Panes J. Radiation-induced intestinal inflammation. World J Gastroenterol. 2007;13:3043-6.

40. Mintet E, Rannou E, Buard V, West G, Guipaud O, Tarlet G, et al. Identification of Endothelial-to-Mesenchymal Transition as a Potential Participant in Radiation Proctitis. Am J Pathol. 2015;185:2550-62.

41. Kiang JG, Olabisi AO. Radiation: a poly-traumatic hit leading to multi-organ injury. Cell Biosci. 2019;9:25.

42. Tian H, Biehs B, Warming S, Leong KG, Rangell L, Klein OD, et al. A reserve stem cell population in small intestine renders Lgr5-positive cells dispensable. Nature. 2011;478:255-9.

43. Hanzelmann S, Castelo R, Guinney J. GSVA: gene set variation analysis for microarray and RNA-seq data. BMC Bioinformatics. 2013;14:7.

44. Liberzon A, Birger C, Thorvaldsdottir H, Ghandi M, Mesirov JP, Tamayo P. The Molecular Signatures Database (MSigDB) hallmark gene set collection. Cell Syst. 2015;1:417-425.

45. Raudvere U, Kolberg L, Kuzmin I, Arak T, Adler P, Peterson H, et al. g:Profiler: a web server for functional enrichment analysis and conversions of gene lists (2019 update). Nucleic Acids Res. 2019;47:W191-W198.

46. Aibar S, Gonzalez-Blas CB, Moerman T, Huynh-Thu VA, Imrichova H, Hulselmans G, et al. SCENIC: single-cell regulatory network inference and clustering. Nat Methods. 2017;14:1083-1086.

47. Ramilowski JA, Goldberg T, Harshbarger J, Kloppmann E, Lizio M, Satagopam VP, et al. A draft network of ligand-receptor-mediated multicellular signalling in human. Nat Commun. 2015;6:7866.

48. Vento-Tormo R, Efremova M, Botting RA, Turco MY, Vento-Tormo M, Meyer KB, et al. Single-cell reconstruction of the early maternal-fetal interface in humans. Nature. 2018;563:347-353.

Acknowledgements:

This work was funded by the General Program (32270714, 81573251 and 81672369)

of the Natural Science Foundation of China (www.nsfc.gov.cn), Beijing Nova

Program (20180059), National Key R&D Program of China (No. 2017YFA0504301),

Chinese Key Project for Infectious Diseases (No. 2018ZX10732202 and

2017ZX10203205) and Beijing Institute of Radiation Medicine (BIRM) Innovation

Fund (BIOX0201).

Authors contributions:

G.Z., Y.Lu. and Y.Li was the principal investigators who conceived and designed the

study, obtained financial supports and approved the final version of the manuscript;

H.L., H.Y. and L.M. performed the data analyses; H.Y. conducted most of the cell

sorting and functional experiments; H.Y., Y.X., Y.Y., H.Z., Y.H. and C.Y. performed

abdominal irradiation of mice and collected intestinal samples; G.Z., Y.Lu. and Y.Li

drafted the manuscript. All the authors read and approved the final version of the

manuscript.

Competing interests:

The authors disclose no conflicts.

 FIGURE LEGENDS

Figure 1. Identification of major intestinal cell types and their markers using

scRNA-seq. (*A*) Overview of single-cell RNA sequencing (scRNA-seq) analysis for

the irradiation-induced intestinal injury (RIII). (*B*) Survival rates of the mice exposed

to 15 Gy abdominal irradiation and in control group. (*C*) Body weights of the mice

exposed to 15 Gy abdominal irradiation and in control group. (*D*) tSNE projection of

the 22,680 cells profiled, colored by major cell types (left), Seurat cluster (upper right)

and experimental groups (lower right). (*E*) Heatmap displaying the z-score

normalized mean expression of cell type-specific canonical marker genes across

clusters. (*F*) Pie chart of cell type fractions in all sequenced samples. (*G*) Area chart

showing the dynamic changes of the proportions of major cell types in healthy

intestinal samples (Control) and exposed intestinal samples at different times after

irradiation. D1, day 1; D3, day 3; D7, day 7; and D14, day 14.

Figure 2. Characteristics of *in vivo* radiosensitivities of different cell types in

intestine. (*A*) Bar plots showing the fraction of cells originating from the control and

day 1 groups in each cluster. Only the clusters that had > 50 cells from the two groups

and that showed no inter-individual difference (clusters with no more than 70% of

cells from a single sample) were shown. Vertical dashed lines indicate the overall

fraction of cells originating from the control group in all shown clusters. (*B*)

Difference of hallmark pathway activities between stem cells from the control and day

1 (D1) groups. Shown are *t* values calculated in a linear modal comparing the

pathway scores estimated by gene set variation analysis (GSVA) between cells from

the two groups. (*C*) The same as (*B*) for macrophages from the control and day 1

groups. (*D*) Venn diagram showing the intersection of differentially expressed genes

between cells from the control and day 1 groups for stem cells, macrophages, T cells,

and enterocytes. (*E*) Top 10 significantly enriched gene ontology (GO) terms of 67

common differentially expressed genes for stem cells, macrophages, T cells, and

enterocytes.

Figure 3. Dynamics and differentiation trajectories of intestinal stem cell (ISC) subsets in irradiation-induced intestinal injury and regeneration. (*A*) tSNE projection of 2,411 ISCs identified, colored by Seurat cluster identities. (*B*) Heatmap of the average expression of the selected ISC function-related marker genes in five ISC clusters. (*C*) Dot plots showing the ratio of observed to expected cell numbers ($R_{O/E}$) of each ISC cluster in the indicated samples, with log-transformed Bonferroni-corrected *P* values in Chi-square tests. (*D*) Line charts showing the average luminous density of Olfm4 in immunostaining (blue) and the fraction of *Olfm4*$^+$ CBCs (clusters 4, 9 and 16; red) in the indicated groups. (*E*) RNA velocities of ISCs from the control and day 1 groups visualized on the tSNE projection. (*F*) The same as (*E*) for ISCs from the day 1 and day 3 groups. (*G*) Heatmap depicting the estimated activity of top 15 regulons showing differential activation in ISCs along the velocity flow from the control and day 1 groups, which is depicted by a black dashed line in (*E*). Shown are normalized mean area under the curve (AUC) scores of expression regulation by each transcription factor estimated in SCENIC. Cells are ordered according to first principal component (PC1) coordinate to grasp the primary velocity orientation. (*H, I*) The same as (*G*) for ISCs along the velocity flow from the day 1 and day 3 groups, which is depicted by black dashed lines in the left (*H*) and right (*I*) panel in (*F*).

Figure 4. The characteristics and roles of macrophage subsets in the

irradiation-induced intestinal inflammation. (*A*) tSNE projection of 2,926 myeloid

cells identified, colored by Seurat cluster identities. (*B*) Heatmap of the average

expression of the selected myeloid cell function-related marker genes in five myeloid

cell clusters. (*C*) Dot plots showing the ratio of observed to expected cell numbers of

each myeloid cell cluster in the indicated samples, with Bonferroni-corrected P values

by Chi-square tests. (*D*) Flow cytometry analyses showing the percentages of Cd14$^+$

inflammatory macrophages at control and 3 days post-irradiation groups. (*E*)

Dynamic change of the percentages of Cd14+ macrophages at control, 1, 3, 7 and 14

days post-irradiation groups. (*F*) Expression levels of inflammatory cytokines by

Cd14$^+$ and Cd14$^-$ macrophages in intestine 3 day post-irradiation. (*G*) RNA velocities

of four macrophage clusters visualized on the tSNE projection. (*H, I*) Heatmap

depicting the estimated activities of top 15 differentially activated regulons along the

velocity flow, which was depicted by black dashed lines in the right (*H*) and left (*I*)

panel in (*G*). Shown are normalized mean area under the curve (AUC) scores of

expression regulation of each transcription factor estimated by SCENIC. Cells are

ordered according to first principal component (PC1) coordinate to grasp the primary

velocity orientation.

Figure 5. Ligand-receptor interaction between the myeloid and endothelial cells.

(*A*) The weighted interaction numbers of ligand-receptor pairs between the pairwise

interactions of different cell types in control (top) and day 3 group (bottom). (*B*)

Difference of hallmark pathway activities between the C12-Endothelial cells from

control and day 3 groups. Shown are *t* values calculated in a linear modal comparing

the pathway scores estimated by gene set variation analysis (GSVA) between cells

from the two groups. (*C*) The same as (*B*) for C25-Endothelial cells from the control

and day 3 groups. (*D*) The weighted interaction intensity of inflammatory-related and

pro-proliferative ligand-receptor pairs between pairwise interactions of myeloid and

endothelial cells in control and day 3 groups.

Figure 1

Figure 4

Figure 5