TITLE

An integrated single-cell RNA-seq map of human neuroblastoma tumors and preclinical models

uncovers divergent mesenchymal-like gene expression programs.

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ABSTRACT

Neuroblastoma is a common pediatric cancer, where preclinical studies suggest that a

mesenchymal-like gene expression program contributes to chemotherapy resistance. However,

clinical outcomes remain poor, implying we need a better understanding of the relationship

between patient tumor heterogeneity and preclinical models. Here, we generated single-cell

RNA-seq maps of neuroblastoma cell lines, patient-derived xenograft models (PDX), and a

genetically engineered mouse model (GEMM). We developed an unsupervised machine

learning approach ('automatic consensus nonnegative matrix factorization' (acNMF)) to

compare the gene expression programs found in preclinical models to a large cohort of patient

tumors. We confirmed a weakly expressed, mesenchymal-like program in otherwise adrenergic

cancer cells in some pre-treated high-risk patient tumors, but this appears distinct from the

presumptive drug-resistance mesenchymal programs evident in cell lines. Surprisingly however,

this weak-mesenchymal-like program was maintained in PDX and could be chemotherapy-

induced in our GEMM after only 24 hours, suggesting an uncharacterized therapy-escape

mechanism. Collectively, our findings improve the understanding of how neuroblastoma patient

tumor heterogeneity is reflected in preclinical models, provides a comprehensive integrated

resource, and a generalizable set of computational methodologies for the joint analysis of

clinical and pre-clinical single-cell RNA-seq datasets.

BACKGROUND

Neuroblastoma is a neuroendocrine tumor, typically arising in the adrenal gland, and is the most common extracranial solid tumor in children[1]. Survival in high-risk neuroblastoma is approximately 50%, with survivors suffering long-term consequences of chemotherapy[2]. This is despite new therapies showing clear promise in cell lines and mouse models[3], indicating that we have an incomplete understanding of how neuroblastoma patient tumor heterogeneity is reflected in preclinical models.

Pediatric tumors, including neuroblastoma, exhibit very few recurrent somatic mutations compared to adult tumors[4] and heterogeneity at the level of cell state[5] is thought to contribute to therapy resistance[6-10]. For example, it was recently shown that many neuroblastoma cell lines exist in an admixed state, expressing two discrete super-enhancer-driven gene expression programs, referred to as the "*adrenergic*" (expressing sympathoadrenal features) and the "*mesenchymal*" (comparatively chemoresistant) programs[6,10]. These programs exhibited mutually exclusive expression, where cells expressing one program could interconvert to the other *in vitro*[11,12].

Single-cell RNA-seq represents the ideal tool to study this non-genetic tumor heterogeneity. Indeed, in the past three years, at least seven different studies[13-19] have reported single-cell RNA-seq maps of neuroblastoma patient tumors. However, there were disagreements among some of these studies, e.g., with multiple different cell types posited as the neuroblastoma cell-of-origin (chromaffin cell[16], sympathoblast/neuroblast[15,17,19], Schwann cell precursors[13], "sympatho- and chromaffin cells"[18] and "a subtype of TRKB+ cholinergic progenitor"[18])[15,17-19]. Additionally, arguments were made both in favor of[13-15,18] and against[16,17,19] the *in vivo* relevance of the cell-line-derived,[6,10] putatively-chemoresistant mesenchymal-like gene expression program. Thus, the gene expression programs contributing to therapy resistance in neuroblastoma—and the preclinical models that can be used to study these—remains unclear.

Here, we generated single-cell RNA-seq data from neuroblastoma cell lines, PDXs, and genetic

mouse models, using these data to create the first integrated map of human neuroblastoma

patient tumors and preclinical models. To achieve this, we developed a novel computational

method called "automatic consensus nonnegative matrix factorization" (acNMF; details below).

Using acNMF, we determined that the dominant adrenergic gene expression programs were

preserved across human tumors and preclinical models. In contrast, the presumptive drug-

resistant mesenchymal program demonstrated less consistent behavior, and while clearly

expressed in cell lines, exhibited high expression primarily in cancer-associated normal cells *in*

vivo. Notably, we confirmed a distinct weak-mesenchymal program in predominantly adrenergic

cells of some high-risk patient tumors, which we showed could be elicited 24 hours after

administering chemotherapy *in vivo*. Overall, our findings provide a generalizable set of

computational tools that we have used to improve the understanding of neuroblastoma patient

tumor heterogeneity and preclinical models, which will help inform drug development for this

catastrophic disease.

RESULTS

Automatic consensus non-negative matrix factorization (acNMF) can accurately recover gene expression programs in single-cell RNA-seq data.

NMF is an unsupervised learning approach often used to estimate gene expression programs in single-cell RNA-seq datasets. Using this method, each program is represented as a vector of weights (or "loadings") assigned to each gene (see, e.g., Fig. 3e). The activity of each program is estimated in individual cells, scoring high if genes with high weights are highly expressed in that cell (see, e.g., Fig. 3g). Like other methods, NMF can discover discrete cell types, but also, potentially, biological processes and cell state programs—factors believed to influence therapy resistance in cancers including neuroblastoma. However, there is no existing method to determine *a priori* the number of gene expression programs in a single-cell RNA-seq dataset, which can lead to inconsistent NMF-based representations of similar data. This makes it difficult to compare tumors and preclinical models across multiple datasets. To overcome this, we first aimed to create a method for identifying the number of gene expression programs (typically called "k") in our datasets. We eventually developed a generalizable method called acNMF (Fig. 1a).

Briefly (see Methods for complete details), we initially developed acNMF using a simulated single-cell RNA-seq dataset with 13 cell types and one shared "activity program" (simulating e.g. a biological process). Our inspiration came from observing how the existing cNMF algorithm[20] behaved on this dataset. We noticed that the 14 ground truth gene expression programs could be identified at most values of k, with other programs fitting noise (Fig. 1b). By plotting the value of k against the number of reproducibly identified gene expression programs in independent splits of the data, we could find an inflection point (Fig. 1c, Supplementary Figs. 1a-d) where all ground truth programs were recovered and noise-filtered (Fig. 1d-h; Supplementary Figs. 1e-r). In the simulated data, the 14 ground truth gene expression programs

were recovered at a k value of 22. At k=14, only 13 of the 14 programs were recovered

(Supplementary Fig. 1s, u). This finding implies that recovering ground truth gene expression

programs using NMF-based methods should be decoupled from selecting the appropriate k.

This is an important general consideration when applying NMF to single-cell RNA-seq data,

challenging the idea that finding an optimal k value necessarily recovers k biologically

meaningful programs. We used this method to estimate gene expression programs throughout

this manuscript (Fig 1i, Supplementary Fig. 1t; see subsequent sections).

Figure 1: Overview of acNMF methodology and performance in simulated data.

(a) Schematic representation of acNMF approach for recovering gene expression programs in a

single-cell RNA-seq dataset denoted *Y*. The dataset is (i) randomly split 50/50, then (ii) each split

is factorized independently into a basis matrix of gene expression programs (GEPs) *W* and a GEP

activity matrix *H* using cNMF at a range of values of *k* (e.g. 5-200). At each *k* the redundant

GEPs from each split are (iii) reaggregated by a community detection algorithm. This community

126	number is then (iv) determined for a range of values of k and a range of Jaccard length values,
127	parameters which are chosen to maximize the number of GEP-communities replicated in each
128	split. Critically, the number of ground truth GEPs is typically smaller than the value of k (GEPs <
129	k, hypothetical example highlighted in blue).
130	(b) The number of GEPs reproducibly recovered in both splits of the simulated dataset (y axis)
131	plotted against the value of k from NMF (x axis), over a range of values of the Jaccard length
132	(color scale). The approach is repeated 200 times for each pair of values of k and Jaccard length
133	and a loess regression curve is fit through these points, with 95% confidence intervals shown.
134	(c) Optimal rank k (x axis) is determined by calculating the inflection point (i.e., maximum residual
135	value (gray profile)) of smoothed data in (b) (blue line).
136	(d) UMAP plot of simulated scRNA-seq data, where each dot is a cell colored by the thirteen ground-
137	truth simulated cell types.
138	(e) Like (d), but with black dots highlighting cells expressing the activity program, which (akin to a
139	biological process/pathway) is expressed across multiple simulated cell types.
140	(f) UMAP plot showing a representative example of a recovered ground truth cell identity GEP by
141	acNMF in the simulated single cell RNA-seq dataset. Dots are colored by the activity score of the
142	recovered gene expression program.
143	(g) Like (f) but showing the successful recovery of the activity program. Similar plots for all other
144	recovered programs are shown in Supplementary Fig. 1e-r.
145	(h) Dot plot comparing Jaccard similarity index values of 14 inferred acNMF GEPs with the 14
146	ground truth GEPs after multiple testing correction (blue X's represent non-significant
147	comparisons). Both the size and color of the points are scaled by Jaccard similarity.
148	(i) Like (b), but for the GOSH dataset. Data shown for a Jaccard length of 20, which was optimized
149	using acNMF. 41 GEPs were reproducibly recovered in independent splits of the data, at a $k = 80$
150	(highlighted by the red lines). Similar plots for all datasets in this paper are shown in
151	Supplementary Fig. 1t. GEP; Gene expression program.

The acNMF approach produces an interpretable representation of a human

neuroblastoma single-cell RNA-seq dataset.

Given the range of existing conclusions in the neuroblastoma literature, we decided to first

establish an initial baseline set of gene expression programs in patient tumors before

comparisons against preclinical models. To that end, we first applied acNMF to the published

"GOSH" dataset from Kildisiute et al.[17]. The five samples therein cover low-to-high risk

neuroblastoma and included one sample from normal adrenal gland. Previously, the insights

derived from this dataset were confined to the identification of six cell types. However, the

acNMF approach identified 41 gene expression programs (at k = 80; Fig. 1i), suggesting

possible new insights. Two co-authors (Y.K. and P.G.) blindly and independently annotated

these 41 programs. This was done using a web-based platform we developed, presenting each

annotator with a catalogue of relevant information, including the dominant gene weights

(loadings) for each program, program-program co-expression patterns, inferred copy number

profiles, gene ontology term enrichments, cell type annotations from SingleR[21], and 314

neuroblastoma-relevant marker gene sets that we curated from the literature[10,13-17,19,22-29]

(Supplementary Table S1). The web-based platform presented to annotators is available at

http://pscb.stjude.org.

The two annotators assigned qualitatively similar annotations to 37 out of 41 programs (Fig. 2a;

Supplementary Table S2). The annotations contained four broad groups of cell types,

neuroblastoma cancer cells, immune cells, stromal cells, and endothelial cells (Fig. 2a). We also

identified seven "activity" programs that captured processes such as the cell cycle and antigen

presentation by MHC. A total of 32 discrete cell types or cell states were recovered, with seven

assigned to the stromal group, three to endothelial, 19 to immune, and three to neuroblastoma

cancer cells, aided by inferred copy number data (Supplementary Fig. 2a-f; see Methods;

further details in subsequent subsections). We refer to these three neuroblastoma-specific

programs as "Adrenergic I (sympathoblast-like)", "Adrenergic II (pre-neuronal-like)", and

"Neuroblastoma-MYC" (NB-MYC). All three neuroblastoma programs were strongly enriched for

the classical cell line derived adrenergic marker genes (Fig. 3a-c; 8.1×10^{-66} for Adrenergic I, P

$= 1.7 \times 10^{-72}$ Adrenergic II, 1.1×10^{-23} for Neuroblastoma-MYC from one-sided Wilcoxon rank

sum test, signature defined by Van Groningen *et al.*[10]), but consistent with a subset of previous

studies[16,17,19], were not strongly enriched for mesenchymal markers.

Figure 2: Gene expression programs recovered by acNMF in the GOSH neuroblastoma single-cell

RNA-seq dataset.

(a) Heatmap showing the activity scores (color scale) for the 41 recovered programs (y axis) across

each single cell (x axis) in the GOSH dataset. The final consensus annotation for each gene

expression program is shown on the right, colored by the type of program. Tick marks indicate

whether the two blinded annotators agreed or not, and the far-right column indicates whether the

annotators reached a high, middle, or low level of confidence in the final annotation.

The dominant neuroblastoma adrenergic programs resemble distinct aspects of

sympathoadrenal development.

For all three adrenergic programs, the top ranked curated human cell-type signature enrichment

was sympathoblast (Fig. 3d, P = 1 × 10^{-6}, 3.6 × 10^{-3}, 7.6 × 10^{-6} for adrenergic I, adrenergic II,

NB-MYC respectively, marker genes curated from Kameneva *et al.*[15]). Sympathoblasts are a

neural crest-derived precursor associated with the development of the sympathetic nervous

system and this result is consistent with a subset of the existing neuroblastoma single-cell RNA-

seq studies[15,17,19]. However, acNMF uncovered additional complexity beyond a clean

resemblance to sympathoblasts: Specifically, the Adrenergic I (sympathoblast-like) program was

defined by the expression of genes involved in the synthesis of norepinephrine in both

sympathoblast-precursors and differentiating chromaffin cells (Fig. 3e-g). This includes tyrosine

hydroxylase (*TH*), dopamine beta hydroxylase (*DBH*), dopa decarboxylase (*DDC*) ("Chromaffin

and progenitors" gene list curated from Jansky *et al.*[19]). Notably, markers specific to mature

chromaffin cells (*PNMT* and *PENK*) were not enriched, consistent with the argument that

neuroblastoma cells do not typically resemble differentiated chromaffin cells[26,30,31].

The Adrenergic II (pre-neuronal-like) program over-expressed markers of neuroblasts defined

by Hanemaaijer *et al.*[24] and Jansky *et al.*[19].The top five highly expressed marker genes included

neuronal-specific genes, neurofilament light chain (*NEFL*), neuronatin (*NNAT*), brain acid

soluble protein 1 (*BASP1*), and neurofilament medium chain (*NEFM*). This program can be co-

expressed with the Adrenergic I program (Fig. 3g & 3i, Supplementary Fig. 3a-c). Thus, these

programs were independent but not mutually exclusive.

The third recovered neuroblastoma program, NB-MYC, was only expressed in the high-risk

patient sample (PD43255) and was characterized by lower expression of marker genes of

differentiating chromaffin and neuronal cell types (Fig. 3d, 3f, Supplementary Fig. 3a),

consistent with the undifferentiated pathology of high-risk neuroblastoma[32]. The defining genes

of this program were dominated by translation initiation and elongation factors (Supplementary

Figs. 3d & 3e), consistent with high levels of transcription and translation supporting the hyper-

aggressive growth of high-risk tumors. The top marker genes of the adrenergic I & II programs

were expressed 2-3-fold lower in the high-risk tumor (Fig. 3j-k, $P = 6.9 \times 10^{-3}$ and $P = 5.9 \times 10^{-2}$

respectively). This is consistent with low/intermediate-risk tumors exhibiting differentiating

histology (Fig. 3l)[32]. Adrenergic marker genes were also strongly differentially expressed

between high-risk tumors and other tumors in 498 bulk RNA-seq samples[33] (Supplementary Fig.

S3f-h; $P = 1.8 \times 10^{-16}$, 1.8×10^{-5}, and 1.1×10^{-18} for Adrenergic I, II and MYC programs

respectively), suggesting these are generalizable patterns of differential gene expression.

While our study does not aim to definitively pinpoint neuroblastoma's cell-of-origin, these results

are consistent with the proposition that neuroblastoma tumors broadly resemble adrenergic

neuroblasts/sympathoblasts[15,17,19]. However, we additionally propose that these tumors can co-

express a mixture of independent adrenergic subprograms, resembling subtly different

sympathoadrenal cell types (Fig. 3g, i, Supplementary Fig. 3b-c), and that these activities differ

between high and low/intermediate risk disease. This suggests that the adrenergic co-

expression patterns in neuroblastoma patient tumors are more nuanced than previously

described. Evidence for these behaviors in other datasets and preclinical models is presented in

a later subsection.

Cancer associated fibroblasts subpopulations in the neuroblastoma tumor

microenvironment strongly express mesenchymal features, heavily resembling

mesenchymal-neuroblastoma cell lines.

We identified nine gene expression programs in the GOSH dataset that statistically resembled

the neuroblastoma cell line-derived presumptive-drug-resistant mesenchymal gene expression

program. This includes some very strong enrichments (e.g., P = 1.78 × 10^{-88} for Program 40 for

enrichment of Van Groningen "mesenchymal" signature, Supplementary Table S2). This seems

to imply that mesenchymal neuroblastoma cells have been identified in these tumors. However,

one of these programs was expressed exclusively in fibroblasts of the reference normal adrenal

sample (Fig. 3m-n; P = 3.75 × 10^{-40} for mesenchymal enrichment) and thus this specific program

cannot be expressed in cancer cells. Hence, these shared gene expression features of

fibroblasts and mesenchymal-like neuroblastoma cell lines suggest a source of disagreement

about whether mesenchymal-like neuroblastoma cells exist *in vivo*. Indeed, in the four

neuroblastoma tumors, our acNMF decomposition again identified several programs strongly

resembling mesenchymal-like neuroblastoma cell lines. However, in all cases, we annotated

these as non-cancerous fibroblast cell populations rather than as mesenchymal-like

neuroblastoma cells (Fig. 3o-q; these annotations leveraged inferred copy number - details in

subsequent section). Notably, however, acNMF revealed a much more complex landscape of

cancer-associated fibroblasts (CAFs) than previously reported in neuroblastoma[28]. Specifically,

we identified IGF1+ (P = 1.92 × 10^{-7}), POSTN+ (P = 3 × 10^{-15}) and contractile myofibroblast

populations (P = 2.5 × 10^{-3}). We also identified inflammatory CAFs (P = 2.9 × 10^{-9}) expressing

interleukin (*IL6*, *IL33*) and complement component genes (*C7*, *C3*) using marker genes from

Lavie *et al.*[28]. Overall, our acNMF-based decomposition of the GOSH dataset yielded a

conceptual model with which to describe the behavior of neuroblastoma cancer cells in patient

tumors (Fig. 3r) but did not identify clear evidence for mesenchymal-like neuroblastoma cancer

cells. We next explore whether these initial characteristics are recapitulated in other human

datasets and the range of preclinical models.

Figure 3: Cells expressing multiple adrenergic and mesenchymal-like gene expression programs are

evident in neuroblastoma tumors.

(a) Boxplots showing the mean expression (y axis) of the genes from the classical Van Groningen

mesenchymal (MES; orange box) or adrenergic (ADRM; purple box) signature, in cells that are

highly expressing (activity $h > 50$) the acNMF-identified "Adrenergic I (sympathoblast-like)"

program in the GOSH dataset. The yellow box shows the mean expression of all other genes in

these cells.

(b) Like (a) but for the "Adrenergic II (pre-neuronal-like)" program.

(c) Like (a) but for the "Neuroblastoma-MYC" program.

(d) Boxplots showing the mean gene expression (y axis) of sympathoblast marker genes (curated

from Kameneva *et al.*) in cells highly expressing (activity $h > 50$) each of the 3 acNMF recovered

adrenergic programs, or in normal sympathoblasts (obtained from the Descartes Cell Atlas).

(e) QQ-plot showing the gene weights (loading scores) (y axis) for the "Adrenergic I (sympathoblast-

like)" program. Key sympathoblast marker genes have been highlighted in green, and key

neuronal marker genes in blue.

(f) Like (d) but for the "Chromaffin and progenitors" marker gene set, curated from Jansky *et al*.

(g) UMAP plot of the GOSH dataset; each point represents a single-cell, colored by the activity of

the "Adrenergic I (sympathoblast-like)" program.

(h) Like (e) but for the "Adrenergic II (pre-neuronal-like)" program.

(i) Like (g) but for the "Adrenergic II (pre-neuronal-like)" program.

(j) Boxplot showing the mean gene expression of "Chromaffin and progenitors" marker genes

(curated from Jansky *et al.*) in the cancer cells of the 4 neuroblastoma samples profiled in the

GOSH dataset. Boxes are colored by tumor risk classification.

(k) Like (j) but for the "Neuroblast" marker gene set curated from Hanemaaijer *et al.*

(l) Representative H&E stains of low, intermediate and high-risk human neuroblastoma tumors,

illustrating varying degrees of differentiated features.

(m) Boxplots showing the mean expression (y axis) of the genes from the classical Van Groningen

mesenchymal (MES; orange box) or adrenergic (ADRM; purple box) signature, in cells that are

highly expressing (activity $h > 50$) the acNMF-identified "Normal fibroblasts" program in the

GOSH dataset. The yellow box shows the mean expression of all other genes in these cells.

(n) QQ-plot showing the gene loading scores (y axis) for the "Normal fibroblasts" program. A subset

of genes classically used as markers of mesenchymal-like neuroblastoma cells are highlighted in

red.

(o) Like (m) but for the "IGF1+ myofibroblasts" program.

(p) Like (m) but for the "POSTN+ myofibroblasts" program.

(q) Like (m) but for the "Inflammatory fibroblasts" program.

(r) A schematic diagram overlaying the acNMF-recovered programs on normal sympathoadrenal

differentiation[34].

The fidelity of neuroblastoma gene expression programs across human tumors and

preclinical models.

Next, to assess the generality of the gene expression programs found in the GOSH dataset and

assess their fidelity in neuroblastoma preclinical models, we assembled five more of the publicly

available patient tumor datasets: from Dong *et al.*, Jansky *et al.*, Kameneva *et al.*, Verhoeven *et*

al., and the PMC dataset from Kildisuite *et al.*[15-19,35], totaling 69 samples. Additionally, we

performed single-cell RNA-seq profiling across 13 neuroblastoma cell lines, 17 patient derived

xenografts (PDX), and 11 samples from a genetic mouse model (GEMM)[36] (metadata for this

(largest-of-its-kind) cohort is assembled in Supplementary Table S3, and in our web platform).

We applied the acNMF decomposition to each of these datasets independently, yielding

between 17 (cell lines) and 45 (Dong *et al.*) gene expression programs per dataset

(Supplementary Fig. 1t, Supplementary Table S4). To pairwise cross-compare the programs

from each dataset, we represented the programs as nodes on a graph. We drew an edge

between nodes if the program was replicated in another dataset (*FWER* < 0.01 by an

asymmetric Jaccard similarity test; Fig. 4a; Supplementary Fig. 4a; see Methods). A force-

directed algorithm facilitated the layout of the graph whereby interconnected nodes are found in

closer proximity than sparsely connected nodes. The resulting graph's structure indicated that

similar gene expression programs had often been recovered in multiple datasets, including

preclinical models. Consensus hubs (see Methods) were evident for gene expression programs

representing several immune cell types, neuroblastoma-specific programs, stromal cells such as

fibroblasts, and activity programs such as the cell cycle and hypoxia (Fig. 4a-d).

The adrenergic I (sympathoblast-like) program from GOSH was directly or indirectly connected

to programs in all other datasets, including all preclinical models (Fig. 4b). These connected

programs retained the characteristic hallmarks, including overexpression of genes like *DBH*, *TH*

and *CHGA* (Fig. 4e-h). The adrenergic II pre-neuronal-like program was also observed in

multiple other datasets (Fig. 4f & h) and the "neuroblastoma-MYC" (high risk) program formed a

dense hub (Fig. 4c), with similar programs recovered in high-risk (both *MYC* and *MYCN*

overexpressing) tumors in all datasets (Fig. 4i).

This cross-dataset analysis also revealed three groups of novel programs expressed in

neuroblastoma cancer cells. We were able to find a potential explanation for one, which was

expressed in *ALK* activated tumors (Fig. 4a; supported by one patient tumor and two PDXs but

no other preclinical model). Additionally, we found five programs unique to a single human

neuroblastoma tumor, implying a possible long tail of divergent neuroblastoma programs that

currently remain unexplained and are absent in our profiled preclinical models.

The mesenchymal-like programs observed in the GOSH dataset formed a large

mesenchymal/fibroblast subgraph. Interestingly, programs from cancer cell lines were also

connected to this fibroblast subgraph. For example, a program expressed exclusively in the

GIMEN cell line[10] was directly connected to the inflammatory fibroblasts program in the GOSH

dataset (Fig. 4d), again consistent with similar gene expression features in mesenchymal-like

neuroblastoma cells in culture and untransformed fibroblasts *in vivo* (Fig. 3o-q).

Overall, this cross-dataset-integrated map argues that, despite some disagreements in the

literature, neuroblastoma single-cell RNA-seq datasets are reasonably consistent and the

dominant adrenergic programs are preserved in all preclinical models. However, the status of

mesenchymal-like tumor cells and cell lines requires further exploration. Note: this graph-based

representation of these datasets (Fig. 4a) is available as part of our interactive, web-based

platform (accessible at http://pscb.stjude.org).

Figure 4: The fidelity of neuroblastoma gene expression programs across human tumors and preclinical models.

(a) A graph of gene expression programs identified by acNMF across eight neuroblastoma single-cell

RNA-seq datasets, from humans, PDX, GEMM and cell lines. Nodes represent a single

program's gene weights (i.e. loading scores), and node size is determined by the degree (i.e. # of

connections). Edges connect similar nodes by a Jaccard similarity test. The colors highlight

related communities of nodes. The black boxes highlight regions of interest, which are shown in

detail in panels (b-d).

(b) Inset showing a detailed view of region (b) from panel (a). This region has connected Adrenergic

I and Adrenergic II programs. In this inset, nodes have been colored by dataset, rather than

community (as in panel (a)).

(c) Like (b) but for a dense interconnected community of "Neuroblastoma MYC" programs.

(d) Like (b) but showing a region for a community of gene expression programs expressed in cancer

associated fibroblasts. A neuroblastoma program, exclusive to the GIMEN cell line, is connected

to this community of nodes.

(e) QQ-plot showing the gene weights (loading scores) (y axis) for the "Adrenergic I (sympathoblast-

like)" program recovered in the PMC dataset. Similar to Fig. 3e from the GOSH dataset key

sympathoblast marker genes have been highlighted in green, and key neuronal marker genes in

blue.

(f) Like (e) but for the "Adrenergic II (pre-neuronal-like)" program.

(g) Like (e) but for program 24 "Adrenergic I (sympathoblast-like)" in the Dong *et al.* dataset.

(h) Like (e) but for program 19 "Adrenergic II (pre-neuronal-like)" in the Dong *et al.* dataset.

(i) Like (e) but showing the "Neuroblastoma MYC" program from Dong *et al*. Top marker genes,

similar to those identified in the GOSH dataset, have been highlighted in red.

Note: An interactive version of the graph plot (panel a), and QQ-plots (panels e-i) for every program

in every dataset are available in our web platform.

377 **Cells highly expressing a mesenchymal-like program are consistent with non-cancerous**

378 **cells in all datasets except cell lines.**

379 Our cross-dataset analysis above also revealed other candidate mesenchymal-like

380 neuroblastoma cells, including Schwann-like cells (e.g., Dong dataset, Program 27, P = 1 × 10^{-9}

381 for enrichment of Descartes Schwann cell markers, P = 5.3 × 10^{-43} for Van Groningen

382 mesenchymal enrichment; Supplementary Fig. 5a). We were interested in whether any of these

383 could plausibly represent *in vivo* mesenchymal neuroblastoma cancer cells.

384 We therefore applied InferCNV[37], a computational method for inferring copy number variant

385 (CNV) profiles from single-cell RNA-seq data, across the entire integrated largest-of-its-kind

386 cohort (see Methods). We found that the CNV profiles of mesenchymal-like cells were always

387 similar to the reference normal, whereas CNV aberrations in adrenergic cells were typically

388 obvious (Supplementary Fig. 2, Supplementary Figs. 5a-c). The exception was cell lines, where

389 both mesenchymal and adrenergic cells always exhibited massive CNV aberrations consistent

390 with cancer cells (Supplementary Fig. 5d-f).

391 However, because CNV-based inference tools act at the level of clustered groups of cells,

392 InferCNV cannot rule out a small proportion of mesenchymal-like cancer cells. We therefore

393 constructed a machine learning model that, by leveraging the inferred copy number profiles of

394 the high-confidence-cancer and high-confidence-normal cells, could *predict* the cancer/normal

395 status of the ambiguous mesenchymal-like cells on a per-cell basis (Supplementary Fig. 5g;

396 Supplementary Tables 5 & 6; see Methods). These models could predict the cancer/normal

397 status of the held-out cancer/normal-endothelial cells with median accuracy approaching 100%

398 (Fig. 5a, Supplementary Fig. 5h). We applied the trained models to the held-out ambiguous

399 population of mesenchymal-like cells (candidate mesenchymal neuroblastoma cells, cancer-

400 associated fibroblasts, or Schwann-like cells). The model never classified mesenchymal cells as

401 cancer cells beyond the model's misclassification rate estimated from normal endothelial cells

(Fig. 5b-c; Supplementary Fig. 5i-n). Thus, these analyses, given the scale of the data currently

available, did not provide convincing evidence for subsets of neuroblastoma cells that highly

express a mesenchymal-like gene expression program *in vivo*.

We validated these putative fibroblast and Schwann-like cells using an orthogonal assay—a

highly sensitive spatial transcriptomics assay, multiplexed RNA *in situ* hybridization (RNA ISH)

(Fig 5d, Supplementary Fig. 6a-c). We applied this in our GEMM tumors, a model that develops

neuroblastoma because of Cre-conditional activation of the *human* copy of *MYCN* in dopamine

beta hydroxylase (*Dbh*) expressing cells—thus, human *MYCN* expression should be excluded

from non-cancer cells. In all tumors, the human *MYCN* transcript was highly expressed across

most of the tissue, but absent from some large regions (Fig. 5e, Supplementary Fig. 7a-d) that

resemble Schwannian stroma (Fig. 5f, Supplementary Fig. 7e). These *MYCN*-absent regions

clearly co-expressed the myofibroblast markers *Tagln* and *Acta2* (Fig. 5e), consistent with the

idea that these mesenchymal cells are fibroblasts and not cancer cells. Regions excluding

MYCN also expressed the inflammatory fibroblast marker *C3* (Fig. 5e). Interestingly, we

identified some cells that seemed to co-express all combinations of chosen fibroblast markers,

consistent with the notion of intermediate subpopulations (Fig 5g). Schwann cell markers

Sox10 and *Plp1* were also excluded from regions expressing human *MYCN* (Fig. 5h;

Supplementary Fig. 7e). Collectively, the data indicate that, despite strong transcriptional

resemblance to neuroblastoma mesenchymal cell lines, these *in vivo* cells are predominantly

Schwann-like cells and previously uncharacterized fibroblast subpopulations (see Discussion).

425 **Rare high-risk neuroblastoma tumors express a weakly enriched mesenchymal-like**

426 **signature *in vivo* that can be recapitulated in PDX.**

427 Interestingly, we identified some drug pretreated tumors that seem to represent a partial

428 exception to the above. In high-risk sample NB14 from the Jansky *et al.* dataset, the tumor's

429 cancer cells were broadly (but weakly) statistically enriched for the Van Groningen cell-line-

430 derived mesenchymal gene expression signature (Fig 5i; Program 12 $P = 1.7 \times 10^{-6}$;

431 Supplementary Fig. 8a-b). Notably, these cells were still predominantly adrenergic (Fig. 5i,

432 purple boxes). This is different from the behavior of cell lines, where the expression of

433 mesenchymal-like genes corresponds to a loss of expression of adrenergic genes[6,10] (Fig. 5i).

434 We initially suspected that this was artefactual, but, surprisingly, we also identified a high-risk

435 pretreated human tumor in our PDX cohort that exhibited a similar weak enrichment of the

436 mesenchymal signature across most cancer cells of the tumor (Fig. 5i; Program 1, $P = 1.6 \times 10^{-12}$

437 in SJNBL063820, Supplementary Fig. 8c-d). We obtained this PDX tissue[38] and used

438 immunohistochemistry to stain for COL1A1 protein, a classical neuroblastoma mesenchymal

439 marker[10]. Remarkably, greater than 95% of the neoplastic cells of SJNBL063820 expressed

440 COL1A1 in the cytoplasm and membrane, but staining was not evident in two negative control

441 PDXs (Fig. 5j, Supplementary Fig 8g). Thus, this weak-mesenchymal phenotype can be

442 recapitulated in PDX. Interestingly, two treatment-naïve high-risk *MYCN* amplified tumors (T200,

443 T230) from the Dong dataset, while still adrenergic (Supplementary Figs. 8e-f), also showed

444 broad overexpression of the transcription factor *TWIST1*, a known driver of epithelial-to-

445 mesenchymal transition[39] (ranked #9 on Program 11 (T200-specific) and #27 on Program 33

446 (T230-specific)). Curiously, though, both programs were also weakly but significantly co-

447 expressed with the mesenchymal-fibroblast Program 7 ($r_s = 0.07$ $P = 1.4 \times 10^{-33}$ and $r_s = 0.06$, P

448 $= 7.1 \times 10^{-25}$ respectively), also consistent with a very weak or proto-mesenchymal cell state

449 expressed in otherwise adrenergic cells. In general, these findings uncover a complex

 landscape of mesenchymal-like gene expression programs *in vivo*, where the behaviors appear

 different to cell line models (see Discussion) but can be maintained in PDX.

Figure 5: The cancer/normal status of ambiguous mesenchymal-like cells in neuroblastoma tumors.

a) Violin plots comparing the balanced accuracy (y axis) for prediction of cancer/normal status of known cancer or immune cells for the 3 different initial models (x axis) across 13 different tumor samples (shown for both "InferCNV" and "manual" features (see methods)). GLM, generalized linear model; RF, random forest; SVM, support vector machine.

b) Boxplots showing the predicted probability of each cell being a cancer cell from the GLM model (y axis) for the ambiguous-mesenchymal cells (light blue), for high confidence cancer cells held out from the initial model fitting (green) and for normal endothelial cells held out from the initial model fitting (dark blue). The predictions are shown for models using features defined based on InferCNV (left 3 boxes) or from manual bins of 50 adjacent genes (right 3 boxes). The contingency tables (right panels) estimate whether the number of mesenchymal-like cells classified as cancer cells differs statistically from the misclassification rate of normal endothelial cells, calculated by a Fisher's exact test. This panel shows a representative sample PD46693 from the GOSH dataset.

c) Like (b) but for the Dong sample T200, all other samples are in Supplementary Fig. 5 and 8.

d) QQ-plot showing the Jaccard Similarity (y axis) of other programs with Program #37 (Myofibroblastic CAF) in our GEMM dataset.

e) Representative RNA ISH image of CAF markers in GEMM tumors. Neuroblastoma markers (human *MYCN,* and *Ddc*) were used to define cancer cells. DAPI counterstaining confirmed the presence of cells located in regions that lack *MYCN* expression. The co-expression of CAF markers was identified within the *MYCN*-absent stromal regions (NB831 shown).

f) H&E staining of mouse tumors identifies regions of densely packed dark stained neuroblastoma cells, and pink-staining stromal cells in our GEMM, which resemble the *MYCN*-absent regions of mesenchymal marker expression in our RNA ISH experiments.

g) Bar plot showing the co-expression of CAF markers in GEMM tumors (y axis). All combinations of CAF marker expression were quantified in stromal cells (x axis), and they are represented as proportions of the total cell numbers identified in each sample.

480   h)   Representative image of GEMM tumors stained with *MYCN* and the Schwann cell marker *Plp1* in

481   NB839. *Plp1* expression was restricted to *MYCN*-absent regions in these tumors.

482   i)   Boxplot showing the mean expression (y axis) of genes in neuroblastoma cancer cells from the

483   sample NB14 from Jansky *et al*. Boxes are genes from the classical Van Groningen mesenchymal

484   (MES; orange box) or adrenergic (ADRN; purple box) signatures, with the yellow box showing

485   the expression of all other genes. The middle panel shows our PDX sample SJNBL063820 and

486   the right panels shows the predominantly mesenchymal neuroblastoma cell line GIMEN.

487   j)   Immunohistochemical staining for the mesenchymal-marker gene COL1A1 in our SJNBL063820

488   PDX sample (#1, left) and in two other PDX samples SJNBL046145 (#2, middle) and

489   SJNBL047443 (#3, right). The upper panel shows a UMAP plot colored by the expression of

490   *COL1A1* in our PDX cohort, with the numbers indicating the UMAP clusters corresponding to

491   the 3 stained PDX samples.

493   A mesenchymal-like gene expression program can be chemotherapy induced in

494   neuroblastoma cells *in vivo*.

The confirmation of proto-mesenchymal features in some drug-pretreated tumors in multiple

datasets (e.g., NB14, SJNBL063820)—but not in baseline tumors—led us to hypothesize that

the weak mesenchymal-like programs could have been chemotherapy induced. To test this, we

treated five of our GEMMs with a single pharmacologically relevant dose of cisplatin (a mainstay

of neuroblastoma treatment) and treated six GEMMs with vehicle-control (see Methods). We

harvested these tumors 24 hours after treatment and performed single-cell RNA-seq (see

Methods; Supplementary Fig. 9a).

Consistent with a treatment effect, the drug-treated samples clustered separately from the

vehicle-treated samples (Fig. 6a). To determine which genes had been induced/repressed, we

created "pseudo bulk" expression profiles using all of the cells of each tumor and then

performed functional enrichment (drug vs. vehicle) using GSEA, testing the mSigDB "Hallmark"

gene sets (Fig. 6b-d) (see Methods). As expected, "Apoptosis" was among the top

chemotherapy-induced gene sets (Fig. 6c-d and 6i, P = 0.03; Supplementary Table 7).

Remarkably, induced genes were also highly enriched for "Epithelial to Mesenchymal Transition

(EMT)" (Fig. 6c-d and 6g, P = 7.4 × 10^{-3}). We probed this further using acNMF, where in the

drug treated samples, we identified (for the first time) clear mesenchymal-like programs

expressed in cancer cells (Fig. 6e). Additionally, cisplatin-treated samples were the first where

our machine learning model classified cells highly expressing a mesenchymal program as

cancer cells (P < 2.2 × 10^{-16} for NB853, P = 9.5 × 10^{-11} for NB847, Supplementary Figs. 9b-f).

While the repressed genes were quite consistent across all drug-treated samples, e.g., the loss

of the MYC target genes (Fig. 6b-d and 6f), the patterns of induced genes showed greater

variation (Fig. 6b and 6f-j, Supplementary Table 8 for P-values). The EMT signal was strongest

in NB839, NB847, NB849, and NB853 (Fig. 6g), where the classical Van Groningen

mesenchymal signature was also enriched (Fig. 6h). These tumors also had the highest

induction of apoptosis genes (Fig. 6i), with a loss of the adrenergic genes in NB847 (Fig. 6j)—

reminiscent of trends we had previously observed only in cell lines (Fig. 6k; Fig. 5i). We

performed RNA-velocity analysis in NB847 and NB853, the results of which were consistent

with the mesenchymal programs resulting from an acute cell state transition (Fig. 6l-n,

Supplementary Fig. 10a-e, Supplementary Figure 11a-c). Overall, these recently drug-treated

tumors demonstrate that a mesenchymal-like gene expression program can be chemotherapy-

induced in neuroblastoma.

Our GEMM, which expresses human *MYCN* in cancer cells, again allowed us to validate these

conclusions by an orthogonal RNA ISH assay. This time we assessed the co-localization of

human *MYCN* and the classical EMT marker *Twist1* across four drug- and four vehicle-treated

samples. While *Twist1* expression was evident to some degree in both the drug- and vehicle-

treated samples, the co-localization of *MYCN* and *Twist1* was much higher in drug-treated

samples, again consistent with the induction of a mesenchymal program (Fig. 6o and 6q).

Overall, the landscape of mesenchymal programs in neuroblastoma differs between cell lines

and other tumor models. In the *in vivo* setting, this involves weakly enriched expression in still

predominantly adrenergic cells (Fig. 6r), which our GEMM data showed could relate to a

mesenchymal transition during chemotherapy. Further assessment of the relevance of

mesenchymal programs in cell lines to the behaviors of tumors *in vivo* should provide a clear

basis for future research (see Discussion).

Figure 6: An acutely chemotherapy treated neuroblastoma genetic mouse model strongly

overexpresses a mesenchymal-like program in cancer cells.

a) UMAP plot of single-cell RNA-seq data obtained from the tumors of all 11 mice. Each point

represents a single cell, colored by whether it was obtained from a cisplatin-treated or a vehicle-

treated mouse. Brighter colored chroma indicates cisplatin treated animals.

b) Heatmap of normalized gene expression values highlighting differentially expressed genes

identified using DESeq2.

c) Dot plot showing GSEA enrichment scores for the top mSigDB "Hallmark" gene sets. Expression

in pseudobulk cancer cells was compared between (n=6) cisplatin treated mice and (n=5) vehicle

treated mice. A negative enrichment score implies the gene set was more highly expressed in drug

treated mice.

d) GSEA plots summarizing key induced and repressed gene sets. The colored tick marks show the

rank of the genes in the gene set of interest and the colored curves show the running enrichment

score.

e) Statistical enrichment of Van Groningen mesenchymal (MES) signature (y axis) in gene

expression programs (x axis) expressed in high-confidence cancer cells in our GEMM. P-values

were calculated using a Wilcoxon rank sum test (rank of MES genes vs all other genes).

f) Boxplot showing the pseudobulk expression in cancer cells from all 11 mice for genes in the

Hallmark gene set "MYC targets V1". Order of samples is NB831, NB837, NB855, NB856,

NB864 (vehicle treated, blue); NB839, NB847, NB849, NB853, NB883, NB887 (cisplatin

treated, red). The red line indicates the median of vehicle treated samples.

g) Like (f) but for Hallmark gene set "Epithelial to mesenchymal transition".

h) Like (f) but for the Van Groningen mesenchymal signature (MES) genes.

i) Like (f) but for the Hallmark gene set "Apoptosis".

j) Like (f) but for the Van Groningen adrenergic (ADRN) signature.

k) Boxplots showing the mean expression (y axis) of the genes from the classical Van Groningen

mesenchymal (MES; orange box) or adrenergic (ADRM; purple box) signature, in cells that are

highly expressing (activity $h > 50$) the acNMF-identified program 36, which has characteristics

consistent with cancer cells and is expressed primarily in cisplatin treated mouse NB847. The

yellow box shows the mean expression of all other genes in these cells.

l) UMAP plot showing RNA-velocity analysis of mouse NB853. The cellular trajectory, inferred

from splicing dynamics, shown by the arrows, is consistent with cancer cells actively

transitioning to a mesenchymal state, which is marked by the expression of the mesenchymal-

cancer Program 39 (color scale).

m) Detailed view of the box in (l).

n) Like (l) but for the sample NB847 and mesenchymal Program 36.

o) Representative RNA ISH images for co-localization of *Twist1* with human *MYCN* in vehicle

treated (top panels, NB855) and drug treated samples (bottom panels, NB887).

p) Bar plot showing the percentage of *Twist1*^{+} cells in each of our sampled mouse slides (y axis),

quantified using the HALO software. (*, $P < 0.05$ by t-test, error bars represent SEM)

q) Bar plot showing the percentage of *Twist1*^{+} cells (y axis) in either vehicle treated, or cisplatin

treated tumors that do or do not co express *MYCN* (colors). (*, $P < 0.05$; **, $P < 0.01$ by t-test)

r) Schematic representation of the distinct mesenchymal-like gene expression programs that can be

identified across neuroblastoma datasets and preclinical models. These programs have a varying

statistical resemblance to the classical cell line derived Van Groningen mesenchymal signature

(MES), but despite this, may capture qualitatively different aspects of neuroblastoma cell biology.

DISCUSSION

Multiple preclinical cancer models are commonly applied in drug discovery and mechanistic

experimental work. However, few formal methods have been developed to determine how these

various models represent/resemble primary patient tumors. Here, we developed a novel NMF-

based computational method and a web-based front-end user interface for integrating and

interpreting gene expression programs obtained from human tumors and preclinical models. We

used these tools to perform the first integrative analysis of single-cell RNA-seq data from human

neuroblastoma tumors and preclinical models, and we provide a new public resource for

interrogating neuroblastoma biology (http://pscb.stjude.org).

Using our tools, we identified novel neuroblastoma adrenergic programs mimicking the

sympathoadrenal developmental lineage and showed that neuroblastoma tumors co-express

marker genes of developmental cell types. These behaviors were preserved between human

tumors and preclinical models. We propose a conceptual mapping of neuroblastoma gene

expression programs to sympathoadrenal development in Fig. 3r, naming these adrenergic

programs "Adrenergic I (sympathoblast-like)", "Adrenergic II (pre-neuronal-like)" and

"Neuroblastoma-MYC".

We also found that the classical cell-line-derived mesenchymal-like program has differences

between human tumors and preclinical models. First, while the neuroblastoma mesenchymal

signature was clearly identifiable in neuroblastoma cell lines, we could not identify strong

evidence that a similar program is expressed in cancer cells in human tumors—neither by

inferred copy number nor by RNA ISH. Regardless, it is logically impossible to conclude the

non-existence of such cells. Indeed, they could be identifiable in other tumors, by profiling larger

numbers of cells, or by using more sensitive technologies. For instance, our RNA ISH

experiments have difficulty distinguishing cancer vs. fibroblast/Schwann-like cells at the

boundaries of stromal regions, it is conceivable some cell types could have dropped out of the

single-cell profiling, and tools for inferring copy number are imperfect[40]. Accordingly, a recent

large spatial atlas reported evidence of malignant Schwann-like programs in some

neuroblastoma tumors[41], thus, as the available data continues to grow, it is likely that further

nuances will continue to be discovered. However, despite the complexity, we can conclude that

mesenchymal-like neuroblastoma cells are likely less abundant than fibroblasts and Schwann-

like cells *in vivo*, which also strongly express a similar mesenchymal-like signature and thus, on

the basis of marker gene expression, are easily confused with neuroblastoma cells. These

analyses also identified novel subpopulations of cancer-associated fibroblasts in most

datasets/tumors, which we could validate using RNA ISH in our GEMM, revealing at least

inflammatory, myofibroblast, and, potentially, intermediate subpopulations. Similar cell types are

critical in regulating immunosuppression, metastasis, and progression in other cancers[28], and

determining the biological/therapeutic relevance of these new cell types in neuroblastoma will

form the basis for future research.

Lastly, in multiple datasets we identified rare, high-risk, drug pretreated tumors that weakly

express mesenchymal-like features in cancer cells that remain predominantly adrenergic. This

contrasts with the behavior in cell lines, where cells expressing a mesenchymal state lose

adrenergic features. This may be related to the concept of "high risk tumors with mesenchymal-

like features", which was recently proposed by Jansky *et al*[19], but in contrast to Jansky we

showed these cells at least partially resemble the classical Van Groningen mesenchymal

signature and that this could be maintained in PDX. We also identified a potential source of this

phenotype, showing that a mesenchymal-like program could be strongly induced *in vivo* in an

acutely chemotherapy-treated GEMM. This is consistent with observations across several other

cancers that EMT can represent an apoptosis escape mechanism that leads to drug

resistance[42,43]. Notably, our observation of the loss of expression of MYC target genes and gain

of EMT/mesenchymal-like features in cancer cells also resembles a previously reported

"embryonic diapause-like" drug/chemo persistent state change in breast cancer[44]. Our data

suggest that high-risk neuroblastoma cells may be primed to undergo a similar transition. It is

tempting to speculate that targeting this process could circumvent chemoresistance, and it is

plausible that some mesenchymal-like cell lines may represent a good model for this behavior.

Because of the very short 24-hour treatment window, this finding also implies that the

expression of mesenchymal-like genes need not necessarily emerge in relapsed neuroblastoma

tumors by purifying selection, as was previously speculated based on patient data[6,10,45] and

tumors obtained at later time points post-chemotherapy and -relapse in mice[45]. However, the

clinical significance of these drug-induced and weakly enriched mesenchymal programs and

their potential role in facilitating escape from chemotherapy-induced apoptosis remains to be

determined. In general, our results argue that mesenchymal-like programs in neuroblastoma

can be subdivided into at least (1) a weak mesenchymal-like signature co-expressed in still-

predominantly-adrenergic cells of some high-risk tumors, some of which (2) could potentially be

chemotherapy induced; (3) the classical mesenchymal-like signature in cell lines, which also

strongly express features similar to (4) cancer-associated fibroblasts and Schwann-like cells

found in tumors. As these represent (at least partially) qualitatively different entities, we propose

naming these (1) Mes-weak, (2) Mes-EMT-like, (3) Mes-classical, and (4) Mes-

sympathoadrenal-differentiation (Fig. 6r).

Finally, our findings only touch on the biological insights that could be gained from an

interpretable integrated representation of single-cell RNA-seq data from human neuroblastoma

and preclinical models. For example, our NMF-based models recovered a rich representation of

the immune component of neuroblastoma tumors, largely recapitulated in our GEMM. We have

made all the data and models available in our interactive web-based platform

(http://pscb.stjude.org), which we encourage readers to review, discuss, and use as a map for

future discoveries.

CONCLUSIONS

We have developed a set of computational methods for integrative analysis of human single-cell

RNA-seq datasets and pre-clinical models. We have used these tools to identify the divergent

behavior of gene expression programs in neuroblastoma tumors and preclinical models,

providing insight into the behavior of putative drug resistance mesenchymal-like programs. We

have provided this dataset as an integrated community resource and our computational

approach is applicable in other diseases, where the fidelity of pre-clinical models remains

largely unknown.

METHODS

Establishing a neuroblastoma genetic mouse model.

LSL-MYCN;Dbh-iCre mice[36] (129X1/SvJ) were obtained from Michael A. Dyer's lab (St. Jude). This study was carried out in strict accordance with the recommendations of the National Institute of Health's Guide to Care and Use of Laboratory Animals. The protocol was approved by the Institutional Animal Care and Use Committee at St. Jude Children's Research Hospital. All mice were housed, per approved IACUC protocols, on a 12−12 light cycle (light on 6 am, off 6 pm) and provided food and water ad libitum. Neuroblastoma-like tumors comparable to human neuroblastoma arose in the abdomen from either the adrenal gland or the celiac and superior cervical ganglia with a penetrance of approximately 50%, at a median age of about 6 months old. The tumor volumes were monitored by ultrasound using the Vevo 3100 system (Fujifilm-Visualsonics, Toronto, Canada), and once an adrenal tumor had reached 500mm^3 in diameter, the mice were treated with either a single, pharmacologically relevant[46] 2 mg/kg dose of cisplatin ($n = 6$) or vehicle control ($n = 5$) by intraperitoneal injection. The mice were euthanized at 24 hours, and tumors were immediately harvested and subjected to single-cell RNA-seq using the protocols described below.

Orthotopic patient-derived xenografts

Flash-frozen fragments of orthotopic patient-derived xenografts were obtained through the St. Jude Childhood Solid Tumor Network (https://cstn.stjude.cloud/)[38,47]. Approximately 50-100 mg of frozen tissue underwent nuclei extraction using manual disruption within a chilled Tween containing buffer[48]. To generate fresh xenograft tissue, cells were injected into the para-adrenal space of immunocompromised nude mice using ultrasound. Tumors were harvested from

xenograft-bearing mice, and approximately 250-500 mg of tissue were dissociated using the

Papain Dissociation System (Worthington Biochemical)[48].

Single-cell/single-nuclear RNA-seq data generation and preprocessing

Mouse: Single cells from mouse tumors were obtained through dissociation using the Papain

Enzymatic dissociation method following the Worthington kit (cat. No. LK003150), and final

dissociated cells were suspended in the DMEM medium.

Cell Lines: The following NB cell lines were maintained in the following culture conditions (5%

CO_2, 37° C, RPMI medium, 10% FBS, 2mM L-glutamine, 100 IU/mL penicillin, 100 μg/mL

streptomycin); BE2C, BE2M17, CHP134, CHP212, GIMEN, IMR5, KELLY, MHHNB11, NGP,

SKNAS, SKNFI, SKNSH, TGW. Cells were harvested, and viabilty was measured using Lunc

Cell Counter AO/PI dye. We processed samples that showed greater than 90% viability.

Library Preparation and Sequencing: The dissociated/suspended single cells were filtered and

strained through a 40μm strainer and cells were counted using the Luna cell counter. Next, they

were loaded into Chromium Chips from Single cell 3' Gene expression V3.1 kit (10X Genomics,

Pleasanton, CA) with target capture of 6000 cells. The cDNA generation, library preparation,

and QC was performed following 10X Genomics protocol. The library was sequenced in

Novaseq-V1 reagents, and the sequenced data were processed using the Cell Ranger Software

(10X Genomics) mapped to mm10 (mouse) or GRCh38 (cell line). Poor quality and outlier cells

were identified and removed. Analysis downstream of acNMF, was conducted on normalized

read counts (SCTransform, Seurat R package) of the resulting cells.

Automatic Consensus Non-negative Matrix Factorization (acNMF)

For each dataset, raw read counts were merged into a single matrix containing all samples.

50,000 cells were subsampled per dataset, and then randomly split into two subsets containing

roughly equal numbers of cells. cNMF[20] (https://github.com/dylkot/cNMF/) was applied to each

split independently by performing 200 NMF iterations per rank (k), spanning a range of k = 2 to k

= 200. Outlier replicates, defined by Euclidean distance, were filtered at a rate of 10%. The

consistency of gene expression programs between the data splits was assessed by calculating

the Jaccard similarity index of Z-score normalized (see Kotlier et $al.$[20] for details) gene weight

coefficients at each value of k. P-values for all pairwise comparisons between the columns of

the component matrices were calculated using the jaccard.test.mca function from the

'jaccardtest' R package[49] followed by Bonferroni multiple testing correction. This was carried out

over a range of Jaccard lengths. All significant pairs (P < 0.05) of components between data

splits were then represented as node pairs in an undirected network graph using the R package

$igraph$[50]. Community detection was performed on the underlying graph using edge

betweenness centrality, and the number of distinct communities were recorded. These

communities represent replicated gene expression programs between data splits, and these

were used as the basis of comparison to determine optimal parameters for rank (k) and Jaccard

length on each dataset. For each Jaccard length the number of discrete communities was

plotted against all values of k, and a loess regression was performed to facilitate curve

smoothing. The inflection point of these concave curves was calculated using the 'elbow' R

package (https://nicolascasajus.fr/elbow/). Cost values, representing residual values after the

inflection point, were used to evaluate the stability of the solution. A linear regression was

performed on cost values of each Jaccard length curve, and the slope was recorded. The

optimal Jaccard length was established by determining which slope was closest to -1.0, which

represents a solution whereby the number of reproducible programs remains approximately

constant for all values of k greater than ground truth (Supplementary Fig. 1d). Using the

established parameters for rank (k) and Jaccard length, final reproducible programs for each

dataset were calculated by averaging over all nodes (i.e., cNMF gene loading scores (i.e.

weights)) per community in the network graph.

Benchmarking acNMF against other methods

We benchmarked acNMF against 3 different published latent factor models, iNMF, ScVI, and

SignatureAnalyzer, using our simulated dataset of 15,000 cells, encompassing 13 cell types

plus 1 activity program. We benchmarked all models using the same 2000 highly variable

genes. iNMF was run with miniBatch_size = 5000, max.epochs = 5, where we first ran the

suggestK function at lambda = 5, thresh = 1e-4 and max.iters = 100 with values of k ranging

from 5 to 100 (from 5:60 in intervals of 5, from 70:100 in intervals of 10). We then determined

the optimal value of k by LOESS (same approach as in acNMF) on the resulting median KL

divergence data. ScVI was run with max_epochs = 200, gene_likelihood = "nb" and

latent_distribution = "ln". k was chosen based on the marginal log-likelihood obtained with the

dimensionality of the bottleneck layer ranging from 2 to 100 (from 3:60 in intervals of 1, from

70:100 in intervals of 10), where the encoder and decoder were both structured with 2 layers

(note that the marginal log-likelihood fluctuated with increasing dimensionality and we picked

the smallest dimensionality with a comparable marginal log-likelihood). SA-GPU was run with

K_0 = 100, max_iter = 100000. For ARI (adjusted rand index) calculation, we labeled each cell

with the program associated with the highest program expression score (h) and ARI was

calculated by ARI function in R library aricode.

Identifying gene expression programs replicated across different datasets using a

network graph

To determine which gene expression programs were replicated across datasets, or between

human tumors and preclinical models, all pairwise comparisons between programs from all

datasets were performed using an asymmetric Jaccard similarity test, fixing the Jaccard length

to that tuned for each dataset above, followed by Bonferroni correction (keeping connections at

FWER < 0.05). We visually represented connected nodes in a network graph (e.g., Fig. 4a) –

the layout of which was established using the force-directed Fruchterman-Reingold algorithm to

minimize overlapping of edges. The network structure facilitated the interpretation of these

programs, with communities detected by modularity scores calculated from random walks of the

graph.

Web-based platform for annotation, exploration, and cross-dataset integration of acNMF

output.

For each gene expression program, an interactive web-based report was created, which was

used to support annotation and interpretation. To estimate variability between subjective

annotators, the GOSH dataset was independently annotated by co-authors P.G. and Y.K, and a

consensus annotation was subsequently reached by discussing and merging these annotations,

including subjective assignment of confidence levels. The web-based reports were created

using the R package *knitr*[51], which for each program summarized a rich catalogue of biologically

relevant information/enrichments, including 282 marker gene lists we curated from the literature.

The interactive plots were created using *plotly*[52]. The broader network-based representation

comparing gene expression programs across datasets, as well as the tools for organizing the

reports and cataloguing/displaying relevant metadata was created using *Shiny*[53]. The complete

web platform is accessible at http://pscb.stjude.org.

RNA *in situ* hybridization (RNA ISH) and HALO analysis

RNA ISH was performed in fresh frozen mouse tissue samples (NB837, NB839, NB853, NB855,

NB856, NB864, NB883, NB887) using the RNAscope HiPlex V2 assay Reagent Kit. These data

were generated by Advanced Cell Diagnostics (7707 Gateway Blvd., Newark, CA 94560, USA).

Briefly, fresh frozen tissue sections were pretreated with 10% NBF and protease prior to

hybridization with the target oligo probes (Mm-Tagln, Mm-Acta2, Mm-C3, Mm-Sox10, Mm-Plp1,

Hs-MYCN, Mm-Twist1, and Mm-Ddc). Immediately following hybridization, the RNAscope

Fluorescent V2 Assay was performed with the preamplifier, amplifier, and RNAscope HiPlex

FFPE Reagent to reduce autofluorescence. Fluorophores T1-T4 were then hybridized

sequentially, followed by RNAscope DAPI counterstain. After imaging, the first group of

multiplexed fluorophores were then cleaved, and the process was repeated for each additional

group of fluorophores. Fluorescence images were acquired using a Polaris 40X full-slide digital

slide scanner. The resulting multispectral images were then uploaded into HALO Image

Analysis platform v3.5.3577.140 (Indica Labs), and the High-Plex FL v2.0 module was used to

construct the image analysis algorithms. These included nuclei detection, cytoplasmic

segmentation, and FISH detection criteria based on intensity thresholds for each probe in each

sample.

CNV Inference in scRNA-seq data

We used InferCNV[37] to identify regions of copy number variation from single-cell RNA-seq,

which we used as evidence to differentiate between cancer and non-cancerous "normal" cells.

InferCNV was run on each patient/sample independently. Reference normal cells were selected

from clear immune cells, identified by acNMF (selecting cells expressing an immune program at

$h > 100$). In the case of the GOSH dataset, we used the author's original immune cell

annotations, which were essentially identical to the acNMF annotations. In cell lines, we defined

the reference normal using immune cells from the Dong dataset. InferCNV's six-state Hidden

Markov Model (i6) predicted CNV regions and states, with posterior probabilities of CNV regions

assigned to a given state using a Bayesian network at a value of P(Normal) = 0.3 (all other

parameters were used at default settings).

Machine learning classifiers for predicting cancer/normal status of mesenchymal-like

cells using inferred copy number profiles.

To predict the cancer/normal status of mesenchymal-like cells on a per-cell basis, we tested 3

classification models, a regularized logistic generalized linear model (GLM), a random forest

(RF), and a support vector machine (SVM), which all achieved comparable performance. These

were implemented in the R packages *glmnet*, *randomForest,* and *SVM* (linear kernel)

respectively. We identified cancer cells, endothelial cells, or ambiguous mesenchymal-like cells

if an appropriate program was expressed in that cell at $h > 100$. We randomly split clear cancer

cells into 75% training set and 25% test set. Cell-specific copy number estimates, which were

treated as the model's input features, were obtained from inferCNV's predicted regions of copy

number variation (inferCNV-features) or were obtained manually, by taking the average

standardized TPM expression level in groups of 50 collocated genes along the genome

(manual-features). For each sample, a classifier was then trained using sample-specific cancer

cells and immune cells (representing normal cells). For each sample, these trained models were

then applied to the held-out reference normal endothelial cells, or the held-out ambiguous

mesenchymal-like cells, outputting a predicted class of 0 (normal) or 1 (cancer) for each cell.

These results were then assembled into a 2 × 2 contingency table, where we applied a Fisher's

exact test to compare the frequency with which the model classified mesenchymal-like cells as

cancer cells, against the frequency it misclassified reference normal endothelial cells as cancer

cells. Note that for model training/testing in the GEMM data, because the mice were genetically

identical, we pooled the immune cells and endothelial cells in the drug-treated and vehicle-

treated groups, which increased the size of the reference normal pool of cells and should

improve power.

Differential expression, gene set enrichment analysis, and RNA-velocity analysis of

cisplatin treated GEMM.

We performed differential expression analysis of our cisplatin treated vs vehicle treated GEMM

using the R package DESeq2[54] by 'pseudobulking' cells from each mouse using the

aggregate.Matrix function in the R package Matrix.utils. All genes were ranked by logFC

between vehicle and cisplatin treated mice, and then were subjected to GSEA[55] for functional

enrichments of the mSigDB Hallmarks gene set, using default parameter settings. Trajectory

inference and pseudotime analysis were performed with the R package Monocle3[56]. RNA

velocity was assessed by applying the dynamical module of scVelo[56] (v0.2.5) under default

settings.

Spatial pathology analyses and immunohistochemistry.

For H&E staining, the harvested mouse tumor tissue was embedded in Tissue-Tek O.C.T.

embedding medium (Sakura Finetek) and flash frozen on a metal block in liquid nitrogen then

preserved at –80°C until further processing. Each tissue block was equilibrated to -20°C in a

cryostat chamber (CM3050S, Leica BioSciences) for 30 minutes before making 10-μm sections

collected onto Superfrost slides. The slides were incubated at 37°C for 1 minute and transferred

to a container containing pre-chilled methanol for 30 minutes at -20C in the upright position.

After methanol fixing, the excess methanol was wiped out from the bottom of the slides without

disrupting the tissue section. After methanol fixation, the slides were immersed into water 10

times gently and incubated in hematoxylin solution for 1 minute followed by immersing slides 10

times into 800 ml water. The slides were then submerged 10 times into Bluing buffer and

immersed into water to remove the excess Bluing buffer. Next, slides were dipped into 96%

ethanol 10 times followed by incubation with Eosin for 30 seconds. The excess Eosin was

removed by immersing slides 10 times into 3 different containers containing 100% ethanol. After

that, tissue slides were mounted, and images were acquired using Axioscan slide scanner

(Zeiss, Oberkochen, DE) up to a 20X scalable magnification. For our immunohistochemistry

analysis of fresh frozen slides used for the RNA ISH experiments serial unstained sections of

murine NB-like tumors were fixed in acetone for 20 minutes. Fixed slides were then wet loaded

on the Ventana Discovery Ultra autostainer (Roche, Basel, CH) using the Ventana Discovery

Ultra antigen retrieval CC1 (catalogue #950-500) for 64 minutes followed by the application of

anti-PHOX2B antibody (Abcam, ab183741) at a 1:100 dilution for 60 minutes. OmniMap anti-

rabbit HRP (catalogue #760-4311) for 16 minutes, followed by the ChromoMap DAB kit

(catalogue #760-159) for 8 minutes, followed by counterstained with hematoxylin, and the post-

counterstain Bluing Reagent (catalogue #760-2037) for 8 minutes was used for the detection

and visualization of PHOX2B in tissue sections.

Xenograft tissue was fixed in 10% neutral-buffered formalin and processed as paraffin

embedded samples. Tissues were sectioned at a 4-μm thickness and mounted onto positively

charged glass slides (Superfrost Plus; ThermoFisher Scientific, Waltham, MA). Unstained

slides were baked for 60 minutes at 60°C.   After deparaffinization, slides underwent

immunohistochemical staining for anti-COL1A1 (clone E3E1X, Cell Signaling, #66948) was

performed on the Leica BOND-MAX automated stainer (Leica Biosytems, Buffalo Grove, IL)

with IHC Protocol F. Heat-induced epitope retrieval was carried out with Bond Epitope Retrieval

Solution 2 (ER2) for 20 minutes followed by incubation of the primary antibody at 1:200 for 30

minutes, and visualization with Bond Polymer Refine Detection kit (DS9800). Negative and

positive tissue controls included xenografts defined as having either negative or high expression

of COL1A1 as determined by sequencing data. Species cross-reactivity was not observed in

wild-type B6 murine haired skin, which served as another negative tissue control. An isotype

control (Mouse BALB/c IgG2a, BD Pharmingen, 349050) was used to confirm the specificity of

immunoreactivity for the monoclonal antibody.

<u>DECLARATIONS</u>

Ethics approval and consent to participate

Not applicable.

Consent for publication

Not applicable.

Availability of data and materials

Simulated scRNA-seq datasets were obtained through CodeOcean

(https://doi.org/10.24433/CO.9044782e-cb96-4733-8a4f-bf42c21399e6) using the

Step1_Simulate.ipynb Jupyter Notebook. Default parameters, defined by the implementation of

the R package 'splatter' on a published scRNA-seq dataset, were used to generate five replicate

simulations across three conditions of varying signal:noise levels. The raw readcounts from

each of these simulations were subjected to the acNMF approach described below

(https://rchapple2.github.io/acNMF/). The gene and cell parameters generated from this code

were used to evaluate the recovery of programs following the acNMF analysis.   Human

datasets were downloaded via the following accession numbers. Dong: GSE137804. Jansky:

EGAS00001004388. Kildisiute: EGAD00001008345. Cell line and mouse data deposited in

GSE229224 and GSE229226, respectively. PDX deposited in GSE228957.

Competing interests

The authors declare no competing interests.

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Authors' contributions

RHC and PG developed the methods, analyzed the data and drafted the paper. XL developed

the CNV calling method and acNMF benchmarking. SN and JE generated the single-cell data.

MIMA, CWL, WCW, YZ performed additional analytical work. YK, MP, HML, ML, SCK, CL, JH,

CS, MDJ, TC, WJA performed additional experimental and mouse work. HS performed the

pathology work. AGP and MD generate the PDX data and provided analytical support.

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REFERENCES

Johnsen, J. I., Dyberg, C. & Wickström, M. Neuroblastoma—a neural crest derived embryonal malignancy. *Frontiers in molecular neuroscience* **12**, 9 (2019).

Armstrong, G. T. *et al.* Reduction in late mortality among 5-year survivors of childhood cancer. *New England Journal of Medicine* **374**, 833-842 (2016).

Moreno, L. *et al.* Accelerating drug development for neuroblastoma: summary of the second neuroblastoma drug development strategy forum from innovative therapies for children with cancer and International Society of Paediatric Oncology Europe Neuroblastoma. *European Journal of Cancer* **136**, 52-68 (2020).

Ma, X. *et al.* Pan-cancer genome and transcriptome analyses of 1,699 paediatric leukaemias and solid tumours. *Nature* **555**, 371-376 (2018).

Oren, Y. *et al.* Cycling cancer persister cells arise from lineages with distinct programs. *Nature* **596**, 576-582 (2021).

Boeva, V. *et al.* Heterogeneity of neuroblastoma cell identity defined by transcriptional circuitries. *Nature genetics* **49**, 1408-1413 (2017).

Chen, X., Pappo, A. & Dyer, M. A. Pediatric solid tumor genomics and developmental pliancy. *Oncogene* **34**, 5207-5215 (2015).

Flavahan, W. A., Gaskell, E. & Bernstein, B. E. Epigenetic plasticity and the hallmarks of cancer. *Science* **357**, eaal2380 (2017).

Shaffer, S. M. *et al.* Rare cell variability and drug-induced reprogramming as a mode of cancer drug resistance. *Nature* **546**, 431-435 (2017).

Van Groningen, T. *et al.* Neuroblastoma is composed of two super-enhancer-associated differentiation states. *Nature genetics* **49**, 1261-1266 (2017).

Gartlgruber, M. *et al.* Super enhancers define regulatory subtypes and cell identity in neuroblastoma. *Nature Cancer* **2**, 114-128 (2021).

Schubert, N. A. *et al.* Loss of p16INK4a in neuroblastoma cells induces shift to an immature state with mesenchymal characteristics and increases sensitivity to EGFR inhibitors. *bioRxiv*, 2021.2010. 2027.465137 (2021).

Olsen, T. K. *et al.* Malignant Schwann cell precursors mediate intratumoral plasticity in human neuroblastoma. *bioRxiv* (2020).

Yuan, X. *et al.* Single-cell RNA-sequencing of peripheral neuroblastic tumors reveals an aggressive transitional cell state at the junction of an adrenergic-mesenchymal transdifferentiation trajectory. *bioRxiv* (2020).

Kameneva, P. *et al.* Single-cell transcriptomics of human embryos identifies multiple sympathoblast lineages with potential implications for neuroblastoma origin. *Nature genetics* **53**, 694-706 (2021).

Dong, R. *et al.* Single-cell characterization of malignant phenotypes and developmental trajectories of adrenal neuroblastoma. *Cancer Cell* **38**, 716-733. e716 (2020).

Kildisiute, G. *et al.* Tumor to normal single-cell mRNA comparisons reveal a pan-neuroblastoma cancer cell. *Science advances* **7**, eabd3311 (2021).

Bedoya-Reina, O. *et al.* Single-nuclei transcriptomes from human adrenal gland reveal distinct cellular identities of low and high-risk neuroblastoma tumors. *Nature communications* **12**, 1-15 (2021).

Jansky, S. *et al.* Single-cell transcriptomic analyses provide insights into the developmental origins of neuroblastoma. *Nature genetics* **53**, 683-693 (2021).

20 Kotliar, D. *et al.* Identifying gene expression programs of cell-type identity and cellular activity
with single-cell RNA-Seq. *Elife* **8**, e43803 (2019).
21 Aran, D. *et al.* Reference-based analysis of lung single-cell sequencing reveals a transitional
profibrotic macrophage. *Nature immunology* **20**, 163-172 (2019).
22 Cao, J. *et al.* A human cell atlas of fetal gene expression. *Science* **370**, eaba7721 (2020).
23 Domínguez Conde, C. *et al.* Cross-tissue immune cell analysis reveals tissue-specific features in
humans. *Science* **376**, eabl5197 (2022).
24 Hanemaaijer, E. S. *et al.* Single-cell atlas of developing murine adrenal gland reveals relation of
Schwann cell precursor signature to neuroblastoma phenotype. *Proceedings of the National*
Academy of Sciences **118**, e2022350118 (2021).
25 Hsiao, C. J. *et al.* Characterizing and inferring quantitative cell cycle phase in single-cell RNA-seq
data analysis. *Genome research* **30**, 611-621 (2020).
26 Kildisiute, G., Young, M. D. & Behjati, S. Pitfalls of applying mouse markers to human adrenal
medullary cells. *Cancer Cell* **39**, 132-133 (2021).
27 Kinker, G. S. *et al.* Pan-cancer single-cell RNA-seq identifies recurring programs of cellular
heterogeneity. *Nature genetics* **52**, 1208-1218 (2020).
28 Lavie, D., Ben-Shmuel, A., Erez, N. & Scherz-Shouval, R. Cancer-associated fibroblasts in the
single-cell era. *Nature cancer* **3**, 793-807 (2022).
29 Veglia, F., Sanseviero, E. & Gabrilovich, D. I. Myeloid-derived suppressor cells in the era of
increasing myeloid cell diversity. *Nature Reviews Immunology* **21**, 485-498 (2021).
30 Bedoya-Reina, O. C. & Schlisio, S. Chromaffin cells with sympathoblast signature: too similar to
keep apart? *Cancer Cell* **39**, 134-135 (2021).
31 Kameneva, P. *et al.* Evolutionary switch in expression of key markers between mouse and
human leads to mis-assignment of cell types in developing adrenal medulla. *Cancer Cell* **39**, 590-
591 (2021).
32 Klöppel, G. Neuroendocrine neoplasms: dichotomy, origin and classifications. *Visceral medicine*
33, 324-330 (2017).
33 Wang, C. *et al.* The concordance between RNA-seq and microarray data depends on chemical
treatment and transcript abundance. *Nature biotechnology* **32**, 926-932 (2014).
34 Zeineldin, M., Patel, A. G. & Dyer, M. A. Neuroblastoma: When differentiation goes awry.
Neuron (2022).
35 Verhoeven, B. M. *et al.* The immune cell atlas of human neuroblastoma. *Cell Reports Medicine* **3**
(2022).
36 Althoff, K. *et al.* A Cre-conditional MYCN-driven neuroblastoma mouse model as an improved
tool for preclinical studies. *Oncogene* **34**, 3357-3368 (2015).
37 Patel, A. P. *et al.* Single-cell RNA-seq highlights intratumoral heterogeneity in primary
glioblastoma. *Science* **344**, 1396-1401 (2014).
38 Stewart, E. *et al.* Orthotopic patient-derived xenografts of paediatric solid tumours. *Nature* **549**,
96-100 (2017).
39 Zhu, Q.-Q., Ma, C., Wang, Q., Song, Y. & Lv, T. The role of TWIST1 in epithelial-mesenchymal
transition and cancers. *Tumor Biology* **37**, 185-197 (2016).
40 Boen, J., Wagner, J. P. & Di Nanni, N. Inferring copy number variation from gene expression
data: methods, comparisons, and applications to oncology. *bioRxiv*, 2021.2010. 2018.463991
(2021).
41 Patel, A. G. *et al.* A spatial cell atlas of neuroblastoma reveals developmental, epigenetic and
spatial axis of tumor heterogeneity. *bioRxiv*, 2024.2001.2007.574538,
doi:10.1101/2024.01.07.574538 (2024).

42   Du, B. & Shim, J. S. Targeting epithelial–mesenchymal transition (EMT) to overcome drug
resistance in cancer. *Molecules* **21**, 965 (2016).
43   Shibue, T. & Weinberg, R. A. EMT, CSCs, and drug resistance: the mechanistic link and clinical
implications. *Nature reviews Clinical oncology* **14**, 611-629 (2017).
44   Dhimolea, E. *et al.* An embryonic diapause-like adaptation with suppressed Myc activity enables
tumor treatment persistence. *Cancer cell* **39**, 240-256. e211 (2021).
45   Mañas, A. *et al.* Clinically relevant treatment of PDX models reveals patterns of neuroblastoma
chemoresistance. *Science Advances* **8**, eabq4617 (2022).
46   Teitz, T. *et al.* Preclinical models for neuroblastoma: establishing a baseline for treatment. *PloS
one* **6**, e19133 (2011).
47   Stewart, E. *et al.* The Childhood Solid Tumor Network: A new resource for the developmental
biology and oncology research communities. *Developmental biology* **411**, 287-293 (2016).
48   Slyper, M. *et al.* A single-cell and single-nucleus RNA-Seq toolbox for fresh and frozen human
tumors. *Nature medicine* **26**, 792-802 (2020).
49   Chung, N. C., Miasojedow, B., Startek, M. & Gambin, A. Jaccard/Tanimoto similarity test and
estimation methods for biological presence-absence data. *BMC bioinformatics* **20**, 1-11 (2019).
50   Csardi, G. & Nepusz, T. The igraph software package for complex network research. *InterJournal,
complex systems* **1695**, 1-9 (2006).
51   Xie, Y. in *Implementing reproducible research*   3-31 (Chapman and Hall/CRC, 2018).
52   Sievert, C. *Interactive web-based data visualization with R, plotly, and shiny*. (CRC Press, 2020).
53   Chang, W., Cheng, J., Allaire, J., Xie, Y. & McPherson, J. Shiny: web application framework for R.
R package version **1**, 2017 (2017).
54   Love, M. I., Huber, W. & Anders, S. Moderated estimation of fold change and dispersion for
RNA-seq data with DESeq2. *Genome biology* **15**, 1-21 (2014).
55   Subramanian, A. *et al.* Gene set enrichment analysis: a knowledge-based approach for
interpreting genome-wide expression profiles. *Proceedings of the National Academy of Sciences*
102, 15545-15550 (2005).
56   Trapnell, C. *et al.* The dynamics and regulators of cell fate decisions are revealed by
pseudotemporal ordering of single cells. *Nature biotechnology* **32**, 381-386 (2014).

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