An isoform-resolution transcriptomic atlas of colorectal cancer from long-read single-cell sequencing

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Summary

Colorectal cancer (CRC) is the second leading cause of cancer death worldwide. In recent years, short-read single-cell RNA sequencing (scRNA-seq) has been instrumental in deciphering tumor cell heterogeneities. However, these studies only enable gene-level expression quantification but neglect alterations in transcript structures, which arise from alternative end processing or splicing, and are frequently observed in cancer. In this study, we integrated short- and long-read scRNA-seq of CRC patient samples to build the first isoform-resolution CRC transcriptomic atlas. We identified 394 dysregulated transcript structures in tumor epithelial cells, including 299 resulting from various combinations of multiple splicing events. Secondly, we characterized genes and isoforms associated with epithelial lineages and subpopulations that exhibit distinct prognoses. Finally, we built an algorithm that integrated novel peptides derived from predicted ORFs of recurrent tumor-specific transcripts with mass spectrometry data and identified a panel of recurring neoepitopes that may aid the development of neoantigen-based cancer vaccines.

Keywords

1 Introduction

The heterogeneity of cells and their composition is critical for cancer progression, patient survival and response to therapy (Burrell et al., 2013; Meacham and Morrison, 2013). Single-cell RNA sequencing (scRNA-seq) enables RNA expression profiling for thousands of genes in hundreds and thousands of cells in parallel to facilitate the comprehensive characterization of these variations. scRNA-seq has been performed for colorectal cancer (CRC) to investigate tumor cell heterogeneities, transformation states, spatial organizations and immune cell infiltrations (Becker et al., 2022; Li et al., 2017; Pelka et al., 2021; Zhang et al., 2020). Based on the gene expression profiles in each cell, scRNA-seq can distinguish malignant from infiltrated cells and group them into subpopulations with distinct molecular properties. Furthermore, the varying compositions of each cell subpopulation for both malignant and infiltrated cells have been utilized to classify tumors into subtypes to predict prognosis and response to therapy (Joanito et al., 2022; Lee et al., 2020).

To date, most scRNA-seq cancer studies only quantify expression at the gene level. However, the majority of human genes can generate multiple transcript isoforms, particularly in tumor cells in which widespread alterations in transcript structure arising from 5' and 3' ends, and alternative splicing (AS) differences are frequently observed (Demircioğlu et al., 2019; Kahles et al., 2018; Xia et al., 2014). Recently, we reported that pervasive splicing within the 3'-untranslated region (3' UTR) is upregulated in cancer to promote oncogene expression and tumorigenesis (Chan et al., 2022). These results demonstrate that in addition to gene expression, changes in transcript structures also contribute to cancer pathogenesis. Traditionally, bulk RNA sequencing (RNA-seq) detects cancer-associated aberrations in specific regions of transcripts reconstructed from short reads, whereas the third-generation long-read sequencing (LR-seq), such as PacBio Iso-Seq, is able to directly capture dysregulations of full-length transcripts. Recently, two studies employed PacBio Iso-Seq with bulk RNA from breast cancer samples and gastric cancer cell lines to characterize their full-length transcripts, revealing extensive aberrant transcript structures that may be involved in tumor-related dysfunctions (Huang et al., 2021; Veiga Diogo et al., 2022). However, only a handful of studies have combined LR-seq and scRNA-seq to dissect tumor cell heterogeneities and transcript dysregulations at the isoform level.

In addition, tumors specifically express RNA with dysregulated transcript structure (DTS) that may contain new open read frames (ORF) encoding unique proteins that serve as a potential source of neoantigen in tumor cells (Sellars et al., 2022). Several studies have reported that tumor-associated intron retention, neo-splice junction, exitron and RNA editing could generate neoantigens (Kahles et al., 2018; Smart et al., 2018; Wang et al., 2021; Zhang et al., 2018). To date, only neoantigens

derived from DNA mutations with the potential to activate the immune response have been used to

generate personalized neoantigen vaccines in clinical trials for melanoma and glioma treatment

(Keskin et al., 2019; Ott et al., 2017). Studies for neoantigens arising from aberrant RNA processing

are limited and primarily based on short-read RNA-seq data that rely heavily on annotations that

could compromise the precision of full ORF predictions. Conversely, the identification of full-

length tumor-specific anomalous transcripts using LR-seq may enable predictions of complete

novel ORFs to more accurately and exhaustively derive neoepitopes. Nevertheless, this concept

and its feasibility have not been explored.

Here, we present a study integrating short-read and PacBio Iso-Seq-based long-read scRNA-seq of

matched CRC clinical samples to build a full-length transcriptomic atlas and investigate isoform-

specific dysregulations in CRC. We identified 394 DTSs from 273 genes in the tumor epithelial

cells, many of which were caused by the coupling of multiple splicing events. Additionally, we

detected tumor cell-associated and isoform-specific RNA editing events. By classifying normal

(EpiN) and tumor epithelial (EpiT) cells into subpopulations, we unveiled genes and transcripts

associated with three EpiN lineages, as well as three EpiT subpopulations comprising more than

90% of malignant cells, each linked to a distinct prognosis. Finally, we predicted the proteome of

CRC based on the full-length transcriptome. By integrating the novel ORFs from recurrent tumor-

specific transcripts and mass spectrometry (MS) data, we developed an algorithm to build a panel

of 24 neoepitopes with strong binding affinities to MHC molecules for a wide range of CRC

patients, which may be exploited for the development of universal neoantigen-based cancer

vaccines.

Results

Matched long- and short-read scRNA-seq atlas of human CRC

To study the landscape of full-length transcript isoforms in human CRC, we isolated single cells

from eight tumor and eleven adjacent normal samples derived from 12 CRC patients, generated

cDNA libraries using the 10x Genomics droplet-based method and performed matched Illumina

short-read sequencing and PacBio Iso-Seq (**Figure 1A, Table S1**). We obtained a total of 19,015

high-quality cells with Illumina scRNA-seq data (**Methods**). To accurately identify the cell types,

we mapped these cells to the Human Colon Cancer Atlas (c295), which is currently the most

comprehensive single-cell atlas of CRC (Pelka et al., 2021). By integrating these two datasets

(**Figure S1**, **Methods**), the cells were grouped into 20 major clusters (**Figure 1B**). We found that

cells from the in-house tumor and normal samples were embedded into the c295 cell clusters

without obvious batch effects (**Figure 1C**). Sixteen out of 20 cell types from c295 were detected in

the in-house dataset, of which seven consisted of more than 100 cells. Among these, most of the

cells were epithelial cells, followed by immune and stromal cells (**Figure 1D**).

Interestingly, compared to the normal samples, the tumor samples contained a higher number and

proportion of immune cells, suggesting higher immunological activity in the tumor

microenvironment (**Figure 1E**). To ensure robust identification of malignant epithelial cells, we

inferred somatic copy number variations (SCNVs) of the cells from the normal and tumor samples

using inferCNV (The Trinity CTAT Project, 2019). In general, the normal samples did not show

significant SCNVs across the chromosomes, whereas the tumor samples displayed SCNVs in

multiple regions (**Figure 1F**). These regions were generally consistent within each sample and

located within previously characterized cytobands, such as amplifications in 1q, 7p, 8q, 19q, 20p

and 20q, as well as deletions in 4q, 15q and 22q (Muzny et al., 2012; Wood et al., 2007). Using the

inferred SCNVs and gene expression profiles (**Methods**), we obtained a collection of 3,943 and

11,388 reliable tumor (EpiT) and normal (EpiN) epithelial cells, respectively.

In addition to short-read scRNA-seq, we also performed long-read scRNA-seq on three normal and

four tumor samples using PacBio Iso-Seq (**Figure 1A**). Among the derived 19,264,405 circular

consensus long-read sequencing (CCS) reads, 11,481,904 (59.6%) full-length non-concatemer

(FLNC) reads were obtained (**Methods**). We identified 125,205 unique transcript isoforms from

17,753 genes, of which 23,379 were detected in both the normal and tumor samples. Based on the

comparison of the splice junctions (SJs) of each aligned isoform with the reference transcriptome

(GENCODE v37 and NCBI RefSeq release 109), we classified each transcript into four main

categories: full splice match (FSM), incomplete splice match (ISM), novel in catalog (NIC) and

novel not in catalog (NNC), as well as several other non-specific categories (antisense, genic,

intergenic, fusion, etc.). FSMs and ISMs had fully or partially matched SJs against the reference,

whereas the NIC and NNC transcripts contain novel SJs from a combination of known and novel

splice sites, respectively (**Figure 2A**). In total, we identified 31,837 (25.43%) FSM, 58,570

(46.78%) ISM, 13,291 (10.62%) NIC, 18,644 (14.89%) NNC and 2,863 (2.29%) isoforms in the

other categories (**Figures S2A** and **S2B**).

With long-read scRNA-seq, we were able to perform the quantification of RNA expression at the

isoform level in each cell. Overall, we matched 1,994 out of 2,197 cell barcodes by comparing

those identified in long-read and short-read scRNA-seq (**Figure S2C**). These cells were from 12

cell types, of which EpiN and EpiT are the most abundant, while immune and stromal cells

constituted only a small fraction of the cell population (**Figure S3A**). Across all cell types, most of

the isoforms were either FSM or ISM (**Figure 2B**). Interestingly, we found that EpiT expressed a

slightly higher proportion of novel isoforms (NIC and NNC), suggesting more transcriptomic

abnormalities in tumor cells.

We further evaluated the quality of the detected isoforms by validating their structural components.

The 5'-end of >60% and 3'-end of >70% of the isoforms overlapped with annotated transcription

start sites (TSSs) and termination sites (TTSs) in each cell type (**Figure 2C, Methods**). All the

splice junctions from >99% of FSM and ISM isoforms were also detected in colon adenocarcinoma

patients from the cancer genome atlas (TCGA-COAD) (**Figure 2D**). ~5% and >30% of NIC and

NNC isoforms, respectively, contained at least one splice junction that has not been identified in

the TCGA-COAD RNA-seq data, suggesting that some novel splice junctions could be more

effectively captured by LR-seq. To evaluate the concordance between the long- and short-read

scRNA-seq data, we compared and observed a high overlap of the expressed genes identified in

both datasets (**Figure S3B**). Furthermore, we correlated the gene expression quantified by these

two methods for the same cell types and across different cell types. The correlations for both EpiN

and EpiT were relatively high ($r = 0.77, p < 2.2 \times 10^{-308}$ and $r = 0.67, p < 2.2 \times 10^{-308}$)

compared to other cell types with fewer cells (**Figures S3C** and **S3D**).

Among the 11,138 genes detected by long-read scRNA-seq, we found that 63% expressed multiple

isoforms, with 13% having more than 6 isoforms (**Figure 2E**). For example, we detected 53

isoforms for the epithelial cell surface marker gene *EPCAM*. In addition to the 16 known isoforms

(FSM and ISM), we identified 12 NIC and 25 NNC isoforms with the latter arising from 11 and 17

novel 5' and 3' splice sites (**Figure 2F**). These results indicate a high transcriptomic complexity in

CRC tumors, which has been overlooked in previous studies.

Dysregulation of transcript structure and RNA editing in tumor epithelial cells

To systematically investigate the dysregulation of RNA isoforms in CRC, we defined two types of

dysregulations by comparing gene and isoform expression between EpiN and EpiT (**Figure 3A**).

Dysregulated gene expression (DGE) refers to genes that have significantly different numbers of

overall transcripts between the two cell types, while dysregulated transcript structure (DTS) is

defined as a multi-isoform gene that expresses significantly different proportions of its isoforms

between EpiN and EpiT (**Methods**). We identified 1,154 DGE events and 273 genes with DTS

(**Figure 3B**). We observed more DGEs that were upregulated (1,000) than downregulated (154),

suggesting high transcriptional activity in tumor cells (**Figure 3B**). Interestingly, we found that a

higher frequency of genes with DTS had DGE, while single-isoform genes tend to be less

dysregulated (**Figure 3B**). Gene ontology (GO) enrichment analysis of the genes with DTSs

showed enrichment of pathways related to RNA regulation, such as mRNA binding, translational

initiation and RNA catabolic process (**Figure 3C**). This suggests potential autoregulation of these genes, which is frequently observed for RNA-binding proteins, particularly splicing factors (Ding et al., 2022; Dredge et al., 2005; Guo et al., 2015). Several immunological pathways were also implicated, indicating that DTS may contribute to dysregulated immunological activity in tumor cells. For example, the proliferating cell nuclear antigen gene, *PCNA*, presented both DGE and DTS. As a cell proliferation marker (Dietrich, 1993), its expression was upregulated in EpiT and detected in a higher proportion of cells (**Figure 3D**). The EpiN and EpiT cells preferentially utilized distinct alternative first exons to differentially express the three *PCNA* isoforms. Overall, isoform proportion changes accounted only for a small fraction of transcripts with differential absolute expression levels between EpiT and EpiN for all four isoform categories, suggesting that transcriptional activity may have a more profound impact on isoform expression (**Figure 3E**).

We further applied SUPPA2 (Trincado et al., 2018) to extract AS events for the identified transcript isoforms, which were categorized into alternative 3' splice site (A3SS), alternative 5' splice site (A5SS), alternative first exon (AF), alternative last exon (AL), retained intron (RI), skipped exon (SE) and mutually exclusive exon (MX) (**Figure S4A**, **Methods**). Consistent with previous observations (Huang et al., 2021; Veiga Diogo et al., 2022), the most abundant AS events were from the AF, RI and SE categories (**Figure S4B**). We inspected how each isoform with DTS could arise from the different AS categories and found that isoforms derived from AF, A3 and RI were more enriched with DTS (**Figure 3F**, diagonal). More importantly, our long-read scRNA-seq captured the structure of full-length isoforms, allowing us to investigate the coupling between different AS categories. We observed that the isoforms derived from coupled AF-RI, AF-A3 and A3-RI had the highest enrichment of DTS isoforms (**Figure 3F**, off-diagonal). For example, among the *ARGHDIA* isoforms, those utilizing the distal first exon can retain any one of the three downstream introns (**Figure 3G**), while the *TMEM259* isoforms using a proximal downstream 3' splice site can retain an upstream intron (**Figure 3H**). Our findings underline the unique advantage of LR-seq in capturing isoform complexity that have thus far eluded the short-read sequencing technology.

In addition to alternative splicing, post-transcriptional RNA modifications on single nucleotides could also impact the mRNA sequence and expression without altering transcript structures. Specifically, ADAR-mediated A-to-I RNA editing can modify both coding and non-coding regions of mRNAs, as well as long non-coding RNAs, and has been implicated in several autoimmune disorders (Rice et al., 2012) and multiple cancers (Galeano et al., 2012).

We systematically identified the RNA editing events from isoforms sequenced using long-read

scRNA-seq by counting the number of edited reads (**Methods**). To characterize the RNA editing

level of a site, we computed RNA editing level per site (REPS) and per isoform (REPI), which are

the ratio of the number of all edited reads against all reads for all isoforms and against all reads for

a specific isoform, respectively (**Figure 4A, Table S2**). Of note, REPI calculation is only possible

with LR-seq as it allows unambiguous association of each edited mRNA read with the isoform of

origin.

A total of 196 RNA editing sites with sufficient sequencing read support were identified in EpiN

and EpiT cells. Most of these sites were on non-coding transcripts or the untranslated regions of

coding transcripts, with more events in the 3'UTRs than 5'UTRs (**Figure S5A**), which is consistent

with previous studies (Gu et al., 2012; Nishikura, 2010; Zhang et al., 2017). Furthermore, 10 sites

were found in the coding regions, which could potentially introduce codon alterations. For example,

the tumor-associated event at chr7:39950949(+) that results in the amino acid change Q103R in

CDK13 (**Figure 4B**), was also observed in hepatocellular carcinoma (Dong et al., 2018). Based on

the REPS, RNA editing events in genes such as *CDK13*, *CYP2R1* and *NEAT1* were significantly

upregulated in EpiT compared to EpiN (**Figure 4B**). We validated these events using normal colon,

CCD 841 CoN, and CRC cell lines, DLD-1 and HCT116, as well as patient samples. The RNA

editing levels for *CDK13, CYP2R1* and *NEAT1* were variable and did not follow any trend in the

cell lines (**Figure S5B**). However, these were consistently higher in the patient tumor samples of

at least four out of five matched pairs tested (**Figures 4C** and **S5C**), highlighting the importance of

performing transcriptomic and validation studies using clinical samples.

To investigate isoform-specific RNA-editing, we computed and compared REPI between EpiN and

EpiT. For example, we first extracted the PacBio long reads belonging to each *CDK13* isoform and

calculated the editing level of the site on each isoform separately using the corresponding reads

(**Figure 4D**). We observed heterogeneity of RNA editing levels of the same site among different

isoforms (**Figure 4E** and **S5D**). Four of the *CDK13* isoforms showed different editing levels in

EpiN cells but consistently high editing levels in EpiT, whereas all four isoforms of *NEAT1* showed

low editing levels in EpiN with varying editing levels in EpiT. Overall, the direction of RNA editing

changes between EpiT and EpiN was largely concordant using REPS and REPI (**Figure 4F**).

However, due to lower read coverage, we only observed a maximum of four edited isoforms per

gene for a specific editing site while the per-isoform RNA editing events were only observed on

one isoform for most genes (**Figure 4G**). Taken together, our results suggest isoform specificity of

the RNA editing mechanism, which is still poorly understood.

Genes and isoforms associated with normal epithelial cells from different lineages

As epithelial cells constituted the majority of the identified cells in the scRNA-seq profiles, we performed cell subtyping for them using the c295 dataset as a reference to investigate their subpopulations (Chen and Guestrin, 2016) (**Methods**). We identified 11 cell subtypes containing three differentiation lineages from the EpiN cells, including the newly characterized *BEST4+* lineage. The projection of the EpiN cells displayed a strong semantic structure in the two-dimensional tSNE space, suggesting diverse differentiation lineages of the subtypes (**Figure 5A**). An increased level of differentiation was observed from the center to the edge in the tSNE space. For example, along the goblet lineage, cE02, cE06 and cE08 successively showed increased goblet maturity. Different combinations of subtypes were detected in each normal sample and the proportions were similar across multiple samples (**Figure 5B**).

Using monocle 3 (Qiu et al., 2017), we inferred diffusion pseudotime along the differentiation trajectory of the three epithelial lineages (**Methods**) and identified 46, 31 and 38 lineage-specific genes (moran's I > 0.5, adjusted p-value $< 1.0 \times 10^{-5}$) for the enterocyte, goblet and *BEST4* lineages, respectively, including both well-known and novel markers (**Figures 5C-E**). These showed a steady increase in expression along the lineage with respect to pseudotime (**Figures 5F-H**). We next performed differential gene and isoform expression analysis between the stem/transient amplifying (TA) and differentiated subtypes along the three lineages. Overall, we observed a similar number of up- and downregulated genes in the stem/TA subtypes, but mostly upregulation of lineage-specific genes in the three differentiated lineages (**Figures S6A** and **S6B, Table S3**). The genes with differential regulation were almost mutually exclusive between the three differentiated subtypes (**Figure S6C**), indicating distinct transcriptomic regulatory mechanisms to commit to a specific differentiation lineage.

By categorizing the genes in each differential gene and isoform analysis with DGE and DTS (defined in **Figure 3A**), we observed a higher percentage of genes with DTSs subjected to DGE compared to those without DTSs or with only one isoform (**Figure 5I**), similar to the trend observed between EpiN and EpiT (**Figure 3B**). The gene *LMNA* encoding two protein isoforms, Prelamin-A and Prelamin-C, through AS and alternative polyadenylation (APA), serves as a representative of differential isoform usage between cell subtypes (**Figure 5J**). We observed a trend of Prelamin-C to Prelamin-A switching when stem cells differentiated into enterocytes, goblet and *BEST4+* cells (**Figure 5K**), consistent with the findings in basal cell carcinomas, where Prelamin-A was negatively correlated to cell proliferation and appeared in the later stage of differentiation

(Venables et al., 2001). Overall, our analysis provides the first comprehensive characterization of

isoforms associated with three colon epithelial lineages.

Tumor epithelial subtypes display different levels of stemness and differentiation

We subtyped the EpiT cells with the same classifier above to classify the EpiT cells to their closest

EpiN subtypes (**Figure 6A**). Consistent with previous reports (Lee et al., 2020; Pelka et al., 2021),

more than 93% of tumor epithelial cells were categorized as the three stem/TA subtypes (**Figure**

6B), suggesting that malignant EpiT cells may possess stem/TA characteristics to maintain their

proliferation and regeneration capabilities. Based on the integrative analysis of multiple CRC

single-cell sequencing datasets, a recent study classified colon EpiT cells into two intrinsic

consensus molecular subtypes (iCMS), iCMS2 and iCMS3 (Joanito et al., 2022), and revealed that

over 90% of EpiT cells are from either subtype. This holds true in ours and the c295 datasets with

mostly one type of iCMS cells in each tumor (**Figures S7A** and **S7B**). However, the distribution of

the three subtypes from our categorization was more heterogenous in each tumor (**Figure 6B** and

S7B). These distinct results suggest potentially diverse and independent molecular properties of

the two classification methods.

We further identified dysregulated genes in the EpiT subtypes by comparing them to the

corresponding EpiN subtypes (**Figure S7C, Table S4**). Most of these were shared among the three

EpiT subtypes (**Figure S7D**), indicating a common underlying dysregulated mechanism of

tumorigenesis. In addition to DGE, we performed differential isoform analysis for the EpiT

subpopulations (**Table S5**). Differential usage of the *LMNA* isoforms was also observed in the EpiT

subtypes, with the highest usage of the Prelamin-C isoform in the most proliferative subtype, cE03,

and Prelamin-A isoform in cE02 (**Figure 6C**). Furthermore, we noticed that several cytokeratin

genes, including *KRT8* and *KRT19*, were among the most significant DTS in all three EpiT subtypes

(**Table S5**). The overexpression of *KRT8* has been linked to increased tumor progression and

invasiveness in several epithelial tumors (Fang et al., 2017; Golob-Schwarzl et al., 2019; Hendrix

et al., 1997). We detected three major *KRT8* isoforms, including two annotated and one novel

isoform (**Figure 6D**). The tumor subtypes mainly expressed the full-length isoform encoding a

56.6kDa protein, while the normal subtypes primarily utilized the short isoforms (**Figure 6E**).

Consistent with a previous study showing that the tumor suppressor *SMAD4* regulated *KRT8*

splicing (Stühler et al., 2006), we observed a negative correlation between *SMAD4* expression and

the 56.6kDa isoform usage among the epithelial subtypes (**Figure 6F**), further confirming the

reliability of our isoform analysis. Overall, around 20 genes with DTS were identified in each EpiT

subtype and consistent with those in the EpiN cells, genes with DTS were more likely to be DGE

(**Figure S8A**). Contrary to the DGEs, the genes with DTS barely overlapped among the three subtypes (**Figure S8B**), suggesting potential dysregulation of isoform switching in the EpiT subpopulations.

Among the top dysregulated genes in the EpiT subtypes, *REG4* and *TFF1* showed the most striking upregulation in cE02 (**Figure 6G**). Interestingly, we found that *REG4* and *TFF1* expression was highly correlated across the TCGA-COAD patients (r = 0.75, p = 3.81×10^{-71}) and both were associated with better overall survival (OS) (**Figures 6H** and **S8C**). We speculate that the tumor samples with high *REG4* and *TFF1* expression may consist of a high proportion of cE02 cells, leading to better patient survival. To this end, we identified the marker genes in each subtype to define a signature score for the three subtypes (**Methods, Table S5**). By classifying the TCGA tumors with cE02 and cE03 scores (**Figure S8D**), we found that the patient groups with both high cE02 and cE03 scores, and low cE02 and cE03 scores, had the best and worst OS and progression-free survival (PFS), respectively (**Figures 6I** and **S8E**), suggesting a synergistic effect of cE02 and cE03 scores on patient prognosis. Similar trends were observed using an independent microarray cohort curated by the CRC Subtyping Consortium (CRCSC) (Guinney et al., 2015) (**Figures S8F** and **S8G**). As cE02 and cE03 have relatively lower stemness features and higher proliferative activity compared to cE01, these results indicate that CRC tumors enriched with high stemness and low replicative cells are associated with more frequent progression and shorter OS time.

Identification of neoepitopes from recurrent tumor-specific isoforms for cancer vaccine development

To investigate the effect of transcript structure alterations on the proteome, we predicted the open reading frames (ORFs) of all the identified isoforms. We performed a series of analyses on the predicted proteome and identified 8,984 novel ORFs from NIC and NNC isoforms (**Figures S9A-E, Supplemental Notes Section S1**). After integrating publicly available mass spectrometry (MS) data (Ellis et al., 2013) from TCGA-COAD patients and in-house MS data from matched tumor and normal CRC patient samples and cell line, HCT116, 26 and 44 novel proteins from the NIC and NNC isoforms were supported (**Figure S9F**). There were also more MS-supported novel isoforms from EpiT and tumor samples compared to EpiN and normal samples, suggesting that transcriptomic dysregulation in tumor cells could result in increased abnormalities of the proteome (**Figure S9G**).

As abnormal proteins produced in cancer cells are critical for spontaneous anti-tumor immune response, they serve as a potential source for neoantigen-based cancer vaccine development to leverage the immune system for cancer treatment (Sellars et al., 2022). Therefore, we

systematically investigated putative neoepitopes in CRC derived from tumor-specific transcripts.

Using the identified novel isoforms together with annotated isoforms as reference, we quantified

the expression of each isoform in the TCGA-COAD samples (**Figure 7A**, **Methods**). We retained

12 recurrent (>5 samples) novel isoforms with significantly higher expression in the TCGA-COAD

tumor samples and whose ORF-derived peptides were MS-supported (**Figure 7B**, **Methods**). All

novel 9-mers derived from the predicted ORFs of the 12 isoforms were regarded as candidate

neoepitopes in CRC.

As a limited number of epitopes can be loaded into a cancer vaccine, it is imperative to maximize

vaccine efficacy by selecting an optimized subset of neoepitopes with a high binding affinity to the

class I MHC molecules that facilitate antigen presentation. To develop cancer vaccines for a broad

range of patients, we considered the diversity of HLA alleles across different patients and predicted

the MHC binding profiles of 458 TCGA-COAD patients to the neoepitopes from the 12 recurrent

tumor-specific isoforms. We formulated a greedy algorithm to select two neoepitopes from each of

the 12 isoforms to maximize their coverage to the HLA alleles or patients, while prioritizing those

that overlapped with MS-supported peptides (**Table S6, Methods**, **Algorithm 1**).

Among the 24 neoepitopes, there was always one or more showing strong binding affinities (ES

rank < 0.5) to 85% of HLA-A and almost all HLA-B and HLA-C MHC molecules, with only one

HLA-C and eight HLA-A alleles showing weak binding affinities (0.5 < ES rank < 2.0) (**Figure

7C**). For each patient, the highest binding affinities with the three types of MHC molecules were

always above the strong binding threshold. All patients carry at least four strong-binding

neoepitopes and 39% of them have at least 12 strong-binding neoepitopes from the panel (**Figure

7D**). To better represent the global population, we generated another panel of neoepitopes (**Figure

S10A, Table S6**) from the same 12 isoforms optimized for the top 50 high-frequency alleles in

each HLA type (Gonzalez-Galarza et al., 2020), which similarly showed strong HLA binding

affinities (**Figure S10B** and **S10C**).

To illustrate an example from our panel, the neoepitopes selected for the tumor-specific novel

isoform of *STMN3* (TCONS_0078414) that utilizes a coding alternative first exon, were

'RQTQEAQVL' that spans the novel splice junction and overlaps with MS-detected peptides, and

'RAAGLAGAM' that has a strong HLA binding affinity (**Figure 7E**). The neoepitopes for *CPNE7*

resulting from an alternative 5' splice site were similarly selected (**Figure 7F**). The HLA binding

profile of the neoepitope panel showed heterogeneous affinities to the three types of HLA (**Figure

7G**). Overall, all patients have at least one strong-binding neoepitope and 65% of them with

corresponding isoform detection in the tumor samples. Considering the shallow coverage of MS

data, additional analysis using only MS-supported neoepitopes or a panel generated irrespective of
MS data support showed that both still exhibited high tumor-specific isoform expression and were
able to achieve high HLA binding affinities (**Figures S11A-G**). Furthermore, we observed strong
HLA binding potential in the 12 in-house patients, with all patients having at least six strong-
binding neoepitopes (**Figure 7H, Table S7**). For the four patients with available long-read scRNA-
seq data (PS017, PS018, PS025 and PS028), at least one strong-binding epitope in this panel
originated from the isoforms directly discovered in the LR-seq profiles. We validated the unique
splice junctions for four isoforms arising from AF, AL, A5SS and A3SS AS events, and the retained
introns in three isoforms in CRC cell lines, as well as at least two of the five matched patient
samples tested (**Figures 7I, S12A** and **S12B**). In line with our scRNA-seq analysis, we also
observed tumor-specific expression of five of these isoforms in the patient samples. Collectively,
these findings demonstrate a proof-of-concept for the discovery of neoepitopes based on the tumor-
specific transcriptome, as well as the invaluable application potential of long-read scRNA-seq in
the development of neoepitope-based cancer vaccines.

Discussion

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The intestinal epithelium is the fastest self-renewing tissue in mammals, which contains epithelial
cells with diverse differentiation statuses, proliferation activities, and other properties and
functions. Despite various markers and gene expression profiles that have been characterized for
each epithelial cell subtype, the diversity of RNA isoforms in these subtype remains
underappreciated. Our study provides a full-length transcriptome across different epithelial
subtypes and identifies isoforms associated with enterocyte, goblet and *BEST4* lineages,
respectively. Although alternative RNA isoforms have been shown to regulate cell fate
determination of stem cells (Han et al., 2013), the prevalence and potential role of alternative
isoforms in intestinal epithelial differentiation are poorly understood, therefore our data may
provide a valuable resource to facilitate further investigations.

CRC is the third most common cancer type and ranks as the second leading cause of cancer death
around the world (Sung et al., 2021). Consistent with the first high-throughput scRNA-seq study
on CRC and other single-cell analyses that traced the transformation of polyps to CRC (Becker et
al., 2022; Li et al., 2017), we find that the vast majority of CRC tumor cells have stem-like cell
characteristics. However, studies for EpiT subtypes are limited. Based on the integrative analysis
of multiple CRC single-cell sequencing datasets, a recent study classified colon EpiT cells into two
subtypes and showed that 90% of EpiT in each tumor were from either subtypes (Joanito et al.,
2022). They further found that these two subtypes were associated with different cancer driver

mutations, suggesting their classification method mainly captured heterogeneities across different tumors. However, our EpiT subtype classification demonstrated that each tumor comprised a substantial proportion of three cell subtypes with varying differentiation status and proliferation activities, thus capturing more intratumor heterogeneities. As our classification indicates that CRC tumors are differentially associated with PFS and OS depending on their subtype composition, the markers we propose for each subtype may serve as useful prognostic indicators. In addition to epithelial cells, other stromal and immune cells may also impact patient survival and response to treatment (Lee et al., 2020; Zhang et al., 2020). However, due to limited cell numbers, our study could not effectively capture the full-length transcriptome in these cells, highlighting the need for more advanced and robust cell isolation technologies.

Despite recent reports of the full transcriptome by bulk RNA LR-seq in breast and gastric cancers (Huang et al., 2021; Veiga Diogo et al., 2022), single-cell LR-seq studies are rare and limited to cancer cell lines (Macaulay et al., 2015; Philpott et al., 2021). Moreover, previous LR-seq studies in cancer focused only on alterations in single AS events. Here, we identify hundreds of DTS arising from combined AS events and calculate isoform- and cell-type-specific RNA editing levels, all of which originate from primary CRC tissues and are only achievable by single-cell LR-seq. Nonetheless, our analyses are limited by technological constraints leading to the relatively low coverage of single-cell PacBio sequencing. Thus, the development of methods to increase the capture efficiency of single-cell isoform sequencing will be beneficial for future transcriptomic studies (Al'Khafaji et al., 2021).

Therapeutic neoantigen-based cancer vaccines aim to leverage the immune system for the treatment of cancer (Sellars et al., 2022). Due to somatic mutations and transcriptomic dysregulation, tumor cells produce abnormal proteins that are absent in normal cells. In the event that fragments of these proteins are transported to the cell surface via the MHC I pathway, they may potentially be recognized by the immune system as an antigen. We show that the full-length transcriptome in tumor cells with MS data from matched patient samples can provide a comprehensive source to detect aberrant mRNA-derived neoantigens. Moreover, we propose an algorithm that provides an optimized combination of recurrent tumor-specific neoepitopes with high HLA binding affinities for a wide spectrum of CRC patients. Recently, the phase II clinical trial for a neoantigen-based mRNA vaccine by Moderna has met the endpoint (ModernaTX et al., 2019). In contrast to the customized vaccine designed based on a neoepitope identified by exome sequencing of a patient tumor, the panel we propose can potentially target larger CRC patient cohorts without sequencing

individual tumors. This could facilitate the development of neoantigen-based cancer vaccines with

less economic and time constraints to benefit a larger population.

Methods

CRC clinical samples

The protocols for the human studies comply with all relevant ethical regulations and are approved

by the National Healthcare Group Domain Specific Review Boards (NHG DSRB Ref:

2018/01032). All patients gave informed written consent. The CRC tissue samples were derived

from 12 patients from National University Hospital (details on the patients and samples are

summarized in **Table S1**).

Tissue processing, library construction and single-cell sequencing

Colon tissues from patients were cut into approximately 5 mm pieces and washed three times with

cold PBS until the supernatant became clear. The supernatant was discarded and the tissue pieces

were further cut into 1-2 mm pieces. 5 ml of PBS containing 5 mM EDTA (EDTA-PBS) was added

to the tissue fragments and incubated at 4°C for 30 minutes with gentle agitation, followed by

centrifugation at 200 xg, 4°C for 5 minutes. The supernatant was discarded and the tissue fragments

were vigorously resuspended in 5 ml of cold EDTA-PBS. The fragments were allowed to settle by

gravity and the supernatant was collected in a fresh 15 ml tube. This resuspension/ sedimentation

step was repeated five times. The supernatant from each round was collected in a separate 15 ml

tube and checked under an inverted microscope for single cells. All fractions containing single cells

were combined and the cells were pelleted by centrifugation at 200 xg, 4°C for 5 minutes, and

washed with cold EDTA-PBS. The single cells were resuspended in serum-free DMEM containing

0.05% trypsin and 5 U/ml DNaseI and incubated at 37°C with shaking for 15 minutes. The

dissociated cells were centrifuged at 200 xg, 4°C for 5 minutes, the supernatant was removed and

the pellet was resuspended in 2 ml of serum-free DMEM supplemented with 2 U/ml DNaseI, and

filtered using a 35 mm mesh. The cells were pelleted and washed once with cold PBS and

resuspended in PBS supplemented with 0.4% BSA, followed by cell quantification.

For GEM generation, 10,000 cells from each tissue sample were used to load the Chromium Next

GEM Chip G (10x Genomics) and Chromium controller following the manufacturer's protocol

(Chromium Next GEM Single Cell 3' v3.1). Post GEM-RT cleanup, cDNA amplification and

library construction were performed according to the manufacturer's instructions with some

modifications. Prior to the fragmentation step, 20 µl of cDNA from each sample were separately

aliquoted for PacBio long-read sequencing. To generate the Single Cell 3' Gene Expression library

for Illumina sequencing, 10 µl of cDNA were processed as per the 10x Genomics protocol, with an

extension time of 3 minutes in the sample index PCR step. The final Illumina libraries were sequenced on the NovaSeq 6000 platform with S1 or S4 flowcells using the recommended sequencing protocol.

The remaining full-length cDNA from the 10x Single Cell workflow was processed for PacBio long-read sequencing. The standard PacBio protocol for single cell Iso-Seq libraries was used with the minimum number of PCR cycles (typically 12 cycles) for amplification of cDNA to increase the mass of the input DNA prior to starting library preparation. Following purification, the library was processed with the normal DNA damage and end-repair steps, and SMRT Bell adapter ligation. The final library was then bound, loaded onto 8M SMRT cells and sequenced on the PacBio Sequel II instrument with a 24-hour movie time.

CRC cell lines

Human normal colon cell line, CCD 841 CoN (ATCC: CRL-1790), was cultured in Dulbecco's Modified Eagle Medium (DMEM). Human CRC cell lines, DLD-1 (Horizon Discovery: HD PAR-086) and HCT116 (ATCC: CCL-247) were cultured in Roswell Park Memorial Institute (RPMI) 1640 Medium and DMEM, respectively. All culture media were supplemented with 10% FBS, glutamine and penicillin/streptomycin. The cells were maintained at 37°C and 5% CO_2 in a humidified atmosphere.

RNA extraction and PCR

Trizol and the PureLink RNA Mini Kit (Thermo Fisher) were used to extract total RNA from DLD-1 and HCT116 cell lines. The ISOLATE II RNA Mini Kit (Bioline) was used to extract RNA from CRC patient samples following the manufacturer's protocol. cDNA was generated using the High Capacity cDNA Reverse Transcription Kit (Thermo Fisher). PCR experiments were performed using Platinum™ Taq DNA Polymerase (Thermo Fisher). Subsequently, PCR products were subjected to agarose gel electrophoresis, gel extraction and purification using the QIAquick Gel Extraction Kit (Qiagen) and Sanger sequencing. Chromatograms were visualized and multiple sequence alignments were performed using SnapGene (v6.2.1). RNA editing levels were quantified using ImageJ (v1.50). PCR primers used are listed in **Table S8**.

Mass Spectrometry

To generate an in-house mass spectrometry dataset of matched tumor-normal sample pairs, <10mg tissue for each tissue were processed with the iST sample preparation kit (Preomics). Samples were taken up in 100 μL LYSE buffer and mixed with 50 mg of protein extraction beads (Diagenode). Samples were sonicated with 10-20 cycles at 30sec ON/OFF in a Diagenode Bioruptor Plus until complete tissue disruption was observed. Protein concentrations were determined using the Pierce

BCA Protein Assay Kit (Thermo Scientific). 20 µg of protein per sample were digested with the
iST kit according to the manufacturer's instructions and samples were eluted with the fractionation
add-on into 3 fractions. Digested peptides were quantified with the Quantitative Fluorometric
Peptide Assay kit (Thermo Scientific), normalized to 0.1 µg/µL and stored at -20°C prior to analysis
on an EASY-nLC 1200 Liquid Chromatograph (Thermo Scientific) coupled to a timsTOF fleX
(Bruker) mass spectrometer. For each sample, 5 µL digested peptides (500 ng) for each fraction
were injected and separated on an Aurora series column (25 cm length, 75 µm inner diameter, C-
18 1.7 µm; IonOpticks) with an integrated captive spray emitter. The column was mounted on a
captive spray ionization source and temperature controlled by a column oven (Sonation) at 50°C.
A 105-min gradient from 2 to 40 % (v/v) acetonitrile in 0.1 % (v/v) formic acid at a flow of 400
nL/min was used. Spray voltage was set to 1.65 kV. The timsTOF fleX was operated with data-
dependent acquisition (DDA) in PASEF mode with 10 PASEF ramps per topN acquisition cycle
(cycle time 1.17s) and a target intensity of 10,000. Singly charged precursor ions were excluded
based on their position in the m/z-ion mobility plane and precursor ions that reached the target
intensity were dynamically excluded for 24 seconds.

Summary of bioinformatic analysis
The bioinformatic analysis workflow is summarized in **Figure S13**. Additionally, the command
lines and parameters used in the analysis are also provided (Supplemental Notes Section S2).

Illumina short-read scRNA-seq data pre-processing
CellRanger   v4.0.0   (https://support.10xgenomics.com/single-cell-gene-
expression/software/downloads/latest) was used for the pre-processing of 10x droplet-based
scRNA-seq raw data. Specifically, 'cellranger count' with default parameters was used to align
sequencing reads to the human reference genome (GRCh38). The gene expression count matrix
was then obtained based on the genomic coordinates defined by the GENCODE annotation (release
v37 for GRCh38). Subsequently, 'cellranger aggr' was performed to aggregate the count matrices
of samples in multiple 'cellranger count' runs. The aggregated count matrix of all samples was then
loaded into Seurat (v3.2.3) (Stuart et al., 2019) for subsequent analysis. A cell was filtered out if it
satisfied any of the following criteria: (1) expression of fewer than 250 genes, (2) detected fewer
than 300 UMIs, (3) more than 70% of the UMIs mapped to mitochondrial genes. All mitochondrial
genes were discarded in subsequent analysis. This analysis resulted in a total of 19,015 high-quality
cells from 22 tissue samples.

The gene expression count matrix was log-normalized using Seurat's 'NormalizeData' function.
The top 2000 genes with the highest variations were selected using the 'SelectIntegrationFeatures'

subroutine of Seurat, and the 'IntegrateData' subroutine was used to remove batch effects across the samples. Integration anchors were chosen based on the first thirty dimensions of the canonical correlation analysis (CCA) (Stuart et al., 2019). We performed the analysis with above procedures separately on the normal and tumor samples to prevent the batch effect correction procedure from eliminating differences between the normal and tumor cells (**Figure S1**).

Cell type identification

We integrated the in-house data to a reference dataset, Human Colon Cancer Atlas (c295) (Pelka et al., 2021)from the Broad Institute Single Cell Portal (https://singlecell.broadinstitute.org/), for more robust and reliable identification of the cell types. The c295 atlas contains gene expression profiles of 371,223 cells. Due to memory constraint, a subset of the atlas containing 50% of the cells in the c295 atlas was used as the reference based on a stratified sampling procedure across different cell types. Transfer anchors were chosen by the 'FindTransferAnchors' subroutine of Seurat using the first thirty dimensions of the principal component analysis (PCA). The 'TransferData' subroutine was used to transfer the c295's 'ClusterMidway' annotation to the in-house data via the selected anchors. The 'ClusterMidway' labels of the c295 atlas annotate cells into 20 different types, including (with boldface indicating the availability of the cell type in the in-house data):

- 2 epithelial cell types: **normal epithelial cells (EpiN)** and **tumor epithelial cells (EpiT)**.
- 13 immune cell types: **B cells, plasma cells, CD4+ T cells, CD8+ T cells, gamma-delta T cells, PLZF+ T cells, natural killer cells, innate lymphoid cells, dendritic cells, granulocytes, macrophages, mast cells, monocytes**,
- 5 stromal cell types: **fibroblasts**, endothelial cells, pericytes, smooth muscle cells, Schwann cells

Several post-processing steps were performed for the result from the above classification: (1) We corrected all the EpiN misclassified as EpiT cells in the normal samples. (2) To improve the purity of the identified epithelial tumor cells, we trained a gradient boosting classifier (xgboost v1.5.0 (Chen and Guestrin, 2016)) using the combined EpiN and EpiT cells from the c295 atlas and the in-house dataset. Following a similar 5-fold cross-validation scheme as in (Pelka et al., 2021), we divided the combined dataset into five independent splits and used four folds for training and the rest one fold for testing. The classifier was trained to perform the binary classification of whether a cell is a EpiT or a EpiN cell. Only when a cell came from a tumor sample and with >75% prediction probability as EpiT cells in the test split did we regard it as a candidate for the third step. (3) For all candidates from step (2), we inferred somatic copy number variations (SCNV) of the

cells based on their gene expression profiles using inferCNV (v1.11.1,
https://github.com/broadinstitute/infercnv) (The Trinity CTAT Project, 2019). The final set of
tumor epithelial cells was kept as those having >10% genomic SCNV regions. The epithelial cells
from tumor samples that did not pass either the gradient boosting criteria or the SCNV criteria were
deemed as undetermined epithelial cells.

Dimensionality reduction and visualization
PCA was performed on the log-normalized and centered gene expression matrix for dimensionality
reduction. t-distributed stochastic neighbor embedding (t-SNE) (Maaten and Hinton, 2008) was
then performed to generate 2D embeddings for visualization. tSNE was supplied with the first 30
components of PCA and run with a perplexity value of 30.

PacBio long-read scRNA-seq data pre-processing
SMRT Link (v9.0.0, https://www.pacb.com/support/software-downloads/) was utilized to pre-
process PacBio Iso-seq long-read scRNA-seq data. We used the Isoseq-deduplication pipeline
(Pacific Biosciences, 2018) recommended by the official repository of PacBio
(https://github.com/PacificBiosciences/IsoSeq/) for the processing of raw data from the PacBio
Sequel II system. The 'ccs' module of SMRT Link was applied to generate consensus reads (CCS
Reads) from the BAM file that contained the PacBio subreads. The reads with less than 90%
accuracy ('--min-rq 0.9') were discarded. The 'lima' module was utilized in orientation
determination and primer removal of the reads. The cell barcodes and UMIs of each read were
extracted by 'isoseq3 tag' using the library design 'T-12U-16B'. The processed reads were trimmed
of the Poly(A) tail and potential concatemers were removed by the command 'isoseq3 refine'. The
resulting full-length non-concatemer (FLNC) reads were clustered together according to their cell
barcode and UMI with 'isoseq3 dedup' to deduplicate and generate a consensus sequence of each
molecule. Those consensus sequences were then mapped to the human reference genome
(GRCh38) using minimap2 (Li, 2018). According to the genomic coordinates of the mapped
molecules, the structures of each isoform represented in the gtf format were obtained by utilizing
the script 'collapse_isoforms_by_sam.py' from the cDNA cupcake toolkit (Elizabeth Tseng, 2017)
(v27.0.0, https://github.com/Magdoll/cDNA_Cupcake).

Isoform quality control, filtering and classification
We merged the isoforms identified across different samples with gffcompare (Pertea and Pertea,
2020). We then utilized SQANTI3 (v3.3) (Tardaguila et al., 2018) to compare the identified
isoforms against the reference transcriptome annotation, which produced quality control and
classification information for each isoform. To provide a comprehensive reference for SQANTI3,

we merged databases from multiple sources, including GENCODE (Release v37 for GRCh38) and

RefSeq (NCBI Homo sapiens Annotation Release 109 for GRCh38), for the annotation of isoform

structures. With this assembled reference, SQANTI3 classified each isoform into FSM, ISM, NIC,

NNC and several other structural types (Tardaguila et al., 2018). The rule-based filter functionality

of SQANTI3 was used to filter out the isoforms that were likely to be sequencing artifacts such as

intra-priming, reverse transcriptase template switching (RTS), and non-canonical splice sites with

low read coverage. The remaining isoforms and their associated barcodes are assembled into an

isoform-level expression matrix $\mathbf{X}^{(\mathrm{iso})} \in \mathbb{R}^{N_{\mathrm{iso}} \times N_{\mathrm{cells}}}$, where N_{iso} is the number of isoforms, and

N_{cells} is the number of all cells associated with those isoforms. Finally, we searched the barcodes

from PacBio data against the cell barcodes detected in the same sample in the 10x Illumina

sequencing data to calculate the expression (UMI counts) of each isoform in each cell. To evaluate

the quality of the identified isoforms, we examined whether the 5' and 3' ends of each isoform are

supported by the TSS and PAS reference. The TSS reference was a union of TSSs from

GENCODE, RefSeq and refTSS (v3.1) (Abugessaisa et al., 2019), while the PAS reference

contains all transcript 3' ends in GENCODE, RefSeq and PAS from PolyASite (v2.0) (Herrmann

et al., 2020) and PolyADB (v3.2) (Wang et al., 2018). Furthermore, splice junctions from each

identified isoform were overlapped with junction reads extracted from the RNA-seq data in The

Cancer Genome Atlas colon adenocarcinoma cohort (TCGA-COAD).

Splice event extraction and analysis

For all isoforms that had passed the SQANTI3's rule-based filter, we utilized SUPPA (v2.3)

(Trincado et al., 2018) for the extraction of seven types of AS events including alternative 5' splice

sites (A5), alternative 3' splice sites (A3), alternative first exon (AF), alternative last exon (AL),

skipped exon (SE), mutually exclusive exon (MX) and retained intron (RI). SUPPA analyzed the

gtf file obtained from the isoform calling and quality control pipeline to produce seven event files

(the 'ioe' files) each containing one of the above event types based on the pairwise comparison of

the input isoform structures. Taking into consideration the accuracy of splice sites and the

inaccuracy of TSS and TTS, we required SUPPA2 to use stringent boundaries for the splice sites

of the seven event types, but flexible boundaries (with a variability of 48nt) for the TSS and TTS

coordinates of AF and AL.

Identification of dysregulated gene expression and transcript structures

Dysregulated gene expression (DGE) was identified by comparing the expression of genes (log-

normalized UMI) in cells from one group (cell type or subtype) to that from another group. In brief,

for each gene, we first counted the number of cells (n_1) expressing this gene with the expression

threshold (0) and the total number of cells (n_2) in each group. Next, we applied Fisher's exact test

on the 2×2 contingency table formed by n_1 and n_2 from two groups. In addition, we also applied

the Mann-Whitney U test (Wilcoxon Rank-Sum test) on the gene expression (log-normalized UMI)

in cells from different groups. A significantly upregulated gene was identified by requiring: (1)

Benjamini-Hochberg (BH) - adjusted p values (FDR) from Fisher's exact test < 0.01, (2) odds ratio

> 2 and (3) log2 fold change > 0. Significantly downregulated genes were identified using the

identical p-value threshold, but with the opposite directional changes (log2 fold change < 0 and

odds ratio < 1/2). Dysregulation in isoform expression was identified similarly using the expression

of each isoform.

To identify dysregulated transcript structures (DTSs), we counted the number of PacBio UMIs

supporting a specific isoform versus all alternative isoforms of the same gene for cells from the two

groups. The significance of DTSs was computed using Fisher's exact test on the 2×2 contingency

table formed by four numbers from the two groups of cells. The significant DTSs were identified

by requiring: (1) BH-adjusted p-value (FDR) < 0.01, (2) the percentage of isoform changes > 0 and

(3) odds ratio > 2, or (1) BH-adjusted p-value (FDR) < 0.01, (2) the percentage of isoform changes

< 0 and (3) odds ratio < 1/2.

GO enrichment analysis

609   The list of genes with DTS from comparing EpiT to EpiN was uploaded to WebGestalt (Liao et al.,

610   2019) as input and all the genes with detected expression in these two cell types were used as the

611   background to identify the enriched GO terms (FDR < 0.05, enrichment score > 2).

Calling RNA editing events

We assembled a comprehensive reference of potential RNA editing sites from three different

sources: (1) the RADAR database (Ramaswami and Li, 2014), (2) the DARNED database (Kiran

et al., 2012) and (3) Tan et al., 2017. (Tan et al., 2017). For each putative RNA editing site in the

reference, we systematically examined the evidence of reads supporting an A>G change at that

locus (or a T>C change on the negative strand) using the 'mpileup' subcommand of bcftools

(Danecek et al., 2021). We then associated each event with the isoforms and cell barcodes from

which the event was discovered. To remove interference from genomic SNVs, we searched the

candidate RNA editing sites against the dbSNP database and discarded the sites with an allele

frequency greater than 0.01 in any genomic studies it had been concerned. We retained RNA editing

sites with more than 10 read coverage and computed an edit ratio for each site, defined as the

number of edited reads divided by the number of total read coverage. For these RNA editing sites,

we additionally calculated their per isoform edit ratio using the reads that can be unambiguously

identified to a specific isoform and if the per isoform read coverage is greater than five. The per isoform edit ratio is defined as the number of edited reads divided by the number of total read coverage from the isoform (**Figure 4A**).

Lineage and trajectory analysis

We employed monocle 3 (Qiu et al., 2017) for the single-cell lineage and trajectory analysis on the epithelial component of the short-read scRNA-seq dataset. The principal graph was constructed using the 'learn_graph' subroutine of monocle 3 with default parameters using the tSNE coordinates and the nodes corresponding to the four stem cells subclusters were designated as the root for diffusion pseudotime inference. The epithelial cells that were also detected in the PacBio long-read scRNA-seq were associated with their isoform level expression values. The expression of genes and isoforms, as well as the percentage of isoforms that were associated with a specific lineage, were identified based on Moran's I statistic (Moran, 1950).

Quantification of isoforms in TCGA samples

Isoform-level expression of the TCGA-COAD bulk samples was quantified using stringtie (v2.2.1) (Pertea et al., 2016) using the merged transcriptomic reference of novel identified isoforms, GENCODE (version 37) and RefSeq (NCBI Homo sapiens Annotation Release 109 for GRCh38).

Estimation of the signature scores of EpiT subtypes in bulk samples

We identified the top differentially expressed genes in the EpiT subtypes cE02 and cE03 (**Table S6**). We then computed the z-scores of those up- and down-regulated genes in each bulk sample. The signature score of an EpiT subtype is defined as the averaged z-scores of the up-regulated genes minus the averaged z-scores of the down-regulated genes.

Survival analysis

We correlated the gene expression or activity scores with the PFS and OS of the CRC patients based on the clinical data from TCGA-COAD and CRCSC using the Cox proportional hazards regression model. The Kaplan-Meier method was used to estimate the survival function of the patients under each condition.

Proteomic analysis of isoforms

To comprehensively characterize the proteome in CRC, GeneMarkS-T (Tang et al., 2015) was used to predict ORFs in the PacBio-identified isoforms. For comparison and annotation of the predicted ORFs, we collected the human reference proteome from Uniprot (release 2022-02) (2021), including all sequences from the reviewed (SwissProt), unreviewed (TrEmbl) and spliced isoform (Varsplice) collections at protein existence (PE) level PE=1 and PE=2. Using blastp (Camacho et al., 2009), we searched each predicted ORF sequence against the UniProt reference proteome, and

the reference sequence with the highest alignment score was assigned to it as its nearest homolog

in the database. The ORFs with a similarity of less than 99% to their nearest homolog in the

reference were considered novel protein sequences. Protein domains of each ORF sequence, as

defined by the Pfam-A hidden Markov model (HMM)-based multiple sequence alignments

(Bateman et al., 2004), were annotated by hmmscan (http://hmmer.org/). We regarded a novel ORF

sequence as having a domain gain if it contained a proper superset of the Pfam domains from its

nearest Uniprot homolog, or a domain loss if it contained only a proper subset of them. We also

inferred the sensitivity of the PacBio-identified isoforms to nonsense-mediated decay (NMD) based

on the relative position of the predicted stop codon from the last splice junction. Lastly, the

subcellular localization of the ORF-derived proteins was predicted using DeepLoc (Almagro

Armenteros et al., 2017).

Mass spectrometry data analysis

To validate the predicted ORFs, particularly the novel ORFs, we collected mass spectrometry (MS)

data from three independent sources: (1) a CRC cohort from the National Cancer Institute's Clinical

Proteomic Tumor Analysis Consortium (CPTAC), (2) an in-house MS dataset consisting of 22

samples from 11 CRC patients (11 tumor and 11 paired adjacent normal), and (3) an in-house MS

data from a colon cancer cell line, HCT116. With the same pipeline as a previous study (Bulik-

Sullivan et al., 2019), we searched MS2 spectra from the MS data against a reference by integrating

annotated protein sequence from UniProt (release 2022-02) and novel ORFs predicted based on

isoforms derived from LR-seq using Comet (Eng et al., 2013). Five peptides were reported for each

spectrum query and these peptides were further ranked and scored for final identification using

Percolator (Käll et al., 2007). The validated novel ORFs were defined by its inclusion of at least

one novel peptide (FDR < 0.01) in the MS data that does not match with any protein sequence from

the UniProt database.

Proposing putative neoepitopes for cancer vaccine development

To obtain a shortlist of tumor-specific novel transcript isoforms, we extracted the NIC and NNC

isoforms identified in our long-read scRNA-seq profiles and quantified their expression levels in

the TCGA-COAD bulk samples along with the known isoforms in GENCODE and RefSeq. Tumor-

specificity was ensured by filtering for isoforms discovered only from the EpiT cells and not

expressed (TPM < 0.5) in the TCGA-COAD normal samples. We further selected the isoforms that

were recurrent across multiple patients (>5 samples), which resulted in a shortlist of 116 novel

coding isoforms. To ensure active translation of the isoforms, we prioritized 12 isoforms from the

shortlist whose ORF subsequences were supported at least once by the MS data from tumor samples

but without any peptides detected in MS data from normal samples.

To derive the set of tumor-specific neoepitopes from the tumor-specific novel transcript isoforms,

we assembled a collection of all the k-mers ($k = 9$) that are present in the predicted ORF sequences

and further curated a subset containing tumor-specific novel k-mers by requiring: (1) the k-mers

are not in the Uniprot reference, (2) the k-mers are only present in ORFs in transcript isoforms from

EpiT but not from EpiN or other cell types, (3) the k-mers are from the transcript isoforms that are

expressed (TPM > 0.1) in more than five TCGA-COAD tumor samples and not expressed (TPM <

0.1) in the normal samples (4) the k-mers are from the ORFs in the transcript isoforms classified as

NIC and NNC. In this way, we obtained a set $\mathcal{S}$ of candidate neoepitope k-mers that are from

recurrent tumor-specific isoforms across tumor samples.

For a given population, we predicted the binding affinity of each neoepitope k-mer against the

frequent HLA alleles in the population (represented as the set $\mathcal{H}$) using netMHCpan (v4.1) (Jurtz

et al., 2017). We used the rank of elution score, EL_rank < 2 as the threshold of binding/non-

binding for a k-mer to a specific HLA allele. In this way, we obtained a mapping $\mathcal{M}$ that

represented the HLA alleles that a neoepitope k-mer can bind to. For example, $\mathcal{M}[s]$ ($\mathcal{M}[s] \subseteq \mathcal{H}$)

contains the HLA alleles to which neoepitope s ($s \in \mathcal{S}$) binds.

To optimize a list of neoepitope k-mers with a high probability of containing at least one epitope

with binding potential to a patient's HLA allele for a given population, we searched the

combination of neoepitope k-mers in the shortlist to cover as many frequent HLA alleles in a

population as possible. Such an optimization task was formulated as a maximum coverage problem:

Input: The size of the shortlist n and the sets of HLA alleles covered by each epitope

$\{M[s_1], M[s_2], \dots, M[s_{|\mathcal{S}|}]\}$.

Output: The subset $\mathcal{S}' \subseteq \mathcal{S}$ with $|\mathcal{S}'| \leq n$ such that $\left|\bigcup_{\{s \in \mathcal{S}'\}} M[s]\right|$ is maximized.

Additionally, we took into account the HLA's allele frequency by assigning it as the weight in a

weighted maximum coverage problem:

Input: The size of the shortlist n, the sets of HLA alleles covered by each epitope

$\{M[s_1], M[s_2], \dots, M[s_{|\mathcal{S}|}]\}$, and the weight of each HLA allele a ($a \in \mathcal{H}$), $\mathcal{W}[a]$.

Output: The subset $\mathcal{S}' \subseteq \mathcal{S}$ with $|\mathcal{S}'| \leq n$ such that $\sum_{a \in \bigcup_{\{s \in \mathcal{S}'\}} M[s]} \mathcal{W}[a]$ is maximized.

As both the weighted and unweighted maximum coverage problems are NP-hard (Nemhauser et

al., 1978), we used the following greedy algorithm for the selection of an epitope shortlist with size

n (**Algorithm 1**, SELECT-KMERS-FOR-POPULATION). We omitted the algorithm for the unweighted

version in the presentation here as it is a special case of the weighted version when $\mathcal{W}[a] =$

1 ($\forall a \in \mathcal{H}$). On each iteration, we selected an epitope k-mer not yet in the shortlist that would

result in the maximum gain in the weight of covered HLA alleles (**Algorithm 1**, SELECT-BEST-

KMER). If the HLA alleles were already completely covered before the size of the shortlist reaches

n, we reset the set of uncovered HLA alleles and continued the iteration. In this way, the remaining

epitopes in the shortlist were optimized again for the maximum coverage of HLA alleles in the

population.

To optimize the neoepitope shortlist for the TCGA-COAD patients, we first obtained the HLA

subtyping of these patients from Thorsson et al. (Thorsson et al., 2018) and computed the binding

affinity of the neoepitopes in set $\mathcal{S}$ to all the HLA alleles found in them. We defined the coverage

of a neoepitope for a patient as at least one HLA allele of the patient covered by the neoepitope.

We then optimized the shortlist of neoepitopes for the maximum coverage of TCGA patients by

solving a similarly-defined unweighted maximum coverage problem for the population HLA

alleles. This resulted in a similar procedure (**Algorithm 1**, SELECT-KMERS-FOR-PATIENT-GROUP) as

above, by redefining $M[s]$ to be the patients covered by neoepitope s.

Algorithm 1 Select Splicing-derived Neoepitopes for Cancer Vaccine Development

---

function SELECT-KMERS-FOR-POPULATION ($\mathcal{S}, \mathcal{M}, \mathcal{H}, \mathcal{W}, n$)

inputs:

  $\mathcal{S}$, the set of neoepitope k-mers from recurrent tumor-specific isoforms
  $\mathcal{M}$, the mapping from k-mers to the HLA alleles they bind
  $\mathcal{H}$, the set of HLA alleles in the population
  $\mathcal{W}$, the mapping from HLA alleles to their allele frequency
  n, the number of putative k-mers for cancer vaccine development

outputs:

  S', the putative set of k-mers for cancer vaccine development
  c', coverage of allele frequency by S'
    $S' \leftarrow \emptyset$
    $c' \leftarrow 0$
    $\mathcal{U} \leftarrow \mathcal{H}$ // the set of uncovered HLA alleles
    for $i = 1$ to n **do**
      $s_i \leftarrow$ SELECT-BEST-KMER ($\mathcal{S}, \mathcal{M}, \mathcal{U}, \mathcal{W}$)
      $S' \leftarrow S' \cup \{s_i\}, S \leftarrow S \setminus \{s_i\}$
      $\mathcal{U} \leftarrow \mathcal{U} \setminus \mathcal{M}(s_i)$ **if** $\mathcal{U} \setminus \mathcal{M}(s_i) \neq \emptyset$ **else** $\mathcal{U} \leftarrow \mathcal{H}$ // reset uncovered HLA alleles if all covered
    end
    $c' \leftarrow$ SUM($\{\mathcal{W}[a]$ **foreach** a **in** $S'\}$)
    return S', c'

function SELECT-KMERS-FOR-PATIENT-GROUP ($\mathcal{S}, \mathcal{M}, \mathcal{P}, n$)

inputs:

$\mathcal{S}$, the set of neoepitope k-mers from recurrent tumor-specific isoforms

$\mathcal{M}$, the mapping from k-mers to the patients whose HLA they bind to

$\mathcal{P}$, the set of patients

n, number of putative k-mers for cancer vaccine development

outputs:

S', the putative set of k-mers for cancer vaccine development

c', the number of patients covered by S'

    $S' \leftarrow \emptyset$

    $c' \leftarrow 0$

    $\mathcal{U} \leftarrow \mathcal{P}$ // the set of uncovered patients

    for $i = 1$ to n **do**

    $s_i \leftarrow$ SELECT-BEST-KMER $(\mathcal{S}, \mathcal{M}, \mathcal{U}, \{p : 1 \textbf{ foreach } p \textbf{ in } \mathcal{P}\})$

        $S' \leftarrow S' \cup \{s_i\}, S \leftarrow S \backslash \{s_i\}$

        $\mathcal{U} \leftarrow \mathcal{U} \backslash \mathcal{M}(s_i) \textbf{ if } \mathcal{U} \backslash \mathcal{M}(s_i) \neq \emptyset \textbf{ else } \mathcal{U} \leftarrow \mathcal{H}$ // reset uncovered patients if all covered

    end

    $c' =$ SIZE(S')

    return S', c'

function SELECT-BEST-KMER $(\mathcal{S}, \mathcal{M}, \mathcal{U}, \mathcal{W})$

inputs:

    $\mathcal{S}$, the set of k-mers from recurrent tumor-specific isoforms

    $\mathcal{M}$, the mapping from k-mers to the identities (HLA alleles or patients) they bind to

    $\mathcal{U}$, the set of uncovered identities

    $\mathcal{W}$, the weight of the identities

outputs:

    s_{best}, the selected best k-mer in set $\mathcal{S}$

    $s_{\text{best}} =$ POP$(\mathcal{S})$, $c_{\text{best}} =$ SUM$(\{\mathcal{W}[a] \textbf{ foreach } a \textbf{ in } M[s_{\text{best}}]\})$

    foreach s **in** $\mathcal{S}$

        $c =$ SUM$(\{\mathcal{W}[a] \textbf{ foreach } x \textbf{ in } M[a] \cap \mathcal{U}\})$

        if $c > c_{\text{best}}$

            $c_{\text{best}} \leftarrow c, s_{\text{best}} \leftarrow s$

        end

    end

    return s_{best}

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Authors' Contributions

Z.L. and B.Z. performed computational analysis. J.J.C. performed experiments, single cell isolation and library preparations, as well as analyzed data. H.T., Q.Y.T. and X.H.C. performed single cell isolation, RNA extractions and tissue sample preparation for mass spectrometry. P.D. constructed PacBio libraries and performed sequencing. X.F. assisted with computational analysis. C.C. and D.K. performed the mass spectrometry acquisition. F.C. assisted in mass spectrometry sample preparation. S.W., B.E.S., I.J.W.T., K.Y.L., B. L., W.K.C. and K.K.T provided COAD clinical samples. Z.L, B.Z., J.J.C., X.G. and Y.T. designed the study and prepared the manuscript. All authors reviewed and commented on the manuscript.

Data and Code Availability

Raw sequencing data used in this study are deposited in European Nucleotide Archive under session number PRJEB61296. The identified RNA transcript isoforms from LR-seq data are visualized and available for downloading from UCSC genome browser tracks with the link: https://genome.ucsc.edu/s/binzhang/COAD_Colored_PacBio. Code for data analysis and neoepitope selection is available at https://github.com/lzx325/CRC-atlas.git .

Declaration of Interests

The authors have declared no competing interests.

 Figure legends

Figure 1 The short-read single-cell transcriptomic atlas of human CRC.

(A) Schematic illustration of the workflow of long-read (PacBio) and short-read (Illumina) single-

cell RNA sequencing (scRNA-seq) on tumor and normal samples from 12 CRC patients.

(B and C) tSNE (t-distributed stochastic neighbor embedding) plots illustrating (B) the major cell

types and (C) the source of cells from in-house tumor and normal samples, and the public dataset

(c295).

(D) Number of detected cells for each major cell type by in-house Illumina scRNA-seq data.

(E) Proportion of detected cells from each major cell type in each sample.

(F) Copy number variation (CNV) profiling of each cell from each sample.

Figure 2 The long-read single-cell transcriptomic atlas of human CRC.

(A) Schematic showing four structural types of isoforms identified by PacBio scRNA-seq data.

FSM: full splice match, ISM: incomplete splice match, NIC: novel in catalog, NNC: novel not in

catalog. The black box denotes a novel splice site.

(B) Proportion of the identified transcripts from each isoform structural type in each major cell

type. Others include antisense, genic (from intronic regions) and intergenic transcripts.

(C) Percentage of the identified isoforms with supporting Cap Analysis of Gene Expression

(CAGE) peaks for the 5' ends and PolyA peaks for the 3' ends.

(D) Percentage of the identified isoforms with different numbers (0,1,2,3) of splice junctions that

are not detected in the TCGA-COAD bulk RNA-seq data.

(E) Percentage of genes with single and multiple detected isoforms.

(F) Structure of the four types of isoforms from *EPCAM* identified by PacBio scRNA-seq data. The

identified novel splice sites are highlighted with black boxes.

Figure 3 Dysregulated transcript structures in epithelial tumor cells.

(A) Illustration of dysregulated gene expression (DGE) and dysregulated transcript structure (DTS)

in epithelial tumor (EpiT) compared to normal (EpiN) cells.

(B) Proportion of upregulated (up), downregulated (down) and not significantly changed (NS)

genes for those with DTS, without DTS and those with only one detected isoform. P-value from

Chi-squared test.

(C) Enrichment of Gene Ontology (GO) terms for genes with DTS.

(D) Structures of the three identified isoforms from *PCNA* (upper), the gene expression pattern and
the percentage of each isoform in EpiN and EpiT.

(E) The number of significantly up- and downregulated isoforms and their overlap with isoforms
with increased, decreased and not significantly changed (NS) percentages in EpiT compared to
EpiN.

(F) Numbers of DTS isoforms with co-occurrence of two types of AS events (or single type of
events on the diagonal) and their percentage of the total corresponding isoforms. P-value from two-
tailed binomial test. AF: alternative first exon, SE: skipped exon, MX: mutually exclusive exon,
A5: alternative 5' splice site, A3: alternative 3' splice site, RI: retained intron, AL: alternative last
exon.

(G and H) Structural illustration of isoforms (arrows indicate DTS isoforms) from (G) *ARGHDIA*
and (H) *TMEM259* with co-occurrence of two different types of splicing events. *ARGHDIA* DTS
contains coupled AF and RI, while DTS from *TMEM259* contains coupled RI and A3.

Figure 4 Dysregulated RNA editing in epithelial tumor cells.
(A) Illustration of two approaches to calculate RNA editing levels: RNA editing level per site
(REPS) and RNA editing level per isoform (REPI).

(B) Scatter plot showing REPS for each detected event in epithelial tumor (EpiT) and normal
(EpiN) cells. REPS based on RNA-seq data from GTEx are illustrated by scaled colors.

(C) Sanger sequencing validation of the RNA editing sites and levels as shown in (B).
Representative chromatograms are shown.

(D) Illustration of the detected RNA editing events on each isoform from *CDK13* (upper) and the
corresponding REPI in EpiN and EpiT.

(E) REPI for each event on each isoform from the sites highlighted in (B) in *CDK13*, *ANKRD40CL*
and *NEAT1*.

(F) Consistency between REPS and REPI in EpiT compared to EpiN. Red boxes indicate
inconsistencies between REPS and REPI.

(G) Heatmap showing the number of isoforms with detected RNA editing versus the total number
of detected isoforms of the gene. Each dot represents an editing event at a gene locus. Dots are

colored according to their REPS and those for the three RNA editing events in **Figure 4E** are

highlighted.

Figure 5 Transcriptome profiling of normal epithelial cell subtypes from multiple lineages.

(A) tSNE (t-distributed stochastic neighbor embedding) plot illustrating subtypes of epithelial

normal cells (EpiN) and the three main lineages of differentiation (indicated by arrows), including

enterocytes (green), goblet (blue) and *BEST4* (purple).

(B) Proportion of EpiN subtypes in each sample.

(C-E) The top identified markers with lineage-specific expression for (C) enterocytes, (D) goblet

and (E) *BEST4*. Known markers are in red.

(F-H) RNA expression of lineage-specific marker genes over the pseudotime was estimated by

trajectory analysis along the (F) enterocyte, (G) goblet and (H) *BEST4* lineages.

(I) Proportion of upregulated (up), downregulated (down) and not significantly changed (NS) genes

for genes with DTS, without DTS and those with only one detected isoform in the stem/TA

subtypes and each differentiated lineage.

(J) Structure of the *LMNA* transcripts encoding two Prelamin protein isoforms, Prelamin-A and

Prelamin-C.

(K) Proportion of the *LMNA* transcripts encoding the two Prelamin protein isoforms in the stem/TA

subtypes and the three differentiation lineages.

Figure 6 Dysregulation of genes and isoforms in the epithelial tumor cell subtypes.

(A) Schematic showing the comparisons between each EpiT subtype and their corresponding EpiN

cell subtype.

(B) Proportion of EpiT subtypes in each sample.

(C) Proportion of the *LMNA* transcripts encoding the two Prelamin protein isoforms in each EpiT

subtype.

(D) Structure of the *KRT8* transcripts encoding three CK8 protein isoforms with molecular weights

of 56.6kDa, 53.7kDa and 46.2kDa.

(E) Proportion of the *KRT8* transcripts encoding each CK8 protein isoform in each EpiN and EpiT

subtype.

(F) Correlation between the usage of the 56.6kDa transcript isoform and *SMAD4* expression in each
EpiN and EpiT subtype.

(G) Fold changes (log2 transformed) of top significant genes with dysregulated expression in each
EpiT subtype compared to the corresponding EpiN subtype.

(H) Overall survival of TCGA-COAD patients with different expression levels of *REG4*.

(I) Progression-free survival of TCGA-COAD patients with different scores of cE02 and cE03
signature genes. H: high, L: low.

Figure 7 Identification of common neoantigens from recurrent tumor-specific transcripts.
(A) Workflow for the identification of neoepitopes from novel tumor-specific recurrent transcript
isoforms for cancer vaccine development.

(B) Estimated maximum expression level of candidate isoforms (MS-supported) in the normal and
tumor TCGA-COAD samples.

(C) HLA binding profile of the selected neoepitopes. Each dot represents the best binding affinity
of MHC molecule(s) from an HLA allele (columns 1-3) or a TCGA-COAD patient (column 4)
against the panel of neoepitopes.

(D) Percentage of HLA alleles or patients with at least n (indicated by the x-axis) strong-binding
neoepitopes in the panel.

(E-F) Selection of neoepitopes for a novel isoform of (E) *STMN3* and (F) *CPNE7*. The selected
MS-supported neoepitopes are encircled by solid boxes and the non-MS-supported ones by dashed
line boxes.

(G) HLA binding profile of the panel of 24 neoepitopes against the HLA alleles (HLA-A, HLA-B,
HLA-C) among the TCGA-COAD patients. The right panel summarizes the number of patients
with at least one HLA allele showing 'weak/strong binding' affinities to the neoepitope of the
corresponding row. 'Strong binding & detected by RNA-seq' denotes neoepitopes derived from
isoforms with TPM>0.5 (as in **Figure 7B**). The last row summarizes the percentage of TCGA-
COAD patients with at least one neoepitope satisfying the two criteria above.

(H) The binding affinity of the 24 neoepitopes for the 12 in-house patients. 'Weak/strong binding'
denotes the binding affinity of the neoepitopes to at least one patient HLA allele (each row). 'Strong
binding & detected by LR-seq' neoepitopes are indicated by red boxes in the corresponding
heatmap. The top panel summarizes the total number of neoepitopes that satisfies each criterion

above per patient. The right panel summarizes the total number of patients for whom the epitope

satisfies the above criteria.

(I) PCR and Sanger sequencing validation of the unique splice junctions for the recurrent tumor-

specific isoforms from which the neoepitope panel is derived. Splice junctions from AF, AL, A5SS

and A3SS transcripts are depicted by black dotted lines and the 5' junction of RIs by red dotted

lines. Representative chromatograms and images are shown.

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Figure 1

Figure 2

Figure 2

Figure 3

Figure 4

Figure 6

Figure 7