1 Cell type specificity of mosaic chromosome 1q gain resolved by snRNA-seq in a case of
2 epilepsy with hyaline protoplasmic astrocytopathy
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STRUCTURED ABSTRACT

Introduction:
Mosaic gain of chromosome 1q (chr1q) is a recently described driver of malformation of cortical development (MCD) and epilepsy. Hyaline protoplasmic astrocytopathy (HPA) is a rare neuropathological finding seen in cases of epilepsy with MCD. The cell-type specificity of mosaic chr1q gain in the brain and the molecular signatures of HPA are unknown.

Methods:
We present a child with pharmacoresistant epilepsy who underwent epileptic focus resections at age 3 and 5 years and was found to have mosaic chr1q gain and HPA. We performed single-nucleus RNA-sequencing (snRNA-seq) of brain tissue from the second resection.

Results:
Remarkably, snRNA-seq showed increased expression of chr1q genes only in subsets of neurons and astrocytes. Differentially expressed genes associated with inferred chr1q gain included *AKT3* and genes associated with cell adhesion or migration. A subpopulation of astrocytes demonstrated marked enrichment for synapse-associated transcripts, possibly linked to the astrocytic inclusions observed in HPA.

Discussion:
snRNA-seq may be used to infer the cell type-specificity of mosaic chromosomal copy number changes and identify associated gene expression alterations, which in the case of chr1q gain may involve aberrations in cell migration. Future studies using spatial profiling could yield further insights on the molecular signatures of HPA.

INTRODUCTION

Mosaic chromosome 1 q (chr1q) gain has been recently identified in several case reports and series as a genetic driver of pharmacoresistant epilepsy in the setting of malformation of cortical development (MCD) [1, 2, 3, 4, 5], an umbrella term [6] which encompasses pathologies such as mild MCD (mMCD) with excessive heterotopic neurons [7], focal cortical dysplasia (FCD), gray matter heterotopia, polymicrogyria, and hemimegalencephaly .

Hyaline protoplasmic astrocytopathy is a rare neuropathological finding associated with epilepsy and MCD [8] characterized by protoplasmic astrocytes laden with electron-dense, non-membrane-bound hyaline inclusions reported to have filamin A, GLT-1 (SLC1A2), α-β-crystallin, and cytoglobin immunoreactivity [9, 10].

Here we present a child with pharmacoresistant epilepsy who was found to have mosaic chr1q gain as well as hyaline protoplasmic astrocytopathy from two sequential epileptic focus resection surgeries. We performed single-nucleus RNA-sequencing (snRNA-seq) of brain tissue from the second resection to gain insights into the cell type-specificity of his mosaic chr1q gain and the molecular signatures associated with hyaline protoplasmic astrocytopathy.

METHODS

Research ethics and informed consent

Tissue was acquired and deidentified by the Neurosurgery Tissue Bank at the University of California, San Francisco with patient consent in strict observance of the legal and institutional ethical regulations the UCSF Committee on Human Research (IRB # 10-01318). The tissue was snap frozen in liquid nitrogen in less than 30 minutes after surgical resection.

Single-nucleus RNA-sequencing (snRNA-seq)

snRNA-seq was performed on fresh frozen brain tissue from the patient's second epileptic focus resection. 128 mg of frozen brain tissue was cut at –20 °C and sent on dry ice to Singulomics (New York) for nuclei extraction and snRNA-seq using the 10x Genomics v3 platform, targeting recovery of 10,000 nuclei and 25,000 reads per cell. ~200 million PE150 reads were sequenced on an Illumina NovaSeq 6000 sequencer.

Data analysis

Processing and mapping of raw reads from snRNA-seq and cell calling were performed with Cell Ranger (v7.1.0) using GRCh38-2020-A with inclusion of intronic regions as the reference genome. Analysis of snRNA-seq data was performed in R (v4.3) using Seurat (v5). See Detailed Methods in Supplemental Information.

Data availability

Raw reads and the filtered feature-barcode matrix from snRNA-seq are available on GEO (GSE241521).

RESULTS

Clinical course

Our patient first presented with seizures at 6 months of age. The seizures were characterized by left-sided limb stiffening and gaze deviation, occurring up to one hundred times a day. Scalp EEG revealed right frontal localization, and MRI at 6 months showed non-specific findings without evidence of cortical malformation. The seizures were resistant to standard anti-seizure medications including levetiracetam, oxcarbazepine and clobazam. GeneDx Infantile Epilepsy panel and whole-exome sequencing did not reveal any pathogenic variants. Suppression of seizures was achieved for one year on vigabatrin, with recurrence of seizures on weaning vigabatrin and no response to subsequent medical management. 3T MRI at age 40 months demonstrated very subtle increased T2-FLAIR signal throughout the white matter of the anterior right frontal lobe with minimal blurring of the gray-white border, raising suspicion for FCD (Fig. 1a), which was not visible on 3T MRIs done at age 6 months and 23 months due to incomplete myelination of the frontal lobes. PET scan at age 40 months showed right frontal lobe hypoperfusion (Fig. 1a).

An intraoperative electrocorticography (ECOG)-guided right frontal lobe resection was performed at age 40 months to remove the epileptogenic focus (Fig. 1b). On neuropathology, hyaline protoplasmic astrocytopathy was seen (Fig. 1c,e; Fig. S1). In addition, there appeared to be an abnormal number of heterotopic neurons (> 30/mm^2) in the subcortical white matter without definite cortical dysplasia (Fig. 1d), consistent with the new ILAE classification of mMCD with excessive heterotopic neurons [7]. Genomic analysis of the resected brain tissue using the

UCSF500 Cancer Gene Panel with a buccal swab sample included for comparison revealed an
approximate 1.2-fold gain in copy number of chr1q in the resected brain tissue (Fig. 1f) but not
in the buccal sample, indicative of mosaic chr1q gain in the brain. The patient continued to have
seizures after the initial surgery, and residual right anterior frontal lobe signal abnormalities were
seen on repeat MRI. After discussion at multidisciplinary boards and unsuccessful trials of
additional medical therapy, the patient underwent a second surgery, a motor-sparing right frontal
lobectomy, at age 5 years. The resected tissue from the second surgery demonstrated an
approximate 1.05-1.1-fold gain in chr1q copy number, which was lower compared to prior, but
with more extensive hyaline protoplasmic astrocytopathy (Fig. 1c). Electron microscopy
performed on tissue from the second surgery showed numerous large inclusions composed of
electron-dense, non-membrane-bound granular material (Fig 1e). The inclusions appeared to be
predominantly in cortical astrocytes and were frequently juxtanuclear, consistent with prior
ultrastructural studies of hyaline protoplasmic astrocytopathy [9, 10]. After the second surgery,
our patient's seizure frequency improved to approximately once every 10 days on a two-drug
anti-seizure medication regimen (clobazam, lamotrigine) continued from prior to the surgery.
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Transcriptomic profiling of surgically resected brain tissue
We performed snRNA-seq of fresh frozen brain tissue from our patient's second surgery,
recovering nuclear transcriptomes corresponding to 10,764 cells at ~23,000 mean reads per cell
and 1,880 median genes detected per cell. After initial clustering and quality control (see
Detailed Methods), 10,179 cells were retained for further analysis. Uniform manifold
approximation projection (UMAP) of above cells showed well-separated clusters (Fig. 2a) of
excitatory (Exc.1-11) and inhibitory (Inh.1-6) neurons, astrocytes (Ast.1-4), oligodendrocytes
(Oli.1-2), oligodendrocyte precursor cells (OPC.1-2), microglia (Mic), endothelial cells (End.1-2),
and vascular cells (Vas), which all demonstrated expression of appropriate cell type-specific
genes (Fig. S2a) and acceptable quality metrics (Fig. S2b).
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To infer the cell type-specificity of mosaic chr1q gain, the expression of genes on chr1q was
compared to that of all other genes to generate a chr1q module score (see Detailed Methods).
We found that chr1q module scores were bimodally distributed, with 10% of cells exceeding the
cutoff value of 0.25, which is the chr1q module score corresponding to the local minimum
between the two modes in the density plot (Fig. 2b). In contrast, a module score generated with
genes from chr1p as a negative control was unimodally distributed (Fig. 2d). Thus, assuming
that cells with chr1q module score > 0.25 correspond to cells with chr1q gain and that cells with
chr1q gain are trisomic for chr1q, the above estimate of 10% mosaicism would correspond to a
bulk fold-change in chr1q copy number of 1.05, consistent with that derived from analysis of the
UCSF500 panel data. Plotting the distribution of chr1q module score for each cell type showed
bimodality only in excitatory neurons, inhibitory neurons, and astrocytes (Fig. 2e, Fig. S3a), with
a Pearson's Chi-squared test P value of < 2.2×10^{-16} (Fig. 2f), suggesting that chr1q gain is
restricted to neurons and astrocytes.
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Differentially expressed genes (DEGs) in cells with inferred chr1q gain compared to those
without (see Detailed Methods) showed cell type-specificity (151 upregulated genes specific to
excitatory neurons, 23 to inhibitory neurons, and 58 to astrocytes), with 27 upregulated genes
shared among all three cell types (Fig. 2g, Fig. S4, Table S1). Among the shared DEGs was
LYST, a regulator of lysosomal and endosomal trafficking, and *AKT3*, which is located on chr1q
(Fig. 1a). Activating somatic mutations in *AKT3* have been associated with epilepsy and MCD
and may drive pathology through overactivation of the mTOR pathway [11, 12]. However, we did
not recover a significant enrichment for the mTOR pathway in chr1q gain associated DEGs,

which instead demonstrated enrichment for genes involved in cellular adhesion and intercellular
junctions (Fig. S5-8, Table S2), processes which are important for cell migration. Given that
cortical development requires the appropriate migration of neuronal progenitors, we suspected
that chr1q gain associated DEGs in neurons may be involved in cellular migration. Indeed,
examination of NCBI and UniProtKB gene summaries of upregulated DEGs shared between
excitatory and inhibitory neurons revealed annotations for processes such as cytoskeletal
regulation (e.g. *FMN2*), vesicular trafficking, cellular adhesion, and cellular migration (e.g.
ASTN1); furthermore, there was evidence of regulatory interactions among many of these
genes (Fig. 2h).
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We next turned our attention to evaluate whether chr1q gain exhibited enrichment in cell type
subpopulations by subclustering excitatory neurons, inhibitory neurons, and astrocytes. We
found subclusters with marked enrichment of chr1q-gained cells in excitatory neurons (Exc.s6)
and astrocytes (Ast.s3, Ast.s4), but not inhibitory neurons (Fig. 2c, Fig. S3b), where chr1q-
gained cells were distributed more evenly across subclusters. In excitatory neurons, Exc.s6
compared to all other excitatory neurons demonstrated differential expression of genes involved
in neuronal projections (Fig. S9, Table S3-4). In astrocytes, Ast.s3 compared to all other
astrocytes demonstrated downregulation of genes involved in glutamate uptake, such as
SLC1A2, and potassium transport, such as *KCNIP4* (Fig. S10, Table S2). Notably, Ast.s4
compared to all other astrocytes demonstrated a striking enrichment of synapse-associated
transcripts such as *SHISA9*, *GRIA1*, *GRIN2A*, *GRIN2B*, *NGLN1*, and *NRXN3* [13] in conjunction
with upregulation of *HSP90AA1* (Fig. 3a-c, Fig. S11, Table S3-4), which encodes the Hsp90
chaperone.
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193 **DISCUSSION**
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With respect to the clinical findings, the somewhat lower magnitude of chr1q copy number gain
as measured by the UCSF 500 NGS panel in tissue from the second surgical resection
compared to the first may reflect a correspondence between the degree of chr1q gain
mosaicism and anatomical proximity to the epileptic focus. A similar hypothesis has been
validated in the setting of FCD and the rate of mosaic somatic mutations in mTOR pathway
genes [14].
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With respect to our results from snRNA-seq, our analysis demonstrates that snRNA-seq of
archived fresh frozen brain tissue could be used to infer the cell type-specificity of mosaic
chromosomal copy number variations and their associated alterations in gene expression. Thus,
in this context, single-cell transcriptomics provides a powerful complementary approach to
traditional methods such as karyotyping (limited to cells proliferating culture) or FISH. For our
patient, tissue culture of freshly isolated primary cells from the second surgery was severely
limited by yield, and FISH performed on cultured cells failed to identify any cells with chr1q copy
number gain. Per expert consultation, we did not attempt FISH on FFPE samples due to
expected technical challenges (such as cutting artifacts, cell overlap, and unclear cell
morphology) that limit sensitivity in the setting of low-level mosaic copy number changes.
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213 The enrichment of chr1q gain associated DEGs for genes involved in cell adhesion and
214 migration suggests that chr1q gain disrupts the developmental migration of neuronal and glial

progenitor cells, which is supported clinically by white matter T2-FLAIR hyperintensity with blurring of the gray-white border in the right frontal horn on MRI and the appearance of increased heterotopic neurons in subcortical white matter on neuropathology. Although excitatory neurons and inhibitory neurons are traditionally thought to arise from distinct pools of precursor cells originating from different regions of the developing brain [15], the presence of chr1q gain in both excitatory and inhibitory neurons (as well as astrocytes) in our patient is in line with the recent finding that a subset of cortical progenitor cells can potentially give rise to both excitatory and inhibitory neurons during human brain development [16]. The hypothesis that chr1q gain occurred in a cortical progenitor cell during neurodevelopment would also be consistent with *in vitro* data showing that chr1q gain confers a proliferative advantage in neural stem cells [17]. Lastly, the existence of a subpopulation markedly enriched in chr1q-gained cells in excitatory neurons (Exc.s6) but not inhibitory neurons suggests that migration defects may be more pronounced in excitatory neurons compared to inhibitory neurons.

With respect to astrocytes, chr1q gain may disrupt homeostatic astrocyte functions such as glutamate uptake and potassium buffering (as seen in Ast.s3), which may contribute to epilepsy. Furthermore, our discovery of a subpopulation of astrocytes with inferred chr1q gain demonstrating marked enrichment of synapse-associated transcripts (Ast.s4) suggests that these astrocytes may have been involved in synaptic regulation, such as by pruning or phagocytosis of synaptic debris [18]. We speculate that with cytoskeletal, vesicular trafficking, and lysosomal abnormalities secondary to chr1q gain, these astrocytes may have exceeded their degradative or intracellular trafficking capacity, which may contribute to the inclusions observed in protoplasmic astrocytes on neuropathology and electron microscopy.

In summary, we identified cell type-specific changes in gene expression associated with chr1q gain and possibly hyaline protoplasmic astrocytopathy in our patient, which pointed towards cellular pathways potentially affected by these pathologies. Ultimately, spatial transcriptomics and proteomics will further elucidate the molecular signatures and dysregulated cellular functions associated with hyaline protoplasmic astrocytopathy.

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CONFLICTS OF INTEREST STATEMENT

AB is currently employed at Denali Therapeutics but was not affiliated with Denali during her clinical involvement with the patient. The authors have no other conflicts of interests to disclose.

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FIGURE LEGENDS

Fig. 1 | Right frontal lobe abnormalities on neuroimaging, hyaline protoplasmic astrocytopathy on neuropathology, and evidence of mosaic chr1q gain on analysis of the UCSF 500 Cancer Gene Panel. a, 3T T2-FLAIR MR image (left) at age 40 months demonstrating subtle increased hyperintensity in the right frontal white matter with minimal blurring of the gray-white border suggestive of FCD; PET image (right) at age 3 years demonstrating hypoperfusion in the right frontal lobe. **b**, Intra-operative electrocorticography recording from the surgery at age 3 years demonstrating right frontal localization of epileptiform activity; the electrode array (4x5 grid, 20 electrodes) was placed over the right frontal lobe (see Detailed Methods in Supplemental Information). **c**, H&E sections of surgically resected cortical tissue from the surgeries at age 3 and 5 years demonstrating worsened hyaline protoplasmic astrocytopathy over time. Scale bar, 100 μm. **d**, MAP2 immunohistochemistry of white matter in resected cortical tissue at age 3 years demonstrating numerous heterotopic neurons. Scale bar, 100 μm. **e**, Electron microscopy of resected cortical tissue at age 5 years demonstrating an electron-dense cytoplasmic inclusion in an astrocyte. Scale bar, 2 μm. **f**, Visualization of relative read density (top) and minor allele frequency of common single nucleotide polymorphisms (bottom) from the UCSF 500 Cancer Gene Panel performed on surgically resected brain tissue from the surgery at age 3 years. Regions highlighted in blue in the top subpanel reflect regions of chr1q with definitive copy number gain whereas regions highlighted in red reflect regions with possible copy number loss; the jagged appearing black line in the top subpanel corresponds to the running average of the relative read density, and the horizontal black lines in the top subpanel correspond to the average relative read density within corresponding genomic regions.

Fig. 2 | Mosaic chr1q gain in neurons and astrocytes and associated alterations in gene expression identified by snRNA-seq. a, Uniform manifold approximation projection (UMAP) of cells recovered from snRNA-seq, colored by cell cluster assignment (left) or chr1q module score (right). **b**, Density plot of the distribution of chr1q module scores across all cells, plotted on a linear (top) or logarithm (bottom) scale, with the cutoff value of 0.25 highlighted as a dashed vertical line. **c**, UMAP of excitatory neuron, inhibitory neuron, and astrocyte subclusters colored by subcluster assignment or chr1q module score. **d**, Density plot of the distribution of chr1p module score across all cells, plotted on a linear (top) or logarithmic (bottom) scale. **e**, Density plots of the distribution of chr1q module scores in each cell type, in logarithmic scale. **f**, Contingency table of number of cells with (chr1q module score > 0.25) vs without (chr1q module score < 0.25) inferred chr1q gain in each cell type, with the P value from Pearson's Chi-squared test shown below. **g**, Venn diagrams of upregulated (left) or downregulated (right) differentially expressed genes (DEGs) associated with chr1q gain in excitatory neurons, inhibitory neurons, and astrocytes. **h**, Network visualization of chr1q gain associated upregulated DEGs shared between excitatory and inhibitory neurons grouped by function. Lines connecting genes reflect evidence of regulatory relationships (see detailed methods in Supplemental Information). Exc – excitatory neurons, Inh – inhibitory neurons, Ast – astrocytes, Oli – oligodendrocytes, OPC – oligodendrocyte precursor cells, Mic – microglia, End – endothelial cells, Vas – vascular cells.

Fig. 3 | A subpopulation of astrocytes enriched in synapse-associated transcripts
identified on subclustering. a, UMAP of astrocyte subclusters colored by log-scaled
expression score of selected synapse-associated transcripts. **b**, Enriched terms from the ChEA,
ARCHS4, Reactome, and GO Cellular Component gene set libraries (see Detailed Methods in
Supplemental Information) for genes upregulated in Ast.s4 compared to other astrocytes. **c**,
Network visualization of upregulated genes in Ast.s4 that have known regulatory relationships
with Hsp90 (*HSP90AA1*) or with those that have a known regulatory relationship with Hsp90.
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358 Supplemental Information for
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361 case of pharmacoresistant epilepsy associated with hyaline protoplasmic astrocytopathy
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364 DETAILED METHODS
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Intraoperative electrocorticography

Following a right frontotemporoparietal craniotomy under local anesthesia using nitrous oxide, narcotics, and dexmedetomidine, the cortical surface was exposed. The brain appeared grossly intact. A 5x4 array of 20 electrodes numbered 1 through 20 was placed over the right frontal lobe with the following orientation: 20 - anterior inferior, 1 - posterior superior, 5 - anterior superior, 16 - posterior inferior, motor strip - 1, 6, 11. Recording from these electrodes revealed a background consisting of low-amplitude theta frequency activity with superimposed faster elements.

Electron microscopy

Freshly harvested tissue was minced into pieces < 2 mm in width. Tissue pieces were fixed with glutaraldehyde in cacodylate buffer and then stored in cacodylate buffer. Osmium tetraoxide was used for secondary fixation, followed by dehydration and resin embedding. Thin sections were stained with uranyl acetate and lead citrate. Images were collected by the UCSF Pathology department electron microscopy service.

UCSF 500 Cancer Gene Panel

The UCSF 500 Cancer Gene Panel is an exon-capture-based panel that targets 529 genes plus additional genome-wide probes to detect gross chromosomal gains or losses. The test is available to patients through the UCSF Clinical Cancer Genomics Lab (CPT code 81455). For visualization of chromosomal-level copy-number variations, the $\log_2$ value of the ratio of sample coverage over pooled normal coverage is plotted in Fig. 1c. The pooled normal coverage is derived from ~300 samples that were processed and sequenced in the same pipeline as the sample.

snRNA-seq data analysis

The filtered feature-barcode matrix of raw UMI counts generated by CellRanger after alignment of raw reads was loaded into Seurat (v4.9.9). Data normalization and identification of highly variable genes was performed using Seurat::SCTransform with default parameters. The resulting Pearson residuals from SCTransform's negative binomial generalized linear model correcting for variation in library size among cells (the 'scale.data' slot in the 'SCT' assay) corresponds to the "log-scaled expression score" used for differential expression analysis and gene expression visualization referenced in the manuscript and described below. Dimensionality reduction and initial clustering was performed using Seurat::RunPCA, Seurat::RunUMAP, Seurat::FindNeighbors, and Seurat::FindClusters with default parameters, specifying a range of values for the resolution parameter for Seurat::FindClusters. After visual inspection of cluster assignments on UMAP, a resolution of 0.8 was deemed satisfactory for initial clustering.

For basic quality control, quality metrics including number of genes detected and percent of
genes from the mitochondrial genome ("percent.mito") was visualized together with cluster
assignment on UMAP, identifying a cluster of cells with high percent.mito which was removed.
Cluster markers were then identified using Seurat::FindAllMarkers with the following
parameters: assay = 'SCT', slot = 'scale.data', test.use = 't', and the 'features' parameter set to
the top 3000 highly variable genes from SCTransform. Clusters were then assigned to major
known brain cell types (excitatory neurons, inhibitory neurons, astrocytes, oligodendrocytes,
oligodendrocyte precursor cells, microglia, endothelial cells, vascular cells) by inspection of
cluster markers and by using cell type predictions generated by Azimuth (an online analysis
platform for alignment of query single-cell datasets to annotated reference single-cell datasets),
using the human primary motor cortex as the reference. A cluster with low mapping scores from
Azimuth and lack of cell type-specific markers was removed. After all clusters have been
assigned to major known brain cell types, separate seurat objects were created with only cells
belonging to each cell type for subclustering analysis.

For subclustering of each cell type, data normalization, identification of high variable genes,
dimensionality reduction, and clustering was repeated starting from the raw counts, again
specifying a range of values for the resolution parameter for Seurat::FindClusters and using
visual inspection of cluster separation on UMAP to select the optimal resolution parameter.
Initial cluster markers were then identified using Seurat::FindAllMarkers with assay = 'SCT', slot
= 'scale.data', test.use = 't' and filtered for adjusted P value < 0.05 (Bonferroni) and $\log_2$-fold
change > 0.58. Cell type identity of clusters was then verified using Azimuth and inspection of
cluster markers. In some cases, this process identified small clusters consisting of cells
predicted to be another cell type by Azimuth, likely doublets, which were then removed. The
remaining clusters were then assigned as bona fide cell type subclusters. Subcluster markers
were then identified using Seurat::FindAllMarkers with the same parameters as above, and
filtered for adjusted P value < 0.05 (Bonferonni). All cells removed during subclustering were
also removed from the seurat object corresponding to overall dataset, which was then used for
the analyses described below.

For inference of chr1q gain, the chr1q module score was generated using
Seurat::AddModuleScore with assay = 'SCT' and the features parameter set to genes located
on chr1q, which were identified using Ensembl Biomart and restricted to genes with official
HGNC gene symbols. The chr1p module score was calculated similarly.

To identify chr1q gain-associated DEGs robust to cell type, an expression matrix consisting of
Pearson residuals from SCTransform (the 'scale.data' slot of the 'SCT' assay) of genes that
were detected in more than 5% of all cells was used as input to limma::lmFit (limma v3.56.2),
using a model formula of the form '~ cell type + chr1q status'. Statistical shrinkage was then
performed using limma:eBayes, with robust = 'TRUE'. DEGs were then filtered for adjusted P
value < 0.05 (Benjamini-Hochberg) and $\log_2$-fold change > 0.32. To identify chr1q gain-
associated DEGs for each cell type, Seurat::FindMarkers was used with the seurat object
corresponding to each cell type, with assay = 'SCT', slot = 'scale.data', test.use = 't', ident.1 set
to cells with chr1q module score > 0.25, and ident.2 set to cells with chr1q module score < 0.25.
Since Seurat::FindMarkers uses Bonferonni correction by default, Benjamini-Hochberg adjusted
P values were generated using p.adjust with method = 'fdr', and DEGs were filtered for adjusted
P value < 0.95 and $\log_2$-fold change > 0.32. Given that when comparing cells with high chr1q

module score to those with low chr1q module score, genes on chr1q are more likely to be
differentially expressed, we performed a secondary analysis where a more stringent *P* value
adjustment (Bonferonni) was employed for genes on chr1q, which did not affect the number of
DEGs recovered compared to using Benjamini-Hochberg adjustment for all genes.
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Enrichment analysis of DEGs was performed for upregulated and downregulated DEGs
separately using Enrichr (an online tool for gene set enrichment analysis), utilizing the R utility
function enrichR::enrichr with the following gene set libraries:
"ENCODE_and_ChEA_Consensus_TFs_from_ChIP-X', 'ARCHS4_TFs_Coexp',
'Reactome_2022', 'ARCHS4_Kinases_Coexp', 'GO_Biological_Process_2023', and
'GO_Cellular_Component_2023'. The ENCODE and ChEA consensus library consist of gene
sets associated with transcriptional regulators through ChIP-seq experiments. ARCHS4 is a
continually updated compendium of all published RNA-seq datasets re-processed through a
common pipeline enabling co-expression analysis of genes with known transcription factors
(TFs) and kinases. The adjusted *P* values from Enrichr are used for the plots in Fig. S4-6, which
show only terms with adjusted *P* value < 0.1.
467
For network visualization of genes shown in Fig. 2h and Fig. 3c, genes of interest were used as
the input to the STRING (v11.5) app's "protein query" function in CytoScape (v3.10.0); a
minimum cutoff of 0.6 was used for the confidence score, which reflects the degree of certainty
regarding the existence of a regulatory relationship between two proteins based on current
evidence. Genes without annotated functions in their NCBI gene summary were not included for
visualization.
474
475
476 **Statistics**
477 The Pearson's Chi-square test was performed with the function 'chisq.test' in R with default
478 parameters.

495   SUPPLEMENTAL FIGURE LEGENDS
496
Fig. S1 | Additional histology of hyaline protoplasmic astrocytopathy. H&E staining of
cortex from resected brain tissue at age 3 years at 40x (left) and 400x (right) original
magnification. The histologic sections reveal brightly eosinophilic, refractile (glassy) inclusions
within the cell bodies of glial cells, predominantly those with the morphological appearance of
the so-called "protoplasmic astrocytes". These glial cells were scattered throughout the cortex
as also appeared as perineuronal satellite cells. The inclusions were predominantly within the
glial cells, but also occurred as small neuropil deposits as well as in perivascular spaces. The
inclusions attained various shapes, occasionally reminiscent of Rosenthal fibers, but with more
distinctive hyalinized (glassy) appearance. These inclusions were widely dispersed throughout
all cortical sections examined but were not identified within the white matter.
Immunohistochemical studies revealed diffuse cortical and white matter gliosis as demonstrated
with the GFAP stains (not shown here). Neuronal stains MAP2, Synaptophysin and NeuN (not
shown here) demonstrated an apparent increase in the number of neuronal cells within the
white matter, without clear evidence of focal cortical dysplasia.
511
512   **Fig. S2 | Appropriate expression of cell-type specific markers and expected variation in**
513   **median number of genes detected seen on quality-control analysis. a**, Heatmap of the top
514   10 cell type-specific genes across all major cell types captured by snRNA-seq. **b**, UMAP of all
515   cells recovered from snRNA-seq colored by cluster assignment, median number of genes
516   detected, or percent of genes from the mitochondrial genome.
517
Fig. S3 | Subpopulations of OPCs, microglia, endothelial cells, and vascular cells seen on
subclustering of cell types without inferred chr1q gain; low median number of genes
detected in Ast.s4 seen on subclustering of astrocytes. a, UMAP of cell types without
inferred chr1q gain colored by subcluster assignment or chr1q module score. **b**, UMAP of
astrocytes colored by subcluster assignment, median number of genes detected, or percent of
genes from the mitochondrial genome. The low median number of genes detected in Ast.s4
makes it unlikely that Ast.s4 corresponds to astrocyte-neuron doublets, which tend to
have >2000 median number of genes detected and were removed during quality control.
526
527   **Fig. S4 | Cell type-robust and cell type-specific chr1q gain-associated DEGs.** Volcano plots
528   of chr1q gain associated DEGs robust to cell type (**a**), in excitatory neurons (**b**), inhibitory
529   neurons (**c**), or astrocytes (**d**). DEGs shared among excitatory neurons, inhibitory neurons, and
530   astrocytes are marked in panel **a**; DEGs specific to excitatory neurons, inhibitory neurons, or
531   astrocytes are marked in panels **b**, **c**, and **d**, respectively.
532
533   **Fig. S5 | Enrichment analysis of DEGs associated with chr1q gain robust to cell type.** See
534   Detailed Methods for details regarding the gene set libraries included for analysis. Only terms
535   with adjusted P value < 0.1 are shown.
536
537   **Fig. S6 | Enrichment analysis of DEGs associated with chr1q gain in excitatory neurons.**
538   See Detailed Methods for details regarding the gene set libraries included for analysis. Only
539   terms with adjusted P value < 0.1 are shown.
540

541 **Fig. S7 | Enrichment analysis of DEGs associated with chr1q gain in inhibitory neurons.**
542 See Detailed Methods for details regarding the gene set libraries included for analysis. Only
543 terms with adjusted P value < 0.1 are shown.
544
545 **Fig. S8 | Enrichment analysis of DEGs associated with chr1q gain in astrocytes.** See
546 Detailed Methods for details regarding the gene set libraries included for analysis. Only terms
547 with adjusted P value < 0.1 are shown.
548
549 **Fig. S9 | Enrichment analysis of DEGs in Exc.s6 compared to all other excitatory**
550 **neurons.** See Detailed Methods for details regarding the gene set libraries included for
551 analysis. Only terms with adjusted P value < 0.1 are shown.
552
553 **Fig. S10 | Enrichment analysis of DEGs in Ast.s3 compared to all other astrocytes.** See
554 Detailed Methods for details regarding the gene set libraries included for analysis. Only terms
555 with adjusted P value < 0.1 are shown.
556
557 **Fig. S11 | Enrichment analysis of DEGs in Ast.s4 compared to all other astrocytes.** See
558 Detailed Methods for details regarding the gene set libraries included for analysis. Only terms
559 with adjusted P value < 0.1 are shown.
560

SUPPLEMENTAL TABLES LEGENDS

Table S1 | Chr1q gain associated DEGs robust to cell type or in excitatory neurons, inhibitory neurons, and astrocytes. Chr1q gain associated DEGs robust to cell type were identified using limma (see Detailed Methods) whereas chr1q gain associated DEGs in excitatory neurons, inhibitory neurons, and astrocytes were identified using Seurat::FindMarkers (see Detailed Methods). Column names in the first tab: 'gene' - HGNC gene symbol of the DEG, 'logFC' - average $\log_2$-fold change, 'AveExpr' - average log-scaled expression score of the DEG (see Detailed Methods), 't' - value of t statistic from limma, 'P.Value' - unadjusted P value from limma, 'adj.P.Val' - Benjamini-Hochberg adjusted P value. Column names in remaining tabs: 'gene' - HGNC gene symbol of the DEG, 'p_val' - unadjusted P value, 'avg_diff' - average $\log_2$-fold change, 'pct.1' - percent of cells with chr1q gain in which the DEG was detected, 'pct.2' - percent of cells without chr1q gain in which the DEG was detected, 'p_val_adj' - Benjamini-Hochberg adjusted P value.

Table S2 | Enrichment analysis of chr1q gain associated DEGs robust to cell type or in excitatory neurons, inhibitory neurons, and astrocytes. Enrichment analysis was performed separately on upregulated DEGs and downregulated DEGs. Column names: 'Library' - gene set library, 'Term' - name of the gene set within the gene set library, 'Overlap' - number of DEGs overlapping with the gene set over the number of genes within the gene set, 'P.value' - unadjusted P value from Fisher's exact test, 'Odds.Ratio' - odds ratio from Fisher's exact test, 'Genes' - the DEGs overlapping with the gene set, 'Combined.Score' - a score that combines the odds ratio and P value, 'DE_direction' - the direction of differential expression of the DEGs.

Table S3 | Excitatory neuron, inhibitory neuron, and astrocyte subcluster DEGs. Column names: 'gene' - HGNC gene symbol of the DEG, 'p_val' - unadjusted P value, 'avg_diff' - average $\log_2$-fold change, 'pct.1' - percent of cells in the subcluster of interest in which the DEG was detected, 'pct.2' - percent of cells not in the subcluster of interest in which the DEG was detected, 'p_val_adj' - Benjamini-Hochberg adjusted P value, 'cluster' - the subcluster of interest.

Table S4 | Enrichment analysis of excitatory neuron, inhibitory neuron, and astrocyte subcluster DEGs. Enrichment analysis was performed separately on upregulated DEGs and downregulated DEGs. Column names: 'Library' - gene set library, 'Term' - name of the gene set within the gene set library, 'Overlap' - number of DEGs overlapping with the gene set over the number of genes within the gene set, 'P.value' - unadjusted P value from Fisher's exact test, 'Odds.Ratio' - odds ratio from Fisher's exact test, 'Genes' - the DEGs overlapping with the gene set, 'Combined.Score' - a score that combines the odds ratio and P value, 'DE_direction' - the direction of differential expression of the DEGs.

Fig. 1

Fig. 2

Fig. 3

a

| HSP90AA1 | SHISA9 | GRIA1 | GRIN2A | NLGN1 | NRXN3 |

Ast.s4

Log-scaled expression

2.5
2.0
1.5
1.0
0.5
0.0

b

Upregulated genes in Ast.s4 compared to other astrocytes (219)

ChEA

SMARCD1 25818293 ChIP−Seq ESCs Mouse
NFKB1 27076634 ChIP−Seq BEAS2B Human Lun
SMAD4 21799915 ChIP−Seq A2780 Human
STAT3 23295773 ChIP−Seq U87 Human
TCF4 23295773 ChIP−Seq U87 Human

0 10 20 30 40 50

ARCHS4 kinases

EPHA6
NTRK3
AKT3
BMPR2
TTBK2

0 20 40 60

Reactome

Neuronal System
Transmission Across Chemical Synapses
Protein−protein Interactions At Synapses
Neurexins And Neuroligins
Presynaptic Depolarization And Calcium Channel

0 5 10 15 20

-Log$_{10}$(P$_{adj}$)

GO Cellular Component

Neuron Projection
Postsynaptic Density
Calcium Channel Complex
Dendrite
Glutamatergic Synapse

0 5 10 15

-Log$_{10}$(P$_{adj}$)

c

GO Cellular Component

- Synapse
- Monoatomic ion channel complex
- Somatodendritic compartment
- Synaptic membrane

STRING confidence score

0.6   0.8   1

Fig. S1

Fig. S2

Fig. S3

a

Oligodendrocytes

Chr1q module score

OPCs

Chr1q module score

Oli.s1

OPC.s1

OPC.s2

Microglia

Chr1q module score

Endothelial cells

Chr1q module score

Mic.s2

Mic.s3

Mic.s1

End.s2

End.s3

End.s1

Vascular cells

Chr1q module score

Vas.s2

Vas.s1

0.12
0.09
0.06
0.03
0.00

b

Astrocytes

Num. genes detected

% mito genes

Ast.s3

Ast.s2

Ast.s4

Ast.s1

2500
2000
1500
1000

3
2
1
0

Fig. S4

Fig. S5

Chr1q gain associated DEGs robust to cell type

Upregulated DEGs

Downregulated DEGs

$-\text{Log}_{10}(P_{adj})$

Fig. S6

Chr1q gain associated DEGs in excitatory neurons

Fig. S7

Chr1q gain associated DEGs in inhibitory neurons

Fig. S8

Chr1q gain associated DEGs in astrocytes

Fig. S9

DEGs in Exc.s6 compared to all other excitatory neurons

Fig. S10

DEGs in Ast.s3 compared to all other astrocytes

Fig. S11

DEGs in Ast.s4 compared to all other astrocytes