PTEN restrains SHH medulloblastma growth through cell autonomous and nonautonomous mechanisms

Zhimin Lao[1], Salsabiel El Nagar[1,3,#], Yinwen Liang[1,#], Daniel N. Stephen[1], Alexandra L. Joyner[1,2*]

[1]Developmental Biology Program, Sloan Kettering Institute, Memorial Sloan Kettering Cancer Center, New York 10065, NY, USA

[2]Biochemistry, Cell and Molecular Biology Program, Weill Cornell Graduate School of Medical Sciences, New York 10021, NY, USA

[3]Current address: Sophrosyne Bio, New York, NY, USA

[#]These authors contributed equally to the work

*Correspondence to:
Alexandra L. Joyner
Developmental Biology Program
Sloan Kettering Institute
1275 York Avenue, Box 511
New York, NY 10065, USA
Office: 212-639-3962
Email: joynera@mskcc.org

Abstract

A third of patients with the pediatric cerebellar tumor Medulloblastoma (MB) have mutations that activate Sonic hedgehog (SHH) signaling (SHH-MB subgroup). The contribution of secondary mutations to tumor severity, however is not clear. *PTEN* mutations are enriched in the SHH-1 subtype that has the lowest survival rate. Widespread heterozygous loss of *Pten* in two SHH-MB mouse models increases penetrance and excellerates onset of differentiated tumors. We delineated cellular and transcriptional changes that accelerate tumor growth and cause differentiation using a sporadic SHH-MB mouse model expressing oncogenic SmoM2 in rare cerebellar granule cell precursors (GCPs) and scRNA-seq analysis. Homozygous but not heterozygous sporadic loss of *Pten* resulted in rapid acceleration of tumor growth and end stage disease by 40 days, compared to ~25% survival in control *SmoM2* mice at 100 days. Heterozygous *PTEN* mutations therefore should negatively impact disease outcome primarily with germline mutations. Loss of *Pten* in normal or SmoM2-expressing GCPs increased proliferation and enhanced progenitor state initially but by 12 days *Pten* mutant *SmoM2* tumors were highly differentiated due to increased survival of non-proliferating GCPs. Furthermore, macrophage infiltration and cytotoxicity appeared reduced in differentiated regions of tumors lacking *Pten*, indicating cell nonautonomous changes could also contribute to accelerated tumor growth.

Introduction

Medulloblastoma (MB) is a brain tumor seen mainly in pediatric patients and which has four molecular subgroups, WNT, SHH, Group 3 and Group 4[1]. The Sonic hedgehog subgroup of MB (SHH-MB) constitutes approximately 30% of MB and is characterized by mutations that constitutively activate SHH-signaling. Most SHH-MBs have one of four types of mutations that activate SHH-signaling: activating mutations in *SMO*, loss of function mutations in the pathway inhibitors *PTCH1* and *SUFU* or loss of *TP53* in association with amplification of the pathway effectors *GLI2* or *MYCN*. SHH-MB is further divided into four subtypes based on molecular, biological and clinical parameters[2-6]. The work on SHH-MB subtypes has highlighted that particular secondary mutations likely contribution to tumor severity. For example, heterozygous *PTEN* and *KMT2D* loss-of-function mutations are enriched in the SHH-1 or beta subtype which has the lowest overall survival rate and highest frequency of metastasis and occurs primarily in infants (<4 years). Our recent work on the chromatin modifier *KMT2D* using two SHH-MB mouse models showed that when one or two copies of *Kmt2d* are deleted, not only is there a nearly two-fold increase in tumor penetrance with a Classic tumor cytoarchitecture (highly proliferative), but strikingly a near 100% penetrance of spinal cord metastasis and hindbrain invasion[7]. The transcriptional/chromatin landscape of mouse *Kmt2d* mutant SHH-MB primary and metastatic tumors was found to be shifted towards decreased expression of neural differentiation genes and an increase in oncogenes seen in more aggressive tumors compared to tumors with intact *Kmt2d*[7]. Thus, mouse models support the clinical data that loss of *KMT2D* contributes to more aggressive disease.

The gene encoding the dual specificity phosphatase *PTEN* (Phosphatase and TENsin homolog deleted on chromosome 10), is one of the most frequently mutated tumor suppressor genes in human cancers[8], and is mutated in ~5% of SHH-MB[3]. PTEN regulates an array of cellular functions, including cell survival, proliferation and metabolism through attenuating phosphoinositide-3 kinase (PI3K-AKT) signaling and genome stability through nuclear functions. Recent work showed that PTEN also can be secreted and act in a cell nonautonomous manner[9-11]. PTEN is secreted by tumor cells via binding to TMED10 and then binds to PLXDC2 on tumor associated macrophages (TAMs) and induces inflammatory status through triggering JAK2-STAT signaling, thus contributing to the tumor suppressor function of PTEN. Mouse models of SHH-MB indicate loss of *Pten* increases tumor incidence, but the underlying cell autonomous and nonautonomous reasons and impact on metastasis are not as clear[12, 13].

SHH-medulloblastoma arises in *Atoh1*-expressing granule cell precursors (GCPs) on the

surface of the developing cerebellum. These precursor cells are dependent on SHH-signaling for

their sustained proliferation and major expansion during the first two weeks after birth in mice[14-

16]. In a mouse model of SHH-MB in which a *NeuroD2* promoter drives expression of an oncogenic

form of SMO (SmoA1) in the GCP-lineage, heterozygous loss of *Pten* in all cells (null mutation)

or conditional knock-out in Nestin-expressing cells, which includes all cerebellar cells[17], leads to

increased penetrance and earlier onset of tumor formation with no increase in metastasis[12].

Whereas most mouse models of SHH-MB have a classic (highly proliferative) histology, the *Pten*

heterozygous mutant tumors have a nodular character with extensive regions of neural

differentiation (NeuN+ cells) and an apparent decrease in cell death and increase in angiogenesis.

In a mouse SHH-MB conditional model in which *Ptch1* is homozygously deleted at embryonic day

14 (E14) in all GCPs (*Atoh1-Cre*), additional homozygous loss of *Pten* leads to rapid tumor

formation, and heterozygous loss leads to a slightly more aggressive phenotype than *Ptch1* loss

alone[13]. Similar to *NeuroD2*-SmoA1 tumors, in *Ptch1* mutant tumors *Pten* loss causes highly

differentiated tumors with decreased cell death. In a mutagenic screen for increased SHH-MB

penetrance and metastasis using a Sleeping beauty transposon approach in mice with

heterozygous mutations in *Ptch1* or *Trp53*, insertions found in tumors with spinal cord metastasis

were associated with mutations in *Pten*, *Akt2, Pik3R* and *Igf2,* implicating increased PI3K

signaling in metastasis[18]. Consist with this, in a mouse model where *Shh* is expressed in GCPs,

additional expression of an activated form of AKT increases tumor incidence and spinal cord

metastasis[18, 19]. Data from human tumors support that a reduction in *PTEN* protein enhances

tumor progression, since SHH-MB human patients with reduced or no PTEN protein have a worse

overall survival[12]. However, no correlation was seen between PTEN protein level and histology or

metastasis. Thus, several questions remain as to whether *Pten* loss increases metastasis, what

accounts for the faster growth and a more differentiated cellular phenotype in mouse *Pten* mutant

SHH-MBs and why only in some models *Pten* heterozygous loss is sufficient to greatly enhance

tumor progression.

We addressed these questions by comparing tumor progression and spinal cord

metastasis in a sporadic mouse model of SHH-MB in which rare GCPs are induced to express an

oncogenic form of SMO, SmoM2, at postnatal day 0 (P0) and have deletion of one or both copies

of *Pten*. We found that only homozygous loss of *Pten* combined with SmoM2 expression

enhances tumor progression in this sporadic model, and metastasis is not increased.

Furthermore, the differentiated phenotype of the tumors is primarily due to a specific decrease in

cell death of non-proliferative cells in the tumors, whereas cell death is as high in regions of high

proliferation as in *SmoM2* tumors with normal *Pten* or heterozygous loss of *Pten*. Loss of *Pten* in
normal GCPs, or those expressing SmoM2, leads to a mild initial increase in the proliferation
index, indicating a cell autonomous function of PTEN in reducing proliferation. Single cell RNA-
sequencing (scRNA-seq) analysis revealed that proliferating tumor cells that lack *Pten* not only
have the expected increase in mTOR signaling, but also have altered expression of genes
involved in neural differentiation and down regulation of inflammatory and interferon alpha
response genes. Homozygous loss of *Pten* in GCPs also leads to a major decrease in infiltration
of macrophages into tumors and an altered transcriptome indicating reduced cytotoxicity,
revealing a possible cell nonautonomous function of PTEN that normally reduces tumor
progression.

Results

***PTEN* mutations co-occur with mutations that activate SHH-signaling in human SHH-MB**

Using the cBioPortal[20, 21] and a dataset of 127 patient samples considered to be SHH-MB[3], we
determined whether patients with mutations that activate SHH-signaling have *PTEN* mutations.
4.3% of the 127 samples had a mutation in *PTEN* and furthermore 4/5 of the mutations co-
occurred with mutations that activate SHH-signaling (*Ptch1*, *SUFU* or *SMO*; **Fig. 1A**). Thus,
although the *PTEN* mutations were detected in a low percentage of patient tumors, *PTEN* appears
to be predominantly mutated in SHH-MB along with mutations that activate SHH-signaling.

Homozygous loss of *Pten* in sporadic SHH-MB accelerates growth and increases
penetrance to 100%

We next used our mosaic mutant technique (MASTR)[22] to test the impact of lowering *Pten* in a
sporadic mouse model of SHH-MB. The approach involves inducing expression of an oncogenic
form of the SHH receptor SMO (SmoM2) and eGFP in ~20,000 GCPs (~0.1%) at P0 (**Fig. 1B**)[22-
24]. The model allows penetrance and survival time to be determined since less than 75% of mutant
mice die by 100 days. Using the model, we asked whether loss of one or both copies of *Pten*[25] in
rare GCPs-expressing SmoM2 changes the survival curves of mice by comparing *Atoh1-*
FlpoER/+; *R26^{MASTR/LSL-SmoM2}* mice (referred to as *SmoM2*) to *Atoh1-FlpoER/+*; *R26^{MASTR/LSL-SmoM2}*;
Pten^{fl/fl} (referred to as *SmoM2-Pten^{fl/fl}*) and *Atoh1-FlpoER/+*; *R26^{MASTR/LSL-SmoM2}*; *Pten^{fl/+}* (referred
to as *SmoM2-Pten^{fl/+}*) mice administered tamoxifen at P0 (**Fig. 1B**). Strikingly, all *SmoM2-Pten^{fl/fl}*
mice succumbed to disease between P20 and P40, whereas *SmoM2* and *SmoM2-Pten^{fl/+}* mice
began dying at ~P40 and by P100 ~25% of mice of both genotypes survived (**Fig. 1C**). Thus, loss
of both *Pten* alleles is required to accelerate tumor progression in a mosaic *SmoM2* model of

SHH-MB, unlike a *NeuroD2*-SmoA1 model with germline or broad neural deletion of *Pten* in the

cerebellum where heterozygous deletion is sufficient[12].

.

Homozygous and heterozygous loss of *Pten* does not increase metastasis to the spinal

cord in *SmoM2* SHH-MB

Given the different reported findings as to whether *Pten* loss increases metastasis in mouse

models of SHH-MB, we asked whether in our sporadic *SmoM2* mice loss of *Pten* alters the

frequency of spinal cord metastasis when mice show signs of brain tumor disease. Coronal spinal

cord sections of each mouse (n=55-138 sections per mouse) were analyzed by cytology for the

presence of spinal cord metastasis and tumors were confirmed with immunohistochemical (IHC)

staining for GFP, Ki67 and PTEN (**Figure 1–figure supplement 1A-C**). Quantification of the

percentage of mice that had at least 2 sections with more than a few tumor cells showed a similar

tumor incidence between the three genotypes (*SmoM2*: 64%, n=11; *SmoM2-Pten*$^{fl/+}$: 69%, n=13;

SmoM2-Pten$^{fl/fl}$: 58%, n=12). Furthermore, quantification of the percentage of spinal cord sections

per mouse with tumor cells showed no difference between the *Pten* mutant tumors and *SmoM2*

(**Figure 1–figure supplement 1D**). Likewise, measuring the area of the tumors did not detect a

difference in metastatic disease when *Pten* was lowered or deleted (**Figure 1–figure supplement**

1E, F). Thus, in mouse sporadic *SmoM2* SHH-MB, heterozygous or homozygous loss of *Pten*

does not appear to increase spinal cord metastasis.

***Pten* loss in a *SmoM2* sporadic mouse model of SHH-MB induces highly differentiated**

tumors

Hematoxylin and eosin (H&E) staining of primary tumor sections indicated that homozygous loss

of *Pten* results in tumors with decreased cellularity (**Fig1 D-F**). IHC staining of tumor sections at

end stage confirmed that most tumor cells expressed GFP (**Fig 1. G-I**) and only *SmoM2-Pten*$^{fl/fl}$

tumors lacked PTEN (**Fig 1. J-L**) and had strong Phospho-AKT (pAKT) (**Fig 1. M-O**) and pS6

staining (**Figure 2–figure supplement 1A-D**), thus confirming absence of PTEN and activation

of mTOR (mammalian target of rapamycin) signaling only in *SmoM2-Pten*$^{fl/fl}$ tumors. Staining with

markers of cell proliferation (Ki67) and differentiation revealed that whereas *SmoM2* tumors

consisted of mostly Ki67+ cells, *SmoM2-Pten*$^{fl/fl}$ tumors were highly differentiated expressing the

post mitotic marker P27 and neural differentiation marker NeuN with only small areas of

proliferative cells (**Fig. 2A-H**). The *SmoM2* tumors had broad expression of the SHH target gene

Gli1, whereas the *SmoM2-Pten*$^{fl/fl}$ tumors expressed *Gli1* mRNA only in Ki67+ regions of the

tumors (**Fig. 2I-L**), which was complementary to the neural differentiation marker Synaptophysin

(SYP/*Syp*) that was absent from *SmoM2* tumors (**Fig. 2K-P**). Thus, despite *SmoM2* being

expressed in the differentiated cells of the *SmoM2-Pten$^{fl/fl}$* tumors, SHH-signaling is down

regulated specifically in differentiated cells. Interestingly, in 3/9 tumors from *SmoM2-Pten$^{fl/+}$* mice

some sections had patches of cells devoid of PTEN and positive for pAKT, indicating spontaneous

loss of the second allele of *Pten* in rare cells that expand as a coherent group (**Figure 2–figure**

supplement 1E-H). The regions without PTEN in *SmoM2-Pten$^{fl/+}$* mice had a similar differentiated

phenotype (SYP+ and NeuN+) to *SmoM2-Pten$^{fl/fl}$* tumors (**Figure 2–figure supplement 1I-K**).

Pten loss protects differentiated tumor cells from cell death

Mouse SHH-MB models that have a highly differentiated cytology are rare and have primarily

been reported in two *Pten* models[12, 13]. In a *Ptch1* mutant model of SHH-MB, it was shown that

proliferating tumor cells give rise to NeuN+ postmitotic tumor cells that then die at a high rate[26].

We therefore asked whether *Pten* loss (increased mTOR signaling) rescues the post-mitotic tumor

cells from death by staining for SYP or NeuN and TUNEL (**Fig. 3A-H**). *SmoM2-Pten$^{fl/fl}$* tumors had

significantly less TUNEL particles in regions of high SYP labeling (SYP Hi) compared to SYP low

regions (**Fig. 3C-I, Figure 3–figure supplement 1**). Moreover, in the regions of low SYP, the

density of TUNEL staining was similar to in *SmoM2* tumors where SYP is low throughout the

tumor. (**Fig. 3J**). As expected, in PTEN negative patches of *SmoM2-Pten$^{fl/+}$* tumors, TUNEL

staining was lower in these SYP Hi regions of differentiated cells (NeuN+) than in SYP low

proliferative regions (Ki67+) (**Fig. 3J,K** and **Figure 2–figure supplement 1I-L**).

Loss of *Pten* leads to rapid cell autonomous changes in SmoM2 GCP behaviors

Given how rapidly the tumors grow in the *SmoM2-Pten$^{fl/fl}$* mice and that lethal disease occurs

between P20-40, we asked how early a differential growth phenotype can be seen in the three

genotypes. In our previous study of the effect of loss of *Kmt2d* in SHH-MB models, no difference

in tumor size was detected at P12 but was by P21[7]. We therefore asked whether *SmoM2-Pten$^{fl/fl}$*

tumors have a growth advantage over *SmoM2* tumors at P12. Staining of sagittal sections of

SmoM2 tumors of the three *Pten* genotypes with EdU (1 hour pulse) and GFP to mark the

proliferating GCPs in the external granule cell layer (EGL) showed a massive expansion of the

EGL in *SmoM2-Pten$^{fl/fl}$* mice compared to *SmoM2* mice (**Fig. 4 A-C**). Quantification of cerebellar

area in midline sections revealed a significant increase in *SmoM2-Pten$^{fl/fl}$* mice compared to

SmoM2 mice and *SmoM2-Pten$^{fl/+}$* mice (**Fig. 4D**). The EGL area alone showed a 4-fold average

area increase in *SmoM2-Pten$^{fl/fl}$* mice compared to *SmoM2* mice and *SmoM2-Pten$^{fl/+}$* mice had a

slight increase (<2-fold) compared to *SmoM2* mice (**Fig. 4E**). As in end stage tumors, the tumors

in *SmoM2-Pten^fl/fl* mice had a significant decrease in dying cells compared to the other two
genotypes at P12 (**Fig, 4F-L, Fig. 4–figure supplement 1**). In large lesions with extensive
differentiation (NeuN+ Ki67- cells) the density of TUNEL particles was decrease in NeuN+ regions
compared to proliferative regions. As expected, pAKT staining was upregulated in the EGL of
SmoM2-Pten^fl/fl mice with no detectable staining in the other two genotypes (**Fig. 4M-O**).

One prediction of our findings is that once *SmoM2* GCPs lacking *Pten* differentiate their
survival should be enhanced. Therefore, if proliferating GCPs are labeled and then fate mapped
for two days, a higher percentage of *SmoM2-Pten^fl/fl* labeled cells should be differentiated (post-
mitotic) compared to in *SmoM2* mice. To test this idea, we administered one injection of BrdU into
P10 mice and then sacrificed them at P12 and quantified the percentage of BrdU+ cells in the
EGL that were Ki67- (**Fig. 4P**). As predicted, a higher percentage of BrdU+ cells in *SmoM2-Pten^fl/fl*
mice were Ki67- at P12 compared to *SmoM2* (**Fig. 4Q**). This result indicates that by P10 after
loss of *Pten* at P0, either differentiation is promoted in *SmoM2* GCPs and/or that the differentiated
progeny of GCPs lacking PTEN are spared from cell death. The proliferation rate of GCPs in
SmoM2 and *SmoM2-Pten^fl/fl* mice were similar at P12 (**Fig. 4R**), as determined by injecting EdU
1 hour before sacrificing the mice (%EdU+ and Ki67+ cells/Ki67+ cells), indicating the latter
possibility.

Given that at P12 the cellular phenotype of GCPs in *SmoM2-Pten^fl/fl* mice was similar to in
mice at end stage, we analyzed GCPs at P8, eight days after the mice were treated with
tamoxifen. Similar to at P12, the area of the proliferating EGL of the cerebellum was significantly
greater in both the *SmoM2-Pten^fl/fl* and the *SmoM2-Pten^fl/+* mice compared to *SmoM2*, although
the area of the cerebellum was similar across genotypes likely due to the relatively small increase
in EGL area (~2-fold)(**Fig. 5A-E**). Quantification of the proliferation rate (%GFP+ and EdU+
cells/total GFP+ cells in the outer EGL (oEGL) of lobule 4/5 (L5) containing proliferating cells
(region containing EdU+ cells) was slightly but significantly higher in the *SmoM2-Pten^fl/fl* and the
SmoM2-Pten^fl/+ mice compared to *SmoM2* (**Fig. 5F**). Moreover, the percentage of *Pten*
mutant/control (GFP+) cells that remained in the oEGL of all the GFP+ cells in L5 (including those
that differentiated) was significantly higher in the two *Pten* mutant genotypes (**Fig. 5G**). This result
indicates that loss or reduction of *Pten* initially induces a pro-proliferative or progenitor state in
SmoM2-expressing GCPs. By P12 however, *SmoM2-Pten^fl/fl* GCP-lineage cells accumulate more
in the EGL than do *SmoM2-Pten^fl/+* or *SmoM2* GCPs, in part because there is an accumulation of
NeuN+/SYP+ granule cell (GC)-like cells, likely due to a survival advantage of these cells. This

survival advantage suggests that the rapid growth of tumors in *SmoM2-Pten^{fl/fl}* mice is due to

accumulation of GC-like cells and would account for the highly differentiated cytology of end stage

tumors.

Loss of *Pten* in normal GCPs causes increased proliferation and decreased differentiation

Given that *Pten* loss initially increases proliferation and a progenitor state of *SmoM2* (SHH

activated) GCPs, we asked whether *Pten* loss in normal GCPs has the same effect. Using our

mosaic MASTR approach, we used *Atoh1-FlpoER* to induce GFPcre in scattered GCPs at P0,

with or without concomitant deletion of both floxed copies of *Pten* (**Fig. 6A**). As in *SmoM2* GCPs,

we found that at P8 a small but significant increase in the proliferation rate (percentage of EdU+

cells in the proliferative oEGL defined by EdU+ region) and in the proportion of GFP+ cells that

remained in the proliferative oEGL of *Pten* mutant GCPs (**Fig. 6 B-E**). Using *Atoh1-Cre* to delete

Pten in all GCPs in the embryo (E14 onwards), we found that the cerebellar area of *Atoh1-Pten*

conditional mutants (*Atoh1/+*; *Pten^{fl/fl}*) was significantly increased at P5 and later, but not at P1

compared to *Atoh1/+*; *Pten^{fl/+}* control mice (**Fig. 6F-N**). Thus, PTEN normally constrains GCP

proliferation and possibly differentiation.

Loss of *Pten* in *SmoM2* SHH-MB tumor cells results in a cell nonautonomous decrease in

macrophage infiltration

Given the low density of dying cells in *SmoM2-Pten^{fl/fl}* SHH-MB, we asked whether the tumors

have a change in the density of infiltrating macrophages. We previously showed that tumors in

SmoM2 mice have a high infiltration of macrophages ant that they are pro-tumorigenic in a

majority of tumors, because reduction of macrophages using PLX5622 treatment leads to a

decrease in tumor incidence[27]. Staining of cerebellar tumor sections from *SmoM2-Pten^{fl/fl}* and

SmoM2 mice at end stage revealed the expected high infiltration of IBA1+ macrophages in

SmoM2 tumors, but also a striking decrease in macrophage density in tumors lacking *Pten* (**Fig.**

7A-D). Moreover, co-staining with Ki67 or NeuN showed that in *SmoM2-Pten^{fl/fl}* mice the

macrophages were preferentially located in the areas with proliferating cells and thus increased

cell death (**Fig. 7C-F**). The decrease in macrophages in the differentiated regions of *SmoM2-*

Pten^{fl/fl} mice is not due to a lack of blood vessels, based on CD31 staining of tumors (**Fig. 7G, H**).

At P12, in small lesions the macrophages mainly accumulated in the meninges between the

lobules but in large lesions they were more concentrated in regions of proliferation in both

genotypes and as in end stage were decreased in NeuN+ regions in *SmoM2-Pten^{fl/fl}* mice (**Fig.**

7I-P). Thus, loss of *Pten* specifically in tumor cells leads to a cell nonautonomous decrease in

macrophages in the tumor microenvironment from an early satge.

scRNA-seq analysis reveals altered neural differentiation and suppression of immune

signaling in tumor cells lacking *Pten*

To gain insight into transcriptional changes that occur in *SmoM2* SHH-MB tumor cells that lack

Pten and that could account for the cell autonomous changes seen in the tumors, we performed

single cell scRNA-seq of whole tumors dissected from *SmoM2* and *SmoM2-Pten^{fl/fl}* mice (n = 2

per genotype). We chose to analyze SHH-MBs from P16 *SmoM2-Pten^{fl/fl}* mice, since this is a few

days before mice show signs of disease, and waited until P22 for *SmoM2* mice when the tumors

are more visible. Marker analysis of sections of the tumors at the two ages confirmed that the

cellular phenotypes of large tumors in *SmoM2-Pten^{fl/fl}* and *SmoM2* mice were similar to tumors at

end stage (**Fig. 8–figure supplement 1**). The *SmoM2-Pten^{fl/fl}* tumors had extensive regions of

neural differentiation that had reduced cell death (TUNEL particle density) and macrophage

density (IBA1+ cells) compared to in proliferative regions (Ki67+) and in *SmoM2* tumors at P22

or P16.

Tumor cells from the two genotypes separated well in a PCA plot after filtering out poor-

quality cells and integrating the replicates (**Fig. 8–figure supplement 2A-C**). Clustering of all

cells (17,998 *SmoM2* and 22,864 *SmoM2-Pten^{fl/fl}*) was performed[28] to produce twenty clusters

with most of the cells, as expected, expressing the GCP lineage marker *Pax6* (clusters 0-9 and

13), with nine additional small clusters that included astrocytes, oligodendrocytes, unipolar brush

cells, macrophages, endothelial cells and mesenchymal cells (pericytes and fibroblast-like cells)

based on marker gene expression (**Fig. 8A, B, Fig. 8–figure supplement 2D, E**, **Table S1**). The

cells from each sample were distributed in all clusters, although the proportions of cells from each

genotype varied between clusters (**Fig. 8C, Fig. 8–figure supplement 2F, G**, **Table S2**). Within

the *Pax6*+ clusters 0-9, based on marker gene expression and cell cycle phase (**Fig. 8D, E**),

clusters 3, 4, 8 were proliferative (Ki67+) and enriched for the GCP markers *Gli1*, *Atoh1* and

Barhl1, indicating highly proliferative GCP-like tumor cells. Cluster 6 had a mixture of cells in G2/M

and G1, indicating cells transioning from a proliferative to differentiated state. Clusters 1, 5, 7 had

post mitotic (G1) cells that expressed early GC differentiation markers including *Barhl1* and

Slc17a6, indicating early GC-like cells. Clusters 0, 2, 9 were also in G1 but expressed the mature

GC markers *Slc17a7* and *Syp* (**Fig. 8E**) and had a low proportion of cells expressing *Gfp* (**Fig.**

8E) and a much higher proportion of cells from *SmoM2* mice than from *SmoM2-Pten^{fl/fl}* (**Fig. 8C,**

F, Fig. 8-figure supplement 2G) indicating mature GC-like cells. Many of the GC-like cells

(clusters 0, 2, 9) were likely wild type GCs from the IGL that would disproportionately contaminate

the samples from *SmoM2* mice as the tumors were smaller than in *SmoM2-Pten*^{fl/fl} mice. When

only the GC-lineage clusters with extensive *Gfp* expression were considered (1, 3, 4, 5, 6, 7, 8),

the proportions of cells from the two genotypes were fairly evenly distributed in all clusters (**Fig.**

8G)

Pseudotime analysis[29, 30] reflecting the differentiation pathway of cells within clusters 0-9

with an origin in the GCP-like clusters was consistent with our cell type predictions, showing

clusters 0, 2, 9 are most mature and that the trajectory proceeds in order through the transitioning

cluster 6, then through the early GC-like clusters 1 and 5 to the mature GC cluster 0 and on to

cluster 2 or 9 (**Fig. 8H**). The analysis further indicated that early GC-like cluster 7 has a separate

differentiation pathway, possibly indicating that loss of PTEN suppresses full differentiation of the

GC-like tumor cells. These results are also consistent with our IHC marker analysis of tumor

sections that showed that *SmoM2-Pten*^{fl/fl} tumors have an abundance of GC-like cells expressing

NeuN and SYP, and further indicated such cels have in an early GC-like state (clusters 1, 5, 7).

We next performed differential expression analyses between *SmoM2* and *SmoM2-Pten*^{fl/fl}

cells in the GCP-like tumor cell clusters (3, 4, 8) and found 1,011 genes were significantly

upregulated and 3,710 were downregulated in the cells lacking *Pten* compared to *SmoM2* cells

(adjusted p-value≤0.05, **Fig. 9A, Table S3**). Gene set enrichment analysis (GSEA) of Hallmark

terms confirmed mTORC1 signaling is significantly upregulated in *SmoM2-Pten*^{fl/fl} tumors

compared to *SmoM2*, as well as terms associated with MYC and E2F targets and unfolded protein

response (**Fig. 9B, Fig. 9-figure supplement 1A, Table S4**). Violin plots of expression of

mTORC1 genes supported upregulation of MTOR signaling (**Fig. 9C**). As for pathways

downregulated in *SmoM2-Pten*^{fl/fl} cells compared to *SmoM2*, 'Interferon alpha response' was

greatest, and the list included 'complement' and 'inflammatory response' (**Fig. 9D**), possibly

contributing to the observed decrease in infiltrating macrophages in such tumors compared to

SmoM2. Violin plots of genes involved in Interferon alpha signaling supported their down rgulation

in tumor cells lacking *Pten* (**Fig. 9E**). GSEA of Gene ontology (GO) terms (biological processes)

showed upregulation of terms associated with neural development in *SmoM2-Pten*^{fl/fl} tumors

compared to *SmoM2* (**Fig. 9F**, **Fig. 9-figure supplement 1B, Table S5**), indicating loss of PTEN

pushes GCP-like cells toward neural differentiation. Violin plots of expression of genes involved

in neural regulation supported uprgulation of neurogenesis (**Fig. 9G**).

scRNA-seq analysis confirms reduced cell death in differentiated cells of *SmoM2-Pten*^{fl/fl}

tumors

Since our immunohistochemical analysis of *SmoM2-Pten^{fl/fl}* tumors showed that cell death was
reduced in the NeuN+/SYP+ regions of tumors, we next performed differential expression
analyses of only the *Pten* mutant cells in the early GC-like cluster 1 to the GCP-like clusters 3, 4
and 8 and found 2,738 genes were significantly upregulated and 4,185 were downregulated in
cluster 1 cells compared to GCP-like cells (adjusted p-value≤0.05, **Fig. 9H, Table S6**). GSEA of
GO terms (biological processes) confirmed upregulation of terms associated with neural
differentiation and also highlighted down regulation of 'positive regulation of programmed cell
death' in *Pten* mutant cells in cluster 1 compared to the GCP-like clusters (**Fig. 9I, K**, **Fig. 9-figure**
supplement 1C, Table S7). Violin plots of genes underlying the terms supported their altered
expression in *SmoM2-Pten^{fl/fl}* tumors compared to *SmoM2* (**Fig. 9J, L**).
RNA in situ analysis of sections of P22 *SmoM2* and P16 *SmoM2-Pten^{fl/fl}* tumors was used
to confirm some of the genes shown to be differentially expressed between the GCP-like cells in
the two genotypes (**Fig. 9M-R**). *Asns* (Unfolded protein gene), *Vldlr* and *Cdkn1a* (mTORC1
pathway) showed upregulation in GCP-like tumor cells in P16 *SmoM2-Pten^{fl/fl}* compared to P22
SmoM2 tumors.
376
scRNA-seq analysis indicates loss of *Pten* in *SmoM2* SHH-MB tumor cells results in
decreased expression of genes associated with cytotoxicity in macrophages
Comparison of the transcriptomes of macrophages in *SmoM2-Pten^{fl/fl}* and *SmoM2* tumors
indicated an anti-inflammatory phenotype in tumors lacking *Pten* because genes related to
synaptic signaling and *Irf2* were decreased and *Cd36*, a marker of protumoral M2-type
macrophages, was upregulated in *SmoM2-Pten^{fl/fl}* tumors (**Fig. 9-figure supplement 1D, E,**
Table S8, S9)[31, 32]. The observed reduction in macrophage infiltration into *SmoM2-Pten^{fl/fl}* tumors
compared to *SmoM2* tumors and the apparent reduction in cytotoxicity might reflect an
immunosuppressive tumor microenviroment that could contribute to the rapid growth of tumors
lacking PTEN.
387
Discussion
Our work delineates cellular and transcriptional changes that lead to greatly accellerated tumor
growth when *Pten* is mosaicly removed in GCPs that have activated SHH-signaling due to
expression of SmoM2. We uncovered that in both wild type and *SmoM2* GCPs loss of *Pten* results
in an initial increase in mitotic rate and likelihood to remain in the progenitor state. As *SmoM2*
tumor formation proceeds, tumors lacking *Pten* accumulate differentiated early GC-like cells that
are stalled in their differentiation and are protected from cell death. Thus, the bulk of the *Pten*

mutant tumors are post mitotic cells. Macrophages seem to avoid or do not readily penetrate the
differentiated regions of the tumors, perhaps because there are less dying cells. With possible
relevance to human tumors, unlike previous models of *Pten* heterozygous mutant mice that model
Cowden Syndrome or hamartoma syndromes[33] or ones that involve embryonic conditional loss
of *Pten* in all GCPs[12, 13], we found that heterozygous loss of *Pten* in sporadic GCPs does not result
in more aggressive tumors than activating SHH-siganling alone in rare GCPs. Since our model
more closely reflects the sporadic nature of human tumor mutations, our results predict that
heterozygous loss of *PTEN* will primarily have a negative impact on disease outcome when the
mutations are germline (*PTEN*^{+/-}). If human *PTEN* mutant SHH-MB have a similar differentiated
cellular phenotype to mouse models, then targeting such tumors with drugs to kill proliferating
cells will not remove the bulk of the tumor and will require the drugs having access to the rare
proliferating GCP-like tumor stem-like cells.

We found that loss or reduction of *Pten* in *SmoM2* mice initially increases expansion of
proliferating GCPs through increased proliferation and decreased differentiation such that by P8
(one week after gene mutation at P0) the EGL is expanded in *SmoM2-Pten*^{fl/+} and *SmoM2-Pten*^{fl/fl}
mice compared to *SmoM2*. By P12, however the EGL expansion is greatly exhanced only in
SmoM2-Pten^{fl/fl} mice, and this is accompanied by an abundance of differentiated cells and a
significant reduction in cell death. Our label retention assay involving BrdU injection at P10
revealed that a greater proportion of BrdU[+] *SmoM2-Pten*^{fl/fl} GCPs were Ki67^{-} at P12 than in
SmoM2 mice. This result indicates either that by P10 the loss of *Pten* results in an increase in
differentiation of GCPs compared to in *SmoM2* mice, which would be consistent with our scRNA-
seq analysis, but also likely due to a greater survival of the differentiated cells since the density
of TUNEL[+] particles is reduced in the EGL of *SmoM2-Pten*^{fl/fl} mice at P12. Consistent with this, it
was shown that NeuN+ cells in SHH-MB tumors preferentially die compared to proliferating or
quiescent tumor cells in a *Ptch1* mutant model[26]. This previous result is the opposite to what we
observed in late stage *SmoM2-Pten*^{fl/fl} tumors where the proliferative comparments of the tumors
has greater cell death than the NeuN[+] or SYP[+] regions, and a similar density of TUNEL particles
to in *SmoM2* tumors. Thus, a key reason for the accelerated tumor growth in *Pten* mutant SHH-
MB models is the survival of the differentiated compartment.

In a mouse *NeuroD2-SmoA1* model of SHH-MB *Pten* heterozygosity leads to earlier onset
of disease and a differentiated/nodular cellular phenotype when *Pten* is deleted in the germline
or conditionally throughout the brain (*Nestin-Cre*)[12]. Heterozygous loss of *Pten* in GCPs using an
Atoh1-Cre transgene to delete *Pten*^{fl/+} and *Ptch1*^{fl/fl} apparently also slightly increases the time of
onset and produces a differentiated phenotype[13]. In contrast, in our sporadic SHH-MB model

(*SmoM2-Pten*^{fl/+}) where only rare GCPs lack one copy of *Pten* (and express *SmoM2*), the time of

onset and penetrance are not accelerated and the tumors have a classic histology. Only in rare

SmoM2-Pten^{fl/+} clones of cells in a minority of tumors where PTEN protein is lacking, likely due to

loss of heterozygosity, did we observe a differentiated phenotype with reduced cell death as seen

in *SmoM2-Pten*^{fl/fl} mice. The difference in the outcome of our model and the other two is either

because of the SHH-activating mutations (SmoM2 vs SmoA1 expression or *Ptch1* loss) or more

likely because when all GCPs lack a copy of *Pten* and have activated SHH-signaling that the

microenvironemnt provides an advantage for *Pten* heterozygous cells to form a differentiated

tumor. It is also possible that another cell type targeted by the other two *Cre* transgenes (*Netstin*

and *Atoh1*) supports tumor growth when *Pten* loss is heterozygous.

A previous study provided evidence that increased mTOR signaling in SHH-MB promotes

spinal cord metastasis by expressing *Shh* in GCPs along with an activated form of AKT[18, 19].

However, in our sporadic model and the two other models of *Pten* loss in mouse SHH-MB[12, 13],

spinal cord metastasis is not increased. Thus it appears that the way in which the mTOR pathway

is activates affects metastasis. Perhaps related to this, in a model of *Trp53* heterozygous loss

and *Rictor* homozygous loss, which reduces pAKT, GCPs were found to persist longer than

normal in the EGL[34], which is the same as what we found when *Pten* was deleted. Thus, the way

the pathway downstream of PTEN is altered disctates the subsequent behavior of the mutant

GCPs.

In our previous study we showed that in *Kmt2d* mutant SHH-MB models, no difference in

tumor size was detected at P12 but by P21 tumors lacking one or two copies of *Kmt2d* were more

than twice the size of those with intact *Kmt2d* and had a classic cytoarchitecture. Thus, there is a

delayed positive effect of reducing/ablating this chromatin modifier gene on tumor growth rate

compared to loss of *Pten* where there is a rapid expansion of the EGL. Another major difference

between secondary loss of the two tumor suppressors in SHH-MB is that *Kmt2d* mutant tumors

have nearly fully penetrant spinal cord metastasis. Thus, continued mechanistic studies in mouse

models of recurrent mutations seen in SHH-MB should provide valuable insights into how the

disease is expected to progress and provide ideas for development of targeted therapies based

on the cellular phenotypes of tumors not just the signaling pathways altered.

Materials and methods

See Key Resources Table (Excel file)

Animals

The animal care and procedures were performed in accordance with the Memorial Sloan

Kettering Cancer Center Institutional Animal Care and Use Committee guidelines (IACUC

protocol: 07-01-001). Mice were kept on a 12/12 hour light/dark cycle and in temperature- and

humidity-controlled rooms with *ad libitum* access to standard laboratory mouse chow and water.

All transgenic mouse lines were maintained on a mixed genetic background containing 129,

C57BL/6J, and Swiss Webster. Both sexes were used for the analysis. The following mouse

lines were used in the study: *Atoh1-Cre* (JAX #011104), *R26$^{LSL-eGFPcre}$* (MASTR, JAX #018903)[22],

Atoh1-FlpoER (JAX #040091)[23], *Pten$^{fl/fl}$* [25] and *SmoM2* (#005130)[24]. Genetic recombination was

induced with FlpoER by injecting one 100µg/g dose of Tamoxifen (Tm) (Sigma-Aldrich)

subcutaneously into the back of P0 mice. Tm was prepared in corn oil (Sigma-Aldrich) at 20

mg/mL and stored at 4°C. All analyses were on a minimum of 3 mice of each genotype, the

numbers are stated in the figure legends.

Tissue preparation

For all histological analyses, mice were anesthetized with isoflurane and then perfused

transcardially with room temperature (RT) phosphate buffered saline (PBS) with heparin (0.02

mg/mL) and then ice cold 4% paraformaldehyde (PFA, Electron Microscopy Sciences, catalog

no: 15714). Brains and spinal cords were dissected and post-fixed in 4% PFA 3-4 days at 4°C

and cryopreserved in 30% sucrose in PBS for ~2 days at 4°C. Brains were embedded in Tissue-

Tek OCT compound (Sakura Finetek). Brains were serially cryosectioned sagittally from one side

of the brain to the other for P16 and P22 barins and to the midline for end stage brains at 12 µm

and collected on charged glass slides (Fisherbrand ColorFrost Plus) and stored at -20°C. Frozen

spinal cords were coronally sectioned at 20um. Details of reagents are listed in **Key Resources**

Table.

Hematoxylin and eosin (H&E) staining

H&E staining were obtained from Richard-Allan Scientific and includ hematoxylin 2 solution,

eosin-Y, bluing reagent, and clarifier 2. Slides were rinsed in PBS for 5 min and incubated in

hematoxylin 2 solution for 3 min and then rinsed in deionized water (diH$_2$O) and placed in staining

reagents for 1 min each (diH$_2$O, clarifier 2, diH$_2$O, bluing reagent , diH$_2$O, eosin-Y). Dehydration

and defatting were then performed (dH$_2$O-70% ethanol-95%–95%-100%-100%-xylene-xylene-

xylene, 1 min each) and thenslides were mounted with a coverslip and DPX mounting medium

(Electron Microscopy Sciences). Details of reagents are listed in **Key Resources Table**.

Immunofluorescence

Slides were washed 3 time for 5 min in PBS. When necessary, antigen retrieval was then

performed by immersing slides in sodium citrate buffer (10 mM sodium citrate with 0.05% Tween-

20, pH 6.0) for 20 min at 95°C followed by rinsing in PBS. Slides were then incubated in blocking

buffer (5% BSA in 0.4% Triton-X100 in PBS (PBST)) for 1 hour at RT. Slides were then placed in

primary antibody solution in blocking buffer at 4°C overnight. Primary antibody information and

dilutions are listed in **Key Resources Tables**. Slides were then rinsed three times in RT 0.1%

PBST and incubated in secondary antibody solution in blocking buffer (1:500) at RT for 1 hour.

Slides then were incubated in Hoechst (Invitrogen, catalog #H3569 diluted 1:1000 in PBS) for 10

min and rinsed three times in PBS and cover-slipped with Fluoro-Gel (Electron Microscopy

Sciences).

TUNEL Staining

TUNEL staining was according to th manufacturers instructions (Roche TUNEL assay kit). Tissue

on slides were permeabilized with 0.5% TritonX-100 and then pre-incubated with 1x TdT reaction

buffer with 5mM $CoCl_2$ and 1X PBS for 15 min at RT. Slides were then incubated for 1 hr at 37°C

in 1x TdT reaction buffer containing Terminal Transferase (Roche) and Biotin-16-dUTP (Sigma-

Aldrich) or Digoxigenin-dUTP (Enzo Life Sciences, Inc). Slides were then incubated with a

Streptavidin Alexa Fluor 647 conjugate (Invitrogen catalog #S-32357) or Anti-Digoxigenin-

Rhodamine (Sigma-Aldrich catalog), respectively for 1 hr.

BrdU Injection and Staining

To assess cell differentiation, BrdU (Sigma Aldrich) was injected intraperitoneally at 50 µg/g at

P10 for analysis at P12. Tissues were collected and processed as described above. For

immunostaining, antigen retrival was applied to slides with Rat primary anti-BrdU antibody BU1/75

(ICR1) (Abcam Inc.) to detect BrdU.

EdU (5-ethynyl-2'-deoxyuridine) Injection and Staining

To assess cell proliferation, EdU (Invitrogen) was injected intraperitoneally at 50 µg/g 1 hr before

euthanasia. A Click-it EdU assay was used (Invitrogen) with Sulfo-Cyanine5 azide (Lumiprobe

Corporation) per the manufacturer's protocol to stain sections.

RNA *in situ* hybridization

Sagittal sections (12 um) were processed for *in situ* hybridization as described[35]. Except for *Gli1*

and *Syp,* antisense riboprobes were labeled with UTP-digoxigenin using a DIG RNA labeling mix

(Sigma-Aldrich) with PCR-amplified templates prepared from cDNA synthesized from an early

postnatal mouse cerebellum lysate. Signal was detected with alkaline phosphatase-coupled anti-

digoxigenin antibodies using BM purple (Sigma-Aldrich) as the substrate. The primers used for

PCR amplification were based on the Allen Brain Atlas. *Gli1* RNA in situ was performed using an

antisense RNA probe made from a plasmid[31] and for *Syp* BioMatik generanted a plasmid in

Bluescript containing *Syp* sequences using the primers described in the **Key Resources Tables.**

Primers were flanked in the 3' with SP6 (antisense) and 5' with T3 (sense) promoters. Primers for

RNA in situ probes are listed in **Key Resources Tables**.

Microscopy, image processing, and analyses

Images were acquired with a DM6000 Leica fluorescent microscope (Leica Camera, Wetzlar,

Germany) or NanoZoomer Digital Pathology microscope (Hamamatsu Photonics, Shizuoka,

Japan) and were processed and analyzed using Fiji[36] or Photoshop (Adobe Inc., San Jose, CA,

USA). Cell counts were manually obtained using the Cell Counter plugin for Fiji or semi-automated

using a custom script using the Analyze Particle plugin for Fiji as previously described[37].

The same region of the brain was analyzed in each animal for each assay, and the regions

are stated in the figure legends. For early postnatal stages, sections near the midline were

analyzed. For analysis of tumors, they were done on lateral sections.

ScRNA-seq sample Preparation

Atoh1-FlpoER/+; *R26^{MASTR/LSL-SmoM2}*;*Pten^{+/+}* (SmoM2) and *Atoh1-FlpoER/+*; *R26^{MASTR/LSL-SmoM2}*;

Pten^{fl/fl} (*SmoM2 Pten^{fl/fl}*) mice were euthanized at P16 and P22, respectively, and the tumors were

dissected from the lateral-posterior cerebellum in ice-cold Hank's balanced salt solution (HBSS,

Gibco). Then the tumors were dissociated in Papain (Worthington) for 30 minutes at 37°C before

being washed out in Ovalbumin (Worthington). Tumors were triturated by pipetting up and down

using a P1000 and filtered through a 40µm cell strainer (Falcon). Once the cells were dissociated,

the dead cells were removed using the kit EasySep Dead Cell Removal (Annexin V) (StemCell).

Then cells were centrifuged at 500g at 4°C for 5 minutes. Cells were then washed with PBS. For

every sample (2 *SmoM2* and 2 *SmoM2 Pten^{fl/fl}*), cells were counted using 0.2% Trypan on

hemocytometer and diluted before loading to 10X chip, targeting 10,000 viable cells per sample.

The scRNA-Seq of tumor cell suspensions was performed on a Chromium instrument (10X

genomics) following the user guide manual for 3' v3.1. Final libraries were sequenced on an

Illumina NovaSeq6000 by the IGO core of MSKCC.

scRNA-seq data analysis

The Cell Ranger Single Cell software suite (10x Genomics) was used to align reads and generate

feature-barcode matrices. The reference genome used was the Genome Reference Consortium

Mouse Build 38 (GRCm38, Gencode annotation mm10). Raw reads were processed using the

Cell Ranger count program using default parameters.

Seurat v5.0.2 package was used to generate a UMI (unique molecular identifier) count matrix

from the Cell Ranger output[38]. Genes expressed in less than 10 cells were removed for further

analyses. Cells with larger than 18000 UMIs, 0.20 mitoRatio, UMI≤500 and ≤500 genes detected

were considered low quality/outliers and discarded from the datasets. Normalization was

performed on individual samples using the NormalizeData function with default parameters. The

normalized data was scaled by ScaleData function with mitochondrial gene percentage regressed

out. Principal component analysis (PCA) was performed on the scaled data by runPCA. Samples

were then integrated using IntegrateLayers function with the Harmony Integration method. The

first 20 dimensions were used for the FindNeighbors function, and clusters were identified using

the FindClusters function with a resolution of 0.5. Data were projected onto the 2D space using

the FindUMAP or RunUMAP function with 20 dimensions. Cluster markers and further differential

gene expression analyses were performed using normalized counts (NormalizeData) in the RNA

assay. Cluster markers were identified using the FindAllMarkers and comparing markers

generated to the literature. To refine clustering further, the SubsetData function was used to

create a new Seurat object, and the above clustering was reiterated.

Differential gene expression analyses between genotypes or clusters were performed using the

FindMarkers function in the Seurat package. Genes with an adjusted *P* value (*Padj*) < 0.05 were

considered significantly up or downregulated. Results were visualized by Violin plot and Umap

plot using Seurat package, and Volcano plot using the EnhancedVolcano package on

Bioconductor[39]. GSEA analysis on GO and Hallmark terms were performed using the enrichGO,

clusterProfiler packages on Bioconductor[40]. To build a pseudotime trajectory using the UMAP

data, the Seurat object was converted to a monocle 3 (1.3.7) object by as.cell_data_set function[29,

30]. Cells were then clustered by the cluster cells function. The trajectory GCP-lineage partition

was constructed using learn graph function followed by order cells function.

Statstic analysis

All statistical analyses to quantify data were performed using Prism software (GraphPad) and

significance was determined as P <= 0.05. Each statistical analysis used is described in the figure

legends. Data (shown as scatter graphs) are presented as mean±standard deviation.

Acknowledgements

We thank members of the Joyner lab for interesting discussions pertaining to SHH-MB and

technical support, in particular Reeti Mayur Sanghrajka for insightful suggestions at the beginning

of the study. We thank the Memorial Sloan Kettering Cancer Center Flow Cytometry Core,

Integrated Genomics Operations Core Facility and the Center for Comparative Medicine and

Pathology for technical support.

Additional Information

Competing interests

All authors declare to have no actual or potential conflict of interest including any financial,
personal, or other relationships with other people or organizations within three years of beginning
the submitted work that could inappropriately influence, or be perceived to influence, their work.

Funding

NCI (R01CA192176), Alexandra L Joyner

MSK Functional Genomics Initiative (GC242211), Alexandra L Joyner

NCI Cancer Center Support Grant (CCSG, P30 CA08748), Alexandra L Joyner

Cycle for Survival, Alexandra L Joyner

Ethics

No ethical consideration as no human data were analyzed.

Author contributions

Z.L., S.E.N., Y.L and A.L.J. formulated experiments and analysis approaches. Z.L. and D.N.S.
performed animal and histological experiments. Z.L. performed section analysis and
quantifications. Z.L., S.E.N. and Y.L. performed scRNA-seq analysis. A.L.J. wrote the draft
manuscript and Z.L., Y. L., S.E.N. and A.L.J. prepared Figures and edited the manuscript.

Author ORCIDs

Alexandra L Joyner, ORCID ID: 0000-0001-7090-9605, http://orcid.org/0000-0001-7090-9605

Additional files

Supplementary Tables

Table S1. Top cell markers for each cluster in merged scRNA-seq data. Related to Figure 8-
Supplement 2D, E.

Table S2. Cell numbers per cluster for each genotype based on merged scRNA-seq data. Related
to Figure 8 F, G and Figure 8-Supplement 2G.

Table S3. scRNA-seq differential gene expression analysis of GCP-like tumor cells comparing
SmoM2; Ptenfl/fl to SmoM2. Related to Figure 9A.

Table S4. GSEA analysis of Hallmark terms of DEG gene list of GCP-like cells in SmoM2; Ptenfl/fl
compared with SmoM2 tumors. Related to Figure 9-Supplemental 1A.

Table S5. GSEA analysis of Gene Ontology terms of DEG gene list of GCP-like cells in SmoM2;
Ptenfl/fl compared with SmoM2 tumors. Related to Figure 9-Supplemental 1B.

Table S6. scRNA-seq differential gene expression analysis in early GC-like (cluster 1) compared
with GCP-like (clusters 3, 4, 8) in SmoM2; Ptenfl/fl tumors. Related to Figure 9H.

Table S7. GSEA analysis of Gene Ontology terms of DEG gene list in early GC-like (cluster 1)
compared with GCP-like (clusters 3, 4, 8) of SmoM2; Ptenfl/fl tumors. Related to Figure 9-
Supplemental 1C.

Table S8. scRNA-seq differential gene expression analysis of macrophages in SmoM2; Ptenfl/fl
compared with SmoM2 tumors. Related to Figure 9-Supplement 1D.

Table S9. GSEA analysis of Gene Ontology terms of DEG gene list of macrophages in SmoM2;
Ptenfl/fl compared with SmoM2 tumors. Related to Figure 9-Supplement 1D.

Key Resources Table

Data Availability

Sequencing data have been deposited in GEO (token czkvuymyhnktrgp) under accession code
GSE295733. All experimental data generated and analyzed in this study are included in the
manuscript and supporting files.

Referenecs

1.   Taylor MD, Northcott PA, Korshunov A, Remke M, Cho YJ, Clifford SC, Eberhart CG,
Parsons DW, Rutkowski S, Gajjar A, Ellison DW, Lichter P, Gilbertson RJ, Pomeroy SL, Kool M,
Pfister SM. Molecular subgroups of medulloblastoma: the current consensus. Acta Neuropathol.
2012;123(4):465-72. Epub 20111202. doi: 10.1007/s00401-011-0922-z. PubMed PMID:
22134537; PMCID: PMC3306779.

2.   Cavalli FMG, Remke M, Rampasek L, Peacock J, Shih DJH, Luu B, Garzia L, Torchia J,
Nor C, Morrissy AS, Agnihotri S, Thompson YY, Kuzan-Fischer CM, Farooq H, Isaev K, Daniels
C, Cho BK, Kim SK, Wang KC, Lee JY, Grajkowska WA, Perek-Polnik M, Vasiljevic A, Faure-
Conter C, Jouvet A, Giannini C, Nageswara Rao AA, Li KKW, Ng HK, Eberhart CG, Pollack IF,
Hamilton RL, Gillespie GY, Olson JM, Leary S, Weiss WA, Lach B, Chambless LB, Thompson
RC, Cooper MK, Vibhakar R, Hauser P, van Veelen MC, Kros JM, French PJ, Ra YS, Kumabe T,
López-Aguilar E, Zitterbart K, Sterba J, Finocchiaro G, Massimino M, Van Meir EG, Osuka S,
Shofuda T, Klekner A, Zollo M, Leonard JR, Rubin JB, Jabado N, Albrecht S, Mora J, Van Meter
TE, Jung S, Moore AS, Hallahan AR, Chan JA, Tirapelli DPC, Carlotti CG, Fouladi M, Pimentel J,
Faria CC, Saad AG, Massimi L, Liau LM, Wheeler H, Nakamura H, Elbabaa SK, Perezpeña-
Diazconti M, Chico Ponce de León F, Robinson S, Zapotocky M, Lassaletta A, Huang A, Hawkins
CE, Tabori U, Bouffet E, Bartels U, Dirks PB, Rutka JT, Bader GD, Reimand J, Goldenberg A,
Ramaswamy V, Taylor MD. Intertumoral Heterogeneity within Medulloblastoma Subgroups.

Cancer Cell. 2017;31(6):737-54.e6. doi: 10.1016/j.ccell.2017.05.005. PubMed PMID: 28609654;
PMCID: PMC6163053.

3. Kool M, Jones DT, Jäger N, Northcott PA, Pugh TJ, Hovestadt V, Piro RM, Esparza LA,
Markant SL, Remke M, Milde T, Bourdeaut F, Ryzhova M, Sturm D, Pfaff E, Stark S, Hutter S,
Seker-Cin H, Johann P, Bender S, Schmidt C, Rausch T, Shih D, Reimand J, Sieber L, Wittmann
A, Linke L, Witt H, Weber UD, Zapatka M, König R, Beroukhim R, Bergthold G, van Sluis P,
Volckmann R, Koster J, Versteeg R, Schmidt S, Wolf S, Lawerenz C, Bartholomae CC, von Kalle
C, Unterberg A, Herold-Mende C, Hofer S, Kulozik AE, von Deimling A, Scheurlen W, Felsberg
J, Reifenberger G, Hasselblatt M, Crawford JR, Grant GA, Jabado N, Perry A, Cowdrey C, Croul
S, Zadeh G, Korbel JO, Doz F, Delattre O, Bader GD, McCabe MG, Collins VP, Kieran MW, Cho
YJ, Pomeroy SL, Witt O, Brors B, Taylor MD, Schüller U, Korshunov A, Eils R, Wechsler-Reya
RJ, Lichter P, Pfister SM. Genome sequencing of SHH medulloblastoma predicts genotype-
related response to smoothened inhibition. Cancer Cell. 2014;25(3):393-405. doi:
10.1016/j.ccr.2014.02.004. PubMed PMID: 24651015; PMCID: PMC4493053.

4. Robinson GW, Rudneva VA, Buchhalter I, Billups CA, Waszak SM, Smith KS, Bowers DC,
Bendel A, Fisher PG, Partap S, Crawford JR, Hassall T, Indelicato DJ, Boop F, Klimo P, Sabin
ND, Patay Z, Merchant TE, Stewart CF, Orr BA, Korbel JO, Jones DTW, Sharma T, Lichter P,
Kool M, Korshunov A, Pfister SM, Gilbertson RJ, Sanders RP, Onar-Thomas A, Ellison DW, Gajjar
A, Northcott PA. Risk-adapted therapy for young children with medulloblastoma (SJYC07):
therapeutic and molecular outcomes from a multicentre, phase 2 trial. Lancet Oncol.
2018;19(6):768-84. Epub 20180516. doi: 10.1016/s1470-2045(18)30204-3. PubMed PMID:
29778738; PMCID: PMC6078206.

5. Schwalbe EC, Lindsey JC, Nakjang S, Crosier S, Smith AJ, Hicks D, Rafiee G, Hill RM,
Iliasova A, Stone T, Pizer B, Michalski A, Joshi A, Wharton SB, Jacques TS, Bailey S, Williamson
D, Clifford SC. Novel molecular subgroups for clinical classification and outcome prediction in
childhood medulloblastoma: a cohort study. Lancet Oncol. 2017;18(7):958-71. Epub 20170522.
doi: 10.1016/s1470-2045(17)30243-7. PubMed PMID: 28545823; PMCID: PMC5489698.

6. Garcia-Lopez J, Kumar R, Smith KS, Northcott PA. Deconstructing Sonic Hedgehog
Medulloblastoma: Molecular Subtypes, Drivers, and Beyond. Trends Genet. 2021;37(3):235-50.
Epub 20201201. doi: 10.1016/j.tig.2020.11.001. PubMed PMID: 33272592.

7. Sanghrajka RM, Koche R, Medrano H, El Nagar S, Stephen DN, Lao Z, Bayin NS, Ge K,
Joyner AL. KMT2D suppresses Sonic hedgehog-driven medulloblastoma progression and
metastasis. iScience. 2023;26(10):107831. Epub 20230909. doi: 10.1016/j.isci.2023.107831.
PubMed PMID: 37822508; PMCID: PMC10562805.

8. Lee YR, Chen M, Pandolfi PP. The functions and regulation of the PTEN tumour
suppressor: new modes and prospects. Nat Rev Mol Cell Biol. 2018;19(9):547-62. doi:
10.1038/s41580-018-0015-0. PubMed PMID: 29858604.

9. Hopkins BD, Fine B, Steinbach N, Dendy M, Rapp Z, Shaw J, Pappas K, Yu JS, Hodakoski
C, Mense S, Klein J, Pegno S, Sulis ML, Goldstein H, Amendolara B, Lei L, Maurer M, Bruce J,
Canoll P, Hibshoosh H, Parsons R. A secreted PTEN phosphatase that enters cells to alter
signaling and survival. Science. 2013;341(6144):399-402. Epub 20130606. doi:
10.1126/science.1234907. PubMed PMID: 23744781; PMCID: PMC3935617.

10. Putz U, Howitt J, Doan A, Goh CP, Low LH, Silke J, Tan SS. The tumor suppressor PTEN
is exported in exosomes and has phosphatase activity in recipient cells. Sci Signal.
2012;5(243):ra70. Epub 20120925. doi: 10.1126/scisignal.2003084. PubMed PMID: 23012657.

11. Zhang C, Ma HM, Wu S, Shen JM, Zhang N, Xu YL, Li CX, He P, Ge MK, Chu XL, Zhang
YX, Zheng JK, Chen GQ, Shen SM. Secreted PTEN binds PLXDC2 on macrophages to drive
antitumor immunity and tumor suppression. Dev Cell. 2024;59(23):3072-88.e8. Epub 20240827.
doi: 10.1016/j.devcel.2024.08.003. PubMed PMID: 39197453.

12. Castellino RC, Barwick BG, Schniederjan M, Buss MC, Becher O, Hambardzumyan D,
Macdonald TJ, Brat DJ, Durden DL. Heterozygosity for Pten promotes tumorigenesis in a mouse
model of medulloblastoma. PLoS One. 2010;5(5):e10849. Epub 20100526. doi:
10.1371/journal.pone.0010849. PubMed PMID: 20520772; PMCID: PMC2877103.

13. Metcalfe C, Alicke B, Crow A, Lamoureux M, Dijkgraaf GJ, Peale F, Gould SE, de Sauvage
FJ. PTEN loss mitigates the response of medulloblastoma to Hedgehog pathway inhibition.
Cancer Res. 2013;73(23):7034-42. Epub 20131023. doi: 10.1158/0008-5472.Can-13-1222.
PubMed PMID: 24154871.

14. Corrales JD, Blaess S, Mahoney EM, Joyner AL. The level of sonic hedgehog signaling
regulates the complexity of cerebellar foliation. Development. 2006;133(9):1811-21. Epub
20060329. doi: 10.1242/dev.02351. PubMed PMID: 16571625.

15. Lewis PM, Gritli-Linde A, Smeyne R, Kottmann A, McMahon AP. Sonic hedgehog
signaling is required for expansion of granule neuron precursors and patterning of the mouse
cerebellum. Dev Biol. 2004;270(2):393-410. doi: 10.1016/j.ydbio.2004.03.007. PubMed PMID:
15183722.

16. Joyner AL, Bayin NS. Cerebellum lineage allocation, morphogenesis and repair: impact
of interplay amongst cells. Development. 2022;149(18). Epub 20220929. doi:
10.1242/dev.185587. PubMed PMID: 36172987; PMCID: PMC9641654.

17. Tronche F, Kellendonk C, Kretz O, Gass P, Anlag K, Orban PC, Bock R, Klein R, Schütz
G. Disruption of the glucocorticoid receptor gene in the nervous system results in reduced anxiety.
Nat Genet. 1999;23(1):99-103. doi: 10.1038/12703. PubMed PMID: 10471508.

18. Wu X, Northcott PA, Dubuc A, Dupuy AJ, Shih DJ, Witt H, Croul S, Bouffet E, Fults DW,
Eberhart CG, Garzia L, Van Meter T, Zagzag D, Jabado N, Schwartzentruber J, Majewski J,
Scheetz TE, Pfister SM, Korshunov A, Li XN, Scherer SW, Cho YJ, Akagi K, MacDonald TJ,
Koster J, McCabe MG, Sarver AL, Collins VP, Weiss WA, Largaespada DA, Collier LS, Taylor
MD. Clonal selection drives genetic divergence of metastatic medulloblastoma. Nature.
2012;482(7386):529-33. Epub 20120215. doi: 10.1038/nature10825. PubMed PMID: 22343890;
PMCID: PMC3288636.

19. Mumert M, Dubuc A, Wu X, Northcott PA, Chin SS, Pedone CA, Taylor MD, Fults DW.
Functional genomics identifies drivers of medulloblastoma dissemination. Cancer Res.
2012;72(19):4944-53. Epub 20120808. doi: 10.1158/0008-5472.Can-12-1629. PubMed PMID:
22875024; PMCID: PMC3463769.

20. Gao J, Aksoy BA, Dogrusoz U, Dresdner G, Gross B, Sumer SO, Sun Y, Jacobsen A,
Sinha R, Larsson E, Cerami E, Sander C, Schultz N. Integrative analysis of complex cancer

genomics and clinical profiles using the cBioPortal. Sci Signal. 2013;6(269):pl1. Epub 20130402.
doi: 10.1126/scisignal.2004088. PubMed PMID: 23550210; PMCID: PMC4160307.

21.   Cerami E, Gao J, Dogrusoz U, Gross BE, Sumer SO, Aksoy BA, Jacobsen A, Byrne CJ,
Heuer ML, Larsson E, Antipin Y, Reva B, Goldberg AP, Sander C, Schultz N. The cBio cancer
genomics portal: an open platform for exploring multidimensional cancer genomics data. Cancer
Discov. 2012;2(5):401-4. doi: 10.1158/2159-8290.Cd-12-0095. PubMed PMID: 22588877;
PMCID: PMC3956037.

22.   Lao Z, Raju GP, Bai CB, Joyner AL. MASTR: a technique for mosaic mutant analysis with
spatial and temporal control of recombination using conditional floxed alleles in mice. Cell Rep.
2012;2(2):386-96. Epub 20120809. doi: 10.1016/j.celrep.2012.07.004. PubMed PMID:
22884371; PMCID: PMC3460375.

23.   Tan IL, Wojcinski A, Rallapalli H, Lao Z, Sanghrajka RM, Stephen D, Volkova E,
Korshunov A, Remke M, Taylor MD, Turnbull DH, Joyner AL. Lateral cerebellum is preferentially
sensitive to high sonic hedgehog signaling and medulloblastoma formation. Proc Natl Acad Sci U
S A. 2018;115(13):3392-7. Epub 20180312. doi: 10.1073/pnas.1717815115. PubMed PMID:
29531057; PMCID: PMC5879676.

24.   Mao J, Ligon KL, Rakhlin EY, Thayer SP, Bronson RT, Rowitch D, McMahon AP. A novel
somatic mouse model to survey tumorigenic potential applied to the Hedgehog pathway. Cancer
Res. 2006;66(20):10171-8. doi: 10.1158/0008-5472.Can-06-0657. PubMed PMID: 17047082;
PMCID: PMC3806052.

25.   Trotman LC, Niki M, Dotan ZA, Koutcher JA, Di Cristofano A, Xiao A, Khoo AS, Roy-
Burman P, Greenberg NM, Van Dyke T, Cordon-Cardo C, Pandolfi PP. Pten dose dictates cancer
progression   in   the   prostate.   PLoS   Biol.   2003;1(3):E59.   Epub   20031027.   doi:
10.1371/journal.pbio.0000059. PubMed PMID: 14691534; PMCID: PMC270016.

26.   Vanner RJ, Remke M, Gallo M, Selvadurai HJ, Coutinho F, Lee L, Kushida M, Head R,
Morrissy S, Zhu X, Aviv T, Voisin V, Clarke ID, Li Y, Mungall AJ, Moore RA, Ma Y, Jones SJ,
Marra MA, Malkin D, Northcott PA, Kool M, Pfister SM, Bader G, Hochedlinger K, Korshunov A,
Taylor MD, Dirks PB. Quiescent sox2(+) cells drive hierarchical growth and relapse in sonic
hedgehog subgroup medulloblastoma. Cancer Cell. 2014;26(1):33-47. Epub 20140619. doi:
10.1016/j.ccr.2014.05.005. PubMed PMID: 24954133; PMCID: PMC4441014.

27.   Tan IL, Arifa RDN, Rallapalli H, Kana V, Lao Z, Sanghrajka RM, Sumru Bayin N, Tanne
A, Wojcinski A, Korshunov A, Bhardwaj N, Merad M, Turnbull DH, Lafaille JJ, Joyner AL. CSF1R
inhibition depletes tumor-associated macrophages and attenuates tumor progression in a mouse
sonic Hedgehog-Medulloblastoma model. Oncogene. 2021;40(2):396-407. Epub 20201106. doi:
10.1038/s41388-020-01536-0. PubMed PMID: 33159168; PMCID: PMC7855734.

28.   Hao Y, Hao S, Andersen-Nissen E, Mauck WM, 3rd, Zheng S, Butler A, Lee MJ, Wilk AJ,
Darby C, Zager M, Hoffman P, Stoeckius M, Papalexi E, Mimitou EP, Jain J, Srivastava A, Stuart
T, Fleming LM, Yeung B, Rogers AJ, McElrath JM, Blish CA, Gottardo R, Smibert P, Satija R.
Integrated   analysis   of   multimodal   single-cell   data.   Cell.   2021;184(13):3573-87.e29.   Epub
20210531. doi: 10.1016/j.cell.2021.04.048. PubMed PMID: 34062119; PMCID: PMC8238499.

29.   Trapnell C, Cacchiarelli D, Grimsby J, Pokharel P, Li S, Morse M, Lennon NJ, Livak KJ,
Mikkelsen TS, Rinn JL. The dynamics and regulators of cell fate decisions are revealed by

pseudotemporal ordering of single cells. Nat Biotechnol. 2014;32(4):381-6. Epub 20140323. doi:
10.1038/nbt.2859. PubMed PMID: 24658644; PMCID: PMC4122333.

30.   Qiu X, Mao Q, Tang Y, Wang L, Chawla R, Pliner HA, Trapnell C. Reversed graph
embedding resolves complex single-cell trajectories. Nat Methods. 2017;14(10):979-82. Epub
20170821. doi: 10.1038/nmeth.4402. PubMed PMID: 28825705; PMCID: PMC5764547.

31.   Qin RX, Ma XY, Han ZY, Ma SY, Shen ZJ, Lu ZH, Sun Y, Yu WL. IRF2 Affects LPS- and
IFN-γ-Induced Pro-Inflammatory Responses, Cell Viability, Migration and Apoptosis of
Macrophages by Regulating IRG1. J Inflamm Res. 2024;17:9651-64. Epub 20241125. doi:
10.2147/jir.S490655. PubMed PMID: 39618923; PMCID: PMC11606192.

32.   Yang P, Qin H, Li Y, Xiao A, Zheng E, Zeng H, Su C, Luo X, Lu Q, Liao M, Zhao L, Wei L,
Varghese Z, Moorhead JF, Chen Y, Ruan XZ. CD36-mediated metabolic crosstalk between tumor
cells and macrophages affects liver metastasis. Nat Commun. 2022;13(1):5782. Epub 20221002.
doi: 10.1038/s41467-022-33349-y. PubMed PMID: 36184646; PMCID: PMC9527239.

33.   Blumenthal GM, Dennis PA. PTEN hamartoma tumor syndromes. Eur J Hum Genet.
2008;16(11):1289-300. Epub 20080910. doi: 10.1038/ejhg.2008.162. PubMed PMID: 18781191;
PMCID: PMC6939673.

34.   Akgül S, Li Y, Zheng S, Kool M, Treisman DM, Li C, Wang Y, Gröbner S, Ikenoue T, Shen
Y, Camelo-Piragua S, Tomasek G, Stark S, Guduguntla V, Gusella JF, Guan KL, Pfister SM,
Verhaak RGW, Zhu Y. Opposing Tumor-Promoting and -Suppressive Functions of
Rictor/mTORC2 Signaling in Adult Glioma and Pediatric SHH Medulloblastoma. Cell Rep.
2018;24(2):463-78.e5. doi: 10.1016/j.celrep.2018.06.050. PubMed PMID: 29996106; PMCID:
PMC6116735.

35.   Blaess S, Bodea GO, Kabanova A, Chanet S, Mugniery E, Derouiche A, Stephen D,
Joyner AL. Temporal-spatial changes in Sonic Hedgehog expression and signaling reveal
different potentials of ventral mesencephalic progenitors to populate distinct ventral midbrain
nuclei. Neural Dev. 2011;6:29. Epub 20110620. doi: 10.1186/1749-8104-6-29. PubMed PMID:
21689430; PMCID: PMC3135491.

36.   Schindelin J, Arganda-Carreras I, Frise E, Kaynig V, Longair M, Pietzsch T, Preibisch S,
Rueden C, Saalfeld S, Schmid B, Tinevez JY, White DJ, Hartenstein V, Eliceiri K, Tomancak P,
Cardona A. Fiji: an open-source platform for biological-image analysis. Nat Methods.
2012;9(7):676-82. Epub 20120628. doi: 10.1038/nmeth.2019. PubMed PMID: 22743772; PMCID:
PMC3855844.

37.   Willett RT, Bayin NS, Lee AS, Krishnamurthy A, Wojcinski A, Lao Z, Stephen D, Rosello-
Diez A, Dauber-Decker KL, Orvis GD, Wu Z, Tessier-Lavigne M, Joyner AL. Cerebellar nuclei
excitatory neurons regulate developmental scaling of presynaptic Purkinje cell number and organ
growth. Elife. 2019;8. Epub 20191119. doi: 10.7554/eLife.50617. PubMed PMID: 31742552;
PMCID: PMC6890462.

38.   Satija R, Farrell JA, Gennert D, Schier AF, Regev A. Spatial reconstruction of single-cell
gene expression data. Nat Biotechnol. 2015;33(5):495-502. Epub 20150413. doi:
10.1038/nbt.3192. PubMed PMID: 25867923; PMCID: PMC4430369.

39.   Blighe K, Rana S, Lewis M. EnhancedVolcano: Publication-ready volcano plots with
enhanced colouring and labeling. R package version 1260. 2025. doi:
doi:10.18129/B9.bioc.EnhancedVolcano.

40.   Yu G, Wang LG, Han Y, He QY. clusterProfiler: an R package for comparing biological
themes among gene clusters. Omics. 2012;16(5):284-7. Epub 20120328. doi:
10.1089/omi.2011.0118. PubMed PMID: 22455463; PMCID: PMC3339379.
836

Figure 1. **Homozygous but not heterozygous loss of *Pten* in a sporadic mouse model of *SmoM2* SHH-MB increases penetrance and reduces time of disease onset**

(**A**) An Oncoprint of 27 patient samples considered to be SHH-MB[3] using the cBioPortal[20, 21] showing the frequency of mutations in *PTEN* and genes that activate the SHH pathway showing co-occurrences. (**B**) Schematic showing Mosaic mutant Analysis with Spatial and Temporal Regulation (MASTR) technique used to model SHH-MB by expressing SmoM2 in scattered GCPs starting at P0 and deleting one or two copies of *Pten* (*Atoh1-FlpoER/+*; *R26^MASTR/LSL-SmoM2*; *Pten^fl/fl* or *SmoM2-Pten^fl/fl* mice). (**C**) Kaplan-Meier curve and statistics (below) for survival of *SmoM2* mice compared to *SmoM2-Pten^fl/fl* and *SmoM2-Pten^fl/+* mice. Statistics were calculated using the log-rank test. (**D-F**) Representative images of hematoxylin and eosin (H&E) stained sagittal sections of end stage tumors from *SmoM2*, *SmoM2-Pten^fl/+*, and *SmoM2-Pten^fl/fl* mice with higher maginification images shown below (n>8 per genotype). Scale bars indicates 1mm (D-F) and 100 μm (D'-F'). (**G-I**) GFP stained saggital sections of end stage tumors from the the indicated mutants (n=5-8 per genotype G-O). Scale bar indicates 1mm. (**J-L**) Saggital sections of end stage tumors from the indicated mutants stained for PTEN (J-L) or pAKT (**M-O**) with higher magnifications below. Scale bars indicates 1mm (J-O) and 20 μm (J'-O'). (D-O) Dashed lines outline the tumors, solid lines outline IGL, dotted rectangles indicate location of high magnification images.

Figure 1–Figure Supplement 1. Loss of *Pten* does not increase metastasis to the spinal cord in *SmoM2* SHH-MB

(**A-C**) Coronal sections of spinal cords stained with H&E from mice of the indicated three genotypes showing metastatic lesions at end stage. Dashed rectangles indicate locations of images below stained for the proteins and DAPI indicated on the left. Scale bars indicates 200µm. (**D**) Quantification of percentage of sections with a tumor for each animal analyzed. (**E**) Quantification of the total area of the tumor on all the sections. (**F**) Quantification of the area of each tumor as a percentage of the spinal cord area in each section. (D-F) Number of animals per genotype (n=) are indicated below graphs. All statistics were determined using an unpaired t-test comparing *SmoM2* tumors to each of the *Pten* mutants or the *Pten* mutants to each other.

Figure 2. *Pten* loss in *SmoM2* sporadic SHH-MB induces highly differentiated tumors
(**A, B**) Sagittal sections of the cerebellum showing end stage tumors from *SmoM2* and *SmoM2-Pten^fl/fl*
mice stained for P27 (post mitotic cells) and Ki67 (proliferating cells) (*SmoM2*, n=5; *SmoM2-Pten^fl/fl* n=7).
Dashed lines outline each tumor, solid lines outline IGL, dotted squared indicate location of high
magnification images in (C-H). (**C-H**) High power images of sections stained for Ki67 and DAPI (C, D),
P27 (E, F) or NeuN (G, H)(*SmoM2*, n=5; *SmoM2-Pten^fl/fl* n=7). Dashed line separates the internal granule
layer (IGL) or molecular layer (ML) from the tumor. (**I,J**) Sagittal sections of the cerebellum showing lateral
tumors from *SmoM2* and *SmoM2-Pten^fl/fl* mice stained for Ki67 and DAPI (*SmoM2*, n=7; *SmoM2-Pten^fl/fl*
n=8)). (**K-N**) RNA *in situ* hybridization staining of sections for *Gli1* (K, L) and *Syp* mRNA (M, N) (n=3 per
genotype). (**O, P**) Immunohistochemical staining of sections for SYP protein (n=6 per genotype). (I-P)
Dashed lines outline the tumors, solid lines outline IGL. (A, B, I-P) Scale bars indicate 1mm. (C-H) Scale
bars indicates 100μm.

Figure 2–Figure Supplement 1. Spontaneous loss of the second allele of *Pten* in rare cells of some *SmoM2-Pten*^{fl/+} tumors

(**A-D**) Sagittal sections of end stage tumors (GFP+) showing upregulation of pS6 in *SmoM2-Pten*^{fl/fl} mice compared to *SmoM2* (n=3 per genotype). Dashed lines outline the tumors, solid lines outline IGL. Scale bars indicates 1mm. (**E**) Section of end stage tumor from *SmoM2-Pten*^{fl/+} mice showing coherent patches of tumor cells (GFP+) devoid of PTEN (n=3). Dashed line square indicates location of high magnification images shown in (F-L). Scale bar indicates 1mm. (**F-L**) Sections of lateral tumors stained for the indicated protein and DAPI (n=3). Dashed line outlines tumor area where PTEN is absent (G) or pAKT (H), SYP (J) and NeuN (K) are upregulated and proliferation (Ki67) and cell death (TUNEL) are reduced (I, L). Scale bars indicates 200μm.

Figure 3. *Pten* loss in *SmoM2* SHH-MB protects differentiated tumor cells from cell death
(**A, B**) Sagittal sections of end stage tumors in *SmoM2* and *SmoM2-Pten^{fl/fl}* mice stained as indicated (*SmoM2*, n=3; *SmoM2-Pten^{fl/fl}* n=4). Dashed lines outline the tumors, solid lines outline IGL. Dotted line square indicates location of high magnification images show in (C-H). Scale bars indicate 1mm. (**C-H**) High magnification images of tumors stained as indicated showing reduced cell death (TUNEL particles) in differentiated regions (NeuN+ and SYP+) of tumors in *SmoM2-Pten^{fl/fl}* mice compared to *SmoM2* (*SmoM2*, n=3; *SmoM2-Pten^{fl/fl}* n=4). Scale bars indicates 50μm. (**I-K**) Quantification of density of TUNEL particles in tumor regions with high SYP (SYP HI) compared to low (SYP Low) staining in *SmoM2-Pten^{fl/fl}* mice (I), in SYP Low regions in *SmoM2* (*M2*), *SmoM2-Pten^{fl/+}* (*M2; Pten^{fl/+}*) and *SmoM2-Pten^{fl/fl}* (*M2; Pten^{fl/fl}*) mice (J), and in SYP High and Low regions of *SmoM2-Pten^{fl/+}* mice (K). n=3 mice/genotype. All statistics were determined using an unpaired t-test comparing SYP High to Low (I, K) or two pairs of genotypes (J).

Figure 3–figure supplement 1. Method of quantifying TUNEL particles in tumors
(**A-C**) Examples of stained sagittal cerebellar sections showing where quantifications of density of TUNEL particles were performed in the three genotypes in end stage lateral tumor regions distinguishing high SYP (H) compared to low SYP (L) regions. Dashed lines outline each tumor, solid lines outline IGL, dotted boxes indicate high SYP (H) and low SYP (L) regions. Scale bars indicate 1mm.

Figure 4. Loss of *Pten* leads to cell autonomous changes in *SmoM2* GCPs at P12

(**A-C**) Midline cerebellar sagittal sections of P12 *SmoM2*, *SmoM2-Pten^{fl/+}* and *SmoM2-Pten^{fl/fl}* mice stained for GFP and EdU to show the EGL with proliferating mutant GCPs (*SmoM2*, n=11; *SmoM2-Pten^{fl/+}* n=5; *SmoM2-Pten^{fl/fl}* n=6). Scale bars indicate 0.5 mm. Dotted line boxes indicate locations of images in (A for G, J, M; B for H, K, N; C for I, L, O). (**D**) Quantification of the area of the entire cerebellum on near midline sections of *SmoM2* (*M2*), *SmoM2-Pten^{fl/+}* (*M2; Pten^{fl/+}*) and *SmoM2-Pten^{fl/fl}* (*M2; Pten^{fl/fl}*) mice (n=3 mice/genotype). (**E**) Quantification of the area of the entire EGL on near midline sections in the three genotypes (n=3 mice/genotype). (**F**) Quantification of TUNEL particle density (cell death) in the

entire EGL of near midline sections in the three genotypes (n=3 mice/genotype) as described in Figure 4–figure supplement 1. (**G-O**) Staining of sections of the three genotypes for the proteins indicated showing reduced cell death (TUNEL density) and increased pAKT and NeuN in the EGL of *SmoM2-Pten^{fl/fl}* mice (n>3 per genotype). Scale bars indicates 50μm. EGL, external granule layer; ML, molecular layer (region between IGL and EGL); IGL, internal granule layer. (**P**) Schematic of experimental design. (**Q**) Quantification of the percentage of proliferating GCPs that became post mitotic (Ki67-) between BrdU labeling at P10 and analysis at P12 in the base of lobule 4/5 (L5) near the midline (n=3 mice/genotype and >300 cells/animal). (**R**) Quantification of the percentage of GCPs that are in S phase (EdU+ Ki67+ of all Ki67+ GCPs) at P12 in the base of lobule 4/5 (L5) near the midline (n=3 mice/genotype). All statistics were determined using an unpaired t-test comparing two pairs of genotypes.

Figure 4–figure supplement 1. Method of quantifying TUNEL particles in P12 EGL
(**A, B**) Examples of stained midline sagittal cerebellar sections showing where quantification of density of TUNEL particles was performed in the EGL in medial regions of the cerebellum. Scale bars indicate 1mm.

Figure 5. Loss of *Pten* leads to cell autonomous changes *SmoM2* GCP behaviors at P8

(**A-C**) Midline cerebellar sagittal sections of P8 *SmoM2*, *SmoM2-Pten^{fl/+}* and *SmoM2-Pten^{fl/fl}* mice stained for GFP and EdU to show the EGL with proliferating mutant GCPs. Dotted line boxes indicate locations of where quantifications were performed. Scale bars indicate 0.5 mm. (A'-C') High magnification images of areas indicated in (A-C). Scale bars indicate 0.5μm.   (**D**) Quantification of the entire (whole) area of the cerebellum on midline sections of *SmoM2* (*M2*), *SmoM2-Pten^{fl/+}* (*M2; Pten^{fl/+}*) and *SmoM2-Pten^{fl/fl}* (*M2; Pten^{fl/fl}*) mice (n=3 mice/genotype). (**E**) Quantification of the area of the external granule layer (EGL) on entire midline sections in the three genotypes (n=3 mice/genotype). (**F**) Quantification of the proliferation index in the regions of lobule 4/5 (L5) shown in A-C at P8: percentage of mutant GCPs that are in S phase (GFP+ EdU+ of all GFP+ GCPs in the outer EGL (oEGL) or region containing EdU+ cells) (n=4 mice/genotype). (**G**) Quantification of the percentage of *Pten* mutant or control GCPs (GFP+) in lower region shown in A-C that remained in the proliferative oEGL at P8 and thus were progenitors. Analysis in F,G performed in wall of lobule 5 (lower rectangles in (A-C) (n=4 mice/genotype). All statistics were determined using an unpaired t-test comparing two pairs of genotypes.

Figure 6. Loss of *Pten* in normal GCPs causes increased proliferation and decreased differentiation

(**A**) Schematic showing mosaic mutant analysis approach to study scattered GFP+ *Pten* homozygous mutant GCPs in *Atoh1-FlpoER/+*; *R26^FSF-GFPcre/+*; *Pten^fl/fl* (*Atoh1-M-Pten^fl/fl*) mice compared to control GFP+ cells in *Atoh1-FlpoER/+*; *R26^FSF-GFPcre/+*; *Pten^+/+* mice (*Atoh1-M- Pten^+/+*) at P8 following tamoxifen at P0. (**B, C**) Midline sagital sections of lobule 5 stained with GFP marking mutant cells and EdU (S phase) at P8 in the two genotypes. Scale bars indicates 100μm. (**D**) Quantification of the proliferation index in the entire lobule 4/5 (L5) at P8: percentage of *Pten* mutant/control GCPs that are in S phase (GFP+ EdU+ of all GFP+ GCPs in the outer EGL (oEGL) defined by the region containing EdU+ cells; n=3 mice per genotype). (**E**) Quantification of the percentage of *Pten* mutant/control GFP+ GCPs in the entire L4/5 that remained in the proliferative oEGL at P8 and thus were progenitors and had not migrated inwards (n=3 mice per genotype). (**F-M**) Midline sagittal H&E stained sections of the cerebellum of conditional mutant mice lacking *Pten* in the GCP lineage (*Atoh1-Cre*; *Pten^fl/fl*) compared to controls (*Atoh1-Cre*; *Pten^fl/+*). Scale bars indicates 500μm. (**N**) Quantification of the entire area of near midline cerebellar sagittal sections across development and ages (n=3 mice per age). All statistics used an unpaired t-test comparing two pairs of genotypes (D, E) or two genotypes per age (N).

Figure 7. Loss of *Pten* in *SmoM2* GCPs results in a cell non-autonomous decrease in macrophages in SHH-MB tumors

(**A, B**) Sagittal sections of end stage lateral tumors in *SmoM2* and *SmoM2-Pten*^{fl/fl} mice stained with IBA1 (macrophage marker) and DAPI (n=3 mice/genotype). Dashed lines outline the tumors, solid lines outline IGL. Dotted line squares indicate locations of high magnification images show in (C-H). Scale bars indicate 1mm. (**C-H**) Higher magnification images of tumors stained with IAB1 and TUNEL (C, D), IAB1, NeuN and Ki67 showing enrichment of macrophages in undifferentiated regions of *SmoM2-Pten*^{fl/fl} mice (E, F) and with CD31 to label blood vessels (G, H) (n=5-9 mice/genotype). IGL, internal granule layer. Scale bars indicates 100μm. (**I, J**) Lateral sagittal cerebellar sections of P12 *SmoM2* and *SmoM2-Pten*^{fl/fl} mice stained for GFP and DAPI to show the EGL with mutant GCPs (n=3 mice/genotype). Dotted line boxes indicate locations of higher magnifications images in (K-P). Scale bars indicate 500μm. (**K-P**) Sections of P12 mice stained with IAB1, Ki67 and NeuN showing macrophages in large tumor lesions are enriched in proliferative regions of *SmoM2-Pten*^{fl/fl} mice (n=3 mice/genotype). Dotted line outlines the tumor lesion. Scale bars indicate 200μm.

A

GCP-like (3, 4, 8)

Transitioning GCs (6)

Early GC-like (1, 5, 7)

Mature GCs (0, 2, 9)

B *Pax6*

D
- G1
- S
- G2/M

C *SmoM2*   *SmoM2; Pten^{fl/fl}*

E

Percent Expressed
- 25
- 50
- 75

Average Expression

Mature GCs — 9, 2, 0

Early GC-like — 7, 5, 1

Transitioning GCs — 6

GCP-like — 8, 4, 3

Pax6, *Barhl1*, *Mki67*, *Gli1*, *Atoh1*, *Syp*, *Slc17a6*, *Slc17a7*, *eGFPcre*

F N=15456 21982

% to total

Mature GCs

Early GC-like

Transitioning GCs

GCP-like

SmoM2   *SmoM2; Pten^{fl/fl}*

G *SmoM2*   *SmoM2; Pten^{fl/fl}*

Cluster: Total, 8, 7, 6, 5, 4, 3, 1

Percentage of Cells

H *SmoM2*   *SmoM2; Pten^{fl/fl}*

Pseudotime: 50 40 30 20 10 0

Figure 8. scRNA-seq analysis of tumors from *SmoM2* and *SmoM2-Pten*^{fl/fl} mice reveals altered differentiation in SHH-MB tumor cells lacking *Pten*

(**A**) UMAP of integrated cells from *SmoM2* (n=2) and *SmoM2-Pten*^{fl/fl} (n=2) tumors showing scRNA-seq GCP-lineage clusters 0-9 (*Pax6*-expressing) (left) and the assignment of cell types to each cluster (right) based on marker gene expression and cell cycle phase. (**B**) *Pax6* expression (GCP-lineage marker) shown across all clusters in UMAP of all tumor cells. (**C**) UMAP of GCP-lineage cells shown by genotye. (**D**) UMAP of GCP-lineage cells (two genotypes) showing cell cycle phases. (**E**) Dot plot graph showing expression levels of GCP-lineage marker genes and desgnation of the clusters as GCP-like or maturing GC-like cell types. (**F**) Graph of GCP-lineage cells showing percentage of cells from each genotype that are GCP-like, transitioning GC-like, early GC-like and mature GC-like showing a higher percentage of mature GCs in tumors from *SmoM2* mice. (**G**) Graph showing proportions of cells of each genotype in each of the GCP-lineage cell types excuding mature GCs that are mostly from *SmoM2* mice. Dotted line represents the expected ratio between the two genotypes. (**H**) Pseudotime analysis reflecting the differentiation pathway of cells within the GCP-lineage with an origin in the GCP-like clusters, indicating cluster 7 is stalled or altered during differentiation.

**Figure 8–figure supplement 1 The cellular phenotypes of large tumors from P16 *SmoM2-Pten*^{fl/fl}
mice and P22 *SmoM2* mice are similar to end stage**
(**A-C**) Sagittal sections of cerebellar sections from P16 and P22 *SmoM2* mice and P16 *SmoM2-Pten*^{fl/fl}
mice stained with GFP and DAPI to highlight tumor cells (n=3 mice/genotype). Dashed line squares
indicate location of high magnification images shown in (D-O). Scale bars indicate 1mm. (**D-O**) Higher
magnification images of tumors stained for indicated proteins to confirm that the cellular phenotypes of
large tumors in P16 *SmoM2-Pten*^{fl/fl} mice and P22 *SmoM2* mice are like tumors at end stage. Dashed
lines outline the internal granule layer (IGL). Scale bars indicate 200μm.

Figure 8–figure supplement 2. ScRNA-seq comparison of tumors from P16 *SmoM2-Pten^{fl/fl}* mice to P22 *SmoM2* mice

(**A**) Number of cells from each replicate and genotype used for downstream analyses after filtering. (**B**) Violin plots showing the number of features, and RNA counts and percent mitochondrial RNA counts across the biological replicates of the scRNA-seq data set after filtering out poor quality cells (where number of detected genes was ≤ 500, the number of detected transcripts was ≥ 18,000 and mitochondrial gene percentage ≥ 20%). (**C**) PCA plot after filtering out poor quality cells and integrating the replicates and genotypes showing the two genotypes separate well. (**D**) UMAP showing projections of all cells showing cluster annotations. (**E**) Dot plot graph showing expression levels of cell type marker genes across all clusters and their cell type desgnations. (**F**) UMAPs of all cells shown by genotype and sample. (**G**) Graph showing proportions of cells of each genotype when all cells are included. Dotted line represents the expected ratio between the two genotypes.

Figure 9. ***SmoM2*** **tumors lacking** ***Pten*** **have altered neurogenesis and immune signaling**

(**A**) Volcano plot showing differentially expressed genes in GCP-like tumor cell clusters (3, 4, 8) (red: adjusted p-value <0.05, ab[log$_2$fold-change]>0.5), in *SmoM2-Pten$^{fl/fl}$* tumors compared to *SmoM2*. (**B**) Gene set enrichment analysis (GSEA) plots (Hallmark terms) showing that mTORC1 signaling pathway is significantly unregulated in *SmoM2-Pten$^{fl/fl}$* tumors compared to *SmoM2*. (**C**) Violin plots showing expression levels of mTORC1 signaling pathway genes in the two genotypes. (**D**) GSEA plots (Hallmark terms) showing that Interferon alpha response is significantly downregulated in *SmoM2-Pten$^{fl/fl}$* tumors compared to *SmoM2*. (**E**) Violin plots showing expression levels of Interferon alpha response genes in the two genotypes. (**F**) GSEA plots of Gene ontology (GO) terms (biological processes) showing that regulation of neural differentiation is significantly upregulated in *SmoM2-Pten$^{fl/fl}$* tumors compared to *SmoM2*. (**G**) Violin plots showing expression levels of neural differentiation genes in the two genotypes, indicating an early stage of neurogenesis is enhanced. (**H**) Volcano plot showing differentially expressed genes in early GC-like cluster 1 compared to GCP-like cell clusters (3, 4, 8) in *SmoM2-Pten$^{fl/fl}$* tumors (red: adjusted p-value <0.05, ab[log$_2$fold-change]>0.5). (**I**) GSEA plots of Gene ontology (GO) terms (biological processes) confirmed upregulation of neural differentiation in cluster 1 compared to the GCP-like cell clusters. (**J**) Violin plots showing expression levels of neural differentiation genes in the two cell types. (**K**) GSEA plots of Gene ontology (GO) terms (biological processes) showed downregulation of 'positive regulation of programmed cell death' in cluster 1 compared to the GCP-like cell clusters. (**L**) Violin plots showing expression levels of programmed cell death genes in the two cell types. (**M-R**) Lateral sagittal sections of tumors from *SmoM2* mice (P22, M, O, Q) or *SmoM2-Pten$^{fl/fl}$* mice (P16, N, P, R) stained for RNA in situ analysis of *Cdkn1a*, *Vldr*, *Asns*, indicating upregulation of mTORC1 signaling pathway in *Pten* mutant tumors. Note that *Asns* is also a gene involved in the unfolded protein response.

Figure 9–figure supplement 1. Differential expression analyses confirms activation of mTOR signaling, altered neural differentiation and decreased immune signaling following *Pten* loss

A. Bar plots showing top 10 upregulated and downregulated Hallmark terms in *SmoM2-Pten^fl/fl* GCP-like cells compared to *SmoM2*. **B**. Bar plots showing top 10 upregulated and downregulated Gene ontology (GO) terms (biological processes) in GCP-like cells from *SmoM2-Pten^fl/fl* mice compared to *SmoM2*. **C**. Bar plots showing top 10 upregulated and downregulated Gene ontology (GO) terms (biological processes) in early GC-like cluster 1 compared to GCP-like cell clusters (3, 4, 8) in *SmoM2-Pten^fl/fl* tumors. **D**. Bar plots showing the top 10 upregulated and downregulated Gene ontology (GO) terms (biological processes) in macrophages in *SmoM2-Pten^fl/fl* tumors compared to *SmoM2*. **E.** Violin plots showing expression levels of *Cd36* and *Irf2* in macrophages in the two tumor genotypes.