

1 Alternative polyadenylation characterizes epithelial and fibroblast  
2 phenotypic heterogeneity in pancreatic ductal adenocarcinoma

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18 **Author Contributions:**

19 Performed data analysis: SV

20 Wrote the manuscript: SV, MEF

21 Supervised the study: MEF

22

23 **Competing Interest Statement:** None

24 **Abstract**

25 Human tumors are characterized by extensive intratumoral transcriptional variability within the  
26 cancer cell and stromal compartments. This variation drives phenotypic heterogeneity,  
27 producing cell states with differential pro- and anti-tumorigenic properties. While bulk RNA  
28 sequencing cannot achieve cell type specific transcriptional granularity, single cell sequencing  
29 has permitted an unprecedented view of these cell states. Despite this knowledge, we lack an  
30 understanding of the mechanistic drivers of this transcriptional and phenotypic heterogeneity. 3'  
31 untranslated region alternative polyadenylation (3' UTR-APA) drives gene expression alterations  
32 through regulation of 3' UTR length. These 3' UTR alterations modulate mRNA stability, protein  
33 expression and protein localization, resulting in cellular phenotypes including differentiation, cell  
34 proliferation, and migration. Therefore, we sought to determine whether 3' UTR-APA events  
35 could characterize phenotypic heterogeneity of tumor cell states. Here we analyze the largest  
36 single cell human pancreatic ductal adenocarcinoma (PDAC) dataset and resolve 3' UTR-APA  
37 patterns across PDAC cell states. We find that increased proximal 3' UTR-APA is associated  
38 with PDAC progression and characterizes a metastatic ductal epithelial subpopulation and an  
39 inflammatory fibroblast population. Furthermore, we find significant 3' UTR shortening events in  
40 cell state-specific marker genes associated with increased expression. Therefore, we propose  
41 that 3' UTR-APA drives phenotypic heterogeneity in cancer.

42

## 43 **Background**

44 Pancreatic ductal adenocarcinoma (PDAC) is a lethal disease with a 5-year survival rate of 10%  
45 [1]. PDAC tumors are characterized by a dense stroma and a high degree of cell type specific  
46 phenotypic variation that is integral to disease progression and drug resistance [2–4]. Over the  
47 past decade, bulk and single cell RNA sequencing (scRNA-seq) analyses uncovered substantial  
48 inter- and intratumoral transcriptional heterogeneity [5–7]. These studies have formed the basis  
49 for patient stratification and delineation of phenotypically distinct epithelial and stromal  
50 subpopulations. For example, tumor epithelial cells have been found to exist in subpopulations  
51 that exhibit differing proliferative and metastatic potential [6,8,9]. Similarly, phenotypically  
52 distinct subsets of cancer associated fibroblasts (CAFs) characterized by unique transcriptional  
53 profiles have been identified within the tumor microenvironment [10,11]. Two major CAF  
54 subclasses, inflammatory CAFs (iCAFs) and myofibroblastic CAFs (myCAFs), have distinct but  
55 crucial roles in tumor progression and therapeutic resistance [12,13]. However, mechanistic  
56 drivers of such transcriptional and phenotypic heterogeneity in PDAC remain unclear. Recently,  
57 we performed an in-depth analysis of sequencing data on PDAC tumors that established 3' UTR  
58 alternative polyadenylation (APA) as a mechanistic driver of oncogene expression [14–16].  
59 Specific PDAC oncogenes were found to undergo proximal 3' UTR-APA (usage of proximal 3'  
60 UTR polyadenylation site) resulting in shorter 3' UTRs, driving increased expression. However,  
61 as this analysis made use of bulk RNA-seq data, it was impossible to determine the contribution  
62 of APA to cell type specific transcriptional heterogeneity. To determine if APA could be a  
63 mechanistic driver of phenotypic variation in cancer we now leverage the largest scRNA-seq  
64 human PDAC dataset recently published by Peng *et al.* [17]. Unlike bulk sequencing data, the  
65 majority of single cell sequencing protocols are 3' biased, allowing robust detection of 3'-UTR-  
66 APA changes and the associated transcriptional heterogeneity in a high-resolution dataset

67 [7,18–20]. To our knowledge, this is the first investigation of APA events associated with  
68 intratumoral heterogeneity.

69

## 70 **Results and Discussion**

71 To understand whether APA is associated with cell type specific phenotypic variation, we sought  
72 to identify cell types that exhibit substantial 3' UTR-APA events. To achieve this, we reanalyzed  
73 the scRNA-seq PDAC dataset (Additional file Fig. S1a) comprised of 11 normal pancreata and  
74 24 tumor samples. We focused on cell types that form a significant proportion of the tumor,  
75 including acinar and ductal epithelial cells, and stromal fibroblasts and stellate cells. After quality  
76 control (see Methods), we processed a total of 22053 tumor cells across 21 tumor samples and  
77 10345 normal cells across 11 pancreata for downstream analyses. We adapted a recently  
78 published algorithm to detect 3' UTR-APA events from scRNA-seq data [18] (Additional file Fig.  
79 S1b). In concordance with previous findings, tumor tissues exhibited significantly higher  
80 proximal 3' UTR-APA gene events (3' UTR shortening) as compared to normal tissues [14,16].  
81 In particular, tumor ductal cells showed significantly higher numbers of proximal 3' UTR-APA  
82 events (1177 genes expressed shorter 3' UTRs and 250 genes expressed longer 3' UTRs)  
83 compared to normal ductal cells (Fig. 1a). While fibroblasts, acinar cells and stellate cells in  
84 PDAC tumors exhibited a higher number of proximal 3' UTR-APA events compared to their  
85 normal counterparts, PDAC ductal cells exhibited the highest ratio of proximal to distal 3' UTR-  
86 APA events (~5:1) compared to other cell types. While a bulk PDAC RNA-seq study would  
87 reveal significant 3' UTR-APA events occurring across a mixture of these cell types, it would fail  
88 to resolve cell type specific 3' UTR-APA events. The extent of proximal 3' UTR-APA in PDAC  
89 ductal cells motivated us to probe APA events within this transcriptionally diverse cell  
90 population. Peng and colleagues identified two subsets of PDAC ductal cells, namely ductal cell

91 type 1 and ductal cell type 2. Ductal cell type 2 constituted the majority of the PDAC ductal cells  
92 and exhibited a malignant gene expression profile. Ductal cell type 1 expressed an abnormal  
93 gene expression profile that was distinct from the normal cells, representing a transcriptional  
94 state between normal and tumor ductal cells [17]. We performed dimensionality reduction and  
95 clustering to delineate these transcriptionally distinct subsets of normal and tumor ductal cells  
96 (Fig. 1b). Clustering revealed 6 transcriptionally distinct subclusters: normal ductal cells (dA),  
97 tumor ductal cell type 1 (dB) and tumor ductal cell type 2 (composed of subclusters dC, dD, dE,  
98 dF). Interpatient as well as inpatient heterogeneity was detected in ductal cell type 2 with the  
99 majority of the patients represented in subcluster dC and a minority in subclusters dD, dE and  
100 dF (Additional file, Fig. S2a). Subcluster dE specific genes were enriched for metastatic markers  
101 (*HMGA1*, *ENO1*, *GABRP*, *IGFBP2*, *SDC1*, *LGALS1*) (Additional file, Fig. S2b) and pathway  
102 enrichment analysis of dE overexpressed genes showed epithelial to mesenchymal transition  
103 (EMT) as a top hit supporting its metastatic phenotype (Additional file, Fig. S2c) [21–26]. In  
104 contrast, gene expression and pathway analysis of subcluster dD specific genes showed  
105 enrichment for well-differentiated PDAC markers (*REG4*, *TFF1*, *TFF2*, *TFF3*, *VSIG2*, *LGALS4*),  
106 highlighting the extensive phenotypic heterogeneity exhibited by PDAC ductal cells (Additional  
107 file, Fig. S2d) [6].

108

109 We first sought to characterize APA patterns across the broad ductal cell states (normal ductal  
110 cells, tumor ductal cell type 1, tumor ductal cell type 2) to determine the relationship between  
111 APA and tumor progression. We determined the mean proximal polyA site usage index (mean  
112 proximal PUI), the extent of 3' UTR proximal site usage for each cell, averaged over all genes  
113 (see Methods, [18]). A higher mean proximal PUI indicates enhanced cleavage at proximal  
114 polyadenylation sites in the cell (resulting in shorter 3' UTRs). We plotted the mean proximal  
115 PUI for every ductal cell associated with each cell state (Fig. 1c). Pseudotime analysis

116 confirmed progression from a normal state (normal ductal cells) to an abnormal intermediate  
117 state (tumor ductal type 1) to a malignant ductal state (tumor ductal type 2) (Additional file, Fig.  
118 S2e). This malignant progression was associated with a progressive and significant increase in  
119 mean proximal PUI (Fig 1d). Therefore increased proximal 3'-UTR-APA is associated with  
120 malignant progression in PDAC.

121  
122 We noted substantial APA heterogeneity within the subclusters comprising tumor ductal cell  
123 type 2 (dC, dD, dE) and therefore quantified proximal 3' UTR-APA patterns across these cells.  
124 The cells in the metastatic subcluster dE showed a significant increase in mean proximal PUI  
125 compared to dC, indicating increased 3' UTR shortening events in dE (Fig. 1e). In contrast, the  
126 cells in the well-differentiated PDAC subcluster dD showed a significant decrease in mean  
127 proximal PUI compared to dC, indicating decreased 3' UTR shortening events (Additional file,  
128 Fig. S2f). To determine if these APA events are associated with known metastatic driver genes,  
129 we performed pathway enrichment analysis of the 3' UTR altered genes in dE, which revealed  
130 EMT as a top hit (Fig. 1f). Furthermore, we found significantly increased proximal APA of  
131 metastasis-promoting genes preferentially expressed in dE, including *GABRP* and *SDC1* (Fig.  
132 1g, 1h, Additional file, Fig. S2b). This suggests a novel role of proximal 3' UTR-APA in  
133 orchestrating the metastatic PDAC phenotype.

134  
135 CAFs are a transcriptionally and phenotypically heterogeneous population in the tumor  
136 microenvironment that make fundamental contributions to both progression and therapy  
137 response [11,12,27–29]. How this transcriptional heterogeneity is developed and maintained  
138 during tumorigenesis is integral to the advancement of more effective therapeutic strategies. In  
139 PDAC, two major CAF subtypes have been discovered and functionally characterized –  
140 myCAFs, responsible for secreting the extracellular matrix components that promote a dense

141 desmoplastic stroma, and iCAFs, responsible for secreting IL-6 and other inflammatory  
142 mediators. To investigate the role of APA in CAF biology, we clustered normal fibroblasts and  
143 CAFs and identified transcriptionally differing subclusters within the CAF population (Fig. 2a).  
144 Clustering revealed transcriptionally distinct subclusters including normal fibroblast cells (fA)  
145 and tumor fibroblast cells (composed of subclusters fB-fE). Pathway analysis and cluster  
146 specific gene markers revealed fC as a myCAF population (*ACTA2*, *POSTN*, *MMP11*, *IGFBP3*,  
147 *COL12A1*, *THBS2*), (Additional file, Fig. S3a, S3c) and fD as an iCAF population (*HAS1*, *HAS2*,  
148 *CCL2*, *UGDH*, *SOD2*, *LMNA*), (Additional file, Fig. S3b, S3d) [12,13]. To characterize 3' UTR-  
149 APA patterns, we determined the mean proximal PUI for every normal and tumor fibroblast cell  
150 (Fig. 2b). In contrast to normal fibroblasts, the tumor fibroblast population showed a small but  
151 significant increase in proximal 3' UTR-APA (Additional file, Fig. S3e), indicative of more 3' UTR  
152 shortening events in CAFs. We next examined 3' UTR-APA underlying CAF heterogeneity and  
153 found no significant difference between normal fibroblasts and the myCAF population (Fig. 2c).  
154 In contrast, there was a significant increase in 3' UTR shortening in the iCAF population (Fig.  
155 2d, Additional file, Fig. S3f), revealing that increased proximal APA characterizes the  
156 inflammatory CAF phenotype. Importantly, we found significant increased proximal APA of  
157 critical iCAF markers such as *SOD2* and *UGDH* associated with their increased expression in  
158 iCAFs (Fig. 2e, 2f, Additional file, Fig. S3b). This suggests a novel role of 3' UTR-APA in  
159 orchestrating the inflammatory CAF phenotype.

160

## 161 **Conclusions**

162 3' UTR-APA is an underappreciated driver of gene dysregulation in cancer. Single cell  
163 sequencing has revealed that tumors have high degrees of transcriptional and phenotypic  
164 heterogeneity, both within the cancer cell and stromal compartments. However, drivers of such  
165 complex phenotypic heterogeneity remain unclear. In this study, we investigated 3'UTR-APA

166 associated phenotypic heterogeneity using single cell data. To our knowledge, this is the first  
167 investigation of APA events associated with intratumoral heterogeneity. We demonstrate that 3'  
168 UTR shortening increases progressively during PDAC progression. Furthermore, 3' UTR  
169 shortening of critical metastatic and iCAF marker genes is associated with increased  
170 expression, thereby defining cell identity. Increased proximal 3' UTR-APA characterizes a  
171 metastatic ductal subpopulation in tumor epithelial cells as well as an inflammatory CAF  
172 population in the PDAC stroma. We propose that 3' UTR-APA drives phenotypic heterogeneity  
173 both in the tumor epithelium and within the tumor microenvironment.



174 **Methods**

175 **Bioinformatic processing of human scRNA-seq data.** scRNA-seq FASTQ files of 24 PDAC  
176 patients and 11 normal pancreata were downloaded from Genome Sequence Archive (GSA)  
177 (Accession: CRA001160, Bioproject: PRJCA001063). Cell Ranger 3.1.0 using standard  
178 parameters was used to align each file to the hg19 genome [30]. Appropriate chemistry and  
179 alignment by Cell Ranger was detected for 21 patients and 11 normal tissues and these data  
180 were used for downstream analyses. We focused on annotated cells (Peng *et al.* [17]) with at  
181 most 6000 genes/cell (to eliminate doublets) and with at least 200 genes/cells. Cells with >10%  
182 mitochondrial counts and genes occurring in <3 cells were excluded from the analysis. This  
183 yielded 10345 normal cells and 22053 tumor cells for the analysis of 3' UTR-APA events.

184

185 **Analysis of 3'UTR-APA events.** Analysis of 3' UTR-APA events was performed by manual  
186 implementation of the scRNA-seq algorithm proposed in [18] (Fig. S1b). Briefly, PCR duplicates  
187 were discarded from aligned BAM files using UMI tools [31]. These files were used to detect  
188 peaks in 3' UTR read density using Homer findPeaks function [32,33]. Additionally, cell type  
189 identity was obtained from Peng *et al.* [17] and we used this information to annotate major cell  
190 types and generate cell type specific BAM files. Reads in cell type specific BAMs that mapped  
191 to Homer-determined peak positions were measured using Feature counts (Rsubread package)  
192 [34]. Low count peaks (<10 CPMs over all cell clusters) and peaks with A-rich sequences [18]  
193 were filtered out, allowing identification of statistically significant 3'UTR-APA events and mean  
194 proximal PUI at a single cell level exactly as described in [18]. IGV plots were used to visualize  
195 the read density changes for the 3' UTR altered genes. Frequency density plots were used to  
196 visualize distribution of mean proximal PUI across single cells in a subcluster and significant  
197 differences between subclusters were assessed using the Wilcoxon ranked sum test with  
198 continuity correction.

199 **Bioinformatics analyses and statistical methods.** Subsequent analyses were carried out in R  
200 4.0.4. Monocle3 was used to analyze single cell trajectories to determine cell state transitions  
201 [35]. Top 200 differentially expressed genes between normal and tumor type 2 ductal cells were  
202 used for dimensionality reduction via UMAP and clustering and the mean proximal PUI for each  
203 cell was overlaid. The top 25 cluster-specific marker genes were identified using the  
204 top\_markers function in Monocle3. Differentially expressed genes between the subclusters were  
205 identified using the FindMarkers function in Seurat4 [36]. Gene Set Enrichment Analysis  
206 (GSEA) and Enrichr were used to perform pathway analysis using the MSigDB hallmark, KEGG  
207 and Reactome gene sets [37,38]. Enrichment of the input genes (3'-UTR-APA altered  
208 genes/differentially expressed genes) in Enrichr was computed using the Fisher's exact test and  
209 p-values were adjusted using the Benjamini-Hochberg correction (FDR < 0.01). A similar  
210 approach was implemented for analysis of fibroblasts.

211

212 **Availability of data and materials.** The R code written for this analysis is available on GitHub  
213 ([https://github.com/feiginlab/APA\\_PDA](https://github.com/feiginlab/APA_PDA)).

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304 **Figure legends**

305 **Figure 1. Proximal APA in tumor epithelium is associated with PDAC progression and**  
306 **malignant phenotypes.**

307 1a. A plot of number of shortened (red) and lengthened (blue) 3' UTR-APA events across four  
308 PDAC cell types compared to their counterparts in normal pancreas.

309 1b. UMAP embedding of ductal cells (dots) from normal pancreata and tumor patients. Color  
310 indicates the ductal cell type membership. Notations dA-dF denote the subclusters.

311 1c. UMAP embedding of ductal cells from normal pancreata and tumor patients. Color indicates  
312 degree of mean proximal PUI in each cell (blue, low; green, high).

313 1d. Distribution of mean proximal PUI of single cells in normal ductal cells (orange), tumor  
314 ductal cell type 1 (green) and ductal cell type 2 (blue) (every pairwise comparison yielded  $p < 10^{-7}$ ).  
315 <sup>7</sup>).

316 1e. Distribution of mean proximal PUI of single cells in subcluster dE (green) compared to  
317 subcluster dC (brown) ( $p < 10^{-16}$ ).

318 1f. Significantly enriched pathways (FDR < 0.01) associated with 3' UTR altered genes between  
319 subclusters dE and dC.

320 1g. IGV plot highlighting the 3' UTR density profile differences of the metastatic gene *GABRP*  
321 between subclusters dC (brown) and dE (green).

322 1h. IGV plot highlighting the 3' UTR density profile differences of the metastatic gene *SDC1*  
323 between subclusters dC (brown) and dE (green).

324

325 **Figure 2. Increased proximal APA characterizes the inflammatory CAF phenotype.**

326 1a. UMAP embedding of fibroblast cells (dots) from normal pancreata and tumor patients. Color  
327 indicates the fibroblast cell type membership. Notations fA-fE denote the subclusters.

328 1b. UMAP embedding of fibroblast cells from normal pancreata and tumor patients. Color  
329 indicates degree of mean proximal PUI in each cell (blue, low; green, high).

330 1c. Distribution of mean proximal PUI of single cells ( $p=0.6$ ) in normal fibroblast cells (orange)  
331 and myCAFs (purple).

332 1d. Distribution of mean proximal PUI of single cells ( $p<10^{-16}$ ) in iCAFs (green) compared to  
333 normal fibroblast cells (orange).

334 1e. IGV plot highlighting the 3'-UTR density profile differences of the iCAF activated  
335 transcription factor *SOD2* between iCAFs (green) and myCAFs (purple).

336 1f. IGV plot highlighting the 3'-UTR density profile differences of the iCAF marker *UGDH*  
337 between iCAFs (green) and myCAFs (purple).

338

339 **Figure S1. Description of the scRNA-seq dataset and the workflow used to quantify 3'**  
340 **UTR-APA in PDAC.**

341 S1a. A pie graph representing the single cell dataset that was used for downstream analyses of  
342 3' UTR-APA patterns. Proportion of ductal and acinar cells in the epithelium, and fibroblast and  
343 stellate cells in the stroma are highlighted.

344 S1b. The workflow implemented to detect and quantify 3' UTR-APA events from single cell  
345 sequencing data (adapted from [18]).



346 **Figure S2. Proximal APA in tumor epithelium is associated with PDAC progression and**  
347 **malignant phenotypes.**

348 S2a. Barplot showing contribution of different ductal subclusters to each PDAC patient.

349 S2b. Violin plots of select metastatic markers across ductal cell type 2 subclusters ( $p < 0.001$ ).

350 S2c. Significant enriched pathways (FDR  $< 0.01$ ) associated with genes overexpressed in dE  
351 compared to dC.

352 S2d. Violin plots of select well-differentiated PDAC markers across ductal cell type 2 subclusters  
353 ( $p < 0.001$ ).

354 S2e. Pseudo-time analysis depicting progression of ductal cell states (purple, early; yellow, late)  
355 based on their gene expression profiles.

356 S2f. Distribution of mean proximal PUI of single cells in subcluster dD (purple) compared to  
357 subcluster dC (brown) ( $p < 10^{-16}$ ).

358

359 **Figure S3. Increased proximal APA characterizes the inflammatory CAF phenotype.**

360 S3a. Violin plots of myCAF markers across normal fibroblasts (fA, orange) and specific tumor  
361 fibroblast subclusters (fC, purple; fD, green).

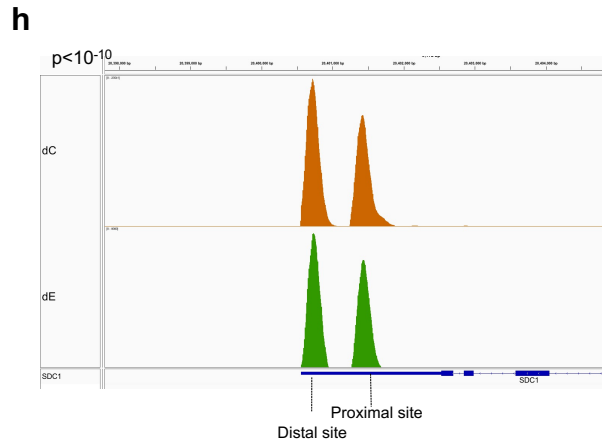
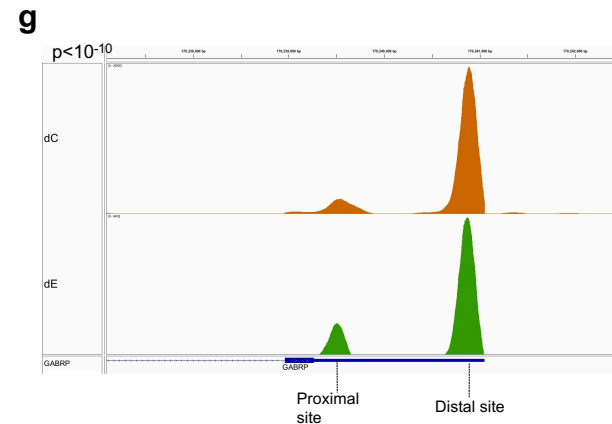
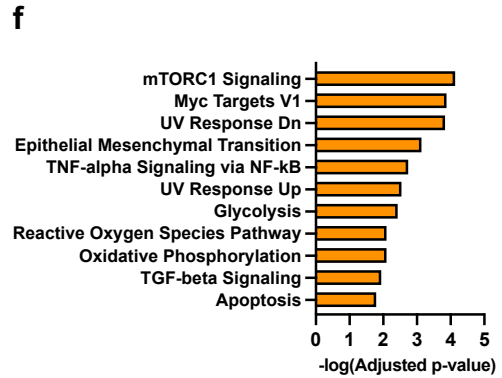
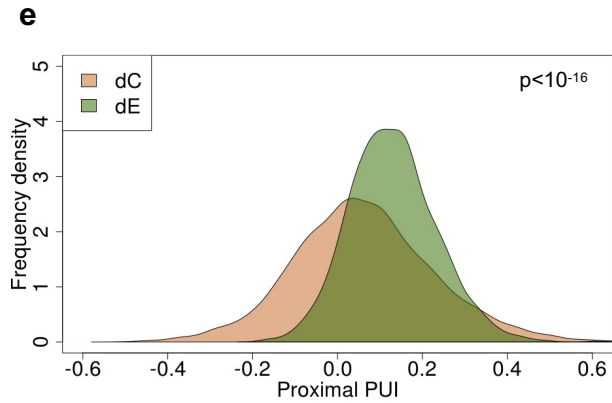
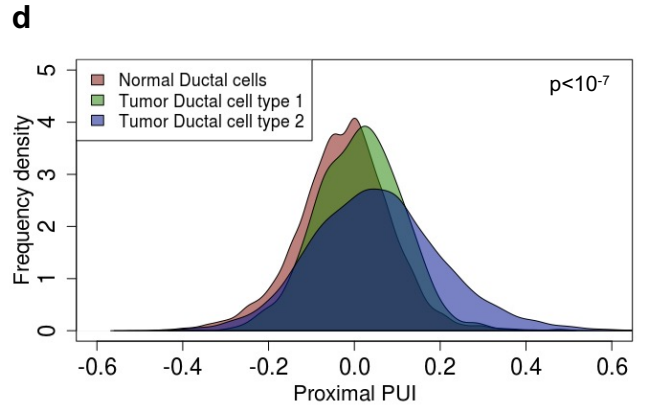
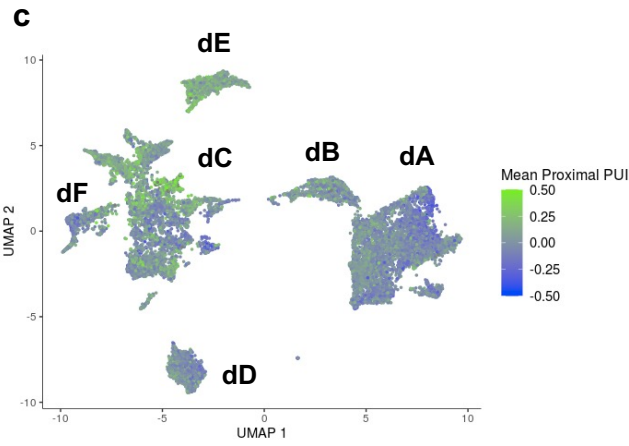
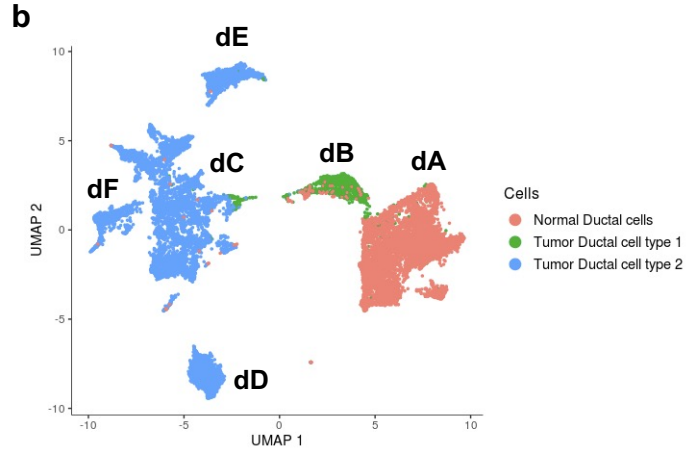
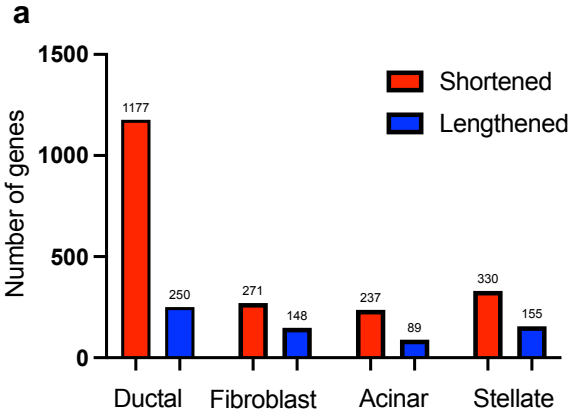
362 S3b. Violin plots of iCAF markers across normal fibroblast (fA) and specific tumor fibroblast  
363 subclusters (fC, fD).

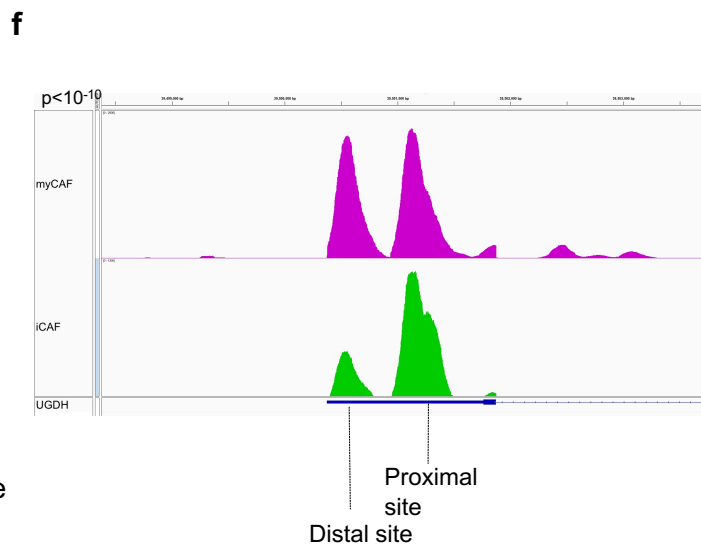
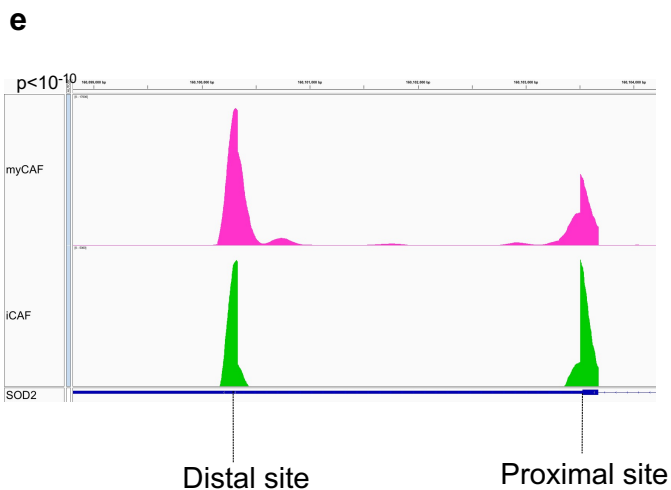
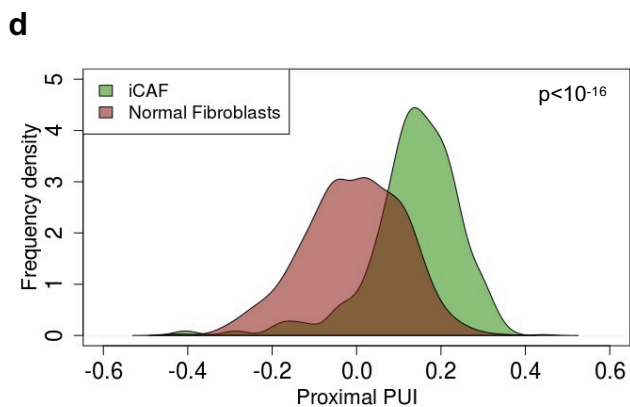
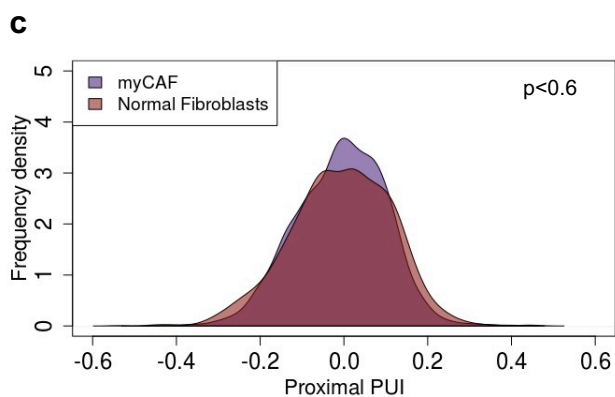
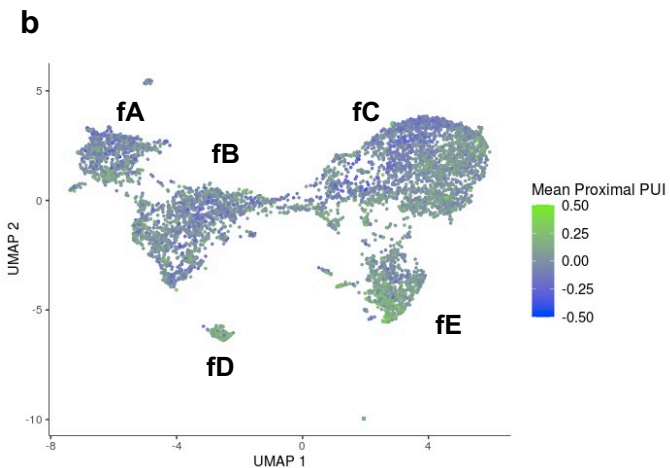
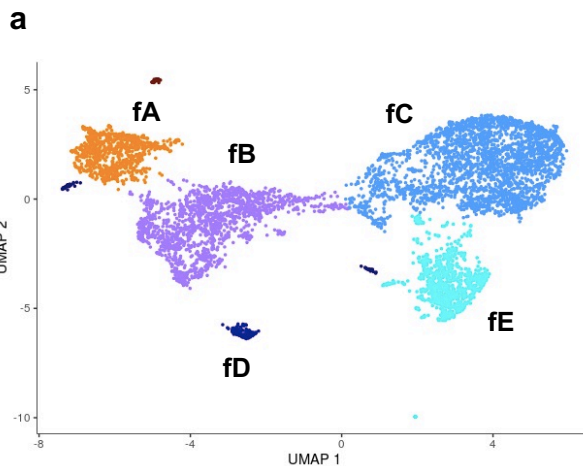
364 S3c. GSEA of significantly downregulated pathways in iCAFs compared to my CAFs.

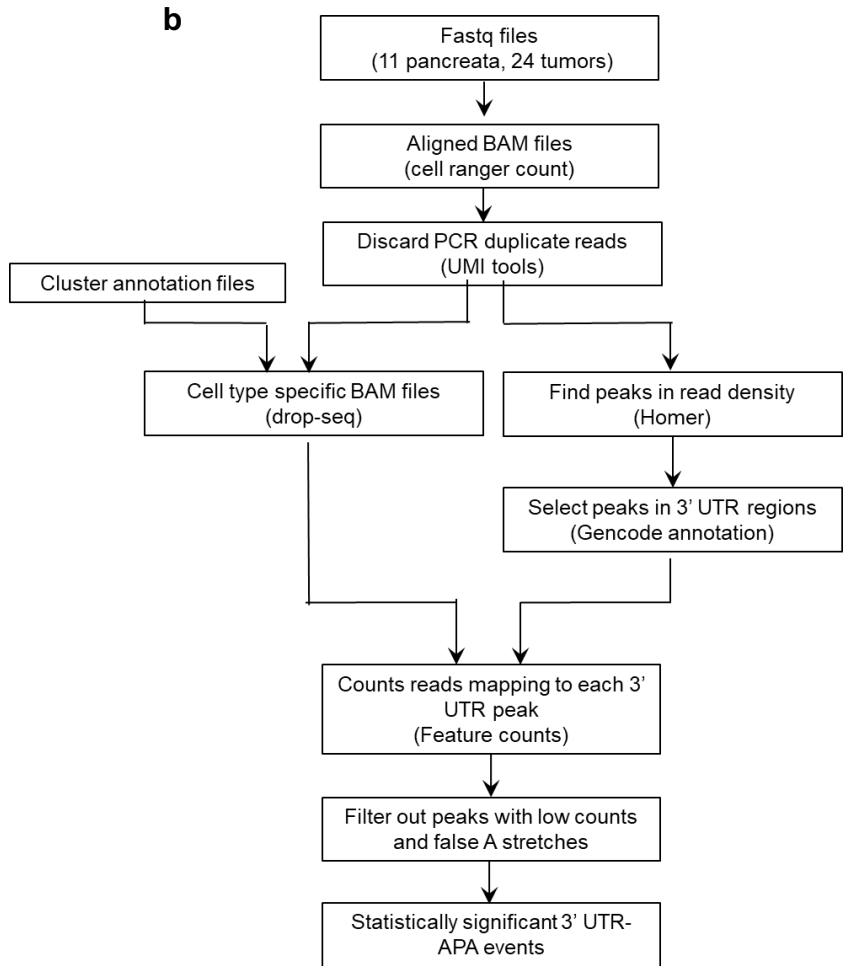
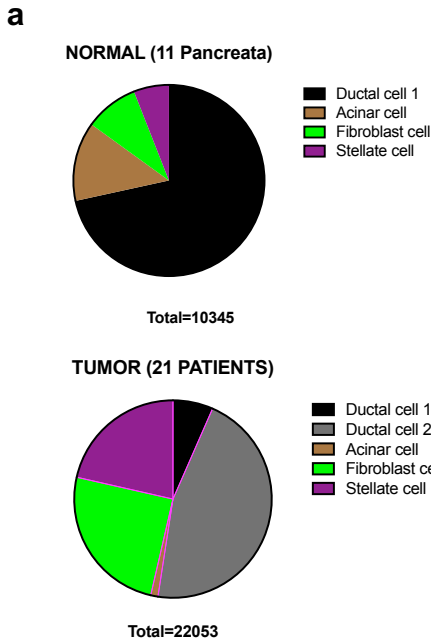
365 S3d. GSEA of significantly upregulated pathways in iCAFs compared to my CAFs.

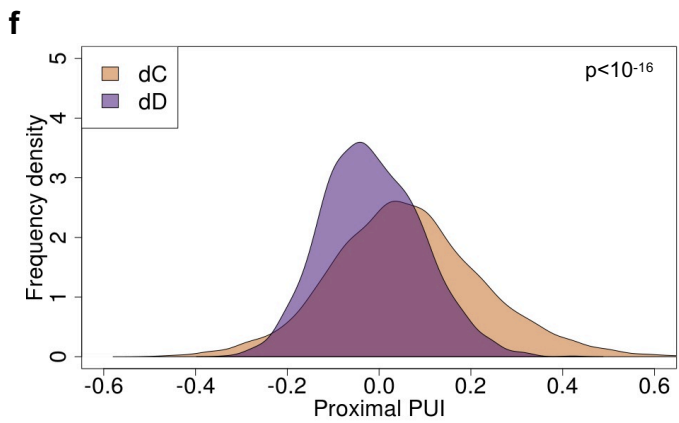
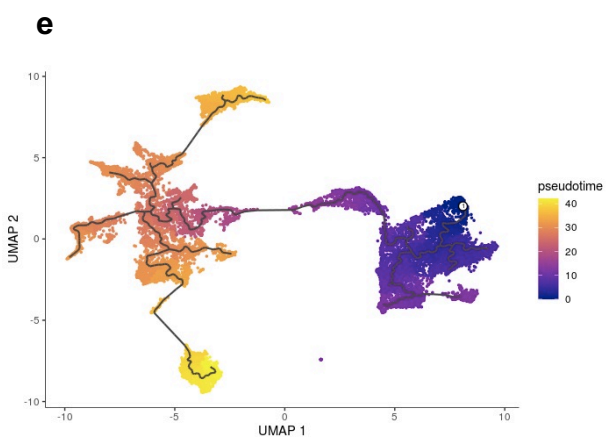
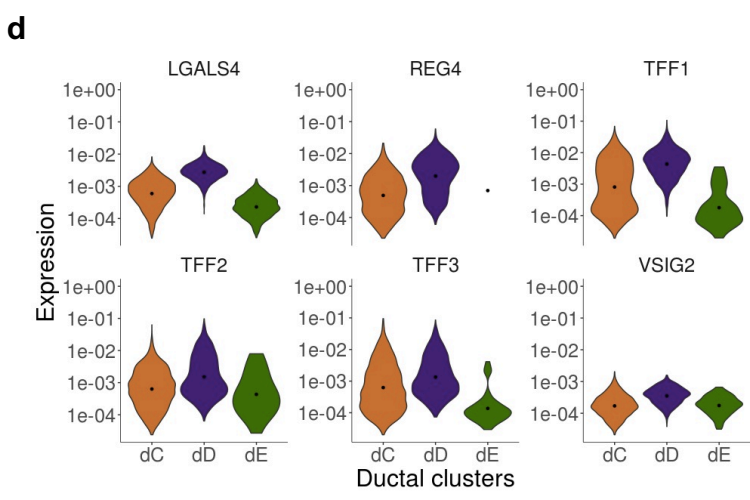
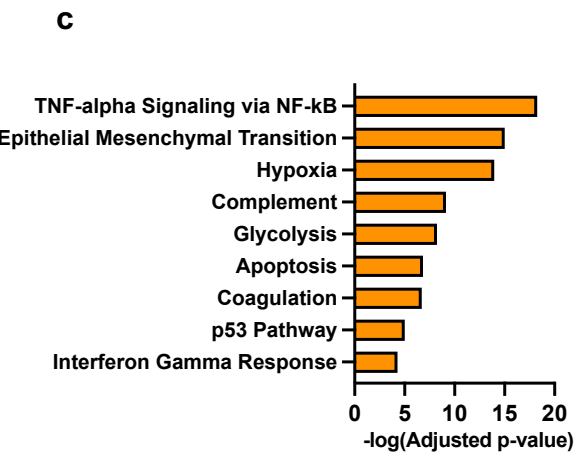
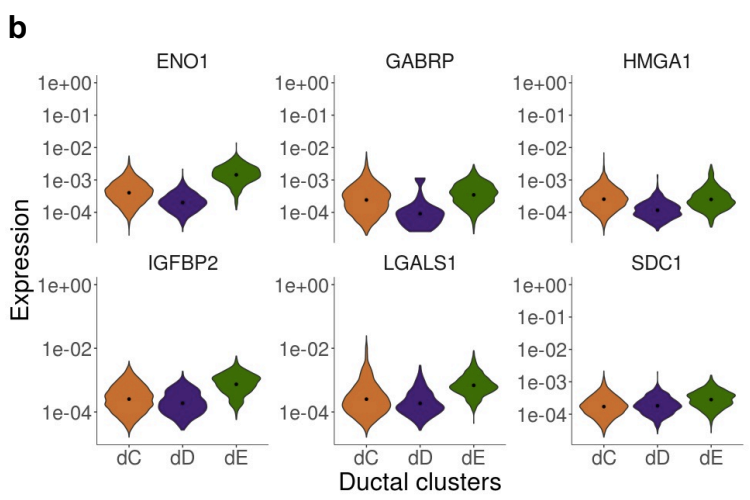
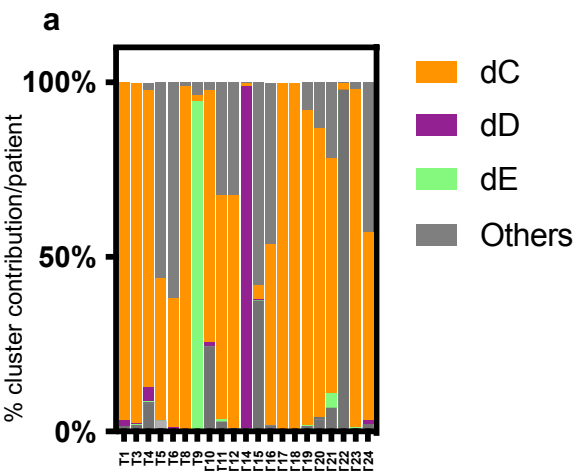
366 S3e. Distribution of mean proximal PUI of single cells of normal fibroblasts (orange) compared  
367 to tumor fibroblasts (blue) ( $p < 0.005$ ).

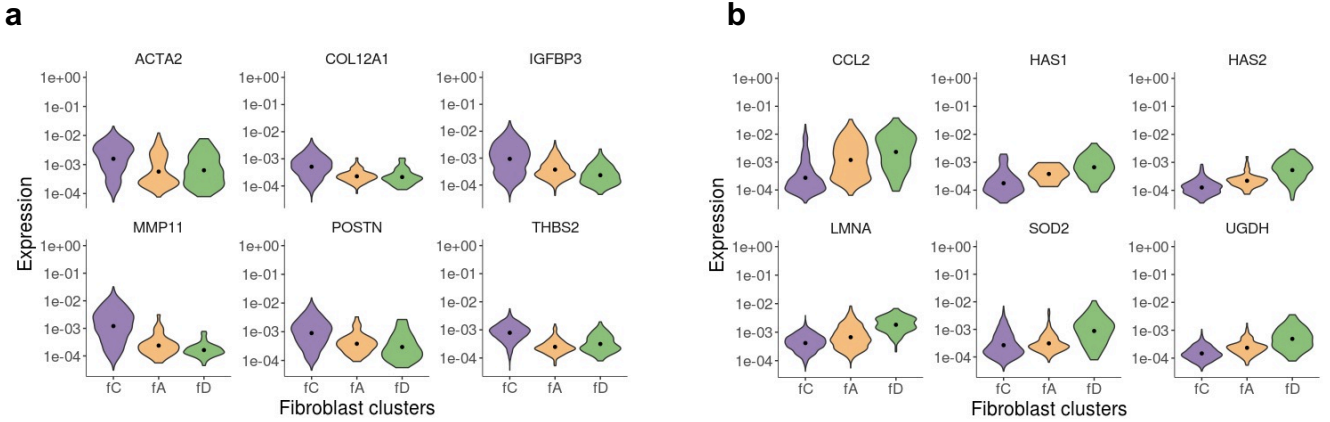
368 S3f. Distribution of mean proximal PUI of single cells of iCAFs (green) compared to myCAFs  
369 (purple) ( $p < 10^{-16}$ ).



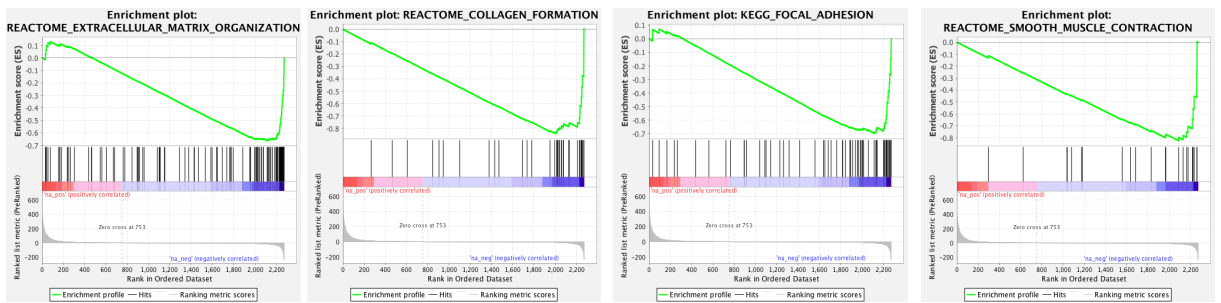








**c** Pathways downregulated in iCAFs vs myCAFs



**d** Pathways upregulated in iCAFs vs myCAFs

