- 1 ImmunoCluster provides a computational framework for the non-specialist to profile high-
- 2 dimensional cytometry data
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23 Abstract

- 24 High dimensional cytometry is an innovative tool for immune monitoring in health and disease, it has
- provided novel insight into the underlying biology as well as biomarkers for a variety of diseases.
- 26 However, the analysis of large multiparametric datasets usually requires specialist computational
- 27 knowledge. Here we describe ImmunoCluster (https://github.com/kordastilab/ImmunoCluster) an R
- 28 package for immune profiling cellular heterogeneity in high dimensional liquid and imaging mass
- 29 cytometry, and flow cytometry data, designed to facilitate computational analysis by a non-specialist.
- 30 The analysis framework implemented within ImmunoCluster is readily scalable to millions of cells and
- 31 provides a variety of visualization and analytical approaches, as well as a rich array of plotting tools that
- 32 can be tailored to users' needs. The protocol consists of three core computational stages: 1, data import
- 33 and quality control; 2, dimensionality reduction and unsupervised clustering; and 3, annotation and
- differential testing, all contained within an R-based open-source framework.

Introduction

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Systems immunology approaches aim to explore and understand the complexity of the immune system. However, with 350 CD ('cluster of differentiation') antigens, over 100 cytokines and chemokines, and many different cell subsets this is a challenging task [1]. Liquid mass cytometry (LMC), imaging mass cytometry (IMC) and flow cytometry (FC) are powerful techniques applied to exploratory immunophenotyping and biomarker discovery, with the ability to profile over 40 markers on an individual cell these techniques have rapidly expanded our understanding of the immune system and its perturbations throughout disease pathogenesis [2, 3]. However, such comprehensive analyses produce large amounts of data and increased dimensionality, resulting in a demanding computational task to analyze [4]. Often, a limiting factor to these analyses are the requirement of an in-depth knowledge of computational biology. There is an unmet need for an easy-to-use flexible open-source computational framework, to explore a variety of high dimensional single-cell cytometry datasets such as LMC, IMC and FC within a single framework for non-specialists. A number of previous computational cytometry workflows have been proposed, including CyTOF workflow [5], Diggins et al. [6] and CapX [7]. Subsequently, some of these workflows have been incorporated into graphical user interfaces (GUI) or code-based workflow packages such as CATALYST [8], Cytofkit [9], diffcyt [10] and Spectre [11]. However, these approaches can be challenging to implement without significant computational knowledge. We have therefore developed ImmunoCluster, building on and extending the framework proposed in the CyTOF workflow [5] to create modular, flexible and easy-to-use implementations of cytometry analysis pipelines. The ImmunoCluster package is a framework which provides appropriate data structures and methods to increase the utility of these high-dimensional methods and make data analysis and interpretation accessible to all researchers to facilitate immune phenotyping projects, such as those associated with pre-clinical and clinical studies.

Here, we present ImmunoCluster, an open-source computational framework for the analysis of highdimensional LMC, IMC, and FC datasets. ImmunoCluster is an R package and framework which focuses on the organization and visualization of data to help define biological identity of cells, construct a hierarchy of biologically meaningful cell populations, and detect significant changes between conditions, timepoints and groups, including serial samples from a clinical trial setting. The framework uses state-ofthe-art computational techniques in an easily amendable and flexible format. Users can manipulate figures and outputs to suit their specific needs. The computational approaches used to analyze high dimensional data are rapidly evolving and ImmunoCluster has the flexibility to incorporate these novel computational methods in dimensionality reduction, clustering and trajectory analysis within its framework. The computational framework is designed for ease-of-use and broad applicability, so that it is simple enough to be implemented by users with only a basic knowledge of R, as well as possessing the flexibility for more advanced users to incorporate additional new methodology and build on the framework. The framework relies on the SingleCellExperiment class [12], this means that the Flow Cytometry Standard (FCS) data is contained within a purpose-built object that stores all stages of analysis to permit multiple analysis paths to be performed in parallel. The framework incorporates methods for applying popular R packages (i.e. RPhenograph [13], Rtsne [14] and FlowSOM [15]) along with convenient 'wrapper functions' allowing for the use these popular dimensionality reduction and clustering algorithms in an easy format for non-specialists to rapidly produce interpretable data that are extendable to advanced experimental designs. ImmunoCluster also contains functionality for adaptive down-sampling at the import and dimensionality reduction stages of the pipeline to overcome significant increases in runtime associated with large datasets in dimensionality reduction algorithms like UMAP and tSNE. The outputs from ImmunoCluster are created using the qqplot package which generates ggplot graphical objects that are flexible, can be further modified and utilized directly into

figures for reports and publications. The core of the visualization tool were developed using scDataviz, a Bioconductor package [16] for visualizing single cell data and influenced by the visual framework outlined in CyTOF workflow [5]. ImmunoCluster offers an alternative to the currently used frameworks such as CATALYST [8] and Cytofkit [9], with a focus on ease-of-use for biologists, as well as offering additional novel aspects for its users compared with other published frameworks. Importantly, and unique to ImmunoCluster, the scope of functionality in this package also enables the analysis of IMC data. Users are able to run IMC data in line with FC and LMC data analyses. Due to the lower resolution of IMC data (compared with FC and LMC) we specifically designed the 'ranked expression heatmap' function to work with IMC data, which allows users to rank markers measured to help identify cell populations. IMC provides a means to analyze the spatial dimension of the cells in situ within tissues, which can provide important insight when ascribing functionality to cell populations. Methods for analyzing large cytometry datasets, in particular IMC datasets, in an open-source computational environment are currently limited. ImmunoCluster has been designed for use by a non-specialist, however, would be useful to a range of users from wet-lab non-specialist experimentalists to experienced computational biologists with potential utility in day-to-day research through to large-scale studies involving multiple longitudinal serial biopsies where samples need to be analyzed and compared.

Clinical immune monitoring is an area of increasing utilization [17]. In the current work we will present examples of *ImmunoCluster's* ability to detect clinically relevant perturbations in immune cellular heterogeneity in LMC, IMC and FC datasets in human patient and/or healthy samples. *ImmunoCluster* is easily extensible to several arbitrary experimental designs and can be utilized to aid both discovery of novel subpopulations of cells within heterogeneous samples or as a foundation for monitoring longitudinal changes or responses to treatment. As such, *ImmunoCluster* provides a resource that will permit unsupervised high dimensional data analysis to be more widely adopted in immuno-biology and many other disciplines.

Results

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- This section aims to convey the scope of *ImmunoCluster*, its versatility, and applicability to complex datasets across a range of high dimensional approaches. We implemented the *ImmunoCluster* framework for three different types of high dimensional single cell data (LMC, IMC, and FC). *ImmunoCluster* also offers user-friendly flexibility throughout the framework, researchers can easily adapt all figures and outputs to suit their specific needs resulting in an abundance of tailored outputs for the user to assess and use in publications, reports and presentations. An example detailing a variety of tailor-made figures produced by *ImmunoCluster* can be found in Figure 1 Figure supplement 1.
- We firstly used previously published and publicly available LMC data [18]. This dataset was chosen as it is representative of an intricate immunophenotyping project and would test the ability of *ImmunoCluster* to reproduce published results. Secondly, we investigated two novel IMC datasets, from HNSCC and DLBCL patients with the aim of demonstrating the applicability of the *ImmunoCluster* tool for IMC data analysis and cell cluster identification and visualization. Finally, FC data from the BM of 7 HDs during hip surgery were used to show the ability of the framework to analyze conventional FC data and identify rare immune cell populations.

Liquid mass cytometry

- The chosen dataset [18] includes mass cytometry data from 15 patients with leukemia who all received
- 122 BMT, three of these patients developed acute GvHD. Samples were taken at 30 and 90 days post-BMT.

Thirty-three cell markers, both lineage and functional were analyzed using mass cytometry (Helios™ CyTOF® system). Prior to uploading into the *ImmunoCluster* framework the FCS files were normalized and gated as described in the methods section. We observed that a typical pipeline run on the full 2.3 million cell LMC GvHD dataset (with UMAP down-sampling to 500k cells) would take approximately 110 minutes on a 2.9 GHz Intel Core i7 Macbook pro with 16 GB RAM (Figure 1 – Figure supplement 2).

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An initial visualization of the data was first carried out using MDS plots, these were overlaid with metadata to identify the similarity of patients by condition and day of measurement (Figure 1A and 1B). A heatmap was also created to give an overview of marker expression for each patient and annotated with the metadata provided (Figure 1C). The *UMAP* algorithm was used for dimensionality reduction of data. There was a difference in the distribution of cells from GvHD and 'none' across the cell islands between both timepoints, 30 and 90 days after BMT (Figure 2A).

The mass cytometry panel used in this experiment was specifically designed to identify all major human immune cell lineages [18], the marker expression across cell islands were visualized and indicated cell types present within the cell islands (Figure 2B) (expression of all markers measured Figure 2 - Figure supplement 1). To further distinguish the cell types that were present in the cell islands and visible from the dimensionality reduced UMAP plots (Figure 2B) the FlowSOM clustering algorithm with consensus clustering metaclustering was applied, which has been demonstrated to scale well to large cytometry datasets [19]. The number of clusters input into the FlowSOM algorithm was slightly higher than the number of expected cell clusters (n=56) (Figure 2 - Figure supplement 2). The SingleCellExperiment object stored the data for each K meta-clustering (K1-K56), therefore further downstream data exploration was carried out looking at different numbers of K clusters. A heatmap showing the expression of the 33 markers measured were used to identify cluster cell types (Figure 2 - Figure supplement 2), ImmunoCluster was successfully able to replicate the findings from Hartmann et al. [18], with 24 of the cell populations being identified (Figure 2C and 2D). Selecting the correct number of clusters to input into the clustering algorithm can be a challenging aspect of these analyses, but the framework provides the user with multiple parameters to aid this decision. We recommend that users should always overestimate the number of cell populations as data for each K number of clusters will be stored in the SingleCellExperiment object and can therefore be explored and refined later using the different visualization techniques available within the framework. Additionally, the elbow plot generated by the ConsensusClusterPlus package can be examined alongside the clustering algorithm output to guide the decision on the best number of clusters for downstream analysis (Figure 8 - Figure supplement 6). Over-clustering can allow for the identification of rare cell types within a dataset, at the expense of often generating several clusters of highly prevalent cell types that likely represent the same biological cell type. ImmunoCluster provides the tools to manually and reproducibly merge clusters of the same biological cell identity into one group after over-clustering. These clusters can additionally be merged into each other to use a less granular, higher-level population annotation (see Figure 2 - Figure supplement 3 for an example of higher-level clustering).

The abundance of all cell types across all samples was measured, and CD14⁺CD16⁻ monocytes were identified as the most abundant population, correlating with the Hartmann *et al.* data [18] (Figure 2E). Individually displaying patient's cell type abundance means that we could identify variation within a group of interest, for example we observed that although there is variation within the GvHD and none, overall, they appear to follow the same trends in cell type abundance (Figure 3A). Additionally, significant differences between memory B-cells (False Discovery Rate (FDR) $p=4.38 \times 10^{-3}$), naïve B-cells (FDR $p=1.35 \times 10^{-2}$), and naïve CD4⁺ T-cells (FDR $p=3.47 \times 10^{-2}$) were identified between the GvHD and none (Figure 3B and C) using a t-test. A difference in number of naïve B-cells was previously reported by

Hartmann et al. [18] in this dataset and can be seen in Figure 2A (using Figure 2D for cell island identification), where there is a noticeable reduction of these cells in the GvHD patients. In addition, a reduction in naïve CD4⁺ T-cells can also be seen, which was also previously reported, but to a lesser extent. A volcano plot can be used to highlight the differentially abundant cell clusters between GvHD and none (GvHD logFC+ve and none LogFC-ve), where cell types with FDR p< 0.05 are shown in red (Figure 3D), which is also in line with the previously published data [18]. We compared ImmunoCluster's differential abundance testing output (stat_test_clust), run in the t-test mode, with the Hartmann et al. data [18] into the diffcyt computational framework [10], which is a state-of-the-art tool for differential discovery analyses. Diffcyt identified the same three cell clusters (memory B-cells, naïve B-cells and naïve CD4⁺ T-cells) as differentially abundant (FDR p<0.05) between the GvHD and none conditions. This demonstrates concordance with ImmunoCluster's statistical output that identified naïve B-cells and naïve CD4⁺ T-cells as one of the principle differentially abundant populations, which was also identified in the original analysis of the data (Supplementary file 4). Additionally, we explored the expression of checkpoint-related molecules, and their receptors, markers of proliferation, and invariant natural killer T (iNK T) cells in CD8⁺ T-cells and compared the expression of these in the patients with GvHD and none (Figure 3E). These markers help assess the functional states of cells, and the checkpoint-related molecules and proliferative activity markers such as PD-1, PD-L1, TIM3, Ki-67, and TCRVa24-Ja18; the expression of these antigens have been proposed previously as candidate biomarkers for immunotherapy [18]. Visually, GvHD patients had a higher expression of PD-1 and a noticeable difference in the Ki-67 proliferation marker, as expected for these patients (Figure 3E).

Imaging mass cytometry

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We utilized two different IMC datasets to demonstrate how ImmunoCluster would handle IMC data from two different tumor microenvironments which possess, a) a biological image with clear boundaries, such as HNSCC, where clear tumor and stroma regions were evident; b) a biological image which was more heterogeneous and diffuse, such as the DLBCL lymph node section. ImmunoCluster's ability to explore IMC data adds an important element to the framework and demonstrates the flexibility and applicability of the tool. Researchers can explore IMC data easily, and in-line with LMC and FC data. After data pre-processing (see methods and Figure 8 – Figure supplement 2), the transformed gated FCS files were uploaded into the ImmunoCluster framework. Generally, the same workflow which was applied to the LMC and FC data was applied to the IMC data from a section of tissue from patients with HNSCC and DLBCL (lymph node), as a proof of principle application of the ImmunoCluster tool for IMC data analysis (Figures 6 and 7). The only difference with the IMC data was the use of a rank heatmap (Figure 4 - Figure supplement 1), this ranks the order of each marker for each sample, (1- total number of samples). The reason for this was clarity and ease of cell identification across clusters as IMC produces lower resolution data compared to the data output of LMC or FC, this makes manual assignments of populations more difficult to interpret. Therefore, a rank of expression was used as an easy means to facilitate the assignment of cell identity through defining the highest and lowest expression of markers between clusters.

Head and neck squamous cell carcinoma tissue section

Cell segmented regions were annotated in Figure 4A, regions 1-3 were selected as tumor regions and 3-6 as stroma regions. The *ImmunoCluster* tool was able to distinguish between the stroma and tumor regions of the tissue section from the HNSCC tumor (Figure 4B), and with additional markers could provide more in-depth analysis of the cell phenotypes in each respective region of the tumor. Dimensionality reduction of the data clearly separated the cell islands belonging to the stroma and

212 tumor regions of the tissue (Figure 4C), suggesting different cell phenotypes between the regions. The 213 FlowSOM algorithm was applied to cluster the cells and identify cell populations. The rank heatmap was 214 used to show the ranked expression of each marker (ranked 1-10, with 10 being high) for each cluster 215 (1-10) (Figure 4 – Figure supplement 1), identified cell types were then used to annotate the heatmap 216 (Figure 4D). High expression of E-cadherin can be used as a marker of cancerous tissue in HNSCC, and its 217 expression correlates with the cancer regions selected for analysis (Figure 4D). We focused on CD8⁺ T-218 cell, B-cell, and macrophage cell clusters [20, 21]. Regions 2 and 3 of the tumor mostly consist of 219 proliferating (Ki-67⁺) tumor cells and macrophages (tumor-associated and PD-L1⁺), Region 1 was a mix of 220 immune cells, B-cells, and PD-L1⁺ CD8⁺ T-cells (Figure 4E). Stromal regions 5 and 6 are mostly PD-L1⁺ 221 macrophages and CD8⁺ T-cells. Region 4 has a cluster of mixed immune cells, and from the IMC image 222 (Figure 4A) we can see this region looks like the tumor is encroaching into the stromal region. The 223 stroma seems to be mostly non-proliferating cells (Ki-67 compared to the tumor region) and CD8⁺ T-224 cells, including a CD20⁺ CD8⁺ cytotoxic subset [22].

225 Diffuse large B-cell lymphoma lymph node section

226 The IMC DLBCL lymph node section was split by high and low Ki-67 expression to identify the highly 227 proliferative tumor cells (Figure 5A); Ki-67 is used as a prognostic marker in DLBCL [23]. The FlowSOM 228 algorithm was applied to the data to split the IMC data into clusters, these clusters were projected onto 229 the UMAP plot to visualize how these clusters were split between the Ki-67 high and low (Figure 5B). 230 The marker expression ranking tool was applied to the clustered data and used to identify cell types 231 (Figure 5C and Figure 5 – Figure supplement 1). The majority of Ki-67 high population were proliferating 232 tumor cells (84%), and the Ki-67 low population consisted of a heterogeneous collection of immune cell 233 populations, such as CD4⁺ T-cells, CD8⁺ T-cells, B-cells, macrophages and dendritic cells (DCs) that were 234 successfully identified using the *ImmunoCluster* tool (Figure 5D).

Flow cytometry

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236 The HD BM taken during hip surgery was gated for the CD3⁺CD4⁺ population before analysis within the 237 ImmunoCluster framework, with the aim of testing ImmunoCluster's ability to identify minor populations 238 such as Tregs and their subpopulations [24]. The FlowSOM algorithm was applied to the data resulting in 239 40 clusters (Figure 6 - Figure supplement 1), and a heatmap was created with median expression of 240 markers to identify cell types (Figure 6B). Due to the markers used and the low prevalence of Tregs the 241 majority of cells were identified as CD4⁺ T-cells. Additionally, three populations of Tregs were identified by the ImmunoCluster tool; Tregs (CD25⁺CD127^{low}) (3.6%, 1.3-5.5), Treg A (CD25⁺CD127^{low} CD45RA⁺) 242 (0.7%, 0.1-2.0) and Treg B cells (CD25⁺CD127^{low}CCR4⁺CD95^{high}) (0.9%, 0.2-2.4) (Figure 6C). The 243 244 abundance of Treg A and B for all healthy donors is shown in Figure 6D and their distribution was as 245 expected [24].

Discussion

Here we provide an overview of the flexibility and scope for utilizing *ImmunoCluster*, an open-access easy-to-use framework for LMC, IMC and FC dataset analyses. The *ImmunoCluster* package emphasizes ease-of-use in the generation of flexible and modular cytometry analysis pipelines for applications such as clinical immune monitoring studies. Explanations of the functions and workflow have been provided and an in-depth step-by-step protocol and tutorial are available on the GitHub site (https://github.com/kordastilab/ImmunoCluster).

The purpose for creating the *ImmunoCluster* framework was to support non specialist researchers to carry out complex immunophenotyping experiments. The dawn of 'cytometry big data' and its evergrowing utilization has surpassed the number of experimental parameters that a researcher can feasibly analyze as a collective. The *ImmunoCluster* framework was designed in collaboration between wet lab and computational biologists, with the purpose of creating a tool which enables state-of-the-art analysis, yet easy to use in its application. We provide sufficient detail and explanation for the non-specialist researcher to understand the need for each analysis step as well as how to confidently execute the process; with an aim of performing transparent and reproducible analyses.

ImmunoCluster has been built with an emphasis on generalizability and scalability to facilitate a broad use and is an advance over other open-source tools as it provides an integrated framework to uniquely perform a complete computational pipeline on high-dimensional LMC, IMC and FC data. The inclusion of IMC data analysis brings a unique element to the ImmunoCluster framework and differentiates it from other published protocols. ImmunoCluster was built to easily leverage many popular R packages for cytometry data (i.e. RPhenograph [25], Rtsne [26, 27] and FlowSOM [28]), selected because they are open-source and regularly maintained with extensive documentation. All methods prioritize customizable, and attractive visualizations designed to be used by both dry- and wet-lab researchers/clinicians. The inclusion of adaptive down-sampling of cells for the running of computationally intensive dimensionality reduction steps, using tools such as UMAP and tSNE, allows ImmunoCluster to generate cytometry analysis pipelines that readily scalable to a dataset of millions of cells across several samples and a variety of experimental or phenotypic conditions. ImmunoCluster can also be used on a local desktop/laptop computer with standard configuration, depending on the number of cells, adaptive down-sampling settings and selection of clustering algorithms can usually be run within a day end-to-end (Figure 1 - Figure supplement 2). Whilst the *PhenoGraph* clustering method does not readily scale, the FlowSOM-based clustering method can be implemented on much larger datasets.

The limitations of this computational framework are important to take into consideration when designing an experiment. Unsupervised Clustering (Stage 2) of samples is the most important stage of the framework and its ability to accurately define populations across all samples is critical to all later stages of investigation. The number of k clusters to generate (cluster resolution) can significantly affect the ability to identify or determine a change in a biologically relevant population. Merging two subpopulations due to low resolution of clustering may mask an important experimental observation. Determining the precise number of clusters that are relevant for a given dataset is an important step. In our step-by-step guide we provide complete documentation and clear user-friendly approaches to optimally define this.

Technical inter-sample marker signal variability due to batch effects may impact the ability of unsupervised analysis to reliably detect certain populations, if significant batch effects are present. MDS plots created in Stage 1 of the framework can be used to detect batch effects and as well as other technical artifacts such as antibody staining anomalies. An approach commonly employed in mass cytometry to overcome this is to use sample barcoding, reducing the variability between each sample, allowing all samples to be exposed to the same antibody mixture [29]. Another regularly employed approach is the inclusion of a shared control sample in each independent batch, e.g. the same cell type as the experimental samples but all from the same healthy donor. Statistical methods for batch correction may also be applied, in recent years a class of methods called Remove Unwanted Variation (RUV) have been developed, and *CytofRUV* [30] is a recently developed package specifically designed for CyTOF dataset batch correction. If there are significant differences in the total number of cells recovered between samples, samples with many more cells may bias the clustering. Samples with very few cells

recovered may result in information loss and missing populations that are in fact present. The *ImmunoCluster* framework provides users with two opportunities (creating the SingeCellExperiment and running the dimensionality reduction) to down-sample, which means the same number of samples will be used for each sample, rectifying the problem of varying cell numbers. If a particular sample has very few cells they may need to be excluded from the analysis as they may not be a representative sample. Although channel spillover is diminished in mass cytometry, it still exists in fluorescence-based FC, and should be considered when designing antibody panels to reduce the effects on introducing cell phenotype artifacts in downstream unsupervised analysis. As such, initial exploratory data analysis (e.g. MDS plots) is key to determining if any of these confounding factors might be present in the data. Additionally, users may want to introduce fluorescence-minus-one (FMO) controls, where cells are stained with all fluorescently-tagged antibodies except for the one of interest [31].

Summary

The ImmunoCluster package increases the accessibility of advanced computational methods for users tasked with generating high-quality analysis of high-dimensional LMC, IMC, and FC data. More advanced users can leverage ImmunoCluster's data structures, methods and suitability for scripted analysis to integrate our work with other R analysis tools and build on the package's foundation. In our clinically relevant immune monitoring case study setting, the ImmunoCluster framework successfully identified 24 phenotypically distinct cell clusters, and their abundance across all samples, and highlighted differentially represented cells between GvHD and none patients, all of which were consistent with the Hartmann et al. data [18]. We also applied the framework to two sets of IMC data, showing the broad applicability of ImmunoCluster as well as the ease of being able to analyze the IMC data in-line with LMC data, helping compare these types of data, which will be useful in future studies where multiple technologies are being applied within one study. Finally, we implemented FC data into ImmunoCluster, confirming that it was able to analyze conventional FC data and identify rare immune cell populations. Currently the pre-processing of raw files is carried out prior to implementation into the ImmunoCluster framework, but due to the flexibility and design of the tool, future implementations may include IMC data pre-processing within the ImmunoCluster R package. This versatile framework provides an opportunity to include all researchers with varying knowledge and experience in computational biology to be involved in the experimental project from experimental design, wet lab/clinical trial, all the way through the data analysis process and visualization.

Materials and Methods

Data file pre-processing and preparation for implementation into the ImmunoCluster framework

Liquid mass cytometry data

Here we describe an example of the *ImmunoCluster* package analyzing previously published LMC data (CyTOF®) from 15 patients with leukemia 30 and 90 days after bone marrow transplantation (BMT), previously published by Hartmann *et al.* [18]. After BMT three of these patients suffered acute graft versus host disease (GvHD) and 12 had no evidence of GvHD (noted as 'none' herein). For systems-level biomarker discovery within this trial, a panel of 33 antibodies were incorporated into the immunophenotyping panel (Supplementary file 1). The panel was designed to cover all major immune cell lineages and several functional subsets including; T-, B-, NK and myeloid cells and granulocytes (detailed in [18]). The marker panel also included a variety of immune-regulatory proteins, such as PD-1, PD-L1 and TIM3. The publicly available dataset from the Hartmann *et al.* study was extracted for the

340 current study from the FlowRepository (http://flowrepository.org/id/FR-FCM-Z244) [32]. Raw FCS files 341 for the LMC dataset which were collected on the Helios™ CyTOF® system (Fluidigm, UK) machine were 342 first normalized using the free CyTOF® 6.7 system control software (files can also be concatenated using 343 the same software if necessary). These files were gated using FlowJo™ (version: 10.5.3) (Becton, 344 Dickinson and Company, UK) to remove beads, doublets, dead cells, and non-CD45⁺ cells as well as 345 erythrocytes (CD235αβ/CD61⁺) and neutrophils (CD16⁺) (Figure 8 – Figure supplement 1), as described 346 by Hartmann et al. [18], before implementation into the ImmunoCluster framework. There are various 347 alternative open-access tools which can be used to gate these files, such as OpenCyto [33], CytoExploreR 348 [34] and Cytoverse (https://cytoverse.org/).

Imaging mass cytometry data

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Two different examples of IMC datasets were implemented into the framework. One IMC dataset was from a human tissue section taken from a patient with head and neck squamous cell carcinoma (HNSCC). Consent was attained by the Guy's & St Thomas' Research Biobank, within King's Health Partners Integrated Cancer Centre. The second IMC dataset was from a lymph node section from a patient with diffuse large B-cell lymphoma (DLBCL). Formalin-fixed paraffin-embedded (FFPE) DLBCL tumor tissue was obtained from King's College Hospital, in accordance with the Declaration of Helsinki and approved by the UK National Research Ethics Committee (reference 13/NW/0040). A detailed protocol is available for both datasets as a Supplementary File (Appendix 1 and 2, respectively). The raw HNSCC IMC data from 12 channels (10 markers + 2 intercalator-Ir channels (Supplementary file 2), and the raw DLBCL IMC data from 20 channels (19 markers + nuclei channel) (Supplementary file 3), were processed with Python scripts and CellProfiler pipelines according to Schulz et al. [35] to segment the image data into individual cells (Figure 8 - Figure supplement 2). The mean marker intensity for each segmented cell was exported (comma-separated values (CSV) file) and either divided into 6 regions of equal area (HNSCC, 3 tumor and 3 stroma regions) or divided by Ki-67 expression (DLBCL, Ki-67 high or low). The mean marker intensity for each segmented cell was multiplied by 65,535 to recover the image intensities (Fluidigm IMC machine = 16-bit, the dynamic range of the measurements are 0 to (216)-1) and asinh (co-factor 0.8) transformed in R Studio. These CSV files were converted into FCS files and gated in Cytobank [36], functions are also available within the ImmunoCluster package to convert SCE or CSV data files into FCS format.

Flow cytometry data

FC data from the BM of 7 healthy donors (HDs) were used to demonstrate the ability of the framework to analyze conventional FC data and identify rare immune cell populations. BM samples from HDs were obtained by extraction of the bone marrow cells from the bone of the femoral head. This non-interventional study was approved by the ethical committee of Cochin-Port Royal Hospital (Paris, France) (CLEP Decision N°: AAA-2020-08039). Femoral heads were obtained after informed consent, during hip replacement surgery. These were cut in half and collected in a conservation medium (Hanks balanced salt solution with NaHCO₃, Eurobio ™), supplemented with heparin (7%) and then transported to the laboratory at room temperature (RT). These were scraped with a spatula, ground in a mortar, and washed with a PBS solution supplemented with 100 ug/ml DNAse (Sigma Aldrich). The FCS files were gated for singlets using a FSCint/FSCpeak dot plot, and dead cells were removed using a forward scatter (FSC) and side scatter (SSC) dot plot. Leukocytes were gated on a CD45/SSC dot plot. Finally, they were gated to identify the CD3⁺CD4⁺ population of cells for analysis in the *ImmunoCluster* framework (gated in Cytobank [36]).

383 Workflow overview

The ImmunoCluster package is accessible via GitHub (https://github.com/kordastilab/ImmunoCluster), where a detailed step-by-step walkthrough of the tool, and R Markdown files (RMD) for LMC/FC and IMC data analysis are available. The RMD files permit users to logically work through the framework in sections in a 'click and play' manner. Additionally, all scripts to replicate figures published here are available via GitHub. Users will need to have R downloaded to run the ImmunoCluster tool. The ImmunoCluster framework provides tools and support allowing researchers to follow a workflow which guides them through experimental design, data analyses, interpretation, and statistical significance testing, to publishable graphics identifying differences in phenotype and abundance of cells between conditions analyzed (Figure 7 and 2). The framework comprises three core computational stages which are conducted by the ImmunoCluster tool:

Stage 1. Data import and quality control

- a. We provide tools designed primarily for computational pre-processing of FCS data files for downstream applications including parameter renaming and transformation. The generated high dimensional data are imported into the computational framework as FCS file formats or summarized feature expression values in CSV tabular format.
- b. Associated metadata files need to be completed by the researcher in the experimental design stage (Figure 7). This includes a sample_metadata file, in which all metadata relating to samples will need to be input, such as timepoints, response to treatments and patient status (Figure 8 Figure supplement 3A). For simplicity in executing this step, the panel_metadata file allows users to rename parameters, such as the markers used in the analysis as well as select the markers which are to be used for different analyses stages (all markers may not need to be included in the following steps) (Figure 8 Figure supplement 3B).
- c. All of the above mentioned data is stored within a SingleCellExperiment object [12]. The SingleCellExperiment is an S4 class object that is implemented into the *ImmunoCluster* framework and is in essence a data container in which you can store and retrieve information such as metal-barcoding for sample multiplexing, metadata, dimensionality reduction coordinates and more (outlined in Figure 7). FCS files can also be exported from the SingleCellExperiment using the *write_sce_to_fcs* function.
- d. After the data and metadata files have been imported and stored in the SingleCellExperiment object, we provide several approaches for initial exploratory visualization of the data. One example of this is the Multidimensional scaling (MDS) plots. The median marker expression data from each sample are used to create MDS plots, and therefore allow for an initial visualization of data points (labelled with metadata) and show the similarity and differences between samples in two-dimensions. Additionally, these plots can be used to detect batch effects and other technical artifacts such as antibody staining anomalies. Moreover, a heatmap of expression of markers measured for each patient can be created and metadata can be used to annotate the heatmap.

Stage 2. Dimensionality reduction and unsupervised clustering

a. Dimensionality reduction is a key component of high-dimensional single-cell data analyses and enables researchers to view high-dimensional data. For example, the 33 protein markers analyzed by Hartmann *et al.* [18] can be reduced to lower dimensional embedded coordinates

- per cell. Nonlinear dimensionality reduction techniques can avoid overcrowding and represent data in distinct cell islands (Figure 8).
 - b. The framework offers users three nonlinear statistical methods for representing high dimensional single-cell data in low-dimensional space (Figure 8 Figure supplement 4). MDS (utilized in stage 1 for initial data exploration), uniform manifold approximation and projection (*UMAP*) [37], and t-Distributed Stochastic Neighbor Embedding (*tSNE*) [26] algorithms are available to generate a 2 dimension (2D) embedding of the data. However, the SingleCellExperiment object can store any other form of arbitrary dimensionality reduction, such as principle component analysis (PCA) [38] or DiffusionMaps [39], amongst others.
 - c. The density of cells within the distinct cell islands produced by the 2D embedding of multidimensional data can be viewed using the *density_plot* function (Figure 2 Figure supplement 1).
 - d. After the data has been visualized in dimensionality reduced space, clustering algorithms can be used to identify cell communities within the data, which allows the identification of phenotype and abundance of cell clusters within populations/groups being analyzed. A number of clustering algorithms are available within the framework to define cell populations of interest in an unbiased manner. Firstly, an ensemble (use of multiple algorithms) clustering method of FlowSOM [28] and Consensus clustering (ConsensusClusterPlus R package [40]), which tests the stability of the clusters, leading to better results than applying a basic hierarchical clustering algorithm [19]. Additionally, the PhenoGraph clustering algorithm is available, this uses Knearest neighbors and a Euclidean distance metric [41]. Lastly, k-means clustering, which classifies cells into clusters with high intra-class similarity and low inter-class similarity, each cluster is represented by its center (centroid) which corresponds to the mean of points (e.g. markers) assigned to the cluster. Either or all clustering algorithms can be applied at the users' discretion.
 - e. The aim of the clustering algorithms is to assign all cells to K clusters (K_1 , K_2 , ...) resulting in clusters corresponding to true cell types. Typically, a K larger than the number of expected cell types is chosen at this stage as the ImmunoCluster framework allows users to explore all K clusters (Figure 8 Figure supplement 5), as well as collapsing clusters of the same cell type into one cluster if the user feels over clustering has occurred. Over clustering may enable the clustering identification of rare cell types, sometimes at the expense of creating several 'artificial' clusters of the more prevalent cell types. Additionally, the workflow allows the generation of an elbow plot which is created to help the user to select an appropriate number of clusters (Figure 8 Figure supplement 6).

Stage 3. Annotation and differential testing

- a. After dimensionality reduction and clustering the next step is to annotate each cluster based on marker expression. If over-clustering has occurred, multiple clusters of the same cell type can be present, and either a lower number of *K* clusters can be used, additionally clusters of the same cell type can be collapsed into each other to create one cluster.
- b. Clusters containing multiple cell types may also be identified, this could mean the user has under-clustered, or occasionally a group of different cells are clustered together by the algorithms.
- c. Expression of each marker analyzed can be projected onto the dimensionality reduced data by the researcher, aiding with the identification of cell types or phenotypically distinct clusters.

- d. Outputs such as heatmaps showing the expression of all markers for each cluster can be used to identify the clusters of interest (Figure 2 Figure supplement 2). These can be used to annotate figures produced in Stage 3.
 - e. Biaxial dot plots with contouring of the SCE data can be produced using the biaxial_plot function, the expression of markers can be explored in the entire dataset or a subset of the data, i.e. a particular cell cluster. A clustering option within biaxial_plot allows users to see the spread of data across two selected markers for different conditions (any metadata from the sample_metadata file), as well as different clusters (e.g. K1-60) (Figure 3 Figure supplement 1).
 - f. Due to the type of data produced from IMC (lower resolution compared to LMC and FC) a novel function called *imc_rank* was specifically designed for the IMC data, this creates a heatmap in which the expression of each marker is ranked. This rank heatmap can be used to facilitate the identification of clusters which are 'high' or 'low' for particular markers to distinguish and logically assign cell populations manually.
 - g. These tools help define biological identity of cell clusters from Stage 2 and construct a hierarchy of biologically meaningful cell populations based on marker expression and similarity.
 - h. The metadata added to the SingleCellExperiment can be used to annotate the dimensionality reduced (i.e. *UMAP*) and clustered (*FlowSOM*, *Phenograph*, *or K-means*) data, allowing for visualization of the distribution of cell islands between different condition/timepoints (Figure 8).
 - i. The above-mentioned metadata is also used to annotate all differential testing outputs, meaning the user can make many comparisons and explore multiple parameters all within the *ImmunoCluster* framework.
 - j. A variety of differential testing outputs can be created, such as median marker expression for each sample (using clustered data) can be used to produce a hierarchical clustered heatmap, and box plots of cell cluster abundance between different conditions at different time points (any metadata can be used to annotate these figures).
 - k. Statistically significant differences in the annotated populations between conditions are identified and displayed throughout the framework to the user for ongoing investigation and interpretation. Data from the *ImmunoCluster* generated SingleCellExperiment object can be easily extracted for downstream analysis with differential analysis packages such as *diffcyt* [10] and *cydar* [42] for differential discovery, which is based on a combination of high-resolution clustering and empirical Bayes moderated tests. In addition, the *ImmunoCluster* framework offers the *stat_test_clust* and *stat_test_expression* functions which use the Wilcox rank sum or Welch's T-test to identify which cell clusters are significantly different between conditions (any two-way comparison can be made using metadata input by user), and which markers are significantly different within cell clusters between different conditions, respectively.

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References

- 525 1. Davis, M.M., C.M. Tato, and D. Furman, *Systems immunology: just getting started.*526 Nature Immunology, 2017. **18**(7): p. 725-732.
- 527 2. Bertolo, M., et al., *Deep Phenotyping of Urinary Leukocytes by Mass Cytometry Reveals a*528 *Leukocyte Signature for Early and Non-Invasive Prediction of Response to Treatment in*529 *Active Lupus Nephritis.* Front Immunol, 2020. **11**: p. 256.
- Wang, W., et al., Immunophenotypic characterization of reactive and neoplastic
 plasmacytoid dendritic cells permits establishment of a 10-color flow cytometric panel
 for initial workup and residual disease evaluation of blastic plasmacytoid dendritic cell
 neoplasm. Haematologica, 2020.
- Newell, E.W. and Y. Cheng, *Mass cytometry: blessed with the curse of dimensionality.*Nature Immunology, 2016. **17**(8): p. 890-895.
- 5. Nowicka, M., et al., *CyTOF workflow: differential discovery in high-throughput high-dimensional cytometry datasets [version 4; peer review: 2 approved].* 2019. **6**(748).
- 538 6. Diggins, K.E., P.B. Ferrell, Jr., and J.M. Irish, *Methods for discovery and characterization*539 of cell subsets in high dimensional mass cytometry data. Methods (San Diego, Calif.),
 540 2015. **82**: p. 55-63.
- 7. Ashhurst, T.M., et al., *Analysis of the Murine Bone Marrow Hematopoietic System Using*Mass and Flow Cytometry, in Mass Cytometry: Methods and Protocols, H.M. McGuire
 and T.M. Ashhurst, Editors. 2019, Springer New York: New York, NY. p. 159-192.
- 544 8. Crowell H, Z.V., Chevrier S, Robinson M, *CATALYST: Cytometry dATa anALYSis Tools. R*545 package version 1.12.2, https://github.com/HelenaLC/CATALYST. 2020.
- 546 9. Chen, H., et al., *Cytofkit: A Bioconductor Package for an Integrated Mass Cytometry*547 *Data Analysis Pipeline.* PLOS Computational Biology, 2016. **12**(9): p. e1005112.
- Weber, L.M., et al., diffcyt: Differential discovery in high-dimensional cytometry via high-resolution clustering. Communications Biology, 2019. 2(1): p. 183.
- Ashhurst, T.M., et al., *Integration, exploration, and analysis of high-dimensional single-cell cytometry data using Spectre.* bioRxiv, 2020: p. 2020.10.22.349563.
- 552 12. Lun A, R.D., SingleCellExperiment: S4 Classes for Single Cell Data. 2017.
- 553 13. Jinmiao Chen, Hao Chen, and M. Myint, *Rphenograph (cytofkit v1.4.8),* 554 *https://qithub.com/JinmiaoChenLab/Rphenograph.*
- 555 *.* 2015.

- Jesse Krijthe and L.v.d. Maaten, Rtsne. R package version 0.15,
 https://github.com/jkrijthe/Rtsne. 2018.
- 558 15. Sofie Van Gassen, B.C.a.Y.S., FlowSOM. Bioconductor version: Release (3.12), https://github.com/saeyslab/FlowSOM. 2015.
- 560 16. Blighe, K., "scDataviz: single cell dataviz and downstream analyses." 561 https://github.com/kevinblighe/scDataviz. 2020.
- Hernandez, C., et al., Systemic Blood Immune Cell Populations as Biomarkers for the Outcome of Immune Checkpoint Inhibitor Therapies. Int J Mol Sci, 2020. **21**(7).
- Hartmann, F.J., et al., *Comprehensive Immune Monitoring of Clinical Trials to Advance Human Immunotherapy*. Cell Rep, 2019. **28**(3): p. 819-831.e4.
- 566 19. Weber, L.M. and M.D. Robinson, *Comparison of clustering methods for high-dimensional* single-cell flow and mass cytometry data. Cytometry Part A, 2016. **89**(12): p. 1084-1096.
- 568 20. Hladíková, K., et al., *Tumor-infiltrating B cells affect the progression of oropharyngeal*569 squamous cell carcinoma via cell-to-cell interactions with CD8+ T cells. Journal for
 570 ImmunoTherapy of Cancer, 2019. **7**(1): p. 261.
- 571 21. Evrard, D., et al., *Macrophages in the microenvironment of head and neck cancer:*572 potential targets for cancer therapy. Oral Oncology, 2019. **88**: p. 29-38.
- Gingele, S., T. Skripuletz, and R. Jacobs, Role of CD20(+) T cells in multiple sclerosis:
 implications for treatment with ocrelizumab. Neural Regen Res, 2020. 15(4): p. 663-664.
- Tang, Y.-L., et al., *BCL2/Ki-67 index predict survival in germinal center B-cell-like diffuse* large *B-cell lymphoma*. Oncology letters, 2017. **14**(3): p. 3767-3773.
- 577 24. Kordasti, S., et al., *Deep phenotyping of Tregs identifies an immune signature for*578 *idiopathic aplastic anemia and predicts response to treatment.* Blood, 2016. **128**(9): p.
 579 1193-205.
- 580 25. Levine, J.H., et al., *Data-Driven Phenotypic Dissection of AML Reveals Progenitor-like*581 *Cells that Correlate with Prognosis.* Cell, 2015. **162**(1): p. 184-197.
- 582 26. Maaten, L.v.d. and G.J.J.o.m.l.r. Hinton, *Visualizing data using t-SNE*. 2008. **9**(Nov): p. 2579-2605.
- 584 27. Maaten, L.V.D., *Accelerating t-SNE using Tree-Based Algorithms*. Journal of Machine Learning Research, 2014. **15**: p. p.3221-3245.
- Van Gassen, S., et al., *FlowSOM: Using self-organizing maps for visualization and interpretation of cytometry data.* Cytometry A, 2015. **87**(7): p. 636-45.
- 588 29. Schulz, A.R. and H.E. Mei, *Surface Barcoding of Live PBMC for Multiplexed Mass Cytometry.* Methods Mol Biol, 2019. **1989**: p. 93-108.
- Trussart, M., et al., *Removing unwanted variation with CytofRUV to integrate multiple CyTOF datasets.* eLife, 2020. **9**: p. e59630.
- Roederer, M., Spectral compensation for flow cytometry: Visualization artifacts,
 limitations, and caveats. 2001. 45(3): p. 194-205.
- 594 32. Spidlen, J., et al., *FlowRepository: A resource of annotated flow cytometry datasets* associated with peer-reviewed publications. 2012. **81A**(9): p. 727-731.
- 596 33. Finak, G., et al., *OpenCyto: an open source infrastructure for scalable, robust,*597 *reproducible, and automated, end-to-end flow cytometry data analysis.* PLoS
 598 computational biology, 2014. **10**(8): p. e1003806-e1003806.

599 34. Hammill, D., CytoExploreR: Interactive Analysis of Cytometry Data. R package version 1.0.5. 2020.

601

- Schulz, D., et al., Simultaneous Multiplexed Imaging of mRNA and Proteins with
 Subcellular Resolution in Breast Cancer Tissue Samples by Mass Cytometry. Cell Syst,
 2018. 6(1): p. 25-36.e5.
- 605 36. Chen, T.J. and N. Kotecha, *Cytobank: providing an analytics platform for community*606 *cytometry data analysis and collaboration.* Curr Top Microbiol Immunol, 2014. **377**: p.
 607 127-57.
- Becht, E., et al., *Dimensionality reduction for visualizing single-cell data using UMAP.*Nature Biotechnology, 2019. **37**(1): p. 38-44.
- K Blighe, A.L., *PCAtools: PCAtools: Everything Principal Components Analysis.* R package version 2.0.0, https://github.com/kevinblighe/PCAtools. , 2020.
- Angerer, P., et al., destiny: diffusion maps for large-scale single-cell data in R.
 Bioinformatics, 2016. 32(8): p. 1241-3.
- 614 40. Wilkerson, M. and P. Waltman, *ConsensusClusterPlus: ConsensusClusterPlus. R package* 615 *version 1.18.0.* 2013.
- DiGiuseppe, J.A., et al., PhenoGraph and viSNE facilitate the identification of abnormal T-cell populations in routine clinical flow cytometric data. Cytometry B Clin Cytom, 2018.
 94(5): p. 588-601.
- 42. Lun, A.T.L., A.C. Richard, and J.C. Marioni, Testing for differential abundance in mass
 cytometry data. Nature Methods, 2017. 14(7): p. 707-709.
- Weber, L.M. and M.D. Robinson, *Comparison of clustering methods for high-dimensional single-cell flow and mass cytometry data.* Cytometry A, 2016. **89**(12): p. 1084-1096.

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624 Figure Legends

- Figure 1. Initial exploration of LMC data from patients with leukemia who received bone marrow
- transplants. (A-B) Multidimensional scaling (MDS) of data, median marker expression data from each
- sample were used to create plots, annotated with condition (GvHD or none) (A), and time after bone
- 628 marrow transplant (BMT) treatment (B). C) Heatmap showing the median marker expression for each
- 629 patient.
- 630 Figure 1 Figure supplement 1. Customizable figure outputs. A) Expression of four selected lineage
- 631 markers projected onto UMAP plot. B) UMAP annotated with FlowSOM clusters. C) UMAP annotated
- with cell types. **D)** UMAP plot colored by GvHD and none. **E)** UMAP plots colored by GvHD and none and
- 633 split by time point (30 and 90 days after BMT treatment). F) UMAP plots colored and split by GvHD and
- 634 none. **G)** Visualize the density of cells within cell islands of dimensionality reduced data.
- 635 Figure 1 Figure supplement 2. ImmunoCluster typical pipeline run time. 2.3M cell LMC GvHD dataset
- 636 (with UMAP downsampling to 500k cells) on a 2.9 GHz Intel Core i7 Macbook pro with 16 GB RAM. QC-
- 637 quality control.
- 638 Figure 2. Dimensionality reduced LMC CyTOF data and marker expression: A) UMAP plots colored by
- 639 GvHD and none and split by time point (30 and 90 days after BMT treatment). B) Expression of eight

- selected lineage markers projected onto *UMAP* plot. Identifying cell types and abundance of clusters. **C)**
- Heatmap showing median marker expression across all identified cell types. **D)** UMAP annotated with
- cell types. E) Distribution of immune cell frequencies, abundance (%) of each cell type across all samples
- 643 measured.
- 644 Figure 2 Figure supplement 1. Expression of all markers measured projected onto cell islands
- produced by *UMAP*.
- 646 Figure 2 Figure supplement 2. Heatmap showing the marker expression of 56 FlowSOM clusters. This
- heatmap was used to identify the cell type of each cluster.
- 648 Figure 2 Figure supplement 3. Heatmap showing higher-level cluster of cell types.
- 649 Figure 3. LMC CyTOF data cluster and cell type abundances. A) Percentage of each cell type shown for
- each patient numbered across the bottom of the plot. **B** and **C**) Box plots portray IQR with the horizontal
- line representing the median percentage of cell types in both GvHD and none patients for B-cell and
- 652 CD4⁺ T-cell populations, respectively. **D)** Differential abundance analysis; volcano plot showing the
- 653 significantly differentially expressed cell abundances (FDR P < 0.05) between GvHD and none (GvHD
- logFC+ve and none LogFC-ve). E) Comparison of checkpoint-related molecules (PD-1, and TIM3),
- receptors (PD-L1), proliferative (Ki-67), and iNK T-cells (TCRVa24-Ja18) marker expression between
- 656 GvHD and none patients in the CD8⁺ T-cell cluster.
- 657 Figure 3 Figure supplement 1. Biaxial plots. (A-B) Biaxial contour plots showing distribution of CD3⁺
- and CD19⁺ cells in GvHD (A). and none (B). C) Biaxial dot plot showing distribution of CD4⁺ and CD8 α ⁺
- cells in the identified CD8⁺ T cell and CD4⁺ T cell clusters.
- 660 Figure 4. HNSCC IMC data: Immunophenotyping the tumor microenvironment with IMC data using
- 661 ImmunoCluster. A) IMC image showing an example 5 channels: PD-L1 (green), CD4 (yellow), E-Cadherin
- (red), CD20 (magenta) and CD8α (blue). Images with the segmented cell borders highlighted. The tumor
- and stroma areas are clear to the eye and 3 regions were selected from each as shown (regions 1-6). B)
- MDS plot of stroma and tumor regions. **C)** Dimensionality reduced data (*UMAP* algorithm applied)
- annotated with FlowSOM clusters and split by region type. D) Rank heatmap: ranked expression (1-8,
- 666 where 8 is high) of 9 markers (CD20, CD8α, CD4, E-Cadherin, Ki-67, PD-L1, CD68, and PD-1) and
- identified cell type. **E)** Proportion of cell types for each tissue region.
- 669 Figure 4 Figure supplement 1. Rank heatmap for the HNSCC patient IMC data.
 - rigure 4 rigure supplement 1. Nank heatmap for the rivided patient livid data
- 670 Figure 5. Diffuse large B-cell lymphoma IMC data: Immunophenotyping the lymph node
- microenvironment with IMC data using *ImmunoCluster*. **A)** IMC image showing an example 4 channels:
- DNA (red), CD20 (green), CD8α (dark blue), and CD45RA (light blue). The image was split by high and low
- 673 Ki-67 expression to identify highly proliferative cells (tumor). B) Dimensionality reduced data (UMAP
- algorithm applied) annotated with *FlowSOM* clusters and split by Ki-67 high or low. **C)** Rank heatmap:
- ranked expression (1-8, where 8 is high) of 12 markers (CD8, CD68, CD4, CD3, CD45, CD20, CD45RA, Ki-
- 676 67, CD74, CD16, PD-L1, and CD11c) and identified cell type. E) Proportion of cell types for Ki-67 high and
- 677 Ki-67 low cell populations.

- Figure 5 Figure supplement 1. Rank heatmap for the DLBCL patient IMC data. Clusters 1 and 2 were
- not used for down-stream analysis as they were deemed to represent minor populations of cells that

680 were non-specifically binding the antibodies as they ranked highly for all markers (including lineage 681 markers) of interest.

Figure 6. Healthy donor bone marrow flow cytometry data: identification of rare CD4⁺ T-cell immune cell subsets. A) MDS plot of each healthy donor (1-7). B) Heatmap showing marker expression across clusters of identified cell types. C) Dimensionality reduced data (UMAP algorithm applied) annotated with cell type. D) Proportion of Treg A and B from total cells from healthy donors.

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Figure 6 - Figure supplement 1. Heatmap showing the marker expression of 40 FlowSOM clusters. This heatmap was used to identify the cell type of each cluster.

Figure 7. ImmunoCluster workflow stages and SingleCellExperiment structure. A) Schematic outlining the typical cytometry workflow and its interactions with the SingleCellExperiement ImmunoCluster object. B) SingleCellExperiment structure in ImmunoCluster. The SingleCellExperiment class is a data container, storing multiple layers of data to create the SingleCellExperiment object which holds all relevant data for an experiment. Feature Metadata: imported by the user in the form of a panel metadata file, which is a table containing all markers measured, each annotated with either lineage or functional information for downstream analysis. Primary and Transformed data: the imported expression data is stored in an assay, additionally the scaled data (arcsinh transformed) is also stored in an assay, meaning both can be easily accessed. Cell Metadata: the first metadata added to this element of the structure will be a sample_metadata file imported by the user, containing any relevant metadata for the experiment i.e., days after treatment and GvHD or none. Throughout the ImmunoCluster tool more layers of metadata are added to Cell Metadata, i.e., cell cluster identification (FlowSOM and Phenograph). Dimension Reductions: dimensionality reduction coordinates, such as UMAP and tSNE are stored and can be easily accessed throughout the ImmunoCluster tool for downstream analyses.

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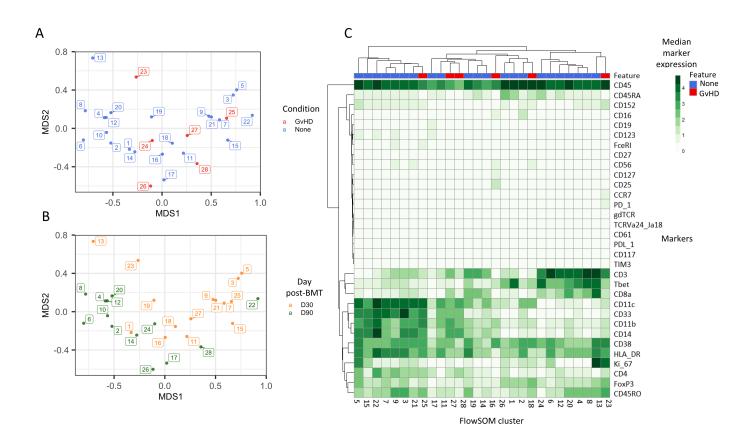
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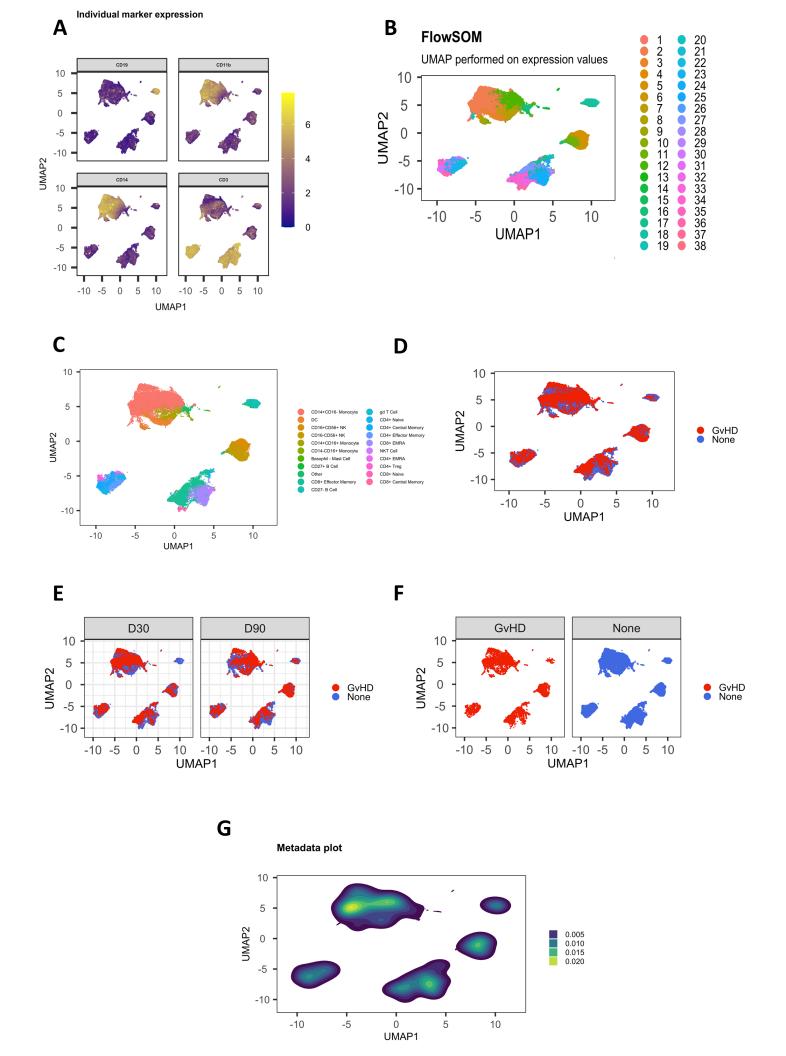
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Figure 8. ImmunoCluster workflow overview. 0) Samples are stained/treated and measured, for IMC the tissue is segmented, and regions selected for further downstream analysis. After measurement the raw data is normalized, concatenated (combining FCS files from the same samples which may have been split due to large sample volume or technical issues) and gated, before importing into ImmunoCluster. 1) Quality control of data is carried out before analysis. 2) Data is reduced to two dimensions using either UMAP or tSNE algorithm, and data are clustered using the FlowSOM or Phenograph algorithms (these algorithms were selected as they are both high performing unsupervised clustering algorithms, an indepth comparison has previously been described by Weber and Robinson, 2016 [43]). 3) Data is visualized, and metadata, clusters and cell type labels are used to explore differences between samples/conditions. *A detailed step-by-step guide for using the ImmunoCluster tool is available: https://github.com/kordastilab/ImmunoCluster.

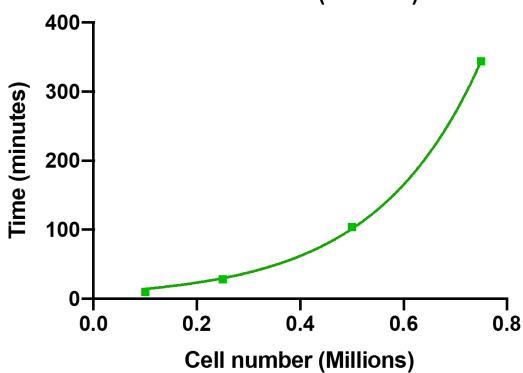
- 716 Figure 8 – Figure supplement 1. Gating strategy for mass cytometry data in FlowJo. Calibration beads,
- 717 doublets, dead cells, non-CD45⁺ cells, erythrocytes (CD235αβ/CD61⁺), and neutrophils (CD16⁺) were
- 718 removed.
- 719 Figure 8 – Figure supplement 2. IMC data pre-processing work flow. 1) The imctools Python package
- 720 [35] was used to convert raw IMC files (.mcd, .txt) into intermediatory .tiff files which were used as input
- 721 files for the following tools. 2) .tiff files were imported into CellProfiler for regions of interest (ROI)
- 722 selection for classifier training. 3) *llastik* was used for pixel classification, pixels were identified as
- 723 nuclear, cytoplasmic, or background and these class probabilities were exported as RGB (red, green,

- blue) .tiff images. 4) The *ilastik* RGB probablilities and the original images were imported into *CellProfiler*
- 725 for single-cell segmentation, mask generation and marker quantification.
- 726 Figure 8 Figure supplement 3. Metadata files created in the experimental design stage. A) Sample
- metadata file containing all metadata the researcher would like to explore throughout the data analysis
- stage. B) Panel metadata files allows the researcher to re-name parameters and select the markers
- which will be used for the dimensionality reduction of the data.
- 730 Figure 8 Figure supplement 4. Dimensionality reduction. Examples taken from the Github page
- 731 (https://github.com/kordastilab/ImmunoCluster) highlighting the three different types of dimensionality
- reduction algorithms available for the users. MDS is part of the initial data exploration step followed by
- 733 *UMAP* and *tSNE* dimensionality reduction in Stage 2 of the *ImmunoCluster* framework.
- 734 Figure 8 Figure supplement 5. Selecting K clusters for visualization and downstream anlysis. The
- 735 ImmunoCluster tool saves all K clusters selected for the FlowSOM algorithm (e.g. 1-60 K clusters),
- therefore reserachers can view different numbers of K clusters for downstream analysis by changing the
- 737 Flowsom cc K number (highlighted above).
- 738 Figure 8 Figure supplement 6. Elbow plot criterion to help determine optimal number of clusters for
- 739 K-means clustering (FlowSOM). The figure shows K clusters 2-60, for each value of K the sum of squared
- 740 errors (SSE) were plotted, the aim was to detect the "elbow", which is the point where the variance
- stops decreasing sharply and the line flattens on the plot, representing the optimal value of K.

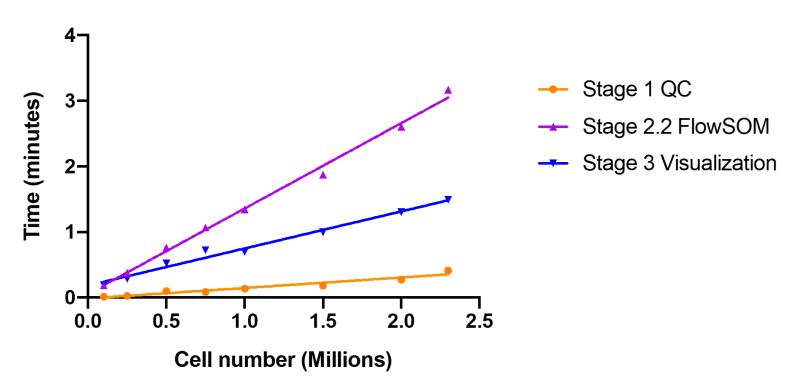


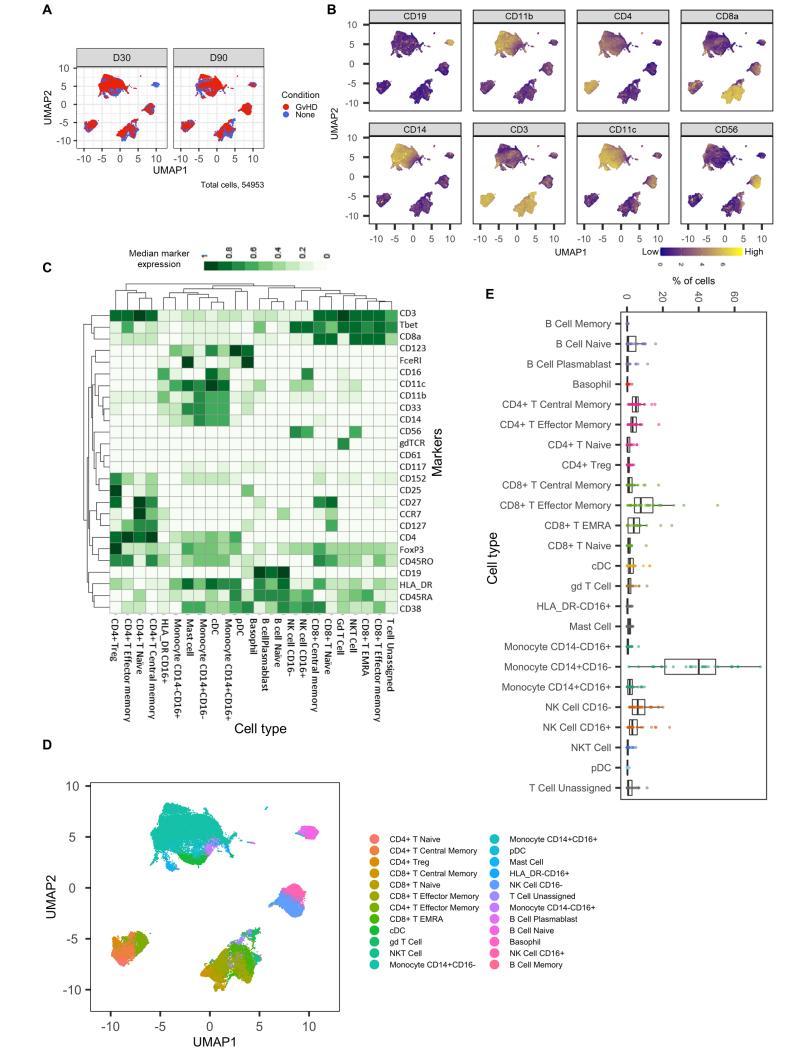


Stage 2 dimensionality reduction (UMAP)

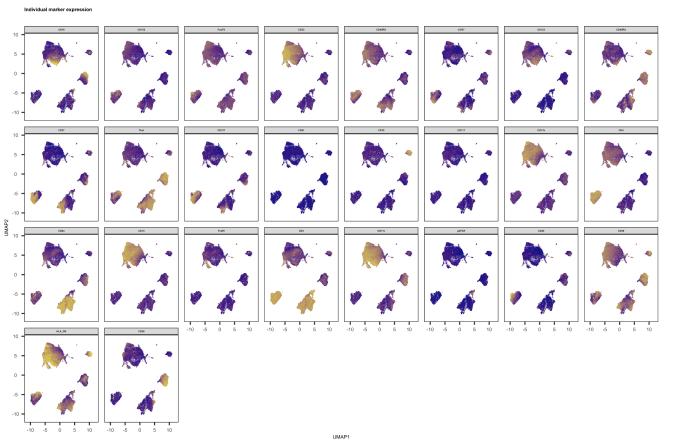


Stages 1 - 3 (excluding UMAP)



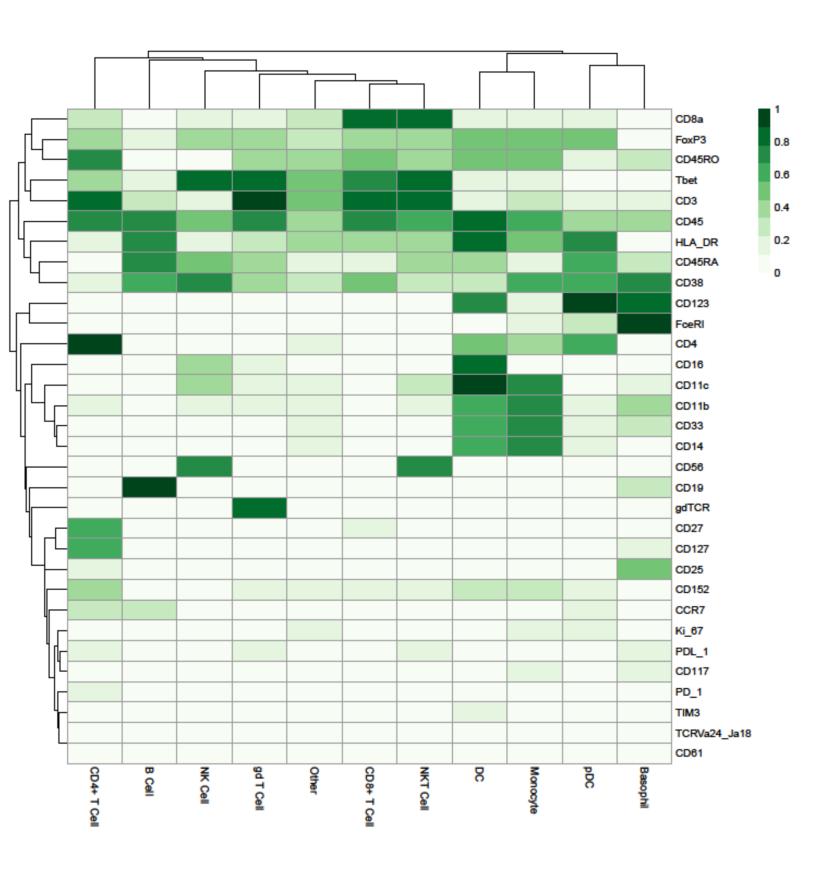


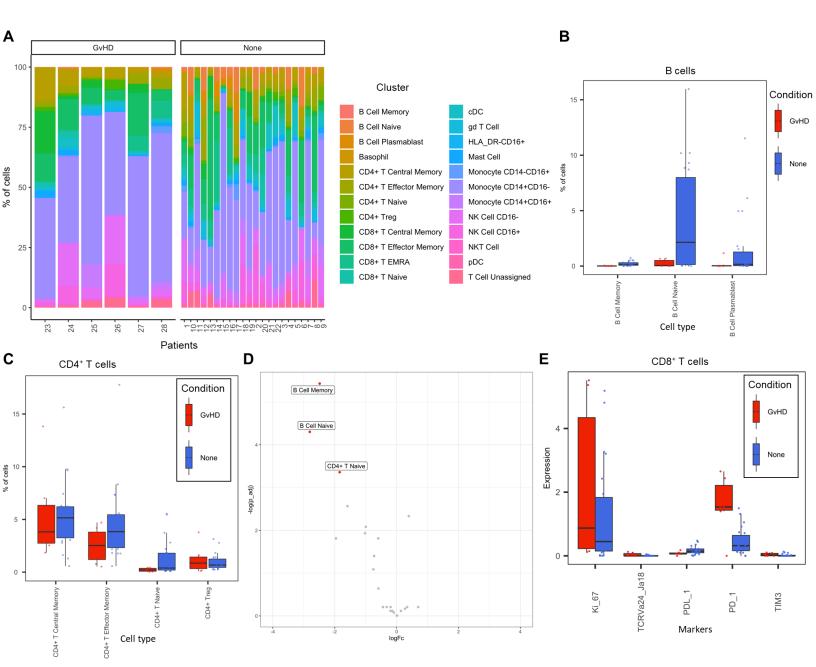


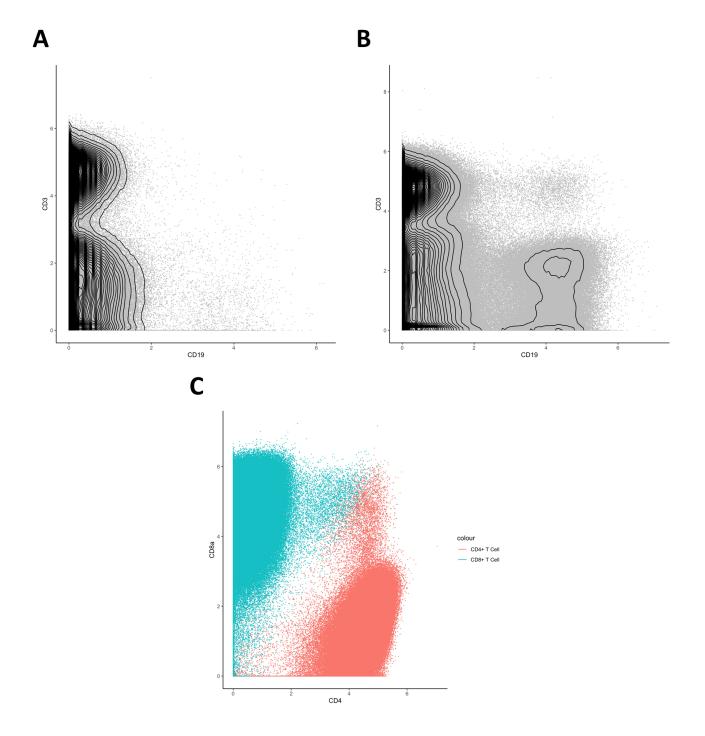


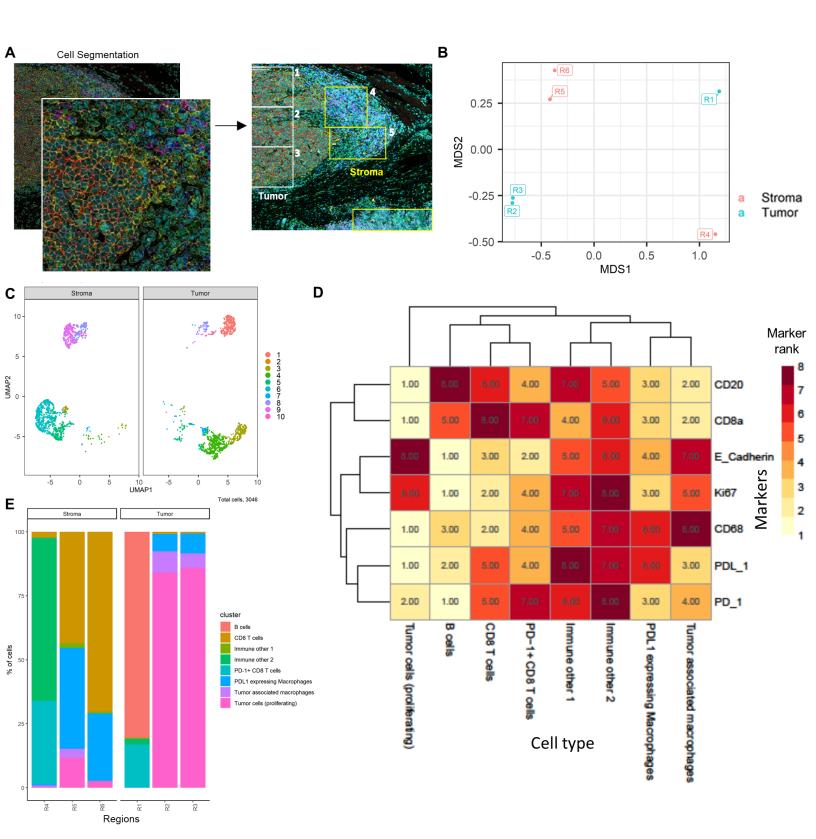
Total cells, 54953

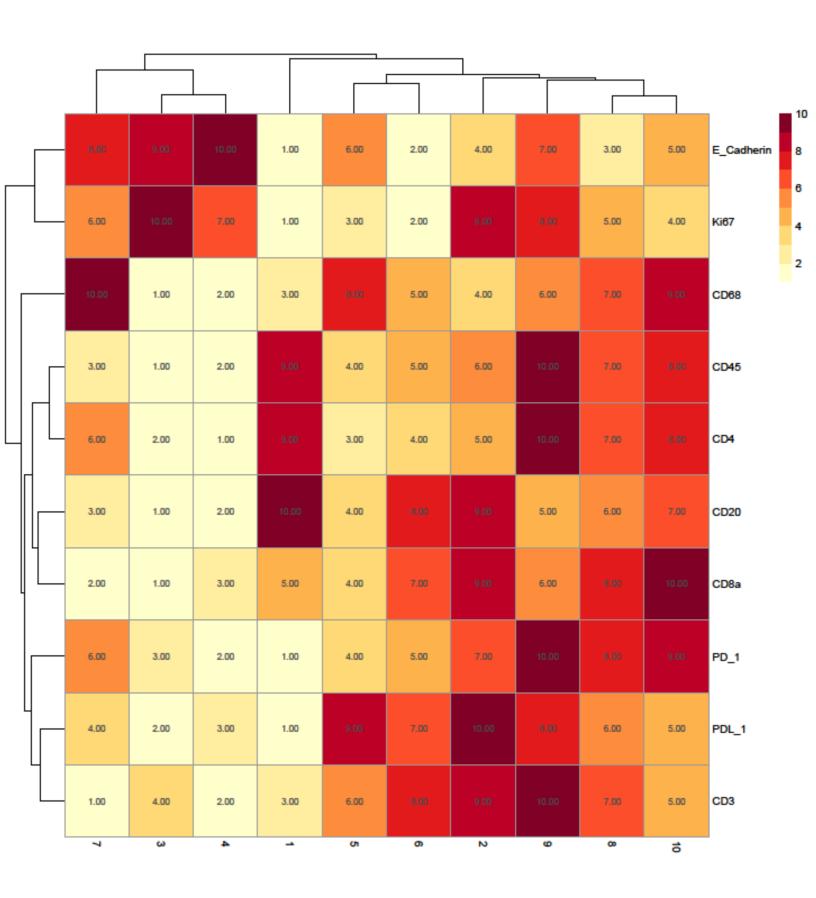


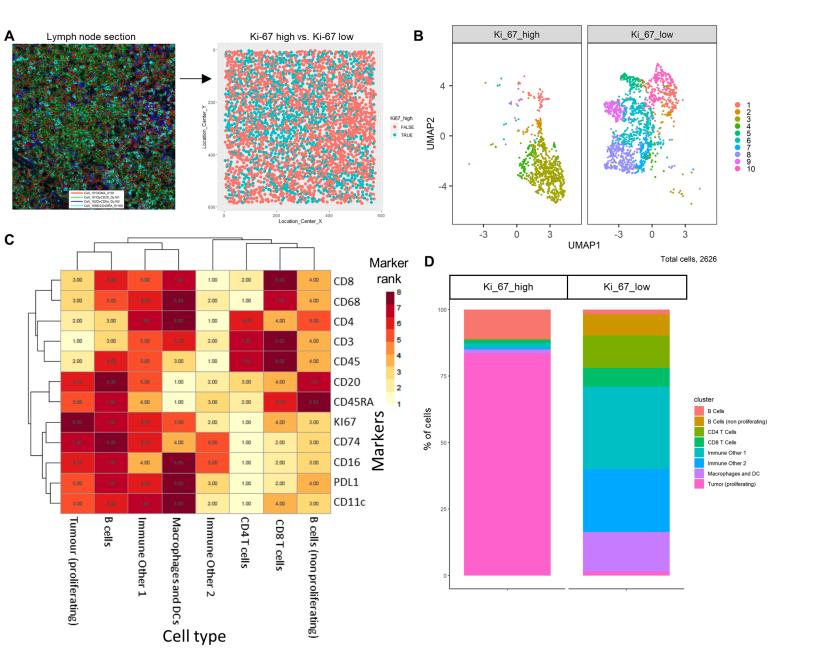


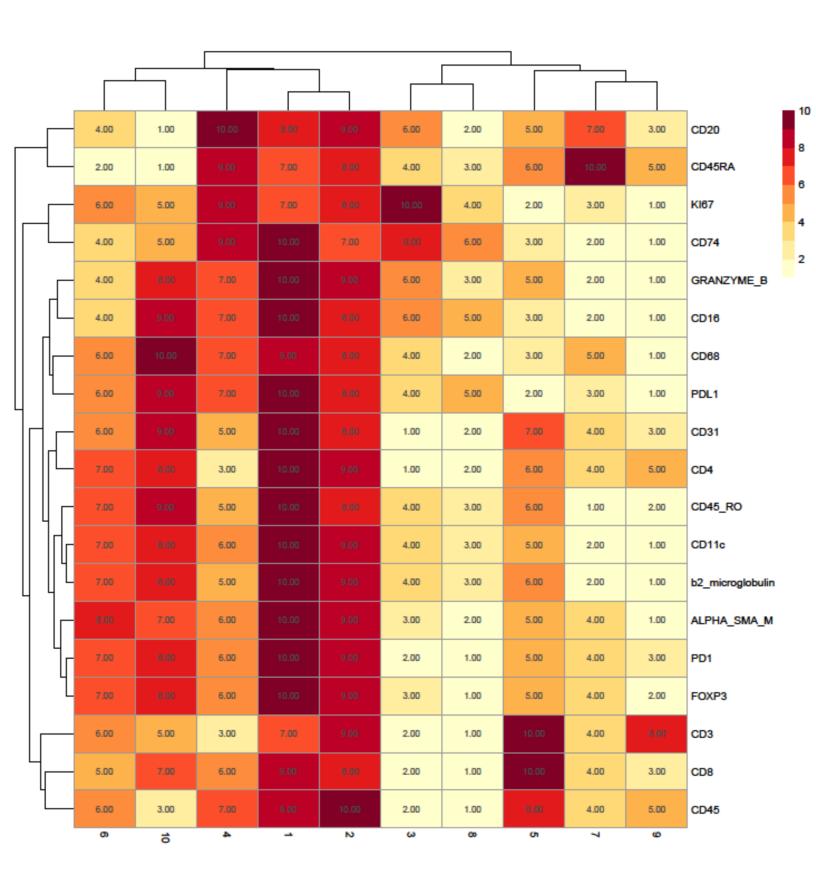


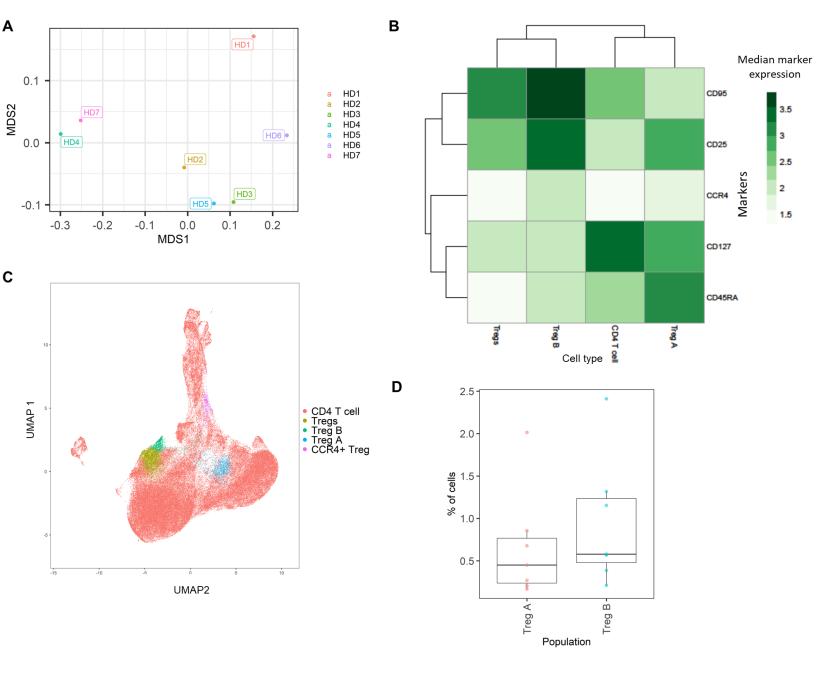


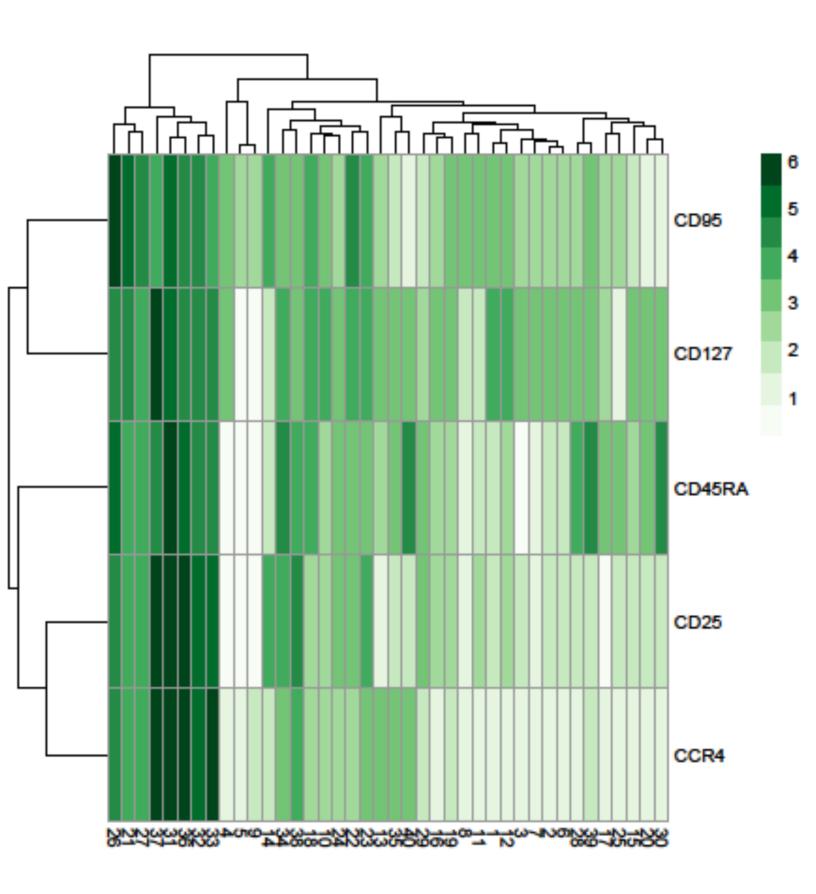


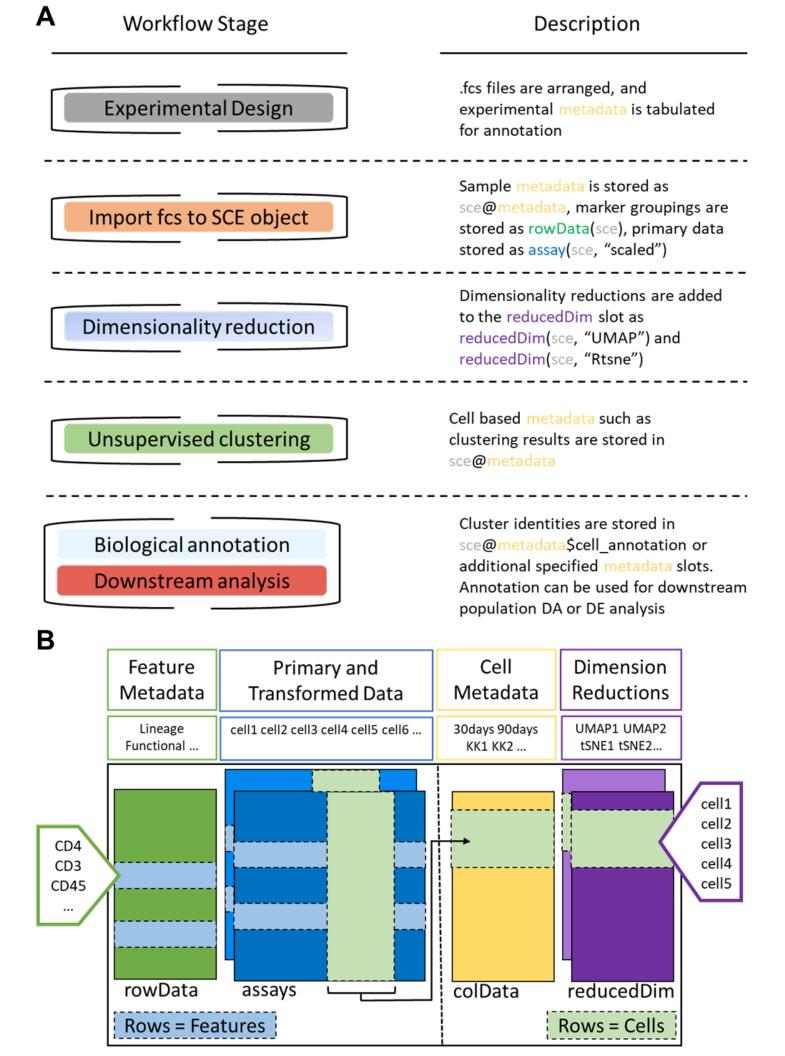


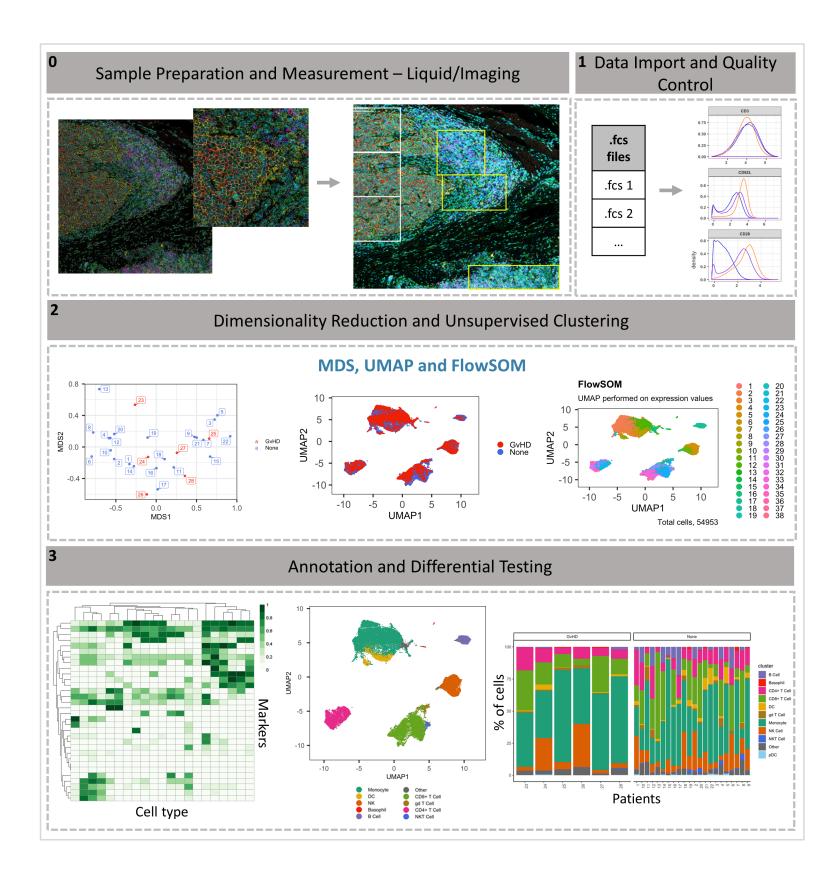


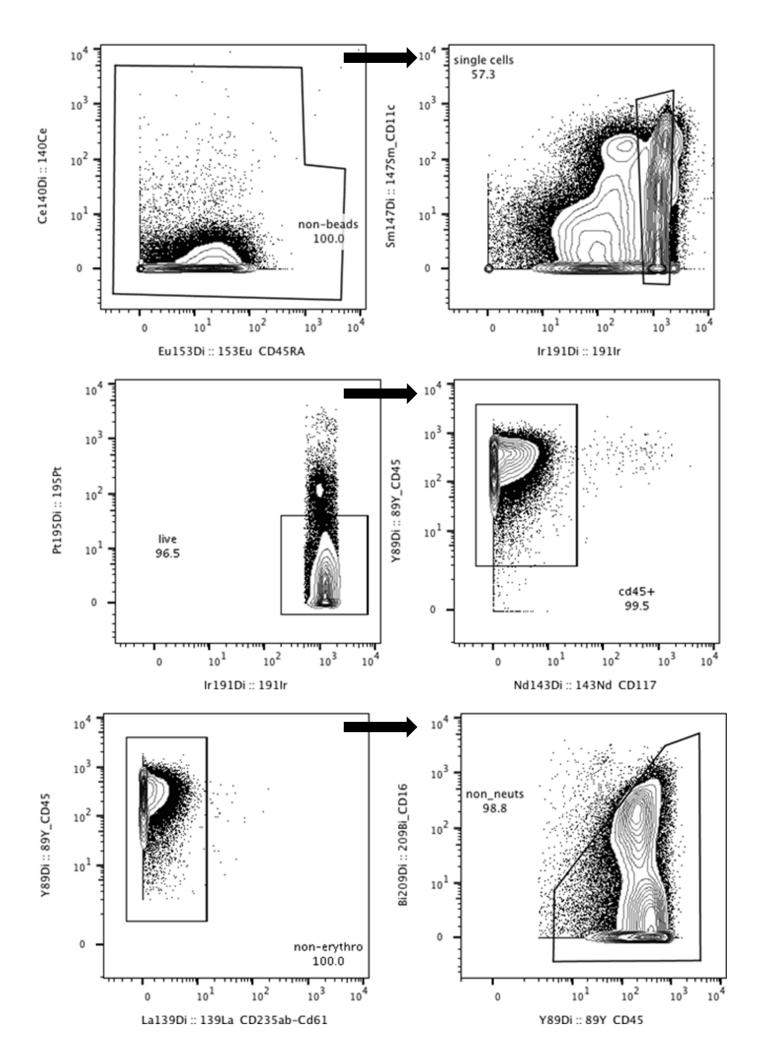


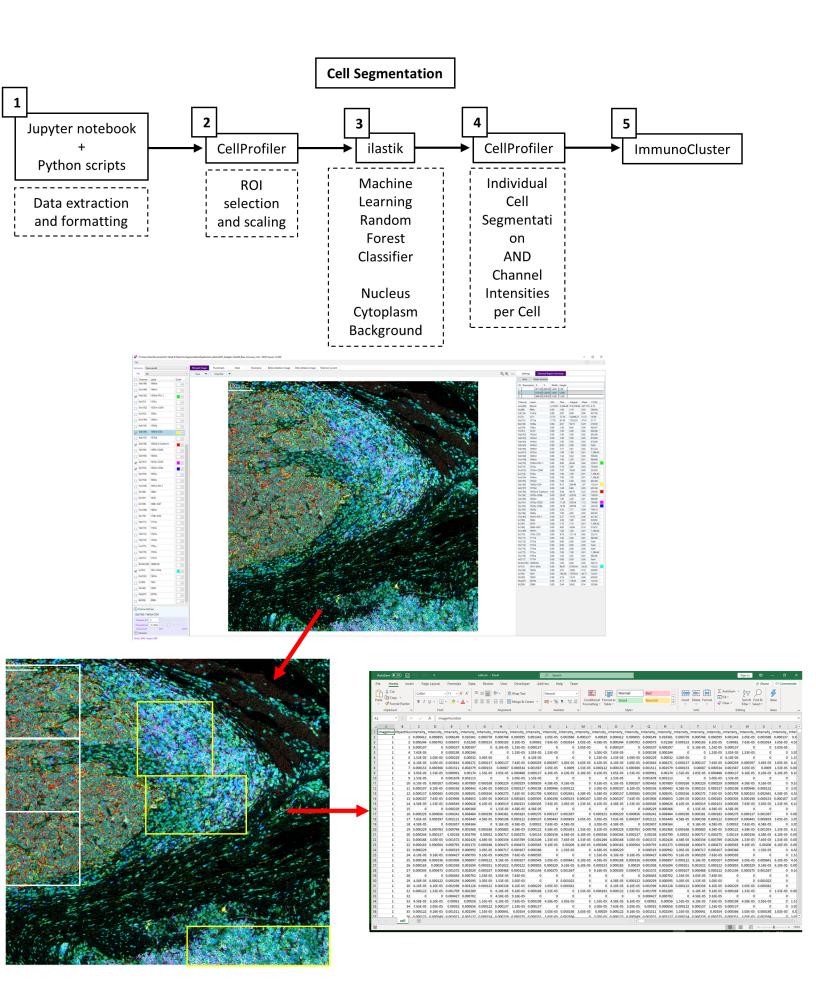


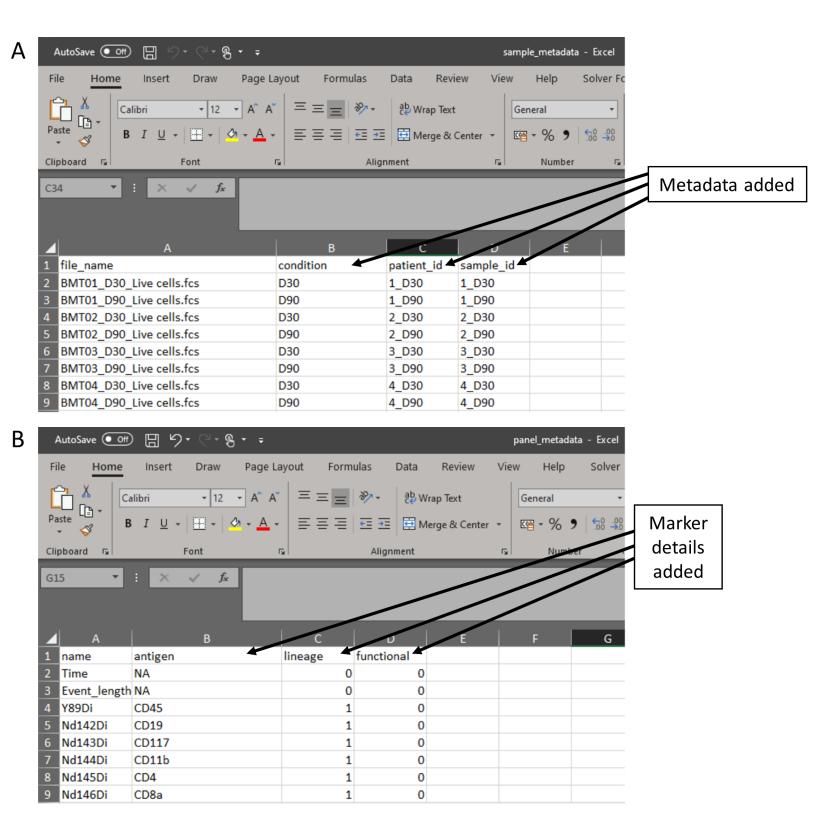






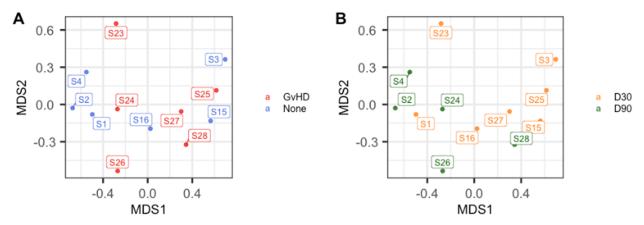






2. Data Exploration

We provide several functions to examine global patterns within the data, they can be used to get an idea of the influence of conditions/treatment or batch effects within the data. The mdsplot() function will generate a multi-dimensional scaling (MDS) plot on median expression values for each channel. MDS plots represent an unsupervised way to indicate similarities between samples at a global level berfore more in depth analysis. In the example here we can see that there is no observable high-level difference between the two GvHD condition samples, however there does appear to be a weak separation between samples collected at D30 and D90 post BMT. Here and throughout the pipeline, colkey can be used to specify plotting colors for graphing conditions.



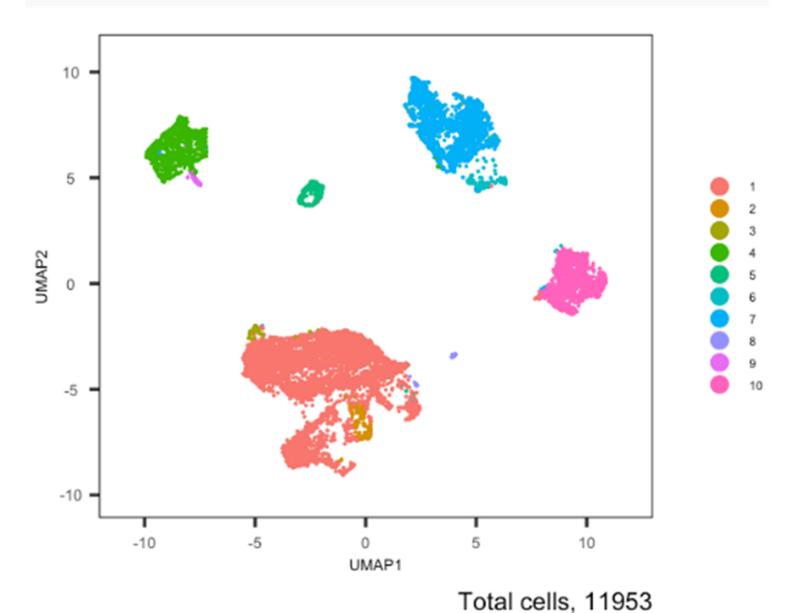
3. Dimensionality reduction and clustering

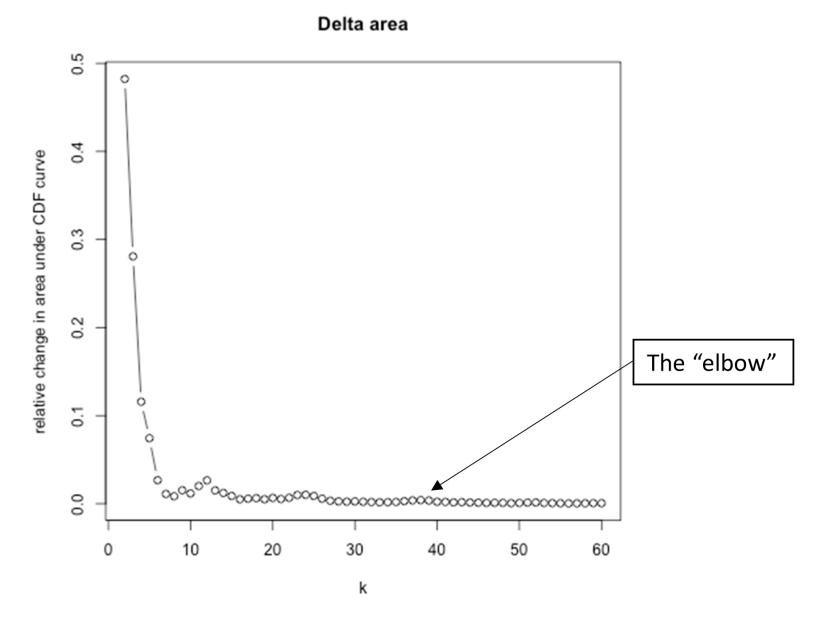
immunoCluster supports multiple different dimensionality reduction algorithms and has UMAP and tSNE functionality implemented below with the ability to downsample before running the algorithms. We run both UMAP and tSNE on selected lineage markers, downsampling to 1000 randomly selected cells per sample to reduce runtime. The dimensionality reductions are stored in the reducedDimNames slot and any other dimensionality reduction, like PCA, can also be stored in the SCE object in parallel.

```
require(umap)
# Run UMAP and store in sce object
sce_gvhd = performUMAP(sce_gvhd, downsample = 1000, useMarkers = clustering_markers)
# Run tSNE and store in sce object
sce_gvhd = performTSNE(sce_gvhd, downsample = 1000, useMarkers = clustering_markers)
sce_gvhd
```

```
## class: SingleCellExperiment
## dim: 32 912813
## metadata(5): file group condition patient_id day_id
## assays(1): scaled
## rownames(32): CD16 CD152 ... HLA_DR CD56
## rowData names(0):
## colnames(912813): cell1 cell2 ... cell912812 cell912813
## colData names(0):
## reducedDimNames(2): UMAP Rtsne
## spikeNames(0):
## altExpNames(0):
```

```
# Plot UMAP with flowsom k=10 clustering overlay
fsom_k10 = metadataPlot(sce_gvhd,
   colby = 'flowsom_cc_k10',
                                                Change K
   title =
                                                number to
   reducedDim = 'UMAP',
                                               color UMAP
   legendPosition = 'right',
   legendLabSize = 8,
                                              by a different
   axisLabSize = 10,
                                                number of
   titleLabSize = 10,
                                                 clusters
   subtitleLabSize = 1,
   captionLabSize = 16)
```





Appendix 1

Staining protocol for a human tissue section taken from a patient with head and neck squamous cell carcinoma (HNSCC)

Equipment	Consumables	Reagents	Reagent Initial	Reagent Final Concentration
			Concentration	
Humidified slide	Sterile 3ml pastettes	DPBS, Ca and Mg free		
chamber (Sigma	(Alpha Labs, #LW112)	(Gibco, #14190-094)		
Aldrich, #H6644-1EA)*	a a Th			2
Dedicated glassware,	Superfrost Plus™	Tween-20 (Sigma	100%	0.1%
coplin jars (Fisher,	slides (Fisher, #ES-	Aldrich, #P7949-		
#10264732) **	325)	100ml)*		
Orbital shaker	Kimberly-Clark™	Antigen retrieval		1:10
	Precision Wipers	solution pH 9.0		in milli-Q water
	(Fisher, #10623111)*	(R&D Systems,		
14. 1 11	0.0 ; (1)	#CTS013)		
Water bath	0.2 syringe filter	Superblock™		
	(TripleRed,	(Thermo Fisher,		
	#FPE204030)	#37515)**		0.5 5550
Fridge	50ml syringes (Fisher,	Iridium (Fluidigm,	500 μΜ	0.5 μM in DPBS
	#10636531)	#201192B)***		
Milli-Q water	Filter pipette tips	Metal tagged		Require
purification system		antibodies (Fluidigm)		optimization
(18.2MΩ.cm)				for your tissue
	(.)			type
Hard slide box for	PAP pen (Abcam,	FcR block (Trustain,	100%	5%
storage in -80°C (VWR	#ab2601)	Biolegend, # 422302)		
#631-1504)				
Pipettes		Xylene (Acros,		
51 ··· ·		#180862500)		
Plastic tweezers, to		Ethanol (Sigma		
handle slides		Aldrich, #32221-2.5L)		
(Farlamedical,				
#400200)		DCA /Ciana a Alabaiah	200/	100/
Plastic coplin (Thermo		BSA (Sigma Aldrich,	20%	10%
Fisher,#E9611) ****		#A9647)	To prepare on	
			the same day	
		Kiovin Hu IgG	freshly 10%	
		Provide by Hospital's	10% 100 mg/ml	5 mg/ml
		pharmacy	100 mg/m	J IIIg/IIII
* Alternatively, use a	*Normal laboratory	*Permeabilization		
pipette tip box with	hand towels and blue	can also be		
moist towel at the	roll are fine to tip	conducted with Triton		
bottom and piece of	excess buffer off slide	X100 or saponin		
parafilm on the tray	surface or to place in			
(this prevents	the bottom of the	** Alternative		
evaporation and stops	humidified slide	blocking solutions		
condensation	chamber. However,	include: BSA, human		
gathering at the back	they should not be	albumin, human		
of the slide, which can	used to wipe the back	immunoglobulin		
pool around edges and	of the slides or draw	(KIOVIG from		

dilute antibodies).	off excess buffer from	Pharmacy), serum	
**Rinse in water, do	front – as can transfer	same species as	
not clean with	lint to the slides.	antibodies (mouse	
detergent or in		serum, Sigma Aldrich,	
laboratory dishwasher		# M5905-10ML).	
(source of barium			
contamination)		*** DNA stain use	
**** Plasticware is		alternative histone 3	
required for 96°C		antibody #3176023D	
water bath, used when			
dedicated histological			
autoclave or			
decloaking chamber is			
not available; you can			
also use a 50ml			
centrifuge tube,			
loosely capped (Falcon			
or Corning)			

STAINING PROTOCOL DAY 1: SECTION CUTTING

- Cut a 5 μ m section from the block at, and place in an incubation oven overnight (o/n) at 37°C.
- Cut a 3 μm section for Hematoxylin and Eosin (H&E) staining.

STAINING PROTOCOL DAY 2:

1. PREPARATION

- Prepare xylene and ethanol at 50:50 ratio ~50ml of final volume.
- Prepare the following ethanol dilutions, with milli-Q water: 96%, 90%, 80% and 70% (~50ml of final volume for each).
- Dilute the 10X basic antigen retrieval buffer in milli-Q water in 50ml falcon tube (leaving the cap loose) and heat to 96°C in a water bath.
- *BSA (Sigma Aldrich, #A9647): prepare a 20% solution fresh using, 0.4g BSA in a plastic tube. Add 1ml of superblock solution and incubate in the water bath for 1h. Once it is fully dissolved, top up to 2ml (final volume).
- Prepare the wash buffer using Dulbecco's phosphate buffered saline (DPBS) (calcium/magnesium free) and 0.1% Tween-20 (500 μ l of Tween-20 (Sigma Aldrich, #P7949-100ml) in the 500ml DPBS bottle). Filter the wash buffer every time you use it with a 0.2 μ m filter. Store at room temperature.

1. Notes for wash steps

Always conduct washes in ~50ml of buffer, in coplin jars on an orbital mixer.

Never wash in laboratory dishwasher, or with detergent, as this can represent a source of barium contamination. Also, do not use metal slide holders or forceps.

2. STAINING

- Heat the 1X antigen retrieval solution (1:10 dilute in milli-Q water) to 96°C in a water bath.

- Heat a coplin jar and a bottle of wah buffer (0.1% Tween-20 in DPBS) to 37°C in a water bath.
- Prepare the humidified slide chamber (box with a damp tissue in the bottom and lid or piece of parafilm to cover).
- Prepare blocking and antibody incubation buffer fresh: 10% BSA, 0.1% Tween-20, 1/20 dilution of FcR block (Trustain, Biolegend, # 422302) and 1/20 dilution of KIOVIG (Kiovin Hu IgG) in Superblock™ (Thermo Fisher, #37515) solution. Use Superblock™ to top up to final volume. Avoid mixing, filtering or centrifugation of the Superblock buffer prior to pipetting, let solution settle at 4°C and pipette from top of the solution to avoid any aggregate material (that will have sunk to the bottom).
- 1. CLEAR WAX FROM SLIDES (You sequentially remove the wax, with each wash in fresh xylene)
- Incubate slide 1 h at 60°C.
- Agitate slides (up and down motion) by hand, 3 washes at RT:
- Xylene 100% for 5 min.
- Xylene 100% for 5 min.
- 50:50 xylene:ethanol mix for 10 min.
- 1. REHYDRATE TISSUE (outside hood, use plastic tweezers)

- -Conduct xylene washes in a safety cabinet.
- -Use separate coplin jars.
- -The xylene should be changed regularly, especially the first coplin jar in the sequence, which will have the most wax dissolved in it (readily become cloudy and less efficient).
- Remove slides from xylene:ethanol mix in the hood, transfer to 100% ethanol for 5 min and remove from cabinet.
- Transfer slides to 90% ethanol mix on orbital shaker for 5 min.
- Transfer slides to 80% ethanol mix on orbital shaker for 5 min.
- Transfer slides to 70% ethanol mix on orbital shaker for 5 min.
- Remove slides and transfer to DPBS mix orbital shaker for 10 min.
- Slide can stay in DPBS until the antigen retrieval solution is ready.

1. RETRIEVE ANTIGEN

Fluidigm have validated all their FFPE antibodies using 30 min antigen retrieval, with basic buffer, in a 96°C water bath.

- Heat 1X antigen retrieval solution to 96°C in the water bath (in plastic coplin jar or closed falcon 50ml centrifuge tube).
- When the slides are added the temperature may drop do not start the timer until the probe indicates the temperature in the tube has returned to 96°C.
- Incubate slides in 1X antigen retrieval solution to 96°C in the water bath (in closed 50ml falcon centrifuge tube) and incubate for 30 min.
- Cool down closed 50ml falcon tube to around RT under cold running water.
- Transfer slides to DPBS and wash on orbital shaker for 5 min.
- Dry slides with tissue wipers (Thermo Fisher) and leave to dry for 10 sec.
- Draw a wax ring around the tissue.

- Wash twice with filtered wash buffer (0.1% Tween-20 in DPBS on the orbital shaker for 8 min. Filter it every time you use the wash buffer with 0.2μm filter and store at room temperature.
- Leave slides in the wash buffer until the block solution is ready.

1. BLOCK

- While sections are in permeabilization buffer (0.1% Tween-20), prepare sufficient blocking buffer to cover the tissue, within the wax ring.
- For a very small diameter wax ring 50μl will suffice, however, a large piece of tissue (>1cm diameter) will require ~250μl.

Blocking buffer preparation						
Solution	Dilute in	Initial Concentration	Final Concentration	Dilution Factor	Per 100 μL	Per 300 μL
Tween-20 (Sigma Aldrich, #P7949- 100ml)*	Superblock Solution	Prepared first at 10% Then at 1%	0.1%	10	10	30
Kiovin Hu IgG	Superblock Solution	10% 100 mg/ml	5 mg/ml	20	5	15
FcR block (Trustain, Biolegend, # 422302)	Superblock Solution	100%	5% (1/20)	20	5	15
BSA (Sigma Aldrich, #A9647)	Superblock Solution	20% (10 g in 100 ml=10%)	10%	2	50	150
Superblock [™] (Thermo Fisher, #37515)**	To top up Until your final	volume	•		30	90

When you add the buffer to the inside of the wax circle, it should be contained and fully cover the tissue.

- Remove slides from DPBS and remove excess buffer by tipping slide.
- Use a lint-free tissue to dry the back of the slide thoroughly and to gently draw excess buffer away from the front, without touching the tissue or wax ring.
- Transfer to humidified box, cover tissue with blocking buffer.

- Incubate at room temperature for 90 min.
- 1. PREPARE ANTIBODY MIX AND INCUBATE

	Antibody mix					
Cat#	Supplier	Tag	Target/ Solution	Dil Factor (1:X)	Initial Conc.	Final Conc.
3170019D	Fluidigm	170	CD3 (Polyclonal, C-Terminal)	400		
3156033D	Fluidigm	156	CD4	100		
3152016D	Fluidigm	152	CD45	1000		
3162035D	Fluidigm	162	CD8-alpha	800		
3161029D	Fluidigm	161	CD20	250		
MAB1561	R&D Systems	150	PD-L1	50		
3158029D	Fluidigm	158	E- CADHERIN	1000		
3159035D	Fluidigm	159	CD68	400		
3165039D	Fluidigm	165	PD-1	50		
3168022D	Fluidigm	168	Ki-67	400		
#A9647	Sigma Aldrich		BSA Prepare fresh	2	20%	10%
# 422302	Biolegend		FCR	20	100%	5%
	Provide by Hospital's pharmacy		IgG Hu Kiovig	20	100 mg/ml	5 mg/ml
#P7949	Sigma Aldrich		Tween-20	10	1%	0.1%
#37515**	Thermo Fisher		Superblock TM	To top up to the required volume		

You will require the same volume of antibody mix used for blocking solution and tip off excess blocking buffer onto tissue paper.

Use a lint-free tissue to dry the back of the slide thoroughly and to gently draw excess buffer away from the front, without touching the tissue or wax ring.

- Incubate slide o/n with antibody mix at 4°C in humidified chamber.

STAINING PROTOCOL DAY 3:

1. WASH IN PERMEABLIZATION BUFFER

- Tip off the antibody mix onto tissue paper.
- Flush the slide surface gently but thoroughly with a pastette and permeabilization buffer (DPBS with added 0.1% Tween-20) at RT.
- Wash in the same RT buffer approximately 50ml in coplin jar on the mixer for 8 min.
- Repeat wash step for another 8 min.

1. WASH IN DPBS

- In the same jar, decant 0.1% Tween-20 DPBS wash buffer and add further wash buffer at RT and then place on the mixer for 8 min.
- Repeat wash step for another 8 min.

1. DNA STAIN

For initial testing, prepare iridium (Fluidigm) in DPBS at a final concentration of 0.5 μ M (may require some optimization for your tissue type).

Dilute 125µM iridium stock (Fluidigm 201192A) 1/250 with DPBS.

- Tip off excess DPBS onto tissue paper.
- Use a lint-free tissue to dry the back of the slide thoroughly and to gently draw excess buffer away from the front, without touching the tissue or wax ring.
- Place slide in humidified chamber and load iridium solution into the wax ring so that it covers the tissue.
- Incubate at room temperature for 30 min.
- Flush the slide surface thoroughly with RT DPBS gently using a pastette.
- Wash in RT DPBS on the mixer for 5 min.
- Wash in milli-Q water approximately 50ml in a clean coplin jar on the mixer for 5 min.
- Air dry.

Slides can be stored for several months at room temperature in a cool, dry, dust-free storage container.

Appendix 2
2 Protocol for sectioning and staining of diffuse large B-cell lymphoma lymph node section

- 1. A $5\mu m$ tissue section was deparaffinized with xylene and sequentially rehydrated in graded ethanol. Heat-induced antigen retrieval was performed in an automated pressure cooker (Menapath Antigen Access Unit, Menarini) at 125° C for 2 min in Antigen Retrieval Reagent-Basic (R&D Systems).
- 2. The tissue was then permeabilized with Dulbecco's PBS (DPBS), 0.1% Tween-20 for 15 mins and blocked with Superblock (Thermo Fisher Scientific), 0.1% Tween-20, Fc Receptor Blocking solution (1:20;Biolegend;blocking buffer) for 2 h at RT.
- 3. Antibodies were diluted together as according to Supplementary file 3 in blocking buffer and applied to the tissue overnight at 4 °C.
- 4. After washing, the slide was incubated with the DNA intercalator (Cell-ID Intercalator-Ir, Fluidigm) for 30 min at RT.
- 5. The slide was then briefly washed with milli-Q water and air dried.

6. Acquisition of 1 mm² tissue region was carried out using the Hyperion imaging system (Fluidigm) at 200 Hz, with resolution of 1 μ m/pixel.