

Single cell RNA Sequencing Identifies Influence of Sensory Nerves on Osteosarcoma Disease Progression

Sowmya Ramesh, PhD¹, Qizhi Qin, PhD¹, Zhao Li, MD, PhD¹, Lingke Zhong, MS¹, Ankit Uniyal, PhD², Xin Xing, PhD¹, Masnsen Cherief, PhD¹, Mary Archer MS¹, Leslie Chang, MD¹, Edward F. McCarthy MD¹, Yun Guan MD, PhD^{2,3}, Thomas L. Clemens, PhD^{4,5}, Aaron W. James, MD, PhD¹

¹Department of Pathology, Johns Hopkins University, Baltimore, MD

²Department of Anesthesiology and Critical Care Medicine, Johns Hopkins University, Baltimore, MD

³Department of Neurological Surgery, Johns Hopkins University, Baltimore, MD

⁴Department of Orthopaedics, University of Maryland, Baltimore, MD

⁵Baltimore Veterans Administration Medical Center, Baltimore, MD

Email of Presenting Author: srames13@jh.edu

Disclosures: S. Ramesh (N), Q. Qin (N), Z. Li (N), L. Zhong (N), A. Uniyal (N), X. Xing (N), M. Cherief (N), M. Archer (N), L. Chang (N), E. McCarthy (N), Y. Guan (N), T. Clemens (N), A. James (3B; Consultant, Lifesprout LLC and Novadip LLC. 8; Editorial Board, Bone Research, American Journal of Pathology. 9; Scientific advisory board, Novadip LLC)

INTRODUCTION: In epithelial malignancies, literature suggests that surgical or pharmacologic methods to denervate tumors impedes cancer progression^{1,2}. Nevertheless, the role of peripheral neurons in sarcomas remains essentially unknown, and by extension neural-based therapies to improve sarcoma disease progression remain unexplored. Here, by performing osteosarcoma (OS) orthotopic implants in combination with single cell RNA sequencing (scRNA-Seq) we describe potential nerve-to-sarcoma interactions in a murine OS xenograft model and document the importance of sensory neural regulation of OS using an established knock-in chemical-genetic mouse model. Next and in a translational effort of drug repurposing (off-label use), we leveraged an FDA-approved analgesic drug³ to perturb the neuron-to-sarcoma interaction.

METHODS: All experiments were conducted under IACUC approval. We utilized two different approaches to curb pathological axonal invasion in OS. (i) *Chemical-genetic inhibition of TrkA neuronal signaling* -TrkA^{F592A} mice with impaired TrkA signaling were crossbred with Thy1-YFP; *Scid* mice to allow xenograft transplantation. Human 143B OS cells (1x10⁶) were orthotopically inoculated into the mouse tibia (TrkA^{WT} or TrkA^{F592A}) and assayed for tumor growth. For survival curves, animals were monitored until they showed signs of morbidity or reached the planned endpoint. Immunostaining for the pan-neuronal marker Beta III Tubulin (TUBB3), neurofilament 200 (NF200), and vascular marker Endomucin (EMCN) was performed. Data was compared using the unpaired Student's t-test. Local xenograft tumors were harvested from TrkA^{WT} and TrkA^{F592A} animals and processed scRNA-Seq using 10X Genomics (Chromium platform). CellChat 1.0.0, was used to infer and quantify the neuron-sarcoma at single-cell level. (ii) *To pharmacologically target nerve-to-sarcoma interactions*, bupivacaine liposomes (L-Bup, ExparelTM), FDA approved long-acting local analgesic was tested as a neurotoxic agent (off-label use). Following OS inoculation in *Nod/Scid* animals, the treatment group received intratumoral injection of 10mg/kg L-Bup while the sham group received saline (PBS) injection every 3 days for up to 4 weeks. Mechanical sensitivity of hind paws was assessed using a von Frey filament (0.4 g). Data were analyzed using a one-way analysis of variance, p<0.05 was considered significant.

RESULTS SECTION: TrkA inhibition in mutant animals led to an overall reduction in tumor size (60% reduction, **Fig. 1A**), and prolonged overall survival of mice (p<0.0001, **Fig. 1B**). The observed reduction in sarcoma-associated sensory nerves in TrkA mutant animals led to prominently reduced tumor vasculature (47% reduction assessed by EMCN staining, **Fig. 1C**), suggesting disruption of neurovascular coupling. This was further corroborated using scRNA-Seq analysis where tumor-associated endothelial cells among TrkA^{F592A} showed reduced CGRP signaling (p<0.05, **Fig. 1D**), both by gene module score and network centrality score. To recapitulate the neuron-to-sarcoma interactions, scRNA-Seq data from human lumbar dorsal root ganglion neurons⁴ were integrated along with TrkA OS datasets. Using CellChat global communication analysis, we found an overall reduction in the number of interactions as well as reduced neuron (ligand) to human OS (receiver) interactions among the TrkA^{F592A} OS (**Fig. 1E**). To dissect this global alteration, we calculated the information flows for each signaling pathway among all pairs of cell groups in the communication network (**Fig. 1F**). Among the denervated OS, NGF, CALCR, and VEGF signaling pathways were the most downregulated. Further, network centrality analysis of the inferred signaling network identified reduced VEGF ligands from the neuronal cluster acting onto human OS cells (**Fig. 1G**). Finally, and in a translational effort, we found that use of bupivacaine lipid nanoparticles (L-Bup) peri-tumorally has a dual effect of inhibiting the progression of 143B OS xenograft growth (59.51% reduction, p<0.01, **Fig. 2A**) while also providing pain relief (p<0.01, **Fig. 2B**). Immunostaining revealed in L-Bup OS implants a 15-fold reduction in TUBB3⁺ nerve density (**Fig. 2C**), 10-fold reduction in EMCN vessel density (**Fig. 2D**), and a 2-fold reduction in tumor proliferative index Ki67 (p<0.05, **Fig. 2E**), when compared to PBS-treated implants.

DISCUSSION: Our data provide evidence that hyperinnervation of OS tumors secondarily incites tumor vascularization, and that targeting axons using pharmacological approaches have dual beneficial effects – both as an analgesic and negative regulator of OS disease progression. Sequencing analysis revealed several intercellular signaling pathways, including growth factors, neurotrophic factors, neuropeptides, and angiogenic pathways altered in denervated OS implants, further suggesting the biological importance of peripheral sensory neurons in sarcoma disease progression.

SIGNIFICANCE/CLINICAL RELEVANCE: Targeting nerves within the tumor microenvironment using FDA-approved non-opioid anesthetic delivery system (off-label use) may serve as a novel adjunctive therapy in OS patients.

