

Supplementary Information for

Single-cell transcriptome analysis reveals subtype-specific clonal evolution and microenvironmental changes in liver metastasis of pancreatic adenocarcinoma and their clinical implications

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1 **Supplementary Results**

2 **Determination of PDAC subtypes**

3 According to the gene set enrichment analysis (GSEA) of NMF signature genes, NMF-1
4 showed significant activation of cell cycle-related pathways, such as 'G2-M Checkpoint' and
5 'E2F Targets' (Fig. 1B). NMF-1 characteristics were very similar to the 'cycling' cell state
6 reported by Krieger et al [1]. We observed significant upregulation of 'cycling' state-associated
7 genes such as *CDK1*, *MKI67*, and *PCNA* (Fig. S2C, Table S3). Interestingly, the proportion of
8 NMF-1 gradually increased as PDAC progressed and metastasized (Fig. S3A).

9 Ductal cells classified into NMF-2 were mostly identified as 'classical' subtypes (Fig. 1B).
10 For further validation, we calculated signature scores based on previously reported PDAC
11 subtypes for our NMF-based programs. The scores for both 'classical signature 1' defined by
12 Chan-Seng-Yue et al [2] and 'classical' defined by Collison et al [3] were high in NMF-2 (Fig.
13 S2D). Furthermore, we observed the highest overlap of signature genes between NMF-2 and
14 the 'classical' subtype defined by Moffit et al [4] (Fig. S3B). GSEA analysis showed that
15 'IL-2/STAT5 Signaling', 'Inflammatory Response', and 'Epithelial-Mesenchymal Transition
16 (EMT)' pathways were significantly elevated in NMF-2 (Fig. 1B).

17 Most of the ductal cells defined as 'exocrine-like' based on Collison et al [3] were classified
18 into NMF-3 (Fig. 1B). The signature genes of NMF-3 considerably overlapped with those of
19 'endocrine/exocrine pancreas signature 5' defined by Chan-Seng-Yue et al [2] and 'ADEX'
20 subtype defined by Bailey et al [5] (Fig. S3B). Moreover, the signature scores of three
21 exocrine subtypes classified by Chan-Seng-Yue et al [2], Bailey et al [5] and Collison et al [3]
22 were highest in NMF-3 (Fig. S2E). 'Bile Acid Metabolism' pathways were significantly elevated

23 in NMF-3 (Fig. 1B), as previously reported by Collison et al [3]. Also, NMF-3 proportions were
24 significantly higher in Pm0 than in Pm1 and Lm (Fig. S3A).

25 Lastly, NMF-4 was primarily matched with the previously reported 'basal-like' subtype (Fig. 1B).
26 The signature scores for 'basal-like' subtypes defined by Moffitt et al [4] and the 'basal-like
27 signature 2' suggested by Chan-Seng-Yue et al [2] were both highest in NMF-4 (Fig. S2F). NMF-
28 4 signature genes also best coincided with 'basal-like signature 2' genes defined by Chan-Seng-
29 Yue et al [2] and 'basal-like' signature genes defined by Moffitt et al [4] (Fig. S3B). Furthermore,
30 NMF-4 signature genes were enriched with 'EMT', 'Apical Surface', and 'TGF-beta Signaling'
31 pathways (Fig. 1B).

32

33 **Supplementary Methods**

34 **Study patients**

35 Patients clinically suspected to have PDAC were admitted for workup, and pathologically
36 confirmed cases were prospectively enrolled in the Samsung Medical Center (SMC)
37 Pancreatic Cancer Cohort. Primary PDAC specimens and metastatic liver specimens were
38 obtained from 21 treatment naïve patients with PDAC. All patients provided written informed
39 consent, and all samples were collected according to IRB regulations and approval (IRB No.
40 2014-04-061). In addition, we collected clinical data using electronic medical records
41 regarding the patients age, sex, body mass index (BMI), Eastern Cooperative Oncology
42 Group (ECOG) performance status, comorbidity (cardiovascular, chronic kidney disease, liver
43 cirrhosis, other cancer, or diabetes mellitus), serum CEA level and CA 19-9 level at the
44 diagnosis of PDAC. Tumor stage (according to the 8th edition AJCC guidelines), tumor size,

45 metastatic site, treatment course, and survival data were also reviewed. Ethical approval was
46 obtained from the institutional review board of Samsung Medical Center (IRB No. 2014-04-
47 061, 2016-05-011). Provenance and peer review Not commissioned, externally peer
48 reviewed.

49

50 **Sample acquisition from primary PDAC using EUS-FNB**

51 All EUS-FNB procedures were performed under conscious sedation by the same experienced
52 endosonographer (JKP) with fanning techniques sampling multiple areas within a lesion with
53 each pass. GF-JE160-AL linear EUS apparatus (Olympus, Tokyo, Japan) equipped with an
54 Aloka ProSound SSD 5000 processor (Wallingford, CT, USA) was used in all cases. EUS-
55 FNB was performed using a linear array echoendoscope (Olympus, Tokyo, Japan) and a 22
56 G Acquire® FNB needle (Boston Scientific Co.). The slow-pull technique was used to remove
57 the stylet and was followed by the application of 5 mL negative pressure for 5–10 seconds,
58 during which at least 10 additional actuations were performed. A transgastric method was
59 utilized for lesions in the pancreas body or tail, and a transduodenal approach was used for
60 lesions in the head or uncinate process. For tissue retrieval, a stylet was introduced into the
61 needle, or a 5-10 ml air-filled syringe was inserted into the needle. Normal tissue was
62 obtained adjacent normal pancreas before approaching to tumor tissue. The extruded
63 material was placed onto glass slides for primary gross inspection. EUS-FNB specimens were
64 smeared on slides and fixed with 96% ethanol for cytological analysis. Other samples were
65 placed in 10% formalin solution for histological analysis.

66

67 **Percutaneous biopsy for hepatic metastasis**

68 Liver biopsy was performed at the same day or the next day of EUS-FNB for patients with
69 metastatic PDAC. All liver biopsy procedures were performed percutaneously by a board-
70 certified abdominal radiologist (MWL). Before the procedure, the radiologist carefully reviewed
71 the CT or MR images, and the patients were positioned appropriately for the procedure based
72 on the tumor location. In general, if the target tumor was in the liver dome, and thus the
73 sonographic window was affected by the lung or rib shadow, the semi-erect position using a
74 tilting table was preferred to enhance the sonographic window [6]. If not, a supine position
75 was used for the procedure. The target lesion was localized using fusion imaging (Volume
76 Navigation, Logiq E9, or Logiq E10; GE Healthcare, Waukesha, Wisconsin) of the real-time
77 US and pre-acquired CT/MR images [7]. Local anesthesia was performed along the expected
78 needle path between the skin and hepatic capsule using 2% lidocaine hydrochloride (Huons,
79 Hwaseong, Korea). Percutaneous biopsy was performed using an 18-gauge automated
80 biopsy needle (Acecut; TSK Laboratory, Tochigi, Japan) with the free-hand technique. A co-
81 axial guide needle was routinely used to obtain sufficient tissue cores by repeated biopsy.

82

83 **Isolation of single cell from the specimens**

84 All remaining tissues are collected in MACS[®] Tissue Storage Solution (Miltenyi Biotec.,
85 Auburn, CA, USA) on ice, and processed to the single cell dissociation immediately.
86 Specimens were maintained in MACS[®] Tissue Storage Solution (Miltenyi Biotec.) during
87 delivery on ice, and immediately processed for single cell isolation. Biopsy tissues are placed
88 on a petri dish with a small volume of enzyme mixture solution (Tumor Dissociation Kit,

89 Miltenyi Biotec.), and minced into small pieces under 1-2 mm with surgical blades. Minced
90 pieces are transferred to gentleMACS™ C-tube containing enzyme mixture solution. By
91 choosing an appropriate program of gentleMACS™ Dissociator, tissue pieces are further
92 dissociated three times with two interval incubations for 30 minutes at 37°C under continuous
93 rotation using the MACSmix™ Tube Rotator. Resuspended samples are applied to a cell
94 strainer (70 µm) and washed with 10 ml of DMEM/F12 media with 1% FBS. After a
95 centrifugation at 400xg for 5 minutes, cells were resuspended in an appropriate volume of
96 media and counted with trypan blue staining or acridine orange/ propidium iodide staining.
97 Optionally, erythrocytes are removed by red blood cell lysis solution for 10 min before
98 counting.

99

100 **Single-cell RNA sequencing**

101 We initiated the cell preparation process by employing the LUNA-FL™ Automated
102 Fluorescence Cell Counter (logos biosystems). Detailed guidelines for cell preparation were
103 sourced from the 10x Genomics Single Cell Protocols Cell Preparation Guide and the
104 Guidelines for Optimal Sample Preparation flowchart. Libraries were meticulously constructed
105 using the Chromium controller in accordance with the 10x Chromium Next GEM Single Cell 3'
106 v3.1 protocol (10x Genomics). In brief, cell suspensions were diluted in nuclease-free water,
107 aiming to achieve a targeted cell count of 10,000. The diluted cell suspension was mixed with
108 a master mix and subsequently loaded onto a Chromium Next GEM chip, along with Single
109 Cell 3' V3.1 gel beads and partitioning oil. Within the droplets formed in the chip, RNA
110 transcripts from individual cells underwent unique barcoding and reverse transcription. Pooled
111 cDNA molecules then underwent sequential processes, including end repair, addition of a

112 single 'A' base, and adapter ligation. Subsequently, the resulting products were subjected to
113 purification and enrichment through polymerase chain reaction (PCR), ultimately yielding the
114 final cDNA library. To ensure library quality and quantify the purified libraries, we adhered to
115 the qPCR Quantification Protocol Guide (KAPA). Furthermore, library qualification was
116 performed using the Agilent Technologies 4200 TapeStation from Agilent Technologies. The
117 sequenced libraries were processed using the HiSeqX platform from Illumina to obtain the
118 requisite data for our study.

119

120 **Single-cell RNA sequencing data processing and analysis**

121 Gene-Barcode matrices are produced using CellRanger v.3.0.2 (10x Genomics) pipeline with
122 default parameters. Reads were aligned to the GRCh38 reference genome using the STAR
123 algorithm [8]. To ensure the quality of the single-cell RNA-sequencing data, we implemented
124 a filtering step at the individual sample level to remove low-quality cells. This filtering step was
125 based on the number of expressed genes (average number of genes = 1,063) and the
126 proportion of mitochondrial genes per cell (< 20%). Seurat [9] package was used for
127 downstream analyses. The gene expression matrix for each cell was normalized using
128 *NormalizeData* functions. The cell-cycle scores for each cell were calculated using the
129 *CellCycleScoring* function, and expression of genes were scaled using the *ScaleData*
130 function, which regresses on the total of UMI, fraction of mitochondria, and cell-cycle scores.
131 The top 2,000 variable genes were selected through the *FindVariableFeatures* function, and
132 dimensionality reduction was performed through the *RunPCA* function. For dimensionality
133 reduction and clustering analysis, we used the *FindNeighbours* and *FindClusters* functions,
134 and the optimal dimensionality was determined by *JackStraw* and *ElbowPlot* functions. We

135 used the *RunTSNE* function to project the cells into a two-dimensional space. To estimate the
136 cell type of each cluster, we used the singleR [10] package and verified the expression levels
137 of well-known cell type markers (ductal cells: *KRT19*, *AMBP*, *EPCAM*; fibroblasts: *COL1A1*,
138 *COL1A2*, *COL3A1*; acinar cells: *PRSS1*, *CTRB1*, *CTRB2*; endothelial cells: *PLVAP*, *CLDN5*,
139 *VWF*; T cells: *CD3D*, *IL7R*, *TCF7*; myeloid cells: *LYZ*, *CD14*, *C1QA*; B cell: *CD79A*, *MS4A1*,
140 *CD79B*; naive T (Tn) cells: *SELL* and *IL7R*; helper T (Th) cells: *CD4* and *IL6R*; regulatory T
141 cells (Tregs): *FOXP3* and *TNFRSF4*; cytotoxic T (Tc) cells: *CD8A* and *GZMK*; exhausted T
142 (Tex) cells: *CTLA4* and *LAG3*; natural killer (NK) cells: *NCR3* and *NCAM1*). For sub-clustering
143 by major cell type, we used the method described above and additionally removed potential
144 doublets [11]. Differentially expressed genes were identified using the *FindMarkers* function
145 on a normalized gene expression matrix. The raw gene expression matrix was used as a
146 reference to deconvolve the spatial transcriptome data published by Zhou et al. [12] The
147 deconvolution analysis was performed using RCTD [13] with `doublet_mode` set to "full".

148

149 **Correction for ambient RNA contamination**

150 During the process of isolating cells from a tissue sample, some cells may lyse because the
151 conditions for dissociation are specific to each cell type [14]. We used SoupX [14] with default
152 parameters to estimate and correct for cell-free mRNA contamination. Cell-free mRNA
153 contamination was estimated and corrected in each sample.

154

155 **Curated doublet removal**

156 A scrublet [15] is used to infer doublets that may occur in the scRNA-seq process. The
157 scrublet was processed independently for each sample as redundancy is determined through
158 simulation. All parameters in scrublet were set to default and doublets were determined by the
159 thresholds suggested by scrublet.

160

161 **Identification of PDAC subtypes by cNMF**

162 We defined specific transcript modules of the ductal cell using cNMF [16]. Through Seurat's
163 *NormalizeData* function, cNMF received the normalized UMI count matrix of ductal cells as
164 input, and the number of components (k) was set to a value between 2 and 15. We
165 determined the optimal k based on the silhouette score and the Frobenius error, which
166 measures the stability of the component.

167

168 **Copy number variation estimation**

169 To infer CNV at the single-cell level, we used copy number karyotyping of aneuploid tumors
170 (CopyKAT [17]) was used. All parameters of CopyKat were set to default, and ductal cells
171 with less than 3,000 genes were removed to identify clearer CNVs. CNV of ductal cells was
172 estimated using myeloid cells as normal cells. To identify genomic regions that were
173 significantly amplified or deleted between groups, we used the proportion of cells (> 70%) that
174 exceeded a specific CNV threshold (absolute CNV score > 0.05) at the sample level. We also
175 identified a significant difference in the frequency of CNV events between groups using the
176 Fisher's exact test.

177

178 **Modular score calculation**

179 Seurat's *AddModuleScore* function is used to calculate the gene expression module score for
180 each cell. To determine the characteristics of NMF subtypes, we used the signature genes of
181 the previously reported subtypes [2-5]. Regulatory, cytotoxic, and dysfunctional scores for T
182 cells were determined using the gene set defined in Li et al. [18].

183

184 **Gene set enrichment analysis**

185 To investigate the differential EMT mechanisms between the basal-like and classical
186 subtypes, we performed pseudo-bulk differential expression analysis using the raw UMI count
187 sum of each sample. DESeq2 was used to identify differentially expressed genes by
188 comparing each origin with other origins of the same subtype. Gene set enrichment analysis
189 was performed using the "MSigDB_Hallmark_2020" database for genes that passed the
190 criteria of fold change > 1.5 and p-value < 0.05 [19].

191

192 **Constructing single cell trajectories**

193 We estimate single cell trajectories using Monocle2 [20]. The Gene-Barcode matrix was
194 normalized using the *EstimateSizeFactors* function and the variance of each gene was
195 estimated using the *EstimateDispersions* function. We use DEGs identified through Seurat's

196 *FindAllMarkers* to sort cells. Afterwards, the dimension was reduced using *DDRTree*, and
197 cells were sorted according to pseudotime through the *orderCells* function.

198

199 **Cell-cell communication analysis based on ligand-receptor pairs**

200 CellPhoneDB is an analytical tool that can infer potential receptor-ligand interactions based
201 on the expression of receptors of one cell type and ligands of another cell type [21]. To
202 identify the most relevant interactions between cell types, CellPhoneDB performs an
203 interaction analysis by randomly substituting each cell type. Our results are analyzed by
204 applying basic parameters.

205

206 **Survival analysis**

207 We conducted a Kaplan–Meier survival analysis to investigate the effect of the proportion of
208 ductal cell subtype on patient survival using the *survival* and the *survminer* R packages. To
209 validate our results, we also exploited the previously published scRNA-seq data from
210 treatment naïve PDAC patient from Hwang et al. [22] and Zhou et al. [12], and bulk RNA-seq
211 data of TCGA PDAC [23] patients. The proportion of NMF subtypes for each patient with
212 TCGA PDAC was estimated using MuSiC [24]. MuSiC characterizes cellular type composition
213 in bulk RNA-seq data from complex tissues by assigning weights to genes that exhibit inter-
214 individual and inter-cellular consistency in scRNA-seq data. The UMI count of ductal cells
215 defined in the SMC cohort was used to estimate the subtype proportions of TCGA PDAC
216 samples. In addition, DEGs between subtypes were detected using Seurat's *FindAllMarkers*

217 function, and deconvolution was performed with genes with $p_val_adj < 0.05$ and avg_logFC
218 > 0.25 . Survival analysis was performed between the groups with high and low scores based
219 on the estimated basal-like proportions of each sample, with the threshold increasing from 0.1
220 to 0.5 by 0.01. However, to reduce the effect of the imbalanced sample size in the grouping
221 process, survival analysis was not performed if the number of samples in each group was
222 less than 10% of the total samples. Multivariate Cox regression analysis was performed on
223 the three PDAC scRNA-seq datasets (SMC, WashU, and MGH cohorts) using *coxph* function
224 in survival R package. The covariates considered in this analysis encompassed age, gender
225 (male and female), tumor stage (stage 2 and 3), and the proportion of NMF subtypes.

226

227 **Transcription factor-target gene regulatory network analysis**

228 Regulon analysis was investigated using SCENIC [25], an R package that analyzes the co-
229 expression of transcription factors and their putative target genes. We assigned regulon
230 activity scores using SCENIC's default parameters from the raw UMI count matrix. These
231 scores were then used to construct co-expression networks. Regulon activity for each group
232 was calculated as the average regulon activity score across all cells in the group.

233

234 **Multiplex immunohistochemical assay (mIHC)**

235 Further analysis of interaction between Treg and ductal cells, mIHC was done with core
236 biopsy of liver metastases (Lm), however, Pm0 tissue from EUS FNB were not sufficient
237 enough for mIHC and surgically resected Pm0 tissues were used. Formalin-fixed, paraffin-

238 embedded (FFPE) tissue sections were immunostained using the Opal Polaris 7 Color IHC
239 Detection Kit (Akoya Biosciences, Marlborough, MA, USA), which uses individual tyramide
240 signal amplification (TSA)-conjugated fluorophores to detect various targets, on the BOND RX
241 autostainer (Leica Biosystems) and the following anti-human antibodies: panCytokeratin
242 (DAKO, #M3515), FOXP3 (Abcam, # ab20034), CD8 (Ventana, #790-4460), LGALS9
243 (ThermoFisher, #CF806323), CD44 (Abcam, #ab157107), IGF2 (ThermoFisher, #MA5-
244 17096), IGF2R (Abcam, #ab124767), AREG (Abcam, #ab234750), ICAM1 (ThermoFisher,
245 #MA5407), S100A2 (Abcam, #ab109494), and S100A9 (Abcam, #ab63818). Each antibody
246 was tested individually for its optimal position in the sequence of multiplex staining to
247 minimize interference with previous antibody-TSA complexes or by alteration of epitopes.

248 Specifically, 4- μ m-thick sections were deparaffinized on the Leica BOND-RX automated
249 immunostainer (Leica Microsystems, Milton Keynes, UK) by baking for 30 min at 60 °C,
250 soaking in BOND dewax Solution at 72 °C and then rehydrating in ethanol. Antigen retrieval
251 was performed in heated citrate buffer (pH 6.0) and/or Tris-EDTA buffer (pH 9) for 30 min,
252 sections were fixed with 7.5% neutralized formaldehyde (SAV Liquid Production GmbH).
253 Each section was subjected to 5-6 successive rounds of antibody staining, each consisting of
254 protein blocking with 20% normal goat serum (Dako) in PBS, incubation with primary Abs,
255 biotinylated anti-mouse/rabbit secondary antibodies and Streptavidin-HRP (Dako, 50003),
256 followed by TSA visualization with fluorophores Opal 520, Opal 540, Opal 570, Opal 620,
257 Opal 650, and Opal 690 (PerkinElmer) diluted in 1X Plus Amplification Diluent (PerkinElmer),
258 antibody-TSA complex-stripping in heated citrate buffer (pH 6.0) and/or Tris-EDTA buffer (pH
259 9) for 30 min and fixation with 7.5% neutralized formaldehyde. Thereafter, nuclei were
260 counterstained with DAPI (PerkinElmer), and sections were mounted with PermaFluor
261 fluorescence mounting medium (Thermo Fisher Scientific). Autofluorescence (negative

262 control) slides were also included, using primary and secondary antibodies and omitting the
263 fluor tyramides. Whole slides were scanned using the Vectra-Polaris 3.0.3, a multispectral
264 imaging system (Akoya Biosciences), at a low magnification of 10×. Quantification analysis
265 and image capture were performed with InForm 2.6.0. and Phenochart 1.0.9 image viewer
266 software (Akoya Biosciences).

Supplementary Tables

Table S1. Baseline characteristics of study patients.

Characteristics	N = 21
Age, median (range)	61 (50-73)
Sex, n (%)	
Male	8 (38%)
Female	13 (62%)
BMI (kg/m ²), median (range)	21.8 (16.0-29.1)
Performance status (ECOG), n (%)	
0: fully active	0 (0)
1: light house work	19 (90%)
2: ambulatory	1 (5%)
3: limited self-care	1 (5%)
DM (at the time of diagnosis)	
Yes	6 (29%)
No	15 (71%)
Pancreas mass (mm), median (range)	37 (20.0-80.0)
Location (proximal), n (%)	
Uncinate/Head/Neck	13 (62%)
Body	2 (10%)
Tail	6 (28%)
Stage (AJCC 8 th), n (%)	
III	6 (29%)
IV	15 (71%)
Metastasis, n (%)	
No metastasis	6 (29%)
Liver metastasis	13 (62%)
Other site metastasis, not including liver	2 (9%)
Treatment modality	
Best supportive care only	3 (14%)
Gemcitabine-based	8 (38%)
FOLFIRINOX*	10 (48%)
CA 19-9 (IU/mL), median (range)	309.2 (3.11-115,048)
CEA (ng/mL), median (range)	4.8 (1.09-185.48)
Overall survival (months), median (range)	9.7 (0.6-47.8)

* FOLFIRINOX: fluorouracil, leucovorin, irinotecan, oxaliplatin chemotherapy

Table S2. Sample information.

Sample No.	Patient No.	Grade	Type of Sample	Type of Sample	Location of Sample	Liver Mets (Y, N)	Mets other than Liver	Number of cells	Mean UMI*	Mean genes
1	PB2032	2	Primary PDAC	Pm0	Pancreas	N		1989	11273	1549
2	PB2151		Adjacent Normal Pancreas	Pn	Pancreas	Y		2773	6230	1619
3	PB2151	2	Primary PDAC	Pm1	Pancreas	Y		6220	7327	2025
4	PB2155		Adjacent Normal Pancreas	Pn	Pancreas	Y		293	18887	2279
5	PB2155	3	Primary PDAC	Pm1	Pancreas	Y		1973	12346	2298
6	PB2155		PDAC Liver Mets	Lm	Liver	Y		460	31211	4327
7	PB2191		Adjacent Normal Pancreas	Pn	Pancreas	Y		2567	6634	1990
8	PB2191	2	Primary PDAC	Pm1	Pancreas	Y		1979	14131	2858
9	PB2191		PDAC Liver Mets	Lm	Liver	Y		373	40770	4774
10	PB2203		Adjacent Normal Pancreas	Pn	Pancreas	Y		372	5652	1478
11	PB2203	2	Primary PDAC	Pm1	Pancreas	Y		651	9025	2244
12	PB2218	2	Primary PDAC	Pm1	Pancreas	N	Y (Bone)	688	15542	2557
13	PB2219	2	Primary PDAC	Pm1	Pancreas	Y		1772	10224	2521
14	PB2256	2	Primary PDAC	Pm0	Pancreas	N		2423	14512	2932
15	PB2264	2	Primary PDAC	Pm1	Pancreas	Y		1121	23032	3432
16	PB2264		PDAC Liver Mets	Lm	Liver	Y		3066	24041	4510
17	PB2265	2	Primary PDAC	Pm1	Pancreas	Y		1627	26826	4867
18	PB2266	2	Primary PDAC	Pm0	Pancreas	N		2244	11164	1969
19	PB2268	2	Primary PDAC	Pm0	Pancreas	N		1702	14058	2798
20	PB2281	2	Primary PDAC	Pm1	Pancreas	Y		2833	8126	2056
21	PB2286	2	Primary PDAC	Pm1	Pancreas	Y		2344	15857	3049
22	PB2287		Adjacent Normal Pancreas	Pn	Pancreas	N		644	12930	1951
23	PB2287	3	Primary PDAC	Pm0	Pancreas	N		2451	13063	2772
24	PB2311	2	Primary PDAC	Pm1	Pancreas	Y		253	64445	6186
25	PB2311		PDAC Liver Mets	Lm	Liver	Y		2596	17732	3357
26	PB2341	3	Primary PDAC	Pm1	Pancreas	N	Y (M1 LN)	3895	12391	2198
27	PB2349	3	Primary PDAC	Pm1	Pancreas	Y		2713	9596	2424
28	PB2349		PDAC Liver Mets	Lm	Liver	Y		1973	20460	4244
29	PB2366	2	Primary PDAC	Pm0	Pancreas	N		2857	16426	3313
30	PB2409	2	Primary PDAC	Pm1	Pancreas	Y	Y (Lung, Pleura)	1953	11229	2465
31	PB2409		PDAC Liver Mets	Lm	Liver	Y		5380	11059	2418
32	PB2410	2	Primary PDAC	Pm1	Pancreas	Y		2460	10657	1800
33	PB2410		PDAC Liver Mets	Lm	Liver	Y		2559	21248	3245

* UMI: unique molecular identifier

Table S3. Signature genes of the four NMF subtypes.

NMF-1	NMF-2	NMF-3	NMF-4
MKI67	FTL	CLU	CTSD
TOP2A	KRT19	SERPING1	PMEP1
TPX2	KRT18	SLC4A4	TACSTD2
HMGB2	TM4SF1	CYB5A	KRT17
CENPF	CSTB	FXD2	PHLDA3
NUSAP1	TIMP1	CFTR	SLPI
CDK1	TSPAN8	SNRPN	FXD5
PRC1	AGR2	CLDN10	CCND1
BIRC5	CD55	SPP1	IER5
MAD2L1	S100A14	SERPINA6	S100A2
UBE2C	TPM1	GC	SOX4
SMC4	KRT7	CXCL2	CTSH
ASPM	SPINK1	SERPINA5	SNCG
KIAA0101	S100P	PIGR	S100A9
H2AFZ	ERO1A	AMBP	GJB2
KIF20B	LGALS4	EGR1	GLTP
ZWINT	CLTB	GATM	AIG1
CEP55	LYZ	CES1	CRABP2
KIF23	ANXA1	RPS10	PVRL1
UBE2T	IER3	METTL7A	CDKN2A
CDKN3	LAMB3	CD74	PTGS2
CCNB1	HSPA1A	ZFP36	NME4
TK1	CTSE	UGT2B15	GLUL
ANLN	ASPH	FCGBP	ARHGDI8
CCNB2	S100A16	SLC3A1	SLC9A3R2
KIF11	CEACAM6	LGALS2	IGF2
HMMR	MIF	ID2	FBLN1
LMNB1	MRPS21	STXBP6	FAM83A
PTTG1	PDZK1IP1	HOMER2	MGST1
NDC80	SERPINB1	KIF12	GATA3
CENPE	FAM3C	FGGY	KRT13
CCNA2	KRTCAP2	NFKBIA	SCPEP1
RRM2	IL32	RBP1	LYPD3
GTSE1	S100A4	CTGF	TFPT
CENPW	KLF2	ASRGL1	FSCN1
NUF2	ANXA3	HHEX	LY6D
SPC25	PLA2G16	NDRG2	PLAT
DLGAP5	KLK11	BTG2	SULF2
CDC20	GCNT3	RHOB	PLAU
SGOL2	KLF4	UGT2A3	METRN
RAD51AP1	PLAC8	TCEA3	GALNT1
SGOL1	HMGA1	MUC5B	PHLDA1
TYMS	VEGFA	SCGB3A1	BCAM
NCAPG	TESC	CITED4	ITM2C
ARHGAP11A	CLDN18	NR4A1	TYMP
TACC3	ISG20	ERICH5	PTGES
KIFC1	APOL1	NR2F2	IRX3
STMN1	HSPA1B	CLDN3	KRT5
AURKB	TFF2	CA2	TMEM40
CDCA3	TRNP1	SERPINA1	BAG3
CDCA8	TFPI	SERPINA4	GJB6
CENPK	AGR3	C6	CLEC2B
NEK2	TIMP2	ZC3H12A	SLC2A1
PLK1	SLC40A1	GLIS3	TGM2
KIF2C	RPL36A	IRF1	NAPRT
FOXM1	RPL22L1	MAFF	SEMA3C

CASC5	AC090498.1	RP1-60O19.1	CFH
KIF4A	SNX9	DNAJB1	FLNA
AURKA	PON2	SOD2	LRRC8A
BUB1	SRD5A3	FAM3D	CAPS
DTYMK	SFTA2	KCNJ15	SYNGR1
ATAD2	RND3	CRISP3	GPR153
TUBA1B	AREG	HLA-DPB1	UPK3B
HJURP	CTSS	CYS1	PVRL4
CENPA	WFDC2	PDGFD	AQP3
KIF14	RAB40B	BEX5	LINC01503
CKAP2L	CTSC	ALDH1A1	LAMC2
DEPDC1	TFF1	HABP2	RHOD
PBK	CCDC68	CFI	CDC42EP3
TTK	CLDN23	KDM6B	IGFBP3
CDCA5	TMEM176B	AGT	C16orf74
ECT2	RNASET2	KIAA1324	IGFBP7
CKAP2	SLC16A3	C3	TSC22D3
MELK	LINC01133	ZG16B	ADIRF
PRR11	KCNQ1OT1	ARSE	CETN2
BUB1B	CYP2S1	HLA-DRB1	NMB
CKS1B	NDRG1	C12orf75	GRHL1
DIAPH3	TNFRSF12A	MT1F	TMEM45A
SHCBP1	BIRC3	HES1	CST6
ORC6	TNFRSF21	AQP1	SEMA4B
RACGAP1	ITGA2	LCN2	LAMB1
CKS2	MACC1	TM4SF4	SCCPDH
MYBL2	GABRP	EPB41L4A	CD109
FANCI	HS3ST1	COL18A1	ADAM8
KIAA1524	SEMA3B	BEX4	KRT23
SPAG5	EMP1	SORBS2	AMIGO2
SMC2	PLAUR	ONECUT2	HOMER3
NCAPH	HMGS1	PLD1	B4GALT1
KPNA2	C6orf48	SEC11C	MBOAT2
BRCA1	RAB27B	SCTR	TGFB1
CIT	ANXA10	GPX2	TRIM29
SKA3	MUC13	GAMT	APOBEC3G
ASF1B	VNN1	CXCL3	FAM129B
TROAP	TM4SF5	CD81	PPL
MND1	TXNRD1	FBP1	PRSS22
CDCA2	TPM2	CYR61	DUSP5
CENPN	MALL	FHIT	NCCRP1
NUDT1	FAM46A	TFF3	CHST11
KIF18B	KLK10	TACC1	ARL4D
FAM83D	VSIG2	SLC25A25	MUC4
ARHGAP11B	PNP	SFRP5	LTBP2
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ANP32E	TMEM176A	ONECUT1	LRMP
KNSTRN	LMO4	RASD1	SNAI2
UBE2S	PRSS8	SLC12A2	SYT8
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KIF20A	BMP2	PPP1R1B	ZNF750
NCAPD3	ALDH2	CXCL1	MAP3K8
BRCA2	RAMP1	GGT1	SSPN
HELLS	AKR7A3	FGFR3	COL6A1
HMGB3	C4orf48	HLA-DQB1	MMP14
RRM1	AHNAK2	TNFSF13B	MXRA8
PHF19	CMBL	SELENBP1	LPCAT2
SAPCD2	TUBA4A	ID4	MT2A

PKMYT1	FAM101A	SOD3	QPRT
DSCC1	SLC3A2	CLDN2	DSE
HIST1H1B	ABHD11-AS1	APCDD1	MDM2
CENPU	IDI1	AKR1C3	MUC16
RNASEH2A	P4HA1	ANPEP	DUSP23
ESCO2	FDFT1	TCN1	LSP1
CLSPN	RP11-1143G9.4	SNHG18	NUAK1
FEN1	ONECUT3	GADD45B	KRT15
POLQ	EPS8L1	FAM150B	KRT4
DHFR	BST2	MUC6	S100A8
CCDC34	SLC25A37	MT1E	CSTA
DNMT1	PITX1	KCNJ16	PCDH7
CENPM	XRCC4	GYPC	IGFBP4
PCNA	C10orf10	CTNND2	HMGA2
DUT	RP11-350J20.12	VTN	GPC1
H2AFX	EGLN3	SLC38A11	MDFI
CCNF	SYT13	NPDC1	SRGAP3
ATAD5	EFNA1	FOLR1	VIM
MCM4	HSBP1L1	BCO2	GPR87
E2F8	CDHR2	DMBT1	MMP2
TUBB	EIF4E	NR5A2	CTHRC1
POC1A	C15orf48	PAH	PGM2L1
HIST1H4C	APOA1BP	SLC28A3	CMTM3
PSRC1	AP1S1	F5	SGK1
CDC6	IRF7	GAS6	DCBLD2
FAM111B	VIL1	PIK3AP1	RHOV
GPSM2	MLF1	NUAK2	EPHA4
MZT1	SLC6A8	ALDH1A2	OAS1
CHEK1	PLA2G10	TRPV6	LINC00152
RFC3	CHPT1	HLA-DRB5	KRT6A
GGH	ITGB8	NOSTRIN	PALLD
PIF1	LAMA3	LINC00261	LGALS1
MCM3	HIST1H1C	NR2F1	PDLIM7
DBF4	PRR15L	RP11-528G1.2	LCP1
STRA13	ADGRF1	WDR72	RP11-54H7.4
CENPH	PTPRR	PROX1	F3
CDC45	MSLN	IFI6	TGFBI
UHRF1	CKB	FAM3B	MTSS1
RAD51	RP11-462G2.1	FLRT2	COL1A1
RECQL4	MUC3A	GP2	FN1
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GIN52	SPNS2	BEX1	TNS4
FAM111A	CRIP1	FILIP1L	RHOBTB3
TCF19	TNNT1	MAN1A1	PYGL
CDT1	C9orf3	HLA-DMA	BCL11A
FAM64A	ANG	WNK2	TTC9
MCM10	ARL14	ACSM3	PFN2
FBXO5	SULT1C2	PDE5A	LRIF1
RPL39L	TNFSF10	SLC17A4	CXCL17
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MXD3	EIF4EBP1	VWA1	SUSD4
C21orf58	SF3B4	SLC5A1	CTSL
BORA	HSD17B2	EDN1	PLOD1
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XRCC2	DDIT4	LYPD6B	ALDH1L1
LIG1	TMEM173	ZNF667-AS1	FRMD6
ATP1B3	CDC42EP5	AKAP7	SLC39A2
BRI3BP	HK2	NEB	NRP2
MNS1	MXD1	MPP1	SRGN

DTL	RPL17	ANXA13	KRT16
CBX5	RP11-841O20.2	BAAT	ANXA8
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NMU	RNASE1	TUSC3	IFITM10
WDR76	AOC1	NEURL3	MSN
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CDCA7	SLCO4A1	CDH6	SLITRK6
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GMNN	DDIT3	DACH1	HCAR2
PTMS	DKK1	PTGR1	HES4
FDPS	CES2	PKHD1	EPHB2
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MCM5	TRIM54	NTRK2	TP63
TMEM97	RARRES3	ADORA1	DSG3
HIST2H2AC	RHOF	SCD5	G0S2
LDHB	CA9	DPM3	CDH3
TNFAIP8L1	PPP1R14D	RP11-469H8.6	PLTP
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Supplementary Figures

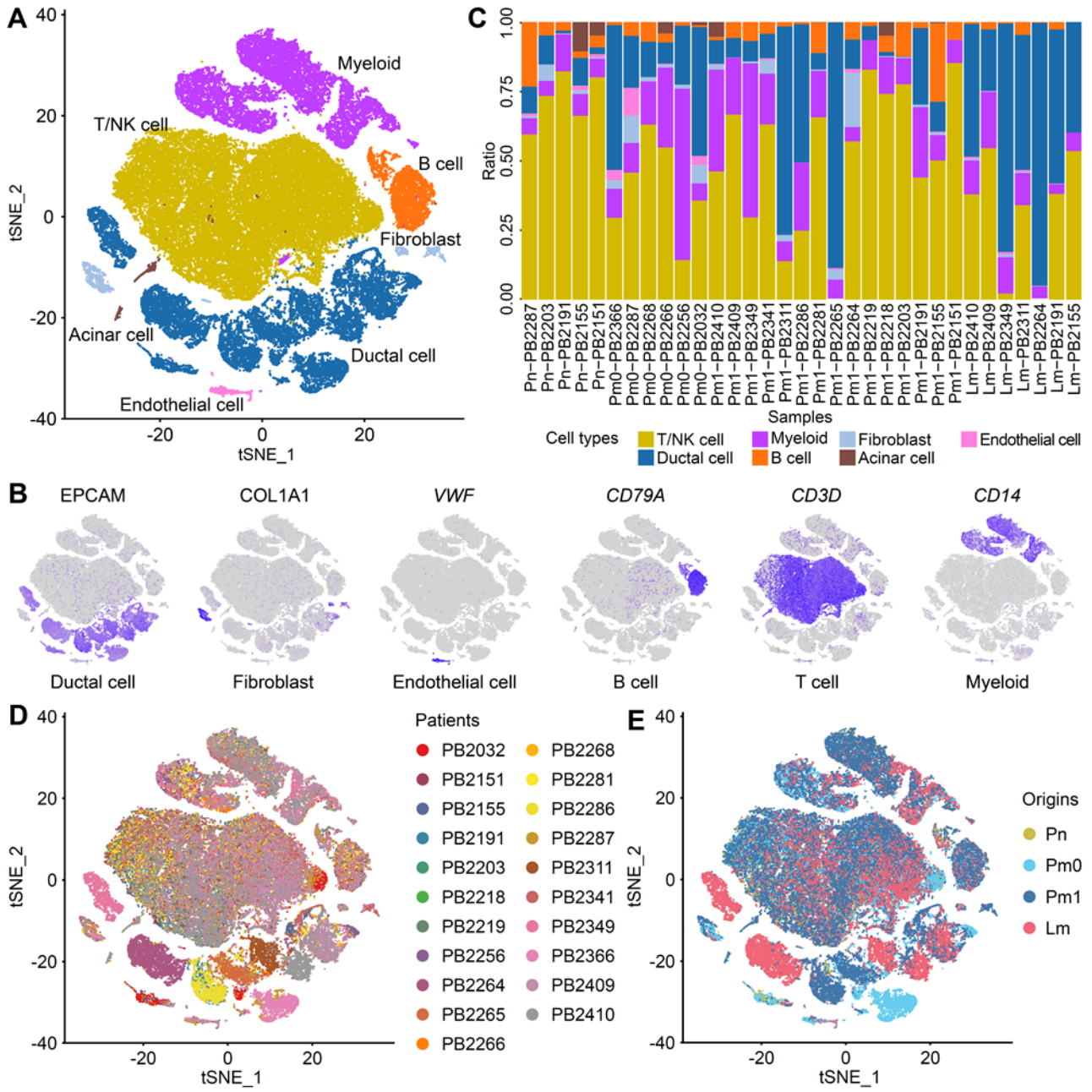


Fig. S1 Overview of single cells from the primary PDAC mass and matched liver metastasis. **A**, t-SNE projection of 69,204 single cells showing the formation of 21 clusters, including ductal cells, T cells, myeloid cells, fibroblasts, B cells, acinar cells, and endothelial cells. **B**, t-SNE projections displaying the expression of known cell type marker genes. **C**, Bar plot showing the proportion of major cell types in each sample from each patient. **D** and **E**, t-SNE projections of scRNA-seq data isolated from individual PDAC patients. Each dot represents one cell and the colors represent the patients (**D**) and the origins (**E**).

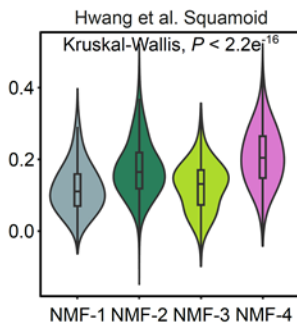
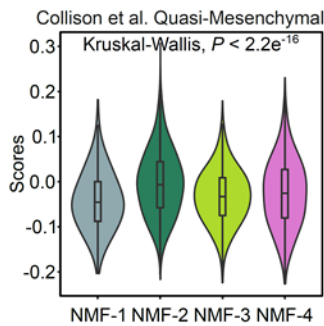
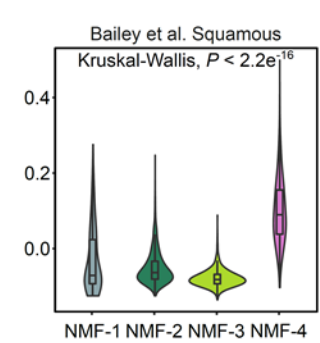
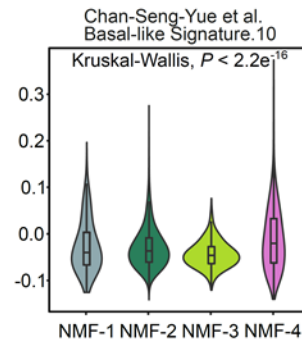
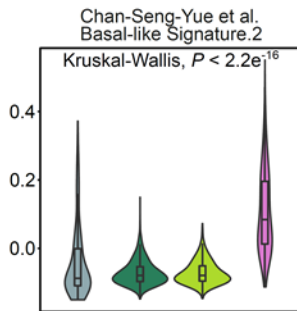
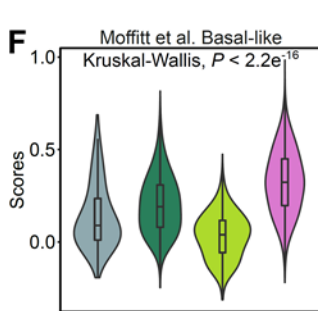
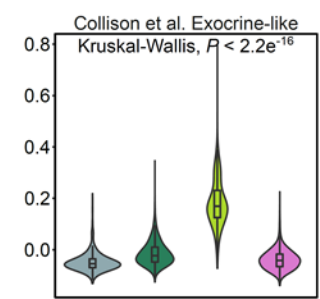
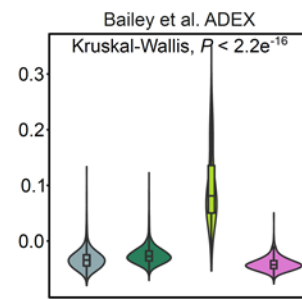
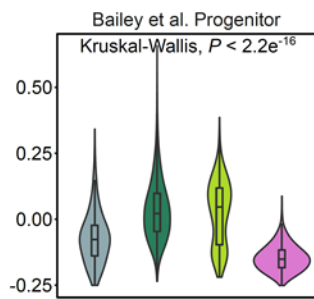
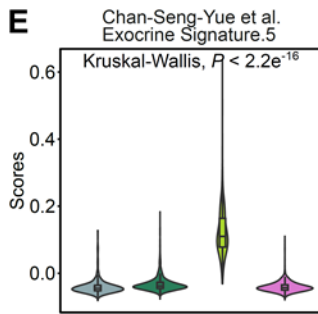
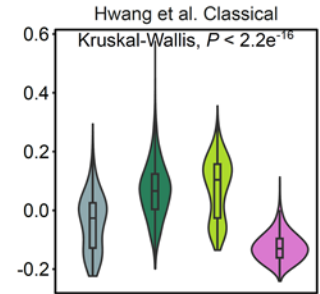
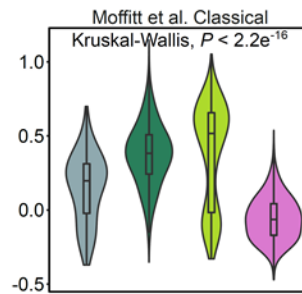
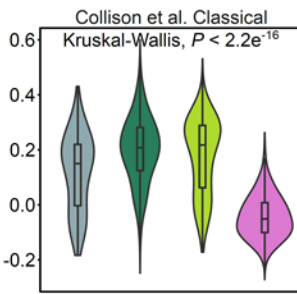
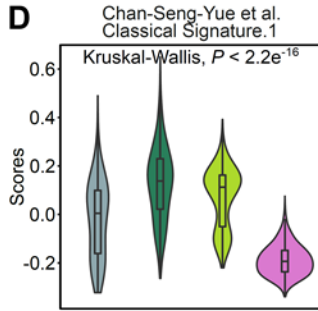
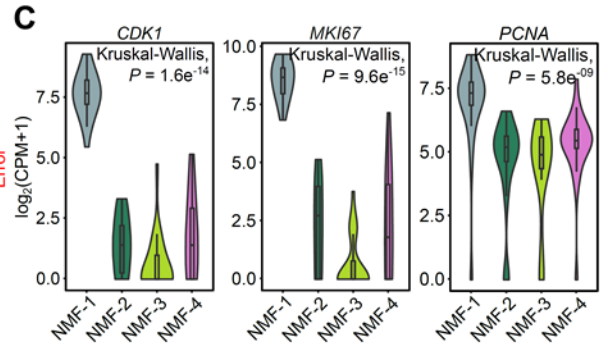
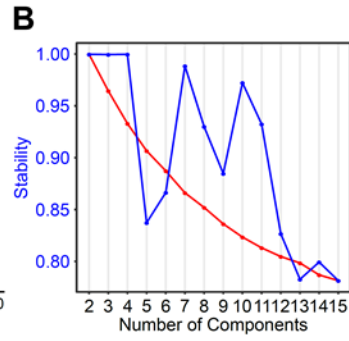
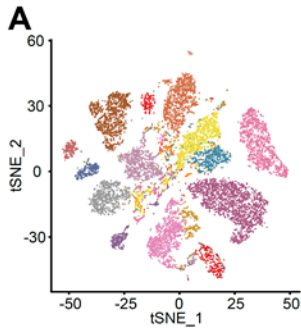


Fig. S2 Molecular subtypes of ductal cells in the primary PDAC mass and matched liver metastasis. **A**, t-SNE projection showing 21 sub-clusters of ductal cells. Each dot is color-coded by the patients. **B**, Stability and error of cNMF solutions for ductal cells with different numbers of programs. **C**, Violin plots showing the expression level of cell cycle related genes for each NMF subtype. **D-F**, Violin plots displaying the scores of signature genes from previously reported classical (**D**), exocrine (**E**), and basal-like (**F**) subtypes.

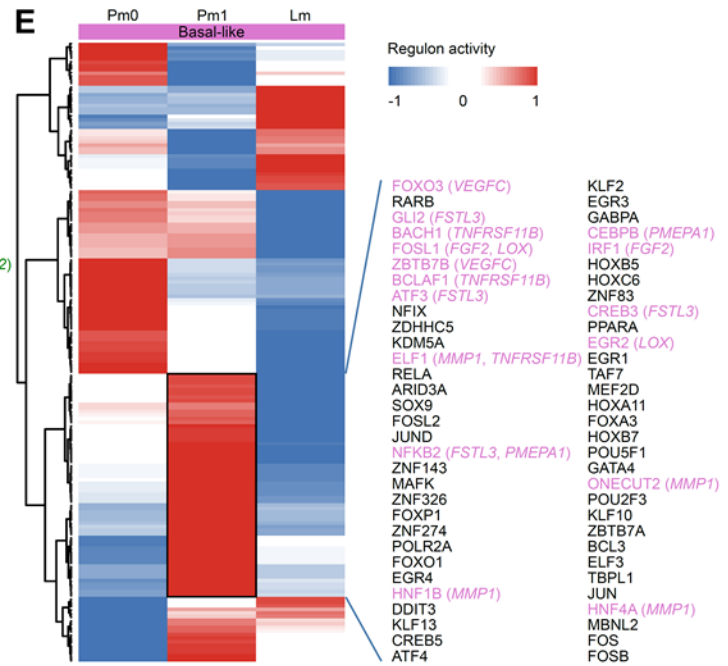
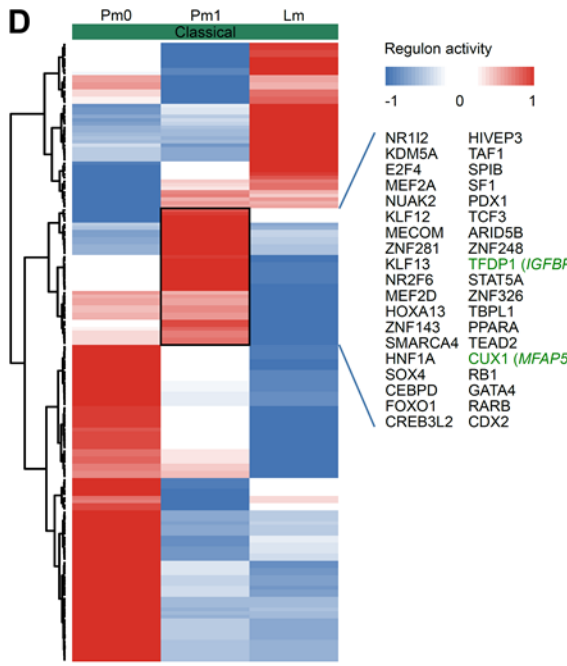
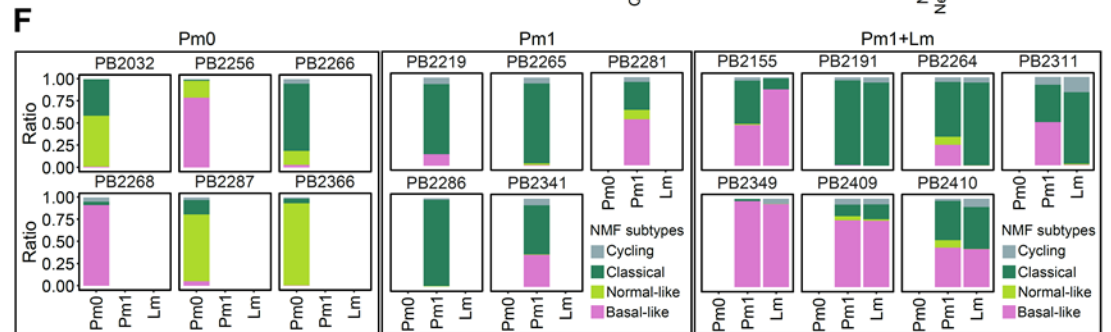
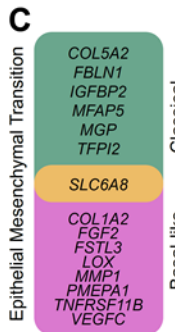
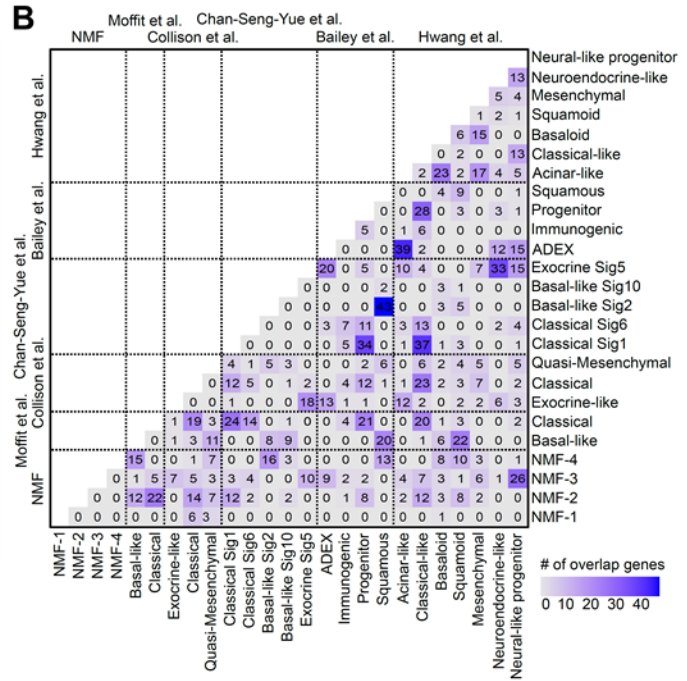
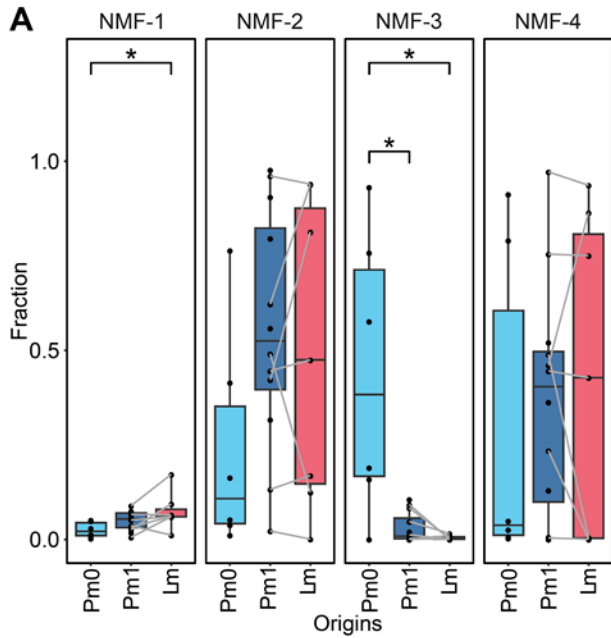


Fig. S3 Relationship between PDAC subtype and patient prognosis. **A**, Box plots showing the percentage differences in NMF subtypes among origins (two-sided Wilcoxon rank sum test: $*P < 0.05$, $**P < 0.01$, $***P < 0.001$). Samples from the same patients were connected by solid lines. **B**, Heatmap showing the shared signature genes between NMF subtypes and previously reported subtype signature genes. **C**, Venn diagram illustrating the similarity of EMT genes related to classical or basal-like subtype. **D** and **E**, Heatmaps showing Pm1-specifically activated TFs in classical and basal-like PDAC subtypes. TFs regulating the PDAC subtype specific EMT genes in Pm1 are colored to match the subtypes. **F**, Bar plots showing the fraction of four NMF subtypes in each sample, and each color indicated the subtype.

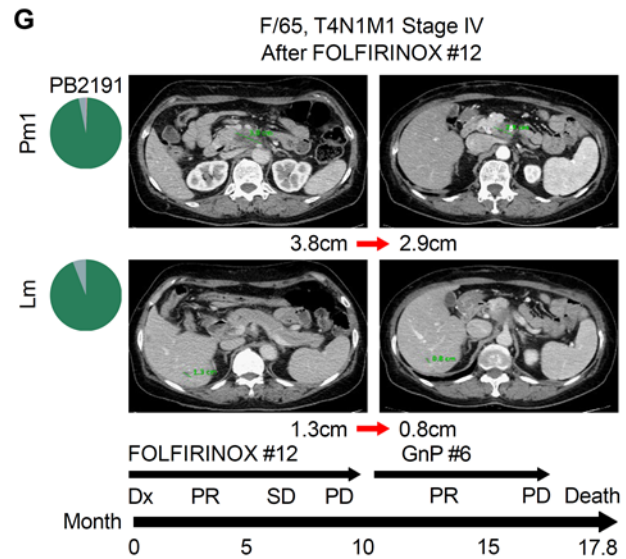
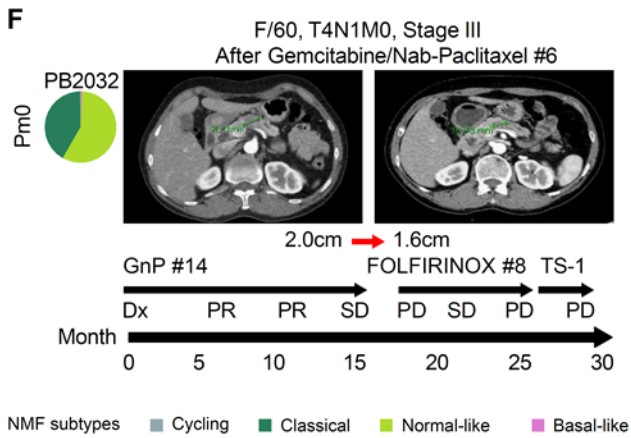
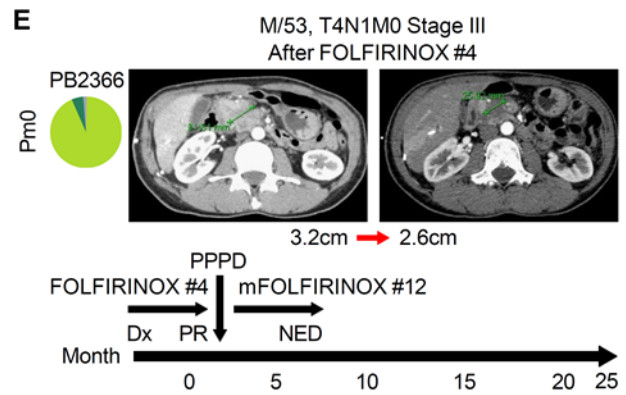
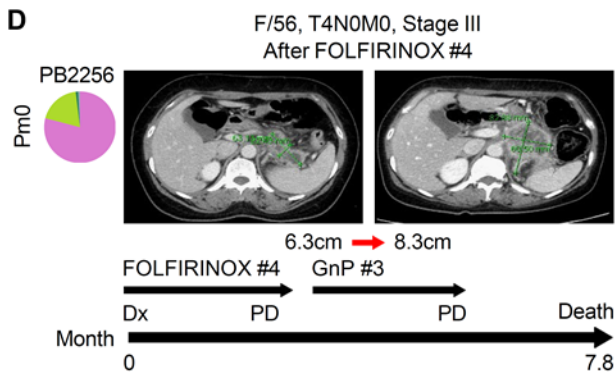
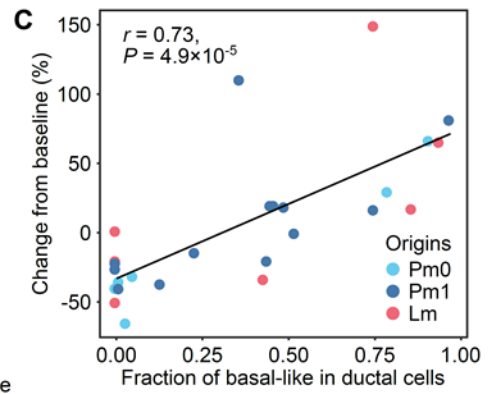
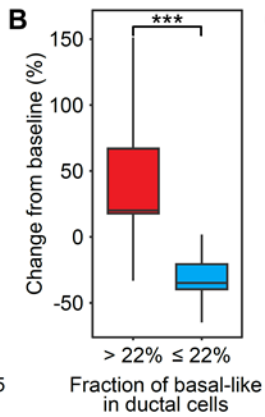
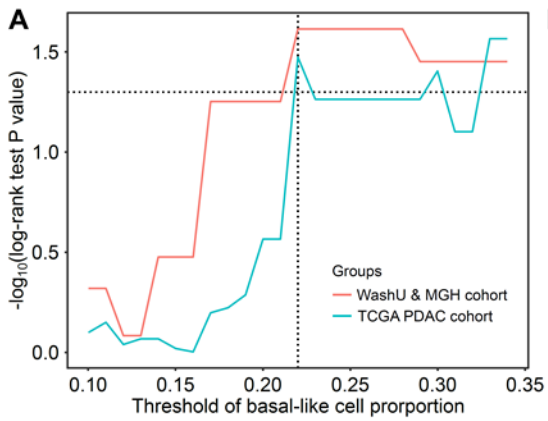


Fig. S4 An investigation of treatment courses for patients with different NMF subtypes. **A**, Line plot showing Kaplan-Meier (log-rank) test P values (horizontal dotted line for $P=0.05$) when dividing samples of the TCGA PDAC cohort (bulk RNA-seq, $N=148$) and WashU and MGH cohorts (scRNA-seq, $N=25$) into two groups based on a range of basal-like cell proportions (10~35%). The minimum basal-like cell proportion exhibiting a statistical association with survival in both cohorts is 22% (vertical dotted line). **B**, Boxplot showing the distribution of change in the sum of the target lesions (RECIST v1.1) within two groups (two-sided Wilcoxon rank sum test: $*P < 0.05$, $**P < 0.01$, $***P < 0.001$). **C**, Scatter plot displaying the Pearson correlation between change in the sum of the target lesions (RECIST v1.1) and the fraction of basal-like in ductal cells. **D-G**, The proportion of PDAC NMF subtypes and CT scan images before and after chemotherapy of PDAC patients PB2256 (**D**), PB2366 (**E**), PB2032 (**F**), and PB2191 (**G**).

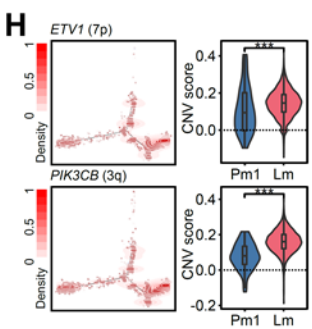
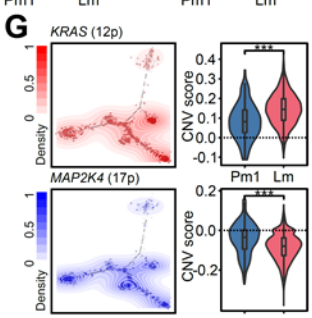
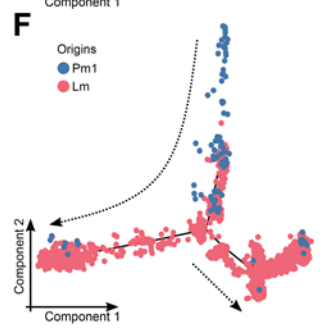
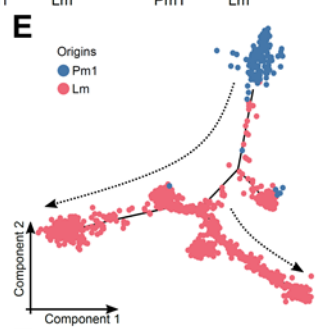
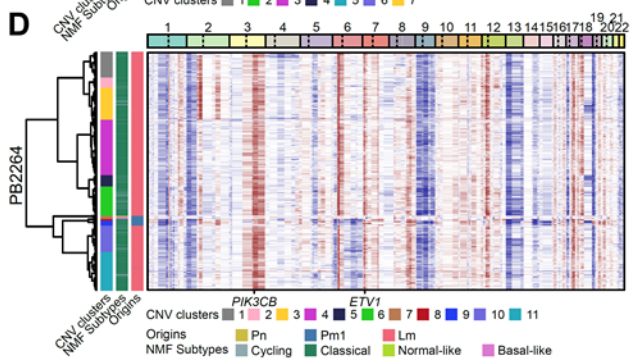
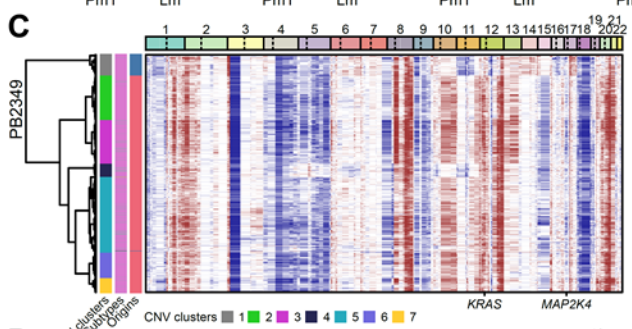
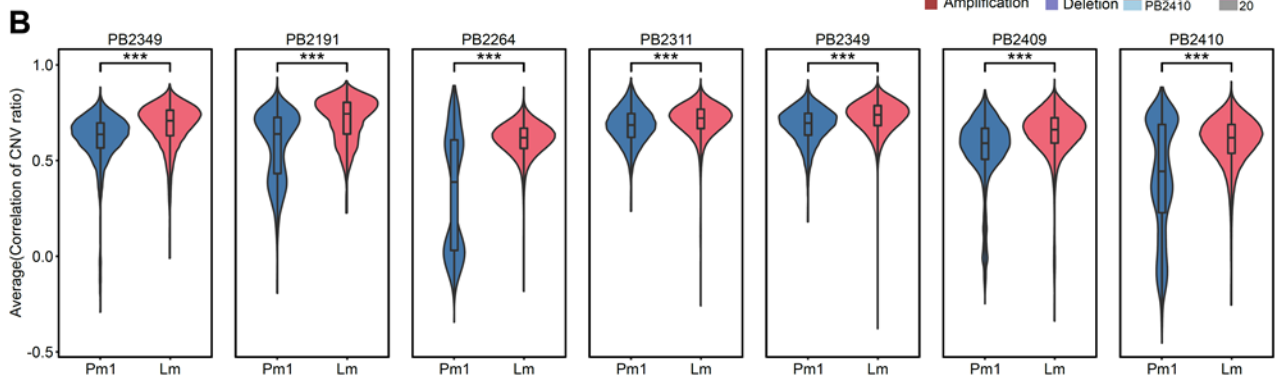
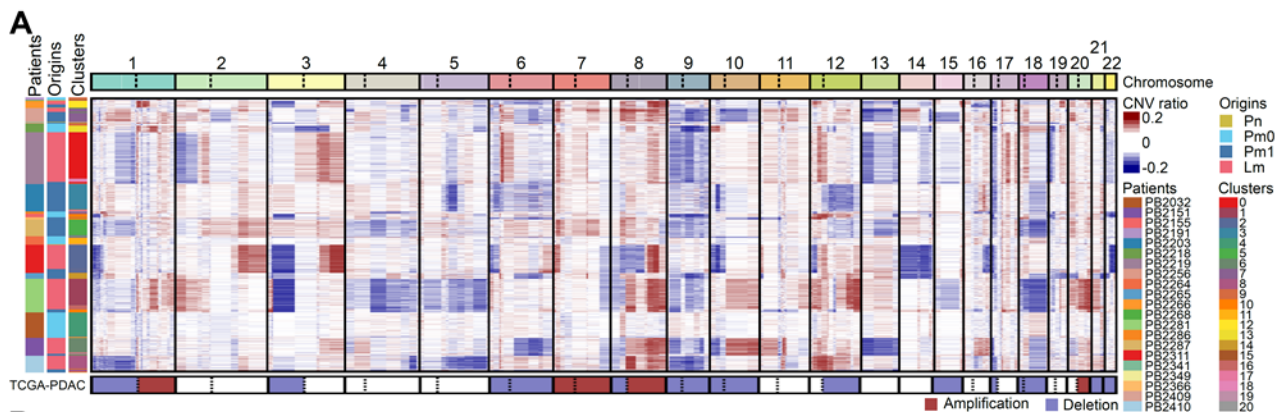


Fig. S5 Clonal evolution of ductal cells in PDAC progression and metastasis. **A**, Heatmap showing CNVs profiles of ductal cells from primary PDAC masses and matched liver metastases. Each cell is sorted by patient and sample (left sidebar). The bottom sidebar shows the CNV profiles at the genomic level of TCGA PDAC patients. **B**, Violin plots showing the distribution of mean CNV correlation coefficients among malignant ductal cells within origin by patient (two-sided Wilcoxon rank sum test: $*P < 0.05$, $**P < 0.01$, $***P < 0.001$). **C** and **D**, Hierarchical clustering of CNV profiles in individual patients PB2349 (**C**) and PB2264 (**D**). **E** and **F**, Unsupervised transcriptional trajectories of ductal cells in individual patients PB2349 (**E**) and PB2264 (**F**) colored by sample origin. Trajectory directions were indicated by arrows. **G** and **H**, Dots on trajectory projections (left) were colored by copy number scores at the cellular level and overlaid with contour plots of cells with the strongest copy number variation for known cancer-associated genes in individual patients PB2349 (**G**) and PB2264 (**H**). Violin plots (right) showed copy number scores of genes by origin (two-sided Wilcoxon rank sum test: $*P < 0.05$, $**P < 0.01$, $***P < 0.001$).

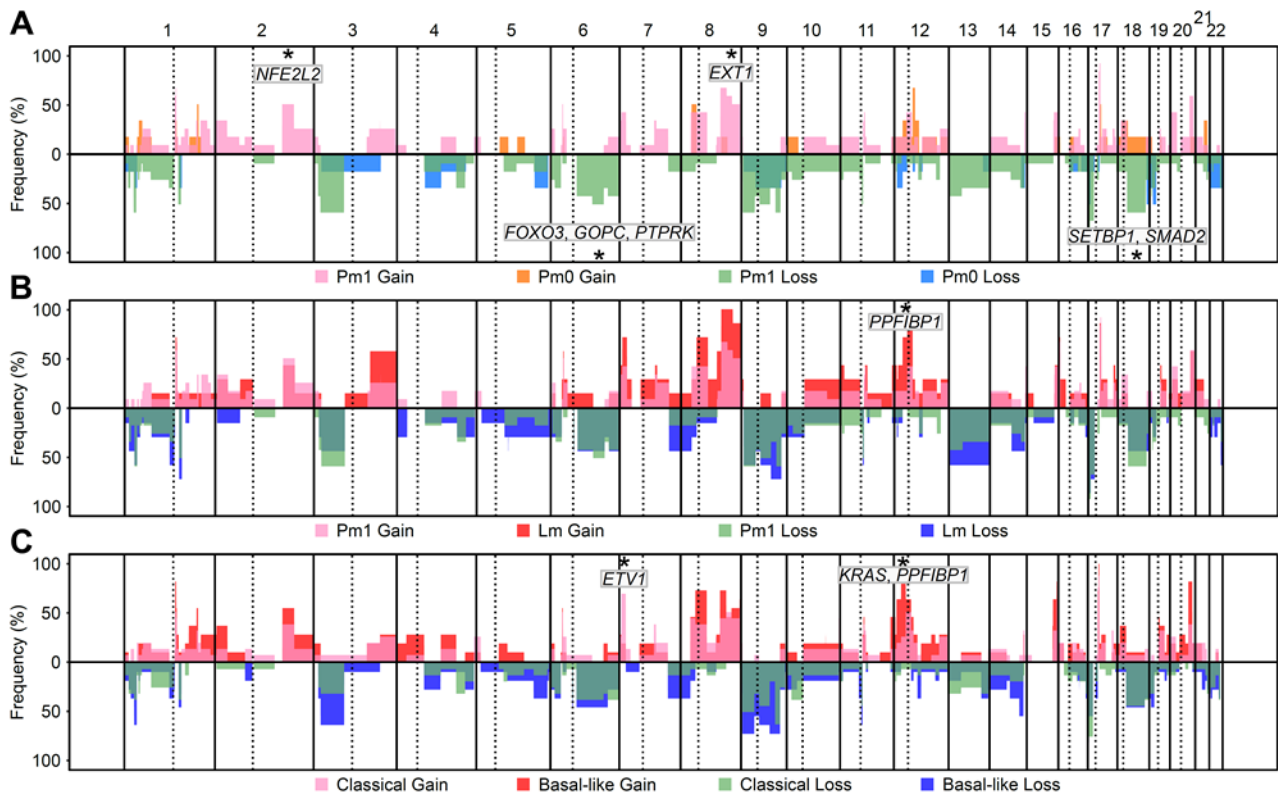


Fig. S6 Clonal evolution during PDAC progression. **A-C**, Histograms showing the frequency of CNV gains (pink and red) or losses (green and blue) according to origins (**A**, Pm0 versus Pm1; **B**, Pm1 versus Lm) or PDAC subtypes (**C**, classical versus basal-like). Asterisks indicated regions showing significant differences through Fisher's exact test ($P < 0.05$).

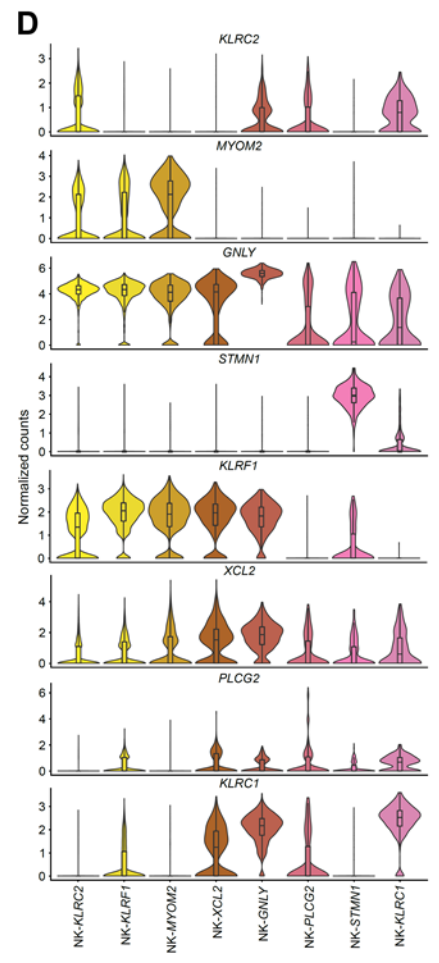
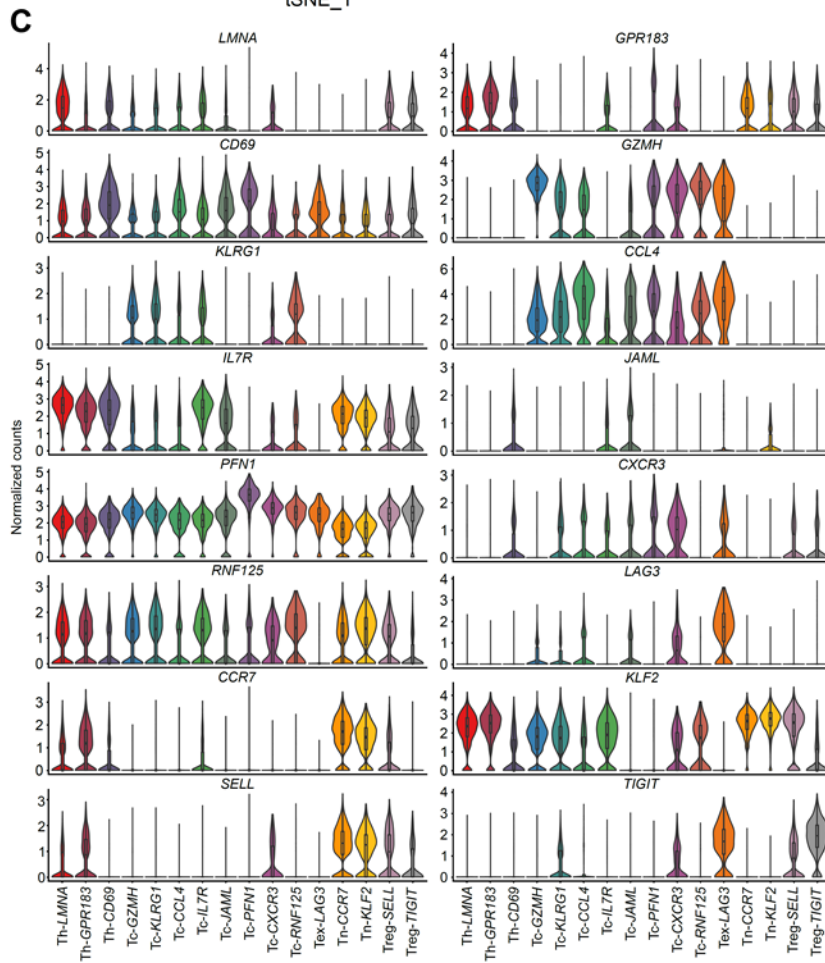
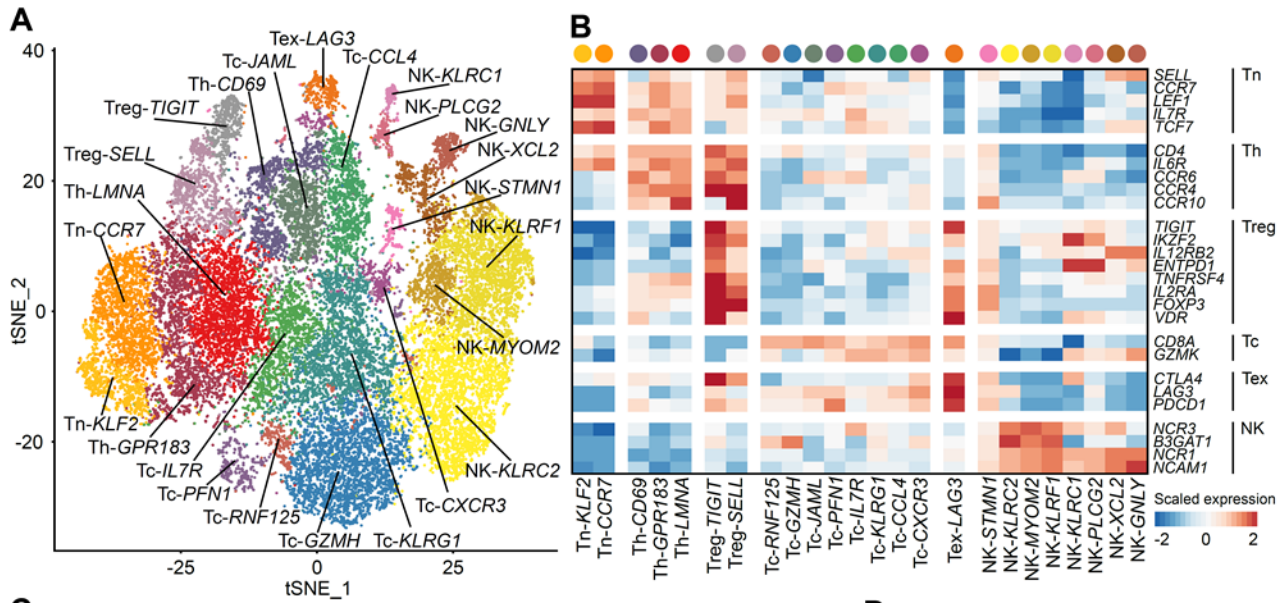


Fig. S7 T/NK cells subclusters in the primary PDAC mass and matched liver metastasis. **A**, t-SNE projection showing 24 subclusters of T/NK cells. Each dot is color-coded by cluster. **B**, Heatmap showing the expression level of cell type marker genes in each T/NK cell subcluster. **C** and **D**, Expression level of cell type markers for T (**C**) and NK (**D**) cell subclusters.

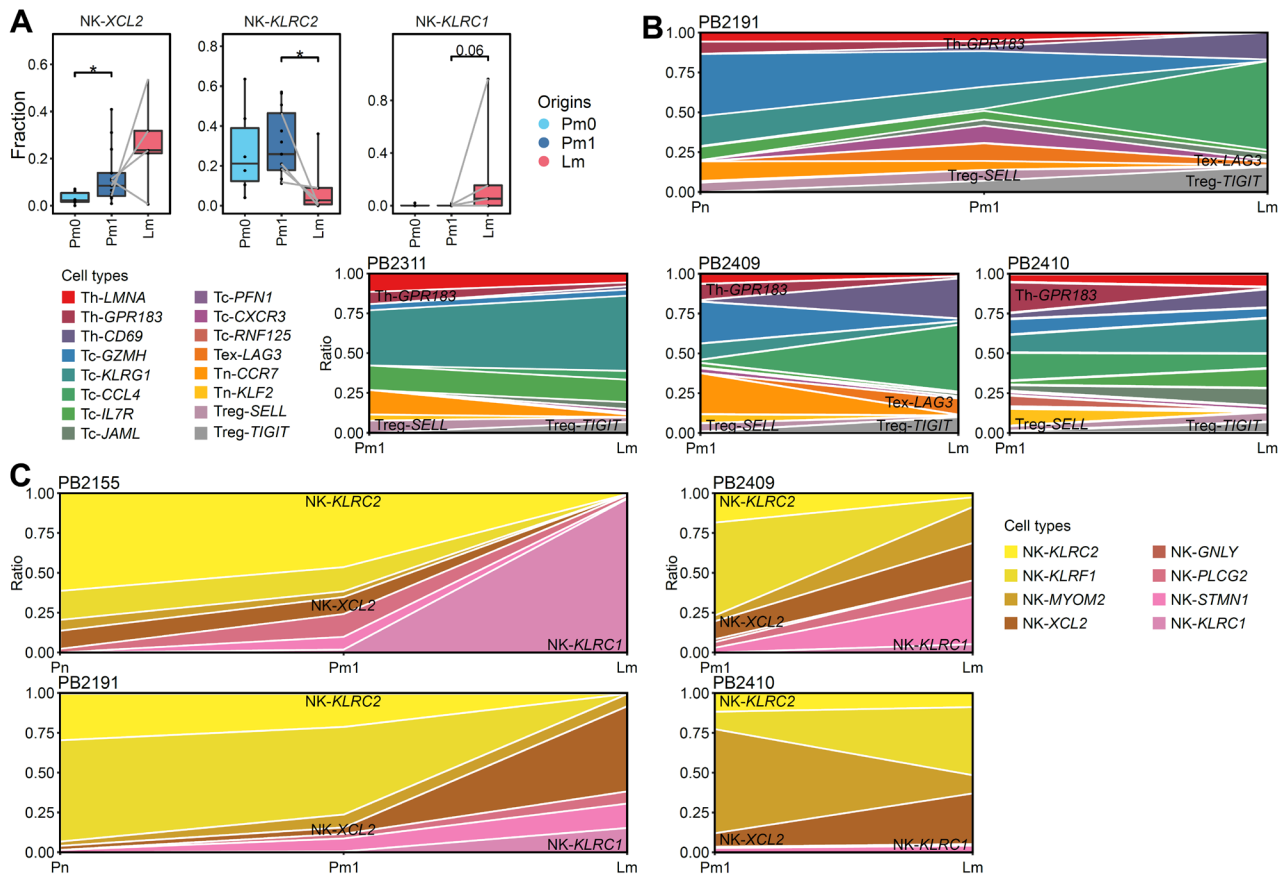


Fig. S8 Variations in the composition of T/NK subclusters according to patient origin. **A**, Box plots indicating the percentage differences in T/NK cell subclusters among origins (two-sided Wilcoxon rank sum test: * $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$). Samples from the same patients were connected by solid lines. **B** and **C**, Area plots displaying the changes in T cell (**B**) and NK (**C**) subcluster composition by origin for each patient.

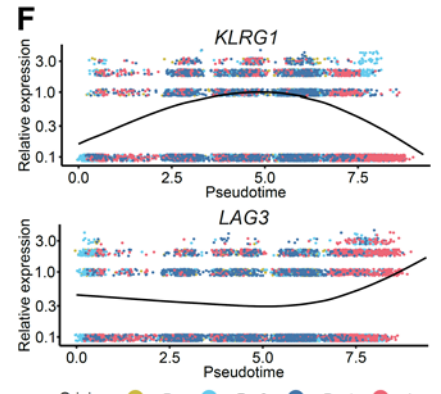
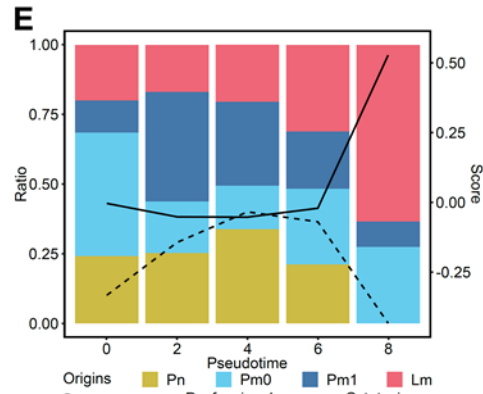
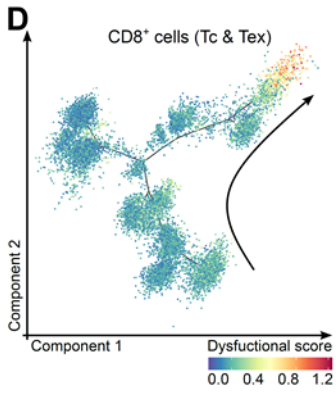
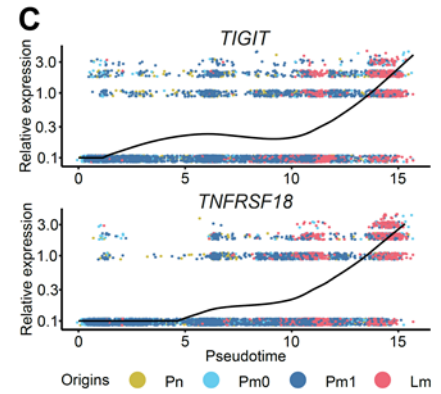
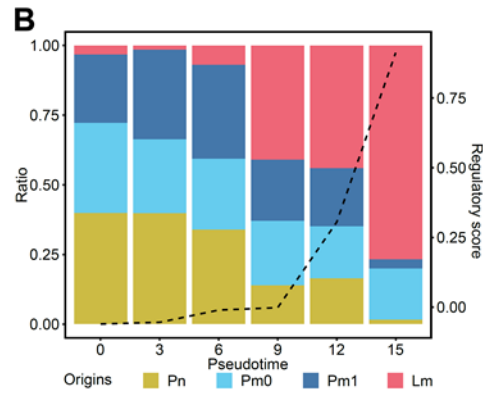
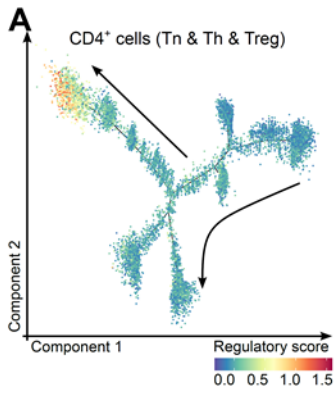


Fig. S9 Lineage analysis of T cells in PDAC progression and metastasis. **A**, Unsupervised transcriptional trajectory of CD4⁺ T cells (Tn, Th and Treg) in primary PDAC and liver metastasis. The color of each dot represents a regulatory score. Trajectory directions were indicated by arrows. **B**, Bar plot showing the ratio of origins at each pseudotime interval, and each color represents an origin. The dotted line indicates the average regulatory score for each pseudotime interval. **C**, Relative expression of representative regulatory genes, *TIGIT* and *TNFRSF18*, along pseudotime, and each dot is colored by origins. **D**, Unsupervised transcriptional trajectory of CD8⁺ T cells (Tc and Tex) in primary PDAC and liver metastasis. The color of each dot represents a dysfunctional score. Trajectory directions were indicated by arrows. **E**, Bar plot showing the ratio of origins at each pseudotime interval, and each color represents an origin. Mean dysfunctional and cytotoxic scores for pseudotime intervals were illustrated by solid and dotted lines, respectively. **F**, Relative expression of representative cytotoxic (*KLRG1*) and dysfunctional (*LAG3*) genes along pseudotime, and each dot is colored by origins.

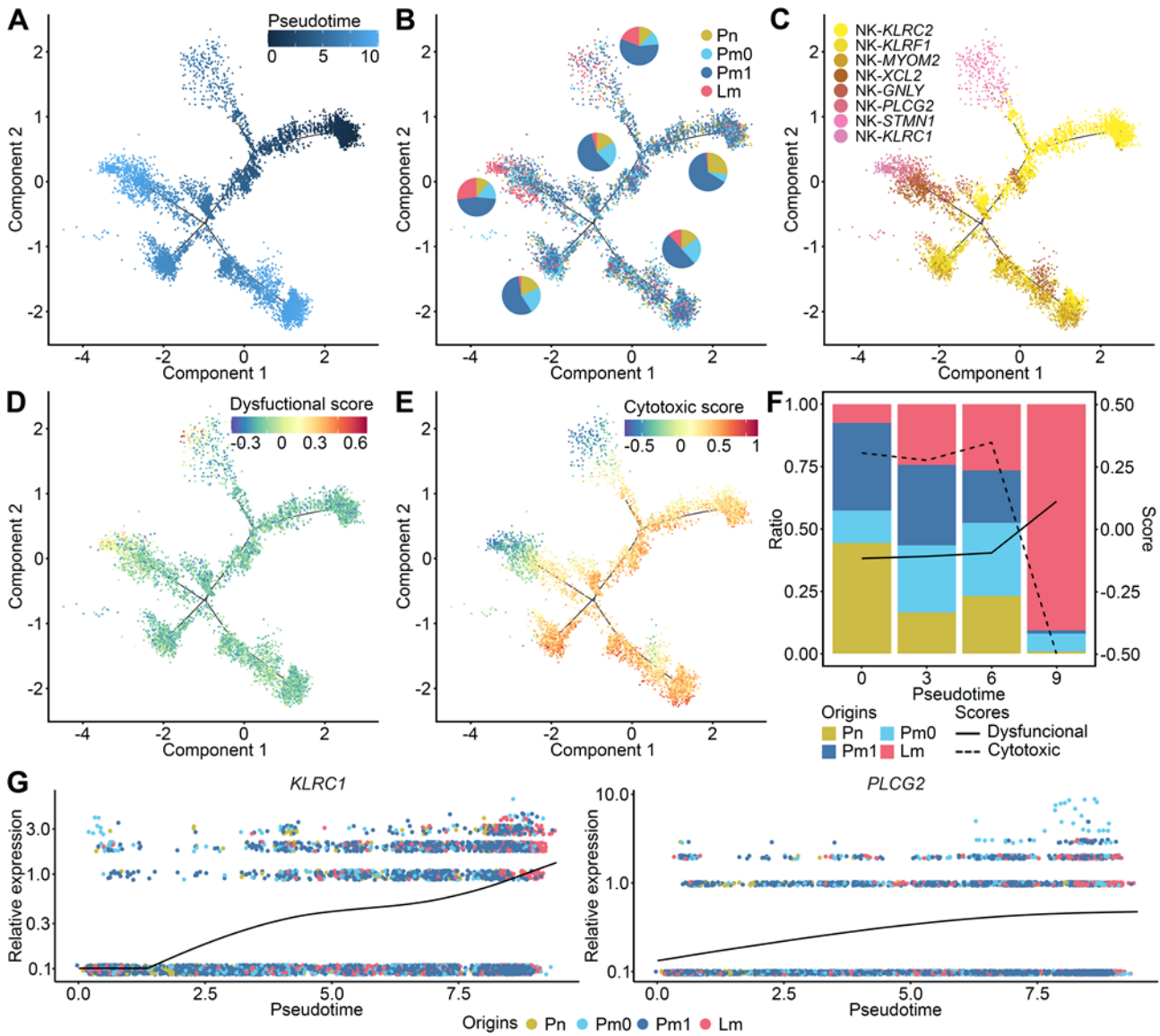


Fig. S10 Lineage analysis of NK cells in PDAC progression and metastasis. **A-E**, Unsupervised transcriptional trajectory of NK cell in primary PDAC mass and liver metastasis biopsy. The color of each dot is indicated by pseudotime (**A**), origins (**B**), NK cell subtypes (**C**), dysfunctional score (**D**), and cytotoxicity score (**E**). **F**, Bar plot showing the ratio of origins at each pseudotime interval, and each color represents an origin. Mean dysfunctional and cytotoxic scores for pseudotime intervals were illustrated by solid and dotted lines, respectively. **G**, Relative expression of representative dysfunctional (*KLRC1* and *PLCG2*) genes across pseudotime, and each dot is colored by origins.

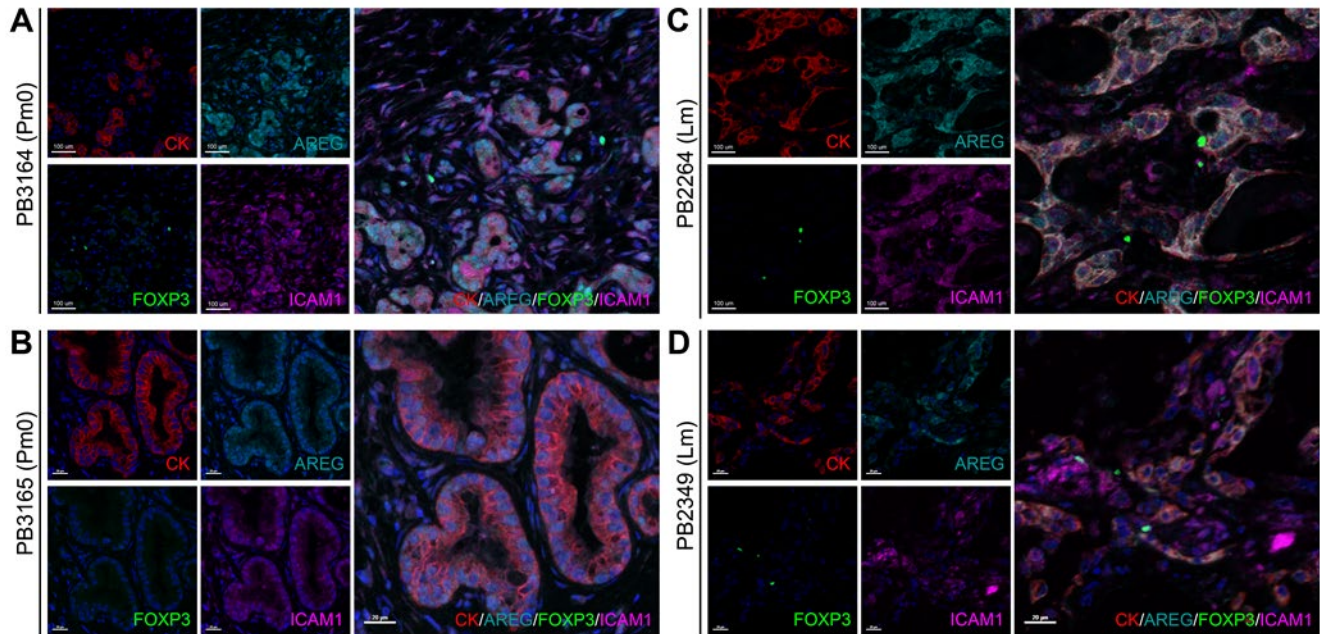


Fig. S11 Receptor-ligand interactions between ductal cancer cells and regulatory T cells (Tregs) are examined in primary pancreas (Pm0, **A** and **B**) and liver metastasis (Lm, **C** and **D**) tissues by multiplex immunohistochemistry. AREG (cyan)-ICAM1 (magenta); Ductal cancer cells are stained with pan-cytokeratin (CK, red), and Tregs are stained with FOXP3 (green). Nuclei were counterstained with DAPI (blue): scale bar, 20 μ m.

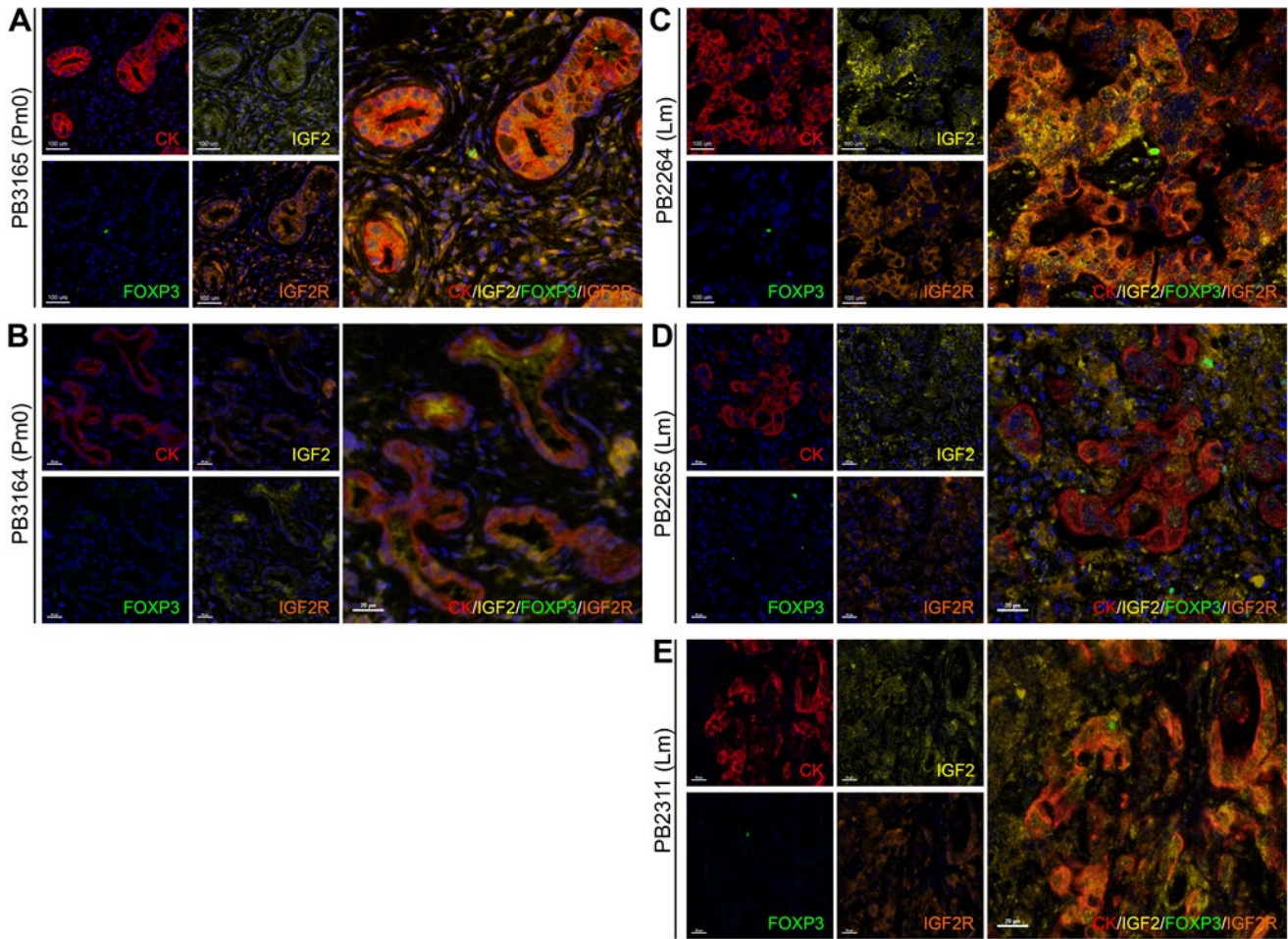


Fig. S12 Receptor-ligand interactions between ductal cancer cells and regulatory T cells (Tregs) are examined in primary pancreas (Pm0, **A** and **B**) and liver metastasis (Lm, **C-E**) tissues by multiplex immunohistochemistry. IGF2 (yellow)-IGF2R (orange); Ductal cancer cells are stained with pan-cytokeratin (CK, red), and Tregs are stained with FOXP3 (green). Nuclei were counterstained with DAPI (blue): scale bar, 20 μ m.

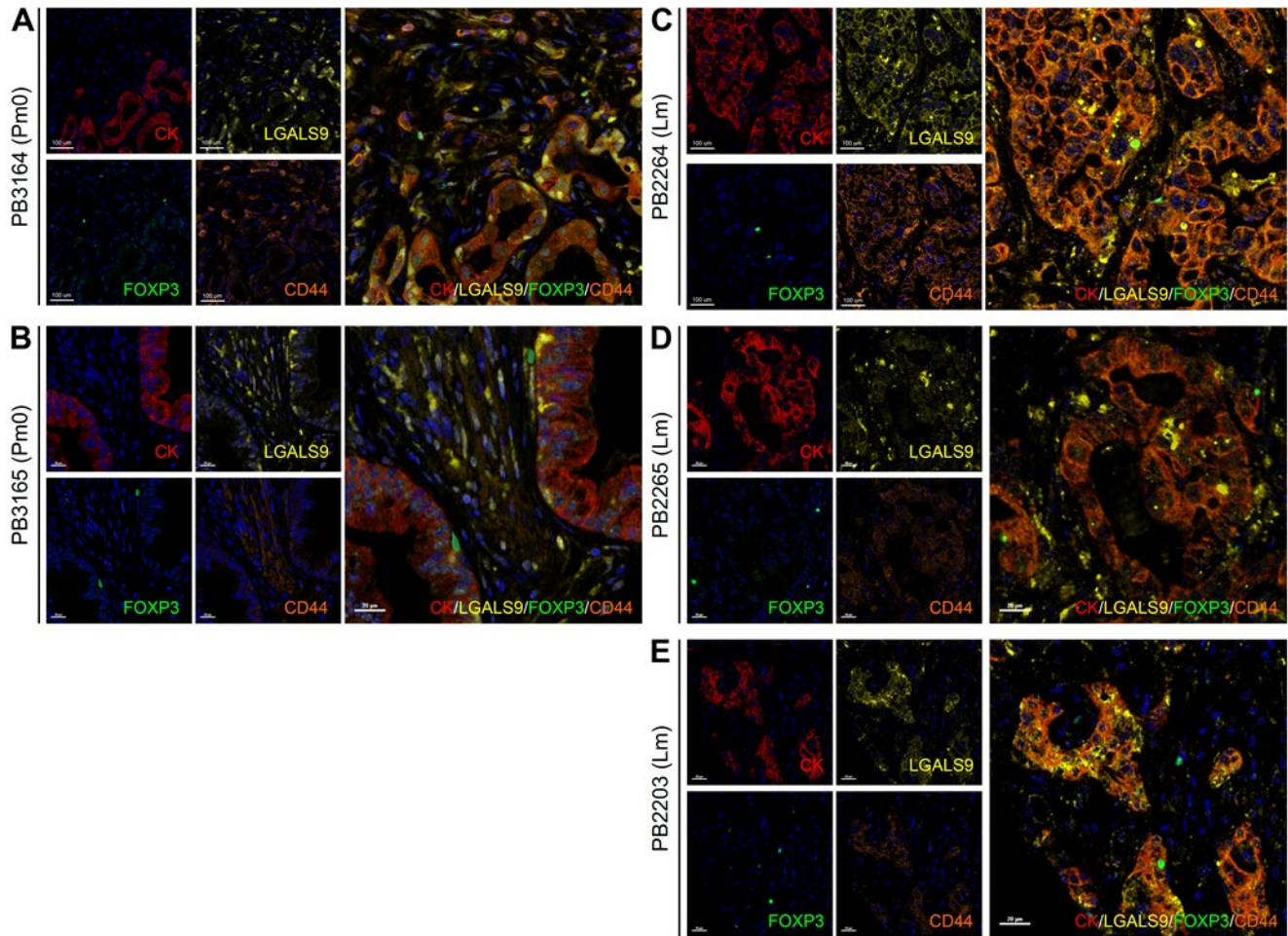


Fig. S13 Receptor-ligand interactions between ductal cancer cells and regulatory T cells (Tregs) are examined in primary pancreas (Pm0, **A-C**) and liver metastasis (Lm, **D-F**) tissues by multiplex immunohistochemistry. LGALS9 (yellow)-CD44 (orange); Ductal cancer cells are stained with pan-cytokeratin (CK, red), and Tregs are stained with FOXP3 (green). Nuclei were counterstained with DAPI (blue): scale bar, 20 μ m.

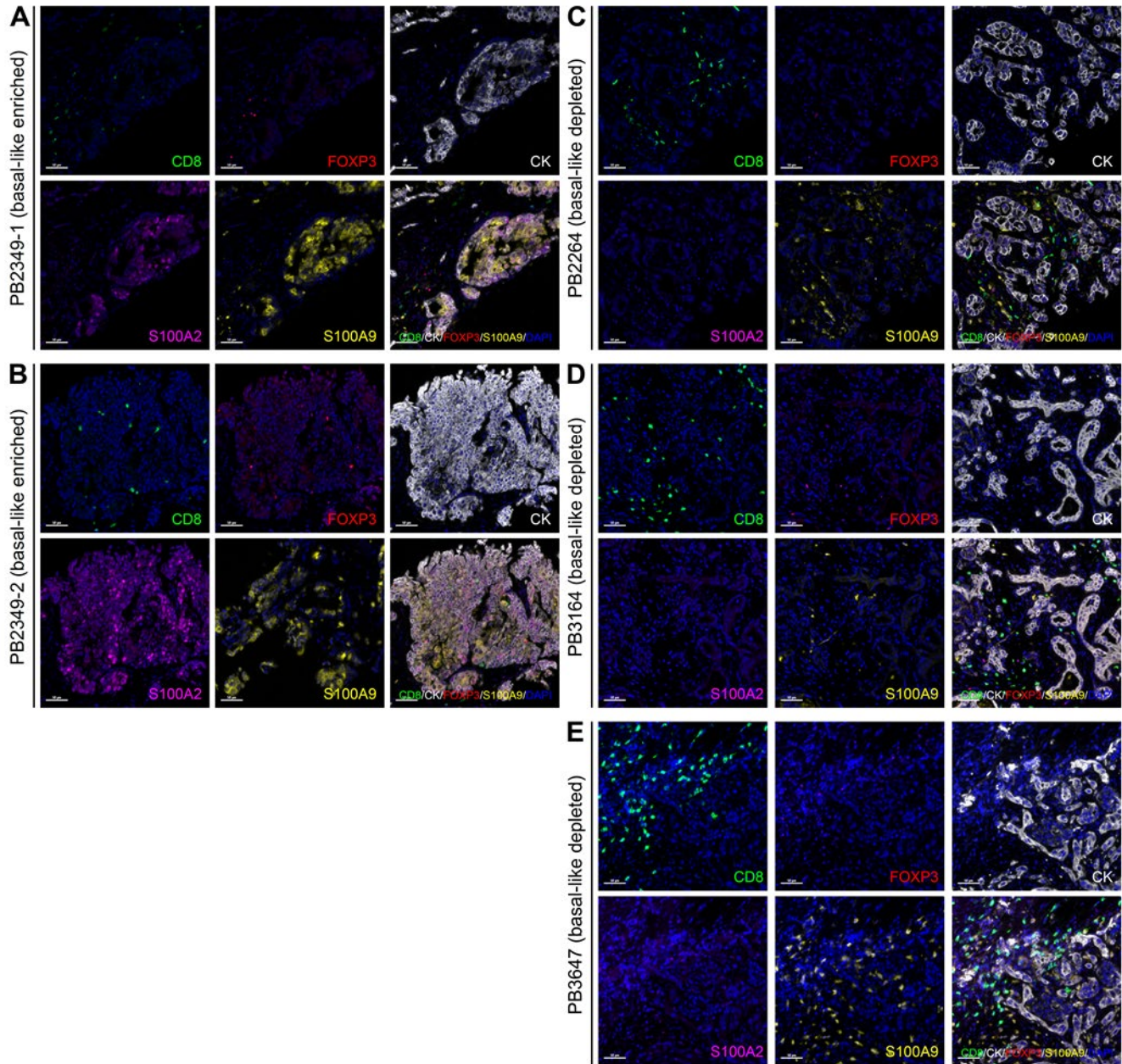


Fig. S14 T cell distribution and S100A9 expression in basal-like and classical PDAC tissues.

Multiplex IHC showing the expression of S100A9 (yellow) and the distribution of T cells in basal-like enriched (**A** and **B**) and depleted (**C-D**) PDAC tissues. CD8 (green) for cytotoxic T cells, FOXP3 (red) for regulatory T cells, pan-cytokeratin (CK, white) for ductal cancer cells, S100A2 (magenta) for basal-like ductal cells and DAPI (blue) for nuclei were co-stained. Scale bar, 50 μ m.

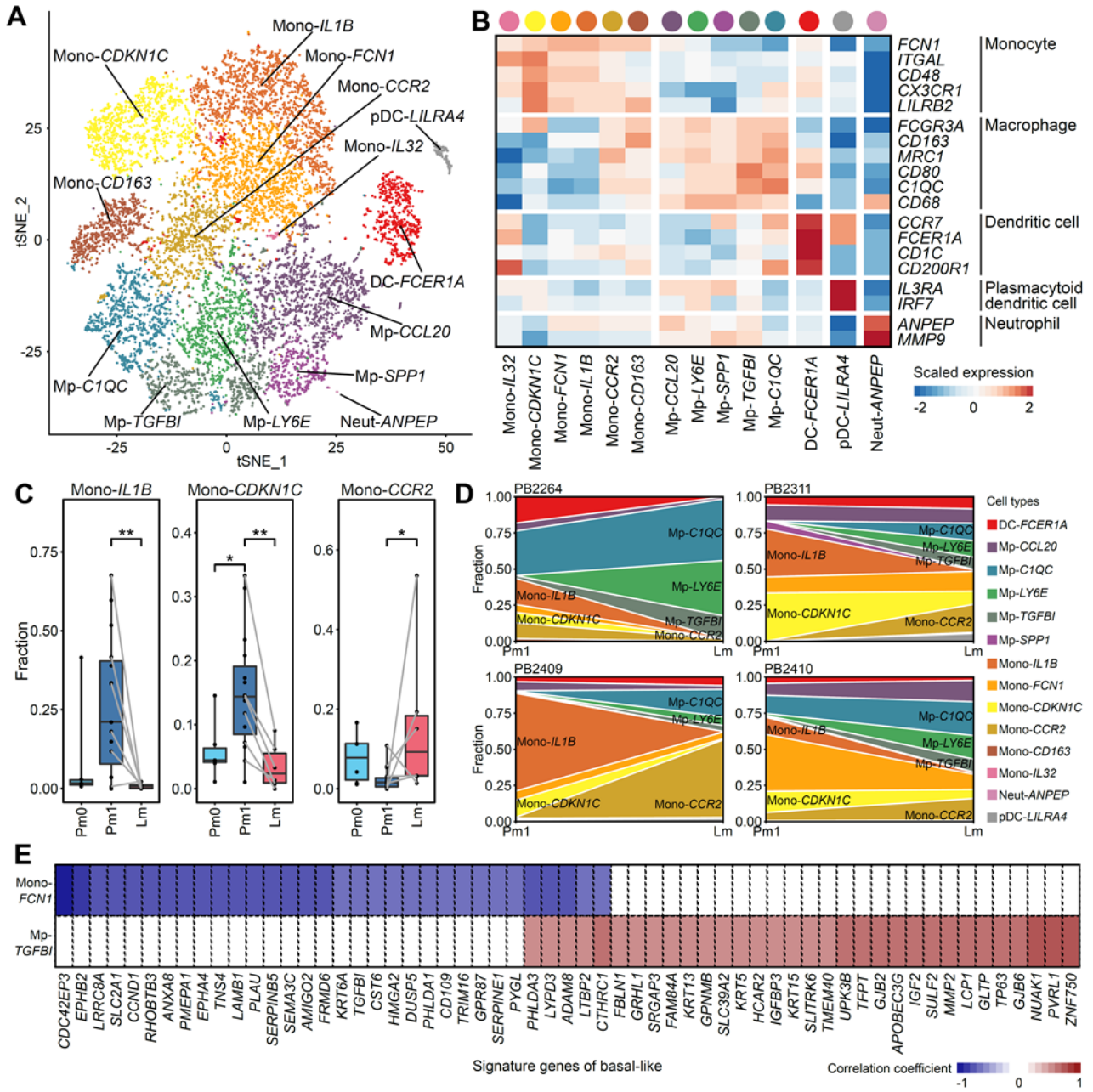


Fig. S15 Myeloid subclusters in the primary PDAC mass and matched liver metastasis. **A**, t-SNE projections showing 14 subclusters of myeloid cells. Each point is color-coded by a cluster. **B**, Heatmap showing the expression level of cell type markers in each myeloid subcluster. **C**, Box plots indicating the percentage differences in myeloid subclusters among origins (two-sided Wilcoxon rank sum test: $*P < 0.05$, $**P < 0.01$, $***P < 0.001$). Samples from the same patients were connected by solid lines. **D**, Area plots showing the change in the composition of the myeloid subclusters by origin for each patient. **E**, Pearson correlation between the expression level of basal-like signature genes in the ductal cells and the fractions of Mp-*TGFBI* and Mono-*FCN1* in myeloid cells.

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