



# Integrated analysis of optical mapping and whole-genome sequencing reveals intratumoral genetic heterogeneity in metastatic lung squamous cell carcinoma

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**Background:** Intratumoral heterogeneity is a crucial factor to the outcome of patients and resistance to therapies, in which structural variants play an indispensable but undiscovered role.

**Methods:** We performed an integrated analysis of optical mapping and whole-genome sequencing on a primary tumor (PT) and matched metastases including lymph node metastasis (LNM) and tumor thrombus in the pulmonary vein (TPV). Single nucleotide variants, indels and structural variants were analyzed to reveal intratumoral genetic heterogeneity among tumor cells in different sites.

**Results:** Our results demonstrated there were less nonsynonymous somatic variants shared with PT in LNM than in TPV, while there were more structural variants shared with PT in LNM than in TPV. More private variants and its affected genes associated with tumorigenesis and progression were identified in TPV than in LNM. It should be noticed that optical mapping detected an average of 77.1% (74.5–78.5%) large structural variants (>5,000 bp) not detected by whole-genome sequencing and identified several structural variants private to metastases.

**Conclusions:** Our study does demonstrate structural variants, especially large structural variants play a crucial role in intratumoral genetic heterogeneity and optical mapping could make up for the deficiency of whole-genome sequencing to identify structural variants.

**Keywords:** Heterogeneity; lung squamous cell carcinoma (LUSC); metastasis; optical mapping; structural variants

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## Introduction

Lung cancer is the leading cause of cancer-related death worldwide (1). The two major histological types are non-small-cell lung cancer (NSCLC) and small-cell lung cancer (SCLC) (2). Lung squamous cell carcinoma (LUSC), one of the common histological types of NSCLC, remains poor prognosis despite of development in therapeutic strategies

(3-5). Meanwhile, intratumoral heterogeneity, which refers to heterogeneity among tumor cells of a single patient, is crucial for the clinical outcome of patients with lung cancer, impacting the curative effect of chemotherapy, radiotherapy and immunotherapy (6,7).

Next-generation sequencing (NGS), a method relying on short reads, has been performed on multiregional

tumors to explore intratumoral genetic heterogeneity (ITGH) in NSCLC (8-10). Previous studies focused more on ITGH involving mutations that distinguish different tumor cells in a single or multiple primary NSCLC (7-9,11). A previous study explored the ITGH based on analysis of single nucleotide variants (SNVs) and copy number variants (CNVs) using whole-genome sequencing (WGS) on primary tumors, metastatic lymph nodes and tumor cells in the pleura (10). Because of the challenge in detecting technology, structural variants (SVs) increasingly appears to have an indispensable but undiscovered role in ITGH (12,13). However, ITGH which manifests uneven distribution of genetic alterations among lung tumor cells in primary tumor and associated metastases is not comprehensively characterized due to the lack of studies focusing on distant metastasis and SVs. Recently, optical mapping, a newly non-sequencing method, shed a light to dig large SVs (14,15).

In this study, we combined optical mapping and WGS to reveal the ITGH in various forms of SNVs, indels and SVs, especially large SVs (>5 kb) within primary tumor and associated metastases in a LUSC patient. We also compared SVs detected by optical mapping and those detected by WGS. Furthermore, after comparing the genes affected by variants with those associated with tumorigenesis and progression, we inferred the functional consequence of distinct genomic alterations among tumor cells within the primary site and paired metastatic sites.

## Methods

### *Tissue collection*

Surgical specimens of primary tumor (PT), lymph node metastases (LNM), tumor thrombus in the pulmonary vein (TPV) and adjacent normal lung tissue (at least 2cm away from tumor) were obtained from a patient who diagnosed with pathologically confirmed lung squamous cell carcinoma. This study was approved by the Committee for Ethical Review of Research. Informed consent was obtained.

### *Whole-genome sequencing*

DNA extraction and sequencing: After fragmented by sonication to a size of 350 bp, genomic DNA fragments were end-polished, A-tailed, and ligated with adapter for Illumina sequencing. Then after further PCR

amplification and purification, libraries were analyzed for size distribution by Agilent 2100 Bioanalyzer and quantified for concentration (2 nM) by flurogenic-quantitative PCR (Qubit 2.0). Then DNA libraries were sequenced on Illumina Novaseq 6000 sequencing platform with 30X sequencing depth. 150 bp paired-end reads were generated. Contaminated reads including adaptors, low quality reads and those with more "N" was extracted based on chastity score and quality score.

Variants detection and filtration: Paired-end reads in FastQ format were aligned to the reference human genome (UCSC Genome Browser, version hg19) by Burrows-Wheeler Aligner (BWA) (16). Subsequent BAM files were processed by SAMtools (17), Picard tool (<http://picard.sourceforge.net/>), and the Genome Analysis Toolkit (GATK) (18) to sort and remove duplication, local realignment, and base quality recalibration.

SNVs and indels detection: Mutect (19) was used to detect the somatic SNVs and indel with tumor-normal paired BAM files. ANNOVAR was used to further annotate for VCF (Variant Call Format) (20). Somatic SNVs were further filtered for analysis of mutational spectrum and signatures with the following criteria: SNVs which has no record in 1000 Genomes project, dbsnp or Berry4000 (Berry Genomics) were filtered (21,22).

SVs detection, filtration and classification: Manta was applied for SVs detection (23), SVs were reported as INS (insertion), DEL (deletion), DUP (duplication), INV (inversion), and BND (further identified as inter-chromosomal translocation). Somatic SVs in PT, LNM and TPV were identified with the data of adjacent normal lung sample as control. ANNOVAR was applied for annotation (20). SVs were filtered if: SVs <50 bp; mapped to the mitochondrial genome or chromosome Y; overlapped with gap region, telomere, centromere or low complexity regions; with MinQUAL, MinGQ, Ploidy, MaxDepth, MaxMQ0Frac and NoPairSupport in VCF FILTER fields; and supported by <2 split reads (SR).

### *Optical mapping*

DNA preparation: High Molecular Weight (HMW) DNA were extracted using Bionano Prep Animal Tissue DNA Isolation Fibrous Tissue Protocol (<https://bionanogenomics.com/support-page/animal-tissue-dna-isolation-kit/>) from the tissue of frozen PT, LNM and TPV. Firstly, approximately 10 mg of tissue were fixed, disrupted with a rotor-stator, embedded in 2% agarose, and digested

with proteinase K and RNase. After multiple stabilization and recovery followed by digestion with Agarase (Thermo Fisher) enzyme, HMW DNA were released, cleaned by drop dialysis and homogenized. HMW DNA were quantitated using Qubit dsDNA BR Assay Kit.

Direct labeling: HMW DNA were extracted using Bionano Prep Direct Label and Stain (DLS) Protocol (<https://bionanogenomics.com/support-page/dna-labeling-kit-dls/>). Firstly, 750 ng HMW DNA were nicked by DLE-1 enzyme, recovered, labeled with fluorophore and stained. Then labeled and stained DNA were quantitated using modified Qubit dsDNA HS (High Sensitivity) Assay Kit. Each labeled sample was added to a BioNano Saphyr Chip (Bionano Genomics) and run on the Bionano Saphyr instrument, targeting 100× human genome coverage. The raw data were filtered by Bionano Access (v1.2.1) with the following criteria: molecule length >150 kb with average label density of 10–25/100 kb.

SVs detection and filtration: De novo assembly of long molecules into genome map and SVs detection by comparing with Hg19 were performed with software Bionano Solve (version 3.2.1). SVs were annotated by Enliven (Berry Genomics). Then SVs were filtered if: for translocation and inversion, (I) confidence value <0.9, (II) breakpoints were located in the chromosome fragile site, (III) breakpoints were located in the segmental region of the chromosome, (IV) breakpoints were within these previously identified SVs (24); For insertion and deletion, (I) confidence value <0.9, (II) length of variation <5 kb, (III) breakpoints were in the gap region of reference genome.

### ***Comparison of SVs from optical mapping and WGS***

WGS provide SVs breakpoints (start and end) with base pair resolution, while optical mapping provides only the nearest labeling site to the interval of SVs. We determined whether SVs from optical mapping overlap with SVs from WGS with the following criteria: (I) Deletions, insertions and duplications detected by WGS must overlap with the interval of SVs detected by optical mapping. (II) The breakpoints of Inversions detected by WGS must lie within 500 kb to the interval of SVs detected by optical mapping.

### ***Comparison of SVs from WGS among PT, LNM and TPV***

Somatic SVs from WGS in PT, LNM and TPV were classified as shared SVs or private SVs among tumors with the following criteria: SVs has the same breakpoints (start

and end), consistent type with SVs in another tumor were identified as identical and classified as shared SVs.

### ***Comparison of SVs from optical mapping among PT, LNM and TPV***

SVs from optical mapping in PT, LNM and TPV were classified as shared or private SVs among tumors with the following criteria: SVs have overlapped interval, consistent type with SVs in another tumor were identified as shared SVs. We further filtered the shared SVs in all tumors due to the shared somatic SVs and germline SVs could not be distinguished.

### ***Identification of genes affected by SVs***

For variants from WGS, we inferred a gene affected by variants if (I) a protein coding gene is annotated with an exon-annotated deletion, insertion and duplication; (II) the breakpoint (start or end) of inversion or inter-chromosome translocation lies within one or more exon of the genes; (III) the genes carried a nonsynonymous variants (nonsynonymous SNVs or frameshifting indels).

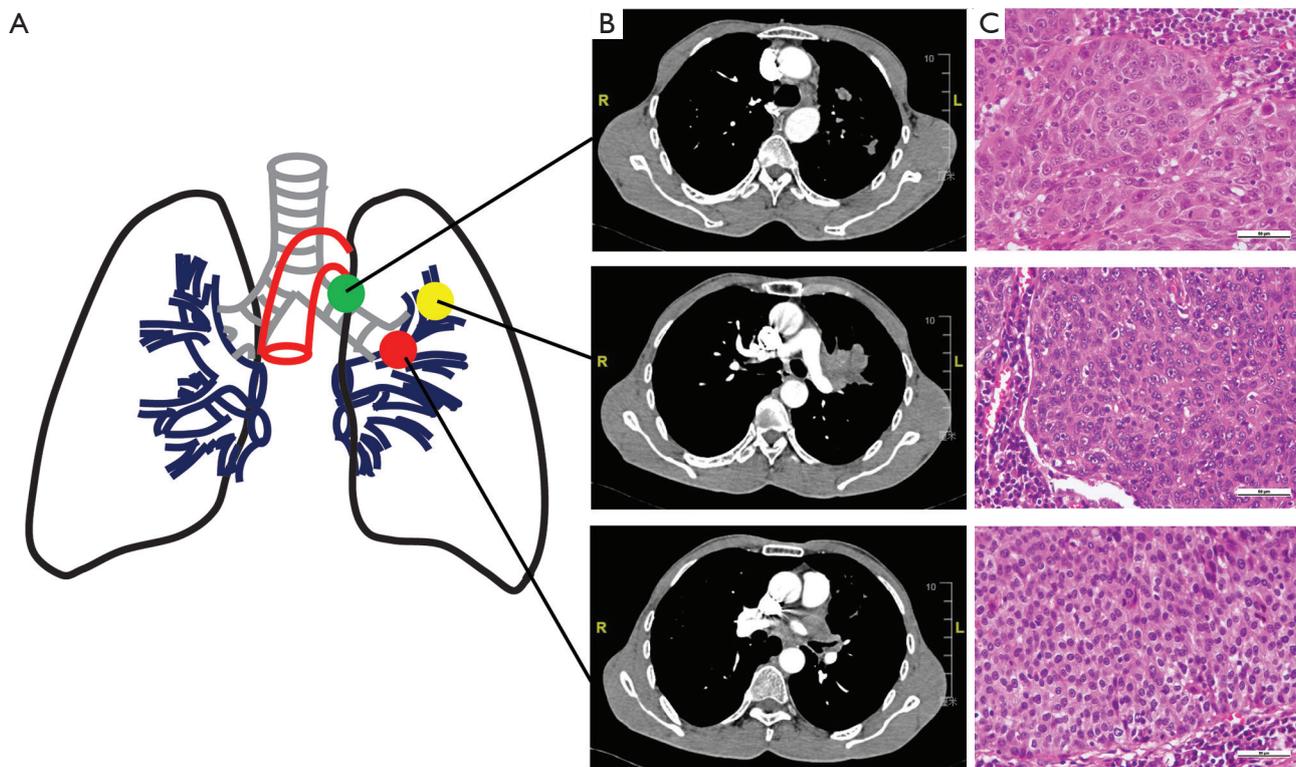
For SVs from optical mapping, we inferred a gene affected by variants if the gene was annotated with an exon-annotated SVs.

### ***Functional consequence analysis***

For genes affected by variants, we inferred whether these genes are associated with tumorigenesis and progression based on data of lung cancer driver genes (25–27), pan-cancer driver genes (28), COSMIC (<https://cancer.sanger.ac.uk/census>) (29), DNA repair genes (30) and hallmark genes of epithelial-mesenchymal transition (EMT) (31–38). Based on the data of The Human Protein Atlas ([www.proteinatlas.org](http://www.proteinatlas.org)) (39–41), we further examined whether RNA expression of these genes correlate with the outcome of lung cancer and its protein expression and classified them as unprognostic, prognostic favorable and prognostic unfavorable genes.

### ***KEGG enrichment***

Genes only affected by variants in LNM and TPV were used to KEGG enrichment analysis by The Database for Annotation, Visualization and Integrated Discovery (DAVID) (42) and KOBAS 3.0 (<http://kobas.cbi.pku.edu.cn/>)



**Figure 1** Clinical and histological diagnostic results of a patient with LUSC. (A) Schematic diagram of the primary tumors (PT) and lymph node metastases (LNM) and tumor thrombus in pulmonary vein (TPV). (B) Preoperative enhanced computerized tomography (enhanced-CT) scanning showed the PT (upper), LNM (middle) and TPV (lower). (C) Postoperative paraffin section and hematoxylin and eosin (H&E) staining image based on 400× magnification. Tumor cells in PT, LNM and TPV were moderately or poorly differentiated. PT, primary tumor; LNM, lymph node metastases; TPV, tumor thrombus in pulmonary vein.

index.php).

### Statistical analysis

We used R (version 3.3.3, version 3.6.1) software. “SomaticSignatures”, “ggplot2”, “ggrepel”, “ggthemes” were used in the analyses (43,44).

## Results

### Patients’ characterization

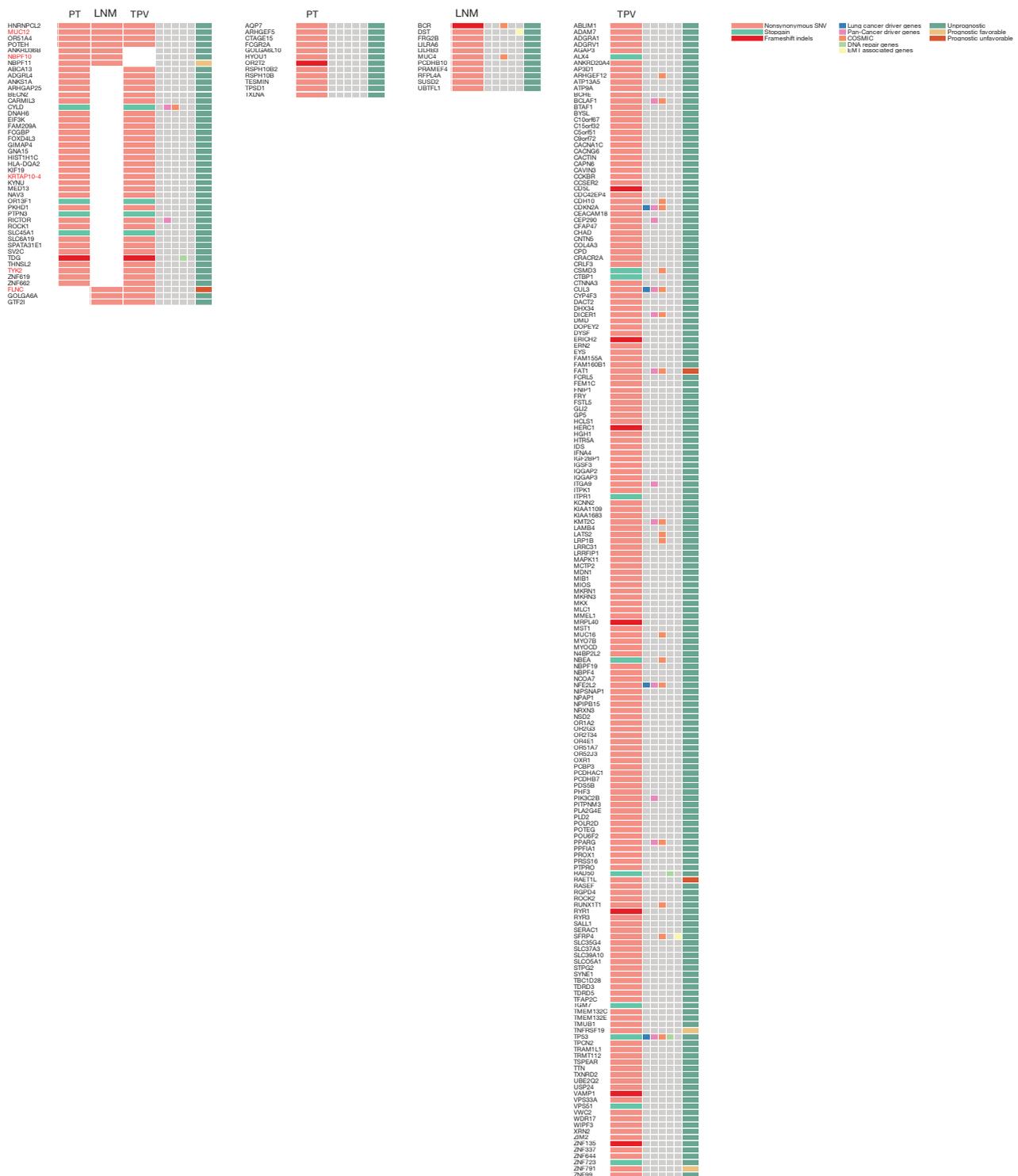
A 50-year-old East Asian male with 20 pack year history of smoking for 20 years, was diagnosed with lung squamous cell carcinoma with histopathological confirmation (Figure 1). Before systematic treatment, primary tumor (PT) located in the left upper lobe of lung, metastasis of left lower paratracheal (4L) lymph node (LNM) and tumor thrombus of the left Superior pulmonary vein (TPV) were sampled by

surgical section. Furthermore, there is no reported family history of lung cancer. No significant difference in Tumor grade heterogeneity among tumor cells in primary and metastatic sites were identified by hematoxylin and eosin staining (Figure 1C, Figure S1).

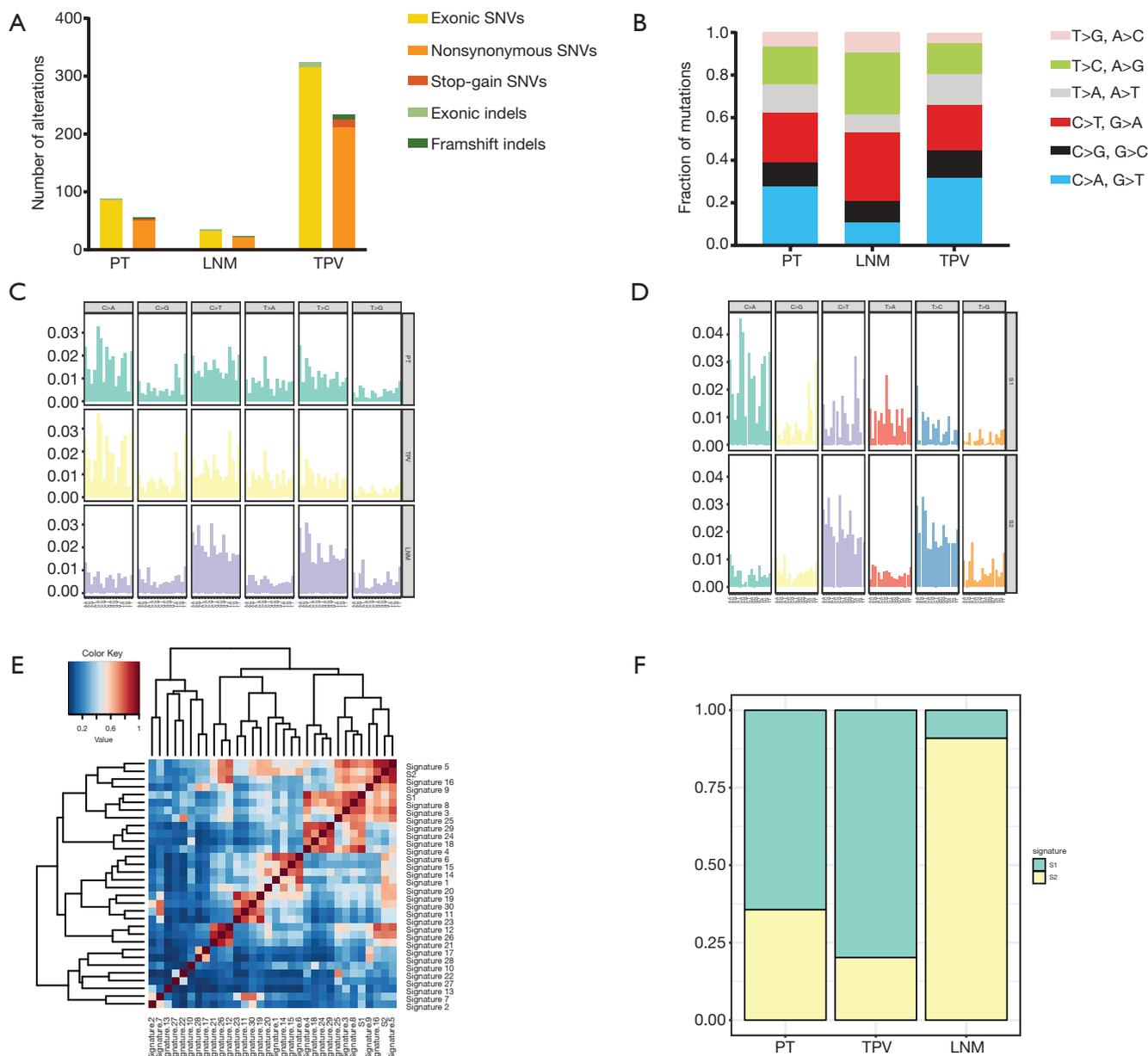
### ITGH in the form of SNVs and indels

To gain an insight into alterations of different mutational characteristics between the primary tumor and the metastases, we performed WGS on PT, LNM, TPV and adjacent normal lung tissue at an average depth of 30X.

A total of 268 nonsynonymous somatic variants (including nonsynonymous SNVs and frameshifting indels) in 252 genes were identified in at least one tumor (Table S1), and 14.2% (38) of these variants were shared between PT and either one of the two metastases (Figure 2 and Figure 3A). Among them, 3 mutations were common in all tumors, while compared with



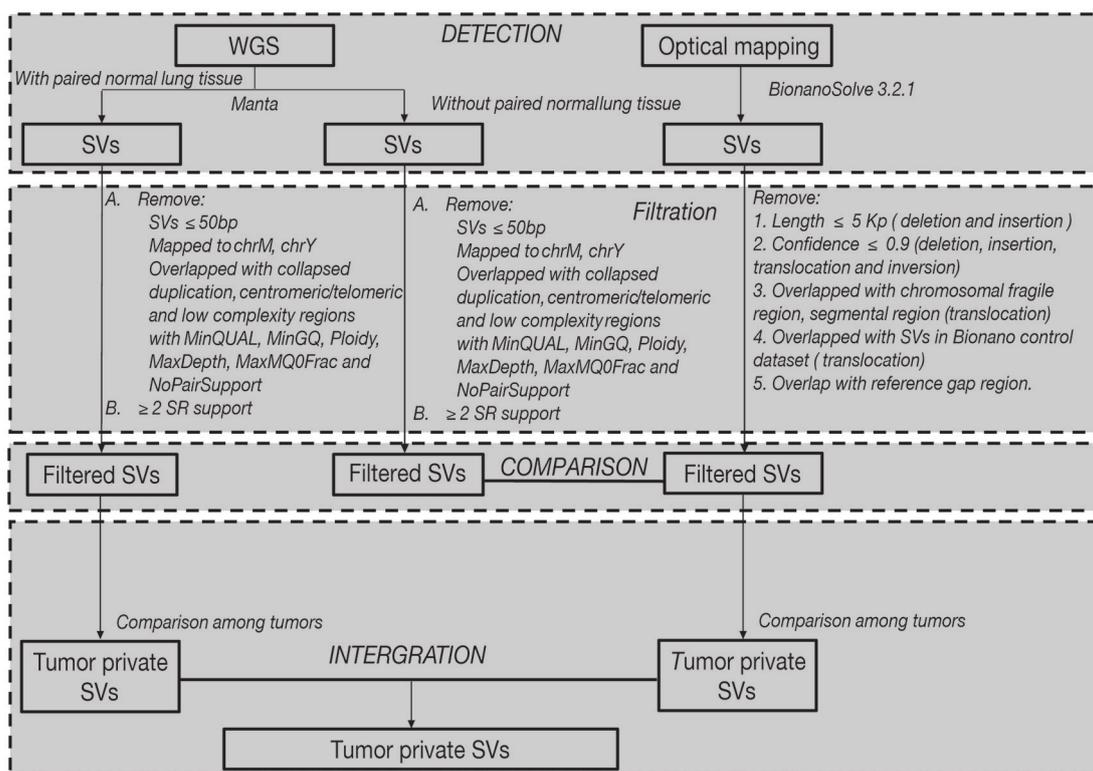
**Figure 2** Exonic somatic variants identified in PT, LNM and TPV. The exonic somatic variants were classified as shared or private variants. Red color represent genes contain different variants among different tumors. PT, primary tumor; LNM, lymph node metastases; TPV, tumor thrombus in pulmonary vein.



**Figure 3** Intratumoral genetic heterogeneity in form of SNVs and indels. (A) The number of exonic somatic variants (SNVs and indels) and nonsynonymous somatic variants in each of tumors. (B) The mutation spectrum of SNVs in PT, LNM and TPV. (C) Mutational signatures of all tumor sample. (D) Two mutational signatures (S1, S2) extracted from all tumors. (E) Cluster analysis of S1, S2 and 30 COSMIC mutational signature based on the cosine similarity. (F) The proportion of S1 and S2 in PT, LNM and TPV. PT, primary tumor; LNM, lymph node metastases; TPV, tumor thrombus in pulmonary vein.

LNM (5), a larger number of mutations (36) in TPV were shared with PT. 17, 15 and 195 mutations were uniquely seen in PT, LNM and TPV, respectively. Specifically, nonsynonymous SNV in TP53 which is one of the most commonly mutated gene in LUCC (45) were only detected

in TPV. We further analyzed the mutation spectrum of SNVs (Figure 3A,B,C), trying to identify significant discordance between LNM and TPV. To be specific, we identified that TPV and PT both displayed a predominance of cytosine-adenine (C > A) nucleotide transversions which implied a



**Figure 4** Workflow for detection of structural variants. The workflow for extracting structural variants from a combination of whole-genome sequencing and optical mapping. Detail explanation seen in Methods.

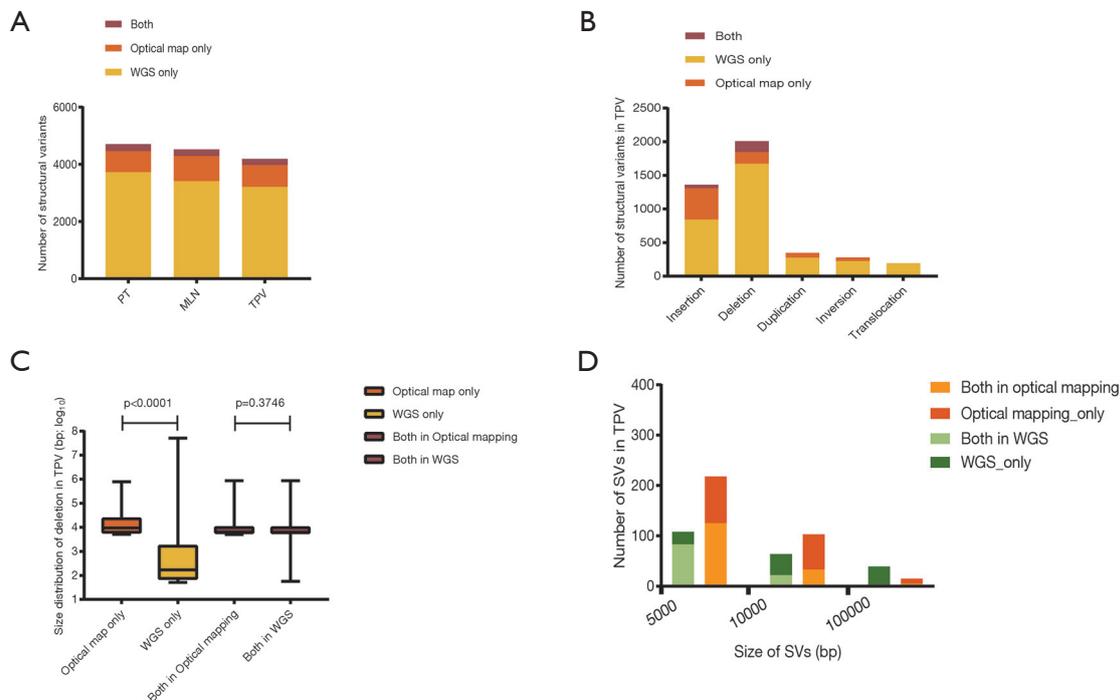
correlation with tobacco exposure (46), consistent with the long-term smoking history of this patient. Meanwhile, the LNM exhibited a distinct preponderance of guanine-adenine (G > A) and adenine-guanine (A > G). Moreover, the detailed analysis of mutational signature showed S1 and S2 were extracted (Figure 3D). Compared with the previously known mutational signatures shown in COSMIC (29), S1 had the most similarity with signature 4 likely due to direct damage by mutagens in tobacco, and S2 exhibits the thymine-cytosine (T > C) as same as the signature 5 increased in many cancer types due to tobacco smoking (Figure 3E). Primary tumor and metastasis shared identical mutational signatures, but the proportion is different (Figure 3F). These results demonstrated patient have primary tumor and metastasis in different sites has high ITGH in the form of SNVs and indels.

#### Comparison of structural variants detected by WGS and optical mapping

We utilized WGS data and performed optical mapping on

PT, LNM and TPV at 100X coverage. SVs were called and filtered as presented in Figure 4. There were a mean of 3,617 SVs detected by WGS (3,907, 3,580, and 3,365 in PT, LNM, and TPV, respectively), of which deletions were most commonly detected type of SV (Figure S2). While SVs detected by optical mapping was 1,026 on average (979, 1,118, 980 in PT, LNM, TPV, respectively), Insertions account for the most (Figure S2).

By comparing the SVs detected by WGS and optical mapping, we observed an average of 22.9 percent of SVs detected by optical mapping overlapped with those detected by WGS (25.1%, 21.4% and 22.2% in PT, LNM and TPV, respectively) (Figure 5A,B), of which the deletions had similar size (the median size was 6,452 bp, 6,191 bp in optical mapping and WGS) (Figure 5C, Figure S3). The median size of non-overlapping SVs in optical mapping was distinct from the non-overlapping ones detected by WGS (8,875 bp, 143 bp in optical mapping and WGS respectively) (Figure 5C, Figure S3). Specifically, Optical mapping is more capable of detecting large SVs (>5,000 bp) (Figure 5D). Generally, WGS can detect SVs at a high resolution of



**Figure 5** Comparison of structural variants detected by WGS and optical mapping. (A) The number of structural variants detected by whole-genome sequencing and optical mapping. (B) The number of different types of structural variants detected by whole-genome sequencing and optical mapping in TPV. (C) Size distribution of deletions in TPV. (D) The number of large structural variants (>5,000 bp) detected by whole-genome sequencing and optical mapping in TPV. TPV, tumor thrombus in pulmonary vein.

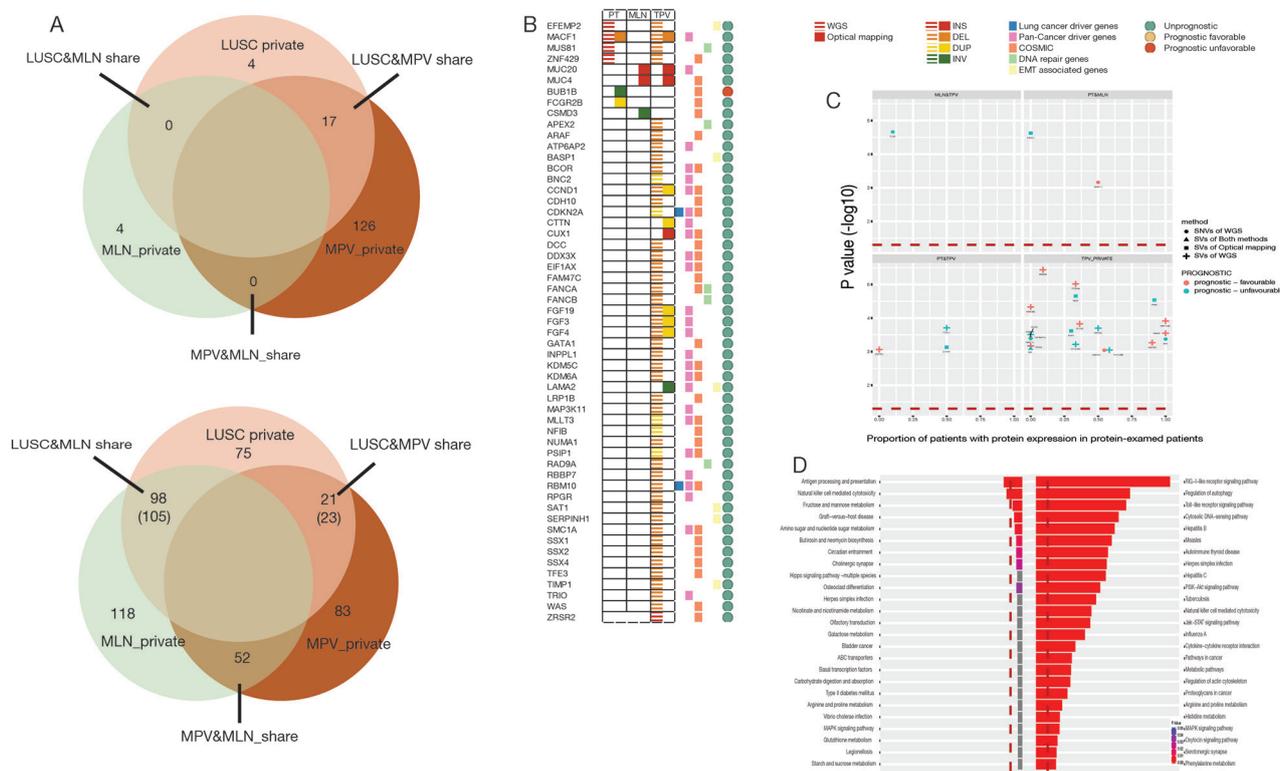
base but has many limitations: it depends on a short-read sequencing technique, needs a reference genome, and challenges of computational and bioinformatics algorithms exist. In contrast, optical mapping detects large and complex SVs using high molecular weight (HMW) DNA which are longer, ranging from 0.1 to 2Mb. The results suggested that the combination of WGS and optical mapping used for detecting SVs allows to a more comprehensive understanding of structural variants among tumor cells within different sites and demonstrated optical mapping is more sensitive for detection of large SVs.

### *ITGH in the form of SVs*

We did an comparison among PT, LNM and TPV based on SVs detected by WGS and SVs detected by optical mapping, identifying a greater amount of private SVs in TPV (126 from WGS, 83 from optical mapping) than in either PT (4 from WGS, 75 from optical mapping) or LNM (4 from WGS, 118 from optical mapping) (*Figure 6A*), consistent with the results of SNVs and indels analysis. There was no

overlap between private SVs identified by WGS and private SVs identified by optical mapping in each of tumors except TPV (7 private SVs from optical mapping overlapped with 6 private SVs from WGS). Smaller number of SVs in TPV (17 from WGS, 23 from optical mapping) overlapped with SVs of PT than those in LNM (105 from optical mapping). Specifically, 52 SVs from optical mapping undetected in PT were shared between LNM and TPV.

We further explored whether these SVs overlap with genes previously associated with tumorigenesis and progression (*Figure 6B*). Several private SVs of TPV detected by either WGS or optical mapping were associated with DNA repair genes including APEX2, FANCA, FANCB and RAD9A suggesting that mutations in DNA repair genes may play a role in progression of metastatic lung cancer by generating chromosomal instability. We also identified several EMT associated genes including BASP1, LAMA2, SAT1, SERPINH1 and TIMP1 were affected by SVs only detected in TPV. Completely different with TPV, only CSMD3, a frequently mutated gene in LUSC (47,48) was affected by private SVs of LNM. Loss of CSMD3 was



**Figure 6** Intratumoral genetic heterogeneity in form of structural variants. (A) Overlap of structural variants detected by whole-genome sequencing (upper) and optical mapping (lower) among PT, LNM and TPV. (B) Genes associated with tumorigenesis and progression affected by structural variants detected by whole-genome sequencing and optical mapping in PT, LNM and TPV. (C) Genes associated with prognosis of lung cancer affected by structural variants detected by whole-genome sequencing and optical mapping. (Red dotted line represents P value >0.05) (D) KEGG enrichment of genes only affected by metastases-specific structural variants. (Red dotted line represents adjusted P value >0.05). PT, primary tumor; LNM, lymph node metastases; TPV, tumor thrombus in pulmonary vein.

reported to be associated with the proliferation of airway epithelial cells (47) and mutations in CSMD3 is associated with a better prognosis in patients with LUSC (48). Compared with the gene expression and survival data in The Human Protein Atlas (HPA) (39-41), we also identified 21 other genes affected by SVs previously unrecognized as tumor associated genes, of which expression was significantly associated with the prognosis of lung cancer patients (Figure 6C).

Furthermore, to comprehensively understand the functional consequence of genomic alterations only found in tumor cells in metastatic sites, we performed a KEGG enrichment analysis based on genes only affected by SNVs, indels and SVs in metastases (Figure 6D). Specifically, genes involved in the PI3K-Akt pathway which has an important role in tumorigenesis and progression (49), were

significantly affected by variants in TPV.

### Discussion

SNVs and CNVs detected by next-generation sequencing in multiregional tumors has improved our understanding of ITGH (8-10,46,50), while studies focusing on the analysis of ITGH in the form of SVs among tumor cells in primary and different metastatic sites are limited. Previous studies detected SVs through WGS (51,52). WGS, relying on sequencing by synthesis, is based on short reads. The DNA molecules are fragmented to countless reads and amplified by polymerase chain reaction (PCR), to meet the requirement of the high-throughput. And then we detect the SVs based on the read-pair or SR. That is, WGS detects the SVs on the basis of incomplete structure of DNA, which

may miss some SVs in specific locations of chromosome or those with large size (53). In contrast, the integrity of DNA molecular is crucial for optical mapping to detect the SVs, with specific site labeled HMW DNA and nano-channel imaging system, optical mapping could *de novo* identify SVs without the bias of PCR amplification. Therefore, optical mapping and WGS could complement mutually.

To our knowledge, our study is the first study applying WGS and optical mapping to multiregional samples of a LUSC patient, aiming to compressively investigate the intratumoral heterogeneity within one patient. We do observe a significant difference in the variants burden between primary tumor and metastases and between metastases in different sites. Like SNVs and indels, SVs play an indispensable role in heterogeneity. Combination of WGS and optical mapping allows us to gain a more comprehensive understanding of structural variants, especially large SVs. Compared with the analysis of SVs detected by WGS, optical mapping were more informative in identifying private SVs for ITGH.

Variants shared between primary tumor and metastases indicate that mutations in primary tumor subclones with metastatic potential accumulated before metastasizing. Among them, mutations shared between TPV and PT which affect genes associated with tumorigenesis and progression, may enable tumor cells in the primary site to metastasize and live in hemato-microenvironment. Tumor cells harbor mutations identified both in PT and TPV may have more capability to metastasize and settle down in lymph node.

Meanwhile, private variants detected in different groups of tumors suggest genetic mutations occurred both before and after metastasis. Mutations unique to LNM or TPV indicate an interaction between tumor cells and microenvironment in metastatic sites. Private variants in TPV, especially those affected genes associated with DNA repair and epithelial-mesenchymal transition (EMT), are much more frequently identified than in PT or LNM. This suggests that tumor cells in hemato-microenvironment bear a higher degree of chromosomal instability and has more potential to act as a metastases relay station between primary tumor and metastases of distant organs, previously observed by Ferronika *et al.* (54).

It should be noted that the major limitation of our study is that analysis only based on one individual. The main reason is that most LUSC patients received surgery are at early stage and non-metastatic. In clinical practice, metastatic lymph node and tumor thrombus collected from

the same patient in this study is rare to obtain by surgical resection. And biopsy sampling of multiple metastatic regions has not been widely accepted due to the potential risks for the prognosis of patients (55). Additionally, previous studies confirmed that analysis in a small number of cases even in one patient could reveal ITGH (6,10,15).

Notwithstanding its limitation, our results do demonstrate the ability of optical mapping in detection of large SVs to make up the deficiency of WGS and reveal that SVs are as crucial in describing ITGH as SNVs and indels.

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## Footnote

*Conflicts of Interest:* All authors have completed the ICMJE uniform disclosure form (available at <http://dx.doi.org/10.21037/tlcr-19-401>). The authors have no conflicts of interest to declare.

*Ethical Statement:* The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. The study was conducted in accordance with the Declaration of Helsinki (as revised in 2013). The study was approved by the Fudan University Shanghai Cancer Center Institutional Review Board (No. 090977-1) and written informed consent was obtained from all patients.

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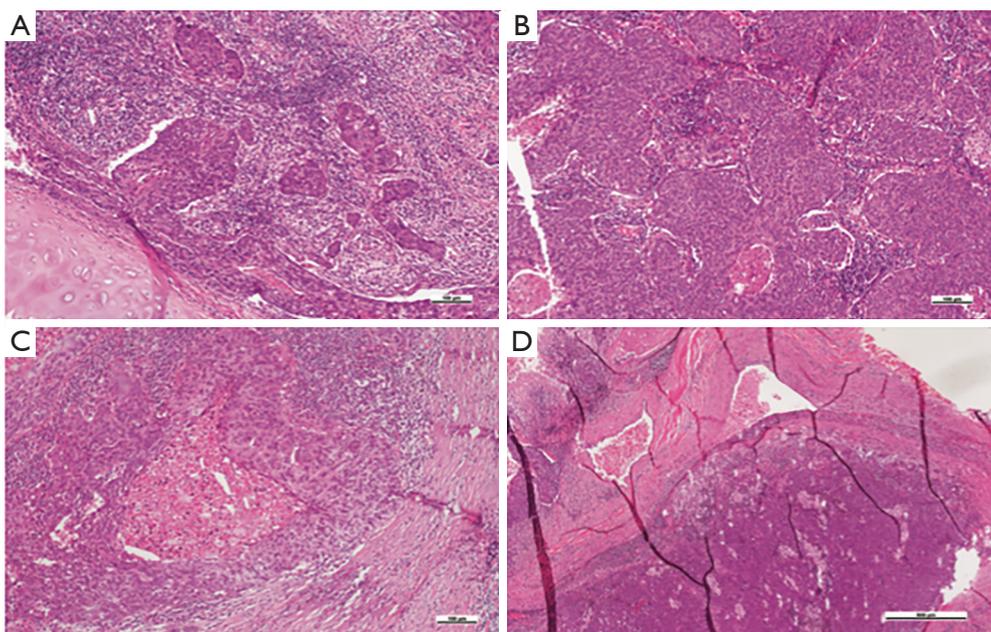
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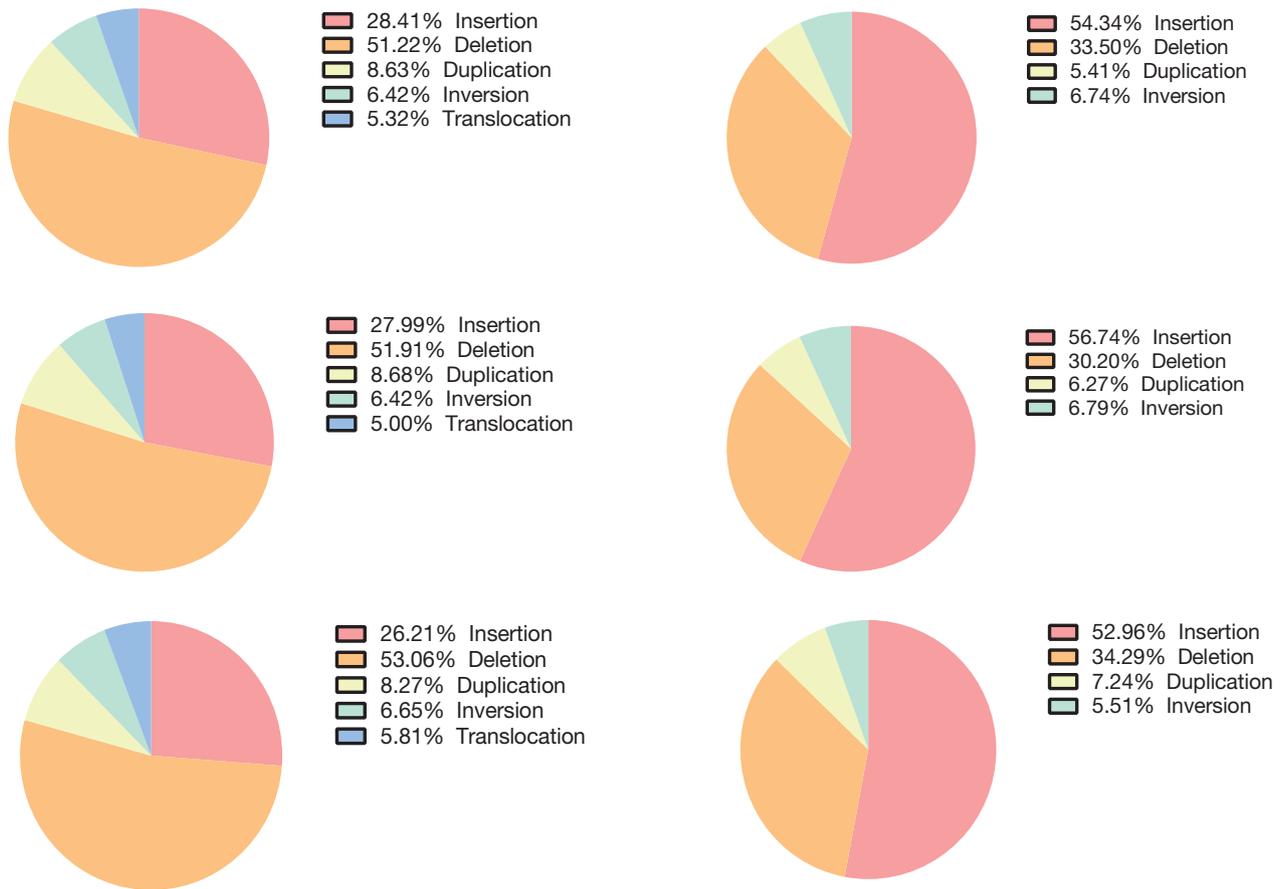
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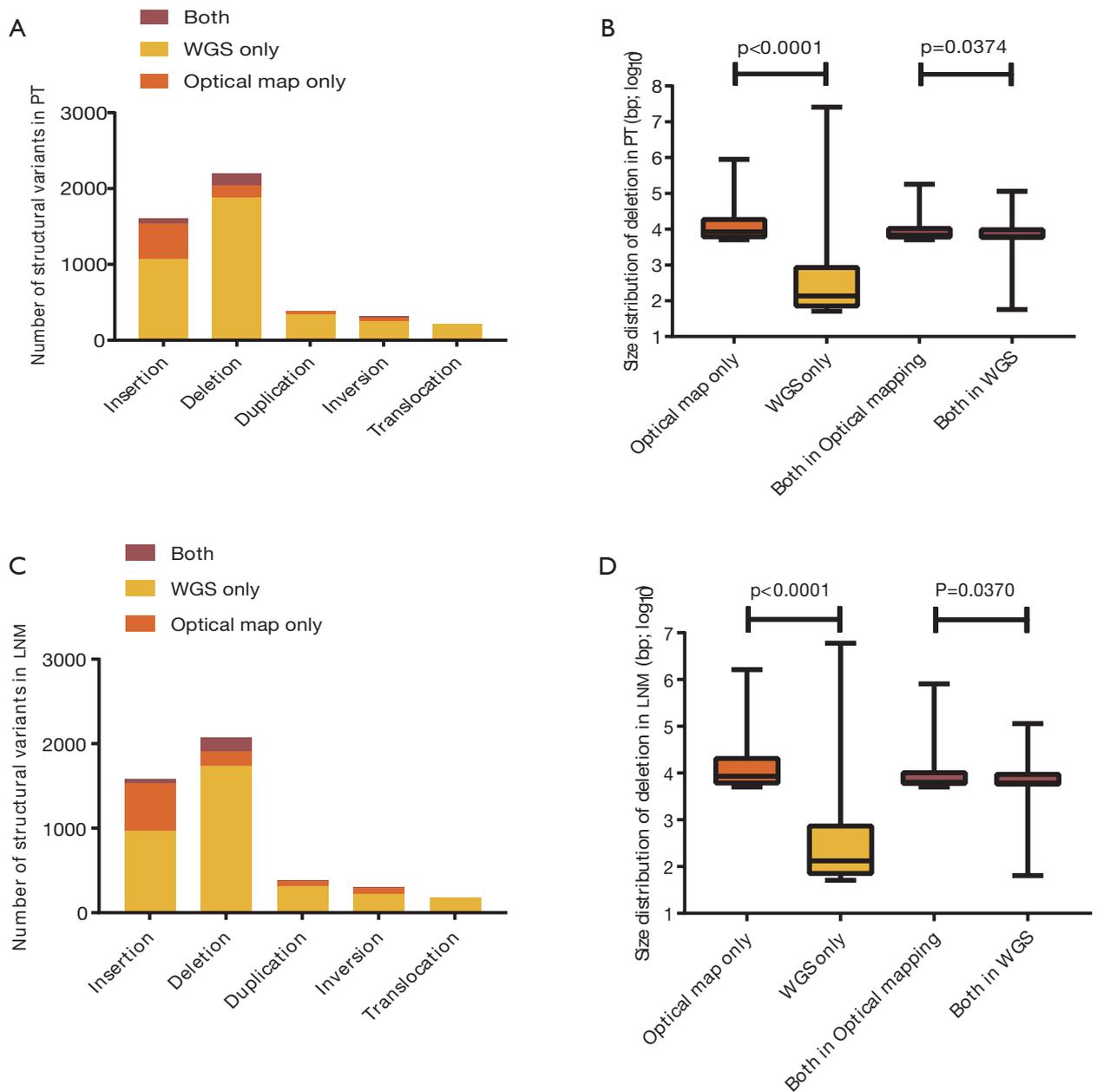
**Figure S1** Postoperative paraffin section and hematoxylin and eosin (H&E) staining image for PT (A and B), LNM (C) and TPV (D) based on 40–100× magnification. PT, primary tumor; LNM, lymph node metastases; TPV, tumor thrombus in pulmonary vein.

**Table S1** Somatic nonsynonymous SNVs and indels detected in PT, LNM and TPV

Start	End	Ref	Alt	Exonicfunc	Sample	Gene
8399673	8399673	C	A	Stopgain	PT, TPV	SLC45A1
13183833	13183833	C	T	Nonsynonymous SNV	PT, LNM, TPV	HNRNPCL2
33385852	33385852	C	T	Nonsynonymous SNV	PT	AQP7
79403883	79403883	T	C	Nonsynonymous SNV	PT, TPV	ADGRL4
33385863	33385863	G	T	Nonsynonymous SNV	PT	AQP7;AQP7
146057344	146057344	T	C	Nonsynonymous SNV	PT, LNM	NBPF11
144061414	144061414	G	A	Nonsynonymous SNV	PT	ARHGEF5
242121845	242121845	G	T	Nonsynonymous SNV	PT, TPV	BECN2
69034420	69034420	G	T	Nonsynonymous SNV	PT, TPV	ARHGAP25
84822875	84822875	C	G	Nonsynonymous SNV	PT, TPV	DNAH6
88478308	88478308	G	A	Nonsynonymous SNV	PT, TPV	THNSL2
98127921	98127921	T	C	Nonsynonymous SNV	PT, LNM	ANKRD36B
143713839	143713839	A	T	Nonsynonymous SNV	PT, TPV	KYNU
40523437	40523437	C	G	Nonsynonymous SNV	PT, TPV	ZNF619
42956494	42956494	G	T	Nonsynonymous SNV	PT, TPV	ZNF662
1201932	1201932	G	T	Nonsynonymous SNV	PT, TPV	SLC6A19
38972028	38972028	C	G	Nonsynonymous SNV	PT, TPV	RICTOR
75427978	75427978	G	A	Nonsynonymous SNV	PT, TPV	SV2C
26056229	26056229	C	A	Nonsynonymous SNV	PT, TPV	HIST1H1C
32713598	32713598	T	C	Nonsynonymous SNV	PT, TPV	HLA-DQA2
34949727	34949727	G	C	Nonsynonymous SNV	PT, TPV	ANKS1A
51656112	51656112	T	G	Nonsynonymous SNV	PT, TPV	PKHD1
143269952	143269952	A	T	Nonsynonymous SNV	PT	CTAGE15
48545953	48545953	C	T	Nonsynonymous SNV	PT, TPV	ABCA13
161487805	161487805	T	C	Nonsynonymous SNV	PT	FCGR2A
82934997	82934997	T	C	Nonsynonymous SNV	PT	GOLGA6L10
118922882	118922882	A	C	Nonsynonymous SNV	PT	HYOU1
45994014	45994014	C	T	Nonsynonymous SNV	PT	KRTAP10-4
150269712	150269712	G	A	Nonsynonymous SNV	PT, TPV	GIMAP4
100642828	100642828	C	T	Nonsynonymous SNV	PT	MUC12
100643427	100643427	G	A	Nonsynonymous SNV	PT	MUC12
70918964	70918964	G	A	Nonsynonymous SNV	PT, TPV	FOXD4L3
90502176	90502176	C	A	Nonsynonymous SNV	PT, TPV	SPATA31E1
107266990	107266990	G	A	Stopgain	PT, TPV	OR13F1
112189256	112189256	C	T	Stopgain	PT, TPV	PTPN3
4967678	4967678	G	A	Nonsynonymous SNV	PT, LNM, TPV	OR51A4
145326106	145326106	A	T	Nonsynonymous SNV	PT	NBPF10
248616705	248616711	CGTGGC	-	Frameshift deletion	PT	OR2T2
78591144	78591144	A	G	Nonsynonymous SNV	PT, TPV	NAV3
24523931	24523931	G	C	Nonsynonymous SNV	PT, TPV	CARMIL3
6797520	6797520	G	C	Nonsynonymous SNV	PT	RSPH10B;RSPH10B2
68475842	68475842	T	G	Nonsynonymous SNV	PT	TESMIN
50830413	50830413	C	G	Stopgain	PT, TPV	CYLD
60050130	60050130	T	A	Nonsynonymous SNV	PT, TPV	MED13
72341009	72341009	G	T	Nonsynonymous SNV	PT, TPV	KIF19
18534948	18534948	G	C	Nonsynonymous SNV	PT, TPV	ROCK1
3150255	3150255	G	C	Nonsynonymous SNV	PT, TPV	GNA15
1306817	1306817	G	A	Nonsynonymous SNV	PT	TPSD1
39111054	39111054	C	G	Nonsynonymous SNV	PT, TPV	EIF3K
40399430	40399430	T	C	Nonsynonymous SNV	PT, TPV	FCGBP
55100038	55100038	C	A	Nonsynonymous SNV	PT, TPV	FAM209A
32647032	32647032	A	C	Nonsynonymous SNV	PT	TLXNA
16277757	16277757	C	T	Nonsynonymous SNV	PT, LNM, TPV	POTEH
10472843	10472843	-	-	Nonsynonymous SNV	PT	TYK2
104379506	104379506	T	TT	Frameshift insertion	PT, TPV	TDG;TDG
12942047	12942047	C	T	Nonsynonymous SNV	LNM	PRAMEF4
145302775	145302775	T	G	Nonsynonymous SNV	LNM	NBPF10
195509939	195509939	G	T	Nonsynonymous SNV	LNM	MUC4
195509941	195509941	A	C	Nonsynonymous SNV	LNM	MUC4
140574103	140574103	T	G	Nonsynonymous SNV	LNM	PCDH10
56499000	56499000	A	G	Nonsynonymous SNV	LNM	DST
74159167	74159167	G	C	Nonsynonymous SNV	LNM, TPV	GTF21
100644127	100644127	C	T	Nonsynonymous SNV	LNM	MUC12
100644211	100644211	C	T	Nonsynonymous SNV	LNM, TPV	MUC12
100644793	100644793	C	T	Nonsynonymous SNV	LNM	MUC12
128471007	128471007	T	G	Nonsynonymous SNV	LNM	FLNC
135440222	135440222	C	T	Nonsynonymous SNV	LNM	FRG2B
89819380	89819380	A	G	Nonsynonymous SNV	LNM	UBTFL1
74363307	74363307	C	T	Nonsynonymous SNV	LNM, TPV	GOLGA6A
54745682	54745682	C	T	Nonsynonymous SNV	LNM	LILRA6;LILRB3
56274086	56274086	G	A	Nonsynonymous SNV	LNM	RFPL4A
24579049	24579049	G	A	Nonsynonymous SNV	LNM	SUSD2
23653975	23653975	-	CCGG	Frameshift insertion	LNM	BCR
2523380	2523380	G	T	Nonsynonymous SNV	TPV	MMEL1
55545264	55545264	C	T	Nonsynonymous SNV	TPV	USF24
91403621	91403621	C	T	Nonsynonymous SNV	TPV	ZNF644
108771623	108771623	C	A	Nonsynonymous SNV	TPV	NBPF4
117158857	117158857	C	T	Nonsynonymous SNV	TPV	IGSF3
145356733	145356733	C	G	Nonsynonymous SNV	TPV	NBPF19
156531719	156531719	C	T	Nonsynonymous SNV	TPV	IQGAP3
157514189	157514189	C	T	Nonsynonymous SNV	TPV	FCRL5
179562624	179562624	G	A	Nonsynonymous SNV	TPV	TDRD5
204438869	204438869	C	A	Nonsynonymous SNV	TPV	PIK3C2B
214184949	214184949	G	T	Nonsynonymous SNV	TPV	PROX1
247769320	247769320	G	A	Nonsynonymous SNV	TPV	OR2G3
248737734	248737734	G	A	Nonsynonymous SNV	TPV	OR2T34
11337731	11337731	T	A	Nonsynonymous SNV	TPV	ROCK2
71795319	71795319	G	C	Nonsynonymous SNV	TPV	DYSF
108487966	108487966	A	G	Nonsynonymous SNV	TPV	RGPD4
121729586	121729586	G	T	Nonsynonymous SNV	TPV	GLI2
128364989	128364989	G	T	Nonsynonymous SNV	TPV	MYO7B
128615641	128615641	C	T	Nonsynonymous SNV	TPV	POLR2D
141946102	141946102	C	A	Nonsynonymous SNV	TPV	LRP1B
178098960	178098960	C	G	Nonsynonymous SNV	TPV	NFE2L2
179398041	179398041	T	C	Nonsynonymous SNV	TPV	TTN
179456813	179456813	G	T	Nonsynonymous SNV	TPV	TTN
196599655	196599655	G	T	Nonsynonymous SNV	TPV	SLC39A10
225422494	225422494	T	C	Nonsynonymous SNV	TPV	CUL3
228137779	228137779	G	T	Nonsynonymous SNV	TPV	COL4A3
238672406	238672406	G	T	Nonsynonymous SNV	TPV	LRRFIP1
4829646	4829646	C	T	Stopgain	TPV	ITPR1
12458381	12458381	G	A	Nonsynonymous SNV	TPV	PPARG
37670790	37670790	G	A	Nonsynonymous SNV	TPV	ITGA9
49721811	49721811	C	T	Nonsynonymous SNV	TPV	MST1
121350823	121350823	C	T	Nonsynonymous SNV	TPV	HCLS1
165547837	165547837	C	A	Nonsynonymous SNV	TPV	BCHE
169565951	169565951	C	A	Nonsynonymous SNV	TPV	LRRRC31
193028470	193028470	G	C	Nonsynonymous SNV	TPV	ATP13A5
194118528	194118528	G	T	Nonsynonymous SNV	TPV	GP5
1231985	1231985	C	A	Stopgain	TPV	CTBP1
1920144	1920144	A	G	Nonsynonymous SNV	TPV	NSD2
98902467	98902467	T	G	Nonsynonymous SNV	TPV	STPG2
118005739	118005739	T	A	Nonsynonymous SNV	TPV	TRAM1L1
123236706	123236706	C	G	Nonsynonymous SNV	TPV	KIAA1109
162577500	162577500	A	T	Nonsynonymous SNV	TPV	FSTL5
177071237	177071237	A	T	Nonsynonymous SNV	TPV	WDR17
187549886	187549886	T	A	Nonsynonymous SNV	TPV	FAT1
24505347	24505347	C	T	Nonsynonymous SNV	TPV	CDH10
41911175	41911175	T	C	Nonsynonymous SNV	TPV	C5orf51
75858298	75858298	T	A	Nonsynonymous SNV	TPV	IQGAP2
90024685	90024685	C	A	Nonsynonymous SNV	TPV	ADGRV1
113740318	113740318	A	G	Nonsynonymous SNV	TPV	ACNV2
114860009	114860009	C	T	Nonsynonymous SNV	TPV	FEN1C
131007333	131007333	C	T	Nonsynonymous SNV	TPV	FNIP1
131931309	131931309	C	T	Stopgain	TPV	RAD50
140307748	140307748	C	A	Nonsynonymous SNV	TPV	PCDHAC1
140554795	140554795	C	G	Nonsynonymous SNV	TPV	PCDH7
27222843	27222843	G	T	Nonsynonymous SNV	TPV	PRSS16
32713784	32713784	C	A	Nonsynonymous SNV	TPV	HLA-DQA2
41899529	41899529	G	C	Nonsynonymous SNV	TPV	BYSL
64422909	64422909	A	C	Nonsynonymous SNV	TPV	PHF3
66005999	66005999	G	C	Nonsynonymous SNV	TPV	EYS
90402365	90402365	C	A	Nonsynonymous SNV	TPV	MDN1
126196041	126196041	A	T	Nonsynonymous SNV	TPV	NCOA7
136599115	136599115	C	A	Nonsynonymous SNV	TPV	BCLAF1
150343262	150343262	T	C	Nonsynonymous SNV	TPV	RAET1L
152614857	152614857	C	T	Nonsynonymous SNV	TPV	SYNE1
158538843	158538843	G	T	Nonsynonymous SNV	TPV	SERAC1
168708765	168708765	G	C	Nonsynonymous SNV	TPV	DICT2
7622874	7622874	C	G	Nonsynonymous SNV	TPV	MIOS
29915496	29915496	T	A	Nonsynonymous SNV	TPV	WIPF3
37951827	37951827	G	T	Nonsynonymous SNV	TPV	SFRP4
39379482	39379482	C	A	Nonsynonymous SNV	TPV	POUF2
49815575	49815575	G	A	Nonsynonymous SNV	TPV	WWC2
107720188	107720188	A	G	Nonsynonymous SNV	TPV	LAMB4
128478472	128478472	T	A	Nonsynonymous SNV	TPV	FLNC
140051918	140051918	T	C	Nonsynonymous SNV	TPV	SLC37A3
140179090	140179090	C	A	Nonsynonymous SNV	TPV	MKRN1
150778698	150778698	G	T	Nonsynonymous SNV	TPV	TMUB1
150835349	150835349	G	T	Nonsynonymous SNV	TPV	AGAP3
151856028	151856028	G	T	Nonsynonymous SNV	TPV	KMT2C
154863275	154863275	G	T	Nonsynonymous SNV	TPV	HTR5A
24324457	24324457	A	C	Nonsynonymous SNV	TPV	ADAM7
70591803	70591803	G	T	Nonsynonymous SNV	TPV	SLCO5A1
92988192	92988192	C	G	Nonsynonymous SNV	TPV	RUNX1T1
107715182	107715182	A	A	Nonsynonymous SNV	TPV	OXR1
113275870	113275870	A	T	Stopgain	TPV	CSDM3
145193975	145193975	G	A	Nonsynonymous SNV	TPV	HGH1
21187197	21187197	G	T	Nonsynonymous SNV	TPV	IFNA4
21974676	21974676	C	T	Nonsynonymous SNV	TPV	CDKN2A;CDKN2A
27558545	27558545	C	T	Nonsynonymous SNV	TPV	C9orf72
69423770	69423770	C	T	Nonsynonymous SNV	TPV	ANKRD20A4
85597659	85597659	G	A	Nonsynonymous SNV	TPV	RASEF
23622026	23622026	T	C	Nonsynonymous SNV	TPV	C10orf67
28030395	28030395	T	G	Nonsynonymous SNV	TPV	MKX
68526048	68526048	G	T	Nonsynonymous SNV	TPV	CTNNA3
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93702292	93702292	G	A	Nonsynonymous SNV	TPV	BTAF1
116247751	116247751	C	T	Nonsynonymous SNV	TPV	ABLJ1
116605214	116605214	G	A	Nonsynonymous SNV	TPV	FAM160B1
134942632	134942632	C	A	Nonsynonymous SNV	TPV	ADGRA1
4929407	4929407	C	A	Nonsynonymous SNV	TPV	OR51A7
5068137	5068137	G	A	Nonsynonymous SNV	TPV	OR52J3
6291913	6291913	G	C	Nonsynonymous SNV	TPV	CKCBR
6341448	6341448	G	T	Nonsynonymous SNV	TPV	CAVIN3
44296961	44296961	G	C	Stopgain	TPV	ALX4
64084615	64084615	G	A	Nonsynonymous SNV	TPV	TRMT112
64877317	64877317	C	A	Stopgain	TPV	VPS51
68845988	68845988	G	C	Nonsynonymous SNV	TPV	TPCN2
68846022	68846022	G	C	Nonsynonymous SNV	TPV	TPCN2
68846223	68846223	G	C	Nonsynonymous SNV	TPV	TPCN2
701						



**Figure S2** The proportions of different types of SVs detected by whole-genome sequencing (left) or optical mapping (right) in PT (upper), LNM (middle) and TPV (lower). PT, primary tumor; LNM, lymph node metastases; TPV, tumor thrombus in pulmonary vein.



**Figure S3** The number of different types of structural variants detected by whole-genome sequencing and optical mapping in PT (A) and LNM (C), of which size distribution of deletions in PT (B) and LNM (D). PT, primary tumor; LNM, lymph node metastases.