Delineation of spatial tissue signatures of immunotherapy response groups in non-small cell lung cancer (NSCLC) - 118

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Immunotherapies, such as immune checkpoint inhibitors (ICI) have shown durable benefit in a subset of non-small cell lung cancer (NSCLC) patients. The mechanisms for this are not fully understood, however the composition and activation status of the cellular milieu contained within the tumour microenvironment (TME) is becomingly increasingly recognised as a driving factor in treatment-refractory disease.

Here, we employed multiplex IHC (mIHC), and Nanostring GeoMx digital spatial profiling (DSP) to capture the targeted immune proteome (60-plex) and transcriptome (1800-plex) of tumour and TME compartments, from a tissue microarray (TMA) of pre-treatment samples from a 2nd line NSCLC ICI-treated cohort (n=41 patients; n=25 responders, n=16 non-responders) in collaboration with Tristar Technologies.





Digital spatial profiling of lung TMA cores as described in Sadegirad et al., CTI 2020. A strategy of masking for 'cytokeratin' and 'non-cytokeratin' was used to capture the 'tumour' and 'stromal' regions per core, respectively.

Patient Clinicopathological findings.

IO Cohort	Non-responder, N = 25	Responder, N = 16
Gender		
F	9 (36%)	5 (31%)
M	16 (64%)	11 (69%)
Age	66 (59, 69)	58 (58, 63)
ICI Treatment		
Durvalumab	0 (0%)	1 (6.2%)
Nivolumab	22 (88%)	11 (69%)
Pembrolizumab	3 (12%)	4 (25%)
Current Status		
Alive	8 (32%)	15 (94%)
Deceased	17 (68%)	1 (6.2%)
Histology		
Adenocarcinoma	12 (48%)	13 (81%)
Squamous Cell Carcinoma	13 (52%)	3 (19%)







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Figure 4. Multispectral spatial analysis revealed the enrichment of cellular interactions in ICI sensitive tumours.

Representative analysis of TMA cores from responders (A-C) and non-responders (D-F).

(A) Representative NSCLC core from responder. (B) Concordant cell-type Voronoi. (C) Concordant neighbourhood Voronoi. (D) Representative NSCLC core from non-responder. (E) Concordant cell-type Voronoi. (F) Concordant Voronoi. (G) neighbourhood indicating Volcano plot enrichment and significance of cell frequency, cell interaction and neighbourhoods in response/non-response NSCLC cohorts.

Conclusion

Through multi-modal approaches, we have dissected the characteristics of NSCLC treatment groups and provide evidence for the role of several markers including IL2, CD25, CD44 and SPP1 in the efficacy of current generations of ICI therapy. Whilst further validation of putative markers is needed, our findings provide early insights into predictive biomarkers associated with response to therapy in NSCLC.