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Immune profiling of immunotherapy and adjuvant chemotherapy pretreatment of NSCLC tissues by CODEX

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Lung Cancer

cancer (NSCLC), including Non-small lung adenocarcinoma and squamous cell carcinoma subtypes, are the leading cause of cancer related mortality globally. The 5-year survival of patients ~20%. Whilst targeted therapies are increasing, including multiple generations of tyrosine kinase inhibitors and immune checkpoint inhibitors, there is a growing need to identify predictive biomarkers for these therapies.

Here we profiled an adjuvant chemotherapy (n=61) as well as a second line immunotherapy (n=42) NSCLC cohort by spatial transcriptomics and proteomics) to investigate the association between immune composition and patient outcome. We applied a panel cytotoxic and hyperactivated T cell states, as well as B cells, Tregs and myeloid lineage innate immune cell types.

Our study profiled tumour-immune composition across patients and investigate the spatial neighbourhoods and clusters that these cells software for tissue segmentation (into classes for tumor, stroma, artifacts, blood vessels, etc.), cellular segmentation, and each marker, and then performed spatial analyses (distances, interactions, neighborhoods) using SpatialMap phenotypes.





Figure 5. Differential Expression (DE) analysis of tumour within the adenocarcinoma subset by vs stroma compartmentalised spatial transcriptomics. The standR package was used for data gene/sample QC, normalization (relative log expression, RLE analyis and TMM normalization), followed by linear modelling using edgeR and Limma-voom for DE analysis. The vissE plot shows the gene-set enrichment analysis (GSEA) of the differentially expressed genes (GSEA: Fry & vissE).

Methods (Tissue microarray study)



Figure 1. Individual core images of the Tissue microarray profiled on the CODEX (Phenocycler) technology from Akoya Biosciences for 34 markers. Phenoplex[™] software for tissue segmentation (into classes for tumor, stroma, artifacts, blood vessels, etc.), cellular segmentation, and cellular phenotyping based on thresholds for each marker, and then performed spatial analyses (distances, interactions, neighborhoods) using SpatialMap to identify cellular motifs associated with clinical phenotypes.



Figure 6. Spatial plot of one tumor core, colored by phenotype. Phenotypes were programmatically imported from Visiopharm outputs (left panel). Inset: Graph of spatial neighbor relationships (k-nearest neighbor algorithm, k = 10). Gray lines indicate a neighbor relationship between connected cells.



Figure 10. Spatial plot of local entropy Entropy was computed on phenotype classes of connected cells (knn, k = 10) and is a metric of cellular heterogeneity in the neighborhood of the index cell.



be saved for easy visualization of different groups of biologically relevant markers. In this case, three different panels are shown, one for tumor architecture, one for stromal architecture, and one as a basic T cell panel.



Figure 7. Spatial plot of a tumor core, colored by cell neighborhood identity. Cell neighborhoods were derived by counting neighbor phenotypes for each cell and clustering the resulting cells by phenotype count matrix (right panel; k-means, k = 7). Inset: Graph of spatial neighbor relationships, with grey lines indicating a neighbor relationship between connected cells.



Tumor :: CD4 T cell interactions are

enriched in EGFR positive patients



Survival status

Figure 11. Comparison of local entropy values of single-positive PanCK+ tumor cells (n = 45186), grouped by survival status (0 = deceased, n = 28; 1 = survivor, n test). = 12; two sided t-test p < 1e-16).



Figure 12. Comparison of cel interaction proportions between patients with and without an EGFR mutation (p-value = two sided t-

DC :: Tumor and CD8 T cell :: Tumor interactions



Figure 14. Schematic of Enable Cloud Platform ecosystem, Figure 13. Comparison of cell including neural network-based microenvironment analysis, interaction proportions between semantic segmentation, multimodal integration, heterogeneity deceased and surviving patients analysis, and a no-code analysis toolkit for visualization, plotting, (p-value = two sided t-test). and exploration of data. Data are readily accessed and shared with collaborators or the broader community.

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pre-trained A.I. algorithm using the DAPI channel. Nuclei are expanded into cell cytoplasmic regions using a watershed method. Last comes the phenotyping of the cells based on the Guided Workflow (Fig. 4).

> Figure Heatmap cell neighborhood counts matrix, depicting the cell compositions of each neighborhood. Counts data were subsampled to 2000 data points.

Figure 4. A guided workflow for cellular phenotyping. Users set thresholds for each biomarker based on an assessment of the optimal positivities.



Heatmap of cell interaction Figure 9. enrichments. Each element heatmap shows log10 p-values for interactions (hypergeometric test). Results represent one tumor core. Further analysis to compare interactions across multiple samples is shown below.

Conclusion

- Cutting-edge spatial transcriptomic and proteomic technology were used to profile tissue microarrays from NSCLC patients.
- Differential expression analysis of transcriptome data based on the standR pipeline was used to identify DEGs between adeno- and squamous cell carcinoma and the TME
- For proteomic imaging data, we developed an analysis pipeline in Phenoplex that enabled tissue-segmentation, cell segmentation and used a guided workflow to identify cell phenotypes
- Characterization of cellular features in situ on the Enable Cloud Platform identified unique cell neighbourhoods and interactions linked to clinical endpoints (overall survival) and EGFR mutation status.
- A potential role for circum-tumor cellular heterogeneity was uncovered and linked to overall survival.

log10(p.value) enrichment 300 200 100