

# Multi-omic and spatial dissection of immunotherapy response groups in non-small cell lung cancer (NSCLC).

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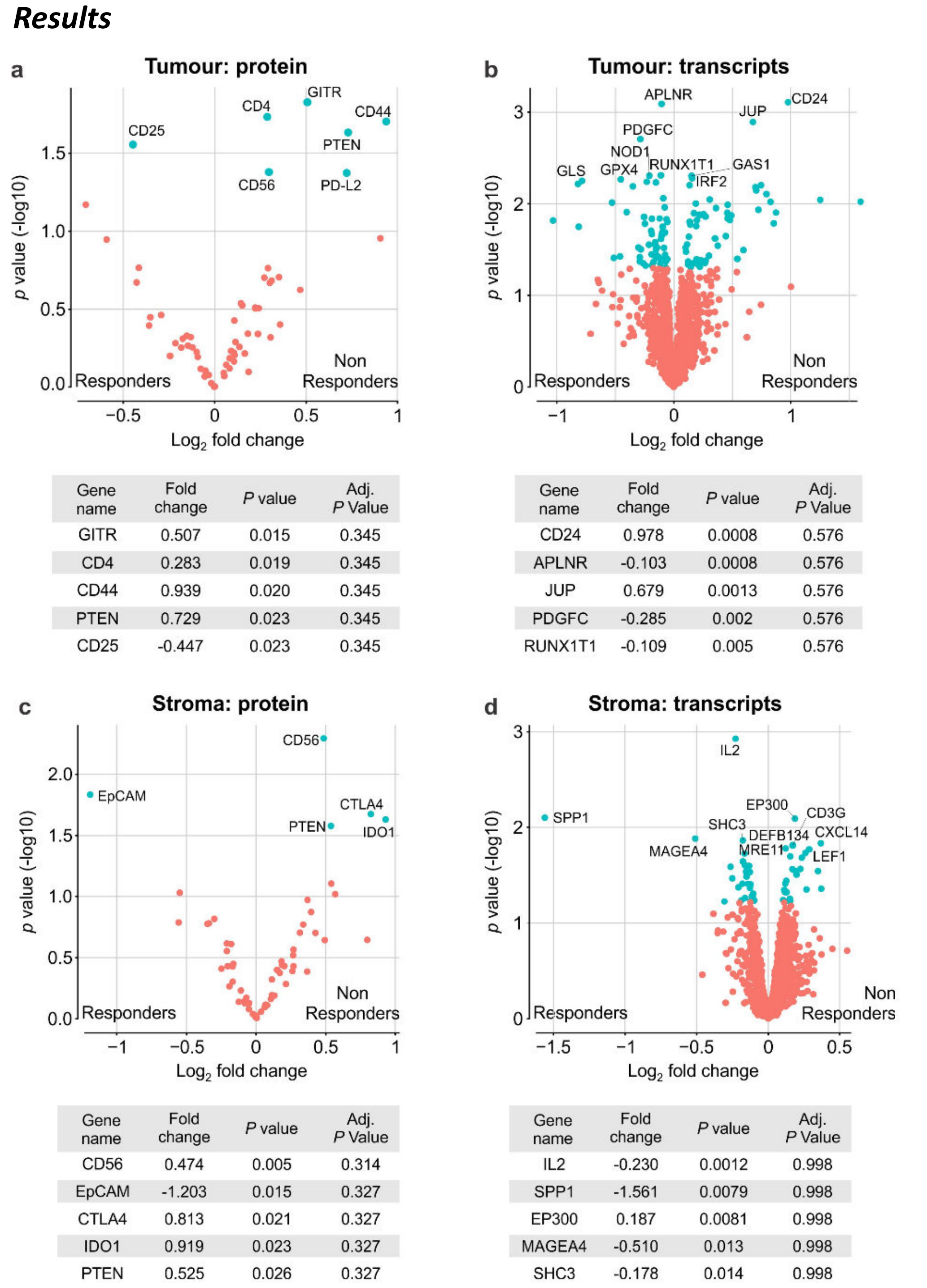
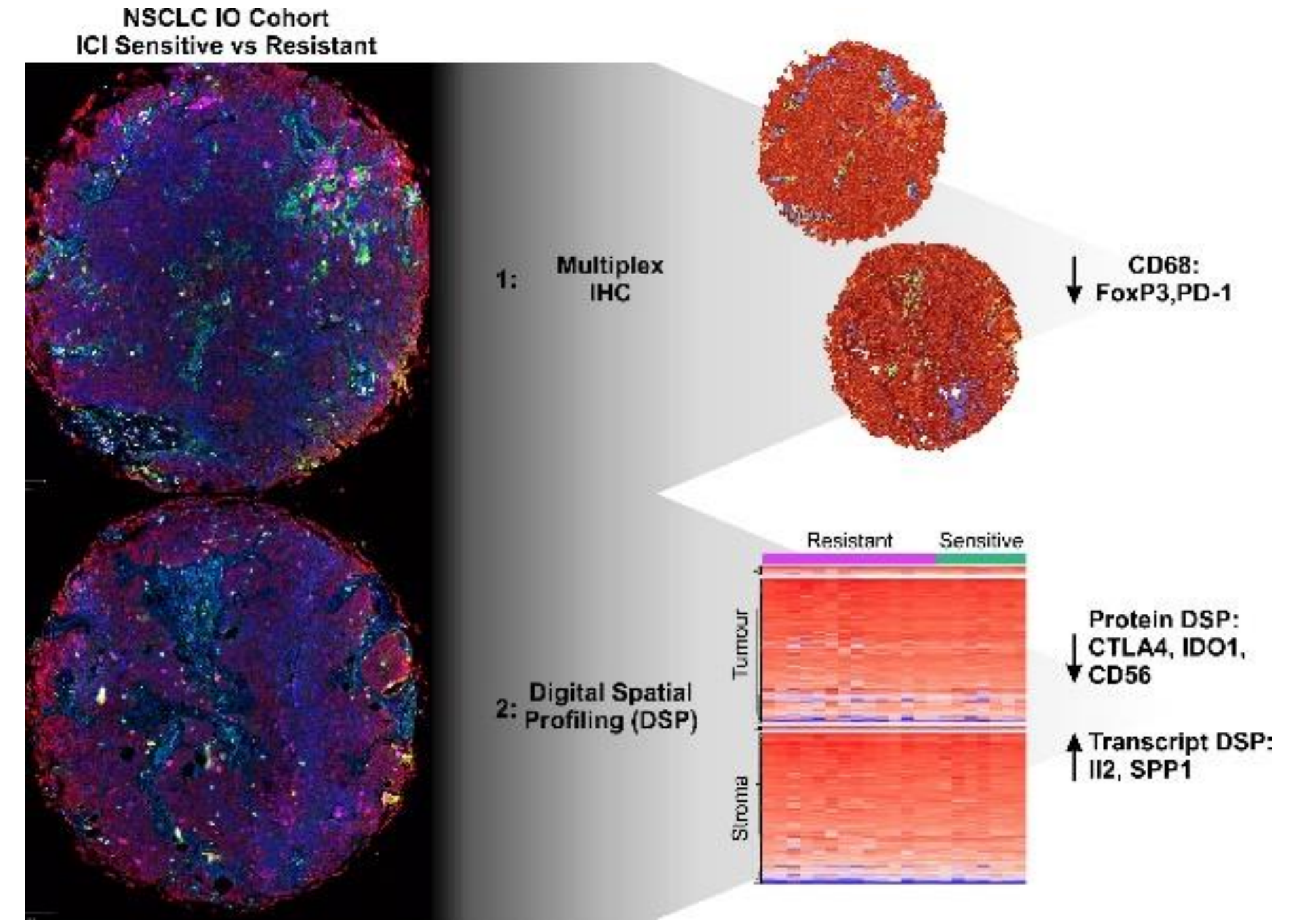
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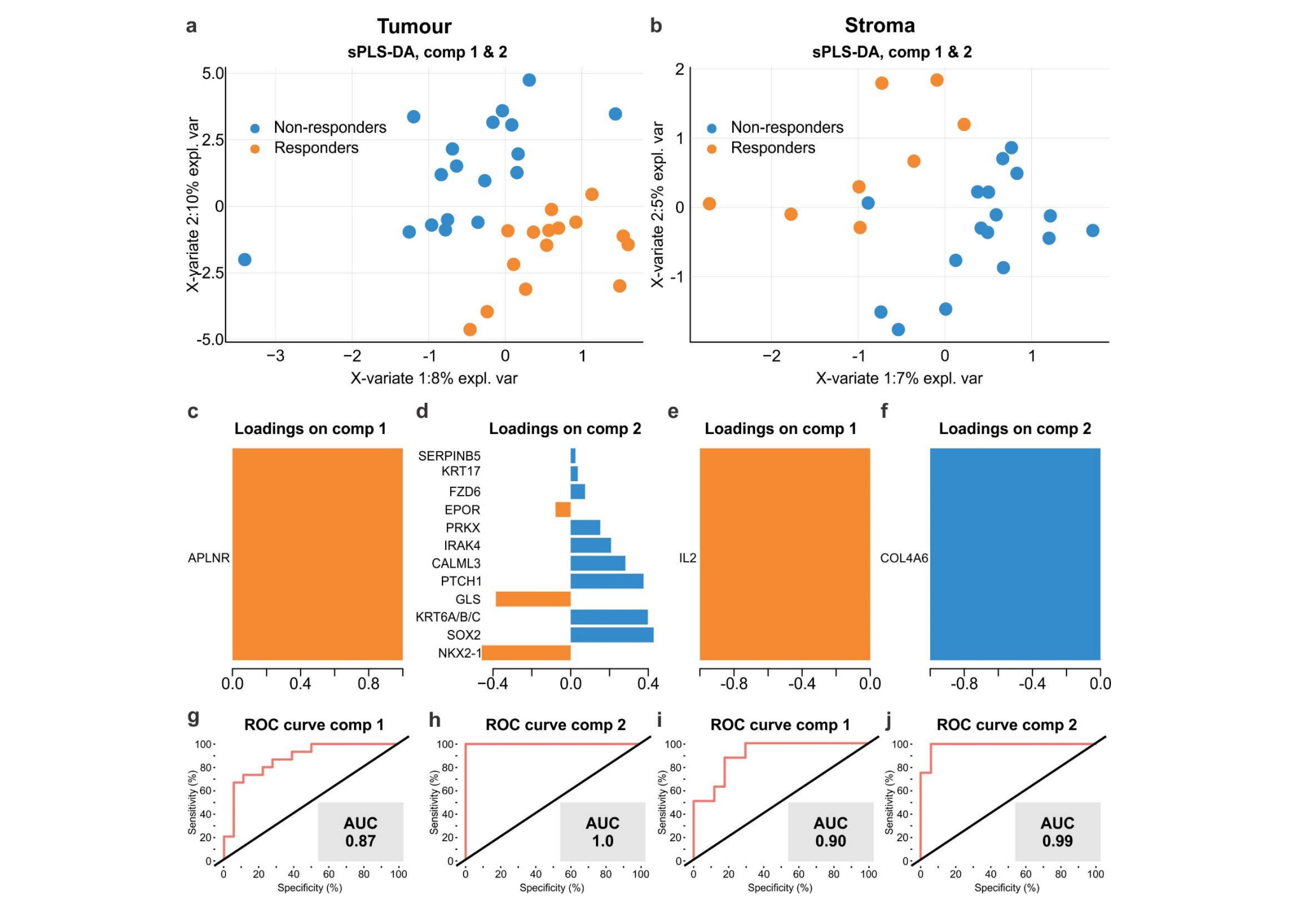


**Immunotherapies**, such as immune checkpoint inhibitors (ICI) have shown durable benefit in a subset of non-small cell lung cancer (NSCLC) patients. The mechanisms for this are not fully understood, however the composition and activation status of the cellular milieu contained within the tumour microenvironment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



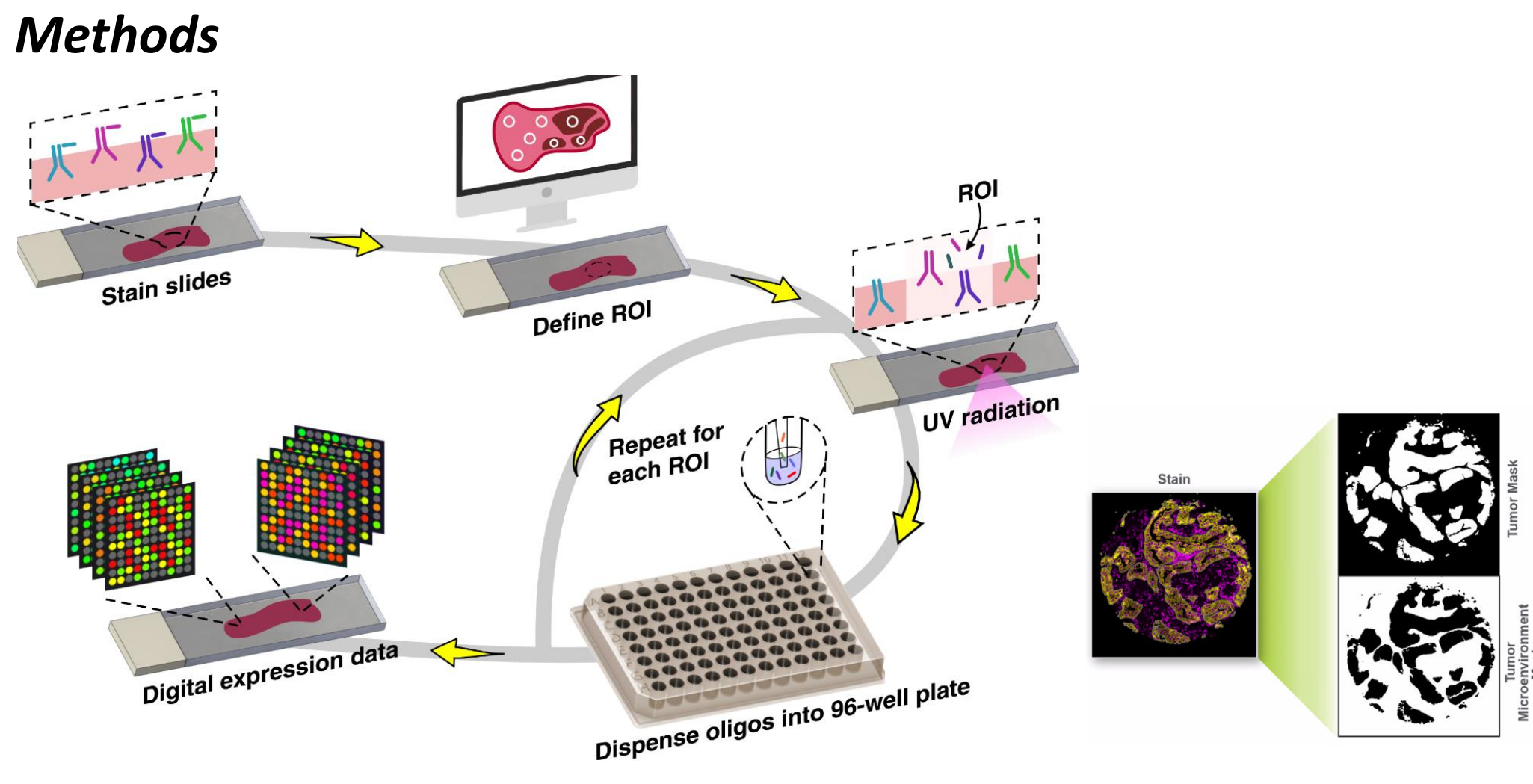
**Figure 1.** Volcano plots of differentially expressed proteins and RNA enriched for in the response/non-response groups in the tumour (A, B) and stroma (C, D) compartments. Significant DEG in blue.



**Figure 3.** 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).

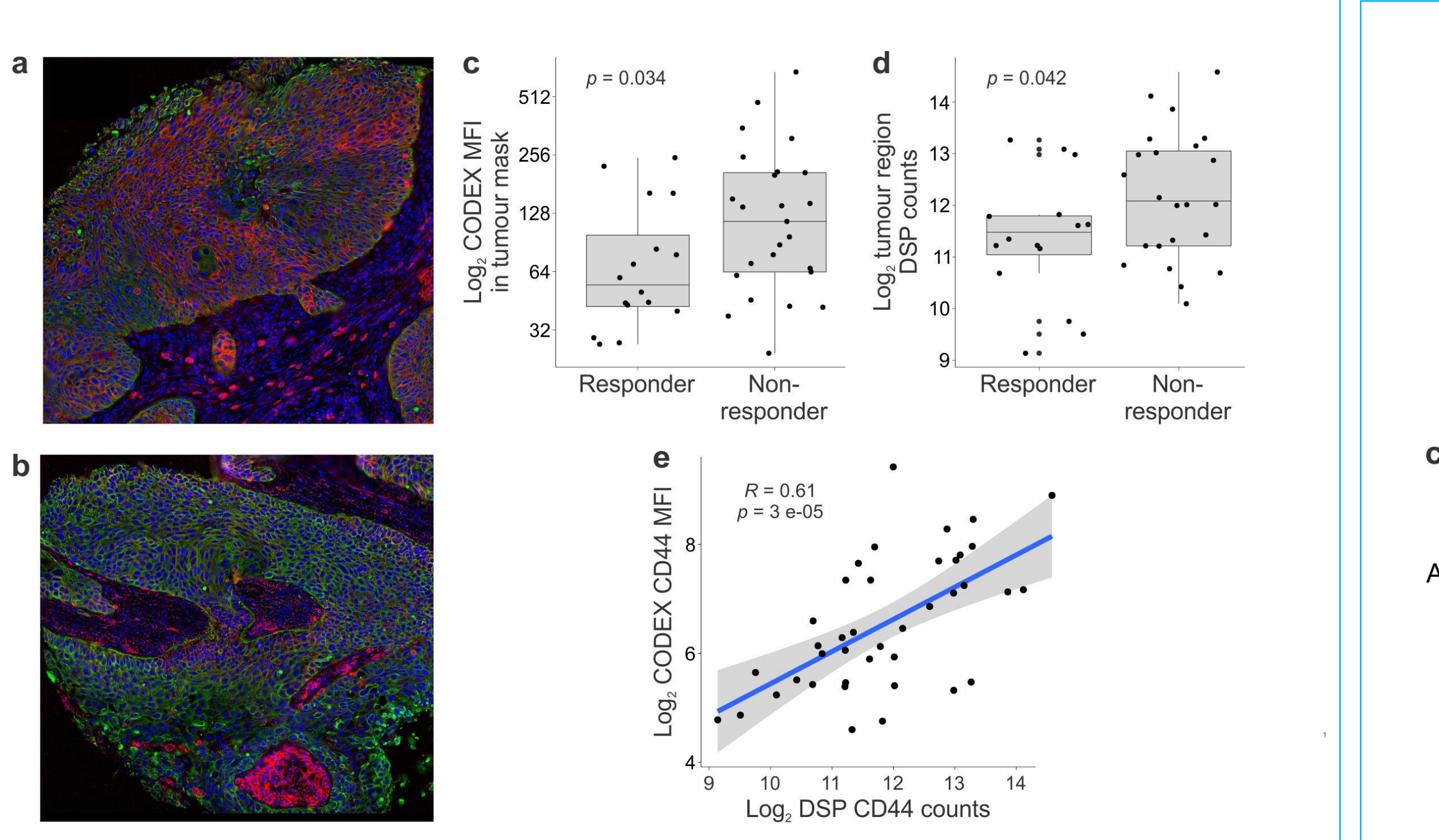
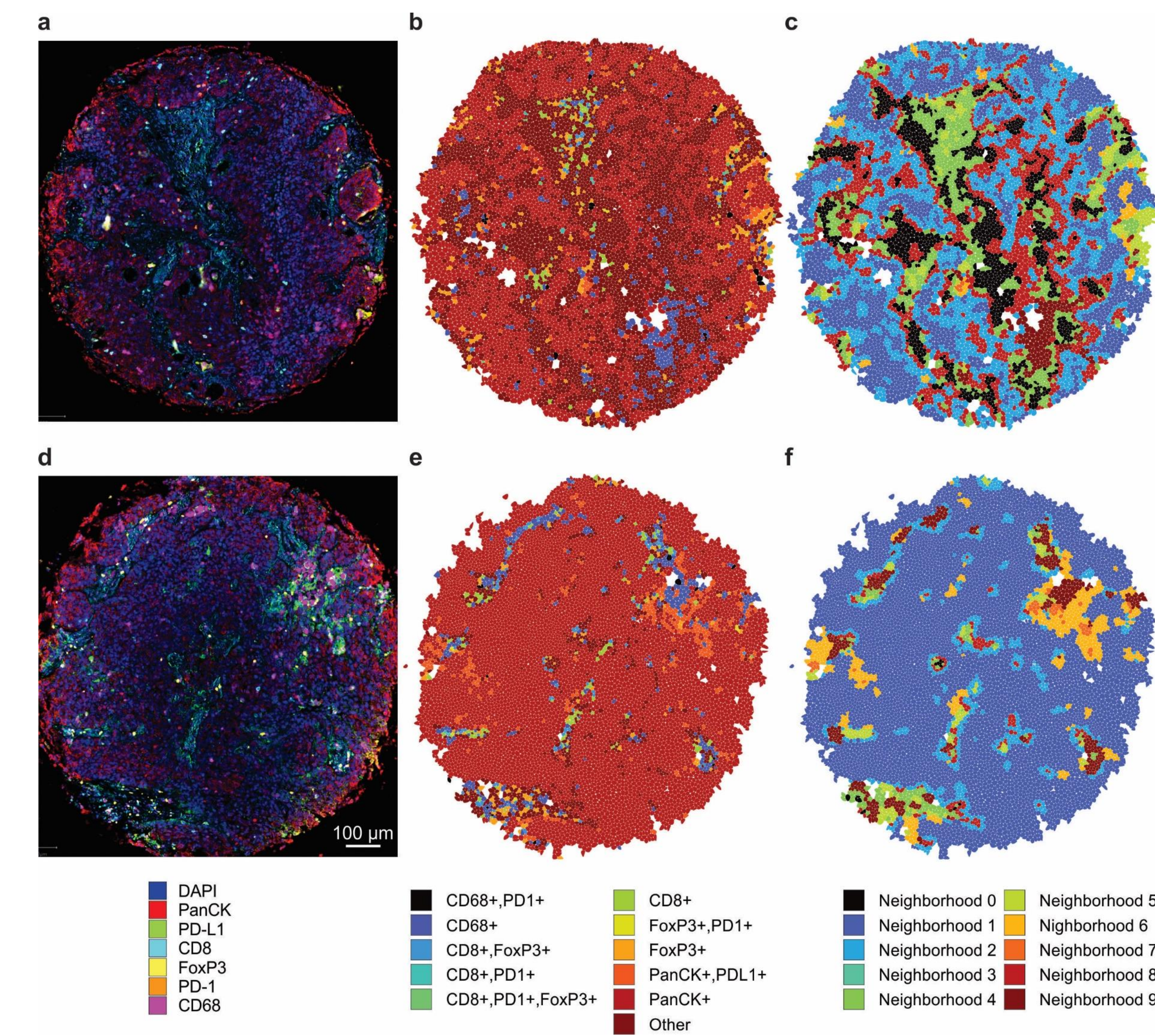
(A) Representative NSCLC core from responder. (B) Concordant cell-type Voronoi. (C) Concordant neighbourhood Voronoi. (D) Representative NSCLC core from non-responder. (E) Concordant cell-type Voronoi. (F) Concordant neighbourhood Voronoi. (G) Volcano plot indicating enrichment and significance of cell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



Digital spatial profiling of lung TMA cores as described in Sadeghirad 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.

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%)

Patient Clinicopathological findings.



**Figure 4.** Validation of tumour CD44 expression by CODEX multiplex immunofluorescence. (A) Representative CD44 staining (Red) in tumour cells (Green) in non-responder tumour. (B) Representative CD44 staining (Red) in tumour cells (Green) in responder tumour. (C) geometric mean fluorescence intensity (mFI) of CD44 by CODEX mFI in responders and non-responders. (D) Log<sub>2</sub> CD44 DSP counts in responders and non-responders. (E) Correlation between CODEX mFI and DSP counts

## 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 immunotherapy in NSCLC.