

Prediction of Immunotherapy Treatment Outcome

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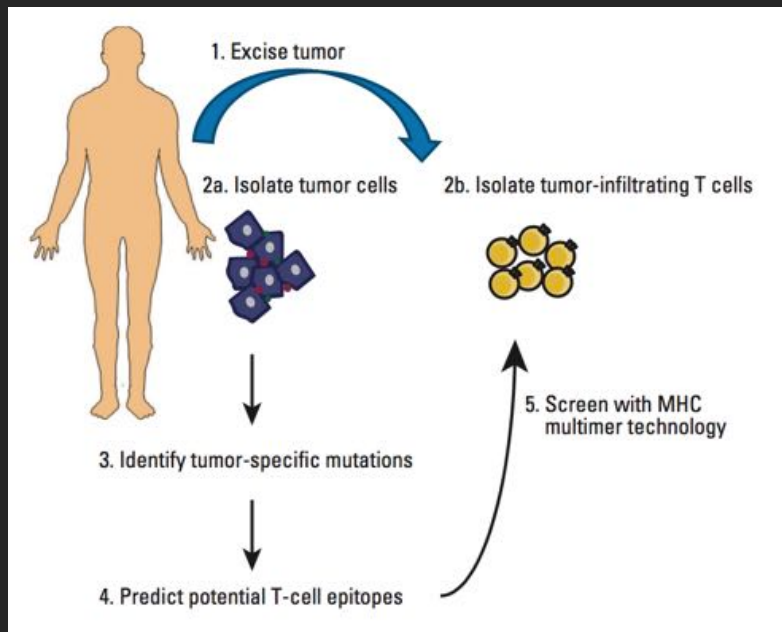
Today's topics

1. Prediction of immune targets in tumor cells
2. Characterization of immune phenotype
3. Correlating phenotype with clinical outcome
4. Integrating targets/phenotype



Clinical application

Sequence-driven identification of neoepitopes in metastatic melanoma



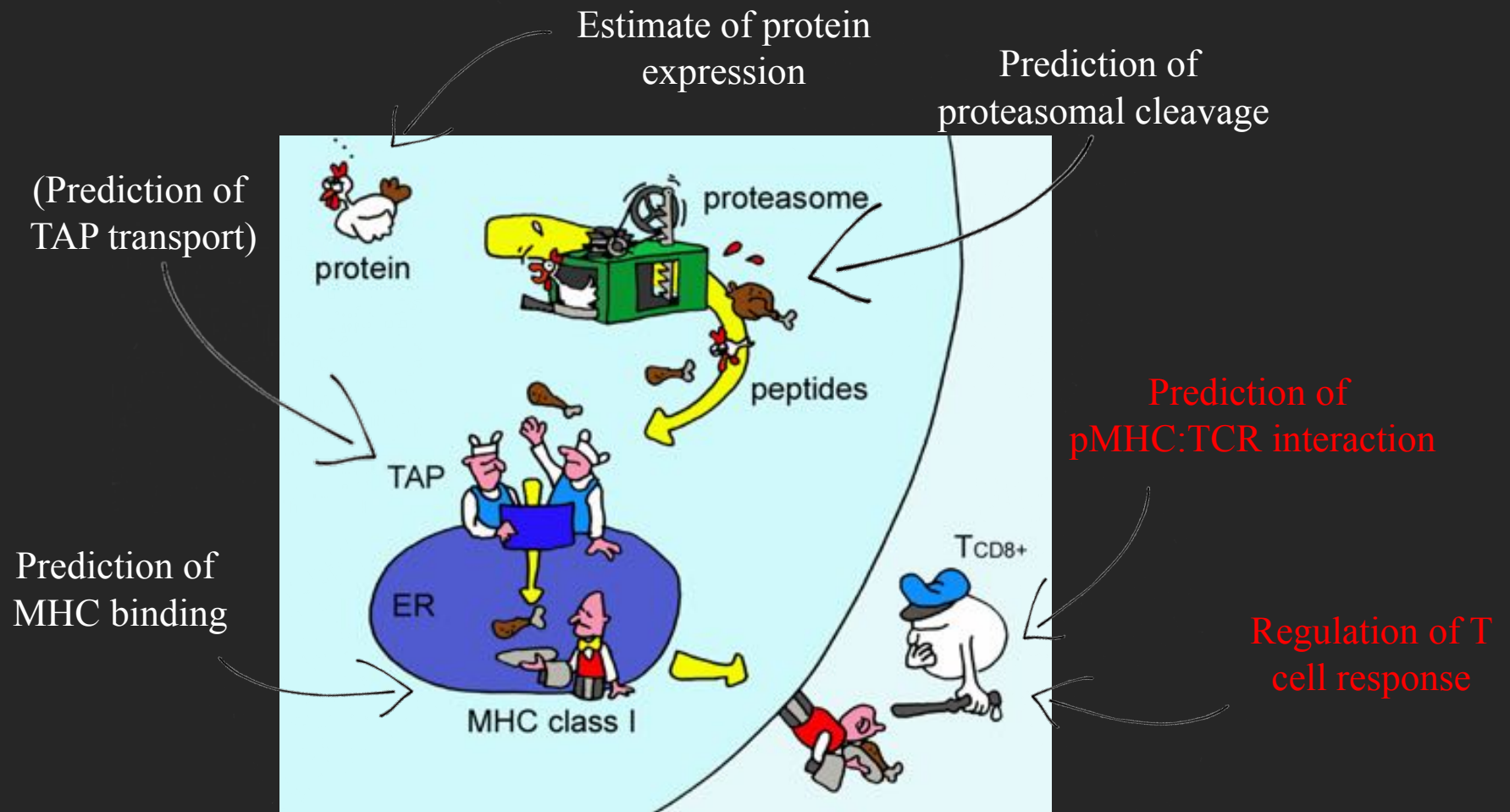
Predicted 448 potential
HLA binders

Minor T cell response against
1 antigen

Dominant T cell response against
1 antigen

Why only two epitopes??

What predictions did they include in their model?

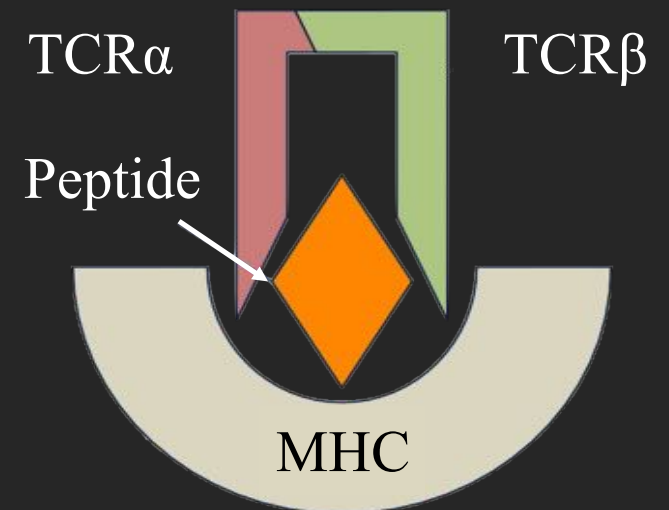


TCR-receptor interaction

Essentially just one more rate-
receptor-ligand interaction

Response is dependent on TCR receptor, which is highly diverse due to somatic hypermutation ($10^8 - 10^{15}$)

Unpredictable from DNA
central and peripheral selection



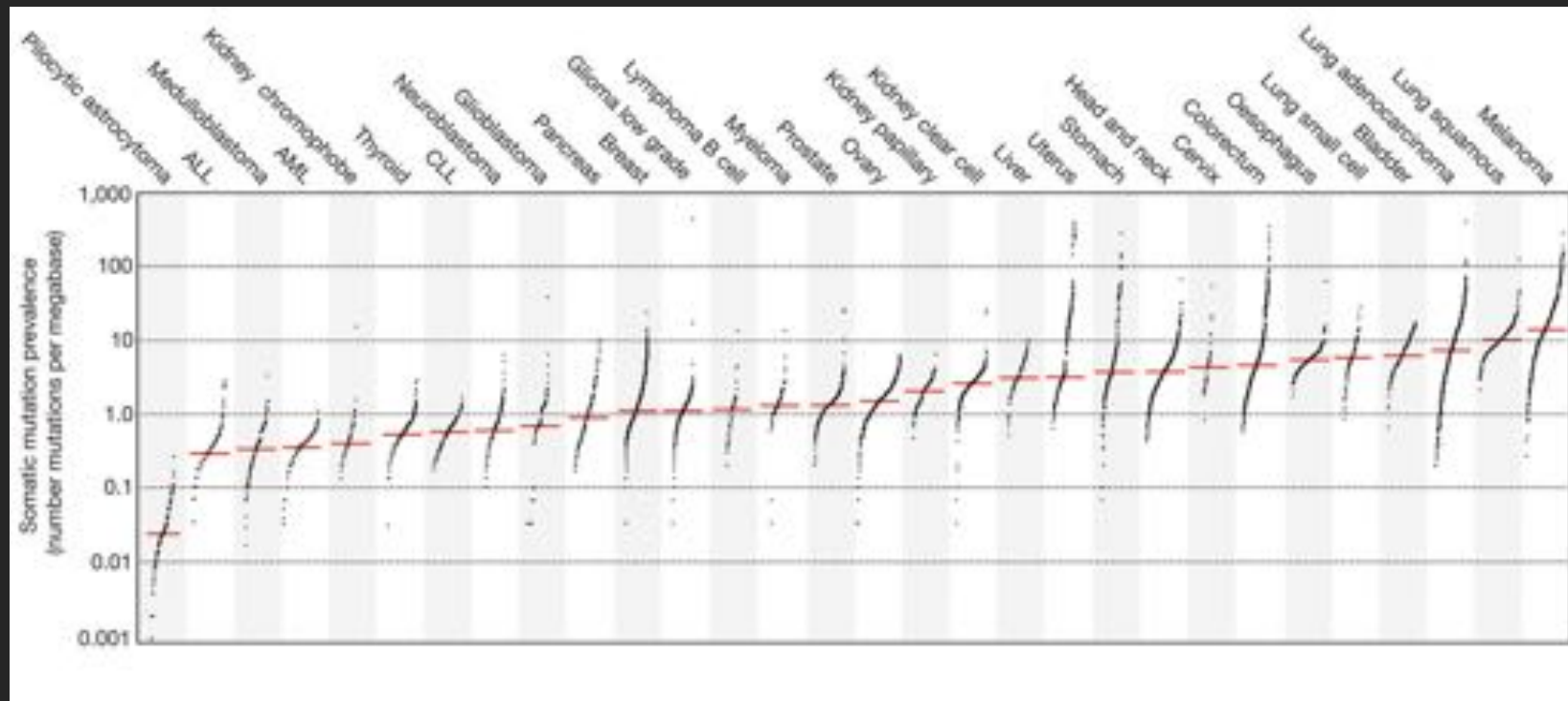
Prediction of response

Biomarkers for immune competence / therapy response

- * Mutational load of the tumor
- * Quantity, ratio, location, and anergy of CD8+ T cells and CD4+ T cells
- * Molecular markers associated with effector inhibitory mechanisms (ARG1, NOS2, IDO1, IDO2, NOX2, PD-L1, PD-L2, IL-10)
- * Quantity of suppressive immune subsets (Myeloid-derived suppressor cells, Tregs, etc.)

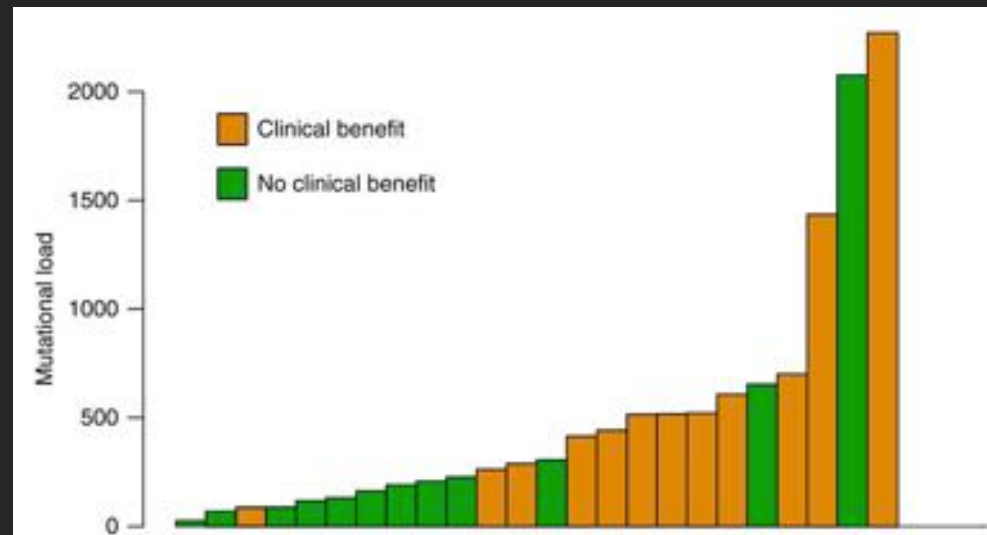
Mutational load of the tumor

Varies among cancers, and among individual tumors

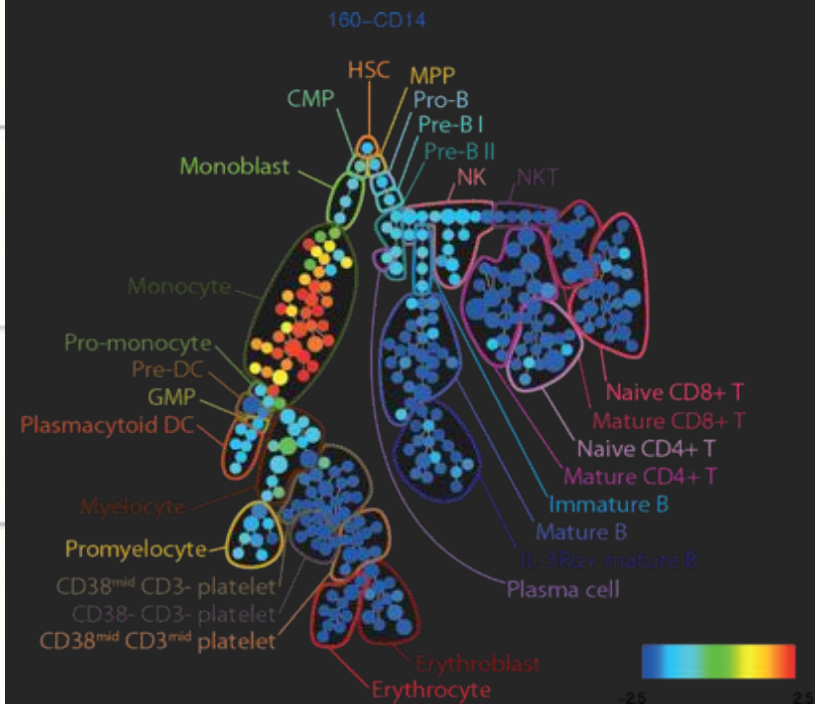
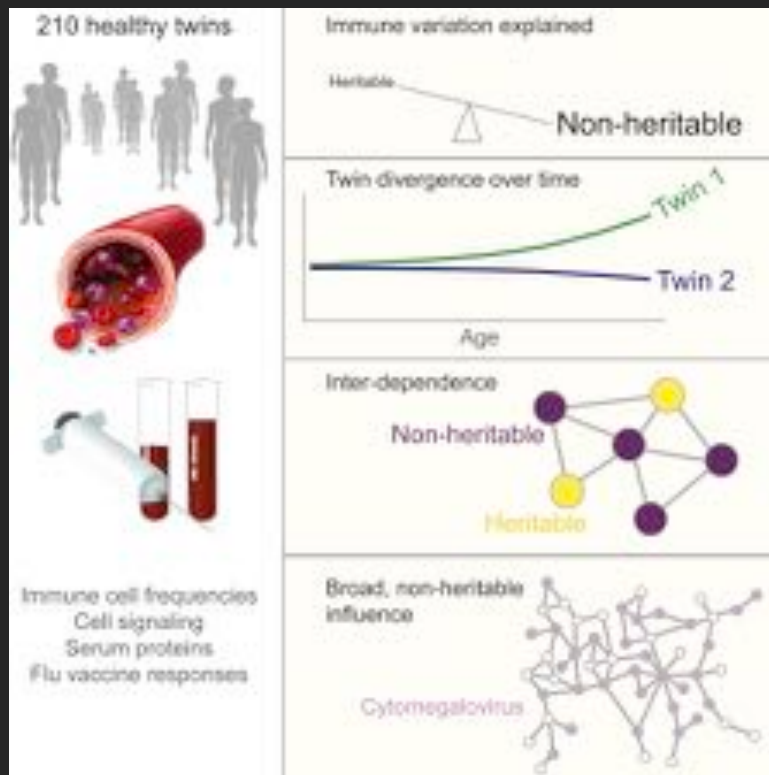


Mutational load of the tumor

Mutational load predict clinical benefit of adoptive T cell therapy in melanoma



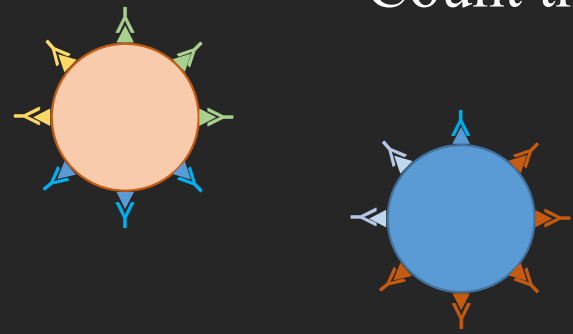
The tumor is only half of the system



Profiling the immune system using single cell cytometry



Count the antibodies!



Profiling the immune system using single cell cytometry

Flow cytometry

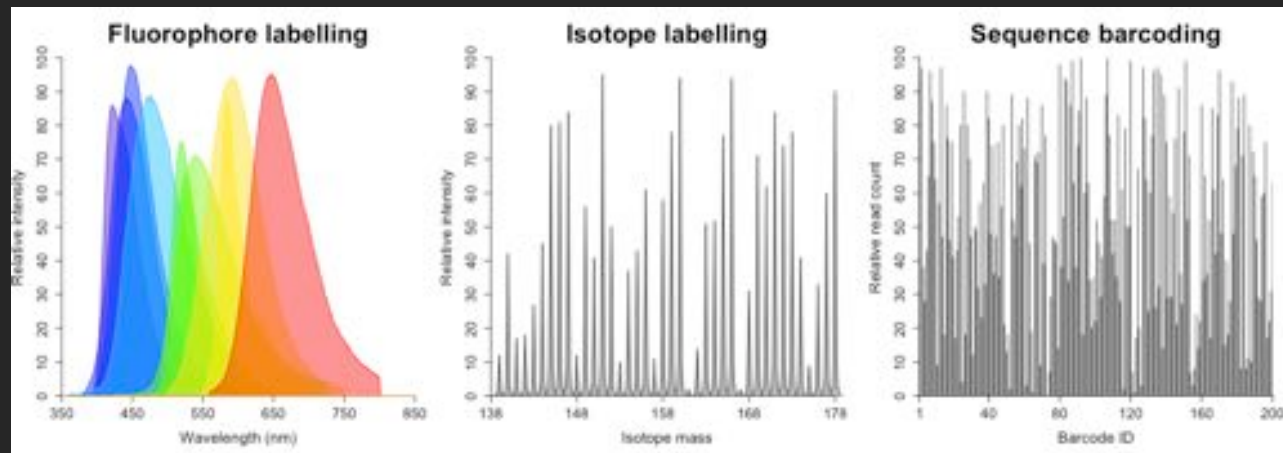
Antibodies labelled with
fluorescent molecules

Mass cytometry

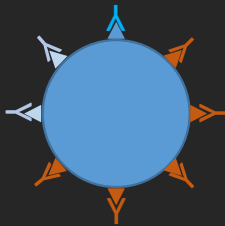
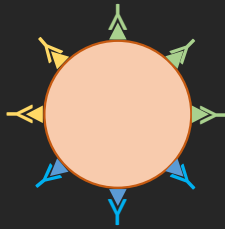
Antibodies labelled with
metal isotopes

Sequence-based
cytometry

Antibodies labelled with
sequence barcodes

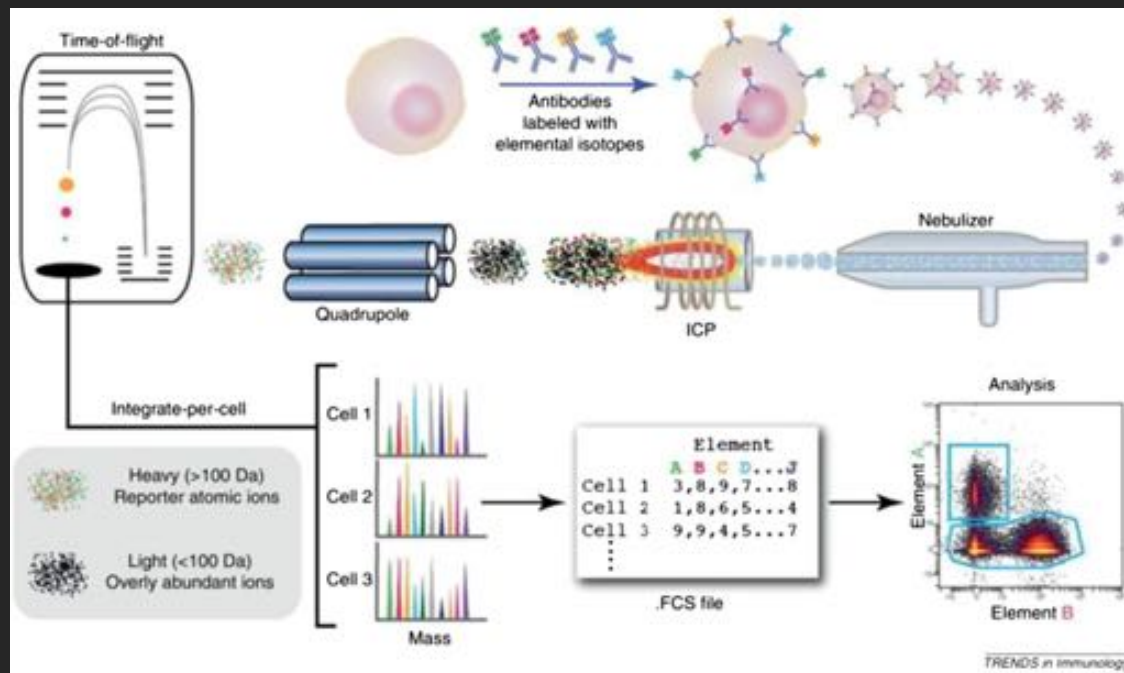


Profiling the immune system using single cell cytometry



	Protein 1	Protein 2	Protein 3	Protein 4	Protein 5
Cell 1	2	3	3	0	0
Cell 2	0	0	1	5	2

Mass cytometry



Mass cytometry

What comes out of the machine:

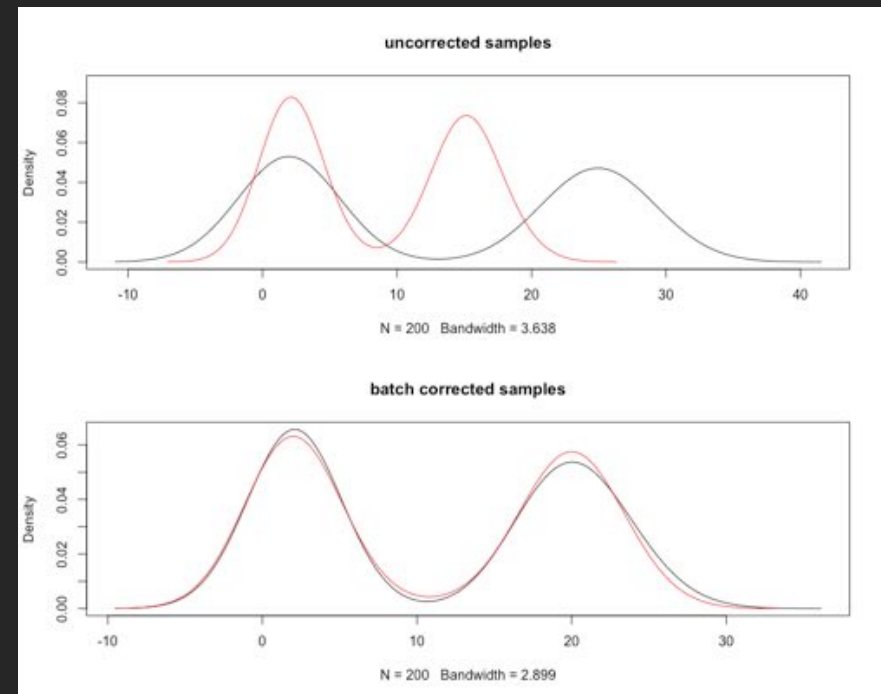
- * A matrix of 1,000,000+ observations
- * 40+ variables is measured for each
- * Cells are of unknown type and state
- * Figure out what they are
- * Compare across conditions
- * ...And the data is noisy!



Analyzing cytometry data

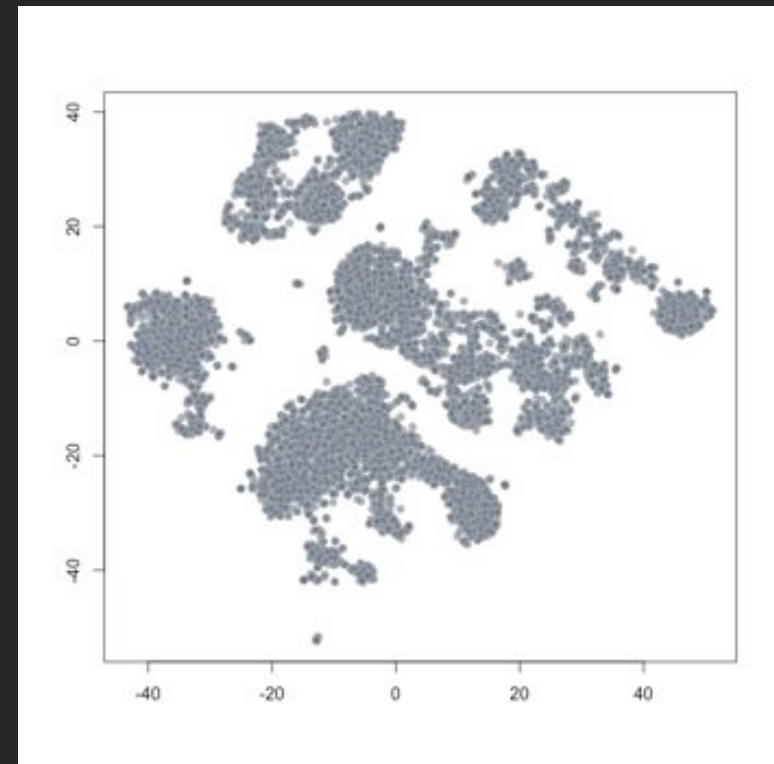
Data pre-processing steps

- * Normalization
- * Transformation
- * Batch correction
- * Removing normalization beads, doublets, debris, and other junk



Analyzing cytometry data

Visualizing the data
(dimensionality reduction)



Analyzing cytometry data

Cell subset detection (clustering)

One example: agglomerative hierarchical clustering

First, we calculate the distance between each cell (vector of protein expression values)

$$d(\vec{u}, \vec{v}) = \|\vec{u} - \vec{v}\| = \sqrt{(u_1 - v_1)^2 + (u_2 - v_2)^2 \dots (u_n - v_n)^2}$$

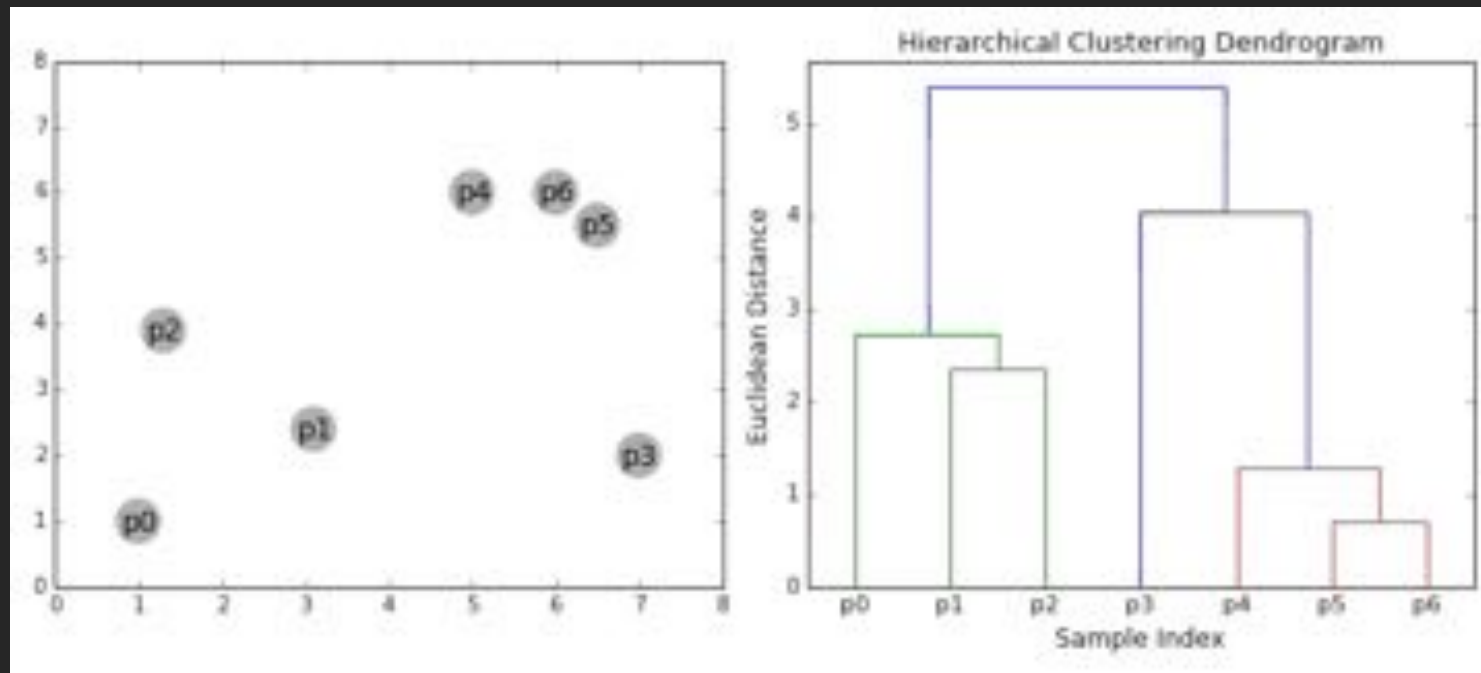
Analyzing cytometry data

Cell subset detection (clustering)

One example: agglomerative hierarchical clustering

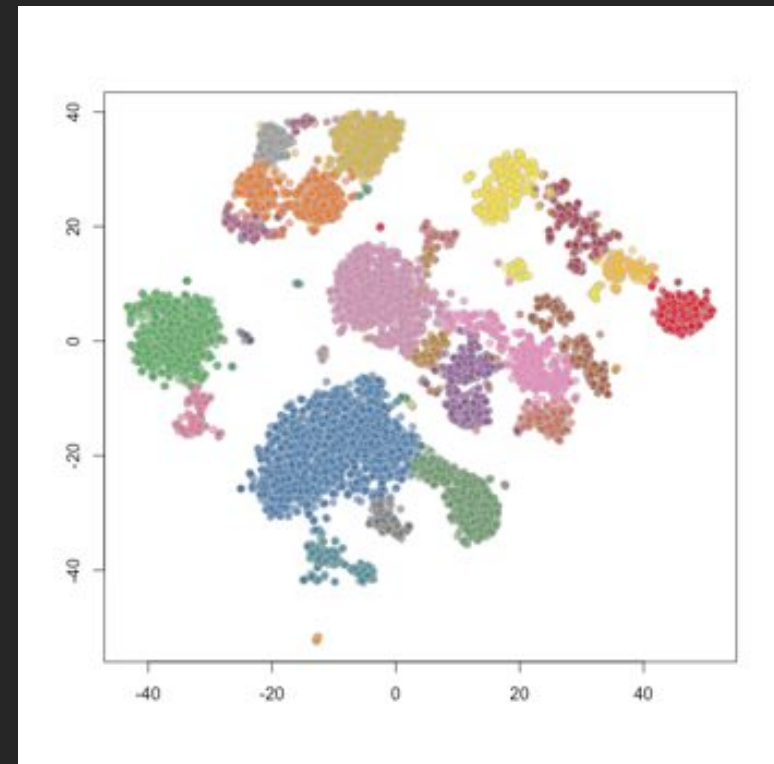
Then, we iteratively combine cells that are closest to each other.

Analyzing cytometry data



Analyzing cytometry data

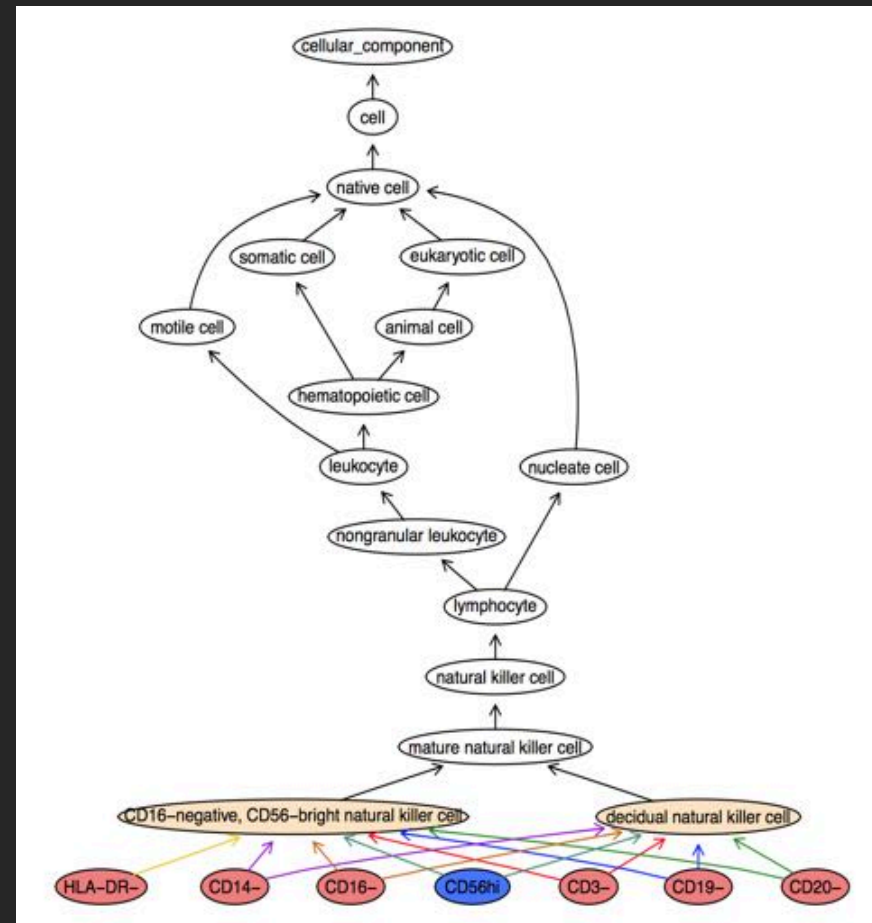
Color dimensionality reduced plot
by cluster



Analyzing cytometry data

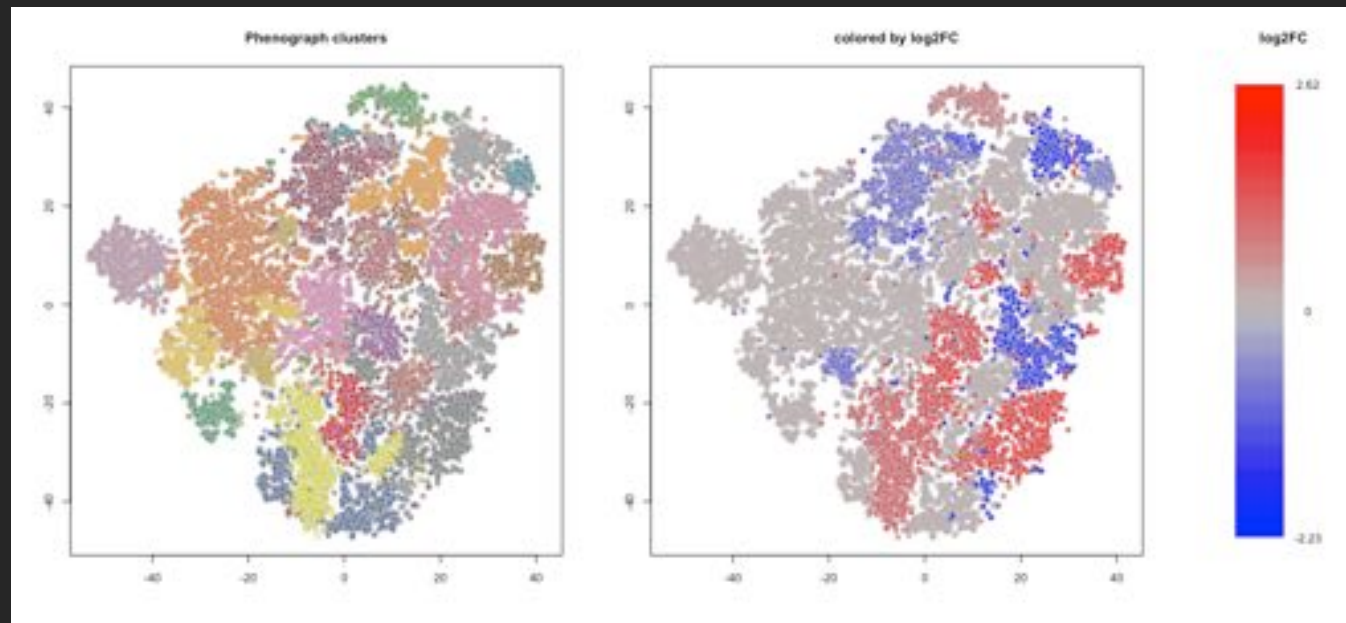
Assigning population label
to clusters: reverse querying
the cell ontology database

...but in the end: ask an expert



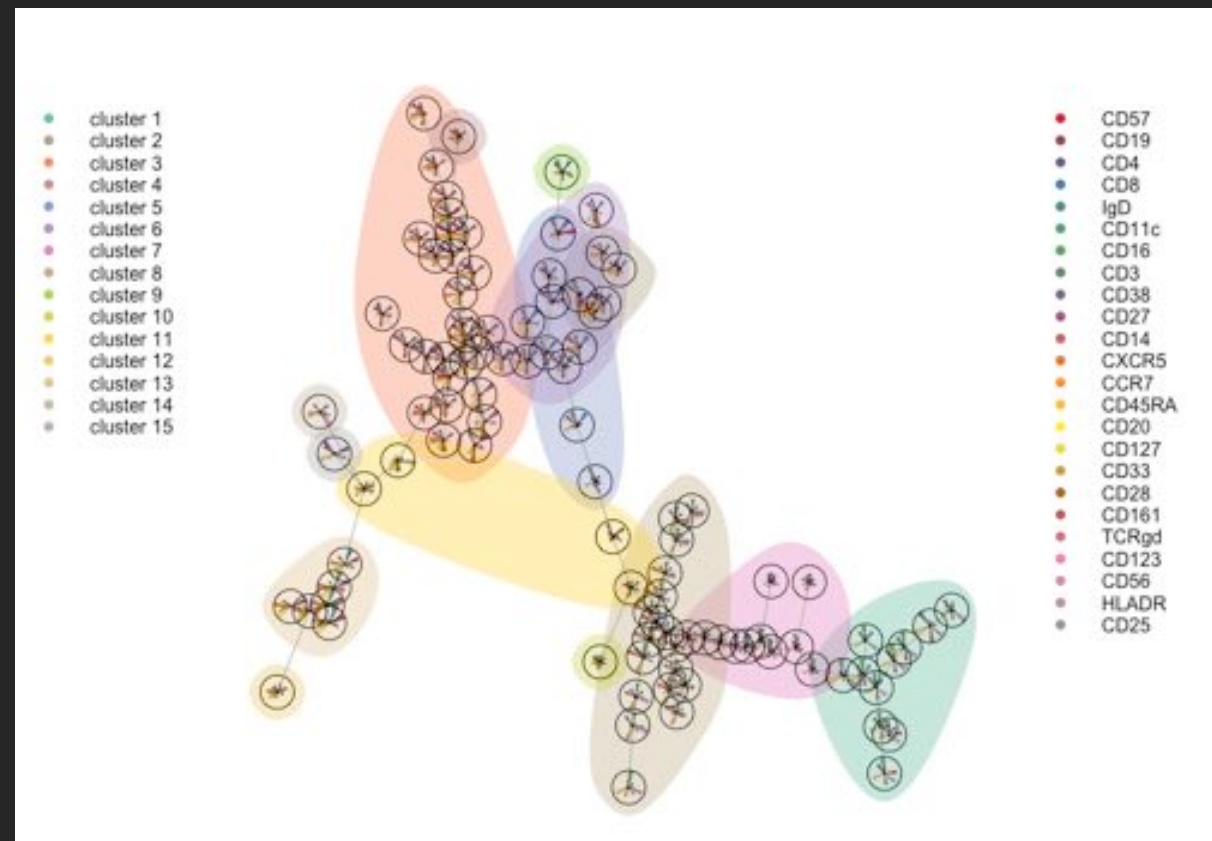
Analyzing cytometry data

Differential abundance of cells / proteins



Analyzing cytometry data

Elucidating cellular hierarchies using self-organizing maps (SOM) and minimum spanning trees (MST)



Analyzing cytometry data

Result

The immunophenotype for each patient, which we can then proceed to correlate to clinical outcome



HOWEVER!

We measure tumor antigens, immune phenotypes, immune cell reactivity, etc. *in parallel* – not in an integrated manner.

Questions?

