

Deciphering single-cell resolved tumour microenvironment profiles using spatial metabolic mapping

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There's a Growing Need to Improve Prediction of Response

Tumor Mutational Burden

Limited predictive power

Response to immunotherapy in solid tumors²

High TMB

Low TMB

 ~40%

~20%

PDL1 IHC

Limited predictive power

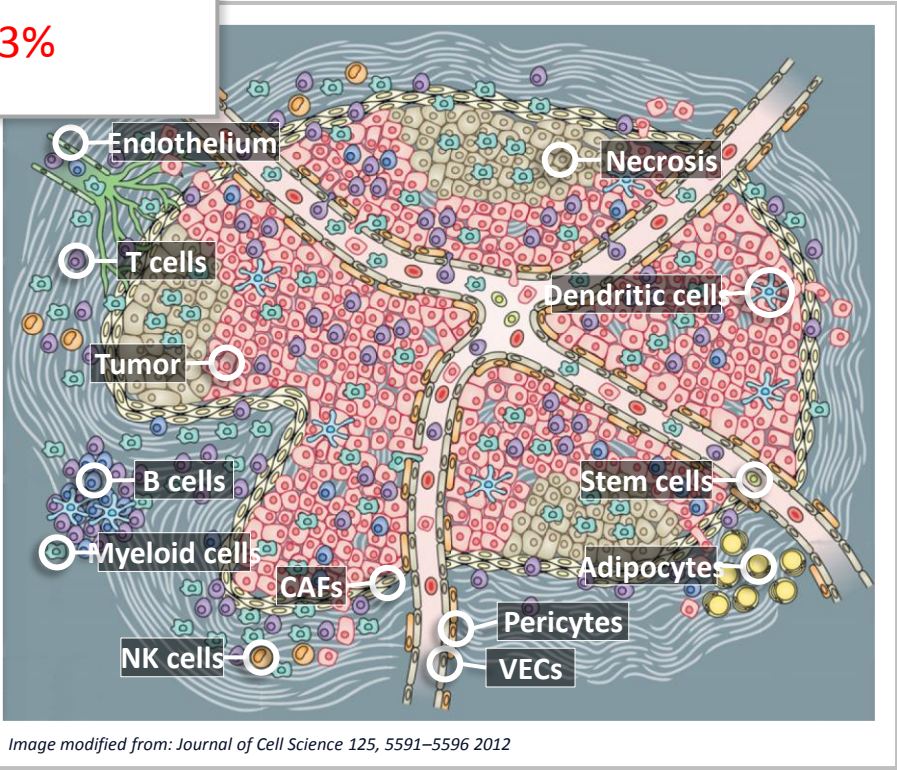
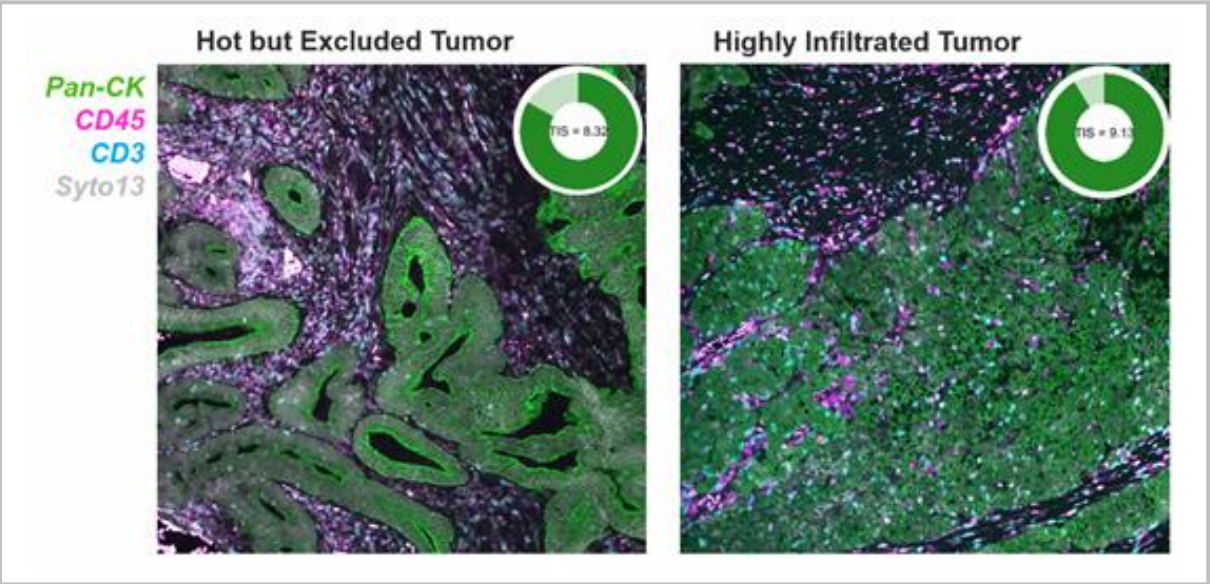
Response to immunotherapy in solid tumors¹

PDL1 +

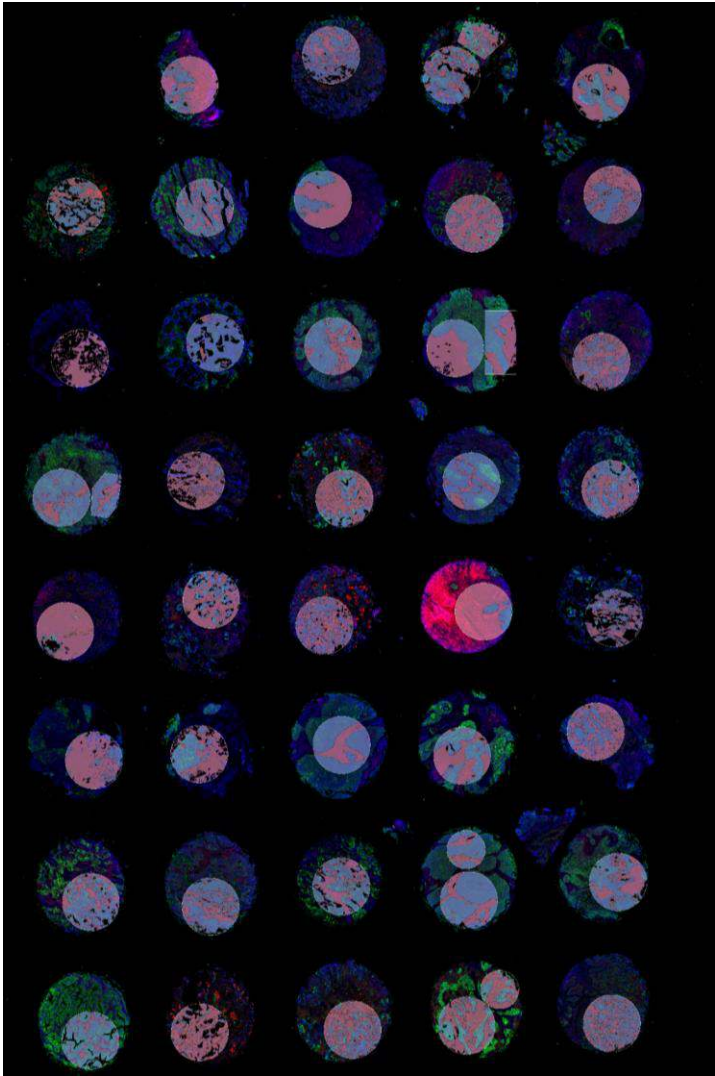
PDL1 -

 ~40%

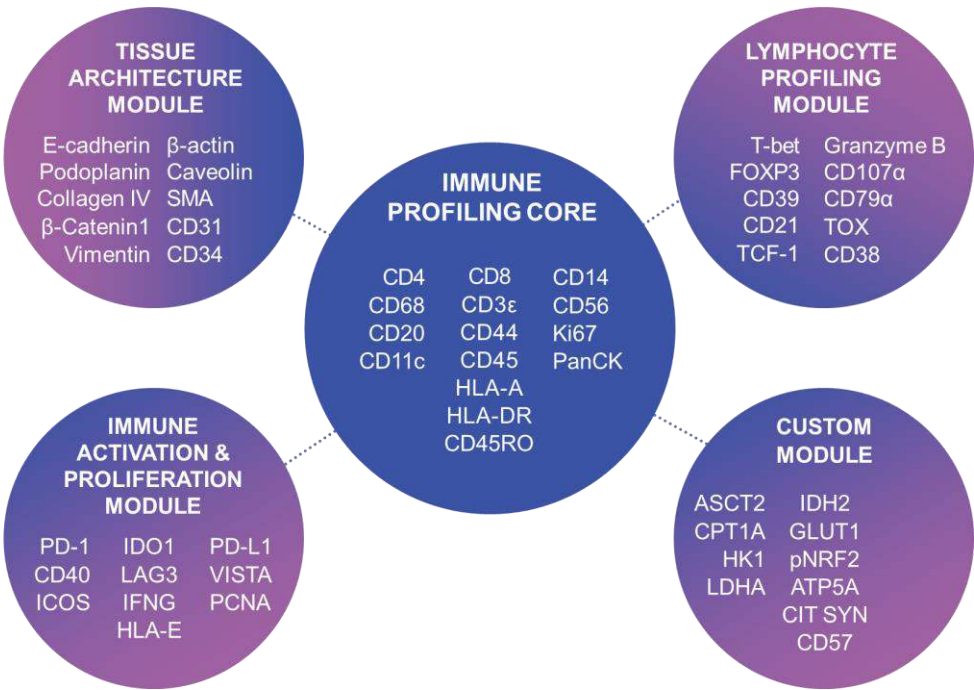
~13%



Multimodal Approach to Discover Response Signatures in NSCLC-ICI Patients (n=43 patients)



- 45-plex Phenocycler

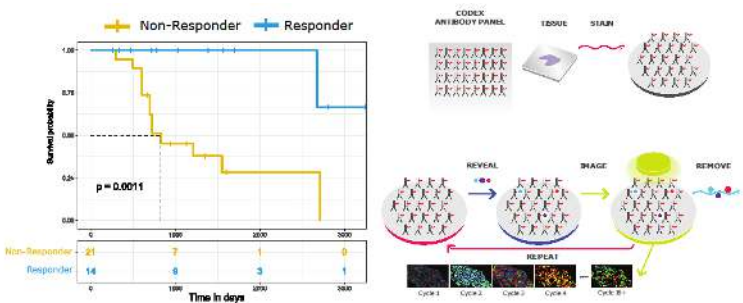


IO Cohort	Non-responder, N = 25	Responder, N = 16
Gender		
F	9 (36%)	5 (31%)
M	16 (64%)	11 (69%)
Age	66 (59, 69)	58 (58, 63)
ICI Treatment		
Durvalumab	0 (0%)	1 (6.2%)
Nivolumab	22 (88%)	11 (69%)
Pembrolizumab	3 (12%)	4 (25%)
Current Status		
Alive	8 (32%)	15 (94%)
Deceased	17 (68%)	1 (6.2%)
Histology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

Modularised Spatial Analysis

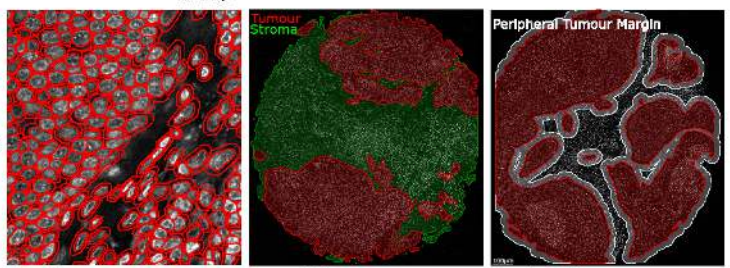
A Multiplex Staining

Tumour tissue from 42 advanced/ metastatic immunotherapy treated patients was stained with 36 protein markers and imaged in cycles by CODEX



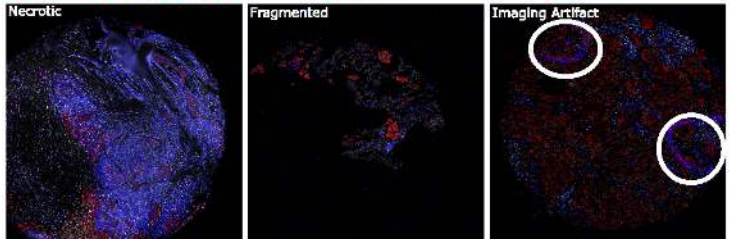
B Image Processing

Images were imported into Qupath for visual inspection. Cells were segmented with Cellpose plug-in using 'cyto2' pre-trained model. Tissues were segmented into tumour/stroma by ANN pixel classifier. Tumour annotation was expanded by 30um for peripheral tumour margin.



C Tissue QC

Tissues that were necrotic, fragmented or contained autofluorescent imaging artifacts were removed from analysis



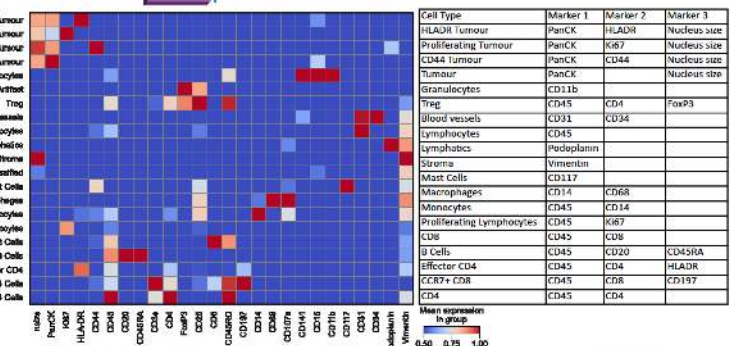
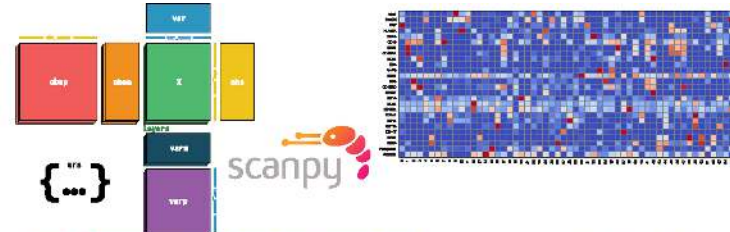
D Staining QC

Protein markers with high non-specific background signal or artifactual staining were removed from analysis



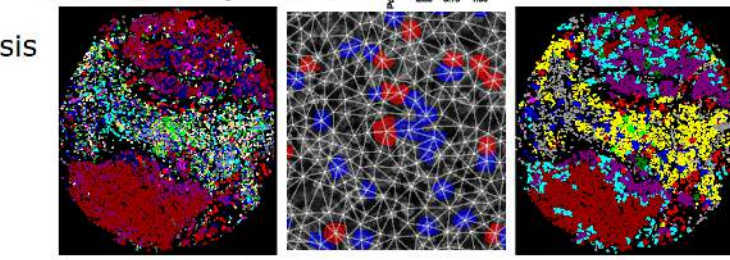
E Cell Phenotyping

Expression matrices were imported into Anndata, preprocessed, batch corrected and phenotyped by unsupervised clustering. Clusters were manually inspected in Qupath and annotated as cell types by canonical marker expression.



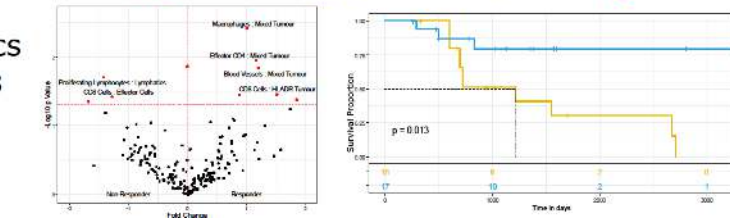
F Spatial Feature Analysis

Cell Proportions were calculated in tumour, stroma and tumour periphery. Interaction frequencies were calculated using Scimap proximity density score. Spatial neighbourhoods were generated by KNN clustering of cell types and cell type enrichment within neighbourhoods calculated by a published method. 3-way interaction frequencies were calculated by published SpatialScore method.

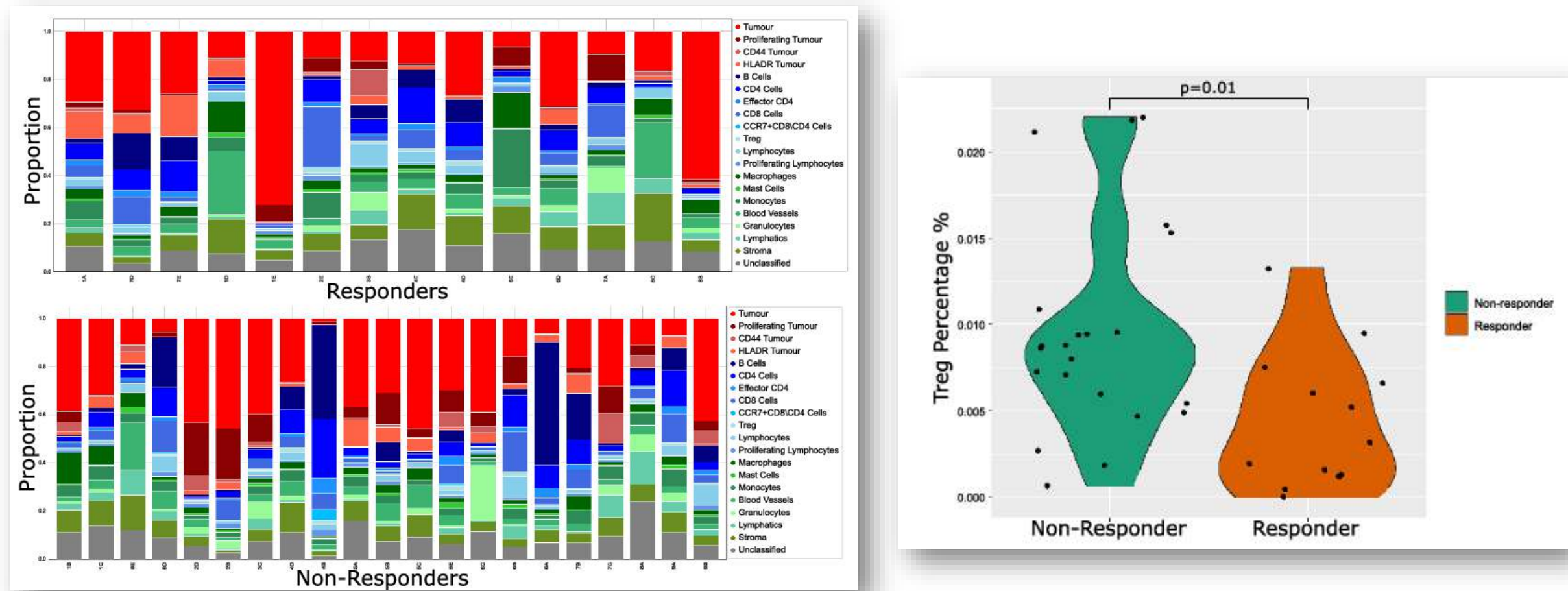


G Comparative Statistics and Survival Analysis

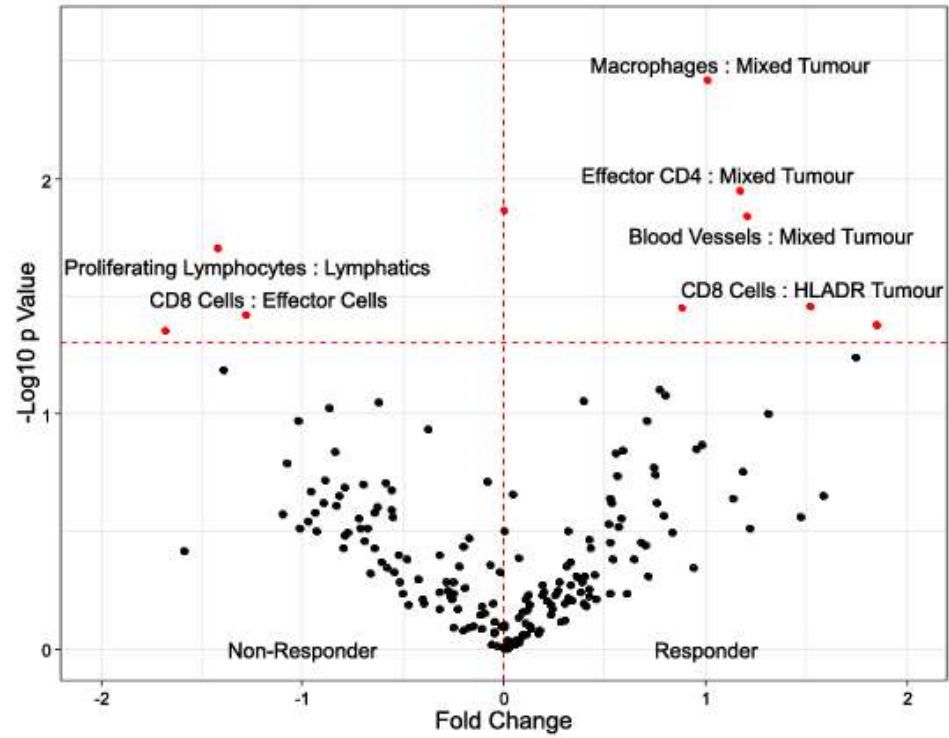
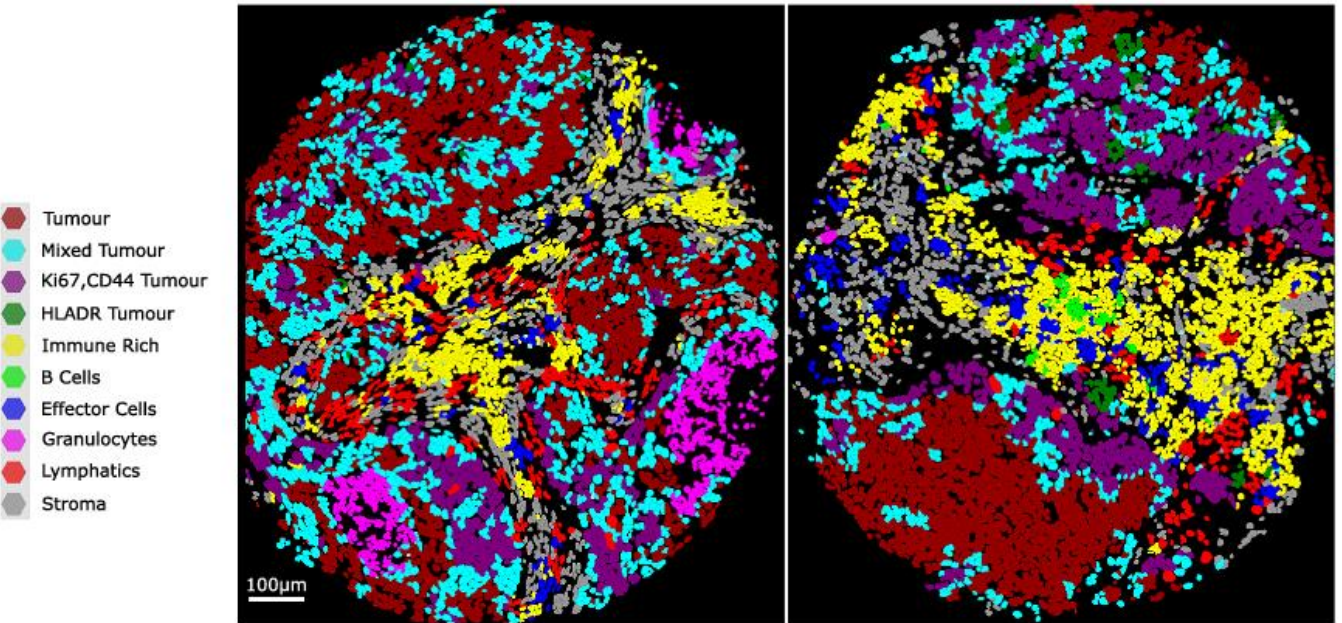
Spatial features were compared by t-test for association with immunotherapy response. Features were also analysed for survival associations by cox regression and Kaplan-Meier.



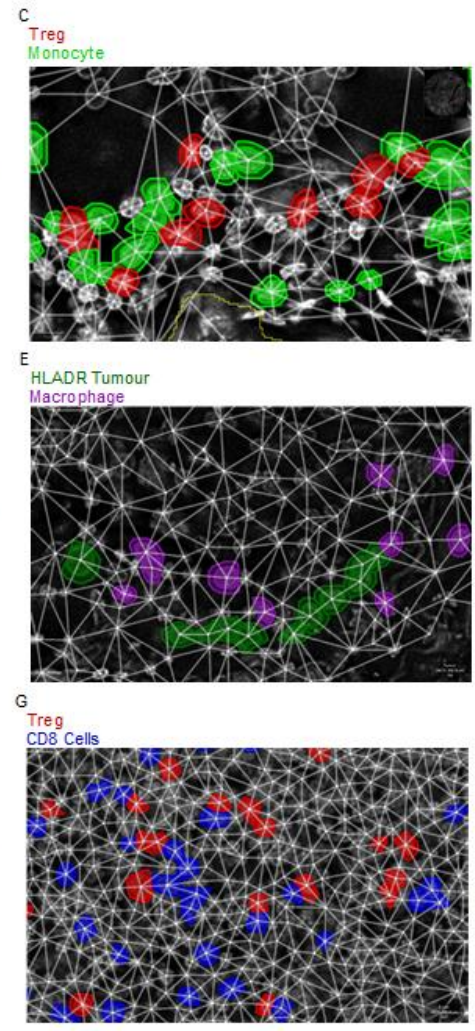
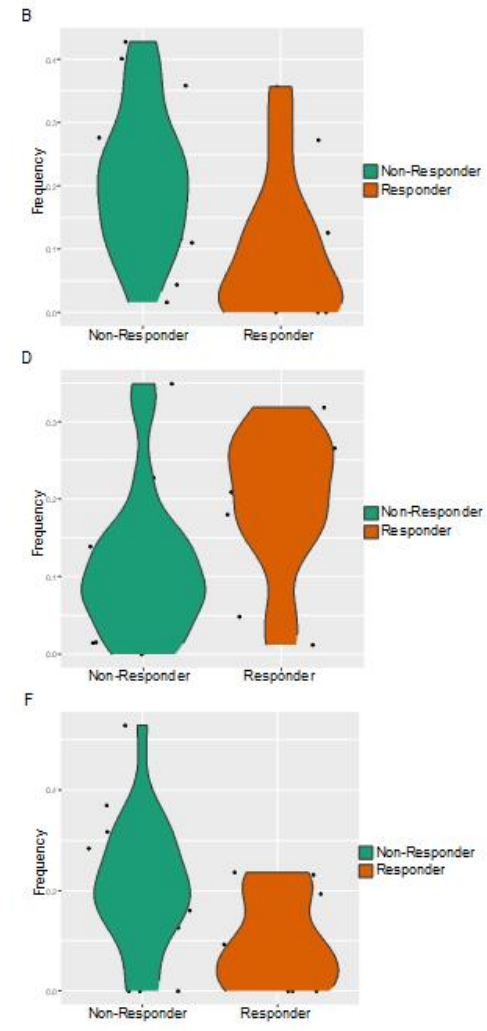
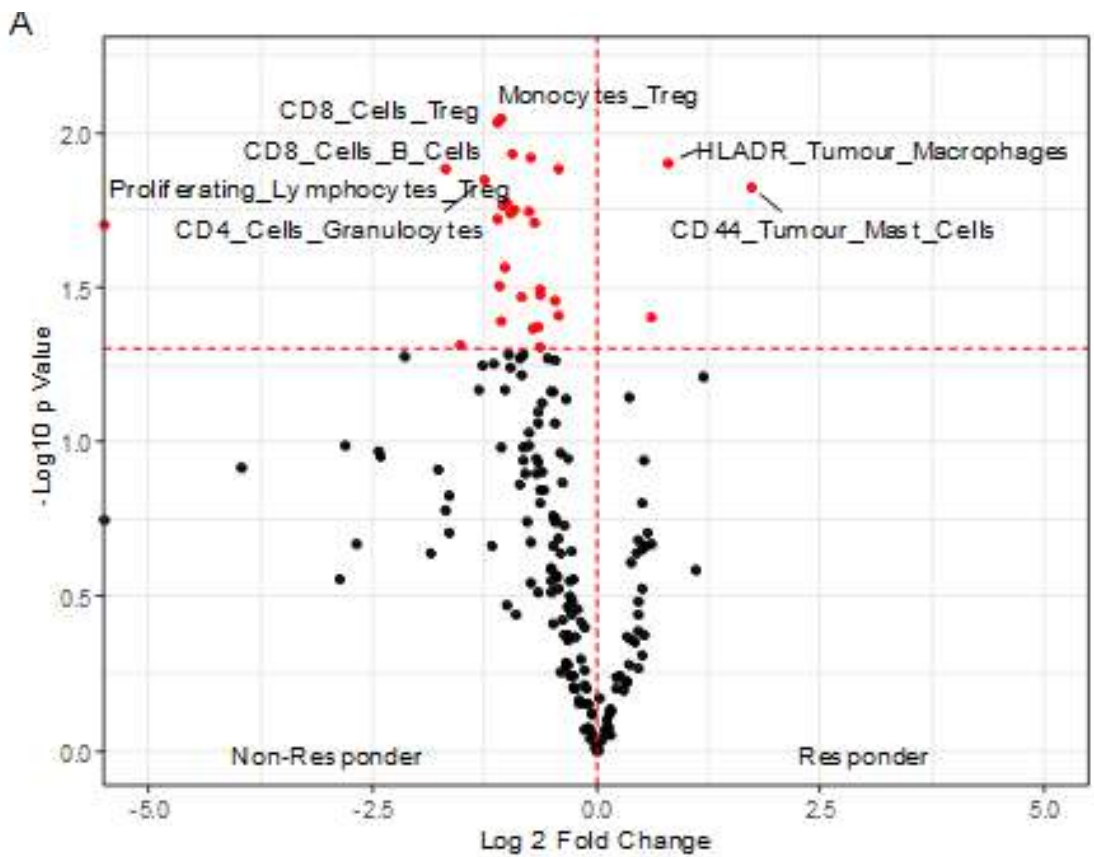
Cellular Proportions per Tissue Core and Tregs Associated with a Non-responsive Phenotype



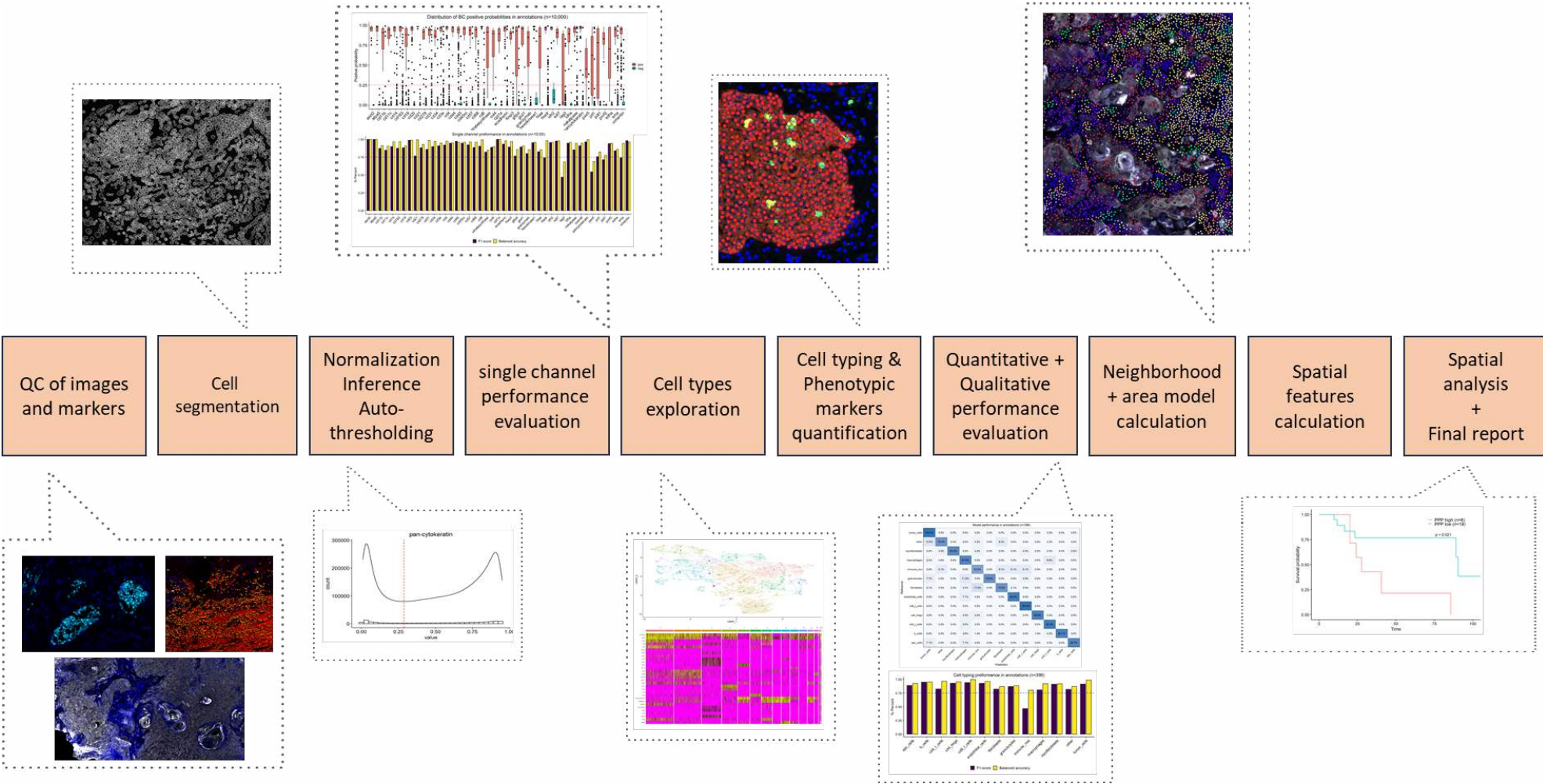
Cellular Neighbourhood Analysis Identified Macrophage-mixed Tumour Phenotype Associated with Response to Therapy



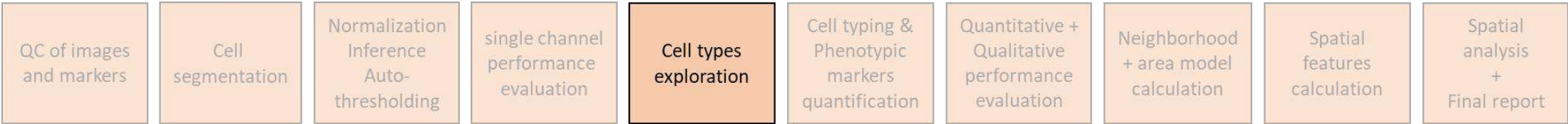
Cellular interaction analysis



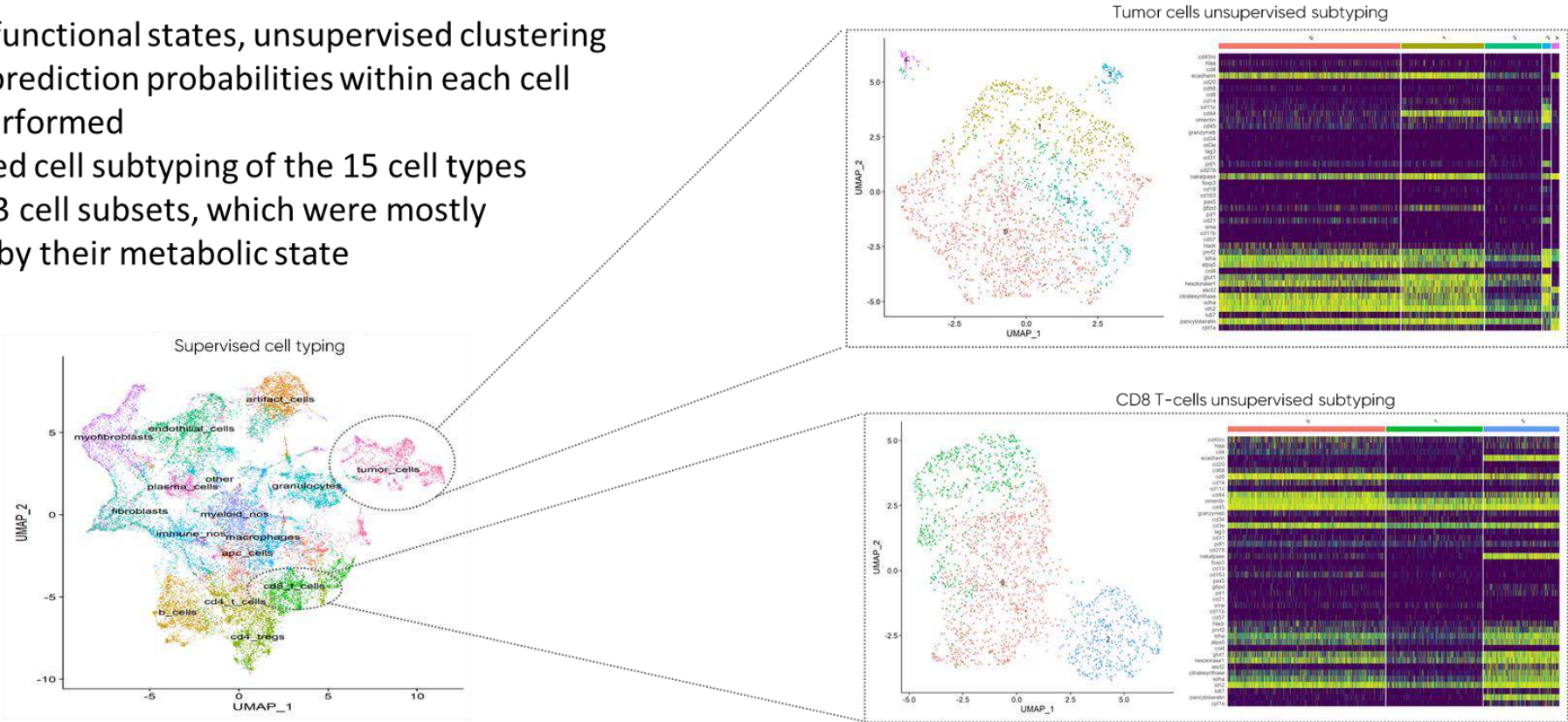
mIF Workflow (deep learning pipeline)



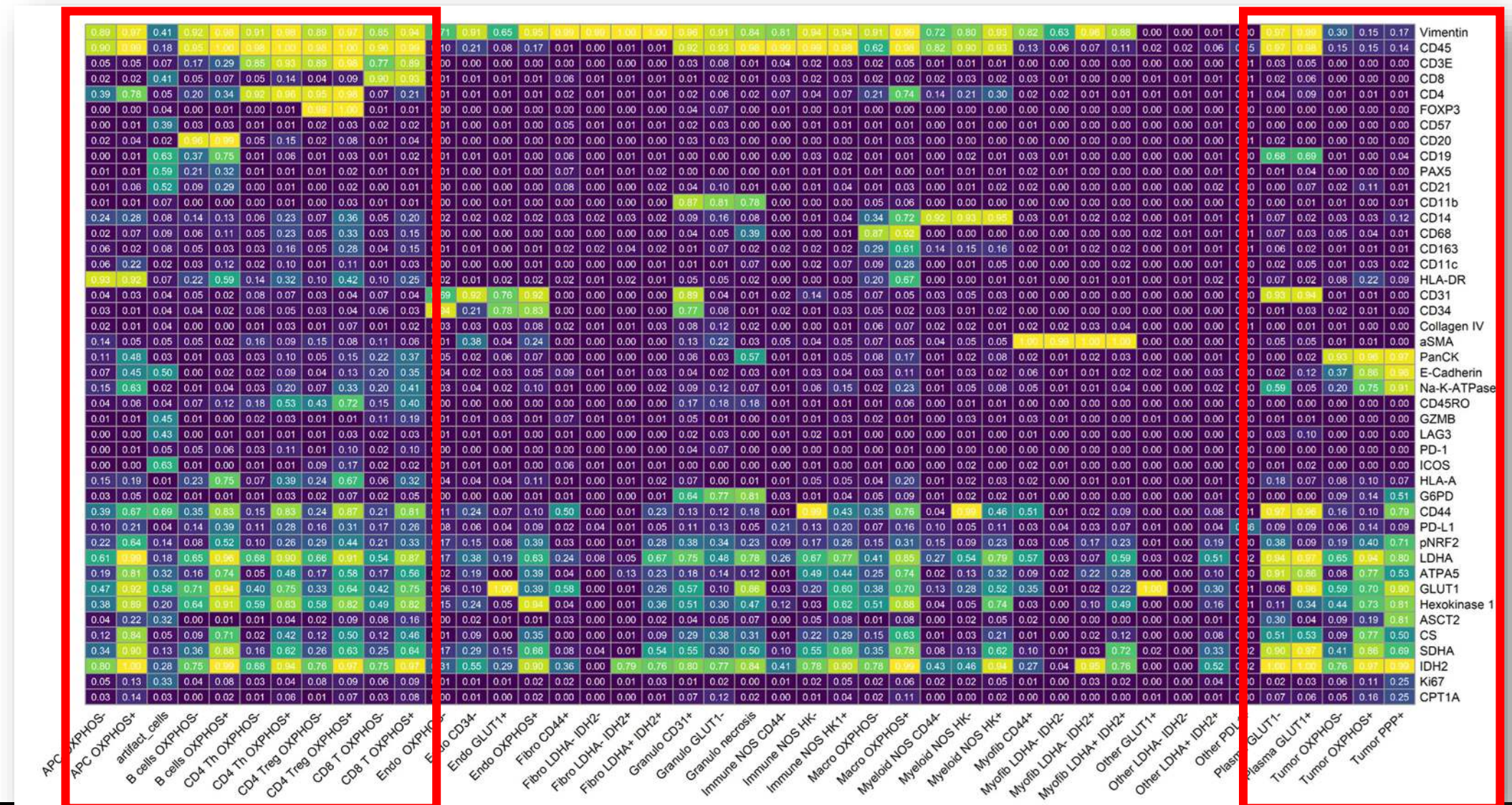
Cell Subtyping by Unsupervised Clustering



- To identify functional states, unsupervised clustering of positive prediction probabilities within each cell type was performed
- Unsupervised cell subtyping of the 15 cell types identified 43 cell subsets, which were mostly segregated by their metabolic state

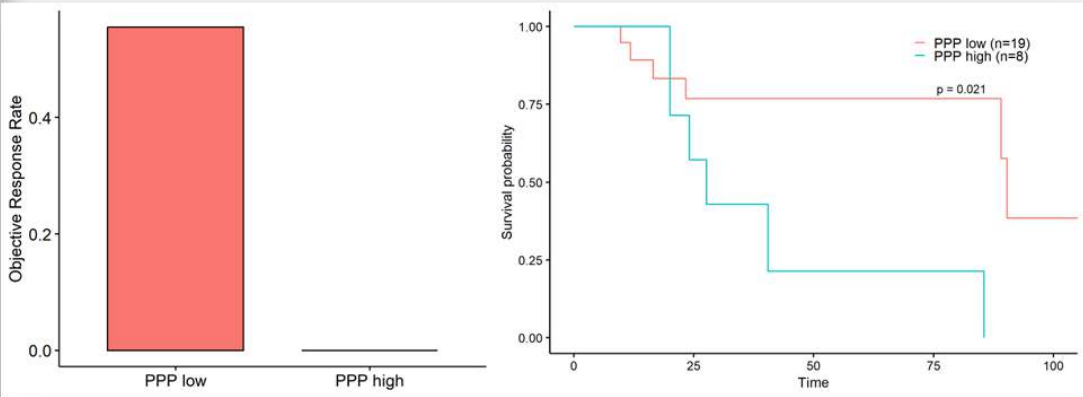
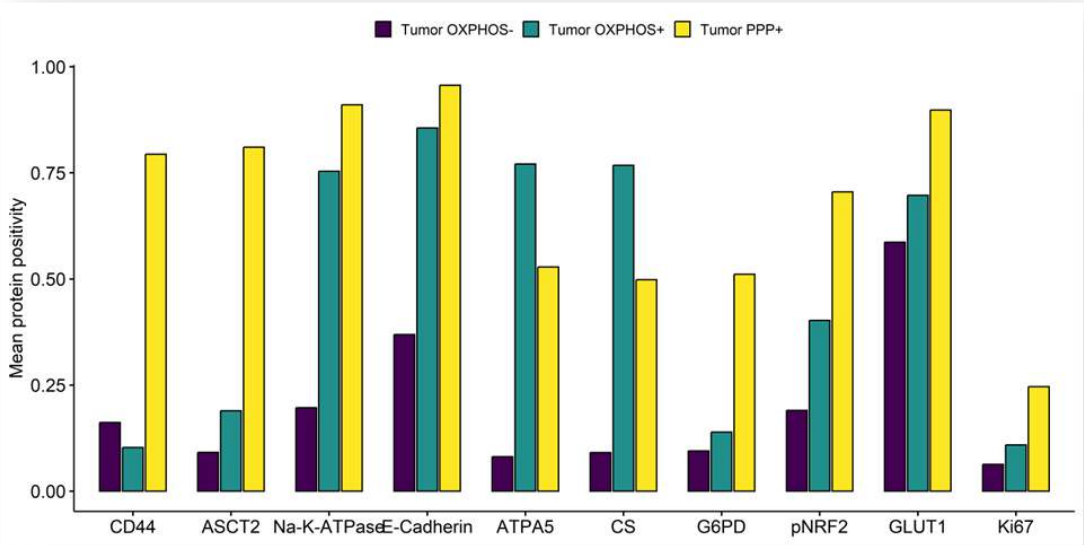
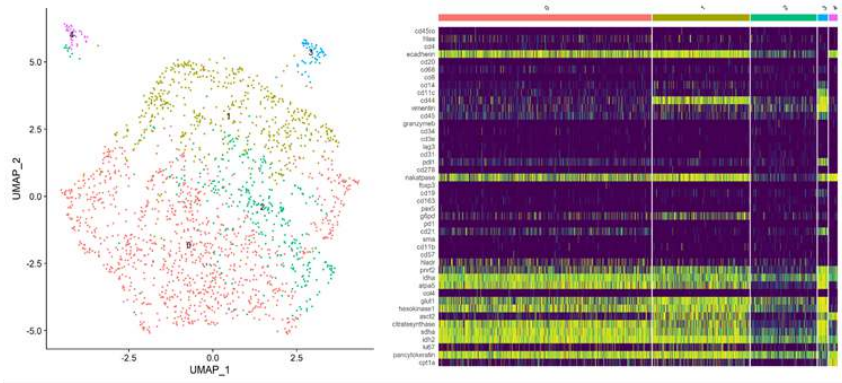


Unsupervised Cell Subtyping Identified 43 Cell Subsets, Mostly Segregated by their Metabolic state



Unsupervised Clustering Identified a Tumor Metabolic State which is Associated with Immunotherapy Resistance

- Tumor cells clustered to three main metabolic states - OXPHOS+, OXPHOS- and a third cluster (PPP+), which was characterized by upregulation of ASCT2, a glutamine transporter, as well as pNRF2 and G6PD, regulators of the pentose phosphate pathway.
- These cells exhibited higher proliferation rate and upregulation of CD44, a tumor stemness marker
- Tumors with high content of PPP+ tumor cells (>40%) were resistant to PD-1 blockade and showed reduced overall survival (OS) rates



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