

# Unraveling functionally distinct metabolic programs to predict response and resistance to immunotherapies in patients with non-small cell lung cancer (NSCLC)

Arutha Kulasinghe<sup>1</sup>, Raymond Yan<sup>2</sup>, Shannon Quinn<sup>2</sup>, Brian Falkenstein<sup>2</sup>, James Monkman<sup>1</sup>, Ken O'Byrne<sup>1,3</sup>, S. Chakra Chennubhotla<sup>2,4</sup>, Filippo Pullara<sup>2</sup>

<sup>1</sup>Frazer Institute, Faculty of Medicine, The University of Queensland, Brisbane, Queensland, Australia; <sup>2</sup>PredxBio, Inc., 100 S. Jackson Ave., Pittsburgh, PA USA 15202; <sup>3</sup> Princess Alexandra Hospital, Woolloongabba, Queensland 4102, Australia; <sup>4</sup> Dept. of Computational and Systems Biology, University of Pittsburgh, Pittsburgh, USA

## Background

- NSCLC accounts for most lung cancers and has a poor 5-year survival.
- With an increasing number of systemic and targeted therapies, including immune checkpoint inhibitors (ICIs), it is becoming more important to develop predictive biomarkers to identify patient response to ICIs.
- Developing predictive spatial biomarkers and targeting cancer and stromal cell metabolism could be key to bypassing immune checkpoint blockade (ICB) resistance.

## Methods

- Study performed on a retrospective cohort of 28 second-line nivolumab-treated NSCLC tissue cores – N = 28 (responders = 10/non-responders = 18) [1].
- Cohort was profiled using a custom 44-plex immunofluorescence panel (See Table 1) (incl. functional/metabolic markers) with the Phenocycler Fusion platform (Akoya Biosciences).
- We applied an unbiased spatial analytics and explainable AI pipeline, SpacelQ™, to capture emergent metabolic programs in spatial arrangements of unbiased cell types (microdomains,  $\mu$ D1 and  $\mu$ D2) predictive of ICI response.
- Predictive spatial networks implicated in known metabolic pathways are currently being verified by spatial transcriptomics.

| Lineage           | Description     | Known Pathways   |
|-------------------|-----------------|--|
| 1                 | CD3e            | T cell surface glycoprotein  |
| 2                 | CD4             | Surface marker on Helper T cells, monocytes, macrophages, dendritic cells                    |
| 3                 | CD8             | T cell surface glycoprotein  |
| 4                 | CD11b           | Macrophage marker  |
| 5                 | CD11c           | Dendritic cell marker  |
| 6                 | CD14            | Macrophage membrane co-receptor with TLR-4 and MD-2  |
| 7                 | CD19            | Immature B cells surface glycoprotein  |
| 8                 | CD20            | B cell membrane protein  |
| 9                 | CD21            | Complement receptor type 2 on B cells for activation and maturation                          |
| 10                | CD31            | Surface protein on endothelial cells, platelets, macrophages, granulocytes, lymphocytes      |
| 11                | CD34            | Endothelial progenitor cell marker   |
| 12                | CD44            | Cancer stem cell marker  |
| 13                | CD45            | Surface protein on leucocytes and hematopoietic cells (except erythrocytes and plasma cells) |
| 14                | CD45RO          | T memory cell marker   |
| 15                | CD57            | Seronegative T cells and NK cells  |
| 16                | CD68            | Macrophage marker  |
| 17                | CD163           | M2 macrophage marker   |
| <b>Structural</b> |                 |  |
| 18                | Collagen IV     | Structural protein in extracellular basement membrane  |
| 19                | E-cadherin      | Epithelial marker (tumor suppressor)   |
| 20                | NAKATATE        | Sodium-potassium pump (electrogenic transmembrane ATPase)                                    |
| 21                | Pan-Cytokeratin | Epithelial marker  |
| 22                | SMA             | Smooth muscle actin expressed in myofibroblasts  |
| 23                | Vimentin        | Cytoskeletal protein expressed in mesenchymal cells  |

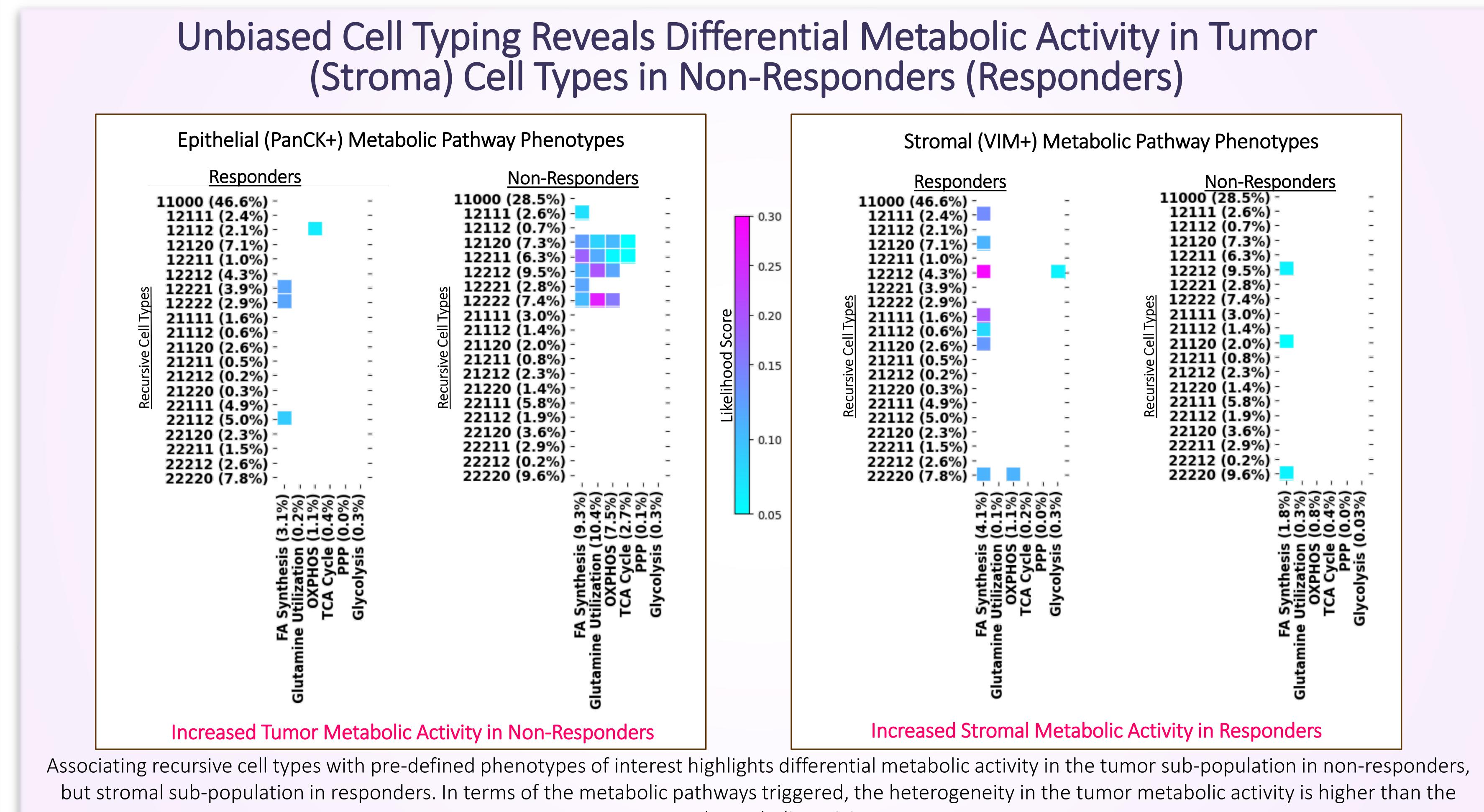
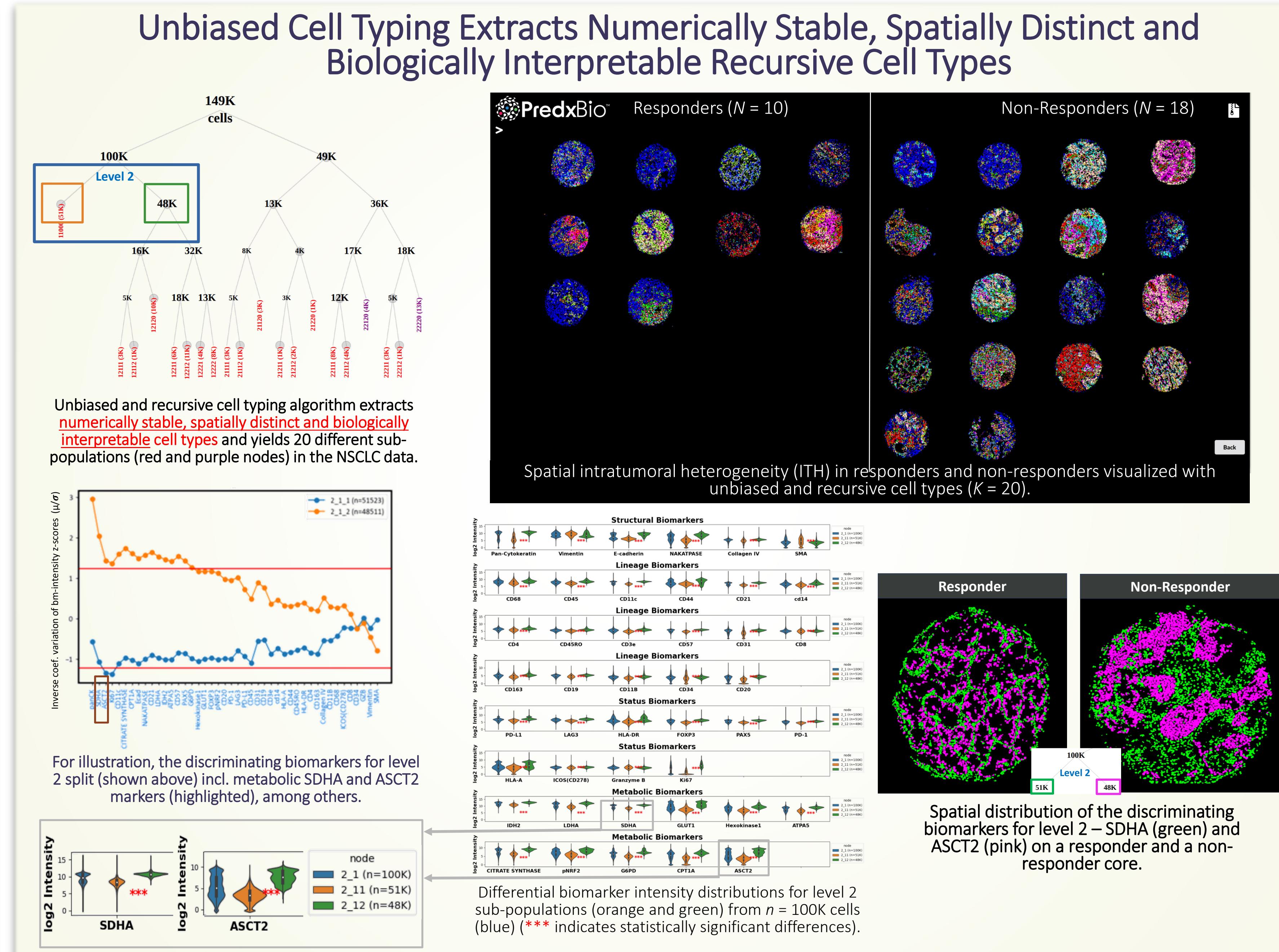
Table 1: Biomarker panel used for multiplexed immunofluorescence imaging includes lineage (=17), structural (6), metabolic (11) and status (10) markers.

## Results

- Non-responders had higher proportions of CD4 T cells with upregulated TCA cycle/downregulated glycolysis and pentose phosphate pathway (PPP).
- Unbiased and recursive cell typing allowed for functional characterization of tumor/stromal cells and reveals differential metabolic activity in tumor cell types in non-responders and stroma cell types in responders.
- $\mu$ D1 and  $\mu$ D2 were spatially anchored around tumor cells with upregulated TCA cycle and oxidative phosphorylation (OXPHOS) with additional NK cells and dendritic cells along with upregulated PPP in  $\mu$ D2.
- Each microdomain had distinct metabolic programs relating to catabolic (energy utilization) and anabolic (cellular biogenesis) pathways.
- $\mu$ D1/ $\mu$ D2 were prognostic for overall survival (mean AUC = 0.92/0.90 +/- 0.06/0.07), with high median sensitivity and specificity for nivolumab-treated response.

## References

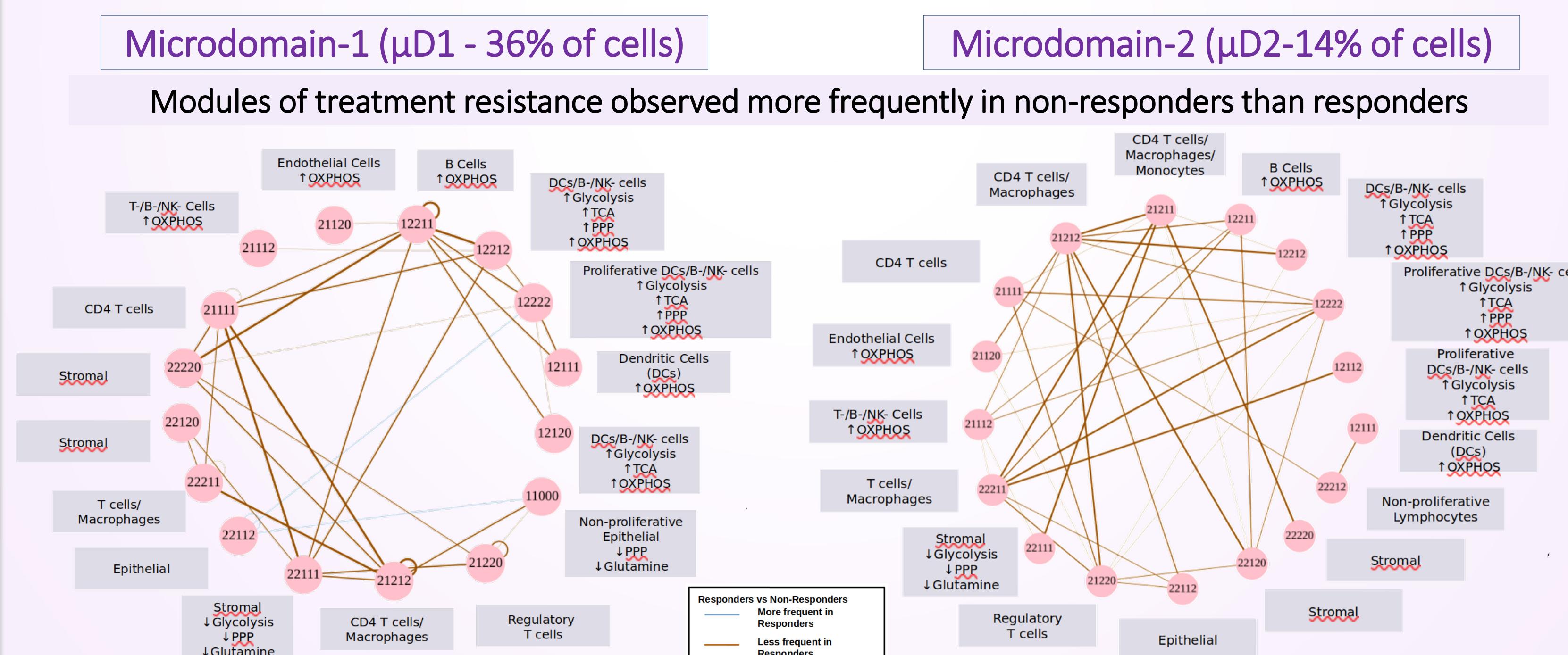
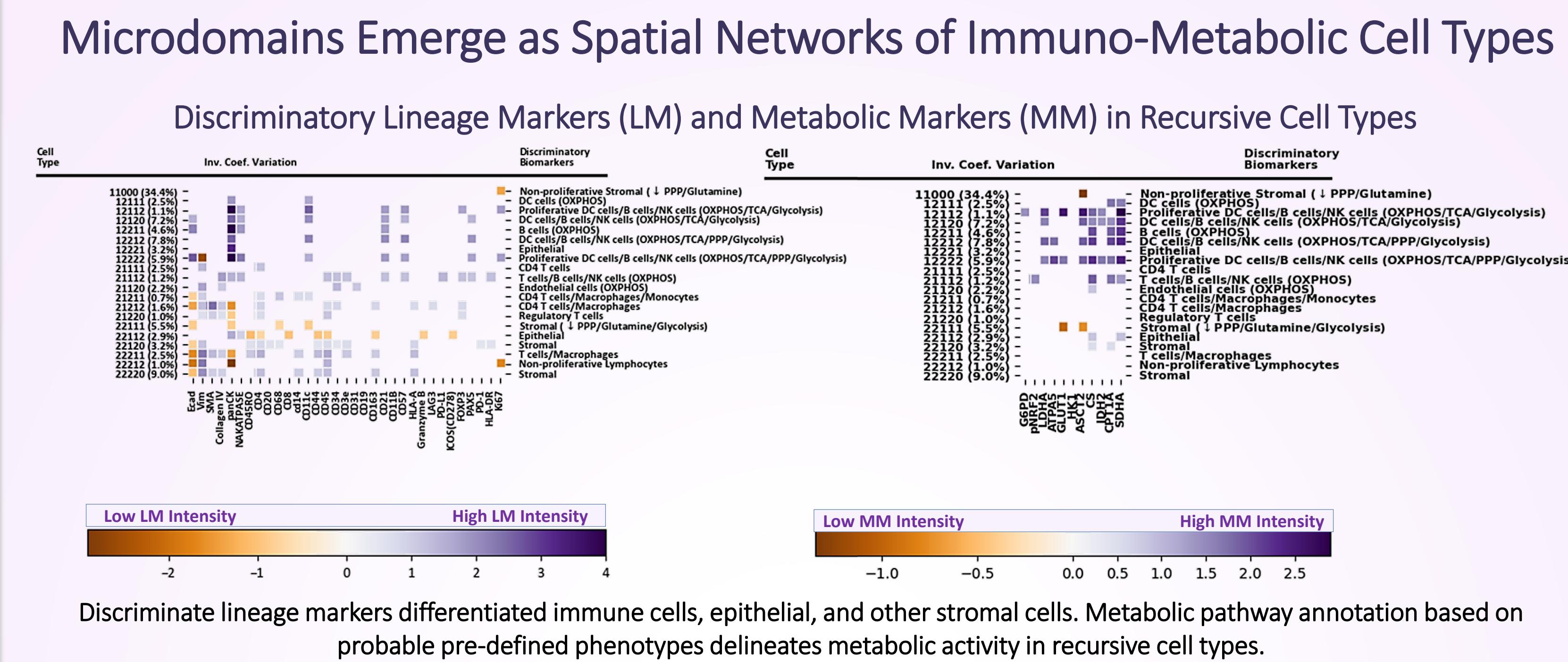
[1] Monkman et al. Immunology, 2023; [2] Spagnolo D et al. JPI, 2016;  
 [3] Uttam, S, et al. Nat. Comm., 2020; [4] Furman SA, Cell. Rep. Met., 2021



Associating recursive cell types with pre-defined phenotypes of interest highlights differential metabolic activity in the tumor sub-population in non-responders, but stromal sub-population in responders. In terms of the metabolic pathways triggered, the heterogeneity in the tumor metabolic activity is higher than the stromal metabolic activity.

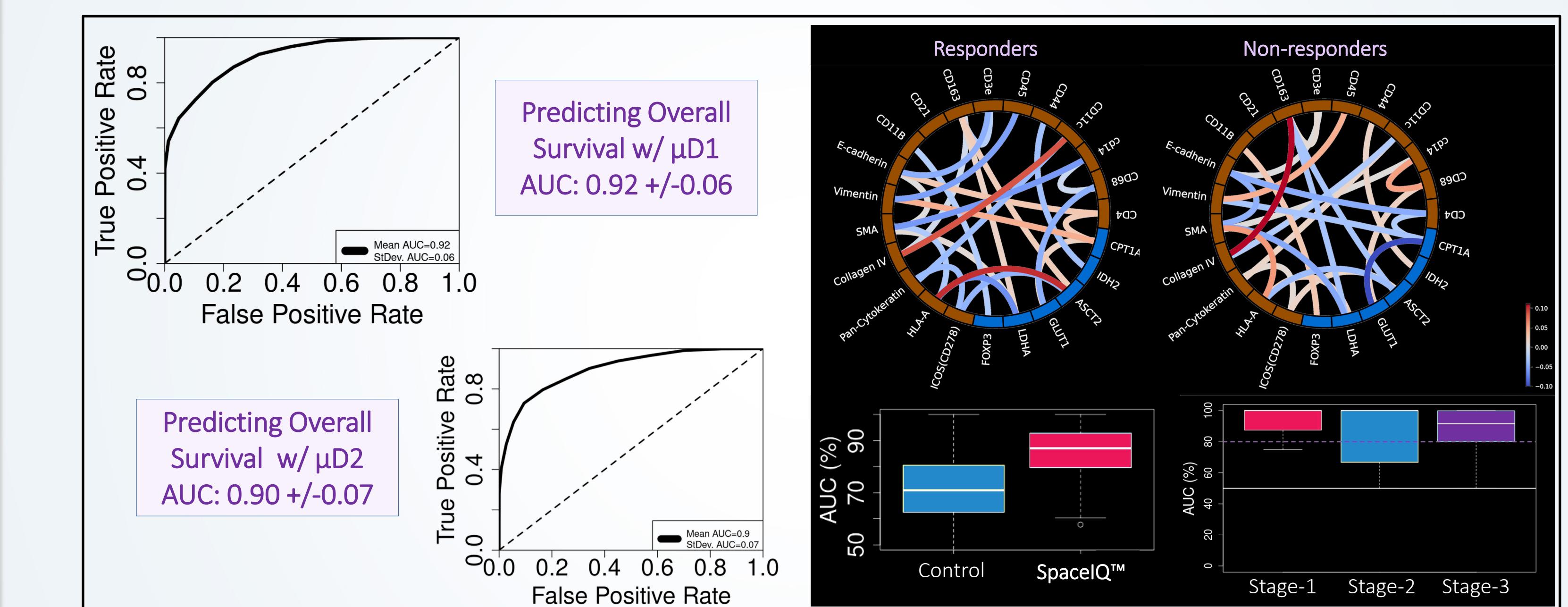
## Conclusions

- The SpacelQ platform infers distinct metabolic programs revealing spatially mediated roles for anabolic/catabolic pathways to predict immunotherapy response in NSCLC.
- Unbiased and recursive cell typing allowed for functional characterization of tumor/stromal cells and reveals differential metabolic activity in tumor (stroma) cell types in non-responders (responders).
- Distinct spatial organization of metabolic activity encompassing glycolysis, TCA cycle, PPP, and OXPHOS may play a significant role in affecting clinical outcomes induced by ICI therapy.



Microdomains  $\mu$ D1 and  $\mu$ D2 emerge as spatial networks of immuno-metabolic cell types based on pointwise mutual information [2-4]. The spatial interactions suggest modules of treatment resistance, where predominantly significant interactions between recursive cell types are frequently observed in non-responders (brown) compared to the responders. There are only a limited number of interactions (blue) that are favorable in the responders.

## Microdomains are Spatially Distinct Catabolic and Anabolic Programs that Predict ICI Response



Microdomains  $\mu$ D1 and  $\mu$ D2 are highly predictive of overall survival. Microdomains  $\mu$ D1 and  $\mu$ D2 are spatially anchored around tumor cells with upregulated TCA cycle and oxidative phosphorylation (OXPHOS) with additional NK cells and dendritic cells along with upregulated PPP in  $\mu$ D2. Each microdomain captures spatially distinct metabolic programs relating to catabolic (energy utilization) and anabolic (cellular biogenesis) pathways.

## Inquiries

- [chakra@predxbio.com](mailto:chakra@predxbio.com) (or) [chakracs@pitt.edu](mailto:chakracs@pitt.edu)
- [arutha.kulasinghe@uq.edu.au](mailto:arutha.kulasinghe@uq.edu.au)

## Acknowledgments

- Akif Burak Tosun, PhD of PredxBio, Inc.

