

DEEP PHENOTYPING OF SOLID TUMOURS



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Solid tumours are complex assemblages of malignant cells, inflammatory cells, fibroblasts, blood vessels and other tissue types, and tumours are perhaps best thought of as complex neo-organs built around a never-ending cycle of injury and frustrated repair. To understand how malignant cells survive and spread in what ought to be an extremely hostile environment, we must understand this microscopic environment at a cellular level, and visualise the competing cellular strategies of malignant cells and their genomically normal hosts. We aim to answer a range of key questions in tumour biology by using the latest deep phenotyping technologies to directly observe and quantify cellular behaviours in intact tumour tissue.

We have been establishing our phenotyping technologies in the Institute since autumn 2020. We have established numerous highly multiplexed IF/ISH staining assays on two new Roche Ventana autostainer platforms and have started to collect multidimensional images from human and mouse tumour tissues using Akoya Mantra and Polaris imaging platforms, as well as the CODEX ultra-deep imaging system.

In essence, most of the technologies that we apply consist of three steps (Figure 1). First, we detect multiple RNA or protein targets with a range of immunofluorescent antibodies and probes. Then we acquire high-resolution images, with separate layers for each marker of interest. These images are then converted into quantitative data, typically single-cell quantitative measures and/or cellular phenotypes. These spatial and quantitative cell data are used as the substrate for classical or more advanced modelling techniques intended to answer biological questions about tumour function.

Key projects:

1) Translational control in tumour cells

The dysregulation of mRNA translation is emerging as a key hallmark of malignant transformation, as tumour cells radically reprogramme their protein output by implementing translational control mechanisms associated with states such as cellular stress and altered nutrient availability. To what extent is mRNA translation regulation altered in human cells? Which hallmark behaviours are linked to which alterations in translational control? Which

elements of the translational control machinery have promise as therapeutic targets? We are examining numerous measures of translational control at the single-cell level in large collections of several common malignancies, and we are using the resulting images both to generate and to test hypotheses. For example, we have found that switching between expression of different mRNA helicases is associated with tumour cell proliferation and invasion as well as immune system evasion, and that stress signalling through eIF2 is intimately associated with tumour cell proliferation and invasion.

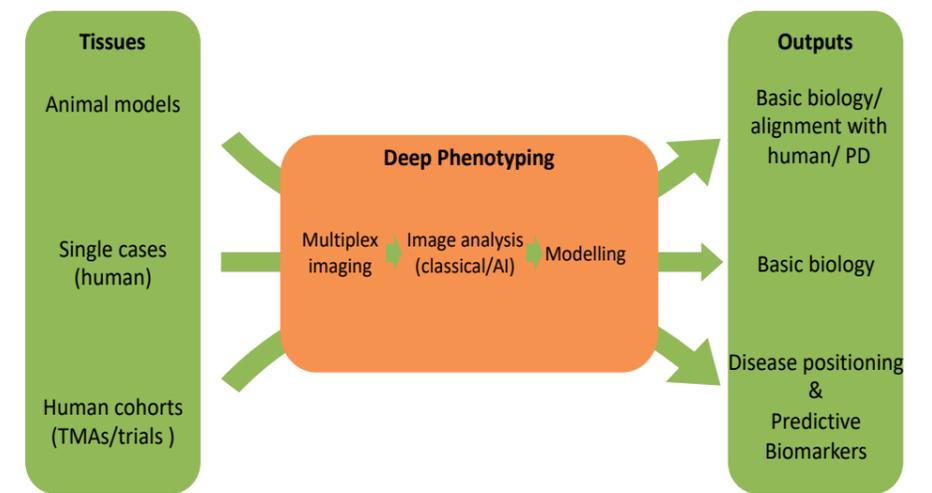
2) Tumour immunophenotyping

The most impactful development in cancer therapy in recent years is the introduction of immunotherapies. These treatments work by reversing the ability of tumour cells to mask themselves from the immune system which would otherwise rapidly destroy them. However, we are at present only partially successful in identifying which patients will benefit from these therapies. We believe that quantifying the degree of immune system engagement within tumour biopsy material is likely to improve our ability to do this; can we, by direct observation of complex cellular phenotypes in tissues, identify tumours which are actively evading immune system detection and/or destruction?

To achieve this, we are applying highly multiplexed panels of markers to identify tumour and immune cell phenotypes, and to link the presence and relative spatial distribution of these cells to patient outcomes. We intend to apply

Figure 1

Workflow schematic of deep phenotyping methods. The basic pipeline (centre) is applied to a range of tissue types to achieve answers to diverse scientific questions.



these methods to cohorts of tissues from patients receiving immunotherapies with Glasgow's cancer treatment centre, and to see if we can improve our ability to predict patient response to immunotherapy, compared to current methods.

3) Application of machine learning to tumour microscopy

Machine learning and artificial intelligence offer us the potential to reach deeply into the information present within microscopy images of tumours without necessarily knowing which features of the images are likely to be important a priori. These methods are potentially very powerful, and able to answer both clinical and basic scientific questions. Can we train machines to predict patient outcomes, and response to therapies?

We have accumulated very large collections of microscopy images from archival lung cancers and mesotheliomas, and, in collaboration with computer scientists, we are using these to train machine algorithms to attempt these tasks. In addition, we aim to use generative methods to identify image features which are particularly

strongly associated with key tumour features (e.g. lethality, hallmark behaviours or genomic alterations). Furthermore, we are about to start applying these methods to highly multiplexed tissue images, which holds the potential for even deeper understanding.

4) Deep phenotyping of respiratory malignancies

As a group we have particular interests in non-small cell lung cancer (NSCLC) and malignant mesothelioma. Both have high incidence in Glasgow and are in great need of improved therapies. We are using a combination of classical microscopy methods and multiplex methods to tackle key questions in these disease types. Malignant mesothelioma is a difficult diagnosis to make in tissue biopsies, and we hope to improve this, and our ability to predict progression to invasive malignancy, by discovering novel biomarkers of malignancy, using a combination of classical methods and machine learning algorithms, and building upon Glasgow's flagship Predict-Meso physician-led study of early mesothelioma.

Figure 2

Example multiplex images. **A)** Spectrally unmixed co-ISH IHC of AXIN 2 mRNA with IF markers for red fluorescent protein and glutamine synthase in transgenic mouse liver. **B)** Spectrally unmixed co-ISH IHC of ODC1 mRNA with IF markers for ODC1 protein and cytokeratin in archival human lung tumour tissue. **C)** Spectrally unmixed multiplex staining for T-cell phenotypes and macrophages in archival human colorectal carcinoma tissue. **D)** four-colour chromogenic staining for human lung adenocarcinoma cell nuclei (TTF-1), capillaries (VWF) and lymphatics (D2-40) with haematoxylin counterstain.

