

A neoantigen fitness model predicts tumour response to checkpoint blockade immunotherapy

Luksza et al.

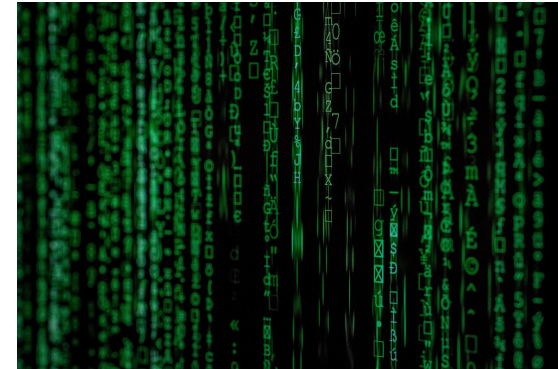
23 Nov 2017 | VOL 551 | NATURE

Presented by: Leah Weber

Besides, “model”, “tumor” and “predict”, what do the rest of these words even mean?

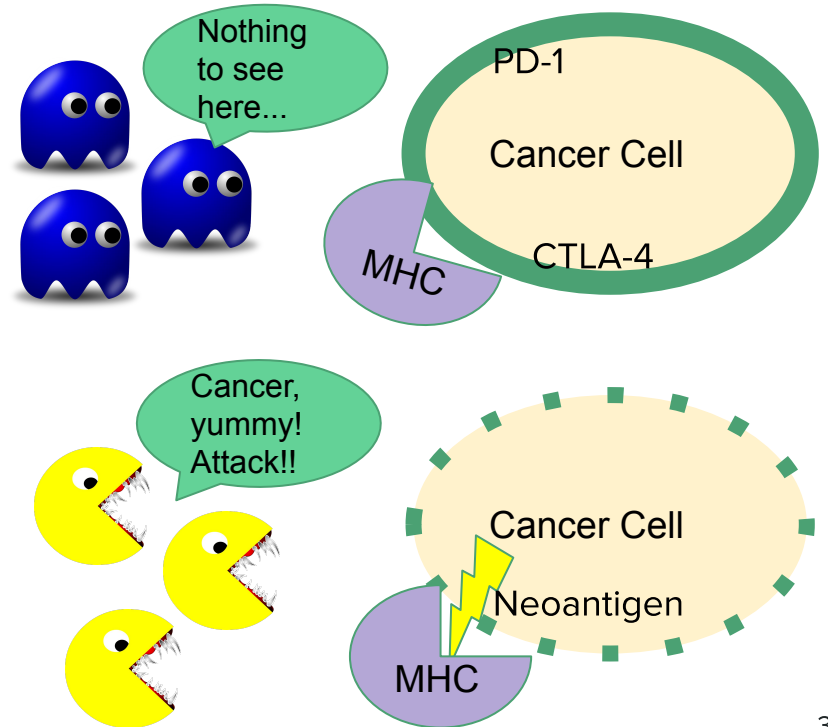
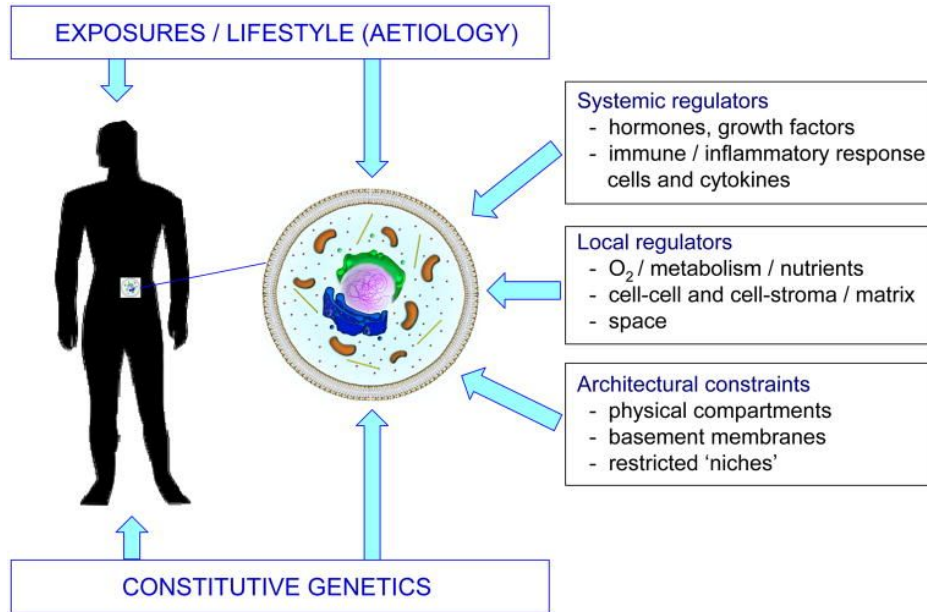
- Neoantigen?
- Fitness Model?
- Checkpoint blockade immunotherapy?

Is this yet another sequel to the Matrix?



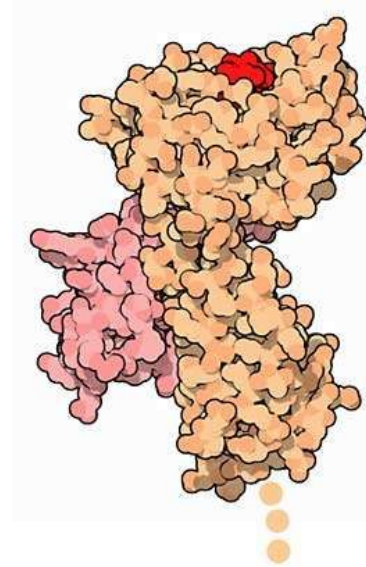
The world's shortest class in tumor immunology

Tumor immunology seeks to describe how the immune system and cancer cells interact

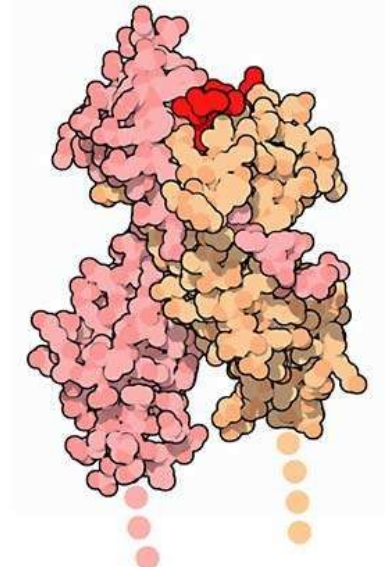


Major Histocompatibility Complex (MHC)

- A gene that codes for a protein in all vertebrate organisms that can be found lurking on the surface of cells
- Purpose is to help the immune system recognize foreign substances
- In humans, MHC is referred to as the human leukocyte antigen (HLA system)
- There are a large number of HLA alleles. HLA allele determines tissue compatibility for transplants among other things (“Histo” comes from the greek for tissue)



Hansel (aka MHC I)

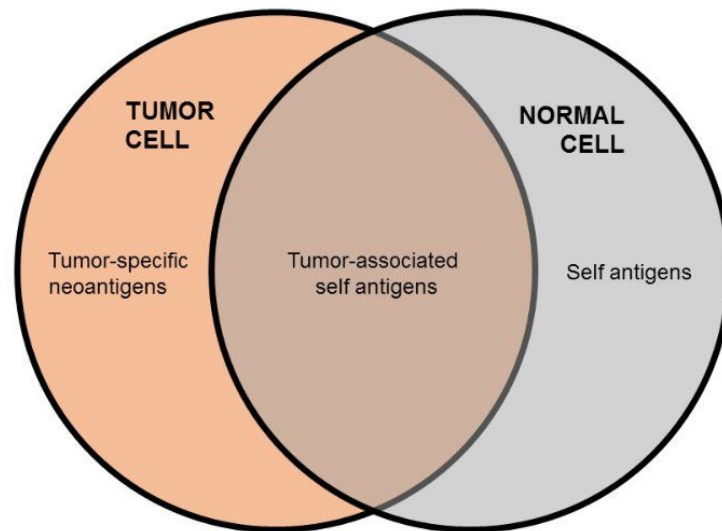


Gretel (aka MHC II)

<https://www.britannica.com/science/major-histocompatibility-complex>

Neoantigens

- Novel proteins found only in tumors
- Created by Non-synonomous somatic mutations that change an amino acid
- Can be presented by MHC and targeted by T-cells as non-self



Checkpoint
blockade
immunotherapies
are a promising
treatment and can
prolong survival in
some patients

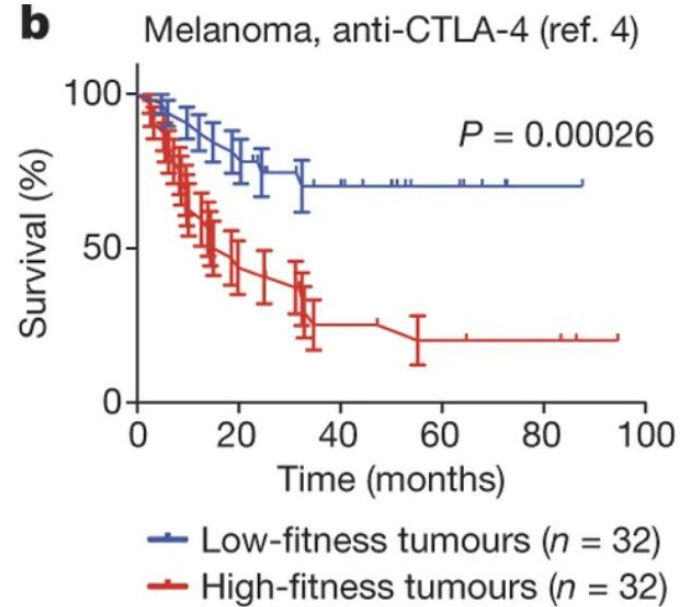
But many patients,
receive little to no
effects and can even
experience harmful
and/or painful/deadly
side effects

**Can we identify which
patients are likely to
respond to
checkpoint blockade
immunotherapies?**

Let's try to
develop a
neoantigen
fitness
predictive
model ...

- Fitness models are used to describe the dynamics of the evolutionary process
- The treatment places cancer cells under strong evolutionary pressure
- Can we predict how the system will respond to these pressures?

Spoiler Alert!



Let's dive into the model.....

The Science:

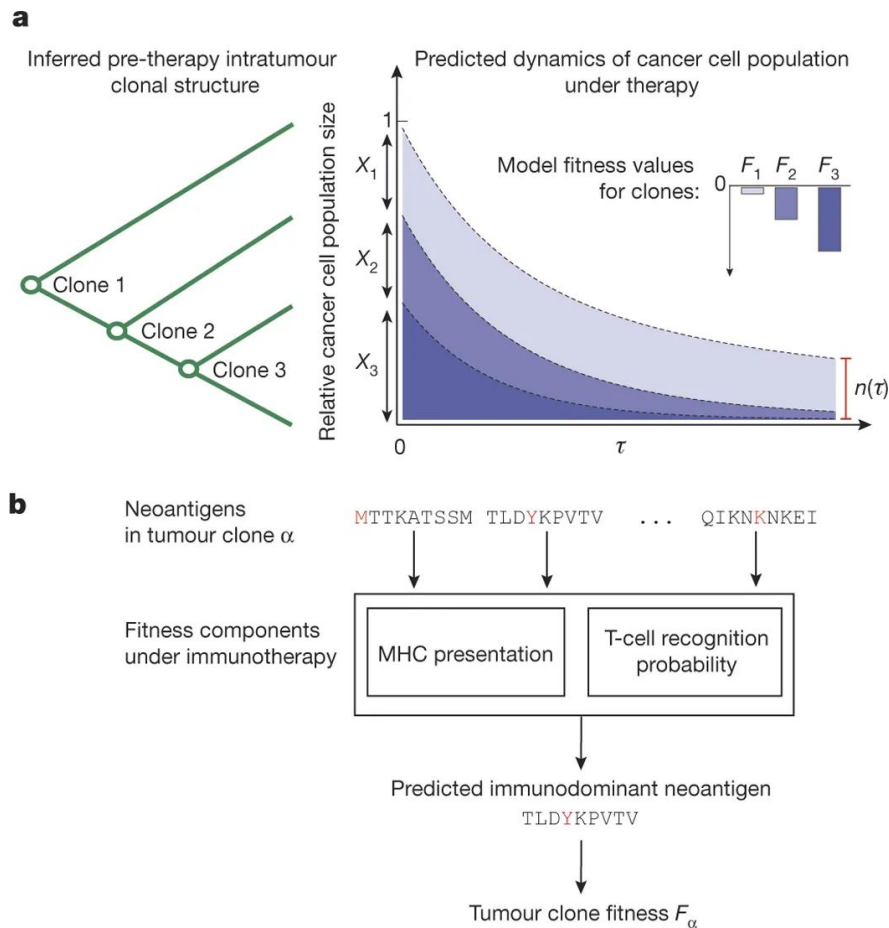
$n(\tau)$ = predicted future effective size of a cancer cell population in a tumour relative to its effective size at the start of therapy

$$n(\tau) = \sum_{\alpha} X_{\alpha} \exp(F_{\alpha} \tau)$$

τ = characteristic time scale

X_{α} = initial population size of each clone

F_{α} = the fitness value for each clone



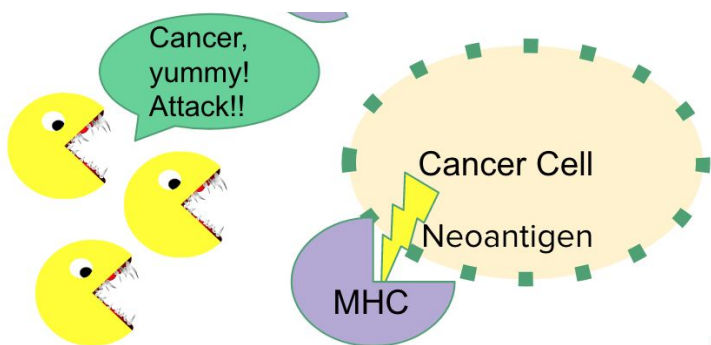
The Art:

The dominant antigen approach

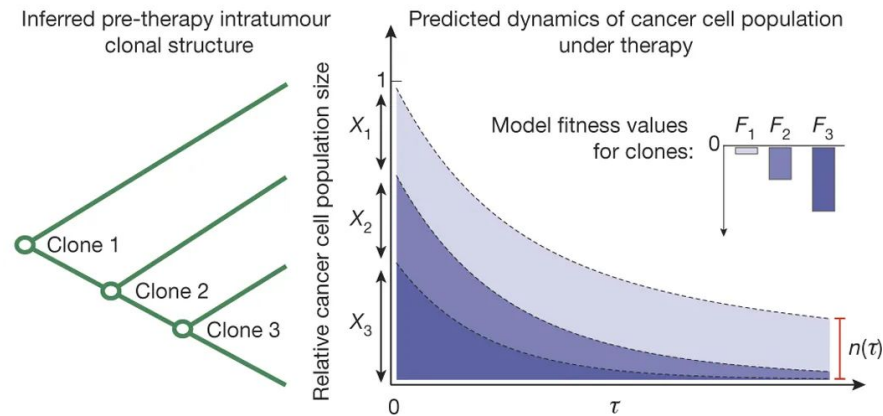
$$F_{\alpha} = - \max_{i \in \text{clone } \alpha} (A_i \times R_i)$$

R = TCR recognition

A = MHC Amplitude



a

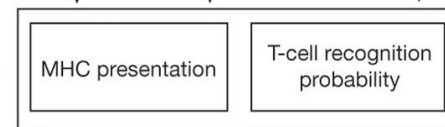


b

Neoantigens in tumour clone α

MTTKATSSM TLDYKPVTV ... QIKNKNKEI

Fitness components under immunotherapy



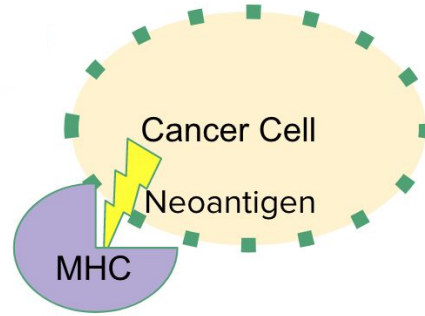
Predicted immunodominant neoantigen

TLDYKPVTV

Tumour clone fitness F_{α}

The Picasso:

MHC Amplitude



Amplitude is calculated as the product of two relative probabilities

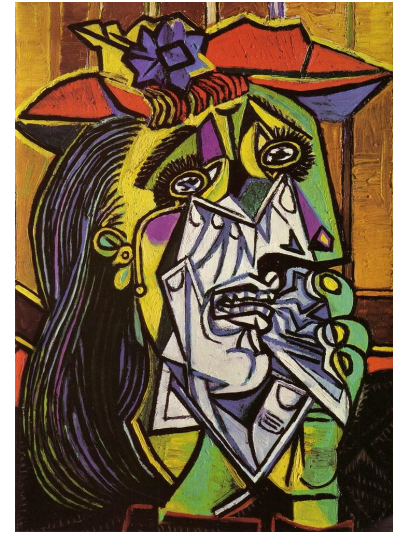
Relative probability wild type (WT) neoantigen is not bound * relative prob
mutant type class I MHC is bound to a neoantigen

$$A = (P_U^{WT} / P_B^{WT}) \times (P_B^{MT} / P_U^{MT}).$$

******If A is high, the immune system is good at discriminating
between mutant and wild-type peptides******

$$A \approx \frac{K_d^{WT}}{K_d^{MT}} \cdot \frac{1}{1 + (\varepsilon/[L]) \cdot K_d^{WT}}$$

K_d = Dissociation constant = inferred binding affinities in IC50 values



The Warhol:

TCR Recognition

R = probability that a neoantigen will be recognized by the TCR repertoire

*****Higher sequence similarity between epitopes and neoantigens implies higher probability of recognition*****

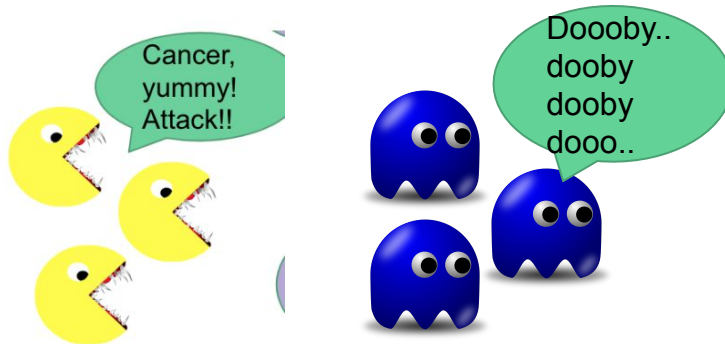
$$R = Z(k)^{-1} \sum_{e \in IEDB} \exp(-k(a - |s, e|))$$

$$Z(k) = 1 + \sum_{e \in IEDB} \exp(-k(a - |s, e|))$$

$|s, e|$ Alignment score

k, a Free parameters specifying shape of the logistic curve

$IEDB$ Database of input set of linear epitopes



Parameter Estimation & Model Selection

Parameter Estimation

$$\Theta = (a, k, \tau)$$

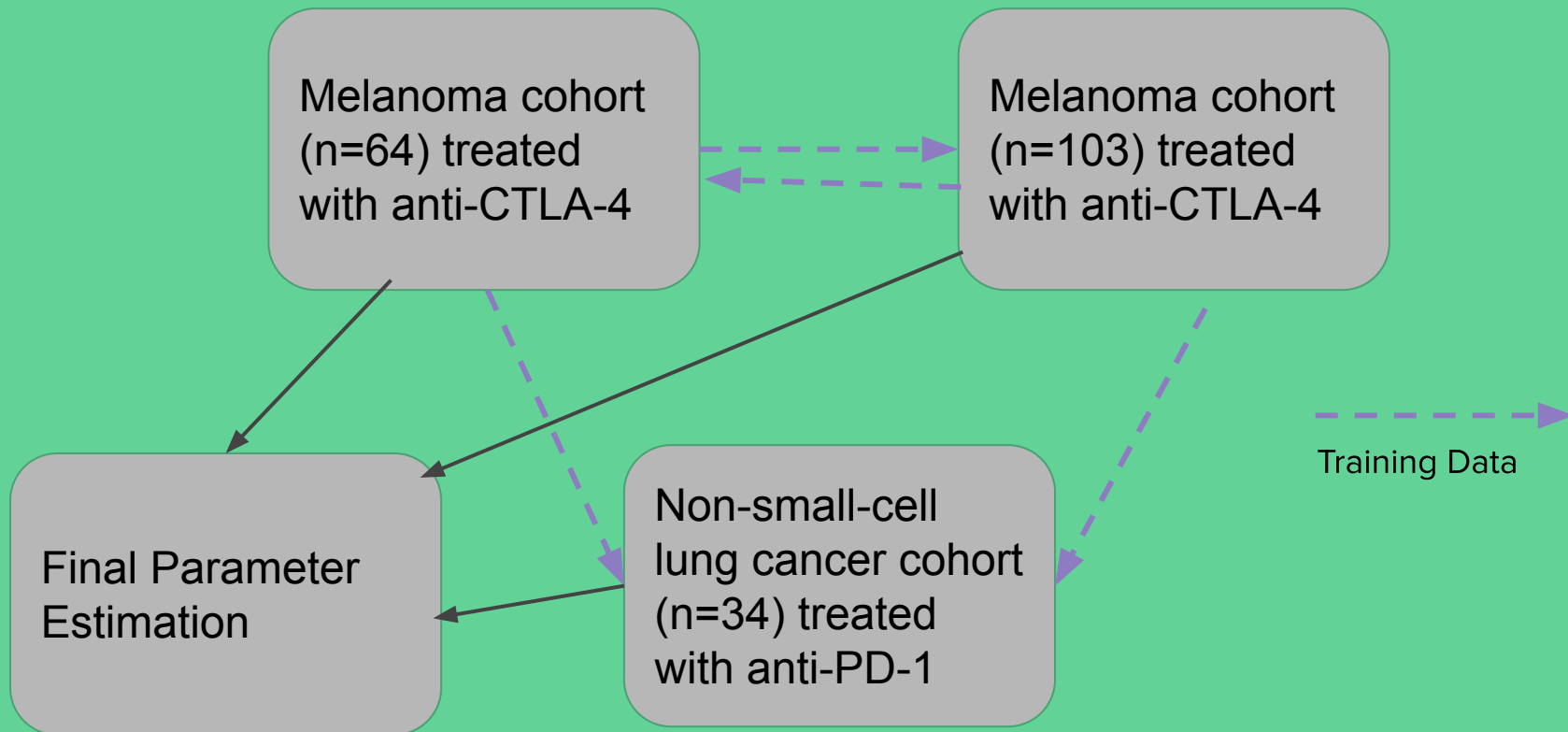
Find parameters that maximize the log-rank test scores of the survival analysis by patient cohorts

I.e. Find the parameters that maximizes the differences in how the survival curves split between low fitness and high fitness values.

Alternative Fitness Models

- The dominant neoantigen approach is one of many possible approaches
 - Decomposition into only A and R
 - Variations of models for R
 - Sum of clones
 - Constant fitness for each clone
 - Homogenous clonal structure

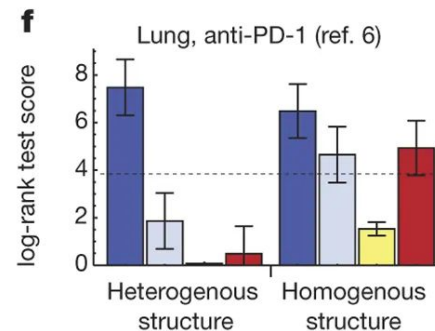
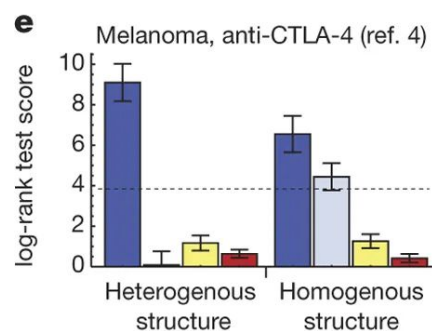
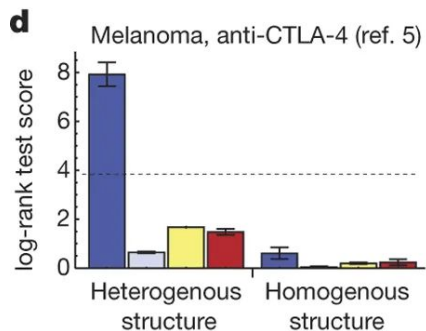
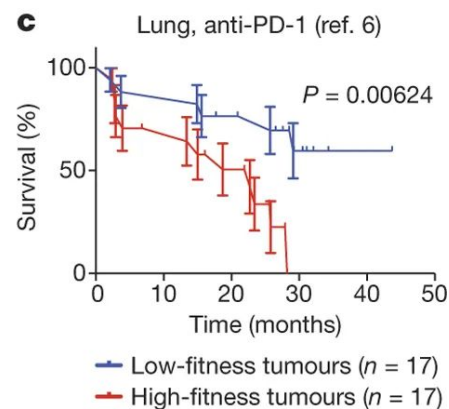
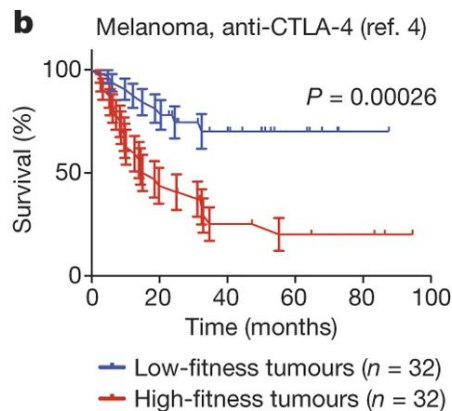
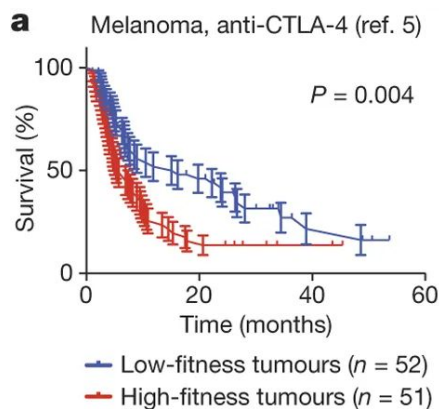
Evaluation Metric = Survival



Key Assumptions

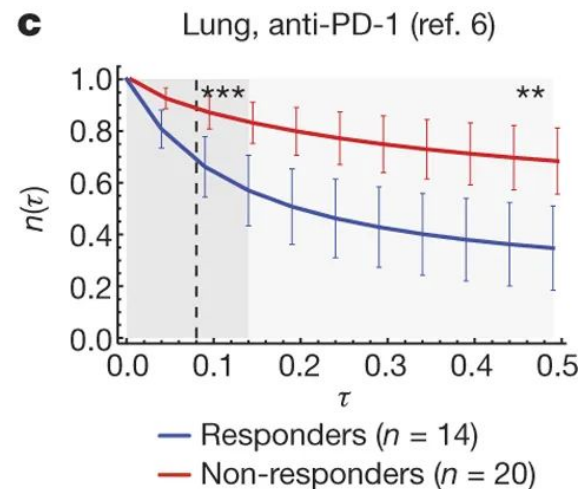
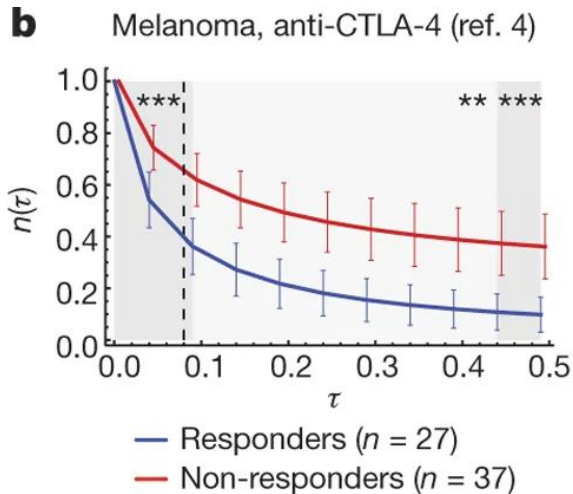
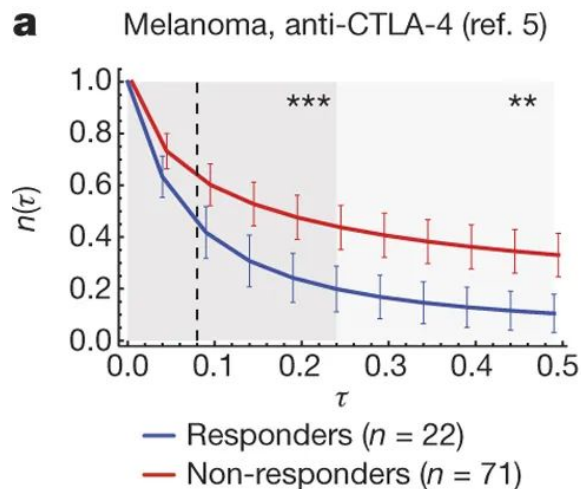
- We can identify the correct cancer phylogenetic tree (PhyloWGS is used)
- Subclones have the same or lower fitness than ancestors because they have to acquire new dominant neoantigens
- There are similar concentrations for mutant and wild-type peptides (impacts estimation of A)
- Neoantigen predicted to cross-react with selected immunogenic epitopes in the IEDB are more likely to be immunogenic themselves (impacts estimation of R)

Results



Neoantigen fitness model: ■ $A \times R$ □ A ■ R ■ Neoantigen load

Prediction of Evolutionary Dynamics



Take Home Messages



- Model quantifies how the immune system will respond to neoantigens (aka level of non-self)
- Because it is a mechanistic model, it could be useful for better understanding acquired resistance to therapy
- A useful step towards therapeutic targets of tumor vaccines

FYI, I believe if I include an adorable puppy, you will better recall everything on this slide.

Future Directions



- Use a machine learning approach to predict survival and compare results to mechanistic model
- Incorporate features of the microbiome into fitness model
- Use a similar fitness approach to model acquisition of driver mutations
- Study the impact of phylogenetic tree inference on fitness estimation (how sensitive is the model to the input)