

Modeling the Fitness Costs of Neoantigens

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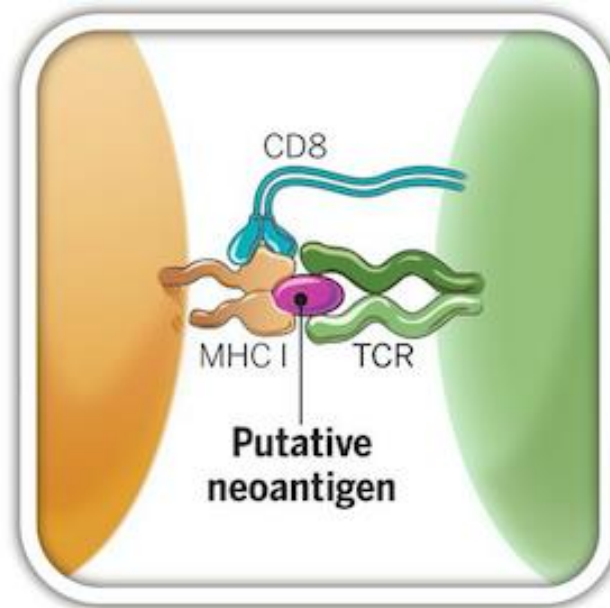


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Modeling neoantigen driven evolution

Neoantigen:

- a novel, mutated peptide
- presented by MHC I
- potentially “immunogenic” – recognized by T-cell receptors



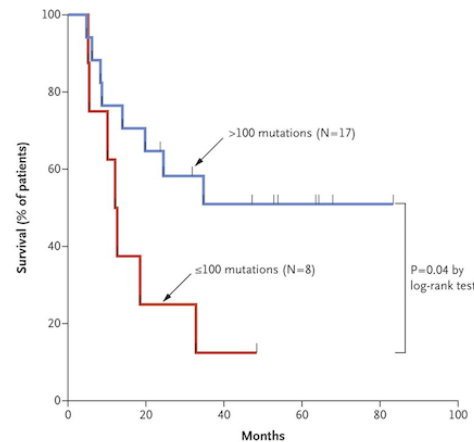
How can we (and others) help?

- These are **physical interactions** that support use of **computationally intensive biophysics**
- Physics “inspired” approaches can help – use of **statistical physics** in machine learning
- Other route (taken here) is to build **minimal (“simple”) models informed by underlying biophysical processes** and experimentally derived features to test hypotheses, make predictions, and design further experiments

Genomic correlates of response

What determines patient's response to therapy?

- Highly mutated tumors respond better [Snyder et al. 2014, Rizvi et al. 2015, Van Allen et al. 2015, Riaz et al. 2017]

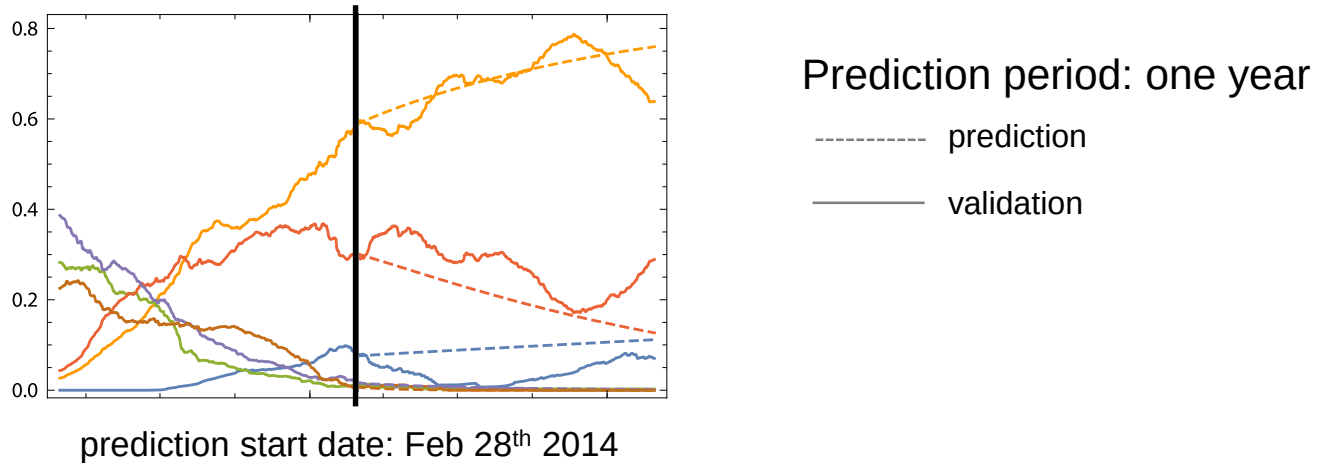


[Snyder et. al. NEJM 2014]

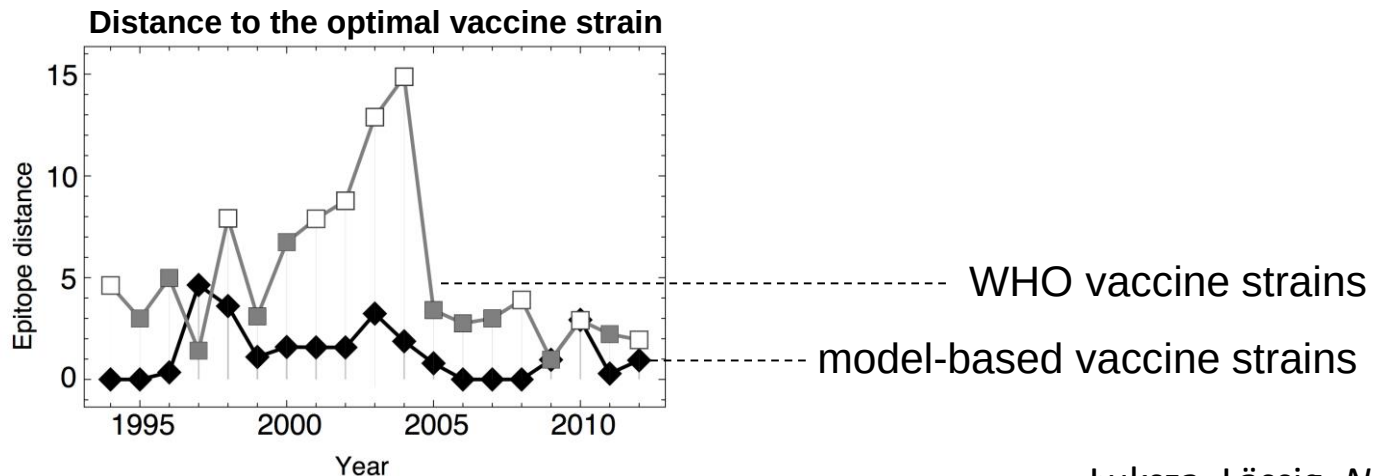
- Tumor heterogeneity may have negative impact on therapy success [McGranahan et al., 2016]
- Other markers such as information from the microenvironment
- **Goal: Integrative mathematical framework reflecting these features**

Fitness model predicts dominant influenza strain

- Clonal frequency predictions for WHO (example of prediction from February 2014)



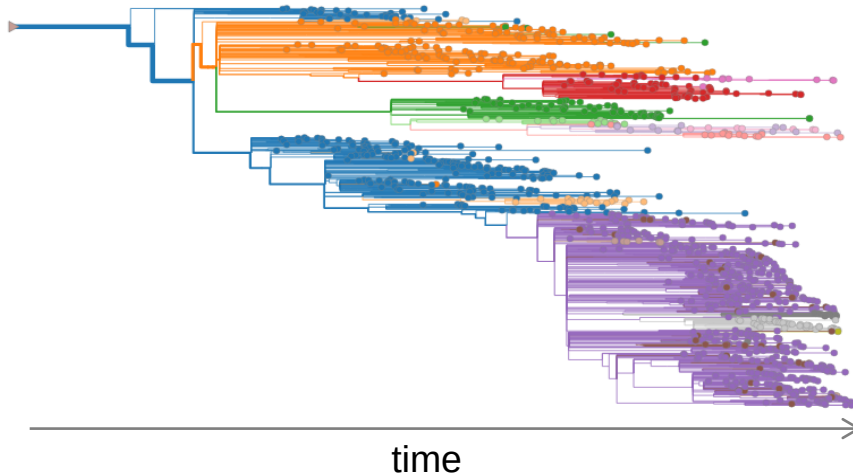
- Vaccine strain selection



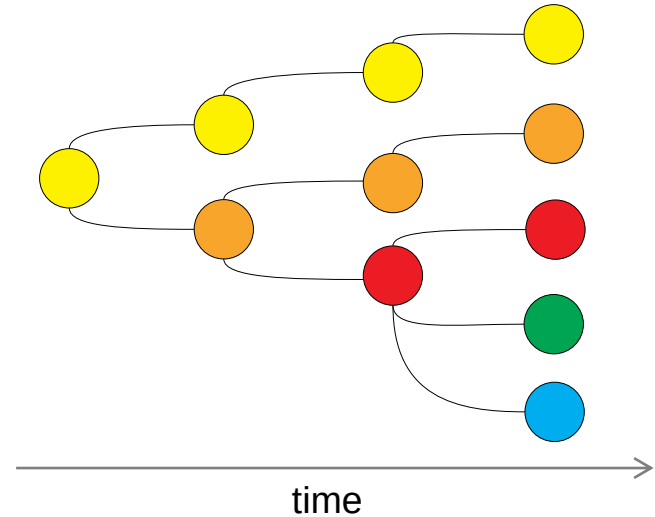
Different principles for checkpoint therapy

(with Marta Łuksza, IAS)

Influenza



Cancer

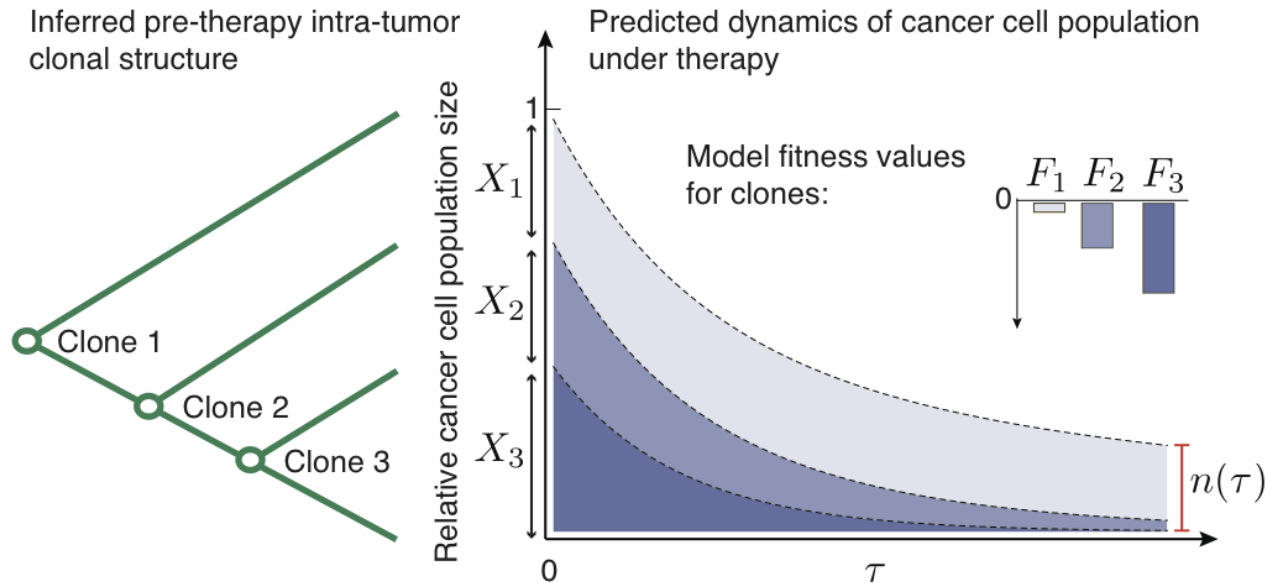


Differences:

Physical fitness interaction: B-cells with known viral epitopes versus T-cells with putative neoantigens

Distribution of fitness effects over tree: Which clone will win competition versus can all clones be suppressed?

Neoantigen driven tumor evolutionary dynamics



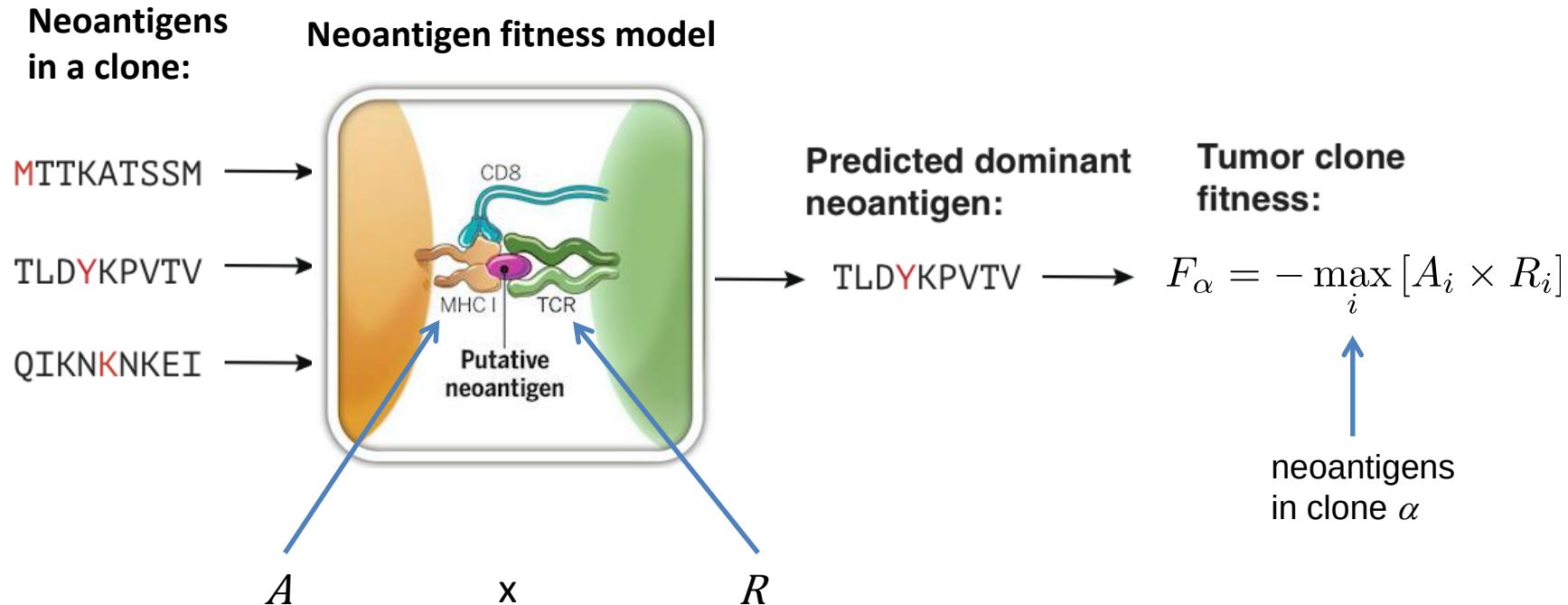
$$n(\tau) = \sum_{\alpha} X_{\alpha} \exp[F_{\alpha} \tau]$$

Relative effective
population size after
forward evolution

Initial clone frequency
(from phylogeny)

Fitness of clone
(derived from model)

Model construction: fitness of a clone



Amplitude due to MHC presentation:

- From inferred affinities of wildtype and mutant peptides
- Should relate to discrimination energy by class I HLA molecule
- Measure of peptide “selfness”

TCR recognition probability:

- Use pathogen epitope (IEDB) alignments as proxy for biophysical interactions
- Measure of cross-reactivity with database antigen
- Measure of peptide “non-selfness”

Proof of concept on current data & methods

Three immunotherapy datasets:

Van Allen, et al., *Science*, 2015: Melanoma, anti-CTLA4, 103 samples

Snyder, et al., *NEJM*, 2014: Melanoma, anti-CTLA4, 64 samples

Rizvi, et al., *Science*, 2015: Lung, anti-PD1, 34 samples

Measurements:

- Exome sequencing
- Tumor and normal tissue
- Survival times

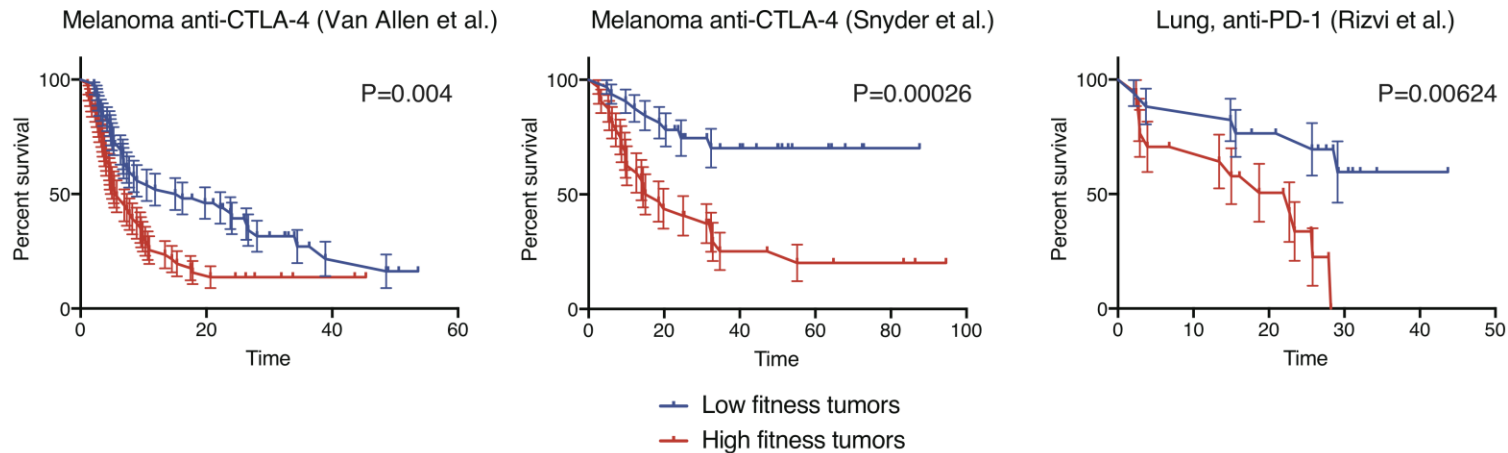
Processing:

- Somatic mutations: 4-caller variant pipeline for mutations (Chan Lab)
- Affinity prediction: NetMHC 3.4
- Nested clonal structure: Deshwar, PhyloWGS, 2015

Benchmarking on public datasets

Survival analysis:

- **Assumption:** predicted effective tumor size $n(\tau)$ anti-correlated with survival
- Split patient cohorts by median $n(\tau)$

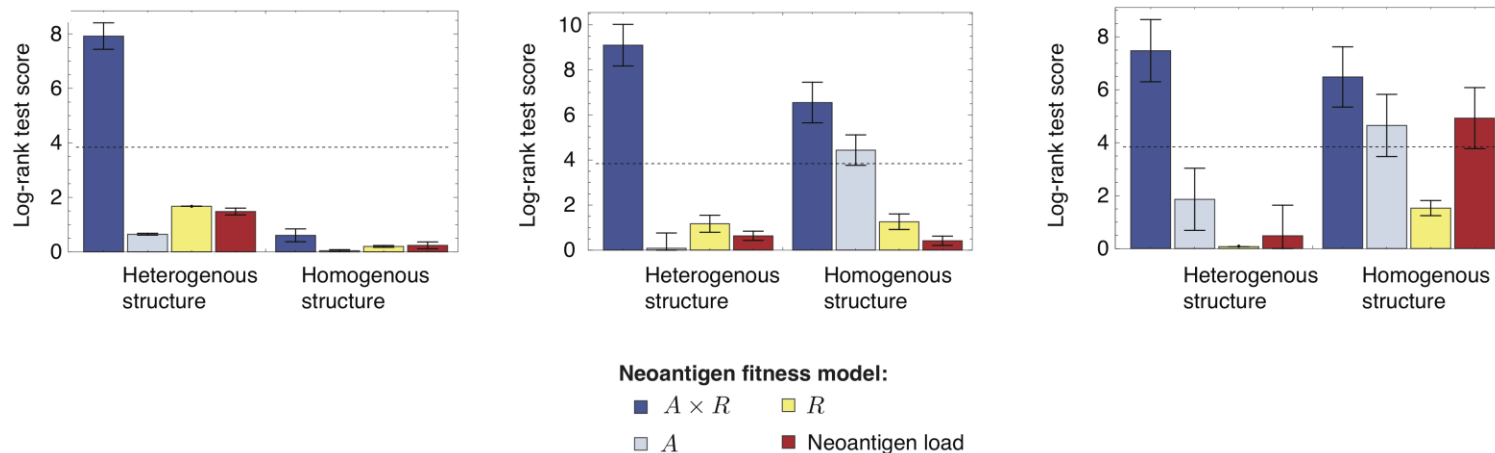


Benchmarking on public datasets

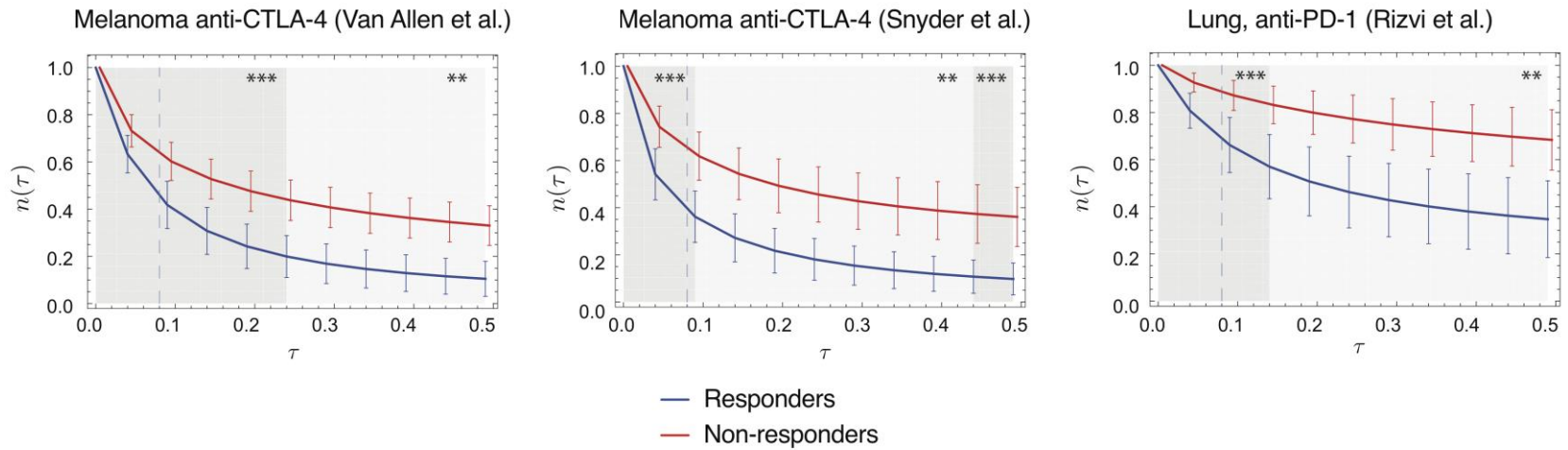
Survival analysis:

- **Assumption:** predicted effective tumor size $n(\tau)$ anti-correlated with survival
- Split patient cohorts by median $n(\tau)$

All model components **are informative and necessary** for predictions:

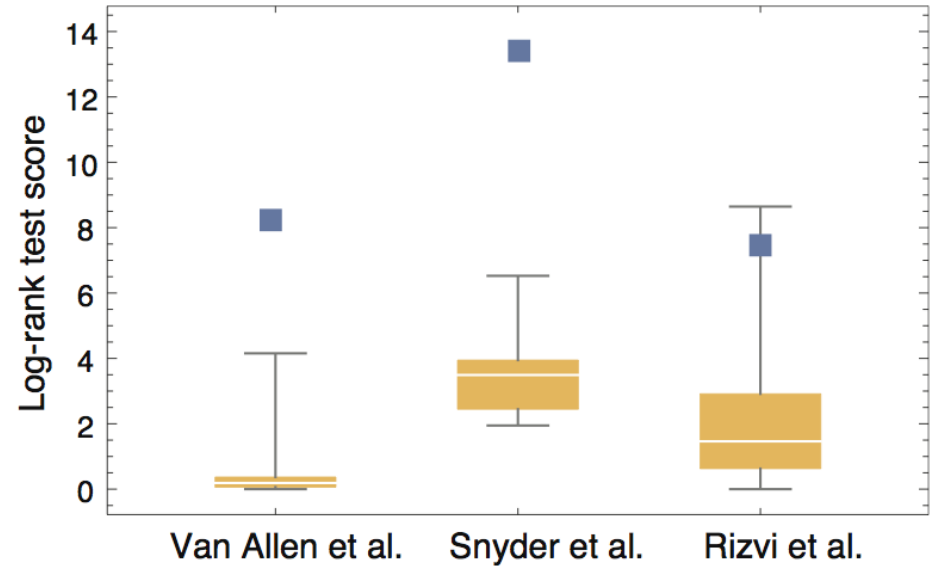


Predictions for responders and non-responders



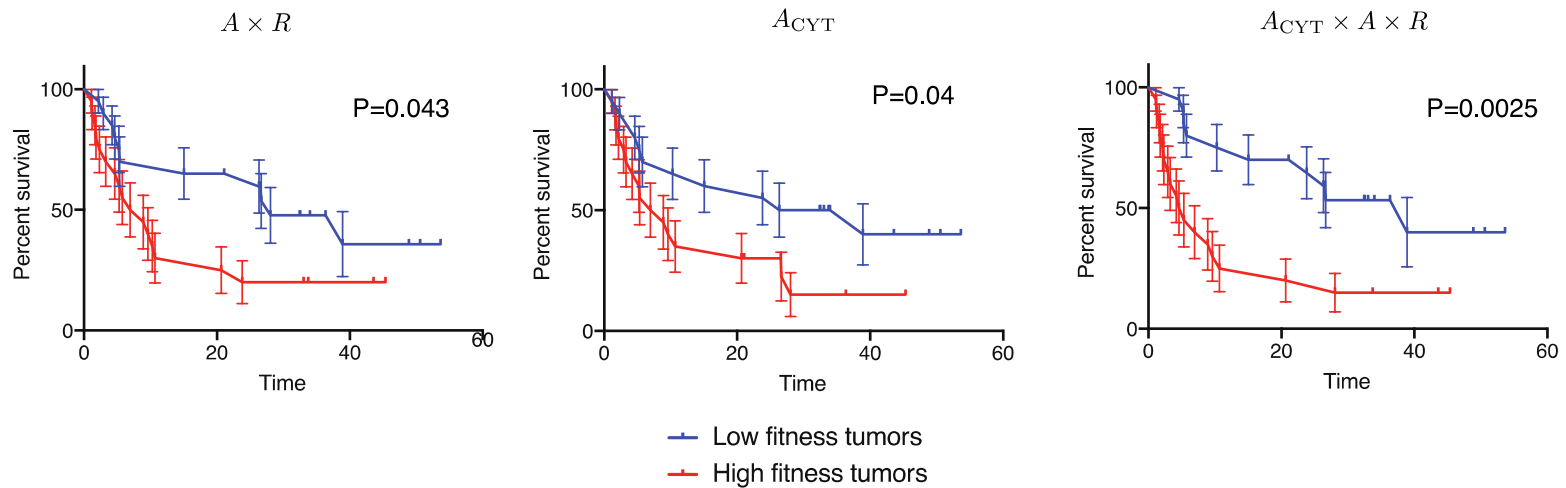
Consistency with underlying processes

Results do not survive shuffling
patient HLA type



Typical discrimination length $\sim$ TCR repertoire discrimination length

Expandable framework can incorporate microenvironment



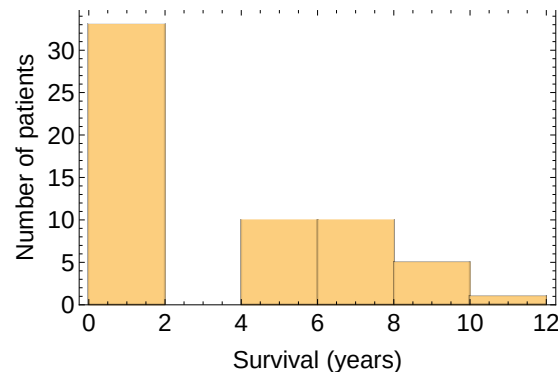
Other variables can be incorporated as well

Can we apply this framework in the
nontherapy setting?

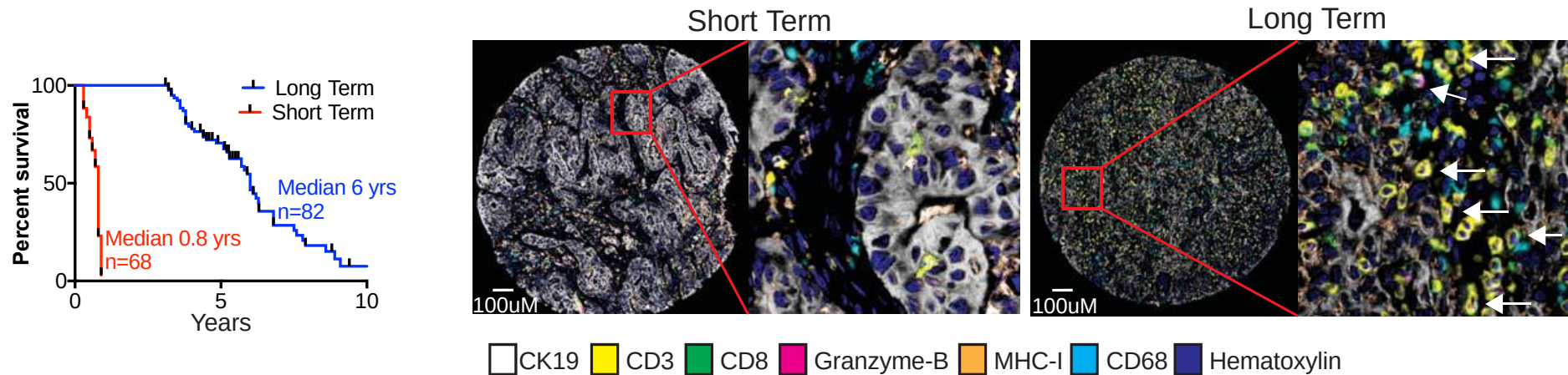
Pancreatic cancer study: beyond immunotherapies

Less than 7% of PDAC patients survive 5 years after diagnosis

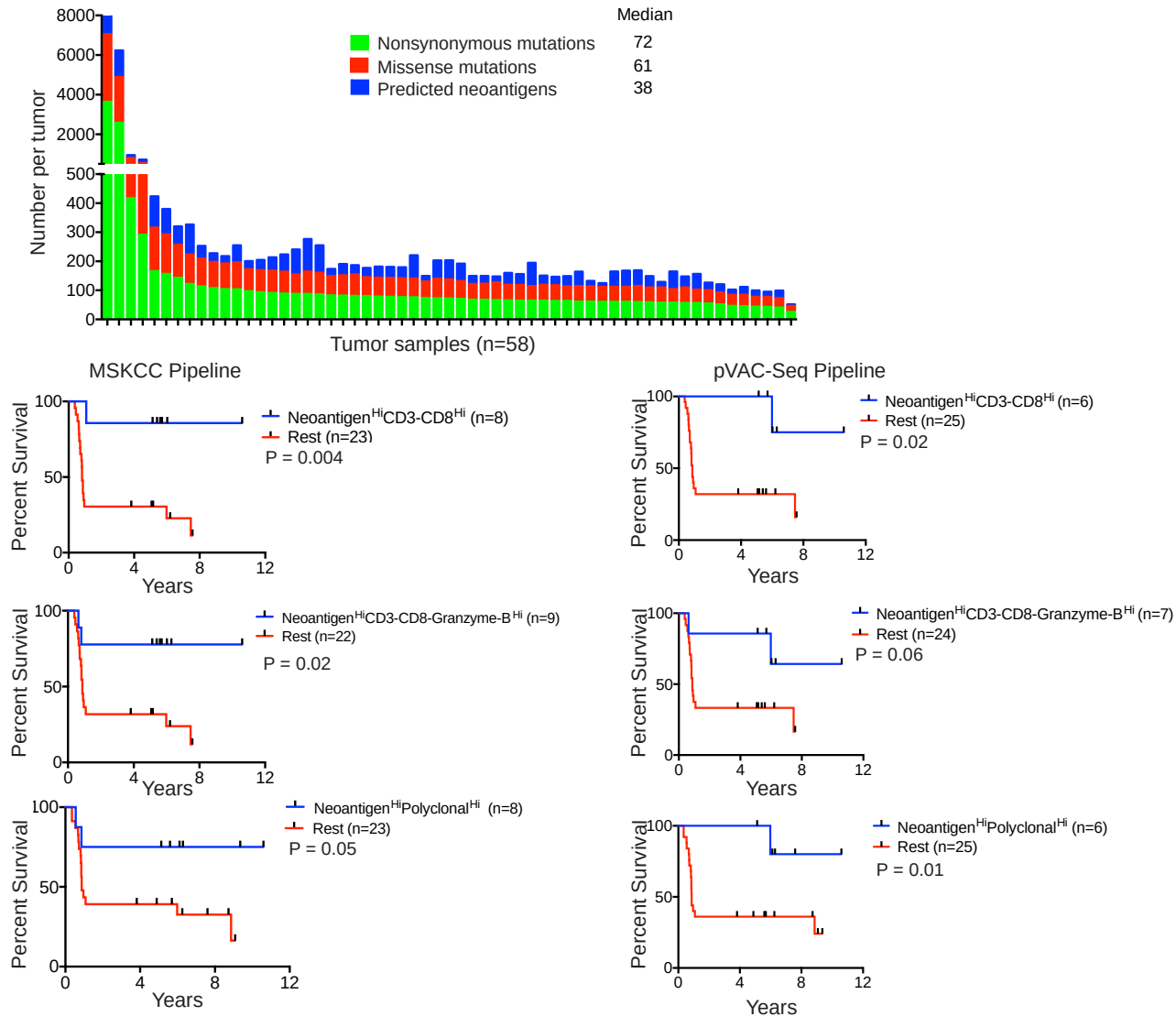
This study: A unique cohort of pancreatic cancer patients with **extreme long-term survivors**.



Immune monitoring indicates T-cell infiltration associates with response



Mutational burden + high T-cell is predictive



Quality model recapitulates survival & monitoring

Quality Score

a) Assess sequence similarity of neoantigen to pathogen

Wild type epitope: PPSAR**G**GPL

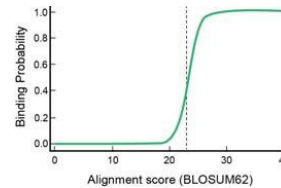
Tumor neopeptide: PPSAR**R**GPL

Human Herpes Virus (HHV)-8: PPS**G**QRGPVAFRTRV

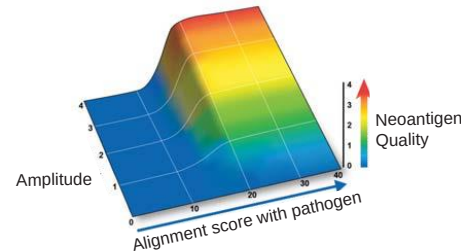
Calculate Alignment score
(BLOSUM62)

b) Scale alignment score to binding probability of a TCR to the cross reacting antigen

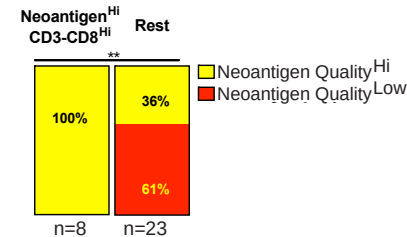
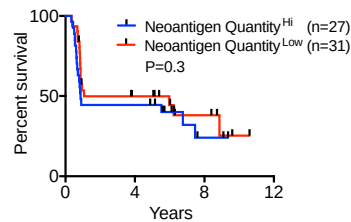
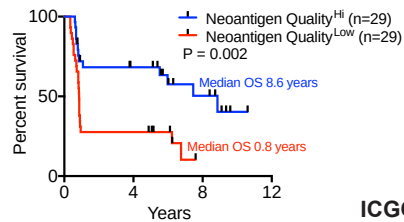
TCR binding probability is
a sigmoid function of
alignment score



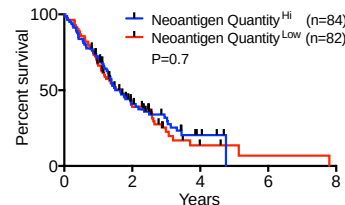
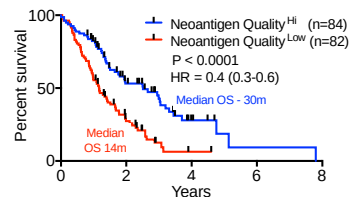
c) Neoantigen cross reactivity for a given neoantigen is a function of alignment score and amplitude (K_d^{WT}/K_d^{Mutant})



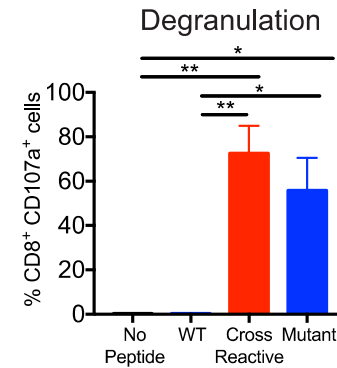
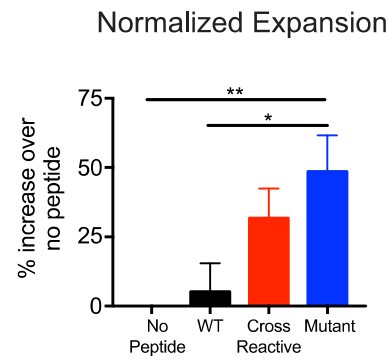
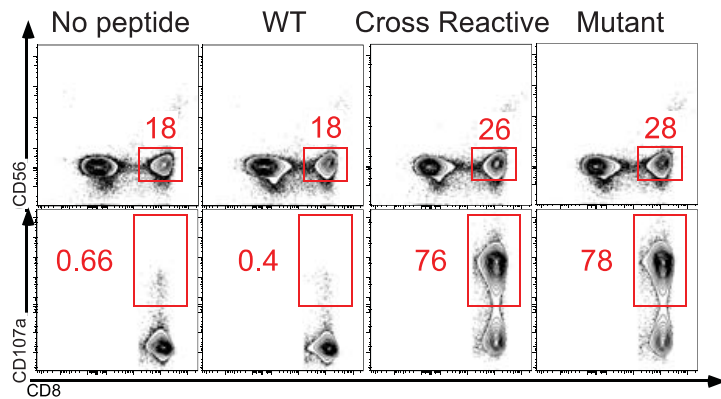
MSKCC



ICGC

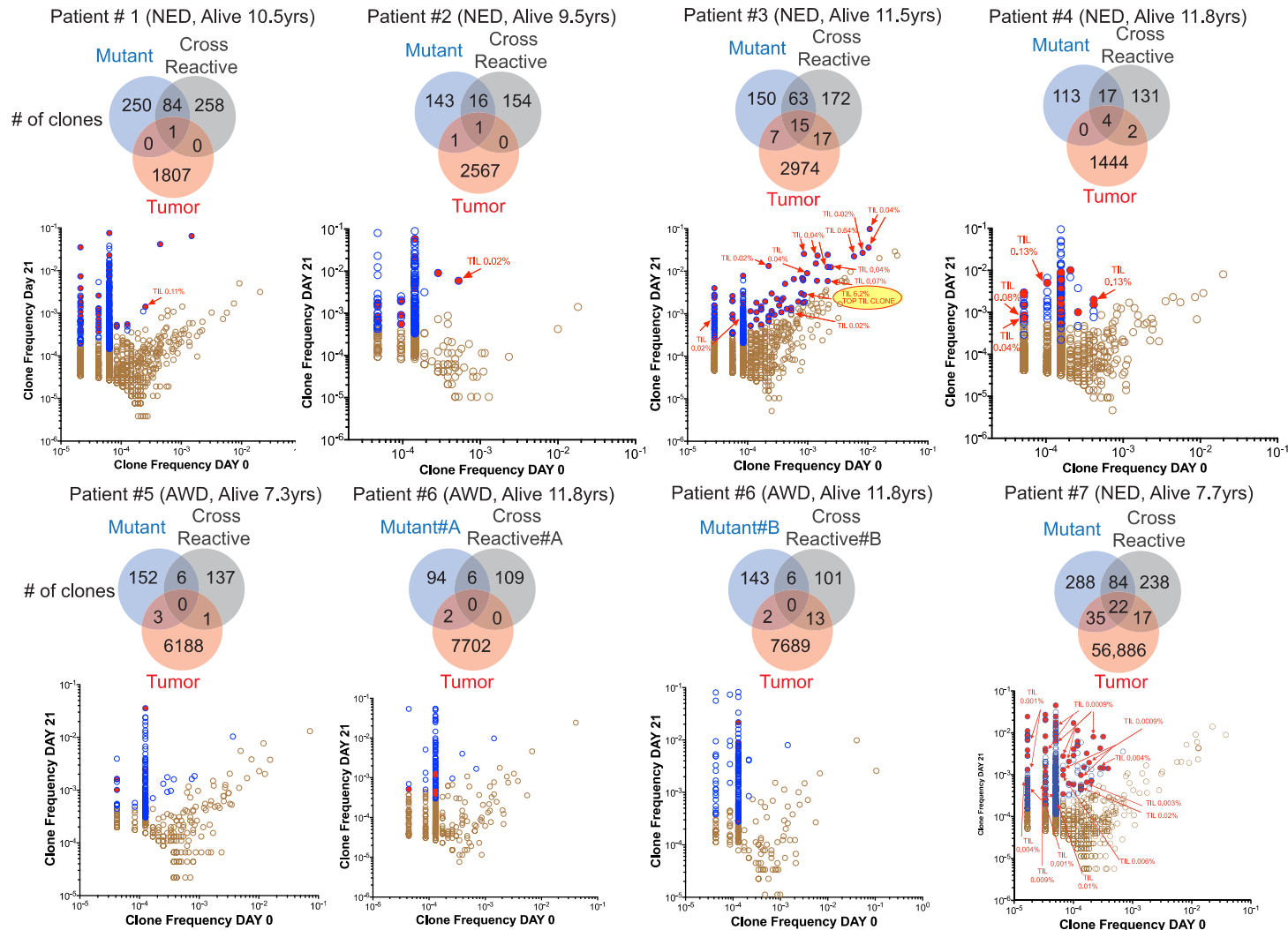


Test in long-term cohort

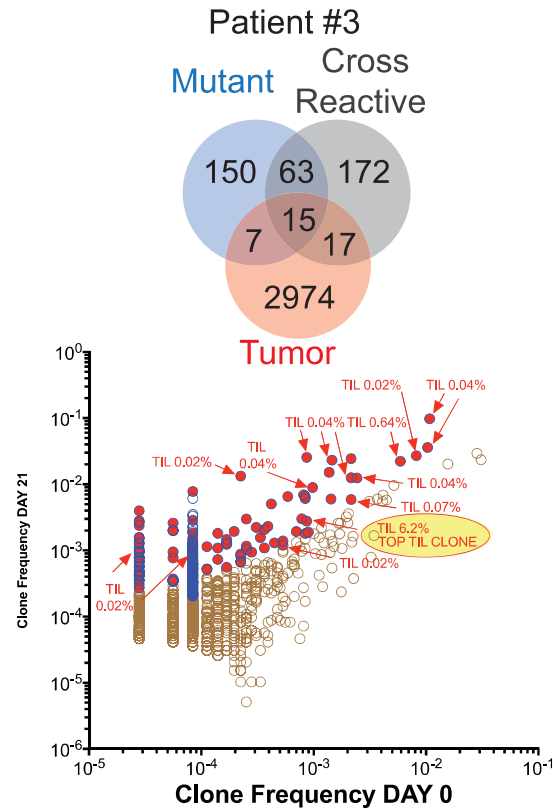


Can we find TCRs?

- Mutant Peptide Stable/Contracted Clones
- Mutant Peptide Expanded Clones
- Mutant Peptide and Cross Reactive Peptide Expanded Clones



Particularly striking case:



Summary

- Approaches from virus vaccine prediction may be relevant in predicting response to checkpoint blockade immunotherapy
- **All neoantigen fitness model components are informative:**
 - Tumor heterogeneity
 - MHC presentation of neoantigens
 - TCR recognition of neoantigens
- The **fitness model can be easily extended** to capture other meaningful effects such as information about the tumor microenvironment

LETTER

doi:10.1038/nature24473

A neoantigen fitness model predicts tumour response to checkpoint blockade immunotherapy

Marta Luksza¹, Nadeem Riaz^{2,3}, Vladimir Makarov^{3,4}, Vinod P. Balachandran^{5,6,7}, Matthew D. Hellmann^{7,8,9}, Alexander Solovyov^{10,11,12,13}, Naiyer A. Rizvi¹⁴, Taha Merghoub^{7,15,16}, Arnold J. Levine¹, Timothy A. Chan^{2,3,4,7}, Jedd D. Wolchok^{7,8,15,16} & Benjamin D. Greenbaum^{10,11,12,13}

LETTER

doi:10.1038/nature24462

Identification of unique neoantigen qualities in long-term survivors of pancreatic cancer

Vinod P. Balachandran^{1,2,3}, Marta Luksza⁴, Julia N. Zhao^{1,2,3}, Vladimir Makarov^{5,6}, John Alec Moral^{1,2,3}, Romain Remark⁷, Brian Herbst², Gokce Askan^{2,8}, Umesh Bhanot⁸, Yasin Senbabaoglu⁹, Daniel K. Wells¹⁰, Charles Ian Ormsby Cary¹⁰, Olivera Grbovic-Huezo², Marc Attiyeh^{1,2}, Benjamin Medina¹, Jennifer Zhang¹, Jennifer Loo¹, Joseph Saglimbeni², Mohsen Abu-Akeel⁹, Roberta Zappasodi⁹, Nadeem Riaz^{6,11}, Martin Smoragiewicz¹², Z. Larkin Kelley^{13,14}, Olca Basturk⁸, Australian Pancreatic Cancer Genome Initiative*, Mithat Gönen¹⁵, Arnold J. Levine⁴, Peter J. Allen^{1,2}, Douglas T. Fearon^{13,14}, Miriam Merad⁷, Sacha Gnjatic⁷, Christine A. Iacobuzio-Donahue^{2,5,8}, Jedd D. Wolchok^{3,9,16,17,18}, Ronald P. DeMatteo^{1,2}, Timothy A. Chan^{3,5,6,11}, Benjamin D. Greenbaum¹⁹, Taha Merghoub^{3,9,18}§ & Steven D. Leach^{1,2,5,20}§

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Please inquire about positions!

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