

# Immune profiling of the tumor microenvironment in classic Hodgkin's lymphoma using high- complexity mass cytometry

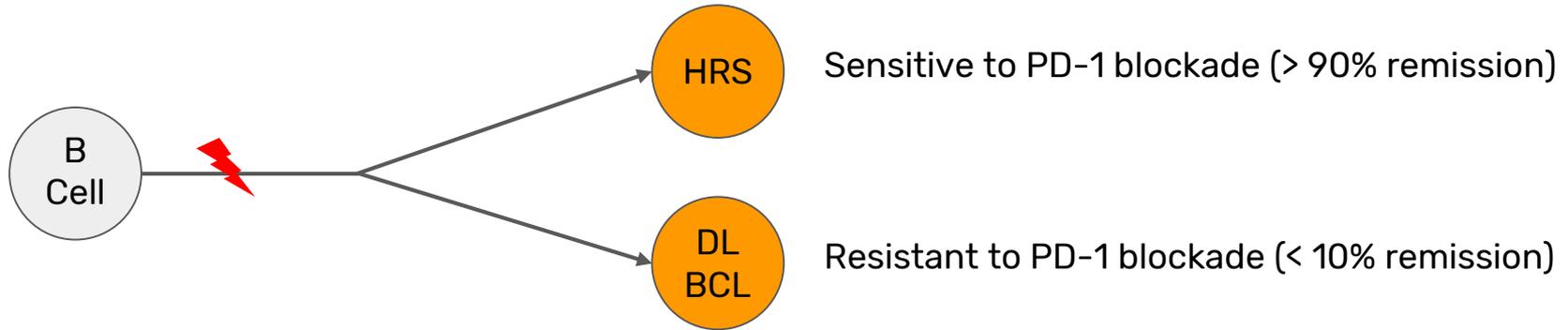
JC Villasboas<sup>1</sup>, El-ad David Amir<sup>2</sup>, Kaitlyn R. McGrath<sup>1</sup>, Stephen M. Ansell<sup>1</sup>

<sup>1</sup> Division of Hematology, Mayo Clinic

<sup>2</sup> Astrolabe Diagnostics, Inc.

# Classic Hodgkin's Lymphoma (cHL)

- Cancer cells are Hodgkin Reed-Sternberg (HRS) cells
  - Abnormal B lymphocytes
  - Commonly overexpress PD-1 ligands



- Few malignant HRS cells surrounded by a rich immune infiltrate
- High numbers of CD8+ T cells is associated with better outcome

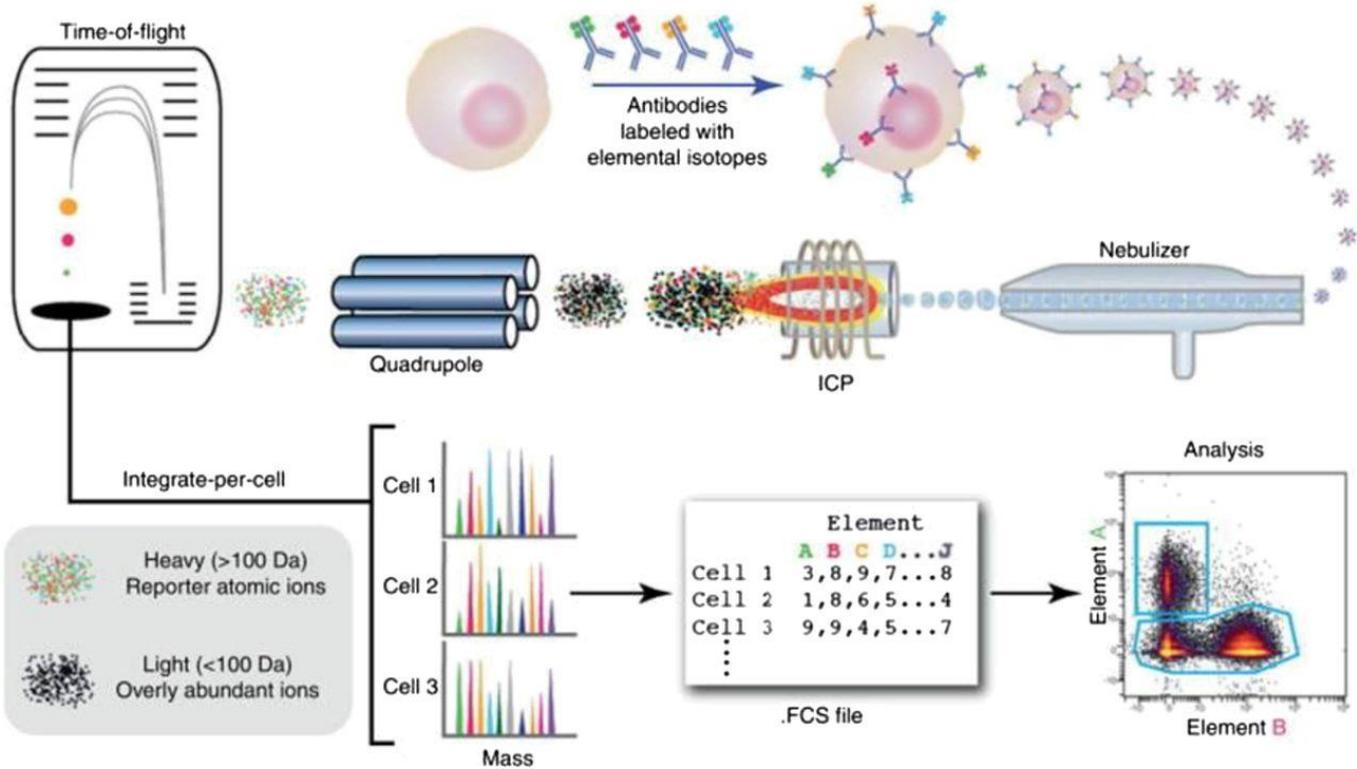
Understanding the immune system is critical  
for better treatment of cHL

- Biomarker with prognostic value
- Clinical significance as a therapeutic target

# Immune Profiling

- Identifying and quantifying immune populations according to their phenotypic and functional features
- Complex and heterogeneous biological system
  - 50+ known immune subsets (just in circulating blood!)
  - Our knowledge of biological complexity of different populations continues to grow

# Mass Cytometry (CyTOF)



# Qualitative/Exploratory Experiment Design

- 8 patient LN samples (7 nodular sclerosing, 1 mixed cellularity)
- 7 donor samples (3 LNs, 4 tonsil)
- Commercial analysis solution (Astrolabe Cytometry Platform)

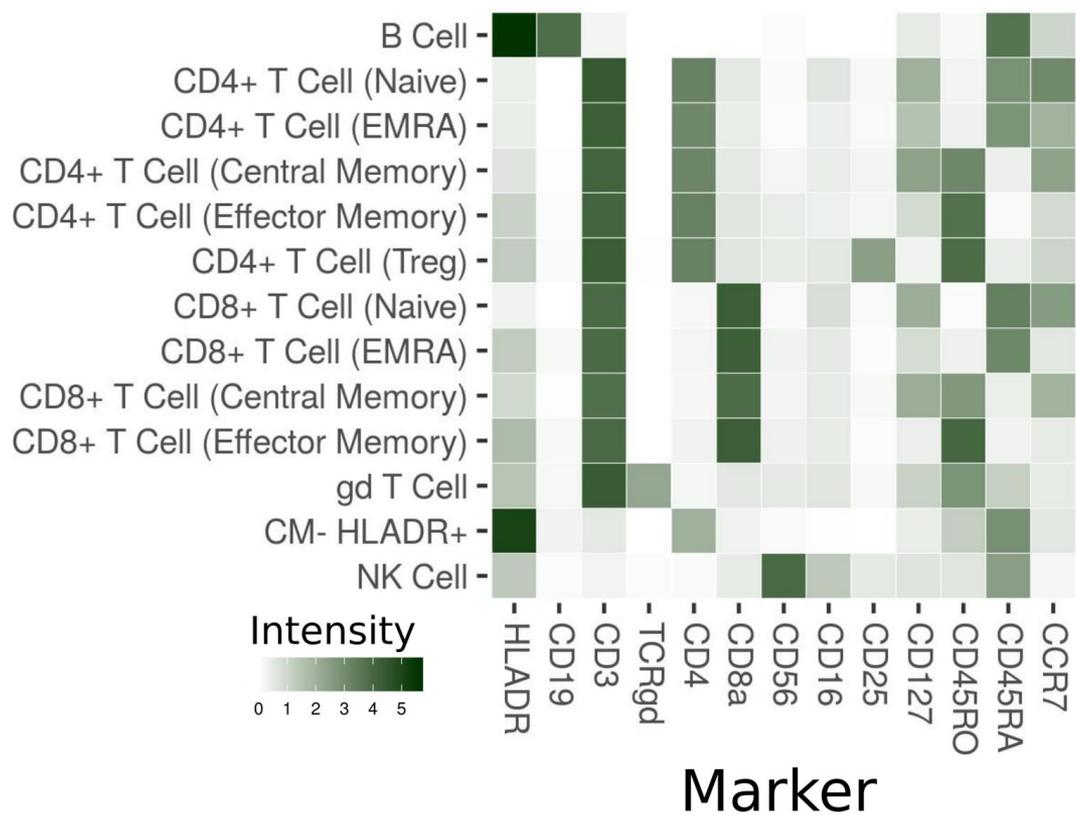
## 31 markers

## 15 major compartments

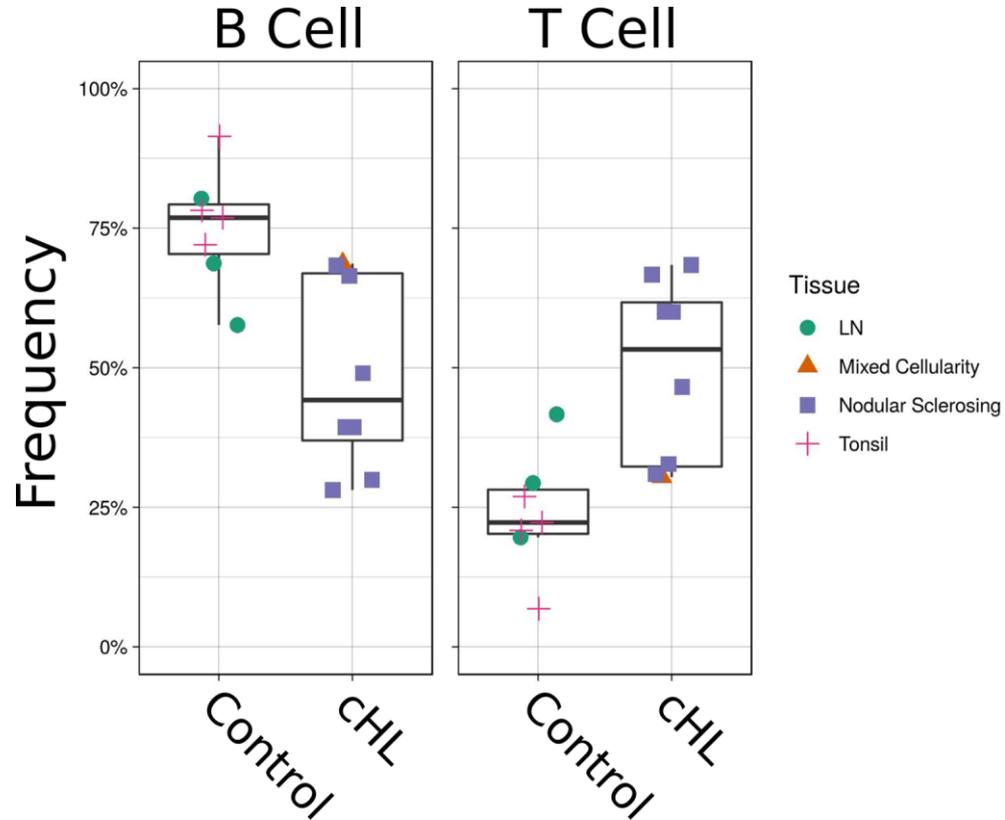
## Additional resolution

CCR4	CD27	ICOS	B Cell	Unsupervised clustering identified 43 unique clusters
CCR5	CD28	LAG3	CD4+ T Cell	
CCR6	CD44	<b>PD1</b>	CD8+ T Cell	Manual exploration of PD1, ICOS, LAG3, and TIM3
<b>CCR7</b>	CD45	TCRgd	NK Cell (CD56hi CD16-)	
<b>CD3</b>	CD45RA	TIM3	NK Cell (CD56mid CD16+)	
<b>CD4</b>	<b>CD45RO</b>		NKT Cell	
CD5	<b>CD56</b>		Lin- (Myeloids)	
CD7	CD69			
<b>CD8a</b>	CD127		<u>Within the T Cells</u>	
CD11a	CD161		CD4+ T Cell: Treg (memory/naive),	
CD16	CXCR3		Memory (Central/Effector), Naive,	
<b>CD19</b>	CXCR5		EMRA	
CD25	<b>HLADR</b>		CD8+ T Cell: Memory (Central/Effector), Naive, EMRA	

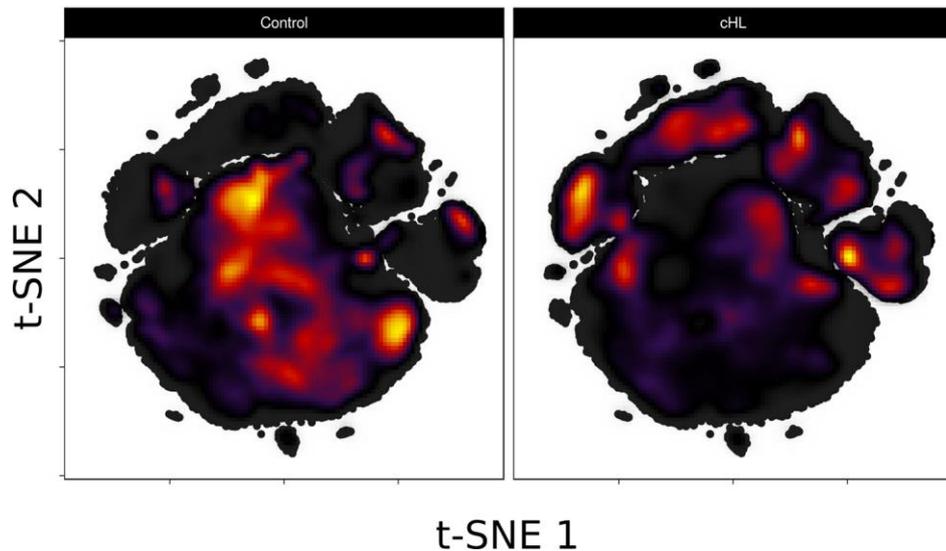
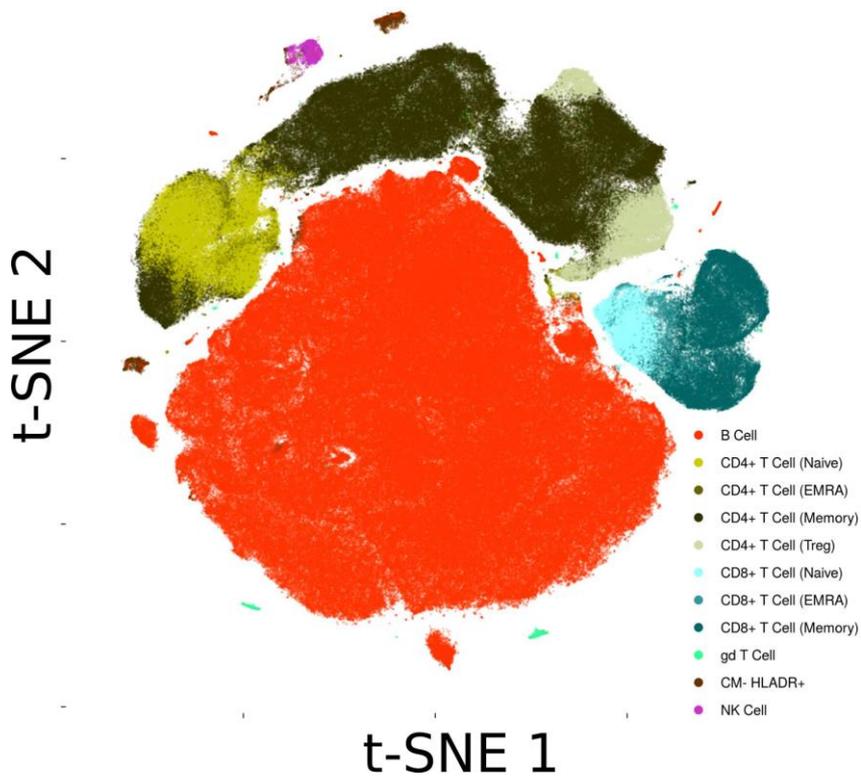
# CyTOF Identifies Canonical Subsets



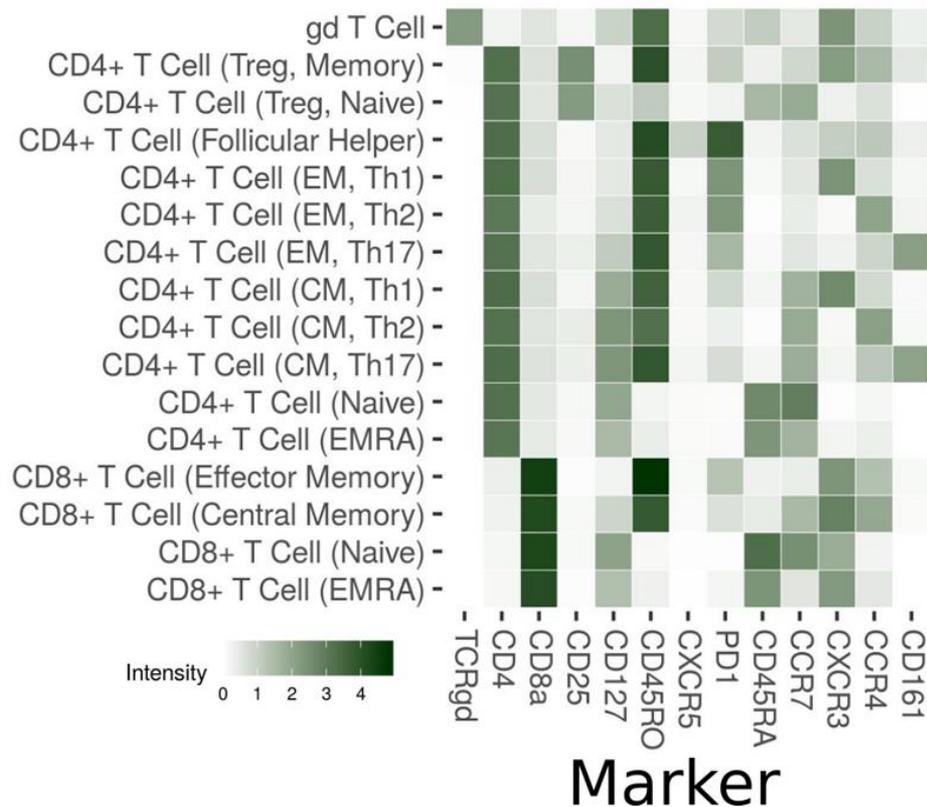
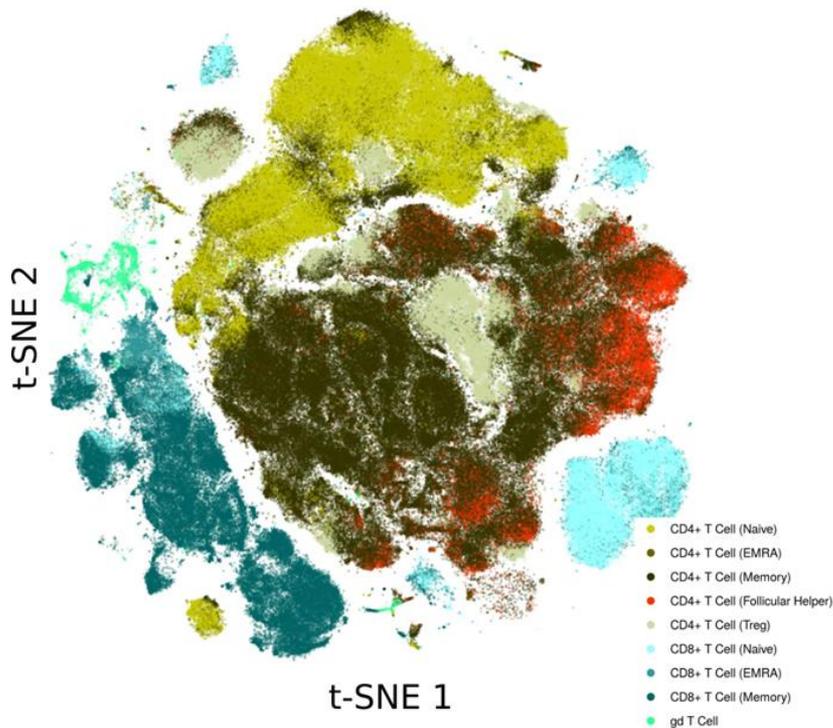
# Recapitulation of Known B Cell and T Cell Trends



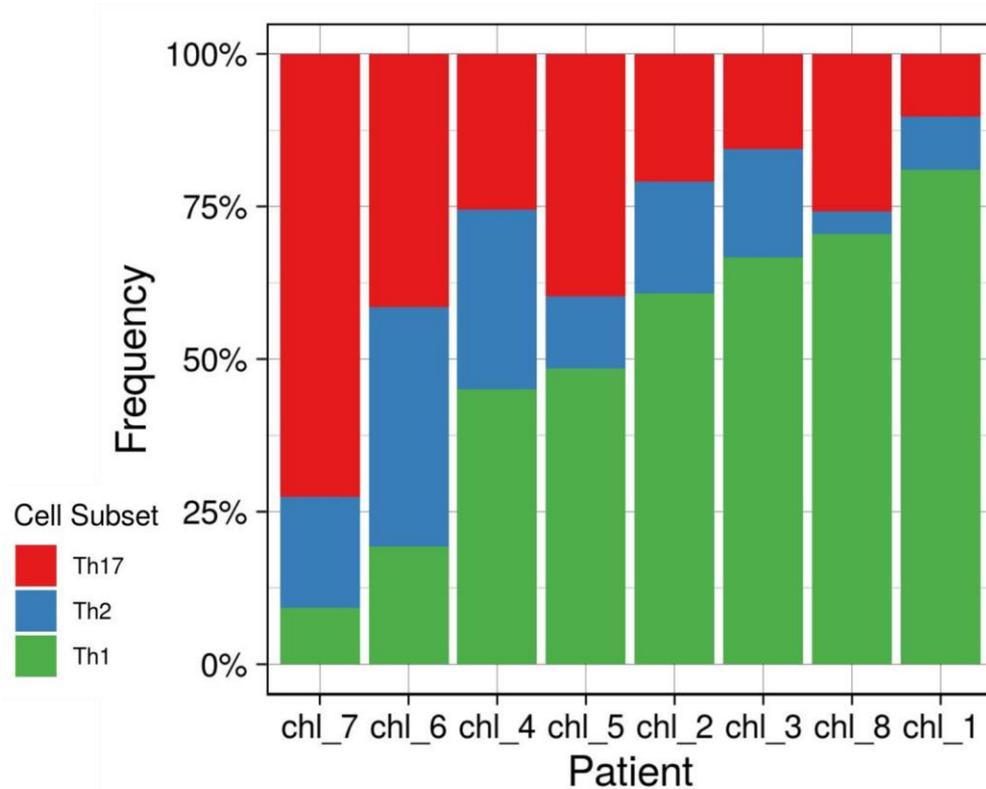
# Dimensionality Reduction Reveals Further Structure



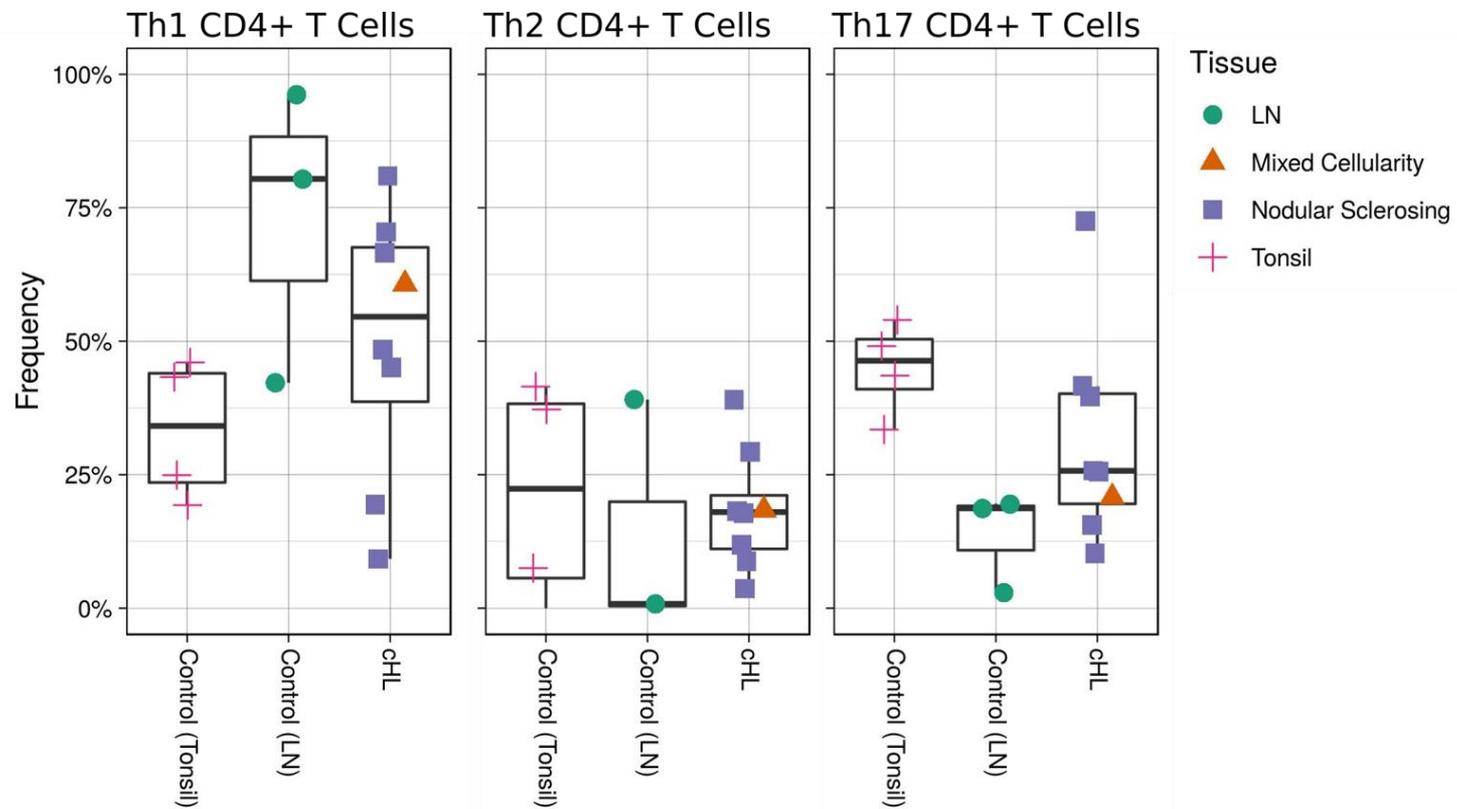
# Immunophenotyping of T Cell Compartment



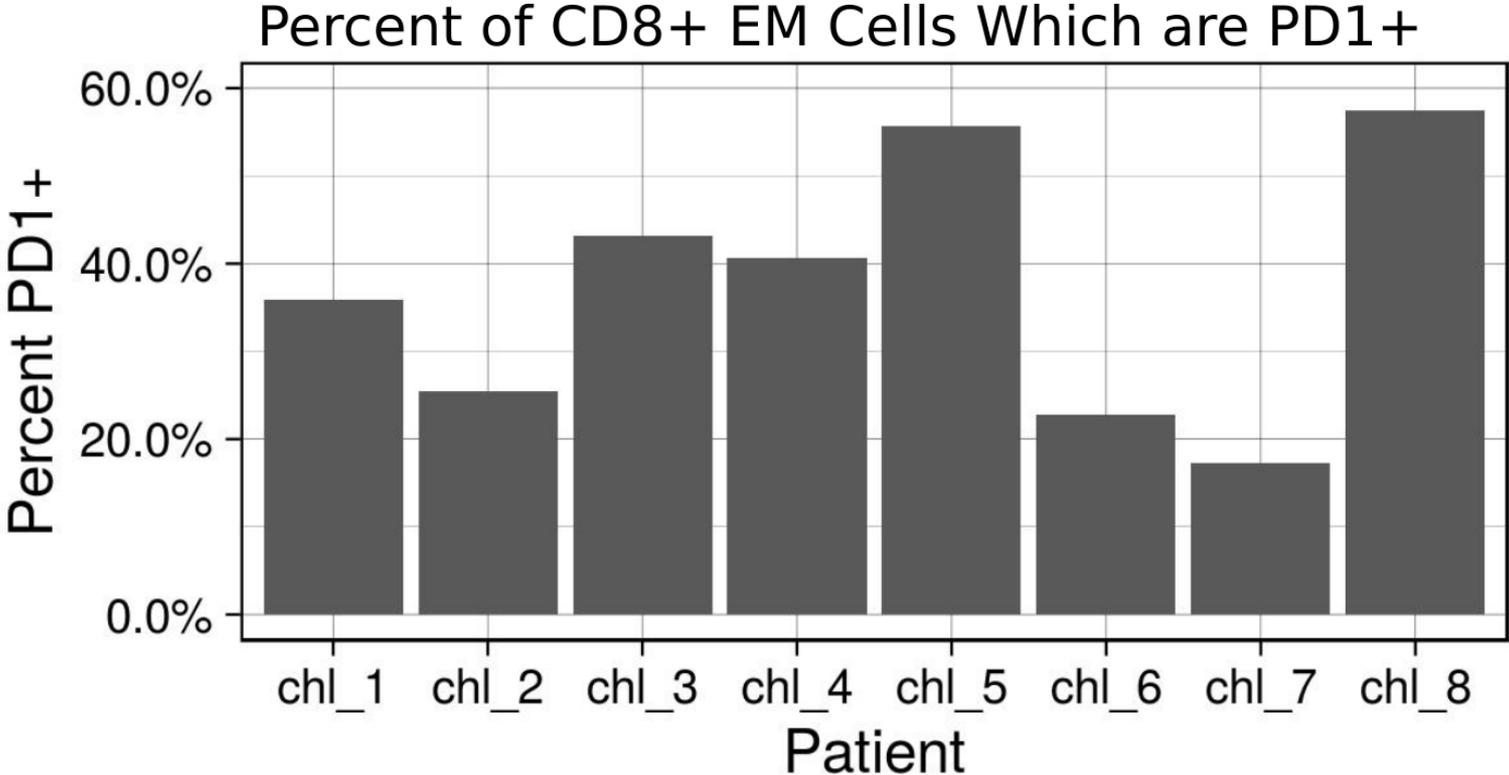
# T<sub>h</sub> Frequencies Vary Between Patients



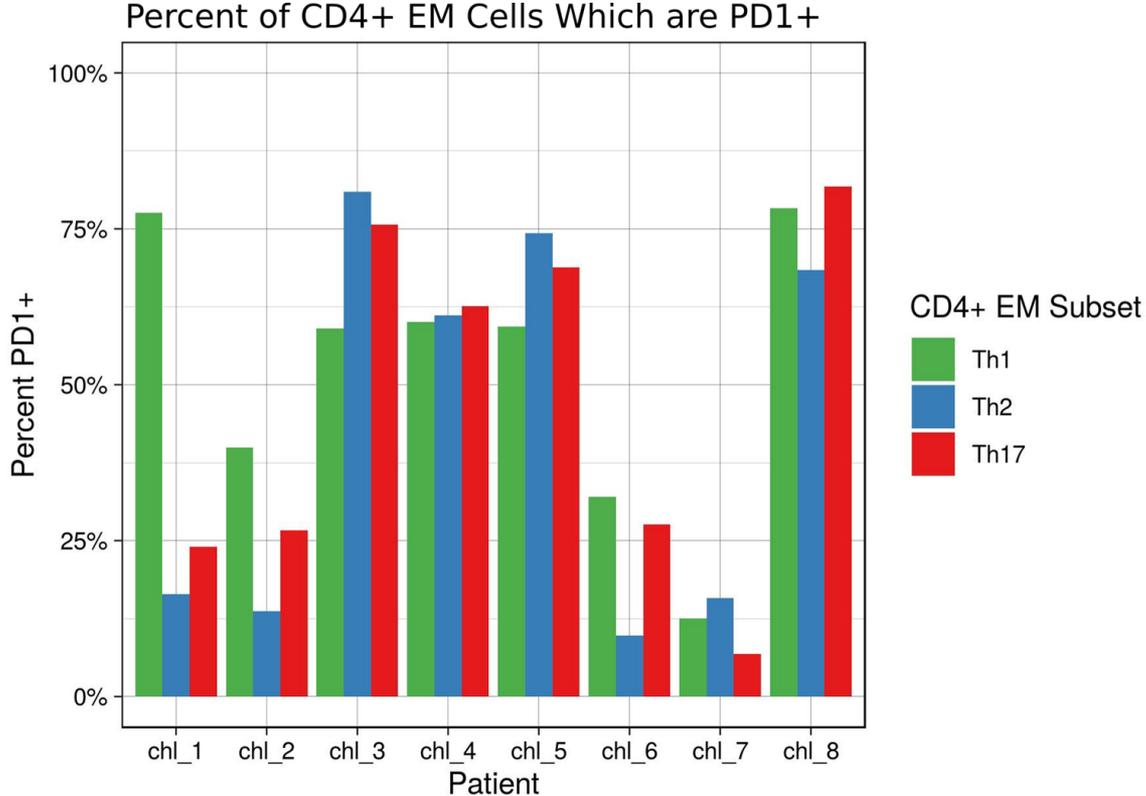
# T<sub>h</sub> Frequencies Vary Between Patients



# CD8+ T Cell PD-1 Level is Heterogeneous Between Patients



# CD4+ T Cell PD-1 Level is Also Heterogeneous

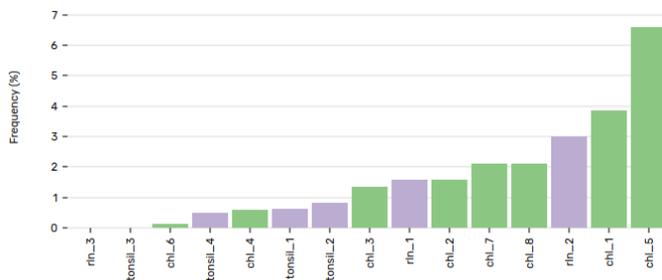


# CXCR3-Dependent Differences Between Tregs

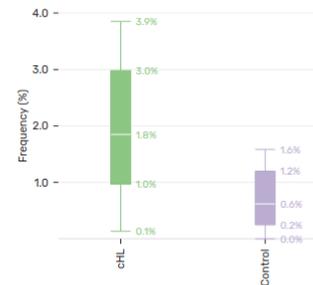
Unsupervised Clustering

CD4+ T Cell (Treg, Memory) CD69hi CXCR3hi CD161lo,  $-\log_{10}(\text{FDR}) = 0.102$

[Download Bar Chart...](#)



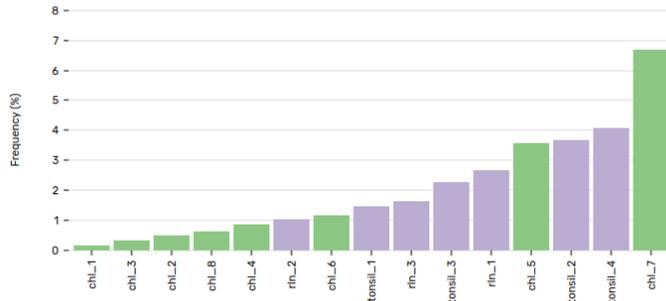
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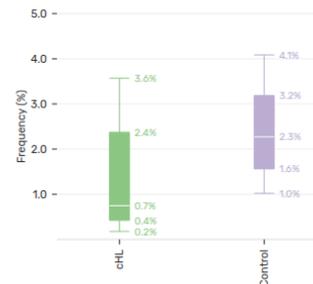
3x fold **increase** in cHL

CD4+ T Cell (Treg, Memory) CD69hi CXCR3lo CD161lo,  $-\log_{10}(\text{FDR}) = 0.102$

[Download Bar Chart...](#)

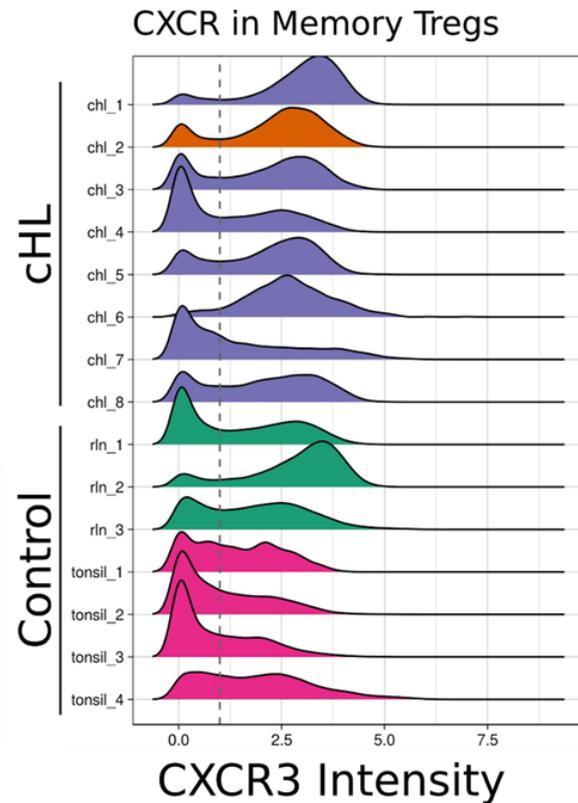
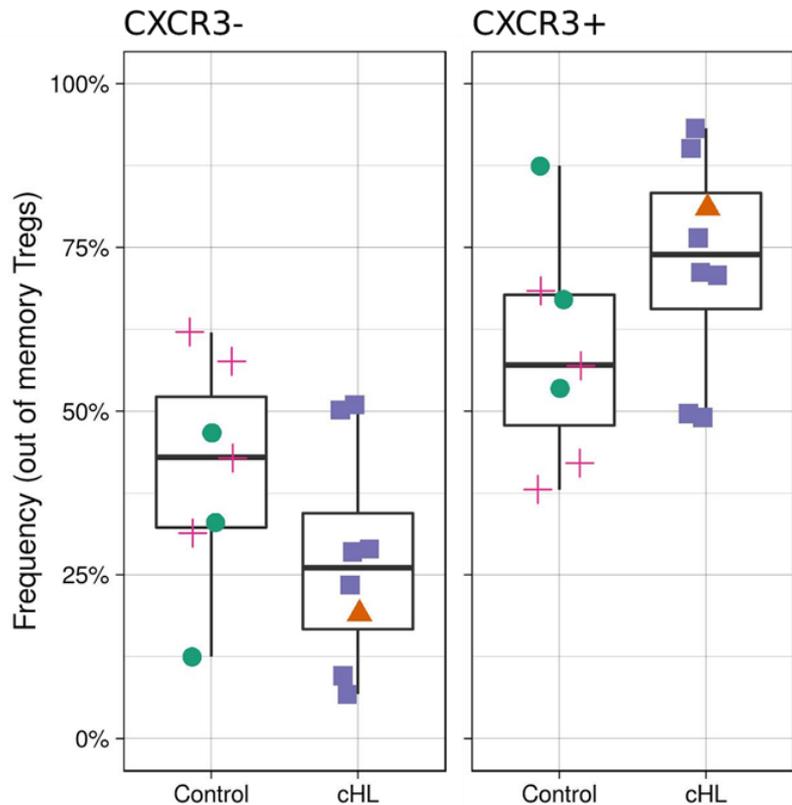


[Download Box Plot...](#)



3x fold **decrease** in cHL

# CXCR3-Dependent Differences Between Tregs



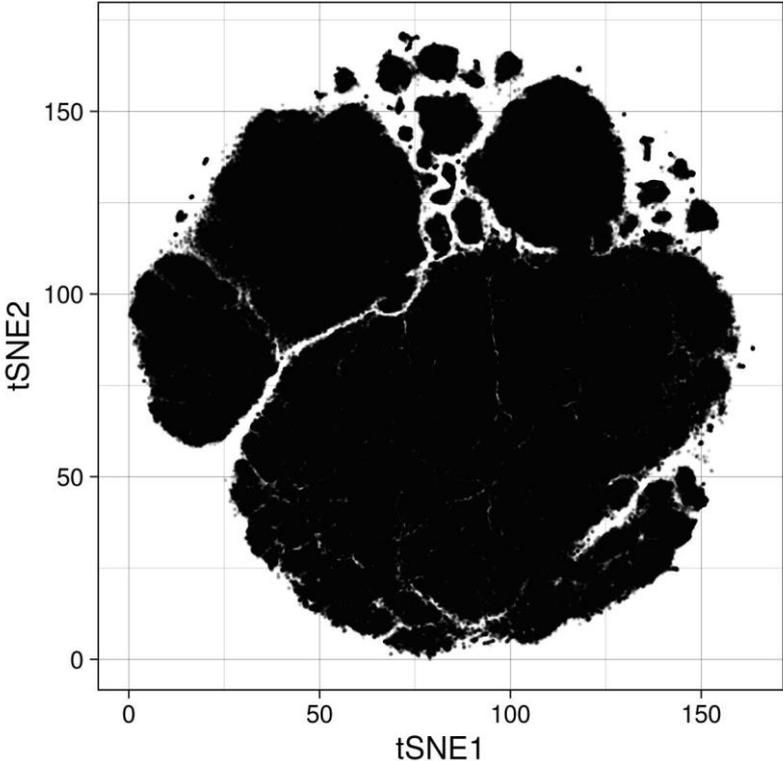
# Detection of HRS Cells using CyTOF + Semi-Supervised DR

## 31 markers

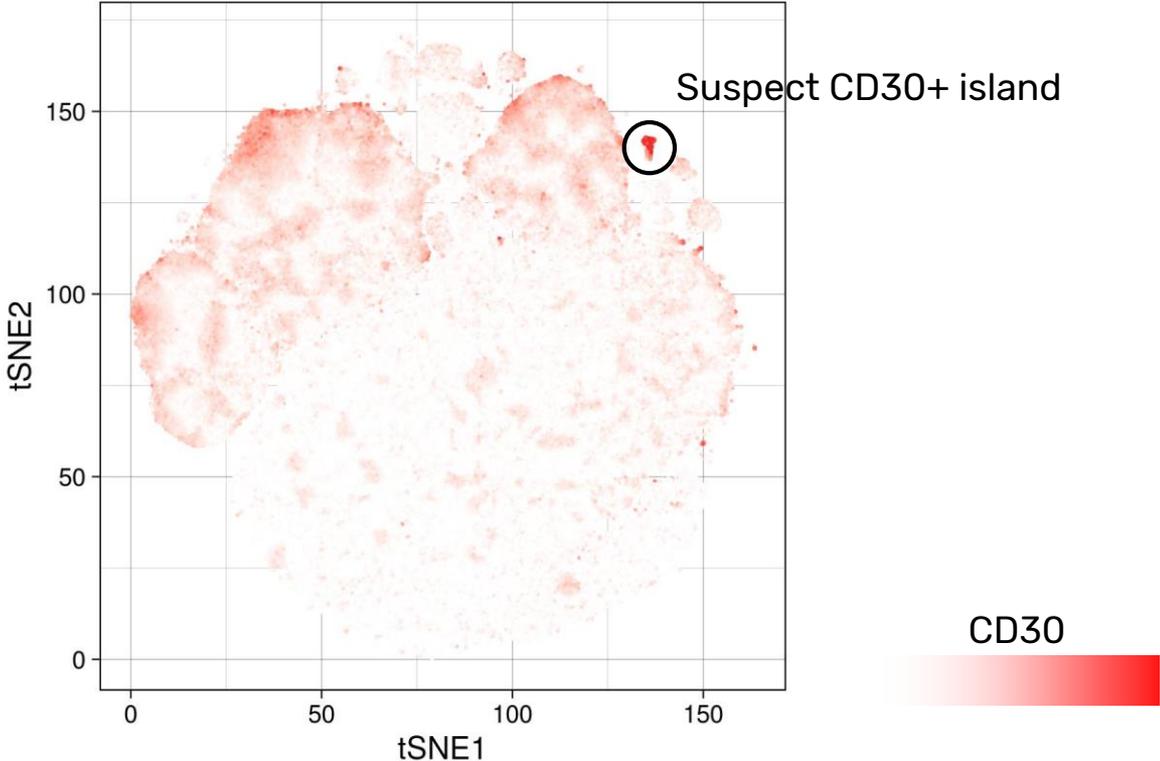
CCR4	CD27	ICOS
CCR5	CD28	LAG3
CCR6	CD44	<b>PD1</b>
<b>CCR7</b>	CD45	TCRgd
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CD5	<b>CD56</b>	
CD7	CD69	
<b>CD8a</b>	CD127	
CD11a	CD161	
CD16	CXCR3	
<b>CD19</b>	CXCR5	
CD25	<b>HLADR</b>	

... and CD30, PD-L1, and PD-L2

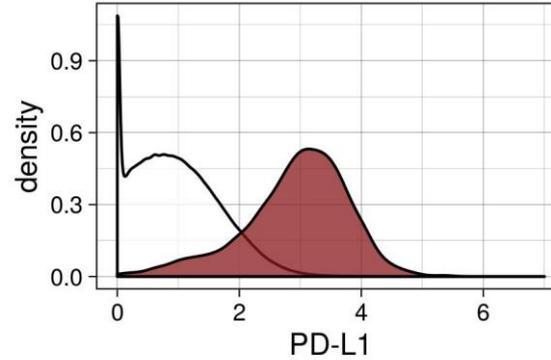
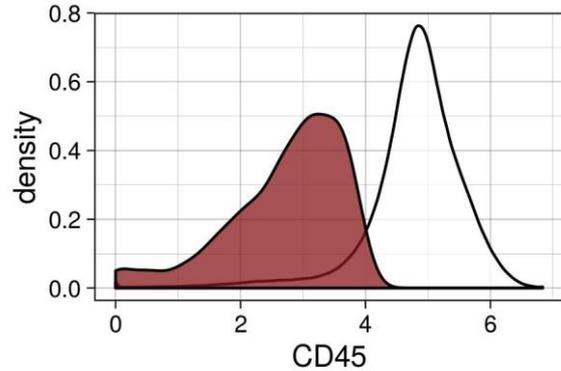
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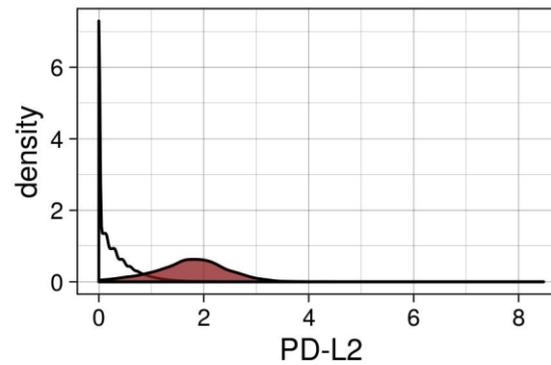
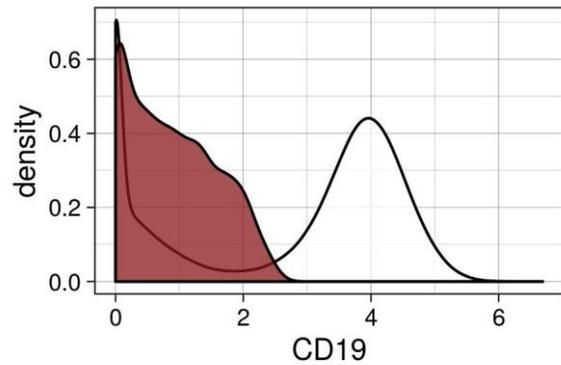
# Detection of HRS Cells using CyTOF + Semi-Supervised DR



# Further Investigation Confirms HRS Phenotype



Overall population  
Suspect cells



# Summary

- The combination of high-complexity cytometry and sophisticated analytics enables immune profiling of cHL
- PD-1 expression on cytotoxic T cells might be only part of the story, other subsets are potentially involved
- Semi-supervised analysis can identify HRS cells

# Acknowledgements

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