KSBi-BIML 2021

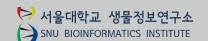
Bioinformatics & Machine Learning (BIML) Workshop for Life Scientists

생물정보학 & 머쉰러닝 워크샵(온라인)

Bioinformatics for Cancer Immunotherapy

김상우







강의개요

Bioinformatics for Cancer Immunotherapy

본 강의에서는 차세대 암 치료 기법으로 떠오르고 있는 면역항암 치료의 원리와, 이를 수행하는 데에 필요한 다양한 생물정보학 분석 기법을 설명한다. 효율적인 암 면역치료의 기반이 되는 암 면역 특성과 환경에 대한 분석, 특히 암 유전체 분석, 변이 분석, 항원 분석의 원리를 이해하고 나아가 이를 다양한 데이터에 활용할 수 있는 기초지식을 다시는 것을 목표로 한다.

강의는 다음의 내용을 포함한다:

- 암 면역치료의 역사와 개요
- 암 면역치료의 방법 및 연계된 유전체 분석 기법
- 효과적인 암 정밀 면역치료를 위한 암 면역특성 및 면역환경 분석 기법
- 생물정보학 분석 도구 소개

*참고강의교재:

- 유인물 배포 예정

*교육생준비물:

* 강의: 김상우 교수 (연세대학교 의과대학)

Curriculum Vitae

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Educational Experience

B.S. in Computer Science, KAIST
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Professional Experience

2010-2013 Post-doc research fellow, UC San Diego

2014-2019 Assistant Professor, Yonsei University College of Medicine 2020- Associate Professor, Yonsei University College of Medicine

Selected Publications (5 maximum)

- 1. Kim TM, Yang IS, Seung BJ, Lee S, Kim D, Ha YJ, Seo MK, Kim KK, Kim HS, Cheong JH, Sur JH, Nam H and **Kim S***, Cross-species Oncogenic Signatures of Breast Cancer in Canine Mammary Tumors, Nature Communications, 2020 11, article number 3616
- 2. Jo S-Y, Kim E, and **Kim S***, Impact of mouse contamination in genomic profiling of patient-derived models and best practice for robust analysis, Genome Biology 2019, (20):231
- 3. Kim J, Kim D, Lim JS, Maeng JH, Son H, Kang H-C, Nam H, Lee JH* and **Kim S***, The use of technical replication for detection of low-level somatic mutations in next-generation sequencing, Nature Communications 2019, article 1047
- 4. Lee G, Ryu HJ, Choi JW, Kang H, Yang WI, Yang IS, Seo M-K, **Kim S*** and Yoon SO*, Characteristic gene alterations in primary gastrointestinal T and NK cell lymphomas, Leukemia 2019 33:1797-1832
- 5. Kim S, Kim HS, Kim E, Lee MG, Shin E-C, Paik S, and **Kim S***, Neopepsee: accurate genome-level prediction of neoantigens by harnessing sequence and amino acid immunogenicity information, Annals of Oncology 2018, 29(4):1030-1036

Bioinformatics & Machine Learning for Life Scientists BIML-2021

안녕하십니까?

한국생명정보학회의 동계 워크샵인 BIML-2021을 2월 15부터 2월 19일까지 개최합니다. 생명정보학 분야의 융합이론 보급과 실무역량 강화를 위해 도입한 전문 교육 프로그램인 BIML 워크샵은 2015년에 시작하였으며 올해로 7차를 맞이하게 되었습니다. 유례가 없는 코로나 대유행으로 인해 올해의 BIML 워크숍은 온라인으로 준비했습니다. 생생한 현장 강의에서만 느낄 수 있는 강의자와 수강생 사이의 상호교감을 가질수 없다는 단점이 있지만, 온라인 강의의 여러 장점을 살려서 최근 생명정보학에서 주목받고 있는 거의 모든 분야를 망라한 강의를 준비했습니다. 또한 온라인 강의의한계를 극복하기 위해서 실시간 Q&A 세션 또한 마련했습니다.

BIML 워크샵은 전통적으로 크게 생명정보학과 AI, 두 개의 분야로 구성되어오고 있으며 올해 역시 유사한 방식을 채택했습니다. AI 분야는 Probabilistic Modeling, Dimensionality Reduction, SVM 등과 같은 전통적인 Machine Learning부터 Deep Learning을 이용한 신약개발 및 유전체 연구까지 다양한 내용을 다루고 있습니다. 생명정보학 분야로는, Proteomics, Chemoinformatics, Single Cell Genomics, Cancer Genomics, Network Biology, 3D Epigenomics, RNA Biology, Microbiome 등 거의 모든 분야가 포함되어 있습니다. 연사들은 각 분야 최고의 전문가들이라 자부합니다.

이번 BIML-2021을 준비하기까지 너무나 많은 수고를 해주신 BIML-2021 운영위원회의 김태민 교수님, 류성호 교수님, 남진우 교수님, 백대현 교수님께 커다란 감사를 드립니다. 또한 재정적 도움을 주신, 김선 교수님 (Al-based Drug Discovery), 류성호 교수님, 남진우 교수님께 감사를 표시하고 싶습니다. 마지막으로 부족한 시간에도 불구하고 강의 부탁을 흔쾌히 허락하시고 훌륭한 강의자료를 만드는데 노력하셨을 뿐만아니라 실시간 온라인 Q&A 세션까지 참여해 수고해 주시는 모든 연사분들께 깊이감사드립니다.

2021년 2월

한국생명정보학회장 김동섭



본 강의 자료는 한국생명정보학회가 주관하는 KSBi-BIML 2021 워크샵 온라인 수업을 목적으로 제작된것으로 해당 목적 이외의 다른 용도로 사용할 수 없음을 분명하게 알립니다. 수업 목적으로 배포 및 전송 받은 경우에도 이를 다른 사람과 공유하거나 복제, 배포, 전송할 수 없습니다.

만약 이러한 사항을 위반할 경우 발생하는 모든 법적 책임은 전적으로 불법 행위자 본인에게 있음을 경고합니다.

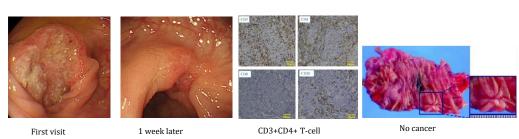
Cancer Immunotherapy:

Exploit host's immune system to treat cancer

- Generate or augment an immune response against cancer

Immune and cancer

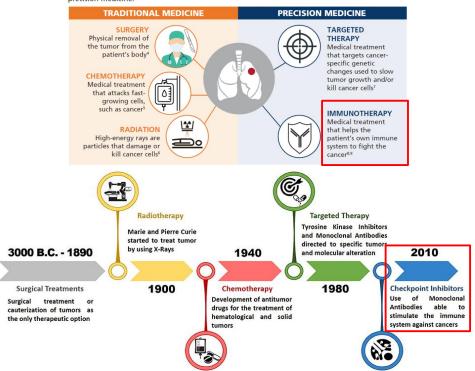
- Immunosuppressed patients have a higher risk for cancer
- Spontaneous regression occurs one in every 60,000 to 100,000 ca ncer cases



Chida et al, Surg Case Rep 2017

Cancer Immunotherapy as a new hope

Surgery, chemotherapy, and radiation have been the backbone of cancer treatment for decades, but recent advances are allowing doctors to further individualize their patients' treatment with precision medicine.^{2,3}



The history of immunotherapy

New York Times - July 29, 1908

ERYSIPELAS GERMS ASCURE FOR CANCER

Dr. Coley's Remedy of Mixed
Toxins Makes One Disease
Cast Out the Other.

MANY CASES CURED HERE

Physician Has Used the Cure for 15 Years and Treated 430 Cases— Probably 150 Sure Cures.

Following news from St. Lov's that two men have been cured of cancer in the City Hospital there by the use of a fluid discovered by Dr. William B. Coley of New York, it came out yesterday that nearly 100 cases of that supposely incurable disease have been cured in this city during the last few years, all through the use of the fluid discovered by Dr. Coley.





erysipelas

CONTRIBUTION TO THE KNOWLEDGE OF SARCOMA.

By WILLIAM B. COLEY, M.D.,

OF NEW YORK.

- I. A Case of Periosieal Round-Celled Sarcoma of the Metacarpal Bone; Amputation of the Forearm; General Dissemination in Four Weeks; Death Six Weeks Later.
- II. THE GENERAL COURSE AND PROGNOSIS OF SARCOMA, BASED UPON AN ANALYSIS OF NINETY UNPUBLISHED CASES.
- III. THE TREATMENT OF SARCOMA BY INOCULATION WITH ERYSIPELAS, WITH A REPORT OF THREE RECENT (ORIGINAL) CASES.

THE patient a young lady, æt. 18, had been in perfect health from earliest childhood. The family history was likewise good with the exception of a remote tubercular tendency, and the fact that an ancestor, three generations before, had died of "cancer" of the lip, presumably epithelioma.

In the early part of July, 1890, she received a slight blow upon the back of the right hand. The hand became a little swollen and somewhat painful the first night. The next few days the pain became a trifle less and the swelling subsided, but did not entirely disappear. About a week later the swelling again began to increase very slowly, and the pain became more severe. She consulted a physician at the time of the injury, but there being no evidence of anything more than an ordinary bruise the usual local applications were applied.

an ordinary bruise the usual local applications were applied.

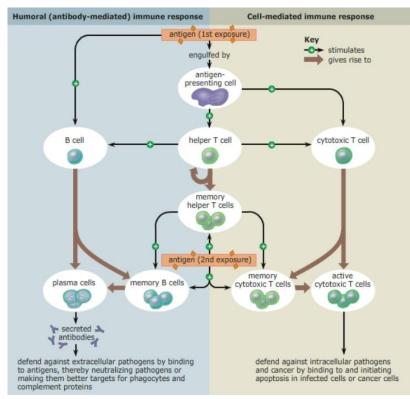
August 12. The pain and swelling continuing, she again sought

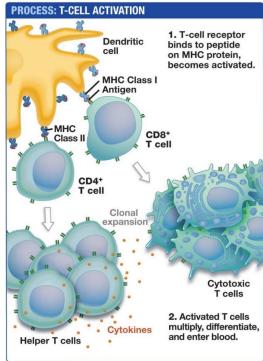
¹Read before the Surgical Section of the New York Academy of Medicine, April 27, 1891. (With a report of three cases treated since).

(199)

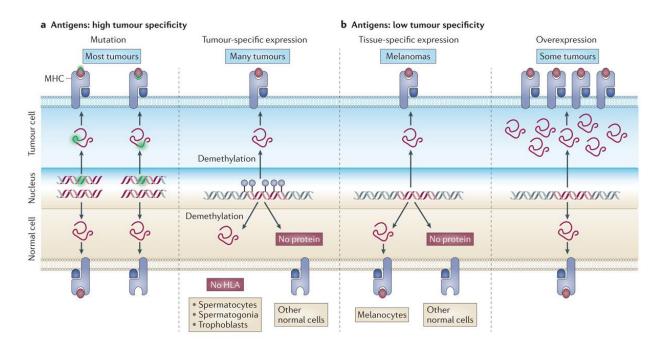
Coley, Annals of Surgery, 1981

Adaptive Immunity / T-cell activation





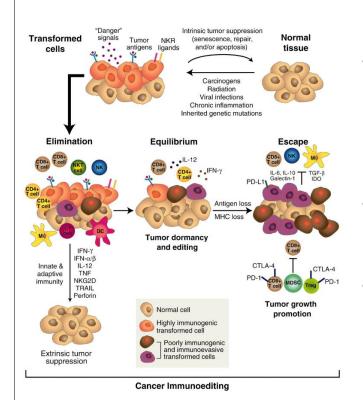
Tumor Antigens



TAA (Tumor Associated Antigen): presented in tumor cells + (some normal cells)
TSA (Tumor Specific Antigen): presented only in tumor cells

Nature Reviews | Cancer

Immunoediting of cancer



- Elimination (immunosurveillance):
 - Initial damage (possible destructi on) of tumor cells by innate imm une system
 - Tumor antigen presentation and attacked by CD4+, CD8+ T-cells

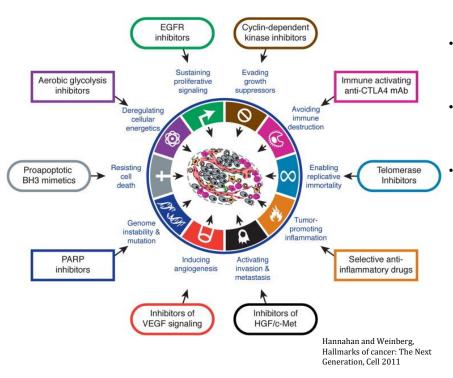
• Equilibrium:

Survived tumor cells do not progress and remain dormant

Escape:

 Cancer cells grow and metastasiz e due to the loss of control by the immune system

Immune evasion



- Paralyze CTLs and NK cells by s ecreting TGF-β or immunosup pressive factors
- Recruitment of regulatory T-ce II (Tregs) and myeloid-derived suppressor cells (MDSCs)
- Loss of MHC class I expresssion

CURRENT APPROACHES

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1. Adoptive Cell Transfer

Adoptive cell transfer (ACT) attacks cancer using either tumour-infiltrating lymphocytes (TILs) or genetically engineered T cells. Engineered cells are given either a new T-cell receptor (TCR) or an antibody-like molecule called a chimaeric antigen receptor (CAR); both activate the T cell when they encounter a particular cancer antigen. Harvest T cells from biopsy or blood. Add T cell receptor (CAR) which recognizes a specific cancer antigen. Tumour cell Tumour cell

Courtney Humpreies, Nature 504, S13-15, 2013

- TILs (tumor-infiltrating lymphocytes) m etastatic melanoma
- tissue surrounding tumor may contain i mmune cells and antitumor activity
- culture TILs and re-infuse
- deplete endogenous immune cells
- TCR (T-cell receptor)
 - give cells new receptor
 - viral vector in patient's T-cell
- T-cell receptor must be genetically mat ch to the patient's immune type
- CAR (chimeric antigen receptor)
- artificial, antibody-like protein
- antibody (binding to cancer antigen)
- cell activating receptor
- stimulatory molecule

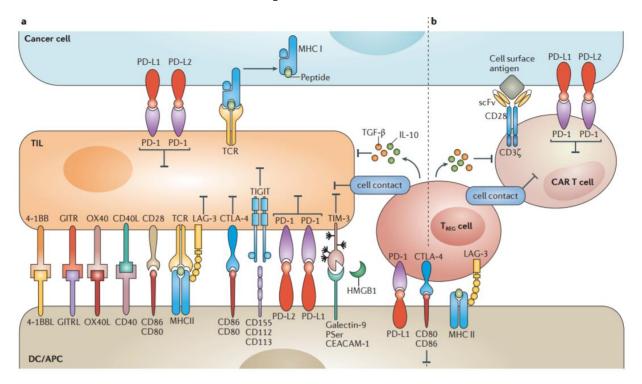
Adverse effects and personalization

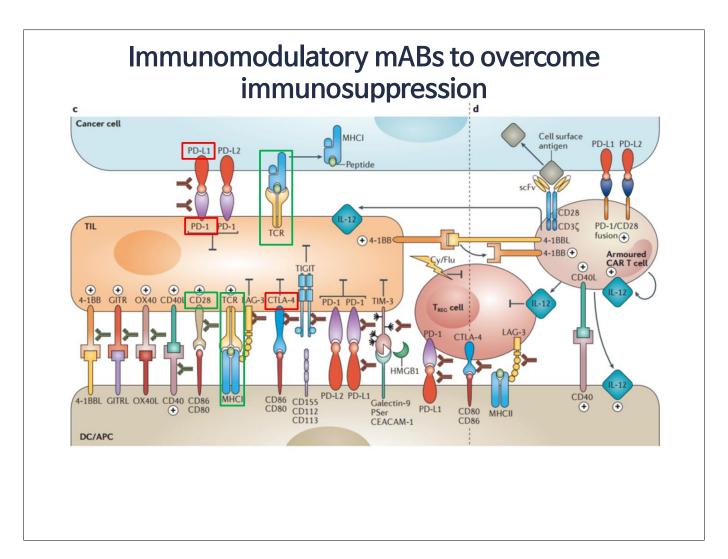
Antigen	Immunotherapy	Adverse event	Cause		
MART-1/MelanA	TCR	Fatal neural and cardiac toxicity	High levels of inflammatory cytokines alone or in combination with semi-acute heart failure and epileptic seizure	[30]	
		Uveitis, Hearing loss, Loss of pigmentation	On-target activity of TCR-engineered T cells targeting normal cells expressing the cognate epitope	[24*]	
	TCR + DC vaccination	Acute respiratory distress	High levels of inflammatory cytokines	[31]	
NY-ESO-1	TCR (Affinity enhanced)	Skin rash with lymphocytosis, diarrheal syndrome	Autologous GVHD-like syndrome possibly due to loss of self-tolerance	[32]	
MAGE-A3	TCR (Affinity enhanced)	Fatal cardiogenic shock	Cross-reactivity with an unrelated epitope from the Titin protein presented on cardiac tissue	[28]	
	TCR (Affinity enhanced)	Mental status changes, comas, necrotizing leukoencephalopathy with extensive white matter defects	Reactivity to similar MAGE-A12-derived epitope presented on neural cells	[33]	

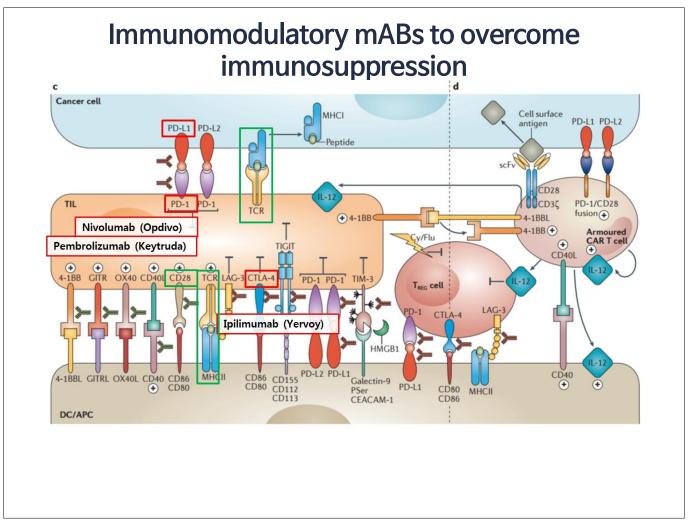
- Adverse effects in ACT
 - cytokine storm
- Need to target "tumor-specific" antigen
 - Neoantigen?

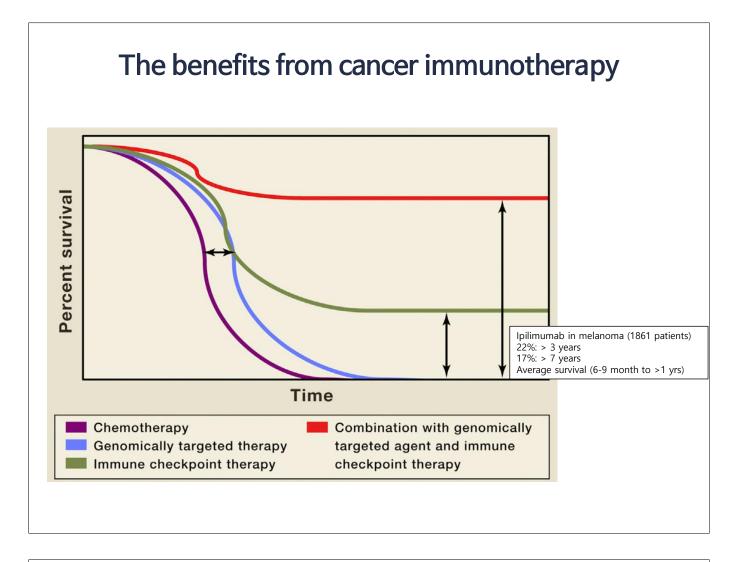
Courtney Humpreies, Nature 504, S13-15, 2013

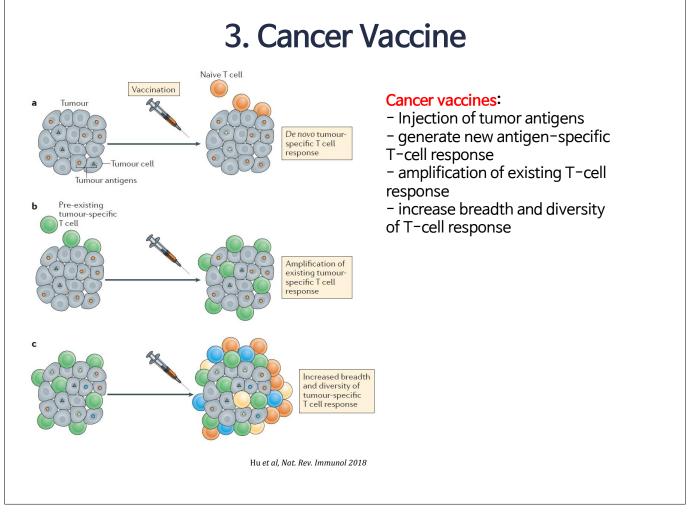
2. Checkpoint inhibitors



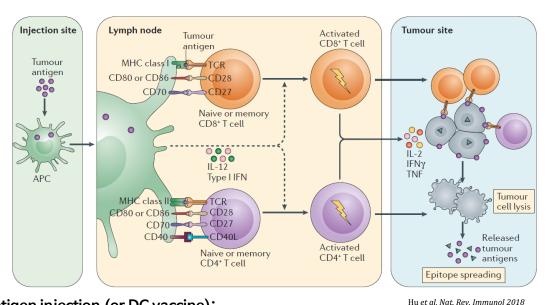








How cancer vaccine works



- Antigen injection (or DC vaccine):
- Migration of APC to present antigens to T-cells (signal 1)
- Co-stimulatory signals (signal 2)
- Migration of T-cells to tumor site
- Kill tumor cells (cytotoxicity, IFNr, TNF..)

Neoantigen prediction is a key challenge



- · Neoantigen prediction for markers of checkpoint inhibitor
- Neoantigen prediction for finding tumor-specific (non-self) antigens for ACT

TUMOR MUTATION BURDEN (TMB)

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Who can benefit from checkpoint inhibitor?

The NEW ENGLAND JOURNAL of MEDICINE

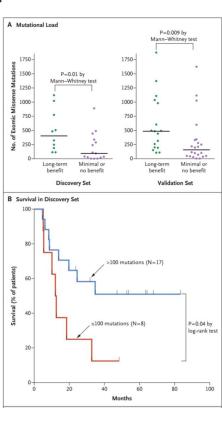
ORIGINAL ARTICLE

Genetic Basis for Clinical Response to CTLA-4 Blockade in Melanoma

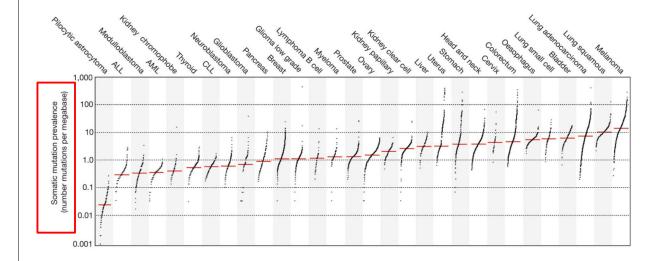
Alexandra Snyder, M.D., Vladimir Makarov, M.D., Taha Merghoub, Ph.D., Jianda Yuan, M.D., Ph.D., Jesse M. Zaretsky, B.S., Alexis Desrichard, Ph.D., Logan A. Walsh, Ph.D., Michael A. Postow, M.D., Phillip Wong, Ph.D., Teresa S. Ho, B.S., Travis J. Hollmann, M.D., Ph.D., Cameron Bruggeman, M.A., Kasthuri Kannan, Ph.D., Yanyun Li, M.D., Ph.D., Ceyhan Elipenahli, B.S., Cailian Liu, M.D., Christopher T. Harbison, Ph.D., Lisu Wang, M.D., Antoni Ribas, M.D., Ph.D., Jedd D. Wolchok, M.D., Ph.D., and Timothy A. Chan, M.D., Ph.D.

64 melanoma patients (25 discovery set, 39 validation set) treated with Ipilimumab.

Patients with high mutation burden: good survival, long-term benefit

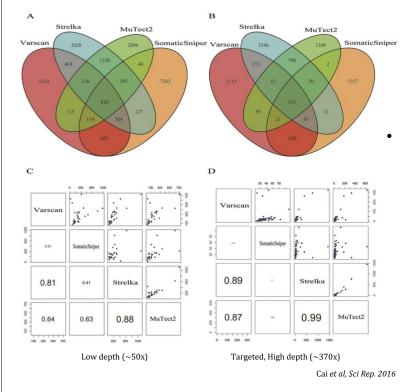


Tumor mutation burden

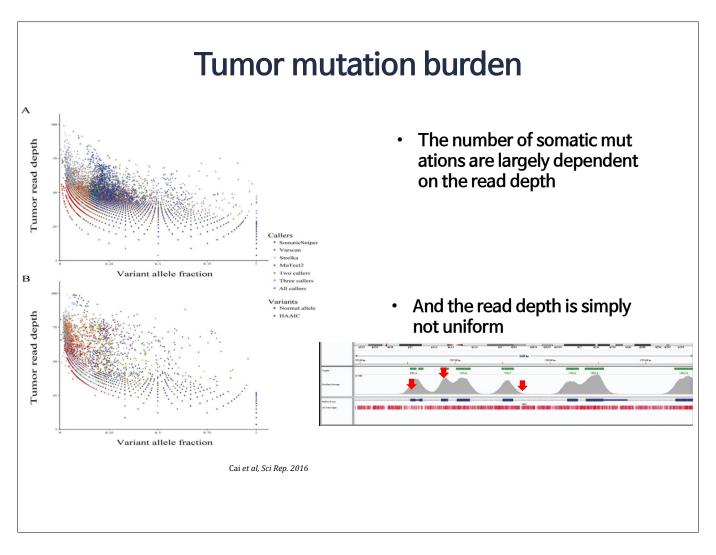


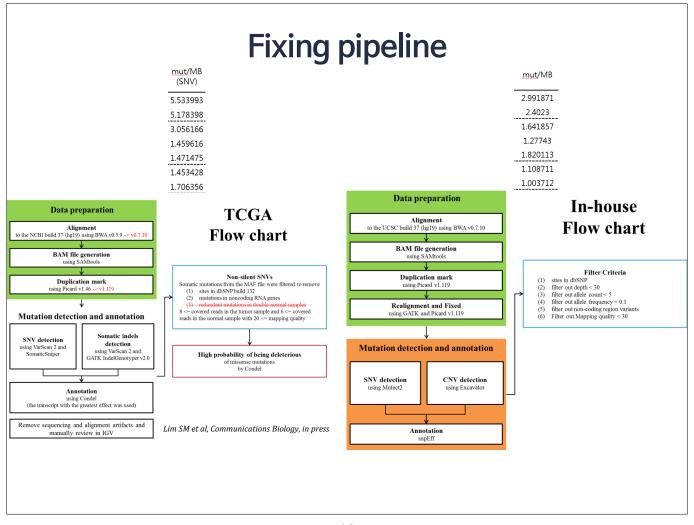
• Tumor Mutation Burden (TMB) = $\frac{\#total_somatic_mutation}{total_targeted_genome_size(Mb)}$

Inconsistence of somatic mutation calls



The number of somatic mutations are largely dependent on the variant caller used





Potential pitfalls (use with care)

VIEWPOINT

Tumor Mutation Burden-From Hopes to Doubts

Alfredo Addeo, MD Oncology Departmen Geneva University Hospital, Geneva,

Giuseppe L. Banna,

Division of Medical Oncology, Cannizzaro Hospital, Catania, Italy

MBA Department of Medicine, Beth Israel Deaconess Medical Center, Harvard Medical School,

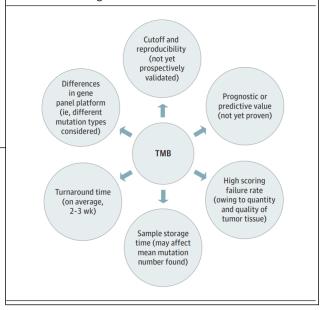
Over the past few years, the development of immune checkpoint inhibitors has altered the treatment paradigm in non-small cell lung cancer (NSCLC). Enrichment strategies have identified programmed deather ligiand (19C1-1) staining by immunohistochemistry bob a predictive biomarker in treatment-naive patients with refractory NSCLC. In particular, Kepnote-0.24 metits primary end points for overall survival (OS) and progressionness unvival (PSP) in PO-1 immunohistochemistry 50% or greater for pembrolizumab compared with platinumbased chemotherapy, validating PD-1 immunohistochemistry as a biomarker for OS. Tumor mutation burden (TMB) has also emerged as a possible biomarker. The prevalence of Somatic mutations among cancers ranges from 0.01 mutations/megabase (Mb) to more than 400 mutations/Mb. Some of these mutations lead to the translation of novel peptide epitopes or neoantiens that should enhance the immunogenicity of the tumor by elicting T-cell repertoires. Initial studies of TMB were conducted by using whole-exome sequencing on tumor DNA and case-matched germline DNA.

In one study of advanced-stage NSCLC, wholeexome sequencing was performed in 2 independent cohorts of patients with NSCLC (16 patients in one and 18 in the other) treated with pembrolizumah and

team* recently calculated TMB scores by whole-exome sequencing in a subset of patients from the CheckMate-O26 study,** a randomized phase 3 trial comparing nivolumab with platinum doublet chemotherapy as a first-line treatment in treatment—naive patients with NSCLC with PD-L1 expression greater than 5%. Patients with a high TMB (defined as having = 243 missense mutations) had a prolonged PFS (median PFS of 9.7 vs.5.8 months; hazard ratio (HR), 0.62; 95% Cl, 0.38 vs.10.0) and higher objective response rate (46.8 vs. 28.3%) but a nonsignificant O5 difference with nivolumab treatment vs. chemotherapy.

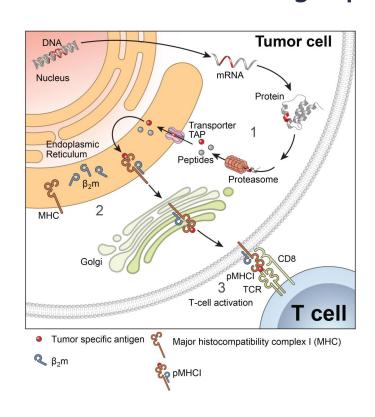
Guidelines from the European Society for Medical Oncology (ESMO) and ESMO Asia have already incorporated TMB as a possible biomarker in advanced NSCLC, recommending the combination of pillimumab Jusis nivolumab treatment for patients with

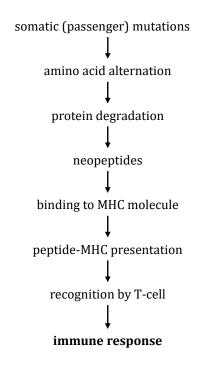
Oncology (ESMO) and ESMO Asia have already incoporated TMB as a possible biomarker in advanced NSCLC, recommending the combination of ipilimumab plus nivolumab as first-line treatment for patients with high TMB (-10 mutations/Mb). Supporting evidence stems from the CheckMate-227 trial, which reported results for first-line nivolumab plus ipilimumab vs platinum doublet chemotherapy. That study showed an improved PS in Pol-1-positive RH, 0.62.59% (-1.027-0.85) and -negative (HR, 0.48) 95% (-1.044-0.88) patients. At the time of publication, 0.5 data did not meet the trist's neospecified end noint for asubois. The trist had Figure. Pitfalls of Tumor Mutation Burden (TMB) for Clinical Application in Non-Small Cell Lung Cancer



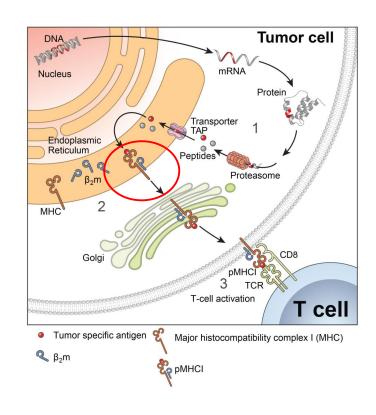
HLA TYPING IN THE ANTIGEN PROCESSING

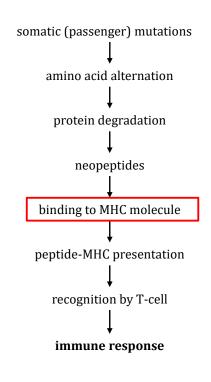
Neoantigen processing



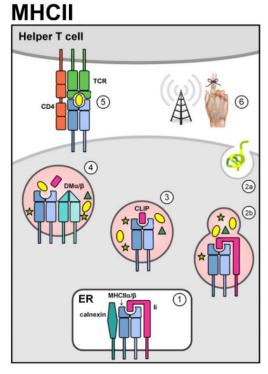


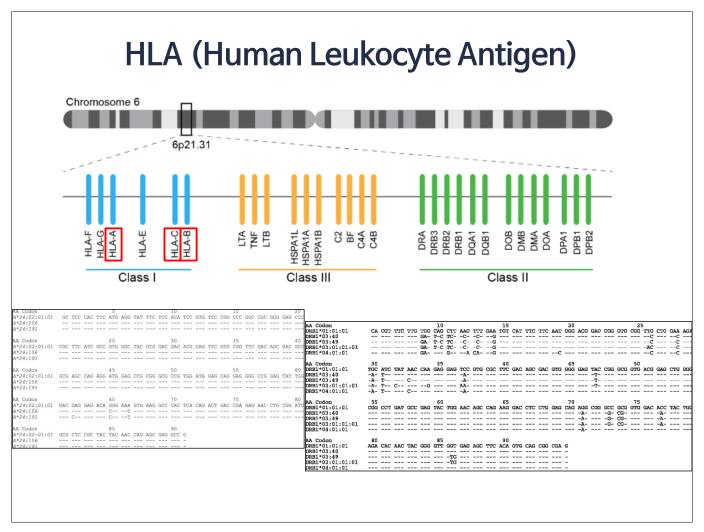
Neoantigen processing



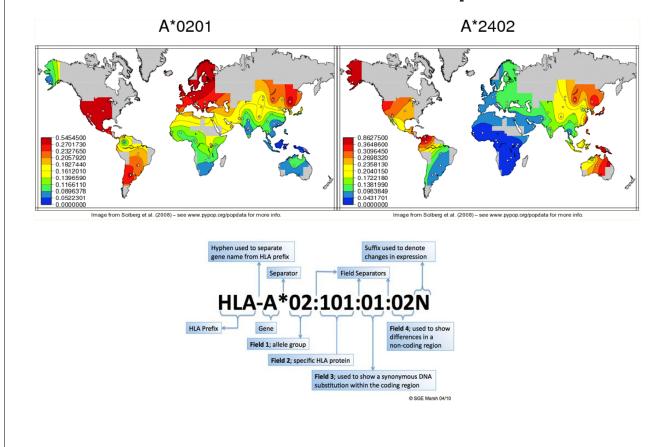


MHC (Major Histocompatibility Complex)





HLA alleles are ethnic specific



MHC-peptide binding

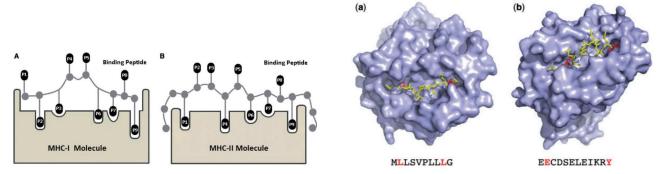
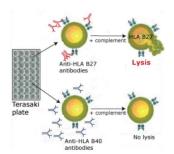


Fig. 5. 3D structures for two MHC class I molecules with bound peptides longer than 9 amino acids (PDB references 2CLR and 4JQX). (a) The 10mer peptide MLLSVPLLLG bound to HLA-A*02:01 extends at the C terminus with a glycine (G) amino acid. The residues at the anchor positions P2 (L) and P9 (L) are highlighted. (b) The 12mer EECDSELEIKRY bound to HLA-B*44:03 has anchors at its second (E) and last (Y) positions and bulges out from the middle of the MHC binding groove

But it is highly dependent on the HLA alleles
- That's why we need to know HLA allele (of the patient)

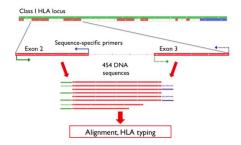
HLA typing methods

1. Serology-based typing

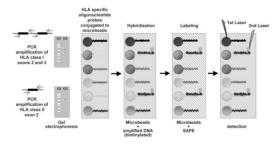


- Use of microcytotoxicity
 complement mediated lysis
- Simple and low-cost
- Mostly used in HLA-A and HLA-B
- Can type allele groups an d alleles only

2. Sanger sequencing



3. Sequence-specific Oligonucleotide Hybridization (SSO)



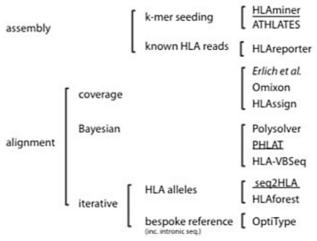
- · Amplify targeted regions with biotin-labeled primers
- Hybridized sequences emit fluorescence

NGS-based HLA typing

- PROS
- · Use of (already) produced NGS-data
- No extra-cost
- Fast
- Threat
- Short-read
- HLA genes are GC-rich: lower-sequencing coverage

NGS-based HLA typing

C Tool categories

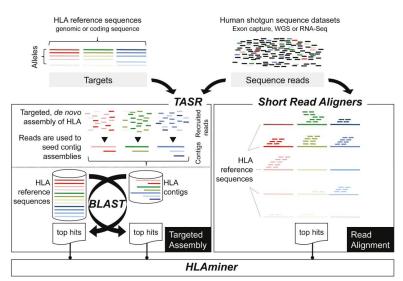


Bauer et al, Briefings in Bioinformatics. 2018

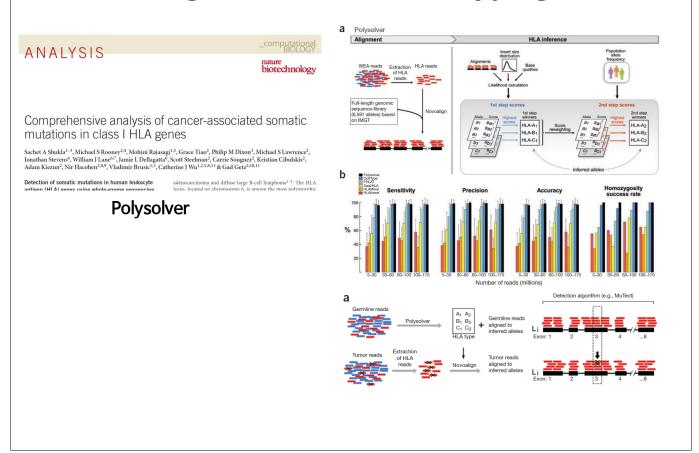
Assembly-based HLA typing



HLAminer

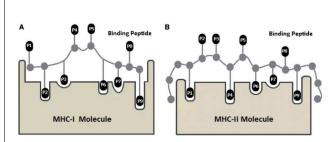


Alignment-based HLA typing



MHC BINDING PREDICTION

MHC-peptide binding



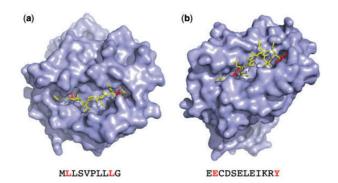
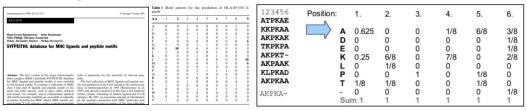


Fig. 5. 3D structures for two MHC class I molecules with bound peptides longer than 9 amino acids (PDB references 2CLR and 4JQX). (a) The 10mer peptide MLLSVPLLLG bound to HLA-A*02:01 extends at the C terminus with a glycine (G) amino acid. The residues at the anchor positions P2 (L) and P9 (L) are highlighted. (b) The 12mer EECDSELEIKRY bound to HLA-B*44:03 has anchors at its second (E) and last (Y) positions and bulges out from the middle of the MHC binding groove

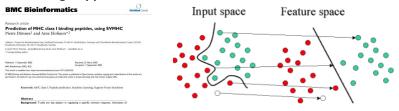
Can we predict if a given peptide will bind to MHC?

Prediction algorithms

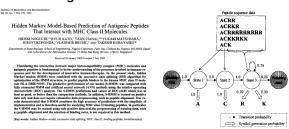
SYFPEITHI: using PSSM



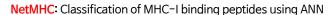
SVMHC: using Support Vector Machine

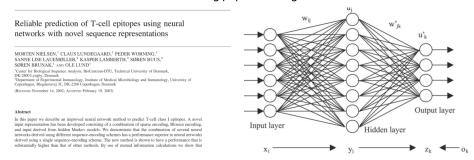


S-HMM: using Hidden Markov Model

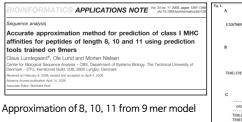


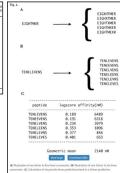
ANN based algorithms



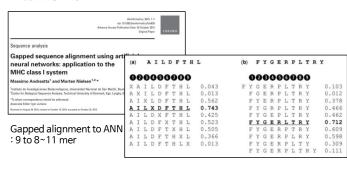


NetMHC-3.0



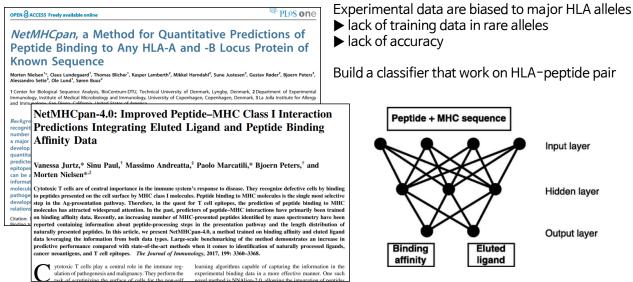


NetMHC-4.0

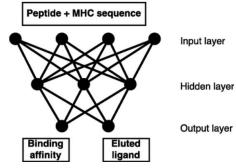


Regarding all HLA-types at once

NetMHCpan: Prediction on all HLA-A/B alleles, simultaneously

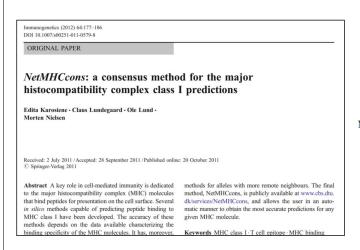


▶ lack of accuracy Build a classifier that work on HLA-peptide pair



Too many methods. Need a consensus

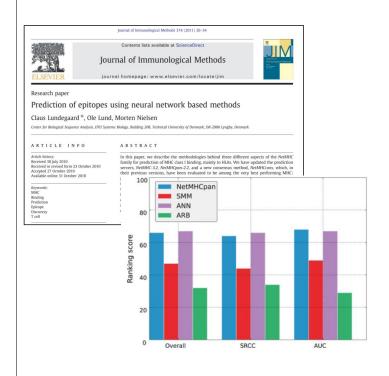
NetMHCcons: Prediction on all HLA-A/B alleles, simultaneously



$$NetMHCcons = \begin{cases} NetMHCpan & for N_p < 50 \text{ and } N_b < 10 \\ NetMHC + NetMHCpan & otherwise \end{cases}$$

We demonstrate that a simple combination of NetMHC and NetMHCpan gives the highest performance when the allele in question is included in the training and is characterized by at least 50 data points with at least ten binders. Otherwise, NetMHCpan is the best predictor.

Benchmarks and competitions



2nd Machine Learning Competition in Immunology 2012

Sponsors: InCoB 2012 and ICIW 2012

target molecule, the competitors are asked to submit a set of predicted eluted peptides from the test set.



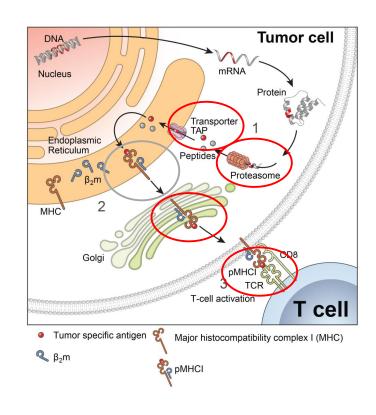
A total of 32 submissions were submitted for the competition. Of these, 24 submissions (Group 1) provided a set of thresholds (elution score based predictors) for each peptide and each MHC molecule. Another 8 submissions (Group 2) provided lists of peptides that were predicted as eluted from specific MHC molecules (eluted peptide list based predictors) for each of 8 studied MHC alleles. The NetMHC 3.2 server (1D-BENCH) results were used as a benchmark method.

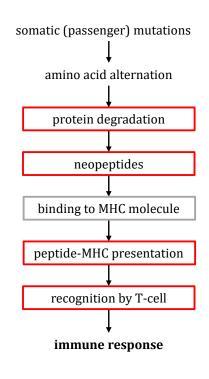
Winning Team	Predictor No.	Prediction Method	Winning Category
Lundegaard C, Lamberth K, Harndahl M, Buus S, Lund O, Nielsen M, Technical University of Denmark	1D- BENCH	NetMHC 3.2 (Reference)	Group 1: A*0201
Giguere S, Drouin A, Lacoste A, Laval University, Canada	2F	A Bayesian model averaging method over several SVMs using the GS kernel.	Group 1: B*0702, H-2D ^b , and H- 2K ^b
Nielsen M, et al., Technical University of Denmark	9D	A combination of NetMHC, NetMHCpan and MHCkernel predictions.	Group 1: B*3501 and B*4403
Giguere S, Drouin A, Lacoste A, Laval University, Canada	2D	A SVM classifier and a novel string kernel (GS kernel).	Group 1: B*5301
Xiang Z, He Y, University of Michigan Medical School, Ann Arbor, MI, USA.	20D	A position-specific scoring matrix (PSSM) with statistical P-value as the cutoff.	Group 1: B*5701
Yu Ting Wei, Department of Probability and Statistics, School of Mathematical Sciences, Peking University, Wen Jun Shen and Hau-San Wong, Department of Computer Science, City University of Hong Kong	14A	ConsMHC: a consensus program incorporating the results of kernelRLSpan-I, NetMHC, NetMHCpan and PickPocket by SVM	Group 2

ANTIGEN PROCESSING STEPS

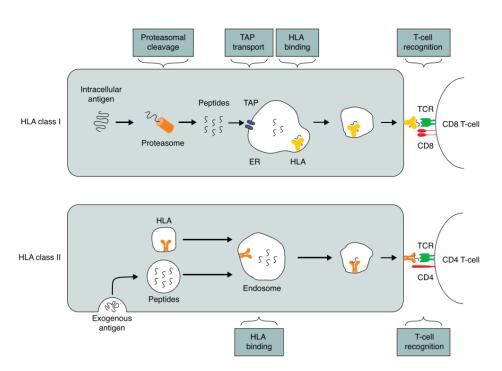
47

Neoantigen processing revisited



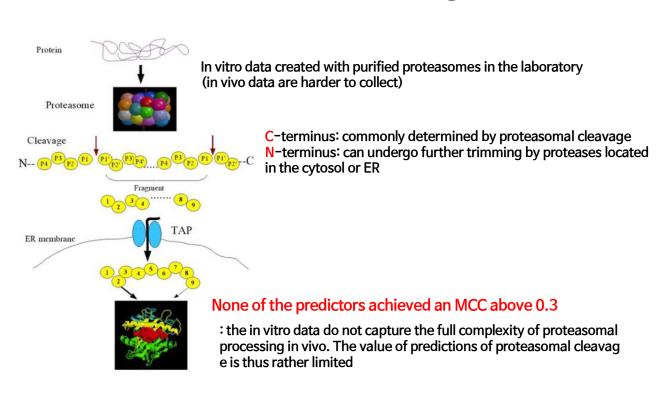


Antigen Processing Pathways for MHC class I/II

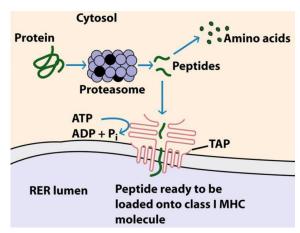


Backert and Kohlbacher, Genome Medicine, 2015

Proteasomal cleavage



TAP transport prediction



- Primarily owing to the scarcity of data, there are few published methods on TAP transport prediction.
- No unbiased blind benchmarks for TAP transport methods have been publi shed so far, and a comparative assessment of the various methods is thus currently difficult

Considering MHC-binding stability, not affinity

Immunology

Peptide-MHC class I stability is a better predictor than peptide affinity of CTL immunogenicity

Mikkel Harndahl¹, Michael Rasmussen¹, Gustav Roder¹, Ida Dalgaard Pedersen¹, Mikael Sørensen², Morten Nielsen² and Søren Buus¹

- ¹ Laboratory of Experimental Immunology, Faculty of Health Sciences, University of Copenhagen, Denmark
- ² Center for Biological Sequence Analysis, Department of Systems Biology, Technical University of Denmark, Denmark

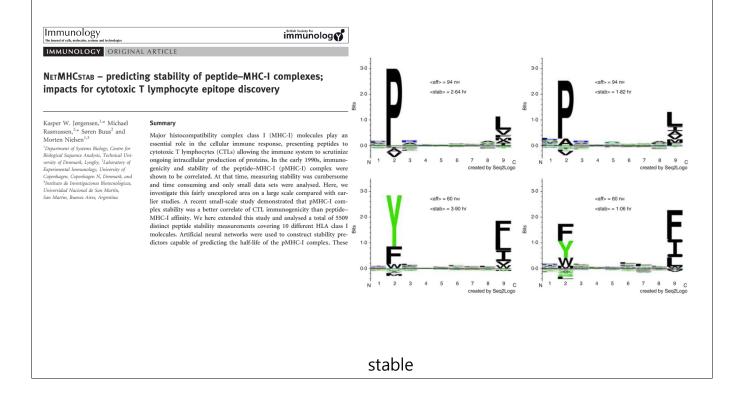
Efficient presentation of peptide-MHC class I (pMHC-I) complexes to immune T cells should benefit from a stable peptide-MHC-I interaction. However, it has been difficult to distinguish stability from other requirements for MHC-I binding, for example, affinity. We have recently established a high-throughput assay for pMHC-I stability. Here, we have generated a large database containing stability measurements of pMHC-I complexes, and re-examined a previously reported unbiased analysis of the relative contributions of antigen processing and presentation in defining cytotoxic T lymphocyte (CTL) immunogenicity [Assarsson et al., J. Immunol. 2007. 178: 7890-7901]. Using an affinity-balanced approach, we demonstrated that immunogenic peptides tend to be more stably bound to MHC-I molecules compared with nonimmunogenic peptides. We also developed a bioinformatics method to predict pMHC-I stability, which suggested that 30% of the nonimmunogenic binders hitherto classified as "holes in the T-cell repertoire" can be explained as being unstably bound to MHC-I. Finally, we suggest that nonoptimal anchor

Binding (kinetic) stability

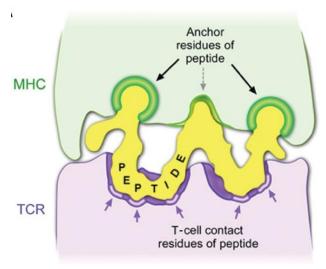
We also developed a bioinformatics method to predict pMHC-I stab ility, which suggested that 30% of the nonimmunogenic binders hith erto classified as "holes in the T-cell repertoire" can be explained as being unstably bound to MHC-I.

Prediction on the stability

NetMHCstab: predicting stability of pMHC-I complexes

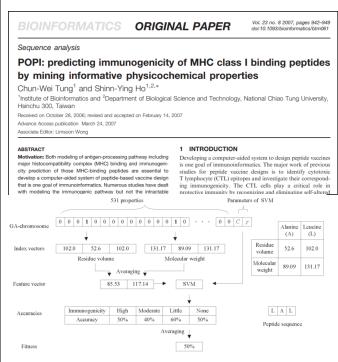


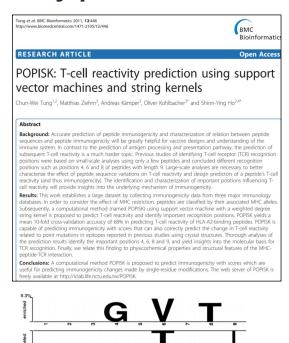
Prediction on pMHC-TCR binding



Fritsch et al, Cancer Immunology Research. 2014

TCR immunogenicity prediction



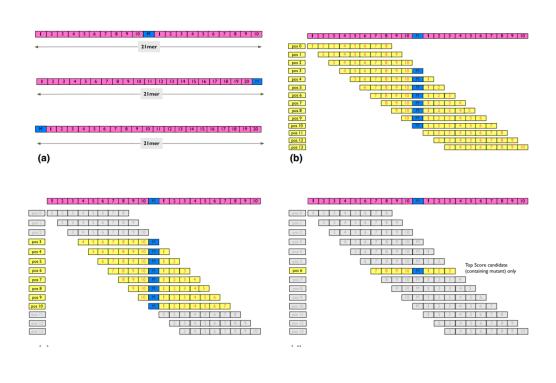


The current performance of immunogenicity predictors is certainly not satisfying.

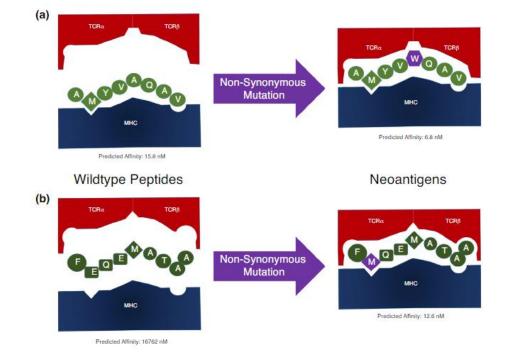
The amount and reliability of experimental data on T-cell reactivity is certainly one reason for this. But clearly our lack of underst anding of the details of the processes leading to central and peripheral tolerance hamper the development of more predictive met hods too (Toussant *et al.*, BCB11, 2011)

NEOANTIGEN ANALYSIS & INTEGRATED PIPELINES

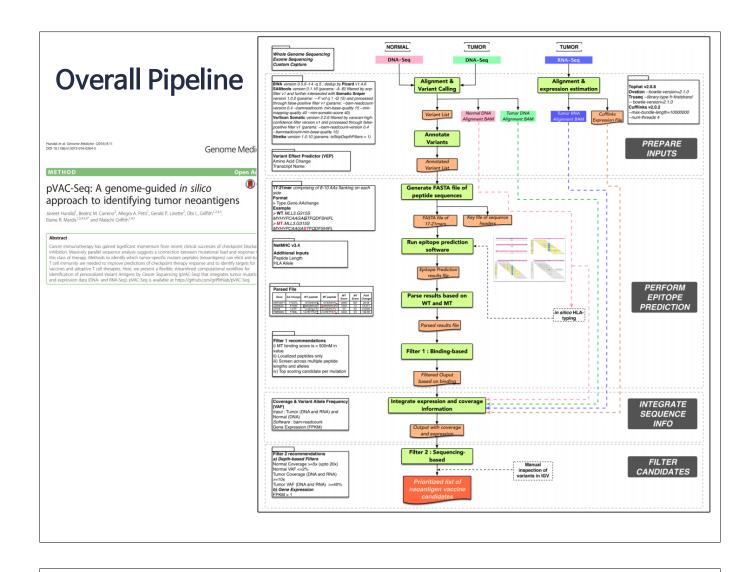
Somatic mutation derived neopeptide



And Neoantigens



Oiseth et al, J Cancer Metastasis and Treatment, 2017



Things need to be resolved for practical application

Genome-level application

- Bulk/batched prediction of genome-level antigens
- Should be able to process all steps from NGS sequencing to final call
- Automated report with rich annotation and candidate suggestion

Use of more information

- Is MHC-I binding affinity the only applicable feature?
- Is IC₅₀ under 50nM (or 500nM) an acceptable cut-off?

Discovery of new features

Can we find a new feature for immunogenicity prediction?

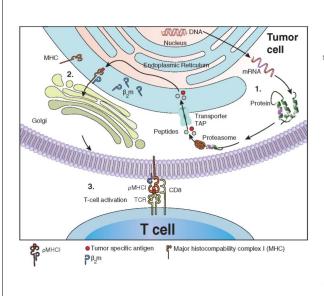
NGS based Genome-level application

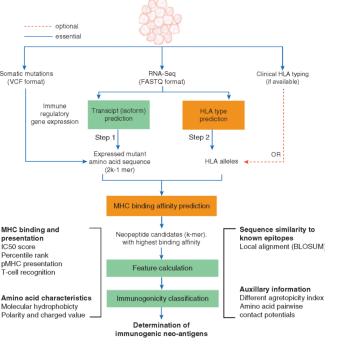
For genome-level application, the followings should be automated or properly handled:

- 1. Accurate calling of somatic mutations from NGS data
- 2. Conversion of genetic variants to protein sequence alteration
 - 1. must consider transcript structures, or which to use for backbone
 - 2. need to cut into shorter peptides (e.g. 9-mer)
- 3. Inference of HLA alleles
- 4. Expression level analysis of:
 - 1. immune-regulatory genes
 - 2. genes containing candidate neopeptides
- 5. Calculation of immunogenicity features including:
 - 1. MHC-binding affinity (IC50)
 - 2. And other information (as much as possible)
- 6. Effective binding of information sources and determination of final call

Neopepsee

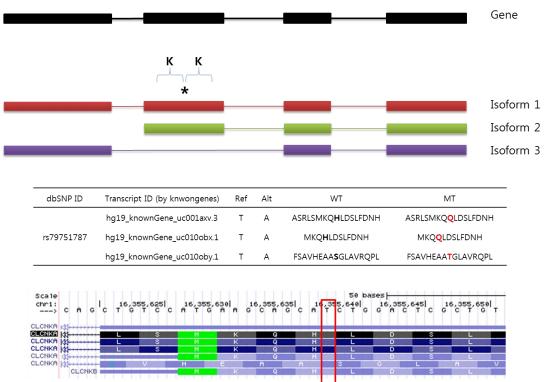
Neopepsee: accurate genome-level prediction of neoantigens





Sora Kim et al, Annals of Oncology, 2018

Regarding Transcript-specific peptides Gene



Neopepsee determines the sequence of neopeptides regarding the most expressed transcript isoform.

Considering multiple features at once

1. MHC binding and presentation

- 1. predicted IC₅₀ value
- 2. percentile rank
- 3. protein cleavage
- 4. TAP (transporter associated with antigen processing) efficiency
- 5. T-cell recognition

2. Amino-acid characteristics

- 1. amino acid hydrophobicity
- 2. amino acid polarity and charge

3. Auxiliary features

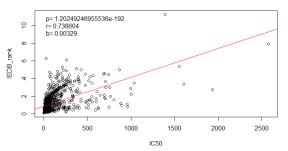
- 1. DAI: differential agretopicity
- 2. AAPP: amino acid pairwise contact potential

4. Sequence similarity to known epitopes

On rare HLA alleles

MHC binding affinity in IC50 score is not available for rare HLA alleles.

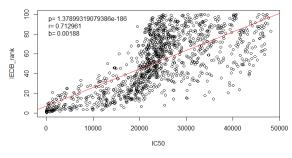
IC50 and IEDB_rank correlation with positive set



Percentile rank:

rank of the predicted affinity of the given peptide sequence among ~400,000 random natural peptides

IC50 and IEDB_rank correlation with negative set



Automatic calculation of multiple features

Immunogenetics (2010) 62:357–368 DOI 10.1007/s00251-010-0441-4

NetCTLpan: pan-specific MHC class I pathway

epitope predictions

Thomas Stranzl · Mette Voldby Larsen · Claus Lundegaard · Morten Nielsen

Received: 31 October 2009 / Accepted: 16 March 2010 / Published online: 9 April 2010 © The Author(s) 2010. This article is published with open access at Springerlink.com

- **MHC** score
- TAP score
- Cleavage score
- **Combined score**

DESCRIPTION

The prediction output consists of 11 columns

- Prediction number Protein identifier HLA Allele

- HLA Allele
 Peptide sequence
 MHC Prediction score (in 1-log50K(aff) uniqs)
 TAP Prediction score
 Cleavage Prediction score
 Combined Prediction score
 Combined Prediction score
 Small Sequence
 Small Sequence
 Small Sequence
 Epitope assignment

EXAMPLE OUTPUT

NetCTLpan version 1.1

Peptide length 9 # NetCTLpan predictions for HLA-A01:01 allele.

# 1	Sequence Name	Allele	Peptide	MHC TAP	Cle	Comb %	Rank
- () 143B_B0VINP29	HLA-A01:01	TMDKSELVQ	0.10500 -0.18300	0.16188	0.13685	50.00
	1 43B_B0V INP29	HLA-A01: 01	MDKSEL VOK	0.02300 0.21200	0.53837	0.14943	50.00
- 2	2 143B_B0VINP29	HLA-A01:01	DKSELVQKA	0.01200 -0.77000	0.78670	0.16976	50.00
	3 143B_B0VINP29	HLA-A01: 01	KSEL VOKAK	0.07600 0.32900	0.45985	0.18769	32.00
	1 143B_B0V INP29	HLA-A01: 01	SELV0KAKL	0.01400 0.99100	0.91927	0.24561	32.00
	143B_B0VINP29	HLA-A01:01		0.00300 -2.21000			50.00
230	6 143B_B0VINP29	HLA-A01:01	EGDAGEGEN	0.02000 -2.10100	0.05666	-0.01978	50.00

Number of MHC ligands 4 identified. Number of peptides 237. Allele HLA-A0101. Protein name 143B_BOVIN__P29

pMHC-I presentation for recognition by TCR

TCR

Competing In * E-mail: j.j.a.cal



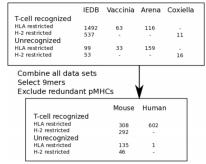
Properties of MHC Class I Presented Peptides Enhance Immunogenicity

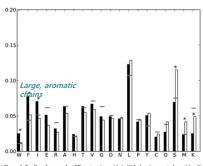
Jorg J. A. Calis¹*, Matt Maybeno², Jason A. Greenbaum², Daniela Weiskopf², Aruna D Alessandro Sette², Can Keşmir¹, Bjoern Peters²

1 Theoretical Biology & Bioinformatics, Utrecht University, Utrecht, The Netherlands, 2 Division of Vaccine Discovery, La Jolla Institute for All California, United States of America, 3 Genetech Research Institute, Colombo, Sri Lanka

Abstract T-cells have to recognize peptides presented on MHC molecules to be activated and elicit their effector studies demonstrate that some peptides are more immunogenic than others and therefore more likely to We set out to determine which properties cause such differences in immunogenicity. To this end, we colle a large set of data describing the immunogenicity of peptides presented on various MHC-I molecules. Two could be drawn from this analysis: First, in line with previous observations, we showed that positions P peptide are more important for immunogenicity. Second, some amino acids, especially those with large a simple model ade available at ht chains, are associated with immunogenicity. This information was combined into Anchor tudies. Interesting immunog we could esidues of n peptides. After P1, 2, 9 elucidatio ation of variab peptide immune re MHC HC Class | Presented Editor: Becca Received Nov Copyright: © : use, distribution

T-cell contact residues of peptide





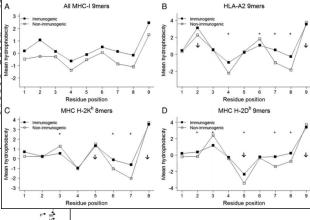
Amino acids features - hydrophobicity

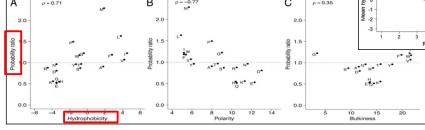
TCR contact residue hydrophobicity is a hallmark of immunogenic CD8⁺ T cell epitopes

Diego Chowell^{a,b,†}, Sri Krishna^{b,c,†}, Pablo D. Becker^d, Clément Cocita^d, Jack Shu^e, Xuefang Tan^e, Philip D. Greenberg^e, Linda S. Klavinskis^{d,2}, Joseph N. Blattman^{1,2}, and Karen S. Anderson^{b,2} ion A. Levin Mathematical, Computational, and Modeling Sciences Center, "Center for Personalized Diagnostics, and 'School of Biological an ems Engineering, Arizona State University, Tempe, AZ 85287; "Department of Immunobiology, King's College London, London SE1 98T, Uni Jodgom; "Department of Immunology, University of Washington, Seattle, WA 98195; and 'Center for Infectious Diseases and Vaccinology, Arizo Versity, Tempe, AZ 85287

Edited by Ira Mellman, Genentech, Inc., South San Francisco, CA, and approx Despite the availability of major histocompatibility complex (MHC)-binding peptide prediction algorithms, the development of T-cell vaccines against pathogen and tumor antigens remains challenged by inefficient Identification of immunogenic petiopes. CD8° T cells must distinguish immunogenic epitopes from nonimmunogenic self peptides to respond effectively against an antigen without endangering the viability of the host. Because this discrimination is fundamental to our understanding of immune recognition and critical for rational vaccine design, we interrogated the biochemical properties of 9,888 MHC class I peptides. We identified a strong bias toward hydrophobic amino acids at T-cell receptor contact residues within immunogenic epitopes of MHC allomorphs, which permitted

sol March 2, 2015 (received for review January 21, 2015) confirmation of MHC-bound peptides, and scarcity of ext tally confirmed immunogenic epitopes within the infectious proteome (4). As a result, T-cell epitope prediction algorith focused on amino acid binding affinity for specific MHd and the protein's proteasomal cleavage pattern to identif date T-cell epitopes (11-14). Although computational tools have improved over t decade, they have not been trained to predict immuno The major limitation when using such prediction algorith presence of a significant number of binders from a given that will never lead to an immune response (15). Thus, i genic CTL epitopes fulfill additional criteria that go bey





Amino acid features - polarity and charged values

Journal of Computer-Aided Molecular Design, 15: 573–586, 2001. KLUWER/ESCOM © 2001 Kluwer Academic Publishers. Printed in the Netherlands.

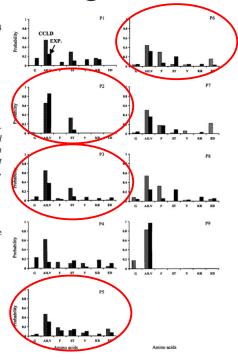
Predicting sequences and structures of MHC-binding peptides: a computational combinatorial approach

Jun Zeng^{a,d,*}, Herbert R. Treutlein^{a,b,d} & George B. Rudy^{c,e}

^aMolecular Modelling Laboratory, Ludwig Institute for Cancer Research, P.O. Box 2008, Royal Melbourne Hospital, Parkville, VIC 3050, Australia; ^bCooperative Research Centre for Cellular Growth Factors, P.O. Royal Melbourne Hospital, Parkville, VIC 3050, Australia; ^cGenetics and Bioinformatics Division, Walter and Eliza Hall Institute of Medical Research, P.O. Royal Melbourne Hospital, Parkville, VIC 3050, Australia; dCurrent Address: Cytopia Pty Ltd, 7th Floor, Daly Wing, St Vincent's Hospital, 41 Victoria Parade, Fitzroy, VIC 3065, Australia; ^eCurrent address: GeneType Pty Ltd, P.O. Box 115, Fitzroy, VIC 3065, Australia

Received 20 September 2000; accepted 18 April 2001

Key words: computational combinatorial chemistry, docking, major histocompatibility complex, MCSS, peptide



Entropy and molecular weight

Research article



Vertical T cell immunodominance and epitope entropy determine HI

Michael K.P. Liu, 1 Natalie Hawkins, 2 Adam J. Ritchie, 1 V Simon Brackenridge, 1 Hui Li, 4 Jeffrey W. Pavlicek, 5 Fang Florette Treurnicht, 6 Peter Hraber, 7 Catherine Riou, 6 Cive Li-Hua Ping, 3º 10 Jeffrey A. Anderson, 9 10.1 Ronald Swanstror Salim S. Abdool Karim, 4 Barton Haynes, 5 Persephon George M. Shaw, 5 Beatrice H. Hahn, 4 Carolyn Wil Feng Gao, 5 Steve Self, 2 Andrew McMichael,

"Weatherall Institute of Molecular Medicine, University of Oxford, Oxford, United Kingdoor, (SCH4RP), University of Washington, Seathe, Washington, UsA-Tepartment of Microbi-Reiman CA, University of Washington, Seathe, Washington, UsA-Tepartment of Microbi-Reiman CA, University of Usa-State (Washington, UsA-Tepartment of Microbi-Reiman, UsA-Tepartment, UsA-State (State), Usa-State), Usa-State (State), Usa-State (State), Usa-State (State), Usa-State), Usa-State (State), Usa-State), Usa-State (State), Us

Proc. Natl. Acad. Sci. USA Vol. 73, No. 10, pp. 3671-3675, October 1976

Molecular determinants of immunogenicity: The immunon model of immune response

H. M. DINTZIS*, R. Z. DINTZIS*†, AND B. VOGELSTEIN*

 Department of Biophysics and Department of Anatomy, Johns Hopkins University School of Medicine, 725 North Wolfe Street, Baltimore, Maryland 21205 unicated by Herman N. Eisen, July 9, 1976

ABSTRACT The immunological response in vivo to a series of size-fractionated linear polymers of acrylamide substituted with hapten has been measured in mice. A sharp threshold was observed in immunogenic response elicited by various polymer preparations. All polymers with less than 12 to 16 appropriately acrea that the property of t preparations. All polymers with less than 12 to 10 appropriaters spaced hapten groups per molecule were nonimmunogenic, while those polymers with greater than this number were fully immunogenic. The results lead to the conclusion that the immunological response at its most elementary level is quantized, i.e., a minimum specific number of antigen receptors (approximately 12 to 16) must be connected together as a spatially

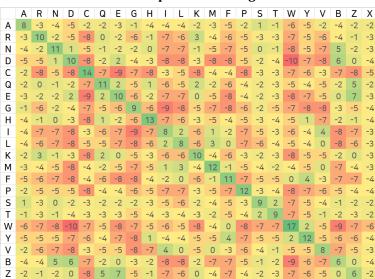
Preparation	Α	В	C	D	\mathbf{E}	F
Immunogenic ?	No	No	Yes	Yes	No	Yes
Molecular weight, × 10 ^{-s}	0.5	0.8	1.4	1.8	1.3	3.3
Acrylamide monomer subunits/molecule	670	1050	1850	2350	1830	4650
Extended length of polymer chain, A	1700	2600	4600	6000	4600	11,600
Acrylamide monomer subunits/Dnp	48	42	38	36	230	270
Average distance between Dnp groups, A	120	105	95	90	575	675
Total Dnp groups/molecule	14	25	48	66	8	17
"Effective" Dnp groups/molecule		8-12	16-24	22-33	7-8	16-17

a systematic variation of molecular parameters might give clues as to the mechanisms involved.

In this study, we sought to vary several molecular properties of our ideal antigen, looking for those responsible for the triggering of a borne-marrow-derived lymphocyte (B-cell) to differentiate and to produce specific antibody in the primary immune response. We desired as our ideal antigen a molecule with the following properties: (i) It should consist of a nonimmunogenic carrier or "backbone" structure made of repeating subunits and with hapten groups projecting from it. (if) The molecular weight, and therefore the length, of the carrier should be manipulable. (ifi) It should be nondegradable by the host organism. (b) The molecule should be linear, flexible, uncharged, and hydrophilic so that it might interact freely with cell surface receptors in whatever geometrical arrangement

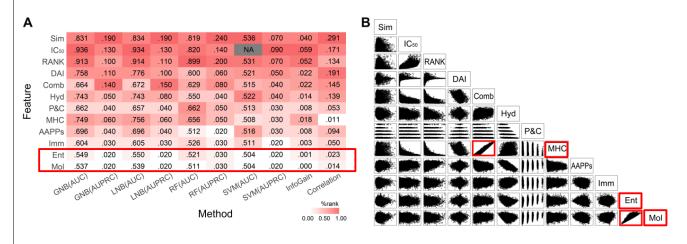
Protein sequence similarity

Protein sequence local alignment



BLOSUM 100 Matrix

Selecting what to use (feature selection)



Single feature based classifier

IEDB

Known Epitope sequence approximately 400,000

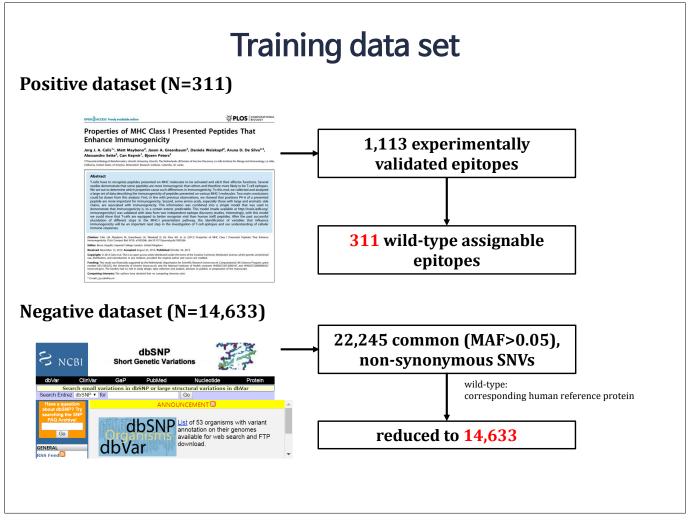
patient origin sequence EKQDYR

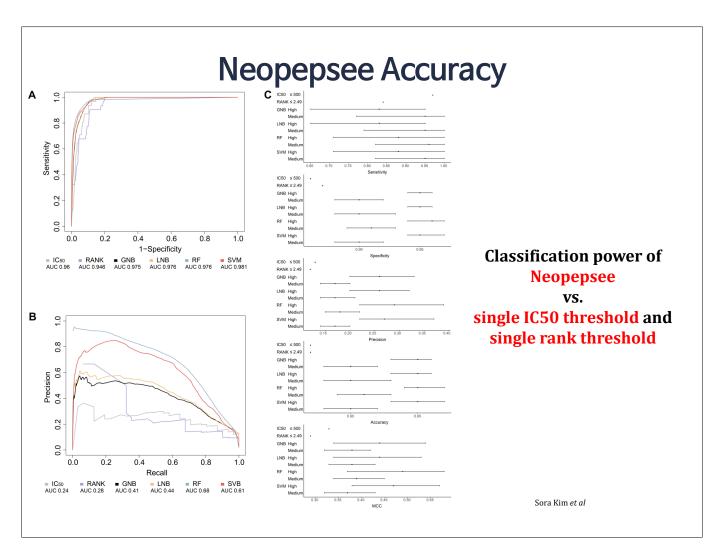
Vaccinia virus ERQDYR

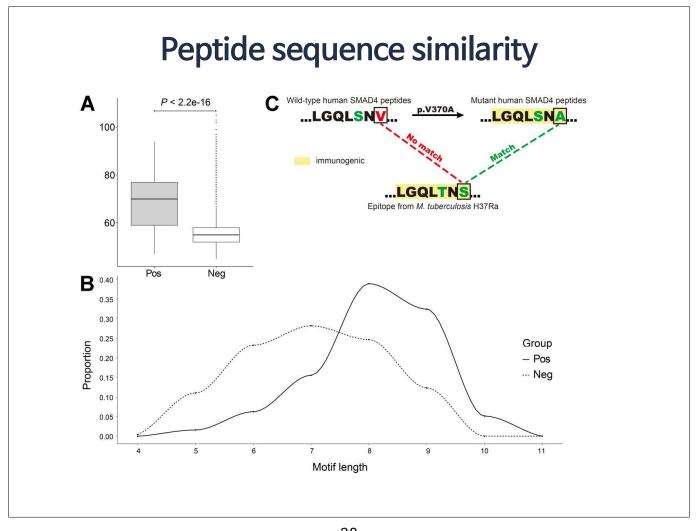
Inter-dependency of features

Integration by machine learning Random Forest Tree-1 Tree-1 Tree-1 Tree-1 Class-B Class-B 3. Random forest 2. locally weighted Naïve Bayes

4. Support vector machine







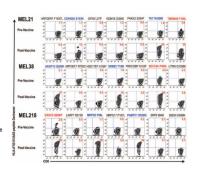
Validation of scores

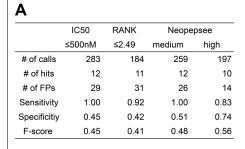
CANCER IMMUNOTHERAPY

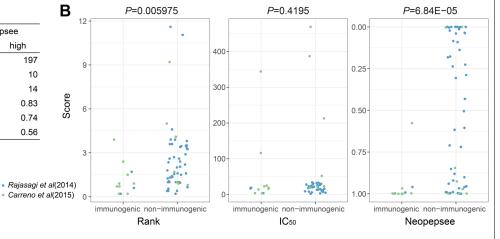
A dendritic cell vaccine increases the breadth and diversity of melanoma neoantigen-specific T cells

Beatriz M. Carreno, ¹v Vincent Magrini, ² Michelle Becker-Hapak, ¹ Saghar Kaabinejadian, ² Jasreet Hundal, ² Allegra A. Petti, ² Amy Ly, ² Wen-Rong Lie, ⁴ William H. Hildebrand, ³ Elaine R. Mardis, ² Gerald P. Linette¹

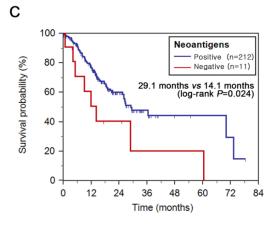
T cell immunity directed against tumor-encoded amino acid substitutions occurs in som melanoma patients. This implicates missense mutations as a source of patient-specific

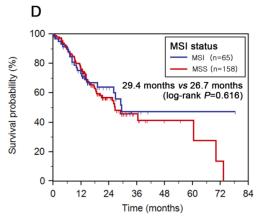






Application to TCGA data





Ε

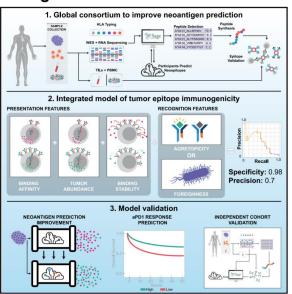
Variable	Category	Univariate analysis			Multivariate analysis		
Variable		HR	95% CI	P	HR	95% CI	P
Neoantigens	negative v positive (ref)	3.1	1.18 to 8.47	0.022*	2.2	1.04 to 4.82	0.040*
Stage	III, IV v I, II (ref)	2.4	1.14 to 5.08	0.021*	2.0	1.25 to 3.16	0.004*
Sex	female v male (ref)	0.9	0.44 to 2.10	0.923	1.1	0.72 to 1.86	0.545
Age	≥65 v <65 (ref)	1.1	0.73 to 1.76	0.571	1.0	0.66 to 1.63	0.878
Cytolytic activity (Rooney, et al)	high v low (ref)	8.0	0.52 to 1.30	0.398	8.0	0.49 to 1.25	0.306
Microsatellite instability (MSI)	MSI v MSS (ref)	0.9	0.54 to 1.43	0.617	1.0	0.61 to 1.65	0.989

Community-based Guideline for Neoantigen Prediction

Cell

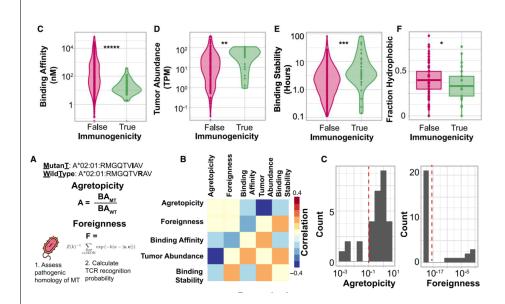
Resource

Key Parameters of Tumor Epitope Immunogenicity Revealed Through a Consortium Approach Improve Neoantigen Prediction



- 6 subjects
 (3 with metastatic melanoma, 3 with NSCLC)
- 25/28 teams participated
- each team reported 7 to 81,904 candidates
 - median 204
- 608 were selected and validated (multimerbased assay)
- 37/608 (6%) were immunogenic

Community-based Guideline for Neoantigen Prediction



- Derive informative features
 - binding affinity, Tumor abundance, Binding stability, Hydrophobicity
 - Agretopicity, Foreignness

Conclusion

- 다양한 cancer immunotherapy 의 발전으로 자신의 면역 시 스템을 이용한 치료가 각광받고 있음
- 더 큰 효과와 적은 부작용을 위하여 환자, 종양 특이적 antigen 발굴이 필요함
- HLA type, MHC binding, Antigen processing 등 다양한 step 단계를 예측할 수 있는 computational algorithm 이 존재하 며, 발전하고 있음
- NGS 에 기반하여 면역항암치료의 반응을 예측하고, 환자 특이적 치료를 할 수 있는 분석을 진행할 수 있음

