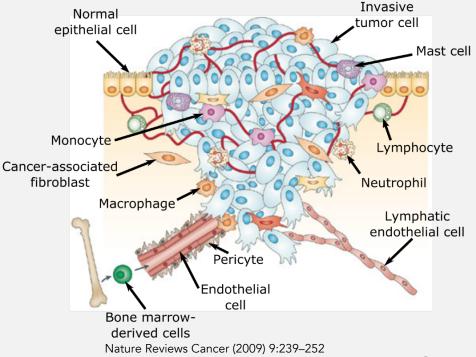
### Informatics Tools for Tumor Heterogeneity in Multiplexed Fluorescence Images

chakra chennubhotla\* and brion sarachan<sup>+</sup> \*university of pittsburgh +GE global research center

Research reported in this publication was supported by the National Cancer Institute of the National Institute of Health under award number U01CA204826. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institute of Health.

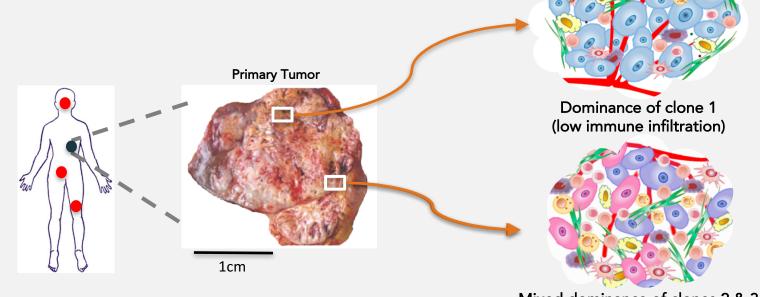
### Tumor heterogeneity and cell-cell communication in TME play a critical role in drug resistance and metastasis.

Critical knowledge gap in how different cell types in a TME simultaneously collaborate to drive invasion/metastasis and therapeutic resistance phenotypes.



# Quantifying spatial intratumor heterogeneity is critical for accurate diagnosis and prognosis

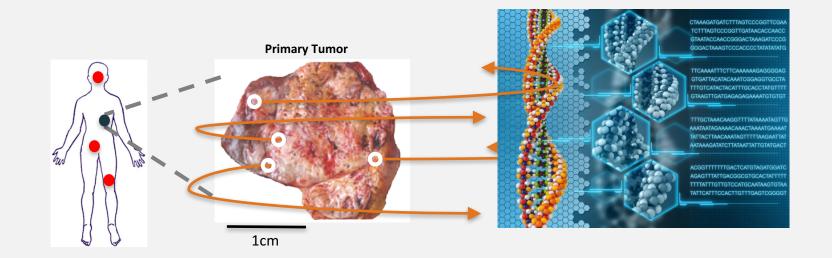
Primary tumors represent evolving eco-systems comprised of distinct microenvironments of spatially interacting cancer and non-cancer cells, including immune cells, as well as secreted molecules.



Mixed dominance of clones 2 & 3 (high immune infiltration and activation)

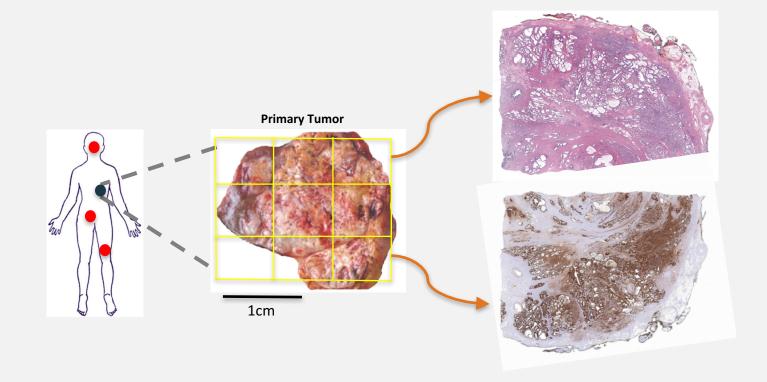
#### **Today's Clinical Practice Fails to Predict Tumor Progression**

Current genomic analyses alone do not directly capture the critical spatial interactions in tumors responsible for metastasis.

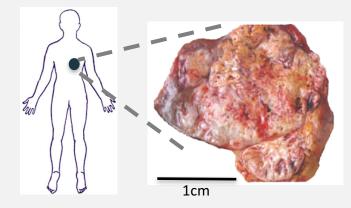


#### **Today's Clinical Practice Fails to Predict Tumor Progression**

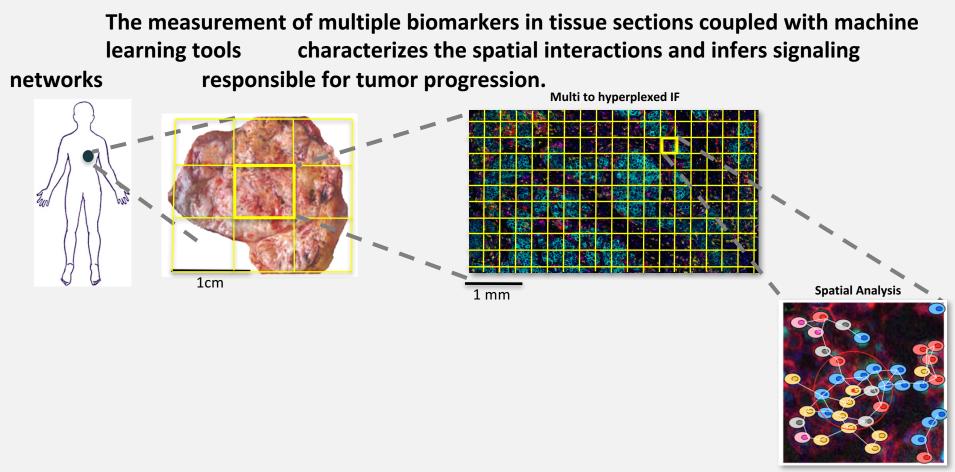
In addition, the current practice of pathology yields insufficient molecular details of spatial interactions within tumor microenvironments.

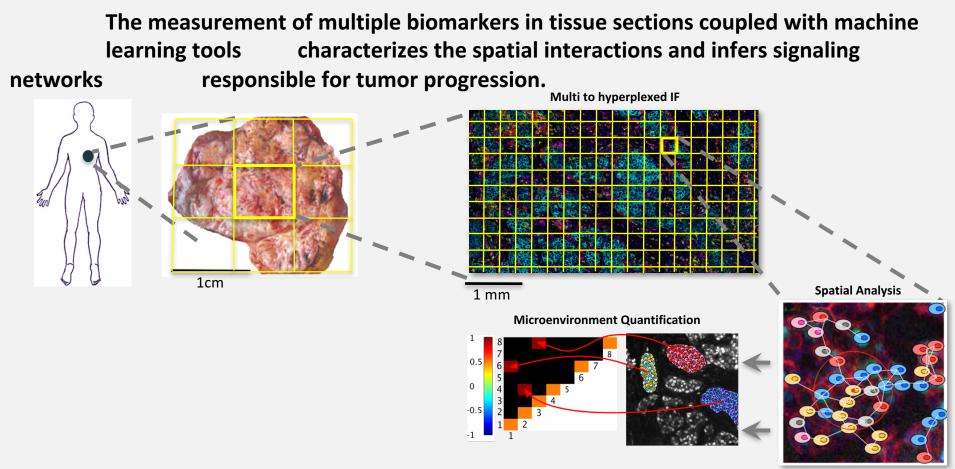


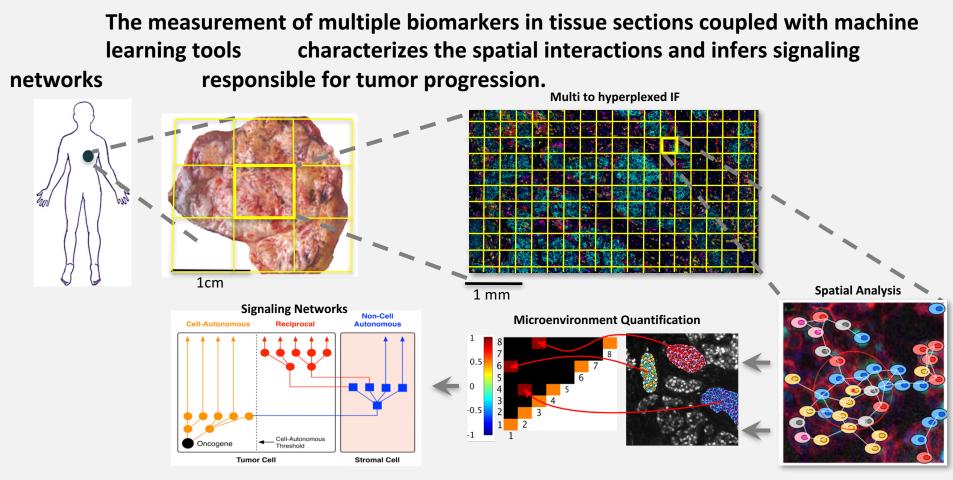
The measurement of multiple biomarkers in tissue sections coupled with machinelearning toolscharacterizes the spatial interactions and infers signalingnetworksresponsible for tumor progression.



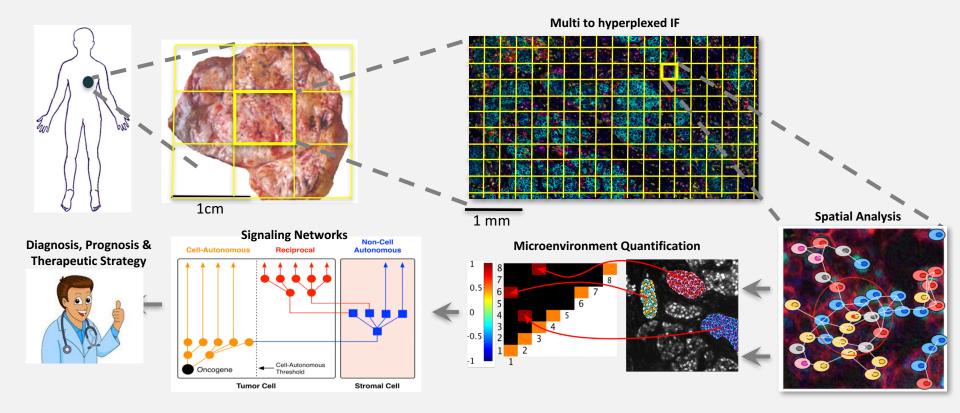
The measurement of multiple biomarkers in tissue sections coupled with machine learning tools characterizes the spatial interactions and infers signaling responsible for tumor progression. networks Multi to hyperplexed IF 1cm 1 mm

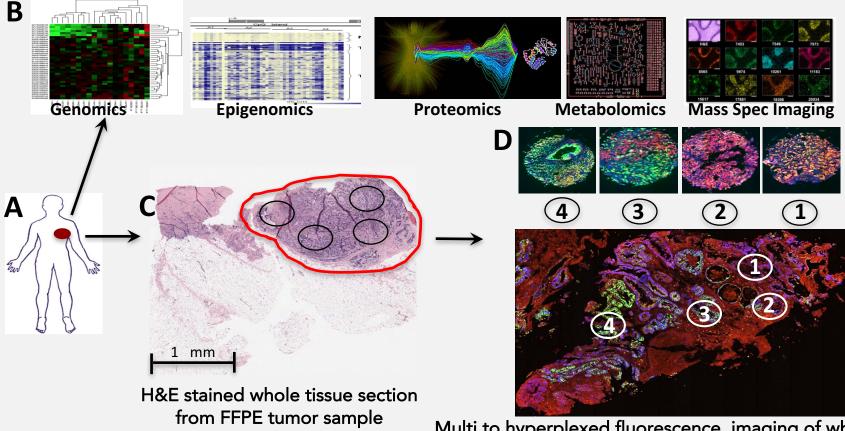






Characterizing the critical spatial interactions of tumor microenvironments leads to improved diagnoses, prognoses, and therapeutic strategies.

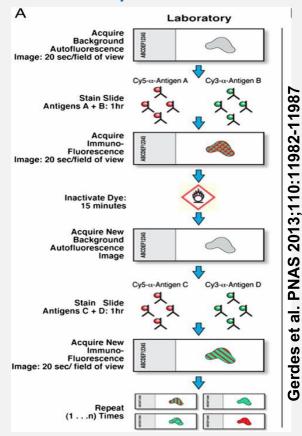


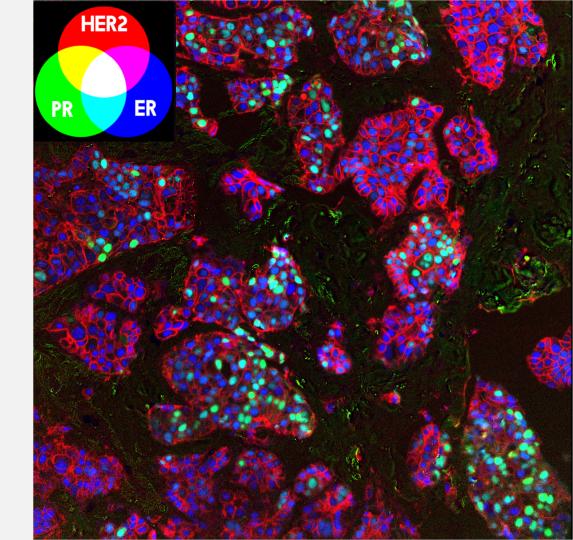


Multi to hyperplexed fluorescence imaging of whole section for higher spatial resolution and tissue context

#### **Multiplexed IF**

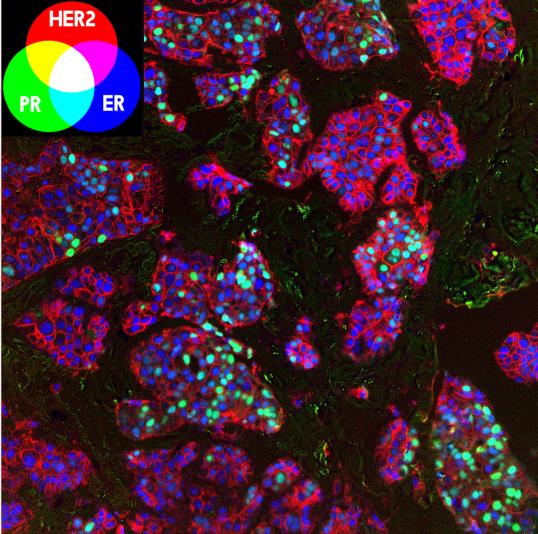
## 9 biomarkers (up to 60Ab)Multiple FISH





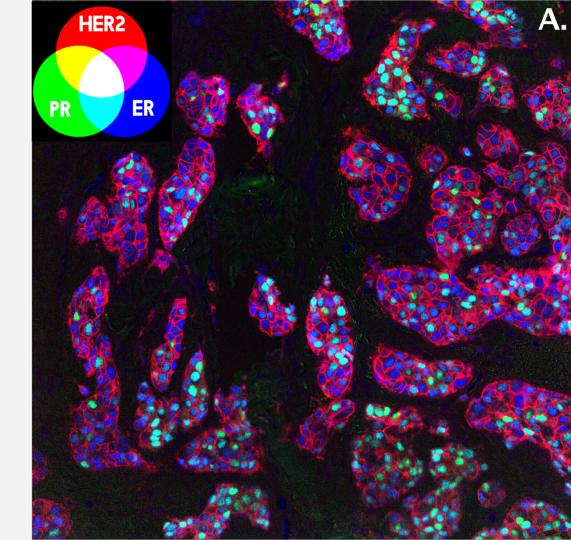
## **Heterogeneity Metrics**

- Shannon Index
- Quadratic Entropy
- Pointwise Mutual Information
- Other indices



### Data

- FFPE tissue 99 spot TMA
- 20x mag
- 4 Cancer types
  - ER(+) IDC (3 patients)
  - ER(+) ILC (5 patients)
  - ER(-) IDC (8 patients)
  - HER2(+) IDC (8 patients)
- 3 replicate cores/patient
- Fluorescent markers
  - Diagnostic markers
    - ER, HER2, PR
  - Structural markers
    - DAPI, Na<sup>+</sup>K<sup>+</sup>ATPase, S6, panCK
- 27 spots BC cell lines

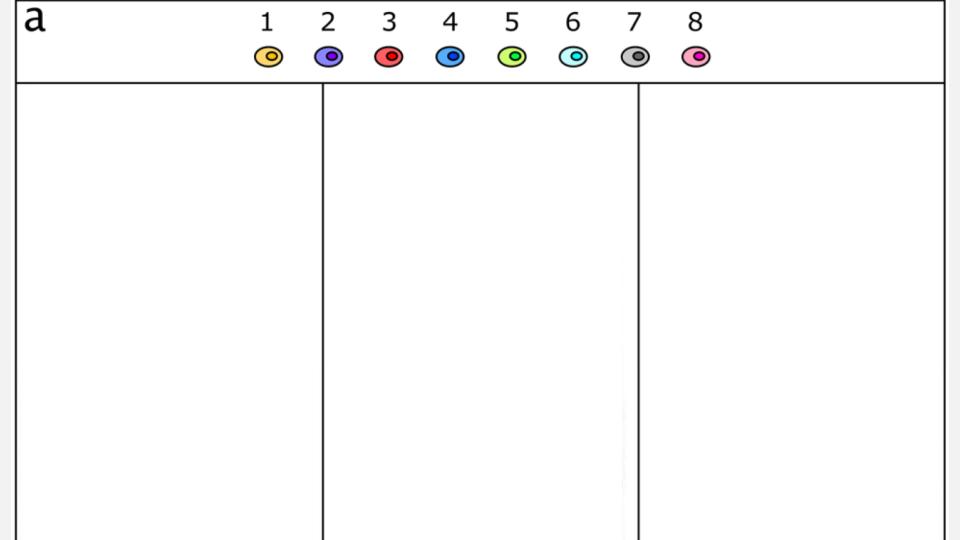


#### Data

Spot #	Patient ID	# Cells	Spot #	Patient ID	# Cells	Spot #	Patient ID	# Cells
000	AL13-1	23 (1181)	002	AL13-9	0 (1032)	003	AL13-17	147 (53)
031	AL13-1	222 (382)	039	AL13-9	43 (779)	038	AL13-17	209 (36)
026	AL13-2	72 (376)	079	AL13-9	1 (1084)	068	AL13-17	276 (39)
055	AL13-2	604 (641)	012	AL13-10	0 (1173)	015	AL13-18	69 (39)
060	AL13-2	420 (624)	052	AL13-10	0 (185)	041	AL13-18	771 (184)
005	AL13-3	433 (589)	091*	AL13-10	0 (1779)	078	AL13-18	319 (678)
046	AL13-3	327 (1629)	024	AL13-11	0 (849)	013	AL13-19	245 (215)
086	AL13-3	164 (600)	049	AL13-11	28 (831)	053	AL13-19	824 (123)
(a) ER(+) IDC			089*	AL13-11	0 (895)	090	AL13-19	970 (178)
			007	AL13-12	3 (381)	023	AL13-20	1044 (757)
Spot #	Patient ID	# Cells	034	AL13-12	1 (482)	063	AL13-20	799 (229)
001	AL13-4	721 (249)	062	AL13-12	52 (917)	088	AL13-20	669 (101)
043	AL13-4	882 (192)	017	AL13-13	17 (84)	008	AL13-21	39 (162)
066	AL13-4	1065 (112)	036	AL13-13	4 (1055)	033	AL13-21	194 (44)
011	AL13-5	2589 (166)	072	AL13-13	44 (1219)	065	AL13-21	97 (7)
061	AL13-5	3339 (26)	020	AL13-14	1 (1322)	018	AL13-22	677 (6)
080	AL13-5	2975 (52)	044	AL13-14	0 (2296)	048	AL13-22	890 (2)
006	AL13-6	297 (621)	071	AL13-14	8 (1414)	073	AL13-22	521 (5)
025	AL13-6	269 (458)	032	AL13-15	12 (764)	021	AL13-23	86 (57)
076	AL13-6	348 (246)	057	AL13-15	65 (532)	058	AL13-23	439 (8)
045	AL13-7	260 (192)	029	AL13-16	118 (876)	083	AL13-23	1048 (28)
030	AL13-8	20 (125)	067	AL13-16	4 (804)	028	AL13-24	126 (1724)
056	AL13-8	1062 (165)	095	AL13-16	4 (1771)	070	AL13-24	64 (1440)
096	AL13-8	479 (182)	(c) ER(-) IDC			093	AL13-24	309 (2079)
	(b) ER(+) IL	C					(d) HER2(+)	IDC

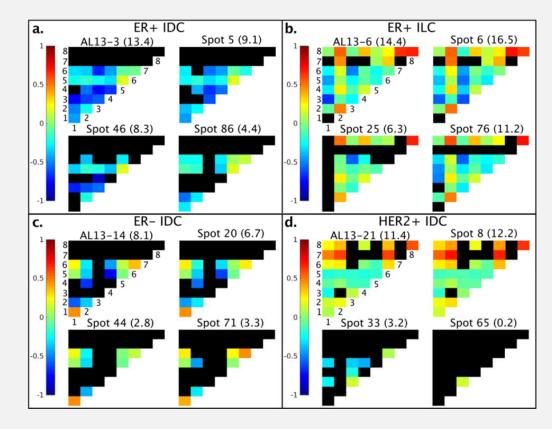
(D) ER(+) ILC

(a) HERZ(+) IDC



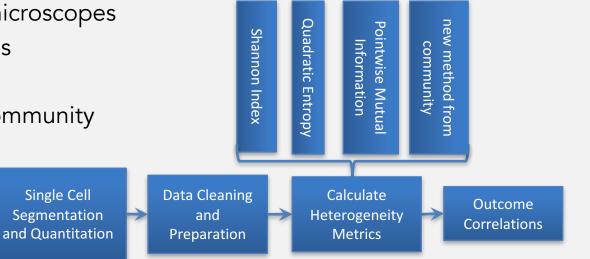
### PMI maps as potential diagnostic biomarkers

Spagnolo, DM, et al. Journal of Pathology Informatics, 2016; 7:47



### THRIVE: Tumor Heterogeneity Research Interactive Visualization Environment

- Open software framework
- Compatible with standard microscopes
- Easy to contribute algorithms
- Easy to contribute datasets
- Actively used by research community

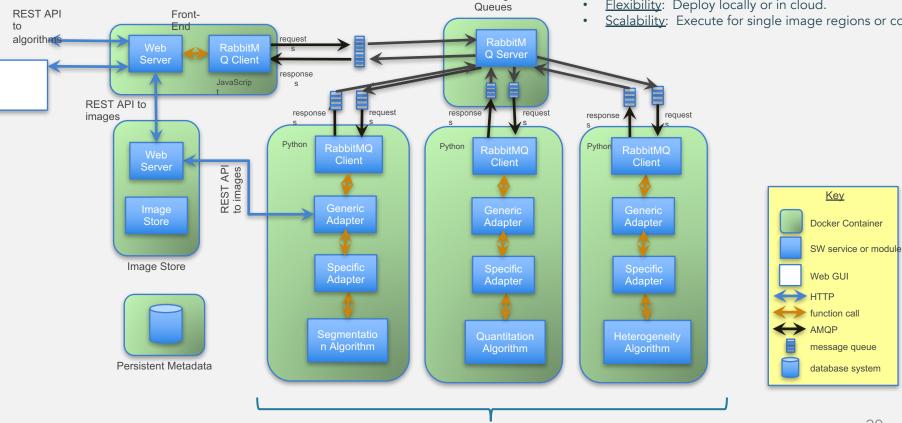


### **Software Architecture**

#### Architectural drivers:

•

- Extensibility: Minimal effort to add more algorithms.
- Maintainability: Minimize application code, maximize leverage of open source libraries.
- Flexibility: Deploy locally or in cloud. •
- Scalability: Execute for single image regions or cohort.

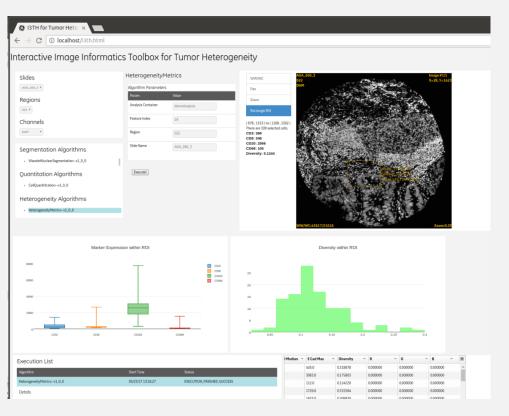


Any Number of Algorithm Containers

Message

#### **Video Demonstration**

#### (Click to run video.)



### Timeline

- <u>Summer 2017</u> Version 0.1 available for demonstration, both as source code and cloud-hosted demonstration. Initial evaluators identified. Feedback solicited.
- <u>Fall 2017</u> Version 0.2 includes ability to upload and import lab-generated image sets. Additional feedback solicited.
- <u>2018</u> Several iterative releases ramping up user base and having prioritized improvements identified by pilot users.
- <u>April 2019</u> Version 1.0 available.

### **Publications**

- Spagnolo DM, Gyanchandai R, Al-Kofahi Y, Stern AM, Gough A, Meyer DE, Ginty F, Sarachan B, Fine J, Lee AV, Taylor DL, Chennubhotla SC. (2016). Pointwise mutual information quantifies intra-tumor heterogeneity in tissue sections labeled with multiple fluorescent biomarkers. J. Pathol. Inform. 7(1): 47, doi: 10.4103/2153-3539.194839
- Gough A, Stern AM, Maier J, Lezon T, Shun TY, Chennubhotla C, Schurdak ME, Haney SA, Taylor DL (2017) Biologically Relevant Heterogeneity: Metrics and Practical Insights. SLAS Discov. Mar;22(3):213-237. doi: 10.1177/2472555216682725. Epub 2017 Jan 6.
- 1. Nguyen, L., Tosun, B., Fine, J., Lee, A., **Taylor, L., Chennubhotla, C.** (2017) *Spatial statistics for segmenting histological structures in H&E stained tissue images*, IEEE Trans Med Imaging. 2017 Mar 16. doi: 10.1109/TMI.2017.2681519.
- 1. Nguyen, L., Tosun, B., Fine, J., **Taylor, L., Chennubhotla, C.** (2017) Architectural patterns for differential diagnosis of proliferative breast lesions from histopathological images, IEEE International Symposium on Biomedical Imaging (ISBI) Melbourne, Australia April, 2017
- 1. Tosun, B., Nguyen, L., Ong, N., Navolotskaia, O., Carter, G., Fine, J., **Taylor, L., Chennubhotla, C.** (2017) *Histological detection of high-risk benign breast lesions from whole slide images*, 20th International Conference on Medical Image Computing and Computer Assisted Intervention (MICCAI), Quebec City, Quebec, Canada 2017.
- Jones, T., Nguyen, L., Tosun, B., Chennubhotla, C., Jeffrey L Fine. (2017) Computational Pathology versus Manual Microscopy: Comparison Based on Workflow Simulations of Breast Core Biopsies, 106<sup>th</sup> Annual Meeting of USACP, San Antonio, Texas, March 2017

### Acknowledgments

Chakra Lab Lương Nguyễn Dan Spagnolo Maurice Marx Dr. Burak Tosun Dr. Shikhar Uttam Dr. Filippo Pullara Drug Discovery Institute

Dr. Lans Taylor Dr. Bert Gough Dr. Tim Lezon Dr. Andy Stern Dept. of Pathology Dr. Jeffrey Fine Magee-Womens RI Dr. Rekha Gyanchandani Dr. Adrian Lee UPCI Dr. Lin Zhang

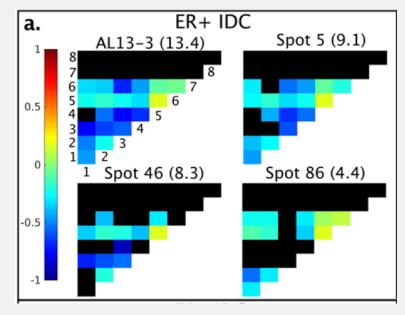
GE Global Research Yousef Al-Kofahi, PhD Fiona Ginty, PhD Jim Miller, PhD Bo Wang, PhD Alex Wei (intern) Peihong Zhu **GF** Healthcare Andre Sublett

NIH-NCI NHGRI U01CA204826

BD2K U54HG008540 (Lung DBP)

### PMI maps as potential diagnostic biomarkers

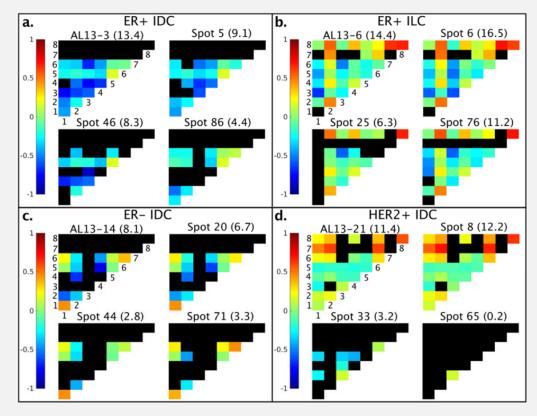
- PMI maps constructed for individual cores using the background distributions of cell phenotypes in the entire dataset, and pooled together for patient-level PMI (entire tumor) to better assess intratumor heterogeneity.
- Heterogeneity score assigned to each core/patient based on the entries in each PMI map



Spagnolo, DM, et al. Journal of Pathology Informatics, 2016; 7:47

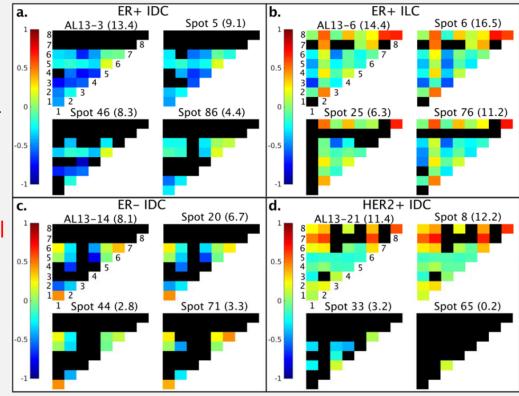
### PMI Maps Exhibit Patterns that are Characteristic of Individual Patient Tumors

Heterogeneity score: AL13-3 ER(+) IDC & AL13-6 ER(+) ILC show more heterogeneity (difference from background) than AL13-14 ER(-) IDC & AL13-21 HER2(+) IDC.



### PMI Maps Exhibit Patterns that are Characteristic of Individual Patient Tumors

- core-level PMI maps for AL13-14 ER(-) IDC very similar => each core is a reasonable approximation for the patient-level analysis
- AL13-21 Her2(+) IDC has highly differing core-level PMI maps => high degree of intratumor heterogeneity in this patient.



### PMI Maps Exhibit Patterns that are Characteristic of Individual Patient Tumors

- heterogeneity score (1-d) : simple low-level understanding of heterogeneity between or within patient samples
- PMI maps (2-d) provide a higher-level understanding, providing insights into the spatial relationships of different cell types which brings about the heterogeneity

