

# Immune and molecular landscape in colorectal cancer

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<http://icbi.at>

# Medical University of Innsbruck, Biocenter



Center for Chemistry and Biomedicine (CCB)

# Medical University of Innsbruck, Biocenter

## Divisions

Bioinformatics  
Biological Chemistry  
Cell Biology  
Clinical Biochemistry  
Developmental Immunology  
Experimental Pathophysiology and Immunology  
Genomics and RNomics  
Medical Biochemistry  
Molecular Biology  
Molecular Pathophysiology  
Neurobiochemistry

## Core Facilities

Biooptics  
Expression Profiling Unit  
Protein Micro-Analysis

## Participating Programs

Oncotyrol  
SFB021  
Doctoral College MCBO  
GEN-AU Projects  
SPIN



## Services

- › Applications
- › Data Analysis

## Research

- › Publications
- › Projects
- › Software

## Education

- › Courses
- › Theses

## Setting

- › People
- › Infrastructure

Welcome to the Division of Bioinformatics

- › Computational genomics.
- › Cancer immunology.

<http://icbi.at>

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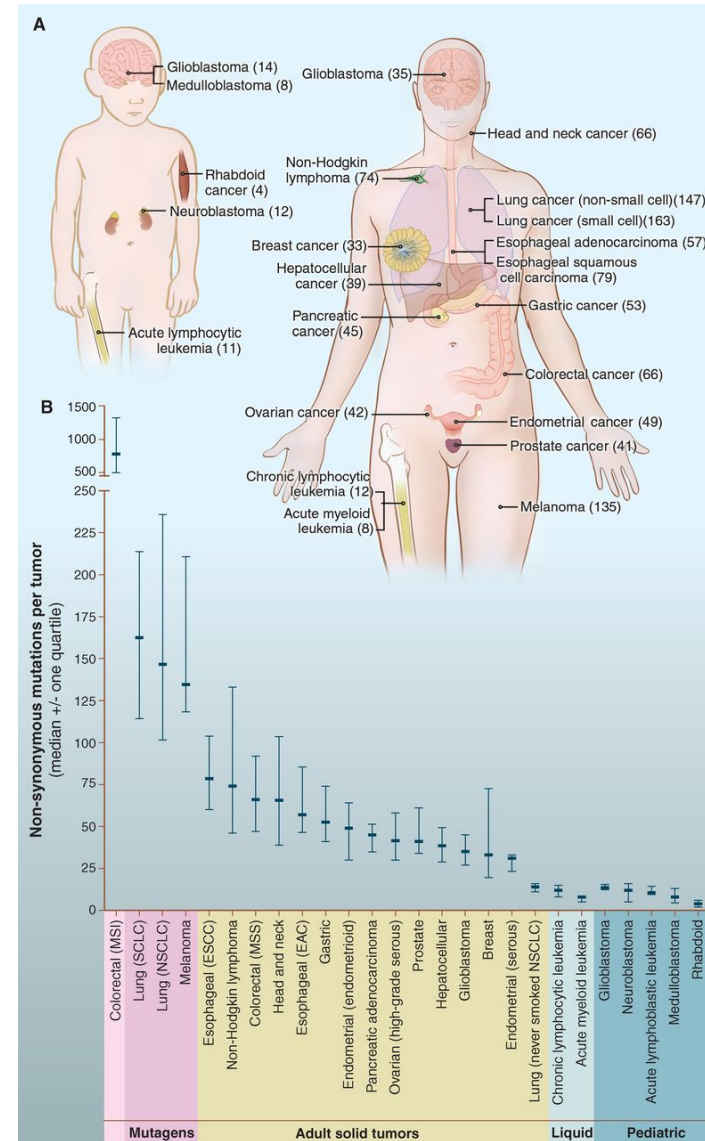
- Funding

FWF (SFB021, DK MCBO), Tiroler Standortagentur

EU Horizon2020 Advanced bioinformatics platform for PERsonalised cancer IMmunotherapy

# Colorectal cancer

- Cancer with large number of somatic mutations
- 70% of the immune system is present in the gut (and 70% of all microbes)

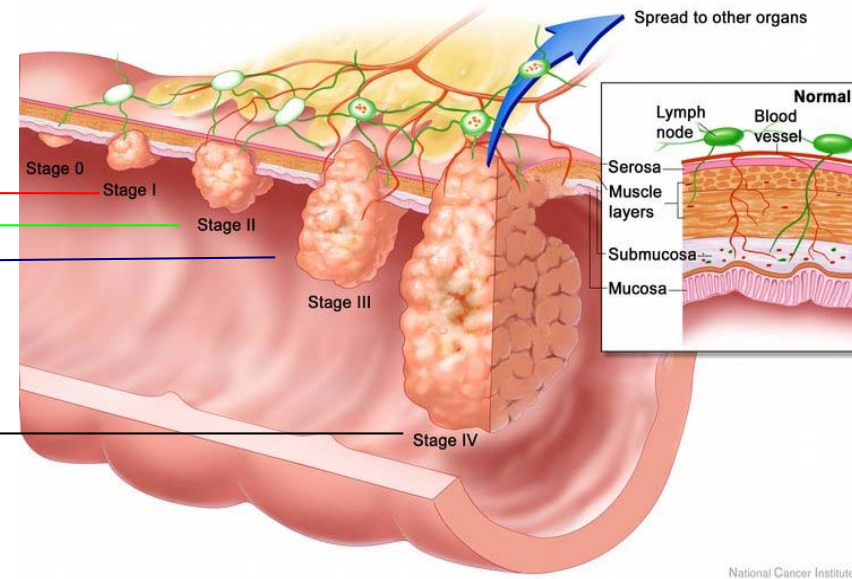
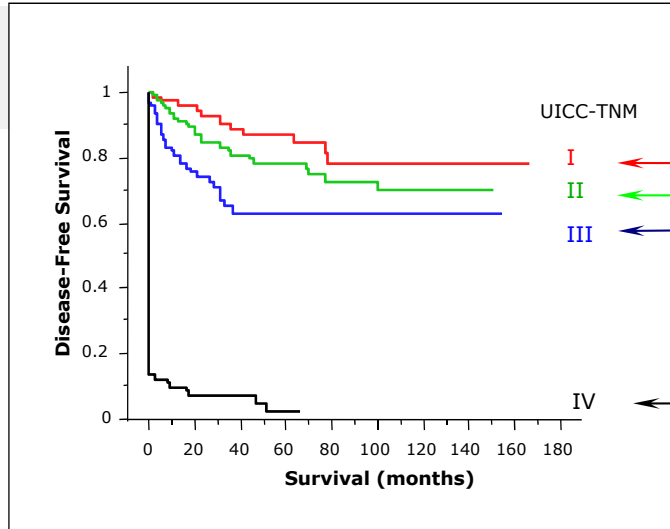


Vogelstein B *et al.* *Science* 2013. 339:1546-1558

# Immune markers for patient stratification

**Tumor histopathology**

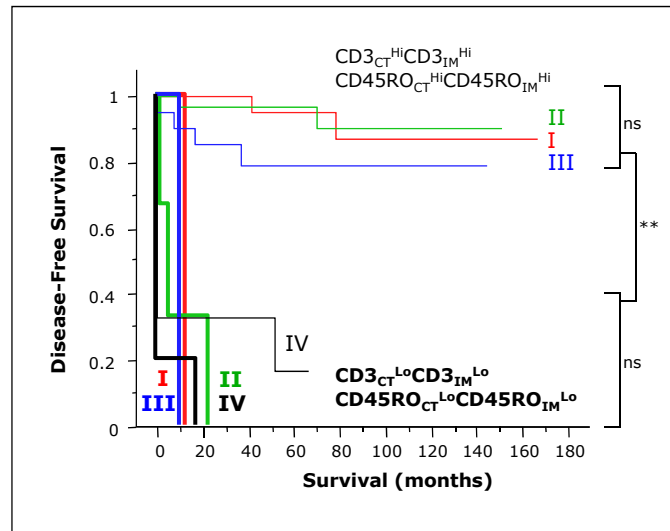
UICC-TNM Staging system



CD3<sub>CT</sub>CD3<sub>IM</sub> evaluation

plus

CD45RO<sub>CT</sub>CD45RO<sub>IM</sub> evaluation

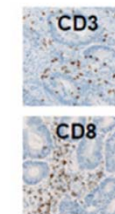


## Immunoscore

Tumor regions (CT & IM)

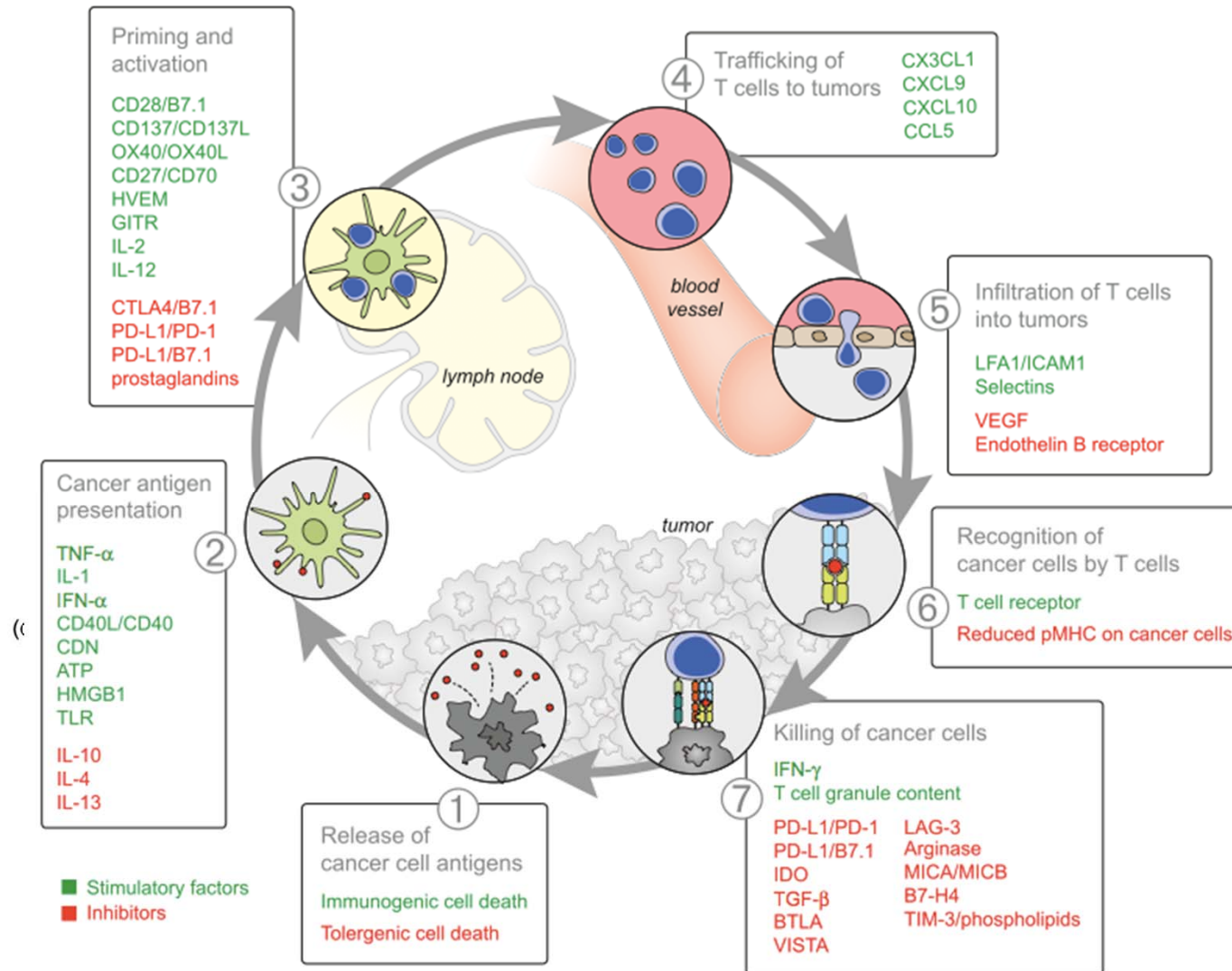
Immunostainings

Immunoscore (CT+IM)



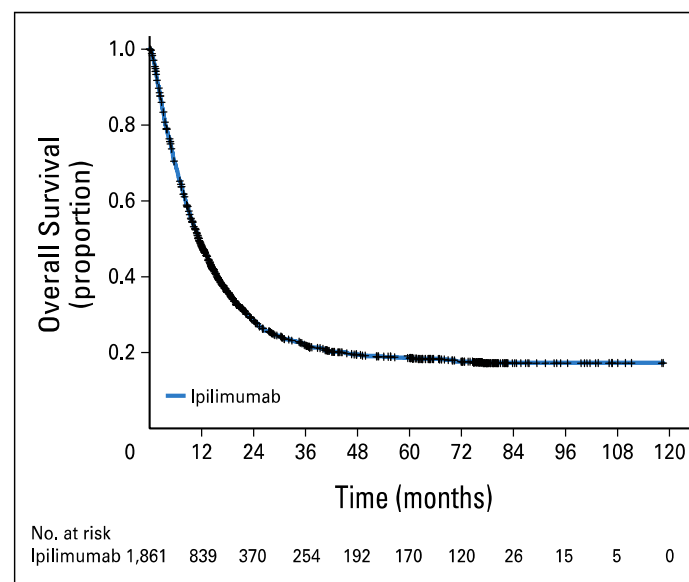
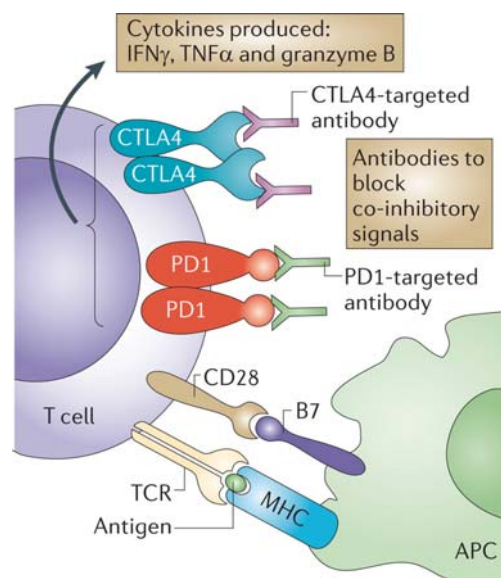
Digital Pathology

# Cancer immune cycle



# Cancer immunotherapy

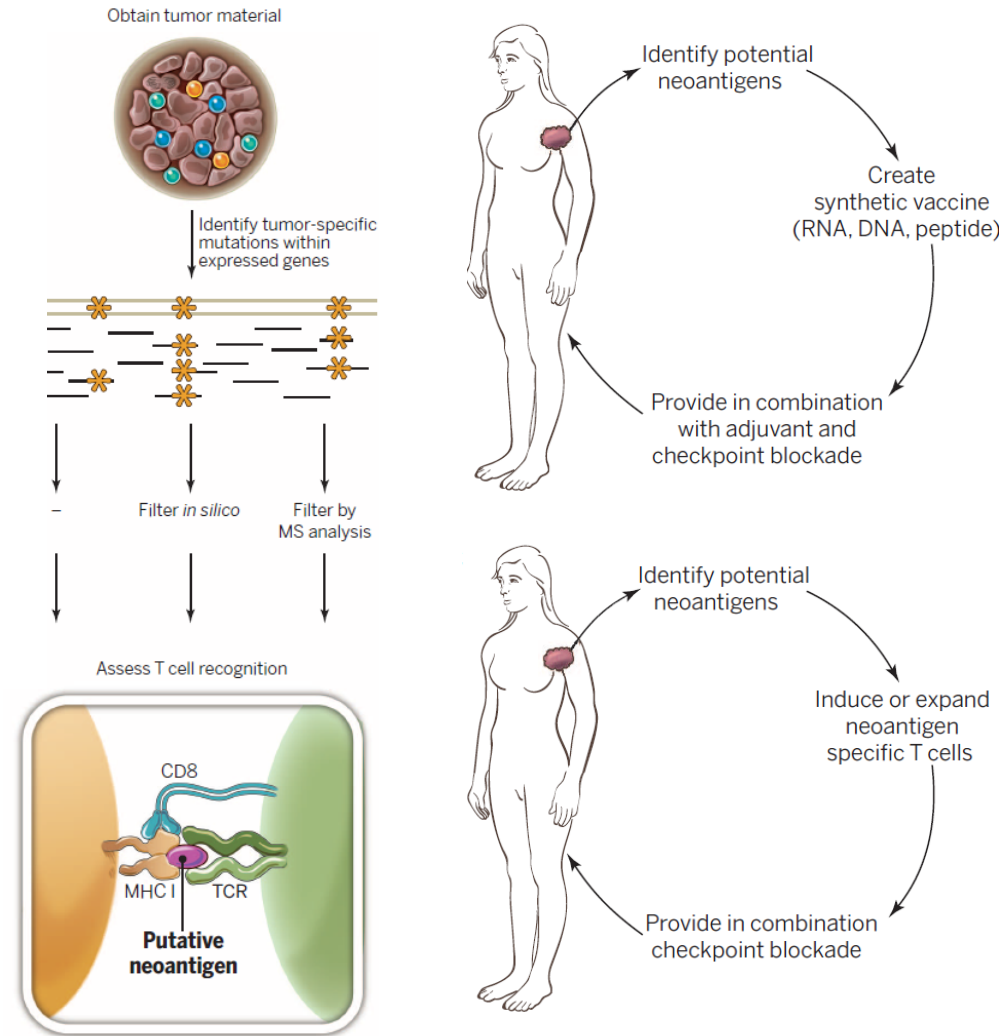
- Adoptive T-cell transfer, cellular vaccines
- Monoclonal antibodies for immune checkpoint inhibitors
  - anti-CTLA4 (ipilumab, approved 2011)
  - anti-PD-1 (nivolumab, pembrolizumab approved 2014)
  - anti-PD-L1 (RG7446, MEDI4736) and other checkpoint inhibitors



Sharma et al., *Nat Rev Cancer*, 2011; 11:805-12



# Neoantigens and cancer immunotherapy

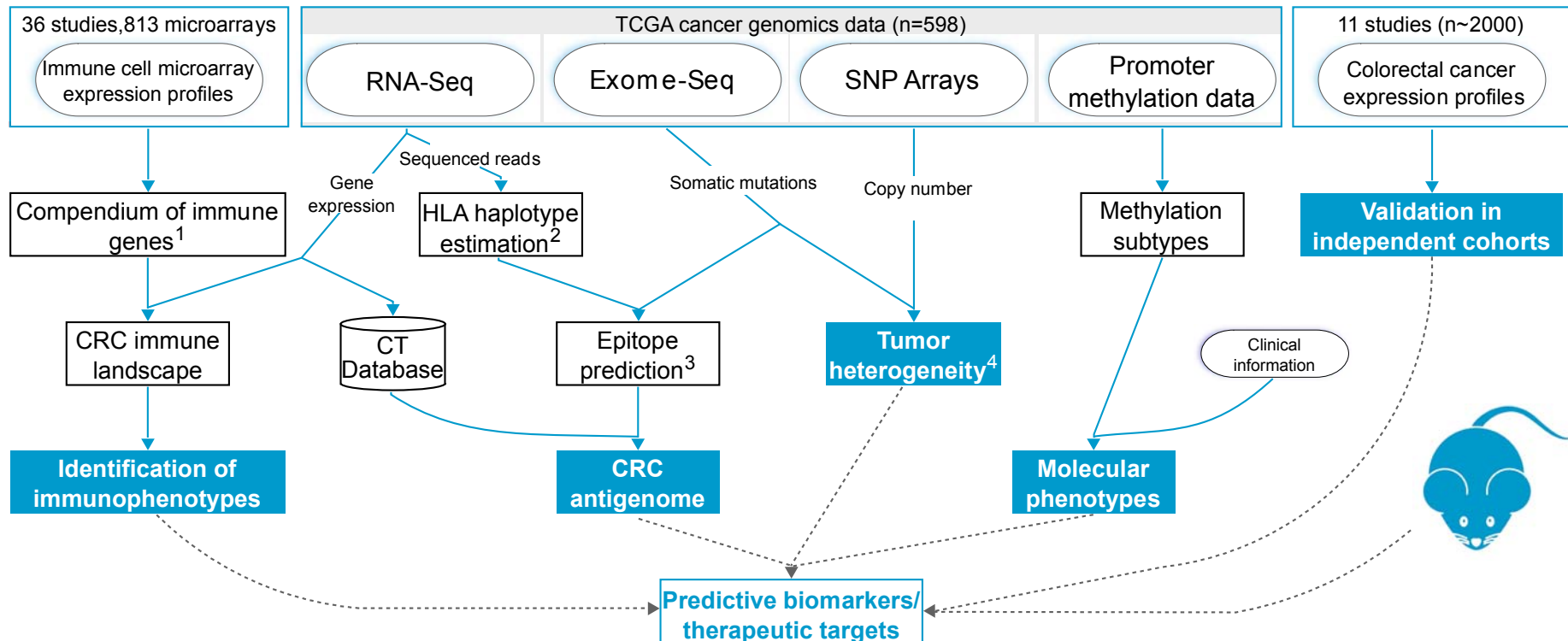


Schumacher TN, Schreiber RD. *Science* 2015

# Cancer genomics data

- 2006: The Cancer Genome Atlas (TCGA)  
Comprehensively characterize 20 cancer types
- 2011: International Cancer Genome Consortium (ICGC)  
Comprehensively characterize 50 cancer types  
and/or subtypes (25,000 genomes)

# Deep mining of genomic data



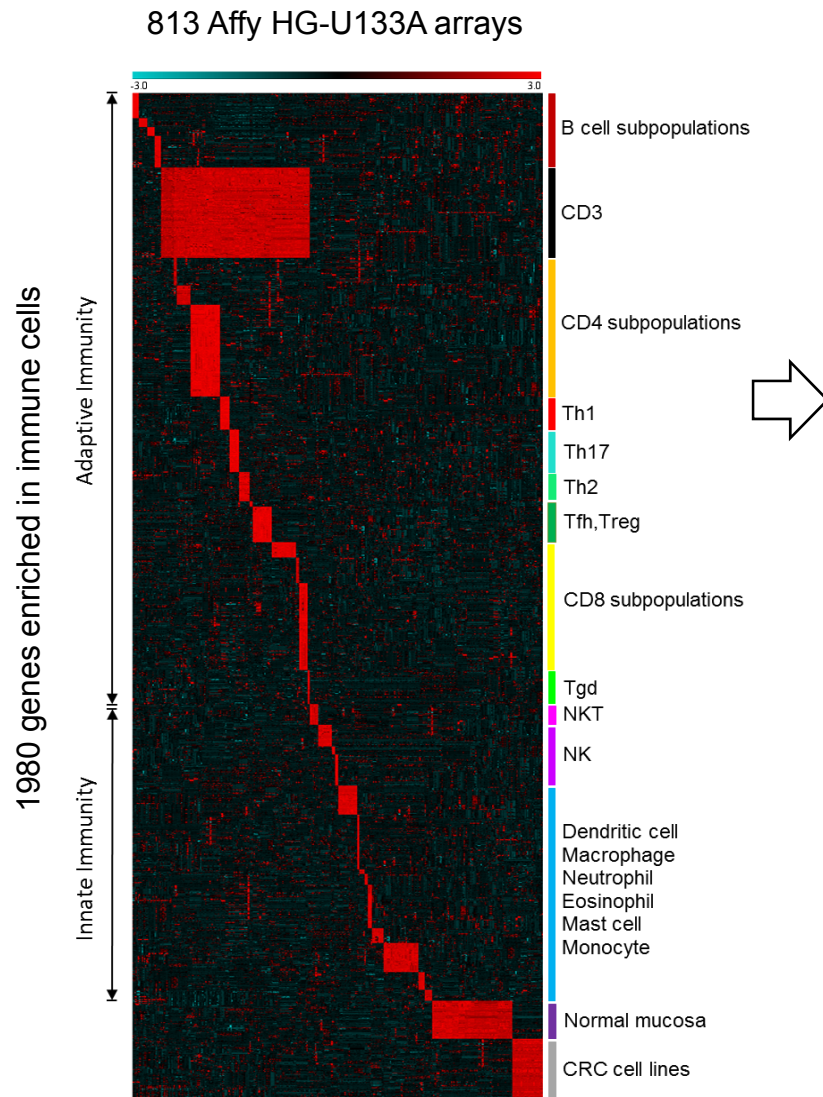
## Tools/Methods

1. Bindea G, *et al. Immunity* 2013; 39:782-795
2. Warren R L *et al. Genome Medicine* 2012; 4: 95.
3. Nielsen M *et al. PLoS ONE* 2007; 2: e796
4. Carter SL *et al. Nat Biotech* 2012; 30: 413-421

## Data

The Cancer Genome Atlas Network. *Nature*; 487: 330-7  
 16.5 TB microarrays: 25 GB, SNP-arrays 250 GB,  
 exome-Seq: 9 TB, RNA-seq: 7.2 TB

# Compendium of genes enriched in immune cells



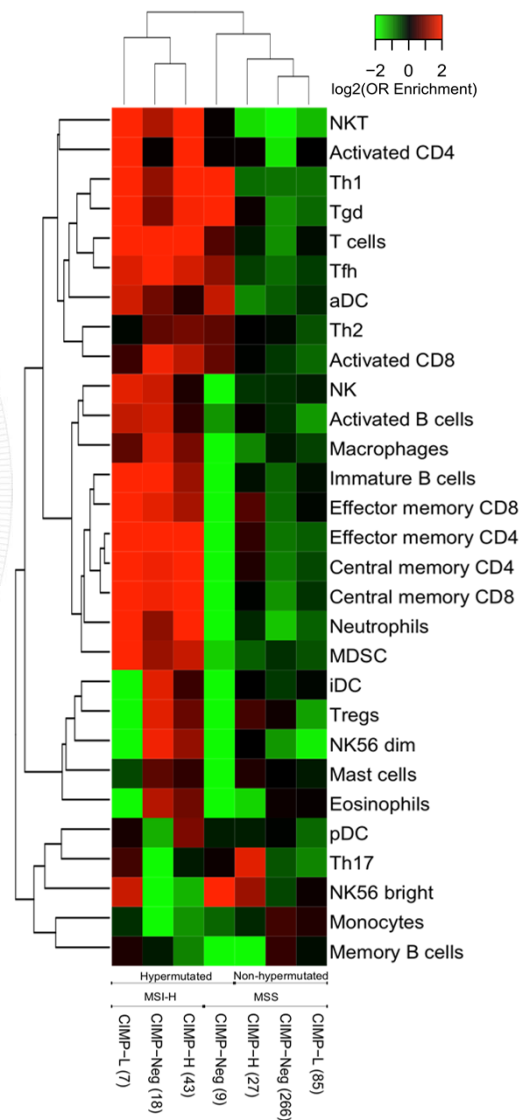
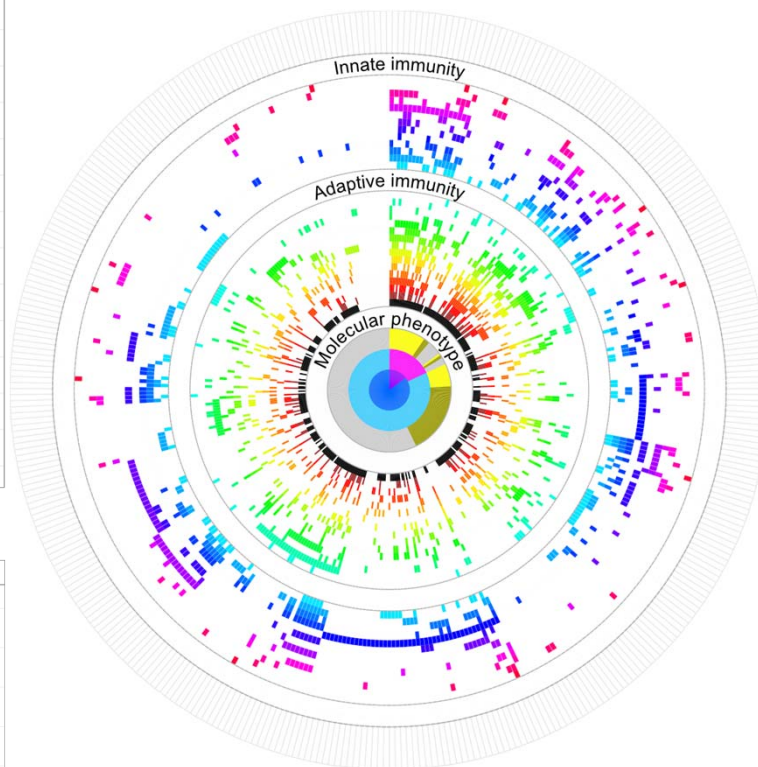
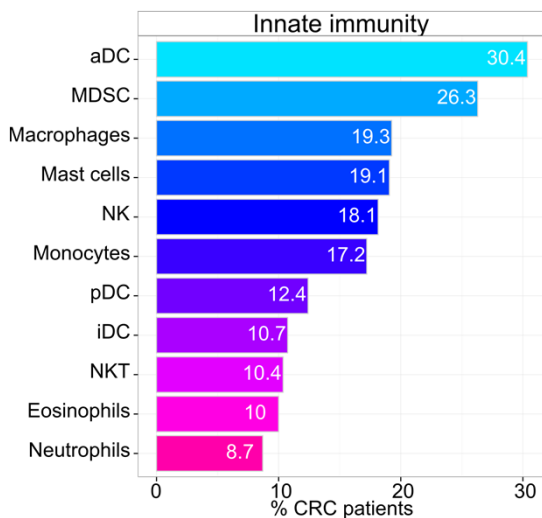
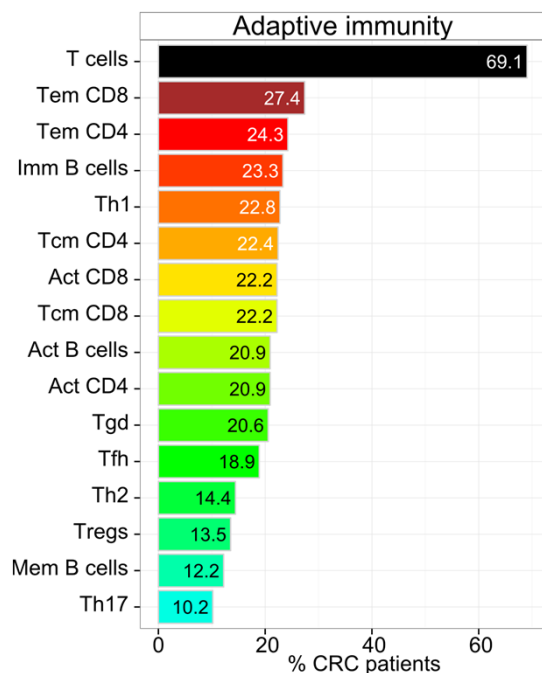
Metagenes:

Genes from the same cell type similarly expressed across all samples (patients) in the TCGA RNAseqV2 data (normalized counts) ( $\text{corr} \geq 0.6$ ;  $p < 0.01$ )

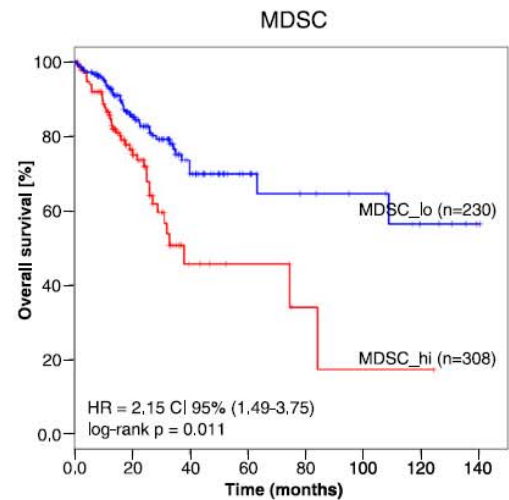
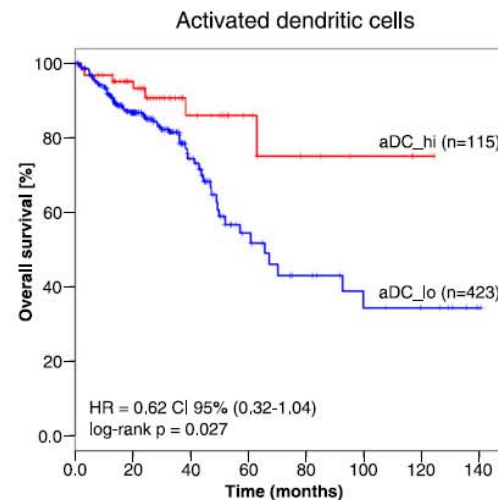
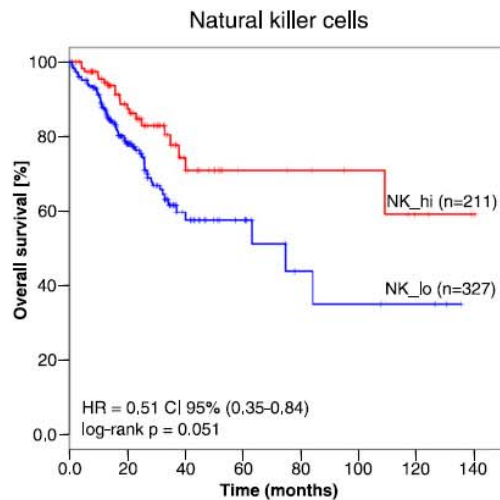
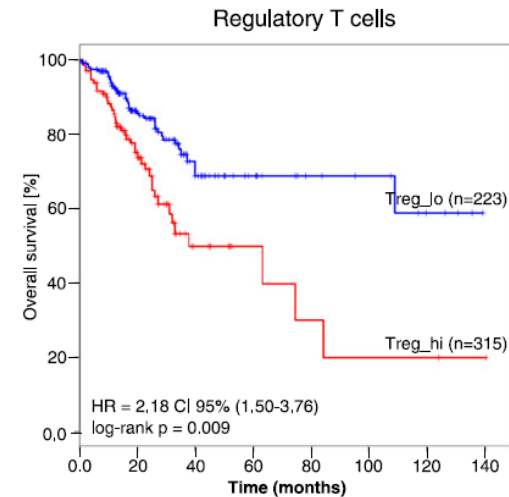
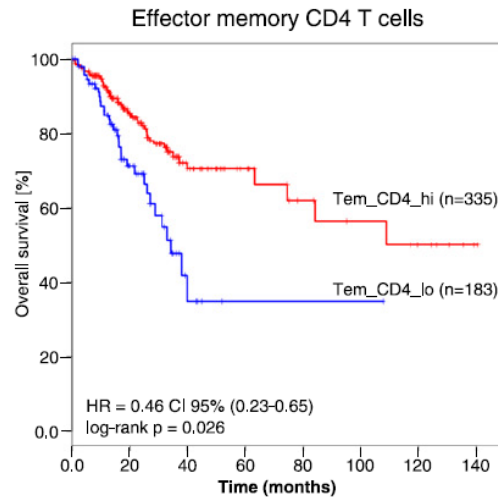
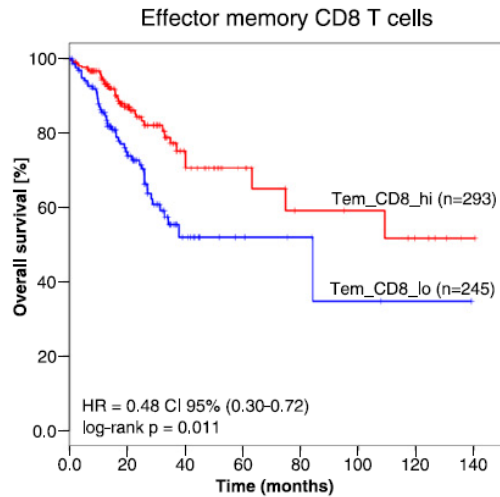


Single sample gene set enrichment analysis (ssGSEA) ( $\text{NES} > 0$ ;  $\text{FDR} < 0.1$ )

# Molecular phenotypes and TILs in CRC

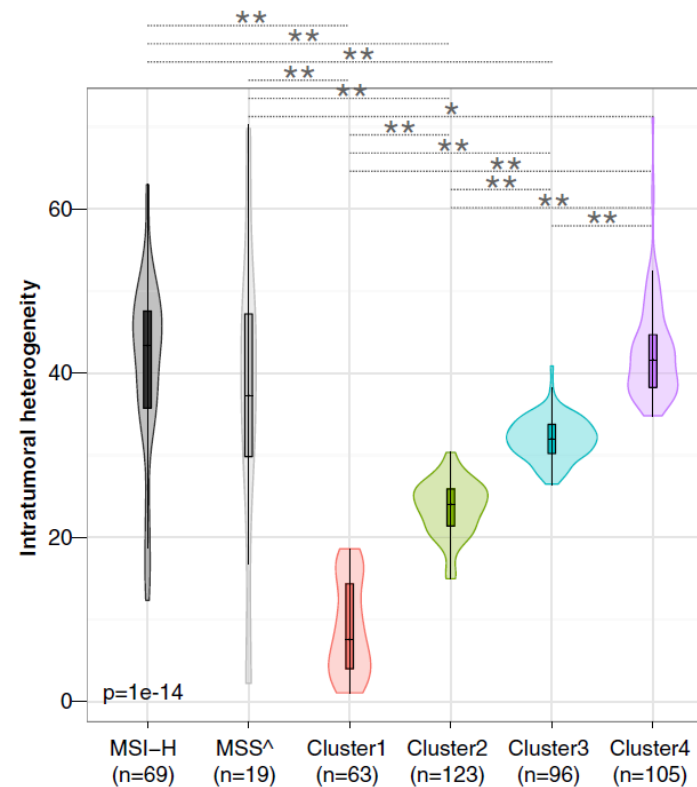


# Infiltrated immune cells are associated with survival

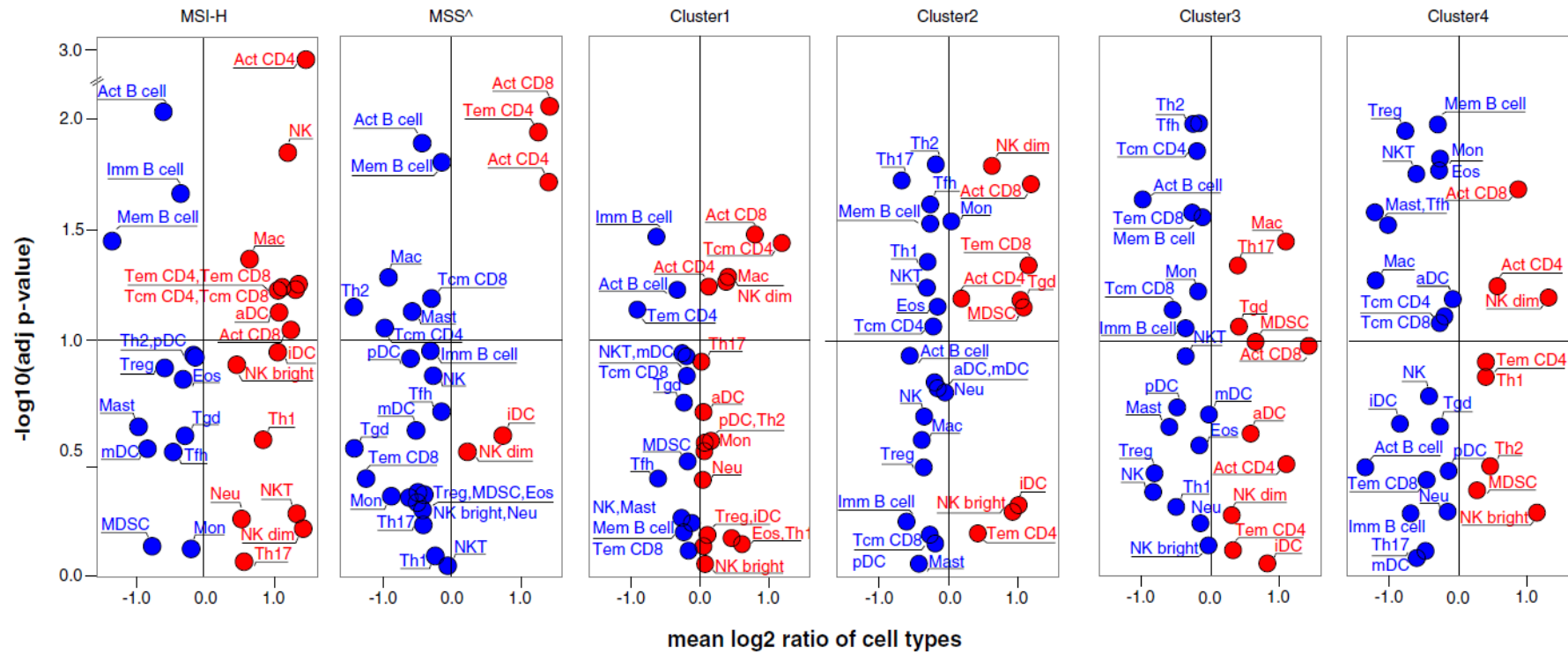


# Tumor heterogeneity

Based on whole-exome NGS data and SNP arrays cancer cell fractions and tumor heterogeneity (clones and subclones) were calculated by the ABSOLUTE algorithm. MSS patients were clustered into 4 groups

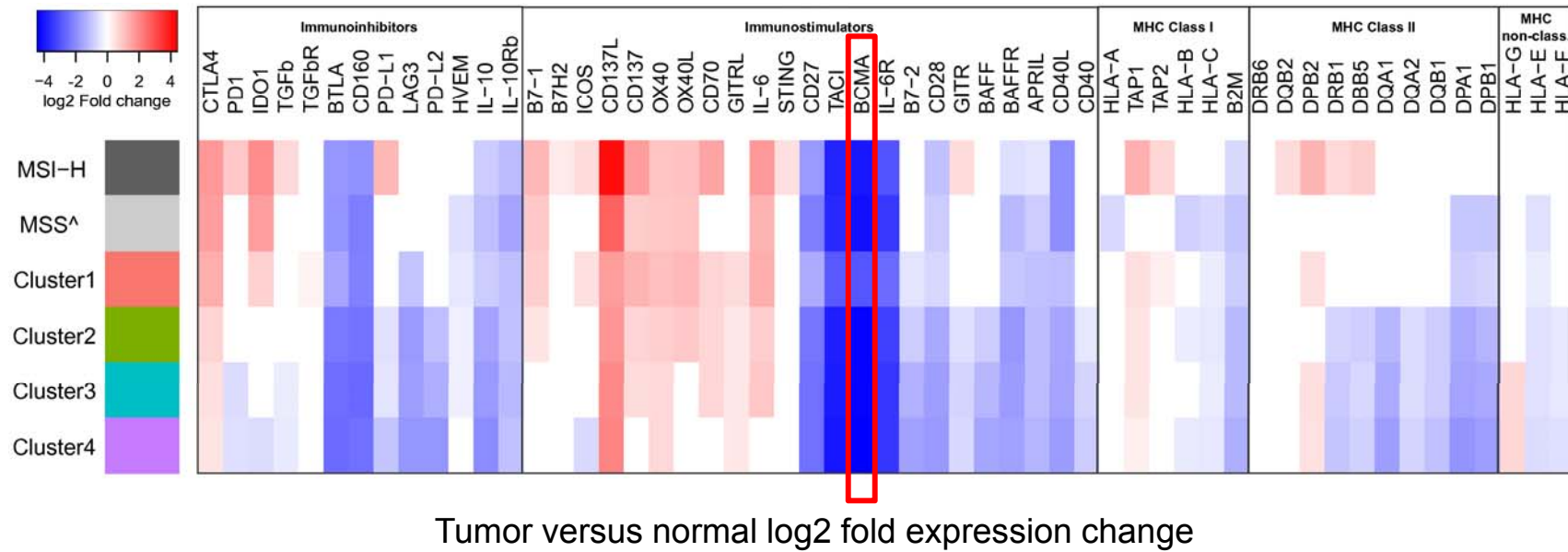


# Association of TILs with tumor heterogeneity

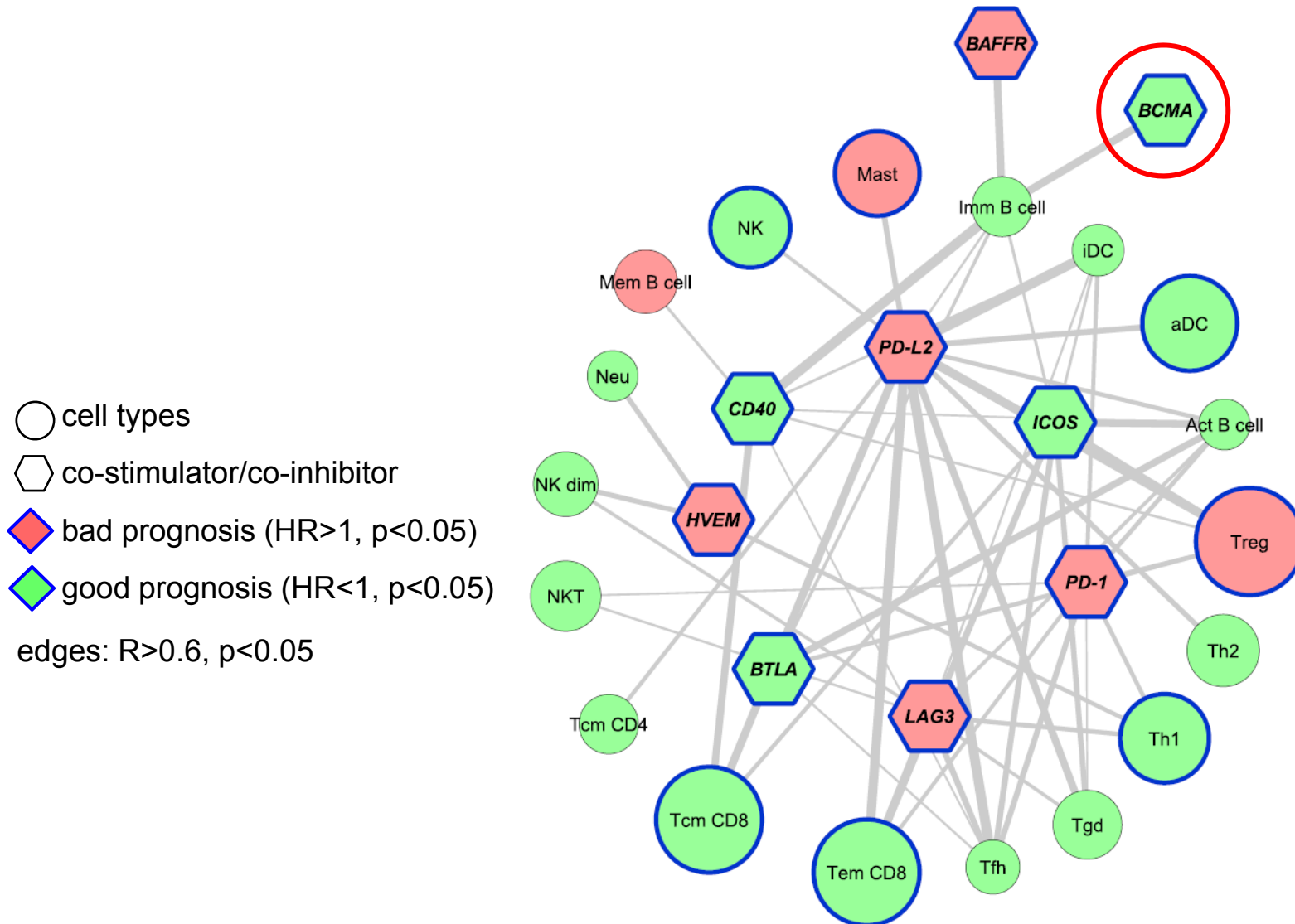




# Gene expression of immunomodulators

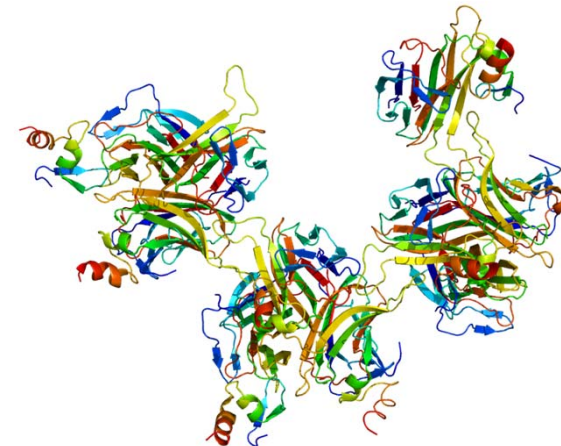
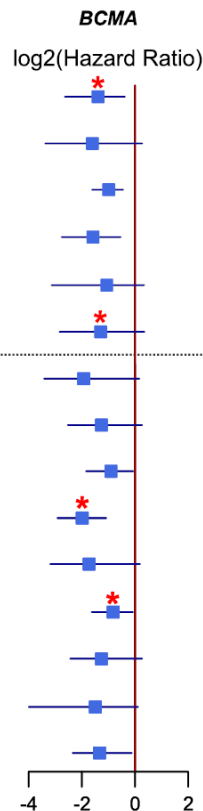


# Network reconstruction reveals candidate genes for immunotherapy



# TNFRSF17 is druggable target for cancer immunotherapy in CRC patients

<b>BCMA Survival</b>	Cohort	Log2 (Hazard Ratio)	95% CI	p-value
OS	TCGA (n=538)	-1.25	0.16-0.72	0.02
	GSE12945 (n=62)	-1.36	0.10-1.19	0.21
	GSE17538 (n=240)	-1.09	0.47-0.91	0.06
	GSE29623 (n=130)	-1.74	0.14-0.58	0.32
	GSE33113 (n=90)	-1.06	0.12-1.13	0.39
	GSE28722 (n=125)	-1.22	0.15-1.17	0.05
DFS	GSE12945 (n=62)	-2.12	0.12-1.20	0.15
	GSE41258 (n=187)	-1.84	0.19-0.89	0.12
	GSE14333 (n=290)	-0.92	0.28-0.90	0.24
	GSE17538 (n=240)	-2.02	0.14-0.34	0.00
	GSE29623 (n=130)	-1.94	0.11-1.23	0.28
	GSE39582 (n=566)	-0.84	0.34-0.72	0.03
	GSE24549 (n=83)	-1.56	0.22-0.81	0.23
	GSE24550 (n=77)	-1.69	0.01-1.16	0.99
GSE30378 (n=95)	-1.64	0.21-0.97	0.93	



**TNFRSF17 (BCMA,CD269)**  
Induces antigen presentation in B cells;  
promotes B cell survival, activates NF-  
kappaB and JNK

Ligands: BAFF, APRIL

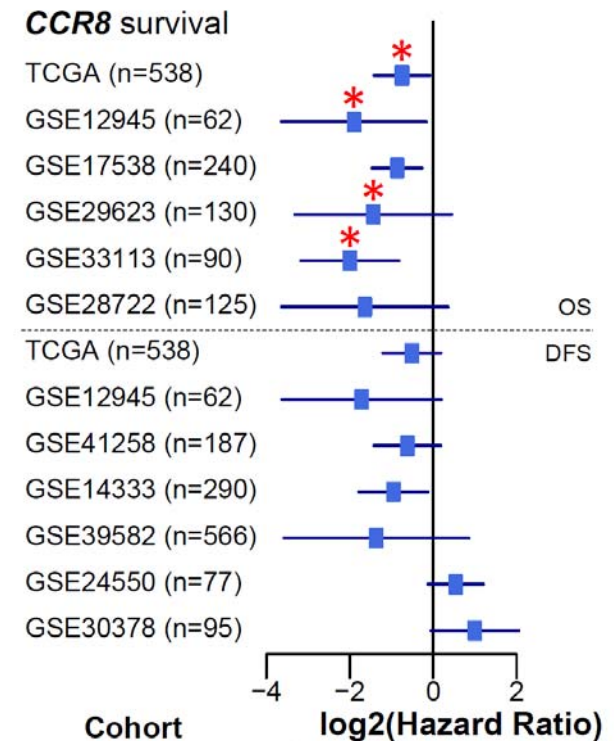
Antibodies, agonists, and mouse models  
available

Antagonist: atacicept (Phasell/III for  
rheumatoid arthritis, MS, multiple myeloma)

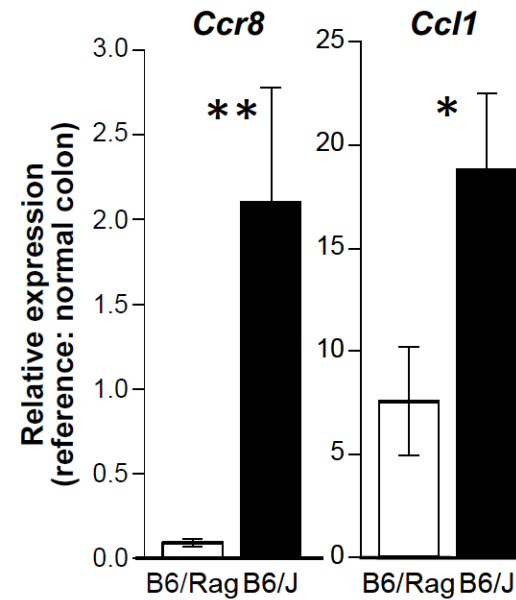
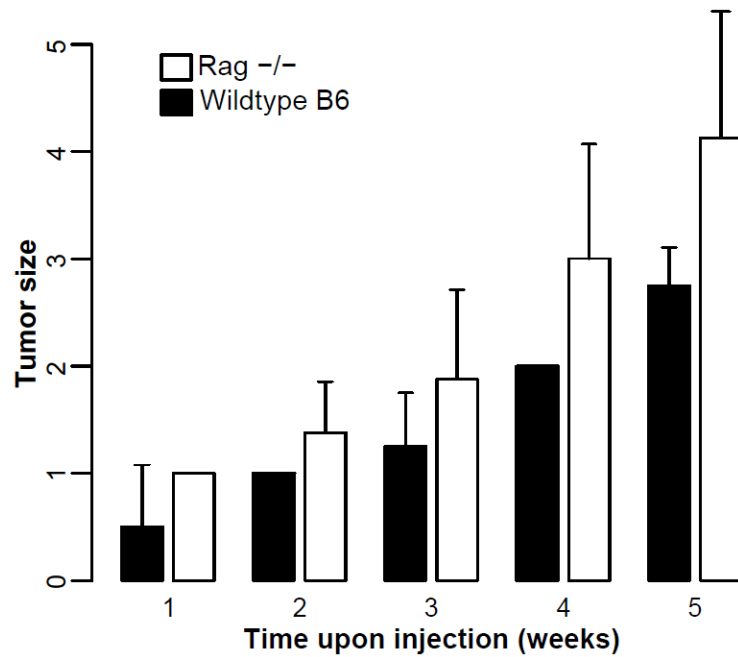
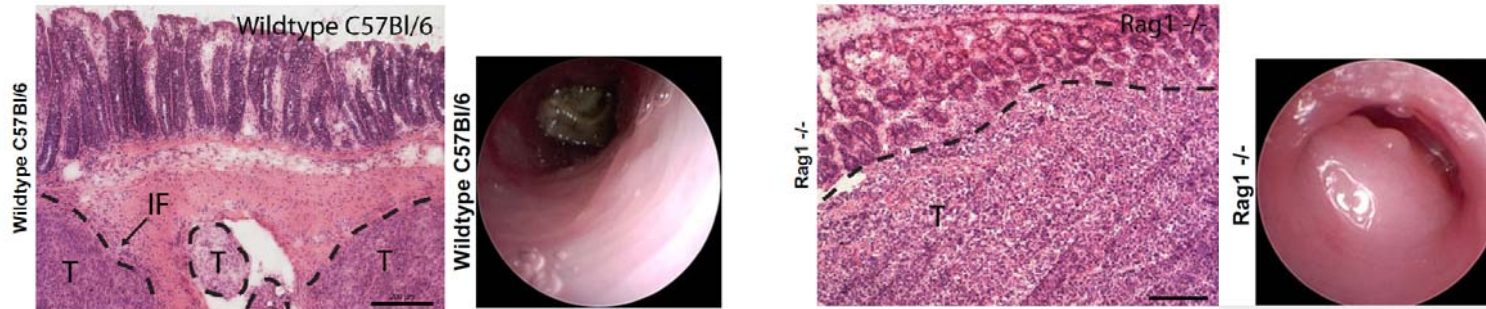
# Linear modeling identifies CCR8 as target

Test 221 parameters including chemokines, cytokines, immunomodulators, MHC molecules, Tregs, MDSC to predict cytotoxic cells (CD8,NK,Tgd cells)

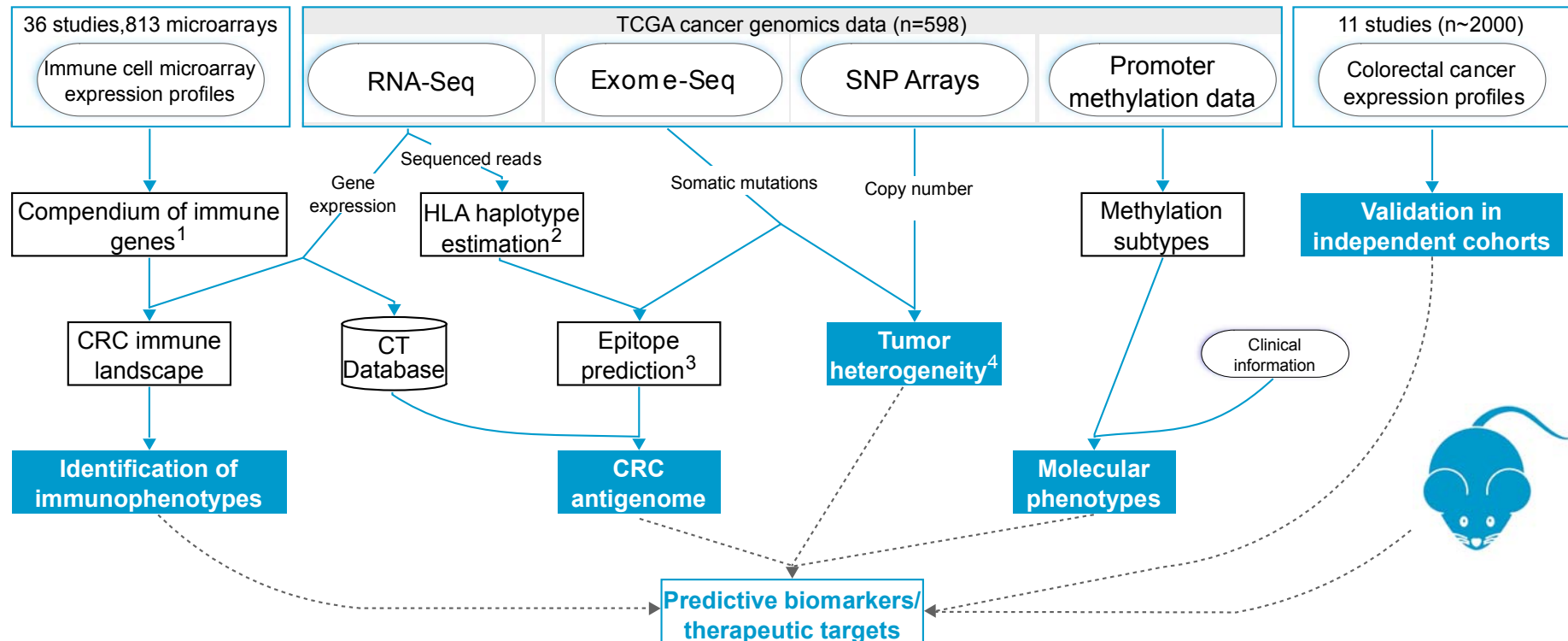
Rank	Parameters	Coefficient	Adjusted p-value	OS Hazard Ratio (CI 95%)	p-value
1	MDSC	-0.325	3.19E-28	2.96 (1.98-7.52)	0.007
2	Treg	-0.301	4.82E-17	1.87 (1.04-3.77)	0.065
3	<b>CCR8</b>	0.421	1.55E-15	0.62 (0.37-0.96)	0.045
4	<b>CXCR5</b>	0.402	4.32E-15	0.62 (0.35-0.99)	0.994
5	<b>CD86</b>	0.351	7.14E-09	1.58 (1.00-2.80)	0.594
6	<b>PD-L2</b>	0.195	6.99E-07	2.03 (1.27-5.00)	0.044



# Ccr8 is less expressed in an orthotopic induced tumor (MC38) in Rag1<sup>-/-</sup> mouse model.



# Deep mining of genomic data



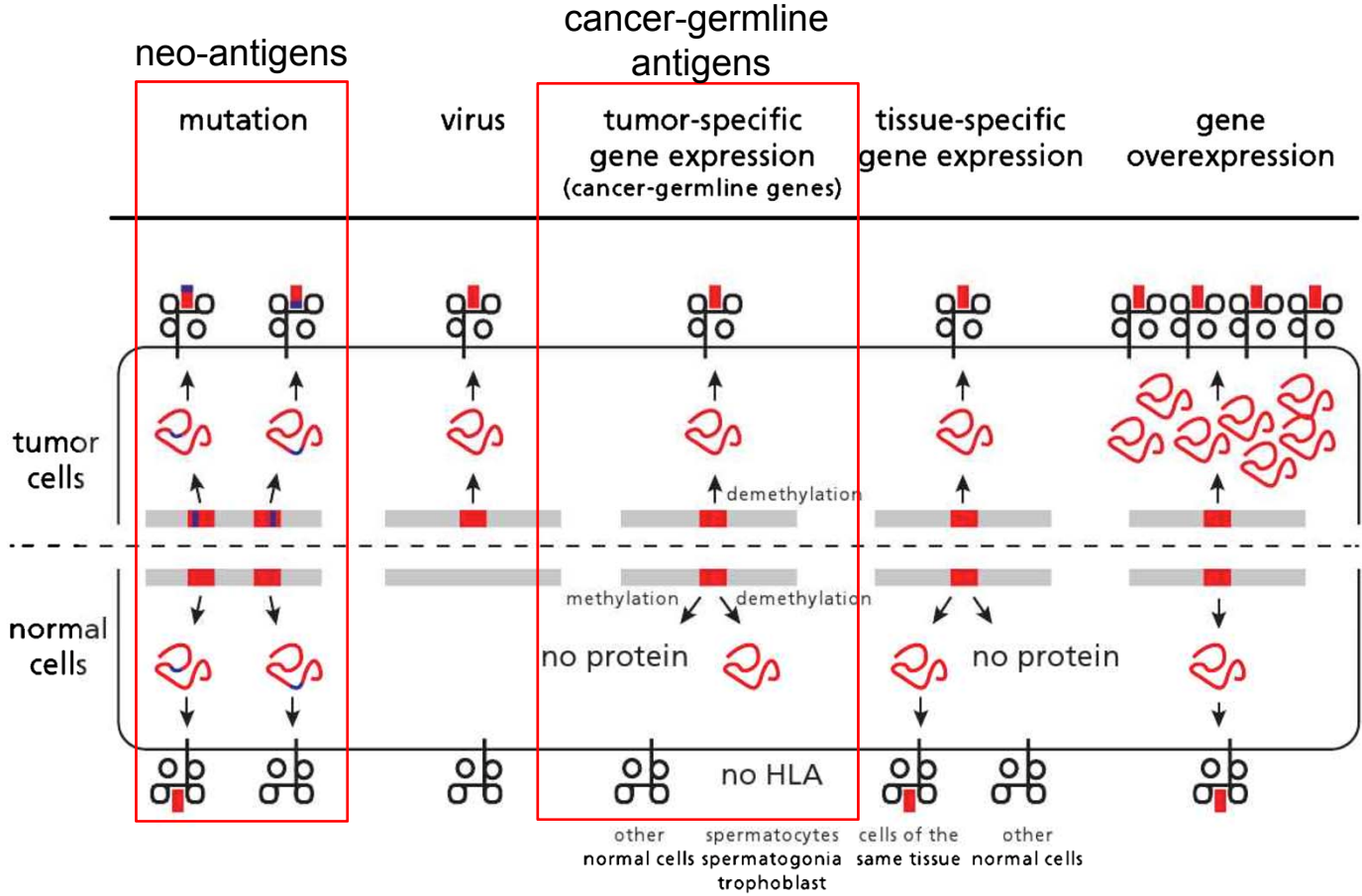
## Tools/Methods

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2. Warren R L *et al. Genome Medicine* 2012; 4: 95.
3. Nielsen M *et al. PLoS ONE* 2007; 2: e796
4. Carter SL *et al. Nat Biotech* 2012; 30: 413-421

## Data

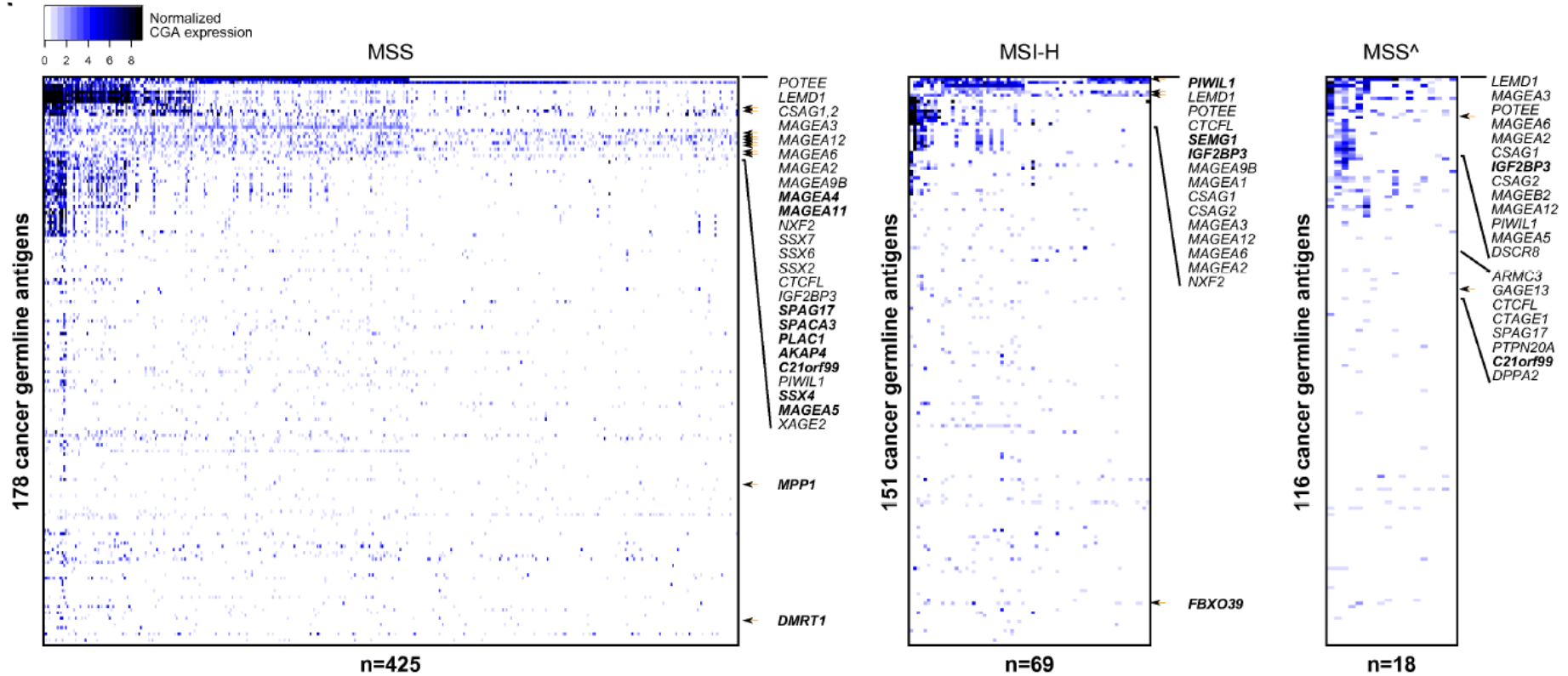
The Cancer Genome Atlas Network. *Nature*; 487: 330-7  
 16.5 TB microarrays: 25 GB, SNP-arrays 250 GB,  
 exome-Seq: 9 TB, RNA-seq: 7.2 TB

# Classes of tumor antigens recognized by T-cells



Romero P, Coulie PG. Adaptive T-cell immunity and tumor antigen recognition. Tumor immunology and immunotherapy, Rees RC (Ed). Oxford University Press

# Cancer-germline antigens in CRC





# CRC landscape of neo-antigens is sparse

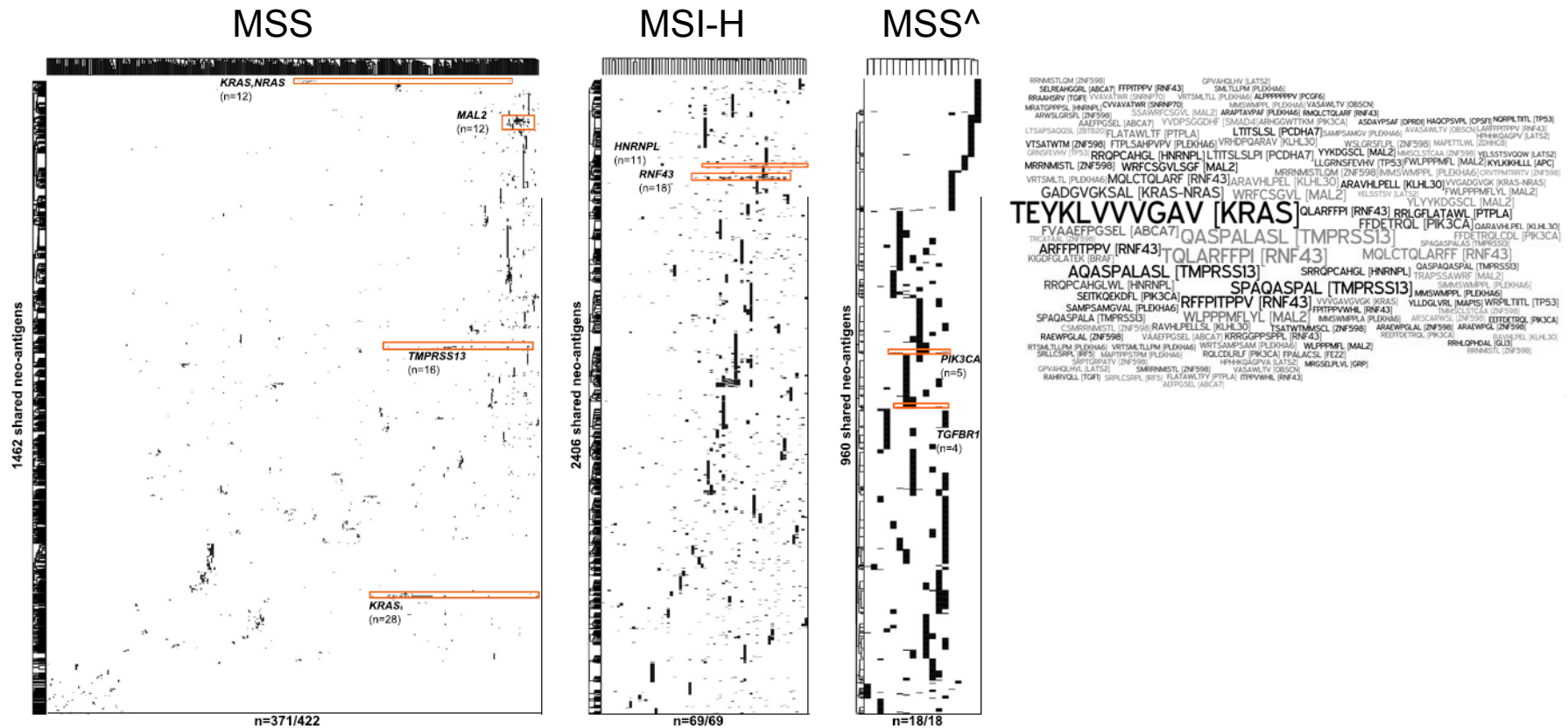
222.169 somatic mutations

Peptide length 8-11

HLA-miner => predict four-digit HLA class I allele

} NetMHCpan

Immune Epitope Database, Dana Faber repository, CIG-DB, MHCBN, PeptideDatabase, SYFPEITHY, TANTIGEN only 13 were experimentally confirmed



# Conclusion

Adaptive immunity is associated with lower tumor aggression and prolonged survival in CRC patients

Novel prognostic markers and identification of individuals at high risk for metastasis (TNM-I)

Immune landscape and tumor immunogenicity are evolving during progression of CRC

Development of strategies for modulating the immune landscape

2 novel targets for therapy:

- TNFRSF17(BCMA) identified using network approach and validated in 11 independent cohorts.
- CCR8 identified by linear modeling and feature reduction method. Ccr8 is not expressed in Rag1<sup>-/-</sup> mice indicating that is expressed in immune cells (CCR8-CCL1 axis might be different in endothelial tumors).

CRC antigenome is sparse (small number of neo-antigens are shared between patients)

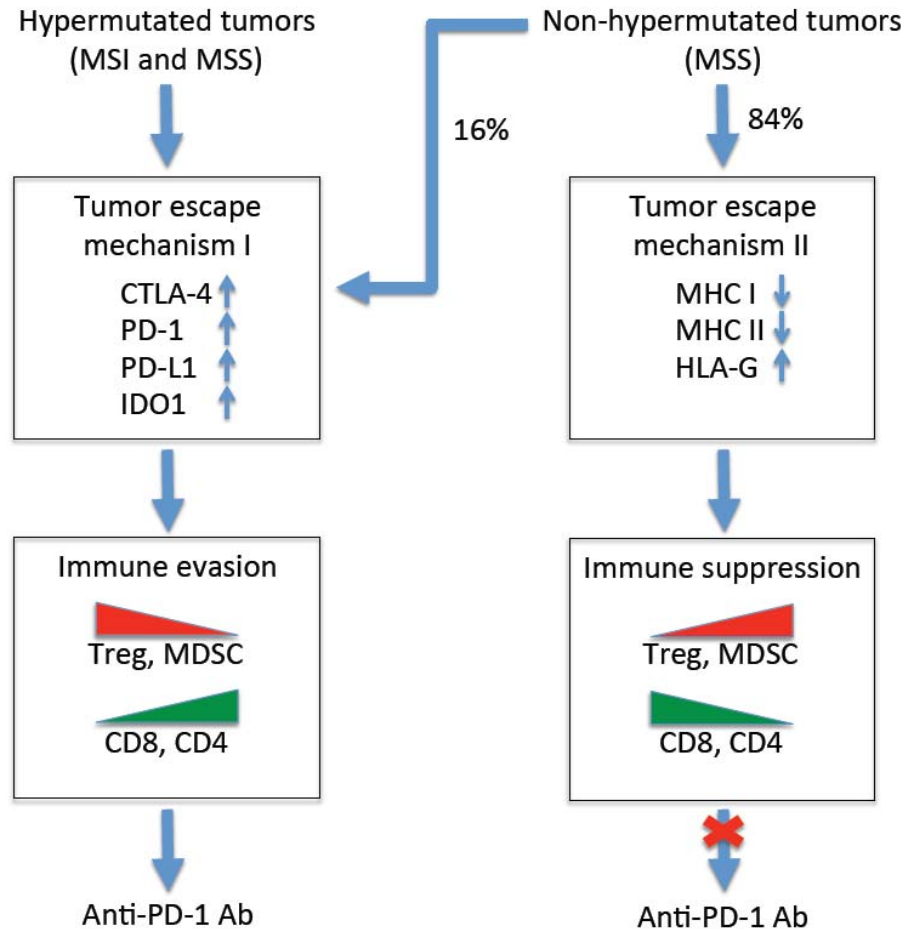
Cancer vaccination strategy requires individualized multiepitope vaccines

Cancer germline antigens are expressed within more patients

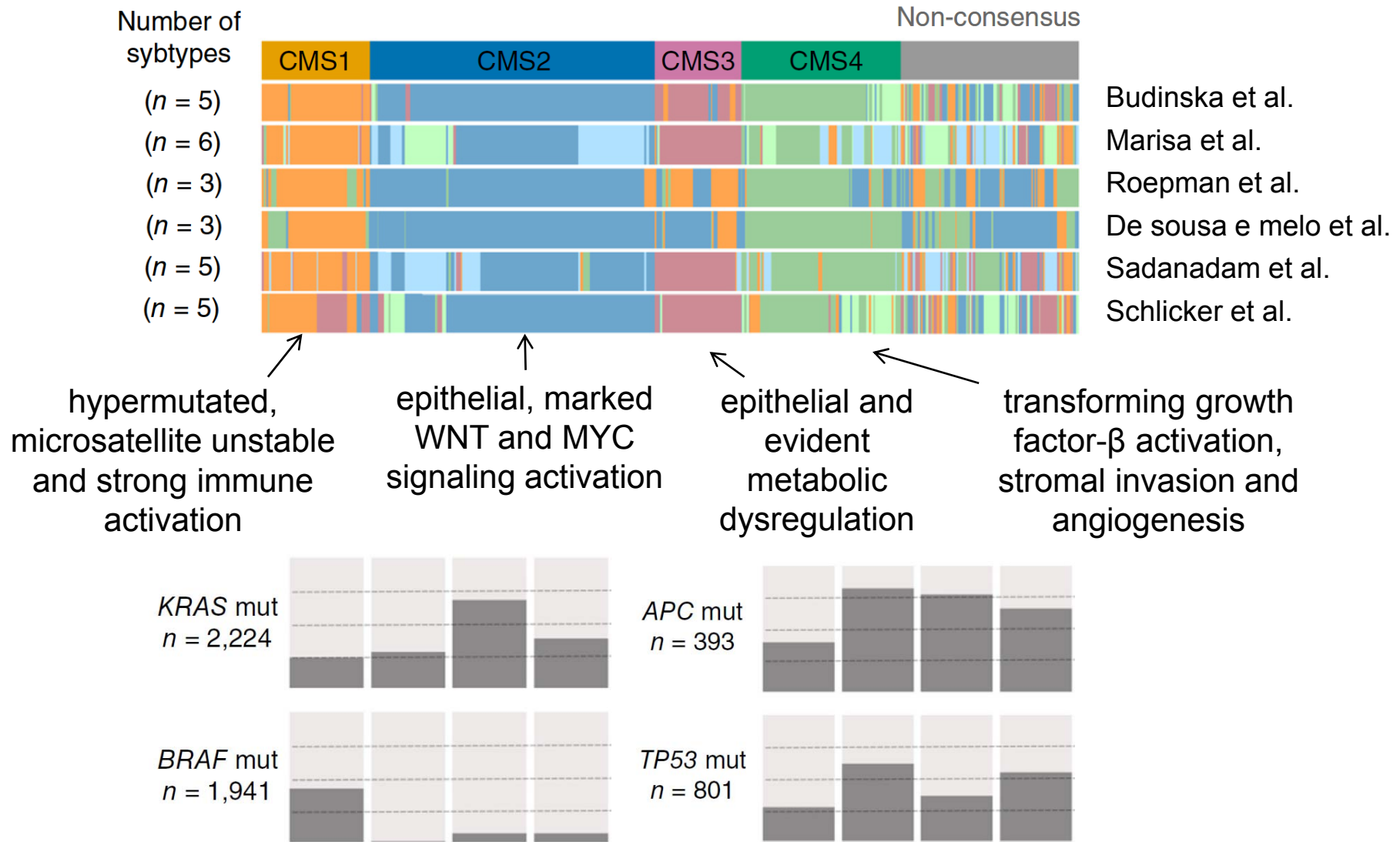
Patients for cancer vaccination should be stratified rather on intratumoral immune landscape than on molecular phenotype

Inverse association between tumor heterogeneity and immune responses

# Conclusion



# Consensus CRC molecular subtypes



Can microRNA expression signatures and their (predicted) target landscape be used to discern these molecular and cellular subtypes?

# Genomic data

TCGA

546 CRC tumors  
11 tumor-normal pairs

miRNAseq

mRNAseqV2

CNA    Methylation

Clinical information

GEO GSE35602

14 tumor epithelium stroma	4 normal epithelium stroma
----------------------------------	----------------------------------

miRNA microarrays (Agilent)

mRNA microarrays (Agilent)

# microRNA-target genes

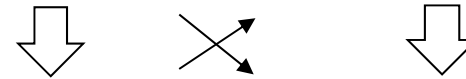
## *In silico* prediction tools

- miRanda (miRBase)
- miRanda (microrna.org)
- PITA (all targets 3/15 flank)
- PicTar (4-way)
- PicTar (5-way)
- TargetScan42 (conserved)
- TargetScan42 (noncons.)
- DIANA-microT
- EIMMo

AGO-CLIP data sets

microRNA  
expression

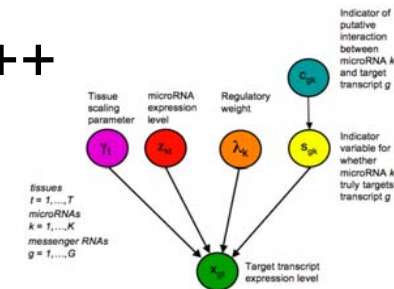
mRNA  
expression



Priors



GenMir++



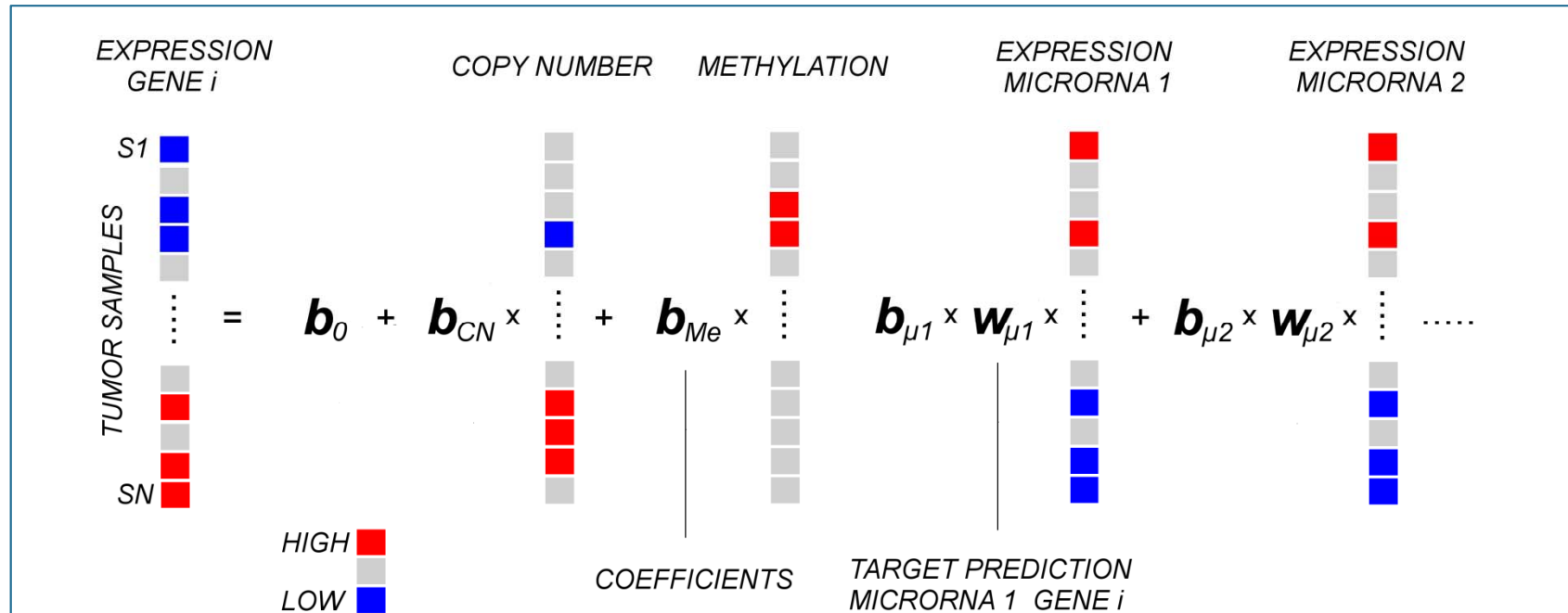
Huang et al. *Nat Methods* 2007



Bayesian  
prediction score

# Gene expression model

- Linear model of gene<sub>i</sub> expression in tumor samples

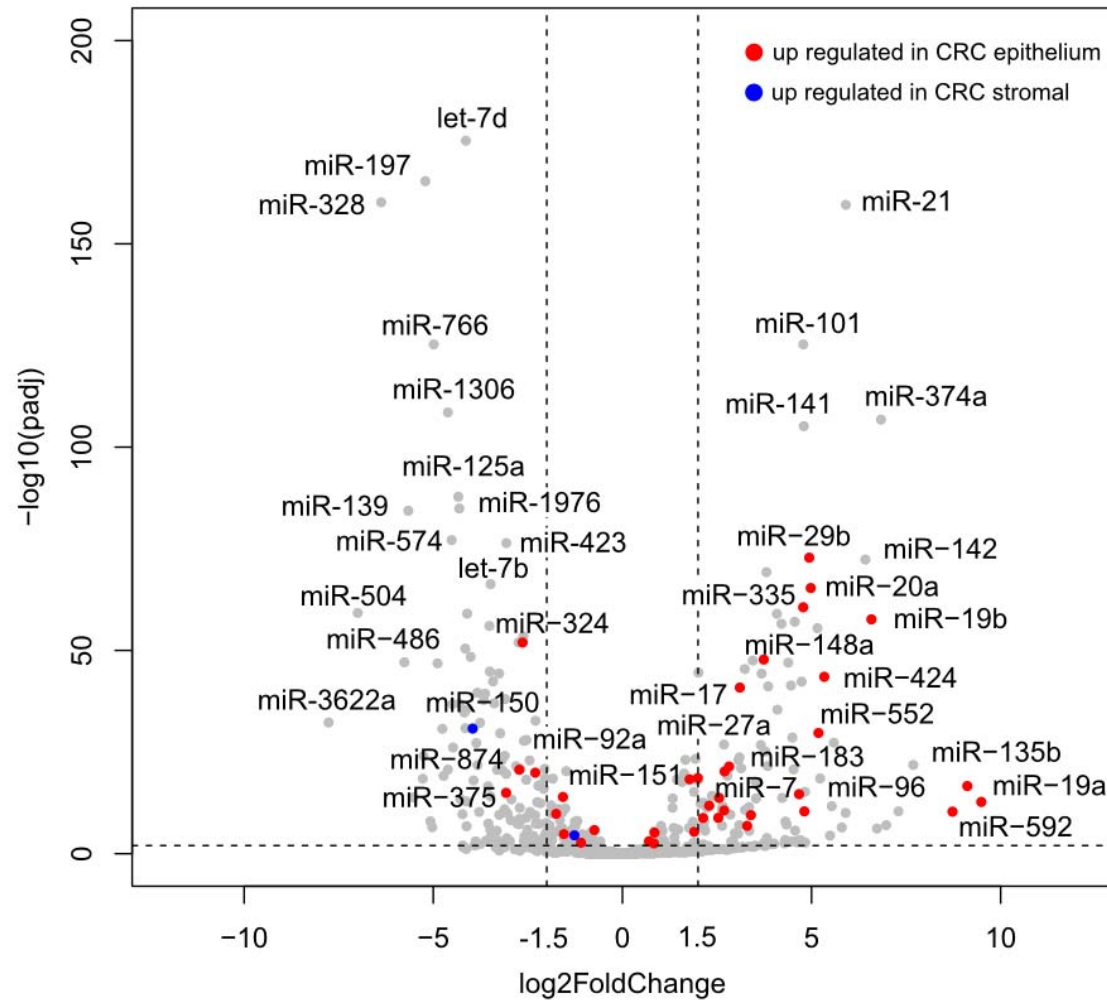


$w=1.0$  (AGO-CLIP and/or >4/10 prediction tools)  
 $w=0.8$  (2-4/10 prediction tools)  
 $w=0.5$  (1/10 prediction tools)

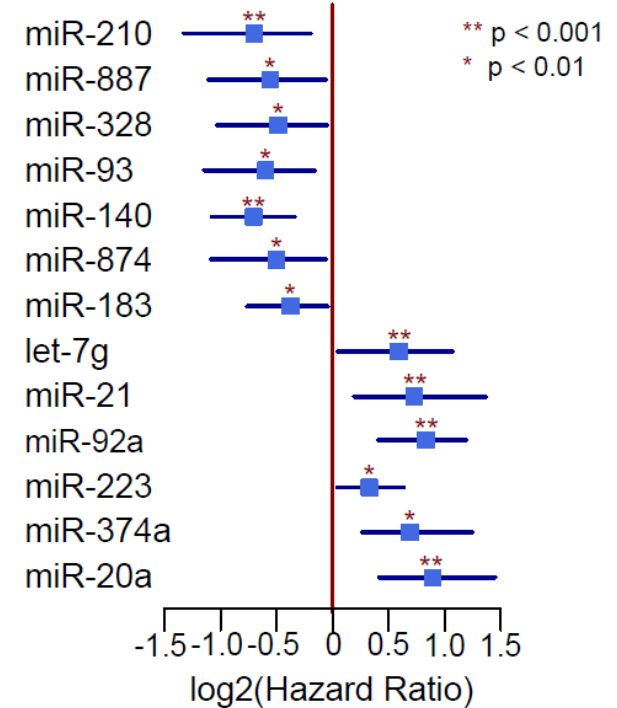
Least absolute shrinkage and selection operator (LASSO) and cross validation



# microRNAs differentially expressed between tumor and normal tissue

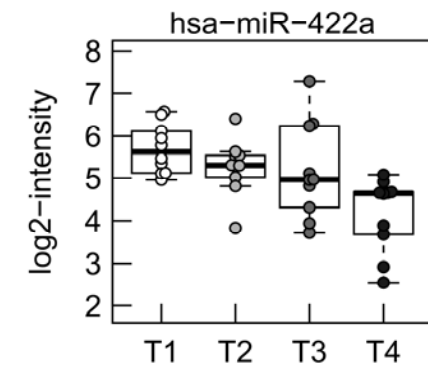
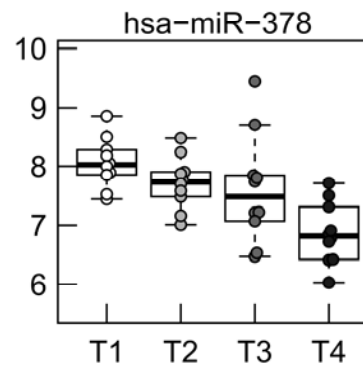
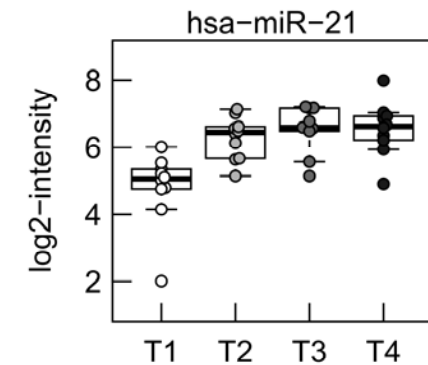
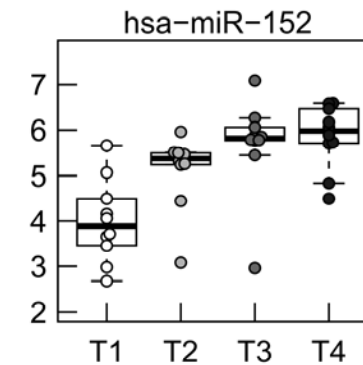
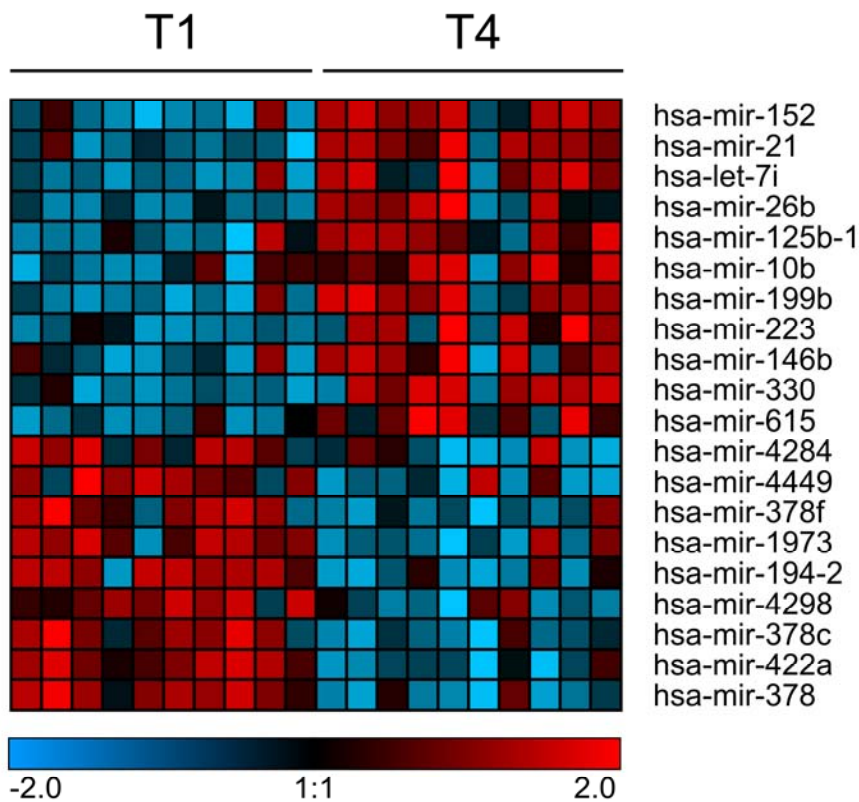


## OS TCGA (n=538)



## Most significant miRNAs

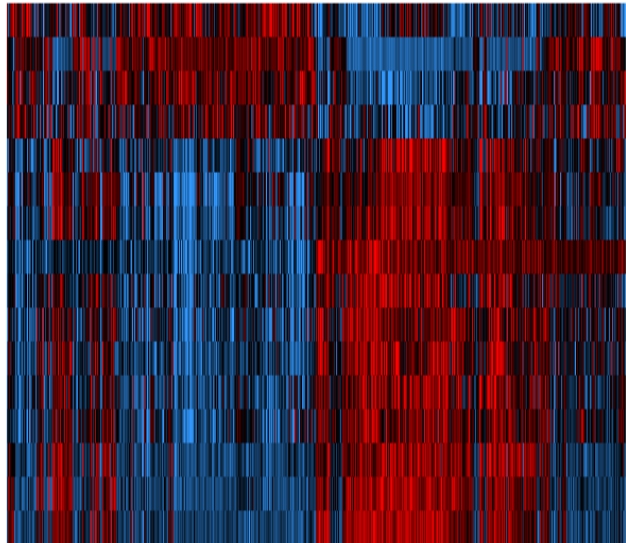
# microRNAs differentially expressed between between tumor stages



Log<sub>2</sub>-FC (T4vsT1)>1.5; adj. p<0.

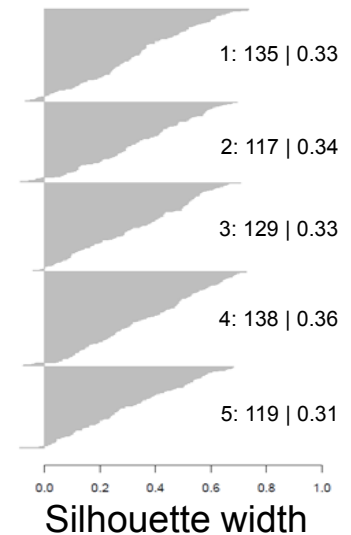
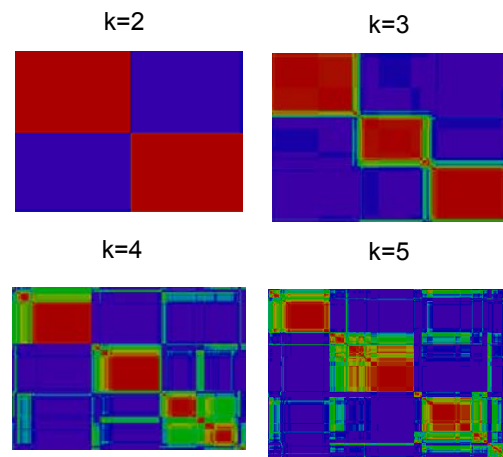
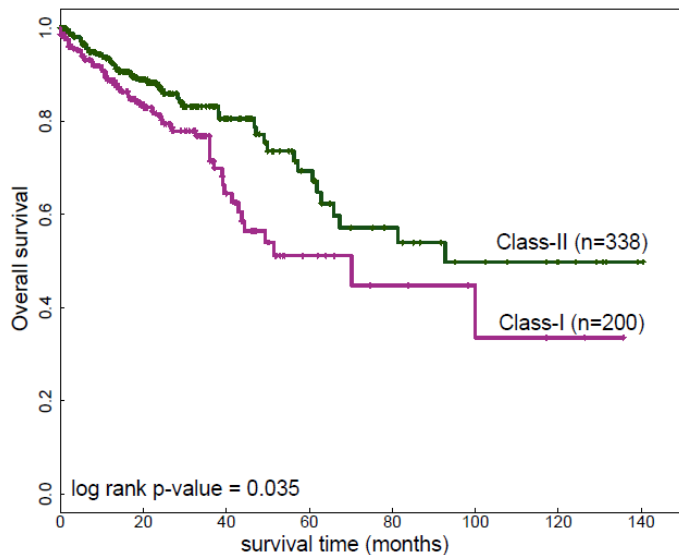
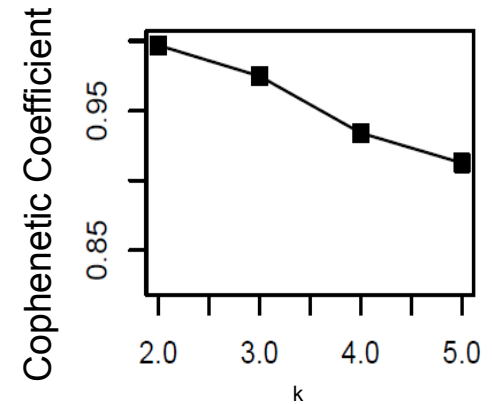
Spearman rank correlation (T1,T2,T3,T4) rho>0.5 (<-0.5)

# Identification of microRNA based CRC classification

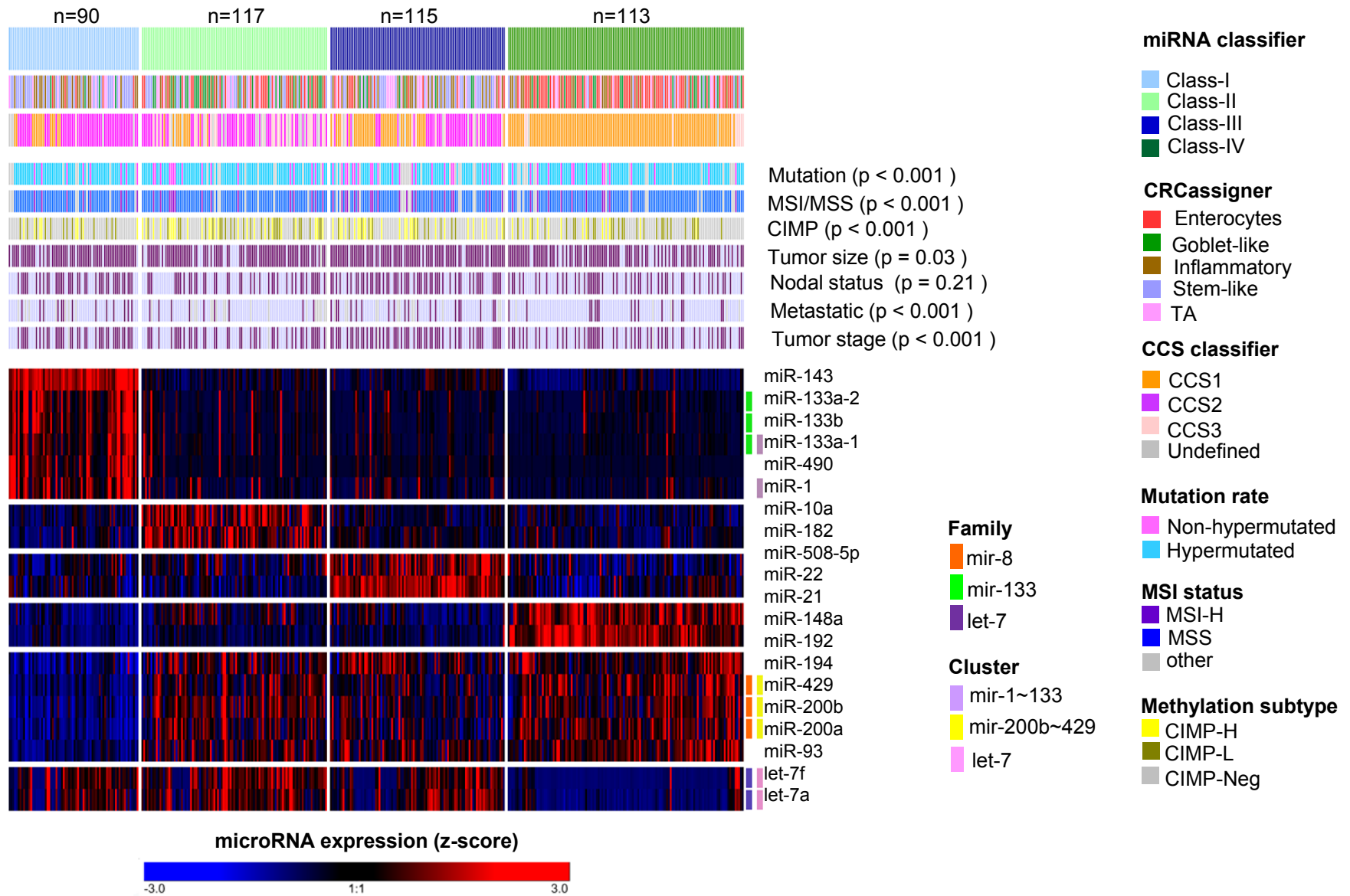


miR-143  
let-7f-2  
miR-101-2  
miR-181d  
miR-33b  
miR-3607  
miR-3647  
miR-210  
miR-455  
miR-577  
miR-616  
miR-301a  
miR-590  
miR-106a  
miR-26a-1  
miR-628

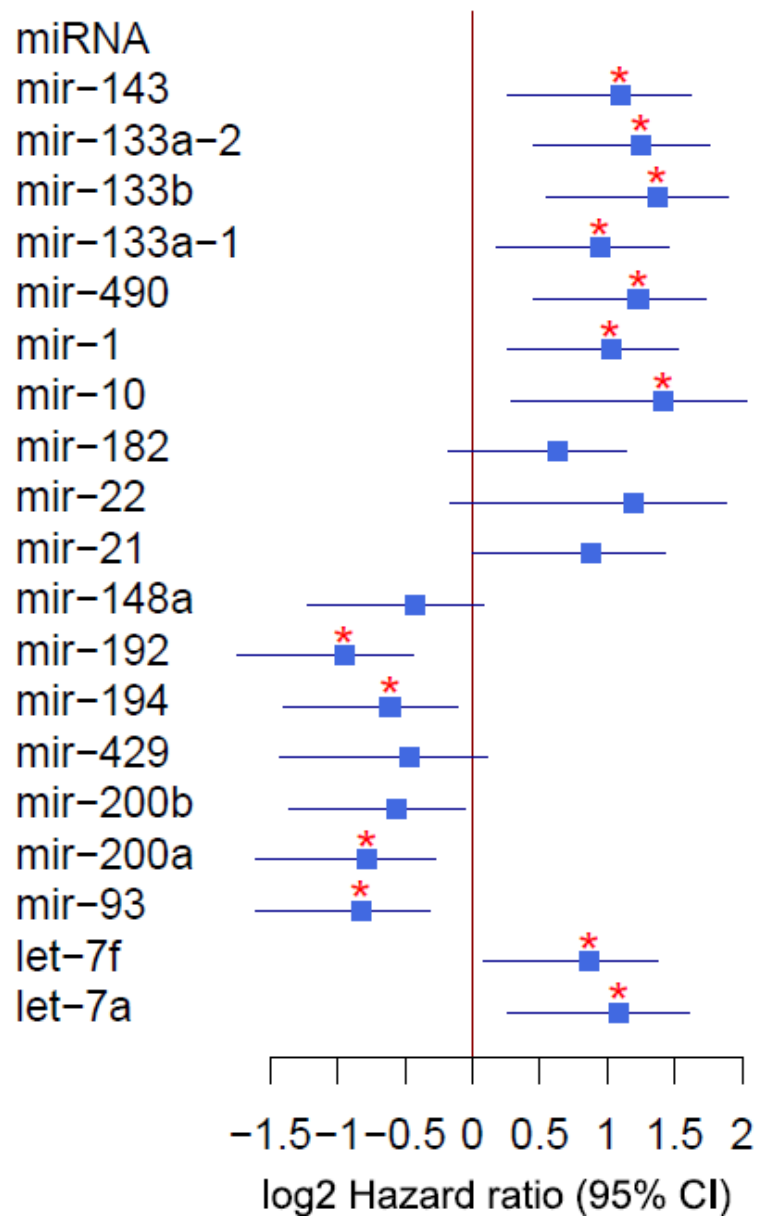
None-negative matrix factorization (NMF)  
Consensus clustering  
Nearest shrunken centroids (PAM)  
Jenssen-Shannon divergence



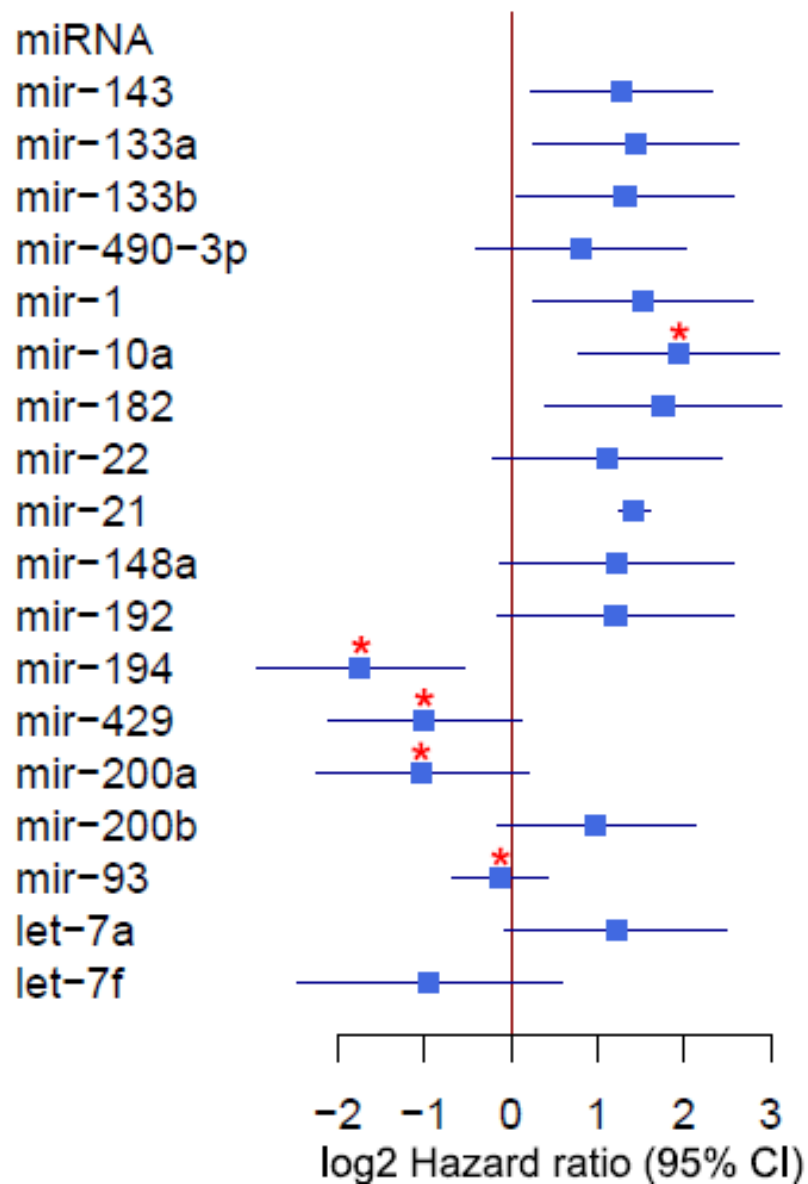
# MicroRNA based CRC subtype classification



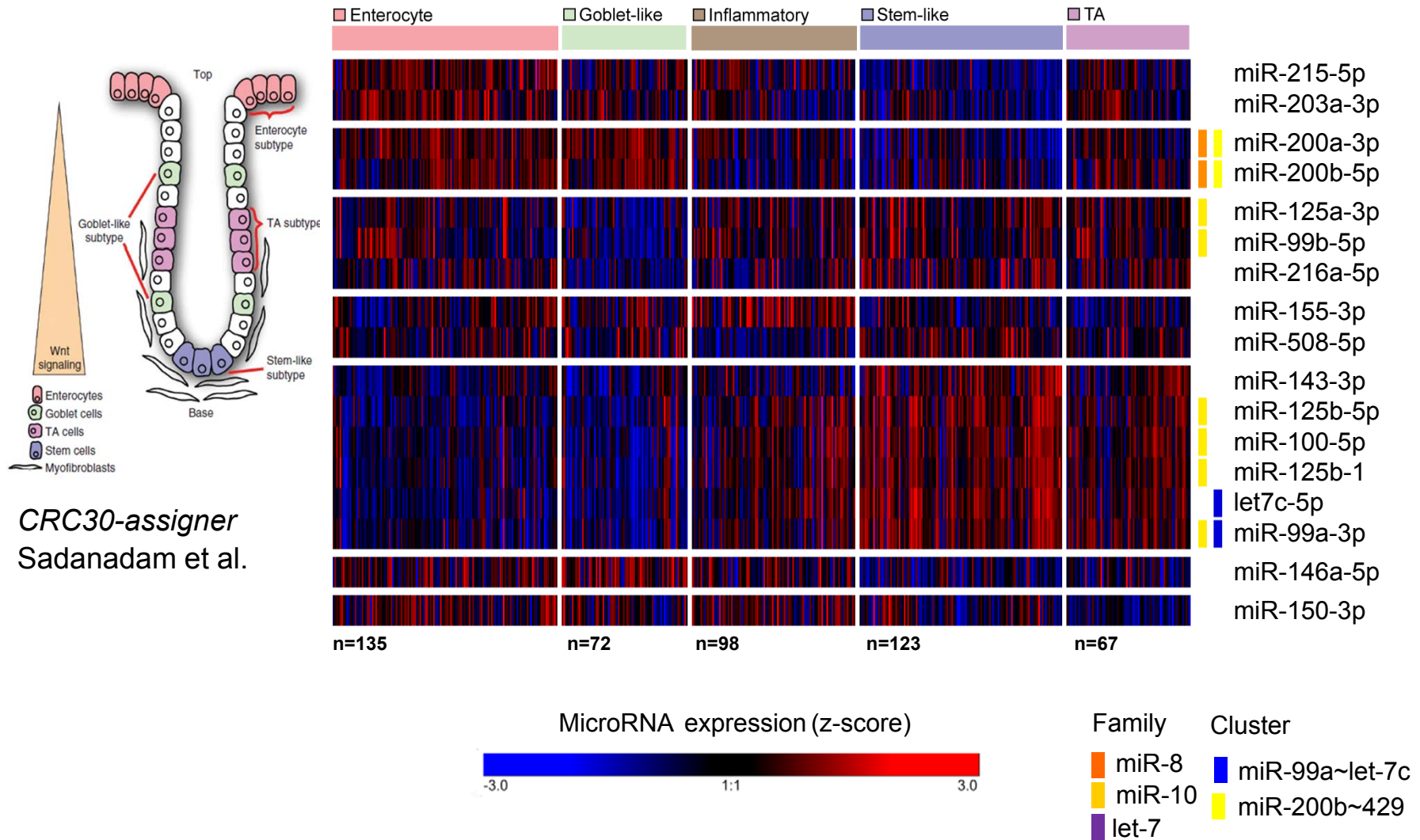
TCGA (n=403)



GSE29622 (n=65)

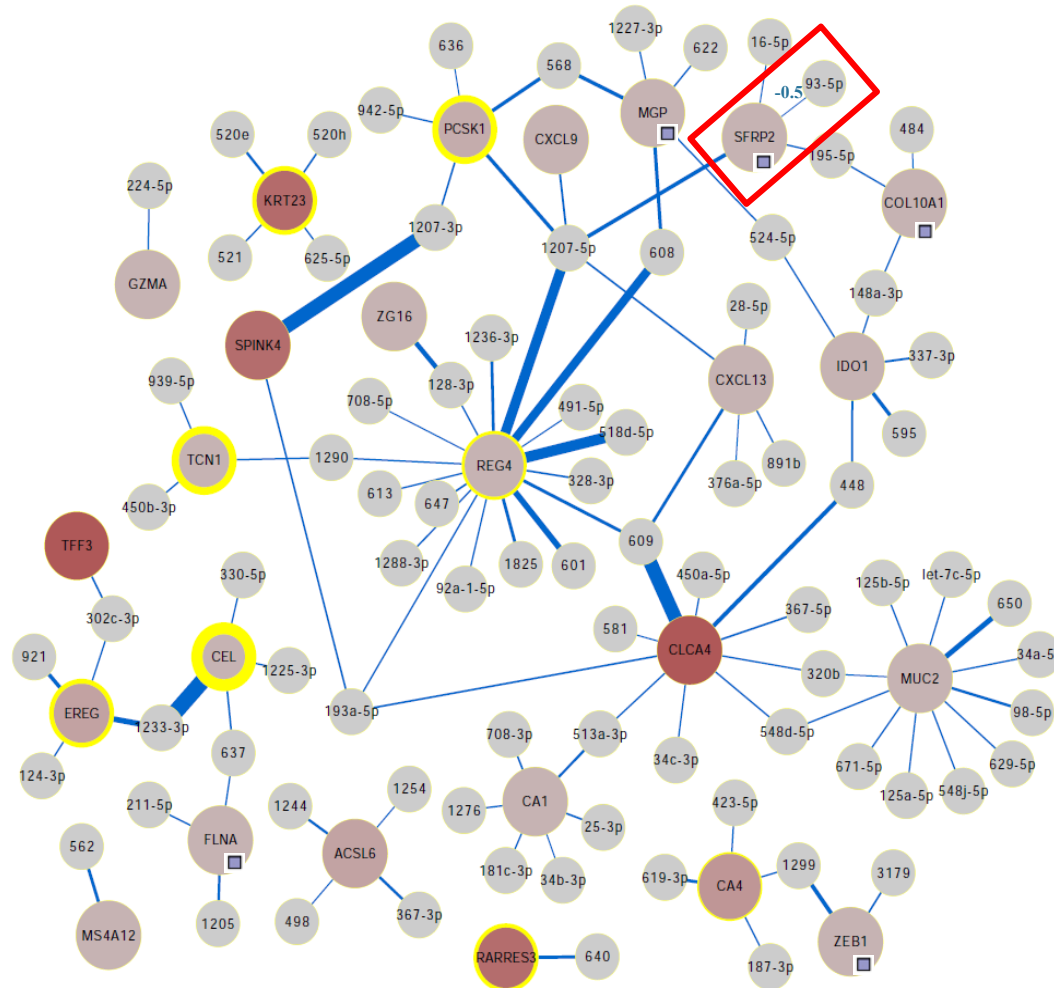


# MicroRNAs discerning cellular CRC subtypes



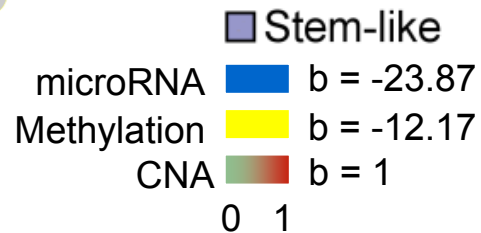
CRC30-assigner  
Sadanadam et al.

# microRNAs targeting CRC30 assigner genes

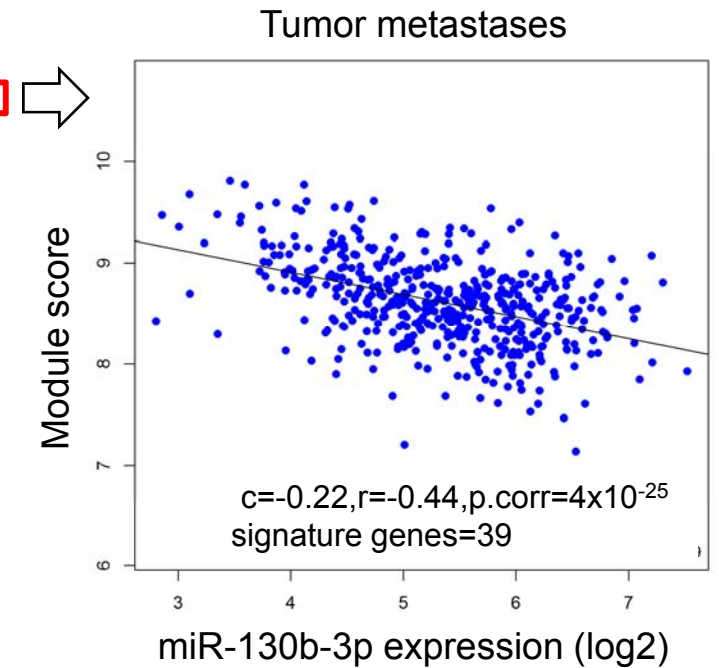
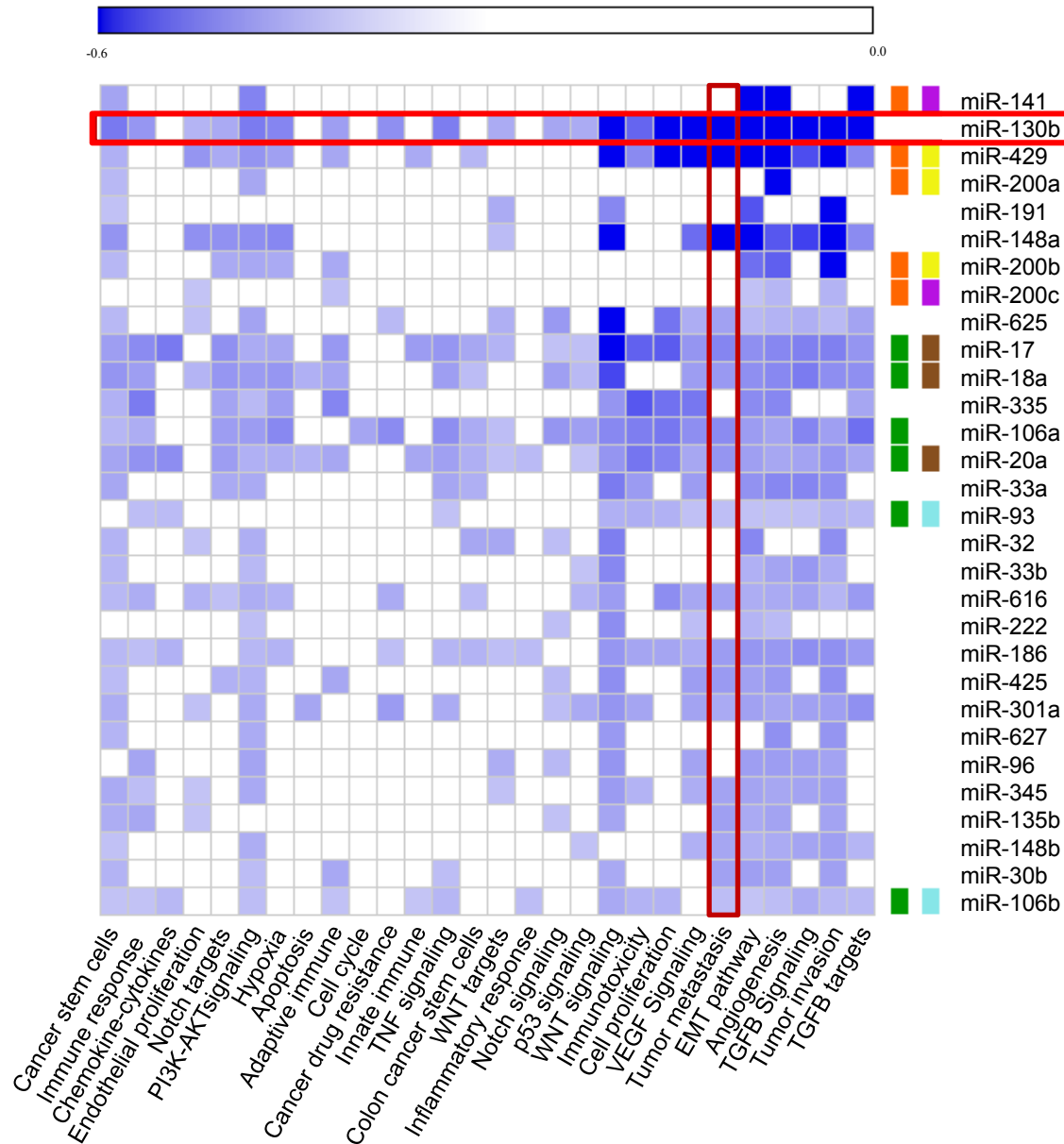


hsa-miR-93 down-regulated  
in CRC stem cells  
(SW1116csc)

Yu XF et al. *WJ  
Gastroenterol.* 2011

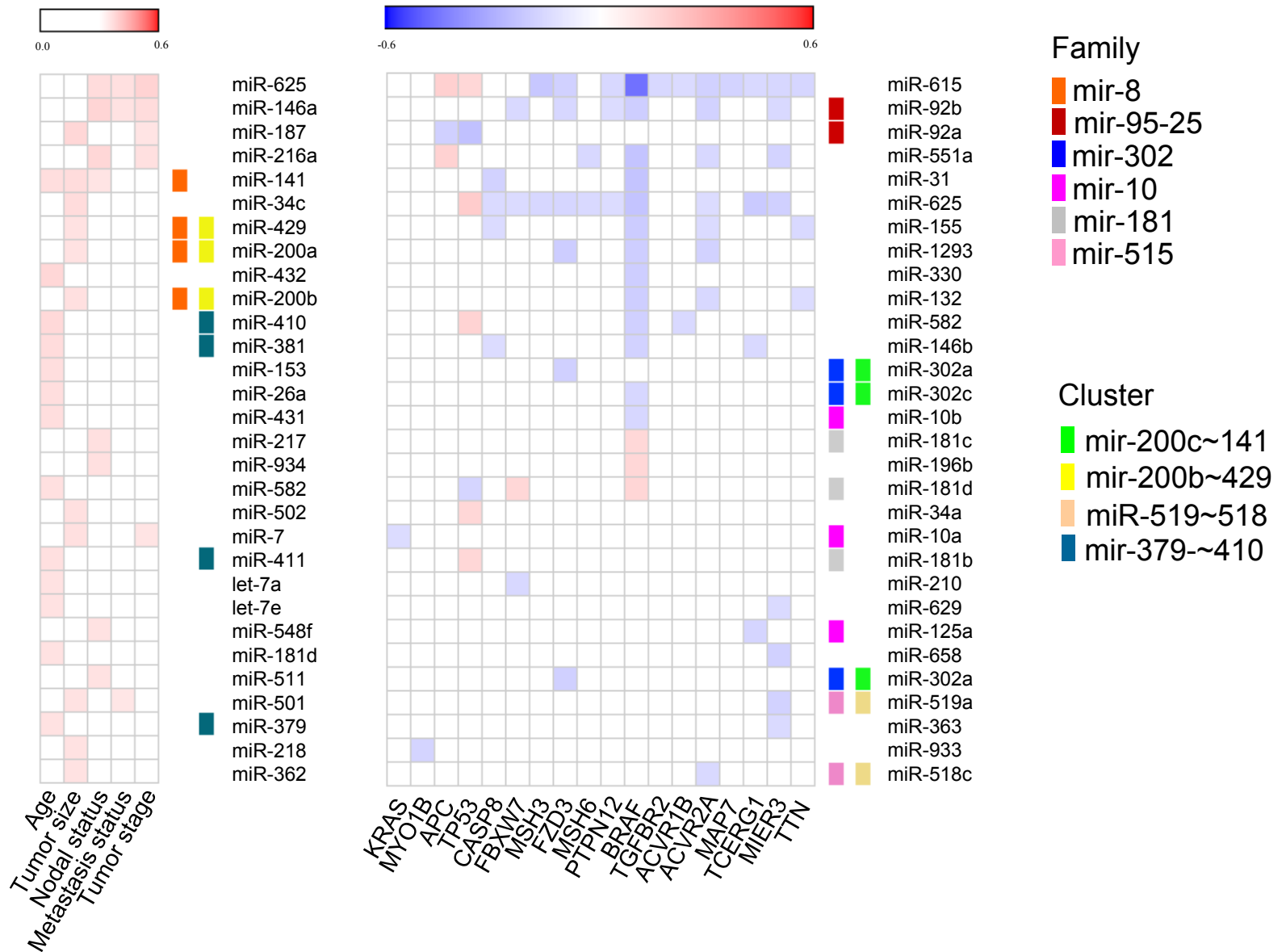


# Biological processes associated with miRNAs

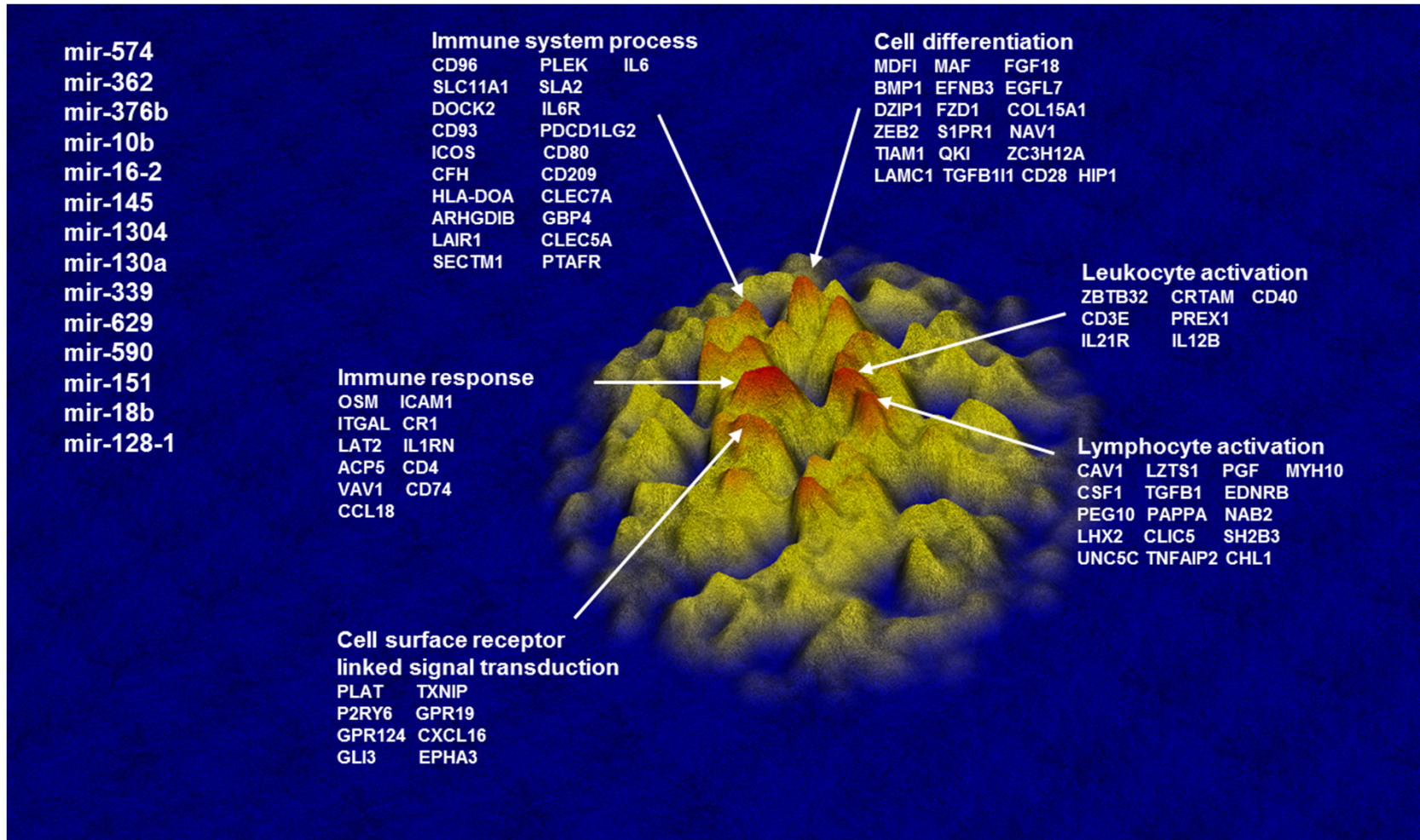




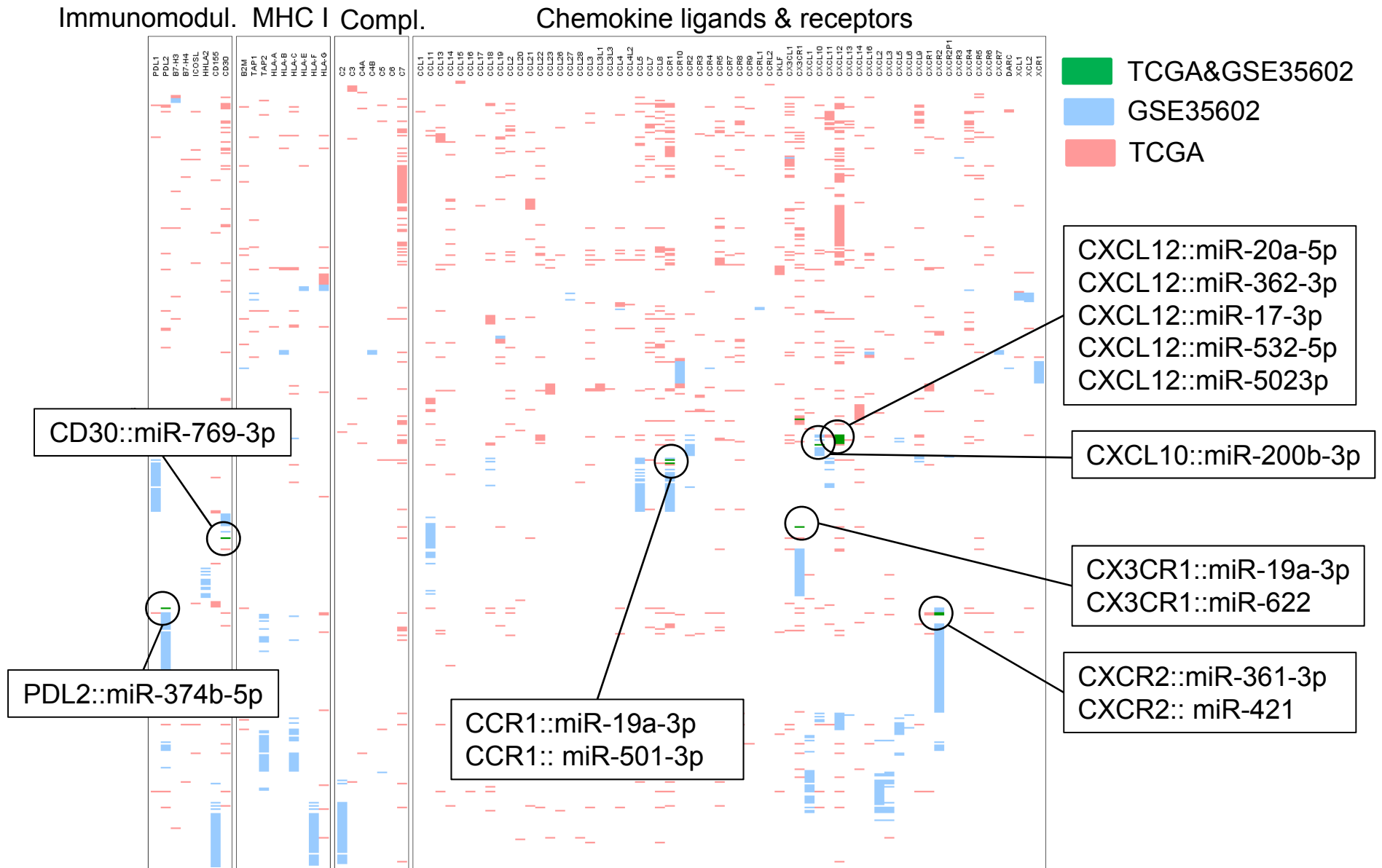
# Clinicopathologic factors and mutated genes associated with miRNAs



# MicroRNA target landscape



# MicroRNAs targeting immune related genes in CRC epithelium



# Summary

MicroRNA signatures discerning molecular and cellular subtypes

Cluster	miR-93
mir-200c~141	– part of mir-106b~25
mir-200b~200a~429	– potentially targeting SFRP2 (CRC30 assigner, Wnt signaling)
mir-17~92	– down-regulated in CRC stem cells
mir-106b~25	– in 4 group classification signature
	– significant good OS prognosis
	miR-130b
	– in module score associated with many cancer processes
	let-7 family
	– let-7f in 4&2 group classification signature, bad OS prognosis
	– let-7a in 4 group classification signature, bad OS prognosis
	– let-7c (cluster with miR-99) in cellular subtypes signature
	– let-7g bad OS prognosis
	– let-7i associated with T-stages
	PDL2::miR-374b-5p (in epithelium)
	– target for immunotherapy
	miR-21
	– tumor-normal, associated with T-stages, bad OS prognosis
	miR-143
	– bad OS prognosis, in all classification signatures

# Immune and molecular landscape in colorectal cancer

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