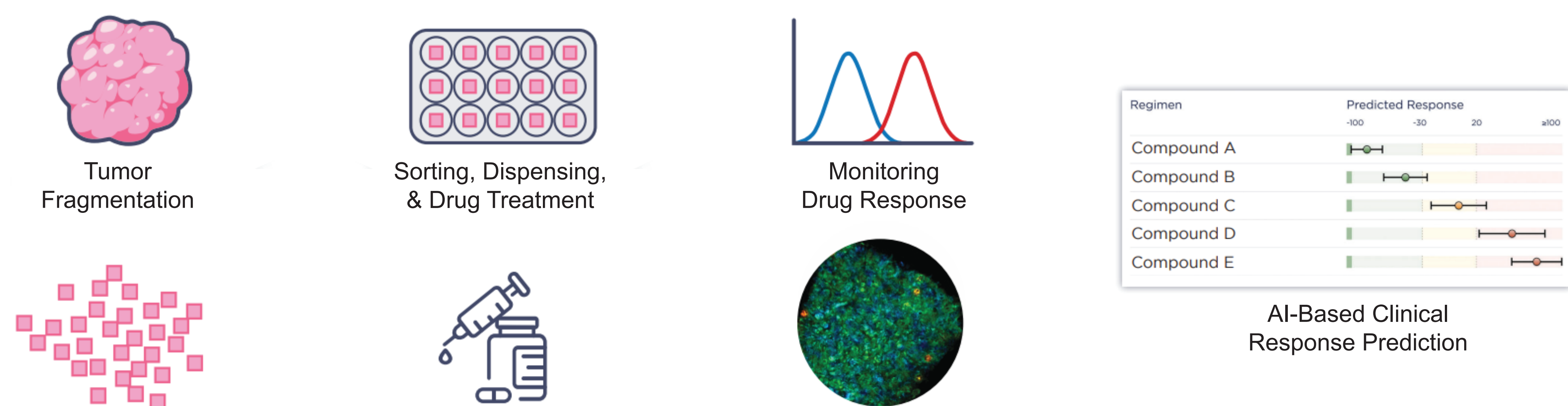


INTRODUCTION

- Immunotherapies provide remarkable clinical benefit, however, response rates are poor and robust biomarkers for predicting response remain elusive.
- Additionally, there is a lack of non-destructive technology that allows for the longitudinal assessment of the tumor microenvironment including T cell activation and resultant cytotoxicity in physiologically relevant tumor systems.
- To address this challenge, we have developed the Cybrid™ platform, which allows for the generation and interrogation of LTFs that preserve the tumor microenvironment, derived both from biopsies and resections, to characterize response to immunotherapies and predict clinical response.
- Advanced imaging techniques employed on the Cybrid platform, such as multiphoton fluorescence lifetime microscopy (MP-FLIM), are shown here to simultaneously enable longitudinal, non-destructive assessment of T cell activation and cytotoxicity in LTFs in response to immune checkpoint inhibitors (ICIs).



T CELL RESPONSE TO ICI TREATMENT IN MURINE LTFs

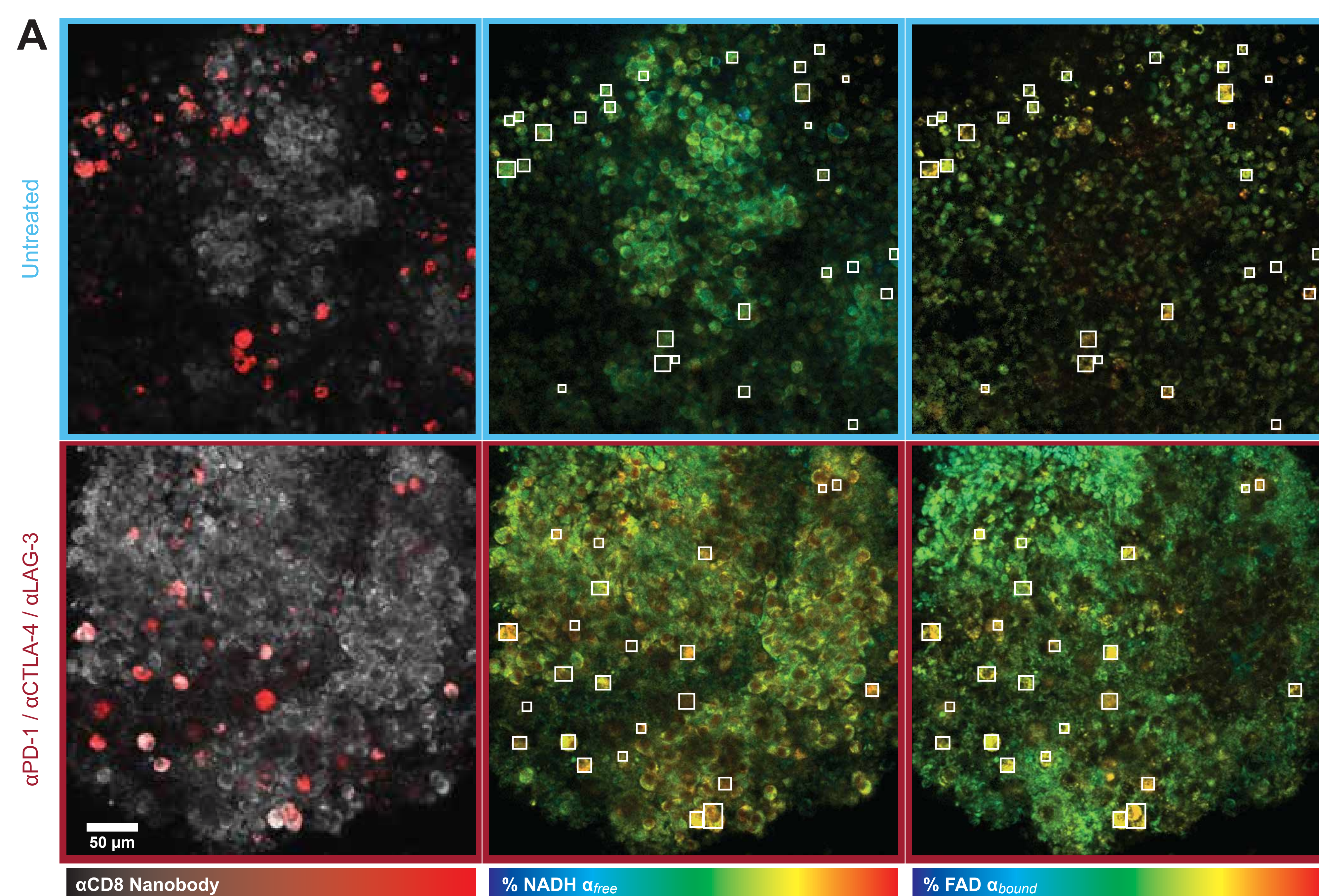
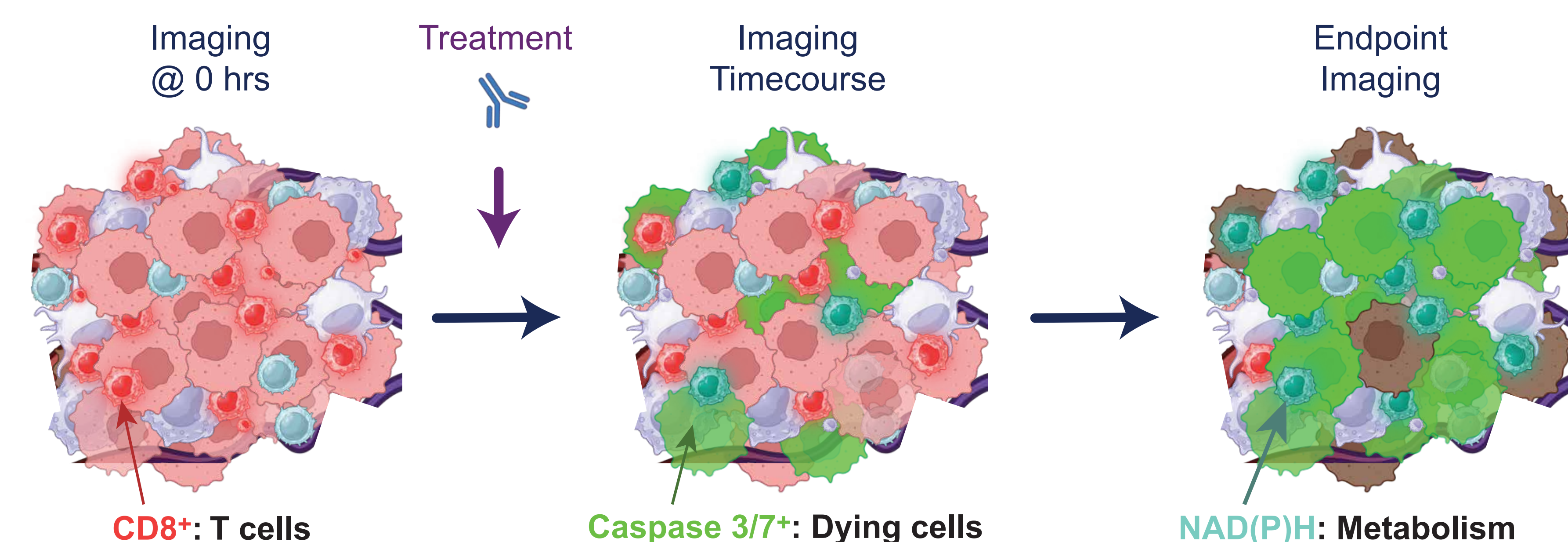


Figure 1. Metabolic assessment of ICI-mediated T cell activation.
 (A) CT26 murine LTFs were treated with the indicated combination of ICIs or left untreated for 48 hours. αCD8 nanobody intensity was used to identify and segment individual T cells for quantification of their NAD(P)H α_{free} and FAD α_{bound} fraction via phasor ratio analysis.
 (B) NAD(P)H FLIM signature showed an increased glycolytic state in ICI-treated CD8 T cells compared to untreated.

METHODS



Murine syngeneic CT26 tumors were processed using the Cybrid platform to create murine LTFs which were sorted into well plates, cultured, and treated with a combination of ICIs targeting PD-1, CTLA-4 and LAG-3. For metabolic assessment of individual T cells following treatment, we imaged the intrinsically fluorescent metabolic co-factors nicotinamide dinucleotide (NAD(P)H) and flavin adenine dinucleotide (FAD) using MP-FLIM. A αCD8 nanobody conjugated to AF594 was used to label native cytotoxic T cells in a manner spectrally independent from NAD(P)H and FAD emission. FLIM data were analyzed via phasor ratio analysis using two reference lifetimes (T₁ and T₂ for short and long lifetimes, respectively) to generate images of lifetime parameters, including the fractional contributions (α₁ is the shorter lifetime component). Cytotoxic T cell-mediated killing of tumor cells was assessed with an exogenous marker for apoptosis (Caspase 3/7 Green). Due to baseline cutting damage, (i.e., high density of Caspase 3/7 positivity at the fragment periphery), a 3D region of interest was identified to only include regions greater than 45 microns from any edge.

INCREASED T CELL KILLING IN ICI TREATED MURINE LTFs

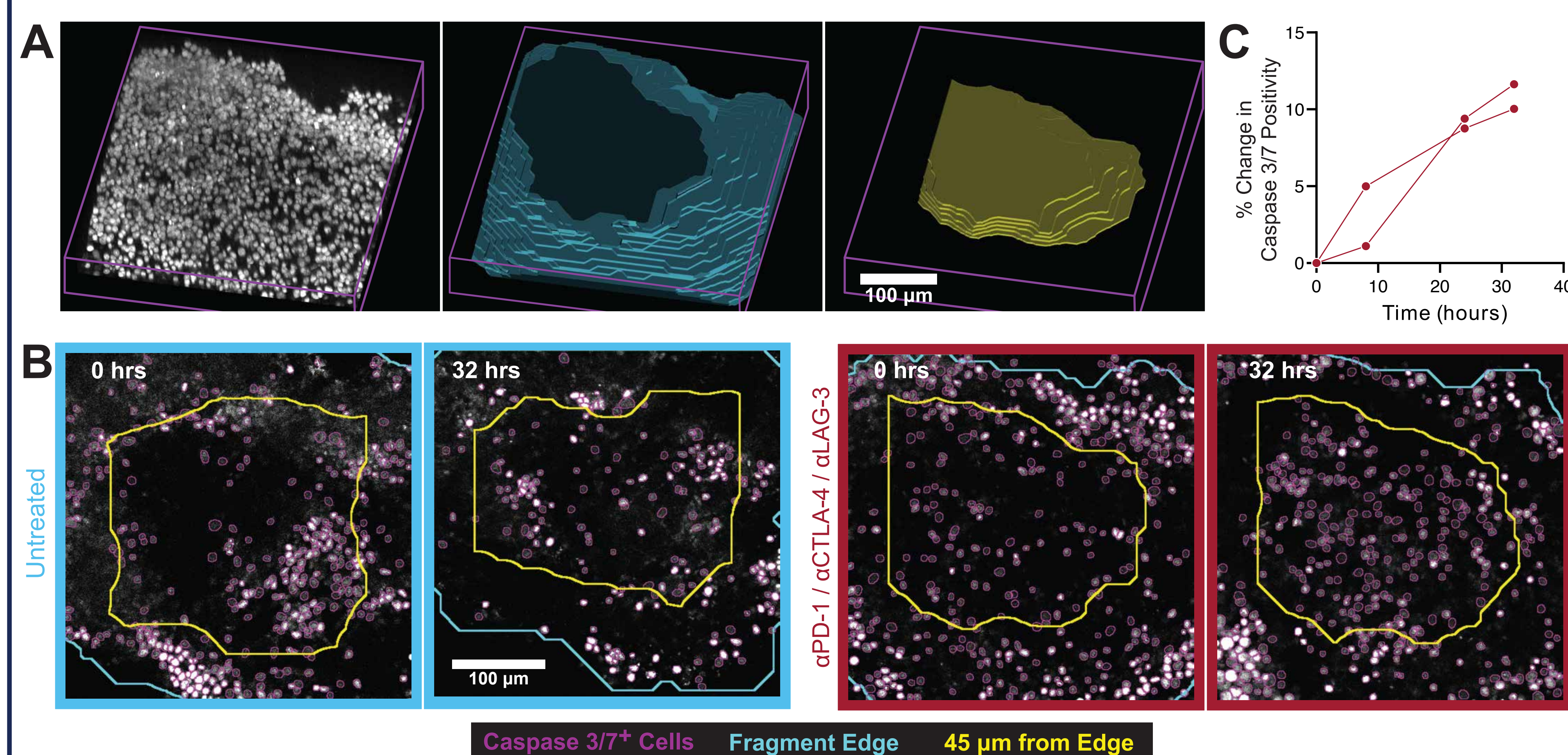


Figure 2. Longitudinal assessment of ICI-mediated T cell killing.
 (A,B) CT26 murine LTFs were labeled with an exogenous apoptosis marker (Caspase 3/7 Green). Volumetric labeling was captured at baseline (t₀) followed by treatment with or without the indicated combination of ICIs and imaged at 8, 24, and 32 hours post-treatment. A single optical plane from an untreated (left) or ICI treated (right) fragment are shown from 0 and 32 hours.
 (C) Line graph shows increase of 3D ROI positive for Caspase 3/7 for 2 individual ICI-treated fragments, normalized against a single control fragment.

SUMMARY

- We show here preliminary data on MP-FLIM to simultaneously assess ICI-mediated T cell activation and cytotoxic killing of tumor cells.
- We identified T cells with a αCD8 nanobody and measured their activation with NADPH FLIM to assess metabolic state.
- Tumor cell death was measured with a Caspase 3/7 probe.
- Unlike flow cytometry and transcriptional profiling, our MP-FLIM assay is non-destructive and enables longitudinal assessment of the tumor microenvironment.
- We will confirm these studies in additional models and in human tumors.
- This imaging approach is a component of the Cybrid platform, which will enable the assessment of immunotherapy response to predict clinical outcomes in individual patients.

See More Here!

