# Quantifying hallmarks of ADC response and toxicity through AI-powered analysis of the Multi-Omics Spatial Atlas In Cancer (MOSAIC)





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# Background

- → Antibody drug conjugates (ADCs) are a rapidly evolving class of cancer therapeutics.
- The most prevalent type of ADC comprises a monospecific, tumour antigen-targeted antibody conjugated to cytotoxic payload via a molecular linker, yet bispecific, dual-antigen targeting ADCs are also advancing in the clinic.
- Challenges remain in identifying novel targets, payload selection, patient selection and clinical development optimisation.
- Few studies have extensively characterised known ADC targets pan-cancer across multiple omics modalities including spatial transcriptomics.

## Cancer cell NECTIN4 expression heterogeneity is concordant between scRNAseq and spatial transcriptomics with potential implications for patient response to treatment

#### scRNAseq - Visium -Single cells from bladder sample CH\_B\_090a Cancer cell NECTIN4 expression heterogeneity Spatial NECTIN4 Deconvolution T\_CD8 cluster c02 that have non-zero NECTIN4 expression → Bladder cancer patients have pronounced NECTIN4 Cancer cell expression heterogeneity between cancer cell subpopulations Spot clusters subpopulations identified in scRNAseg.

→ Embeddings of single cells from a bladder cancer sample (CH\_B\_090a) reveal 6 cancer cell subpopulations with distinct NECTIN4 expression.

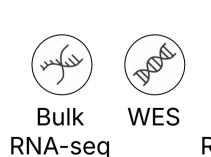
→ scRNAseq-derived cancer cell subpopulations map to distinct spatial locations and have concordant presence/absence of NECTIN4 expression.

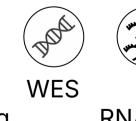
### Objectives

- Quantify hallmarks of ADC efficacy using multi-omics data, computational biology and Al.
- → Optimise ADC positioning relative to patient populations, indication selection and biomarker identification to improve efficacy.

#### Data

- → MOSAIC¹ data comprises 4 omics modalities (10X) Visium spatial transcriptomics, 10X Chromium Flex scRNAseq, bulk RNA-seq and WES), H&E stained histology images, and clinical data including detailed treatment and response data from >2000 patient samples - a subset of which was analysed here.
- → Public datasets TCGA, CPTAC and GTEx also used.









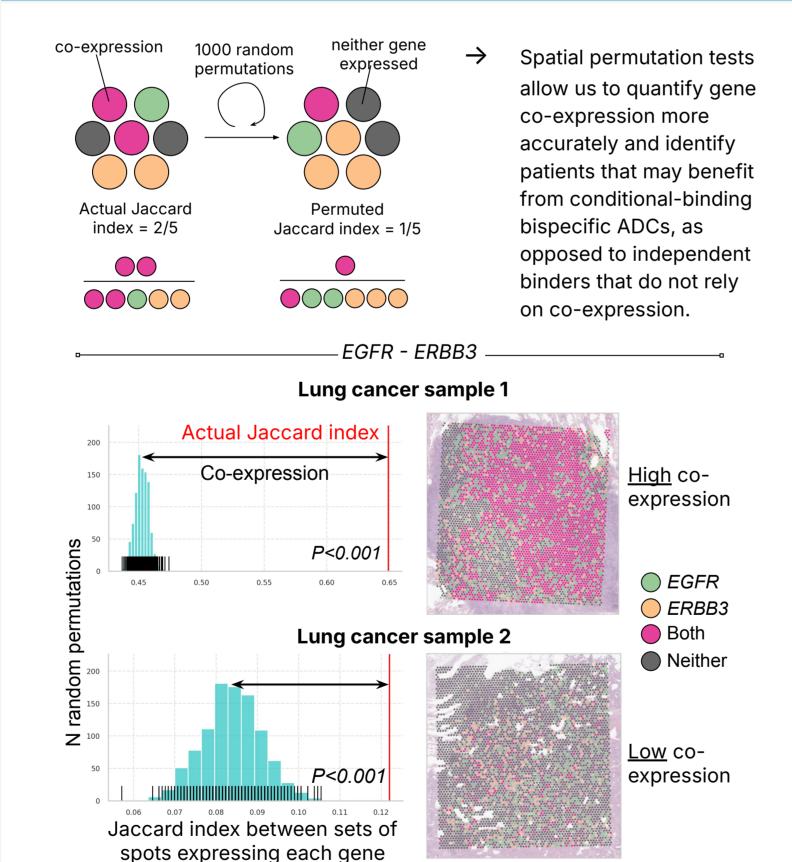




Spatial Clinical

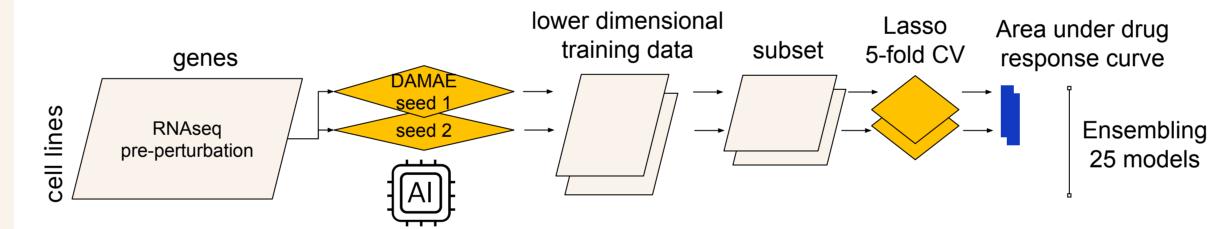
### Target co-expression across spots informs bispecific ADC assessment

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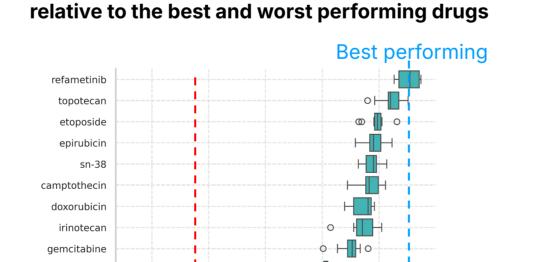
## AI model trained on pre-clinical perturbation data predicts payload sensitivity of patient malignant cell populations

→ We trained the LEAP model<sup>5</sup> to predict the efficacy of >600 drugs including some with a shared mechanism-of-action to ADC payloads.



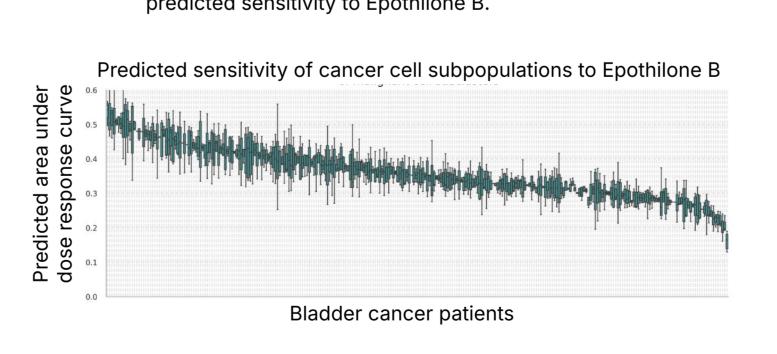
→ Test performance for many cytotoxic agents was strong

Model performance of payload-like drug molecules



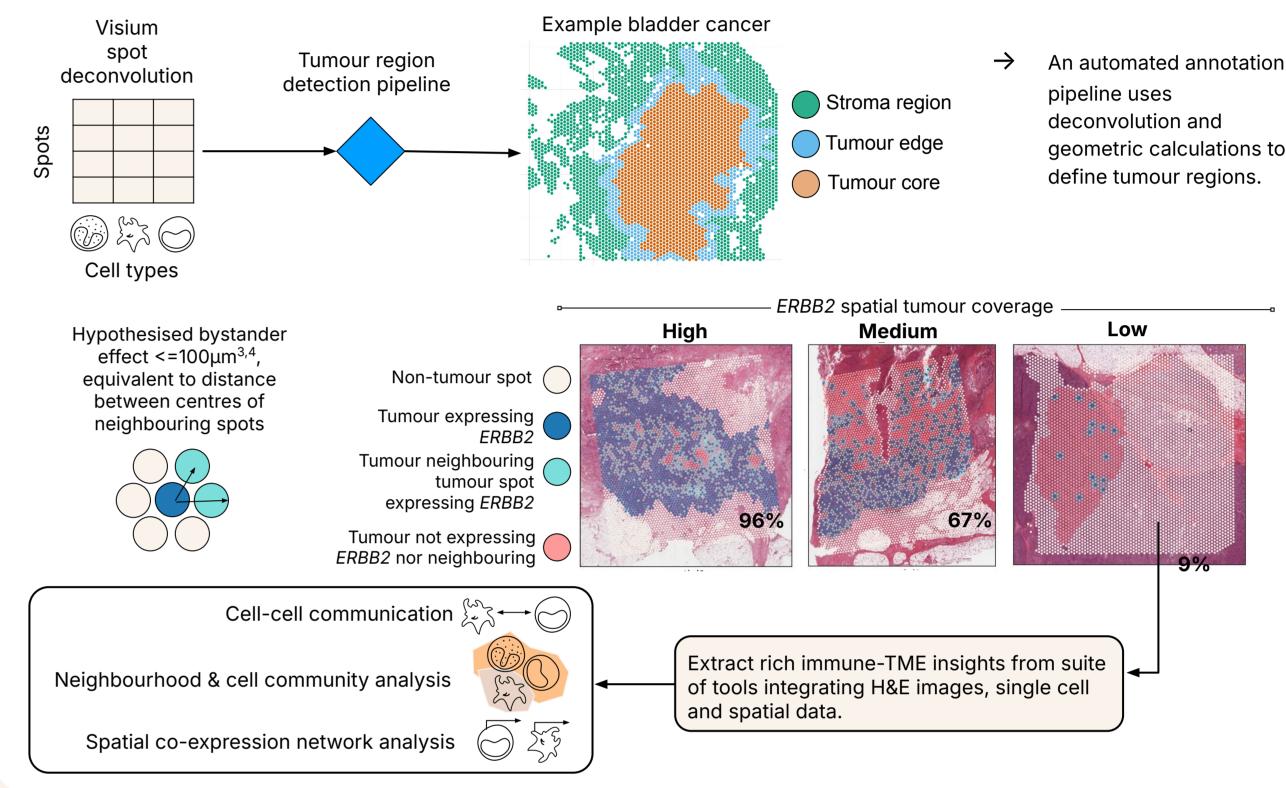
Test performance across splits: Spearman correlation

With pre-trained LEAP models we predicted sensitivity of patients cancer cell subpopulations to >600 drugs. This included Epothilone B; a microtubule inhibitor akin to MMAE that is a well established payload. In bladder cancer samples we noted inter- and intra-tumour heterogeneity in predicted sensitivity to Epothilone B.



# exposure and the bystander effect

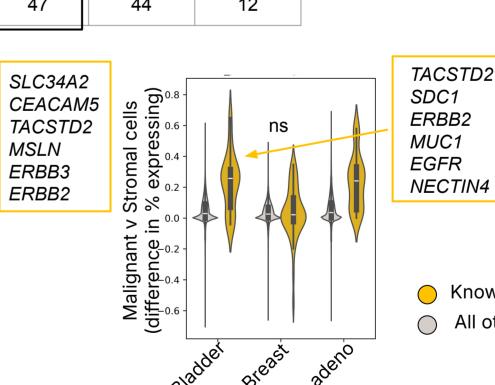
Spatial transcriptomics enables estimation of tumour payload



### Known ADC targets recovered by single-cell and spatial data derived features

→ Ground truth ADC targets were defined (data sources: AACT, ChEMBL, Citeline Trialtrove). Patient level features were computed for three indications and aggregated to the gene-level by for example taking the mean.

Cancer	Minimum pre-clinical		Minimum phase II		
	N drugs	N targets	N drugs	N targets	
Bladder	39	14	21	10	
Lung adeno	53	21	27	15	
Breast	158	47	44	12	



→ Known ADC targets across multiple indications have significantly higher mean Moran's index (left representing spatial autocorrelation and target expression heterogeneity) and malignant-stromal expression fraction difference (right - ns= non-significant P>0.05). All differences are statistically significant by Mann Whitney test (P<0.01) unless marked ns.

Known ADC target entering clinical trials for the disease All other protein coding genes

#### Multimodal patient data: Multiscale understanding of biology, from molecule to cell to tissue to organism

What information can each modality provide?

Hallmark of ADC benefit	H&E/ IHC	Bulk RNAseq	WES	scRNAseq	Spatial transcript- omics	MOSAIC & Multimodal AI
Protein function and subcellular localisation	Yes					Yes
Target expression level or amplification	Yes	Yes	Yes	Yes	Yes	Yes
Target expression hetero- geneity	Yes			Yes	Yes	Yes
Target specificity on cancer cells	Predicted			Yes	Predicted	Yes
Target co-expression				Yes	Yes	Yes
Payload sensitivity		Predicted		Predicted	Predicted	Predicted
Immune TME contexture				Yes	Yes	Yes
Bystander effect estimation					Yes	Yes

#### References

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[3] Khera, E. et al. (2020) 'Quantifying ADC bystander payload penetration with cellular resolution using pharmacodynamic mapping', Neoplasia (New York, N.Y.), 23(2), pp. 210–221. Available at: https://doi.org/10.1016/j.neo.2020.12.001.

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# Conclusions

We harnessed multimodal oncology data to quantify hallmarks of ADC response.



Integrating scRNAseq and spatial transcriptomics provides unprecedented insights on target expression heterogeneity, co-expression and bystander effects.



The analysis of the TME contexture can inform optimal combinations therapies for ADC + TME drugs like IO



Feature extraction from multi-omics data enables patients subtyping, novel target discovery, combination therapy selection and biomarker ID in a new era of more complex, dual payload, multi-target ADCs.