



# Immune checkpoint expression, microsatellite instability, and mutational burden: Identifying immune biomarker phenotypes in uterine cancer

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## Background

Endometrioid endometrial cancer (EEC) is categorized on a histologic continuum from Grade 1 to 3 (G1 or low grade (LG), G2, G3 or high-grade (HG)). Increasing grade is associated with aggressive behavior and poor prognosis. Treatment options for advanced/recurrent disease are limited. Emerging data has shown promise of immune checkpoint therapy (IT) in gynecologic malignancies<sup>1</sup>. MSI-H status, tumor mutation burden, and high PD-L1 expression have been associated with higher response rates<sup>2</sup>. Herein we identify distinct immune “biomarker phenotypes” to identify patients who may benefit from immune therapy (IT).

## Methods

- 621 endometrioid endometrial tumors were retrospectively analyzed for immune biomarker phenotype by multiplex platform profiling: 156 grade 3, 172 grade 2, 113 grade 1, 180 unknown.
- NextGen sequencing (NGS) was performed on 592 genes (Illumina NextSeq platform).
- Mutational burden was calculated based on somatic nonsynonymous missense mutations; TMB-high was defined as  $\geq 17$  mutations/megabase.
- Microsatellite Instability (MSI) was determined by examining altered microsatellite loci using NGS ( $\geq 46$  loci).
- Antibody used for PD-L1 was SP142 and positivity was defined as  $\geq 2+$ ,  $>5\%$  staining on tumor cells.
- Data were compared using chi-square tests.

## Results

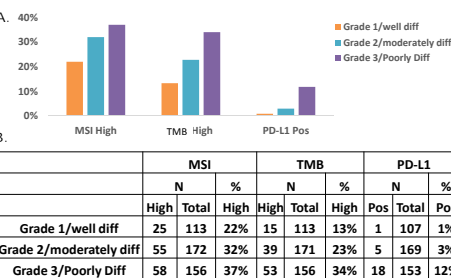


Figure 1. Overview of Immune Biomarker Phenotypes in EECs.

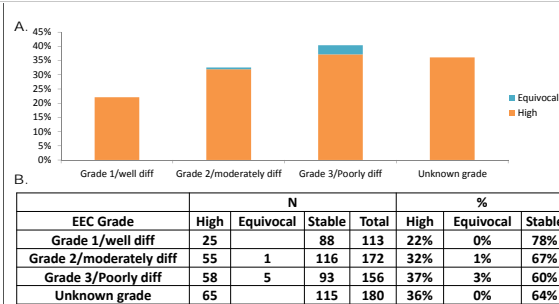


Figure 2. MSI in EECs. A. MSI high (MSI-H), equivocal and stable in histologic grades 1, 2, and 3 EECs. B. Overall, MSI-H was found in 33% (203/621) of EECs: 22% in G1/well-differentiated tumors, 32% in G2/moderately differentiated tumors, and 37% in G3/poorly-differentiated tumors (p=0.007).

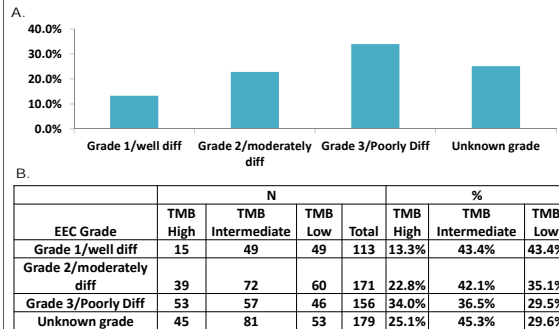


Figure 3. Tumor Mutational Burden (TMB) in EECs. A. High TMB (TMB-H) levels in histologic grades 1, 2, and 3 EECs. B. Overall, TMB-H was identified in 25% (152/619) of EECs: 13% in G1/well-differentiated tumors, 23% in G2/moderately differentiated tumors, and 34% in G3/poorly-differentiated tumors (p=0.006).

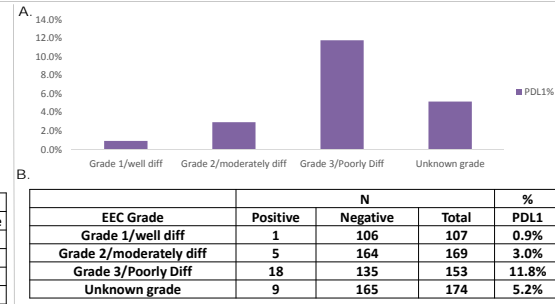


Figure 4. PDL-1 Expression via IHC in EECs. A. PD-L1 expression in histologic grades 1, 2, and 3 EECs. B. Overall, PD-L1 expression was found in 5.5% (33/603) of EECs: 1% in G1/well-differentiated tumors, 3% in G2/moderately differentiated tumors, and 12% in G3/poorly-differentiated tumors (p<0.0001).

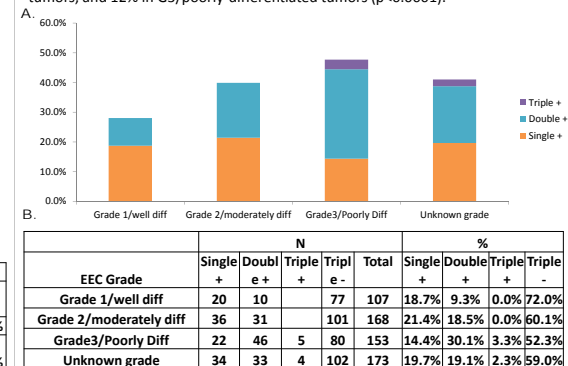


Figure 5. Evaluation of all 3 markers in EECs. A. Combined markers in histologic grades 1, 2, and 3 EECs. B. Triple negative phenotype was identified in 60% of all EECs: 72% in G1, 60% in G2, 52% in G3. Triple positive phenotype was not present in G1 or G2, and in only 3.3% of G3. Double positive markers were present in 9% of G1, 19% of G2, and 30% or G3.

	MSI and TMB	TMB and PD-L1	MSI and PD-L1
All EE tumors	3.08E-44	0.015	0.213
Grade 1/well-diff	0.000009	0.685	0.589
Grade 2/moderately diff	7.57E-08	0.887	0.417
Grade 3/Poorly Diff	1.25E-18	0.352	0.832

Figure 6. Dual and triple analysis performed using chi-square analysis with adjustments made for multiple comparisons. Green: p<0.05; bold: p<0.00064 (after correct for multiple tests). MSI and TMB were highly correlated in all EECs. There was NO significant association found for all three markers in EECs.

## Conclusions

- We evaluated TMB, MSI and PD-L1 expression in over 600 EECs.
- MSI and TMB are highly correlated in low grade, intermediate and high grade tumors while the correlation of PD-L1 expression with MSI or TMB is not seen.
- High grade tumors appear to be more immunogenic than low grade tumors, and may preferentially benefit from IT providing a potentially powerful treatment option. Conversely, LG tumors are less likely to benefit from IT.

## References

- Varga 2017, *Journal of Clinical Oncology* 35, no. 15\_suppl (May 2017) 5513-5513
- Goodman 2017 *Mol Cancer Ther* 16(11):2598-2608