

1931P Assessment of PD-1/PD-L1 colocalization in hepatocellular carcinoma (HCC) using bright-field double labeling and quantitative digital image analysis

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Background: Tumors may suppress host defenses by activating immune checkpoints (eg, the programmed cell death [PD-1/PD-L1] pathway). Colocalization (CL) is a requirement for PD-1/PD-L1 interaction. PD-1/PD-L1 CL in tissue sections, as determined by immunohistochemistry (IHC), may be an indicator of PD-L1/PD-1 pathway activity.

Methods: We assessed CL of PD-L1 and PD-1 in situ by applying a novel duplex bright-field IHC technique on 49 formalin-fixed, paraffin-embedded HCC samples using digital image analysis (DIA; Definiens Tissue Studio[®]) to determine the percentage of single PD-1⁺ and PD-L1⁺ cells, PD-L1/PD-1 double-labeled cells, and PD-1⁺ cells adjacent to ≥ 1 PD-L1⁺ cells.

Results: All cases showed typical HCC morphology (low- to high-grade trabecular [4/49], pseudoglandular [1/49], solid [40/49], clear cell [2/49], or desmoplastic [2/49]). PD-L1 was largely observed in immune cell infiltrates. On average, $2.6\% \pm 3.6\%$ (median, 1.5%) of the cells (immune + tumor) within the tumor area were PD-1⁺, and $4.3\% \pm 5.5\%$ (median, 1.9%) were PD-L1⁺. There was considerable variation among samples in the number of PD-1⁺ (range, 0.05%-21.2%) and PD-L1⁺ (range, 0.2%-30.3%) cells. In 18/49 cases (37%), the number of PD-1⁺ cells exceeded the number of PD-L1⁺ cells; in 31/49 cases (63%), the number of PD-L1⁺ cells exceeded the number of PD-1⁺ cells. PD-1/PD-L1 double-stained cells were present in 31/49 cases (63%), and $1.6\% \pm 4.1\%$ (median, 0.13%) of the cells were double labeled, with considerable intersample variation (range, 0.5%-22.9%). Finally, $10.5\% \pm 8.03\%$ (median, 9.4%) of PD-1⁺ cells were in the immediate vicinity of a PD-L1⁺ cell (range, 1.1%-43.3%).

Conclusions: By combining a novel duplex bright-field IHC technique with DIA, we quantitated the number/distribution of PD-1⁺ and PD-L1⁺ cells in HCC. Variation in the numbers of PD-1⁺ and PD-L1⁺ cells, and PD-1⁺ cells with ≥ 1 PD-L1⁺ adjacent cells, in HCC was seen. Future studies can use these techniques to explore the predictive potential of PD-L1/PD-1 expression in patients who are being considered for immunotherapy. Our proof of concept results suggest that the methods may also be applied for other tumors.

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