

Programmed Cell Death Ligand 1 Pathologist Training in the Time of COVID-19: Our Experience using Digital Solution

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Digital Pathology Future Directions



- Multiplexing (MPX)
- AI and Image analysis
- Pathologist's clinical decision support platforms
- Link to real time Big Data



What is multiplex IHC? Improving IHC to provide more information



• Conventional IHC utilizes a single antibody that recognizes a specific protein in a single sample of patient tissue

- For the pathologist, this allows for identification of a single biomarker within the sample.
- Providing information on the cellular and spatial location of the biomarker and protein expression of the biomarker

What is multiplex IHC? Improving IHC to provide more information









• Multiplex IHC utilizes multiple antibodies (2 or more) each recognizing a different protein in a single sample of patient tissue

- Visualization of the multiple biomarkers can be performed using chromogenic or immunofluorescent tags
- Evaluation of multiplex IHC can be performed using standard manual interpretation or digital image analysis



Why multiplex IHC?

Key drivers behind multiplexing as the future of IHC







Koche



Multiplexing Panels





IF MPx_TSA-Fluorophores Greatly Enhance Detection Sensitivity *Detecting 5 biomarkers on a single slide*



DAPI CD31 FAP MHCI CD8 panCK in Gastric carcinoma



DiagRelatlimab (RELA) plus nivolumab (NIVO) versus NIVO in first-line advanced melanoma: Primary phase III results from RELATIVITY-047 (CA224-047). Lipson et al <u>ASCO 20201</u>

- Phase III study demonstrated a clinically meaningful benefit by dual inhibition of the LAG-3 and PD-1 pathways.
- RELA+NIVO FDC showed statistically significant PFS benefit when compared to NIVO monotherapy in patients with advanced melanoma.