

# Seqalis

---

Séminaire FHU Care

“Seqalis’ qTCR seq platform, an unbiased and quantitative enabling platform to unlock the immune repertoire diversity”

Dr. Javier Carrasco

Medical Advisor

Seqalis



# IPG Group Structure



J-F Ghidetti  
CEO IPG & Seqalis™



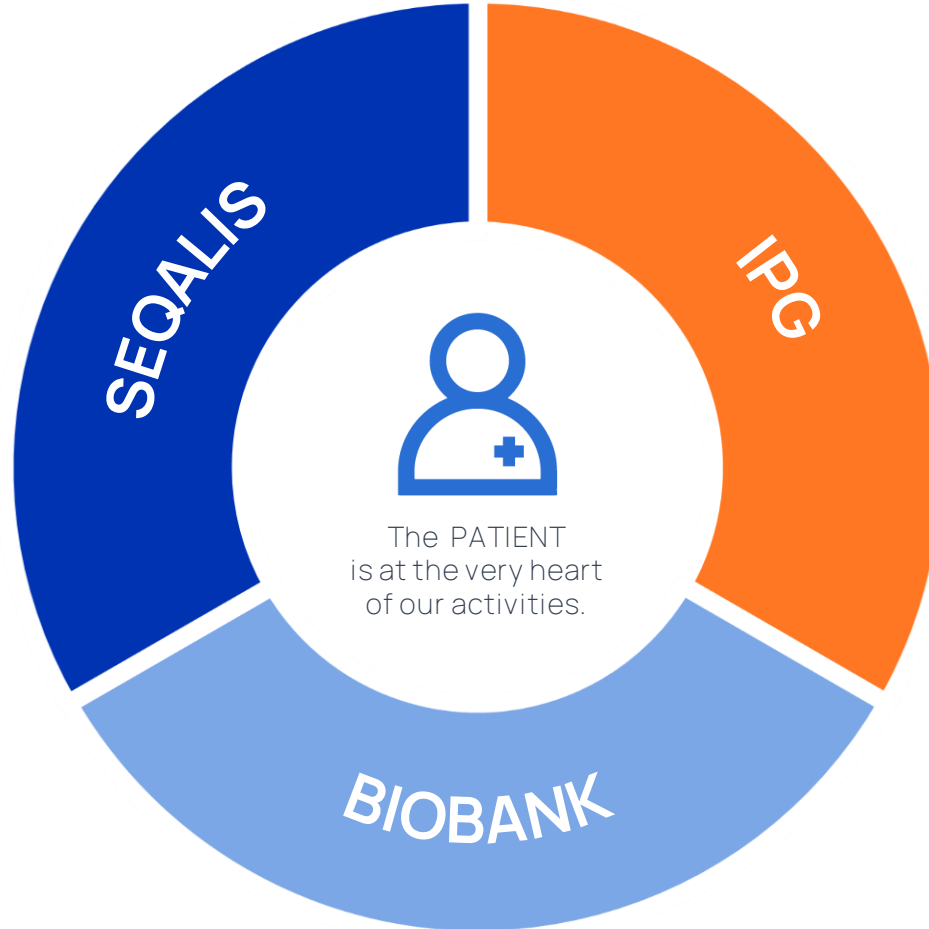
10+



21 years



JL Henrioul  
COO Seqalis



Institut de Pathologie  
et de Génétique



350+



63 years



Dr J Gras  
Medical Director IPG





### 1. Immunotherapy (Immuno-oncology, auto-immune diseases)

- qTCR Seq – « Flagship Service » associated to Anatomic-Pathology, Cytogenomics and Spatial Omics



### 2. ATMPs - Cell and Gene Therapies, Regenerative Medicine – QC Genomic stability

- Cytogenomics + NGS/PCR + Digital PCR, Optical Genome Mapping (Bionano)



### 3. Micro-organisms & Microbiomes

- Total RNA-seq
- Whole Genome Sequencing
- Custom services

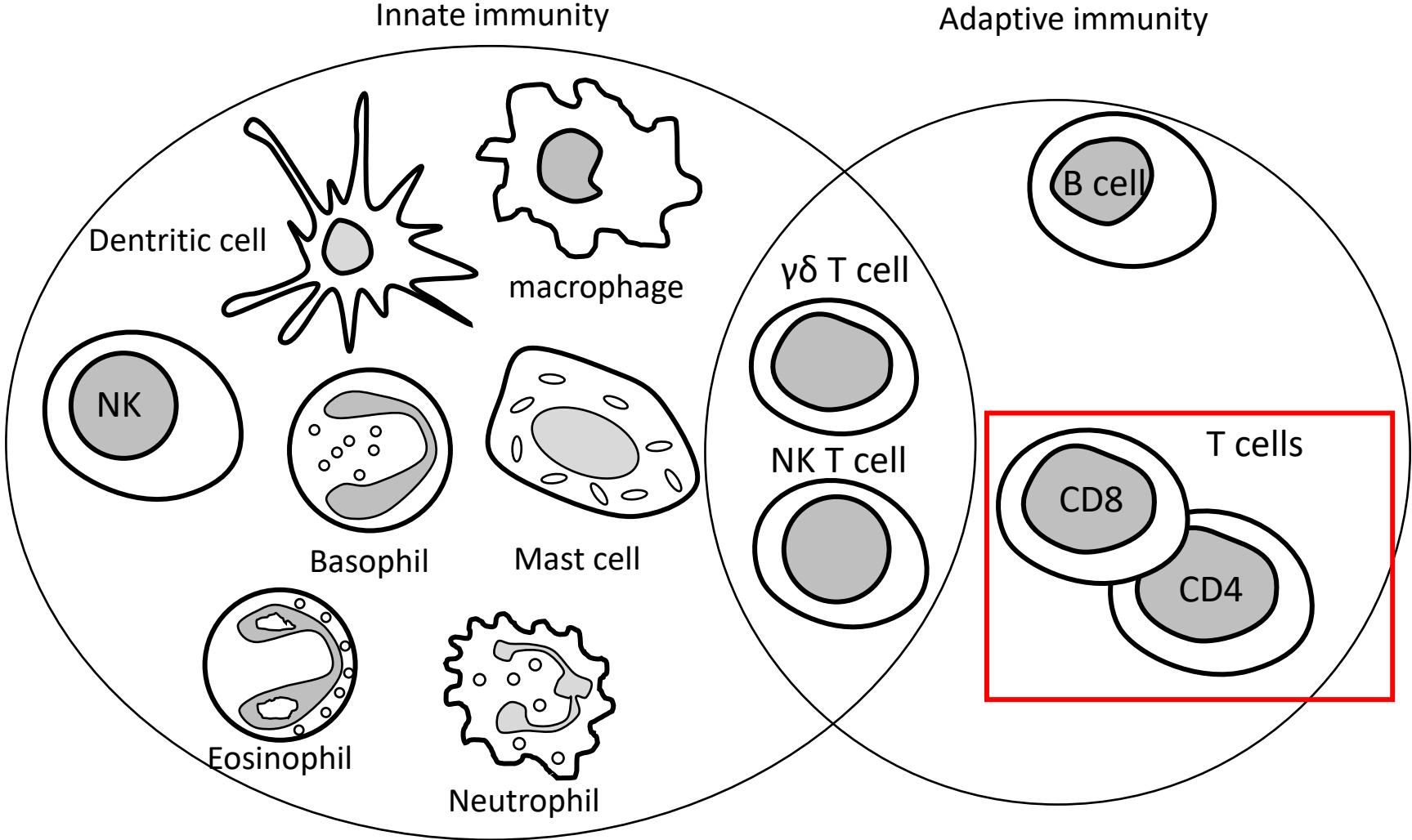


# qTCR-seq platform

---



TCR sequencing rationale



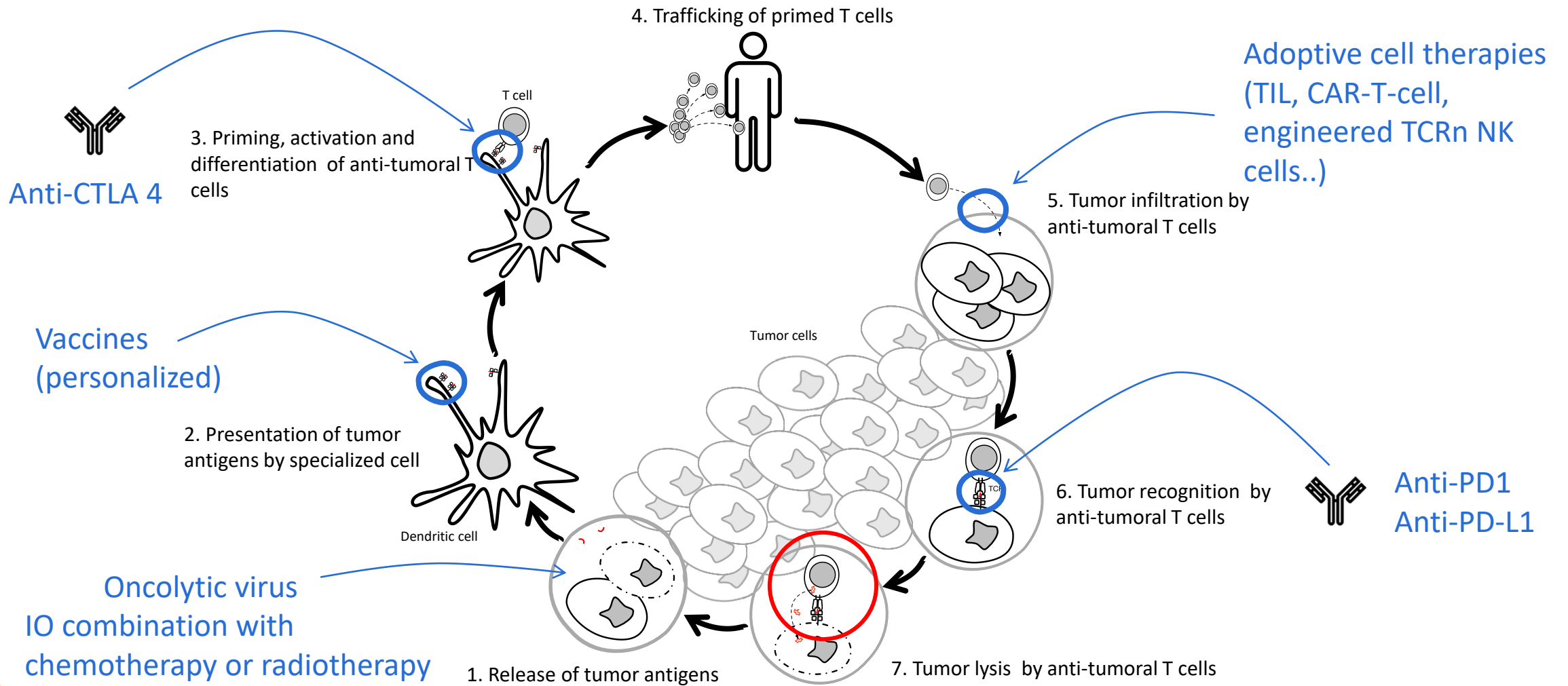
Sequencing immune receptors using NGS has been proposed to evaluate adaptive immune responses in several pathologies or therapeutic approaches:

- Cancer diseases
- Cancer immunotherapy (preventive and therapeutic vaccines)
- Auto-immune diseases
- Infectious diseases
- Endocrine diseases
- Neurological diseases
- Organ grafts and bone marrow grafts



# Seqalis

## Immuno-oncology landscape



**T cell adaptive response plays a crucial role**

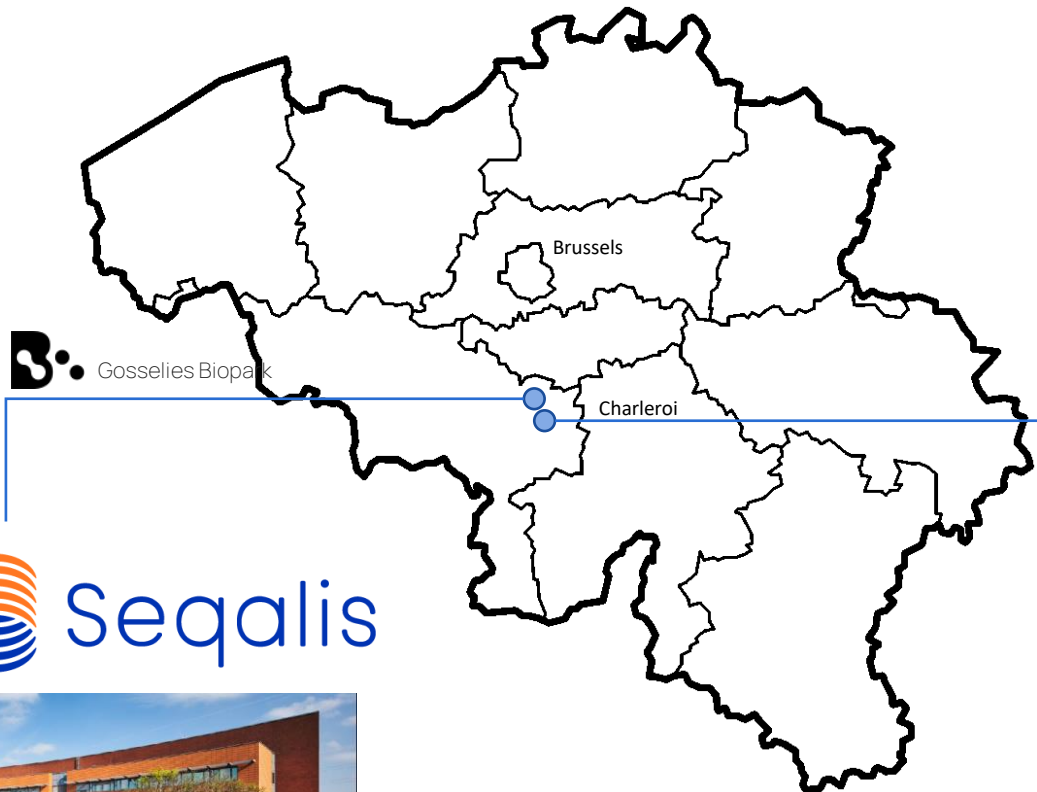


Adapted from Chen and Mellman 2013 Immunity

# South of Brussels

## A hub of clinical, scientific and technological expertise

Laboratory of Translational Oncology GHdC / IPG

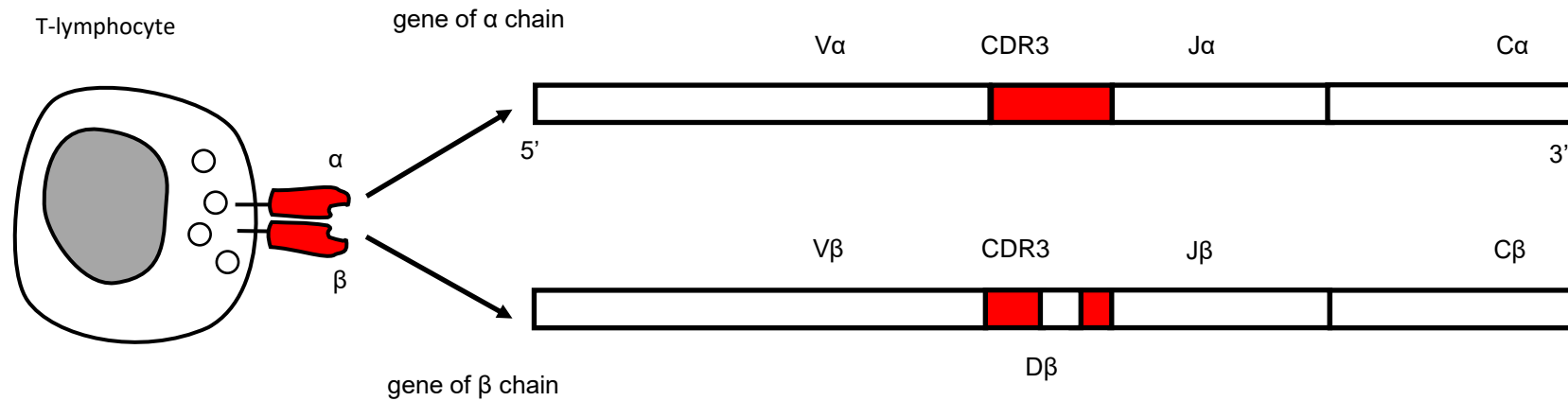




# Seqalis

## How to decipher the T cells adaptive response?

A proposed approach: sequencing of TCR receptors  
(Illustration for CD8 or CD4 T cell lymphocytes)



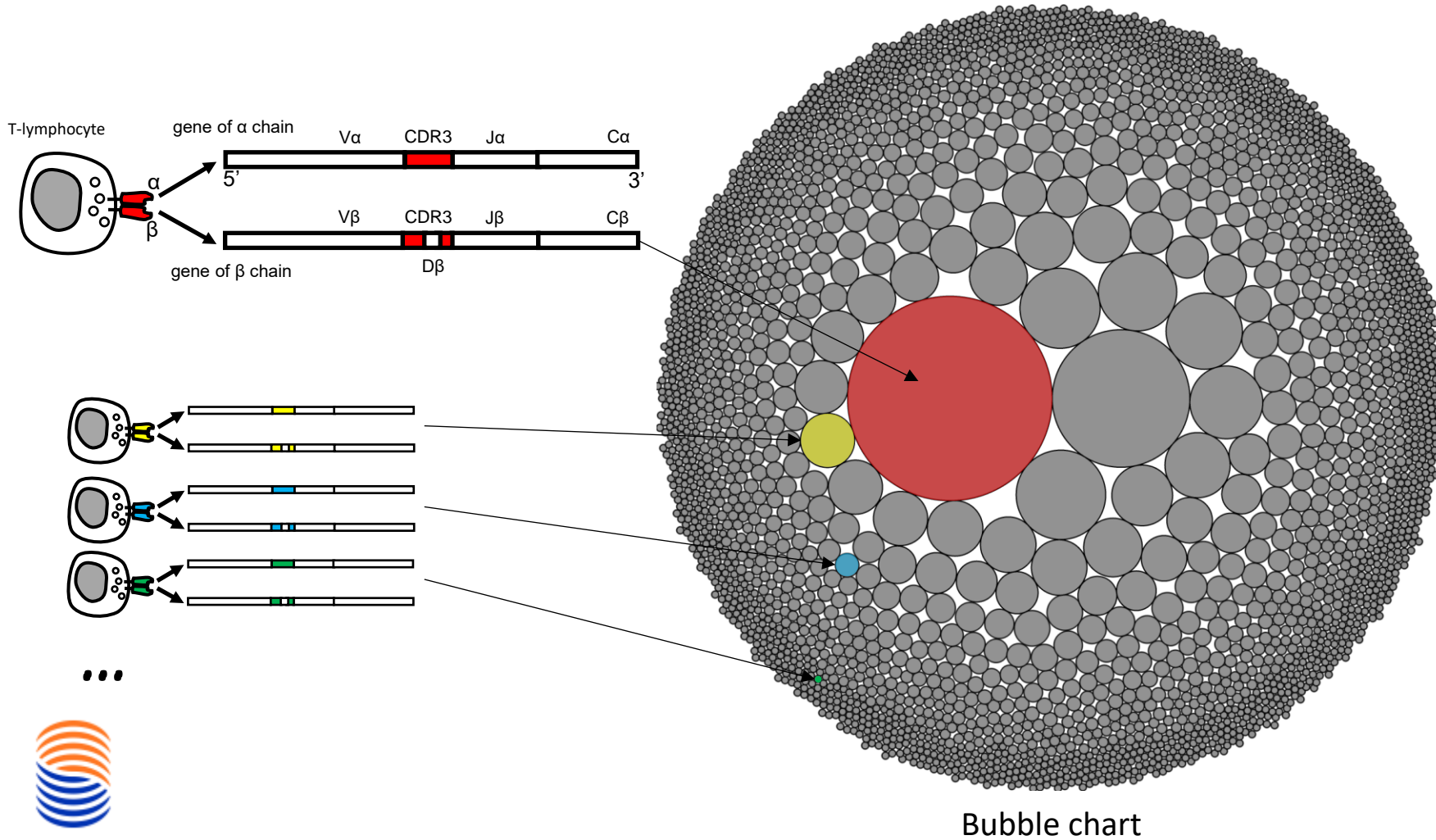
TCR = T-cell fingerprint – ID card of the T-cell

TCR contains a highly variable sequence (CDR3 region) that recognizes a specific antigen and that characterizes T-cell clonotype



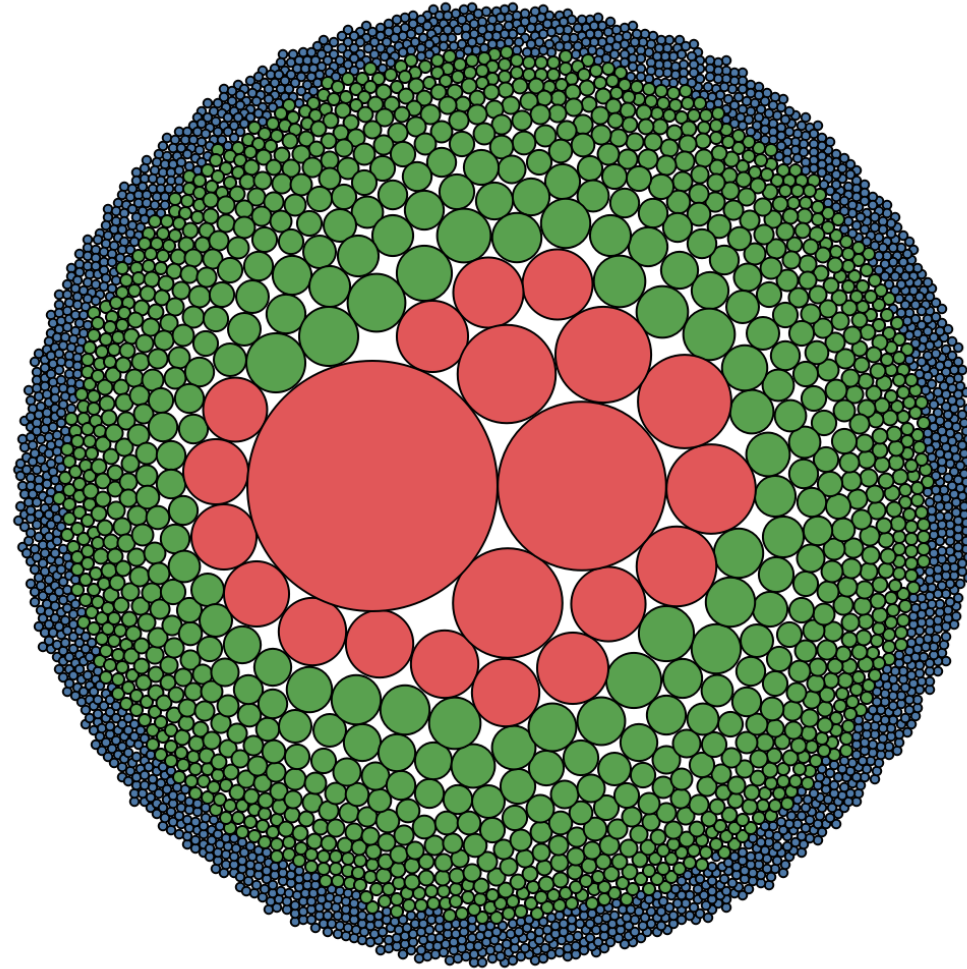
## All the TCR rearrangements represent the T lymphocytes repertoire

Identification and tracking of each clonotype



All the TCR rearrangements represent the T lymphocytes repertoire

Evaluate diversity



Hill diversities:

Richness

Shannon diversity

Simpson diversity

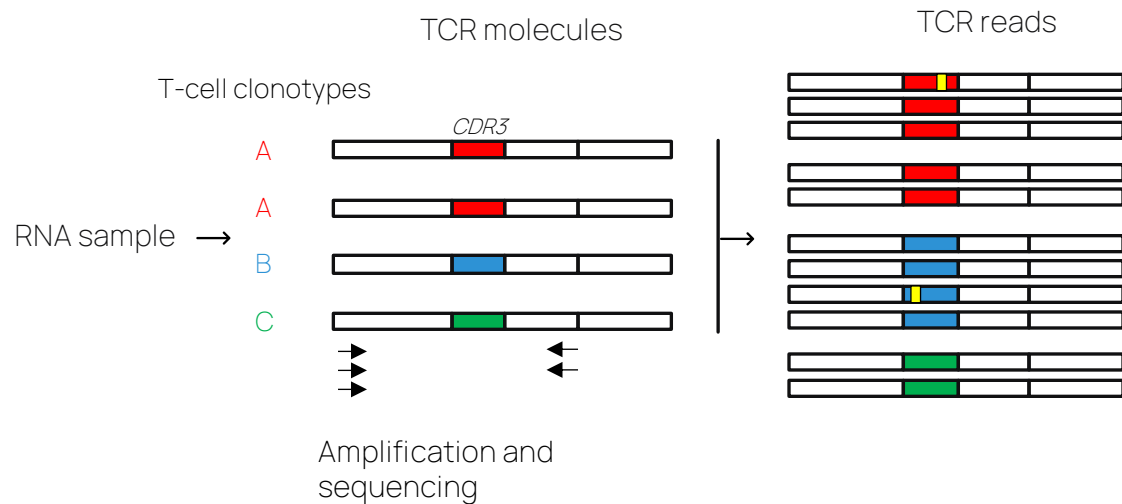
Bubble chart



# Seqalis

## TCR-seq pitfalls

Immune receptors sequencing libraries construction is complex and subject to potential technical bias:



1. **Amplification bias**  
Distortion of clonotypes abundance during the amplification steps.
2. **Artefactual diversity**  
Introduction of an artificial repertoire diversity due to polymerase mistakes during DNA replication ( ).

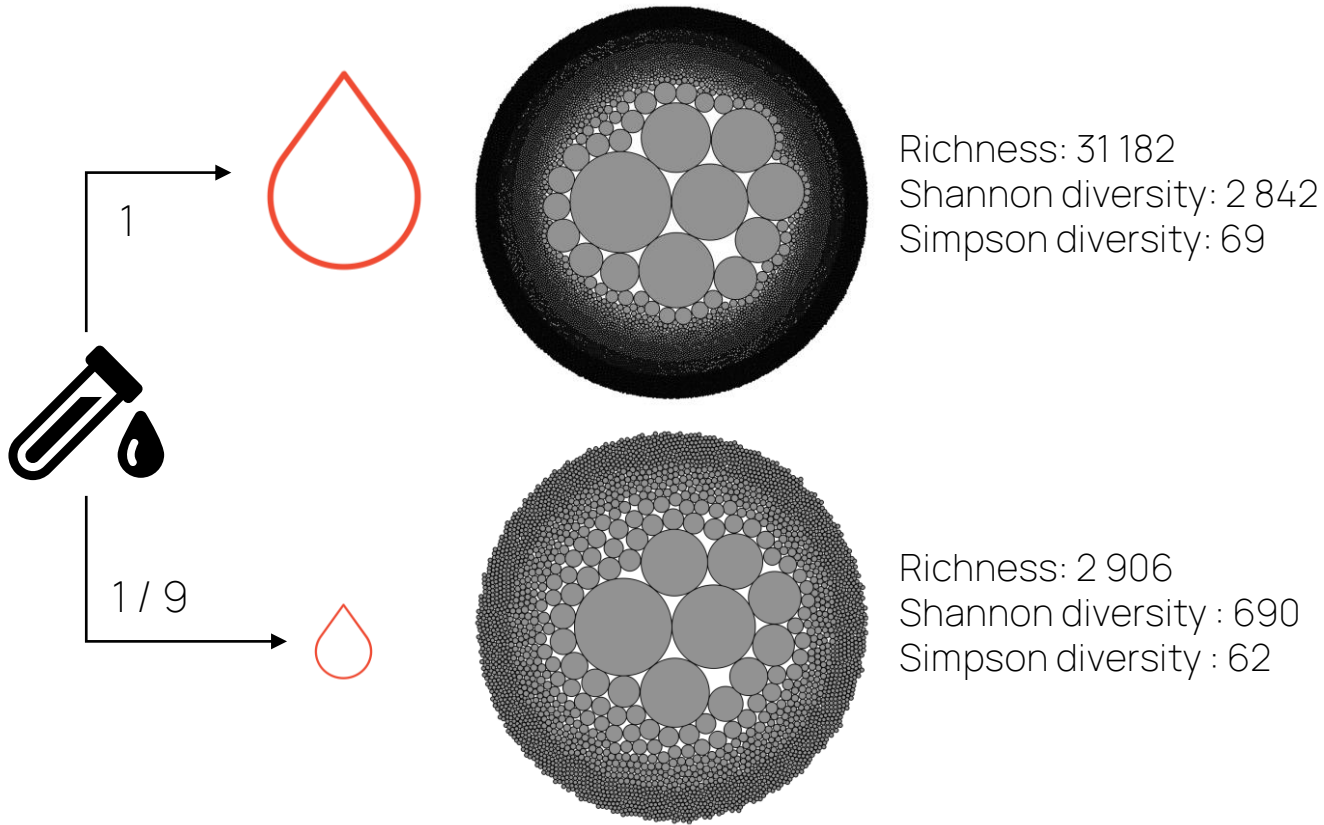


# Seqalis

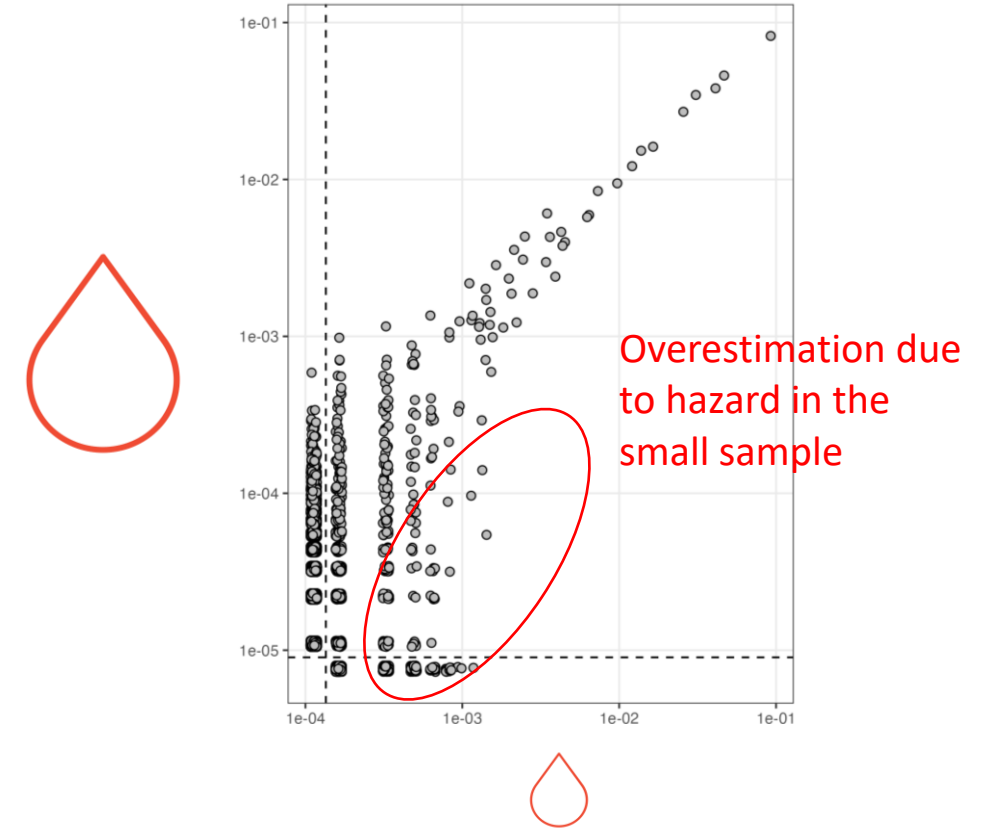
## TCR-seq pitfalls

TCR sequencing results depend on the size of the evaluated T cell population

Influence on diversity assessment



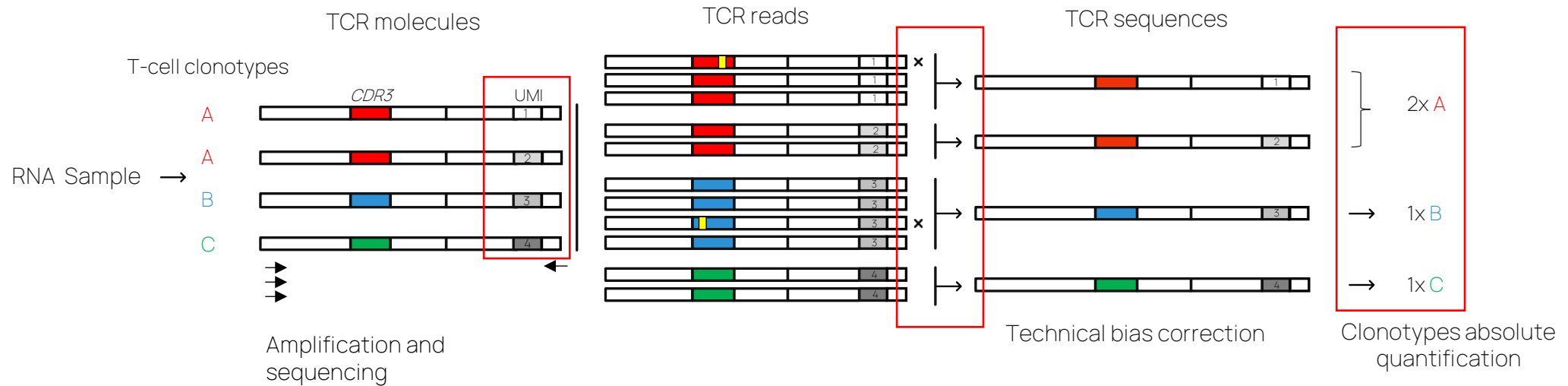
Influence on individual clonotypes assessment



# Seqalis

## Our TCR sequencing solution

Seqalis has developed and validated a proprietary method for accurate quantitative TCR sequencing using molecular barcodes or UMIs (Unique Molecular Identifiers).



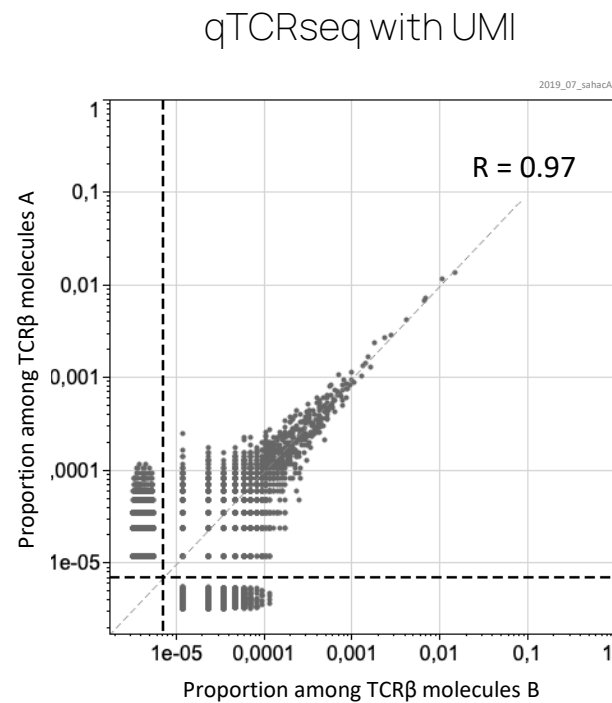
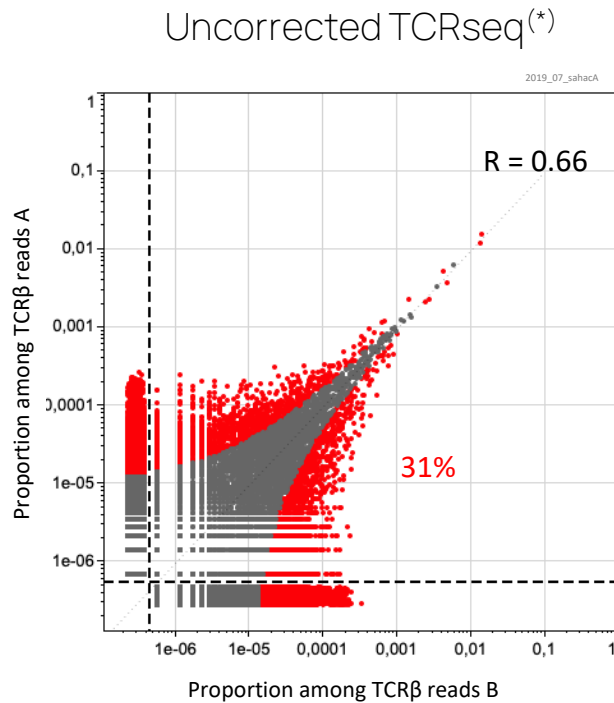
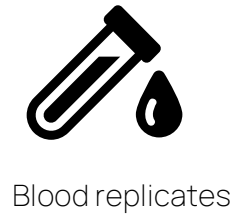
ABSOLUTE quantitative TCR sequencing =  
qTCR-seq



# Seqalis

## Our TCR sequencing solution

### 1. Amplification bias correction



(\*) Based on aligned reads count

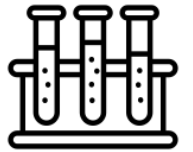
- Significant difference ( $p < 1 \times 10^{-6}$ ) between both replicates that are explained by the amplification bias



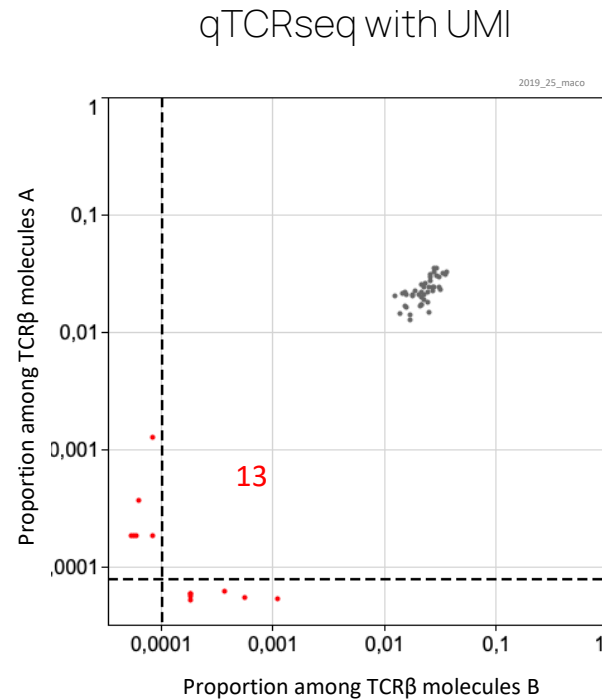
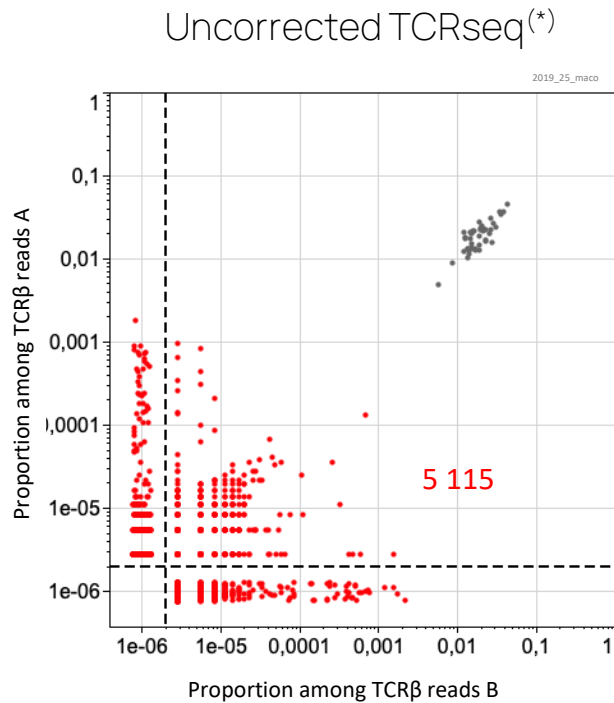
# Seqalis

## Our TCR sequencing solution

### 2. Artefactual diversity correction comparisons with no UMI TCRseq methods



Synthetic repertoire replicates <sup>(1)</sup>



(\*) Based on aligned reads count

● Unexpected generated sequences



<sup>(1)</sup> a mix of TCR Beta chains for which we have previously identified the sequences

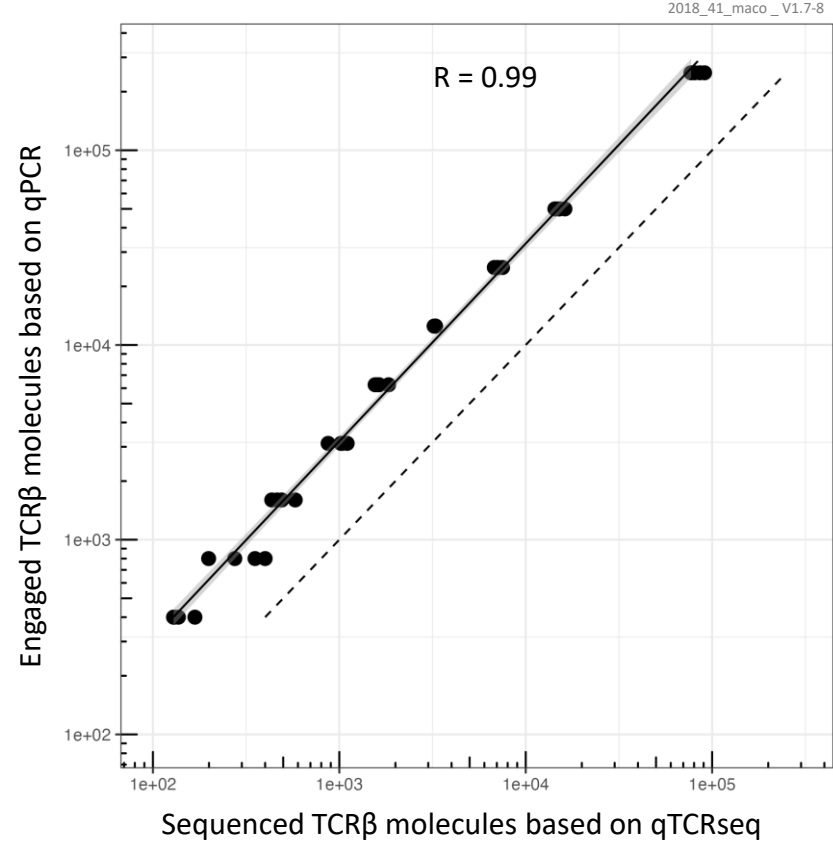
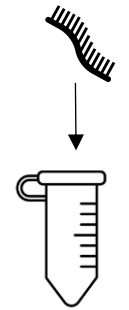


# Seqalis

## Our TCR sequencing solution

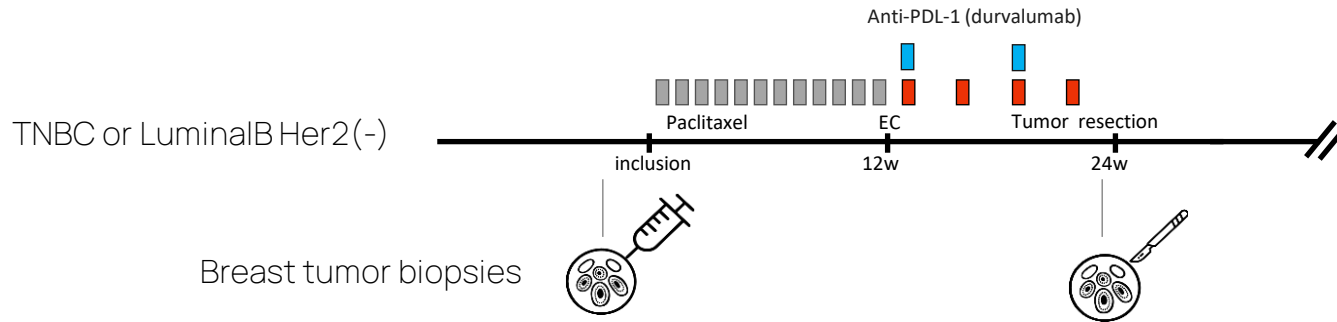
### 3. absolute quantification of sequenced molecules

cDNA dilution



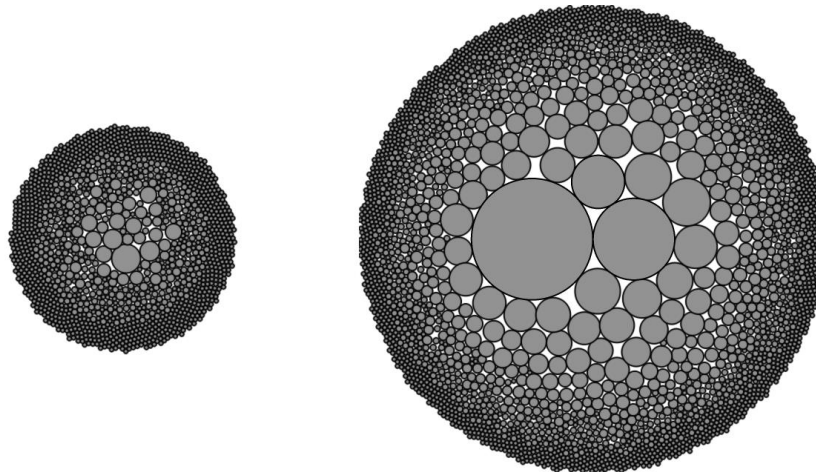
## Case study: Evaluation of T repertoire diversity

Locally advanced breast cancer treated with Neoadjuvant chemotherapy + immune checkpoint inhibitor (anti PDL-1 mAb)  
B-Immune trial (GHdC)



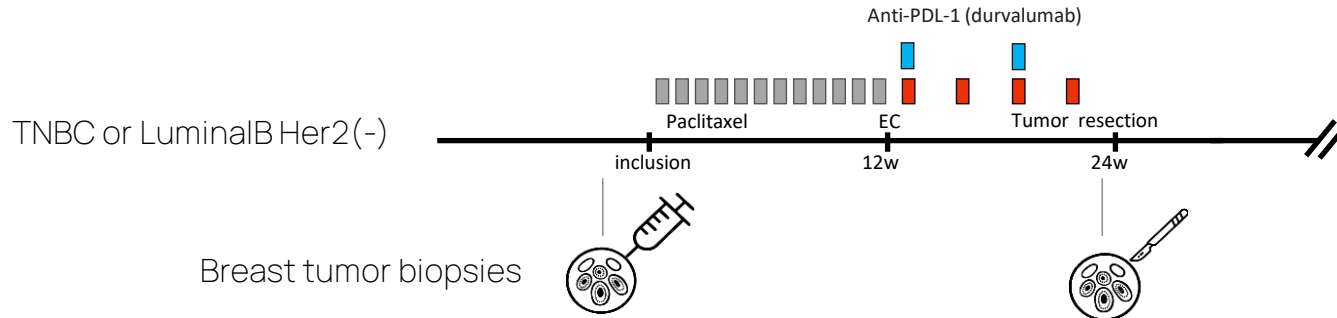
T cell repertoire diversity assessment:

	qTCR-seq	qTCR-seq
Richness	1 506	3 657
Shannon diversity	1 092	632
Simpson diversity	545	158
Sample size (TCRbeta transcripts)	2 347	17 649



## Case study: Evaluation of T repertoire diversity

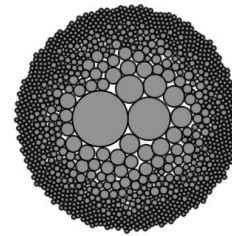
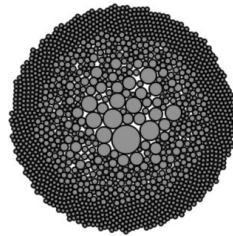
Locally advanced breast cancer treated with Neoadjuvant chemotherapy + immune checkpoint inhibitor (anti PDL-1 mAb)  
B-Immune trial (GHdC)



T cell repertoire diversity assessment:

	qTCR-seq	qTCR-seq
Richness	1 506	1 110
Shannon diversity	1 092	499
Simpson diversity	545	102
Sample size (TCRbeta transcripts)	2 347	2 347

*Note: The values 3 657, 632, and 158 in the original image are crossed out with a red line.*

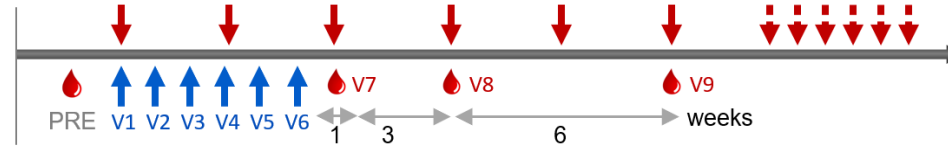


## Case study: monitoring of targeted T cell clonotypes

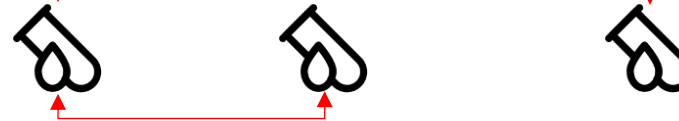
Monitoring T cell repertoire in anti-tumoral vaccines trial

PDC-Lung01 trial  
Cohort B1  
NSCLC Stage IV

- 🩸 Blood collection
- 📌 PDC\*lung01 injections
- 📌 Pembrolizumab (B cohorts)

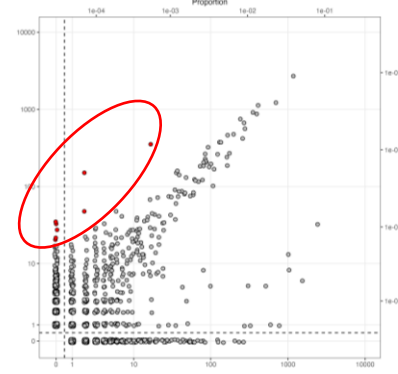


Sorted blood CD8(+)



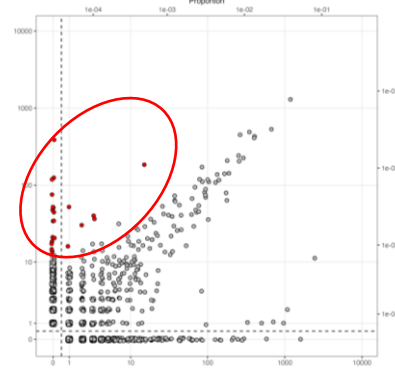
T cell clonotypes monitoring:

Abundance post vaccination (V7)



Abundance prevaccination

Abundance post vaccination (V9)

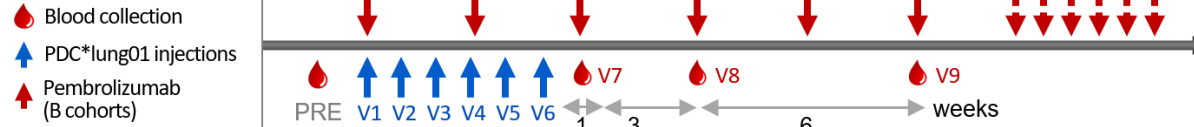


Abundance prevaccination

## Case study: monitoring of targeted T cell clonotypes

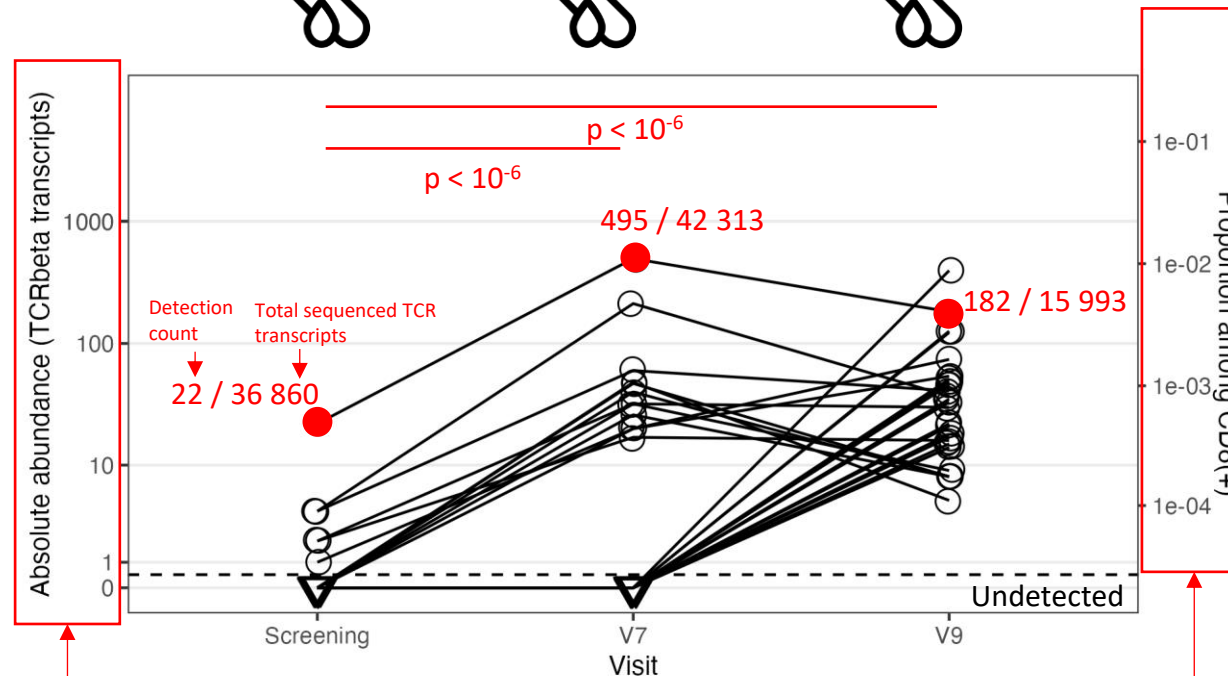
Monitoring T cell repertoire in anti-tumoral vaccines trial

PDC-Lung01 trial  
Cohort B1  
NSCLC Stage IV



Sorted blood CD8(+)

Evaluable on the basis of absolute quantification



Difficult to assess with relative quantification only

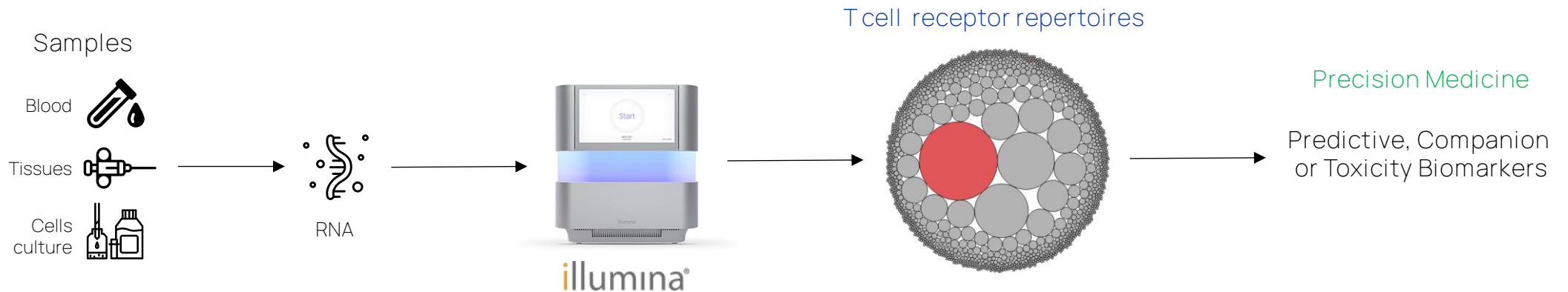
Significance of these variations?



# Seqalis

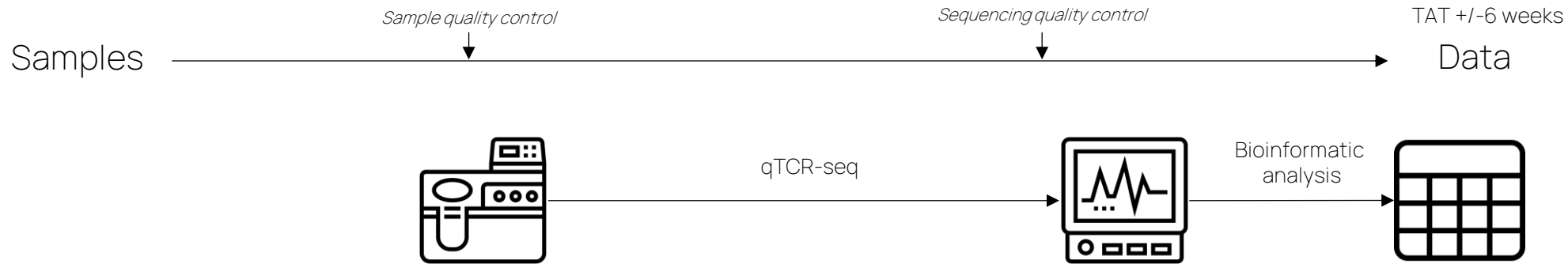
## Applications and Perspectives

- Now
  - Better understanding of the adaptive immune response to immuno-therapies & vaccines (cancer and infectious diseases) at cellular & molecular level (T cells expansion)
  - Immuno-monitoring of patients in clinical trials
- Short term (3 to 5 years)
  - Development of biomarkers (predictive, companion and toxicity) for Precision Medicine
  - Applications for other pathologies: auto-immune diseases, transplantation/organ rejections, ...



# Seqalis

## qTCR-seq workflow – RNA



### Sample requirements

- Well preserved RNA (DV200  $\geq$  60%; quality control done previous to start)
- RNA amount: 50 - 500 ng

### Possible type of samples

- Blood sample or isolated peripheral blood mononuclear cell (PBMC)
- Frozen or later stored tissues (trucut biopsies, fine needle aspiration, surgical samples...)
- Isolated cells (sorted or cultured cells)

### Deliverables:

1. Run basic report
2. Data files

### Sequencing .fq data

### Generated tabular data includes

- Variable genes used for each immune receptor
- CDR3 sequence for each rearrangement
- Functionality of the rearrangement
- Number of detected molecules per rearrangement



# Seqalis

---

Thank you for your attention

Questions?

