

Introduction

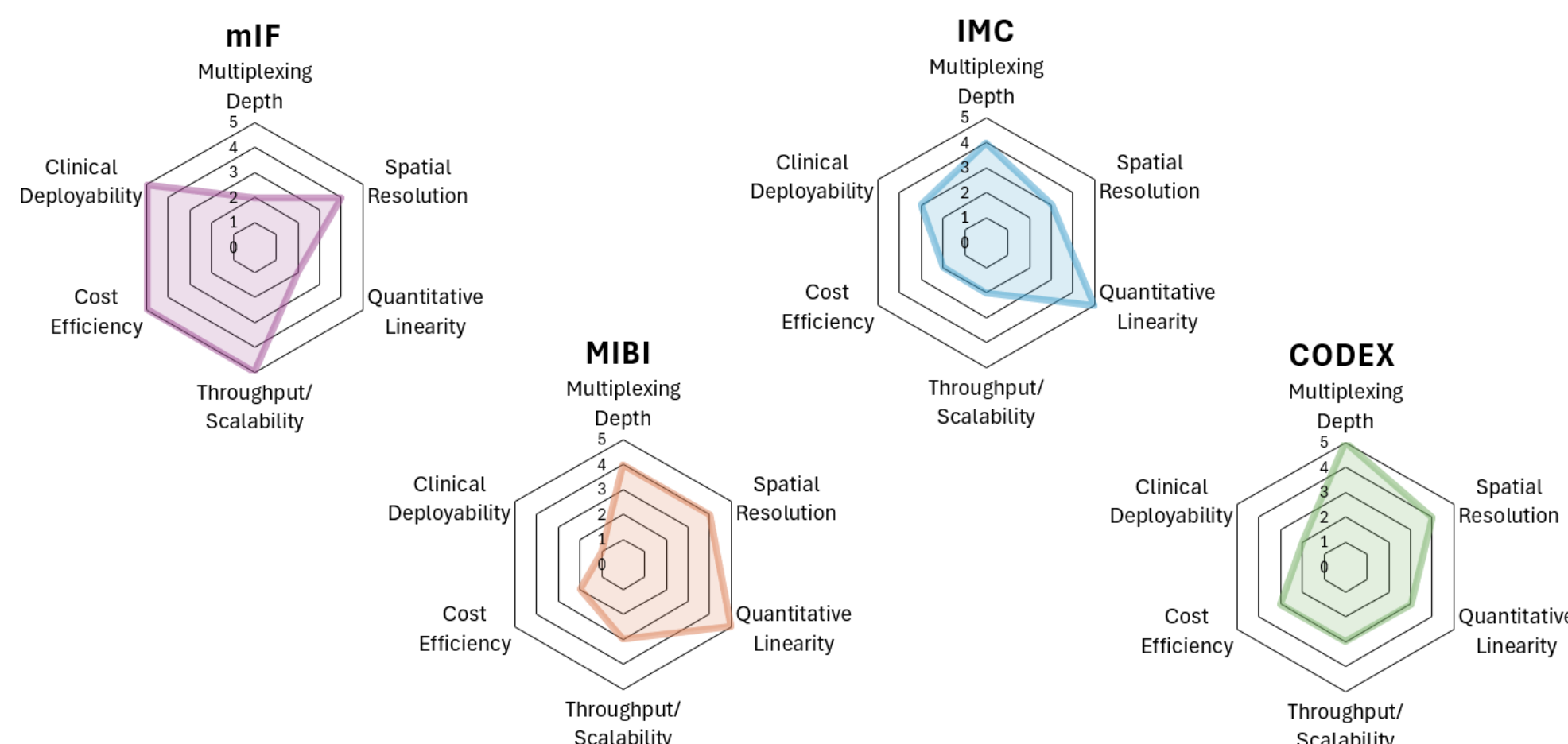
- Problem:** The tumour microenvironment (TME) is spatially complex and poorly captured by low-plex methods
- Opportunity:** High-plex spatial proteomics reveals single-cell biology with spatial context
- Challenge:** Clinical translation requires reducing complexity into actionable biomarkers using artificial intelligence (AI)

Comparative Analysis

- To determine the most viable path to the clinic, four leading spatial proteomics technologies were evaluated based on their technical maturity, quantitative robustness, and operational scalability:
- Multiplexed Immunofluorescence (mIF):** Low-plex, fast, and cost-effective fluorescence imaging suitable for routine pathology workflows
- Imaging Mass Cytometry (IMC):** Laser ablation and metal-tagged antibodies enable highly multiplexed, quantitative single-cell imaging
- Multiplexed Ion Beam Imaging (MIBI):** Ion beam-based imaging provides subcellular resolution with high plex capacity
- Co-Detection by Indexing (CODEX):** Iterative imaging of DNA-barcoded antibodies enables very high-plex spatial profiling

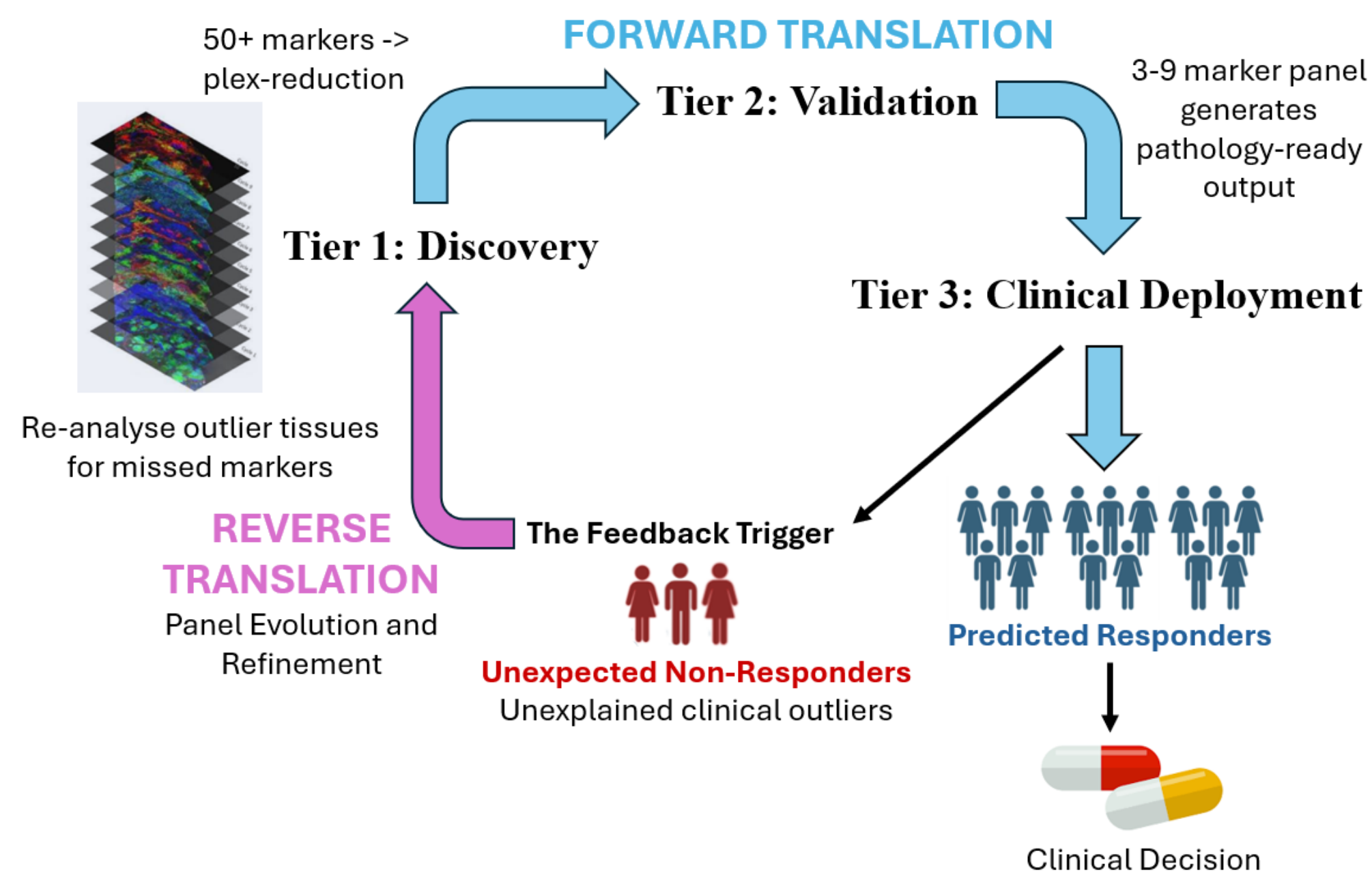
	mIF	IMC	MIBI	CODEX
Plex Capacity	5-12 markers	40+ markers	40+ markers	50-100+ markers
Spatial Resolution	~200-300 nm	~1 µm	~260 nm	~250-300 nm
Throughput	Fast	Very slow	Slow	Slow
Cost (Per Sample)	Low	Medium	Medium	Medium

- High-plex platforms provide deep spatial insight but slow and costly
- Low-plex platforms offer speed and clinical scalability



Three-Tiered Path to the Clinic

- Spatial biology is complex: clinical decisions require simplicity and reproducibility
- An original three-tiered framework aligns specific technological capabilities with successive stages of biomarker development



Tier 1: Discovery (CODEX/MIBI)

- Goal:** Unbiased spatial mapping
- Approach:** High-plex platforms identify thousands of data points, which are then processed through AI-driven plex reduction
- Output:** Identification of distilled signature (3-9 markers) that captures essential spatial interactions

Tier 2: Validation (IMC)

- Goal:** Test reproducibility across large, heterogenous cohorts

Tier 3: Clinical Deployment (mIF)

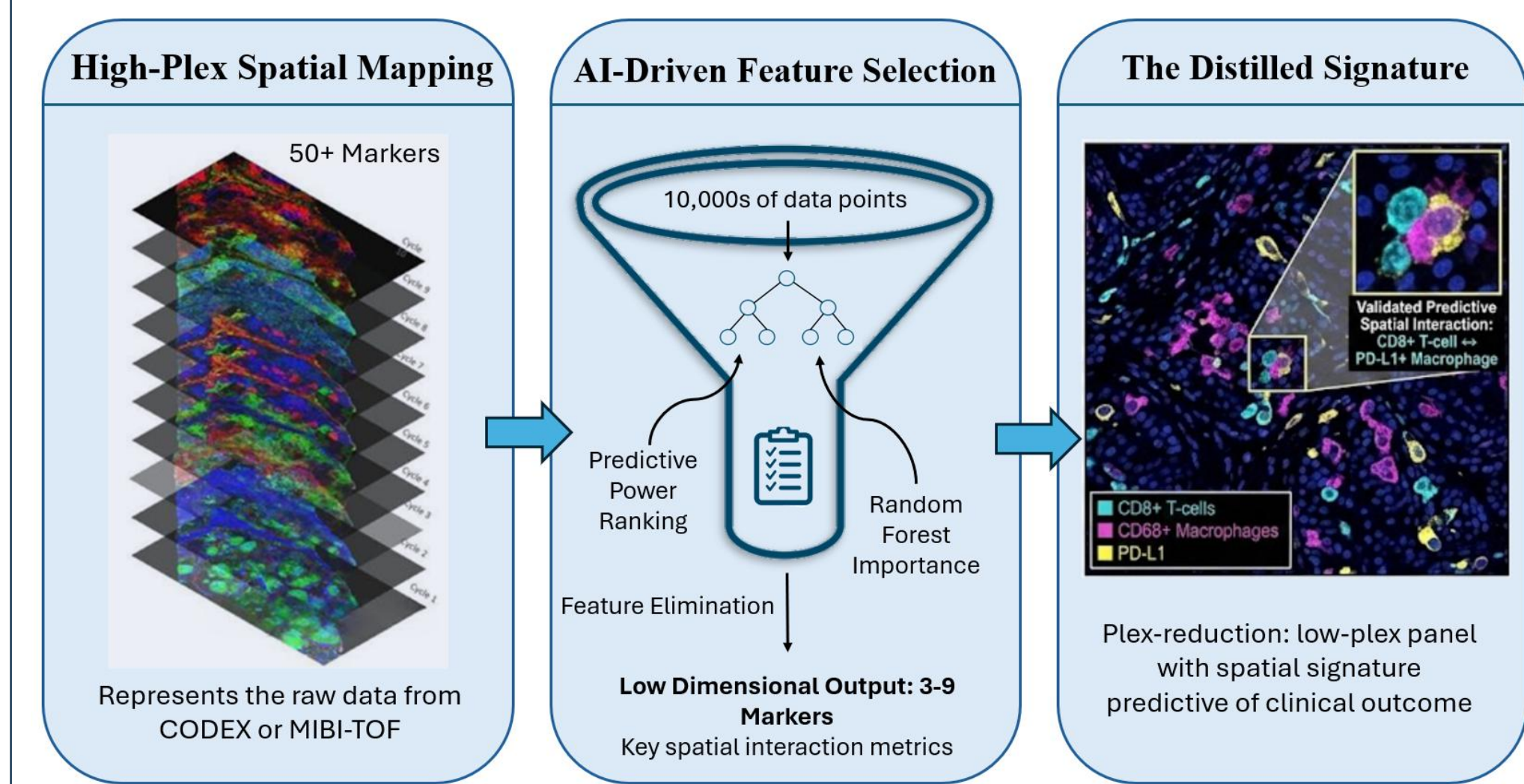
- Goal:** Implementation within routine digital pathology workflows
- Approach:** Transition the distilled panels to cost-effective, high-throughput platforms like mIF
- Output:** Pathology-ready spatial scores for treatment decisions

Reverse Translation

- Clinical discrepancies trigger return to high-plex discovery to refine and evolve biomarker panels
- This ensures that clinical panels remain biologically relevant as tumour evolve and new resistance mechanisms emerge

Artificial Intelligence (AI)

- AI reduces >50 markers and complex spatial data into minimal, predictive biomarker panels using feature selection and machine learning
- These reduced panels identify validated spatial interactions that serve as refined biomarkers for therapy response



Future Directions

- Combining spatial proteomics with transcriptomics is essential to distinguish active immune engagement from phenotypic mimicry
- Generative AI prediction of protein expression from routine Haematoxylin & Eosin (H&E) images
- Clinical adoption requires community-wide benchmarking and black-box AI interpretability to ensure analytical validity
- Discovery-stage technologies must reach whole-slide imaging speeds and lower costs to reflect diverse patient demographics

References

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