Immune-based mutation classification enables neoantigen prioritization and immune feature discovery in cancer immunotherapy

Peng Bai[1], Yongzheng Li[1], Qiuping Zhou[1], Jiaqi Xia[1], Min Wu[2], Sanny K. Chan[3,4,5],

John W. Kappler[3,6,7,8], Yu Zhou[1], Philippa Marrack[3,6,9], Lei Yin[1]

State Key Laboratory of Virology, Hubei Key Laboratory of Cell Homeostasis, College of Life Sciences, Wuhan University, Wuhan, 430072, Hubei, China

Hubei Key Laboratory of Cell Homeostasis, College of Life Sciences, Wuhan University, Wuhan, 430072, Hubei, China

Department of Biomedical Research, National Jewish Health, Denver, CO 80206, USA

Department of Pediatrics, University of Colorado Denver School of Medicine, Aurora, CO 80045, USA

Division of Pediatric Allergy-Immunology, National Jewish Health, Denver, CO 80206, USA

Barbara Davis Center for Childhood Diabetes, University of Colorado, Aurora, CO 80045, USA

Department of Immunology and Microbiology, University of Colorado School of Medicine, Aurora, CO 80045, USA

Structural Biology and Biochemistry program, University of Colorado Anschutz Medical Campus, Aurora, CO 80045, USA

Department of Biochemistry and Molecular Genetics, University of Colorado Anschutz Medical Campus, Aurora, CO 80045, USA

Abstract

Evidences have suggested that T cells that target mutation derived neoantigens are the main mediators

of many effective cancer immunotherapies. Although algorithms have been used to predict neoantigens,

only a handful of those are truly immunogenic. It is unclear which other factors influence neoantigen

immunogenicity. Here, we classified clinical human neoantigen/neopeptide data based on their peptide-

MHC binding events into three categories. We observed a conserved mutation orientation in anchor

mutated neoantigen cohort after classification. By integrating this rule with existing prediction

algorithm, we achieved improved performance of neoantigen prioritization. We solved several

neoantigen/MHC structures, which showed that neoantigens which follow this rule can not only

increase peptide-MHC binding affinity but create new TCR binding features. We also found neoantigen

exposed surface area may lead to TCR bias in cancer immunotherapy. These evidences highlighted the

value of immune-based classification during neoantigen study and enabled improved efficiency for

cancer treatment.

Keywords: cancer immunology; major histocompatibility complex (MHC); vaccine; neoantigen

prediction; antigen immunogenicity

Introduction

The immune system can sometimes recognize and destroy cancer cells[1]. CD8^{+} T cells are a major

component in this process by both recognizing and destroying the target cells[2–5]. For T cells to react

with tumor cells two components are required: major histocompatibility complex class I and possibly

class II proteins (MHCI, MHCII) on the cancer cells and tumor derived antigenic peptides which bound

to MHCs. T cells can then recognize such complexes, called pMHC epitopes (the combination of MHC

and antigen), on the cancer cells as abnormal cells and target them for destruction. Thus, it is crucial to

identify cancer antigens for immunotherapy.

During the last 25 years, great efforts have been made to identify tumor antigens[6]. These tumor

antigens can be classified into two broad categories, self-antigens which are seldom expressed in

normal tissues or expressed at much higher levels on the cancer cell versus normal tissues (like NY-

ESO-1, MART-1) and nonself-antigens called neoantigens which are derived from somatic mutations

in cancer cells[7]. Neoantigens are not presented by normal tissues, hence the immune system is not

tolerant to them and views them, correctly, as foreign antigens and responds appropriately[8,9].

Currently, neoantigen identifying methods relies on next-generation sequencing (NGS) to provide

formidable identification of cancer mutations, followed by predicting their theoretical binding for the

patient's HLA complex[10–14][15,16]. In brief, they compared tumor and normal DNA for identifying

non-synonymous mutations and used peptide/MHCI binding prediction algorithms to find mutated

peptides which could bind MHC to be potential effective neoantigens. Binding prediction could lighten

the burden of immunotherapy by reducing the number of candidate neopeptides[7,10,12,16–19,19–

22,22–25]. However, among neoantigens with actual MHC binding, only a small portion of them are

immunogenic and have therapeutic effects[26,27]. It is likely that other features beyond MHC binding

affinity could affect neoantigen immunogenicity.

It has been hypothesized that the TCR:pMHC ternary binding events may influence neoantigen

immunogenicity. Yadav *et al.* and Fritsch *et al.* suggested that the side chain of neoantigen mutation

point towards the T-cell receptor (TCR) would be more immunogenicity while Duan *et al.* thought that

neoantigen substitutions at MHC anchor positions may be more important[7,18,28]. Recently, Capietto

et al. also suggested that the MHC binding affinity of neoantigen corresponding wild type peptide is

associated with predicting cancer neoantigens, with their mouse model study[29]. However, studies in

this area are still limited due to scarce large human neoantigen datasets and neoepitope structures

availability. Thus, systematic analyses based on large human neoantigen data and structural

understanding of neoantigen immune properties are still needed.

Here, we attempted to determine different features between immunogenic neoantigens and noneffective

neopeptides after mutation positional classification of human clinical neoantigens. We found that

almost all immunogenic anchor mutated neoantigens in our datasets followed a unique mutation pattern

(termed NP rule), rather than other patterns. Combining this rule with existing binding predictor could

improve the neoantigen prioritization performance.

To provide structural insights of neoantigens with the NP rule, we solved several pMHC structures

which follow this rule: the driver mutation derived KRAS G12D neoantigens in complex with HLA-

C*08:02 and the noneffective mouse DPAGT1 peptides in complex with mouse MHC H-2 Kb. We

showed that neoantigens which follow the NP rule could generate new immune features for T cell

recognition. The newly generated surface is necessary for anchor mutated cancer peptides to induce T

cell response *in vivo*. It also suggested that the antigen exposed surface area might be an additional

factor involves in neoantigen immunogenicity.

Results

Classification of cancer neoantigen/neopeptide data by mutation position

To study immune features of clinically relevant neoantigens arising from cancer mutations, we obtained

HLA-I immunogenic (positive data, termed neoantigen) and noneffective (negative data, termed

neopeptide) human clinical cancer neoantigen/neopeptide data from our NEPdb database

(unpublished). These data come from 34 papers which contain neoantigen/neopeptide sequences and

relevant HLAs as well as *in vitro* T cell assay reports and clinical tests[5,30,10–12,16,21,31–

41,17,42,43,19,44–49,22,50–52].

The Immunogenic Neoantigen Dataset (IND) in this study, contains 128 entries (Fig. 1a;

Supplementary Table 1). Neoantigens without T cell assay, minimal length or relevant HLA

information were not recorded in the IND datasets. Melanoma and non-small cell lung cancer, with

higher mutational burdens and more extensively studies, contained nearly 80% entries in this

dataset.[24].

In this study, 11739 noneffective neopeptides with corresponding MHCIs formed the Raw Noneffective

Neopeptide Dataset (RNND) (Fig. 1a; Supplementary Table 2). All of these mutant peptides had been

tested by T cell assays at least or tested in clinical trials, which were proven to be noneffective. The

majority of them are not minimal peptides lengths (MHCI bind peptides that are predominantly 8-11

amino acid in length) known to present by MHCI. As we know, peptide-MHC binding is necessary

albeit not sufficient for neoepitope immunogenicity. To process noneffective neopeptides into optimal

length (9mer and 10mer) as negative control for further study, we used the NetMHCpan 4.0 algorithm

for peptide-MHC binding prediction. This processed dataset is termed Noneffective Neopeptide

Dataset (NND) and contains 2883 entries (Fig. 1a; Supplementary Table 3).

Neoantigen with strong binding affinity to MHC can form stable pMHC complex for T cell recognition

and therefore induce T cell responses. Thus, neoepitope candidates could be prioritized through

prediction algorithms to eliminate those peptides with weak binding affinity to MHCI. While the

binding prediction algorithms have used for eliminating candidate neoantigens, the prediction accuracy

of neoantigens capable of eliciting efficacious antitumor responses in patients remains quite low[53]. It

is likely that features beyond MHC binding affinity involve in neoantigen immunogenicity. Recently,

some studies found that the TCR:pMHC ternary binding events may influence immunogenicity[54,55].

However, the underlying immunological mechanisms of how the positional mutations affect cancer

clinical outcome remains poorly defined.

In an attempt to answer above questions, we classified peptides from IND and NND based on the

mutation position. To be specific, peptides from IND and NND were categorized into three categories:

mutated at an anchor position (binds MHC intensively), MHC-contacting position (contacts MHC but

provides less binding affinity) and TCR-contacting position (point towards TCR instead of MHC). The

classification was performed by referencing the SYFPEITHI database[56], NetMHCpan antigen

binding motif [24] and the Protein Data Bank (PDB) pMHC structures into account (see Methods). The

classified information was recorded in Supplementary Table 1 and Supplementary Table 3.

We next calculated the percentage of neoantigens in different categories after classification.

Immunogenic neoantigens were more likely to mutate at TCR-contacting region (Fig. 1b, c) and were

less likely to change at MHC-contacting regions than those noneffective neopeptides (Fig. 1b, c). These

results suggested that neopeptides with TCR-contacting position mutation rather MHC-contacting

position will preferentially be immunogenic[7,28]. However, the percentage of anchor mutated

neoantigens did not show significant differences compared with noneffective neopeptides (Fig.1c). It

suggested that classification of anchor mutated peptides is not sufficient to distinguish immunogenic

neoantigen from noneffective neoantigen candidates.

Anchor mutated neoantigens followed a conservative mutation pattern to acquire

immunogenicity

We aimed to further characterize the intrinsic immunological properties of anchor mutated neoantigens

beyond binding affinity. MHC molecules have many allelic variants with different binding properties of

their peptide binding cleft. Thus, the peptides recognized by different MHCs are very diverse, with

allele-specific amino acid preferences. To investigate the preferential property of the anchor mutated peptide and its wild type counterparts in the context of HLAs, we set the cut-off frequency to be above 10% as HLA preferential amino acids at anchor positions as described previously[57] based on large peptide binding datasets from the IEDB[58] (Supplementary Fig. 1, Supplementary Table 1 and 3). With the definition of "preference", the anchor mutated neopeptide pairs (contain wild-type and mutant peptides) can be divided into 4 groups : non-preferential to non-preferential residues (mutated from wild-type counterparts with non-preferential amino acid to mutation with non-preferential amino acid, within the context of the certain HLA, abbreviated as NN), non-preferential to preferential residues (NP), preferential to non-preferential residues (PN) and preferential to preferential residues (PP) (Fig. 1d; Supplementary Table 4). Statistical analysis showed that the frequency of the immunogenic pairs with NP preferential change was significantly higher than those from the noneffective pairs (Fig. 1d, p=8.247e-06). Almost all (26 in 27) of the immunogenic pairs (from IND) appear to be classified into the NP group. In contrast, cancer neopeptides with HLA non-preferential property (the NN or PN groups) or those wild-type counterparts with HLA preferential property (the PN or PP groups) can hardly induce effective anti-tumoral response (Fig. 1e; Supplementary Table 4).

Next, we checked the exceptional case (the one which did not follow the NP rule in 27 cases). This neoantigen (MYADM R30W) from the MYADM protein has a mutation at C termini of the peptide that changes Arg to Trp. Of note, both wild type and mutant MYADM peptides can elicit self T cell responses[31]. This evidence suggested that, in this case, wild type peptide can also bind the patient's HLA protein and eliciting T cell autoreactivity *in vivo*. Since both the MYADM neoantigen and its wild-type counterpart were reactive in this patient, this antigen should be excluded for further use. Notwithstanding this exception, our observations suggested the NP rule of anchor mutated neoantigens is a conservative feature to assess T cells for reactivity against neoepitopes.

The NP rule of anchor mutated neoantigens thus can be treated as a binary variable (1= true NP, 0= false NP). To assess whether this variable can be used in neoantigen candidate prioritization, we tested the performance of the binary "NP" model and the combination model of the binary "NP" model with NetMHCpan 4.0 Rank% model (termed Com NP+B). Two existing prediction models, the NetMHCpan 4.0 (using NetMHCpan 4.0 Rank% score) and the DAI models (differential agretopic index, the difference of predicted binding affinity between the mutated epitope and its unmutated counterpart) were also tested with our data as benchmark comparators. After taking the NP rule into account, the

"Com NP+B" model achieved better performance compared with other three models (Fig. 1f,

AUC=0.810). When comparing the performance of the four predictors, assessment was also done by

50-fold cross-validation (2/3rd random resampling) over the data to check whether the observed

difference in average AUC differs significantly (Supplementary Fig. 2). Collectively, we proved that

the NP rule can be taken as a predictive feature to improve neoantigen candidate prioritization.

Anchor mutated neoantigens can generate new surface for T cell recognition

Our results above indicated that the NP rule is a conservative feature in the immunogenic anchor

mutated neoantigens. To understand how this rule forms the basis for acquired immunogenicity of

anchor mutated neoantigens, we attempted to solve the structures of the typical neoepitopes: HLA-

C*08:02 (C08) in complex with KRAS mutation derived neoantigens form a successful clinical case,

reported by Tran *et al*[10]. In this case, objective regression of metastases was observed in a metastatic

colorectal cancer patient after the infusion of HLA-C*08:02-restricted tumor-infiltrating lymphocytes

(TILs) targeting KRAS G12D neoantigens. The KRAS G12D mutant 9mer peptide GADGVGKSA and

10mer peptide GADGVGKSAL (both mutated at position 3 from glycine to aspartic acid) can stimulate

autologous HLA-C*08:02 reactive T cells, while their wild-type counterparts cannot[10]. These two

neoantigens can be categorized in the anchor mutated group (Supplementary Table 1 and reference[59])

and follow the NP rule.

First, we attempted to get the protein complexes of HLA-C*08:02 (C08) in complex with four

peptides: wild type KRAS 9mer GAGGVGKSA (wt9m); wild type KRAS 10mer peptide

GAGGVGKSAL (wt10m); mutant KRAS G12D 9mer peptide GADGVGKSA (mut9m, mutation site

is indicated with underline) and mutant KRAS G12D 10mer peptide GADGVGKSAL (mut10m). C08-

mut9m and C08-mut10m complexes were successfully refolded. However, C08-wt9m complex and

C08-wt10mer complex failed to refold even with ten-fold increase in concentration of the peptides.

This result confirmed that the mutation from glycine to aspartic acid of these neoantigens is crucial to

stabilize pMHC complex.

We next solved the C08-mut9m complex at 2.4 angstroms (Å) and the C08-mut10m complex at 1.9 Å

(Supplementary Table 5). The electron density at the peptide region was unambiguous (Fig. 2a, b). The

C08-mut9m complex and the C08-mut10m complex showed a conserved conformation except the

peptide region (Fig.2c, d). The smaller residues such as alanine and serine are preferably selected at

peptide P1 and P2 position by the peptide binding motif of HLA-C*08:02 (Fig.2e, Supplementary Fig.

1). This is due to the narrow cleft formed by several C*08:02 aromatic residues (Tyr7, Phe33, Tyr67,

Tyr99, Tyr59, Tyr171, Tyr159 and Trp167) which limits the size of the P1 and P2 side chains that can

bind at that site (Fig.2f).

Generally, peptides use anchor positions at P2 and PΩ to occupy the B and F pockets of HLA class I

molecules. However, the structures of the C08-mut9m and C08-mut10m, followed by the peptide

binding analysis, revealed that KRAS G12D 9mer and 10mer peptides use unconventional P3 and PΩ

sites as anchors to form stable complexes with HLA-C*08:02 (Fig. 2g, h; Supplementary Fig. 1). The

B pocket of HLA-C*08:02 bind P3D via interactions with Arg97 and Arg156. The P3D side chain of

C08-mut9m also forms an intra-chain hydrogen bond with P4G, while this hydrogen bond is absent in

the C08-mut10m structure. Interestingly, it is apparent from the C08-mut9m structure that the anchor

residue P3D could also provide TCR accessible surface by partially exposing of its charged side chain

(Supplementary Fig. 3). This unusual phenomenon suggested that anchor mutation of some neoantigens

can not only improve pMHC binding force but could also provide additional accessible surface for

TCR interaction, under certain conditions, and therefore change the total strength of the TCR:pMHC

complex.

At the PΩ anchor position, although the 9mer and 10mer peptides occupied the same F pocket with

their PΩ residues, the P10L side chain from the 10mer peptide is buried more deeply than P9A in the

9mer structure (Fig. 2g, h). Meanwhile, instead of the upward residue P8S in mut9m peptide, the

mut10m peptide uses P8S as an auxiliary anchor to bind the HLA protein via hydrogen bonds to

Glu152 and Arg156. These interactions from the mut10m squeezed the P4 to P7 residues together with

residue P3D (Fig. 2h). Although the mut9m and the mut10m have similar sequences with only one

amino acid different at PΩ termini, the surface details are largely different after they engage with HLA-

*08;02. We postulated that these different features from the mut9m and mut10m neoepitopes may

respectively modulate the effective T cell recognition and activate different T cell repertoires (discussed

below).

Noneffective anchor mutated neoantigens could not generate more differentiated TCR binding surface

than their wild-type analogues, as they buried the anchor mutations into MHC pocket and can hardly

contact with TCRs. However, structural analysis of immunogenic anchor mutated neoantigens

suggested that these neoantigens can not only generate new immune features, but even create novel

neoepitope surface. Thus, the necessity and conservation of NP rule in anchor mutated neoantigen

might be explained by the generation of novel surface from mutant peptide, rather than the wild-type

analogue, which could enable the boosting of neoepitope-specific response from T cells.

Structural of non-therapeutic mouse neoantigen DPAGT1 V213L in complex with H-2 Kb

We next determined two structures of non-immunogenic neopeptides with anchor mutation. Yadav *et al*

described a neopeptide that can be presented by MHC but showed non-immunogenic property *in*

vivo[7]. This mouse DPAGT1 V213L neopeptide contains a mutated C-terminal anchor residue that

falls into the "preferential to preferential residues (PP)" group, with the changing of valine(V) to

leucine(L).

Soluble mouse H-2 Kb in complex with mutant DPAGT1 V213L 8mer peptide (SIIVFNL<u>L</u>, termed

mut8mL) and the wild type 8mer counterpart (SIIVFNLV, termed wt8mV) were separately expressed,

refolded and purified for crystallization trials. Crystal diffraction data of Kb-wt8mV and Kb-mut8mL

were processed to 2.4 Å and 2.5 Å resolution respectively (Supplementary Table 5) and provided

electron density for each peptide (Fig. 3a).

The overall structure of the Kb-wt8mV complex closely resembles that of Kb-mut8mL with the

exception of a slight difference at PΩ (P8) (Fig. 3b). The C-terminal PΩ residue acted as an anchor in

both the Kb-wt8mV and the Kb-mut8mL complexes (Fig. 3b). Moreover, both PΩ valine and leucine

were preferably selected by H-2 Kb (Fig. 3c). Both of the two PΩ residues formed hydrogen bonds

with Kb Asp77, Tyr84, Thr143 and Lys146 (Fig. 3d, e). Although the side chain of leucine in the

mut8mL peptide inserted more deeply into Kb than valine in the wt8mV peptide because of its longer

side chain, these two peptides did not provide different TCR binding surface with relevant MHCs (Fig.

3b, d, e). These findings indicated that neopeptides with the "PP" rule cannot readily change the

binding surface and therefore immunogenicity. The non-effectiveness across the neopeptides with PP

rule might be explained by the pre-existence of the wild-type peptide-MHC complex in thymus, which

can lead to negative selection of potential neopeptide restricted T cell repertoires. Considering that

peptide-MHC binding is necessary for neoepitope immunogenicity, we did not further discuss the

situation of those neopeptides with the "PN" or the "NN" rule.

Neoantigen exposed surface areas may affect T cell selection in cancer immunotherapy

Peptide antigen can form stable complexes with HLA by lying the peptide chain into the HLA antigen-

binding cleft. Some antigens, called "featureless" antigens, have relatively small exposed surface areas

(ESA) form side chains pointing towards the T cell receptor when they fill the peptide-binding cleft of

HLAs[60]. Studies have indicated that featureless epitope are more likely to select relatively narrow

TCR repertoires than epitopes with large exposed features *in vivo*[61]. We next examined the ESA

features of the C08-mut9m and the C08-mut10m structures, by employing the PDBePISA server. Of

note, the ESA of two representative T cell epitopes were also calculated as benchmarks. One is the

HLA-A2–M1, a viral antigen "M1" ($M1_{58-66}$ from the IAV) in complex with HLA-A*02:01(A2-M1, in

Fig. 4a), which considered as a featureless epitope[62]. In contrast, a viral epitope HLA-A2-RT, which

has a "reverse transcriptase peptide" ($RT_{468-476}$ from HIV) in complex with HLA-A*02:01(called A2-

RT, in Fig. 4a), is considered as largely exposed epitope[63]. After calculation, we found that the

mut9m neoantigen has the smallest peptide ESA at 240 $Å^2$, even less than the well-known featureless

M1 peptide (251 $Å^2$, in Fig. 4a-c). However, the mut10m neoantigen has relatively large ESA at 317

$Å^2$, which is comparable with the typical largely exposed antigen RT (330 $Å^2$, in Fig. 4a-c). These data

suggested that the mut9m provides relatively less SEA than canonical T cell antigens. We thus

postulated that the specific TCRs for C08-mut9m may be constrained in patients because of the

featureless area available for specific recognition.

Studies have suggested that narrow TCR repertoires can recognize featureless epitope, because of the

lack of TCR recognition modes[61,62,64]. To investigate the diversity of KRAS G12D neoantigen

specific TCRs in clinical cases, we examined the TCR sequences of the restricted T cell repertoire

targeting the C08-mut9m neoepitope (Fig. 4d, patients 3995 and 4095, both expressing HLA-

C*08:02)[10,44]. Patient 3995 received ACT targeting KRAS G12D neoantigen and did not response.

The transferred RK5 T cell repertoire (T cells expressed the RK5 TCR) was identified to recognize

C08-mut9m neoepitope. Patient 4095 received a similar treatment and observed objective tumor

regressions. In patient 4095, the RK1, RK3, RK4 T cell repertoires were verified to recognize the C08-

mut9m while the RK2 recognized the C08-mut10m. All four T cell repertoires (RK1, RK3, RK4, RK5)

with C08-mut9m restriction were identified biased usage with a public TCR pair (TRAV4/TRBV5-1) across different patients. The length and sequence of these TCRα chains was highly restricted, with the same TCR-V region and "CLVGDxDQAGTALIF" CDR3α motif among the four TCRs (Fig. 4d). The TCRβ chains was also restricted at TCR-V region but showed differences at CDR3β regions. Generally, the CDR1 and CDR2 loops of TCR can recognize the two conserved α-helices on the MHC, whereas the CDR3 loops mainly interact with the exposed peptide. Moreover, the CDR3β had proved to be the main factor that determines TCR bias (compared with CDR3α) in many cases, due to the greater sequence diversity in TCR repertoire and the extensive contact of peptide region[64]. However, in this case, similar CDR1, CRR2 and CDR3α sequences with C08-mut9m restriction were identified consistently from different patients. We thus speculation that these public CDR1, CRR2 and CDR3α regions are important in the C08-mut9m recognition, rather than the CDR3β regions[65]. In contrast, the C08-mut10m neoepitope did not observe dominant public TCRs in patient 4095 or across different individuals. Collectively, these data suggested that the featureless mut9m neoepitope can be recognized by T cells with public TCRs across different patients.

Previous reports have shown that the constrained TCR repertoires are associated with poor efficient to control viral infection[66,67]. However, the correlation between TCR bias and clinical outcome in cancer treatment is unclear. In an exploratory analysis, we examined the TCR bias and clinical performance in this case to address above question. The C08-mut9m restricted T cell repertoires with public TCR usage (RK1, RK3 RK4 and RK5) did not dominant presence in TILs or not show long-term persistence after infusion (Fig. 4d, detected after 39 and 266 days). However, the RK2 T cells with C08-mut10m restriction showed dominant persistent abilities both in tumor infiltrating stage and after cell transfer for 266 days. While we did not observe direct correlation between TCR diversity and clinical outcome due to the limitations of clinical data, we still observed short-lived T cell persistence in the presence of the featureless C08-mut9m neoepitope. This phenomenon might be explained due to the existence of cross-reactivity with self antigen and thereby leads to the suppression by regulatory effectors *in vivo*. We thus postulated that, outcomes of patients who receive more diverse adoptive T cells tended to be better than patients who receive constrained T cells in cancer immunotherapy.

Discussion

How the T cells recognize neoantigen as "non-self" is an important question in cancer immunotherapy. In contrast to conventional pathogenic peptides that may totally different from self peptides, the neoantigens are single amino acid altered peptides compare with self peptides. Thus, differences between neoantigens and their wild-type counterparts and how neoantigen-MHC binding events involve in forming new TCR binding surface should be elucidated in neoantigen immunogenicity studies.

Efforts have devoted to discuss the complexity of neoantigen immunogenicity with their binding events. Different pieces of evidence led to different conclusions[68]. Fritsch *et al*. and Yadav *et al*. suggest that neoantigen are more commonly mutated at TCR-contacting position, however, Duan *et al*. thought that neoantigen substitutions at anchor may be more immunogenic[7,18,28]. Further, using mouse model, Capietto *et al*. showed that where the mutation is at an anchor residue, increased affinity relative to the corresponding wild-type peptide can influence neoantigen immunogenicity[29]. To elucidate the questions above, we assigned human neoantigen/neopeptide data into three different categories: mutations at TCR-contacting positions, mutations at MHC-contacting regions but not anchor positions and mutations at anchor positions. In our study, mutations occur more frequently at TCR-contacting positions rather than at MHC-contacting position in immunogenic dataset. It is possible that mutation characteristics, amino acid contact potentials and force-dependent interactions may affect the interactions in the TCR-contacting group[69,70]. For anchor mutated group, we showed that the NP rule in anchor mutated neoantigen is a more pervasive element of immunogenicity than previously understood. Also, we found the NP rule combined with binding predictor (NetMHCpan 4.0) that could contribute to prioritize neoantigen candidates. In a sense, the NP rule could be taken as a reflection of antigen binding property. This binary indicator can provide a direct understanding of the MHC binding difference between mutant peptides and their wild type counterparts. However, the uniqueness of the NP rule was not fully determined, since the test depends on how comprehensive the validation database is. More analyses to understand the NP rule are still needed with the data increasing.

We next performed structural studies to understand the NP rule. The molecular insight of anchor mutated neoantigens provided evidences that they can generate new surface and features for T cell recognition but the wild-type cannot. In contrast, the anchor mutated neopeptides with PP rule reveal low immunogenicity in clinical treatment, reflecting that the most neoepitope restricted T cells might

have been removed by negative selection. It also suggested that neoantigen exposed surface area (ESA)

might be a factor to influence TCR diversity and clinical outcome based on our analysis. More

experimental data and neoantigen-MHC structures are needed to fully understand the relevance of ESA

and TCR diversity.

Our study showed three possible neoantigen binding models within the context of MHC

(Supplementary Fig. 4). Model A represents the situation which mutation occurs at the TCR-contacting

region and therefore directly towards to T cells. Model B represents the situation in which mutation

occurs at MHC-contacting region (not including anchor sites) and therefore might be immunogenically

irrelevant. Model C represents the situation which the mutation occurs at an anchor position. Anchor

mutations may not change TCR-contacting surface but instead lead to de novo presentation. If the wild

type allele prevented presentation in the thymus, self-reactive T cells would not have been selected

against.

KRAS G12D mutations is indicative of poor prognosis with negative/poor response to standard cancer

treatment. It is one of the most infamous driver mutations target leads to oncogenesis[71]. The

neoantigen KRAS G12D in complex with HLA-C*08:02 is a typical case of a human driver mutation

derived neoantigen-MHC structure which has been linked to clinical benefits. With these structures,

further research could be undertaken to heighten the immunogenicity and stability of KRAS G12D-

C*08:02 neoepitope, by taking modification of agonist peptides or by screening non-natural synthetic

epitopes[72,73]. Alternatively, our structures could be used to design artificial receptors that bind

mutant KRAS peptides based on synthetic biology means. Our findings reveal that immune-based

classification is essential for neoantigen immunogenicity study The NP rule, which found in anchor

mutated neoantigens, can be used to prioritize neoantigens. Further structural analyses indicated that

newly generated surface as well as the ESA in neoantigens affected T cell activation and clinical

outcome, suggesting that these factors could be considered in neoantigen discovery and design of

future clinical trials.

Materials and Methods

Noneffective neopeptides dataset (NND) generation

In order to generate a minimal noneffective neopeptide dataset, binding prediction was done by

NetMHCpan 4.0 Server[24] based on the data from noneffective neopeptide dataset (NND). Different

length of mutant peptides from NND were input in NetMHCpan 4.0 Server with custom python scripts.

The mutant peptides in 9- or 10-mer length with recommend cut-off (affinity < 500 nM) based on

NetMHCpan 4.0 Server were considered to be binders and recorded in the Supplementary Table 3.

Differential agretopic index (DAI) score calculation

The calculation of DAI was described previously[74]. Briefly, peptide binding affinity with HLA was

predicted for mutant and wildtype peptide pairs by NetMHCpan 4.0. The DAI score of each neoantigen

pair was calculated by subtraction of its predicted IC50 binding affinity from the corresponding wild

type counterparts.

Receiver operating characteristic (ROC) curve generation

The AUC value (the area under the ROC Curve) was calculated based on the different predictors listed.

The ROC curve was plotted from the false positive rate (FPR) and true positive rate (TPR) values

calculated by varying the cut-off value (separating the predicted positive from the predicted negative)

from high to low.

Anchor, MHC-contacting and TCR-contacting positions determination

Identification of the anchor positions were based on the SYFPEITHI online database[56] and manually

defined from NetMHCpan binding motif results[24]. Anchors were defined for each allele with the

SYFPEITHI database definition and highest information content in NetMHCpan binding motif record.

The anchor position for each entry was cross-validated based on solved HLA structures from Protein

Data Bank (PDB). Thus, the combination of these tools can provide anchor position information for

most HLA alleles in our datasets. We recorded the cross-validated result as the "consensus anchor".

The anchor position information was also recorded in IND and NND. Alleles without relevant

information above were recorded as "null" in the tables.

Peptide MHC-contacting and TCR-contacting positions was determined based on solved 9mer peptide-

MHC complex. Briefly, positions from peptides which prove to be non-anchor position can be divided

into MHC-contacting and TCR-contacting positions. With the pMHC structural model from PDB, the

position on peptide which contact MHC was treated as MHC-contacting position. Contrary to MHC-

contacting position, TCR-contacting position often harbor a residue with a side chain that points toward

outside from the pMHC complex and may contact with TCR. The MHC contact and TCR contact

region information was recorded in IND and NND. Alleles without relevant structure information

above were recorded as "null" in the tables.

Peptide library and preferential HLA anchor position determination

The nonameric peptide library of 30 HLA alleles was obtained from IEDB database[58]. Sequence

logos were generated base using the sequence logo generator[75]. Threshold for preferential amino

acids at anchor position of each HLA alleles was set to include and above 10% based on the data from

nonameric peptide library. Preferential information of amino acids at anchor position for each HLA

allele was recorded in Supplementary Table 1 and 3.

Combined NP+Binding (Con NP+B) prediction model building

To combined the binary NP rule with existing prediction methods NetMHCpan 4.0, we took a logistic

regression algorithm to model the prediction of immunogenicity. Analyses were performed using the R

build-in function glm(), as below:

416   immunogenicity ~ NP + Binding prediction.

417   Anchor mutated neoantigen data was selected to train the model. After fitting, the performance of this

418   model was shown by ROC curve.

419   To further test this model, we used 50 times resampling. Random resampling of the data (2/3rd

420   resampling) was used for training. The AUC values were calculated by plotROC package. After

421   iteration, the differences of AUC between four models were measured using paired t test in R software.

Protein Expression, refolding and purification

Inclusion bodies of HLA heavy chains and β2M was expressed as described previously[76]. Briefly,

The DNA encoding MHC heavy chain (HLA-C*08:02, HLA-C*05:01 and H-2 Kb) and light chain

(human β2M and mouse β2M) were synthesized (Idobio) and cloned into pET-22(b) vector (Novagen).

The vectors were transformed into the E. coli strain BL21 DE3 (Novagen). Transformants were

selected fromand selected on Lurian broth (LB) agar plates containing ampicillin. A single colony was

selected and cultured in LB fluid medium with the antibiotics listed above at 37°C. Upon reaching an

optical density OD600 of 0.6, expression was induced with the addition of 1mM IPTG. Incubation

continued at 37°C for 5h. The cells were harvested by centrifugation and then resuspended in PBS

buffer with 1 mM PMSF at 4°C. The cells were lysed, and the lysate was clarified by centrifugation at

10,000 g to collect inclusion bodies. Inclusion bodies were harvested and solubilized in 20 mM Tris

(Vetec) pH 8.0, 8 M urea (Vetec), 1 mM EDTA (BBI life sciences), 1 mM DTT (Sinopharm chemical

reagent) and 0.2 mM PMSF (Sinopharm chemical reagent).

Refolding was performed in the presence of MHC heavy chain, β2M and peptides as described

previously[77]. Briefly, the resolubilized heavy chain (60 mg each) and light chain (25 mg each) in the

presence of the corresponding peptide were added into 1 liter of refolding buffer [100 mM Tris (pH

8.4), 0.5 mM oxidized glutathione (BBI life sciences), 5 mM reduced glutathione (BBI life sciences),

400mM L-arginine (Vetec), 2mM EDTA (BBI life sciences)]. After 48h of refolding, the 1 L mixture

was transferred into dialysis bag (Spectra) and dialyzed against 15 liters of 10 mM Tris buffer (pH 8.0)

at 4°C for 24h.

Refolded proteins were purified by anion exchange chromatography with Q Sepharose HP (GE

Healthcare) column then Mono Q column (GE Healthcare) and concentrated by tangential flow

filtration using Amicon Ultra centrifugal filters (Merck). For desalination and purification, samples

were loaded onto a Superdex 200 increase 10/300 GL column (GE Healthcare) for size exclusion

chromatography. Chromatography was taken with BioLogic DuoFlow system (Bio-rad) at a flow rate

of 1 ml/min. Peak analysis was performed using the ASTRA software package (BioLogic

Chromatography Systems).

Crystallization, data collection, and processing

Purified pMHC complex were concentrated to 10 mg/ml for crystallization trials prior to screening

using a series of kits from Hampton Research. Protein complex were crystalized by sitting drop vapor

diffusion technique at 4 °C. Single crystals of C08-mut9m and C08-mut10m were obtained in the

condition of 0.2 M ammonium acetate, 0.1 M HEPES (pH 6.5), 25% w/v polyethylene glycol 3,350.

For the H-2 Kb complex, single crystal of Kb-8mV and Kb-8mL complex were obtained when 4% v/v

Tacsimate (pH 6.0), 12% w/v Polyethylene glycol 3,350 was used as the reservoir buffer.

Crystals were transferred to crystallization buffer containing 20% (w/v) glycerol and flash-cooled in

liquid nitrogen immediately. The diffraction data were collected at the Shanghai Synchrotron Radiation

Facility (Shanghai, China) on beam line BL17U1/BL18U1/BL19U1, and processed using the iMosflm

program[78]. Data reduction was performed with Aimless and Pointless in the CCP4 software

suite[79]. All structures were determined by molecular replacement using Phaser[80]. The models from

the molecular replacement were built using the COOT (Crystallographic Object-Oriented Toolkit)

program[81] and subsequently subjected to refinement using Phenix software[82]. Data collection,

processing, and refinement statistics are summarized in (Supplementary Table 5). All the structural

figures were prepared using PyMOL (http://www.pymol.org) program. The atomic coordinates and

structure factors for the reported crystal structures have been deposited on the Protein Data Bank (PDB;

http://www.rcsb.org/pdb/).

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Author contributions

P.B., L.Y., and P.M. designed all the experiments; P.B. performed all experiments; P.B. collected

neoantigen data; P.B., L.Y., P.M., J.W.K., M.W., Y.L., Y.Z., S.K.C., and J.X. analyzed neoantigen data;

P.B., and Q.Z. determined crystal structures; P.B., L.Y., and P.W. analyzed crystal structures; P.B., L.Y.,

P.M., J.W.K., and S.K.C. wrote the manuscript.

Competing interests

The authors declare that they have no conflict of interest.

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Figure 1

a

	Immunogenic Neoantigen Dataset (IND)	Raw Noneffective Neopeptide Dataset (RNND)	Noneffective Neoantigen Dataset (NND)
Entries	128	11,739	2,883
Anchor Mutated Peptides	29	N	428
Tumor Types	15	11	10
HLA-A	14	15	15
HLA-B	14	20	17
HLA-C	7	15	13
Genes	105	1,929	1,081
References	34	13	11

b

- Anchor position mutation
- TCR-contacting position mutation
- MHC-contacting position mutation

c

- Immunogenic data
- Noneffective data

d

■ Immunogenic data   ■ Noneffective data

e

- N->P preference
- Not N->P preference

f

- DAI
- Com NP+B
- NP
- Rank% (scored by NetMHCpan 4.0)

Figure 2

Figure 3

Figure 4

a

pMHC name	Peptide	PESA (Å^2)
C08-mut9m	GADGVGKSA	239.89
C08-mut10m	GADGVGKSAL	316.90
A2-IAV M1	GILGFVFTL	250.96
A2-HIV RT	ILKEPVHGV	329.88

b

c

d

Patient ID	TCR Pair Name	TCRα/TCRβ	TCRα/TCRβ CDR3 AA sequence	Rank in Tumor Sample*	Rank in Infusion Product	Rank in Blood
4095	RK1	TRAV4/ TRBV5-6	CLVGDMDQAGTALIF/ CASSLGEGRVDGYTF	20/26/33	1	ND (d+266)
4095	RK2	TRAV12-2/ TRBV10-2	CAAAMDSSYKLIF/ CASSDPGTEAFF	1/1/2	2	1 (d+266)
4095	RK3	TRAV4/ TRBV5-6	CLVGDRDQAGTALIF/ CASSFGQSSTYGYTF	ND	3	5 (d+266)
4095	RK4	TRAV4/ TRBV5-6	CLVGDMDQAGTALIF/ CASSLGRASNQPQHF	917/1589/2243	45	1784 (d+266)
3995	RK5	TRAV4/ TRBV5-6	CLVGDMDQAGTALIF/ CASSLGQTNYGYTF	527	2699	ND (d+39)

Supplementary Figure 1

HLA-B*27:05 (n=13590) HLA-B*35:01 (n=3023) HLA-B*40:01 (n=2148)

HLA-B*44:02 (n=3531) HLA-B*44:03 (n=5166) HLA-B*51:01 (n=2869)

HLA-B*56:01 (n=398) HLA-C*03:03 (n=1020) HLA-C*05:01 (n=3251)

HLA-C*06:02 (n=2069) HLA-C*07:01 (n=389) HLA-C*07:02 (n=980)

HLA-C*08:02 (n=2321) HLA-C*14:02 (n=1899) HLA-C*15:02 (n=1747)

Supplementary Figure 2

Supplementary Figure 3

Supplementary Figure 4

Supplementary Table 1. Immunogenic Neopeptide Dataset (IND)

Supplementary Table 2. Raw Noneffective Neopeptide Dataset (RNND)

Supplementary Table 3. Noneffective Neopeptide Dataset (NND)

（see in separated EXCEL files)

Supplementary Table 4. Classification of anchor mutated neoantigens based on MHC preference

	N->N frequency	N->P frequency	P->N frequency	P->P frequency	Number of peptide
Anchor mutated neoantigens (immunogenic)	3.7% (1)	96.3% (26)	0% (0)	0% (0)	27
Anchor mutated neopeptides (noneffective)	27.76% (118)	56% (238)	6.82% (29)	9.41% (40)	425

Data come from Immunogenic Neoantigen Dataset (IND) and Noneffective Neopeptide Dataset (NND). Peptides defined with anchor position were calculated in this analysis.

Supplementary Table 5. Data collection and refinement statistics (molecular replacement).

	C08-mut9m	C08-mut10m	Kb-8mV	Kb-8mL
Resolution range	42.55 - 1.9 (1.968 - 1.9)	51.13 - 1.9 (1.968 - 1.9)	57.76 - 2.4 (2.486 - 2.4)	68.67 - 2.5 (2.589 - 2.5)
Space group	P 21 21 21	P 21 21 21	C 1 2 1	C 1 2 1
Unit cell	68.2796 75.9199 78.0298 90 90 90	68.9397 76.24 78.6999 90 90 90	107.24 69.42 70.4397 90 103.79 90	106.63 67.9699 70.73 90 103.86 90
Total reflections	64768 (6323)	66521 (6583)	37661 (3734)	33008 (3336)
Unique reflections	32450 (3174)	33289 (3294)	19013 (1886)	16646 (1679)
Multiplicity	2.0 (2.0)	2.0 (2.0)	2.0 (2.0)	2.0 (2.0)
Completeness (%)	0.96 (0.99)	1.00 (1.00)	0.96 (0.96)	0.97 (0.99)
Mean I/sigma(I)	7.15 (4.02)	9.26 (5.12)	14.38 (4.80)	11.60 (2.85)
Wilson B-factor	10.39	20.99	38.48	46.21
R-merge	0.04092 (0.1168)	0.03331 (0.1176)	0.02281 (0.1159)	0.02767 (0.1982)
R-meas	0.05787 (0.1652)	0.04711 (0.1663)	0.03225 (0.1639)	0.03913 (0.2803)
CC1/2	0.995 (0.963)	0.996 (0.956)	0.999 (0.979)	0.999 (0.944)
CC*	0.999 (0.99)	0.999 (0.989)	1 (0.995)	1 (0.985)
Reflections used in refinement	31350 (2603)	33285 (3294)	18981 (1879)	16622 (1674)
Reflections used for R-free	1936 (155)	2001 (198)	1899 (188)	1663 (167)
R-work	0.2406	0.174	0.2194	0.2153
R-free	0.2872	0.2044	0.263	0.2934
CC(work)	0.933	0.96	0.943	0.958
CC(free)	0.897	0.946	0.896	0.902
Number of non-hydrogen atoms	3641	3542	3152	3093
macromolecules	3127	3139	3044	3045
Protein residues	381	382	373	373
RMS(bonds)	0.008	0.007	0.01	0.01
RMS(angles)	0.93	0.93	1.08	1.19
Ramachandran favored (%)	96	99	94	94
Ramachandran allowed (%)	3.2	1.3	5.3	5.1
Ramachandran outliers (%)	0.53	0	0.28	0.85
Rotamer outliers (%)	2.1	1.8	4.3	2.8
Clashscore	8.39	4.91	18.38	15.2
Average B-factor	17.27	25.67	50.83	59.08
Macromolecules	16.15	24.62	50.95	59.2
solvent	24.05	33.81	47.71	51.52

Statistics for the highest-resolution shell are shown in parentheses.

Figure Legends

Figure 1. Analyses of three datasets and immune-based data classification of Immunogenic neoantigen dataset (IND) and Noneffective neopeptides dataset (NND).

a, Overview of the IND, RNND, and NND datasets.

b, Donut plots of percentage of 9mer peptide mutations categorized based on three different mutation locations: anchor mutation, MHC-contacting position and TCR-contacting position (immunogenic data, n =51; noneffective data, n=763).

c, Nonameric peptides mutation distribution of three different groups (mutated at anchor mutation, MHC-contacting position and TCR-contacting position) from IND and NND. The frequency of mutation distribution at TCR-contacting position and MHC-contacting position showed significant difference (TCR-contacting position, p=0.0378; MHC-contacting position, P=0.0027. n (immunogenic) =51; n (noneffective) =763. Fisher's exact test). The percentage of mutation distribution at anchor position did not show significant difference between immunogenic and noneffective data (ns, non-significant).

d, The frequency between anchor mutated IND and NND with significant difference in subgroup of non-preferential to preferential residues (N to P) change (p=8.247e-06, n=27 (immunogenic); n=425 (noneffective), Fisher's exact test). There was no difference between residue changes from wild type neopeptides to different types mutants: non-preferential to non-preferential residues (N to N), preferential to non-preferential residues (P to N) and preferential to preferential residues (P to P)) of anchor mutated immunogenic data (from IND) and non-immunogenic data (from NND).

e, Pie charts represented the percentage of NP group and not NP group of anchor mutated datasets (n (immunogenic) = 27; n (noneffective) =425).

f, Receiver operator characteristic (ROC) curve showed the performance of different predictors (DAI score, binary NP rule, binding prediction (Rank% scored by NetMHCpan 4.0), combination of NP rule + binding prediction (Com NP+B)) with anchor mutated data (data from IND and NND datasets, n (immunogenic) = 27; n (noneffective) =425). The AUC (Area Under the ROC Curve) was calculated for each predictive rule (AUC$_{DAI}$= 0.632; AUC$_{NP\ rule}$ =0.701; AUC$_{com\ NP-B}$ =0.810; AUC $_{Rank\%}$=0.698).

Figure 2. Structural comparison of C08-mut9m and C08-mut10m complexes.

a-b, Unambiguous 2Fo-Fc electron density maps of (**a**) KRAS G12D 9mer (GA<u>D</u>GVGKSA, green) and (**b**)10mer (GA<u>D</u>GVGKSAL, yellow) peptides from solved pMHC complex structures. The underlined amino acids represented the mutation in the peptides.

c, Overlay of Cα traces (C08-mut9m, green; C08-mut10m, yellow). Differences in peptide conformation were observed.

d, Overlay of the KRAS G12D 9mer and 10mer peptides in the MHC binding groove.

e, Polar interactions at P1G and P2A positions within HLA-C*08:02 molecule showed in grey, 9mer peptide showed in green and 10mer peptide showed in yellow.

f, Aromatic residues (green) from HLA-C*08:02 accommodating P1 and P2 residues of KRAS G12D 9mer peptide.

g, The P3D and P9A side chains of mut9m peptide interact with HLA-C*08:02.

h, The P3D, P8S and P10LA side chains of mut10m peptide interact with HLA-C*08:02.

Figure 3. H-2 Kb presented DPAGT V213L wild type peptide wt8mV and mutant peptide mut8mL in a similar manner

a, Unambiguous 2Fo-Fc electron density maps of DPAGT1 wild type 8mer peptide (wt8mV peptide SIIVFNLV, magenta) and mutant 8mer peptide (mut8mL peptide SIIVFNL<u>L</u>, orange) from solved structures.

b, Overlay of the DPAGT1 wt8mV (magenta) and mutant mut8mL (orange) peptides.

c, Sequence logo based on the data from IEDB showing amino acid preferences for 8mer peptides bound to H-2 Kb. The peptide library was obtained from IEDB (n=4141).

d, Anchor residue P8V of wt8mV peptide interacts with H-2 Kb (grey).

e, Anchor residue P8L of mut8mLpeptide interacts with H-2 Kb (grey).

Figure 4. Different peptide presentation patterns and peptide exposed surface areas (PESA) between C08-mut9m and C08-mut10m

a, Peptide exposed surface areas (PESA) of 4 pHLAs. PESA of A2-IAV M1 complex was calculated based on 2VLL (PDB ID). PESA of A2-HIV RT complex was calculated based on 2X4U (PDB ID).

b, Exposed surface areas (ESA) of individual residues at each position of four peptides within HLAs.

c, Mut10m exhibits a relatively large exposed surface area compared to A2-IAV M1 (the featureless benchmark), C08-mut9m and C08-mut10m. HLA backbone surface was shown in grey. IAV M1 (blue), mut9m (green) and mut10m (yellow) peptide surface in different colors.

d, Different T cell fate of KRAS G12D neoantigen restricted T cells reported by previous clinical studies. Rank in tumor sample represents the rank of restricted T cells in patient TILs before cell therapy. Rank in infusion products represents the rank of restricted T cells in ex vivo cell transfer products before cell transfer. Rank in blood represents the rank of restricted T cells in patients' peripheral blood after cell transfer (d+ represents the day after cell transfer). The rank of T cells with same TCR pair was validated in one or three different metastatic tumor fragments from the patient. *, tested in three fragments; †, tested in one fragment; ND, not detected.

Supplementary Figure Legends

Supplementary Figure 1. 9mer peptides binding profile of 30 HLA alleles.

Sequence logos frequent amino acid binding profiles for 9mer peptides bound to each of 30 HLA alleles generated from peptide-binding matrices using the Seq2Logo. Peptide libraries were obtained from IEDB. The sample size of each allele was shown on the figure.

Supplementary Figure 2. The AUC values testing using a 50-fold cross-validation.

The 50-fold cross-validation (2/3rd random resampling) within the exploration set. Differences of AUC values were determined using paired T-test.

Supplementary Figure 3. Additional TCR accessible surface of mut9m neoantigen in complex with HLA-C*08:02.

P3D of C08-mut9m can provide additional TCR accessible surface. HLA-C*08:02 (grey), 9mer peptide (green) and P3D side chain (red) showed in different colors.

Supplementary Figure 4. The topology of different neoantigen-MHC binding models

Model A demonstrates the neoantigens with mutations at TCR-contacting positions that are presented by MHC. The blue circle represents wild type residues. The red triangle represents the mutant residues. Model B demonstrates the neoantigens with mutations at MHC-contacting positions. The red triangle represents the mutant residues compared to the wild type that would affect binding specificity. Model C demonstrates the peptides which have mutations at anchor position and are

presented by MHC. The yellow rectangle represents wild type residues which cannot bind into the anchor position in the MHC peptide presentation groves and thus are not presented. The purple circle represents mutated residues which are preferential selected and bind better at the anchor position.