Background: Multiple trials are ongoing to evaluate combinations of immune checkpoint inhibitors (ICIs) across a variety of tumor types. Most of these studies utilize programmed death-1 (PD-1) or programmed death-ligand 1 (PD-L1) inhibitors as a backbone. We interrogate the relationship of PD-L1 with other immune checkpoints to inform rational combination strategies.

Methods: We performed whole transcriptomic sequencing (RNA-Seq; ~200x10^6 reads/tumor) across 1,467 unselected clinical cases (NantHealth; Culver City, CA). Cases reflected 38 distinct histologies; the most common histologies were breast (17.8%), colon (9.9%) and lung (7.9%). High and low PD-L1 was delineated as the top
Results: In an analysis of paired biopsy samples from dose cohorts including activation. TCR sequencing revealed clonal expansion of CD4/8 T cells at all dose levels.

Oncology, University of Washington Seattle Cancer Care Alliance, Seattle, WA, USA, F.A. Eskens7, J-P. Spano8, E. Angevin9, N.A. Rizvi10, J.S. Wasser11, P.A. Ott12, geral TCR repertoire for PF-8600 CD4/8 T cell clonal expansion in peripheral blood. PD changes in tumors and periph-

**Conclusions:** Recent results of combination trials assessing IDO and PD-1 inhibitors may be attributable to a lack of concomitant expression of these markers, thereby limit-

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