

Gene expression profiling can predict pathological complete response (pCR) to anthracycline-monotherapy in estrogen-receptor (ER) negative breast cancer (BC) patients

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Background

The TOP trial is an international study that aims to identify biological markers associated with pCR to neoadjuvant anthracycline chemotherapy (CT).

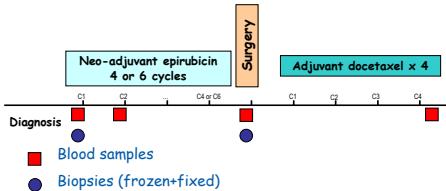
Its unique characteristics are:

1/Determination of the predictive factors of response to single agent epirubicin;

2/Evaluation of response in ER-negative pts only, eliminating the confounding effect of indirect ovarian suppression in ER+ BC.

3/Sample size calculation based on biological hypothesis

Study Design



Methods

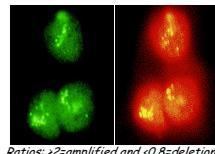
1. Immunohistochemistry: ER (6F11-Novocastra), PgR (1A6-Novocastra), Ki67 (MB1-Dako), Her2/Neu (CB11-Novocastra), topoII (KiS1-Chemicon) et CK5/6 (D5/16B4-Dako).
2. Fluorescent In Situ Hybridization: Her2 and topo-II (Vysis).
3. Gene expression profiling with Affymetrix HG-U133Plus chip and Ingenuity Pathways was used for functional analysis.
4. CLUSTER and TREEVIEW were used to generate and visualize dendograms.

Patient's & Tumor Characteristics (n=95)

| Age | Tumor size | | | | | |
|-------------------|---|--|--|----------------|--|----------------------|
| | Median | ≤ 2cm | 11 | | | |
| | ≤ 50 yrs | 2-5 cm | 66 | | | |
| > 50 yrs | 34 | > 5cm | 4 | | | |
| | | T4 | 14 | | | |
| Nodal Status | Type of surgery | | | | | |
| | N0 | Mastectomy | 28 | | | |
| | N+ | Conservative | 55 | | | |
| Treatment (n=82) | Histological Grade | | | | | |
| | 4 cycles | G1 | - | | | |
| | 6 cycles (dd) | G2 | 22 | | | |
| Histological Type | G3 | | | | | |
| | Ductal | 66 | | | | |
| | Others | unknown | 7 | | | |
| | ER | PgR | Ki67 (% cells) | Neu IHC | CK5/6 (% cells) | Topo-II (% cells) |
| Median | 0 | 0 | 50 | 0 | 0 | 20 |
| % pos (cutoff) | 0 <td>0<br %)<="" (>10="" td=""/><td>79<br (>25%)<="" td=""/><td>33 (++/+++)</td><td>49<br %)<="" (>0="" td=""/><td>60<br (>10%)<="" td=""/></td></td></td></td> | 0 <td>79<br (>25%)<="" td=""/><td>33 (++/+++)</td><td>49<br %)<="" (>0="" td=""/><td>60<br (>10%)<="" td=""/></td></td></td> | 79 <td>33 (++/+++)</td> <td>49<br %)<="" (>0="" td=""/><td>60<br (>10%)<="" td=""/></td></td> | 33 (++/+++) | 49 <td>60<br (>10%)<="" td=""/></td> | 60 |

Results

1. The observed pathological complete response rate, 16% (11/82) is in line with the rates reported in the literature.
2. No association was observed between pCR and age, size and the evaluated markers, except that 11/12 pCR pts had high Ki67.
3. Her2 & Topo-II amplification status (n=63):



| | Topo-II deleted | Topo-II "normal" | Topo-II amplif. |
|------------|-----------------|------------------|-----------------|
| HER2 ampl. | 4/9 (44%) | 5/46 (11%) | 8/8 (100%) |
| No pCR | 7 (78%) | 42 (91%) | 6 (75%) |
| pCR | 2 (22%) | 4 (9%) | 2 (25%) |

4. Class Comparison Analysis using gene expression data (n=62):

568 genes that were significantly associated with pCR

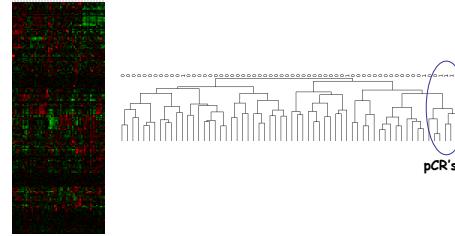
(student t-test, $p < .001$, probability of selecting these genes by chance was estimated to be $p = 0.005$ after 1000 random permutations).

| Main Functions | Genes |
|------------------------------------|--|
| Protein Synthesis | ANAPC5, DHPS, EEF1A1, EIF2AK1, FCER1G, MRP63, NACA, PPP1CA, PSEN1, PTBP1, RPL3, RPL13, RPL28, RPL35, RPL18A, RPLP2, RPLP0, RPS3, RPS5, RPS6, RPS9, RPS10, RRBPI, SPG7, TP11, UBA52, USP25, XPNPEP1 |
| Cellular Assembly and Organization | ARHGDIB, CDK2AP2, CFLAR, CRK, FCER1G, FHIT, FYN, GAPDH, LYN, NAPA, NDE1, PICALM, PRG1, RAC1, RAC2, RANBP9, RHOA, TUBB, UBTF, VAMP3, YKT6 |
| Cellular Function and Maintenance | ANP32A, CDK2AP2, CFLAR, CSNK2B, FCER1G, FHIT, GAPDH, HLA-B, LYN, NAPA, NDE1, PFDN5, PICALM, PRG1, RAC2, RHOA, RXRB, SMC3, TIMP1, TUBB, VAMP3 |
| Cancer-related functions | B2M, BSG, C1QORF10, CD99, CFLAR, CREB1, CREM, CSF2RA, DYNLRB1, EIF2AK1, FHIT, FYN, KLF6, LYN, RAC1, RHOA, RNASE1, RRMI, S100A4, TIMP1, TXNIP |
| Gene expression | CREB1, CREM, CRSP3, FYN, GTF2F1, JAK1, MED6, PPIA, PSEN1, RXRB, SP10, THRAP5, TTF1, B2M, CFLR, CSF2RA, EEF1A1, FCER1G, FCGR3A, HLA-C, HLA-G, LYN, RAC2, RNASE1, TXNIP |
| Cell-to-Cell signaling | ANP32A, B2M, CFLR, CREB1, FYN, HLA-B, HLA-C, LYN, PSEN1, RAC1, RAC2, RHOA, S100A4, SMC3, TIMP1 |
| Cell Death | B2M, CD99, CFLAR, CSF2RA, EEF1A1, FCER1G, FCGR3A, HLA-C, HLA-G, LYN, RAC2, RNASE1, TXNIP |
| Small Molecule Biochemistry | ALOX5AP, CYBA, DHPS, FCER1G, FYN, LYN, OAZ1, PSEN1, RAC1, RAC2, RHOA, UROD |
| Immune Response | B2M, CFLR, FCER1G, FYN, HLA-B, HLA-C, LYN, RAC1, RAC2, RHOA, TMSB4X |

5. Clustering using the adriamycin predictor genes published by Potti et al., 2006

medicine
Genomic signatures to guide the use of chemotherapeutics

And Potti^{1,2}, Holly K. D'Amico^{1,2}, Andrea Bild^{1,2}, Richard E. Schildknecht¹, Robert Sood¹, James R. Phillips¹, Michael J. Estep¹, Daniel R. Giordano¹, Jeffrey Mardis¹, Andrew Berchuck^{1,3}, Geoffrey S. Ginsberg^{1,4}, Philip Ehrle¹, Johnathan Lovett¹, Joseph R. Neubauer¹



Conclusions

These results suggest that a group of genes can identify ER-negative BC pts likely to respond to epirubicin. Since 400 pts will be enrolled, these results will soon be tested on a larger cohort of patients.