

Evaluation of tumor immune microenvironment in Hispanic and African American breast cancer

Robert Hsu¹, Sachin Kumar Deshmukh², Elexa Rallos³, Batul Al-zubeidy¹, Anastasia Martynova¹, Daphne B. Stewart¹, Priya Jayachandran¹, Darcy V Spicer¹, Sharon Wu², Joanne Xiu², George W. Sledge Jr.², Shipra Gandhi⁴, Saranya Chumsri⁵, Jose Pablo Leone⁶, Reshma L. Mahtani⁷, Ana Sandoval Leon⁷, Maryam B. Lustberg⁷, Evanthia T. Roussos Torres¹

1. Norris Comprehensive Cancer Center, University of Southern California, Los Angeles, CA 2. Caris Life Sciences, Phoenix, AZ; 3. Eastern Virginia Medical School, Norfolk, VA. 4. Roswell Park Cancer Institute Department of Cancer Prevention and Population Sciences, Buffalo, NY; 5. Mayo Clinic Florida, Jacksonville, FL; 6. Dana-Farber Cancer Institute, Boston, MA 7. Miami Cancer Institute, Baptist Health South Florida, Miami, FL 8. Department of Medical Oncology, Yale Cancer Center, Yale School of Medicine, New Haven, CT

BACKGROUND

- Hispanics or Latinos (HL) and Non-Hispanic African Americans or Black (NHB) have a higher prevalence of advanced-stage breast cancer (BC) at diagnosis compared to Non-Hispanic Whites (NHW).
- To understand the role of immune system, we evaluated the tumor immune microenvironment (TIME) by race/ethnicity among HL, AA, and NHW BC patients.

METHODS

- 15544 BC samples were tested by NGS (592, NextSeq; WES, NovaSeq) and WTS(NovaSeq; Caris Life Sciences, Phoenix, AZ).
- Race/ethnicity data is self-reported.
- Immune cell fractions were calculated by deconvolution of WTS: Quantiseq.
- Gene expression profiles were analyzed for T-cell inflammation score (TIS) and interferon-gamma (IFN γ) score.
- Real-world median overall survival (mOS) was obtained from insurance claims and calculated from date of tumor biopsy to last contact using Kaplan-Meier estimates.
- Statistical significance was assessed using chi-square, Mann-Whitney U tests with multiple comparison adjustments ($q < 0.05$).

Table 1: BC primary and metastatic demographic information

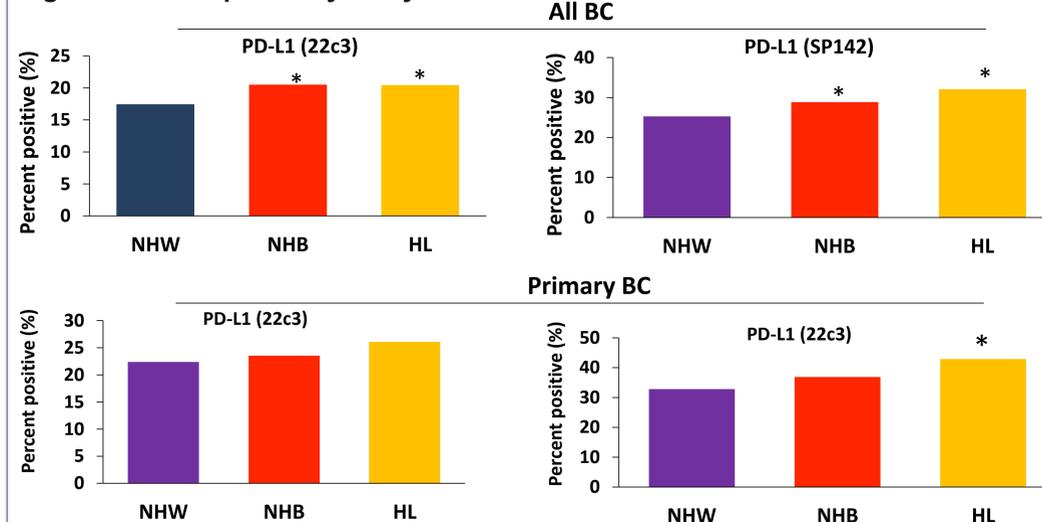
		NHW	NHB	HL
All	Count (N)	7170	1508	1754
	Median age [range]	67 [23 ->89]	60 [22- 86]	60 [22 ->89]
Primary	Count (N)	2528	592	774
	Median age [range]	67 [24 ->89]	59 [22- 86]	59 [22 ->89]
Metastatic	Count (N)	4642	916	980
	Median age [range]	67 [23 ->89]	61 [24-> 89]	60 [23 ->89]

Table 2: BC subtypes demographic information

		NHW	NHB	HL
HER2+	Count (N)	448	109	137
	Median age [range]	64 [26 ->89]	57 [26 - 86]	55 [23 ->89]
HR+HER2-	Count (N)	2485	407	533
	Median age [range]	67 [26 ->89]	62 [25 ->89]	60 [26 ->89]
TNBC	Count (N)	1182	404	370
	Median age [range]	68 [24 ->89]	59 [22 ->89]	59 [22 ->89]

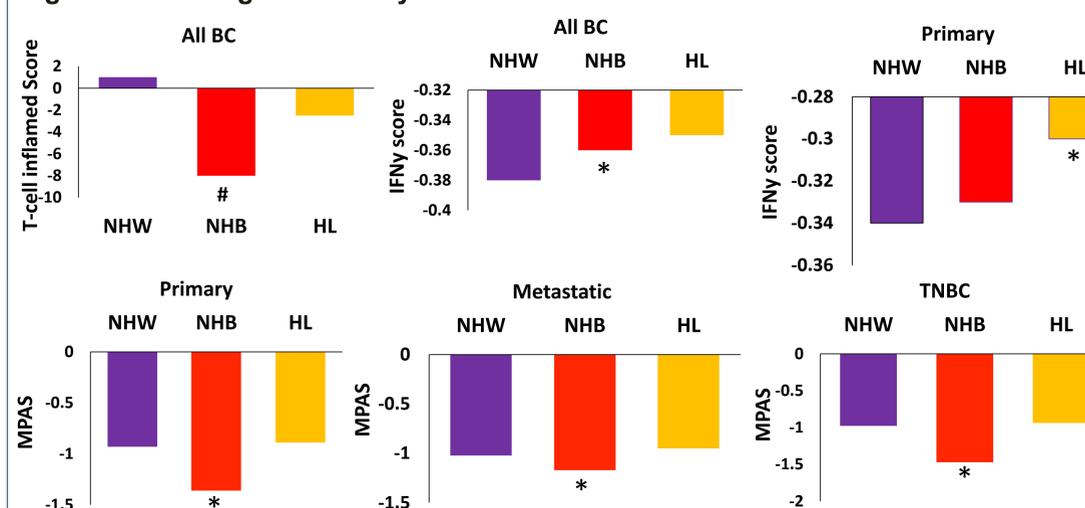
NHW: Non-Hispanic White
NHB: Non-Hispanic Black/African American (AA)
HL: Hispanic or Latino

Figure 1. PD-L1 positivity analysis



Across all cases, AA (20.5%) and HL (20.4%) had greater incidence (%) of PD-L1+ cases versus (vs)NHW (17.4%), all $q < 0.05$. Hispanics tumors biopsied in breast (primary) had greater PD-L1+ in SP142 (42.8% vs 32.8%) compared to NHW $q < 0.05$.

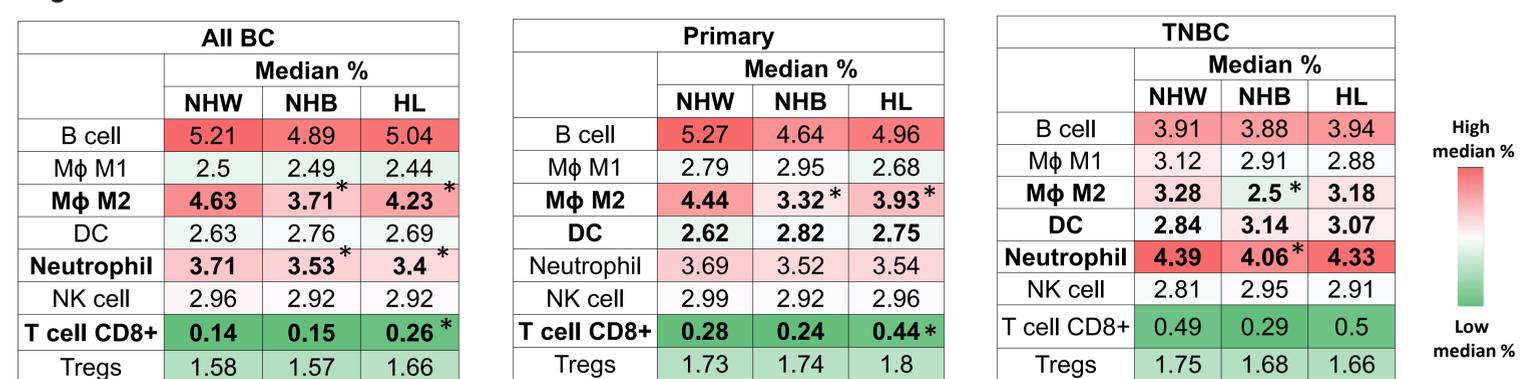
Figure 2. Gene signature analysis



AA had lower TIS (-8 vs 1, $p < 0.05$) while HL had lower IFN γ (-0.38 vs. -0.35, $q < 0.05$) vs NHW in all BC. NHW had lower IFN γ score (-0.34 vs -0.30) compared to HL, while NHB had lower (-1.36 vs -0.93) MAPK activation score compared to NHW primary BC. NHB had lower MAPK activation score (-1.17 vs -1.02) compared to NHW metastatic BC. NHB had lower MAPK activation score (-1.47 vs -0.98) compared to NHW TNBC. # $p < 0.05$, * $q < 0.05$

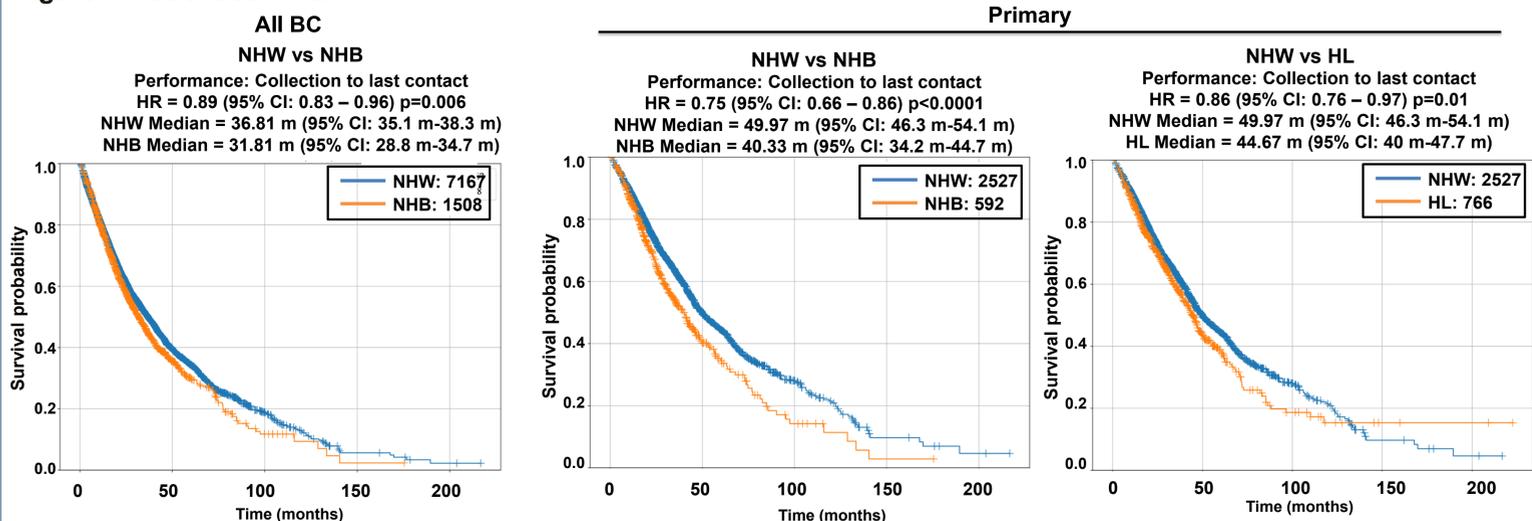
RESULTS

Figure 3. Immune cell infiltration



In all BC, AA had lower median % cell infiltration of M2 Mφ, and neutrophils vs NHW. HL had a lower fraction of M2 Mφ and higher CD8+ T cells vs NHW. In primary BC AA and HL had lower cell infiltration of M2Mφ compared to NHW. HL had higher CD8+ T cells compared to NHW. In TNBC, AA had lower M2 Mφ and neutrophil infiltration compared to NHW. * $q < 0.05$

Figure 4. Patient survival



AA had worse mOS than NHW overall (31.8 vs 36.8 m, HR 0.89, 95% CI 0.83 - 0.96, $p < 0.01$), in pBC (40.3 vs 49.9 mo, HR 0.75, 95% CI 0.6 - 0.8, $p < 0.01$). HL had worse mOS than NHW overall (44.6 vs 49.9 mo, HR 0.8, 95% CI 0.76 - 0.97, $p < 0.01$).

CONCLUSIONS

Our study shows worse mOS in NHB and HL primary BC cases vs NHW, possibly from a less inflamed TIME in NHB and HL and lower fraction of neutrophils and M2 Mφ despite higher % of PD-L1+. Targeting Mφ and CD8+ T cells and converting cold to hot TIME may lessen race/ethnic disparities, especially in early-stage BC.