

Risk stratification in early stage luminal breast cancer patients treated with and without RT



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BACKGROUND

- The goal was to develop and validate a biologic signature for 10-year ipsilateral invasive breast event (IBE) risk in luminal Stage 1 breast cancer (BC) patients treated surgically, with or without adjuvant radiotherapy (RT).

MATERIALS & METHODS

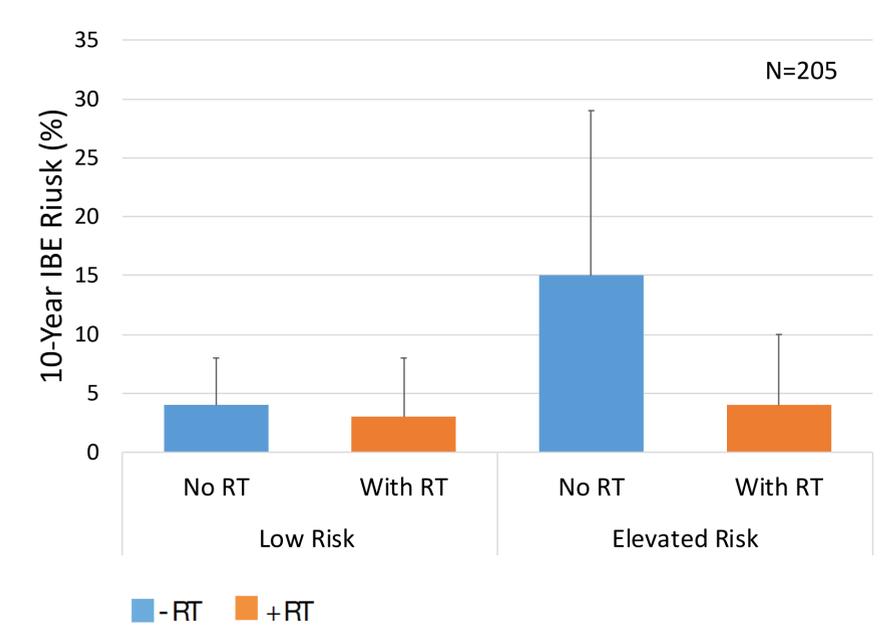
- This cohort was from Uppsala University and Västerås Hospitals diagnosed with Stage 1 BC and treated surgically between 1987 and 2004. Treatment was neither randomized nor strictly rules based, including adjuvant RT, hormone therapy (HT), and chemotherapy (CT).
- Biomarkers (HER2, PR, Ki67, COX2, p16/INK4A, FOXA1 and SIAH2) were assessed on tissue microarrays in PreludeDx's CLIA lab by board-certified pathologists. Risk groups were calculated using biomarkers and the clinical factors age and size. A multivariate Cox proportional hazards analysis was used to determine hazard ratio for biologic signature. The 10-year IBE risk was assessed using Kaplan-Meier survival analysis.

RESULTS

- There were 423 luminal cases with biomarker data having 54 IBEs, during a median follow-up of 11.8 years. There were 372 patients treated with BCS and 51 with mastectomy, and 325 received RT, 169 received HT, and 47 received CT. In a multivariate analysis, the biologic signature (HR = 1.6, p = 0.019) and RT (HR = 0.51, p = 0.027) were associated with IBE risk adjusting for other treatments (HT and CT) and Luminal A status (p = 0.37). Luminal A* status was defined as PR neg (<1%), Ki67 neg (< 15%) and HER2 neg (<3)
- For patients over 50 years of age with luminal A disease and treated without CT (n = 205), the biologic signature identified a subset of patients with an elevated risk; 15% (+/- 14%) 10-year IBE risk without RT (n = 38) compared to a 4% (+/-6%) IBE risk with RT (n = 72), while patients with a low biologic signature risk had a 10-year IBE risk of 4% (+/- 4%) without RT (n = 26) and 3% (+/-5%) IBE risk with RT (n = 69).

- The biologic risk signature identifies subgroups of patients with early-stage BC who will benefit from RT
- In Luminal A* breast cancer, the signature provides both prognostic and predictive value for RT benefit

10-YEAR IBE RISK



DISCUSSION

- A biological risk signature based on 7 biomarkers and clinic-pathological factors identified a group of patients with invasive Luminal A breast cancer with a 10-year risk of 15% for local recurrence, and a substantial benefit from RT. A low risk group with a 4% risk of local recurrence at 10 years was also identified, with a minimal absolute benefit from RT.
- With further prospective validation, the biologic signature identified herein may provide a tool enabling improved management for women diagnosed with early luminal breast cancer.

TABLE 1 – POPULATION CHARACTERISTICS

	ALL LUMINAL CASES (n=423)		
	- RT (%)	+ RT (%)	(N)
Age Group			
<=50 years	8	92	112
>50 years	29	71	311
Tumor Size Group			
<= 10 mm	29	71	205
>=10 mm	17	83	218
Nuclear Grade			
Grade 1 & 2	24	76	389
Grade 3	9	91	33
CT			
No	26	74	376
Yes	2	98	47
Luminal A			
No	20	80	137
Yes	25	75	286
HT			
No	28	72	254
Yes	17	83	169

TABLE 2 – MULTIVARIATE ANALYSIS

	10-YEAR IBE RISK (n=423, 54 events)		
	HR	[95 %, CI]	P-Value
RT	0.51	[0.28 - 0.93]	0.03
Biosignature	1.58	[1.08 - 2.32]	0.02
Luminal A	0.77	[0.43 - 1.37]	0.37
CT	0.71	[0.25 - 2.04]	0.52
HT	0.75	[0.46 - 1.24]	0.26
Mastectomy	0.60	[0.23 - 1.53]	0.28

TABLE 3 – 10-YEAR IPSILATERAL INVASIVE BREAST EVENT (IBE) RISK TREATED SURGICALLY AND EITHER WITH OR WITHOUT RADIATION THERAPY (RT) (n=205)

	BCS – RT			BCS + RT		
	Risk [95%, CI]	Prevalence	(N)	Risk [95%, CI]	Prevalence	(N)
Low Risk	[0.88 – 1.0]	4% (+/- 4%)	26	[0.93 – 1.0]	3% (+/-5%)	69
Elevated Risk	[0.73 – 1.0]	15% (+/- 14%)	38	[0.91 – 1.0]	4% (+/-6%)	72