



RNA expression levels from peripheral immune cells, a minimalinvasive liquid biopsy source to predict response to therapy, survival and immune-related adverse events in patients with triple negative breast cancer enrolled in the GeparNuevo trial

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 GeparNuevo: A randomised phase II double-blind placebo-controlled study randomizing patients with TNBC to durvalumab or placebo given every 4 weeks in addition to nab-paclitaxel followed by standard Epirubicin/ Cyclophosphamide (EC)
 Window of opportunity



Loibl S, et al. Annals of Oncology, 2019; 30, 1279–1288



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GeparNuevo: Study results

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- Population: Primary non-metastatic TNBC
- **Recruitment:** June 2016 October 2017
- Primary endpoint: pCR (ypT0 ypN0) after neoadjuvant therapy
- Main secondary endpoints: iDFS, DDFS, OS
- pCR rate with durvalumab was 53.4% versus placebo 44.2% (OR=1.53, 95% CI 0.82-2.84, p=0.182)
- pCR rate of the "Window"cohort¹ with durvalumab was 61.0% versus placebo 41.0% (OR=2.22, 95% CI 1.06–4.64,p=0.035; interaction p=0.048)
- Significant differences were observed for 3-year DDFS [HR= 0.31 (95% CI 0.13, 0.74), p=0.0078] and OS [HR=0.24 (95% CI 0.08, 0.72), p=0.0108] independent of pCR effect

¹ Patients who started with durvalumab or placebo monotherapy prior to chemotherapy Loibl S, et al. Annals of Oncology, 2019; 30, 1279–1288 Loibl S, et al. Annals of Oncology, 2022, 33, 1149-1158



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- Objective 1: Descriptive analysis of changes of leukocyte RNA expression per signature levels during therapy at all four measurement times
- Objective 2: Association of leukocyte RNA expression per signature levels before therapy with pathologic complete response (pCR) rate (ypT0/ypN0)
- Objective 3: Association of leukocyte RNA expression per signature levels before therapy with distant disease-free survival (DDFS)









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From 117 patients enrolled in the GeparNuevo Trial blood samples from before therapy were available for RNA testing (Subproject Cohort).

Parameter		Durvalumab N=63, N(%)	Placebo N=54, N(%)
Age (yrs), median (rar	ige)	50.0 (25.0-68.0)	50.5 (23.0-76.0)
cT3/4		4 (6.4)	1 (1.9)
cN+		17 (27.4)	16 (29.6)
Grading	G3	52 (82.5)	44 (81.5)
Window		34 (54.0)	28 (51.9)
PDL1 status	s neg.	6 (10.9)	8 (15.1)
	pos.	49 (89.1)	45 (84.9)
pCR	yes	33 (52.4)	29 (53.7)

Subproject Cohort

Parameter		Durvalumab N=88, N(%)	Placebo N=86, N(%)
Age (yrs), median (rango	e)	49.5 (25.0-74.0)	49.5 (23.0-76.0)
cT3/4		7 (8.0)	3 (3.5)
cN+		27 (30.7)	27 (31.4)
Grading	G3	74 (84.1)	71 (82.6)
Window		59 (67.0)	58 (67.4)
PDL1 status	neg.	9 (11.5)	11 (13.8)
	pos.	69 (88.5)	69 (86.2)
pCR	yes	47 (53.4)	38 (44.2)

Main Study Cohort

No significant differences were observed between the treatment arms

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PDL1 status: Percentage of tumor cells with membranous staining and percentage of PDL1 positive TILs with membranous or cytoplasmic staining (assessed by using the SP263 antibody and a cut-off of ≥1%)





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Analysis of RNA expression levels of peripheral immune cells from patients enrolled into GeparNuevo trial.









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Analysis of RNA expression levels of peripheral immune cells from patients enrolled into GeparNuevo trial.



Target genes include:

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- 1) Genes for immune cell phenotyping
- 2) Genes associated with relevant immune functions and pathways
- 3) Genes associated with response to immune checkpoint therapy
- -> Immune Cell Scores
- -> Immune Signaling Scores
- -> Individual Gene Expression







 Objective 1: Descriptive analysis of changes of leukocyte RNA expression per signature levels during therapy at all four measurement times









Immune cell type scores representing macrophages and neutrophils significantly increased during treatment, while B cell and Cytotoxic cell scores decreased (p<0.0001, respectively) regardless of treatment arm.





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Immune cell type scores representing Th1 cells significantly decreased (p<0.0001 and p<0.0004, Durvalumab and Placebo) regardless of treatment arm.





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 Objective 2: Association of leukocyte RNA expression per signature levels before therapy with pathologic complete response (pCR) rate (ypT0/ypN0)









Objective 2: Association of leukocyte RNA expression per signature levels **before therapy** with pathologic complete response (**pCR**) rate (**ypT0/ypN0**)









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Objective 2: Association of leukocyte RNA expression per signature levels **before therapy** with pathologic complete response (pCR) rate (ypT0/ypN0)



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Results: Pathologic complete response



Gene		Ν	OR (95% CI)	P-value	P-value Interaction arm	
CCL3	Durvalumab	63	0.541 (0.294-0.996)	0.0485	0.0175	
	Placebo	54	1.628 (0.830-3.195)	0.1564		
	Multivariate [#]	116	0.962 (0.611-1.516)	0.8685		
DPP4	Durvalumab	63	7.346 (1.130-47.733)	0.0368	0.2699	_
	Placebo	54	1.863 (0.391-8.882)	0.4352		Logistic regression with continous scores: ORs with
	Multivariate#	116	3.695 (1.057-12.918)	0.0407		95%-CIs and Wald p-values
ITGA4	Durvalumab	63	10.825 (1.137-103.054)	0.0383	0.1889	#
	Placebo	54	1.412 (0.184-10.842)	0.7401		including Treatment arm (Durvalumab vs. Placebo),
	Multivariate#	116	5.631 (1.061-29.886)	0.0424		Breast cancer histopathologic grade (G2 vs. G3), Clinical
TIMP1	Durvalumab	63	0.283 (0.074-1.084)	0.0655	0.7257	 lymph node status by sonography (cN0 vs. cN1-3)
	Placebo	54	0.407 (0.089-1.874)	0.2488		and sTILs (low: 0-10% vs. intermediate/high 11-100%)
	Multivariate#	116	0.253 (0.084-0.760)	0.0143		-
MYC	Durvalumab	63	3.987 (0.870-18.267)	0.0749	0.3283	
	Placebo	54	1.408 (0.337-5.873)	0.6389		
	Multivariate [#]	116	3.357 (1.118-10.075)	0.0308		









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Results: Pathologic complete response

Cut-off: median

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 Objective 3: Association of leukocyte RNA expression per signature levels before therapy with distant disease-free survival (DDFS)









Objective 3: Association of leukocyte RNA expression per signature levels **before therapy** with distant disease-free survival (**DDFS**)









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Objective 3: Association of leukocyte RNA expression per signature levels **before therapy** with distant disease-free survival (DDFS)











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Results: Distant disease-free survival

Immune cell and signaling scores

Signature		Ν	Events	HR (95% CI)	P-value
Mast cells	Durvalumab	63	5	0.742 (0.245-2.244)	0.5974
	Placebo	54	12	0.632 (0.377-1.061)	0.0824
	Multivariate [#]	116	17	0.823 (0.436-1.552)	0.5476
	Univariate	117	17	0.604 (0.366-0.995)	0.0479
Treg	Durvalumab	63	5	0.053 (0.004-0.764)	0.0309
	Placebo	54	12	0.545 (0.155-1.917)	0.3439
	Multivariate [#]	116	17	0.420 (0.136-1.305)	0.1337
PIP3 activ. AKT sign.	Durvalumab	63	5	0.713 (0.219-2.323)	0.5749
	Placebo	54	12	0.373 (0.165-0.843)	0.0178
	Multivariate [#]	116	17	0.601 (0.301-1.197)	0.1472

Individual Genes *

Gene		Ν	Events	HR (95% CI)	P-value
CDK2	Placebo	54	12	0.123 (0.017-0.896)	0.0386
DPP4	Univariate	117	17	0.191 (0.046-0.797)	0.0231
ICOS	Multivariate [#]	116	17	0.111 (0.017-0.715)	0.0207
-	Univariate	117	17	0.232 (0.060-0.895)	0.0339
MYC	Multivariate [#]	116	17	0.208 (0.043-0.995)	0.0493
TIMP1	Placebo	54	12	4.149 (1.058-16.278)	0.0413

Cox-PH-Model with continuous scores: HRs with 95%-CIs and Wald p-values

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including Treatment arm (Durvalumab vs. Placebo), Breast cancer histopathologic grade (G2 vs. G3), Clinical lymph node status by sonography (cN0 vs. cN1-3) and sTILs (low: 0-10% vs. intermediate/high 11-100%) * Only values with a p-value < 0.05 are presented



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Regulatory T cells (Treg) inhibit effector B and T cells and play a central role in suppression of anti-tumor immune responses.

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AKT is activated by the messenger PIP3, a phospholipid that is generated by PI3K. Active AKT plays important roles in cell survival and metabolism.



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HR=4.4670 p=0.0585

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- Changes of peripheral immune cells under therapy seemed to be dependent on chemotherapy but not immune checkpoint therapy
- It appears that patients in the durvalumab arm who had high levels of CCL3 expression before therapy had a lower pCR rate compared to patients in the placebo arm (significant interaction)
- Patients of the durvalumab arm who had high levels of regulatory T cell scores before therapy had lower risk of distant disease-free events compared to those with low levels
- DPP4, MYC and ICOS expression was associated with distant disease-free survival regardless of treatment arm
- While these findings offer promising insights, further research is necessary to validate and expand upon these initial results

RNA expression levels from peripheral immune cells could enable differentiation between patients who might benefit from neoadjuvant immune checkpoint therapy compared to standard therapies



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- All patients who agreed to participate in the GeparNuevo trial
- All GeparNuevo study centers, investigators and study nurses
- All members of the GBG and AGO-B
- All cooperating partners:
 - Department of Gynecology and Obstetrics, University Clinic Erlangen
 - Institute for Pathology, University Clinic Erlangen
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Complete list of analyzed scores and individual genes

16 Immune Cell Scores

B-cells score, T-cells score, Th1 cells score, Treg score, CD45 score, CD8 T cell score, Cytotoxic cells score, DC score, Macrophages score, Mast cells score, Neutrophils Score, NK cells score, NK CD56dim cells score, CD8 vs. Exhausted CD8, CD8 vs Treg, CD8 vs T cells

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26 Immune Signaling Scores

PD1 signaling, Immunecheckpoint Function, T-cell Immunecheckpoint, CD4 T cell differentiation, lymphocyte activation, TH1 and TH2 response, TH17 response, T cell priming and activiation. Killing of cancer cells, Immune Inhibition, NK Cell Activity, T-Cell Functions, NK Cell Functions, Cell Functions, B-Cell Functions, Myeloid Cell Activity, Immunometabolism, Costimulatory Signaling, Cytotoxicity, Lymphoid Compartment, Myeloid Compartment, Myeloid Inflammation, Immune Response to tumor, MHC Class II antigen presentation, TCR signaling, Costimulation by the CD28 family

31 Individual Genes

ADAM17, CCL3, CCR3, CDK2, CDKN2A, CTSD, CXCL1, DPP4, ERBB2, F5, GADD45A, HLA_DRA, ICOS, IL18BP, IL2RA, IL5, IL8, IRAK3, ITGA4, MMP9, MYC, NLRC4, NRAS, PTGS2, RHOC, SOCS3, TGFB1, TIMP1, TLR9, TXNRD1, UBE2C

