

BARCELONA
2024

ESMO

congress

Hormone Receptor-Positive Breast Cancer Outcomes in 628 patients with BRCA1, BRCA2, or PALB2 pathogenic variants:

Real World Data Analysis of Genomics and Targeted Therapy Sequencing

Gerneiva Parkinson, Shayan S. Nazari, Maryam Lustberg, Andrew Elliott, George Sledge, Aileen Fernandez, Marzia Capelletti, Rinath Jeselsohn, Emily Hsu, Robert C. Sobol, Ana C. Sandoval, Ragisha Gopalakrishnan, Sam Makhoul, Lauren Nye, Allison W. Kurian, Filipa Lynce, Stephanie L. Graff

Gerneiva Parkinson MD MHS
Department of Medical Oncology
Stanford Medicine
@GParkinsonMD

September 15th, 2024



DECLARATION OF INTERESTS

Gerneiva Parkinson

No conflicts of interest

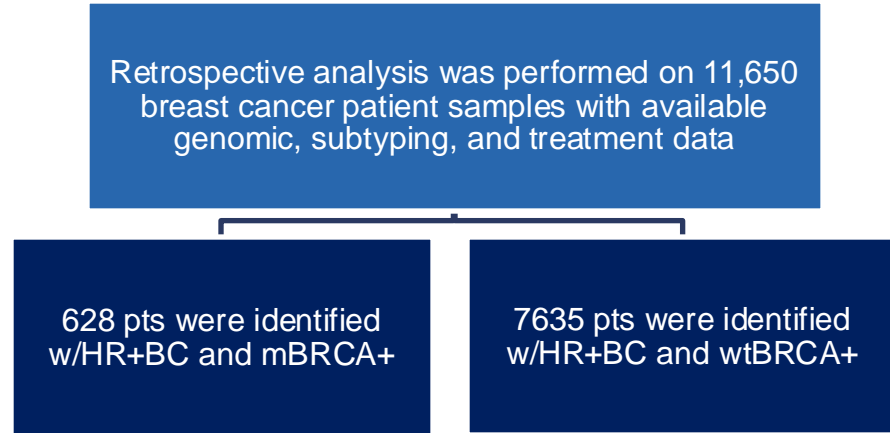
Background and Specific Aims

- Patients with hormone receptor-positive breast cancer (HR+BC) and pathogenic variants in *BRCA1*, *BRCA2* or *PALB2* (BRCA+) have several targeted therapy options including CDK4/6 inhibitors (CDK4/6i), and poly (ADP-ribose) polymerase inhibitors (PARPi).
- Little is known about the sequence of these targeted therapies
- Are there pathogenic variants between BRCA+ and their wildtypes?
- **Specific Aims:**
 1. To compare patients with hormone receptor-positive breast cancer and pathogenic variants in BRCA+ treated with CDK4/6i and/or PARPi
 2. To compare pathogenic variants in BRCA+ with their respective wildtypes in hormone receptor-positive breast cancer patients
 3. Compare low vs high tumor mutation burden for BRCA+ in hormone receptor-positive breast cancer patients



Methods

- NextGen sequencing of DNA (592-gene/whole exome) and RNA (whole transcriptome) was performed through Caris Life Sciences (n=11,650).
- Real-world overall survival (OS) information calculated from first treatment time to last contact.

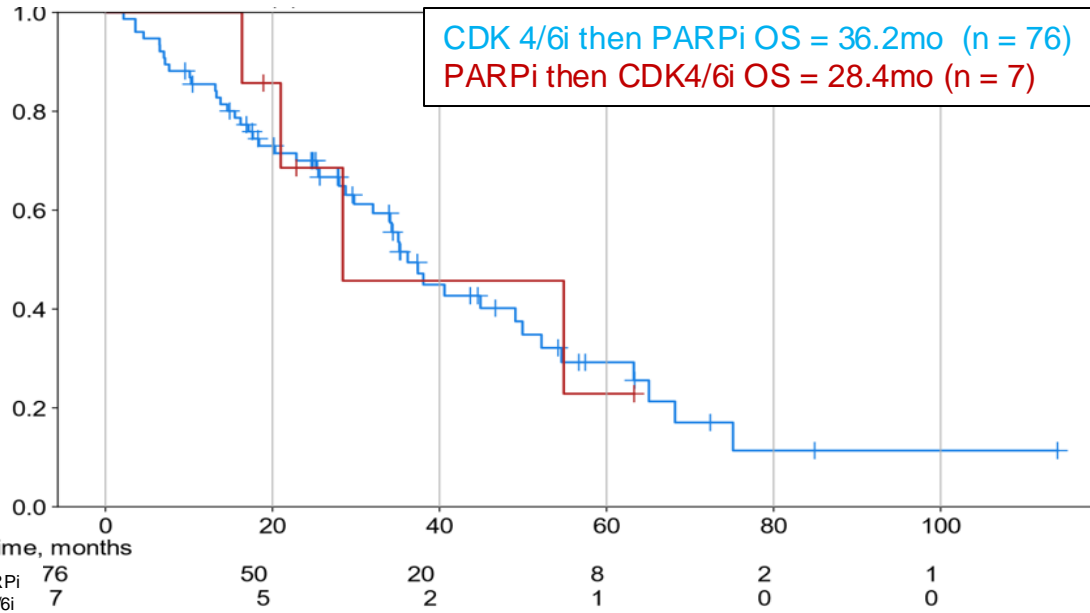


Study Demographics

	HR+BC	HR+ BC mBRCA	HR+ BC wtBRCA
Median age, N (range)	64 (22 - >89)	57 (23 - >89)	63 (22 - >89)
Female , N	11448	604	7512
Male, N	202	24	123
White	6773	329	4512
Black Or African American	1489	84	970
Asian Or Pacific Islander	362	29	211
Unknown/Other	1514	85	965
RNA sequencing data, N	9450	495	6193
DNA sequencing data, N	11,508	628	7635
PARP inhibitors, N (olaparib or niraparib or rucaparib or talazoparib)	238	156	33
CDK4/6 inhibitors, N (Palbociclib or ribociclib or abemaciclib)	5548	285	3571



Overall survival when comparing the sequence of CDK4/6 inhibitors and PARP inhibitors in HR+BC mBRCA patients



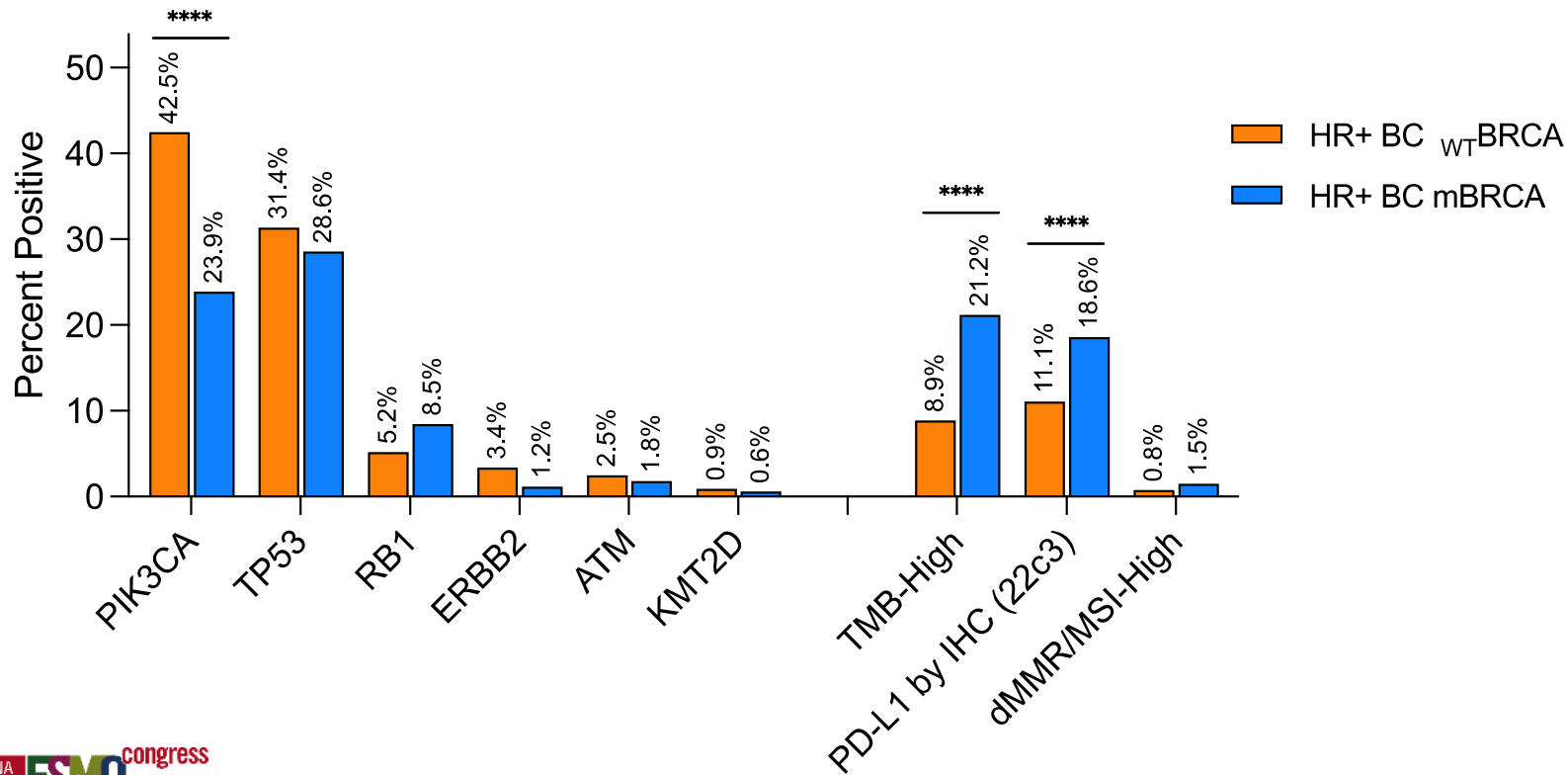
	Median OS	95% CI
CDK4/6i then PARPi	36.19 mo	29.774 mo - 49.942 mo
PARPi then CDK4/6i	28.426 mo	16.351 mo - Inf

HR = 1.072 (95% CI: 0.383 - 2.999), p = 0.895

**Median OS difference:
7.764m**



Genomic alterations associated with HR+BC mBRCA patients compared to HR+BC wtBRCA



Genomic alterations associated with HR+BC mBRCA patients compared to HR+BC wtBRCA

	Median wtBRCA	Percent Positive wtBRCA	Median mBRCA	Percent Positive mBRCA	q-value
NK cells	0.037	99.980	0.033	100.000	0.002
Macrophages M2	0.057	99.648	0.051	99.701	0.005
T cells CD8	0.000	45.925	0.000	50.746	0.029
Neutrophils	0.033	93.395	0.024	86.269	0.000



Conclusions

- No significant differences in overall survival were seen between the sequences among patients with HR+BC mBRCA treated with CDK4/6i or PARPi
- Molecular analysis of HR+ BC mBRCA+ (vs WT) showed
 - ◆ Similar amounts of NK cells, macrophage M2
 - ◆ more CD8 T cells
 - ◆ depletion of neutrophils
- Patients with mBRCA+ had worse OS with TMB-High than TMB-Low
- Limitations of this work included somatic dataset vs working with germline mutations.



BARCELONA
2024

ESMO

congress

- Thanks to all co-authors: Shayan S. Nazari, Maryam Lustberg, Andrew Elliott, George Sledge, Aileen Fernandez, Marzia Capelletti, Rinath Jeselsohn, Emily Hsu, Robert C. Sobol, Ana C. Sandoval, Ragisha Gopalakrishnan, Sam Makhoul, Lauren Nye, Allison W. Kurian, Filipa Lynce, Stephanie L. Graff
- We thank the patients, their families and clinicians for contributing to this study.
- We thank the Caris Precision Oncology Alliance (POA) and participating centers for their contribution to this study.

European Society for Medical Oncology (ESMO)

Via Ginevra 4, CH-6900 Lugano

T. +41 (0)91 973 19 00

esmo@esmo.org

esmo.org

