

ne Medical Oncology Centre

Personalised Cancer Care

Effect of administration of Neoadjuvant Chemotherapy to newly diagnosed early breast cancer patients on the depressed plasma levels of soluble co-stimulatory and co-inhibitory immune checkpoint molecules



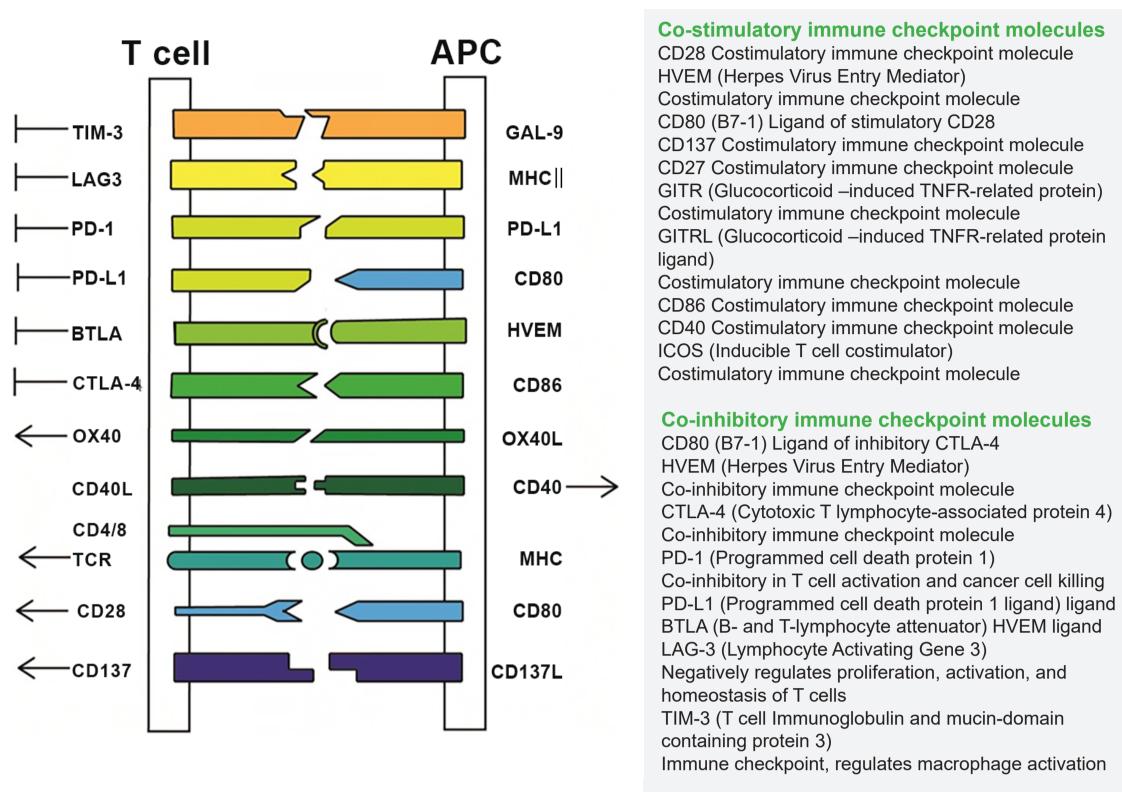
Bernardo L. Rapoport ^{1,2}, Helen C. Steel ¹, Carol A. Benn ³, Simon Nayler ⁴, Teresa Smit ², Liezl Heyman ², Annette J. Theron ¹, Nomsa Hlatshwayo ^{1,5}, Luyanda L.I. Kwofie ^{1,5}, Pieter W.A. Meyer 1,5, Ronald Anderson 1

¹Department of Immunology, Faculty of Health Sciences, University of Pretoria, Pretoria 0001, South Africa; ²Medical Oncology Centre of Rosebank, 129 Oxford Road, Saxonwold, Johannesburg 2196, South Africa; ³ Netcare Breast Care Centre, 1 Jan Smuts Avenue, Parktown, Johannesburg, 2193, South Africa; ⁴ Drs Gritzman & Thatcher Inc. Laboratories, University of the Witwatersrand Donald Gordon Medical Centre, 4 Main Street, Bordeaux, Randburg, Johannesburg 2194, South Africa; 5 Department of Immunology, Tshwane Academic Division of the National Health Laboratory Service, Pretoria 0001, South Africa.

Background

- ▶ For effective killing of cancer cells in an anticancer immune response, a series of events involving different immune cells needs to be initiated and allowed to proceed. The steps in the cancer immunity cycle start with the release of tumor cell antigens, which are recognized by and lead to the killing of cancer cells by cytotoxic T cells. This immune response is modulated by a variety of stimulatory and inhibitory factors;
- > T cells need two signals for activation: binding of the TCR (T-cell receptor) to the MHC (major histocompatibility complex) and activation of co-stimulatory molecules;
- Immune checkpoints can stimulate or inhibit these events thereby regulating the functions of immune cells;
- ▶ Accordingly, checkpoints play important roles in the maintenance of immune homeostasis;
- ▶ Examples of stimulatory molecules include TCR/MHC, CD137L/CD137 and OX40L/CD40, while CTLA-4/CD80 or CD86 and PD-1/PD-L1 are potent inhibitory checkpoints. Increasing numbers of novel regulatory receptors and ligands have recently been described and are summarized in figure 1;
- ▶ Recently, a series of soluble systemic immune checkpoint molecules (ICM) such as sCTLA-4 (soluble CTLA-4), sPD-1 (soluble PD-1) and others have been identified that can be measured in plasma.

Figure 1. Stimulatory and inhibitory immune checkpoint molecules.



Reference

Gu, D., Ao, X., Yang, Y. et al. Soluble immune checkpoints in cancer: production, function

and biological significance. j. immunotherapy cancer 6, 132 (2018).

Methods

Aim

▶ The circulating levels of 16 immune checkpoint-related proteins panel (BTLA, GITR, GITRL, HVEM, LAG-3, PD-1, PD-L1, TIM-3, CD27, CD28, CD80, CD86, CD40, ICOS, TLR-2 and CTLA-4) were profiled in 72 early breast cancer patients (patient characteristics are summarized in table 1) and compared to those of 45 healthy controls.

Laboratory Method

▶ Plasma levels of immune-oncology checkpoints were assayed using Bio- Plex Suspension Bead Array platforms (Milliplex® or Bio-Rad® human magnetic bead panels). The methods were followed according to the manufacturers specifications and the data analysed using Bio-Plex Manager software 6.0 and results reported as pg/mL.

Statistical Methods

- The primary hypothesis was that that there was a significant difference in the plasma levels of soluble immune checkpoints between early breast cancer patients' pre-treatment, post- neoadjuvant chemotherapy (NAC), and post-surgery.
- Data was prospectively obtained, and levels compared between pre-treatment, post-NAC, post-surgery, and healthy controls using non-parametric tests (Mann-Whitney & Kruskal-Wallis).
- Descriptive statistics were used to tabulate patient characteristics. The Mann Whitney U-test was used to compare levels of the various test biomarkers between breast cancer patients and healthy controls. P < .05 was considered statistically significant.
- ▶ NCSS software version 11 for Windows (USA) was used for statistical analyses.

Results

▶ Patient characteristics are shown in table 1

Table 1. Patient Characteristics.

Age						
Median Age	54					
Range	29-85					
Menopausal Status						
Peri-menopausal	46 (64%)					
Pre-menopausal	25 (35%)					
Post-menopausal	1 (1%)					
Grade						
1	1 (1%)					
2	20 (28%)					
3	49 (68%)					
Unknown	2 (3%)					
Tumor Size						
T1	21 (29%)					
T2	42 (58%)					
ТЗ	6 (8%)					
T4	3 (4%)					
Nodal S	Status					
Positive	36 (50%)					
Negative	36 (50%)					
Sta	ge					
1	12 (17%)					
2A	32 (44%)					
2B	20 (28%)					
3	8 (11%)					
Biologic	al Type					
Her-2 Positive	10 (14%)					
Luminal A	1 (1%)					
Luminal B	9 (13%)					
TNBC	51 (71%)					
TNBC & Luminal B	1 (1%)					
Ki-6	57					
≤ 14 %	3 (4%)					
15 - 39%	23 (32%)					
≥ 40%	45 (63%)					
Unknown	1 (1%)					

Table 2. Pathological complete response for the entire patient cohort and by biological type.

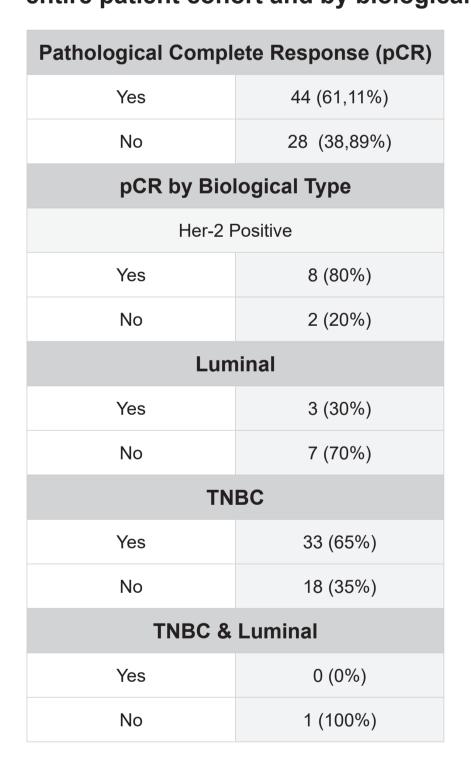


Table 3. The effect of treatments on soluble, systemic ICMs

ICM	Control	Diagnosis (Pre-	Post-NAC	Post-surgery	p - value (Diagnosis vs Post NAC)
		rostinacj			
BTLA	18 147	13 022	9 987	12 777	0,0367
CD80	2 329	1 678	3 048	3 611	0,000
CD86	14 297	11 585	9 922	12 439	0,2789
CTLA-4	2 618	1 566	598	687	0,000
LAG-3	150 416	131 275	464 880	500 133	0,000
PD-L1	3 342	1 647	4 794	5 215	0,000
PD-1	14 917	12 305	13 350	15 076	0,7859
TIM 3	5.047	3 807	0.075	0.615	0.0000

ICM	Control	Diagnosis (Pre-	Post-NAC	Post-surgery	(Diagnosis vs Post NAC)
CD27	4 577	3 342	5 351	5 427	0,0000
CD28	46 135	32 914	44 277	50 058	0,0416
CD40	1 977	1 523	2 030	2 054	0,0003
GITR	3 797	1 497	4 035	4 434	0,0000
GITRL	7 151	5 886	5 339	5 927	0,8044
ICOS	26 506	15 123	26 586	29 746	0,0002
HVEM	2 290	1 865	4 047	3 950	0,0000
TLR-2	30 477	26 831	33 837	37 042	0,0258

Diagnosis

Figure 2.2. CD80 Figure 2.1. BTLA **Figure 2.3. CD86 CD80 Comparisons** p-value **CD86 Comparisons** p-value **BTLA Comparisons** p-value Control vs Pre-Treatment 0,07346 Control vs Pre-Treatment 0,17339 0,23494 Control vs Pre-Treatment Control vs Post-Chemotherapy 0,02099 Control vs Post-Chemotherapy 0,04489 0,00081 Control vs Post-Chemotherapy 0,00451 Control vs Post-Surgery 0,19755 Control vs Post-Surgery 0,00832 Control vs Post-Surgery 0,00001 Pre-Treatment vs Post-Chemotherapy 0,03665 Pre-Treatment vs Post-Chemotherapy 0,27890 Pre-Treatment vs Post-Chemotherapy Pre-Treatment vs Post-Surgery 0,00000 0,32174 Pre-Treatment vs Post-Surgery 0,82606 Pre-Treatment vs Post-Surgery 0,64588 Post Chemotherapy vs Post-Surgery Post Chemotherapy vs Post-Surgery 0,22757 Post Chemotherapy vs Post-Surgery 0,23222 Figure 2.4. CTLA-4 Figure 2.5. LAG-3 Figure 2.6. PDL- 1 CTLA4 Controls **○○** ■ LAG3 Controls CTLA-4 Diagnosis LAG-3 Diagnosis ■ PDL-1 Pre-CT CTLA-4 Post-NAC LAG-3 Post-NAC PDL-1 Post-CT CTL-4 Post-surgery LAG-3 Post-surgery PDL-1 Post-surgery 4000 **CTLA-4 Comparisons** p-value **LAG-3 Comparisons** p-value **PD-L1 Comparisons** p-value 0,58683 Control vs Pre-Treatment 0,00001 Control vs Pre-Treatment 0,00792 Control vs Pre-Treatment Control vs Post-Chemotherapy 0,00647 0,00000 Control vs Post-Chemotherapy Control vs Post-Chemotherapy 0,00000 0,00174 0,00000 0,00000 Control vs Post-Surgery Control vs Post-Surgery Control vs Post-Surgery Pre-Treatment vs Post-Chemotherapy 0,00000 Pre-Treatment vs Post-Chemotherapy 0,00000 Pre-Treatment vs Post-Chemotherapy 0,00000 Pre-Treatment vs Post-Surgery Pre-Treatment vs Post-Surgery 0,00000 Pre-Treatment vs Post-Surgery 0.00000 0,00000 Post Chemotherapy vs Post-Surgery Post Chemotherapy vs Post-Surgery 0,82918 0,59919 Post Chemotherapy vs Post-Surgery Figure 2.7. PD-1 Figure 2.8. TIM-3 Figure 2.9. CD27 ■ PD1 Controls CD27 Controls ■ TIM3 Controls CD27 Diagnosis TIM-3 Diagnosis PD-1 Diagnosis CD27 Post-NAC PD-1 Post-NAC ■ TIM-3 Post-NAC 🦿 🔳 CD27 Post-surgery <mark>架 🔳</mark> PD-1 Post-surgery ■ TIM-3 Post-surgery **PD-1 Comparisons TIM-3 Comparisons** p-value p-value **CD27 Comparisons** p-value Control vs Pre-Treatment 0,51577 Control vs Pre-Treatment 0,00048 Control vs Pre-Treatment 0,02431 Control vs Post-Chemotherapy 0,57531 Control vs Post-Chemotherapy 0,00000 Control vs Post-Chemotherapy 0,11413 Control vs Post-Surgery 0,64997 Control vs Post-Surgery Control vs Post-Surgery 0,00000 0,06949 Pre-Treatment vs Post-Chemotherapy 0,78586 Pre-Treatment vs Post-Chemotherapy 0,00000 Pre-Treatment vs Post-Chemotherapy 0,00001 Pre-Treatment vs Post-Surgery 0,18600 Pre-Treatment vs Post-Surgery 0,00000 Pre-Treatment vs Post-Surgery 0,00001 Post Chemotherapy vs Post-Surgery 0,31017 Post Chemotherapy vs Post-Surgery 1,00000 Post Chemotherapy vs Post-Surgery 0,81054 Figure 2.12. GITR **Figure 2.10. CD28 Figure 2.11. CD40** 180000 **■ CD28 Controls ■ CD40 Controls** GITR Controls CD40 Diagnosis GITR Diagnosis CD28 Diagnosis CD28 Post-NAC ■ GITR Post-NAC CD40 Post-NAC GITR Post-surgery CD40 Post-surgery 150000 CD28 Post-surgery 120000 90000 **CD28 Comparisons** p-value **CD40 Comparisons GITR Comparisons** p-value p-value Control vs Pre-Treatment Control vs Pre-Treatment 0,12476 Control vs Pre-Treatment 0,02099 0.00008 0,80529 Control vs Post-Chemotherapy 0,48724 Control vs Post-Chemotherapy 0,13616 Control vs Post-Chemotherapy 0,56390 0,22839 Control vs Post-Surgery Control vs Post-Surgery Control vs Post-Surgery 0,15151 Pre-Treatment vs Post-Chemotherapy Pre-Treatment vs Post-Chemotherapy Pre-Treatment vs Post-Chemotherapy 0,04158 0,00029 0,00000 Pre-Treatment vs Post-Surgery 0,00683 Pre-Treatment vs Post-Surgery 0,00005 Pre-Treatment vs Post-Surgery 0,00000 Post Chemotherapy vs Post-Surgery 0,57046 0,62028 Post Chemotherapy vs Post-Surgery 0,97769 Post Chemotherapy vs Post-Surgery Figure 2.14. ICOS Figure 2.15. HVEM Figure 2.13. GITRL

■ ICOS Controls

ICOS Diagnosis

ICOS Post-NAC

p-value

0,00874

0,38213

0,08243

0,00016

0,00000

0,37507

HVEM Comparisons

Control vs Pre-Treatment

Control vs Post-Chemotherapy

Control vs Post-Surgery

Pre-Treatment vs Post-Chemotherapy

Pre-Treatment vs Post-Surgery

Post Chemotherapy vs Post-Surgery

HVEM Controls

HVEM Diagnosis

p-value

0,00041

0,00000

0,00000

0,00000

0,00000

0,62594

Figure 2. Comparison of ICM's between breast cancer patients at diagnosis, post-NAC, post-surgery and a control group.

Table 4. Comparison between the median pre-treatment ICM levels of the patients attaining a pCR and patients not attaining a pCR.

ICOS Comparisons

Control vs Pre-Treatment

Control vs Post-Chemotherapy

Control vs Post-Surgery

Pre-Treatment vs Post-Chemotherapy

Pre-Treatment vs Post-Surgery

Post Chemotherapy vs Post-Surgery

GITRL Controls

p-value

0,01992

0,05395

0,09613

0,80435

0,36336

0,52264

■ TLR-2 Controls ■ TLR-2 Diagnosis TLR-2 Post-NAC

■ TLR-2 Post-surgery

p-value

0,18058

0,54513

0,49076

0,02578

0,00940

0,77818

GITRL Diagnosis

GITRL Post-NAC

GITRL Post-surgery

ICM	Pre-Treatment pCR (median pg/ml)	Pre-Treatmetn no pCR (median pg/ml)	p-value	ICM	Pre-Treatment pCR (median pg/ml)	Pre-Treatmetn no pCR (median pg/ml)	p-value
BTLA	11158,79	20805,06	0,09381	CD27	3150,51	3440,615	0,32575
CD80	1587,38	1758,04	0,37104	CD28	31785,36	40785,61	0,24131
CD86	11140,02	12806,83	0,35118	CD40	1440,05	1730,97	0,24132
CTLA-4	1567,38	1959,23	0,3447	GITR	1264,8	1566,92	0,46494
LAG-3	123654,2	144059,1	0,33199	GITRL	5158,15	6925,995	0,09258
PD-L1	1625,73	1966,8	0,27858	ICOS	14399,75	15777,33	0,31959
PD-1	11086,85	13265,72	0,23135	HVEM	1858,66	1802,72	0,60547
TIM-3	3909,58	3422,375	0,90972	TLR-2	23846,32	30018,63	0,25684

There was no significant difference between the median pre-treatment ICM levels of the patients that attained a pCR compared to those patients that did not attain a pCR.

Conclusions

GITRL Comparisons

Control vs Pre-Treatment

Control vs Post-Chemotherapy

Control vs Post-Surgery

Pre-Treatment vs Post-Chemotherapy

Pre-Treatment vs Post-Surgery

Post Chemotherapy vs Post-Surgery

TLR-2 Comparisons

Control vs Pre-Treatment

Control vs Post-Chemotherapy

Control vs Post-Surgery

Pre-Treatment vs Post-Chemotherapy

Pre-Treatment vs Post-Surgery

Post Chemotherapy vs Post-Surgery

Figure 2.16. TLR-2

100000-

▶ Normalization of soluble co-stimulatory immune checkpoints is seemingly indicative of reversal of systemic immune dysregulation following administration of neo-adjuvant chemotherapy in early breast cancer, independent of response to treatment, while recovery of immune homeostasis may explain the increased levels of several negative checkpoint proteins, albeit with the exceptions of CTLA-4 and PD-1.

p - value