

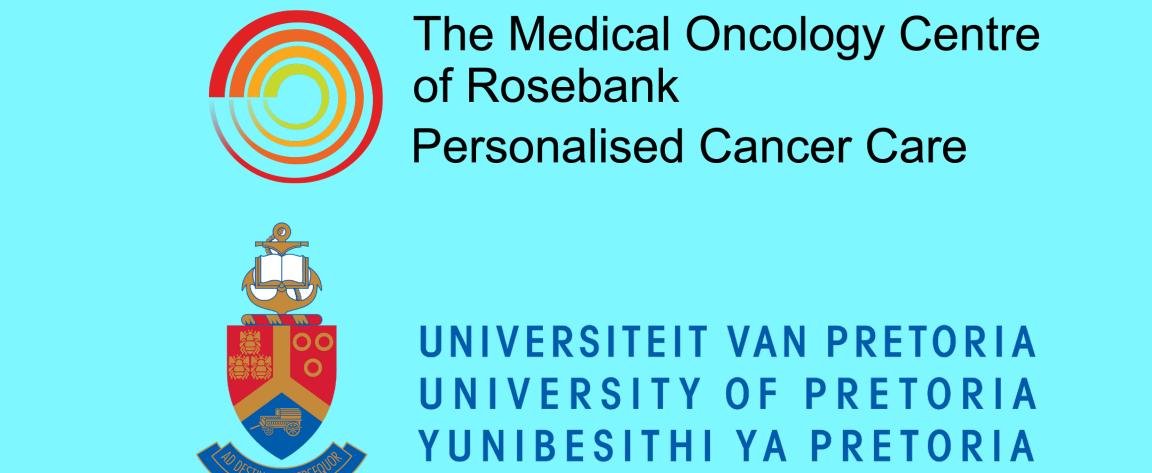


BREAST CARE CENTRE A Specialised Unit

# Tumor Infiltrating Lymphocytes (TILs) in triple-negative breast cancer:

# High Immunoscore is associated with pathological CR in patients receiving neoadjuvant chemotherapy

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#### Introduction

#### Background

- Neoadjuvant chemotherapy is widely used to downstage breast cancers prior to
- > Pathologic complete response (pCR) rate is a strong predictor of outcome for breast cancer.

#### **Immunoscore**®

- ▶ The Immunoscore® assay is the first standardized immune-based assay for classification of cancer [Hermitte et al., 2016]. It assesses the host immune response by measuring intra- and peri-tumoral T cell infiltration in formalin-fixed paraffin-embedded (FFPE) tissue sections.
- Originally developed for colon cancer indication, it is intended to be widely used in solid cancer indications for diagnostic and prognostic purposes, as well as a pharmacodynamic biomarker during drug development processes. As a first clinical validation in breast cancer, we assessed the Immunoscore in a cohort of 103 breast cancer patients, that previously received neo-adjuvant chemotherapy.

## Methods

#### Pathological and clinical assessment

- Clinical assessment of the primary tumor and lymph nodes was made using bi-dimensional caliper measurements of the primary tumor and axillary nodes.
- Sonographical assessments of the primary tumor and lymph nodes were performed regularly.
- Immunohistochemical staining was performed for ER, PR, HER-2 and Ki67.
- Fluorescence in situ hybridization (FISH) was used to confirm HER-2 positivity.
- We analyzed data retrospectively/prospectively on 103 breast cancer patients undergoing neoadjuvant chemotherapy.
- Pathological complete response (pCR) was defined as the complete disappearance of the invasive cancer in the breast and absence of tumor in the axillary lymph
- Ethics approval was obtained from Pharma-Ethics, Pretoria, South Africa (ethics committee working according to the South African Ethics regulations).
- NCSS software version 11 for Windows (USA) was used for statistical analyses.

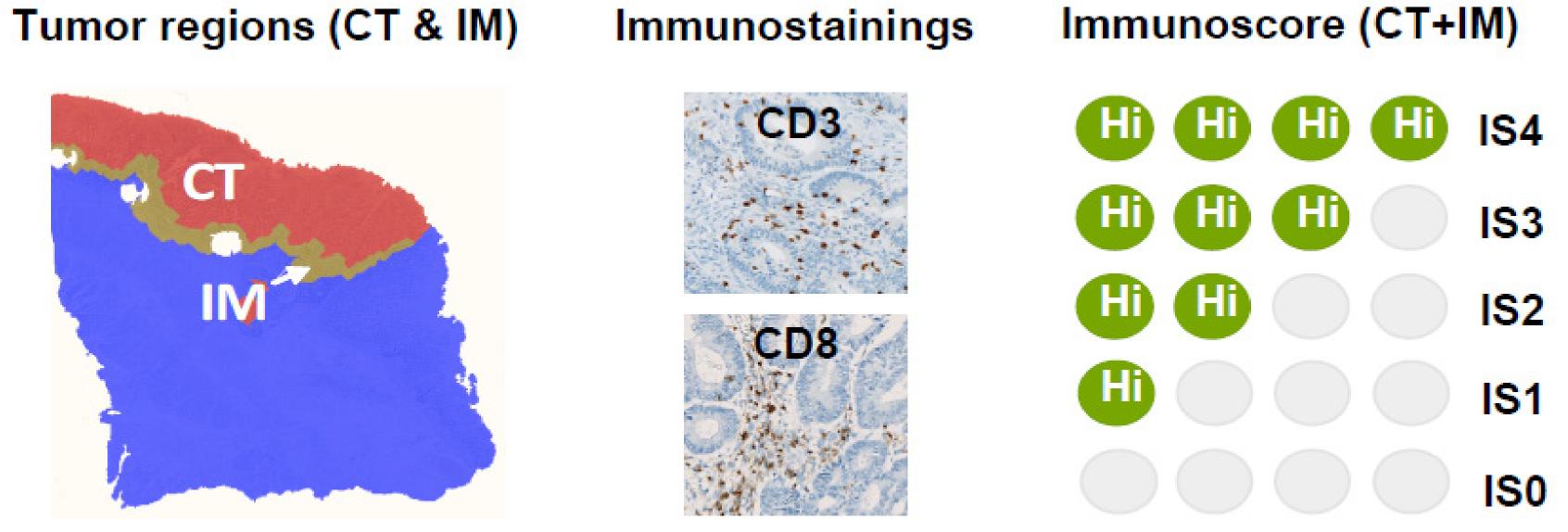
### Methods

- Outcome assessments: Associations of clinical and pathological characteristics including Ki67, CD8+ cytotoxic T cells and CD3+ T cells with pCR.
- All patients were treated with anthracycline and/or taxane-based neoadjuvant chemotherapy.

#### Immunoscore® Assessment

- In this retrospective analysis, 103 pre-treatment tumor tissue samples were analyzed by immunohistochemistry for density (cells/mm³) of T-cell subsets (CD3+,CD8+).
- CD3 and CD8 staining was performed using Benchmark® XT station on 2 consecutive formalin-fixed paraffin-embedded (FFPE) slides (4 µm).
- Digital pathology-dedicated software permitted the measurement of positive cell densities into interest area (core of the tumor and invasive margin).
- A prespecified bioinformatics algorithm was used to generate a numerical index (Immunoscore®) and analysis cut-offs. Immunoscore® assay measures the density of CD8+ cytotoxic T cells and CD3+ T cells of resected or biopsied cancer samples and performed on FFPE tissue slides.
- Immunoscore® provides 3 score levels (high / intermediary / low).
- Immunoscore® was applied to tumors with invasive margin and was adapted when no invasion was identified on the specimen.

# Figure 1. Immunoscore® Assessment.



## Digital Pathology

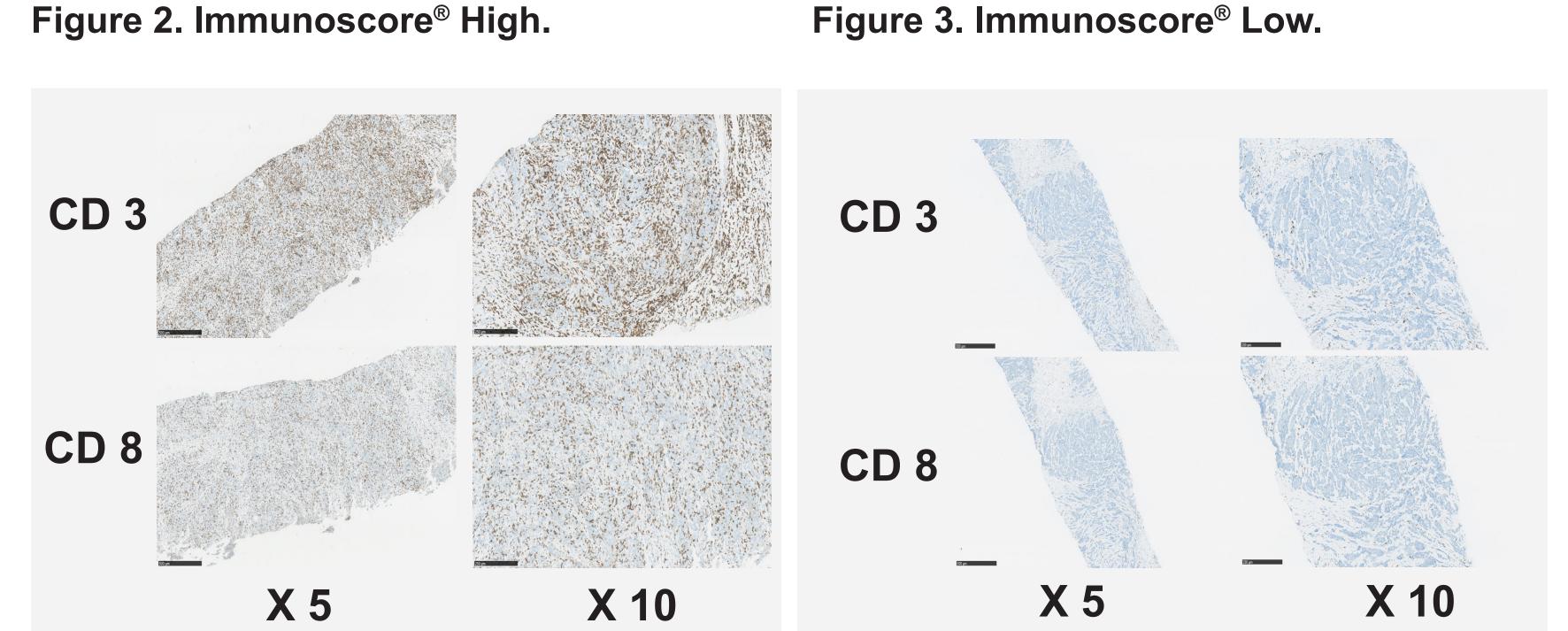
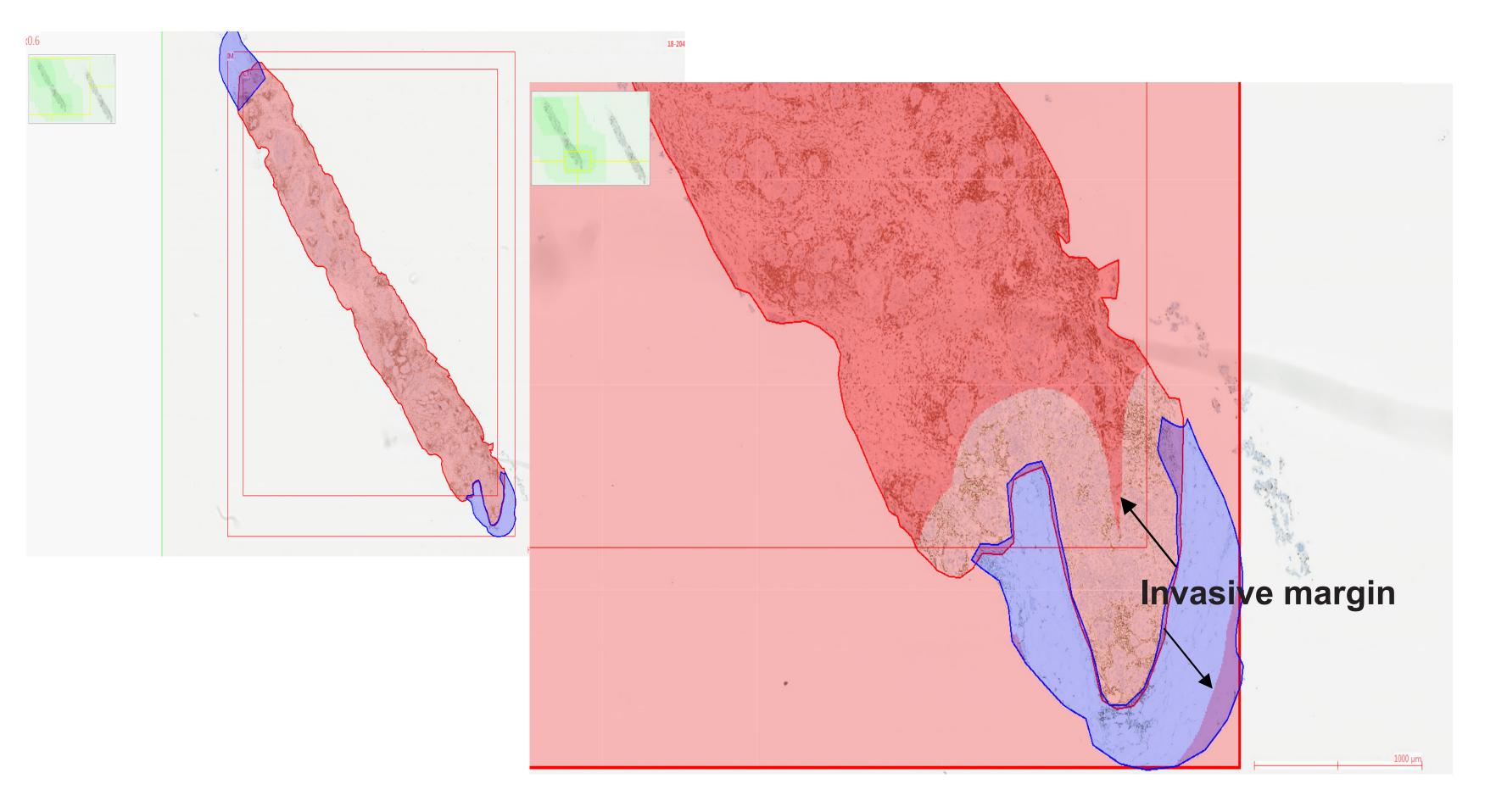


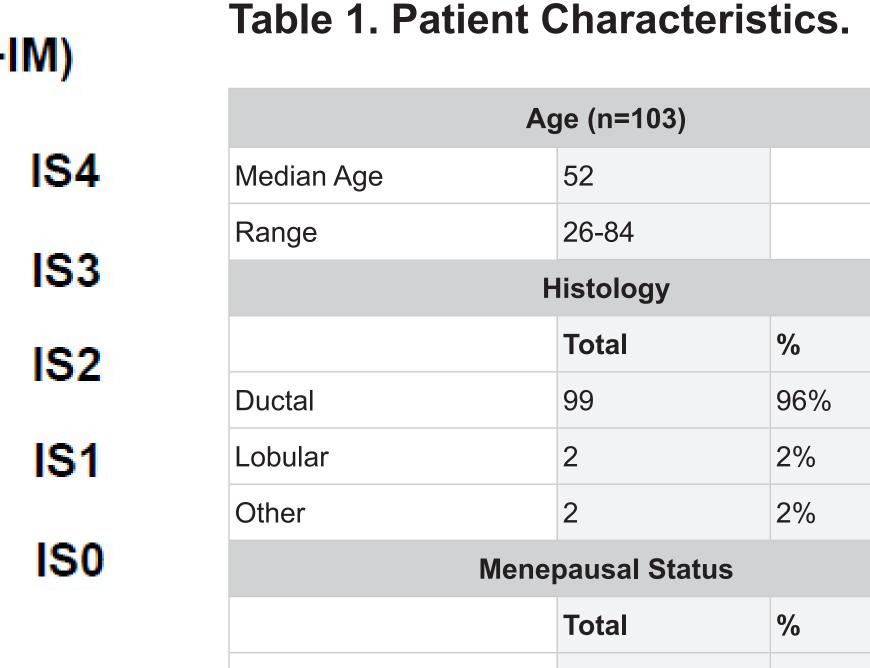
Figure 4. Invasive margin.



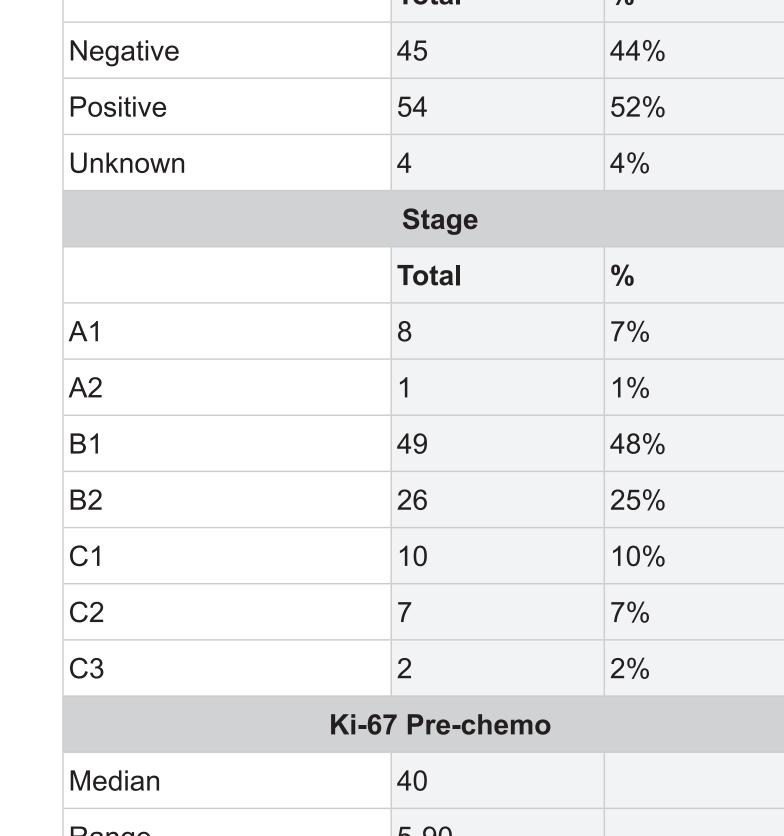
#### **Statistical Methods**

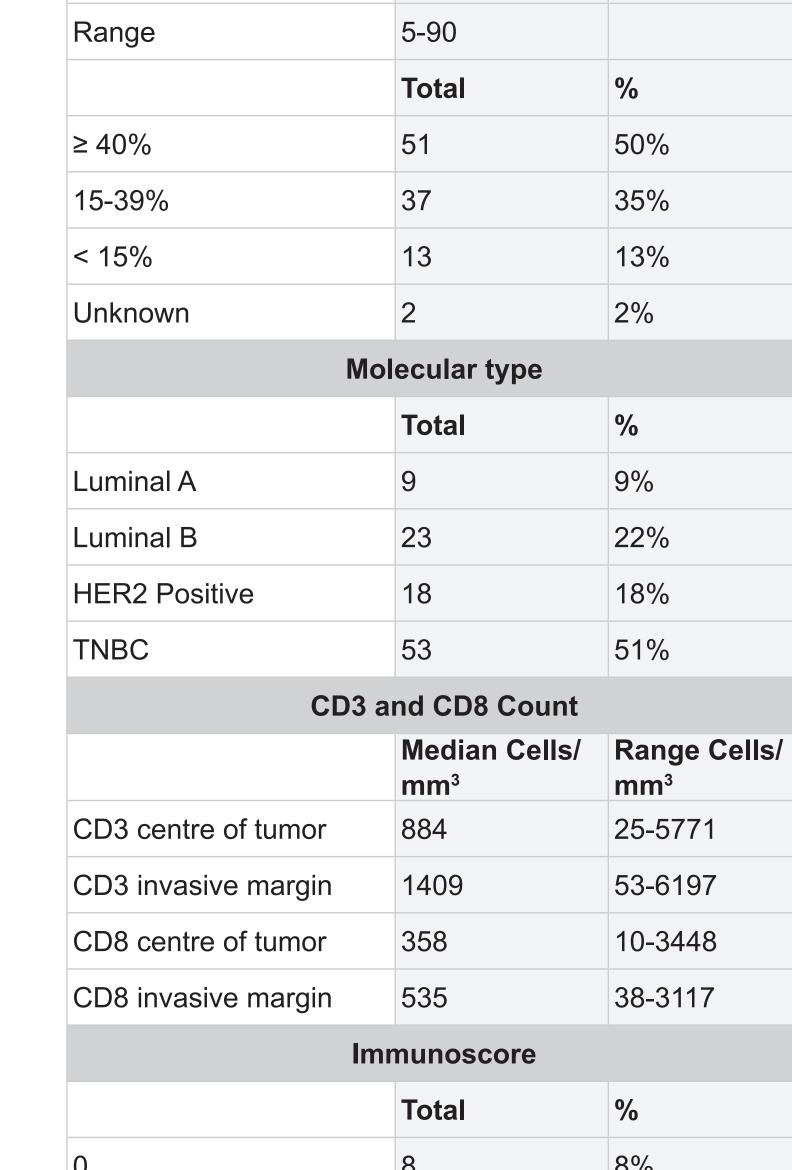
- ▶ The primary hypothesis was that higher levels of CD8+ cytotoxic T cells, CD3+ T cells and Immunoscore® would be associated with a better overall prognosis, independent of anti-cancer therapy.
- Receiver-operating characteristic (ROC) curve analysis was used to determine the optimal cut-point for Ki67, CD8+ cytotoxic T cells, CD3+ T cells and Immunoscore®.
- Fisher's exact or Chi-squared tests were used for the analysis of categorical variables.
- Logistic regression multivariate models included only variables that exhibited a univariate association with the dependent variable, pCR (p < 0.1).
- NCSS software version 11 for Windows (USA) was used for statistical analyses.

# Patient Characteristics



	Total	%					
Pre	41	40%					
Post	62	60%					
Tumor Size							
	Total	%					
T1	23	22%					
T2	65	63%					
T3 + T4	15	15%					
Nodal Status							
	Total	%					
Negative	45	44%					
Positive	54	52%					





## **ROC Curves for Prediction of pCR**

Figure 5. CD3 centre of tumor.

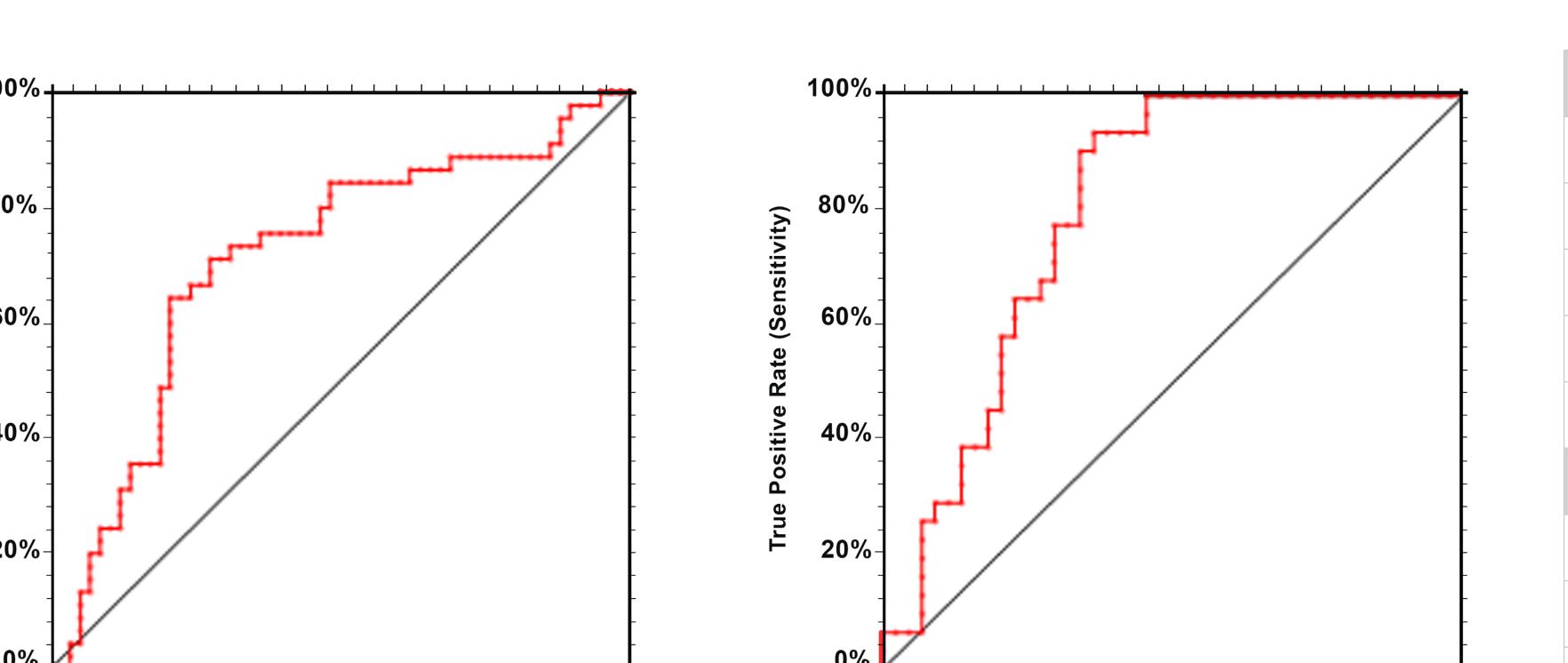


Figure 6. CD3 invasive margin.

40% 60%

False Positive Rate (1-Specificity)

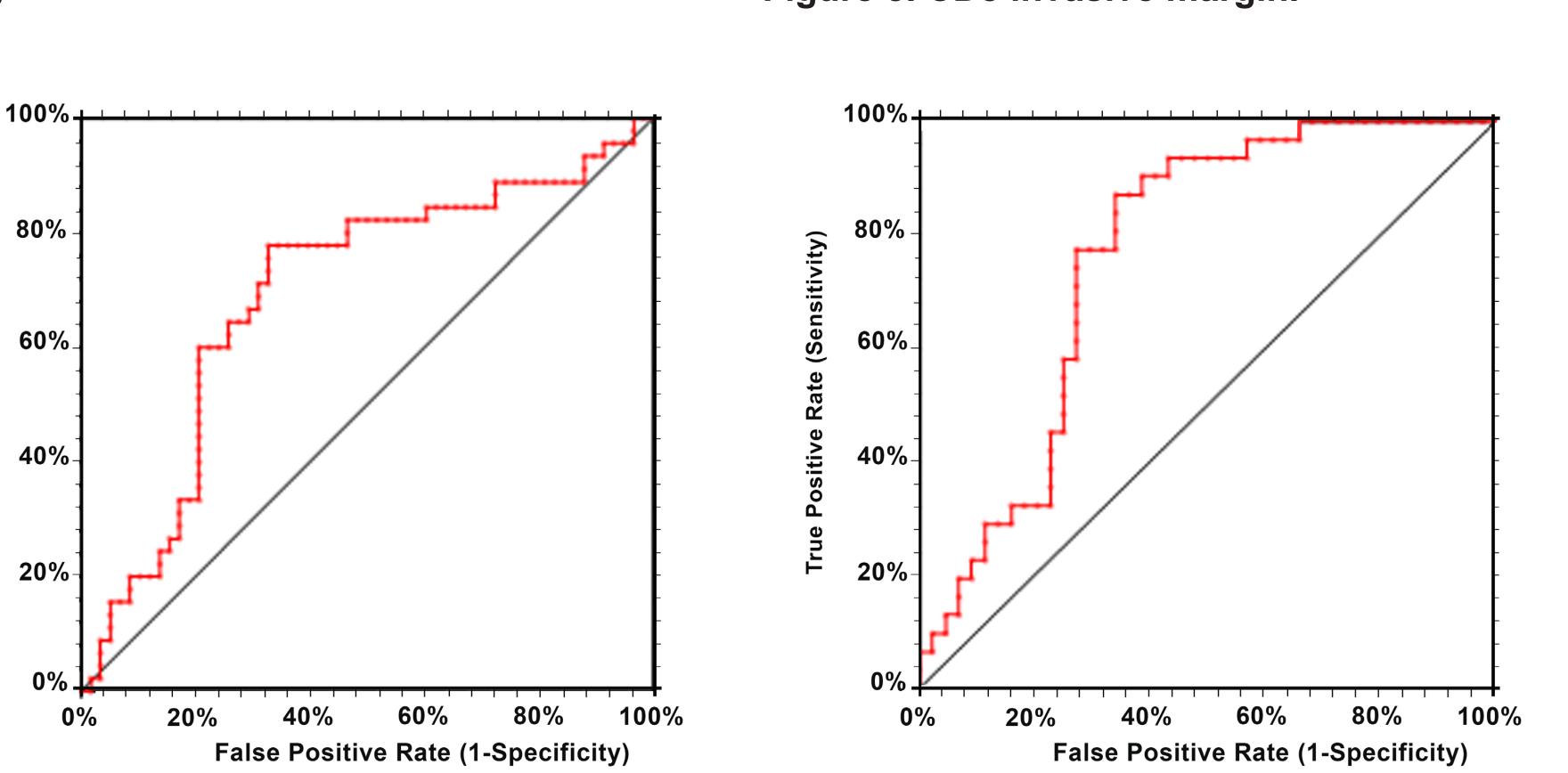
80%

Figure 7. CD8 centre of tumor. Figure 8. CD8 invasive margin.

80% 100%

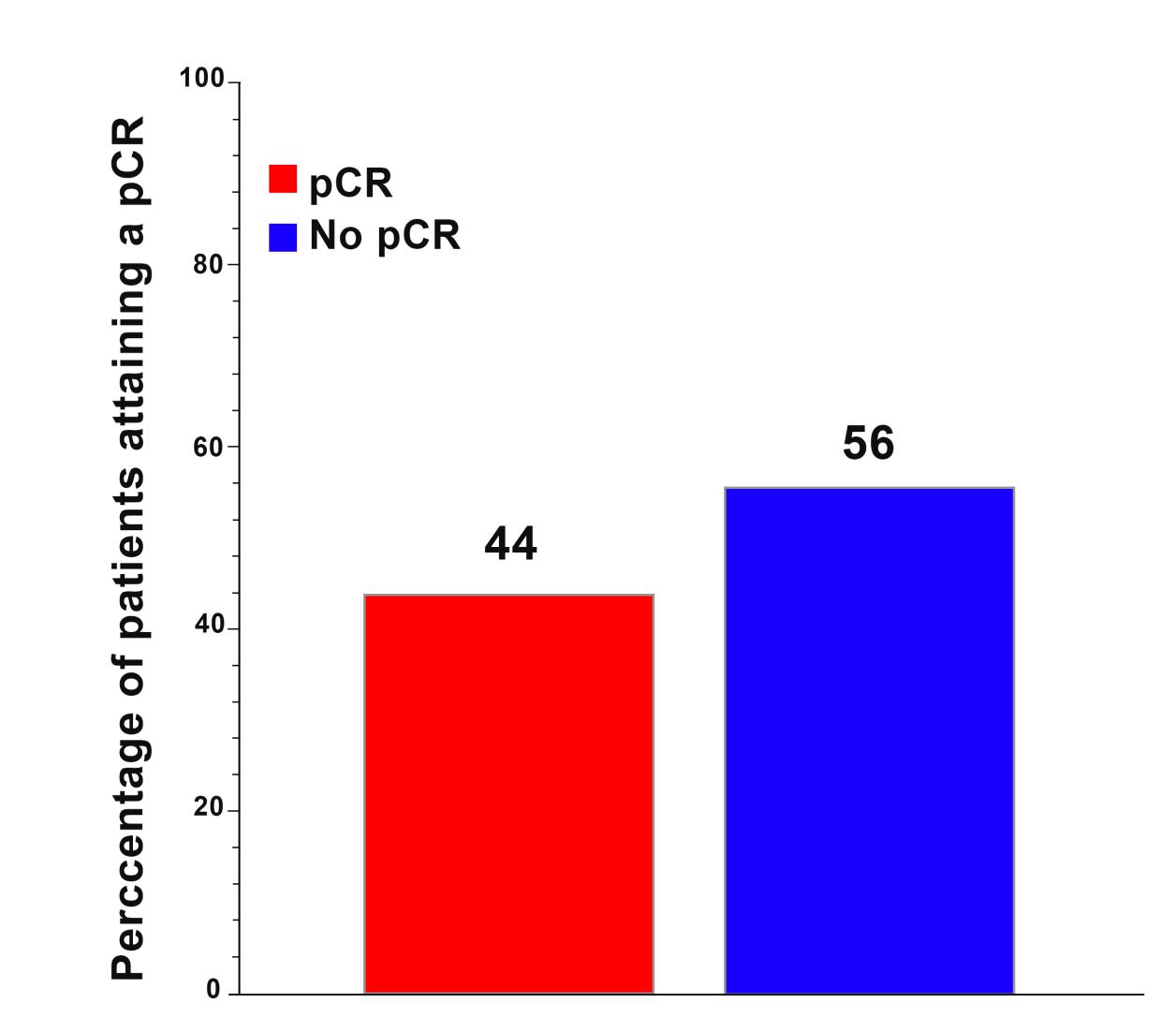
**60%** 

False Positive Rate (1-Specificity)



## Results

Figure 9. Response to Neo-Adjuvant Chemotherapy.



## **Univariate Analysis**

Table 2 Univariate Analysis - Significant factors associated with nCR

Table 2.	. Univar	iate Ana	lysis - Sig	nificant fact	ors as	sosiated	l with pC
	S	Stage			CD3 cen	tre of tumor	
	pCR	Chi <sup>2</sup>	pValue		pCR	Chi <sup>2</sup>	pValue
	67%			≥ 800 cells/ mm³	73%		
2A	51%	9,03	0.02885	< 800 cells/	27%	12,76	0,00035
2B	42%				CD3 inva	asive margin	
	16%	<b>FD</b>			pCR	Chi <sup>2</sup>	pValue
	pCR	ER Chi <sup>2</sup>	pValue	≥ 1400 cells/ mm³	77%		
ositive	18%			< 1400 cells/ mm <sup>3</sup>	23%	15.13	0,00010
legative	64%	21.80	0.0001	CD8 centre of tumor			
		PR			pCR	Chi <sup>2</sup>	pValue
	pCR	Chi <sup>2</sup>	pValue	≥ 800 cells/	66%		
ositive	13%	22.81	0.00001	mm <sup>3</sup> < 800 cells/	33%	14,25	0,00016
egative	61%			THITIS	mm <sup>3</sup> CD8 invasive margin		
	F	IER2			nCD	Chi <sup>2</sup>	n\/alua
	pCR	Chi <sup>2</sup>	pValue	≥ 500cells/	pCR	GIII	pValue
Postive	67%	0.2524	0.55227	mm³	84%	17,49	0,00003
Negative	51%	0.3531	0.55237	< 500cells/ mm³	16%		
	Molec	cular type			lmmu	noscore®	
	pCR	Chi <sup>2</sup>	pValue		pCR	Chi <sup>2</sup>	pValue
₋uminal	9%			High	63%		
HER2 Positive	50%	23,03	0,00001	Intermediate	35%	9,99	0,00674
TNBC	62%			Low	23%		

## Logistic regression analysis

Table 3. Logic regression analysis.

Со	efficient Si	gnifican	ce Tests		
ndependent	Regression Coefficient	Standard Error	Wald Z-value	Wald Prob	Odds Ratio
i-67 (Continuous)	5,84051	1,83561	3,182	0,00146	343,95612
iological Type - Luminal	-2,79292	1,17165	-2,384	0,01714	0,06124
nmunoscore Intermediate	-1,80059	0,77698	-2,317	0,02048	0,1652
nmunoscore Low	-1,99918	0,98812	-2,023	0,04305	0,13545
umor 2-5cm	2,17458	1,09489	1,986	0,04702	8,79853
iological Type - TNBC	-3,2585	1,66519	-1,957	0,05037	0,03845
tage 2B	-2,58973	1,5177	-1,706	0,08794	0,07504
tage 2A	-2,01162	1,25775	-1,599	0,10974	0,13377
ntercept	2,63261	1,67336	1,573	0,11566	13,91008
tage 3	-2,83108	1,84867	-1,531	0,12567	0,05895
R Positive	-1,63232	1,72928	-0,944	0,34521	0,19548
umor > 5cm	-1,37975	1,78558	-0,773	0,43969	0,25164
R Positive	-0,85124	1,1142	-0,764	0,44487	0,42688

### Conclusions

Ki-67, Biological type, Immunoscore® and tumor size are independent prognostic factors of pCR in patients with early breast cancer undergoing neoadjuvant chemotherapy.

## Median cell density in patients with pCR vs non-pCR patients

+ Low

Figure 10. Median cell density in patients with pCR vs non-pCR patients. Table 4. Median cell density in patients with pCR vs non-pCR patients.

No pCR

Median cell density in patients with pCR vs non-pCR patients

**Immunoscore**®

pCR

		Outcome	Median	CI (95,0%)	p-value
	OD2 Contro of Turnor	No pCR	567,559	358,83 - 753.29	0,00329
<ul> <li>CD3 Centre of Tumor (p &lt; 0,00329)</li> <li>CD3 Invasive Margin (p &lt; 0,00043)</li> </ul>	CD3 Centre of Tumor	pCR	1432,01	1103,19 - 1900	
<ul><li>CD8 Centre of Tumor (p &lt; 0,01991)</li><li>CD8 Invasive Margin (p &lt; 0,00119)</li></ul>		No pCR	540,828	431,97 - 1211.749	0,00043
	CD3 Invasive Margin	pCR	1877,745	1430,597 - 2418.445	
		No pCR	246,0505	154,086 - 307.483	0,01991
	CD8 Centre of Tumor	pCR	614,485	450,177 - 749.512	
		No pCR	255,148	175,811 - 425.343	0,00119
-	CD8 Invasive Margin	pCR	827,267	643,216 - 1189.143	

	Outcome	Median	CI (95,0%)	p-value
CD3 Centre of Tumor	No pCR	567,559	358,83 - 753.29	0,00329
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