

BCIRG 001 Molecular Analysis : Identification of prognostic factors in patients (pts) receiving adjuvant therapy for node - positive (N+) Breast Cancer (B C)

C Dumontet(1), J Reed(2), M Krajewska(2), I Treilleux(1), J Mackey(3), M Martin(4), C Vogel(5), M Rupin(6), E Brunel(7), J Hugh(8)
(1)INSERM 590, Lyon (FRANCE); (2)Burnham Institute for Medical Research, La Jolla, CA (USA); (3)Cross Cancer Institute, Edmonton (CANADA); (4)Hospital Universitario San Carlos, Madrid (SPAIN); (5)Lynn Reg Cancer Center, FL (USA); (6)CIRG, Paris (FRANCE); (7)Sanofi-aventis; (8)University of Alberta, Edmonton, Alberta (CANADA)



ABSTRACT *

Background: BCIRG 001 (1,491 patients) demonstrated significant superiority of docetaxel/ doxorubicin/cyclophosphamide (TAC) over fluorouracil/doxorubicin/cyclophosphamide (FAC) given as adjuvant therapy for N+ operable BC in terms of disease-free survival (DFS) and overall survival (OS) [Martin et al. N Eng J Med. 2005]. This ancillary study was aimed to identify tumor-associated factors related to DFS and OS.
Methods: Formalin-fixed primary tumors from patients in BCIRG 001 were analysed by immunohistochemistry. Protocol-specified assessment of histological grade (G), tumor size (TS), estrogen (ER) and progesterone receptors (PR), lymph node status (LN), HER2, MUC1, Mib, p53, Bcl-2, Bax, Bcl-X, Bag-1, tubulin beta isotypes II, III and IV, Tau protein and desoxyribonucleic acid (DNA) was performed. Parameters were scored as the percentage of positive cells and analyzed as lower or greater than median values. The samples were randomly split into training (2/3) and validation (1/3) sets. Associations between selected parameters and DFS or OS were tested through univariate analyses using the Kaplan-Meier method (log-rank test) on the training set. A backward stepwise Cox regression analysis was performed to identify the final model of prognostic factors on the training set. Multivariate analyses were applied to the validation set.
Results: 1,350 samples were split into a training (n=906) and a validation (n=444) set. In univariate GR, TS, LN, ER and PR, Mib, Tubulin III, Tau protein and HER2 were correlated with DFS in both sets. In multivariate GR, ER, PR, TS, LN, p53 and Tau (all p < 0.05) were significantly associated with DFS in the training set. In univariate GR, TS, LN, ER and PR, Mib, MUC1, Bcl-2, Tubulin III and Tau were correlated with OS in both sets. In multivariate GR, TS, LN, ER and PR, p53 and Tau (all p < 0.05) were independently correlated with OS in the training set.
Conclusions: These data suggest that Tau and p53 are independent markers of DFS and OS in patients receiving these forms of adjuvant chemotherapy for N+ BC. Complementary analyses will be presented.
* Data updated since initial abstract submission

SETTING

There are presently no validated immunohistochemical parameters reliably predicting patient outcomes in patients with node positive breast cancer receiving docetaxel-containing regimens. Preclinical studies have identified a number of biological parameters which might be correlated with disease aggressivity and or sensitivity to docetaxel including apoptosis-related, proliferation-related and microtubule-related parameters.
The BCIRG 001 trial compared FAC and TAC adjuvant chemotherapy in 1,491 with axillary node positive breast cancer. Six cycles of chemotherapy were administered after surgery. The randomization was stratified by center, hormone receptors status and number of axillary lymph nodes (1-3 versus 4+). Treatment regimens were as follows:
TAC: docetaxel 75 mg/m2 as 1 hour iv infusion on day 1 every 3 weeks in combination with doxorubicin 50 mg/m2 as an iv bolus and cyclophosphamide 500 mg/m2 as iv bolus on day 1 every 3 weeks.
FAC: 5-fluorouracil 500 mg/m2 as an iv bolus on day 1 every 3 weeks in combination with doxorubicin 50 mg/m2 as an iv bolus and cyclophosphamide 500 mg/m2 as an iv bolus on day 1 every 3 weeks.
In this trial the primary end-point was Disease-Free Survival (DFS), defined as the time from randomization until the first to occur among breast cancer relapse, appearance of a secondary primary malignancy or death. The second interim analysis, mandated by the IDMC, was performed once 400 DFS events were reported. With a median follow-up of 55 months the estimated rates of DFS at 5 years were 75% in the TAC group and 68% in the FAC group. The overall survival at 5 years was 87% in the TAC group and 81% in the FAC group [M Martin, T Pienkowski, M Mackey et al. Adjuvant Docetaxel for Node Positive Breast Cancer. N Eng J Med 2005; 352: 2302-13].

MATERIALS & METHODS

Immunohistochemistry of primary tumors
Formalin-fixed primary tumors were collected for 1,350 patients among the 1,491 included in the trial (91%). Immunohistochemical analyses and central review of tumor characteristics were performed by three participating laboratories.
Cross Cancer Center (Edmonton, Canada)
Burnham Institute for Medical Research (La Jolla, CA)
Centre Léon Bérard (Lyon, France)
Markers: Estrogen and Progesterone receptors, MIB-1, p53, HER2, neu status, MUC1.
Tumor characteristics: Uni or multifocal disease, Tumor size, Histologic grade, Histologic type, Vascular invasion, lymph nodes status.
Bcl-2, Bax, Bcl-X, tau protein, cytotoxic and nuclear, tubulin, Glu Tubulin.
Results of analysis included intensity and percentage of positive cells. The data were entered in the study data base maintained by the CIRG. Patients characteristics (age, race, menopausal status and Karnofsky index for performance status) were obtained from the CIRG central data base.

Statistical analysis
The analysis was conducted in two steps: 1- Hypotheses generation on 2/3 of the data. 2- Validation of hypotheses on 1/3 of the data.
The 1,350 samples were randomly split into training (n=906) and validation (n=444) sets. In order to ensure that each dataset is representative of the whole study, the randomization was stratified by 4 factors: completeness of tumor marker data (complete versus incomplete), treatment group (TAC versus FAC), actual nodal status (1-3 versus 4+), and DFS event observed (yes versus no).
In the first step, correlations between tumor markers, tumor characteristics, patient characteristics and Disease-Free Survival (DFS) and Overall Survival (OS) were investigated through univariate analyses using the Kaplan-Meier method (log-rank test).
Then, the univariety significant covariates (p < 0.10) were included in a multivariate Cox model with backward elimination procedure on the training dataset to identify the final model of prognostic factors.
Finally, multivariate analyses were performed on the validation dataset to validate the previous findings.

Patient characteristics

Patient characteristics at baseline were comparable between treatment arms. Patient characteristics on training dataset were not different compared to patient characteristics on validation dataset. However, the distribution of maximal size of axillary node metastases (less than 2 mm or not) differed slightly between training and validation datasets there were 32.3% of patients with micromets only in training set whereas there were 24.3% on validation set.

Disease-Free Survival (DFS)

In the training dataset, there were a total of 243 DFS events. In the validation dataset, there were a total of 118 DFS events with 66 and 52 in FAC and TAC arms, respectively.

Table 1. Univariate analyses : DFS Hazard Ratio - Whole training dataset

Table with 7 columns: TITLE, CRITERION, n, H R *, [95 % CI **], p. Rows include Age (years), Tumor Size (cm), Race, Menopause, Multifocal disease, Histological type, Macromets/Micromets, Estrogen receptor, Progesterone receptor, NG grade, AG grade, MG grade, OHG grade, Vascular invasion, Extra nodal disease, Nodes (CRF), Karnofsky PS, MIB-1 positive, p53 positive, MUC 1 total positive, MUC 1 cyto. granular positive, MUC 1 cyto. diffuse positive, MUC 1 cyto. luminal positive, MUC 1 memb. intercell. positive, MUC 1 memb. peri-agg. positive, HER 2, CEP 17, HER 2/CEP 17 ratio, C-erbB-2 (CB11), C-erbB-2 (DAKO), HER 2 status, Bcl-2 positive, Bax positive, Bcl-X positive, Bag-1 cyto. positive, Bag-1 nuclear positive, Tubulin II positive, Tubulin III positive, Tubulin IV positive, Tau protein, Glu Tubulin positive.

Table 2. Univariate analyses : DFS Hazard Ratio - Whole validation dataset

Table with 7 columns: TITLE, CRITERION, n, H R *, [95 % CI **], p. Rows include Age (years), Tumor Size (cm), Race, Menopause, Multifocal disease, Histological type, Macromets/Micromets, Estrogen receptor, Progesterone receptor, NG grade, AG grade, MG grade, OHG grade, Vascular invasion, Extra nodal disease, Nodes (CRF), Karnofsky PS, MIB-1 positive, p53 positive, MUC 1 total positive, MUC 1 cyto. granular positive, MUC 1 cyto. diffuse positive, MUC 1 cyto. luminal positive, MUC 1 memb. intercell. positive, MUC 1 memb. peri-agg. positive, HER 2, CEP 17, HER 2/CEP 17 ratio, C-erbB-2 (CB11), C-erbB-2 (DAKO), HER 2 status, Bcl-2 positive, Bax positive, Bcl-X positive, Bag-1 cyto. positive, Bag-1 nuclear positive, Tubulin II positive, Tubulin III positive, Tubulin IV positive, Tau protein, Glu Tubulin positive.

Table 3. Multivariate analyses: DFS final Cox model - Whole training dataset

Table with 5 columns: COVARIATES, CRITERION, ADJUSTED TREATMENT EFFECT ON COVARIATES SELECTED IN TRAINING SET, SCORE, TEST p. Rows include Randomization group, Estrogen receptor, Progesterone receptor, MG grade, Tumor size (cm), Nodes (CRF), p53 positive, Tau positive.

Figure 1. DFS curves for p53 % positive for whole training dataset

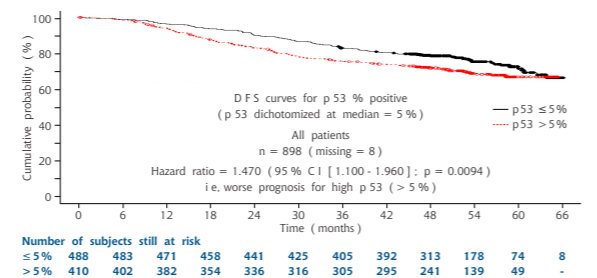
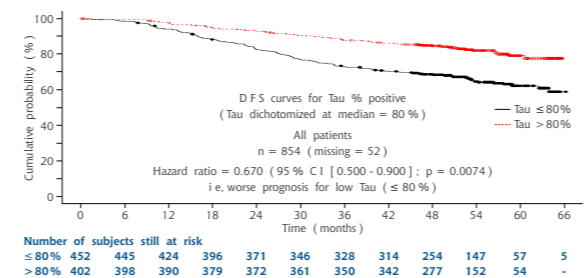


Table 4. Multivariate analyses: DFS final Cox model - Whole validation dataset

Table with 5 columns: COVARIATES, CRITERION, ADJUSTED TREATMENT EFFECT ON COVARIATES SELECTED IN TRAINING SET, SCORE, TEST p. Rows include Randomization group, Estrogen receptor, Progesterone receptor, MG grade, Tumor size (cm), Nodes (CRF), p53 positive, Tau positive.

Figure 2. DFS curves for Tau % positive for whole training dataset



RESULTS

Tumor marker characteristics

The distributions of MIB-1, p53, MUC 1 cytoplasmic diffuse, MUC 1 cytoplasmic luminal, MUC 1 membrane intercellular, MUC 1 membrane peri-aggregate, CEP17 count, C-erbB-2 (CB11) and C-erbB-2 (DAKO), Bcl-X, Bax, Bag-1 nuclear, tubulin type II and IV, Tau protein and glu tubulin were comparable between training and validation datasets.

However, the median values of MUC 1 total, MUC 1 cytoplasmic granular, HER2/CEP17 ratio, Bcl-2 and Bag-1 cytoplasmic on the training dataset were higher than these median values on validation dataset. The median values of HER2 count, and tubulin type III on training dataset were lower than these median values on validation dataset.

Overall Survival (OS)

In the training dataset, there were a total of 131 deaths. In the validation dataset, there were a total of 68 deaths.

Table 5. Univariate analyses : OS Hazard Ratio - Whole training dataset

Table with 7 columns: TITLE, CRITERION, n, H R *, [95 % CI **], p. Rows include Age (year), Tumor Size (cm), Race, Menopause, Multifocal disease, Histological type, Macromets/Micromets, Estrogen receptor, Progesterone receptor, NG grade, AG grade, MG grade, OHG grade, Vascular invasion, Extra nodal disease, Nodes (CRF), Karnofsky PS, MIB-1 positive, p53 positive, MUC 1 total positive, MUC 1 cyto. granular positive, MUC 1 cyto. diffuse positive, MUC 1 cyto. luminal positive, MUC 1 memb. intercell. positive, MUC 1 memb. peri-agg. positive, HER 2, CEP 17, HER 2/CEP 17 ratio, C-erbB-2 (CB11), C-erbB-2 (DAKO), HER 2 status, Bcl-2 positive, Bax positive, Bcl-X positive, Bag-1 cyto. positive, Bag-1 nuclear positive, Tubulin II positive, Tubulin III positive, Tubulin IV positive, Tau protein, Glu Tubulin positive.

Table 6. Univariate analyses : OS Hazard Ratio - Whole validation dataset

Table with 7 columns: TITLE, CRITERION, n, H R *, [95 % CI **], p. Rows include Age (year), Tumor Size (cm), Race, Menopause, Multifocal disease, Histological type, Macromets/Micromets, Estrogen receptor, Progesterone receptor, NG grade, AG grade, MG grade, OHG grade, Vascular invasion, Extra nodal disease, Nodes (CRF), Karnofsky PS, MIB-1 positive, p53 positive, MUC 1 total positive, MUC 1 cyto. granular positive, MUC 1 cyto. diffuse positive, MUC 1 cyto. luminal positive, MUC 1 memb. intercell. positive, MUC 1 memb. peri-agg. positive, HER 2, CEP 17, HER 2/CEP 17 ratio, C-erbB-2 (CB11), C-erbB-2 (DAKO), HER 2 status, Bcl-2 positive, Bax positive, Bcl-X positive, Bag-1 cyto. positive, Bag-1 nuclear positive, Tubulin II positive, Tubulin III positive, Tubulin IV positive, Tau protein, Glu Tubulin positive.

Table 7. Multivariate analyses: OS final Cox model - Whole training dataset

Table with 5 columns: COVARIATES, CRITERION, ADJUSTED TREATMENT EFFECT ON COVARIATES SELECTED IN TRAINING SET, SCORE, TEST p. Rows include Randomization group, Estrogen receptor, Progesterone receptor, MG grade, Tumor size (cm), Nodes (CRF), p53 positive, Tau positive.

Figure 3. OS curves for p53 % positive for whole training dataset

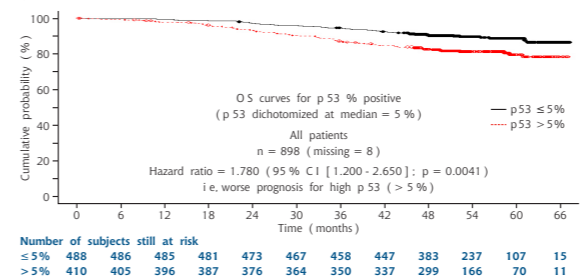
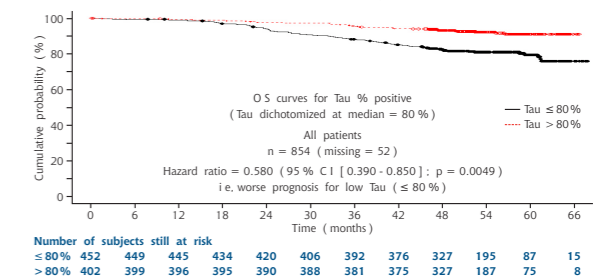


Table 8. Multivariate analyses: OS final Cox model - Whole validation dataset

Table with 5 columns: COVARIATES, CRITERION, ADJUSTED TREATMENT EFFECT ON COVARIATES SELECTED IN TRAINING SET, SCORE, TEST p. Rows include Randomization group, Estrogen receptor, Progesterone receptor, MG grade, Tumor size (cm), Nodes (CRF), p53 positive, Tau positive.

Figure 4. OS curves for Tau % positive for whole training dataset



Relation between tumor marker and DFS

Univariate analyses have shown that MIB-1, HER2 status, tubulin type III and Tau protein were associated with DFS in both training and validation datasets as well as estrogen and progesterone receptors, tumor size, number of positive nodes, NG, AG, MG and OHG grades. Multivariate analyses taking into account both the biological and classical prognostic variables showed that overall, p53 (HR=1.47) and Tau protein (HR=0.67) were independently associated with DFS on the training dataset. Similar trends (HR=1.16 and 0.81, respectively) were seen but were not statistically significant with the validation dataset. In these analyses, MG grade, nodes CRF and estrogen and progesterone receptors were independently associated with DFS on the both training and validation datasets.

Relation between tumor marker and OS

Univariate analyses showed that MIB-1, MUC-1 cytoplasmic luminal, Bcl-2, tubulin type III and Tau protein were associated with OS in both training and validation datasets. p53 was correlated with OS on the training series and associated with a trend (p=0.11) in the validation series. Multivariate analyses taking into account these variables and classical prognostic variables showed that in addition to estrogen and progesterone receptors, tumor size, number of positive nodes and MG grade, p53 (HR=1.78) and Tau (HR=0.58) were independently correlated with OS on the training dataset. However, p53 and Tau were not confirmed on the validation dataset, but similar trend were seen.

CONCLUSION

These data suggest that Tau and p53 are independent markers both of DFS and of OS in patients receiving adjuvant chemotherapy for axillary node-positive breast cancer. We suggest that analysis of these parameters by immunohistochemistry could help identify prognostic subgroups and design novel therapeutic approaches in this patient population.

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