Genomic Landscape of ER+/HER2- Metastatic Breast Cancer as a Function of Prior Treatment With a CDK4/6 Inhibitor Rosario Chica-Parrado¹, Chang-Ching Lin¹, Timothy Mahoney², Elizabeth Mauer², Ariella B. Hanker¹, Carlos L. Arteaga¹

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INTRODUCTION



The landscape of acquired somatic alterations causal to CDK4/6i resistance remains unknown so there is an urgent need to understand molecular basis of resistance

In this study, we report differences in mutational landscapes between ER+ HER2- MBC patients treated with and without CDK4/6i



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RESULTS

Characteristic	Overall , N = 1,853 ¹	Without CDK4/6i , N = 371 ⁷	With CDK4/6i , N = 1,482 ¹	p-value ²		
Age at diagnosis (yrs, IQR)	54 (45, 63)	53 (44, 63)	55 (45, 63)	0.7		
Unknown	5	1	4			
Gender				0.4		
Female Male	1,835 (99%) 18 (1.0%)	366 (99%) 5 (1.3%)	1,469 (99%) 13 (0.9%)			
Race				0.085		
White Black /African American Asian Other Race	997 (80%) 142 (11%) 52 (4.2%) 50 (4.0%)	193 (75%) 38 (15%) 11 (4.3%) 13 (5.0%)	804 (81%) 104 (11%) 41 (4.1%) 37 (3.7%)			
Native Hawaiian or Other Pacific Islander	4 (0.3%)	1 (0.4%)	3 (0.3%)			
American Indian/Alaskan Unknown	3 (0.2%) 605	2 (0.8%) 113	1 (0.1%) 492			
Ethnicity				0.2		
Not Hispanic or Latino Hispanic or Latino Unknown	622 (86%) 100 (14%) 1,131	115 (83%) 24 (17%) 232	507 (87%) 76 (13%) 899			
Assay xF xT	1,073 (58%) 780 (42%)	192 (52%) 179 (48%)	881 (59%) 601 (41%)	0.007		
HR/HER2 Status				0.019		
ER+, PR+, HER2- ER+, PR-, HER2- ER+, HER2-	1,558 (84%) 248 (13%) 47 (2.5%)	297 (80%) 66 (18%) 8 (2.2%)	1,261 (85%) 182 (12%) 39 (2.6%)			
Receipt of AI	1,584 (88%)	223 (70%)	1,361 (92%)	<0.001		
No Unknown	213 (12%) 56	94 (30%) 54	119 (8%) 2			
¹ Median (IQR); n (%) ² Wilcoxon rank sum test; Fisher's exact test; Pearson's Chi-squared test						

 Table 1. Cohort characteristics

RB1 Alteration Types	Overall , $N = 62^1$	Without CDK4/6i , N = 12 ¹	With CDK4/6i , N = 50 ¹
Copy Number Loss	18 (29%)	4 (33.3%)	14 (28%)
Disruptive Inframe Deletion	1 (1.6%)	0 (0%)	1 (2%)
Frameshift Variant	9 (14.5%)	2 (16.7%)	7 (14%)
Inframe Deletion	1 (1.6%)	0 (0%)	1 (2%)
Intron Variant	16 (25.8%)	4 (33.3%)	12 (24%)
Missense Variant	2 (3.2%)	0 (0%)	2 (4%)
Splice Acceptor Variant	6 (9.7%)	2 (16.7%)	4 (8%)
Splice Donor Variant	10 (16.1%)	2 (16.7%)	8 (16%)
Splice Region Variant	5 (8.1%)	0 (0%)	5 (10%)
Stop Gained	24 (38.7%)	3 (25%)	21 (42%)
¹ n (%) of patients			

 Table 2. Types of RB1 alterations in patients treated with and without CDK4/6i

PTEN Alteration Types	Overall, N = 82 ¹	Without CDK4/6i , N = 11 ¹
Copy Number Loss	39 (47.6%)	8 (72.7%)
Disruptive Inframe Deletion	1 (1.2%)	0 (0%)
Frameshift Variant	22 (26.8%)	0 (0%)
Intron Variant	2 (2.4%)	0 (0%)
Missense Variant	11 (13.4%)	2 (18.2%)
Splice Acceptor Variant	1 (1.2%)	0 (0%)
Splice Donor Variant	1 (1.2%)	0 (0%)
Stop Gained	9 (11%)	1 (9.1%)
¹ n (%) of patients		

Table 3. Types of PTEN alterations in patients treated with and without CDK4/6i



Figure 1. A comparison of the Tumor Mutational Burden status between patients treated with and without CDK4/6i

KEY TAKEAWAYS

- Patients with prior CDK4/6i therapy harbored significantly more ESR1 somatic alterations, at a similar rate in both solid tissue (xT) and liquid biopsies (xF).
- In **tissue biopsy (xT)**, patients with prior CDK4/6i therapy harbored more CCND1, FGF3, FGF4, and GATA3 alterations and fewer TP53 alterations, although these findings were non-significant after false-discovery adjustment
- CCND1, FGF3, FGF4 and FGF19 alterations were copy number amplifications, which may be consistent with 11q13 amplification.

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confounding factors between groups (i.e. selection bias for receipt of CDK4/6i and immortal time bias). Therefore, findings serve as exploratory and hypothesis-generating.

