



Yoshihisa Tokumaru^{1,2}(Yoshihisa.Tokumaru@Roswellpark.org), Masanori Oshi¹, Eriko Katsuta¹, Manabu Futamura², Kazuhiro Yoshida², Kazuaki Takabe¹ ¹ Breast Surgery, Department of Surgical Oncology, Roswell Park Comprehensive Cancer Center ²Department of Surgical Oncology, Gifu University School of Medicine

Background

OSWELL

CANCER CENTER

KRAS is one of the best known oncogenes and frequently altered in various cancers. Mutation of KRAS is frequently observed with panceatic cancer, colorectal cancer, and non-small cell lung cancer. Within those cancers, mutated KRAS functions as immune suppressor. In the current study, we try to elucidate the role of KRAS signaling and turnor immune microenvironment (TIME) in breast cancer. We hypothesized that the upregulation of KRAS signaling associate with better turnor immune microenvironment in triple negative (TN) breast cancer patients.

Material & Methods

The clinicopathological and survival information of 755 breast cancer patients from The Cancer Genome Atlas (TCGA) database and 1904 breast cancer patients with METABRIC (Molecular Taxonomy of Breast Cancer International Consortium) database. To investigate the association of KRAS signaling and the tumor immune microenvironment, the intratumoral immune cell compositions were calculated by performing xCell and other immunological scoring. Also, gene set enrichment analysis (GSEA) was performed between high and low groups. Survival analysis of Overall Survival (OS) and Disease Free Survival (DFS) were conducted comparing high and low groups.









Enrichment of genes related with KRAS signaling is associated with improved DFS and OS in TNBC patients. KRAS_SIGNALING_UP high TNBC was found to be associated with anti-tumor immune microenvironment, which was demonstrated by immune cell composition analysis, GSEA, CYT, interferon gamma response score as well as lymphocyte infiltration signature score.

This work was submitted to American Journal of Cancer Research after the acceptance of the abstract with this conference. (Am J Cancer Res. 2020 Mar 1;10(3):897-907)