



Abstract #301033

Translational analysis of esophageal adenocarcinoma (EAC) patients treated with oxaliplatin and capecitabine (Xelox) +/- the dual ErbB inhibitor AZD8931 in the DEBIOC study.

Anita Lavery, Leanne Stevenson, Damian McManus, Gemma E. Logan, Steven M. Walker, Gera L. Jellema, Sandra Van Schaeybroeck, Pradeep Singh Virdee, Leena Elhussein, Julie Turbitt, Diane Colinson, Zofia Miedzybrodzka, Russell D. Petty, Paul D. Harkin, Richard D. Kennedy, Martin McKinlay Eatock, Mark R. Middleton, Anne L. Thomas, Richard C. Turkington; The Patrick G Johnston Centre for Cancer Research, Queen's University Belfast, Belfast, United Kingdom; Department of Pathology, Belfast City Hospital, Belfast, United Kingdom; Almac Diagnostic Services, Craigavon, United Kingdom; Centre for Statistics in Medicine, University of Oxford, Oxford, United Kingdom; University of Aberdeen, Aberdeen, United Kingdom; The University of Dundee, Dundee, United Kingdom; Northern Ireland Cancer Centre, Belfast, United Kingdom; NIHR Biomedical Research Centre, Oxford, United Kingdom; University of Leicester, Leicester, United Kingdom

****Note:** The appearance of your abstract here is an approximation of how the abstract would appear in print, if accepted.

Background:

The Dual Erb B Inhibition in Oesophago-gastric Cancer (DEBIOC) trial reported an acceptable safety profile for neoadjuvant Xelox +/- AZD8931 but limited efficacy. We utilized EAC patient samples from DEBIOC to evaluate the impact of neoadjuvant Xelox +/-AZD8931 on biological pathways using a unique software driven solution.

Methods:

24 pre-treatment FFPE EAC biopsies and 17 matched surgical resection specimens were transcriptionally profiled using the Almac Diagnostics Xcel Array. Gene expression data was analyzed using the Almac clara^T total mRNA report V3.0.0, reporting on 92 gene expression signatures and 7337 single genes associated with 10 key biologies. Paired Wilcoxon tests (5% significance level) were used to evaluate changes in clara^T scores pre- and post-treatment. EGFR and Her2 expression were assessed by IHC and FISH.

Results:

15 patients received Xelox+AZD8931 and 9 Xelox alone. Hierarchical clustering of biopsies identified 4 major clusters: Inflammation active, Genomic Instability active, EGFR & MAPK active, and EMT & Angiogenesis active. Comparison of signature scores pre- and post-neoadjuvant treatment demonstrated a significant reduction in scores relating to DNA damage repair (DDR) deficiency (Almac DNA Damage assay, $p < 0.0001$; BRCAness Profile, $p = 0.0025$; HRD Gene Signature, $p < 0.0001$; BRCA1ness Signature, $p = 0.0004$) and a significant increase in angiogenesis signatures (Almac Angiogenesis Assay, $p = 0.0002$; Angio

Predictive G model, $p=0.0228$; Angiogenesis Signature A, $p=0.0034$) and EMT signatures (EMT Signature, $p=0.0031$, EMT Enrichment Score, $p=0.0013$, Pan-Can EMT Signature B, $p=0.0001$).



Comparing pre- and post-treatment signature scores in patients treated with Xelox +/- AZD8931 revealed a significant reduction in EGFR Sensitivity Signature ($p=0.0088$), ERBB2-specific Gene Expression Signature ($p=0.0127$) and Hallmark PI3K-AKT-MTOR Signaling ($p=0.0195$) in those treated with Xelox + AZD8931 in keeping with the mechanism of action of AZD8931. Downregulation of AKT signaling was confirmed in AZD8931 treated and resistant cell lines.

Conclusions:

We report the use of a novel software tool to apply 92 gene expression signatures to EAC biopsy and resection specimens from the DEBIOC trial to provide insight into mechanisms of action. Neoadjuvant treatment was associated with a reduction in DDR deficiency and an increase in angiogenesis and EMT signatures whilst a reduction in EGFR, Her2 and AKT pathways was noted with AZD8931 treatment.

Merit Award Application Material:

Merit Award Application Materials:

-  [ASCO Merit Award letter of reference for Dr Anita Lavery.pdf](#) (143.8KB) - Letter of Support
-  [Dr Anita Lavery CV February 2020.pdf](#) (86.2KB) - Curriculum Vitae

Title:

Translational analysis of esophageal adenocarcinoma (EAC) patients treated with oxaliplatin and capecitabine (Xelox) +/- the dual ErbB inhibitor AZD8931 in the DEBIOC study.

Submitter's E-mail Address:

anitalavery@gmail.com

Is this a late-breaking data submission?

No

Is this abstract a clinical trial?

No

Research Funding Source:

Pharmaceutical/Biotech Company

Research Funding Source Name:

AstraZeneca

Are there additional sources of funding for your study?

Yes

Additional sources of funding for your study:

Health Research Board Ireland Other Government Agency, Cancer Research UK, OGcancerNI, Wellcome Trust Other

Are patients still being accrued to the trial reported in this abstract?

No

Would like to be considered for a Merit Award:

Yes

Have the data in this abstract been presented at another major medical meeting?

No

Has this research been submitted for publication in a medical journal?

No

Type of Research:

Retrospective

Research Category:

Translational

Continued Trial Accrual:

No

Received Grant funding:

No

Sponsor:

Richard C. Turkington, BSc, MD, MRCP, PhD

First Author***Presenting Author******Corresponding Author***

Anita Lavery, BSc, MD, MRCP

The Patrick G Johnston Centre for Cancer Research, Queen's University
Belfast

97 Lisburn Road

Belfast,

United Kingdom

Email: anita.lavery@qub.ac.uk

[Click to view Conflict of Interest Disclosure](#)

Second Author

Leanne Stevenson, PhD
The Patrick G Johnston Centre for Cancer Research, Queen's University
Belfast
97 Lisburn Road
Belfast,
United Kingdom
Email: l.stevenson@qub.ac.uk

[Click to view Conflict of Interest Disclosure](#)

Third Author

Damian McManus, MD
Department of Pathology, Belfast City Hospital
Lisburn Road
Belfast,
United Kingdom
Phone Number: 0044-289032 9241
Email: damian.mcmanus@belfasttrust.hscni.net

[Click to view Conflict of Interest Disclosure](#)

Fourth Author

Gemma E. Logan, PhD
Almac Diagnostic Services
19 Seagoe Industrial Estate
Craigavon,
United Kingdom
Email: gemma.logan@almacgroup.com

[Click to view Conflict of Interest Disclosure](#)

Fifth Author

Steven M. Walker, PhD
Almac Diagnostic Services
19 Seagoe Industrial Estate
Craigavon,
United Kingdom
Phone Number: +44-28-3839-5751
Email: steven.walker@almacgroup.com

[Click to view Conflict of Interest Disclosure](#)

Sixth Author

Gera L. Jellema
Almac Diagnostic Services
19 Seagoe Industrial Estate
Craigavon,
United Kingdom
Email: gera.jellema@almacgroup.com

[Click to view Conflict of Interest Disclosure](#)

Seventh Author

Sandra Van Schaeybroeck, MD, PhD
The Patrick G Johnston Centre for Cancer Research, Queen's University
Belfast
97 Lisburn Road
Belfast,
United Kingdom
Fax Number: +44-289097-2776
Email: s.vanschaeybroeck@qub.ac.uk
Alternate Email: s.vanschaeybroeck@qub.ac.uk

[Click to view Conflict of Interest Disclosure](#)

Eighth Author

Pradeep Singh Virdee
Centre for Statistics in Medicine, University of Oxford
Oxford,
United Kingdom
Email: pradeep.virdee@csm.ox.ac.uk

[Click to view Conflict of Interest Disclosure](#)

Ninth Author

Leena Elhussein
Centre for Statistics in Medicine, University of Oxford
Oxford,
United Kingdom
Email: leena.elhussein@csm.ox.ac.uk

[Click to view Conflict of Interest Disclosure](#)

Tenth Author

Julie Turbitt, PhD
University of Aberdeen
Aberdeen,
United Kingdom
Email: julie.turbitt@nhs.net

[Click to view Conflict of Interest Disclosure](#)

Eleventh Author

Diane Colinson
University of Aberdeen
Aberdeen,
United Kingdom
Email: d.collinson@abdn.ac.uk

[Click to view Conflict of Interest Disclosure](#)

Twelfth Author

Zofia Miedzybrodzka, MB ChB, PhD, FRCP, FRCOG
University of Aberdeen
Aberdeen,
United Kingdom
Email: zosia@abdn.ac.uk

[Click to view Conflict of Interest Disclosure](#)

Thirteenth Author

Russell D. Petty, MRCP, PhD
The University of Dundee
Dundee,
United Kingdom
Phone Number: + 44 1224 437564
Email: r.petty@dundee.ac.uk

[Click to view Conflict of Interest Disclosure](#)

Fourteenth Author

Paul D. Harkin, PhD
Almac Diagnostic Services
19 Seagoe Industrial Estate
Craigavon,
United Kingdom
Email: sharon.irwin@almacgroup.com

[Click to view Conflict of Interest Disclosure](#)

Fifteenth Author

Richard D. Kennedy, PhD, FRCP
The Patrick G Johnston Centre for Cancer Research, Queen's University
Belfast
97 Lisburn Road
Belfast,
United Kingdom

Phone Number: +44 2890972777

Fax Number: +44 2838398676

Email: r.kennedy@qub.ac.uk

[Click to view Conflict of Interest Disclosure](#)

Sixteenth Author

Martin McKinlay Eatock, MD, FRCP

Northern Ireland Cancer Centre

Lisburn Road

Belfast,

United Kingdom

Phone Number: 0044-28 9032 9241

Email: martin.eatock@belfasttrust.hscni.net

Alternate Email: ali.hassan@chcinc.com

[Click to view Conflict of Interest Disclosure](#)

Seventeenth Author

Mark R. Middleton, PhD

NIHR Biomedical Research Centre

Oxford,

United Kingdom

Phone Number: +44 (0)1865 226185

Fax Number: 01865 235986

Email: mark.middleton@oncology.ox.ac.uk

[Click to view Conflict of Interest Disclosure](#)

Eighteenth Author

Anne L. Thomas, MD, PhD

University of Leicester

2nd Fl Osborne Bldg

Leicester, LE1 5WW

United Kingdom

Phone Number: 0116 258 7602

Email: at107@le.ac.uk

[Click to view Conflict of Interest Disclosure](#)

Nineteenth Author

Richard C. Turkington, BSc, MD, MRCP, PhD

The Patrick G Johnston Centre for Cancer Research, Queen's University

Belfast

97 Lisburn Road

Belfast,

United Kingdom

Email: r.turkington@qub.ac.uk

Alternate Email: richard.turkington@belfasttrust.hscni.net

[Click to view Conflict of Interest Disclosure](#)