

#4144: Comprehensive Molecular Mapping of Pancreatic Ductal Adenocarcinoma Relates *XPO1* mRNA Expression Levels to Potential Clinical Targets

Viktorija Sokolova¹, Rebecca Gruber², Florian Kocher², Kai Zimmer², Alberto Puccini³, Harris Krause⁴, Daniel Neureiter⁵, Eckhard Kliesser⁵, Stefan Salcher², Agnieszka Martowicz², Emil Lou⁶, Wafik El-Deiry⁶, Elisa Fontana⁷, Pat Gulhati⁸, Moh'd Khushman⁹, Dominic Fong¹⁰, Heinz-Josef Lenz¹¹, Dominik Wolf², Matthew Oberley⁴, **Andreas Seeber²**

¹ Department of Nuclear Medicine, Hospital of Bolzano (SABES), Bolzano, Italy, ² Department of Internal Medicine V (Hematology and Oncology), Comprehensive Cancer Center Innsbruck, Medical University of Innsbruck, Innsbruck, Austria, ³ IRCCS Humanitas Research Hospital, Humanitas Cancer Center, Medical Oncology and Hematology Unit, Rozzano, Milan, Italy, ⁴ Caris Life Sciences, AZ, USA, ⁵ Department of Pathology, Paracelsus University Salzburg, Salzburg, Austria, ⁶ Masonic Cancer Center, University of Minnesota, Minneapolis, MN, USA, ⁷ Drug Development Unit, Sarah Cannon Research Institute UK, Marylebone, London, United Kingdom, ⁸ Rutgers Cancer Institute of New Jersey, New Brunswick, NJ, USA, ⁹ Washington University in St. Louis/Siteman Cancer Center, St. Louis, MO, USA, ¹⁰ Department of Hematology and Oncology, Hospital of Merano, Merano, Italy, ¹¹ Division of Medical Oncology, Norris Comprehensive Cancer Center, Keck School of Medicine, University of Southern California, Los Angeles, CA, USA



Background

- Encouraging pre-clinical efficacy using inhibitors targeting Exportin-1 (*XPO1*) - a master regulator of tumor suppressor protein export - has been reported in pancreatic ductal adenocarcinoma (PDAC) and clinical trials are currently ongoing.
- Limited data is available regarding expression and function of *XPO1* in PDAC.
- Thus, we investigated *XPO1* mRNA expression and its clinical and immune correlates in PDAC.

Methods

- 5,488 PDAC tumors were tested at Caris Life Sciences (Phoenix, AZ) with NextGen Sequencing of DNA (592-gene or whole exome) and RNA (whole transcriptome).
- High tumor mutational burden (TMB-H) was defined as ≥ 10 mutations/MB.
- The cohort was stratified in quartiles according to *XPO1* mRNA expression.
- Immune cell fraction was calculated by QuantiSeq (Finotello 2019, Genome Medicine).
- Gene expression profiles were analyzed for transcriptomic signatures predictive of response to immune checkpoint inhibitors (T cell-inflamed score [Bao, 2020]) and MAPK pathway activation (MPAS)).
- The Mann-Whitney U and χ^2 tests were applied as appropriate, with P-values adjusted for multiple comparisons.
- Real-world overall survival (OS) data was obtained from insurance claims and Kaplan-Meier estimates were calculated for molecularly defined subpopulations of patients.

Results

1. Genomic landscape and biomarkers

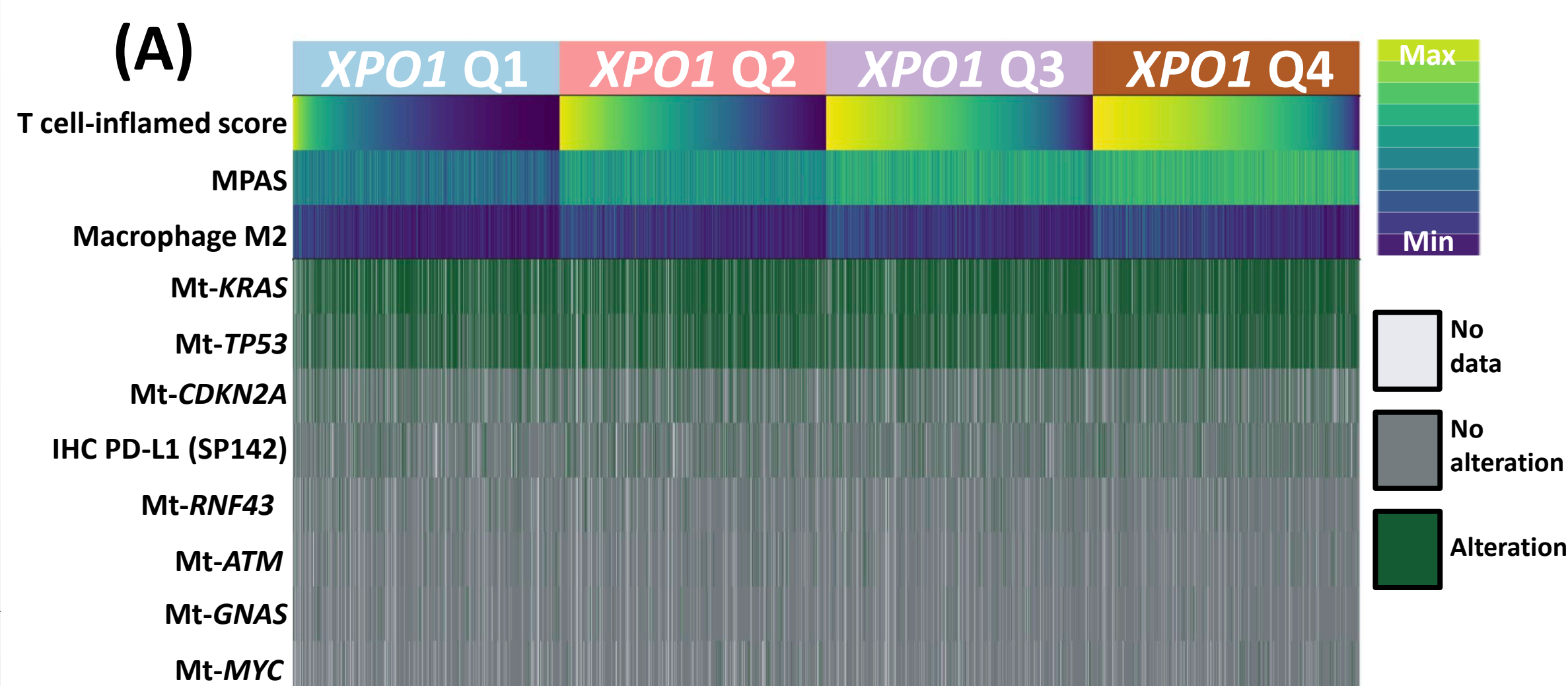
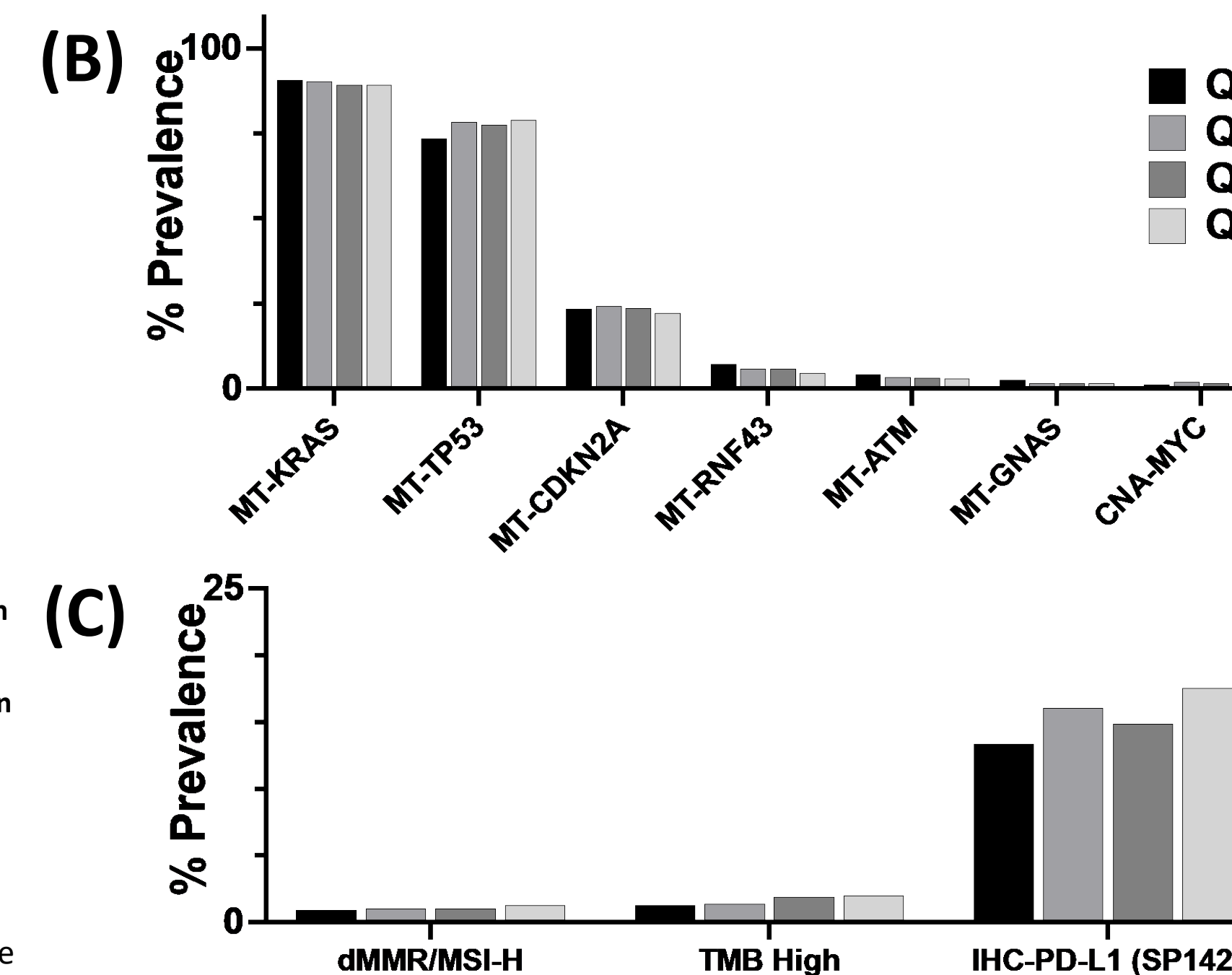


Figure 1: (A) Oncoprint of genomic alterations, immune cell infiltrate, and transcriptomic signatures (immunotherapy response (T cell-inflamed) and MAPK pathway activation (MPAS)). Prevalence of (B) genomic alteration and (C) immune biomarkers.



2. Transcriptomic signatures and immune landscape

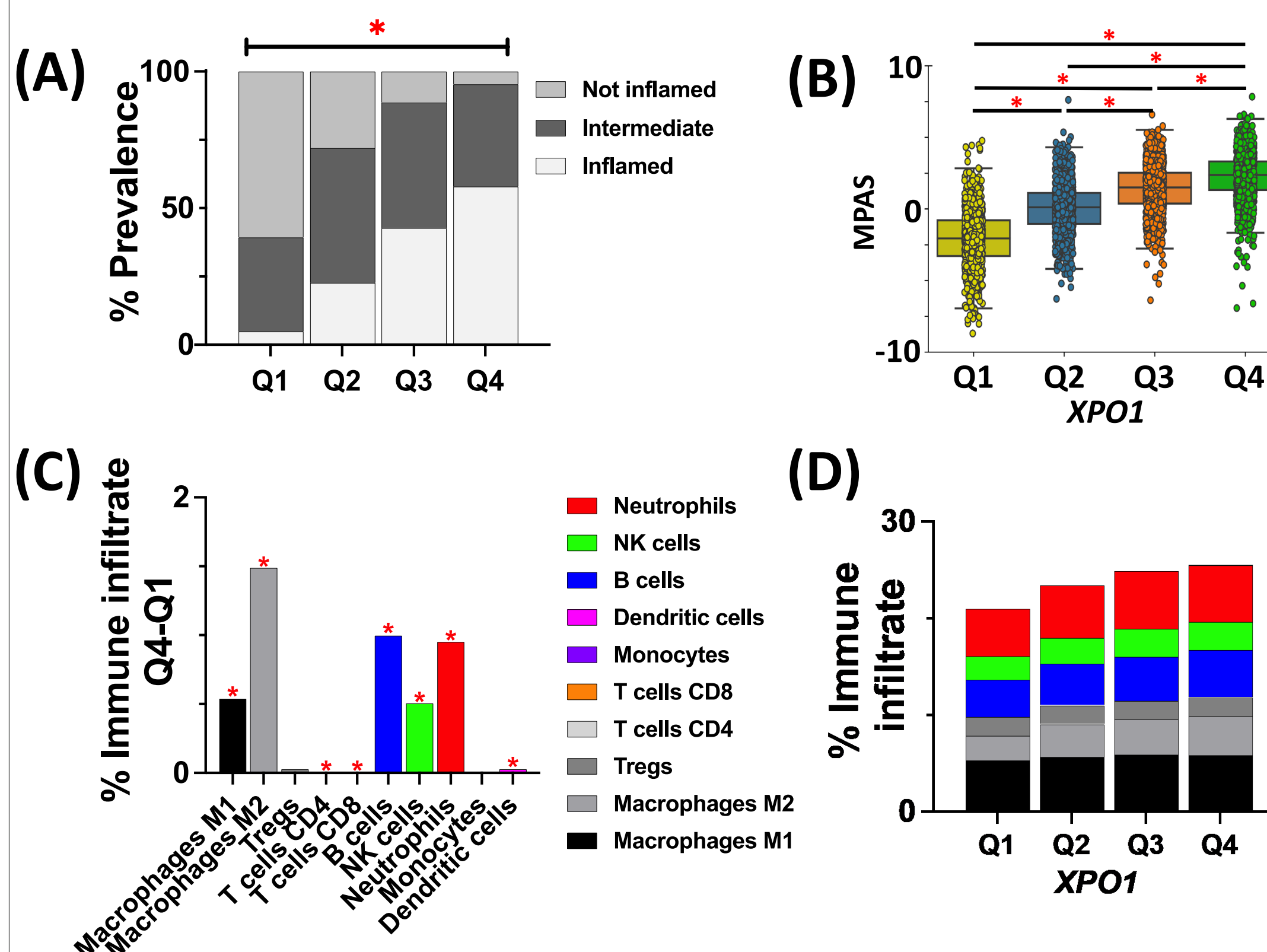


Figure 2: (A) Prevalence of T cell-inflamed tumors (predictive of response to immunotherapy). (B) MPAS score, a transcriptomic signature representative of MAPK pathway activation. (C,D) Quantification of tumor immune infiltrate, derived via QuantiSeq (asterisks indicate statistical significance, $p < 0.05$).

3. Outcomes data

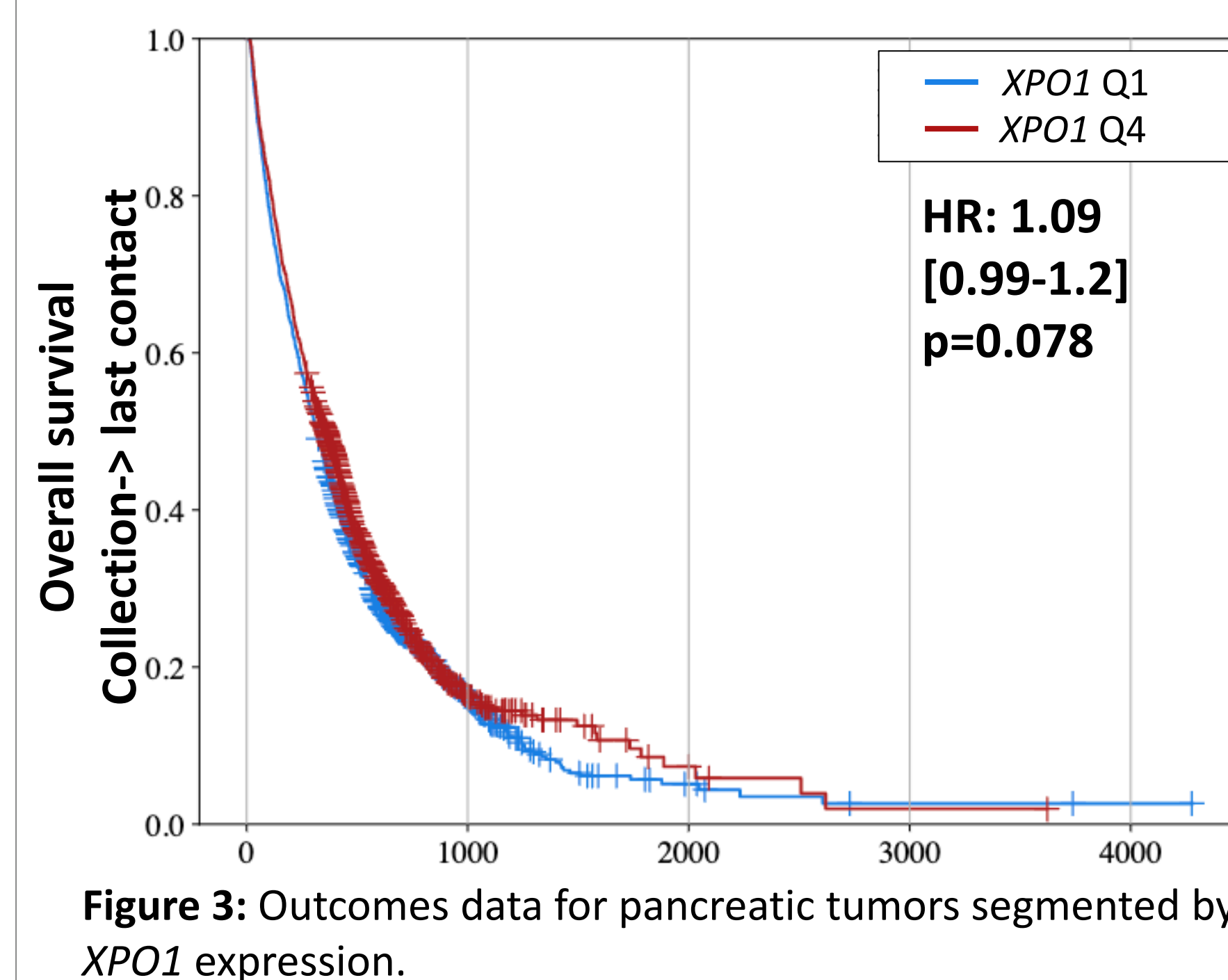


Figure 3: Outcomes data for pancreatic tumors segmented by *XPO1* expression.

Study Highlights

- There were no significant alterations in the genomic landscape between high and low *XPO1* expression.
- Tumors with high expression of *XPO1* tended to be more T cell-inflamed, had activation of the MAPK pathway and had an increase in M2 macrophage infiltrate.

Conclusions

- This is the first study comprehensively mapping *XPO1* mRNA expression and immune-correlates in PDAC.
- We found that high *XPO1* is linked to increased immune cell infiltration and more T cell-inflamed tumors.
- Our data provides a potential rationale to combine immune checkpoint therapy (+/- *XPO1* inhibitors) in *XPO1*^H PDACs.