

1333P - Prognostic value of circulating nucleosomes during treatment with or without immunotherapy in Non-Small Cell Lung Cancer: results from Nucleo-Lung study



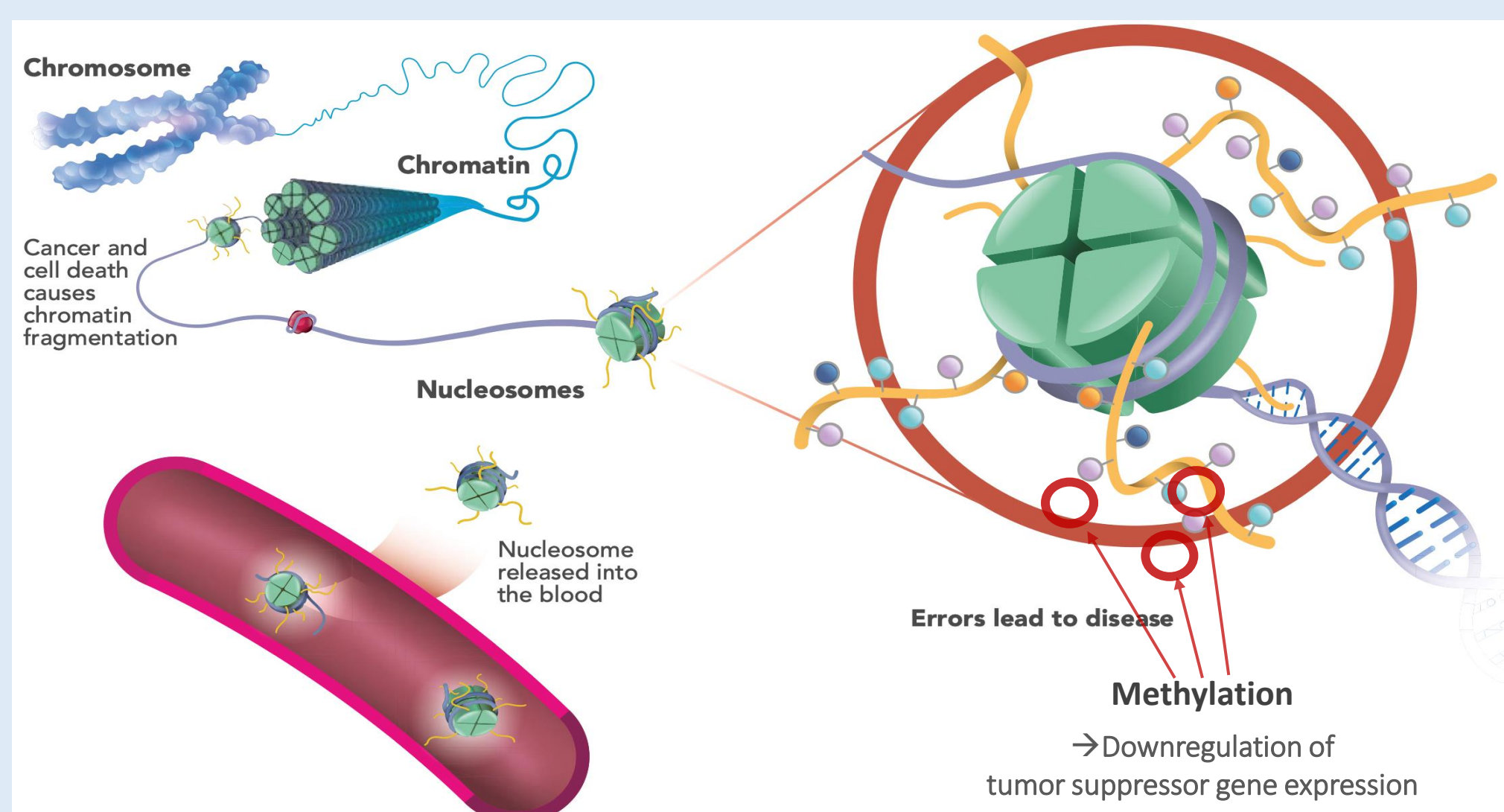
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CONTEXT

Epigenetic modifications of nucleosomes (DNA wound around histone proteins released into the blood stream after cell death) are involved in gene expression and are dysregulated in tumors (Scheme 1).



Scheme 1: Nucleosomes released by cancer cells carry methylated histones that can be detected in patients' plasma (figure from Volition®)

Aberrant levels of methylated nucleosomes have been reported in lung cancer (Grolleau et al., 2023) and the diagnostic and prognostic values regarding overall survival (OS) of baseline titers in metastatic NSCLC was previously presented (Couraud et al. ELCC 2024).

OBJECTIVE OF THIS STUDY :

To explore the prognostic values of nucleosomes titers regarding overall survival (OS) and progression-free survival (PFS) according to the first-line treatment with/without immune checkpoint inhibitor (ICI)

MATERIALS & METHODS

• K2EDTA plasma samples from 45 patients with stage IV NSCLC were collected at diagnosis and throughout disease management (at each treatment cycle) from the prospective ONCOPRO study (NCT03787056) led in the University Hospital of Lyon.

Patients were grouped according to first-line treatment: cohort 05PM = with immunotherapy (n=21) and cohort 06PM = without immunotherapy (n=24).

• H3K27Me3-nucleosome concentrations were measured by the immunoassay Nu.Q® assays (Volition SRL, Belgium) on IDS i10 automated immunoanalyzer (Immunodiagnostic Systems Ltd, UK).

• Statistics were performed on R software (version 4.2.1). Association with survivals and relapses were quantified by Hazard ratios (HR). The ability to predict events was quantified by the area under the ROC curve.

RESULTS

1 H3K27Me3-nucleosome titers are prognostic for OS at baseline and 3rd cure, regardless of ICI

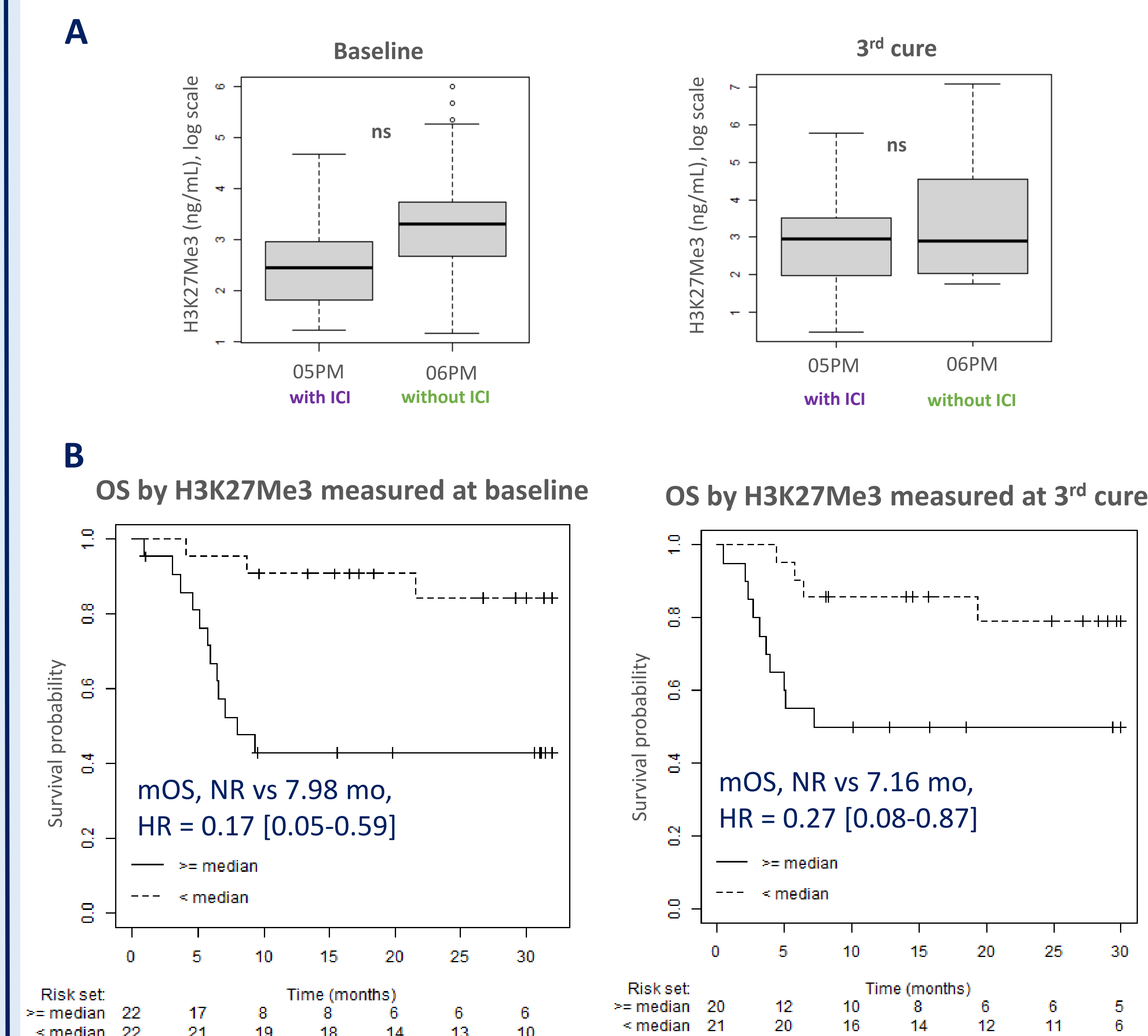


Figure 1 (A) H3K27Me3-nucleosome titers in patients treated in first-line with immunotherapy (05PM) and without immunotherapy (06PM) at baseline (left) (Wilcoxon test, $p = 0,051$) and after 2 cycles of treatment (right) (Wilcoxon test, $p = 0,397$). Median H3K27Me3 baseline in 05PM = 11.86 ng/mL; Median H3K27Me3 baseline in 06PM = 27.07 ng/mL; Median H3K27Me3 at 3rd cure in 05PM = 11.56 ng/mL; Median H3K27Me3 at 3rd cure in 06PM = 29.71 ng/mL (B) Survival analyses according to H3K27Me3-nucleosome titers at diagnosis (left) and after the 3rd cure (right) in patients with metastatic lung cancer independently of treatment.

3 H3K27Me3-nucleosome titers and ctDNA mutational status were not related

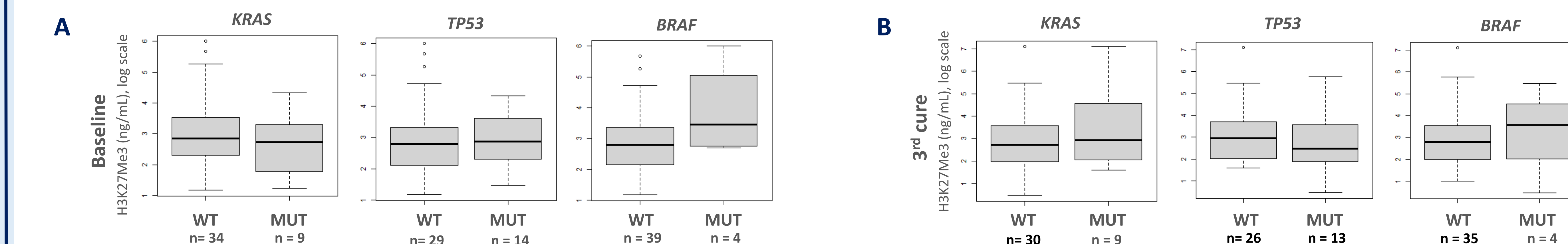


Figure 3 H3K27Me3 concentrations according to circulating tumor DNA mutational status (MUT = mutant, WT = wild-type) at baseline (A) and after 2 cycles of treatment (B).

2 H3K27Me3-nucleosome titers tends to predict PFS in patients without ICI, particularly at baseline

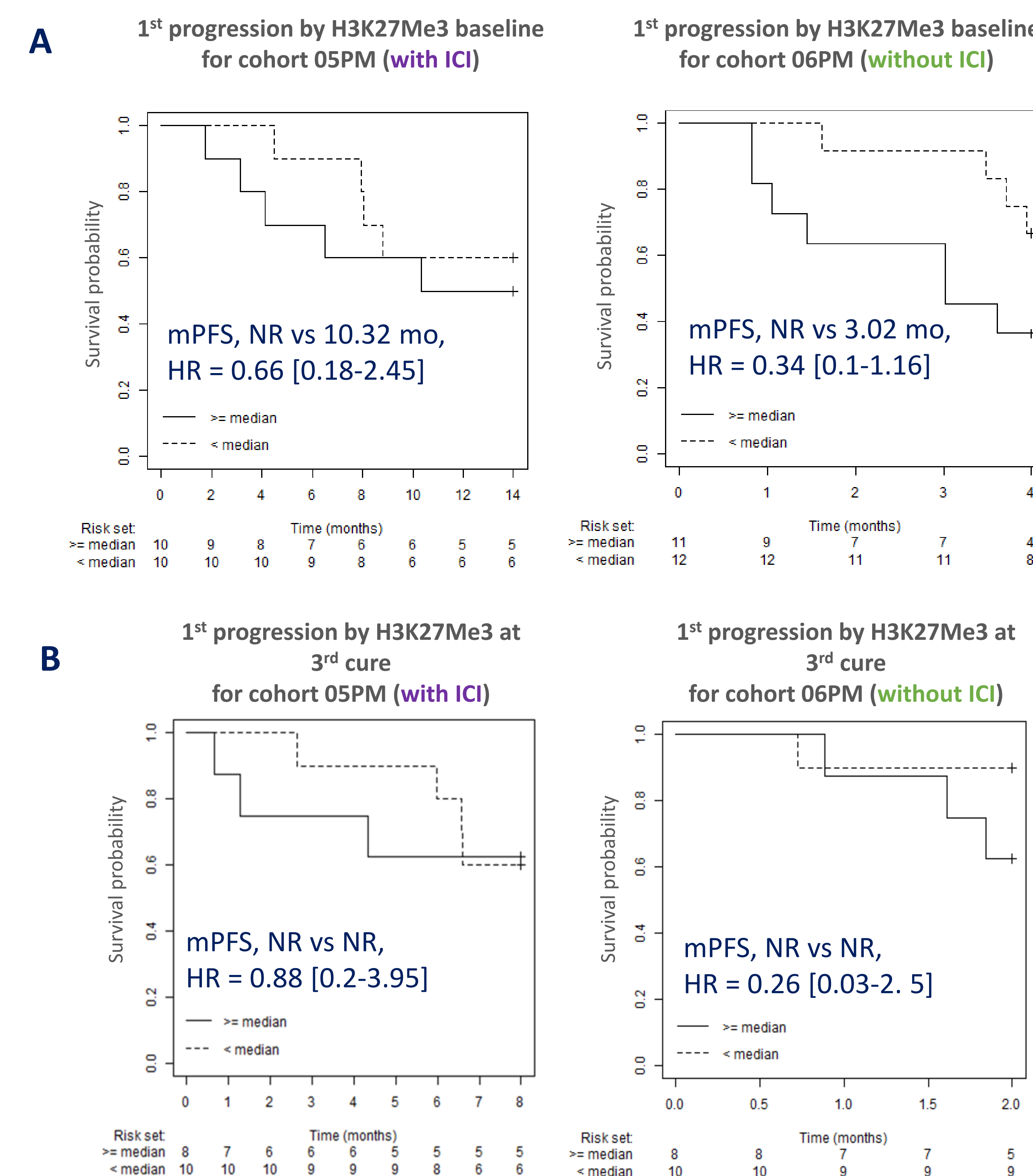


Figure 2 Progression-free survival analyses according to H3K27Me3-nucleosome blood titers at diagnosis (A) and at 3rd cure (B) in the palliative cohorts treated with immunotherapy (05PM, left) and without immunotherapy (06PM, right).

CONCLUSION

Measurements of H3K27Me3-nucleosome titers:

- is a non-invasive biomarker potentially relevant in lung cancer monitoring
- predictive of survival independently of treatment and mutational status
- alerts on the risk of early progression without immunotherapy

PERSPECTIVES

As a reflect of circulating tumor burden, methylated nucleosomes concentrations could be of interest in the context of other solid tumors and will be investigated in other plasma samples collected in the ONCOPRO study (420 patients with 16 types of newly diagnosed cancers).

The association between nucleosomes titers and molecular profiling on circulating DNA will be pursued considering the small effective studied herein.

Study sponsored by:



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