Expression of androgen receptor in breast cancer brain metastasis

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INTRODUCTION

- Treatment options for women with breast cancer brain metastases (BrM) generally limited to surgery radiotherapy
- Most systemic therapies do not cross the blood-brain barrier.
- Androgen receptors (ARs) are frequently expressed in breast cancer
- Anti-androgenic therapies have shown to penetrate the central nervous system.
- In this study, we analyzed the expression of AR in breast cancer BrM to identify patients who may benefit from antiandrogenic therapies.





are and/or

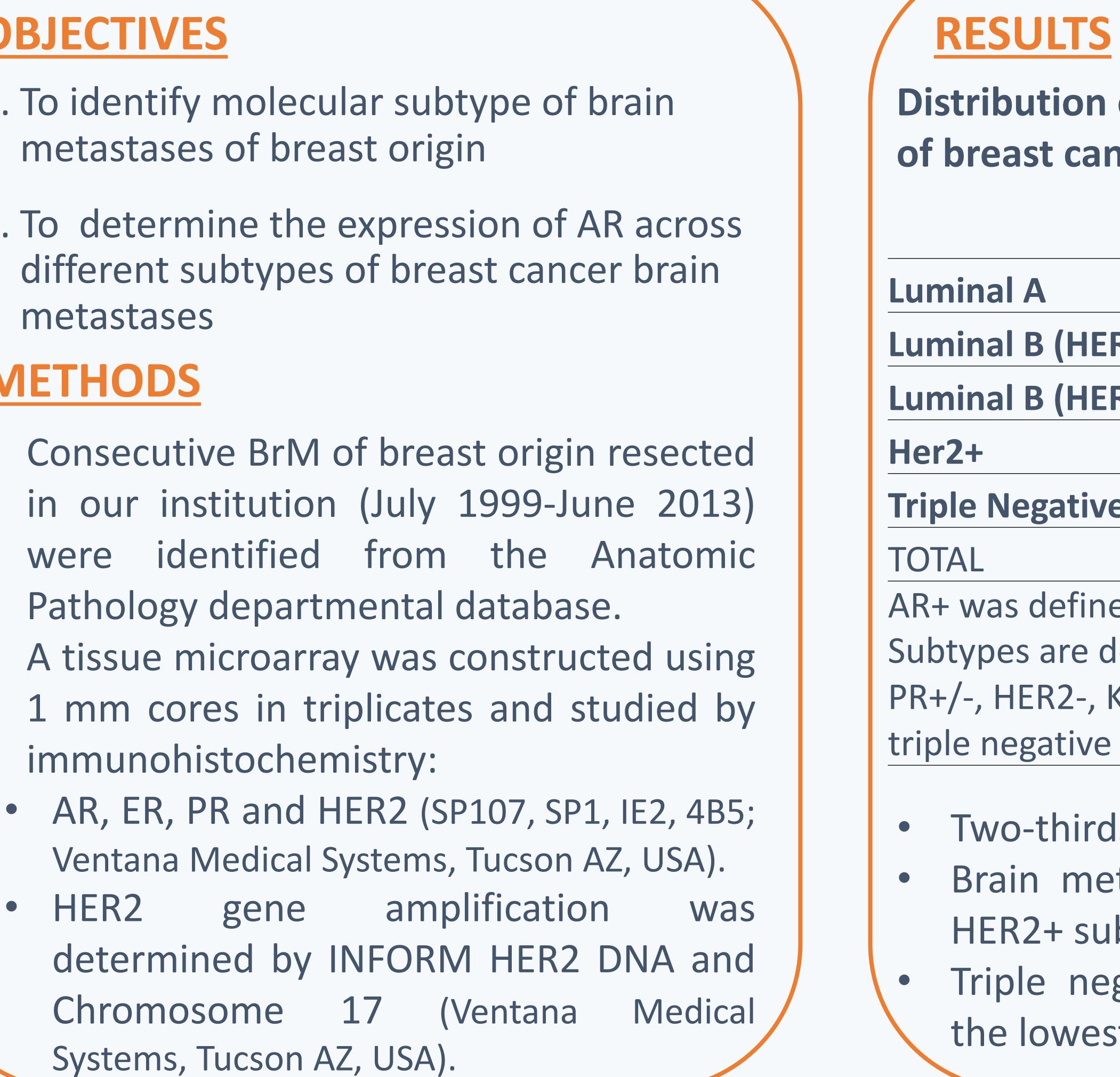
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OBJECTIVES

- 1. To identify molecular subtype of brain metastases of breast origin
- 2. To determine the expression of AR across different subtypes of breast cancer brain metastases

METHODS

- Pathology departmental database.
- A tissue microarray was constructed using immunohistochemistry:
- HER2 gene Chromosome 17 (Ventana Systems, Tucson AZ, USA).
- samples.



Our data suggests that certain subtypes of breast cancer brain metastases are more likely to be AR+, which may serve as a **potential therapeutic target**. Further studies need to evaluate the expression of AR in larger sets of breast cancer BrM

In addition, the expression of AR in paired breast cancer and corresponding brain metastases samples would allow for determining any discordance patterns in AR expression.

Distribution of AR amongst different subtypes of breast cancer brain metastases.

	Samples	AR+	%AR+
	2	1	50.0
IER2+)	15	15	100.0
IER2-)	16	8	50.0
	14	10	71.4
ive	14	4	28.6
	61	38	62.3

AR+ was defined as $\geq 1\%$ AR staining. Subtypes are defined as follows: Luminal A: ER+, PR+/-, HER2-, Ki67<16%; Luminal B: ER+, PR+/-; and triple negative (TN): ER-, PR-, HER2-.

Two-thirds of breast cancer BrM express AR. Brain metastases of HER2+ luminal B and HER2+ subtypes were most likely to be AR+. Triple negative (TN) brain metastases had the lowest number of AR+ samples (~30%).