

Abstract 561: Molecular Characteristics and Clinical Outcomes of Breast Cancer with *HRAS* Mutations

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Background:

- Alterations in the RAS pathway are linked to **tumorigenesis**
- RAS alterations are currently **under-studied** in breast cancer (BC) compared to other solid tumors
- HRAS* can be indirectly targeted with **tipifarnib**, a farnesyltransferase inhibitor
- We aimed to characterize the molecular characteristics and understand clinical outcomes of BC with ***HRAS* mutations** (*HRASmut*)

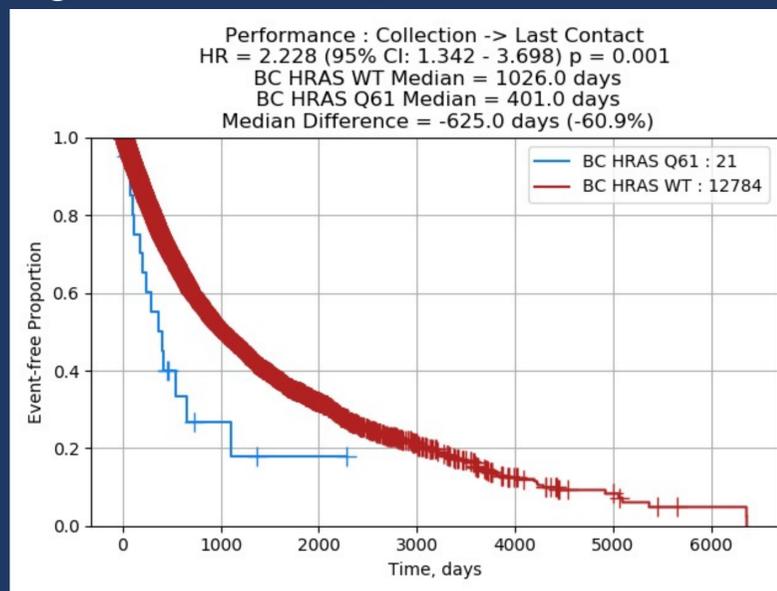
Methods:

- 14,013 BC samples** underwent comprehensive molecular profiling (DNA, RNA, IHC) at Caris Life Sciences
- MAPKinase activation was assessed using MPAS gene expression signature
- Survival data were generated from date of sample collection to last contact with insurance claims

Table 1: Quantifying Point Mutations in *HRASmut* BC

Mutation type	All <i>HRASmut</i> (n=70)			
	Q61	G12	G13	Other/Likely pathogenic
Cases with alterations	29 (41.4%)	20 (28.6%)	17 (24.3%)	4 (0.6%)

Figure 1: OS data for Q61-Mutated *HRASmut*



Take-Home Points:

- HRASmut* were mutually exclusive with **HER2+ BC**
- PIK3CA** was significantly co-mutated with *HRASmut*
- HRAS* may represent a new therapeutic target

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Results:

- There were **70 total *HRASmut*** (0.5%)
- HRASmut* were significantly enriched in **older** patients (median 69 vs. 60 years; $q < 0.0001$) and in **primary** vs. metastatic BC samples (56% vs. 42%; $p < 0.05$)
- HRASmut* were found in **HR+/HER2-** (22.6%) and **TNBC** (77.4%), but **no HR-/HER2+**
- Q61** was the most frequent point mutation (41.4%), followed by **G12** (28.6%) and **G13** (24.3%) (Table 1)
- Patients with Q61 *HRASmut* had significantly **worse OS** compared to all BC (HR 1.86, 95% CI [1.10-3.13]; $p < 0.05$) (Figure 1)
- TNBC** *HRASmut* displayed **more PIK3CA** (62.5% vs. 18.9%, $q < .05$) but less **TP53** mutations (50% vs 84.9%, $q < .05$), **higher expression of PD-L1** (41.2% vs 10.8%, $p < .05$) and **androgen receptor (AR)**, 45.8% vs 24.4%, $p < .05$), and more frequent **ARv7 fusions** (20.7% vs 4.3%, $p < .05$) compared to **HR+/HER2-**

Future Directions for Research:

- Clinical trials** evaluating the role of **farnesyltransferase inhibitors**, with or without **PIK3C-targeted** (e.g. **alpelisib**) and/or **immunotherapy**, in *HRASmut* BC