



# **VALUE OF FOXP3 EXPRESSION IN PREDICTION OF NEOADJUVANT CHEMOTHERAPY EFFECT IN TRIPLE NEGATIVE BREAST CANCER**

Thesis

Submitted In Partial Fulfillment of Master Degree in Pathology

*BY*

**Hazem Abd Elazim Sobhi Abo Ismael**

M.B.B.Ch, Cairo University

Supervisors

**Prof. Dr. Badawia Bayoumi Ibrahim**

*Professor of pathology*

Faculty of Medicine - Cairo University

**Assistant Prof. Dr. Samar Abdel Monem El Sheikh**

*Assistant Professor of pathology*

Faculty of Medicine - Cairo University

**Assistant Prof. Dr. Iman Loay Hussein**

*Assistant Professor of pathology*

National Cancer Institute - Cairo University

Cairo University

**2016**

# ***Acknowledgement***

*First and foremost, I thank **Allah** (SWT) for answering my prayers and endowing me with patience and knowledge to complete this work.*

*This thesis would not have been possible without the support, guidance and the priceless experience of my principal supervisor, **Prof. Dr. Badawia Bayoumi**, professor of pathology, Faculty of Medicine, Cairo University.*

*As well, I would like to thank my supervisor Assistant **Prof. Dr. Samar El-Sheikh**, assistant professor of pathology, Faculty of Medicine, Cairo University for her help, support, encouragement and keen supervision.*

*I would like to introduce my deep thanks for my supervisor Assistant **Prof. Dr. Iman Loay** , assistant professor of oncologic pathology, NCI, Cairo University, for her kind patience, great contribution and her continuous meticulous guidance in this work.*

*Many thanks to **Prof. Dr. Rasha Allam**, Assistant lecturer of statistic and cancer epidemiology, NCI, Cairo University for her help, priceless effort and support to accomplish the statistical work of this study.*

*I wish to express my gratitude to the whole staff members of pathology departments at the **National Cancer Institute**, Cairo University for their hearted support, encouragement and advices.*

*Special thanks for my parents for their prayers and all the support they have provided me over the years. Their care was the greatest gift anyone has ever given me.*

*Finally I would like to dedicate this work to my Wife and my little son (Moez) for their support, patience and great motivation they gave to me to complete this work.*

*For any errors or inadequacies that may remain in this work, of course, the responsibility is entirely my own.*

# Abstract

**Background:** Response of breast carcinoma to neoadjuvant chemotherapy (NAC) varies regarding many factors including hormonal receptor status. Breast cancer is a heterogeneous disease with different outcomes, hence a need arises for new markers predicting the outcome of NAC especially for the triple negative group when estrogen, progesterone receptors and Her2/neu are negative. FOXP3 is a promising target with unclear role. **The aim of this study** was to examine the value of FOXP3 expression in locally advanced triple negative breast cancer tumoral cells as well as tumor infiltrating lymphocytes (TILs) and to elucidate its relation to the extent of NAC response. **Material and Methods:** Forty five cases of immunohistochemically confirmed to be triple negative breast carcinoma were evaluated for NAC response in both tumour and lymph nodes status according to Miller & Payne's and Sataloff's systems. FOXP3 expression in tumor as well as TILs evaluated in the pretherapy biopsies was correlated with NAC response in breast tumor and lymph nodes as well as other clinicopathological factors. **Results:** Breast tumour cells showed FOXP3 positive cytoplasmic expression in (42%) of cases. High FOXP3 expression percentage was detected in (47%) of cases. High infiltration by FOXP3<sup>+</sup>TILs was detected in (49%) of cases. Positive FOXP3 expression was associated with negative lymph node metastasis. High FOXP3 expression percentage and high infiltration by FOXP3<sup>+</sup>TILs were significantly associated with complete therapy response in axillary lymph nodes. High FOXP3 expression in tumour cells was associated with high infiltration by FOXP3<sup>+</sup>TILs. **Conclusion:** This result may provide evidence that FOXP3 marker is a good prognostic and predictive marker for TNBC indicated for neoadjuvant chemotherapy and

can be used for stratifications of TNBC cases indicated for NAC. As well, this study confirmed the fact that the tumour cells and the surrounding microenvironment interact with each other and the tumour microenvironment can influence the treatment outcomes of TNBC.

---

**Key Words:** FOXP3, breast cancer, Triple negative, neoadjuvant chemotherapy.

الكلمات الدالة: فوكس بي 3، سرطان الثدي، ثلاثى السلبية، العلاج قبل الجراحى

# ***LIST OF CONTENTS***

<b>Introduction .....</b>	<b>1</b>
<b>Aim of work .....</b>	<b>4</b>
<b>Review of Literature .....</b>	<b>5</b>
• Breast carcinoma .....	5
➤ Epidemiology .....	5
➤ Mortality .....	6
• WHO classification of epithelial tumors of breast .....	7
• Tumor stage .....	11
➤ AJCC cancer staging changes from sixth to seventh edition .....	11
• Molecular classificaion of primary breast cancer .....	14
• Triple negative breast cancer.....	19
➤ Histological classification of TNBC .....	19
- Invasive carcinoma of no special type, NST .....	20
- Histologic picture and grading .....	21
➤ Risk factors of TNBC.....	23
• Neoadjuvant chemotherapy in breast cancer.....	26

➤ Pathology of breast carcinomas after neoadjuvant chemotherapy.....	27
➤ Cytotoxic agents used in neoadjuvant chemotherapy treatment.....	28
➤ Systems for evaluating pathologic response to neoadjuvant chemotherapy.....	32
➤ Factors affecting response to chemotherapy.....	36
• FOXP3 expression and prognosis in human breast cancer .....	38
<b>Materials and Methods .....</b>	<b>40</b>
<b>Results .....</b>	<b>46</b>
<b>Discussion .....</b>	<b>70</b>
<b>Summary .....</b>	<b>79</b>
<b>Conclusions and recommendations .....</b>	<b>82</b>
<b>References .....</b>	<b>84</b>
<b>Arabic Summary .....</b>	<b>95</b>

# ***LIST OF Graphs***

	<b><i>Page</i></b>
<b>Graph (1):</b> The best statistical cutoff value for Percentage of cytoplasmic FOXP3 expression .....	<b>43</b>
<b>Graph(2):</b> Determination of cutoff value for infiltration by FOXP3+TILs .....	<b>44</b>
<b>Graph (3):</b> Evaluation of NAC response using Sataloff's system in both tumor (T) and axillary lymph nodes (N) .....	<b>48</b>
<b>Graph (4):</b> Percentage of pCR and non-pCR in breast tumors .....	<b>49</b>
<b>Graph (5):</b> Percentage of pCR and non-pCR in axillary lymph nodes.....	<b>49</b>
<b>Graph (6):</b> Positive and negative FOXP3 intensity in tumor cells .....	<b>51</b>
<b>Graph (7)</b> Percentage of FOXP3 high expression and FOXP3 low expression in tumor cells .....	<b>52</b>
<b>Graph (8):</b> Association between percentage of FOXP3 expression in tumour cells and presence of FOXP3+TILs .....	<b>61</b>



# ***LIST OF Figures***

	<i><b>Page</b></i>
<b>Figure (1):</b> Invasive duct carcinoma. Tumor with stellate border and chalky white streaks of necrosis (Rosai et al., 2011).....	<b>20</b>
<b>Figure (2):</b> Prototypical invasive ductal carcinoma (Rosai et al., 2011).....	<b>21</b>
<b>Figure (3):</b> Immunostained slide by FOXP3 antibody showing absent expression intensity (Score 0), original magnification X400 .....	<b>64</b>
<b>Figure (4)</b> Immunostained slide by FOXP3 antibody showing weak cytoplasmic expression intensity (Score 1+), original magnification X400.....	<b>64</b>
<b>Figure (5):</b> Immunostained slide by FOXP3 antibody showing moderate cytoplasmic expresiion intensity (Score 2+), original magnification X400.....	<b>64</b>
<b>Figure (6):</b> Immunostained slide by FOXP3 antibody showing strong cytoplasmic expression intensity (Score 3+), original magnification X400.....	<b>64</b>
<b>Figure (7):</b> A case of invasive carcinoma (NST), grade II, in a female patient 43 years old, stage ypT1 ypN0, classified as triple negative breast carcinoma. (A) The pretherapy biopsy stained by Hematoxylin and eosin; original magnification X100. (B) Immunostained slide by FOXP3: (positive) with high expression percentage (50%) and showing high infiltration by FOXP3+TILs, original magnification X100 (C) Post CTH negative lymph node, no evidence of therapy or metastatic cells, original magnification X40. ....	<b>65</b>
<b>Figure (8):</b> A case of invasive carcinoma (NST), grade III, in a female patient 55 years old, stage ypT3 ypN0, classified as triple negative breast carcinoma. (A) The pretherapy biopsy stained by Hematoxylin and eosin; original magnification X400. (B) Immunostained slide by FOXP3: (positive) with high expression percentage (90%) and showing high infiltration by FOXP3+TILs, original magnification X400 (C) Post CTH negative lymph node, pCR with no residual metastatic cells, original magnification X40.....	<b>66</b>
<b>Figure (9):</b> A case of invasive carcinoma (NST), grade II, in a female patient 45 years old, stage ypT2 ypN2, classified as triple negative breast carcinoma. (A) The pretherapy biopsy stained by Hematoxylin and eosin; original magnification X400. (B)	

Immunostained slide by FOXP3: (negative) with low expression percentage (20%) and showing low infiltration by FOXP3+TILs, original magnification X400 (C) Post NAC breast tumour showing non-pCR (Miller grade 1), original magnification X40 (D)Examined post neoadjuvant CTH specimen showing non-pCR in the axillary L.Ns (Sataloff's grade N-D), original magnification X40..... **67**

**Figure (10):** A case of invasive carcinoma (NST), grade II, in a female patient years old, stage ypT3 ypN0, classified as triple negative breast carcinoma. (A) The pretherapy biopsy stained by Hematoxylin and eosin; original magnification X100. (B) Immunostained slide by FOXP3: (negative) and showing high infiltration by FOXP3+TILs, original magnification X400 (C) Post NAC breast tumour showing pCR (Miller grade 5), stained by Hematoxylin and eosin, original magnification X40. (D)Examined post neoadjuvant CTH specimen showing pCR in the axillary L.Ns (Satalloff's grade N-A), stained by Hematoxylin and eosin, original magnification X40..... **68**

**Figure (11):** Immunostained slide by FOXP3 antibody showing low FOXP3 expression percentage is associated with low infiltration by FOXP3+TILs, original magnification X400..... **69**

**Figure (12):** Immunostained slide by FOXP3 antibody showing low FOXP3 expression percentage is associated with low infiltration by FOXP3+TILs, original magnification X400..... **69**

**Figure (13):** Immunostained slide by FOXP3 antibody showing high FOXP3 expression percentage is associated with high infiltration by FOXP3+TILs, original magnification X400..... **69**

**Figure (14):** Immunostained slide by FOXP3 antibody showing high FOXP3 expression percentage is associated with high infiltration by FOXP3+TILs, original magnification X400..... **69**

# ***LIST OF TABLES***

	<b><i>Page</i></b>
<b>Table (1):</b> TNM staging system of breast cancer, 7 <sup>th</sup> edition (Edge and Compton., 2010) .....	<b>11</b>
<b>Table (2):</b> Major molecular subtypes of breast cancer determined by gene expression profiling (Schnitt et al., 2010) .....	<b>16</b>
<b>Table (3):</b> Nottingham combined histologic grade (Ellis et al., 2012) .....	<b>22</b>
<b>Table (4):</b> Criteria Used in Different Systems for Categorizing Response to Treatment (Sahoo& Lester, 2009) .....	<b>33</b>
<b>Table (5):</b> HER2/neu score used to evaluate Hercept Test (Wolff et al., 2013) .....	<b>41</b>
<b>Table (6):</b> The used primary antibody .....	<b>44</b>
<b>Table (7):</b> Clinicopathological features of the study cases .....	<b>46</b>
<b>Table (8):</b> Evaluation of NAC response in breast tumor using Miller and Payne's system .....	<b>47</b>
<b>Table (9):</b> Pattern of staining intensity of cytoplasmic FOXP3 expression in breast tumor cells .....	<b>50</b>
<b>Table (10):</b> Relation between FOXP3 expression intensity and expression percentage..	<b>52</b>
<b>Table (11):</b> Relation between FOXP3 expression <u>intensity</u> and clinicopathological features .....	<b>53</b>
<b>Table (12):</b> Relation between FOXP3 expression <u>percentage</u> and clinicopathological features .....	<b>54</b>
<b>Table (13):</b> Correlation between FOXP3 expression percentage in tumor cells and axillary node metastasis (pretherapy) .....	<b>55</b>
<b>Table (14):</b> Relation between FOXP3 <u>intensity</u> and NAC response in breast tumours .....	<b>56</b>

<b>Table (15):</b> Relation between FOXP3 intensity and NAC response in initially positive L.Ns .....	<b>56</b>
<b>Table (16):</b> Relation between FOXP3 expression <u>percentage</u> and NAC response in breast tumours .....	<b>57</b>
<b>Table (17):</b> Correlation between FOXP3 expression <u>percentage</u> in tumor cells and NAC response in initially positive L.Ns .....	<b>57</b>
<b>Table (18):</b> Relation between infiltration by FOXP3 <sup>+</sup> TILs/10 HPFs and clinicopathological features .....	<b>58</b>
<b>Table (19):</b> Correlation between infiltration by FOXP3 <sup>+</sup> TILs and l.N.matastasis .....	<b>60</b>
<b>Table (20):</b> Correlation between FOXP3 expression intensity in the tumor cells and high infiltration by FOXP3 <sup>+</sup> TILs .....	<b>60</b>
<b>Table (21):</b> Correlation between infiltration by FOXP3 <sup>+</sup> TILs and NAC in breast tumours .....	<b>62</b>
<b>Table (22):</b> Correlation between infiltration by FOXP3 <sup>+</sup> TILs and pCR in the lymph nodes .....	<b>63</b>

## ***LIST OF ABBREVIATIONS***

- **ADH:** Atypical ductal hyperplasia
- **AJCC:** American Joint Committee on Cancer
- **ALH:** Atypical lobular hyperplasia
- **ASCO:** American Society of Clinical Oncology
- **BC:** breast cancer
- **BCS:** breast conservative surgery
- **BM:** bone marrow
- **BMI:** body mass index
- **BRCA1:** Breast Cancer gene 1
- **BRCA2:** Breast Cancer gene 2
- **CDK:** cyclin-dependent kinase
- **CISH:** Chromogenic in situ hybridization
- **CR:** complete response
- **DCIS:** Ductal carcinoma in situ
- **DIN:** Ductal intraepithelial neoplasia
- **DFS:** Disease free survival
- **EGFR:** epidermal growth factor receptor
- **ELISA:** enzyme-linked immunosorbent assay

- **ER:** Estrogen receptor
- **ERK:** Extracellular-signal regulated kinase
- **FOXP3:** Forkhead box P3
- **FISH:** Fluorescence in situ hybridization
- **HER2:** The human epidermal growth factor receptor 2 gene
- **HER/ErbB:** human epidermal growth factor
- **HCPs:** health care professionals
- **HT:** Hormonal therapy
- **H & E:** hematoxinilin and eosin staining
- **IARC:** International Agency for Research and Cancer
- **IDC:** invasive ductal carcinoma
- **IHC:** immunohistochemistry
- **IL-10:** interleukin 10
- **(i+):** +ve by IHC
- **Ki-67 LI:** Ki-67 labeling index
- **KRT5:** Keratin, type I cytoskeletal 5
- **KRT:** Keratin, type I cytoskeletal 17
- **LABC:** locally advanced breast cancer
- **LCIS:** Lobular carcinoma in situ
- **LIN:** Lobular intraepithelial neoplasia

- **LN:** lymph node
- **LR:** local recurrence
- **LVI:** lympho-vascular invasion
- **M:** distant metastases
- **MRI:** Magnetic resonance imaging
- **N:** regional lymph nodes
- **NAC:** neoadjuvant chemotherapy
- **NBF:** Neutral buffered formalin
- **NCCN:** National Comprehensive Cancer Network
- **NCI-CU:** National Cancer Institute, Cairo university.
- **NGS:** Nottingham Grading System
- **NOS:** not otherwise specified
- **NSAP:** national surgical adjuvant breast and bowel project
- **NST:** no special type
- **PCR:** polymerase chain reaction
- **pCR:** pathologic complete response
- **PD:** progessive disease
- **PKB :** Protein Kinase B
- **pNR:** pathological no response
- **pRP:** pathological partial response