



Published in final edited form as:

*Ann Surg Oncol*. 2020 October ; 27(11): 4486–4487. doi:10.1245/s10434-020-08680-7.

## ASO Author Reflections: Transitioning from morphology to transcriptomics in capturing tumor biology

Hideo Takahashi<sup>1</sup>, Masanori Oshi<sup>1,2</sup>, Mariko Asaoka<sup>1,3</sup>, Takashi Ishikawa<sup>3</sup>, Itaru Endo<sup>2</sup>, Kazuaki Takabe<sup>1,2,3,4,5</sup>

<sup>1</sup>:Department of Surgical Oncology, Roswell Park Comprehensive Cancer Center, Buffalo, NY, USA.

<sup>2</sup>:Department of Surgery, Yokohama City University, Yokohama, Japan.

<sup>3</sup>:Department of Breast Surgery and Oncology, Tokyo Medical University, Tokyo, Japan.

<sup>4</sup>:Department of Surgery, Niigata University Graduate School of Medical and Dental Sciences, Niigata, Japan.

<sup>5</sup>:Department of Surgery, University at Buffalo Jacobs School of Medicine and Biomedical Sciences, the State University of New York, Buffalo, NY, USA.

### Past

In the world of surgical oncology, it is said that biology is King and selection of cases is Queen (1). Capturing tumor biology has been challenging, as it is difficult to define accurately. Historically, tumor biology has been defined anatomically as clinical stage, based on the tumor size, lymph node metastases, and distant metastasis. With deeper understanding of tumor morphology, pathological findings, such as lymphovascular invasion (LVI), perineural invasion (PNI), and grade have been considered as surrogate markers of aggressive tumor biology. However, pathological analyses are limited by subjective morphological evaluation. In breast cancers, with better understanding of hormonal receptors (HRs) as well as human epidermal growth factor receptor 2 (HER2), immunohistochemistry (IHC) and Fluorescence in situ hybridization (FISH) assessments have added another modalities to capture tumor biology.

Compared to other cancer types, histological grade in breast cancer has demonstrated compelling evidence to predict tumor biology. Especially, Nottingham grading system, composed of three pathological findings; tubular formation, nuclear pleomorphism, and mitotic counts, is the most validated system and demonstrated least inter-observer variability

---

Terms of use and reuse: academic research for non-commercial purposes, see here for full terms. <https://www.springer.com/aam-terms-v1>

**Corresponding author:** Kazuaki Takabe, MD, PhD, FACS, Department of Surgical Oncology, Roswell Park Comprehensive Cancer Center, Elm & Carlton Streets, Buffalo, NY 14263 USA, Phone: 716-845-2918, Fax- 716-845-1668, kazuaki.takabe@roswellpark.org.

**Publisher's Disclaimer:** This Author Accepted Manuscript is a PDF file of an unedited peer-reviewed manuscript that has been accepted for publication but has not been copyedited or corrected. The official version of record that is published in the journal is kept up to date and so may therefore differ from this version.

Disclosures: The authors declare no conflicts of interest.

among various grading systems. Thus, Nottingham histological grade is incorporated to a significant component of the tumor staging in the latest 8<sup>th</sup> edition of the AJCC Breast Cancer Staging system (2). However, subjectivity of morphological assessment still remains.

## Present

In recent years, innovation in genomic sequencing technology and computational bioinformatics analysis has enabled researchers to dissect the tumor immune microenvironment (TIME) at the genomic level, promoting further understanding of immunogenomics (3). For instance, our group has recently found that anti-cancer immunity counterbalance aggressive tumor biology in breast cancer with high mutation rate (4). It is now possible to assess tumor biology and underlying immunogenicity in a more objective way using transcriptomic data from the tumor samples combined with computational biological approach (4–6).

Recently, our group elucidated the tumor biology of pathologically determined aggressive breast cancers using the transcriptome profile. With three large cohorts including RNA-Sequence data of 2876 patients, Nottingham Grade 3 breast cancers were found to have aggressive clinical and transcriptomic features as well as enhanced immunity in their TIME. Our results suggested that Grade 3 breast cancers may respond better to immunotherapy given underlying enhanced immunity (7). In another study, we found that pathologically determined LVI positive breast cancer was highly proliferative without any enhanced immunity (8). As demonstrated in these two studies, transcriptomic analyses with computational bioinformatics approach lead to deeper understanding of biology of the tumors with pathologically defined aggressive clinical features.

## Future

Although DNA-sequencing, such as FoundationOne and OmniSeq, has been more widely and commonly used in the clinical setting, RNA-Sequence data may have improved utility as transcriptomes may represent the tumor biology better (9). With Next Generation Sequence (NGS) becoming widely available with reasonable expenses, RNA-Sequence data will be more accessible and computational algorithms will be more sophisticated; thus, these innovations will provide more precise pictures of each cancer based on biological aggressiveness as well as underlying immunogenicity of the TIME. Additionally, clinicians can entertain more tailored therapeutic approaches for the patients based on clear understanding of the landscape of TIME of each tumor. Given challenges to identify respondents to immune checkpoint inhibitors, it might be possible to establish new biomarkers or scoring systems with this approach (10, 11). This bioinformatics approach on immunogenomics will clarify molecular mechanisms of cancer immune responses even further. We believe RNA-sequence and transcriptomic profiling will reveal the enemy King, allowing us to precisely attack and defeat him.

## Reference

1. Cady B Basic principles in surgical oncology. Arch Surg. 1997;132(4):338–46. [PubMed: 9108752]

2. Giuliano AE, Edge SB, Hortobagyi GN. Eighth Edition of the AJCC Cancer Staging Manual: Breast Cancer. *Annals of surgical oncology*. 2018;25(7):1783–5. [PubMed: 29671136]
3. Kawaguchi T, Narayanan S, Takabe K. ASO Author Reflections: “From Computer to Bedside”: A New Translational Approach to Immunogenomics. *Annals of surgical oncology*. 2018;25(Suppl 3):846–7. [PubMed: 30367305]
4. Takahashi H, Asaoka M, Yan L, Rashid OM, Oshi M, Ishikawa T, et al. Biologically Aggressive Phenotype and Anti-cancer Immunity Counterbalance in Breast Cancer with High Mutation Rate. *Scientific reports*. 2020;10(1):1852. [PubMed: 32024876]
5. Narayanan S, Kawaguchi T, Yan L, Peng X, Qi Q, Takabe K. Cytolytic Activity Score to Assess Anticancer Immunity in Colorectal Cancer. *Annals of surgical oncology*. 2018;25(8):2323–31. [PubMed: 29770915]
6. McDonald KA, Kawaguchi T, Qi Q, Peng X, Asaoka M, Young J, et al. Tumor Heterogeneity Correlates with Less Immune Response and Worse Survival in Breast Cancer Patients. *Annals of surgical oncology*. 2019;26(7):2191–9. [PubMed: 30963401]
7. Takahashi H, Oshi M, Asaoka M, Yan L, Endo I, Takabe K. Molecular biological features of Nottingham histological Grade 3 breast cancers. *Annals of surgical oncology*. 2020 (In Press)
8. Asaoka M, Patnaik SK, Zhang F, Ishikawa T, Takabe K. Lymphovascular invasion in breast cancer is associated with gene expression signatures of cell proliferation but not lymphangiogenesis or immune response. *Breast cancer research and treatment*. 2020;181(2):309–22. [PubMed: 32285241]
9. Katsuta E, Yan L, Takeshita T, McDonald KA, Dasgupta S, Opyrchal M, et al. High MYC mRNA Expression Is More Clinically Relevant than MYC DNA Amplification in Triple-Negative Breast Cancer. *International journal of molecular sciences*. 2019;21(1).
10. Oshi M, Katsuta E, Yan L, Ebos JML, Rashid OM, Matsuyama R, et al. A Novel 4-Gene Score to Predict Survival, Distant Metastasis and Response to Neoadjuvant Therapy in Breast Cancer. *Cancers (Basel)*. 2020;12(5).
11. Oshi M, Takahashi H, Tokumaru Y, Yan L, Rashid OM, Matsuyama R, et al. G2M Cell Cycle Pathway Score as a Prognostic Biomarker of Metastasis in Estrogen Receptor (ER)-Positive Breast Cancer. *International journal of molecular sciences*. 2020;21(8).