ARHGAP15 expression associates with survival in triple negative breast cancer.

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We mined published microarray data (1) to understand the most significant gene expression differences in the tumors of triple negative breast cancer patients based on survival following treatment: dead or alive. We observed significant transcriptome-wide differential expression of Rho GTPase activating protein 15, encoded by ARHGAP15 when comparing the primary tumors of triple negative breast cancer patients dead or alive. Importantly, ARHGAP15 expression was correlated with overall survival in basal subtype breast cancer, a molecular subtype sharing significant overlap with triple negative breast cancer. ARHGAP15 may be of relevance as a biomarker or as a molecule of interest in understanding the etiology or progression of triple negative breast cancer.

Keywords: triple negative breast cancer, TNBC, systems biology of breast cancer, targeted therapeutics in breast cancer, ARHGAP15, Rho GTPase activating protein 15.

Triple negative breast cancer is defined by lack of expression of the receptors for the hormones progesterone and estrogen (PR negative and ER negative), as well as for the human epidermal growth factor receptor 2 (HER2 negative) (2, 3). Though not completely identical, triple negative breast cancer shares significant overlap with the basal or basal-like molecular subtype of human breast cancer (3). TNBC is more frequently diagnosed in women of African descent (black women) for reasons not understood, and their disease course is similarly more aggressive than in white women with triple negative breast cancer (2, 3). To understand the transcriptional biology of triple negative breast cancer in an unbiased fashion and at the systems level, we mined published microarray data paired with patient survival data (1), performing comparative transcriptome analysis based on survival at time of data collection: dead or alive. We present here a finding from the results of this analysis.

Methods

We used dataset GSE142102 (1) for this differential gene expression analysis in conjunction with GEO2R. GSE142102 was generated using Affymetrix Human Gene 2.1 ST Array technology; in this analysis, we used data from $n=87$ tumors from TNBC patients that were dead at time of analysis and $n=123$ tumors from TNBC patients that were alive at time of analysis. The Benjamini and Hochberg method of p -value adjustment was used for ranking of differential expression but raw p -values were used to assess statistical significance of global differential expression. Log-transformation of data was auto-detected, and the NCBI generated category of platform annotation was used. A statistical test was performed to evaluate whether ARHGAP15 expression was significantly different between the primary tumors of TNBC patients that were dead or alive using a two-tailed t-test. For Kaplan-Meier survival analysis, we used the Kaplan-Meier plotter tool (4) for correlation of ARHGAP15 mRNA expression levels with overall survival (OS) in $n=953$ patients with basal subtype breast cancer.

Results

We performed comparative transcriptome analysis using published microarray data (1) to understand in an unbiased fashion the most significant gene expression differences in the primary tumors of patients with triple negative breast cancer based on survival outcomes.

ARHGAP15 is differentially expressed in triple negative breast cancer and negatively correlates with survival.

When comparing primary tumors of 87 live patients with triple negative breast cancer with that of 123 dead TNBC patients we identified Rho GTPase activating protein 15, *ARHGAP15*, as among the most significant transcriptional differences based on survival in human triple negative breast cancer. When ranking each of the transcripts whose expression was measured by microarray based on significance of difference in expression between the tumors of patients dead and alive, ARHGAP15 ranked 84 out of 53617 total transcripts, equivalent to 99.8% differential expression (Chart 1). ARHGAP15 differential expression in the tumors of patients based on survival outcomes was statistically significant (Figure 1; $p=0.0021143$).

ARHGAP15 is expressed at significantly higher levels in the breast tumors of TNBC patients when comparing based on survival.

We obtained exact mRNA expression levels for ARHGAP15 from breast tumors of TNBC patients

1 dead and alive to understand the magnitude and direction of ARHGAP15 expression change based on
2 survival outcomes. ARHGAP15 was expressed at higher levels in tumors of TNBC patients alive as
3 compared to that of TNBC patients dead (Figure 1). Increased expression of ARHGAP15 in primary
4 breast tumors was statistically significant (Figure 1: $p=0.0012$). ARHGAP15 was expressed at $-0.22 \pm$
5 0.75 arbitrary units (AU) in the primary tumors of TNBC patients dead, while it was expressed at $0.21 \pm$
6 1.15 AU in the primary tumors of TNBC patients alive.

7 ARHGAP15 expression correlates with overall survival in basal subtype human breast cancer.

8 We referenced a bioinformatics tool containing Kaplan-Meier survival data of human breast cancer
9 patients to understand more thoroughly whether a relationship existed between ARHGAP15 primary
10 tumor expression and patient survival in human breast cancer. We found that ARHGAP15 expression was
11 correlated with overall survival in patients with basal or basal-like human breast cancer, a breast cancer
12 molecular subtype which shares significant overlap with triple negative breast cancer (Figure 2; log rank
13 p -value: 0.0014 for overall survival, hazard ratio: 0.53 (0.36-0.79) (Fig. 2)). ARHGAP15 mRNA levels
14 were a positive prognostic indicator in basal subtype breast cancer patients. Median OS was 44.4 months
15 for basal subtype patients with low tumor expression of ARHGAP15 as compared to 98.14 months for
16 basal subtype patients with high tumor expression of ARHGAP15.

17 Thus, we found through unbiased comparative transcriptome analysis that ARHGAP15 was among
18 the genes whose expression was most significantly different in the primary tumors of triple negative breast
19 cancer patients alive when compared to that of TNBC patients dead, that ARHGAP15 was expressed at
20 significantly higher levels in the primary tumors of TNBC patients alive as compared to TNBC patients
21 dead, and that ARHGAP15 expression was positively correlated with overall survival in the basal or
22 basal-like molecular subtype.

23 **Discussion**

24 It is not understood why women of African descent (black women) are diagnosed with triple
25 negative breast cancer more frequently than white women, and why this disease is more aggressive in
26 black women. ARHGAP15 may be of relevance as a biomarker in identifying patients who are more
27 likely to survive, perhaps as part of a panel of genes used for prognostic stratification, and the molecule
28 itself may be important to the biology of triple negative breast cancer etiology or more likely its
progression. Blind systems-level analyses, like this, can help shed light on the fundamental molecular
characteristics of a disease whose racial propensities demand further explanation.

References

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Rank: 84
Probe ID: 16886200
p-value: 0.0021143
t: -3.0736898
B: -3.2
Gene: ARHGAP15
Gene name: Rho GTPase activating protein 15

Chart 1: ARHGAP15 is differentially expressed at the transcriptome-level when comparing the primary tumors of TNBC patients dead and alive.

Rank of differential expression, probe ID, *p*-value of global differential expression, *t*, a moderated *t*-statistic, *B*, the log-odds of differential expression between the groups compared, gene and gene name are listed in this chart.

Figure 1: ARHGAP15 is expressed at significantly higher levels in the primary tumors of TNBC patients alive as compared to the primary tumors of TNBC patients dead.

The mRNA expression level of ARHGAP15 in the primary tumors of TNBC patients dead (left) and in primary tumors of TNBC patients alive (right) is graphically depicted with the result of a statistical test evaluating significance of difference in ARHGAP15 expression between the primary tumors of TNBC patients dead and alive, a p -value, listed here: $p=0.0012$.

Figure 2: ARHGAP15 expression correlates with overall survival in basal subtype human breast cancer.

Depicted in this Kaplan-Meier plot is the probability of overall survival (OS) for $n=953$ breast cancer patients of basal subtype, based on low or high expression of ARHGAP15 in patient primary tumors. The log rank p-value denoting statistical significance of difference in recurrence-free survival when comparing the two groups, as well as hazard ratio for this comparison is listed above. Listed below is the number of patients at risk (number of patients alive) per interval, after stratification based on ARHGAP15 expression; in the first interval, number at risk is number of patients alive; in each subsequent interval, number at risk is the number at risk less those who have expired or are censored.

Low ARHGAP15 expression: 44.4 months
High ARHGAP15 expression: 98.14 months

Chart 2: Median overall survival is superior in basal subtype breast cancer patients with high primary tumor expression of ARHGAP15.

The median OS (overall survival) of basal subtype breast cancer patients, with low primary tumor expression of ARHGAP15 and high primary tumor expression of ARHGAP15 is listed in this chart.