CD48 (SLAMF2) is differentially expressed in the lymph nodes of patients with metastatic breast cancer.

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Metastasis to the brain is a clinical problem in patients with breast cancer¹⁻³. Between the breast and the brain reside the secondary lymphoid organ, the lymph nodes. We mined published microarray data^{4,5} to compare primary and metastatic tumor transcriptomes for the discovery of genes associated with metastasis to the lymph nodes in humans with metastatic breast cancer. We found that cluster of differentiation 48, CD48, also known as SLAMF2, was among the genes whose expression was most different in the lymph node metastases of patients with metastatic breast cancer as compared to primary tumors of the breast. CD48 mRNA was present at increased quantities in lymph node metastases as compared to primary tumors of the breast. Importantly, expression of CD48 in primary tumors of the breast was correlated with patient overall survival, in lymph node positive patients but not in lymph node negative patients. Modulation of CD48 expression may be relevant to the biology by which tumor cells metastasize from the breast to the lymph nodes and the brain in humans with metastatic breast cancer.

Keywords: breast cancer, metastasis, brain metastasis, central nervous system metastasis, lymph node metastasis, cluster of differentiation 48, CD48, systems biology of breast cancer, targeted therapeutics in breast cancer.

One report described a 34% incidence of central nervous system metastases in patients treated with trastuzumab for breast cancer². More recently, the NEfERT-T clinical trial⁶ which compared administration of either neratinib or trastuzumab in conjunction with paclitaxel demonstrated that in a randomized, controlled setting, in breast cancer patients treated with neratinib, not only was the incidence of central nervous system recurrence significantly lower, the time to central nervous system metastasis was significantly delayed as compared to patients administered trastuzumab⁶. The alarmingly high rate of central nervous system metastasis described, as well as data, both anecdotal² and from a randomized, controlled setting⁶ illustrating that treatment with trastuzumab may be associated with these events demands an enhanced understanding of the transcriptional makeup of brain and lymph node metastatic tissues to support identification of therapeutic targets, whether they are treatment related or not. The lymph nodes reside between the breast and the brain. We performed a global comparative analysis of lymph node metastatic tumor tissues in patients with metastatic breast cancer, compared to primary tumors and normal breast tissues^{4,5}. We discovered transcriptome-wide differential expression of the gene encoding cluster of differentiation 48, CD48, in lymph node metastatic tissues of patients with metastatic breast cancer.

Methods

We used datasets GSE10893⁴ and GSE124648⁵ for this global differential gene expression analysis of brain metastatic breast cancer in conjunction with GEO2R. GSE10893 was generated using Agilent-011521 Human 1A Microarray G4110A technology with $n=71$ primary breast tumors and $n=7$ lymph node metastases from patients with breast cancer; analysis was performed using platform GPL887. GSE124648 was generated using Affymetrix Human Genome U133A array technology with $n=10$ normal breast tissues and $n=44$ lymph node metastases from patients with breast cancer; analysis was performed using platform GPL96. 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 CD48 gene expression was significantly different between primary tumors of the breast and lymph node metastases in humans with breast cancer using a two-tailed t-test. For Kaplan-Meier survival analysis, we used the Kaplan-Meier plotter online tool⁷ for correlation of CD48 mRNA expression levels with overall survival in $n=1402$ breast cancer patients.

Results

We performed global comparative transcriptome analysis of metastatic tumor tissues of patients with metastatic breast cancer using published microarray data^{4,5} to describe the transcriptional landscape of metastasis in human breast cancer in an unbiased fashion and for the discovery of novel therapeutic targets.

CD48 is differentially expressed in the lymph node metastases of patients with metastatic breast cancer.

Through blind, systems-level analysis of published microarray data⁴, we identified cluster of differentiation 48, encoded by CD48, also known as SLAMF2, a differentially expressed gene in the lymph node metastatic tissues of humans with breast cancer (Table 1). When sorting each of the genes expressed in lymph node metastases based on significance of difference as compared to primary tumors of the breast in patients with breast cancer, CD48 ranked 24 out of 18034 total transcripts (Chart 1), equating to 99.9% differential expression. Differential expression of CD48 in the lymph node metastases of patients with metastatic breast cancer was statistically significant (Chart 1; $p=7.19\text{e-}05$).

We queried a second microarray dataset⁵ to attempt to validate transcriptome-wide differential expression of CD48 in the lymph node metastases of patients with metastatic breast cancer. We again observed CD48 to be among the genes expressed most quantitatively differently in the lymph node metastases of patients with metastatic breast cancer as compared to primary tumors of the breast. When sorting each of the genes expressed in lymph node metastases based on significance of difference as compared to normal breast tissues, CD48 ranked 4584 out of 22283 total transcripts (Chart 2), equating to 79.4% differential expression. Differential expression of CD48 in the lymph node metastases of patients with metastatic breast cancer approached the level of statistical significance (Chart 2; $p=4.60e-03$).

CD48 is expressed at higher levels in the lymph node metastases of patients with metastatic breast cancer.

We obtained exact mRNA expression levels for CD48, in primary tumors of the breast and in lymph node metastases of patients with metastatic breast cancer to determine direction and statistical significance of change in CD48 expression in lymph node metastatic tissues. We observed significantly increased expression of CD48 in the lymph node metastases of patients with breast cancer as compared to primary tumors of the breast: CD48 was expressed at 1.33 ± 1.29 arbitrary units (AU) in primary tumors of the breast, while it was expressed at 3.49 ± 1.65 AU in lymph node metastatic tissues (Figure 1). The difference in CD48 mRNA levels between primary tumors of the breast and lymph node metastases was statistically significant (Figure 1; $p=0.000096$).

CD48 expression is significantly correlated with survival outcomes in human breast cancer.

We performed Kaplan-Meier survival analysis⁷ in $n=1402$ breast cancer patients in total, to evaluate whether CD48 tumor expression was correlated with survival outcomes in breast cancer. We observed a statistically significant correlation between primary tumor expression of CD48 and overall survival (OS) in patients with breast cancer (Figure 2). Patients whose primary tumors expressed low levels of CD48 possessed median OS of 74.64 months, while patients whose tumors expressed high levels of CD48 possessed median OS of 138 months. This difference in OS based on CD48 tumor expression in patients with breast cancer was statistically significant (Figure 2, Chart 3; logrank p -value: 0.00029; hazard ratio: 0.67 (0.54-0.83)).

We also performed Kaplan-Meier survival analysis⁷ in $n=1133$ lymph node positive breast cancer patients and $n=2020$ lymph node negative breast cancer patients, to evaluate whether lymph node status influenced correlation of CD48 tumor expression with survival outcomes in human breast cancer. We observed a statistically significant correlation between primary tumor expression of CD48 and overall survival (OS) in lymph node positive breast cancer (Figure 2). Lymph node positive patients whose primary tumors expressed low levels of CD48 possessed median OS of 35 months, while lymph node positive patients whose tumors expressed high levels of CD48 possessed median OS of 60 months. This difference in OS based on CD48 tumor expression in lymph node positive patients with breast cancer was statistically significant (Figure 2, Chart 3; logrank p -value: 0.003; hazard ratio: 0.55 (0.37-0.82)). Thus, overall survival based on CD48 primary tumor expression was markedly shorter in lymph node positive patients than in the general breast cancer patient population. CD48 primary tumor expression was not significantly correlated with overall survival outcomes in lymph node negative patients (Figure 2, Chart 3; logrank p -value: 0.077; hazard ratio: 0.71 (0.49-1.04)).

Thus, by mining published microarray data^{4,5} in an unbiased and systematic fashion, we identified CD48 as among the genes whose expression was most different, transcriptome-wide, in the lymph node metastases of patients with breast cancer, when compared to primary tumors of the breast and to normal breast tissues, respectively; we observed significantly increased expression of CD48 in lymph node

1 metastases as compared to primary tumors of the breast. Further, we found a significant correlation
2 between CD48 expression and patient survival outcomes, as overall survival was significantly greater in
3 patients whose primary tumors expressed higher levels of CD48 as compared to patients whose primary
4 tumors expressed lower levels of CD48; this correlation was significant in lymph node positive patients
but not in lymph node negative patients.

5 **Discussion**

6 We provided evidence here that cluster of differentiation 48, CD48, is among the genes whose
7 expression is most different in the lymph node metastases of patients with metastatic breast cancer as
8 compared to primary tumors of the breast and to normal breast tissues, that CD48 mRNA is present at
9 significantly increased quantities in lymph node metastatic tissues as compared to primary tumors of the
10 breast, and that primary tumor CD48 expression is significantly correlated with patient survival outcomes
11 in human breast cancer, in lymph node positive patients but not in lymph node negative patients.
12 Evaluation of the effects of genetic depletion of CD48 in mouse models of metastatic breast cancer on
13 metastasis to the central nervous system is merited. Modulation of CD48 expression may be relevant to
14 the processes by which breast cancer cells exit the breast, enter the vasculature and/or lymphatics, reside in
15 the lymph nodes, evade immune clearance, breach the blood-brain barrier and colonize the brain.
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Rank: 24
Probe ID: 1463
p-value: 7.19e-05
t: -4.1906273
B: 1.436
Gene: CD48
Gene name: cluster of differentiation 48

Chart 1: CD48 is differentially expressed in lymph node metastatic breast cancer when comparing lymph node metastases to primary tumors of the breast.

The rank of global differential expression, the probe/transcript ID, the *p*-value with respect to differential expression transcriptome-wide, *t*, a moderated *t*-statistic, *B*, the log-odds of differential expression between the groups compared, the gene and gene name are listed in this chart.

Rank: 4584
Probe ID: 204118_at
p-value: 4.60e-03
t: -2.953639
B: -2.88292
Gene: CD48
Gene name: cluster of differentiation 48

Chart 2: CD48 is differentially expressed in lymph node metastatic breast cancer when comparing lymph node metastases to normal breast tissues.

The rank of global differential expression, the probe/transcript ID, the *p*-value with respect to differential expression transcriptome-wide, *t*, a moderated *t*-statistic, *B*, the log-odds of differential expression between the groups compared, the gene and gene name are listed in this chart.

Figure 1: CD48 is expressed at significantly higher levels in the lymph node metastases of patients with metastatic breast cancer when compared to primary tumors of the breast.

The mRNA expression level of CD48 in primary tumors of the breast (left) and in lymph node metastases of women with metastatic breast cancer (right) is graphically depicted; the result of a statistical test evaluating significance of difference in CD48 expression between primary tumors of the breast and lymph node metastases, a p -value, is $p=0.000096$.

Figure 2: Significant correlation between CD48 primary tumor expression and overall survival in patients with breast cancer, in all patients and in lymph node positive patients, but not in lymph node negative patients.

Depicted in this Kaplan-Meier plot (**above**) is the probability of overall survival for $n=1402$ total patients stratified into two groups, based on low or high expression of CD48 in patient primary tumors. The log rank p -value denoting statistical significance of difference in overall 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 CD48 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. Below, Kaplan-Meier plots for probability of overall survival in $n=1133$ lymph node positive patients (**left**) and $n=2020$ lymph node negative patients (**right**).

All patients

Low CD48 expression: 74.64 months

High CD48 expression: 138 months

Lymph node positive patients

Low CD48 expression: 35 months

High CD48 expression: 60 months

Lymph node negative patients

Low CD48 expression: 120 months

High CD48 expression: 179.01 months

Chart 3: Median overall survival is inferior in patients with low primary tumor expression of CD48.

The median OS (overall survival) of patients with low primary tumor expression of CD48 and high primary tumor expression of CD48 is listed in this chart, for $n=1402$ breast cancer patients, for $n=313$ lymph node positive patients, and $n=594$ lymph node negative patients.