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Stromal tumor infiltrating lymphocyte scores in core needle biopsy and its correlation to complete pathological response to neoadjuvant systemic therapy

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We have no conflicts of interest to declare.

METHODS

- **prospective** observational study
- **early breast cancer** patients stage IIA–IIIB
- **all histologic subtypes** (except for luminal-A-like)
- **CNB samples** stained with HE, we scored **TILs** expressed as the percentage of area of intratumoral stroma covered by lymphocytes
- **pCR** was defined as complete remission in breast and axillary nodes
- we used univariate linear regression to calculate TIL/pCR correlation values
- we also determined the optimal **TIL cutoff value**, which showed the best differentiation between the two outcome groups when used to segregate our patients into low TIL and high TIL subgroups – for that, we performed a chi-square test using TIL cutoff values from 0 to 100 in increments of 1

CONCLUSIONS

higher TIL scores correlate with higher pCR → comparable results to literature → our TIL scoring quality seems good

AIM

to prospectively assess TIL and pCR correlation on core needle biopsy (CNB) samples in patients before NAST

RESULTS

141 patients

- 18 **her2+** → **89%** pCR
- 2 luminal A → **no** pCR
- 65 luminal B → **11%** pCR
- 35 **triple-** → **51%** pCR
- 21 **triple+** → **43%** pCR

pCR group: mean and stdev **28.12(±26.15)**, median **20**

no-pCR group: mean and stdev **10.33(±15.12)**, median **5**

- p-value of <0.001 and a standard error of 0.0017
- the optimal TIL cutoff value in our patients was 10 (p 0.00003)