

O22

Cell Division Cycle 25C (CDC25C) Expression Confers Poor Prognosis in Invasive Breast Cancer

S Ojiegbe<sup>1</sup>

; C Joseph<sup>1</sup>

; E Provenzano,<sup>2</sup>

; C Caldas<sup>3</sup>

; C Nolan<sup>1</sup>

AR Green<sup>1</sup>

; E Rakha<sup>4</sup>

; IO Ellis<sup>4</sup>

;P A Mukherjee<sup>4</sup>

1

Department of Histopathology, School of Medicine, University of Nottingham,

Nottingham, UK; 2

Addenbrooke's Hospital, Cambridge University Hospital NHS Foundation

Trust,, Nottingham, UK; 3

CRUK Cambridge Research Institute, Addenbrooke's Hospital,

Nottingham, UK; 4

Department of Histopathology, Nottingham University Hospitals NHS

Trust, Nottingham, UK

Background: CDC25C, belonging to the Cdc25 phosphatase family, plays a major role in cell cycle control, impacting on DNA repair and apoptosis. It has been shown that poor prognosis/copy number high Luminal A breast cancers (BCs) are enriched for the Aurora kinase pathway including CDC25C leading to CDK1 activation (Ciriello et al, Breast Cancer Research Treatment, 2013:409). This study examined the associations of CDC25C with clinicopathological and molecular features in BCs including the low grade ER positive cohort.

Methodology: CDC25C mRNA expression was studied in the METABRIC BC cohort (n=1980) and externally validated using online expression datasets [bc-GenExMiner v4.0]. CDC25C protein expression level was assessed immunohistochemically on a large annotated series of BC (n= 1330) and correlations made with clinicopathological parameters and patient outcome.

Results: High CDC25C expression was significantly associated with poor prognostic factors including high grade, large tumour size, medullary like tumours, poorer NPI, ER-/PR- Her2+ status ( $p<0.001$ ) and was differentially expressed in poor prognosis integrative clusters 5 and 10 ( $p<0.001$ ). Cytoplasmic CDC25C (c-CDC25C) protein showed positive association with non-NST and non-medullary tumour subtypes while nuclear CDC25C (n-CDC25C) negatively associated with tumour stage ( $p<0.05$ ). There was no association with ER, PR status, NPI and lymph nodes. However, high c-CDC25C resulted in poor survival at 20 years in the Grade 1 ER+ cohort ( $p=0.007$ ), while high n-CDC25C showed better long term survival ( $p<0.001$ ). Pooled CDC25C expression data in the external validation cohort showed an association with poor outcome ( $p<0.0001$ , HR = 1.45, 95 % CI 1.28—1.64).

Conclusion: CDC25C appears to be associated with poor prognosis in BC including the Grade 1 ER+ cohort, indicating the importance of further functional analyses.

Project supported by a CDF from the Pathological Society.