

# *The integrative breast cancer subtypes: from relapse prediction to new targets*

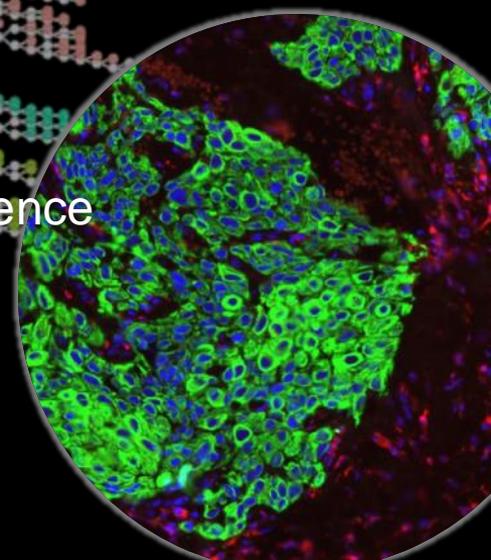
**Christina Curtis, PhD, MSc**

RZ Cao Professor of Medicine, Genetics & Biomedical Data Science  
Stanford University

Director, Artificial Intelligence and Cancer Genomics

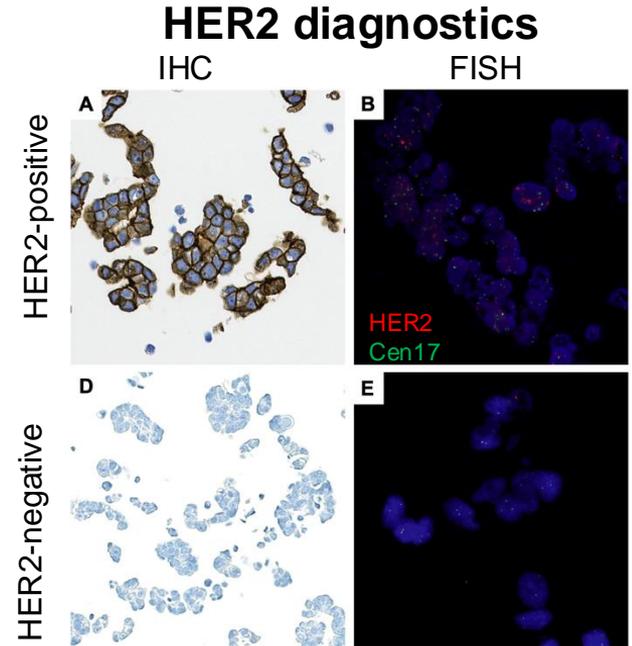
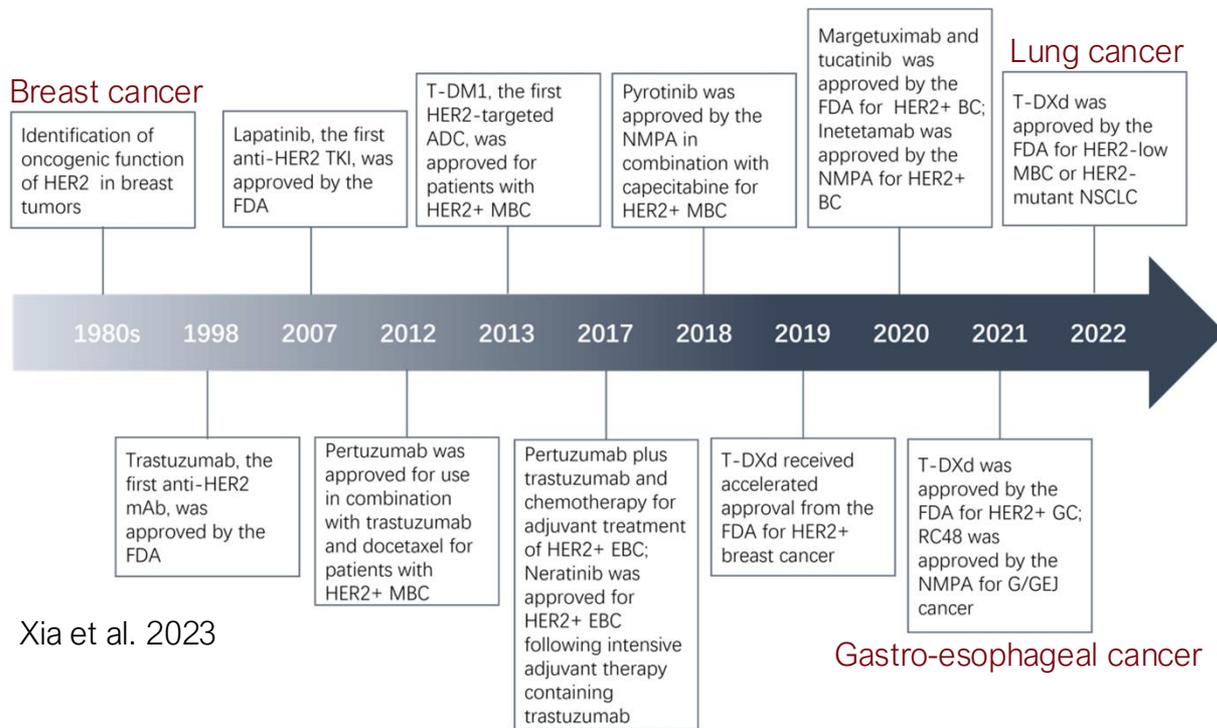
Director, Breast Cancer Translational Research

Investigator, Chan Zuckerberg Biohub



# An archetype for precision oncology:

## HER2 gene amplification as a biomarker and therapeutic target

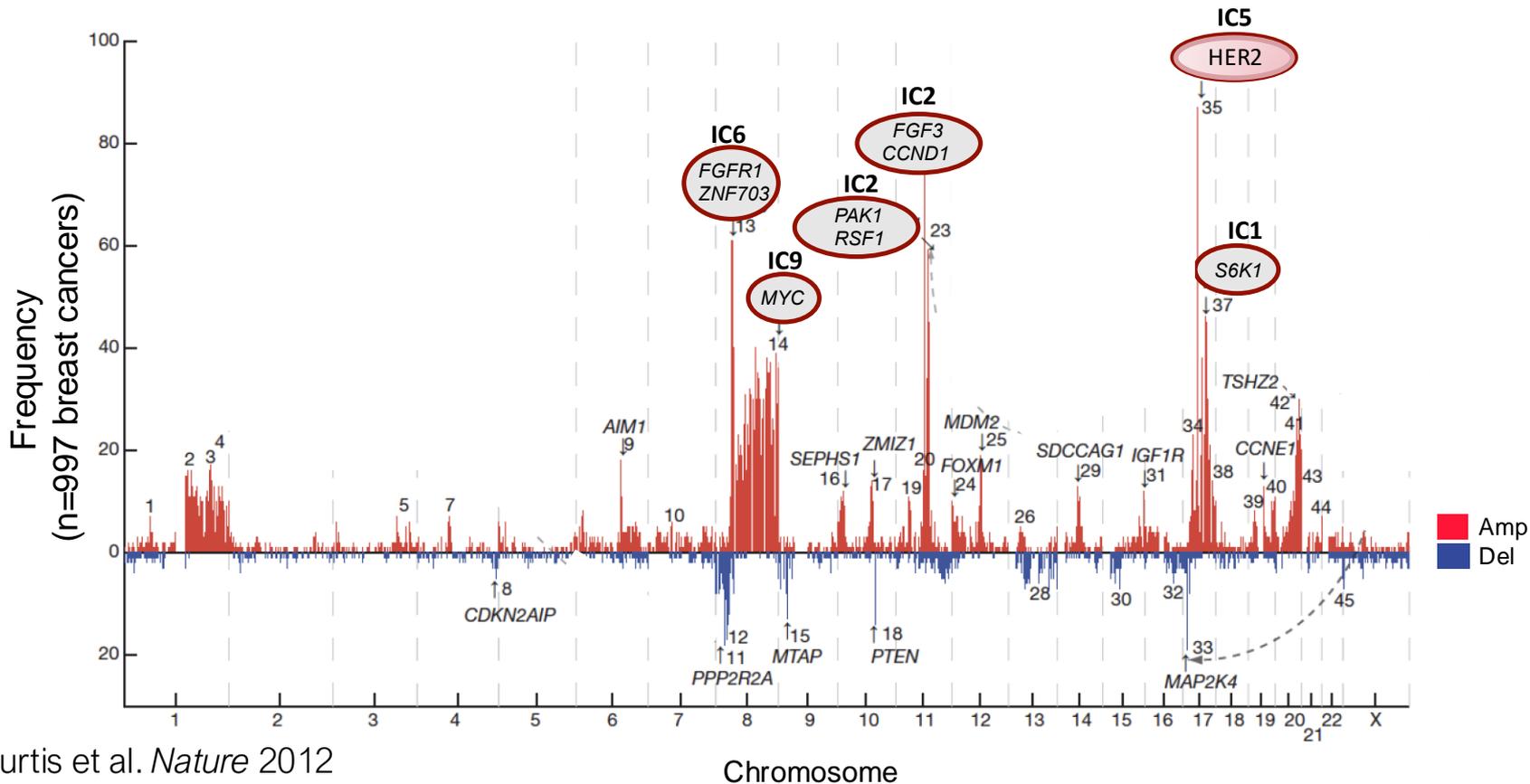


**Treatment selection**  
~10-15% of breast cancers

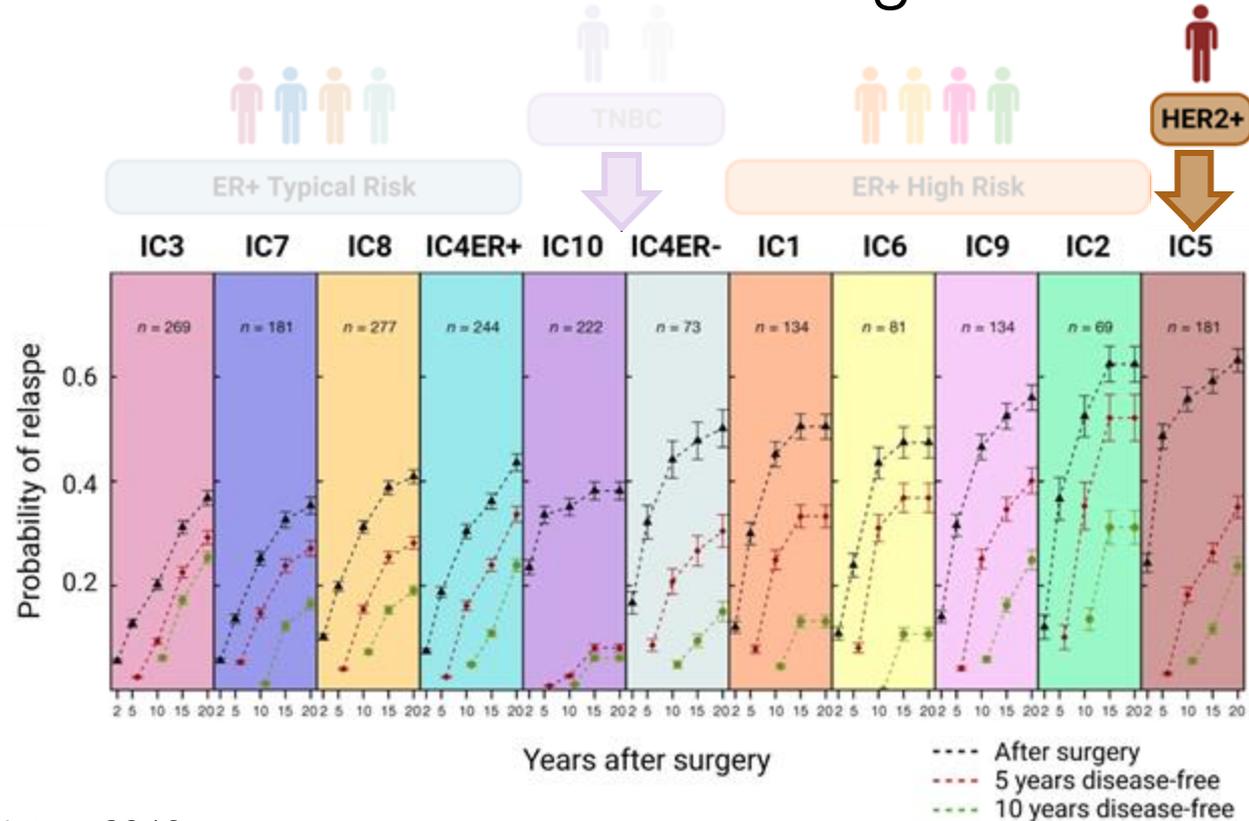




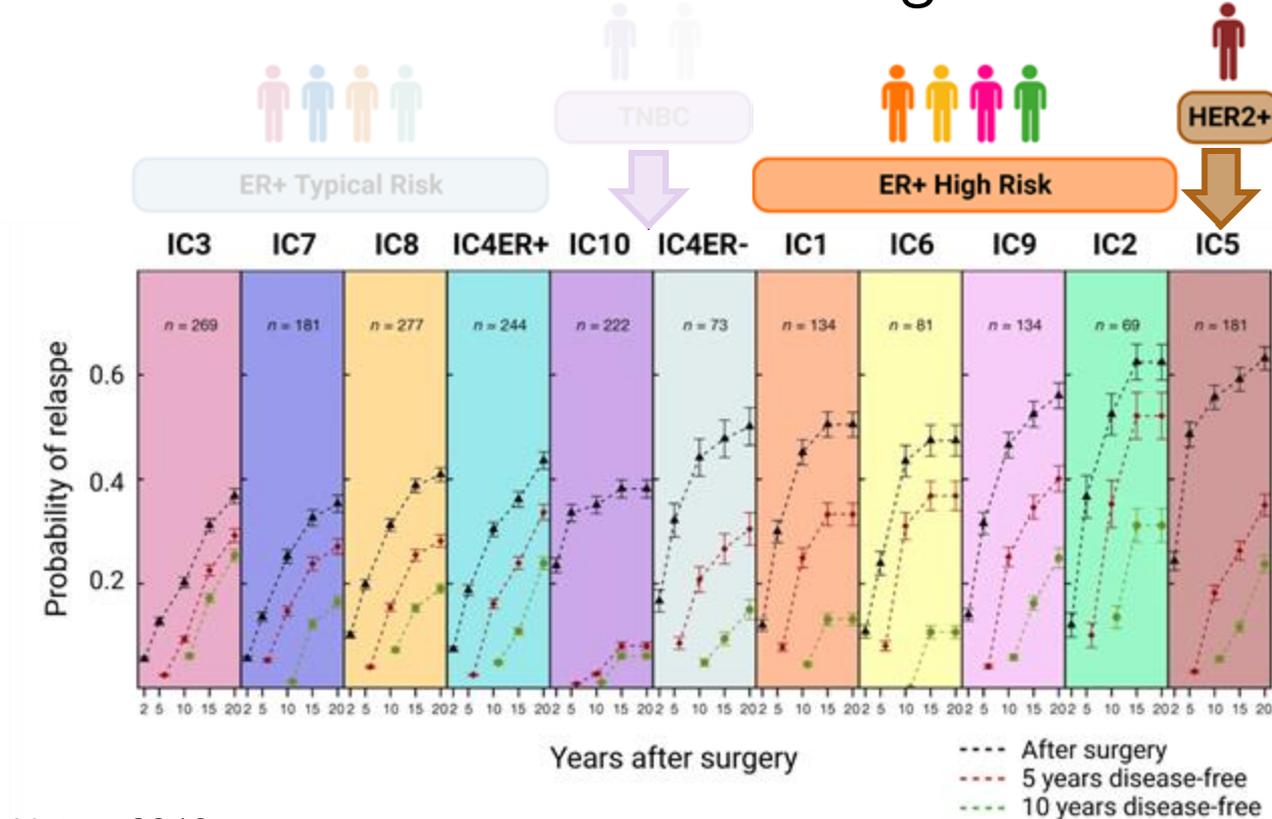
# HER2 is an exemplar but not unique; amplified oncogenes define breast cancer subgroups



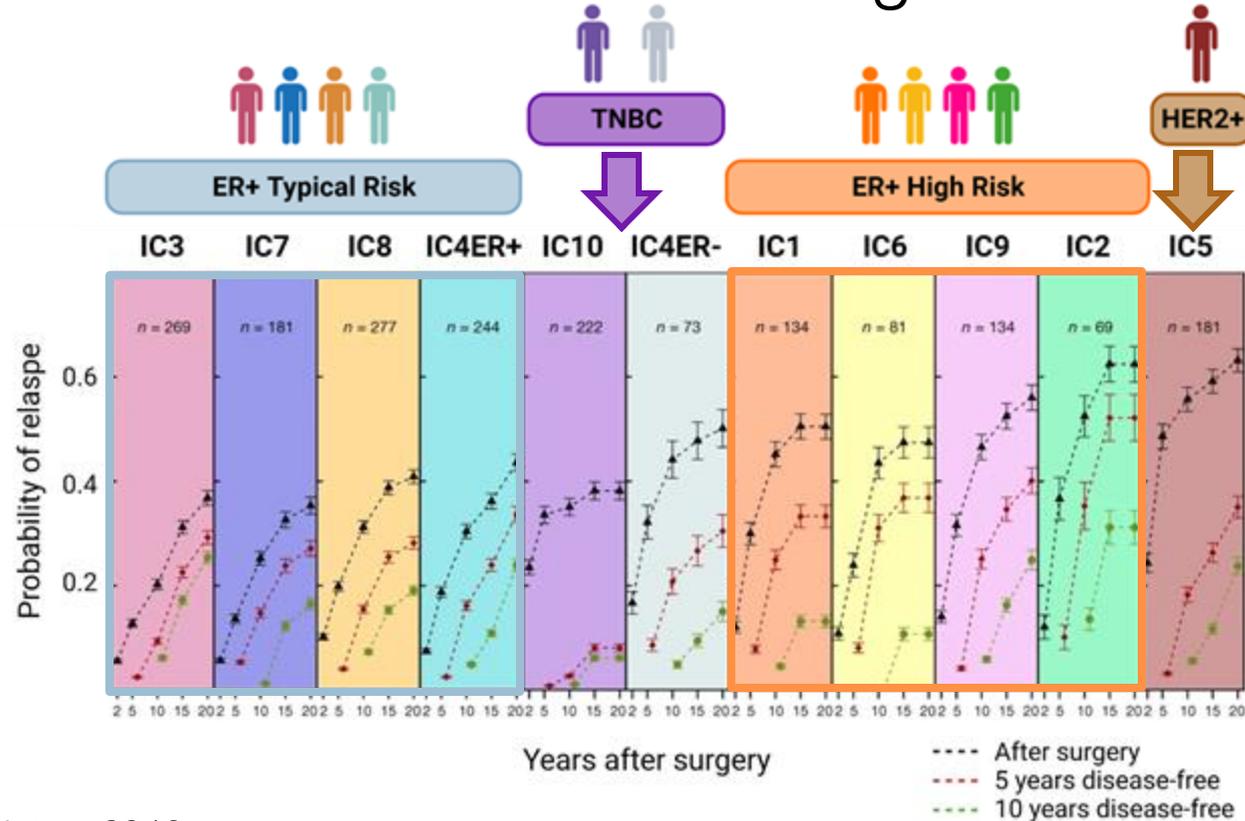
# The integrative clusters (ICs) predict relapse two decades after diagnosis



# The integrative clusters (ICs) predict relapse two decades after diagnosis

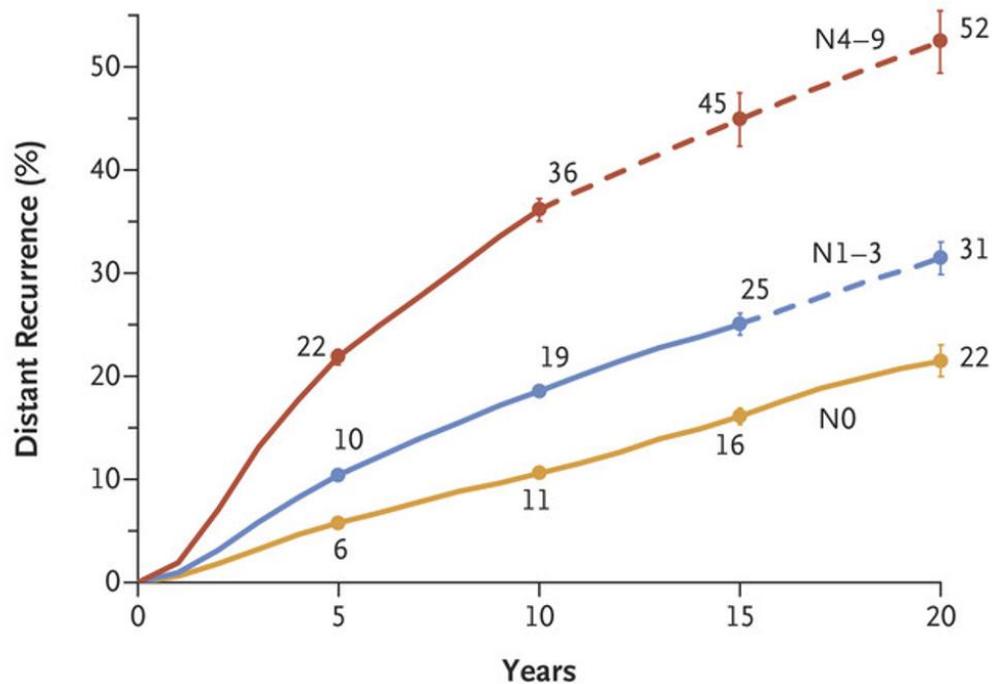


# The integrative clusters (ICs) predict relapse two decades after diagnosis



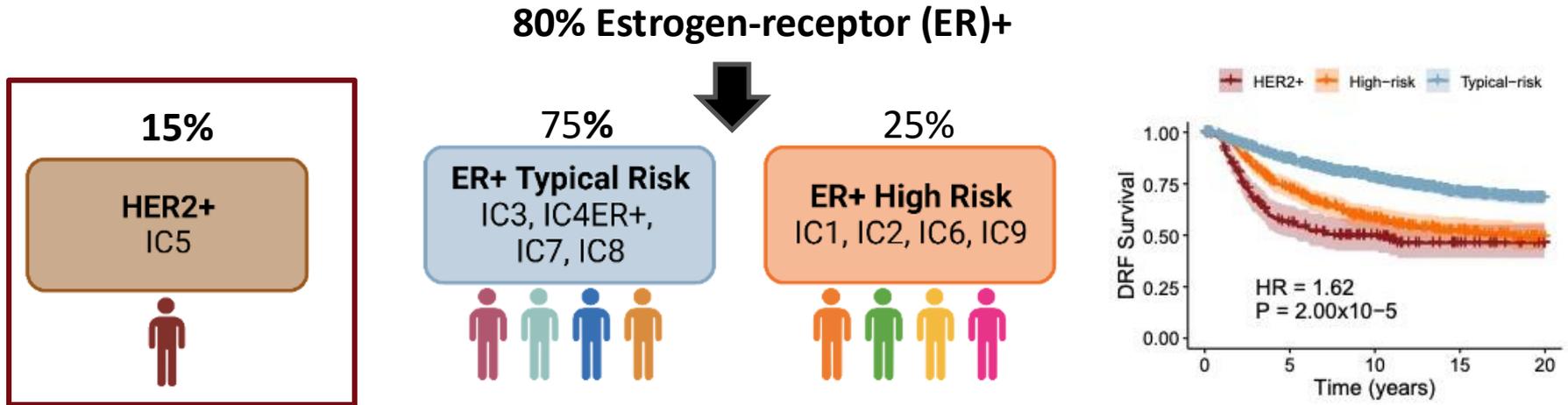
# A pressing clinical challenge: Late distant recurrence in ER+/Her2- breast cancer

- Meta analysis of 75k women with early-stage ER+ BC who received ET
- Even node-negative women have a persistent risk of recurrence & death
- Critical need to identify biomarkers to stratify risk



Pan et al. *NEJM* 2017

# The four high-risk subgroups account for one quarter of ER-positive tumors and most distant metastases



Curtis et al. *Nature* 2012

Rueda et al. *Nature* 2019

Houlahan, Mangiante et al. *Nature* 2025

# The four high-risk subgroups harbor characteristic genomic amplifications spanning oncogenic drivers



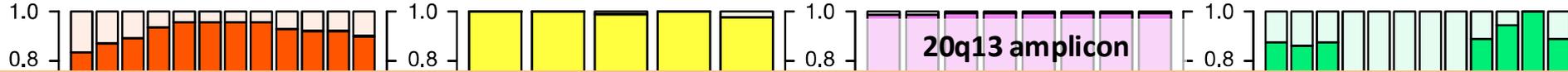
ER+ High Risk

IC1 - 8% cases

IC6 - 5.5%

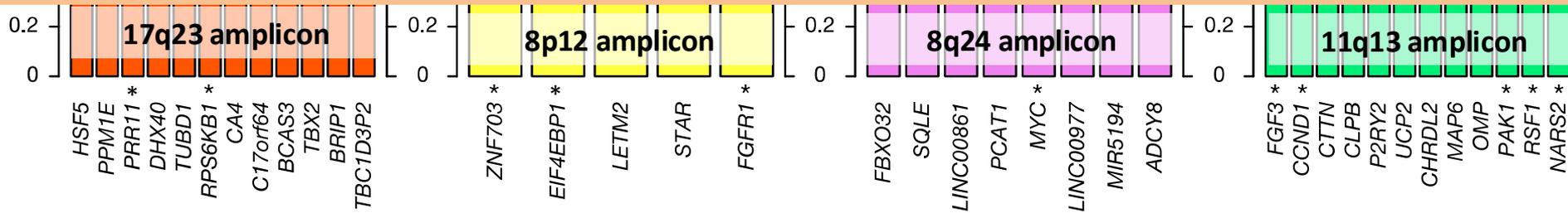
IC9 - 8%

IC2 - 4.5%



These amplicons are associated with intrinsic endocrine resistance

Turner Can Res 2010; Shang PLoS One 2013; Drago Clin Cancer Res 2019; Lee Nat Comm 2020



PI3K/Akt/mTOR  
pathway overactivation

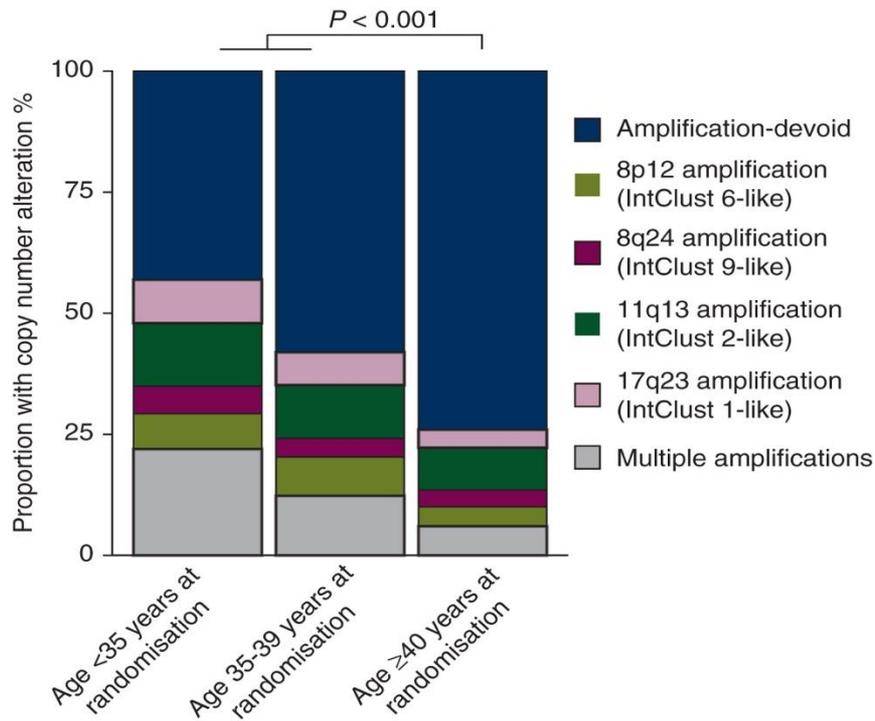
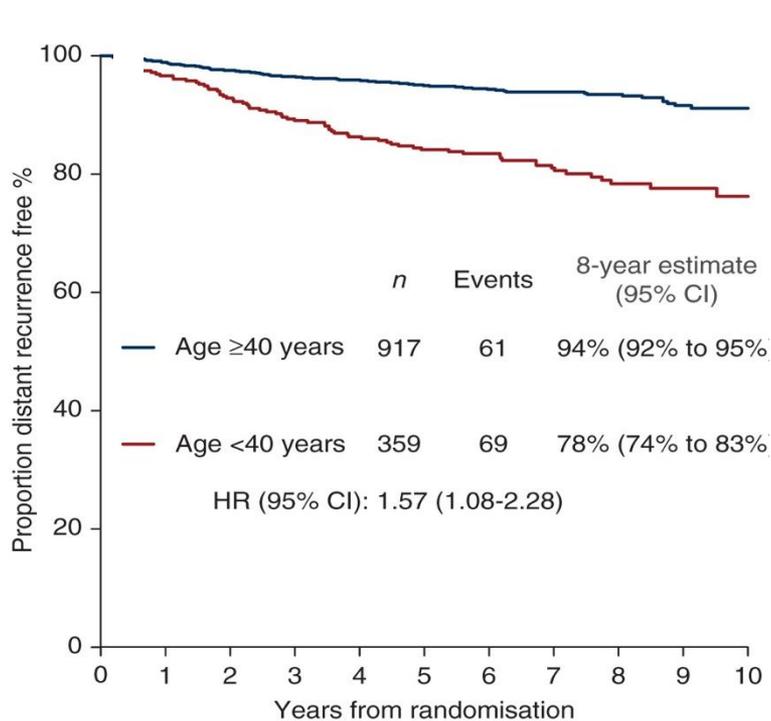
FGFR1 signaling

MYC/ER signaling

FGF/CCND1 activation

Rueda et al. *Nature* 2019

# The high-risk ER+ ICs are enriched amongst young women: SOFT trial



# Biomarker-driven clinical trials in early-stage high-risk ER+ breast cancer



Jennifer Caswell-Jin, MD

**TERPSICHORE: Targeting Estrogen Receptor-Positive Selected Integrative Clusters at High-risk Of Relapse (NCT05101564)**



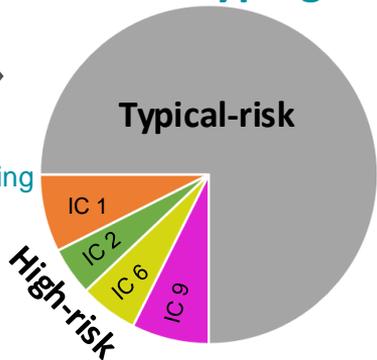
Newly diagnosed ER+ patients



Screen for biomarker

sequencing

Integrative subtyping



Biomarker-defined groups

Cohort 1  
IC 1

Cohort 2  
IC 2 & 6

Cohort 4  
IC 9

Cohort 3  
Typical-risk

1: 1 randomization

Assigned therapy:  
Standard  
endocrine therapy

Assigned therapy:  
Integrative-subtype  
targeted therapy



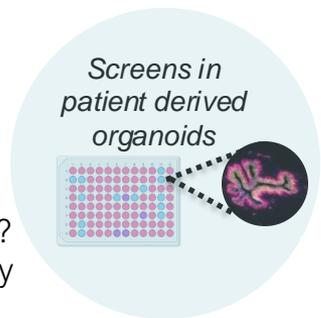
# Accelerating evidence: lab and clinic in the loop

## Functional and correlative studies in patient-derived organoids (avatars) and tissue

Response to therapy?

Mode of action?  
Target discovery

Tumor-immune  
co-culture



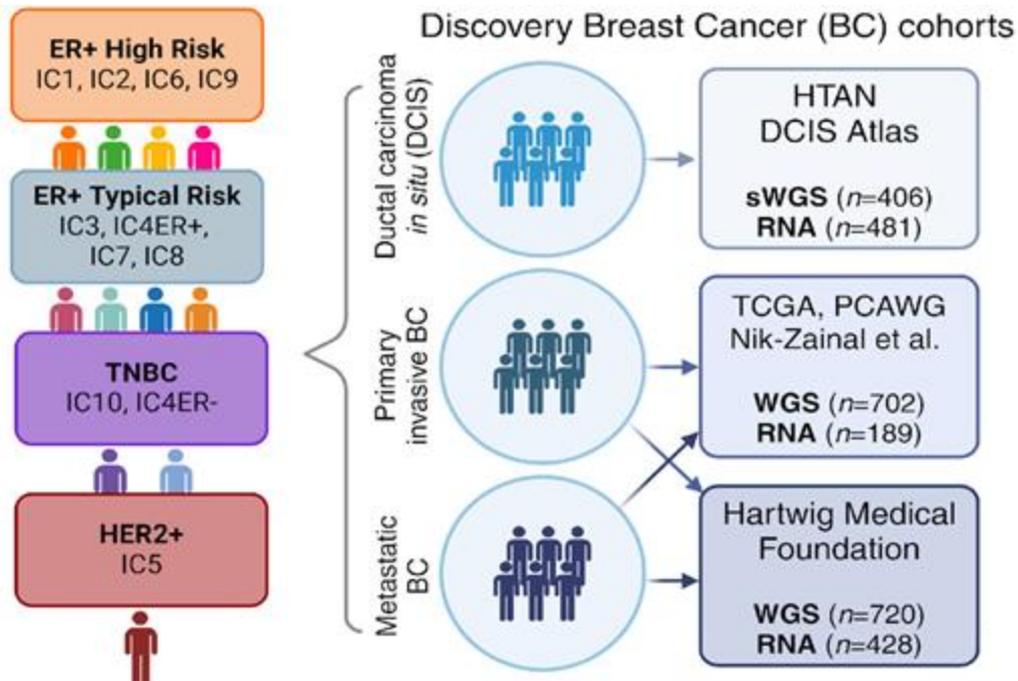
Surrogate endpoints

How do the Integrative Subtypes distribute across stage?

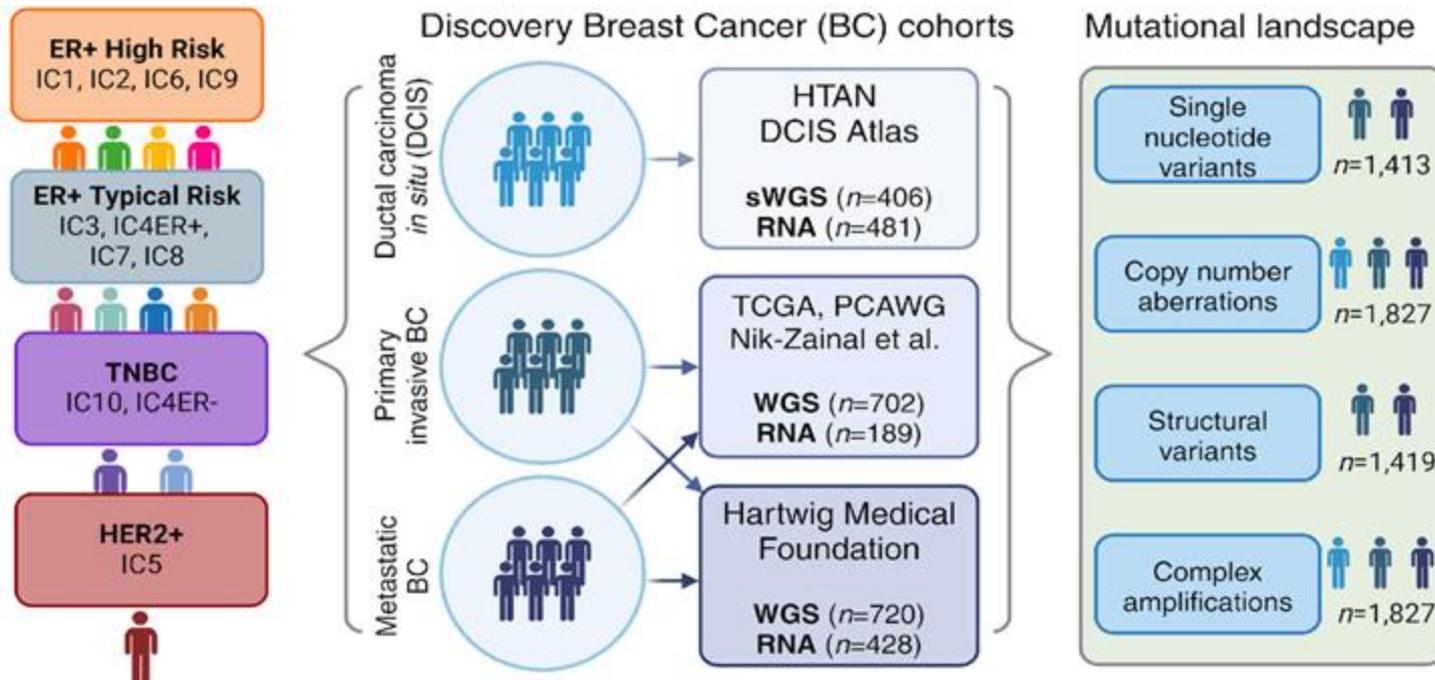
What are the mutational processes that fuel the Integrative Subtypes?

Does the tumor-immune microenvironment vary?

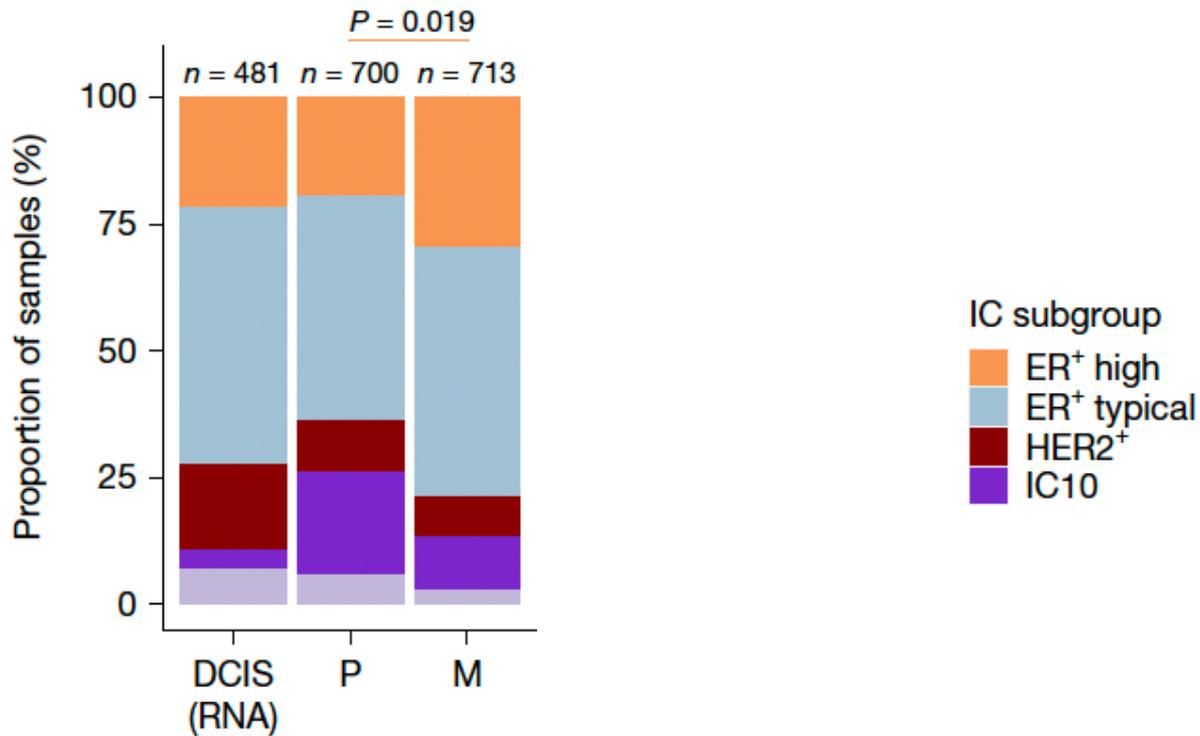
# What are the mutational processes that drive progression across disease stage and subtype?



# What are the mutational processes that drive progression across disease stage and subtype?

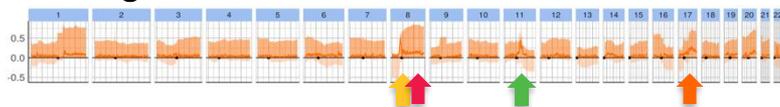


# The high-risk ER+ subgroups are detectable in DCIS and enriched in metastases

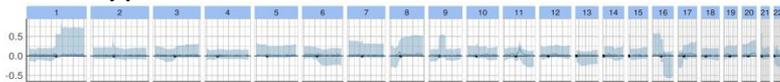


# Structural variants are coincident with recurrent amplifications in ER+ High-risk tumors

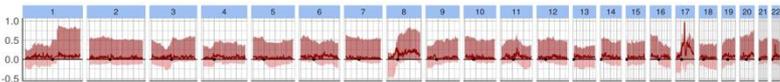
ER+ High-risk



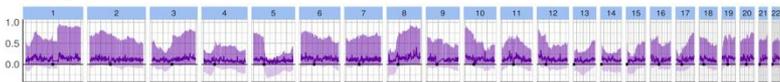
ER+ Typical-risk



HER2+



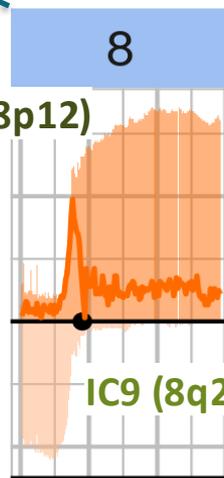
TNBC



Chromosome

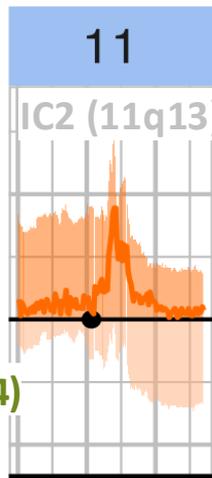
SV burden — AMP ■ DEL ■

IC6 (8p12)



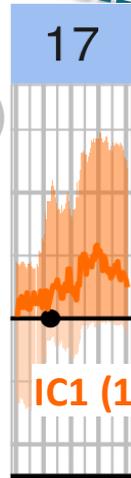
11

IC2 (11q13)



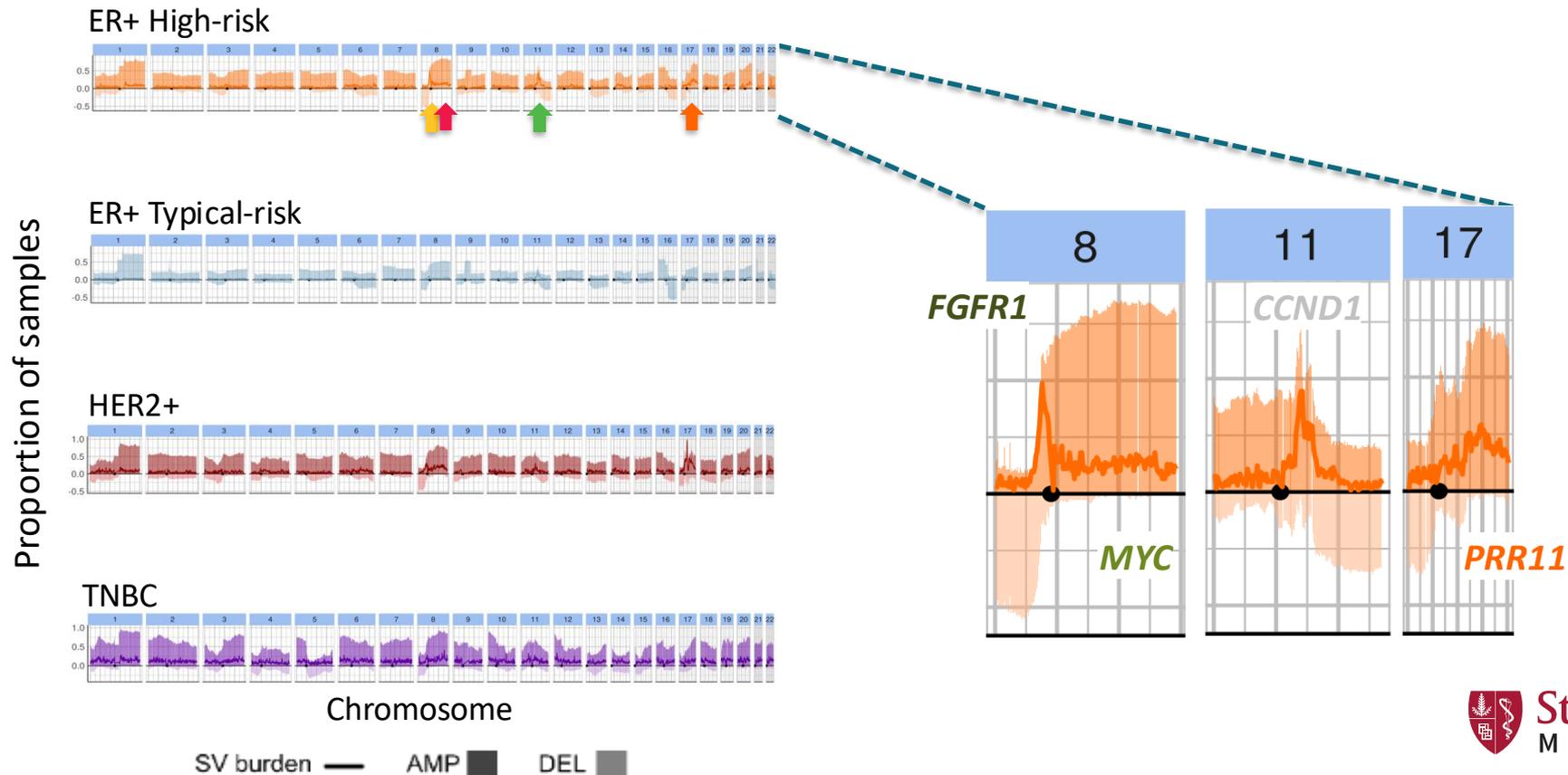
17

IC1 (17q23)

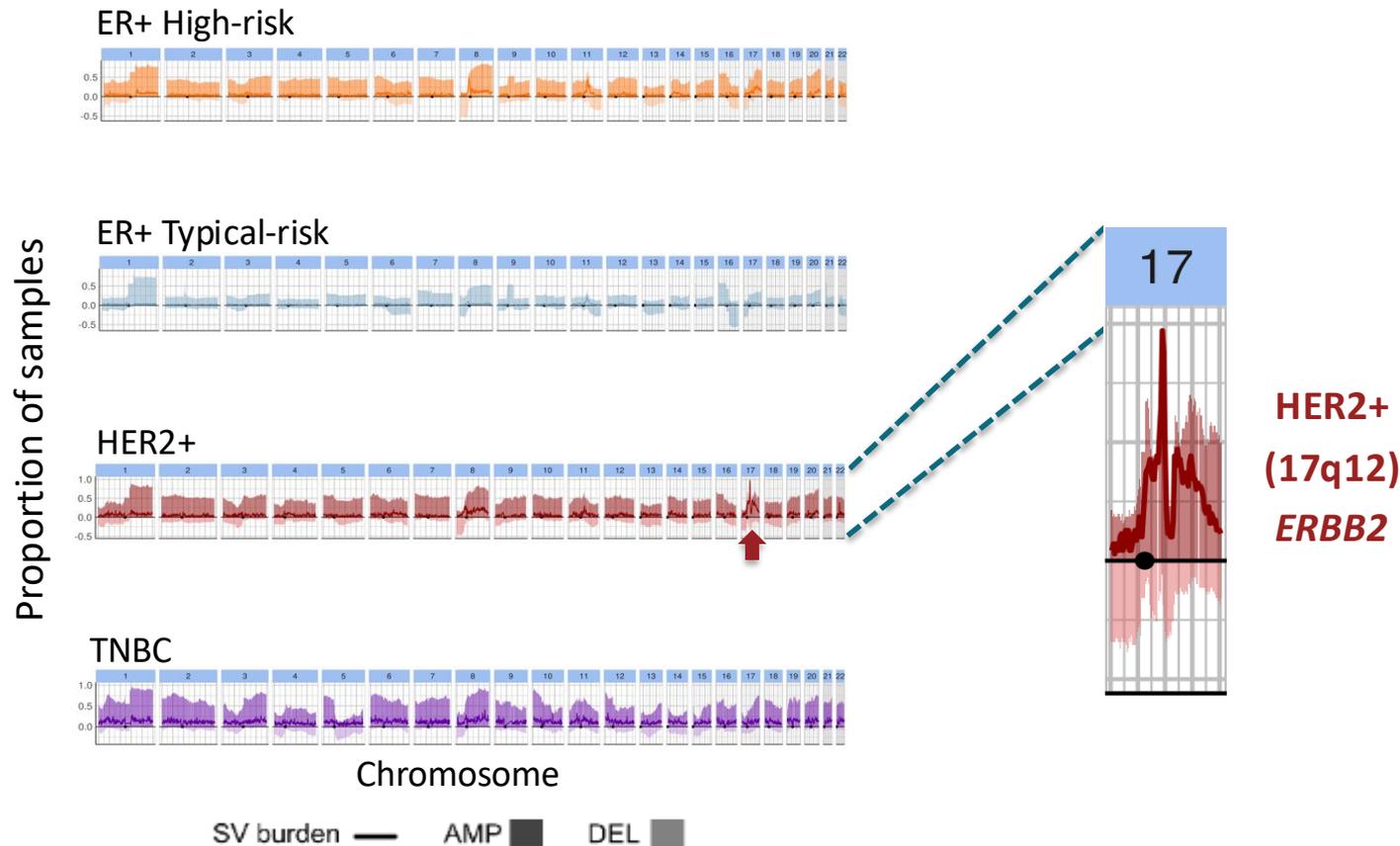


Stanford  
MEDICINE

# Structural variants are coincident with recurrent amplifications in ER+ High-risk tumors

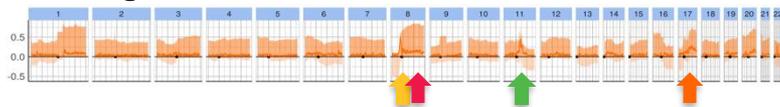


# Structural variants are coincident with recurrent amplifications in **HER2+** tumors



# ER+ Typical-risk tumors have quiet genomes while TNBC have nonspecific alterations

ER+ High-risk



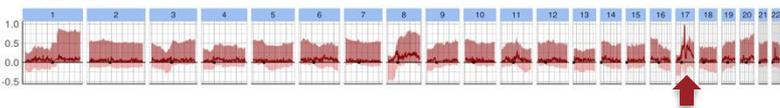
Specific (IC) amplification

ER+ Typical-risk



Lower overall burden

HER2+



Specific (IC) amplification

TNBC



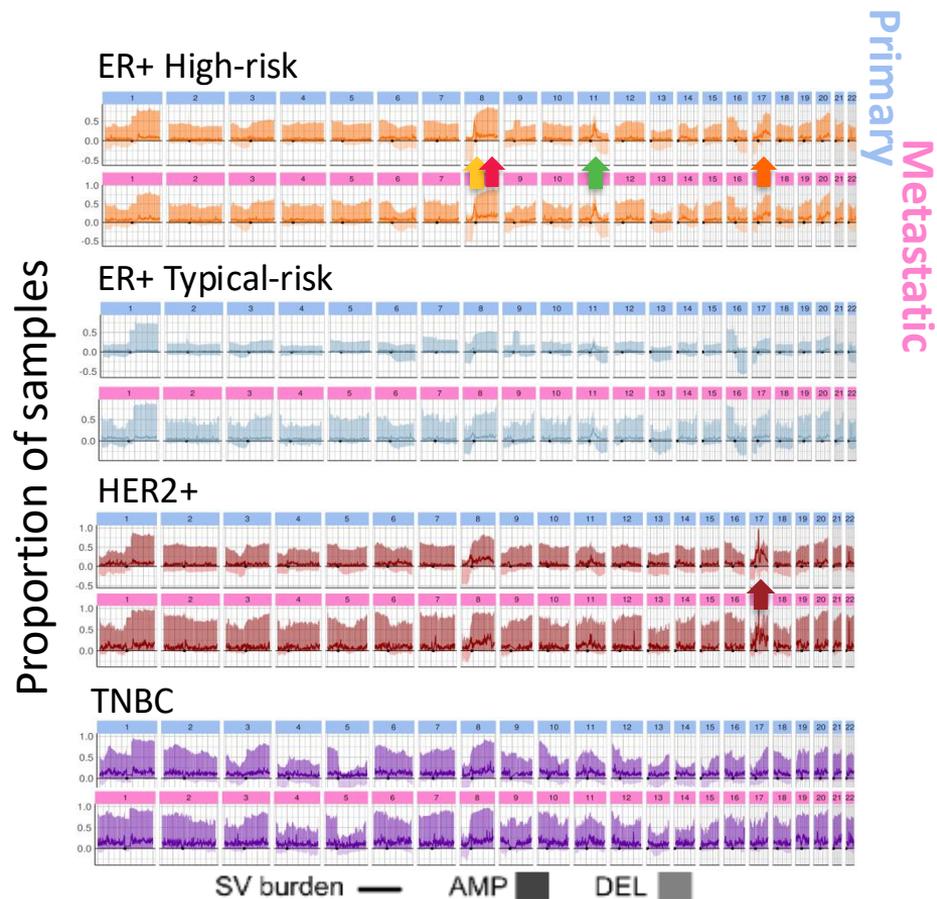
Nonspecific alterations

Chromosome

SV burden — AMP ■ DEL ■

Proportion of samples

# These patterns are largely conserved in metastasis



Specific (IC) amplification



Lower overall burden

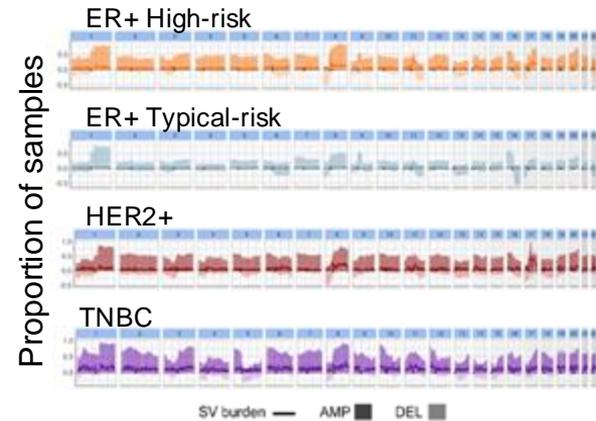


Specific (IC) amplification



Nonspecific alterations

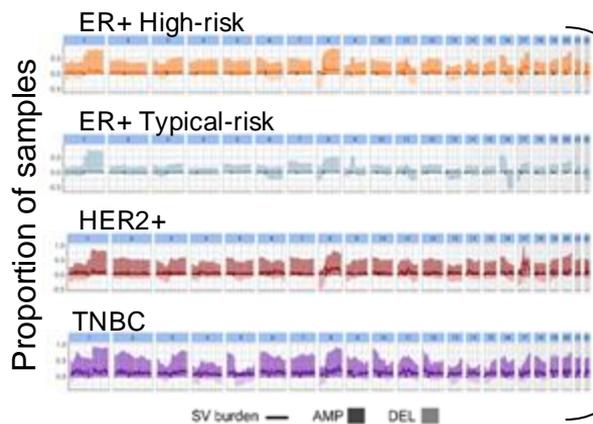
# Integration of copy number and structural variant signatures



Genome-wide landscape

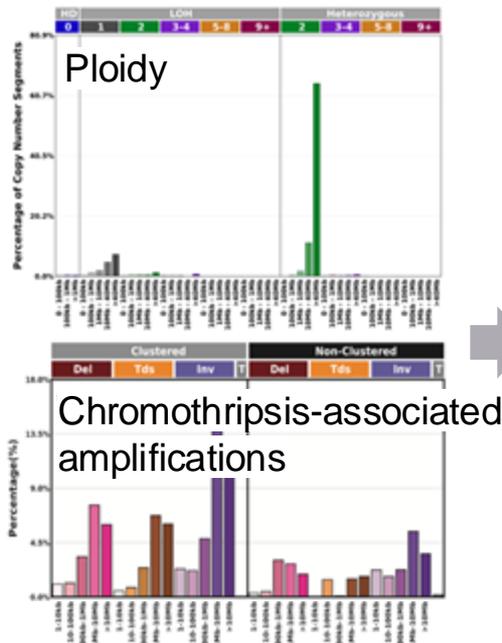
Copy number (CN) and  
structural variant (SV)

# Integration of copy number and structural variant signatures

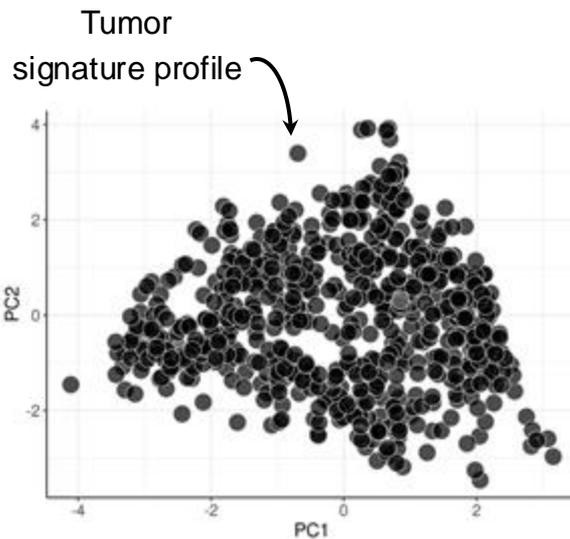


Genome-wide landscape  
Copy number (CN) and  
structural variant (SV)

COSMIC CN  
Signatures (n=21)  
+  
De novo SV  
Signatures (n=6)

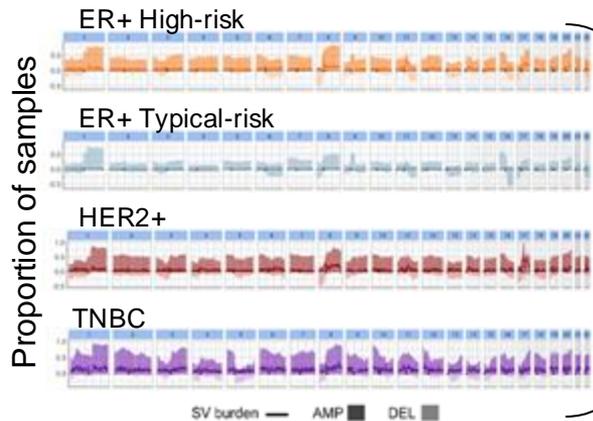


Mutational signatures



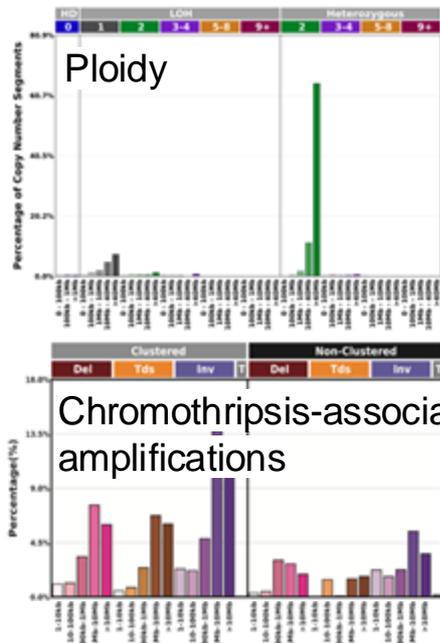
Architectural PCA

# Integration of copy number and structural variant signatures



Genome-wide landscape  
Copy number (CN) and  
structural variant (SV)

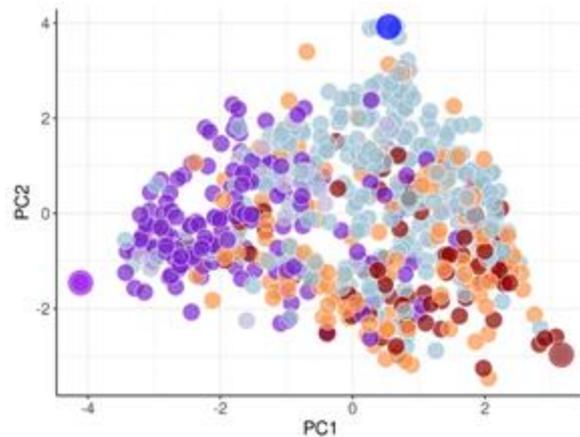
COSMIC CN  
Signatures (n=21)  
+  
De novo SV  
Signatures (n=6)



Mutational signatures

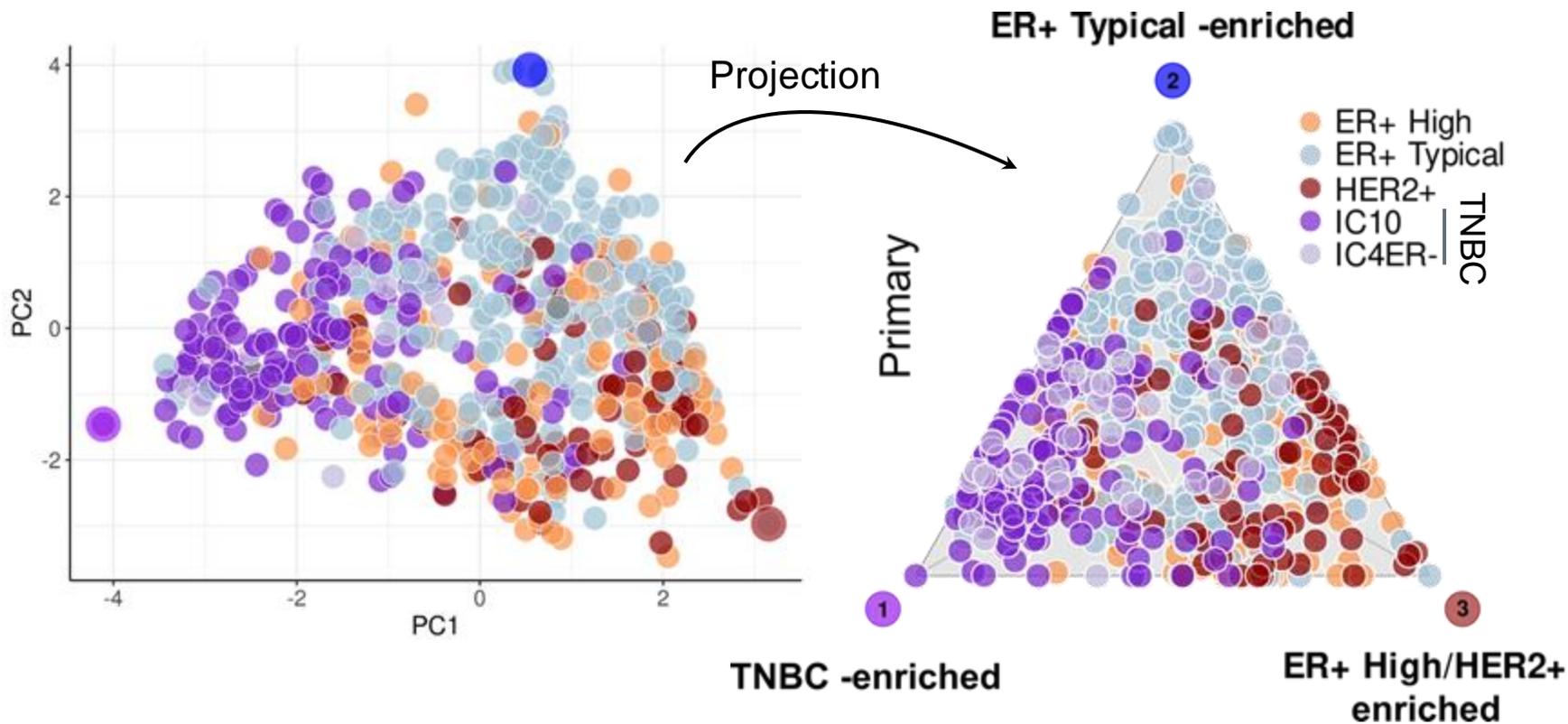


Extreme  
signature profile

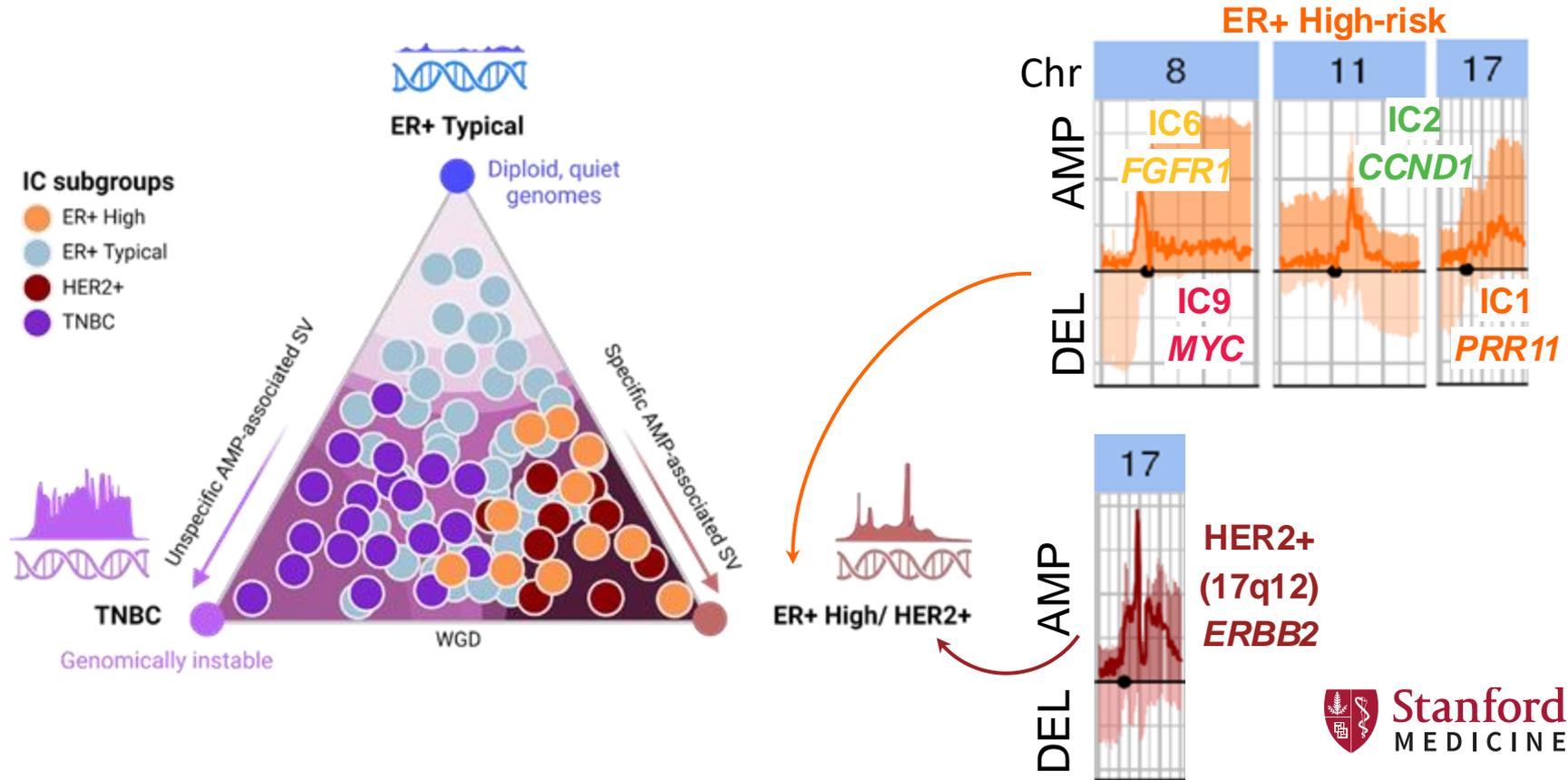


Architectural PCA

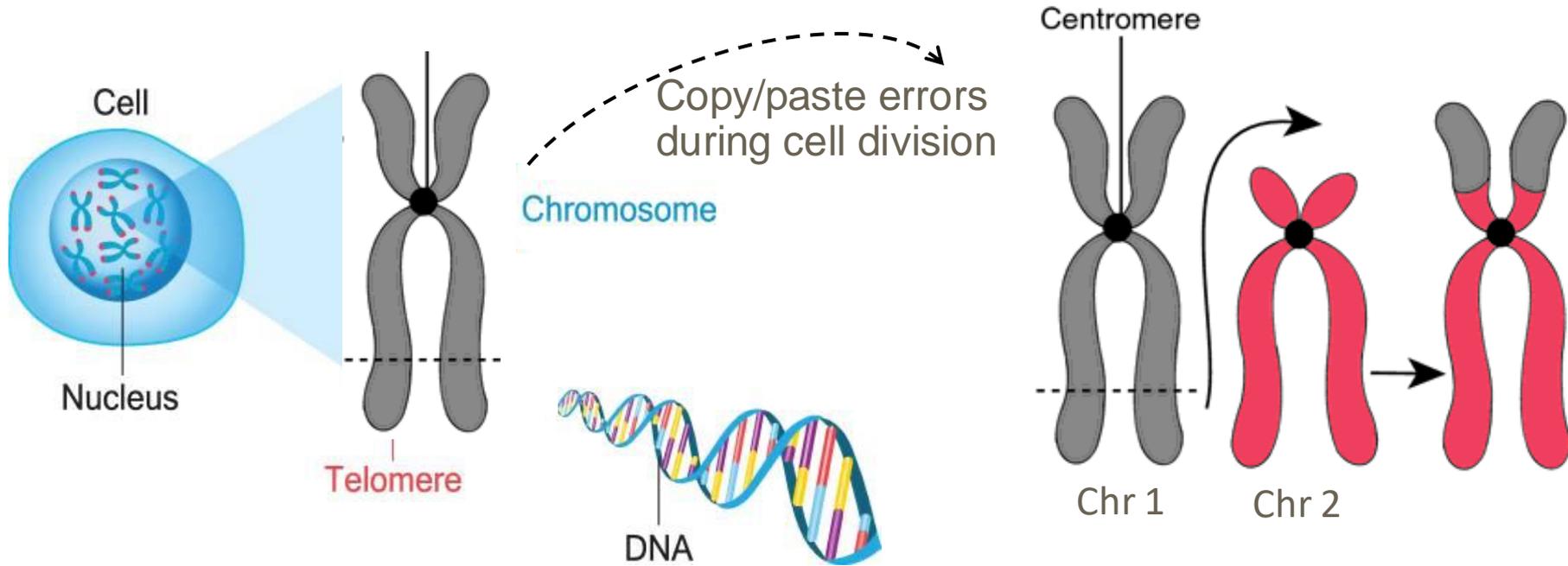
# ER+ High-risk and HER2+ tumors have highly concordant profiles



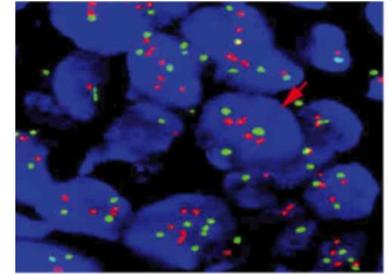
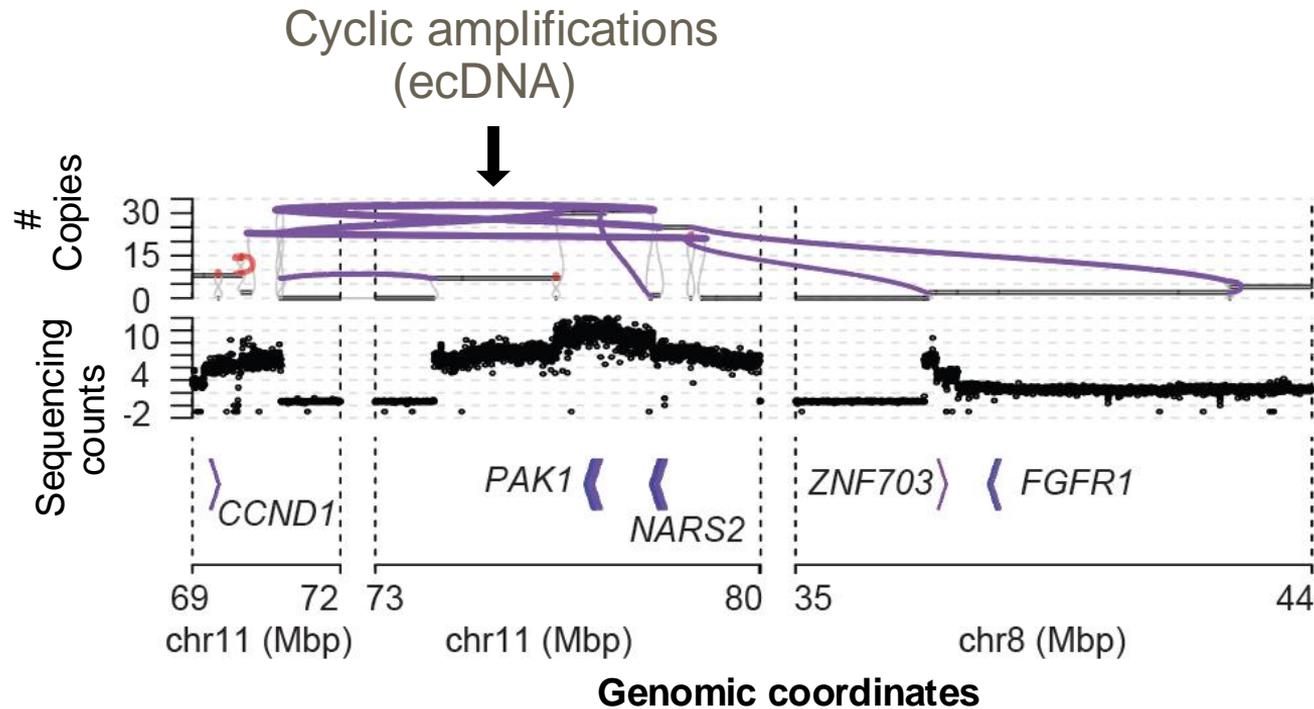
# ER+ High-risk and HER2+ tumors have highly concordant profiles involving distinct oncogenes



# Genomic rearrangements scramble breast cancer genomes

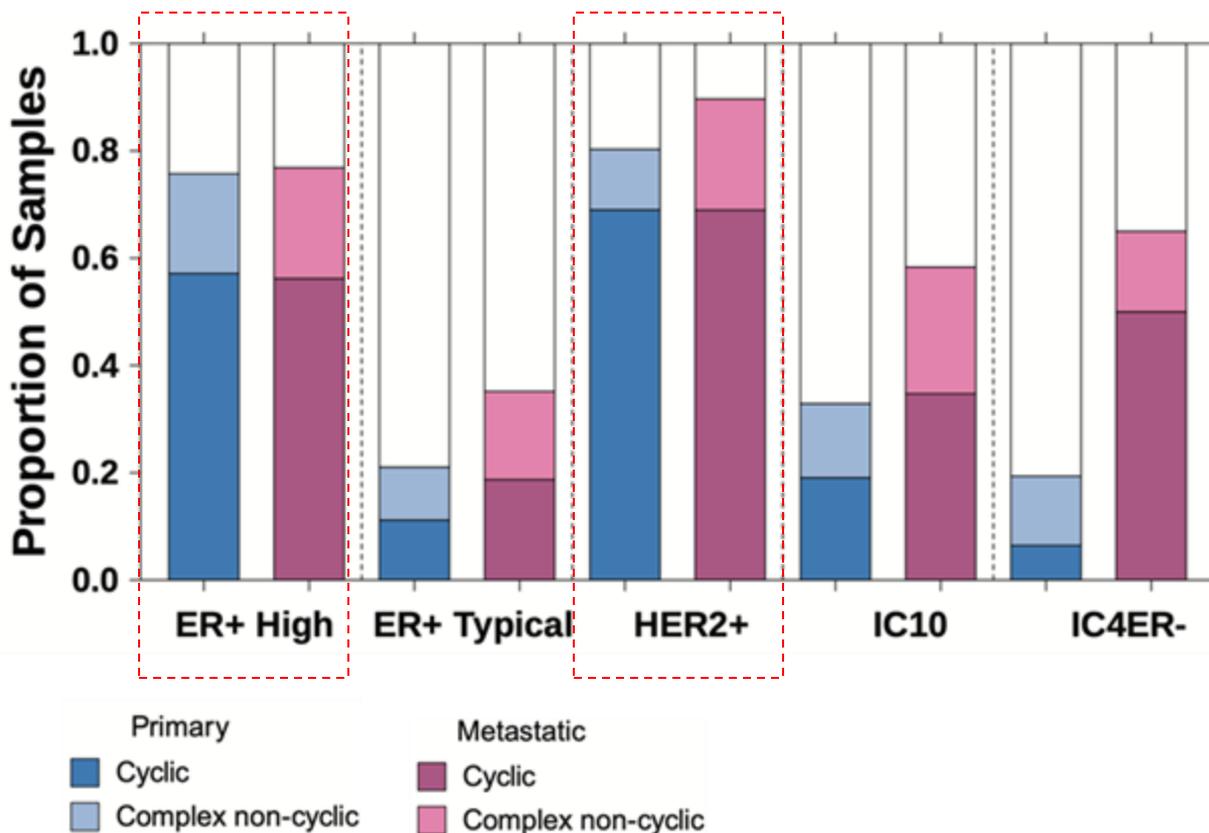


# Genomic rearrangements co-occur with extrachromosomal DNA (ecDNA)

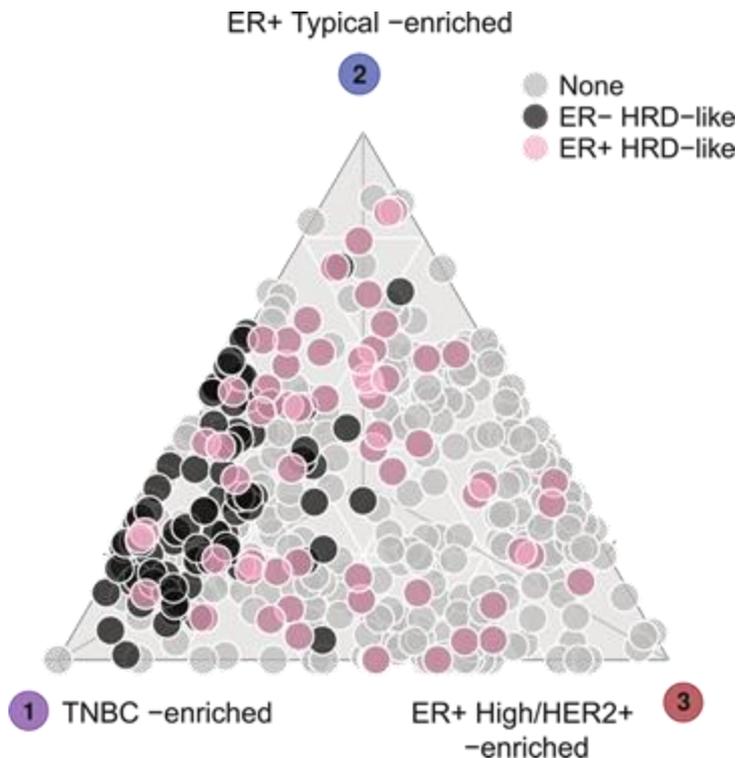


HER2 double minutes (ecDNA)

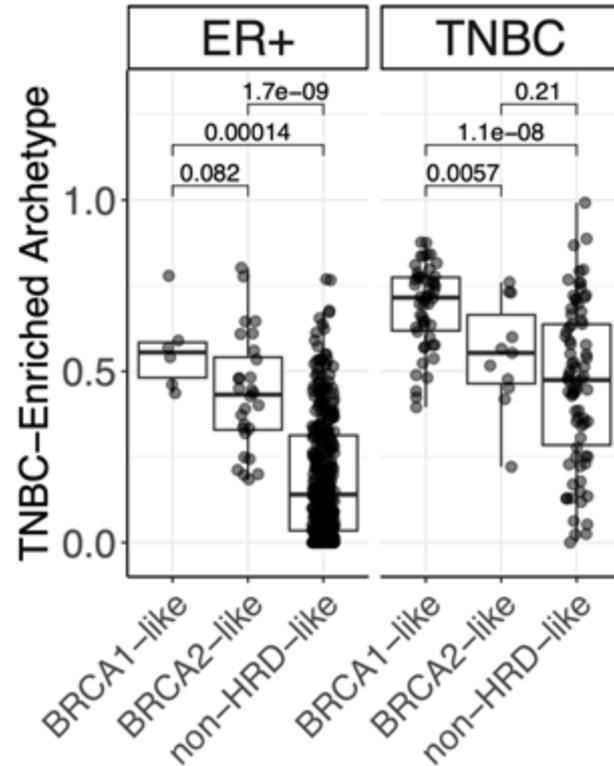
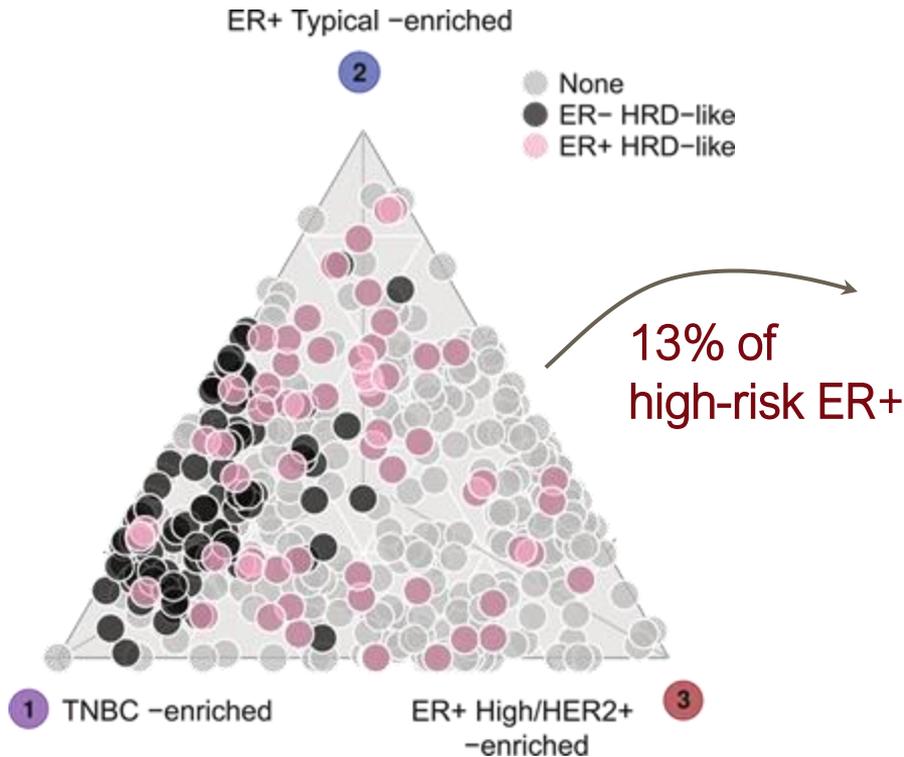
# ER+ High-risk and HER2+ tumors are enriched for extrachromosomal DNA (ecDNA)



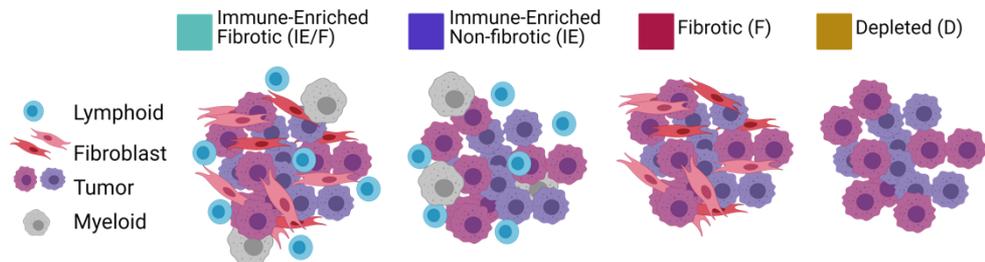
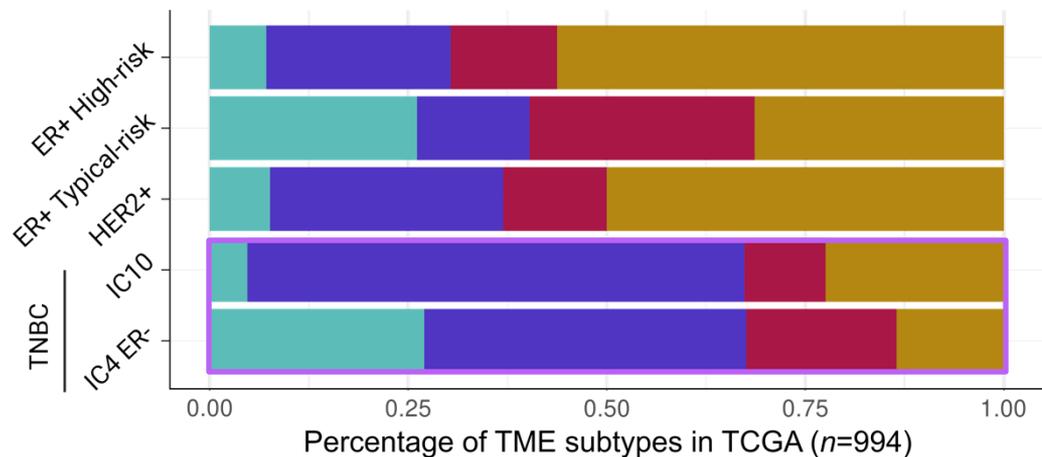
# High-risk ER+ tumors exhibit BRCA2-like homologous recombination deficiency



# High-risk ER+ tumors exhibit BRCA2-like homologous recombination deficiency



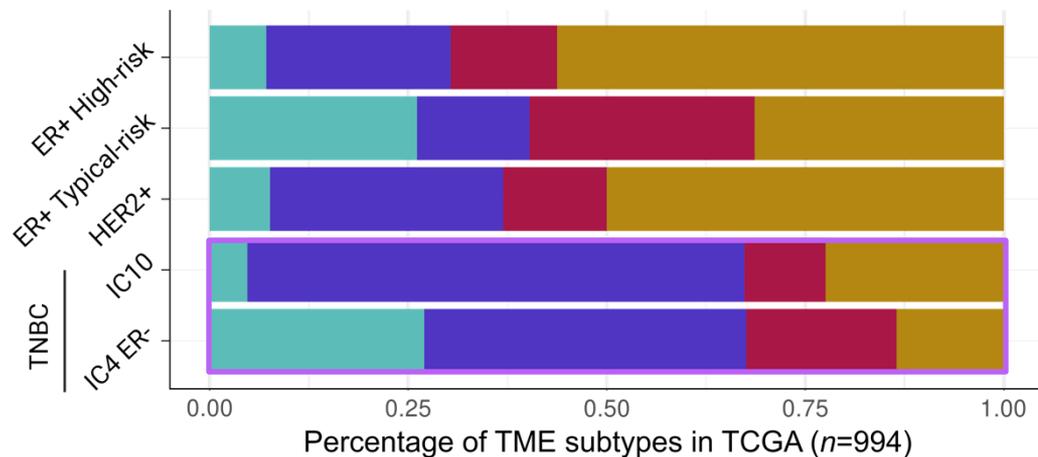
# Breast cancer genomic archetypes exhibit distinct tumor microenvironments



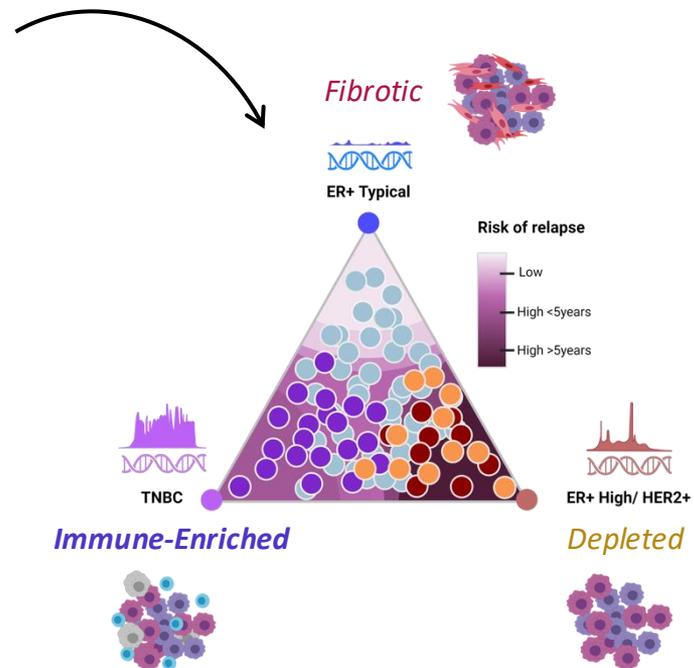
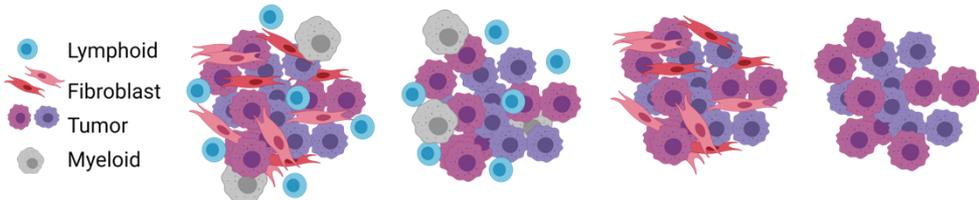
Houlahan, Mangiante et al. *Nature* 2025

Houlahan et al. *Science* 2024

# Breast cancer genomic archetypes exhibit distinct tumor microenvironments



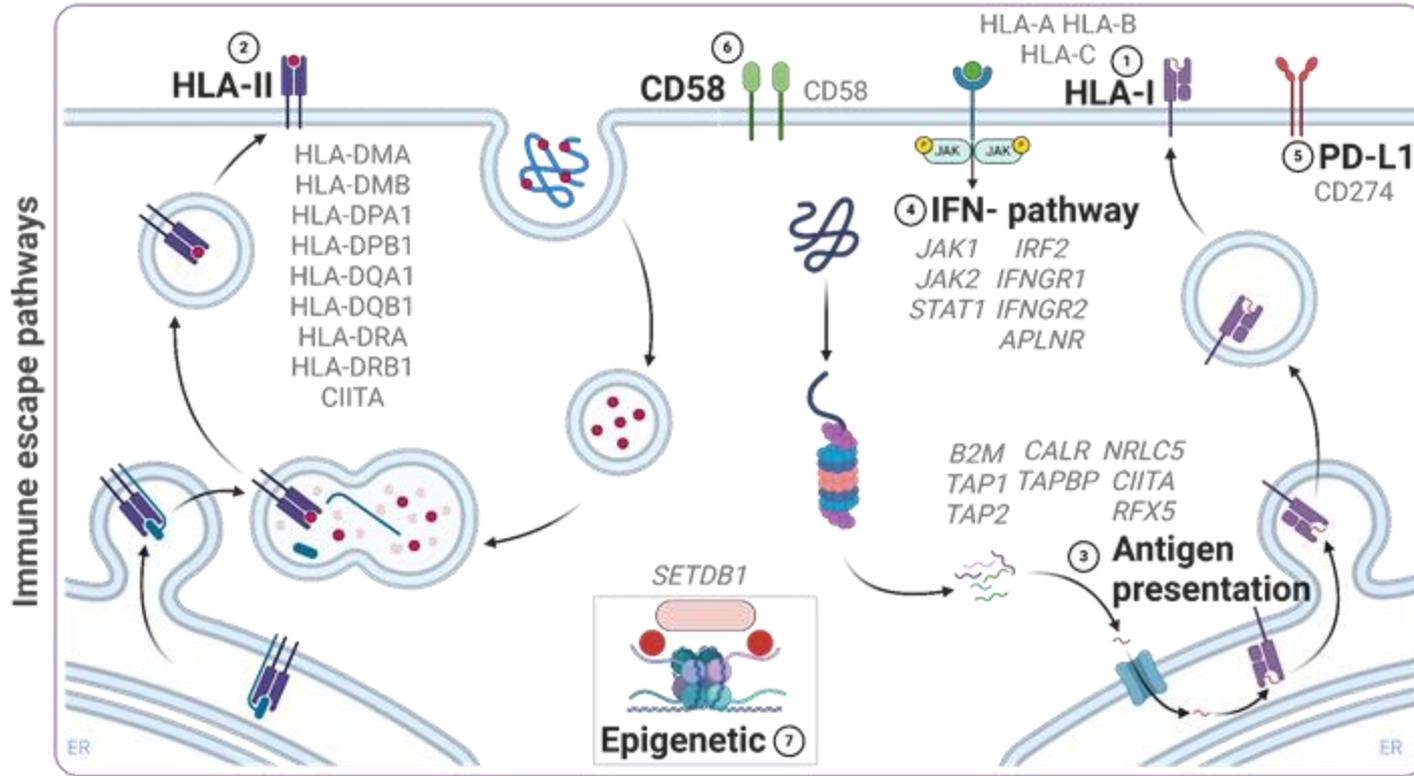
■ Immune-Enriched Fibrotic (IE/F)
 ■ Immune-Enriched Non-fibrotic (IE)
 ■ Fibrotic (F)
 ■ Depleted (D)



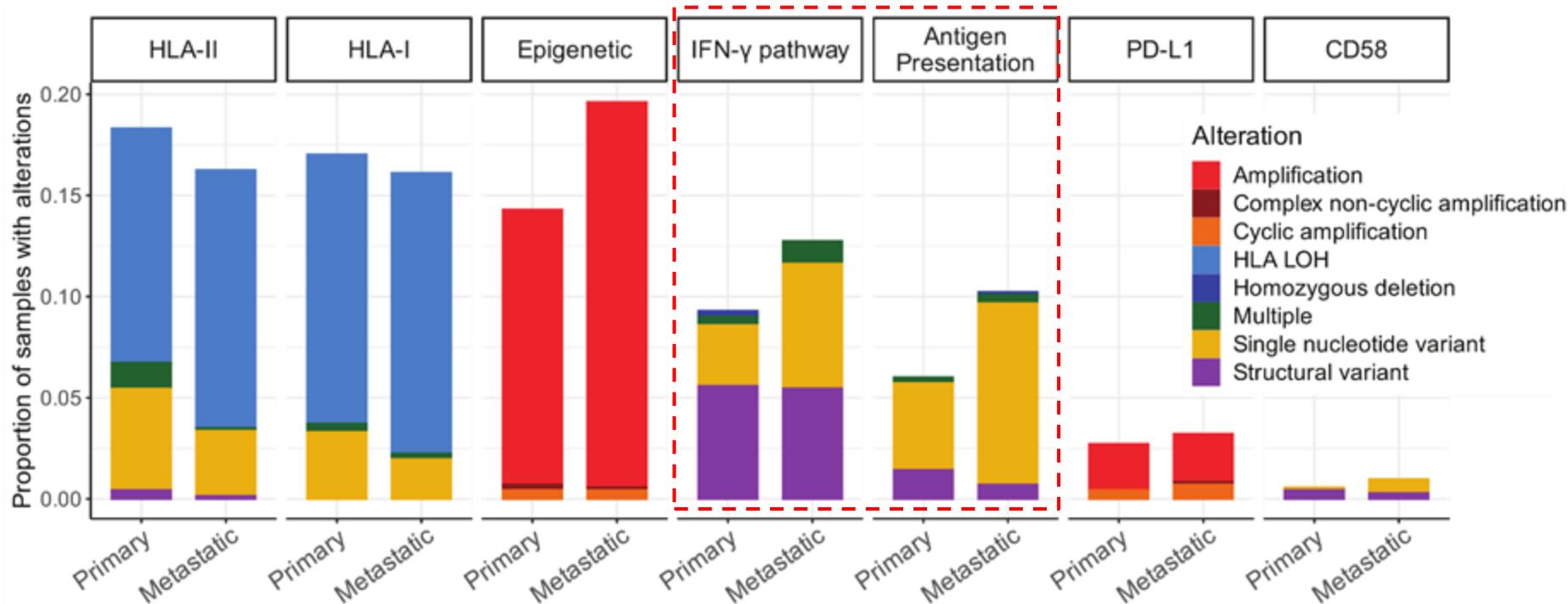
Houlahan, Mangiante et al. *Nature* 2025

Houlahan et al. *Science* 2024

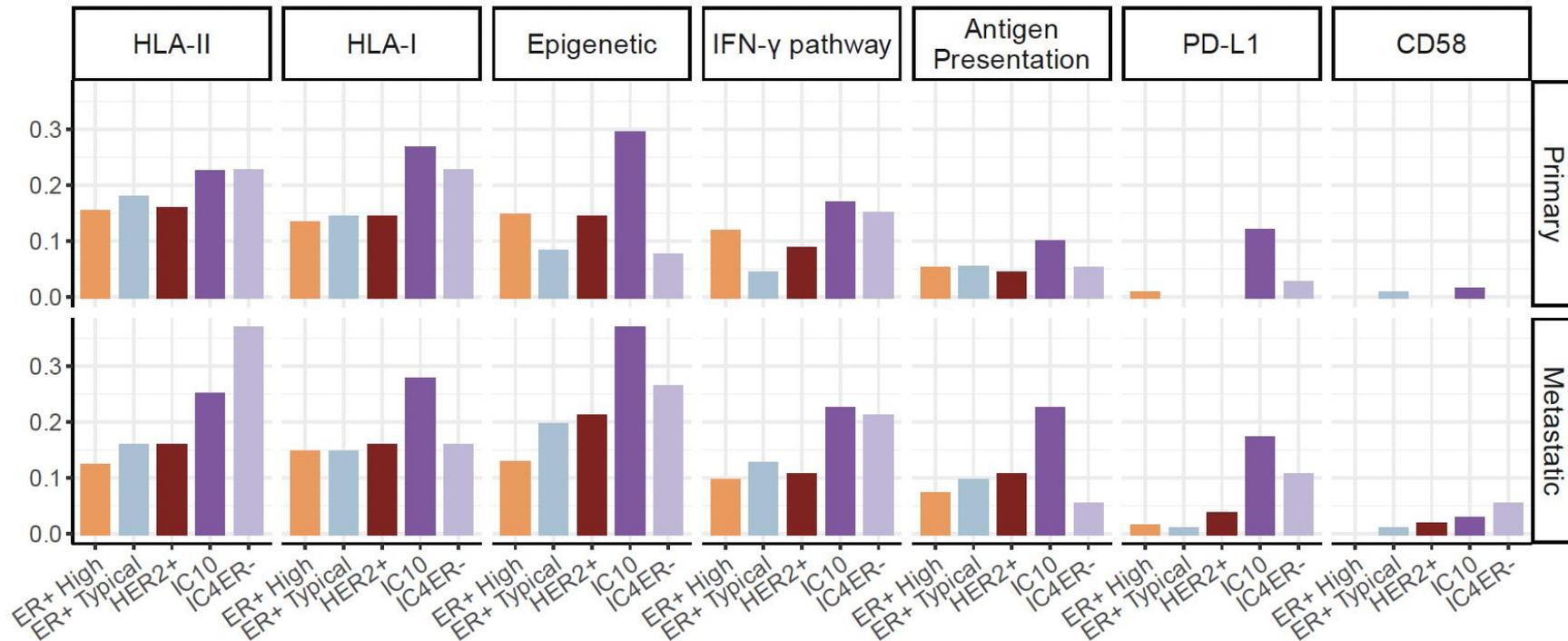
# How do tumor intrinsic factors influence immune evasion?



# Structural variants damage the IFN- $\gamma$ pathway and antigen presentation genes

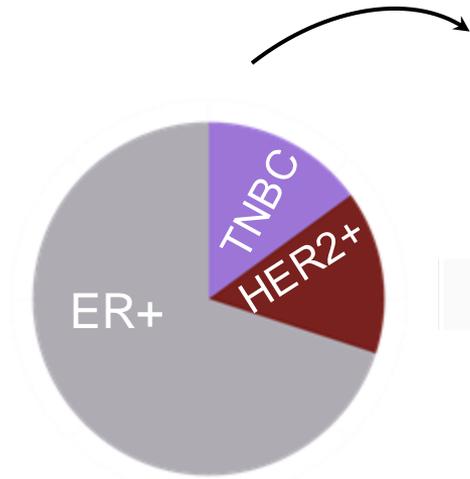


# Preferred genetic immune-escape pathways across the Integrative Subtypes

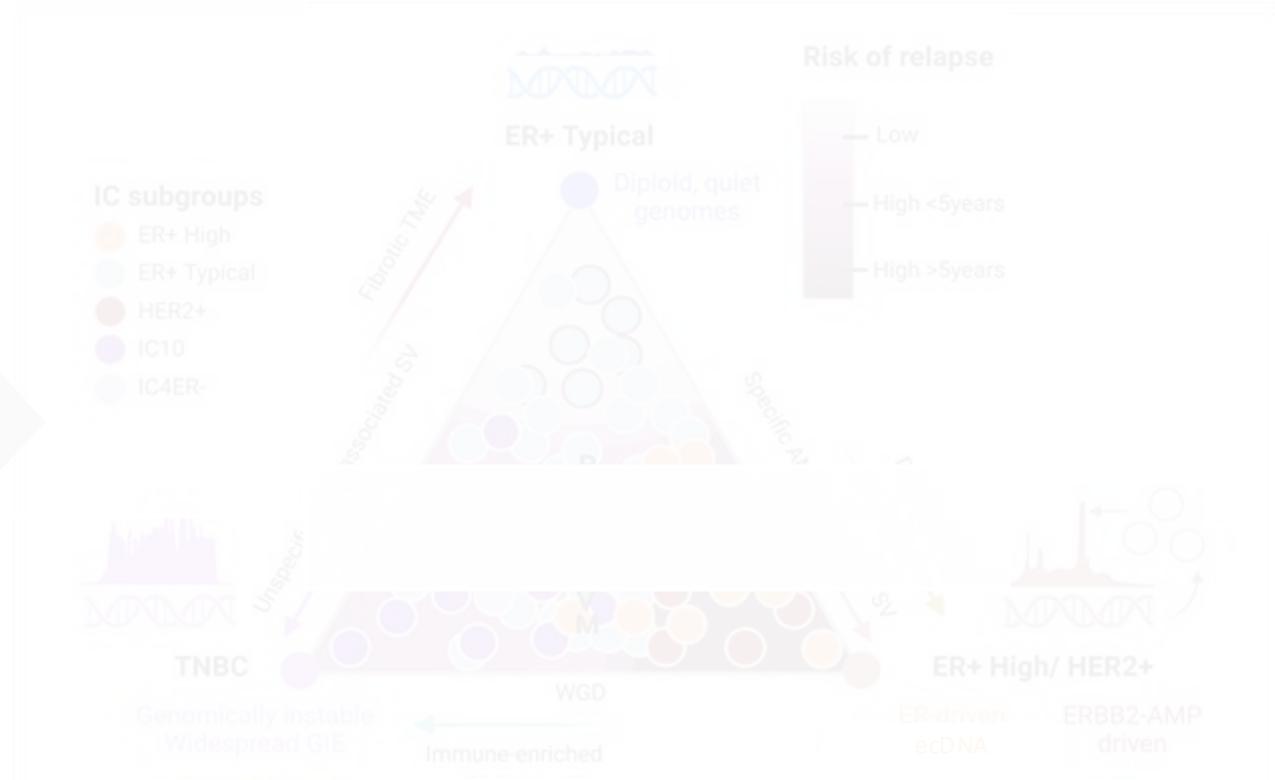


- PD-L1 alterations exclusive to IC10 and IC4ER-
- IDO1 amp unique to IC2/IC6

# Genomic archetypes capture the continuum of risk



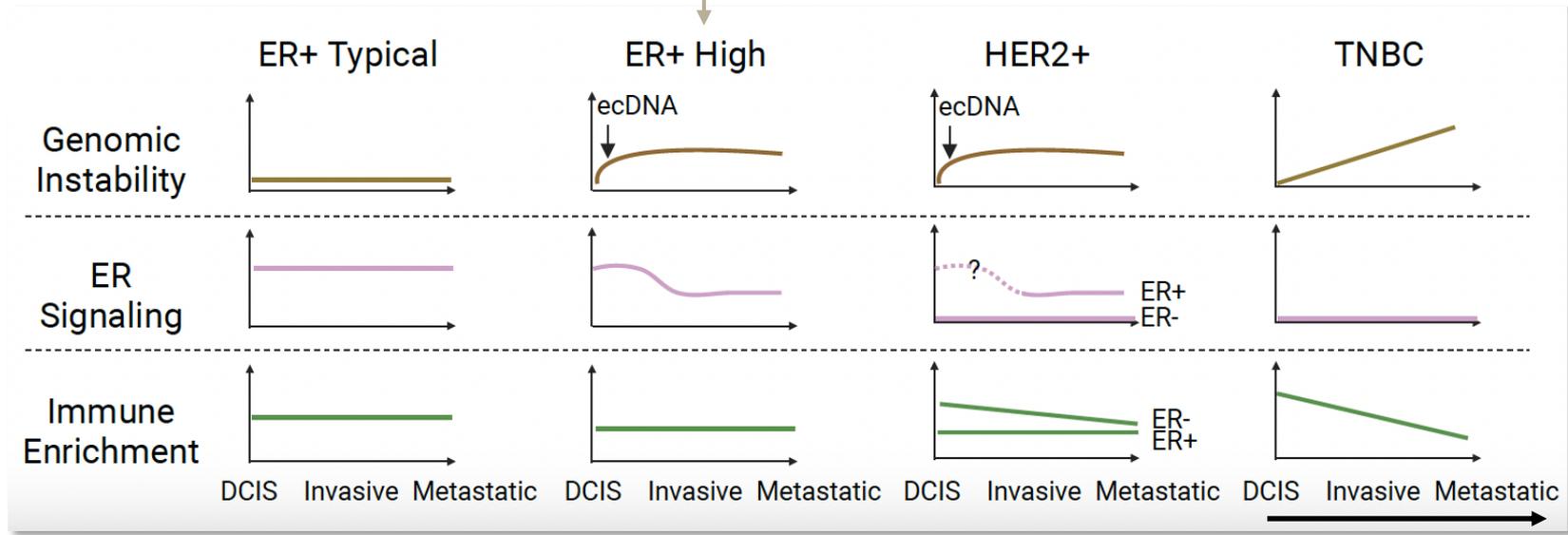
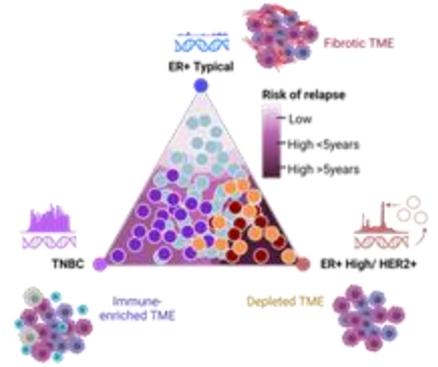
**Current receptor-based classification**



**ER+ High-risk & HER2+**  
Share mutational processes

# Summary: Three genomic archetypes with distinct vulnerabilities and TMEs

Replication stress,  
HRD, APOBEC3b



Time

# Summary

- The integrative subtypes define high-risk of relapse ER+ tumors with distinct vulnerabilities
- High-risk ER+ and HER2 disease are driven by focal oncogene amplification coincident with structural variation and ecDNAs
- 13% of High-risk ER+ tumors exhibit BRCA2-like signatures
- Genetic and non-genetic mechanisms contribute to immune escape



CTD<sup>2</sup>

Cancer Target Discovery  
and Development



CHAN ZUCKERBERG  
BIOHUB

NIH National Human Genome  
Research Institute

NATIONAL  
CANCER  
INSTITUTE



STANFORD  
CANCER INSTITUTE

Katie Houlahan  
Lise Mangiante  
Alvina Adimoelja  
Cristina Sotomayor  
Aziz Khan  
Marni McClure  
Noah Greenwald  
Seongyeol Park  
Kat Liu  
Brennan Simon  
Wenting Yang  
Zhicheng Ma  
Nick Smith  
Sophie Pribus

THE FOUNDATION<sup>®</sup>  
for Cancer Research

Collaborators  
Jennifer Caswell-Jin  
Sara Hurvitz  
Marleen Kok  
Mike Press  
Dennis Slamon  
Joe Sparano  
Debu Tripathy

Patient Advocates  
Susie Brain  
Diane Heditsian  
Vivian Lee  
Mary Lou Smith

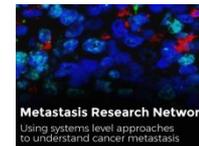


AACR American Association  
for Cancer Research



SUSAN G.  
KOMEN.<sup>®</sup>

The patients and  
their families



NATIONAL  
CANCER  
INSTITUTE