



RISE UP 2024

Breast Cancer and Maternal Mortality Disparities in African American Women: Connection or Coincidence?

Co Chairs:

Olufunmilayo Olopade, MD University of Chicago

Andrea Jackson, MD UCSF

Health Inequities in Breast & Perinatal Health

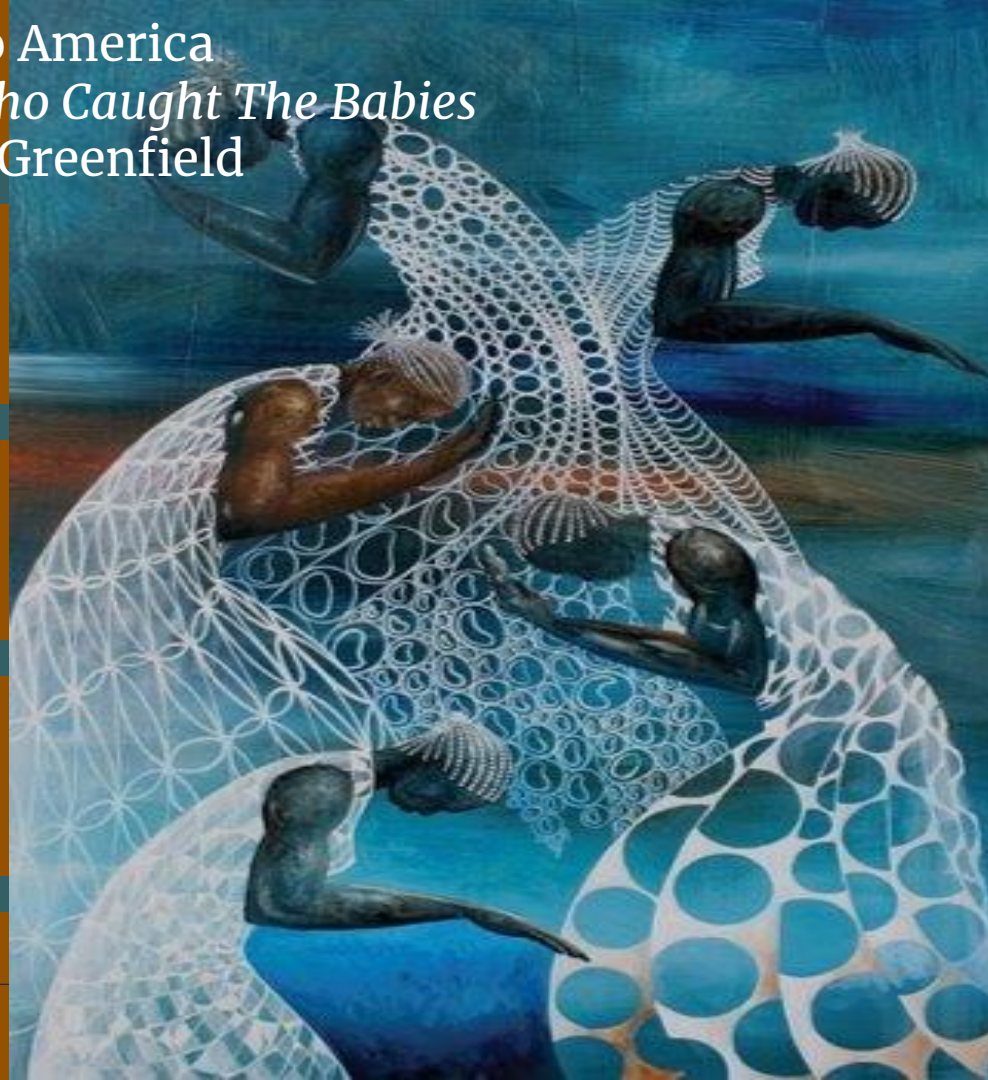
- Breast cancer
 - 5% lower incidence, 38% higher mortality
 - Lowest survival rate for every stage, higher likelihood triple negative
- Maternal Morbidity and Mortality
 - Preterm birth
 - Maternal and Neonatal death
 - 80% preventable





Africa to America
from *The Women Who Caught The Babies*
by Eloise Greenfield

Somewhere in the African past,
Before the guns, Before the shackles,
Before the kidnappings of
Storytellers and sky-readers,
Musicians, Dancers,
Doctors, Sculptors,
Teachers, Planters,
Hunters, Historians,
Mothers, Fathers, and Children.
Before all that,
There were the women who caught babies
and guided them into the world,
with gentle, loving hands.



Pelvic Floor Disorders in Black Women



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Disclosures

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- Consultant: None
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- Employee: Northwestern University Feinberg School of Medicine

I will not discuss off label use and/or investigational use in my presentation



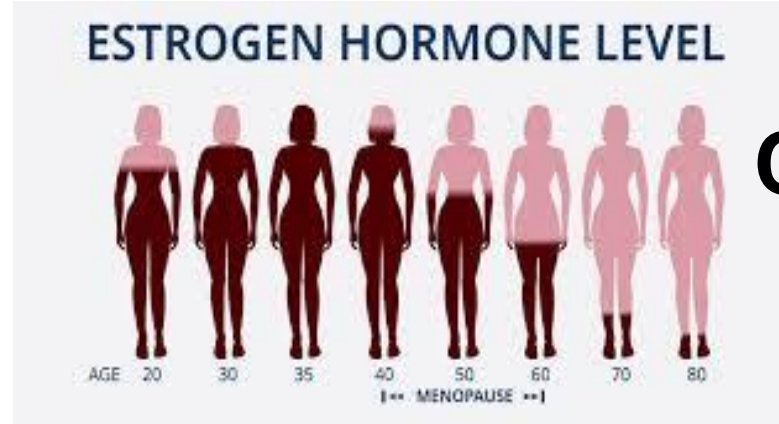
Black Women Have Poorer Outcomes Across Several Gynecologic Conditions

- Higher burden of Fibroids
- Infertility- 2-fold increased odds of infertility
aOR 2.04 (1.39–3.01)
- Bladder Health and Pelvic Floor Disorders

Marsh et al. Fertility and Sterility. 2013
Marsh et al. J Woimens Health 2018
Eltouhki. Am J Obstet Gynecol. 2014
Wellons et al. *Fertility and Sterility* 2011

Bladder Health and Pelvic Floor Disorders

RISK FACTORS



COMORBIDITIES

Overactive Bladder



Pelvic Organ Prolapse



Racial Disparity in Bladder Health and Pelvic Floor Disorders

Overactive Bladder (OAB)

Black women...

- Higher prevalence
- More severe symptoms
- have 55% higher odds of OAB medication non-adherence
- are 17-34% less likely to receive advanced therapies
- have the lowest odds of progressing to advanced therapies



Patel et al. Urogynecology,. 2022

Coyne et al. BJU 2008

Rashid et al. 2017

Yeowell et al 2018

Syan et al. 2020

Jericevic et al 2024

Inequities in Filled Overactive Bladder Medication Prescriptions in the US

IN A STUDY OF FILLED OAB PRESCRIPTIONS IN THE 2019 AHRQ MEPS DATABASE

**54% less likely to fill
 β 3-agonist prescription**



(aOR, 0.46; 95% CI, 0.22-0.98)



**90% lower odds of filling a
 β 3-agonist prescription vs.
anticholinergic**

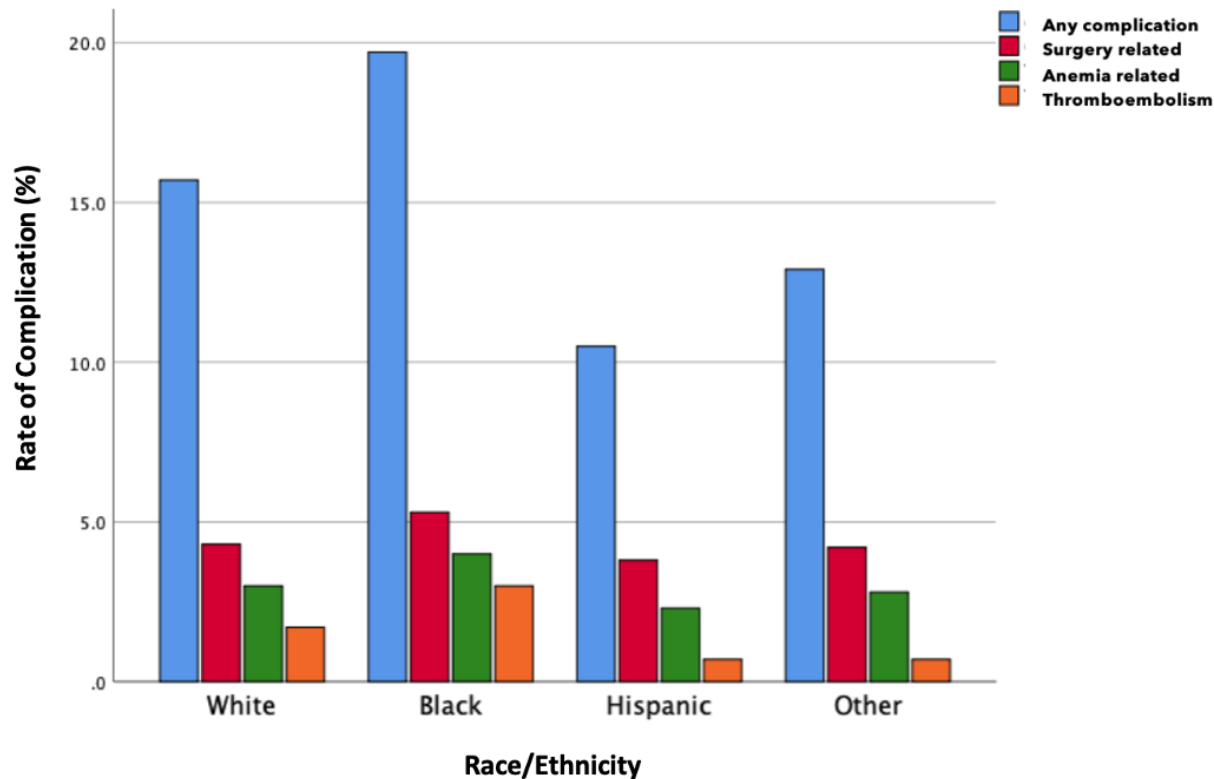
(aOR, 0.10; 95% CI, 0.04-0.27)

Adjusted ORs were derived from multivariable logistic regression model controlling for race and ethnicity, poverty level, insurance status, educational attainment, sex, diagnosis of high blood pressure, and cognitive impairment

Pelvic Organ Prolapse Surgery Complications

Higher odds of postoperative complications for Black patients compared to their White counterparts.

Figure 1- Complication rates by race/ethnicity



Black patients

21%

Increased odds

of postoperative complications
when compared to White
patients.

(OR 1.21 95% CI 1.03-1.43)

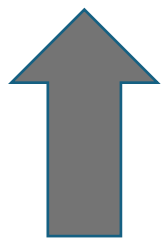
Pelvic Organ Prolapse Surgery Complications

Female Urology

Disparities in Complications After Prolapse Repair and Sling Procedures: Trends From 2010-2018



Nancy E. Ringel, Oluwateniola Brown, Kristin J. Moore, Erin T. Carey, and Alexis A. Dieter



Vascular complication (venous thromboembolism or transfusion)
(aOR 2.50, 95% CI 2.05-3.04)

Black patients

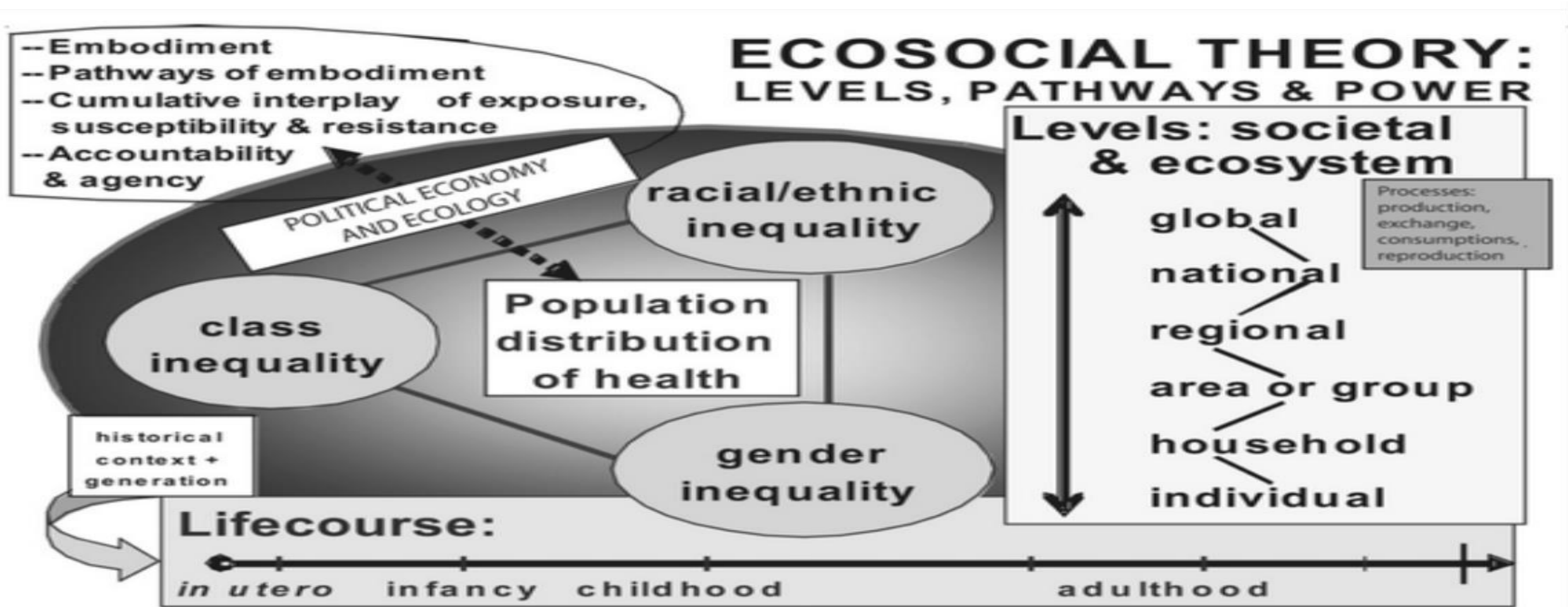
15%

Increased odds

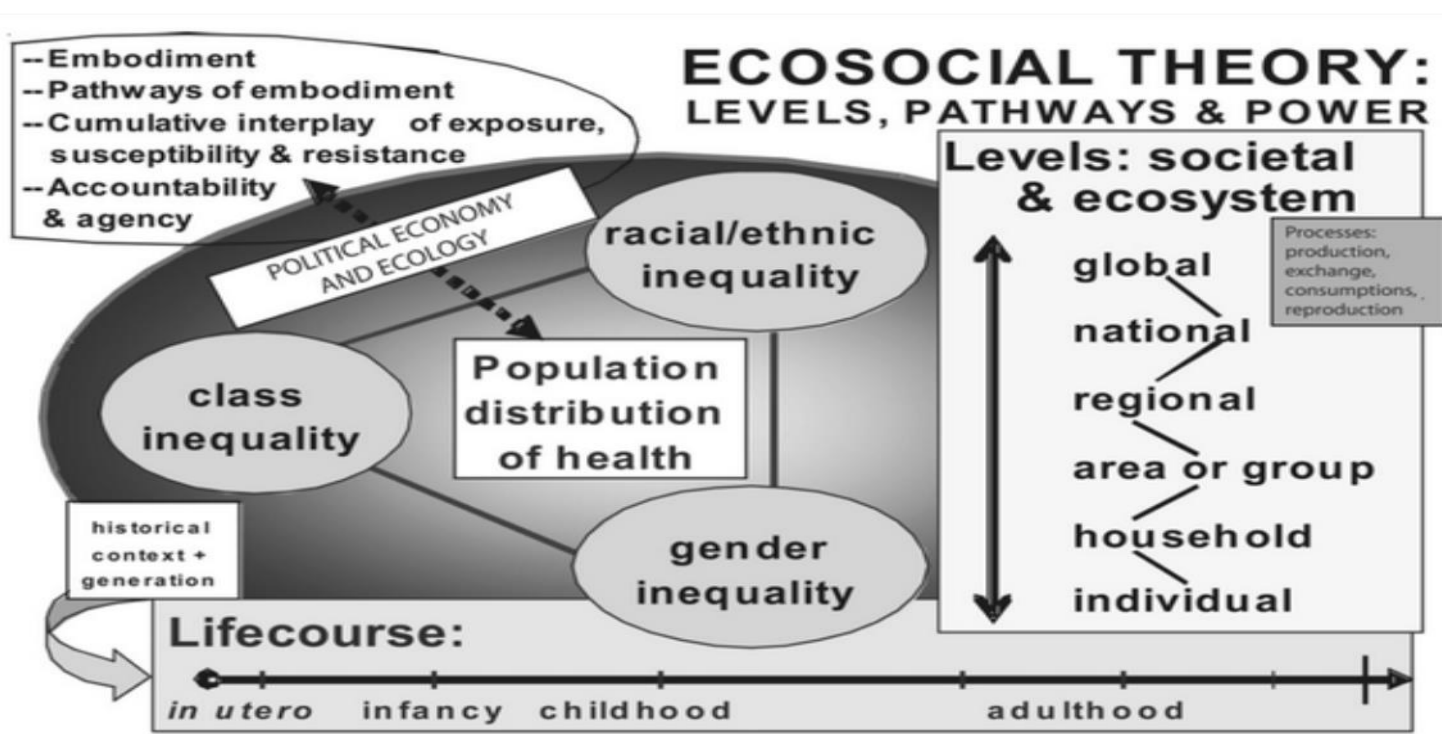
of postoperative complications
when compared to White
patients.

(OR 1.15 95% CI 1.03-1.29)

CONCEPTUAL FRAMEWORK (Eco-social Theory of Disease)



CONCEPTUAL FRAMEWORK



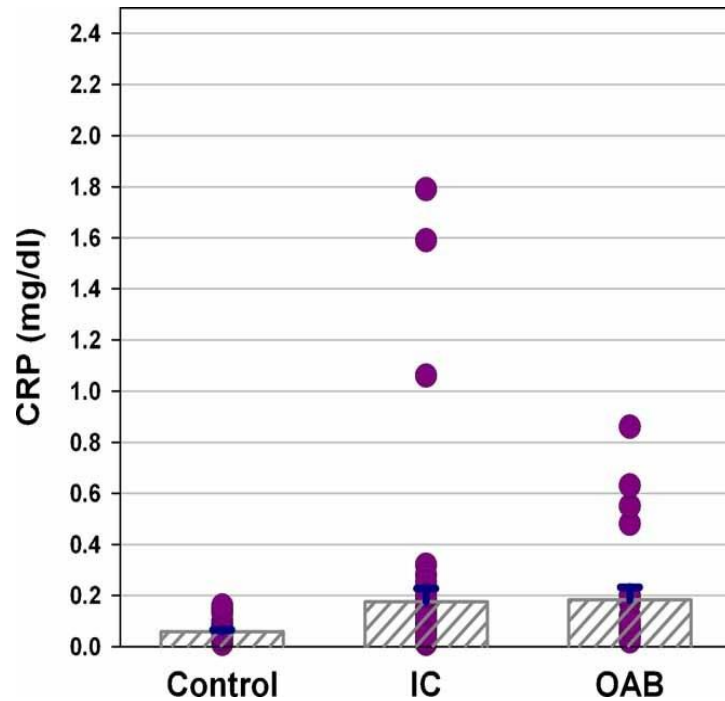
**Race is a Proxy for
Biological and
Psychosocial
Vulnerability**

The Role of Inflammation

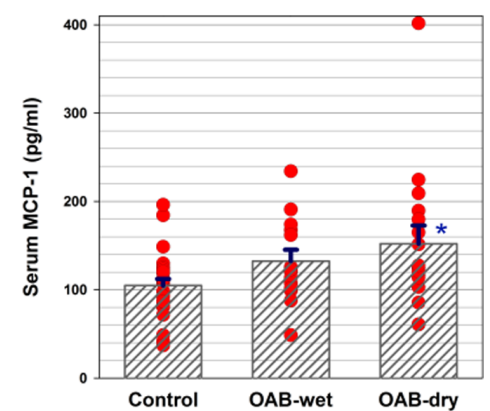
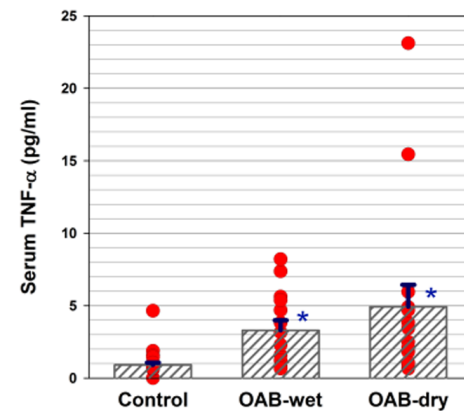
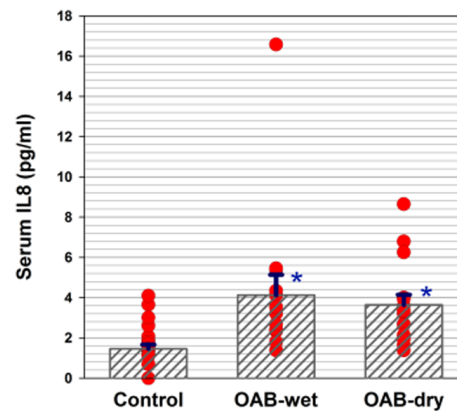
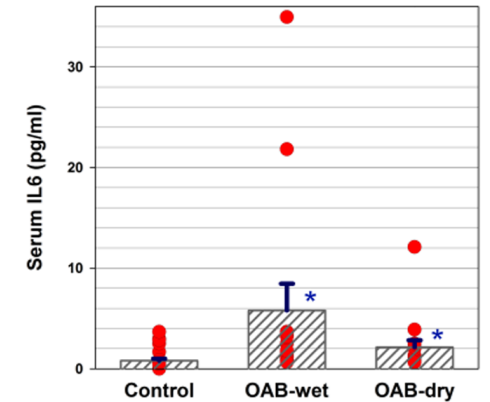
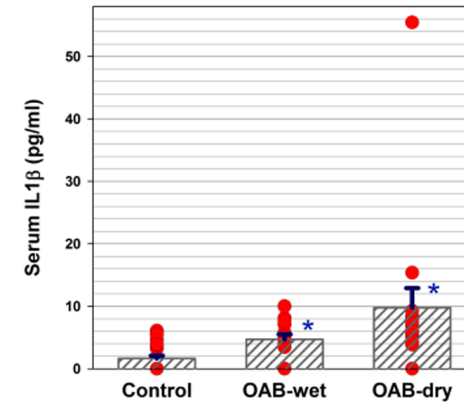
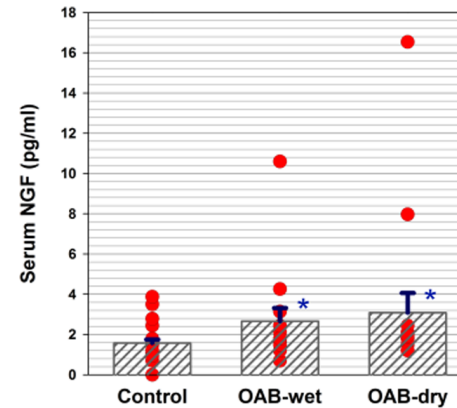
- In female reproduction, tightly regulated inflammatory processes participate in the key events of ovulation, menstruation, implantation and labor onset, menopause.
- However, inflammation can derail normal reproductive health processes and outcomes.

Inflammation and Overactive Bladder

- Higher levels of CRP, prostaglandins, adipokines, NGF, BDNF in serum and urine of patients with OAB



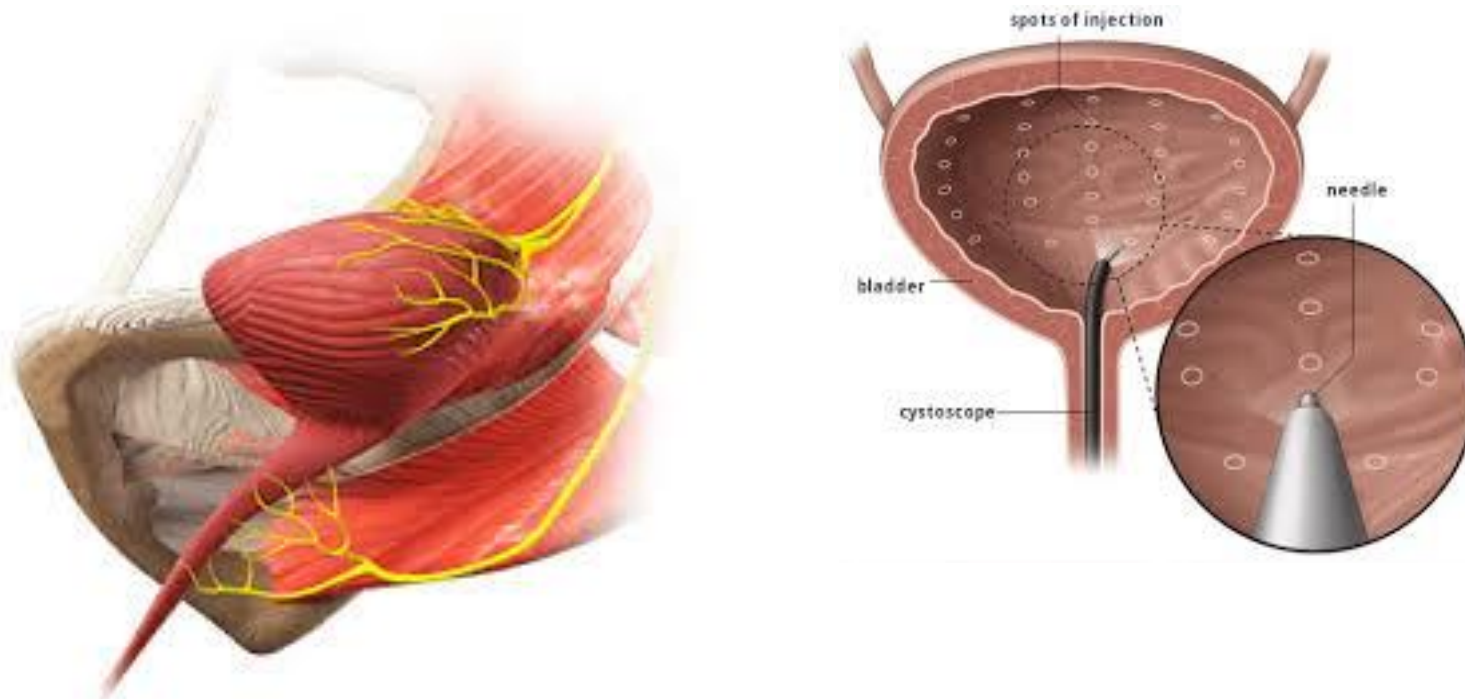
Chung et al. Neurourology and urodynamics. 2011
Lui et al. PLoS ONE 2013
Jhang et al. Biomedicines 2023



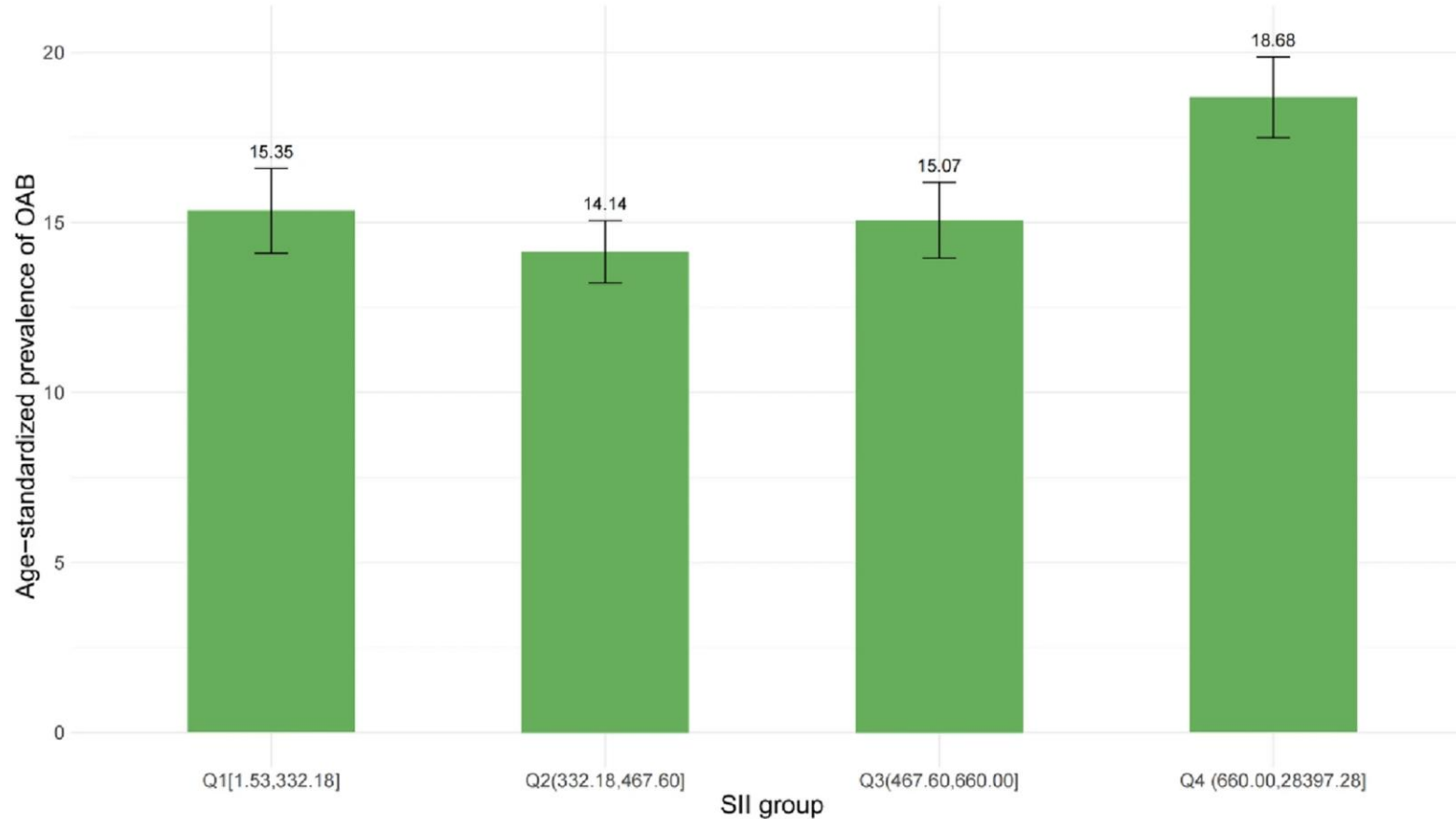
*: P < 0.05 as compared with control group

Inflammation and Overactive Bladder

Inflammation can lead to peripheral afferent nerve hyperexcitability, which causes a series of OAB symptoms such as urinary frequency and urgency



Systemic Inflammation and Overactive Bladder



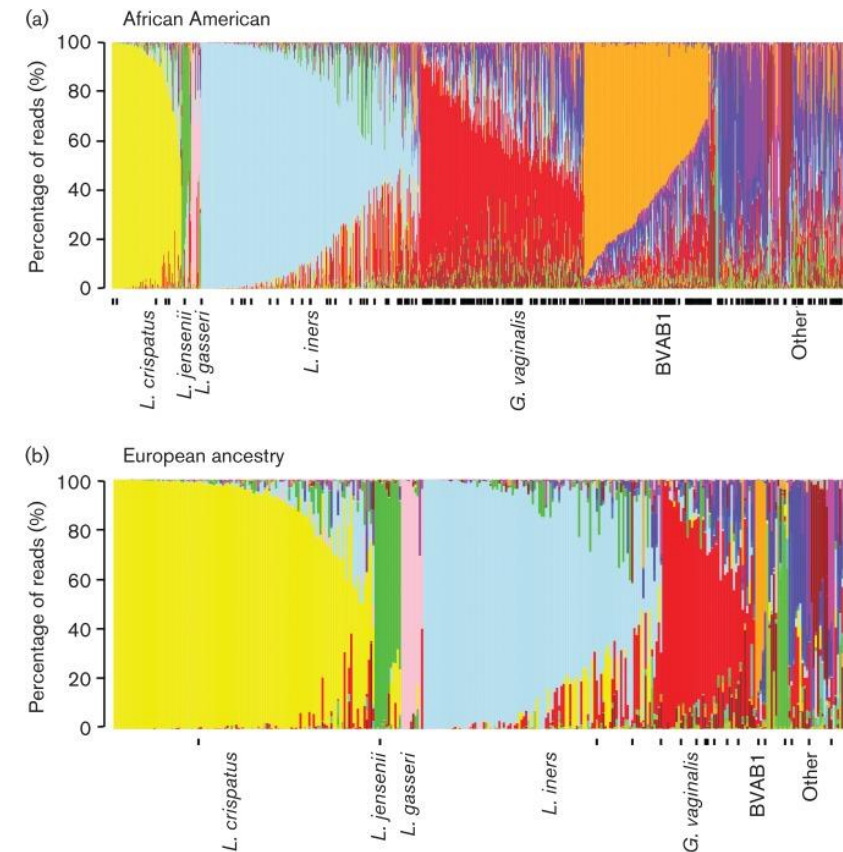
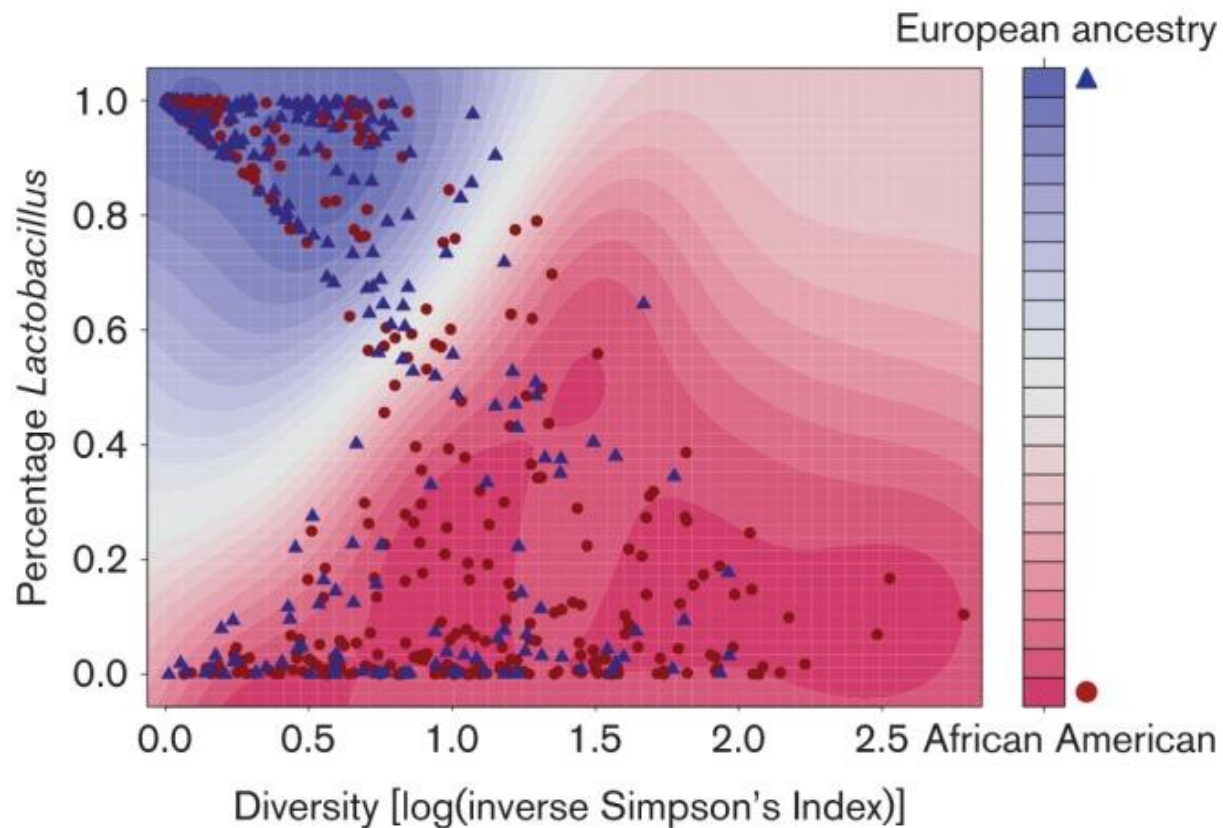
Higher Systemic Immunity Index (SII) levels are associated with an increased likelihood of developing OAB.

**Black Individuals
(OR 1.246, 95% CI 1.079–1.439)**

Age-adjusted prevalence of OAB in different levels of SII. Numbers at the top of the bars represent the weighted percentage. Bar whiskers represent the 95% confidence level.

Vaginal Microbiome

Black women more likely to have a vaginal microbiome that promotes inflammation



Adverse Childhood Experiences (ACEs), Inflammation, Bladder Symptoms

- Higher ACE scores associated with increased odds of LUTS. (aOR 1.26, 95% CI 1.07-1.48)
- The association between ACEs and LUTS may be partially mediated by the inflammation biomarker IL-6.
- Higher levels of IL-6 associated with increased odds of LUTS (aOR 1.24, 95% CI 1.05-1.47).

Physical and Built Environment: Neighborhood context

Racial and Economic Residential Segregation

- Increased Perceived Stress
- Increased cortisol levels
- Allostatic Load
- Decreased Access of services and resources



Krieger N et al. *American journal of public health* 2016
Massey DS. Et al *Sociology* 2010
Krieger N et al. *J Urban Health* 2017
Yang et al. *Maternal Child Health J.* 2015
Barrington et al. *Health Place.* 2014
Ribeiro et al. *nt J Environ Res Public Health.* 2018

Racial and Economic Segregation and Adverse postoperative outcomes after Prolapse Surgery

Associations Between Racial and Economic Segregation and 90- Day Complications

Ref: Quintile 5	ICE Race RR Unadjusted	ICE Race RR Adjusted	ICE Income RR Unadjusted	ICE income RR Adjusted	ICE Race +Income RR Unadjusted	ICE Race +Income RR Adjusted
Quintile 1	1.44 (1.03-2.03)	1.44 (1.02-2.03)	0.75 (0.53-1.06)	0.73 (0.52-1.02)	1.01 (0.76-1.35)	1.02 (0.76-1.35)
Quintile 2	1.59 (1.14-2.23)	1.55 (1.11-2.16)	0.94 (0.68-1.28)	0.90 (0.66-1.22)	0.89 (0.64-1.23)	0.86 (0.62-1.19)
Quintile 3	1.27 (0.88-1.82)	1.17 (0.81-1.68)	0.82 (0.57-1.18)	0.82 (0.57-1.18)	0.80 (0.56-1.15)	0.80 (0.57-1.12)
Quintile 4	1.30 (0.89-1.89)	1.26 (0.87- 1.84)	1.05 (0.75-1.46)	0.99 (0.71-1.37)	0.95 (0.70-1.30)	0.94 (0.69-1.27)

Covariates: Age, Dual enrollment in Medicaid, Charlson comorbidity score, Type of prolapse surgery, hysterectomy concomitant anti-incontinence procedure

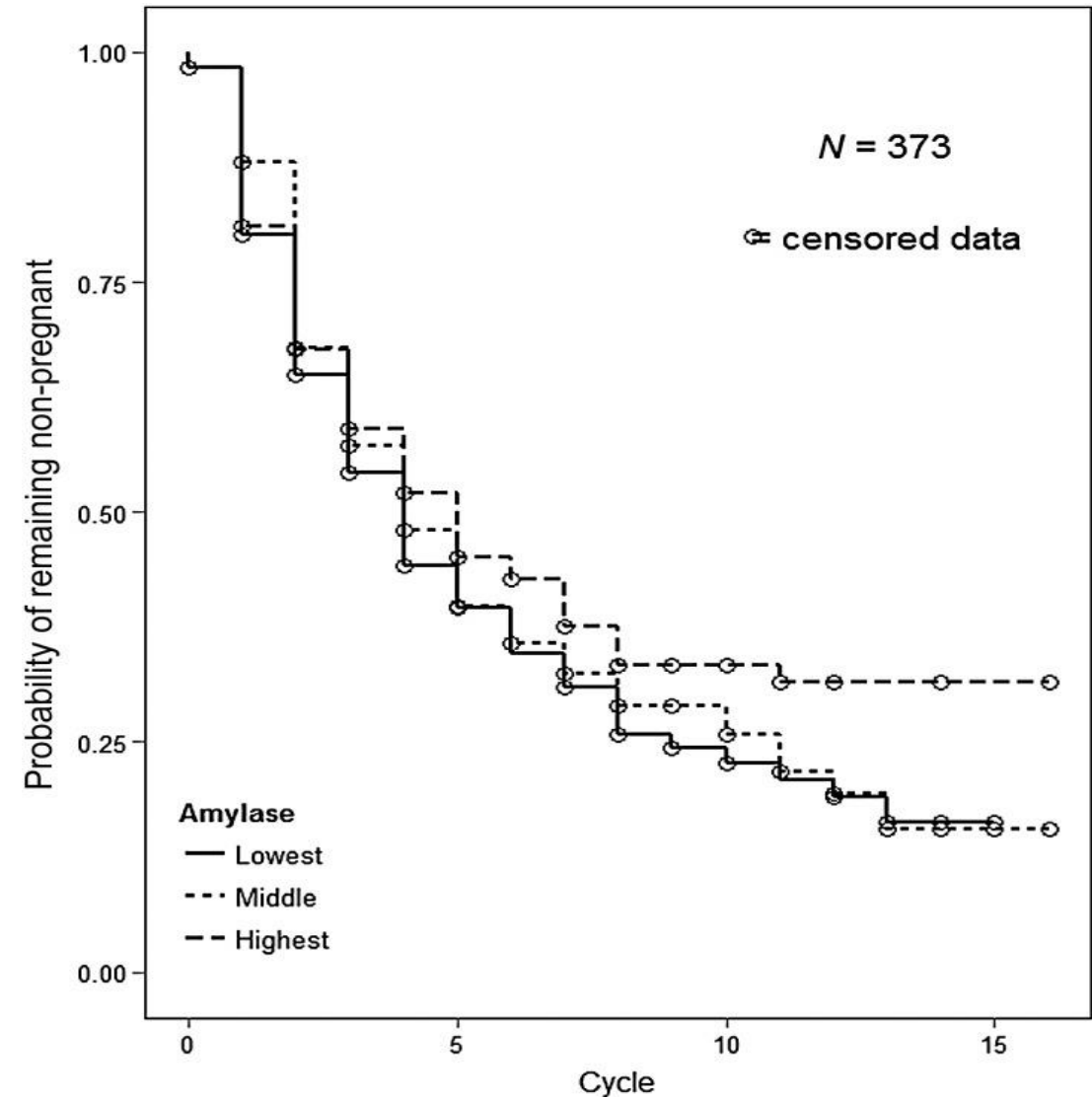
Stress and Fertility

Salivary alpha-amylase

Higher stress= 29% reduction in fecundity
(Longer time to pregnancy)

(OR 0.71, CI 0.51, 1.00)

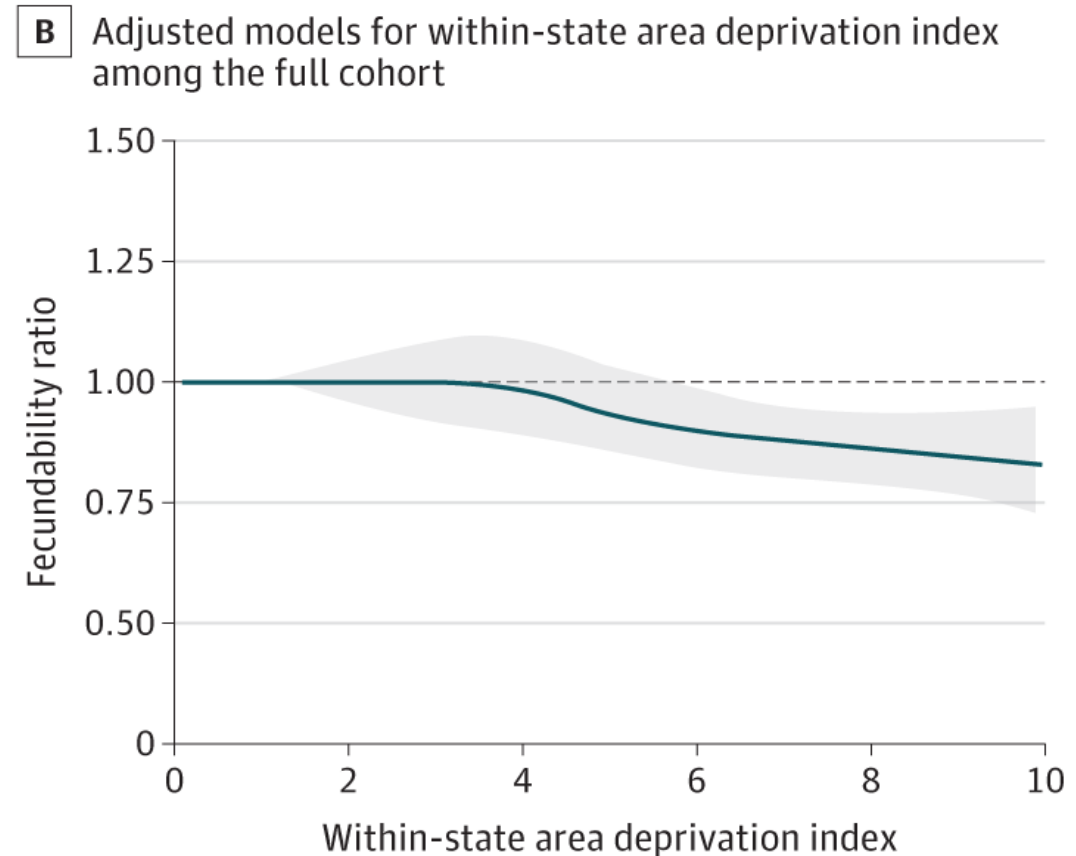
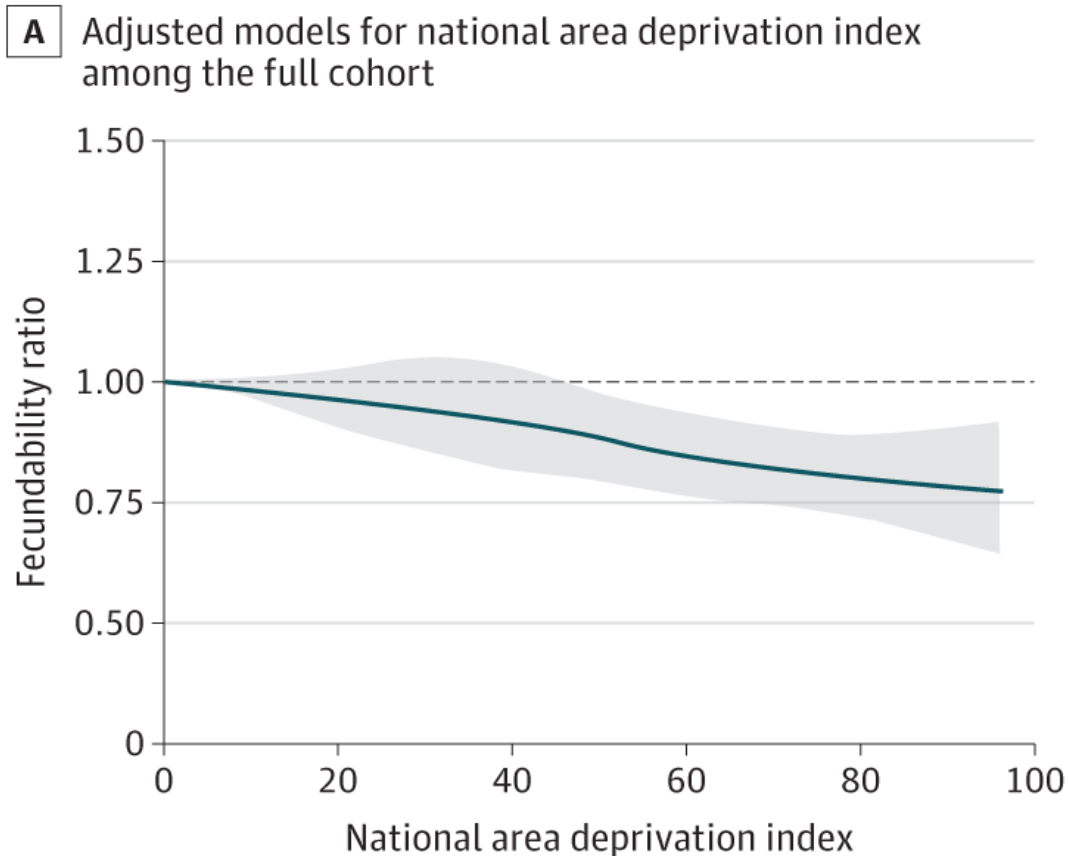
2 fold risk for infertility (RR 2.07; 95% CI
1.04, 4.11)



Neighborhood Disadvantage and Fecundability

Adjusted fecundability ratios

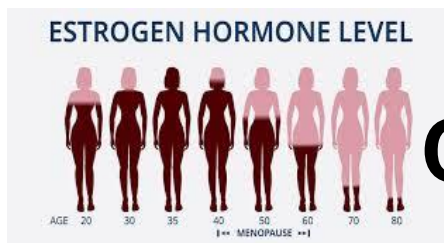
0.79 (95% CI, 0.66-0.96) and 0.77 (95% CI, 0.65-0.92)



Graphs are plots of restricted cubic splines, where the observations are trimmed at the first and 99th percentiles. The reference value is the minimum. The knots are located at 20, 40, 60, and 80 in the national spline and 2, 4, 6, and 8 in within-state spline. The blue line indicates fecundability ratio; the shaded gray area, 95% CI. Adjusted regressions contain covariates for age, daily multivitamin or folic acid intake, parity, intercourse frequency, last method of contraception used before attempting pregnancy, doing something to improve the chances of conception, and year of baseline enrollment

Weathering and Allostatic Load

Transdisciplinary model of stress: Integrating contextual, historical, habitual, and acute stress processes



COMORBIDITIES



Racial Disparity in Gynecologic Disease and Black Maternal Morbidity and Mortality. Connection or Coincidence?







- Cardiovascular disease
- Preeclampsia
- Psychological morbidity
- Structural racism mediated changes to the vaginal microbiome

To what extent these conditions have overlapping inflammatory pathways, risk and protective factors and connections to other gynecologic conditions warrants further study.

Thank you

RACE IS ONLY A PROXY

		Levels of Influence*			
		Individual	Interpersonal	Community	Societal
Domains of Influence <i>(Over the Lifecourse)</i>	Biological	Biological Vulnerability and Mechanisms	Caregiver–Child Interaction Family Microbiome	Community Illness Exposure Herd Immunity	Sanitation Immunization Pathogen Exposure
	Behavioral	Health Behaviors Coping Strategies	Family Functioning School/Work Functioning	Community Functioning	Policies and Laws
	Physical/Built Environment	Personal Environment	Household Environment School/Work Environment	Community Environment Community Resources	Societal Structure
	Sociocultural Environment	Sociodemographics Limited English Cultural Identity Response to Discrimination	Social Networks Family/Peer Norms Interpersonal Discrimination	Community Norms Local Structural Discrimination	Social Norms Societal Structural Discrimination
	Health Care System	Insurance Coverage Health Literacy Treatment Preferences	Patient–Clinician Relationship Medical Decision-Making	Availability of Services Safety Net Services	Quality of Care Health Care Policies
Health Outcomes		 Individual Health	 Family/ Organizational Health	 Community Health	 Population Health



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Racial Disparities in Uterine Fibroids

“The Fibroid Factor” in Maternal Mortality

Sandra Madueke-Laveaux, MD, MPH

Associate Professor, Obstetrics & Gynecology

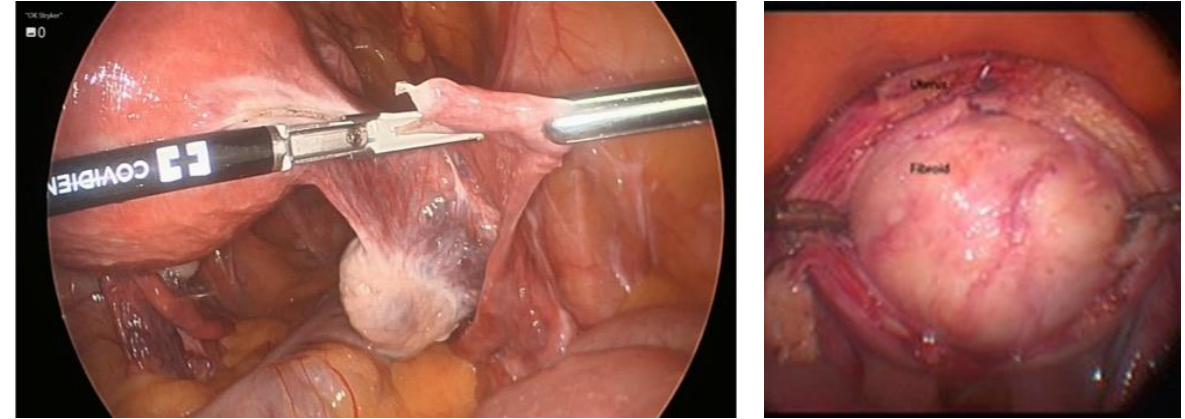
Division of Gynecology & Minimally Invasive Surgery

Director, Center for Advanced Treatment and Research (CATeR) of Uterine Fibroids

University of Chicago Medicine

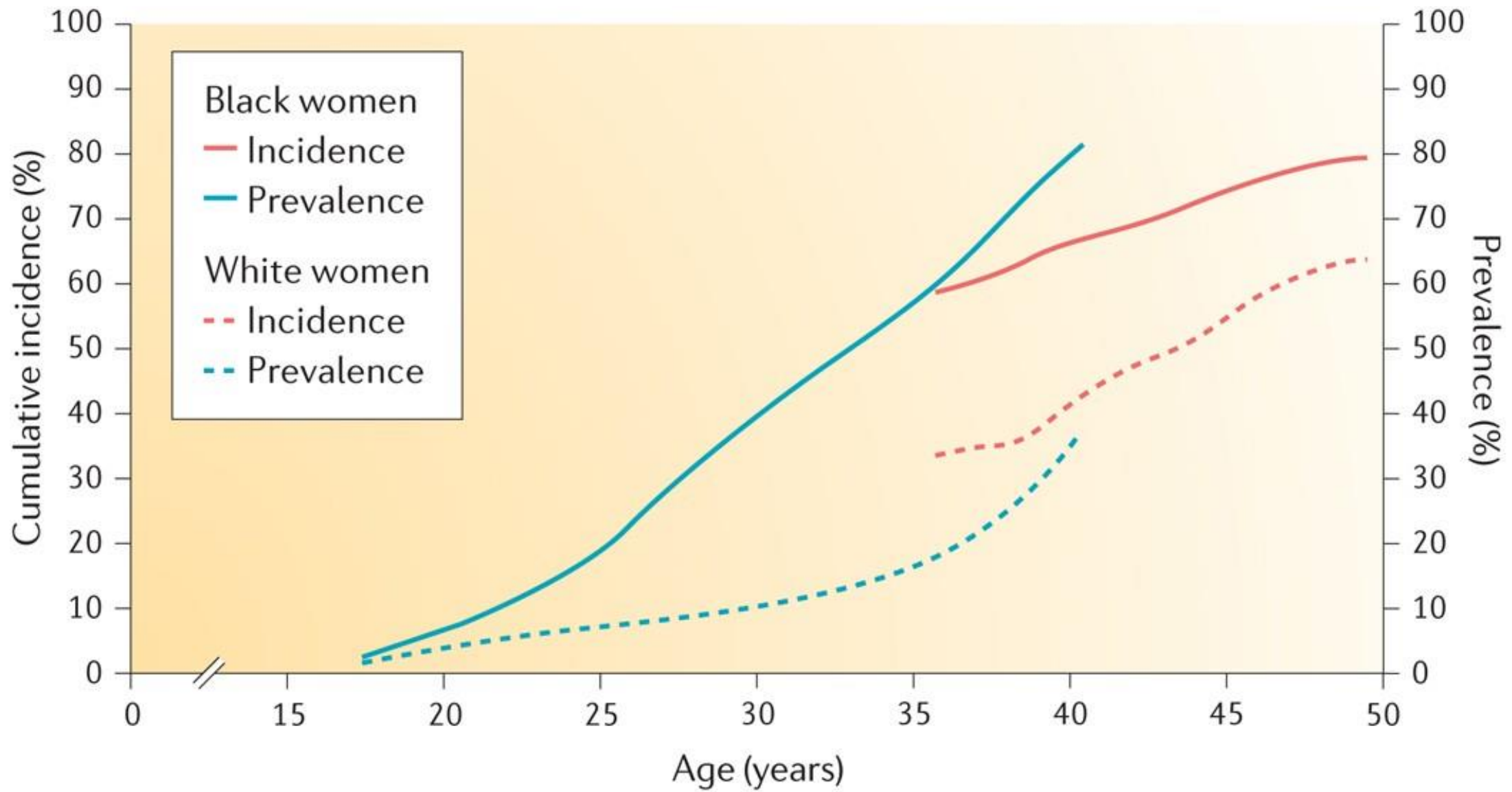
Uterine Fibroids (UF)

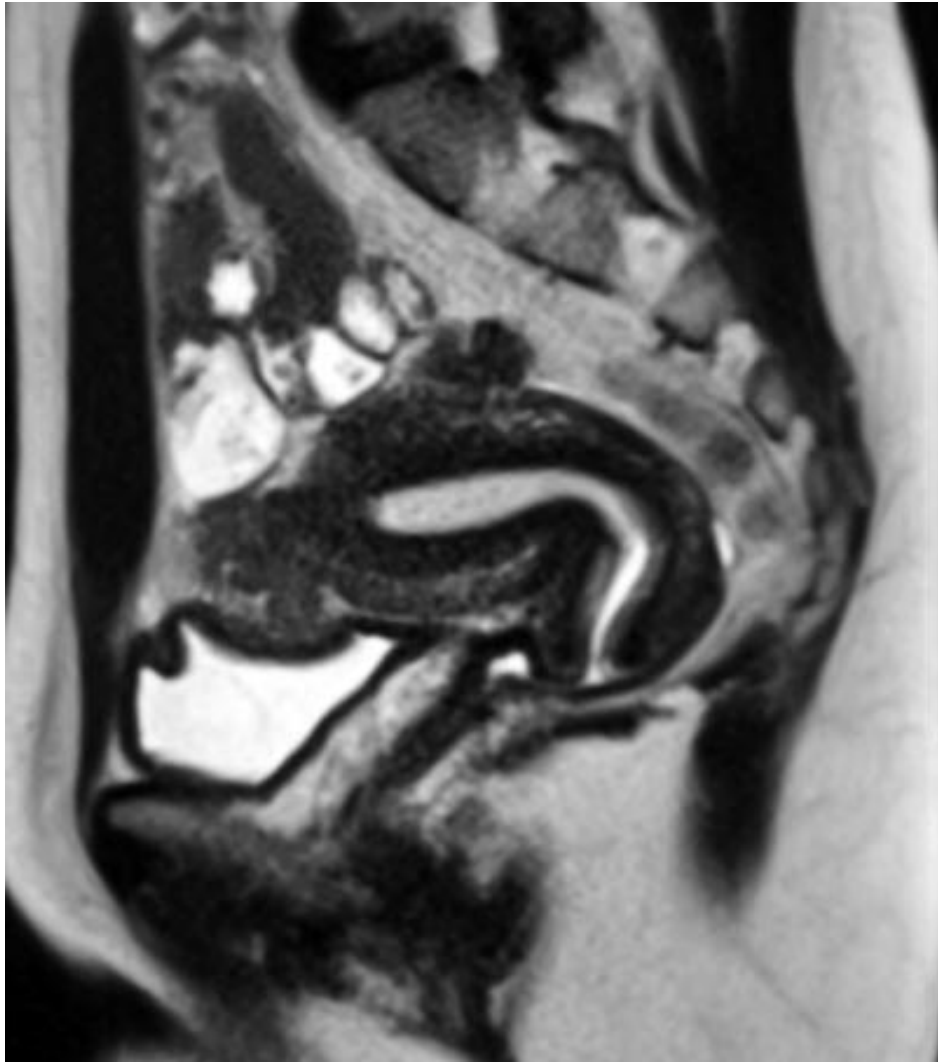
- Benign smooth muscle tumor
- 70-80% prevalence in reproductive age
- Significant source of morbidity
 - leading indication for hysterectomy
 - major cause of gynecologic dysfunction
 - Severe & debilitating symptoms
- **4x more common in Blacks**
 - **More severe disease**
 - **Younger age of onset**



MIS hysterectomy & myomectomy



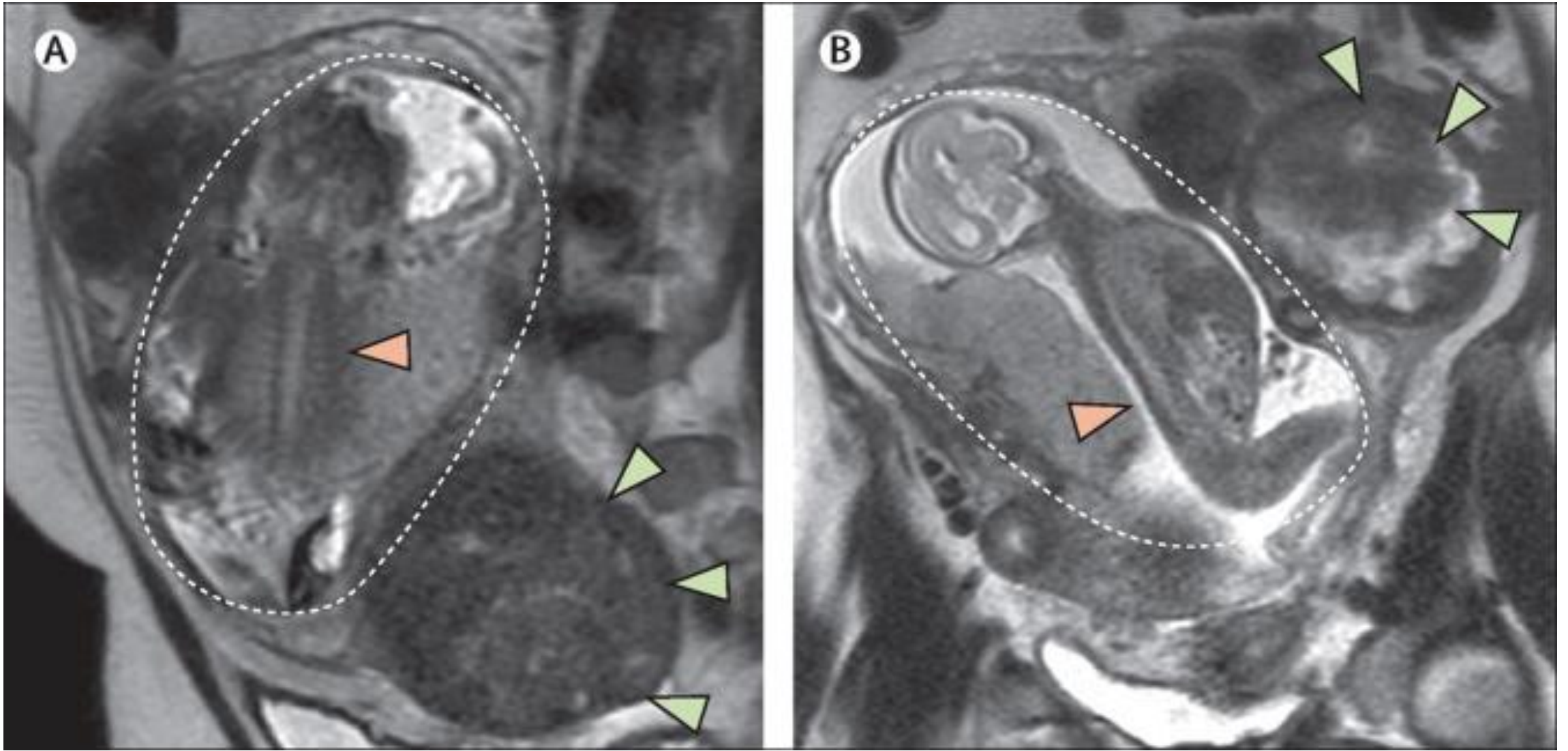




MRI - Normal Uterus



MRI - Fibroid Uterus





**World Health
Organization**

About 287 000 women died during and following pregnancy and childbirth in 2020.
Most could have been prevented.

- Sub-Saharan Africa and Southern Asia accounted for around 87% (253 000)
- Sub-Saharan Africa alone accounted for around 70% of maternal deaths (202 000)
- Southern Asia accounted for around 16% (47 000)



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The major complications that account for nearly 75% of all maternal deaths are -

- Severe bleeding (mostly bleeding after childbirth)
- Infections (usually after childbirth)
- High blood pressure during pregnancy (pre-eclampsia and eclampsia)
- Complications from delivery
- Unsafe abortion

The influence of uterine fibroids on adverse outcomes in pregnant women: a meta-analysis

[Hong Li](#), [Zhonghua Hu](#), [Yuyan Fan](#) & [Yingying Hao](#) 

[BMC Pregnancy and Childbirth](#) **24**, Article number: 345 (2024) | [Cite this article](#)

- Preterm birth
- Cesarean delivery
- Postpartum hemorrhage (PPH)
- Miscarriage
- Preterm premature rupture of membranes (PPROM)
- Placental abruption
- Placenta Previa
- Pre-eclampsia
- Malposition
- Intrauterine fetal death
- Low birth weight
- Breech presentation
- Fetal distress



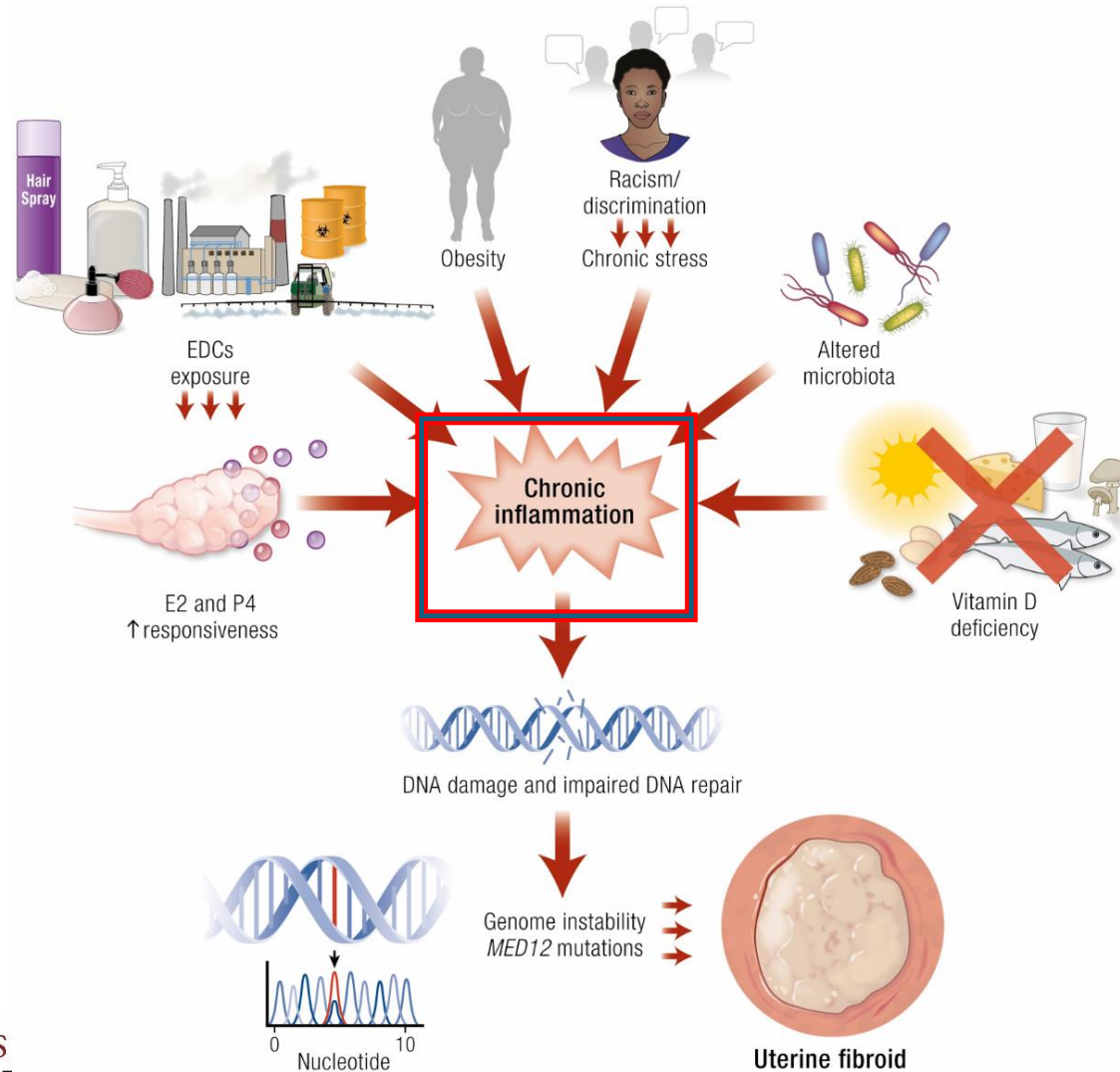
Overlapping
etiologies



Different
etiologies
affecting the
same racial group



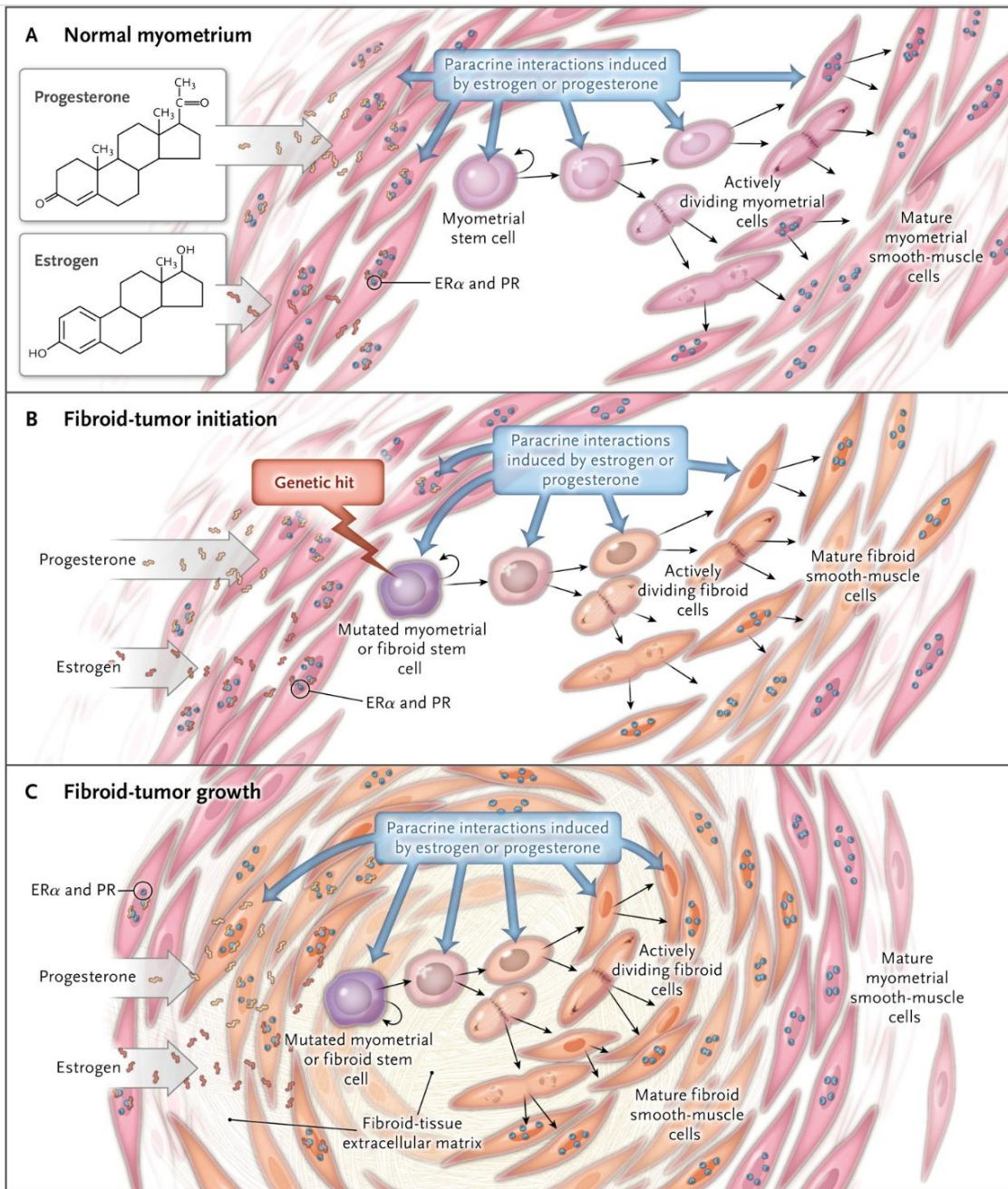
Pathogenesis of Uterine Fibroids



Comprehensive Review of Uterine Fibroids: Developmental Origin, Pathogenesis, and Treatment

Qiwei Yang , Michal Ciebiera, Maria Victoria Bariani, Mohamed Ali, Hoda Elkafas, Thomas G Boyer, Ayman Al-Hendy 

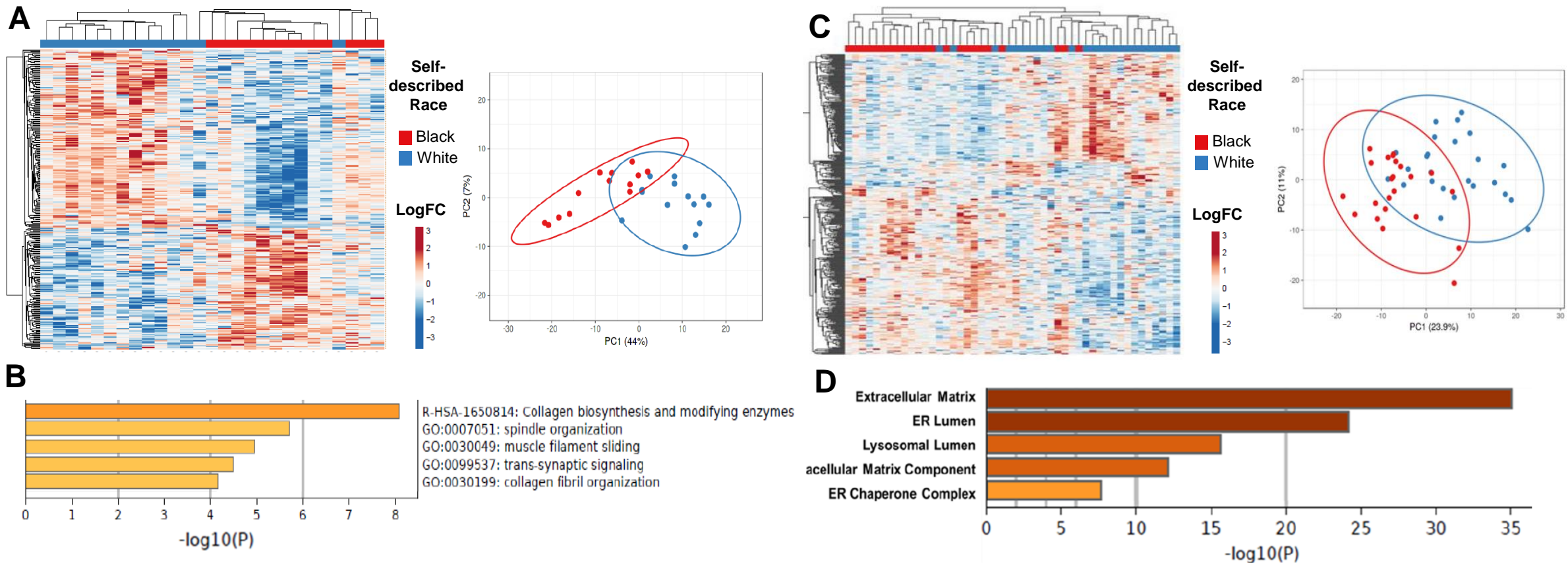
Endocrine Reviews, Volume 43, Issue 4, August 2022, Pages 678–719,
<https://doi.org/10.1210/endrev/bnab039>



Extracellular Matrix (ECM) correlates to
UF stiffness, structure & support

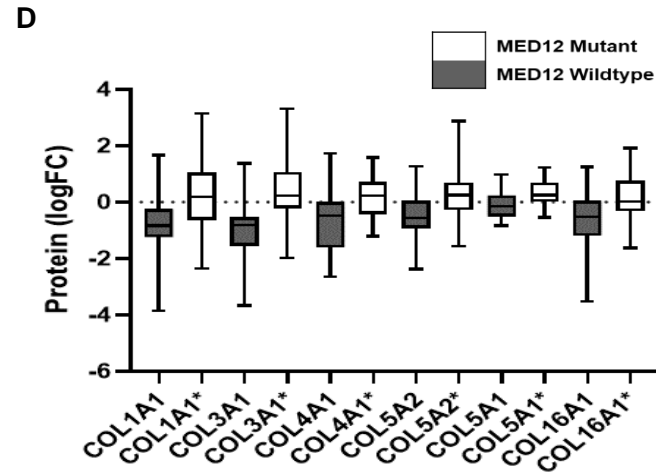
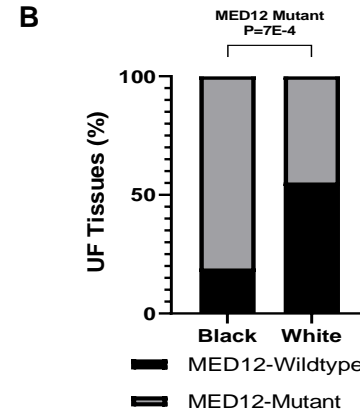
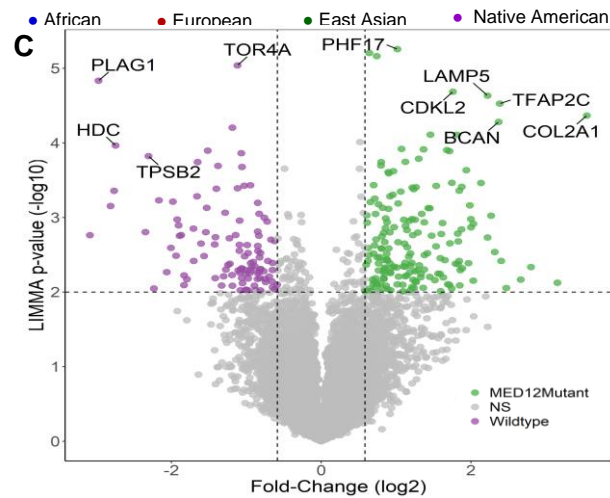
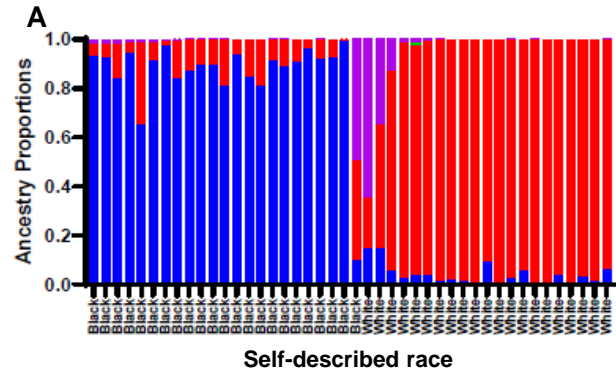
ECM serves as a reservoir of growth
factors and bioactive molecules e.g.,
TGF- β

On a Molecular Level...Enrichment of ECM pathways in Black vs. White

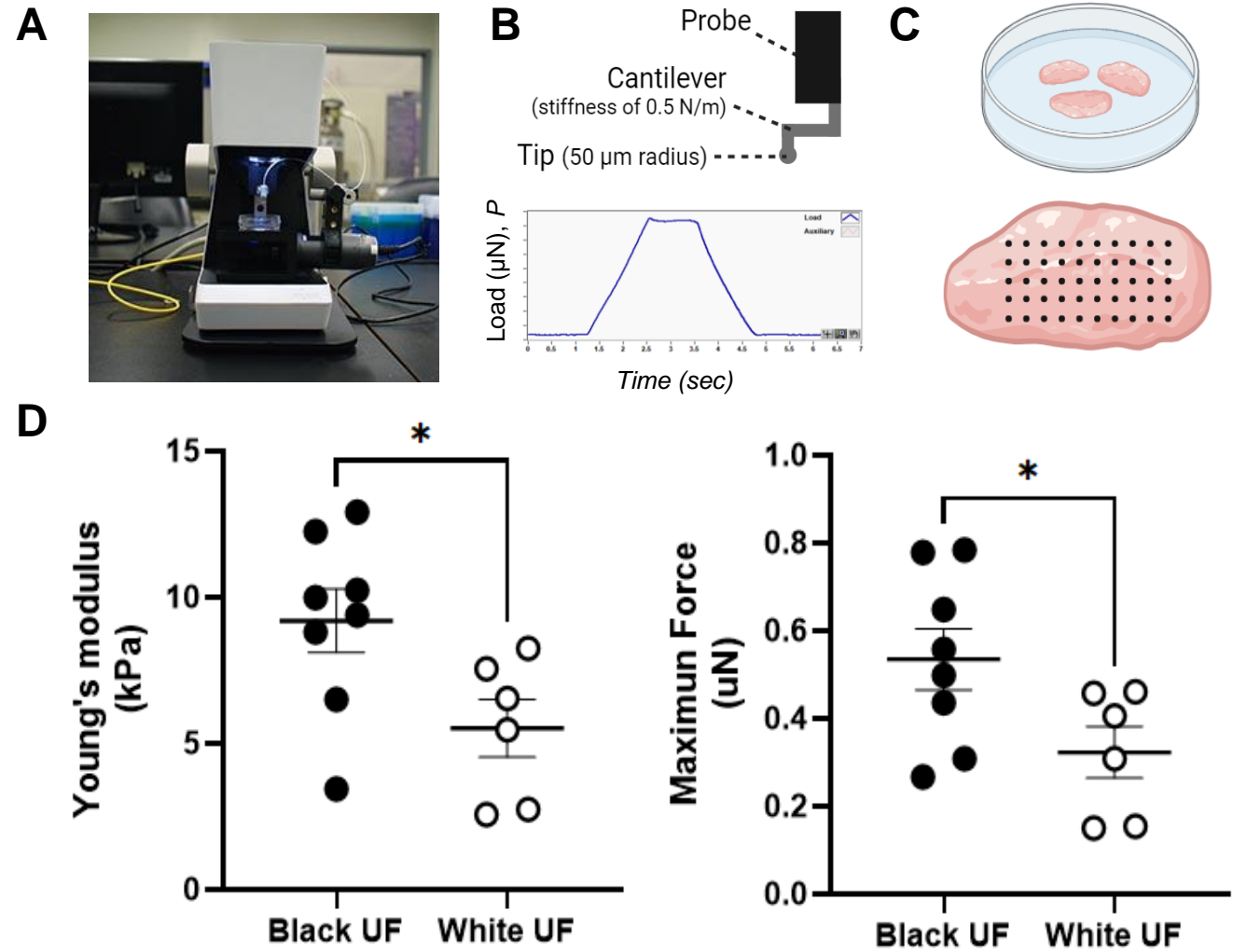


MED 12 mutation..

Link to collagen isoform alteration



Ex-vivo Tissue stiffness measurement

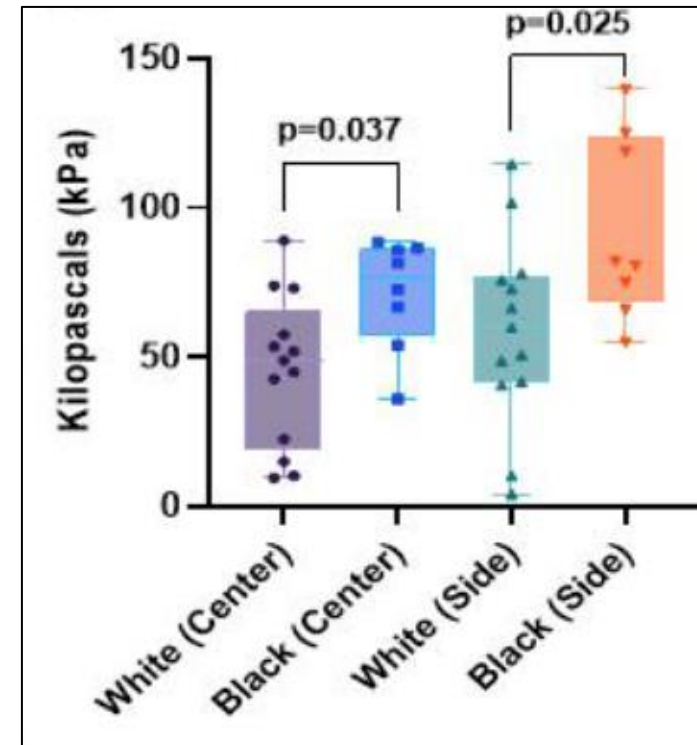


GYNECOLOGY

Multomic analysis of uterine leiomyomas in self-described Black and White women: molecular insights into health disparities

SWE to compare UF stiffness in Black vs. White patients

Pilot study Black (n=8) vs White (n=13)

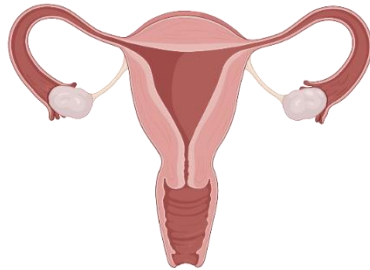


Uterine Tissue Stiffness Contribution to Fibroid Ethnic Disparity

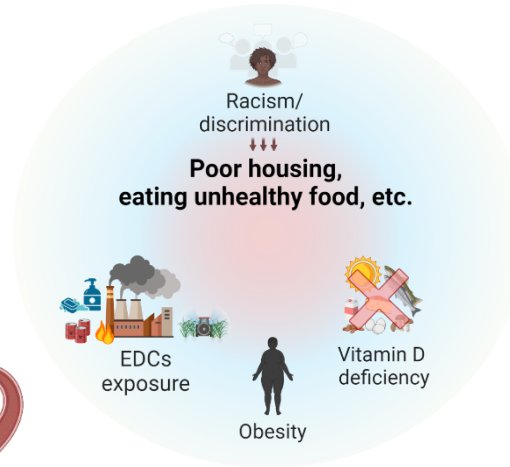
BLACK



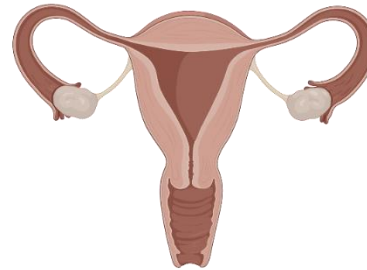
Stiff MyoN due to more ECM anthropologically



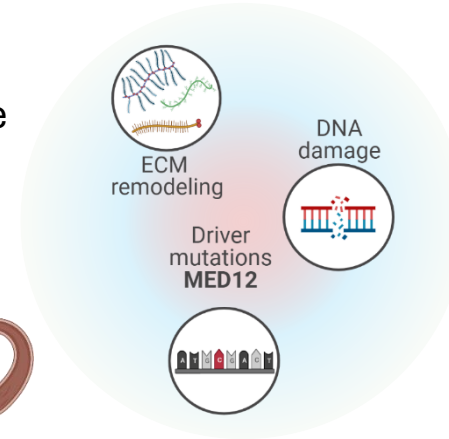
MyoN
(normal myometrium)



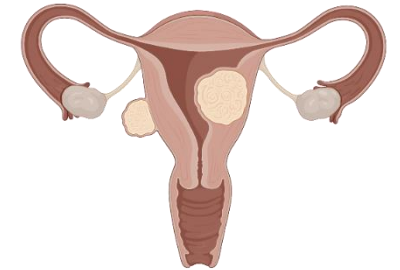
Even **more Stiff MyoF** due to more ECM and more inflammation



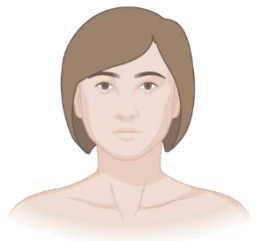
MyoF
(myometrium at-risk)



Large/Early onset fibroid burden with lots of ECM



UF
(myometrium with uterine fibroids)



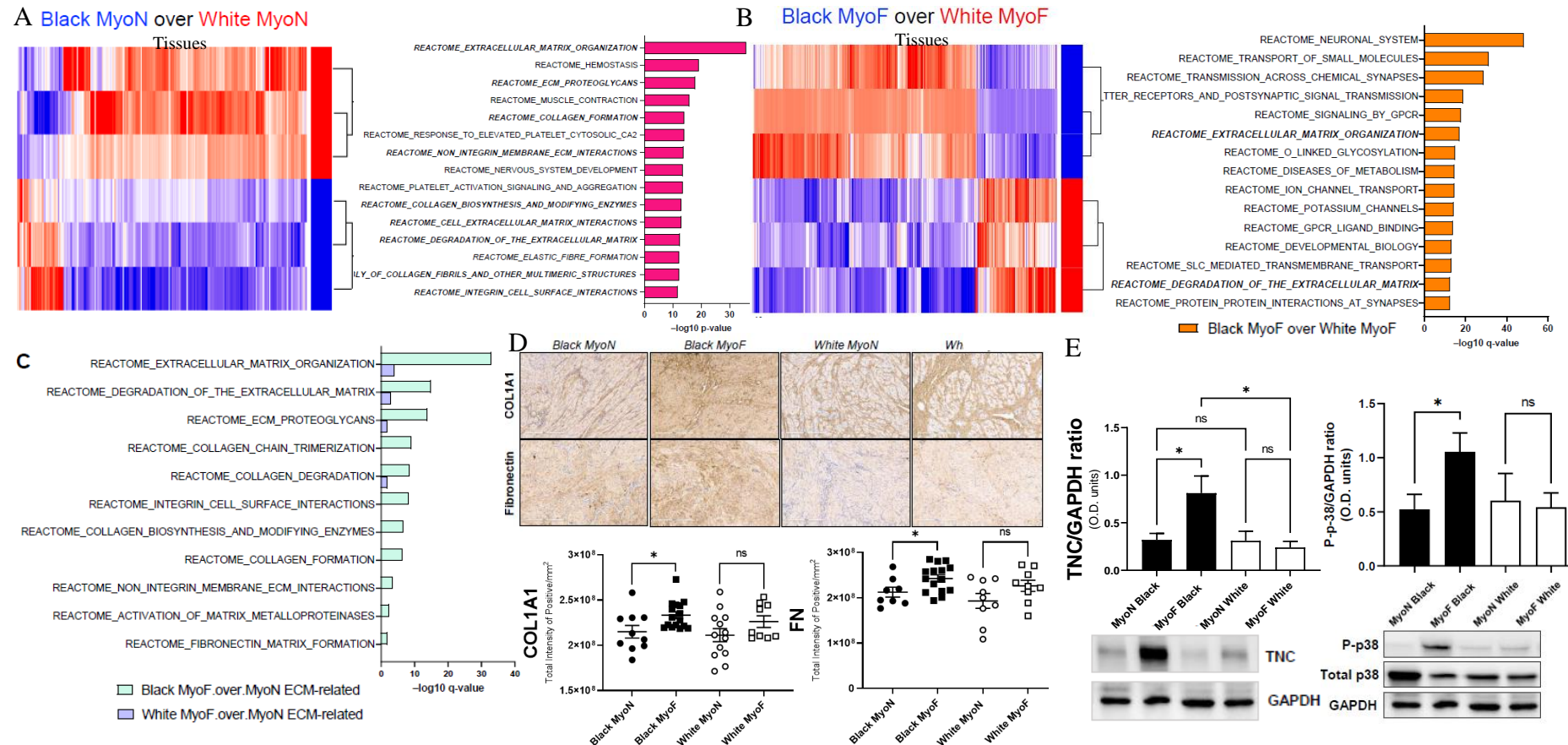
WHITE

Soft MyoN due to less ECM anthropologically

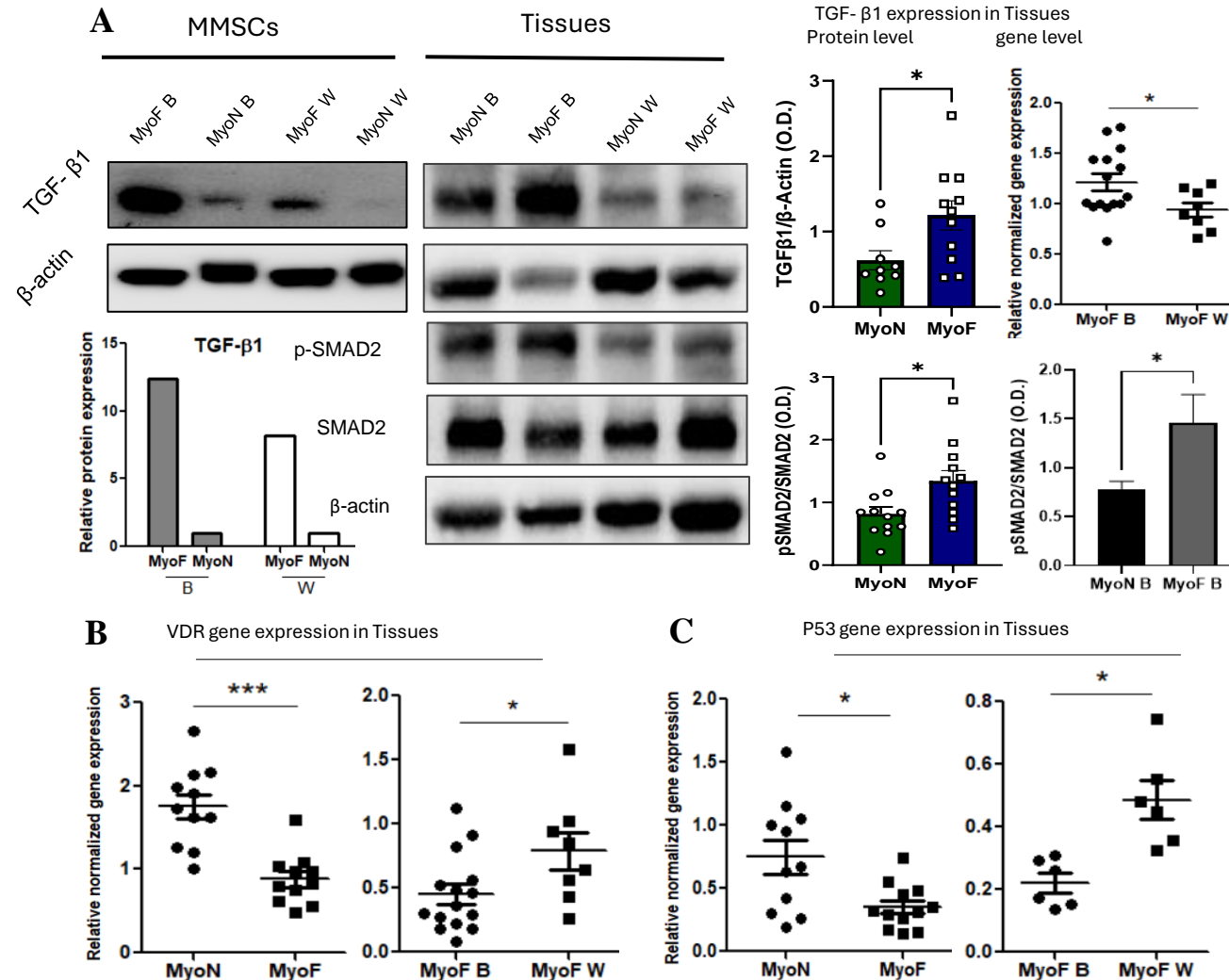
Slightly stiffer MyoF that MyoN due to more ECM and more inflammation but still way less than blacks

Small/late onset fibroid burden with less ECM

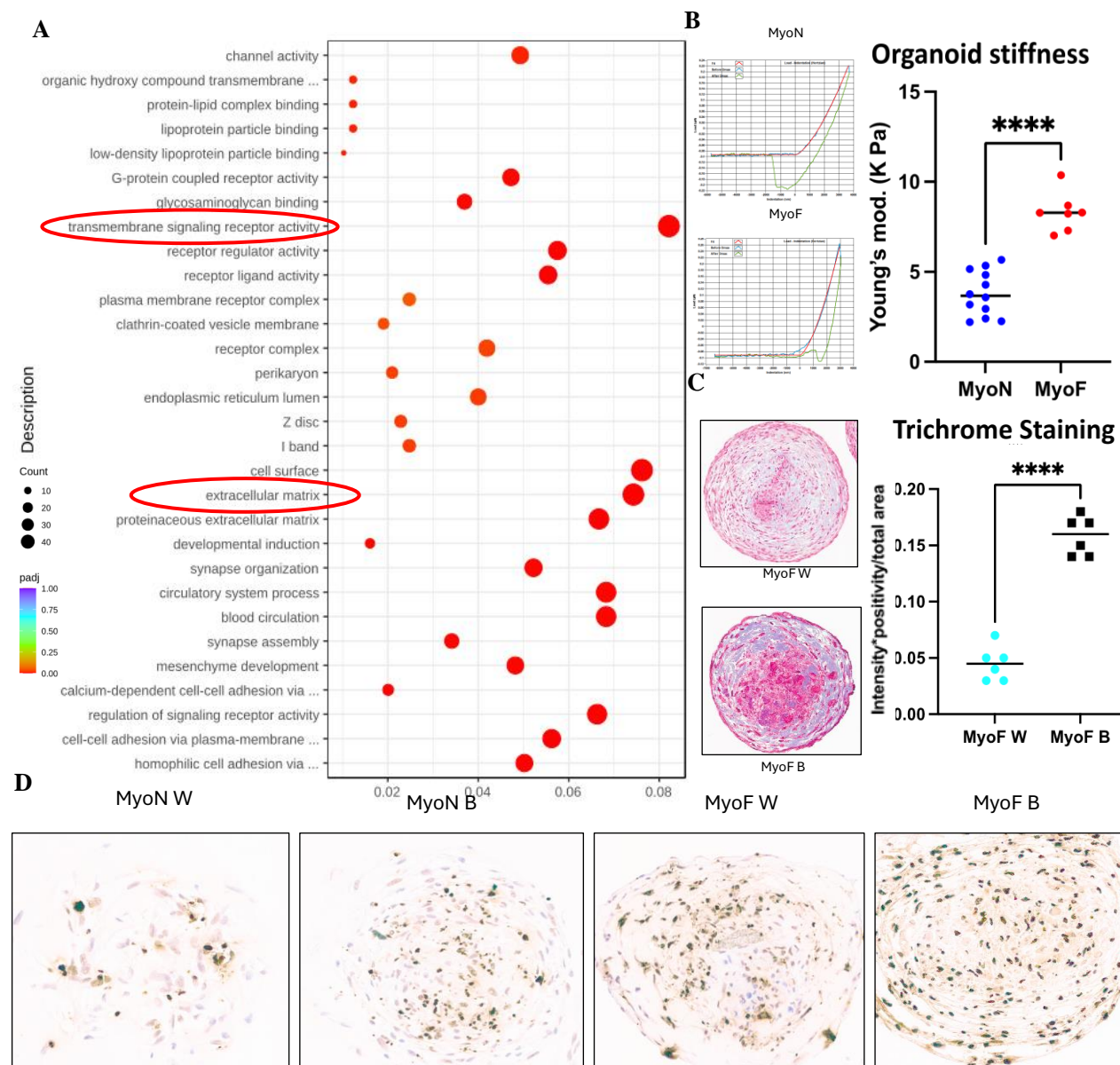
ECM- related pathways in Black vs. White uterine myometrium (pre-fibroid)



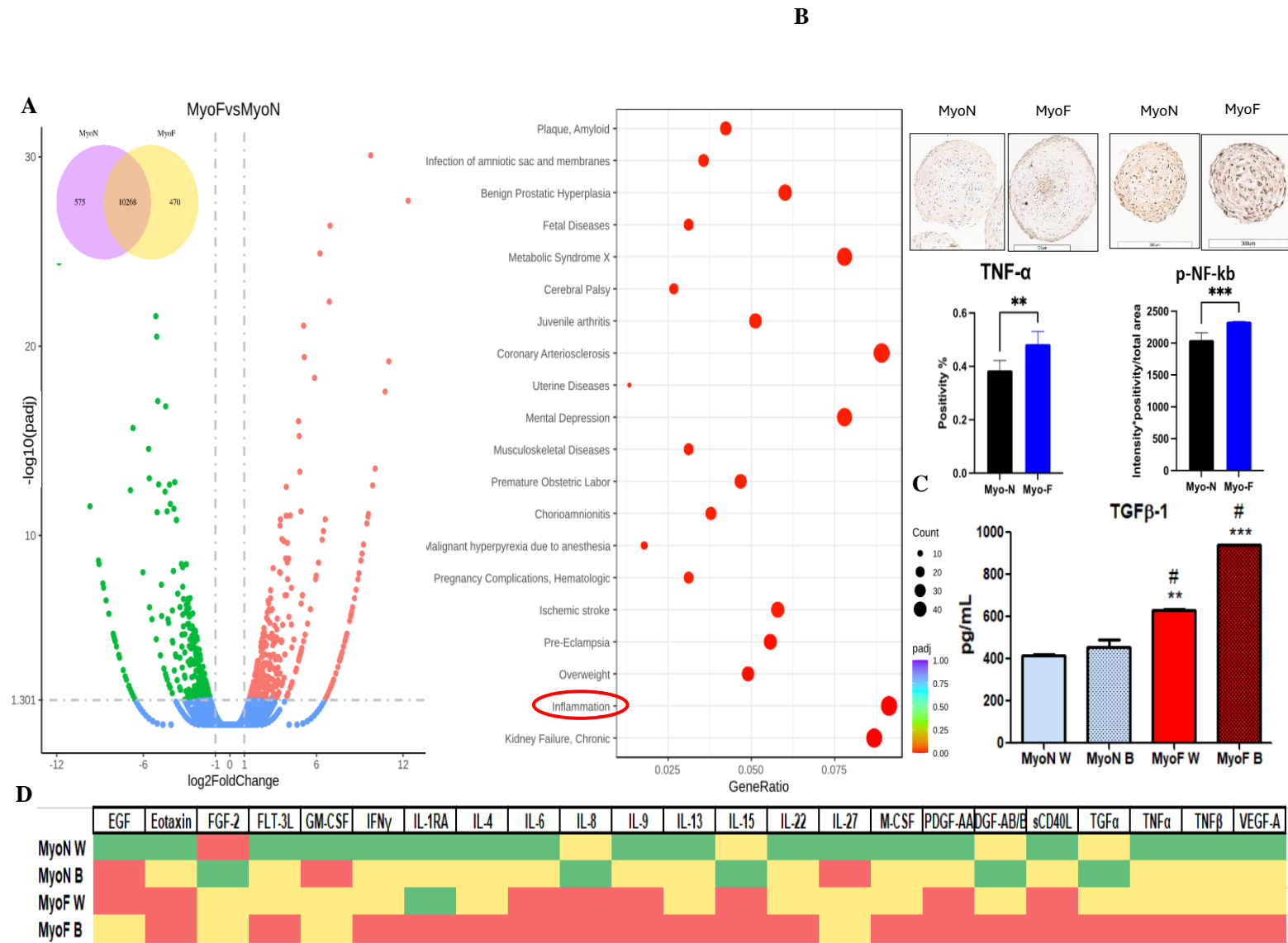
The role of Inflammation in fibroid formation (pre- fibroid)



3D Organoid (Myometrium) – ECM overexpression



3D Organoid (Myometrium) - Inflammation & Angiogenesis



The heights by great men reached and kept were not attained by sudden flight, but they, while their companions slept, were toiling upward in the night.
- Henry Wadsworth Longfellow

Special Thanks

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Mohammed Ali PhD
Qiwei Yang PhD
Maria Bariani PhD
Ernst Lengyel MD, PhD
Al-Hendy Lab



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RISE UP 2024

Evolutionary Trajectory of Breast Cancer In Diverse Populations

Funmi Olopade, MBBS, FASCO, OON

Professor of Medicine & Human Genetics

The University of Chicago

Disclosure Information

Olufunmilayo Olopade, MD, FAACR, OON

I have the following financial relationships to disclose:

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Stockholder in: CancerIQ, Tempus,

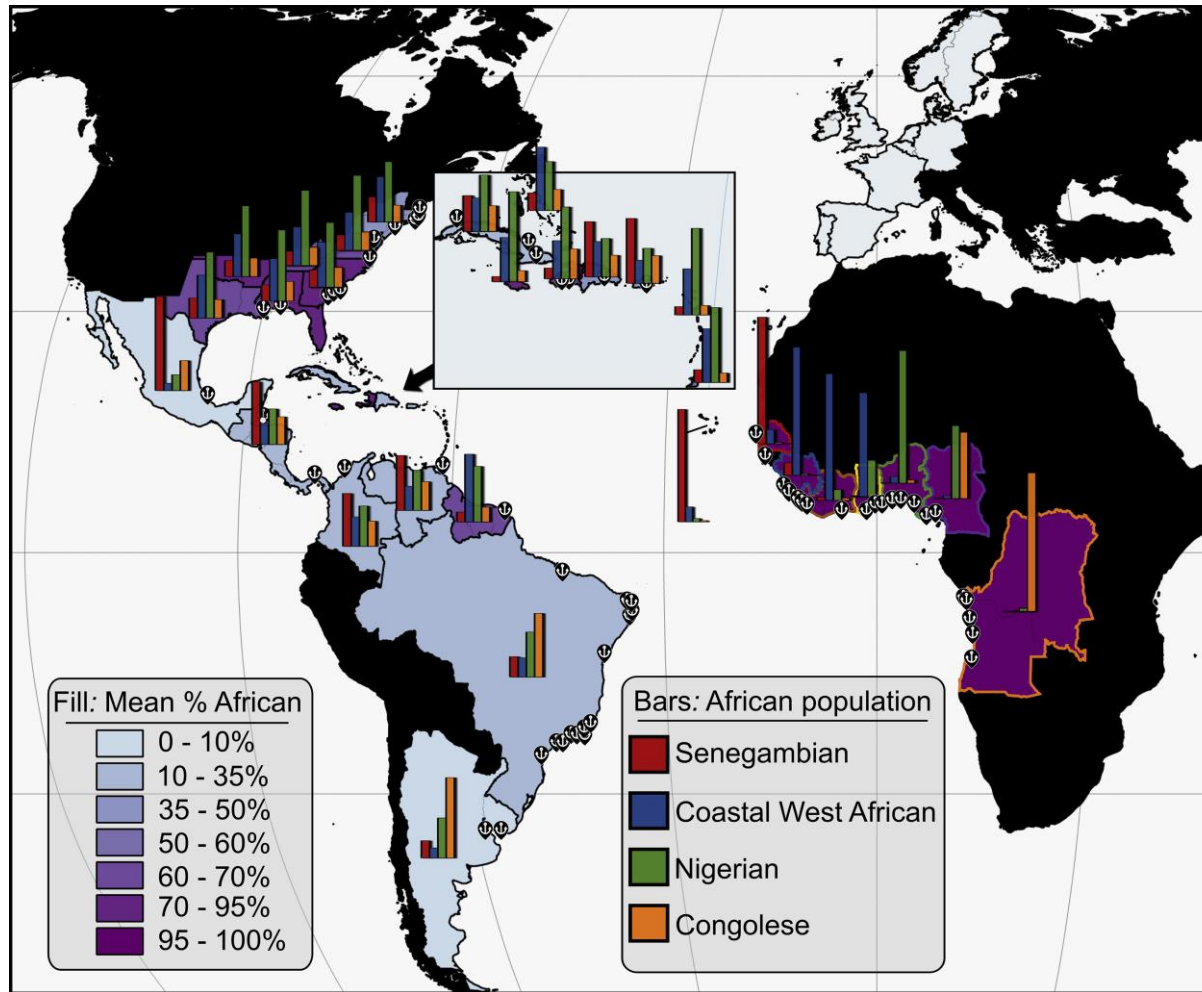
Employee of: The University of Chicago

Board of Trustees: Healthy Life for All Foundation

-and-

I will not discuss off label use and/or investigational use in my presentation.

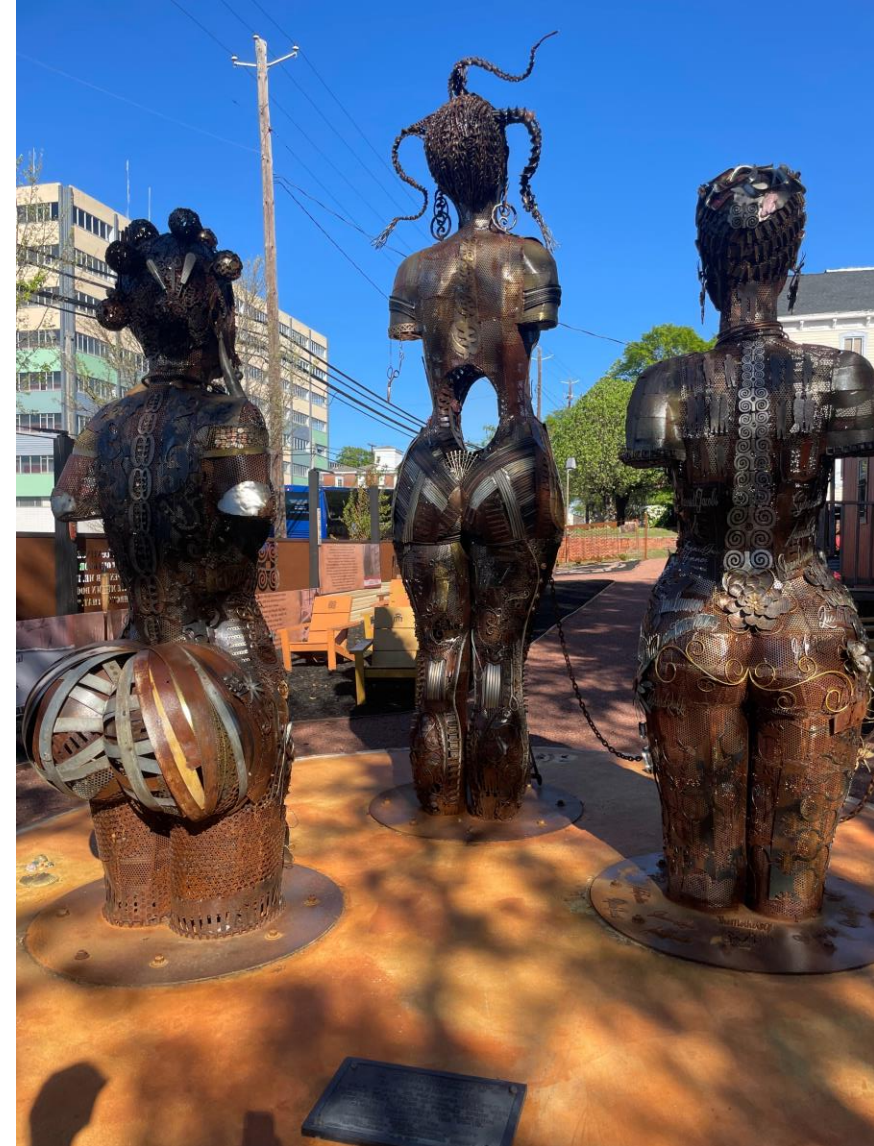
Majority of Black Women in the US, Britain, Europe and Caribbean Islands have Roots in Nigeria and West Africa



Micheletti et al. Genetic consequences of the Transatlantic Slave Trade in the Americas 1
23andMe, Inc., AJHG 107, 265–277, August 6, 2020

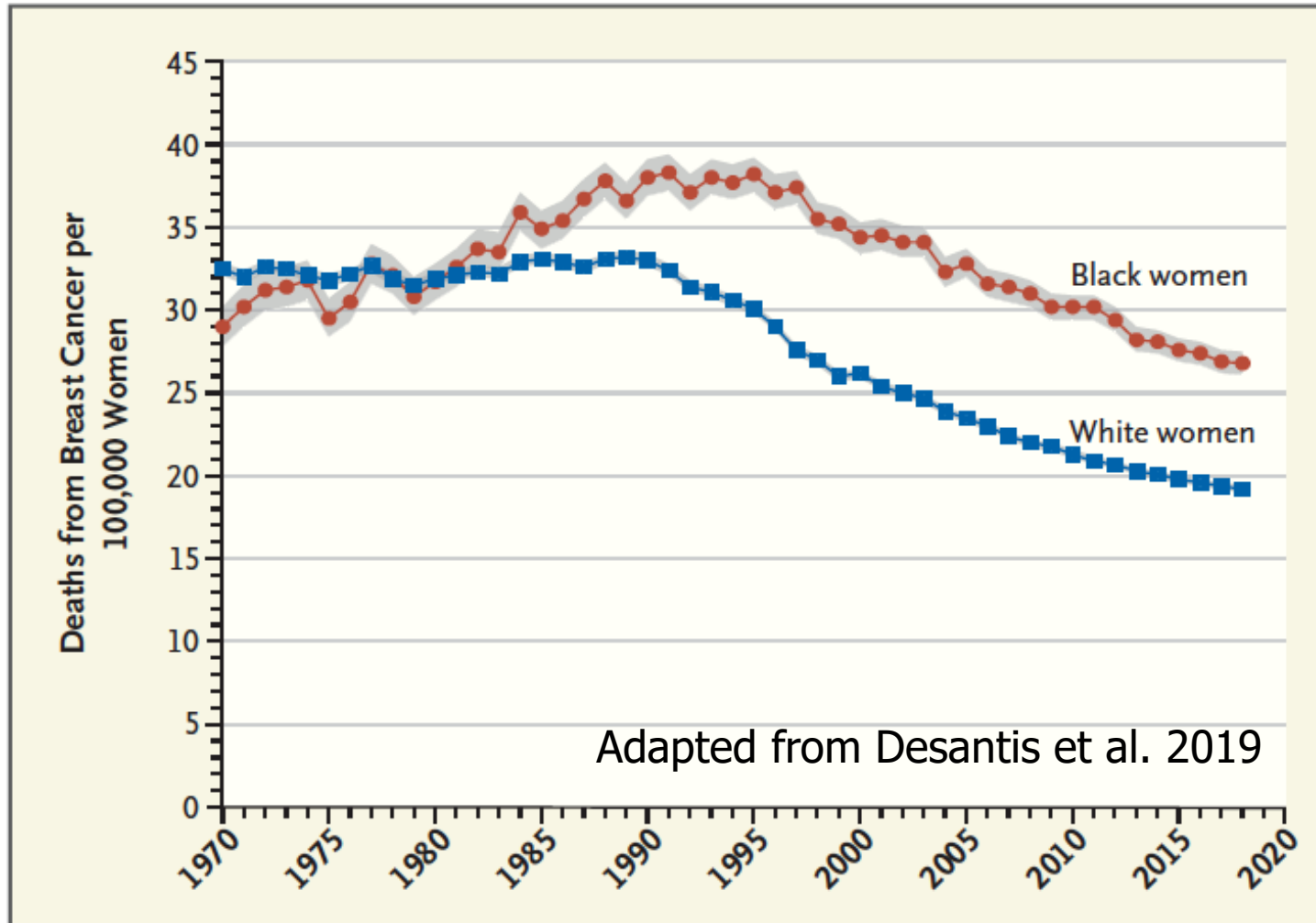
- Forced deportation of over 10 million Africans
- DNA from those who survived live on in Black populations from North, Central, and South America as well as the Caribbean
- Violence on Black and Brown populations shaped the current genetic landscape of African ancestry in the Americas
- Black women have the highest death rate from breast cancer

Legacy of Slavery and Social Injustice



March 2023 visit to Montgomery

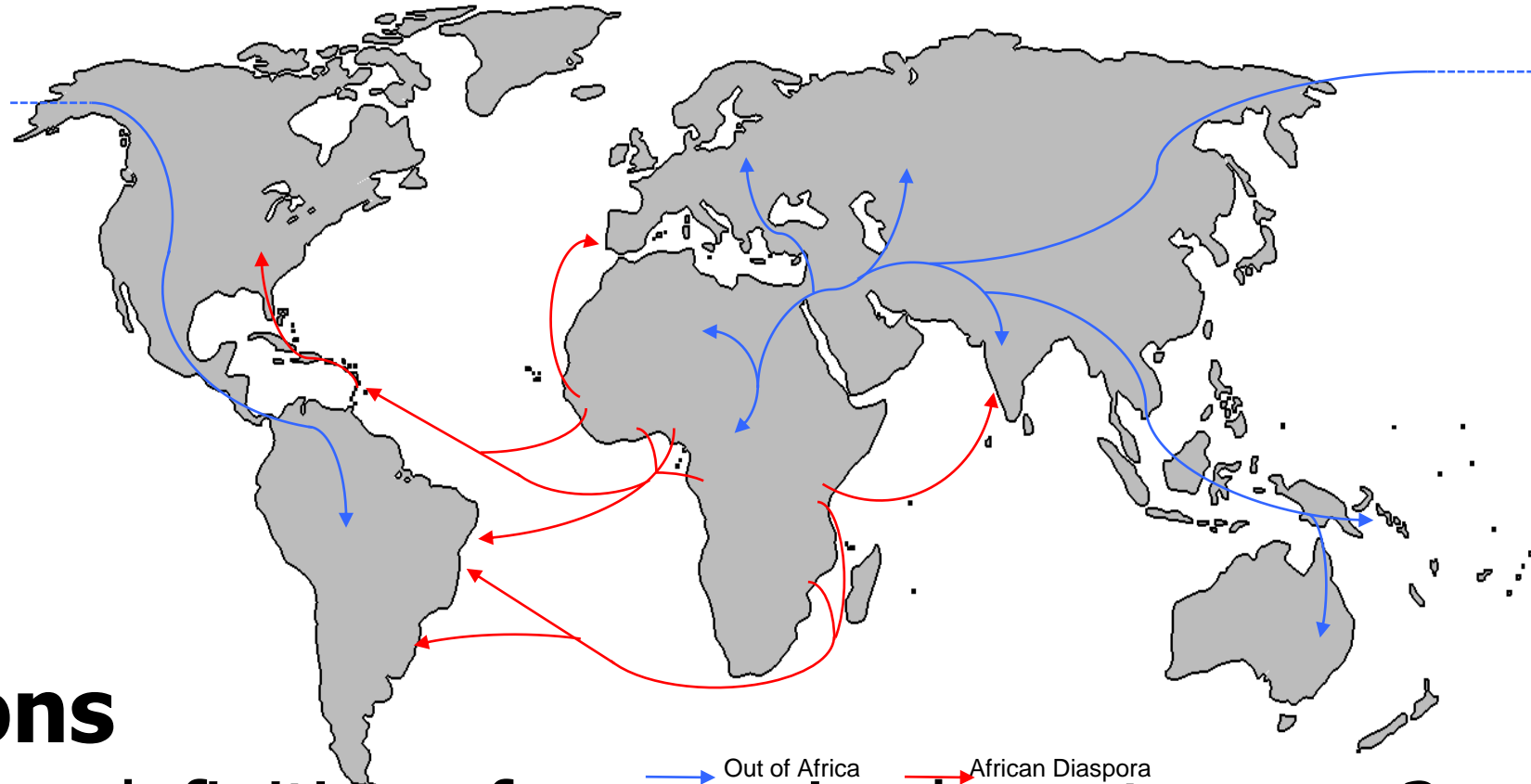
Racial Disparity in U.S Breast Cancer Mortality



Trends in Breast-Cancer Mortality among Black Women and White Women in the United States, 1970 through 2018.

- Introduction of Mammography
- Adoption of Tamoxifen
- Mortality 19% higher for Black women for HR-positive despite 22% lower incidence
- Mortality for HR-negative twice as high for Black women
- 40% overall mortality gap

"Out of Africa" Theory of Early Migration

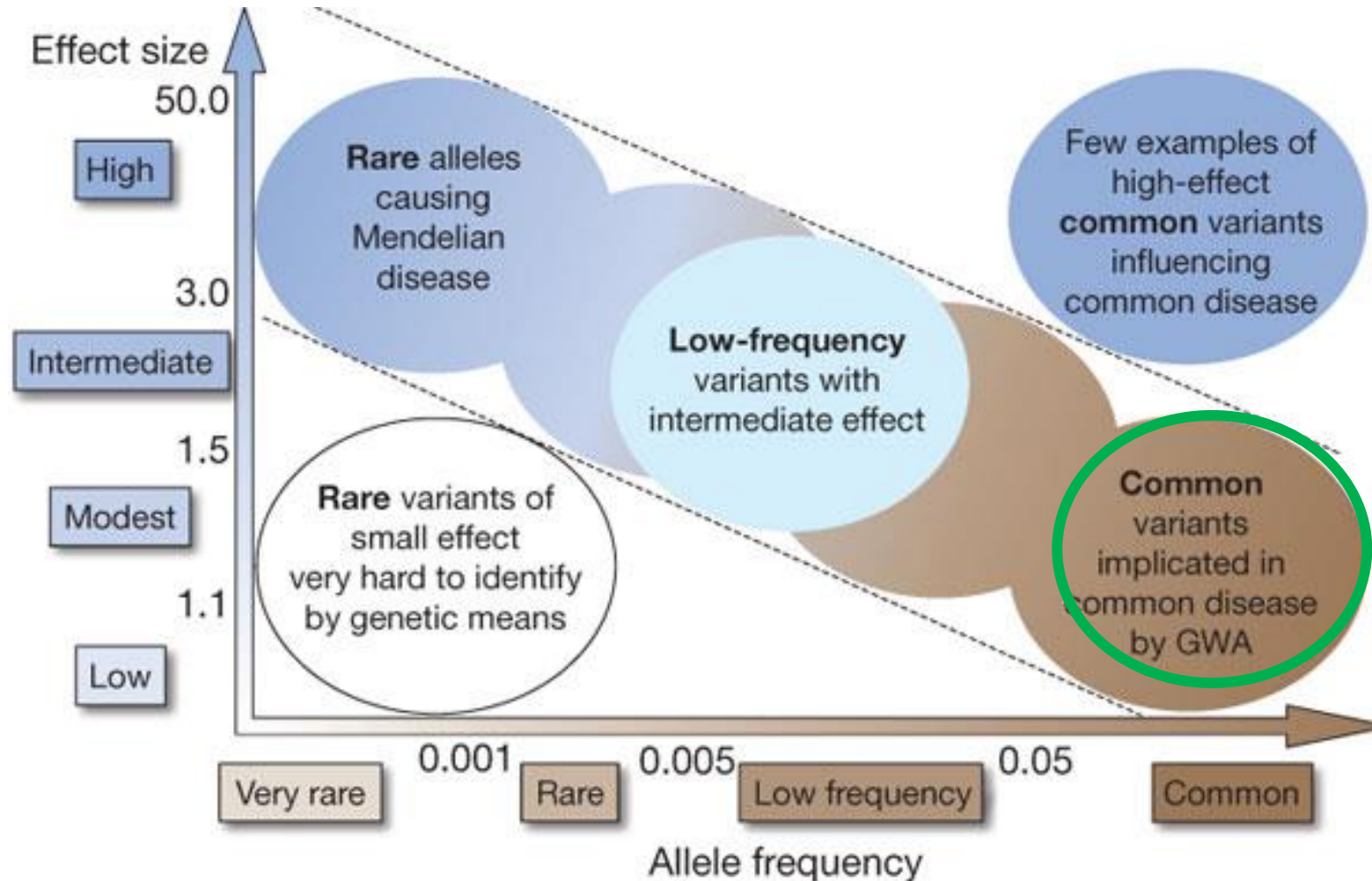


Questions

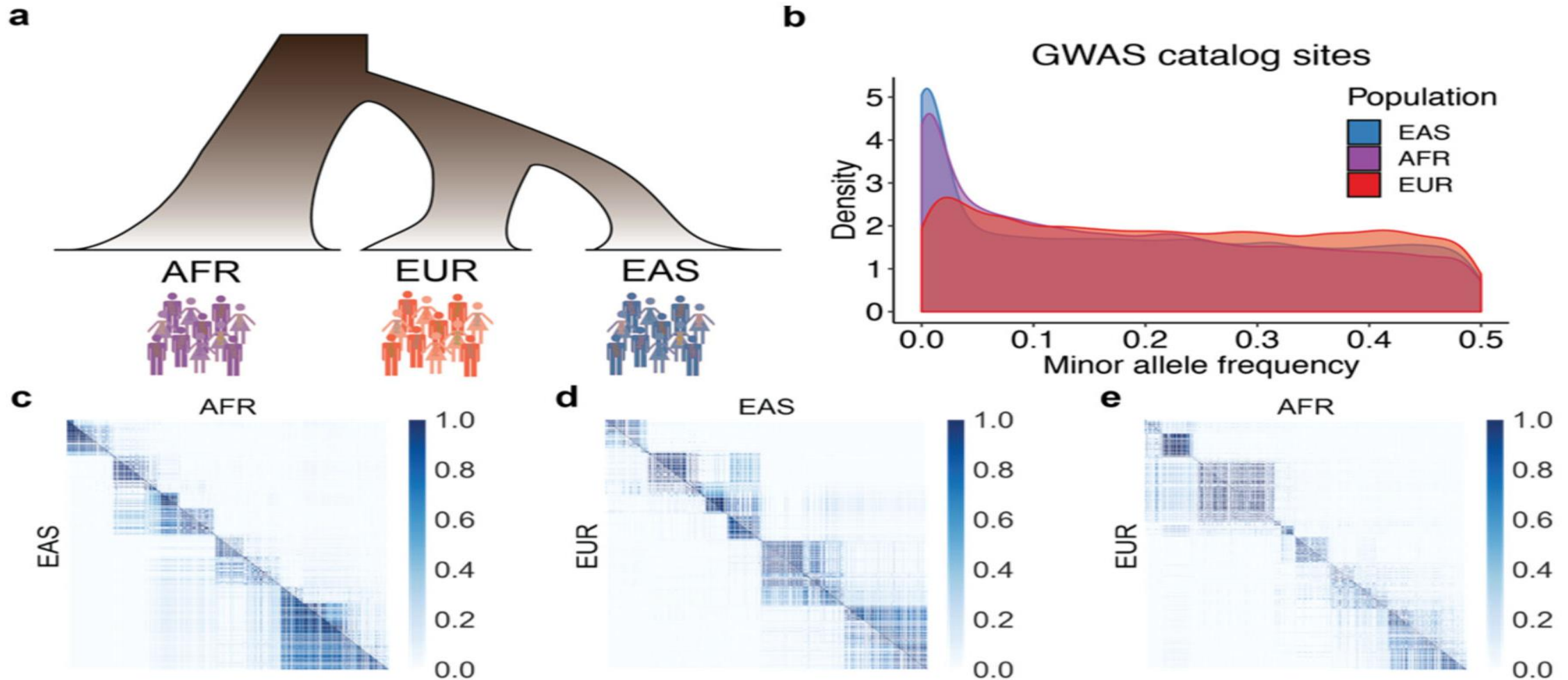
What is the definition of aggressive breast cancer?

Could the burden of lethal breast cancer in Black women be due to differences in the distribution of lifestyle and genomic risk factors?

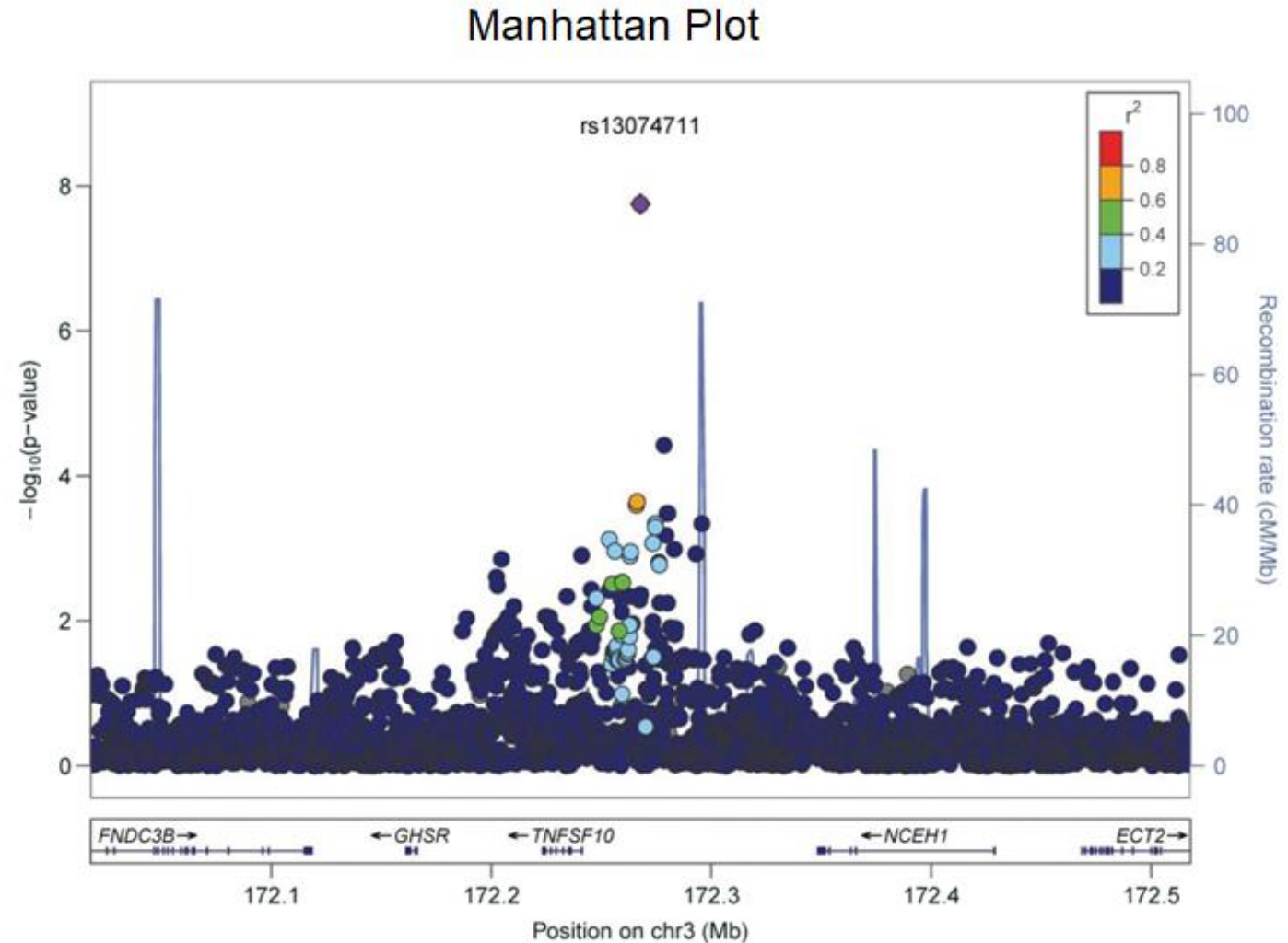
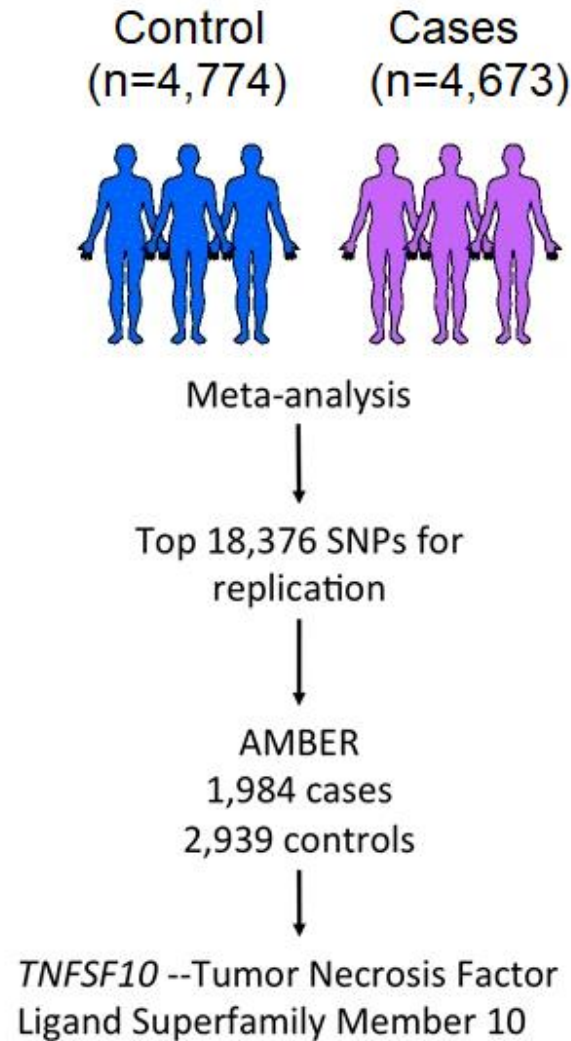
Spectrum of genetic variants by allele frequency and strength of effect



Genetic ancestry may impact cancer evolutionary trajectory – but there is paucity of data

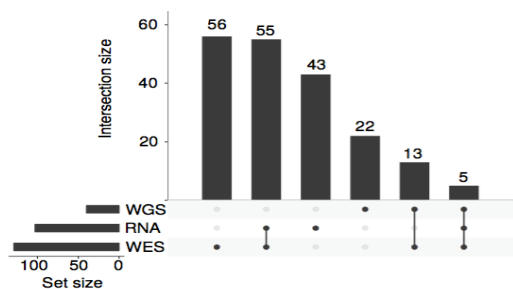


Breast Cancer Common Susceptibility Single Nucleotide Polymorphisms (SNPs) in Women of African Ancestry

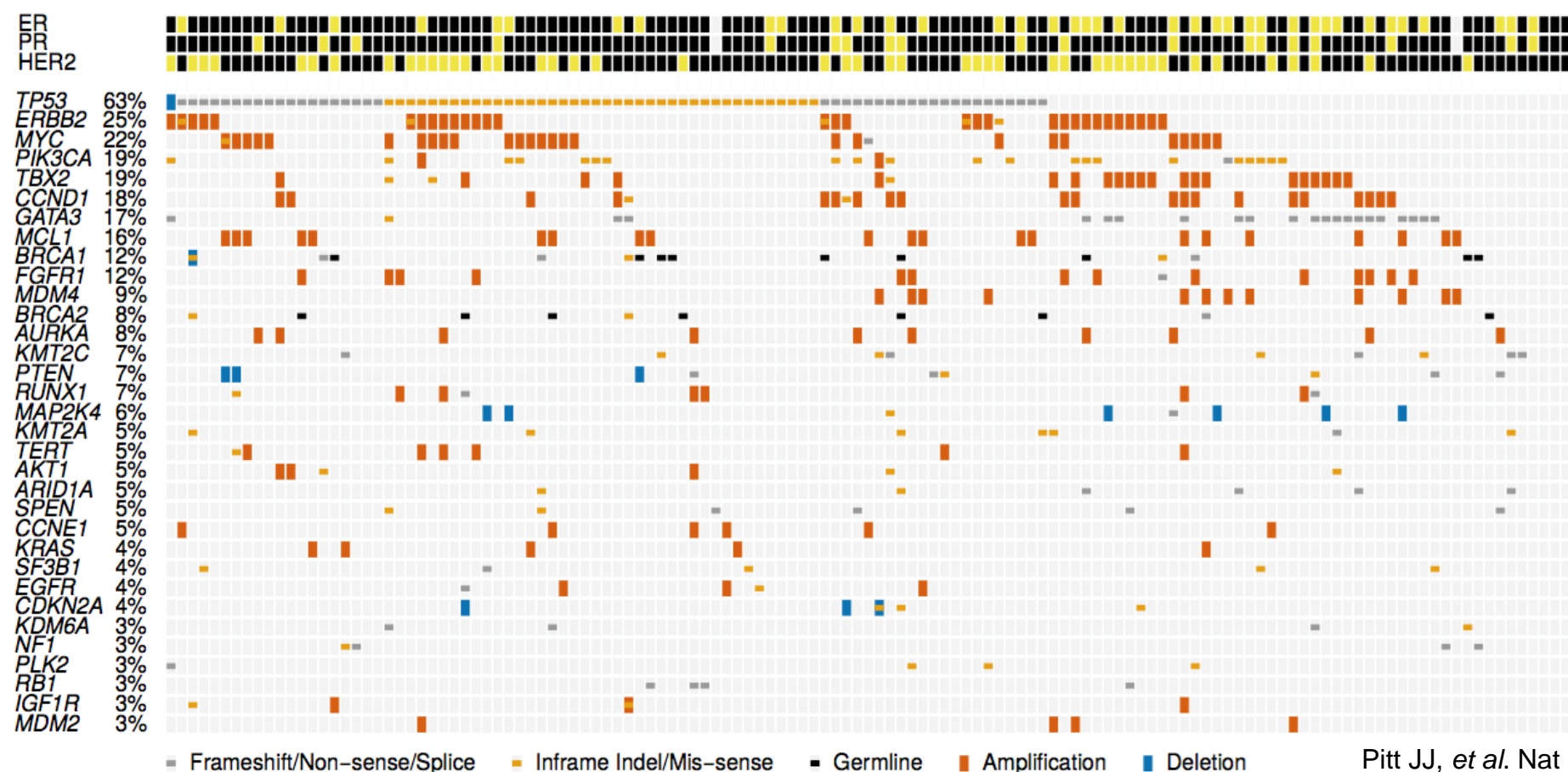
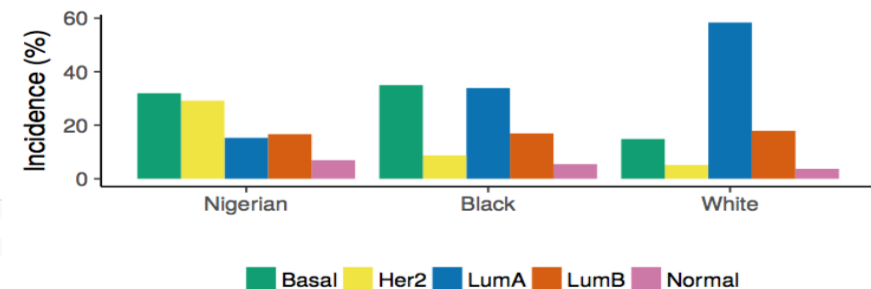


Mutation Landscape in Nigerian Breast Tumors

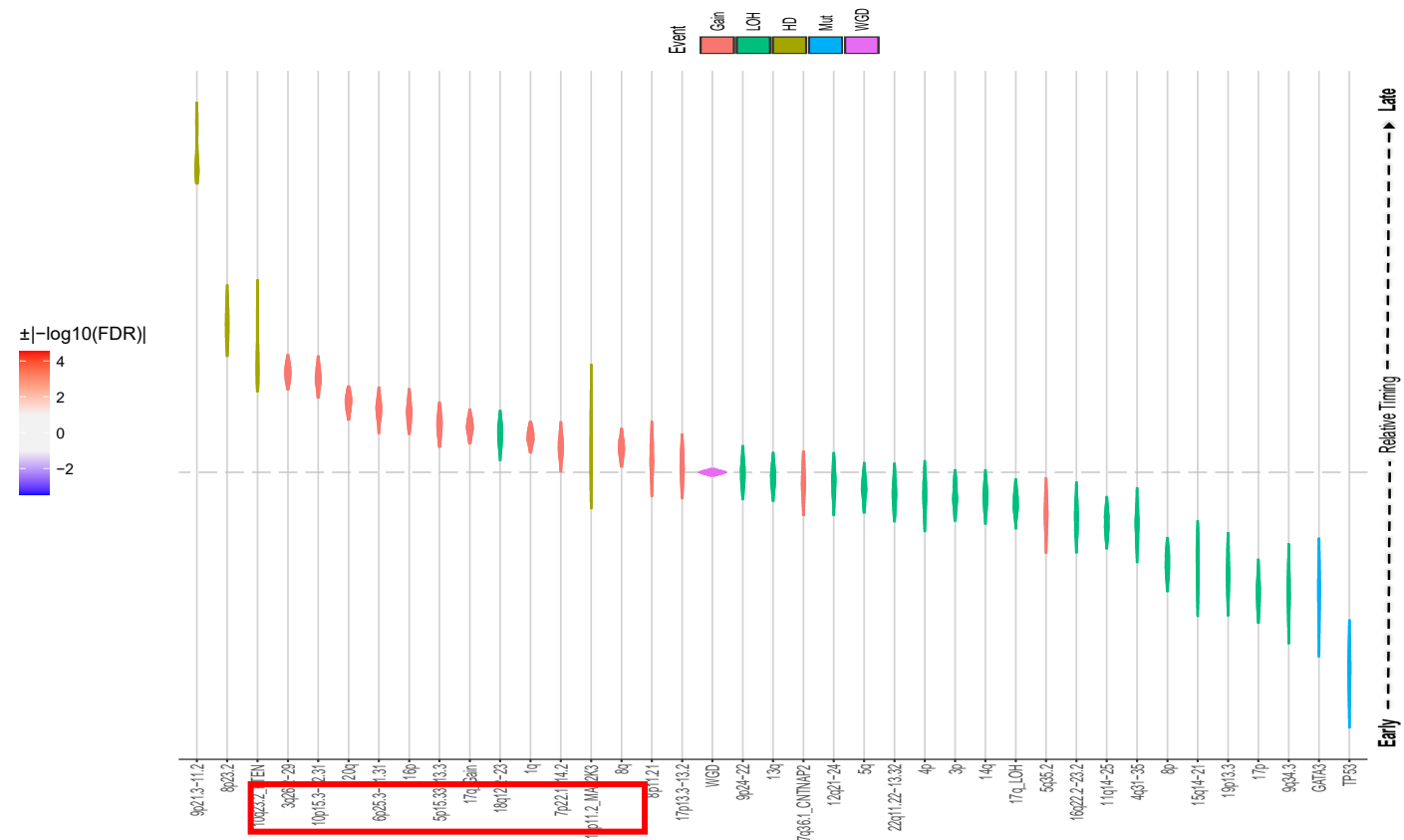
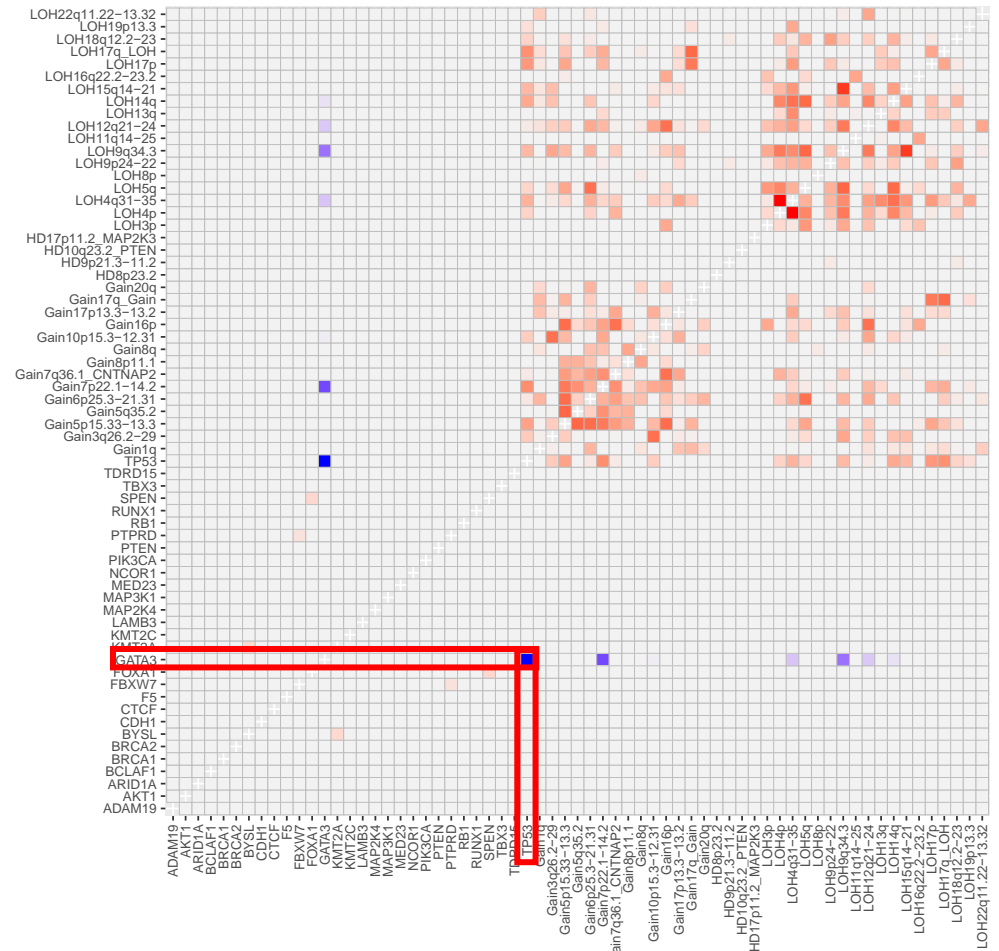
Samples across Platforms



PAM50 Subtypes in Nigerian and TCGA Breast Tumors

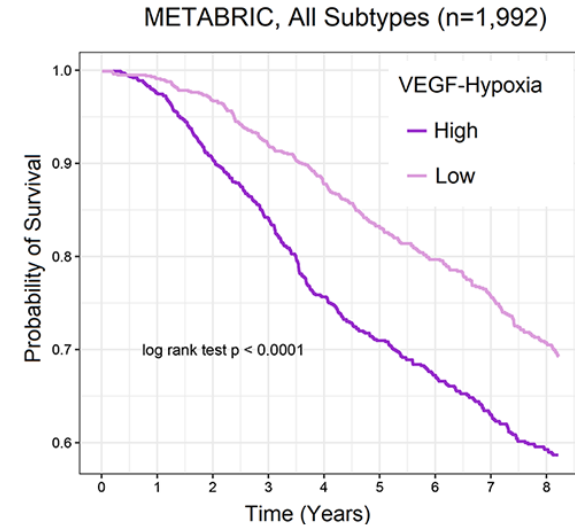
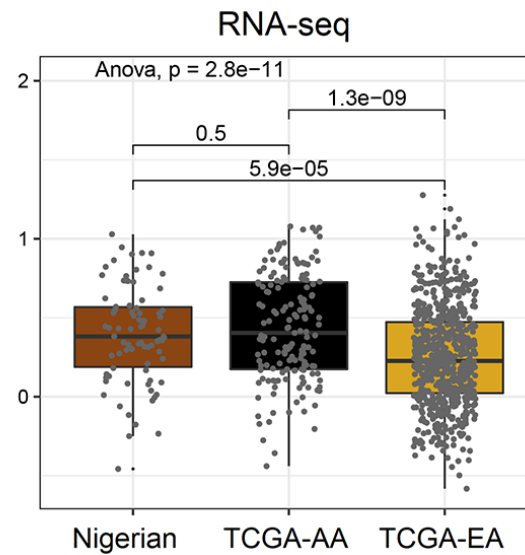
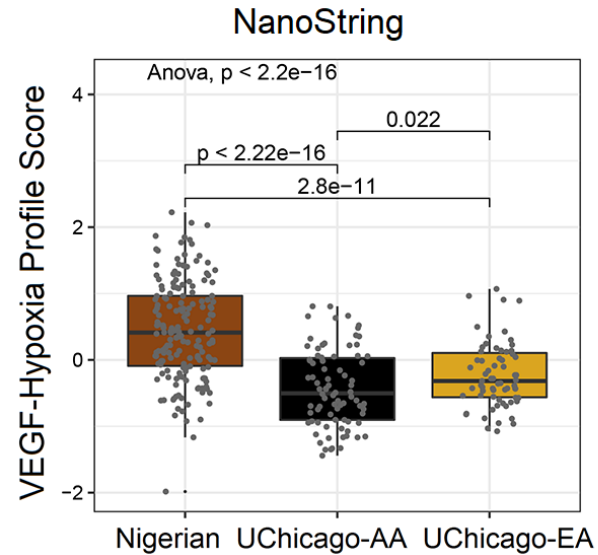


TP53 and *GATA3* Mutations are mutually exclusive and early drivers of breast cancer in Nigerian women

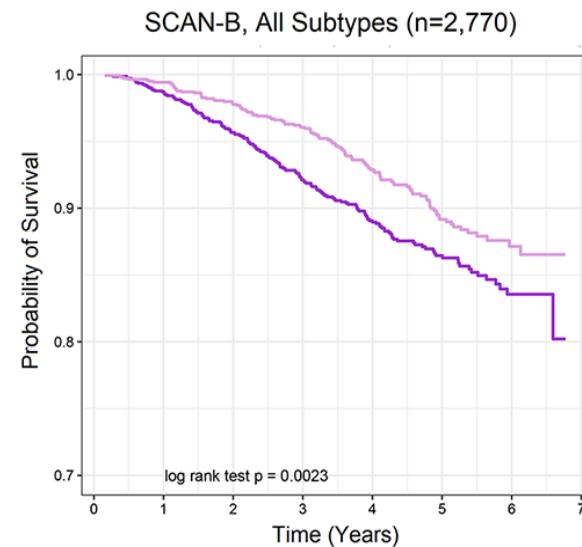


Ansari-Pour N, et al. Nat Commun, 2021

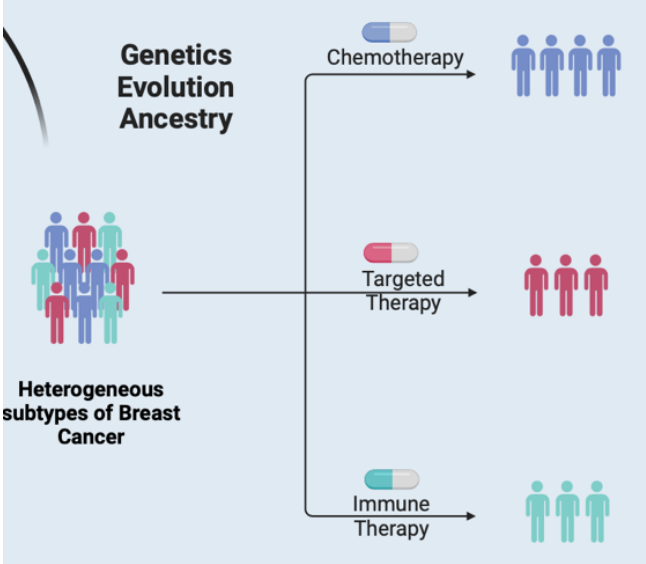
The VEGF-Hypoxia Signature is increased in Breast Tumors from Black women and associated with poor outcomes



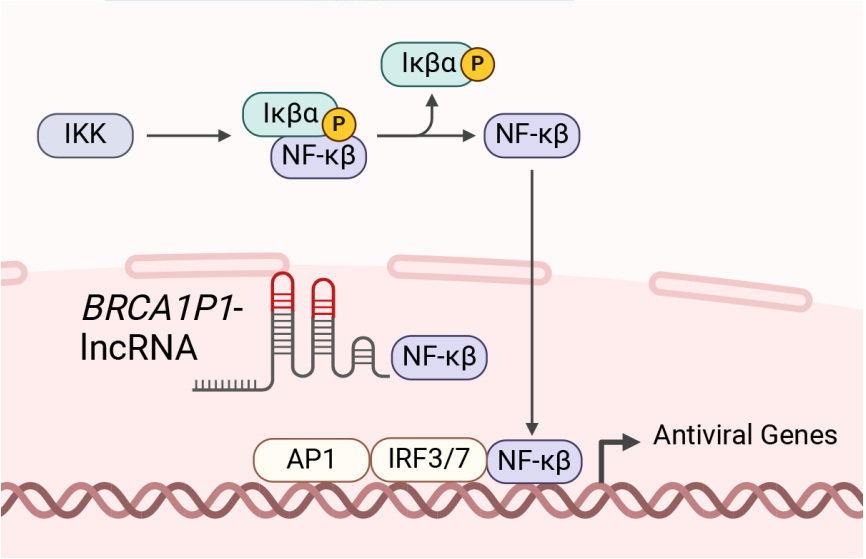
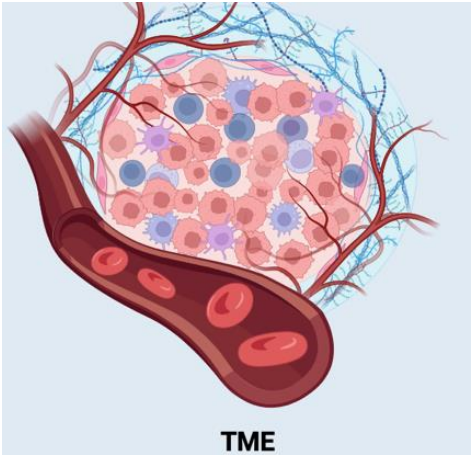
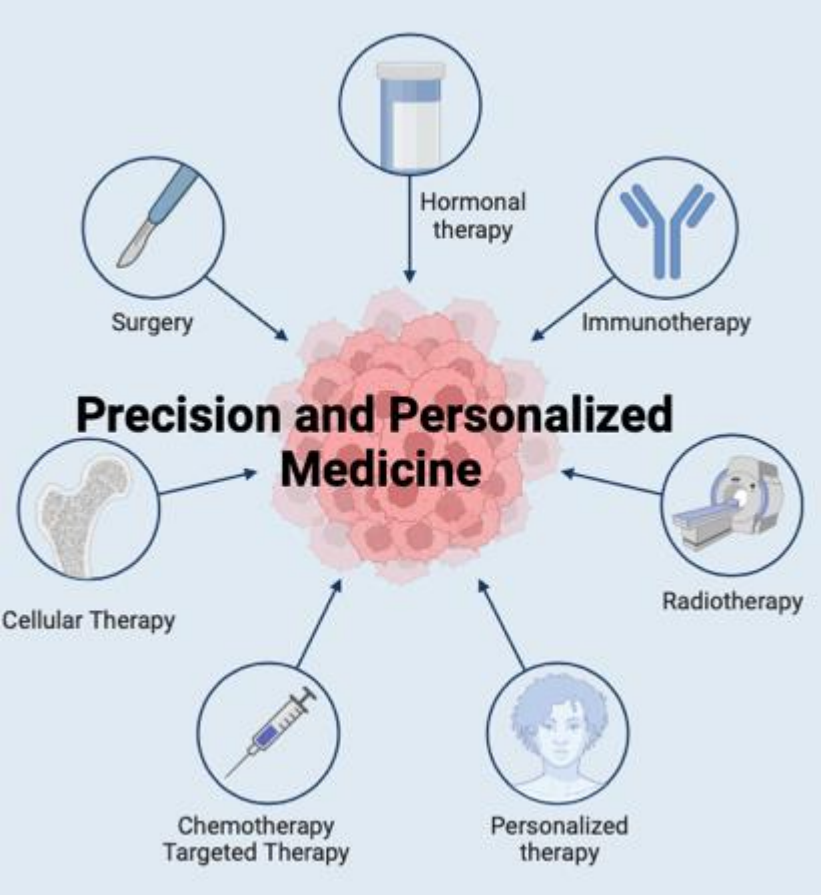
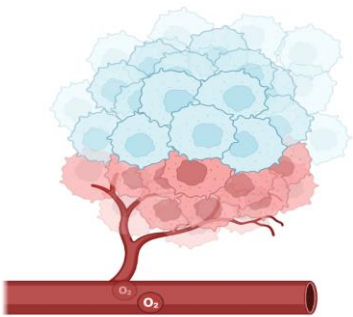
Nigerian Women Breast Cancer Study Group



Many Factors Contribute to Breast Tumor Heterogeneity and Progression (Genetic factors, Hypoxia, Tumor Microenviroment, Pseudogene RNAs etc)

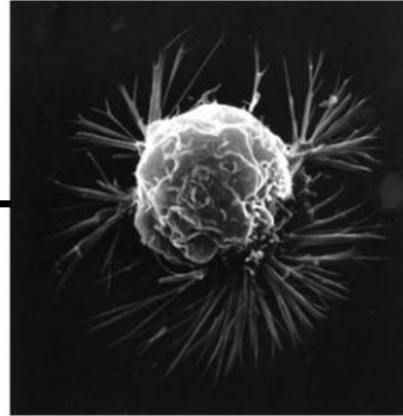
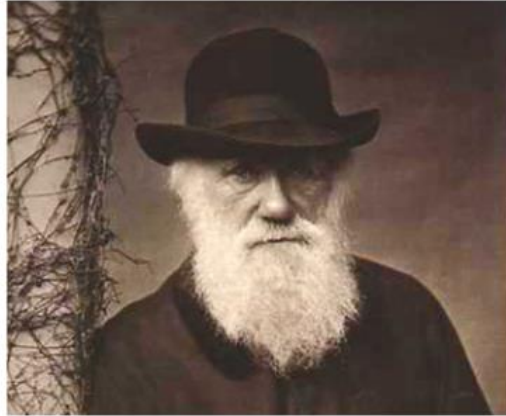


Hypoxia



Breast Cancer and Maternal Mortality Disparities in African American Women: Connection or Coincidence?

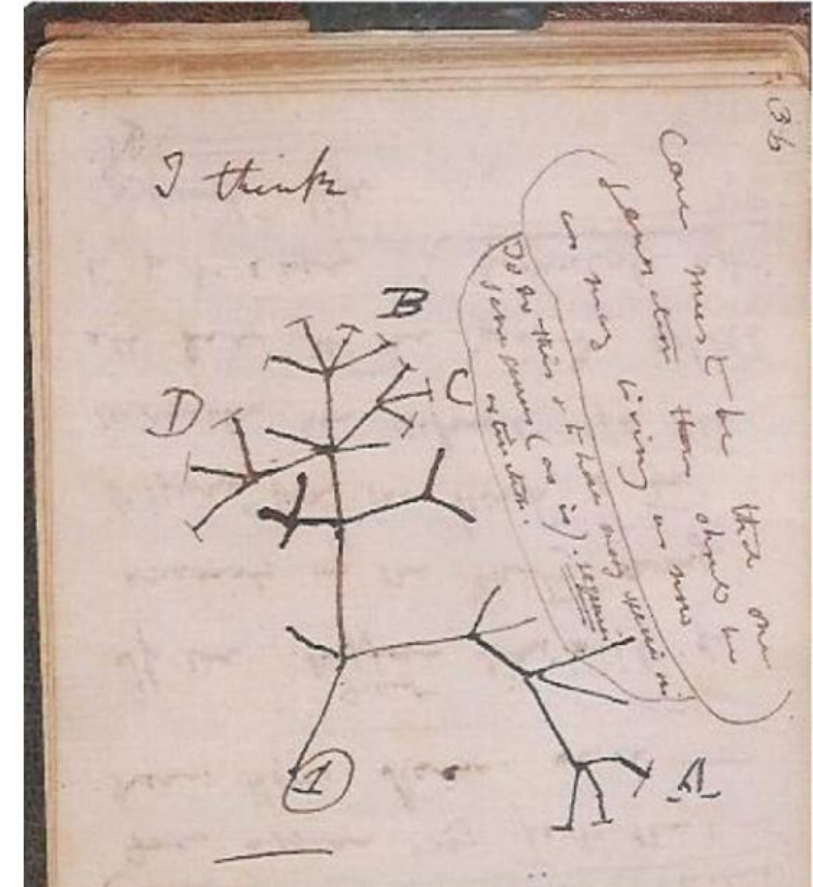
“Nothing in Cancer Makes Sense Except in the Light of Evolution”



Evolutionary logic
of vulnerability to
cancer

Cancer clone
progression by
natural selection in
tissue ecosystems

Emergence of drug
resistant variants
under the selective
pressure of therapy



Charles Darwin's iconic 'I think' drawing of a phylogenetic tree from his 1837 Notebook B

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Melissa Troester

Manchester

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Vanderbilt

Wei Zheng



Maternal-fetal Tolerance and Breast Cancer

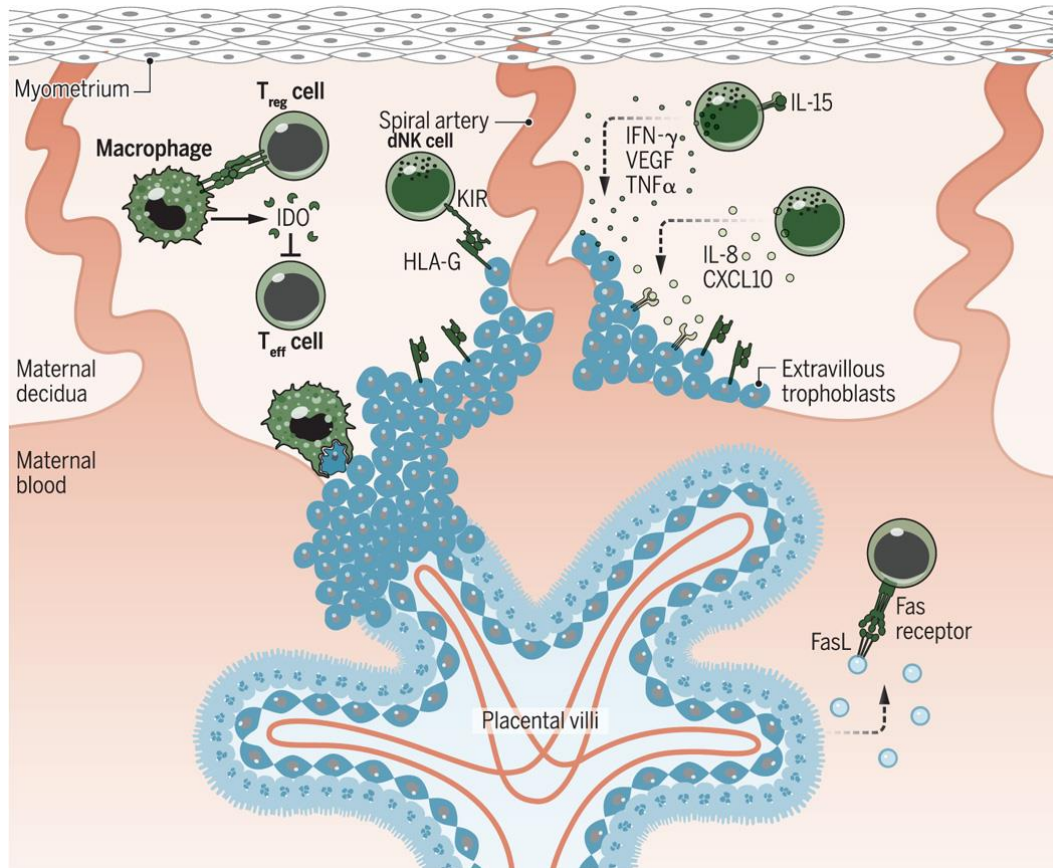
Frederick Howard, MD
Assistant Professor
Department of Medicine
University of Chicago

Disclosures

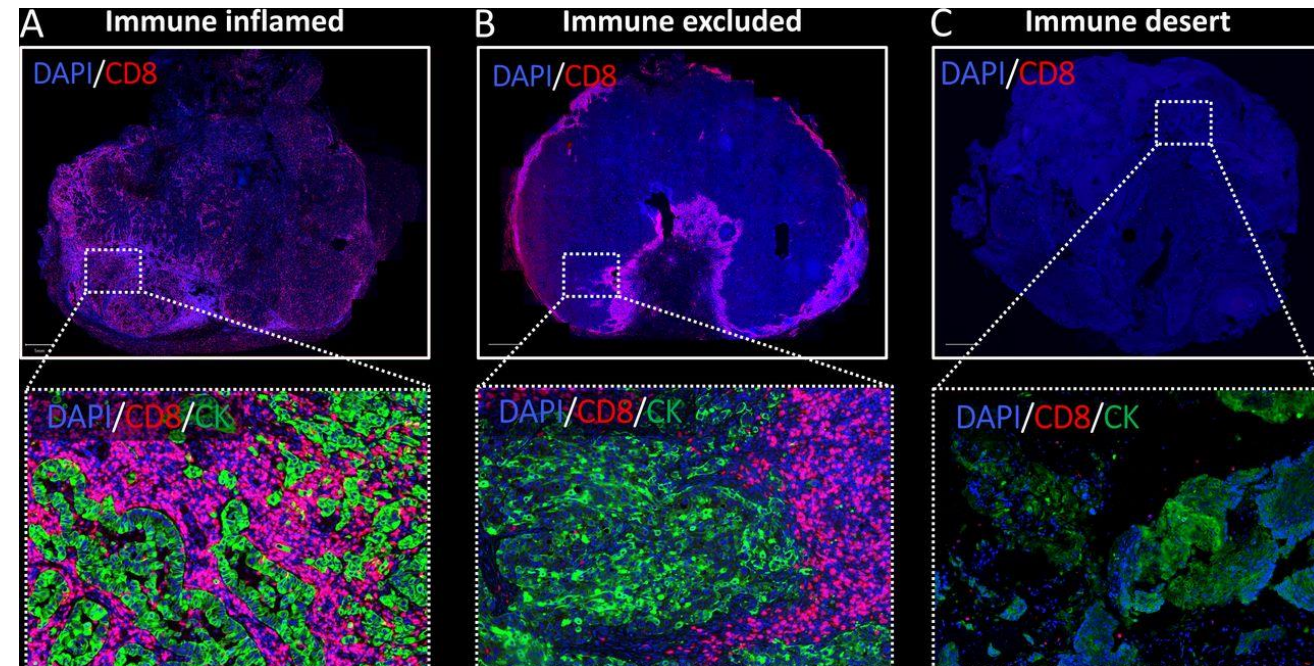
- Consulting fees, Novartis, Leica Biosystems, Veracyte

Immune Tolerance in Pregnancy and Cancer

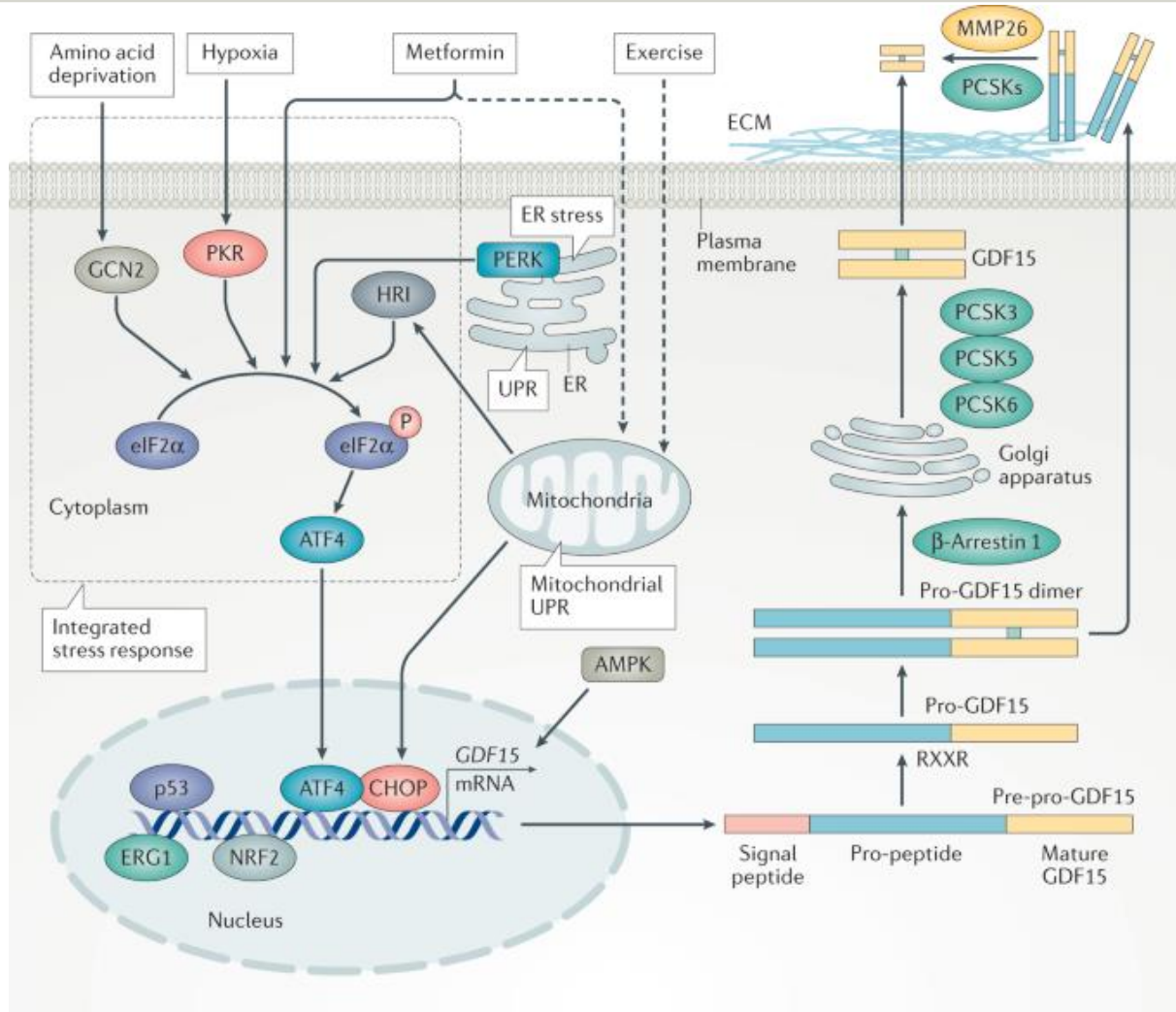
Immune Tolerance is Essential in Pregnancy



...but Leads to Adverse Outcomes in Cancer

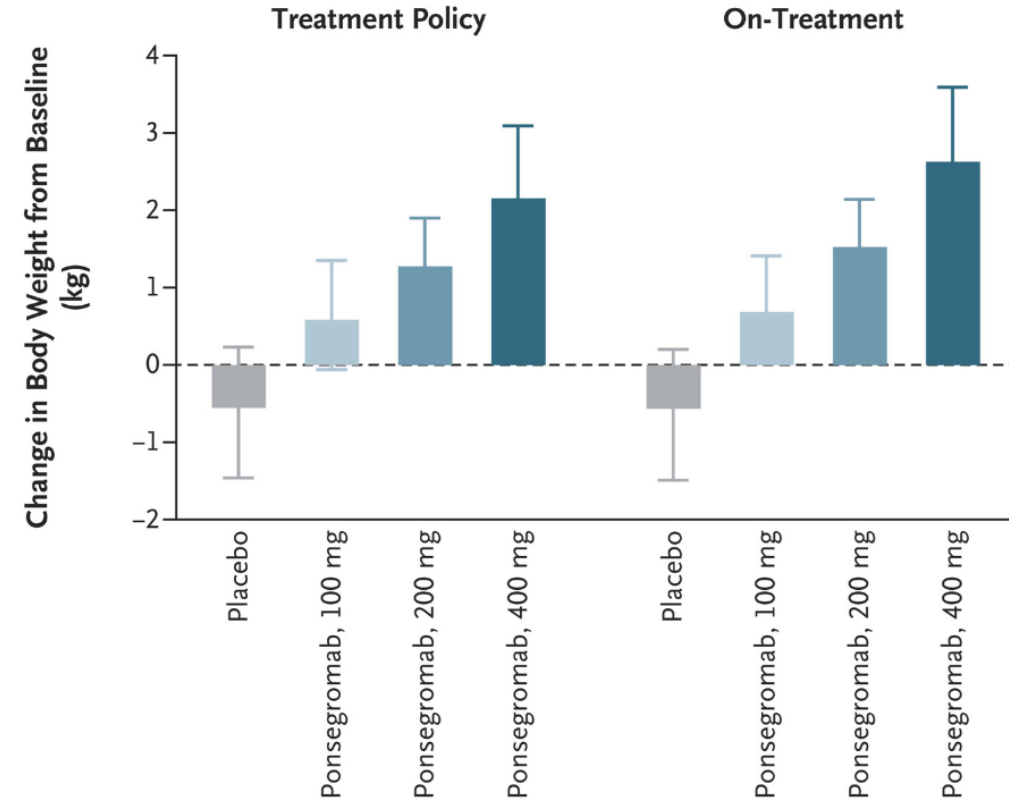
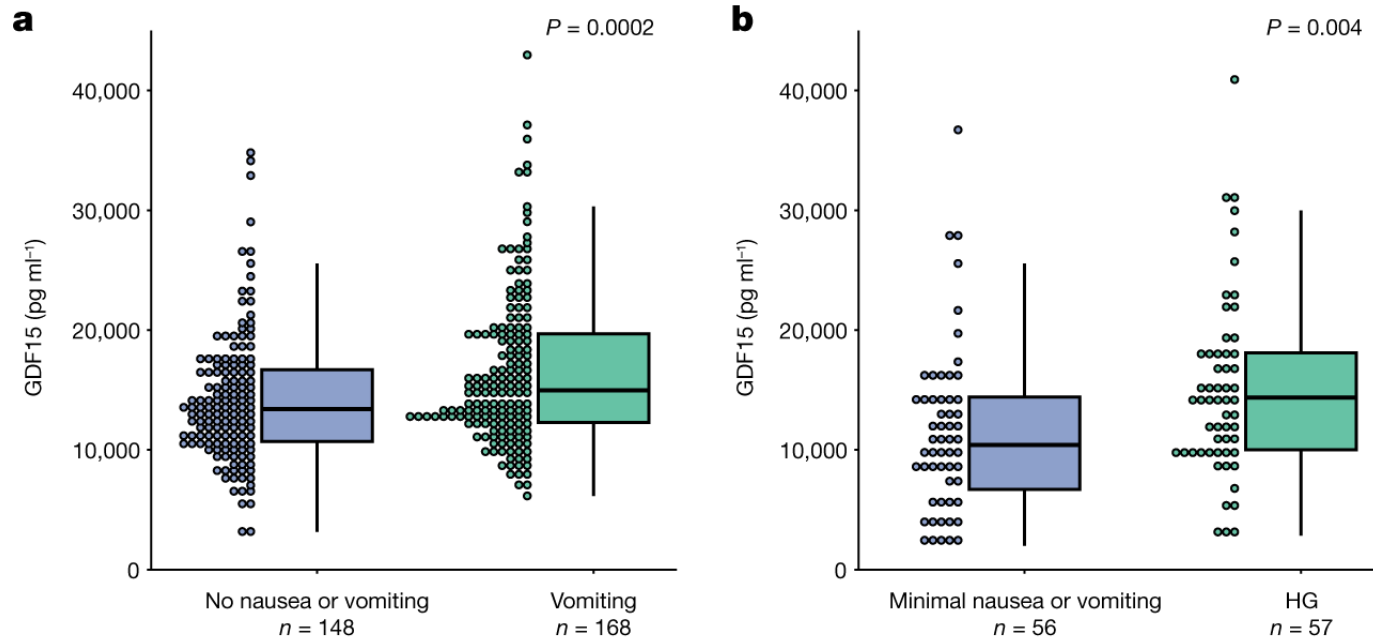


GDF15 physiology and role in disease



- GDF15 is a member of the TGFβ family and is not expressed in somatic tissue, but is abundant in placenta, leading to hypothesized role in fetomaternal tolerance
- Early preclinical studies found an significant inhibitory effect on macrophages, although a wide range of immunomodulatory effects have now been demonstrated

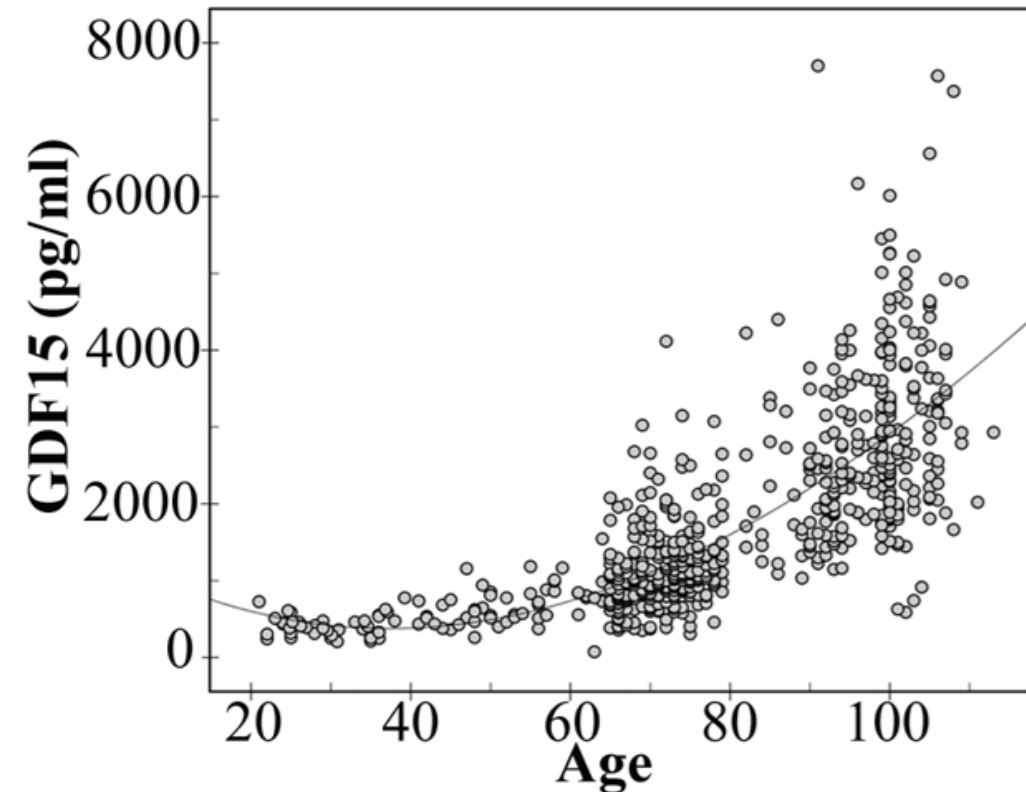
GDF15 Linked to Nausea/Vomiting In Pregnancy



Similarly – elevated GDF15 in cancer leads to cancer induced anorexia / cachexia

Determinants of GDF15

GDF15 Rises with Age

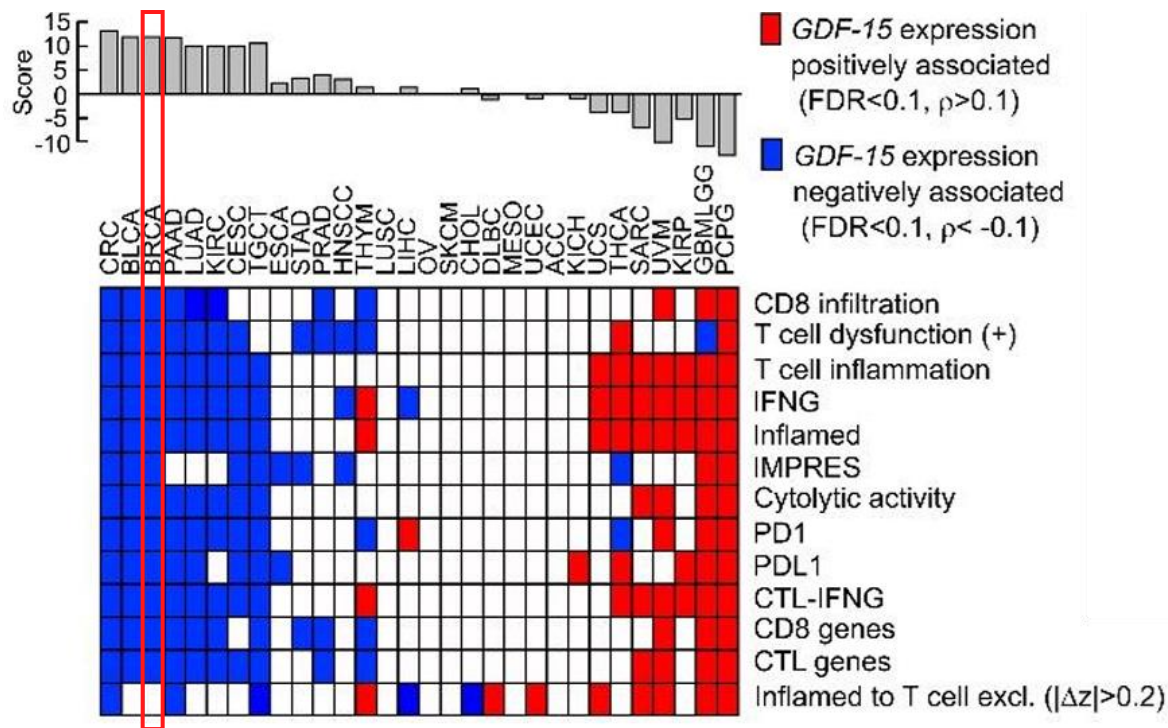


GDF15 Increase with Race and Socioeconomic Stress

	Growth differentiating factor-15 (pg/ml)		
	1st Quartile (n = 338)	4th Quartile (n = 297)	p-trend
GDF-15 (pg/ml)	219 (215; 222)	521 (513; 530)	< 0.0001
Age (years)	24.2 ± 3.02	25.0 ± 3.14	0.010
Sex, male, n (%)	156 (46.2)	140 (47.1)	0.32
Ethnicity, black, n (%)	146 (43.2)	173 (58.2)	< 0.0001
Socio-economic score	21.4 ± 5.59	19.8 ± 6.46	0.014
Body height (m)	1.69 ± 0.097	1.68 ± 0.091	0.13
Body weight (kg)	71.3 ± 15.9	69.9 ± 20.1	0.26
Waist-to-hip ratio (cm)	0.78 ± 0.084	0.78 ± 0.075	0.044
Body mass index (kg/m ²)	24.9 ± 4.89	24.8 ± 6.66	0.089

Rationale for Evaluation in Breast Cancer

GDF15 Expression Negatively Associated with Immune Markers in TCGA-BRCA Cohort



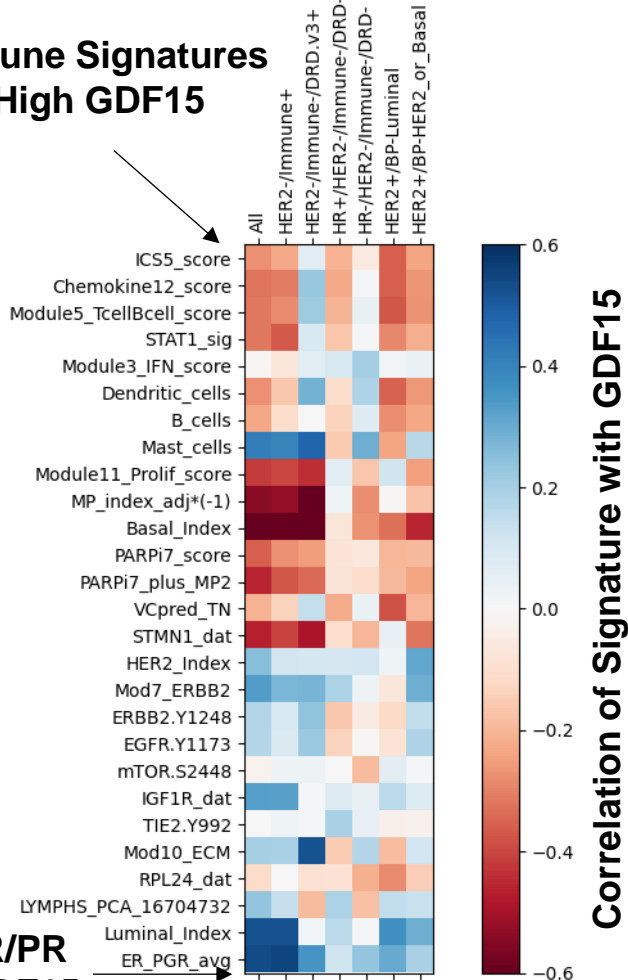
Associations with Biomarkers, Race, and pCR/DRFS

	pCR (Logistic Regression)						DRFS			
	Coef	LCI	UCI	Waldp	LRp	exp	LCI (exp)	UCI (exp)	Waldp	LRp
B_cells	-0.33	-1.18	0.53	0.451	0.707	0.66	0.25	1.79	0.420	0.397
CD274	0.78	-0.09	1.67	0.082	0.003	1.49	0.59	3.76	0.405	0.443
CD68	0.11	-0.83	1.05	0.814	0.574	0.53	0.17	1.63	0.269	0.504
CD8_T_cells	-0.32	-1.20	0.54	0.466	0.675	1.86	0.75	4.62	0.178	0.386
Chemokine12	-0.01	-0.87	0.87	0.986	0.697	1.18	0.45	3.07	0.736	0.822
Cytotoxic_cells	0.52	-0.36	1.41	0.248	0.295	1.24	0.45	3.40	0.674	0.552
Dendritic_cells	0.03	-0.84	0.89	0.952	0.817	1.31	0.54	3.19	0.548	0.800
ER_PGR_avg	-0.74	-2.63	0.61	0.350	0.583	1.31	0.46	3.73	0.616	0.534
Mod7_ERBB2	-0.25	-1.14	0.62	0.576	0.852	0.59	0.21	1.69	0.326	0.594
Module3_IFN_score	0.54	-0.31	1.41	0.218	0.258	0.88	0.38	2.03	0.761	0.498
Module4_TcellBcell	-0.13	-0.99	0.73	0.763	0.776	0.96	0.35	2.62	0.936	0.970
Neutrophils	0.21	-0.66	1.08	0.632	0.578	1.83	0.79	4.28	0.161	0.336
NK_CD56dim_cells	-0.59	-1.48	0.28	0.189	0.406	1.06	0.44	2.55	0.903	0.740
NK_cells	0.24	-0.62	1.11	0.586	0.794	1.47	0.57	3.76	0.422	0.478
PDCD1	0.15	-0.71	1.04	0.728	0.798	2.05	0.80	5.24	0.135	0.333
STAT1_19272155	0.99	0.11	1.91	0.031	0.089	0.76	0.29	1.95	0.565	0.519
T_cells	0.13	-0.74	1.01	0.764	0.830	1.47	0.56	3.85	0.434	0.736
TGFB_score	-1.13	-2.17	-0.18	0.024	0.041	2.73	1.16	6.41	0.021	0.024
Th1_cells	-0.24	-1.12	0.64	0.593	0.853	1.69	0.61	4.72	0.313	0.437
TILs										0.901
TIS_2865										0.343
Treg	-0.07	-0.95	0.78	0.867	0.840	1.03	0.45	2.39	0.937	0.888

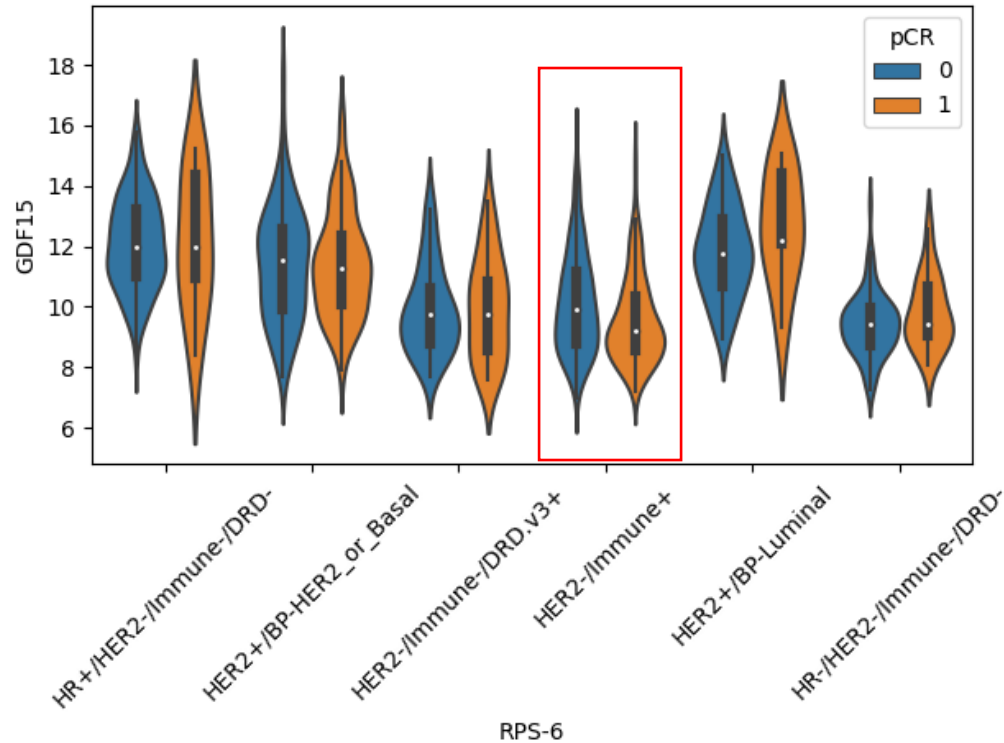
Interaction term for biomarker x black race

GDF15 in ISPY2 990 Cohort

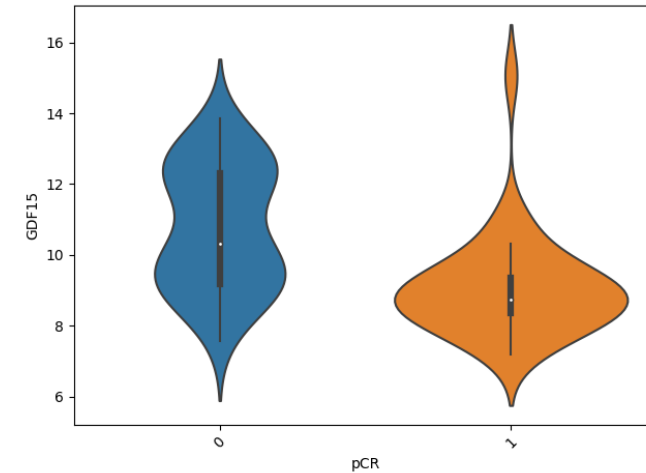
Low Immune Signatures
With High GDF15



Possible Association with Better pCR
Rates in HER2- Immune+



Higher pCR in Pembro4
Arm with low GDF15?



But High ER/PR
With High GDF15

Phase I Dose Escalation Trial of Visugromab

Baseline Biopsy

D14 Biopsy

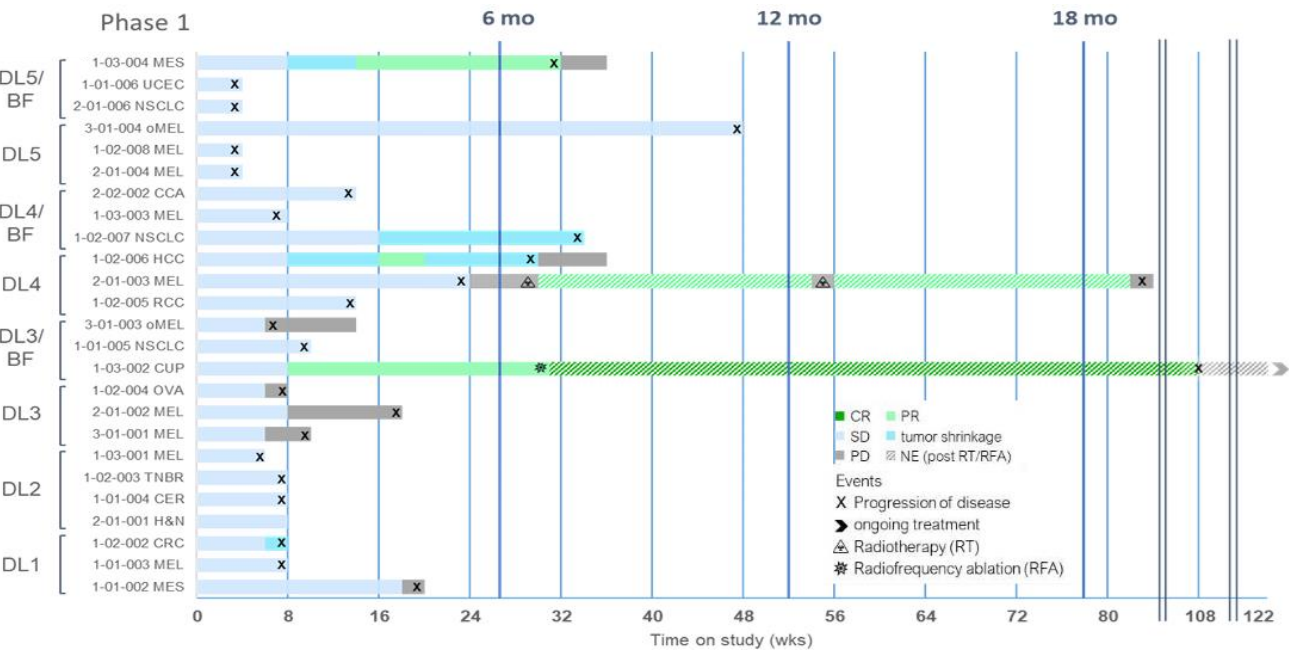
D28 Biopsy

Mixed solid tumors
Refractory/relapsed to ICI
Median of 4 lines prior therapy

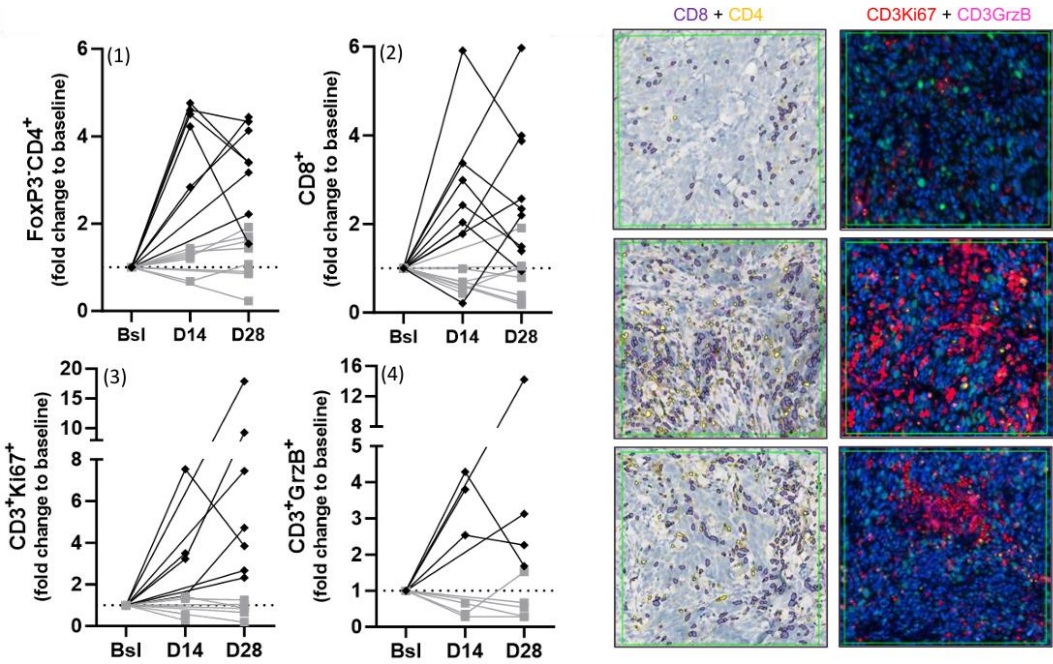
Visugromab q2w x 1 dose
(0.3/1.0/3.0/10/20 mg/kg)

Visugromab q2 week +
Nivolumab 240mg q2 week

Phase I Swimmer's Plot



Increase in CD8 and GrzB+ CD3+ Cells

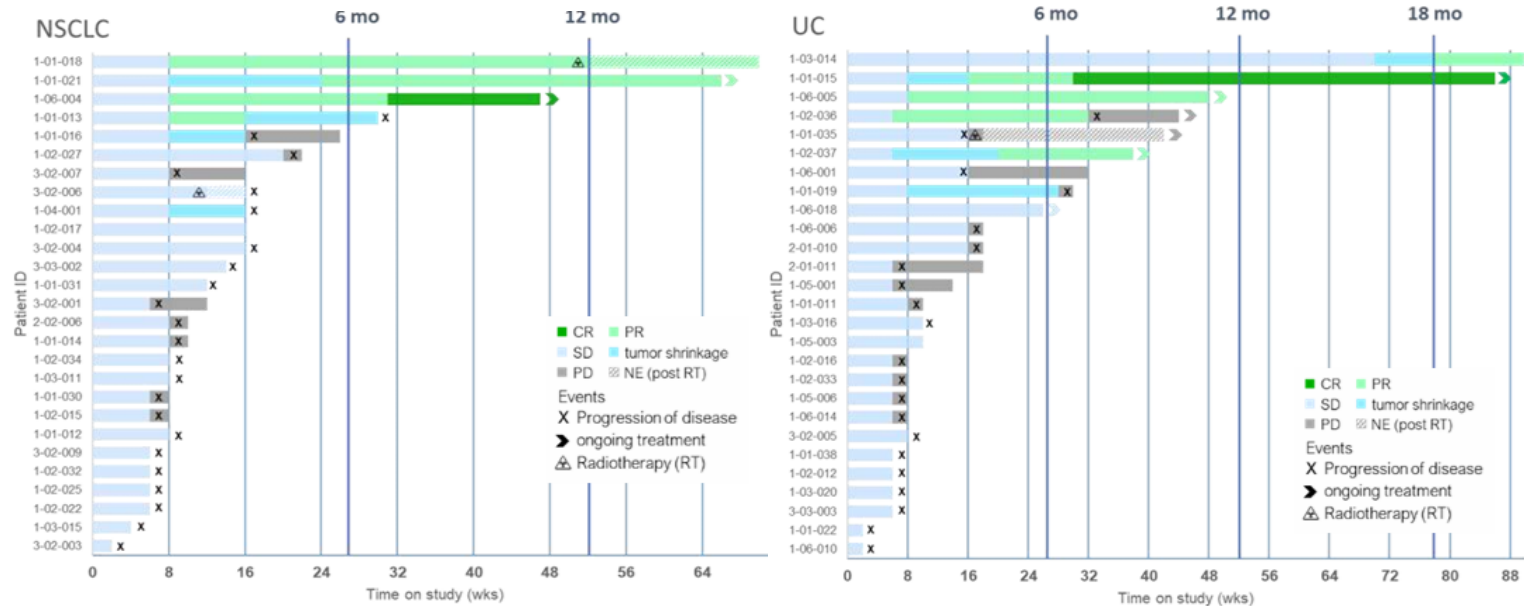


Phase IIa Study Expansion

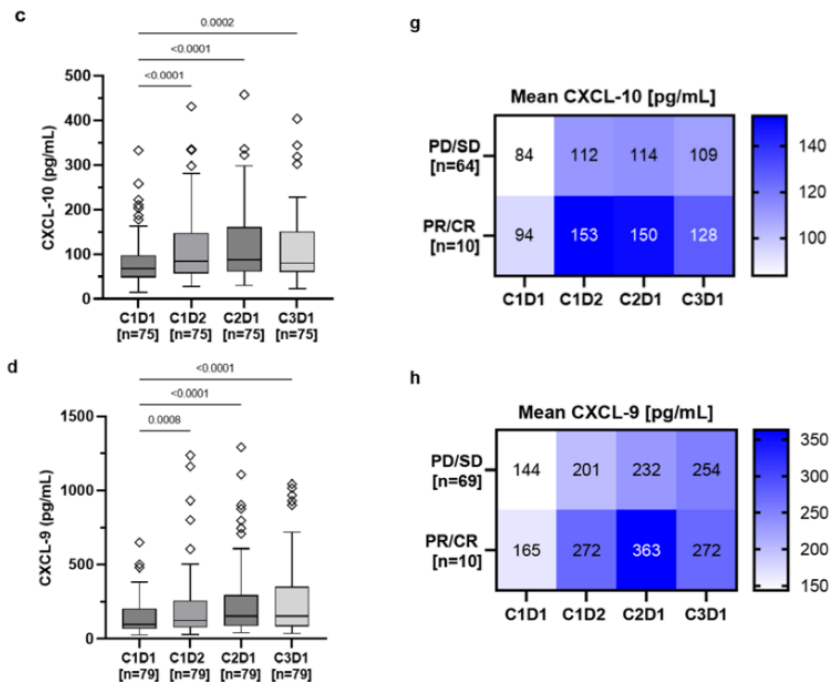
27 each NSCLC and UC
Refractory to anti-PD(L)1
Median 3 prior lines

Visugromab 10mg/kg q2w
Nivolumab 240mg q2 week

NSCLC / UC Swimmers Plot



Visugromab Induces Interferon Signaling



Safety Profile

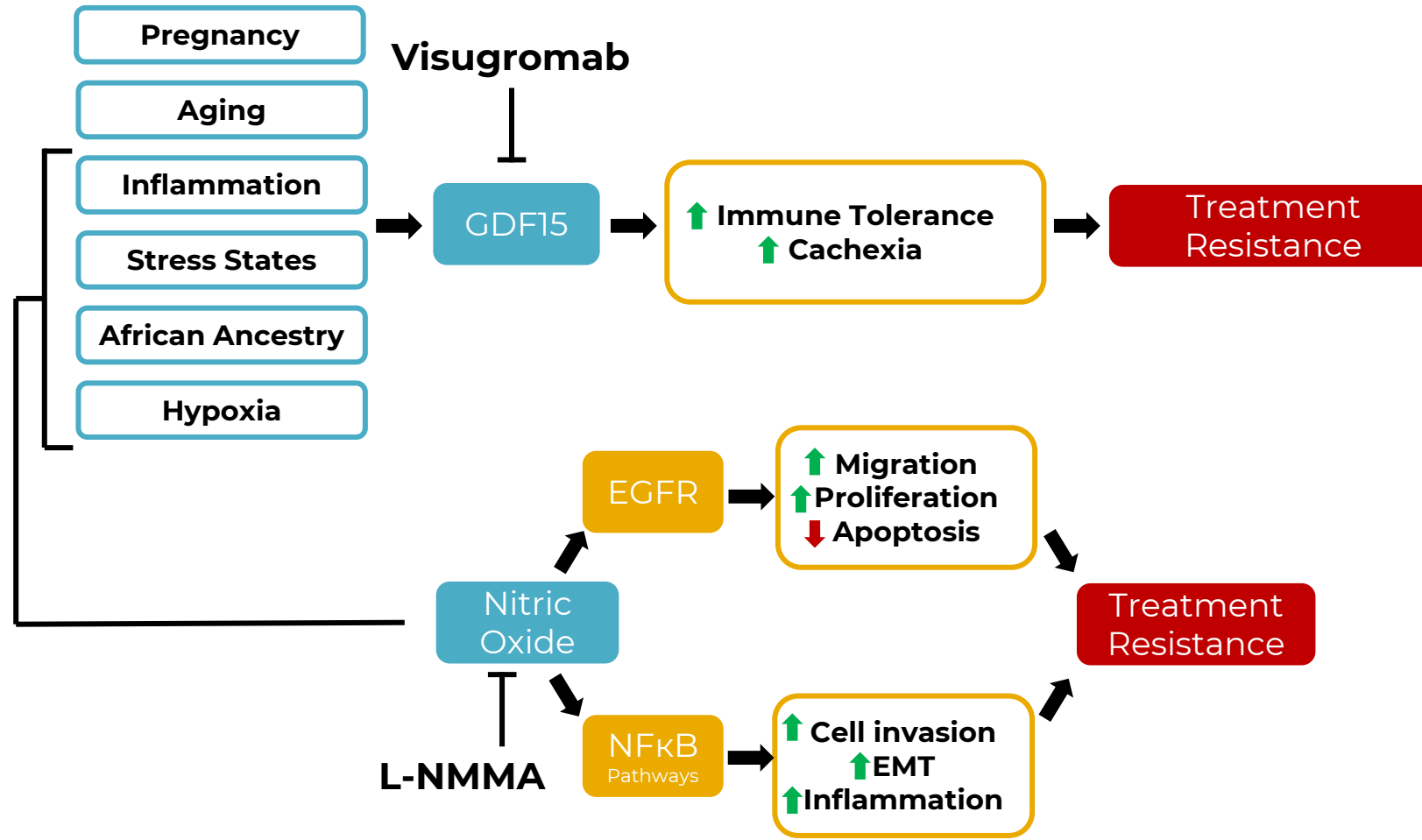
Visugromab

- Phase II NSCLC cohort (n = 27)
 - Grade 3 TRAEs included diarrhea in 1 patient, laboratory abnormalities (elevated AST and hypokalemia) in 1 patient
 - 1 patient with grade 4 hepatic failure and acute kidney injury -> death due to organ dysfunction
- Phase II Urothelial cohort (n = 27)
 - Two grade 3 TRAEs - pneumonitis in one, HTN and platelet count decrease in another
 - No grade 4/5

Ponsegromab (142 with treatment vs 45 placebo)

- Similar rates of TRAE in treatment / placebo groups – two SAEs considered treatment related (dyspnea, abdominal pain)

Summary





**Clinical Trial Participation Needs to be
Commensurate with the Burden of Disease!**

Why Don't **BLACK WOMEN** Participate in Clinical Trials?



Doctors don't invite Black women to clinical trials.



When the patient brings up the conversation, they still walk away not sufficiently informed.

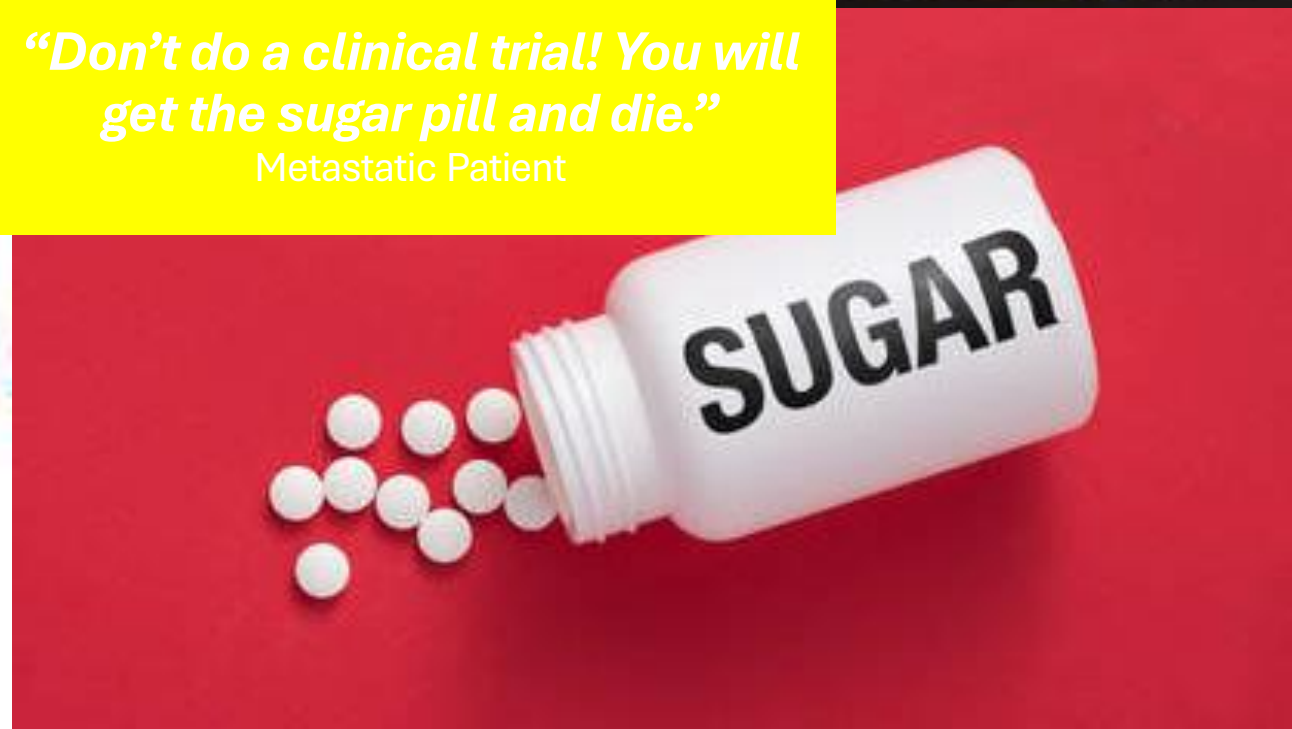


Since we have negative history, and minimal awareness/understanding of clinical trials and research, Black women fear the unknown.



***“Don’t do a clinical trial! You will
get the sugar pill and die.”***

Metastatic Patient







WHEN
weTrial

COMMUNITY EVENTS

When We Tri(al): Reaching, Motivating, & Effectively Engaging Black Women In Breast Cancer Clinical Trial Research

Authors: Ricki Fairley, MBA; Emily Powers; Hayley Brown; TOUCH, The Black Breast Cancer Alliance

SAN ANTONIO BREAST CANCER SYMPOSIUM® - DECEMBER 5-9, 2023 | For more information: 610-883-1177 | whenwetrial.org | Contact: Ricki Fairley, CEO: ricki@touchbbca.org



SURVEY FINDINGS

FOLLOWING EXPOSURE TO WWT >>>



34.5%

of respondents reported an increase in their understanding of how breast cancer clinical trials work



31.9%

reported an increase in their understanding of standard of care in breast cancer clinical trials



40.7%

reported an increased understanding of why clinical trials are important for Black women



32.7% of survey respondents *were more likely* to consider participating in a clinical trial after interacting with the WWT movement.

After interacting with the movement, 31% of respondents took active steps to participate in a clinical trial—specified as searching for clinical trials in a portal, asking about clinical trial options, talking to a doctor about clinical trials, etc. Another 17.7% of respondents reported supporting a loved one in taking steps to participate in a clinical trial only after interacting with WWT.

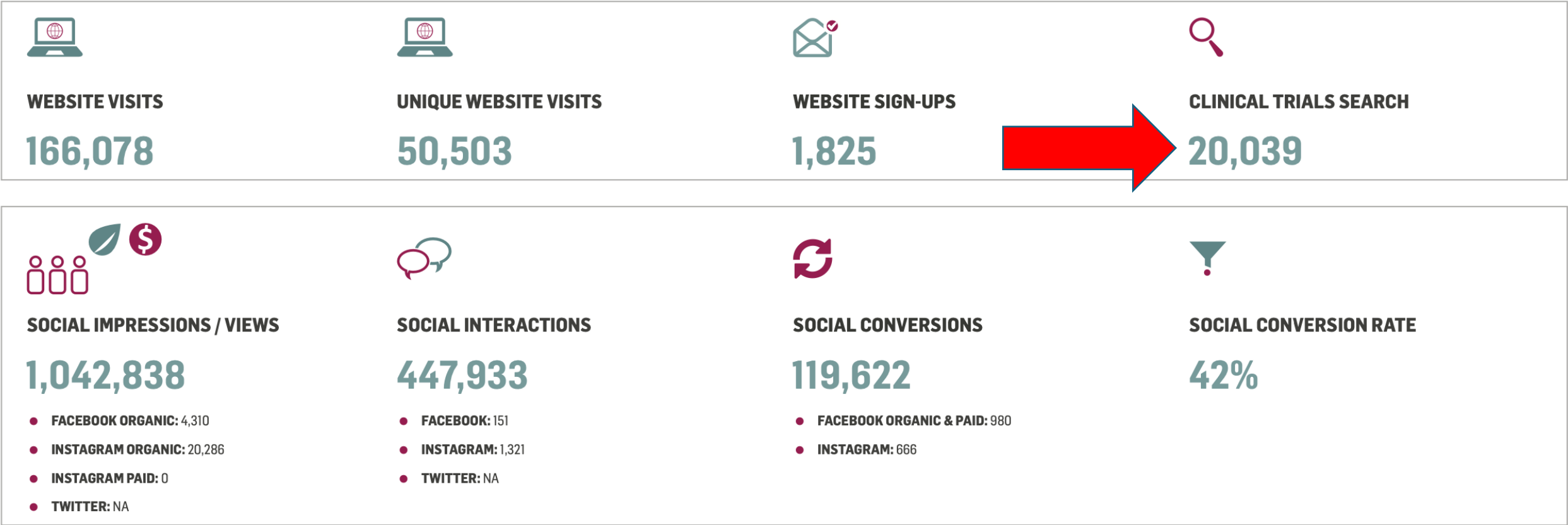
The majority of respondents reported first hearing about WWT through social media (**59.2%**), followed by “Other” (the majority of write-in responses named Google or a friend) (**19.5%**). Respondents reported that the most convincing WWT messages were delivered via social media (**26.6%**) and in-person conversations (**20.4%**).



SOCIAL MEDIA, WEBSITE, AND ADS METRICS: CUMULATIVE & COMPREHENSIVE

01.26.22 - 09.30.24

WHEN WE TRI(AL) CAMPAIGN




TOUCH Care

To facilitate the clinical trial process for Black women, TOUCH is providing a Nurse Navigator Service to assist patients with securing trials, the application process, managing the informed consent process and providing coaching and counseling throughout the trial.

PATIENT NAVIGATION

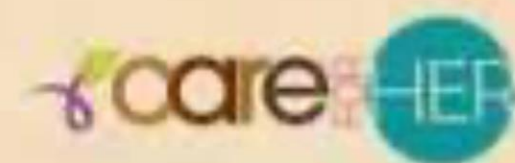
A **navigation program** that addressed insurance, food, housing, transportation, language, health literacy, social and clinical needs **increased participation in clinical research:**

	Before Navigation*		After Navigation*
Rural	19%		40%
Black	13%		41%
Hispanic	5%		33%

* Participation (% of patients)

AACR Cancer Disparities Progress Report 2024





Wanda Frazier



Ricki's Ideal Clinical Research Scenario

Societal, Ancestry and Molecular Biology Analyses of Inequities

SAMBAI



MOREHOUSE
SCHOOL OF MEDICINE

Patient engagement INVOLVEMENT

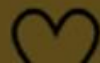
More than mere engagement,
genuine partnership!

Genetic
Ancestry

SAMBAI



Patient
Partnership &
Advocacy



The Golden Rule

Treat others the way YOU want to be treated.

