Relationships between Inflammatory Vascular Function Markers and Cognitive Function in Patients with Breast Cancer in a Nationwide Cohort Study

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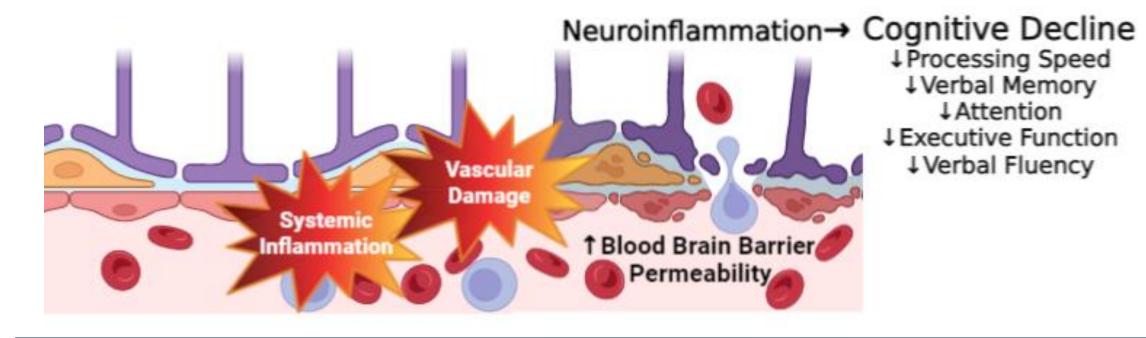
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Background

- CRCI is an important clinical problem encompassing difficulties in attention, memory, and executive function
- Interventions for CRCI during chemotherapy have not been established
- Inflammation is associated with CRCI 1,2
- We hypothesized that indicators of vascular damage are associated with CRCI

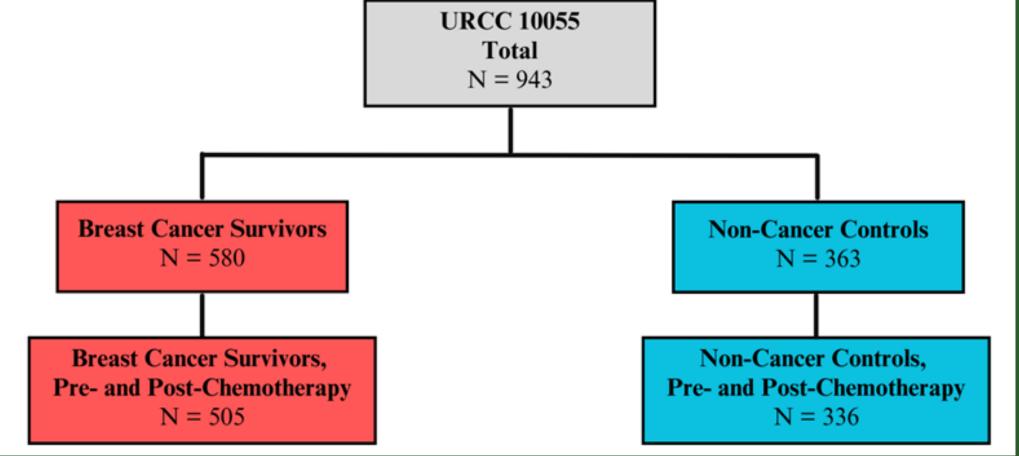


The goal of our study is to assess how vascular biomarkers change with chemotherapy in patients with breast cancer compared to a control group of those without cancer, and relationships with cognitive function.

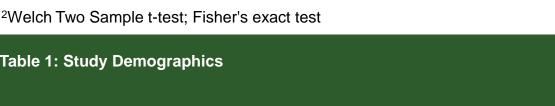
Methods

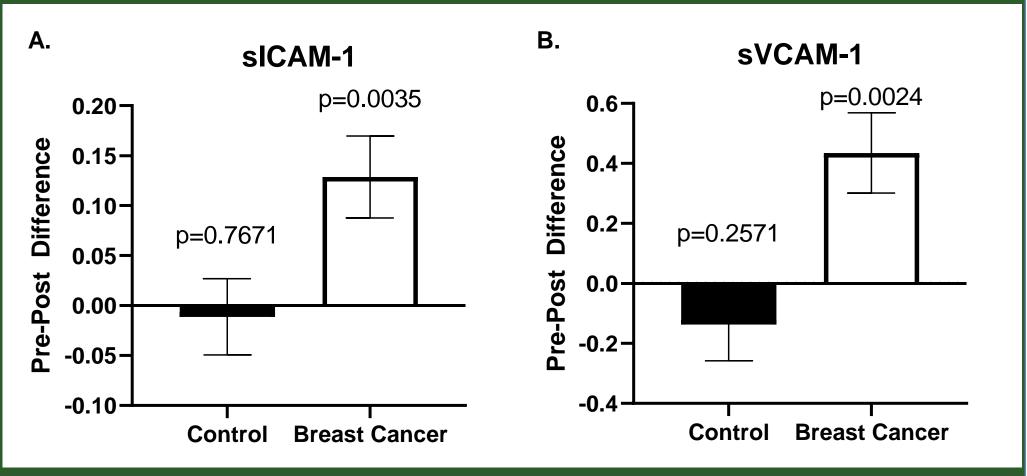
- Participants were recruited through NCI Community Oncology Research Program (NCORP) sites nationwide in collaboration with the URCC NCORP Research Base.
- Serum levels of d-dimer, soluble(s) ICAM-1, sP-Selectin, sVCAM-1, and SAA were assessed in 2 groups: 526 females with breast cancer before (T1; mean age = 53.4) and after chemotherapy (T2) and 340 females without cancer (controls; mean age= 52.8) at equivalent times.
- To assess changes over time in markers in patients and controls, linear mixed effects models with group, time and group x time interaction as fixed effects, participants as random factor, and age and race as covariates were used.
- Repeated measures correlation assessed each biomarker and each cognitive test (verbal memory (e.g., word recall, COWA) and working memory (e.g., Digits Backward)) at all timepoints.
- Regression analysis including all markers and the same adjusting covariates was also used to assess predictors of each T2 cognitive score, and also changes in cognitive scores from T1 to T2. Statistical tests were conducted at α =0.05.

Results **URCC 10055** Total



Study Demographics					
Characteristic	Chemo N=580 ¹	Control N=363 ¹	p-value ²		
Age	53 (11)	53 (10)	0.3		
Race			0.016		
Black	47 (8.1%)	16 (4.4%)			
Other	16 (2.8%)	4 (1.1%)			
White	517 (89%)	343 (94%)			
Education			<0.001		
<high school<="" td=""><td>11 (1.9%)</td><td>0</td><td></td></high>	11 (1.9%)	0			
High School/GED	131 (23%)	43 (12%)			
College	438 (76%)	320 (88%)			
¹Mean (SD); n (%)					
² Welch Two Sample t-test; Fisher's exact test					





Community Oncology

Figure 2: Participating NCORP Locations
M/U=minority/underserved

Figure 3: Change in serum expression of A) sICAM-1 and B_ sVCAM-1 from pre- to post-chemotherapy.

Results

Repeated Measures Correlation (Covariates: Age, Race, Group)

Cognitive Test	Biomarker	Correlation Coefficient	Lower limit of 95% CI	Upper limit of 95* CI
Verbal Recall	D-Dimer	-0.082	-0.123	-0.035
Verbal Recall	ICAM-1	-0.045	-0.081	-0.006
COWA	ICAM-1	-0.065	-0.094	-0.034
COWA Digits	SAA	-0.084	-0.145	-0.026
Backwards	D-Dimer	-0.076	-0.129	-0.022

Table 2: Relationship between biomarkers and cognitive measures (significant results from the multilevel models listed)

OMU-NCORPS

Table 3: Regression models for change in cognitive test scores (COWA, Digits

Backward). Abbreviations: ICAM-1

(Intercellular Adhesion Molecule 1); PSel (P-selectin); VCAM-1 (Vascular

Cell Adhesion Molecule 1); SAA

(Serum Amyloid A).

COWA

	Estillate	3E	p value
(Intercept)	2.086	0.515	0.00006***
Group-Chemo	-0.811	0.198	0.00004***
D-Dimer	0.002	0.002	0.088
ICAM-1	-0.032	0.017	0.045*
PSel	-0.003	0.029	0.882
VCAM-1	0.033	0.039	0.608
SAA	-0.0005	0.0007	0.168
Age	-0.023	0.009	0.001**
Race-Black	-0.387	0.47	0.41
Race-Other	0.671	0.721	0.352

Phone: Digits Backwards

	Estimate	SE	p value
(Intercept)	0.58	0.282	0.040*
Group-Chemo	-0.288	0.109	0.008**
D-Dimer	-0.0006	0.0008	0.488
ICAM-1	-0.021	0.01	0.026*
PSel	0.01	0.016	0.528
VCAM-1	0.027	0.021	0.211
SAA	-0.0004	0.0004	0.223
Age	-0.006	0.005	0.244
Race-Black	-0.237	0.258	0.358
Race-Other	-0.297	0.395	0.452

Conclusions

- Chemotherapy increased vascular markers associated with inflammation.
- These biomarkers were weakly but significantly associated with worsening cognitive function.

References: ¹Belcher *et.al.*, JNCI 2022. ²Janelsins *et. al.*, J Neuroimmunology 2022 Funding: R01CA231014, T32CA102618, UG1CA18996

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