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Conflict of Interest Disclosure

- The speaker has nothing to declare.

Normal tissue genetically-adjusted radiation dose (NT_GARD) for causal inference models of late toxicity after breast cancer radiotherapy

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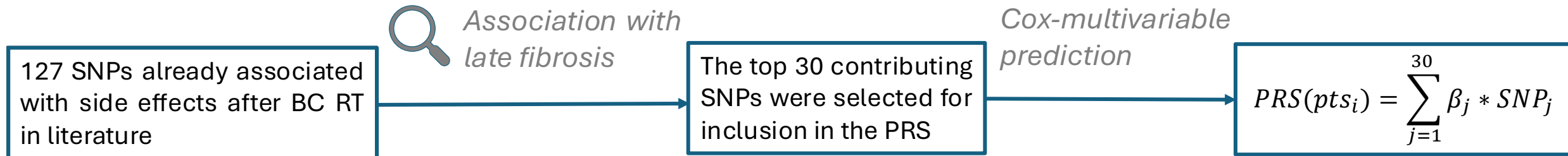
Aim: to define a normal tissue genetically adjusted radiation dose (NT_GARD) integrating individual genetic radiosensitivity to the delivered physical dose to the breast (EQD2MaxD)

Cohort: 1823 **REQUIRE** breast cancer patients

Outcome: CTCAE grade $\geq$ 2 fibrosis (13%)



Modelling genetic susceptibility



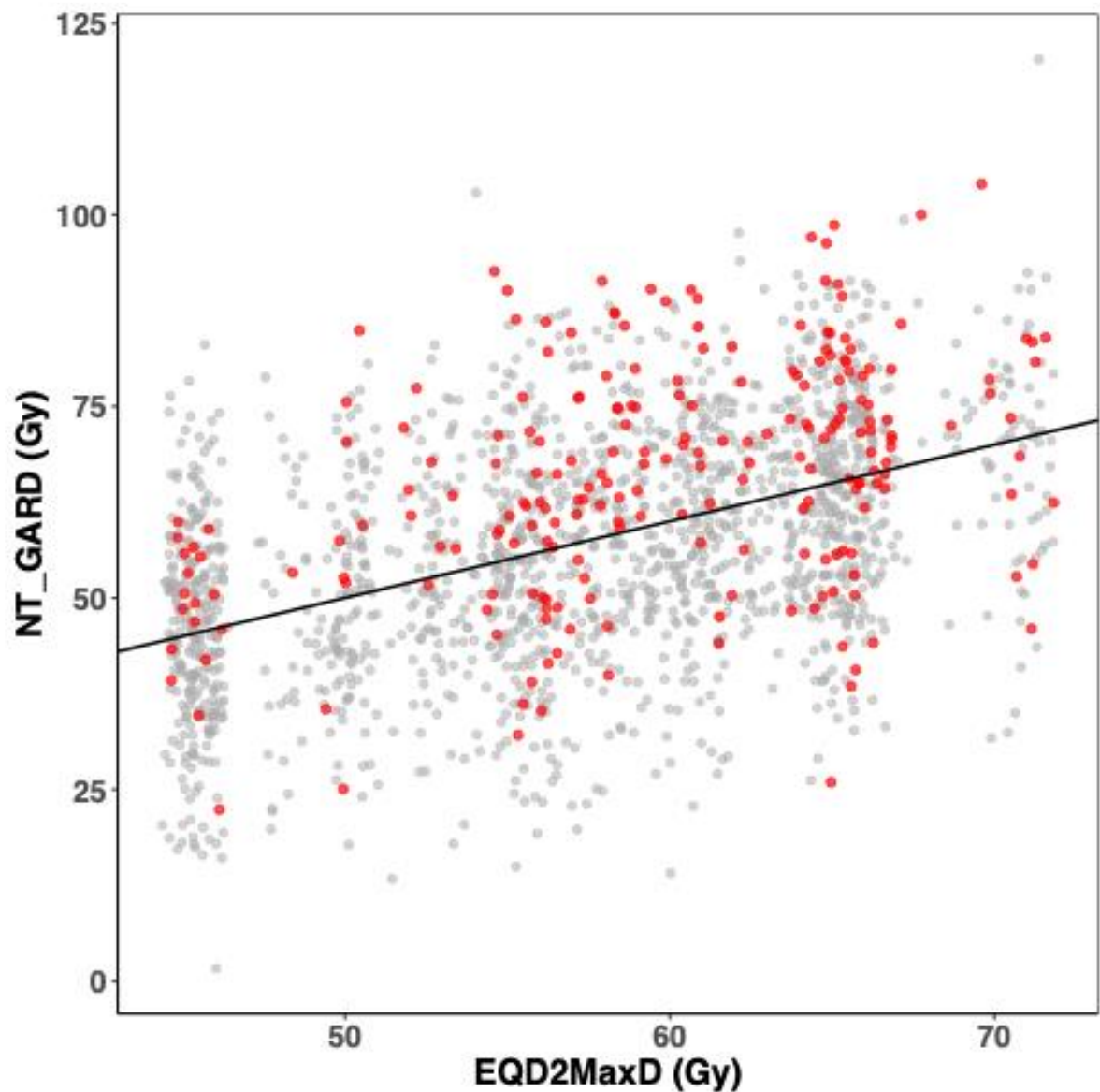
Modelling NT_GARD

NT_GARD was derived from a Cox model including PRS and EQD2MaxD, according to the formula:

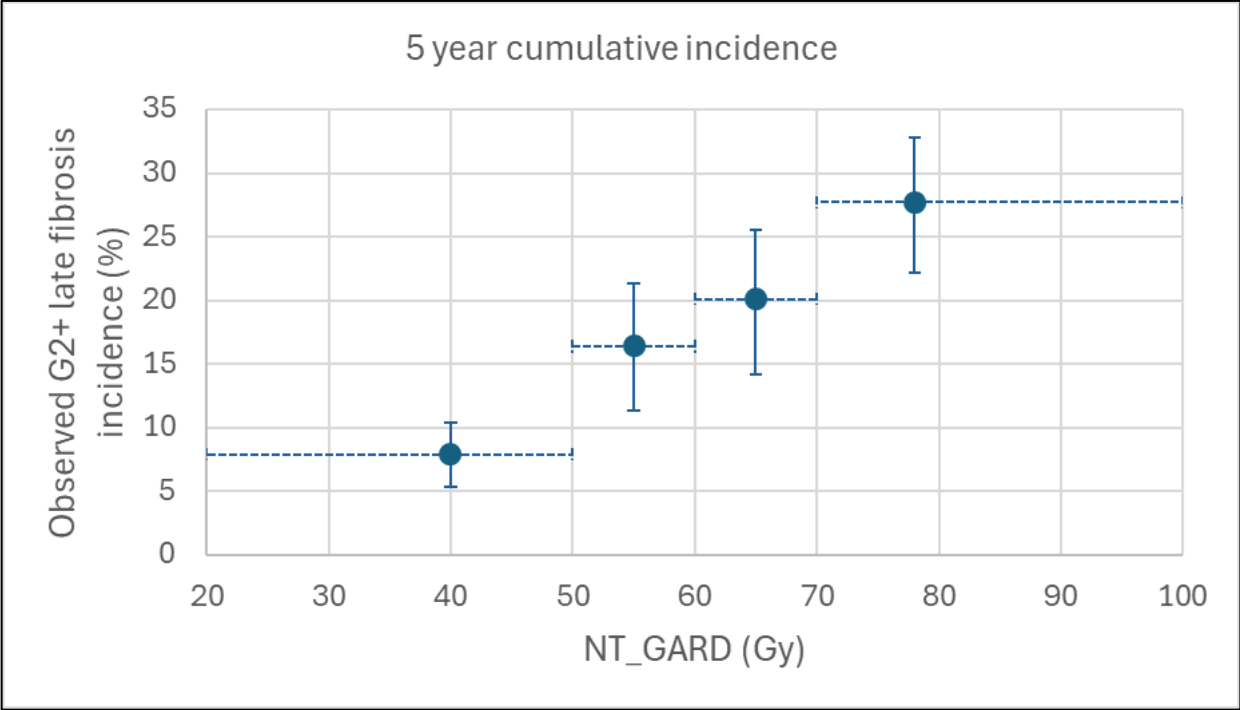
$$NT_GARD = EQD2MaxD + \frac{\beta_{PRS}}{\beta_{EQD2MaxD}} \cdot PRS$$

- $EQD2MaxD$ = patient-specific maximum dose to the breast
- $\frac{\beta_{PRS}}{\beta_{EQD2MaxD}} \cdot PRS$ = individualised genetic contribution on the effectiveness of the dose

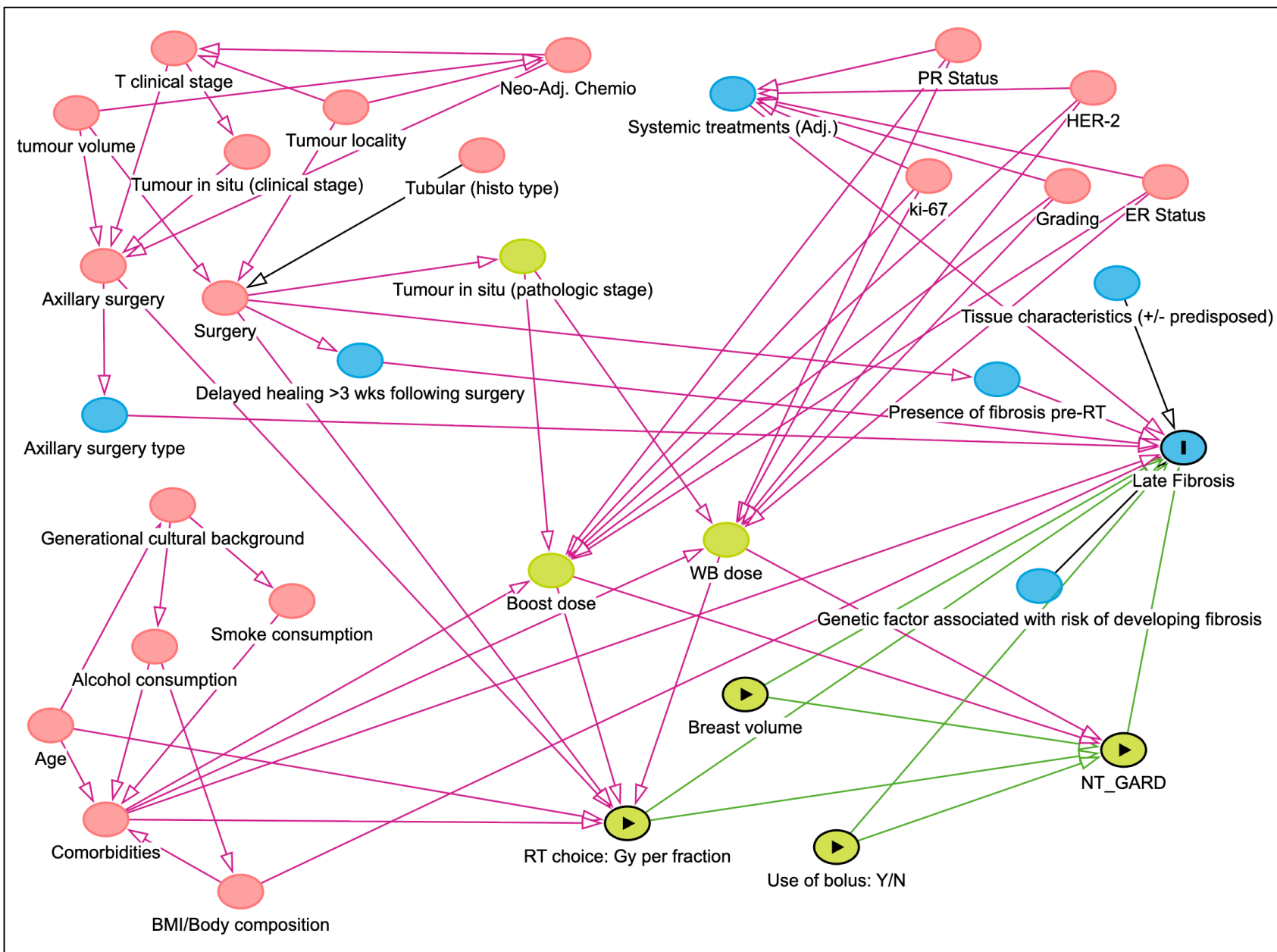
EQD2MaxD vs NT_GARD



Distribution of normal tissue genetically-adjusted dose (NT_GARD) compared with the maximum physical dose to the WB (EQD2MaxD). The black line indicates the identity line ($y = x$), while red dots are patients with CTCAE grade ≥ 2 fibrosis (13%).



The causal framework for late fibrosis



Optimal adjustment set:

- Age
- Axillary surgery type
- Presence of comorbidities
- Delayed healing >3 weeks after surgery
- Presence of fibrosis pre-RT
- Use of systemic treatments (Adj.)

A bootstrapped multivariable Cox model highlighted NT_GARD significantly associated with the risk of late fibrosis, with an HR=1.037 per 1 genetically adjusted Gy ($IC_{95\%} = (1.027, 1.047)$).

Conclusions

- By explicitly incorporating genetic susceptibility into dose modelling, NT_GARD provides a biologically grounded, patient-specific measure of effective radiation dose.
- The causal-derived analysis confirmed the association between the NT_GARD and the risk of developing late fibrosis.



Thank you for the attention!



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