

# Integrating Environmental Risk Factors and mRNA Expression Profiles as Prognostic Biomarkers in Triple-Negative Breast Cancer

Amjila Bam<sup>1</sup>, Yawen Hu<sup>2</sup>, Xiao-Cheng Wu<sup>1</sup>, Nubaira Rizvi<sup>1</sup>, Luis Del Valle<sup>2</sup>, Fokhrul Hossain<sup>2</sup>, Jovanny Zabaleta<sup>2</sup>, Augusto Ochoa<sup>2</sup>, Lucio Miele<sup>2</sup>, Edward Trapido<sup>1</sup>, Qingzhao Yu<sup>1</sup>

## Background

- TNBC is an aggressive breast cancer subtype that comprises approximately 10-15% of all breast cancer cases and is associated with poor prognosis and substantial heterogeneity in clinical outcomes.
- While DNA-level alterations define tumor potential, mRNA expression reflects the tumor's active biological state and is highly responsive to cellular signaling and external stressors.
- Growing evidence links environmental exposures, including air pollution, water contamination, transportation-related emissions, and social vulnerability, to TNBC risk, delayed diagnosis, and aggressive disease features, particularly in structurally disadvantaged communities.
- However, most existing studies evaluate exposures in isolation and do not account for cumulative environmental burden.
- To address this gap, we integrated mRNA expression profiles from 253 TNBC tumors with multi-exposure Environmental Justice Index (EJI) metrics.
- Using a mutual information (MI) based pathway framework, we identified environmentally sensitive transcriptomic programs associated with TNBC stage and tumor grade, revealing proliferative, inflammatory, metabolic, and non-canonical hormonal signaling pathways that may mediate the biological impact of environmental injustice in TNBC.

## Methodology and Data Analysis

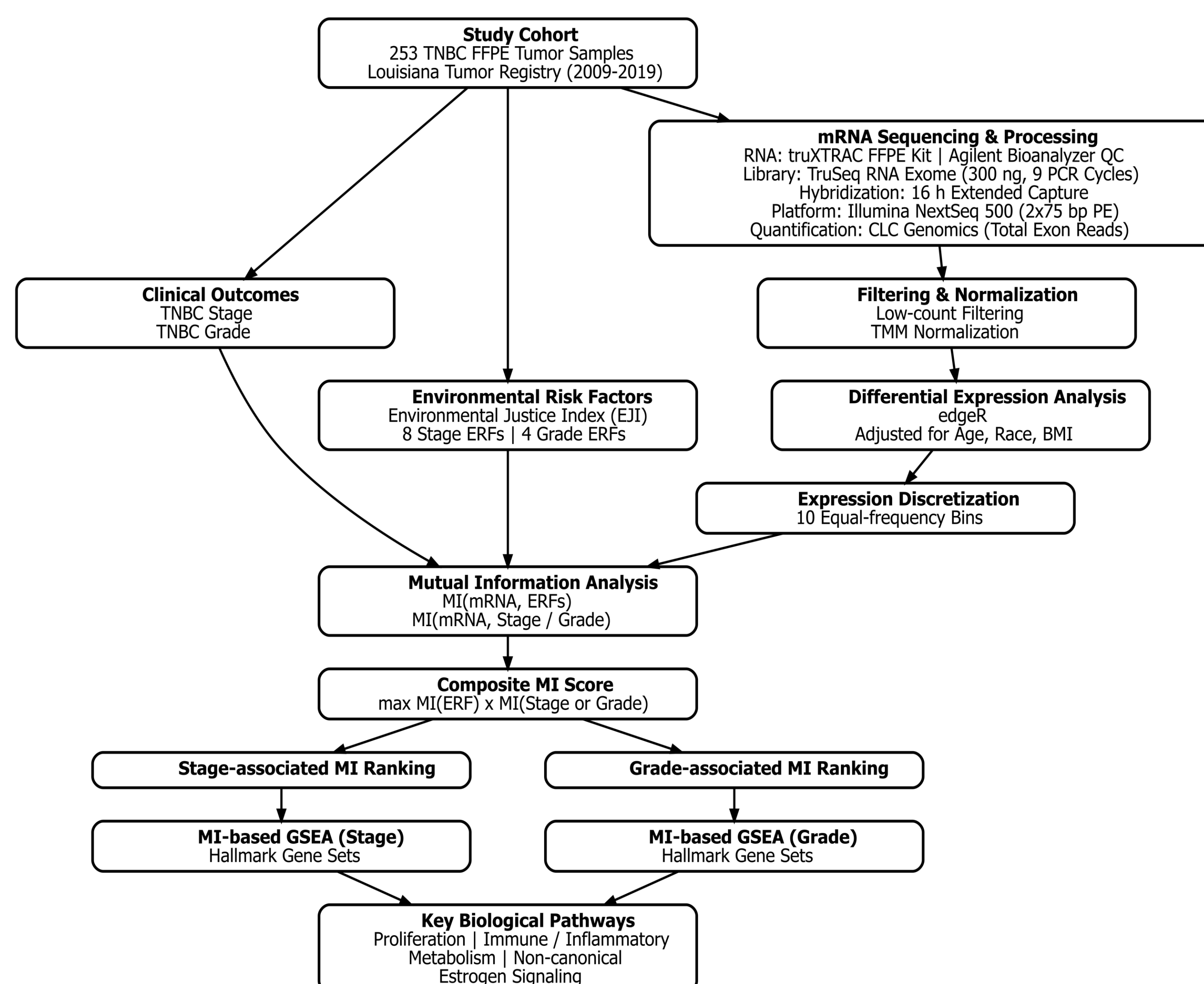


Figure 1. Flowchart Illustrating the MI Based Workflow for Integrating Environmental Risk Factors and TNBC Transcriptomic Profiles



## Results

- Eight community-level environmental risk factors spanning transportation proximity, air quality burden, racial/ethnic minority concentration, and social vulnerability domains were significantly associated with TNBC stage and therefore prioritized for MI based analyses to identify transcriptomic signatures mediating these environmental effects.
- Four community-level environmental risk factors related to impaired water quality and racial/ethnic minority concentration were significantly associated with TNBC grade and prioritized for MI based analyses to identify transcriptomic signatures mediating these environmental effects.
- Across TNBC diagnostic stages, 6,195 mRNAs were differentially expressed, with the greatest transcriptomic impact observed for transportation proximity (681-621 mRNAs), air quality burden (472-444 mRNAs), and social vulnerability domains (435-237 mRNAs), whereas racial/ethnic minority associated factors exhibited a comparatively focused response (64 mRNAs).
- TNBC grade was associated with 4,642 differentially expressed mRNAs, driven primarily by environmental stressors related to impaired water quality (571 mRNAs), whereas racial/ethnic minority associated factors exhibited a comparatively restricted transcriptional impact (13 mRNAs).

### MI-GSEA Enriched Hallmark Pathways

Table 1. A comprehensive overview of the biologically relevant and significantly enriched pathways associated with tumor grade and related ERFs selected from the full set of 50 Hallmark pathways.

| Hallmark Pathways         | NES  | Size | p-Adjust (FDR) | Common Gene Count | Common DE Genes          |
|---------------------------|------|------|----------------|-------------------|--------------------------|
| E2F_TARGETS               | 1.55 | 200  | 0              | 3                 | PRIM2, LBR, PHF5A        |
| G2M_CHECKPOINT            | 1.47 | 198  | 0              | 2                 | PRIM2, LBR               |
| INTERFERON_GAMMA_RESPONSE | 1.31 | 192  | 0              | 2                 | IDO1, GPR18              |
| INTERFERON_ALPHA_RESPONSE | 1.46 | 96   | 0              | 1                 | NUB1                     |
| MITOTIC_SPINDLE           | 1.22 | 199  | 0              | 1                 | ARHGEF11                 |
| MYC_TARGETS_V1            | 1.24 | 199  | 0              | 1                 | EPRS1                    |
| APICAL_JUNCTION           | 1.17 | 198  | 0.009375       | 2                 | ALOX15B, EGFR            |
| MTORC1_SIGNALING          | 1.15 | 199  | 0.019545       | 2                 | PSPH, EPRS1              |
| TNFA_SIGNALING_VIA_NFKB   | 1.14 | 199  | 0.02875        | 2                 | NFKBIE, CCL20            |
| ESTROGEN_RESPONSE_LATE    | 1.13 | 198  | 0.031923       | 3                 | PDZK1, TFF3, TFF1        |
| KRAS_SIGNALING_UP         | 1.13 | 200  | 0.038214       | 2                 | CCL20, ATG10             |
| ESTROGEN_RESPONSE_EARLY   | 1.12 | 198  | 0.046875       | 4                 | LRIG1, PDZK1, TFF3, TFF1 |

Table 2. A comprehensive overview of the biologically relevant and significantly enriched pathways associated with tumor stage and related ERFs selected from the full set of 50 Hallmark pathways.

| Hallmark Pathways               | NES  | Size | p-Adjust (FDR) | Common Gene Count | Common DE Genes  |
|---------------------------------|------|------|----------------|-------------------|--|
| MYC_TARGETS_V1                  | 1.66 | 199  | 0              | 16                | XPO1, HDAC2, MRPL9, PABPC4, CLNS1A, YWHA, SYNCRIP, HDDC2, CCT7, TCP1, PGK1, HNRNPA1, MRPL23, C1QBP, VBP1, NAP1L1 |
| MTORC1_SIGNALING                | 1.34 | 199  | 0              | 12                | CCT6A, TMEM97, PSPH, HSP90B1, CACYBP, PGK1, PSMD12, NFYC, CFP, NUFIP1, SHMT2, EBP                                |
| E2F_TARGETS                     | 1.68 | 200  | 0              | 10                | XPO1, SMC3, SYNCRIP, CCNE1, RFC1, SMC4, POP7, NAP1L1, LUC7L3, ZW10   |
| MITOTIC_SPINDLE                 | 1.33 | 199  | 0              | 8                 | SMC3, PPP4R2, YWHA, EPB41, UXT, RANBP9, RFC1, SMC4   |
| G2M_CHECKPOINT                  | 1.59 | 198  | 0              | 5                 | XPO1, SYNCRIP, HSPA8, SMC4, FANCC  |
| OXIDATIVE_PHOSPHORYLATION       | 1.22 | 200  | 0              | 5                 | UQCRH, TIMM8B, NDUFS2, MRPS15, COX7A2  |
| DNA_REPAIR                      | 1.32 | 150  | 0              | 3                 | POLR2J, TAF10, POLR1D  |
| UV_RESPONSE_UP                  | 1.31 | 156  | 0              | 3                 | MRPL23, CCNE1, PSMC3   |
| PI3K_AKT_MTOR_SIGNALING         | 1.26 | 105  | 0.004167       | 6                 | UBE2N, HSP90B1, MAPK8, ARF1, CLTC, EGFR  |
| ESTROGEN_RESPONSE_LATE          | 1.18 | 198  | 0.005385       | 5                 | GPER1, SLC16A1, ANXA9, ARL3, XRCC3   |
| PEROXISOME                      | 1.23 | 104  | 0.011071       | 2                 | GNPAT, CAT   |
| ESTROGEN_RESPONSE_EARLY         | 1.16 | 198  | 0.016667       | 6                 | SLC16A1, ANXA9, SH3BP5, ARL3, DEPTOR, RAB17  |
| UNFOLDED_PROTEIN_RESPONSE       | 1.2  | 112  | 0.01875        | 1                 | HSP90B1  |
| FATTY_ACID_METABOLISM           | 1.17 | 157  | 0.018824       | 2                 | LT4S, NSDHL  |
| REACTIVE_OXYGEN_SPECIES_PATHWAY | 1.28 | 49   | 0.020556       | 3                 | MPO, NDUFS2, CAT   |
| HEME_METABOLISM                 | 1.15 | 197  | 0.023158       | 13                | SNCA, EPB41, SLC22A4, EPB42, CAT, HBB, LMO2, MBOAT2, CA1, SLC4A1, ASNS, GLRX5, CTNS                              |
| APOPTOSIS                       | 1.15 | 160  | 0.030238       | 3                 | EBP, JUN, NEFH   |
| XENOBIOTIC_METABOLISM           | 1.14 | 199  | 0.030682       | 8                 | TMEM97, LEAP2, CAT, SHMT2, GNMT, SLC35B1, ACSM1, ARG2  |
| IL2_STAT5_SIGNALING             | 1.13 | 198  | 0.03087        | 2                 | CCNE1, ARL4A   |
| P53_PATHWAY                     | 1.14 | 198  | 0.032083       | 5                 | TGFA, RPS12, HEXIM1, JUN, GLS2   |

## Discussion and Conclusion

- Analysis of 253 TNBC tumors showed that integrating community-level environmental injustice metrics with mRNA sequencing reveals biologically meaningful pathways linked to disease stage and tumor grade.
- TNBC stage was associated with multiple environmental stressors (transportation proximity, air quality, social vulnerability), whereas tumor grade was linked to more specific exposures, particularly impaired water bodies and racial/ethnic minority concentration, suggesting different mechanisms of delay vs. aggressiveness.
- Across stage and grade, cell-cycle and proliferative pathways (E2F, MYC, G2M checkpoint) were consistently enriched, indicating that chronic environmental stress may amplify intrinsic TNBC growth programs.
- High-grade TNBC showed strong enrichment of interferon and TNF-NFκB signaling, consistent with a chronic inflammatory tumor microenvironment potentially driven by sustained environmental exposures.
- Despite triple-negative status, estrogen response pathways (via *GPER1* and related genes) were reproducibly enriched, suggesting ERα-independent, environmentally influenced hormonal signaling in TNBC.
- Stage-associated tumors exhibited enrichment of metabolic and stress-adaptation pathways (PI3K/AKT/mTOR, oxidative phosphorylation, UPR), consistent with cellular adaptation to hostile environmental conditions.

- Findings support a model in which environmental injustice contributes to TNBC disparities through both delayed diagnosis and biologically aggressive tumor programs, highlighting the importance of structural and environmental interventions alongside molecular characterization.

### Limitations and Future Work

- Environmental Justice Index (EJI) data were derived from 2022 datasets, whereas TNBC diagnoses occurred between 2009-2019, which may introduce exposure misclassification due to changes in environmental conditions over time.
- The use of the maximum mutual information (MI) value to define the Composite MI Score emphasizes dominant environmental drivers but may underrepresent cumulative or synergistic effects of multiple co-occurring exposures.
- Analyses focused on tumor stage and grade; other clinically relevant endpoints (e.g., survival, treatment response) were not evaluated.

**Acknowledgment:** This research was funded by National Cancer Institute grant numbers 1R01CA275089, NIMHD 2R15MD012387-02, and NIEHS 5P20CA233374.