



Focus on IBC

December 2009

IBC Research Foundation Newsletter

Tis The Season for Gift Giving!

Don't know what to give that special person on your holiday gift list? Give a gift that gives twice . . . consider honoring those you love with a donation to the Inflammatory Breast Cancer Research Foundation. There is no worry about size, color, or wrapping. It's the perfect way to show someone you care while supporting an important cause.

The end of the year is fast approaching. Don't forget those "end of the year" donations. The Inflammatory Breast Cancer Research Foundation is a 501(c)3, IRS non-profit, so your donation is tax deductible. Consider reducing your tax burden while supporting the mission and goals of the Inflammatory Breast Cancer Research

APPLY Study for IBC Patients

GlaxoSmithKline has launched a new inflammatory breast cancer specific trial of Pazopanib and Lapatinib. They provided the following information to share in the newsletter. For additional information and specifics on the trial follow the link at the end of the article.

The APPLY study (Assessing the Potential of Pazopanib and Lapatinib in (Her2-positive) Inflammatory Breast Cancer) is currently recruiting participants, ClinicalTRials.gov identifier: NCT00558103. It is sponsored by GlaxoSmithKline and is open at sites globally. This is a randomized, Phase III study designed to evaluate the efficacy and safety of the combination of pazopanib and lapatinib as compared to either lapatinib alone or pazopanib alone. Patients initially randomized to the pazopanib alone arm will be offered the opportunity to receive lapatinib alone, if and when their tumor progresses. This is a study evaluating an investigational use of the combination of pazopanib and lapatinib in inflammatory breast cancer. To be eligible for this study, participants must have previously treated and recurrent HER2-positive inflammatory breast cancer with skin lesions present. To find out more about this trial and the complete inclusion/exclusion go to: ClinicalTrials.gov

32nd Annual San Antonio Breast Cancer Symposium

By, Ginny Mason, RN, BSN

Executive Director, ibcRF

Foundation.

Our heartfelt gratitude to all you have supported us this year. We can't do this important work without you!

Many Thanks,

*Ginny Mason RN, BSN
Executive Dir., ibcRF*

Upcoming Events

Jan 6 - Teleconference: San Antonio Breast Cancer Symposium Annual Update; [Click here.](#)

Jan 24-25 - National Breast Cancer Coalition Board Meeting, Washington DC; [Click here.](#)

Feb. 26-28 - 10th Annual Young Women Affected by Breast Cancer Conference, Atlanta, GA; [Click here.](#)

*Quick Links
for IBC
Patients
and
Caregivers*



[Previous Newsletters](#)

[ibcRF BioBank](#)

December 9-13, 2009, somewhere in the neighborhood of 6000 people arrived in Texas to hear the latest news in breast cancer research and treatment. Most of the days were cool with drizzle, encouraging participants to attend the sessions rather than see this trip as an opportunity to sight-see or shop! However, we were treated to some sun on the final day as most participants were making their way home.

The San Antonio Breast Cancer Symposium receives a lot of media attention and you have likely seen various reports in the news. Remember, those reports may not reliably represent the research data presented. It is also important to remember that data reported at meetings such as this are often preliminary data and based on limited research. Seldom is such data "practice changing" until additional supporting research strengthens the findings and is adopted by clinicians.

While inflammatory breast cancer (IBC) was woefully absent in the general sessions, there were IBC specific posters and some of the sessions contained information that was of value for various breast cancer subgroups. I cannot begin to cover all the material from the conference, so will share a few highlights that may be of particular interest.

Friday morning there were seven posters devoted to various aspects of IBC and one additional poster (#2026) that focused on LABC (locally advanced breast cancer) but included some IBC patients in the study. Poster #2012 showed that delay in treatment does not predict outcome in IBC (I did not see this poster, since the presenter was a "no show"); #2056 looked at biological subtypes of IBC and risk of second primary, data from the California Cancer Registry; #2073 presented data from the IBC Registry at M.D. Anderson in TX; #2077 provided data showing an apparent decline in IBC cases in Tunisia; #2081 presented results of the FNCLCC-Pegase 07 Trial from France; #2102 covered data related to brain metastasis in IBC; and #2135 examined CTC's (circulating tumor cells) in IBC.

There were additional posters on other days; #3161 exploring the role of P53 mutations in IBC; #5119 comparing IBC patient cohorts at M.D. Anderson in TX; #5120 exploring treatment options by a group in France; and #6118 & 6119 both presenting MicroRNA expression profiling of IBC by a French research group and the Belgian group who has been studying IBC for a number of years. The MicroRNA data is quite interesting, and we should look forward to more data from the Belgian group that will be useful in both diagnostics and treatment.

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In an interesting poster discussion session, [Dr. Stephen R. D. Johnston](#) of the Royal Marsden in the UK, presented biomarker profiles that may predict for survival benefit from lapatinib (Tykerb) in patients who have become refractory (resistant) to trastuzumab (Herceptin.) As always, it is important to remember that this is early research data, but it was promising and provided insight as study continues.

Other highlights from the conference include reports on the TDM-1 trial where a novel form of Herceptin attached to a form of chemotherapy has been shown to improve outcomes in heavily pretreated metastatic breast cancer. Early research targeting breast cancer stem cells (or progenitor cells) with experimental "Notch" inhibitors shows some promise in recurrent disease. Once again the data on PARP Inhibitors (presented earlier this year at ASCO) shows that inhibiting DNA repair in cancer cells can improve survival by almost 60% when added to conventional chemotherapy. Bisphosphonates continue to be a "hot topic" as their role in preventing breast cancer, treating bone problems caused by hormonal agents, and reducing risk for recurrence in younger breast cancer patients were discussed at the meeting.

A new feature this year was the Sunday morning "Year In Review." The information was divided into four presentations focusing on different areas of interest. [Adrian Lee, Ph.D.](#) of Baylor College of Medicine covered the topic "Implications of Recent Advances in Basic Research", [Dr. Carlos Arteaga](#) of Vanderbilt-Ingram Cancer Center focused on "Translational Insights for Clinical Research and Practice", followed by [Dr. Ian Smith](#) from the Royal Marsden Hospital in the UK whose topic was "Early Breast Cancer: 2009" and finally [Dr. Clifford Hudis](#) of Memorial Sloan-Kettering Cancer Center covered "Metastatic Breast Cancer." Those of us still present to the "bitter end" were rewarded by these excellent presentations that succinctly summed up much of the meeting in understandable sound-bites and take-home messages. Fortunately this presentation, along with many others, is available at www.sabcs.org.

The daily SABCS newsletter, for December 14, has an excellent breakdown of the material presented in the "Year in Review."

[Click here](#) to see the entire posters.

Coming in 2010 New IBCRF Tee-Shirts

Although not available yet online, check out our new IBC Research Foundation Tee-Shirts.



Back of Shirt

B



Back of Shirt A



Both have the ibcRF logo on the front. Shirt A has the words "You Don't Have to Have a Lump to Have Breast Cancer" along with our website address on the back. The second option is Shirt B, which has a list of IBC symptoms on the back as well as the words "You Don't Have to Have a Lump to Have Breast Cancer" along with our website address. Keep watching the newsletter to learn when these tee-shirts will be available for order.