This year has been quite eventful in the Inflammatory Breast Cancer (IBC) program. In April, we celebrated our 10th Anniversary with a virtual Scientific Program and Patient Centered Symposium. This was very well attended, and we received great feedback from patients and families. In June, we thanked our founder Dr. Beth Overmoyer for her vision and dedication to the IBC Program and wished her a wonderful retirement. As we look ahead to the future of our program, we have brought in new team members to help us continue to transform IBC patient care and expand our portfolio of IBC basic and clinical research. Physicians that have joined our program include: Susan Schumer, MD, and Sheheryar Kabraji, BM BCh, from Medical Oncology, and Christina Minami, MD, MS, Olga Kantor, MD, MS, and Alison Laws, MD, from Surgical Oncology. They bring with them expertise that will prove invaluable in the advances that we will continue to make in the field of IBC.

We continue to be active on Twitter. Consider following us and interacting with us if you are active on the platform. We have also updated our IBC web page. Take a look and send us your comments if you have any thoughts on how to continue to improve it.

Lastly, but not least, we have been busy preparing our participation on this year’s Boston Marathon® Jimmy Fund Walk. While we will not walk the historic marathon course this year, we will, as we did in 2020, lace up our sneakers in our own neighborhoods, on hiking trails, treadmills, or wherever is safe – on October 3, 2021. Please consider joining Team IBC and supporting our mission of providing cutting-edge science and compassionate patient care to patients and loved ones dealing with IBC. Learn more about joining or supporting us on page 4.

I hope you enjoy some days of rest and sun this summer and fall. And I can’t end this without thanking each of you for your continuous support of our IBC Program.

Sincerely,

Filipa Lynce, MD
Director, Inflammatory Breast Cancer Program

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IBC Program 10-Year Celebration

In April 2021, our program hosted a virtual event to celebrate 10 years of dedicated research, education, and care of IBC patients. Researchers, physicians, nurses, patients, and their loved ones came together for a day of IBC research and patient-care focused lectures and discussions. Guest speakers from other institutions joined our Dana-Farber experts to discuss bench-to-bedside research in the areas of radiation therapy, optical genome mapping, and the role of the STAT3 pathway in IBC. Our physicians presented on patient-care focused topics such as new diagnostic criteria for IBC, effects of chemotherapy on the brain, and the role of reconstructive surgery in the treatment of lymphedema. Finally, all in attendance had the absolute honor of hearing from our IBC patient advocate, Trish Vickery, as she took us on her journey of finding her ‘new normal’ post-mastectomy. To watch the day’s lectures and discussions, please visit our web page.

The celebration concluded with patient and caregiver events. Patients and caregivers were assigned to virtual small groups where they spent time with members of the Dana-Farber IBC care team. Attendees had the option of meeting with a medical oncologist, radiation oncologist, surgeon, or patient advocate for small group discussion. At the end, patients were able to join a social work group where they engaged with other patients for open-ended discussion.

The patient-centered celebration of the Dana-Farber IBC Program succeeded in its aim to provide patient care focused scientific information in the field of inflammatory breast cancer to basic scientists, physicians, patients, families, and loved ones. The celebration served as a reminder that although IBC dedicated research has come a long way, there is still much work to be done. This event provided insight into the next 10 years of the Dana-Farber’s IBC Program continued dedication to patient care and the further understanding and education of this disease.
IBC FAQ: Lymphedema

Lymphedema is the accumulation of lymphatic fluid that can cause swelling in the arm and/or hand. Lymphatic fluid is normally filtered through the lymph nodes. Removal of lymph nodes requires lymph fluids from the arm to be rerouted and filtered through remaining axillary lymph nodes. Lymphedema occurs in a small number of patients, and symptoms can range from hand swelling alone to total arm swelling. Should you notice any swelling, please contact your surgeon’s office for instructions in appropriate follow up care. Treatment includes physical or occupational therapy, manual lymphatic drainage, and compression bandaging and garments. New research suggests gradual, progressive strengthening, when cleared by your physician, can minimize the risk of lymphedema by dilating, or widening, remaining lymphatic channels around the shoulder and arm.

Who is at risk for lymphedema?
With an axillary dissection or radiation to the axilla (also armpit or underarm), the lifetime risk is up to 20%. Most cases of lymphedema related to breast surgery or radiation occur in the first year after treatment. Being overweight can increase your risk.

What are the early signs of lymphedema?
The early sign of lymphedema is swelling of the arm or hand. Sometimes the arm will feel heavy. Sometimes the first sign is that your sleeve, watch, or jewelry feels tighter than usual.

Can I prevent lymphedema?
While there is no medical evidence that lymphedema can be prevented, there are some things that can help reduce the risk of developing it.

Maintaining a healthy weight has been shown to reduce risk of lymphedema. Following a healthy diet and exercise program is a great way to reduce your risk. Exercise does not cause lymphedema and does not worsen lymphedema for patients who have been diagnosed with it. When beginning a strengthening program or new exercise routine, start with light weights or a short time period and increase weight and time period gradually and monitor your arm for any changes.

Another way to reduce your risk of lymphedema is to protect your arm on the affected side from cuts and infections. Whenever possible avoid sunburns, insect bites and drying/cracking of skin. If you are diagnosed with lymphedema, avoid getting blood pressure readings, blood injections, tests and infusions in that arm.

What is the treatment for lymphedema?
There are physical and occupational therapists who specialize in lymphedema care. Your IBC care team will give you a referral if needed.

IBC in the Media

Our program celebrated our 10-year anniversary in 2021. Watch the video celebrating this milestone here. This video is also posted on our program’s web page.
Research Updates

Phase II Clinical Trial: Screening Magnetic Resonance Imaging of the Brain

This research study is examining the usefulness of magnetic resonance imaging (MRI) to screen for brain metastases (spread of the breast cancer to the brain). In this phase II clinical trial, the investigators are utilizing screening MRIs of the brain to evaluate for the presence of metastases in the brain. The investigators hope to understand whether early detection of brain metastases in a population where screening MRIs of the brain is not currently recommended leads to improved outcomes.

Patients with inflammatory breast cancer are eligible to participate in this trial. You can find more information here.

Sunday, October 3, 2021, Walk With Us!

Our Team IBC is walking for the fifth year in a row! Help us make it the best year yet. All proceeds from our walk go toward Dana Farber’s Inflammatory Breast Cancer Research Fund. We can’t succeed without your help!

- **Join the Team**! Walk “Your Way” route in a length of your choice and location. You can walk around your house or go for a full marathon around your city! Register [here](#).
- **Spread the word**. Support IBC by sharing our [fundraising page](#) with your friends, family, and social media networks.

For more information, including fundraising tips, walker stories, FAQs, and walk-day logistics, visit the [Walk website](#) or email our team captain Mariesa Powell at [DFCI_IBC@dfci.harvard.edu](mailto:DFCI_IBC@dfci.harvard.edu).
**Staff Spotlight**

**Antonio Giordano, MD**

In 2020, Dr. Giordano joined Dana-Farber’s Inflammatory Breast Cancer Program, where he serves as a medical oncologist and clinical investigator. Dr. Giordano completed his medical school and oncology fellowship at University of Naples Federico II in Italy in 2004 and 2009, respectively. His passion for research was the motivation behind his pursuit of starting a PhD program in medical oncology and immunology at the Second University of Naples and participating in an exchange program with the University of Texas at MD Anderson Cancer Center. While studying for his PhD, he worked in the laboratory of the Morgan Welch Inflammatory Breast Cancer Program at MD Anderson.

The majority of his preclinical work was performed on *in vitro* models of IBC. He participated in several research protocols for IBC patients. During the four years spent as faculty at MD Anderson, he consolidated his solid foundation in breast clinical oncology, transitional and basic science research, and has made tremendous contributions to the field of breast cancer biology and circulating biomarkers. He subsequently worked as faculty at MUSC in Charleston, SC, from 2016 to 2020.

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**Stay in touch!**

We welcome your feedback, questions, or suggestions of topics you would like to learn more about. Contact us at [DFCI_IBC@dfci.harvard.edu](mailto:DFCI_IBC@dfci.harvard.edu) or 617-632-2311 or visit our [web page](http://www.dfci.harvard.edu).