We have said this time and time again, “2020 was unlike any other year.” Not only has the COVID-19 pandemic impacted our daily lives, but it has severely impacted the progress of scientific research against our common enemy — inflammatory breast cancer (IBC). Clinical trials were put on hold, basic science laboratories where shut down, and national conferences were virtual, which inhibited our ability to network among colleagues interested in collaborating in the investigation of IBC.

Even with a bleak beginning to 2021, I continue to focus on the potential advances that we can make this year. Dana-Farber was fortunate to recruit a star physician to be a leader in inflammatory breast cancer, Filipa Lynce, MD. Dr. Lynce (highlighted in this newsletter) came from MedStar Georgetown University Hospital, where she excelled in developing clinical trials for triple-negative and BRCA-associated breast cancer. Dr. Lynce now brings this expertise to inflammatory breast cancer, and as associate director of the IBC Program, she plans to expand our clinical trial portfolio in the treatment of IBC. We are thrilled to have her join the team!

Yes, the world has changed, but not our focus to overcome inflammatory breast cancer! We have played a pivotal role in developing new diagnostic criteria for identifying IBC with the goal of preventing delayed diagnosis and misdiagnosis. We continue to focus on education as shown by our participation in the IBC International Conference - Education Day in December 2020 and by organizing our virtual 10-year celebration of Dana-Farber’s Inflammatory Breast Cancer Program in conjunction with our 4th Annual Patient Forum in April 2021. Stay tuned and SAVE THE DATE.

Our wish is for everyone to stay healthy and safe, and to focus on obtaining the COVID-19 vaccine so that we can all be together again in person and continue our work against inflammatory breast cancer!

Beth Overmoyer, MD, FACP,
Director, Inflammatory Breast Cancer Program
IBC FAQ: Clinical Trials

What Is a Cancer Clinical Trial?

A cancer clinical trial is a scientific study that tests whether a new method of cancer treatment, diagnosis, or prevention is effective. In a clinical trial, researchers don't know if the new method will be better than standard therapy for patients who are being treated now. Scientists and doctors design these clinical trials based on evidence from laboratory research and previous studies and believe that the method being tested will improve patient care now and in the future.

Cancer clinical trials usually go through three stages before a medication is approved by the U.S. Food and Drug Administration (FDA).

Phase I Trials

Phase I trials only include a small number of patients and are designed to determine the safety of a new therapy. They determine at what dosage, method and interval a new medication may be given. The primary goal of a phase I trial is to determine whether a new drug or combination of different drugs is safe.

Phase II Trials

Phase II trials provide information about how effective a new therapy is against a specific type of cancer and continues to give us more information about the safety of a drug.
Phase III Trials

Phase III trials involve a larger number of patients and compare new treatments with standard ones to determine which is safer and more effective against a specific type of cancer. In phase III trials, patients are randomly assigned to receive either the new cancer therapy or already approved standard treatments.

What Are the Reasons to Participate in a Clinical Trial?

Nearly all therapies used today to treat patients with inflammatory breast cancer were made available through clinical trials. It's the only way we can develop more effective, targeted therapies against inflammatory breast cancer. Participating in a clinical trial can offer you the option of a new treatment against IBC.

When making decisions about your care, keep in mind that participating in a clinical trial is a personal and individual choice. Before participating, it is important to discuss the details of the study with your oncologist in order to make an informed decision.

What IBC-Specific Clinical Trials are Available at Dana-Farber?

At Dana-Farber, our researchers and clinicians are involved in clinical and basic science research to enhance our understanding of inflammatory breast cancer, develop more effective diagnostic and treatment options for patients, improve the current survival rate for patients with IBC, and expand prevention strategies for women at risk for this disease. We do this by inviting our patients to participate in IBC-specific clinical trials and by collecting tissue and blood samples from patients who participate in our IBC tissue registry. Learn more about IBC registries on page 4.

One focus of our research is to take information "from bench to bedside, and back." An example of our success is the creation of the clinical trial DF/HCC 16-151 (TBCRC 039), a national study for newly diagnosed triple-negative IBC. The design of this clinical trial was based on evidence from the laboratory of Dana-Farber scientist Kornelia Polyak, MD, PhD. Her research team identified a cellular mechanism that helps IBC cells survive (the JAK2-STAT3 pathway) and identified a drug to block this mechanism (ruxolitinib). The addition of ruxolitinib to standard chemotherapy is now the focus of this national clinical trial, and its goal is to improve the outcome of preoperative therapy.

The DF/HCC 15-292 clinical trial builds on our understanding of the unique biology of IBC. Angiogenesis, the process through which new blood vessels form from pre-existing vessels, is a hallmark of inflammatory breast cancer. IBC activates specific genes to allow it to produce its own lymphatics and blood vessels in the breast and skin. The chemotherapy medicine eribulin is believed to suppress the mechanism of angiogenesis and enhances tumor blood flow, hindering the growth and survival of the cancer. This study treats patients with newly diagnosed HER2-negative IBC with eribulin, followed by doxorubicin and cyclophosphamide, prior to surgery.

IBC on Social Media: Twitter

Our program now has its own Twitter account. Please follow us @IBC_DanaFarber for the latest research updates, tools to help you manage your care, patient stories, and much more. We tweet during the week and are excited to explore this new way of connecting to our patients and IBC patients around the world.
Research Update: Characteristics Associated with IBC

Through the participation in IBC registries, our patients are helping us to investigate the unique biology of this disease, including its genetic associations. Using the Dana-Farber IBC registry, Randie White, MD, and colleagues were able to look at possible risk factors for developing inflammatory breast cancer. In their published paper *Characteristics associated with inflammatory breast cancer (IBC): An epidemiologic study from a dedicated IBC program*, the authors concluded that patients with IBC are more likely to be overweight (BMI ≥25) at the time of diagnosis (*The Breast Journal*; 2020; 26; 1688-1694). This study also found IBC to have associations with a family history of breast cancer or ovarian cancer which serves to further emphasize the importance of IBC patients undergoing genetic testing. Huma Rana, MD, MPH, and colleagues had previously described the prevalence and diversity of germline genetic mutations among patients with IBC enrolled in our registry (*Cancer*; 2019; 125: 2194-2202).

This study is especially exciting because the prevalence of high BMI among pre-and post-menopausal IBC patients suggests that there may be modifiable risk factors for IBC. In addition, it supports genetic testing in all patients with IBC to determine if there is an inherited risk which would have an impact on family members. These findings warrant further validation through collaboration with other dedicated IBC researchers to address unique risk factors for IBC as compared to non-IBC.

IBC Social Work Group to Meet Monthly

Dana-Farber’s Inflammatory Breast Cancer Program is pleased to announce that our social work and education group will meet more frequently. This group has traditionally met quarterly and, based on feedback from our patients, we are now connecting monthly. These educational meetings will continue to include expert speakers, three times per year. Each month, we will send out an email with the next month’s meeting date, time, and Zoom link.

Staff Spotlight

Filipa Lynce, MD

Dr. Lynce received her medical degree from the Universidade Nova de Lisboa, Portugal, in 2004. She completed her residency in Internal Medicine and fellowship in Hematology and Medical Oncology at MedStar Washington Hospital Center/MedStar Georgetown University Hospital. She was faculty at MedStar Georgetown University Hospital from 2015 to 2020, serving as the institutional PI for Alliance and the co-PI of the National Capital Area (NCA) Minority/Underserved NCORP. In 2020, she joined the staff of Dana-Farber Cancer Institute and Brigham and Women’s Hospital, where she is a medical oncologist, clinical investigator in the Breast Oncology Center, and Associate Director of the Inflammatory Breast Cancer Program. Her research focuses on inflammatory breast cancer, triple-negative breast cancer, *BRCA*-associated breast cancers and novel therapies in the treatment of breast cancer.

Stay in touch!

We welcome feedback, questions, or suggestions of topics you would like to learn more about. Contact us at [DFCI_IBC@partners.edu](mailto:DFCI_IBC@partners.edu) or 617-632-2311 or visit our website.