Welcome to our Inflammatory Breast Cancer (IBC) Program’s Winter 2022 newsletter! We have so much to share with you. Since our last newsletter, we finalized our educational binder for IBC patients, a labor of love led by our former director, Dr. Beth Overmoyer. Please email Mariesa Powell if you haven’t received yours yet.

We presented results of one of our trials at the San Antonio Breast Cancer Symposium in December 2021 and we started a bimonthly IBC Dedicated Tumor Board to ensure that high-quality multidisciplinary care is offered to all patients diagnosed with IBC.

We also participated in last fall’s Jimmy Fund Walk. While it was virtual, it was still a resounding success for our program. I can’t thank you enough for all of the support we received. The funds raised support our clinical program and our research projects focused on IBC. Along those lines, I am happy to introduce our new IBC Clinical Research Coordinator Elizabeth Troll. Elizabeth joins us from the University of Massachusetts Amherst, where she earned her bachelor’s degree in biochemistry and molecular biology. She will be a great team member and will help move along multiple ongoing IBC research projects.

Last, but not least, we are so excited to share that we will host our 5th annual IBC Patient Forum on April 30. The forum is a great opportunity to learn more about radiation therapy, biomarkers, upcoming clinical trials, patient-centered research initiatives, and support services, and to get to know our new chief of Breast Oncology, Sara Tolaney, MD, MPH. The forum will end with a 1-hour IBC Social Support Group led by Julie Salinger, MSW, LICSW. The Social Support Group was very popular at last year’s 10-year anniversary celebration.

I hope you all are doing well and continue to find the strength and hope to move on during these strange times. Here at Dana-Farber, your strength and hope keep us going, and we are confident that better days are coming!

Sincerely,

Filipa Lynce, MD
Director, Inflammatory Breast Cancer Program
IBC FAQ: Radiation Therapy 101

What is radiation therapy?

Radiation therapy (radiotherapy) is a type of cancer treatment that uses high-energy particles or waves to kill or damage cancer cells. Radiation works by disrupting the DNA within individual cells. This disruption stops or slows the rapid growth of cancer cells. Healthy cells are also affected by radiation, but unlike cancer cells, most healthy cells will recover after treatment is completed.

The effects of radiation aren’t typically immediate; radiation can take days or weeks to kill or damage cancer cells. Targeted cancer cells can continue die after radiation has been completed.

How is radiation used to treat IBC?

Stage III

Inflammatory breast cancer is sensitive to radiation, and any remaining IBC cells in the lymphatic system within the skin and chest wall can be treated with radiation. Radiation is also typically used to treat any remaining IBC cells in the lymph nodes located in the collarbone area (supraclavicular fossa), under the arm (axilla), and under the breastbone or sternum (internal mammary lymph nodes).

Due to the skin involvement in IBC, radiation for IBC involves the use of a gel on the chest wall to ensure that the skin receives the full dose of radiation. Patients with IBC typically receive additional radiation to the mastectomy incision site. The treatment is given for short intervals, approximately 30 minutes each weekday for about 6 to 6½ weeks and usually begins 4 to 6 weeks after surgery.
Stage IV

When utilized, the goal of radiation for most patients with stage IV IBC is often to alleviate symptoms caused by the disease, particularly in the breast and chest wall, including breast pain, bleeding, ulceration, and discharge. Sometimes, radiation is also given to the chest wall and lymph nodes to prevent recurrence, although this is less common. Radiotherapy can also be administered to Stage IV patients at other sites of disease (such as bones and lymph nodes) with the goal of controlling/slowing the growth of disease, and/or improving symptoms.

What are common side effects from radiation?

The most common side effects from radiation involve the skin. For patients receiving radiation therapy for IBC, peeling of the skin of chest and underarm occasionally occur, much like a sunburn. The resulting discomfort can often be treated with creams and other products. Patients receiving radiation may also experience fatigue.

Are there any clinical trials available for IBC patients receiving radiation therapy?

Yes, we have clinical trials currently available for IBC patients receiving radiation therapy, including Refining Local-Regional Therapy for Inflammatory Breast Cancer (IBC) and a Phase II Randomized Trial of Olaparib (NSC-747856) Administered Concurrently with Radiotherapy versus Radiotherapy Alone for Inflammatory Breast Cancer. For more information about clinical trials and research for IBC, please visit our IBC clinical trials web page.
Research Updates: San Antonio Breast Cancer Symposium

A Phase II Study of Neoadjuvant Systemic Therapy with Eribulin followed by Doxorubicin and Cyclophosphamide for HER2-negative Inflammatory Breast Cancer

At this year’s San Antonio Breast Cancer Symposium, our program director Filipa Lynce, MD, presented the findings of our phase II study on adding eribulin along with doxorubicin and cyclophosphamide as neoadjuvant systemic therapy (NAS) for patients diagnosed with HER2-negative IBC. Eribulin (E) (Eisai Co., Ltd) is a chemotherapy agent that suppresses microtubule growth and has anti-angiogenesis properties, meaning it suppresses the formation of blood vessels, which is important in targeting IBC. The study found that adding eribulin to NAS was tolerable for patients with HER2-IBC, and all the patients participating in the study were able to undergo curative surgery. This study also included breast MRI evaluation at baseline and 1 week after starting treatment for some of the participating patients. The MRI substudy was led by Eren D. Yeh, MD, Radiologist at Brigham and Women’s Hospital. More studies specifically designed for IBC are needed to enhance the understanding of this disease and drive the discovery of novel targeted therapies for IBC.

Recent publications from our doctors and researchers in the Dana-Farber IBC Program

Dermal Lymphatic Invasion, Survival, and Time to Recurrence or Progression in Inflammatory Breast Cancer.

MRI Changes in Breast Skin Following Preoperative Therapy for Patients with Inflammatory Breast Cancer.

Inflammatory breast cancer defined: proposed common diagnostic criteria to guide treatment and research
Thank You Team IBC Jimmy Fund Walk

Thank you to everyone who participated or donated to the 2021 Boston Marathon® Jimmy Fund Walk and our Team IBC. Our 23 team members raised a total of $37,382, surpassing our 2020 team total by $18,346!

We’d like to highlight the generous contributions made by the IBC Network Foundation, which provided a $5,000 match for Team IBC. We’d also like to thank Team Liz, led by Team Captain Liz Cummins, who raised $2,315 for this year’s Walk and for the Dana-Farber IBC Research Fund. Our work would not be possible without the support from our wonderful and dedicated community.

Save the date and join Team IBC in the 2022 Jimmy Fund Walk on Sunday, Oct. 2.

Thank You to Caroline’s Crusaders Against IBC

We extend a special thank you to Caroline’s Crusaders Against IBC for organizing a virtual 5K Run/Walk to Conquer IBC on July 4, 2021. Caroline’s Crusaders raised more than $100,000 during this event to benefit our IBC Program. The funds will be used directly for research and educational projects dedicated to IBC.

Caroline’s Crusaders was championed by Katherine McGuirk in honor of her sister, Caroline, who was diagnosed with IBC in late 2020. Caroline is receiving care at Dana-Farber from the dedicated IBC practitioners on her multidisciplinary care team. A 5K was chosen to raise funds for IBC research as Caroline is an avid runner and ran the 2014 Boston Marathon for Team Dana-Farber.

We are very grateful to the McGuirk family for their generosity and enormous fundraising efforts. We are excited to pursue a greater understanding of the biology of IBC to push forward the discovery of new diagnostic tools and novel targeted therapies to treat IBC.

Read Caroline’s story on Dana-Farber’s Insight Blog.
IBC on Social Media

Please follow our Twitter account at @IBC_DanaFarber to find our 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 with our patients and IBC patients around the world.

New IBC Educational Binder

Thanks to a generous fund established by the Reardon Family, we now provide an information binder to every patient with IBC that comes to Dana-Farber for a consult visit. The binder is provided to educate our patients about their diagnosis, treatment options, and management of side effects. It also includes information about supportive resources and serves as a guide as patients move through their individual treatment journeys. Please email Mariesa Powell if you have not yet received your binder and would like one.

Staff Spotlight

Sheheryar K. Kabraji, BM BCh

Sheheryar Kabraji, BM, BCh, received his medical degree from Oxford University Medical School and completed his internal medicine residency at Massachusetts General Hospital. As a medical oncology fellow in the Dana-Farber/Partners Hematology/Oncology Fellowship Program, he undertook postdoctoral research in the laboratory of Dr. Sridhar Ramaswamy at Mass General Cancer Center, where he demonstrated that AKT low quiescent cancer cells can be found in residual breast tumors after neoadjuvant chemotherapy.

Dr. Kabraji is a member of our IBC Program and a breast medical oncologist at the Susan F. Smith Center for Women’s Cancers, Dana-Farber Cancer Institute. His research in the Zhao Laboratory at Dana-Farber focuses on cancer cell quiescence as a mechanism of tumor drug resistance in localized and metastatic breast cancer. We are very excited that Dr. Kabraji has joined the IBC Program and look forward to the excellent care he will provide to our patients and the important scientific contributions he will make to the field of IBC.

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 or 617-632-2311 or visit our web page.