Over the past year, it feels that our worlds have turned upside down. I’ve never appreciated each day more, and I’ve never been more thankful for my friends, family, neighbors, colleagues, and patients. Despite all the challenges, I want you to know that the breast cancer community remains fully committed to making progress against breast cancer—more than ever, we are in this together.

In this issue, we cover treatment advances for metastatic breast cancer (MBC). We hope these new therapies will be the tip of the iceberg for more breakthroughs to come. Indeed, we are thrilled to announce a $20 million gift from the Saverin Family to support research focused solely on MBC.

We will also visit with Stuart Schnitt, MD, a renowned breast pathologist, to discuss the critical role of pathology in the care of people with MBC.

Finally, even in the best of circumstances, living with MBC can be a struggle. Taking care of your mental and spiritual health is every bit as important as your physical health. We offer one patient’s first-hand perspective on being diagnosed and living with MBC. I hope you find her resilience to be as inspiring as I do. If you are struggling, I hope you will reach out to your care team, friends, family, and community, and consider counseling and other supportive resources. For example, many of our Zakim Center offerings are now available remotely. And in collaboration with the Young and Strong Program, we have begun an online EMBRACING Young and Strong series. Lastly, we share a link for our re-imagined virtual Metastatic Breast Cancer Forum from Fall 2020.

As always, if you have ideas for newsletter articles, please don’t hesitate to send your suggestions to embrace@partners.org.

Warm regards,
Nancy Lin, MD
Advances in breast cancer treatments

2020 Forum goes virtual—and serial

The 2020 Annual Metastatic Breast Cancer Forum was held virtually, as a series of educational and support events that took place from October 2020 through January 2021. To view Forum sessions, please visit www.dana-farber.org/mbcforumhighlights.

Triple-negative breast cancer
In March 2019, the U.S. Food & Drug Administration (FDA) approved the combination of nab-paclitaxel (Abraxane, a chemotherapy) plus atezolizumab (Tecentriq, an immunotherapy) for the treatment of patients with metastatic, triple-negative breast cancer whose tumor immune cells are positive for the PD-L1 biomarker. In the IMpassion130 clinical trial, adding atezolizumab led to longer survival. Outcomes like this have led researchers to explore other immunotherapy combinations and to test immunotherapy in other types of breast cancer.

For patients with triple-negative breast cancer whose cancer has grown despite chemotherapy, the FDA approved sacituzumab govitecan (Trodelvy, an antibody-drug conjugate) in April 2020. This medication pairs a chemotherapy linked to an antibody that pulls the chemotherapy into cancer cells, delivering high doses of chemotherapy to tumors. Trodelvy is now being studied in clinical trials for patients with estrogen-positive, metastatic breast cancer.

Estrogen-positive breast cancer
About one-third of estrogen-positive breast cancers contain a mutation (change) in the gene called PIK3CA. Since 2011, we have been routinely testing patient tumors for this gene mutation under the Dana-Farber PROFILE/Oncopanel program. In May 2019, the FDA approved alpelisib (Piqray) in combination with hormonal therapy for PIK3CA-mutated, estrogen-positive breast cancers.

HER2-positive breast cancer
In December 2019, the FDA approved fam-trastuzumab deruxtecan (Enhertu, an antibody-drug conjugate) for patients with HER2-positive, metastatic breast cancer whose disease has grown despite two or more previous anti-HER2 treatments for their breast cancer. Enhertu is now being studied in clinical trials in other types of cancers, including estrogen-positive, “HER2-low” breast cancers.

In February 2020, the FDA approved the combination of neratinib (Nerlynx) and capecitabine (Xeloda) in patients with HER2-positive, metastatic breast cancer. The approval was based on results of the NALA trial, which compared lapatinib (Tykerb) and capecitabine versus neratinib and capecitabine, and demonstrated improvements in the length of tumor control with neratinib. A separate study, TBCRC 022, demonstrated that neratinib and capecitabine can be effective in some patients with brain metastases.

Finally, in April 2020, the FDA approved the combination of tucatinib (Tukysa), capecitabine, and trastuzumab in patients with HER2-positive, metastatic breast cancer. The approval was based on the HER2CLIMB clinical trial, which demonstrated that adding tucatinib to trastuzumab and capecitabine not only improved the length of tumor control but also significantly improved survival. In patients with brain metastases, tucatinib also resulted in greater shrinkage of brain tumors, delay in the time to progression of cancer in the brain, and improved survival.

$20 million gift for metastatic breast cancer research

The Saverin Breast Cancer Research Fund will help to advance studies focused on resistance to hormonal treatments and targeted therapies, specifically estrogen-positive MBC. The funds will support laboratory research that could result in new treatments, as well as development of clinical trials. In addition, the Saverin Breast Cancer Research Fund will provide support of the EMBRACE program with its aim to enhance involvement in clinical research studies, while providing patients with support services and assistance with coordination of care.
IN 2010, JENIENE ANDREWS RECEIVED WHAT WOULD BECOME HER FIRST BREAST CANCER DIAGNOSIS, A STAGE IIIB TUMOR. HER TREATMENT WAS AGGRESSIVE, including chemo (standard and a trial); a bilateral mastectomy, given genetic results and precancerous findings in her other breast; 6 months of radiation; and tamoxifen. Two years later, she was cancer free.

In 2019, unable to determine why she felt physically miserable, Jeniene saw her primary care provider who eliminated some possibilities, then suggested she see her oncologist. With the possibility of cancer again, Jeniene says, "I was gobsmacked. It’s very rare that I feel shocked where I don’t speak, and I couldn’t speak."

She returned to Dana-Farber and Nancy Lin, MD, and learned she had metastatic breast cancer. “In the sense of understanding that birth is a death sentence, that death could happen anytime to any of us, when I was diagnosed, I thought—’What do I take from it?’” she says. Her answer? “That my time is shorter than I thought, do I take from it?” She says. "And it wasn’t like starting anew. That’s the best thing I’ve experienced.”

Jeniene describes a dual sense of feeling the expertise of Dana-Farber working so smoothly to get her the care she needs—like precision machinery—yet simultaneously feeling the humanity of her care. “That’s the balance. There’s a machinery that works, and it’s beautiful—like these people know exactly what they’re doing. But when it matters, when you’re talking to someone at Dana-Farber, it’s so personal. Even the people doing bloodwork, putting in IVs. They’re all so awesome. And that’s the piece that makes all of this bearable, makes it livable,” she says.

**Go outside of your nature**
Jeniene credits a fortuitous job change just prior to her first diagnosis, from being a trial lawyer to teaching English in a private high school, as a key factor in her ability to seek and persevere with her care. “I am so certain that I am alive today because of that transition, because there’s no chance I would have aggressively pursued the care I did if I had still been practicing law,” she says.

This job change, coupled with her diagnosis, brought another gift. In needing to tell her new employer about her diagnosis, Jeniene also shared it with her colleagues and students. “To tell this new employer and thus 300 new people who didn’t know me—’Hey, this is what’s going on’—that was so counter to who I was,” she says. “It was a vulnerability like nothing I had experienced in my life. And yet—it made all the difference. In everyone—my students, their parents, my colleagues, my colleagues’ families—coming together to support me. All of a sudden you get a sense of the life that you’re living, the impact your life has had on all these people around you, that you would never have known. That was extraordinary.”

As a confirmed introvert, she advises, “Go outside of your nature—let those around you know your diagnosis so that they can support you, and then, accept their support. That’s huge and hard for any human to do. To the extent you can, open that door up, not just to family, and say—’This is where I am, this is what’s going on, and you need to know because it’s happening to me, and I’m in your world.’ Buoyed me up, made me feel like people see me. I’m not alone.”

**I’m so thankful I did it**
In additional advice, Jeniene references recently being an initially reluctant part of a patient panel at Dana-Farber. “I’m a bit of a loner—a crazy introvert who’s learned how to extrovert for work,” she says. “I’m not a joiner at all. Being an African-American, 52, of this generation, we don’t join things. It’s a whole cultural thing that I’m trying to break out of. And what am I going to say to someone that’s going to be relevant? But I’m so thankful I did it. It was so much fun. My husband said, ‘Do this thing; go be a part of it.’ I did, and it was awesome.

“One thing I shared is, our cancer diagnosis and our treatment is so unique to each of us, down to a cellular level. However, how we respond to our cancer and how the world responds to us and our cancer is up to us. So I’ve told myself, ‘Go ahead and join some of this stuff—it’s important, and it will better you.’ It was a really wonderful impetus for me to pursue those groups, to chat with people who are experiencing what I’m experiencing.”
The role of pathology

Cont. from front page

and published a paper in the Journal of Clinical Oncology in 1983. So, with this first study, we hit this incredible home run, and I was hooked!

NL: Tell us about the role of the pathologist in the care of people who have MBC.
SS: First of all, in my view, pathology is the hub around which all clinical care rotates.

NL: [laughs] It’s true, you have to have a correct diagnosis.
SS: If clinicians don’t have the right diagnosis, the patient can’t possibly be treated correctly and appropriately.

When we look at a biopsy from a site other than the breast, first we need to determine whether or not there is cancer present, and if there is cancer, whether it’s of breast origin.

In some cases, it’s easy, because we can compare the tumor in the biopsy from the metastatic site to the original breast tumor and see if they do or don’t look alike. If the original breast tumor isn’t available, which it often isn’t, we can do a variety of additional tests (such as immunostains to look for specific markers) to try to separate things out.

NL: People often ask why MBC in the liver isn’t liver cancer, and why do we need to know the difference?
SS: Although there is cancer that occurs in various organs, it doesn’t mean it originated in those organs, and it’s critically important to know where tumors originate because their treatment is very different.

NL: If an MBC patient is reading their pathology report, what should they look for?
SS: They want to be sure that the diagnosis says that it’s “metastatic carcinoma consistent with breast origin” or some variation of that—“most consistent with,” “compatible with,” “unequivocally breast origin.” Every Dana-Farber patient has access to their pathology report through the Patient Gateway.

There is good information available on understanding your pathology report. For many years I have helped update the pathology information on the Komen site and recommend it: https://ww5.komen.org/BreastCancer/WhatIsAPathologyReport.html.

NL: What is the field of molecular pathology—what does that term mean?
SS: For breast cancer, it generally means looking at RNA or DNA from the tumor, which can provide much more detailed information about the nature of the tumor. Among breast cancers, there are different molecular sub-types and genetic alterations that can help guide care. This can be especially helpful for patients with metastatic disease whose tumors have not done well on conventional treatments. We often sequence the DNA of the tumor to look for potential targets for treatments based on the molecular alterations.

NL: Tell us how you work with the treatment team on a day-to-day basis for patients with MBC.
SS: Because pathology has become much more complicated in all areas, we’ve had to specialize. Many of us now feel more closely aligned with clinical colleagues in our sub-specialty than with others in the pathology department. This close alignment with clinicians is important because pathology is an integral part—the critical part—of what drives therapy, so we all need to speak the same language. And even though pathologists don’t regularly see patients, we’re intimately involved in patient care. When pathologists look at cases, we don’t just make a diagnosis, we think about what it means for the patient, because we want to be sure patients get the right treatment.

EMBRACING Young and Strong
with virtual social hours

EMBRACING YOUNG AND STRONG IS A NEW collaboration between the EMBRACE Program and the Young and Strong Program at Dana-Farber. Focused on providing support and connection for young women living with metastatic breast cancer (MBC), this effort began Spring 2020, with the help of three patients living with MBC: Katie Crowell, Alexis Flanagan, and Rebecca Munson. These three patient leaders have been instrumental in developing and implementing programs.

The group has been meeting for a social hour several evenings a month by Zoom. These meetings are facilitated by our patient leaders and are open to all patients. New members are encouraged to attend. Meetings have been attended by patients from all around the country, one of the silver linings of the all-virtual format. The monthly Young and Strong email newsletter lists meeting times and RSVP instructions, as well as resources and events for young patients living with MBC.