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It Takes an Army to Fight Breast Cancer

IT TAKES AN ARMY TO FIGHT BREAST CANCER

You are listening to ReachMD XM160, The Channel for Medical Professionals. Welcome to Advances in Women's Health sponsored in part by Eli Lilly. Your host is Dr. Lauren Streicher, Assistant Clinical Professor of Obstetrics and Gynecology at Northwestern University of Medical School, The Feinberg School of Medicine.

It takes an army to fight breast cancer. You are listening to ReachMD, the Channel for Medical Professionals. Welcome to Advances in Women's Health. I am Dr. Lauren Streicher, your host and with me today is Dr. Susan Love, The Clinical Professor of Surgery at the David Geffen School of Medicine at UCLA. Dr. Love lectures nationally and internationally on breast cancer, menopause, and women's health. She has been awarded six honorary doctor degrees as well as numerous honors and citations. Today, we are discussing Dr. Love's Research Foundation, which has recently launched "The Army of Women Breast Cancer Research Initiative," the goal to recruit one million women to actively participate in breast cancer prevention research.

DR. LAUREN STREICHER:

Welcome, Dr. Love.

DR. SUSAN LOVE:

Thank you.

DR. LAUREN STREICHER:

And this is ambitious and exciting work and you know, I think most research in diverts are limited not so much by ideas, but by time and by money. So, can you first discuss the timeframe of this project ?

DR. SUSAN LOVE:

Well, the goal is to have a research that's ongoing and that it is self-supporting. So, we don't have an endpoint on this. It really is though addressing time and money because the idea is to accelerate the pace of research. One of the problems we are doing research on women as opposed to rats or mice is that the harder of a crew rats and mice you can just order and have them right there and so lot of researchers either give up and don't do it or they spend a lot of time trying to recruit the women and I know where the women are and I know that they will do this and so what we are trying to do is almost like an eHarmony where we will do the match up between the scientists, who need the women and the women who are eager to participate in research.

DR. LAUREN STREICHER:

So, where are most of the women hearing about this, in short by eHarmony. You know, it is like women going and looking for a date of course, but is that that you are going to be using the Internet exclusively?

DR. SUSAN LOVE:

No, well, we started out with a big media blitz in October for its breast cancer awareness month and I was on all in that work and now we are moving into more of a combination of grass roots trying to do a lot of viral marketing as well as Internet to increase our numbers. The goal is ultimately a million women. We have passed a quarter of a million in just about a little over a month.

DR. LAUREN STREICHER:

It is pretty impressive.

DR. SUSAN LOVE:

Yeah, we are moving right along.

DR. LAUREN STREICHER:

Yeah, the purpose of this research is to shift the focus of breast cancer research from early detection to prevention. Are you primarily focusing on epidemiologic factors or other things as well?

DR. SUSAN LOVE:

Well, we also want to focus on finding the cause of breast cancer. I have been in this field a long time and most of the research, not all, but a lot of the research goes on treatment and we have made some progress in treatment and then the research that goes on trying to figure out the cause tends to be more microbiology and then it's either cells or rats and I am trying to get more research. I think if we are really going to figure it out, we need to look out at women because women are the only, only animal, I guess we could say that naturally gets breast cancer. We had to give it to the rats and mice.

DR. LAUREN STREICHER:

But I am interested specifically and I totally agree with you. We have to get to at the cellular level what's going on here and there are number of series in terms of tumor growth inhibition at the cellular level. So, what's specific mechanisms are you most interested in and what plans are there to get to the bottom of this?

DR. SUSAN LOVE:

Well, you know this is the resource for scientists. So, I am hoping that they are going to come up with some of the good ideas, but I think we haven't looked enough. We keep looking at the same things over and over again. So, we look at the same risk factors, and in fact, they only explained about 30% of breast cancer. So, there is no question hormones are involved in breast cancer, but what else and it reminds me very much of ulcers and acid. When I was a resident, one of the truth were that all ulcers were caused by acid and a lot of research was done on acid. My mentor's whole career was spent on acid and ulcers and then we found that it was a bacterial infection. Well, I think that the breast cancer field is a little bit like that. We are stuck in one way and we really need to start looking at. Could it be a virus? Now a lot of cancers are caused by virus.

DR. LAUREN STREICHER:

HPV, I think this is probably the only one that HPV isn't responsible for.

DR. SUSAN LOVE:

That's right you know and could it be. So could we look for viruses, say, in the breast fluid or in the breast tissue itself. We have healthy women that are willing to have core biopsies to look for things like that. Could it be that it's chronic inflammation. We are starting some studies ourselves in the foundation to look and see if there is some kind of inflammatory process that causes breast fluids and there is a lot of other ideas that I think could come up, but until we start thinking outside of the box and not just looking at the same thing over and over again, you know age of first period, age of menopause. They are all factors, but they are not the major issue.

DR. LAUREN STREICHER:

I couldn't agree more. You know, I want to go back to the hormonal stuff because you have of course come up pretty strongly stating that postmenopausal estrogen expansion increases the risk of breast cancer, yet you know there are lot of us that feel that question has not really been definitively answered. The estrogen only group of the WHI study didn't show any increase, and even in the estrogen progesterone group, it never even reached the statistical significance. This seems like an ideal opportunity to revisit this issue. Are you planning on looking at this a little bit more?

DR. SUSAN LOVE:

Well, we are not specifically planning on it, although we would certainly be happy with the army to help anybody, who wanted to look at it again. I mean I think there is a lot of issues that could be looked at. I must say I was pretty impressed that the year WHI came out, the breast cancer incidence went down 15% to me that shows that there is something good.

DR. LAUREN STREICHER:

There is certainly some controversy as you know, you know the reasons for that.

DR. SUSAN LOVE:

But I think that we could look at those issues. I mean, you know the army is a resource and so I don't pretend to have the answers and I am certainly not going to pick and choose which studies I like and which ones I don't. We have a scientific advice report. Researchers can apply online if they want access to this pool of women to recruit from. We have women from every state. We have age 18 to 88. We have ethnic diversity and then we will put out an email, an eBlast with the criteria of their study once this has been approved and then our women will respond. The first study we did we sent out was a sister study, which is an epidemiological study going on through NIEH and they are recruiting 50,000 women, who have sisters with breast cancer to look at risk factors over time.

DR. LAUREN STREICHER:

And so evidence of that has already been published as I understand.

DR. SUSAN LOVE:

Yeah and so they still needed 5,000 women to complete their crew and they particularly needed women African-American, Hispanic, specific islanders, Caucasian women over 65, and Caucasian women who had over 35 with only a high school education. All of whom who had sisters with breast cancer. So, these are sort of the hardest to recruit. We put out our e-Blast, and within 24 hours, we had 3,000 eligible women.

DR. LAUREN STREICHER:

That's amazing. Looking in the right place.

DR. SUSAN LOVE:

So, you know we just have a big pool from which to fish from and I also, you know where there is a basic scientist at Texas, who is one of our pilot studies, but he wanted to look at why early pregnancy reduces breast cancer risks. Instead, I will have to do in rats because I never get women to give me core, but healthy women to give me core biopsies and blood and I said, I can do that and within three months, we were able to get him all the specimens he needed for the first year of women, that he needed 40 women, some of whom had never been pregnant, some of whom had been pregnant under 35, some of whom had been pregnant over and match controlled core biopsies and blood. We had no problem getting us women to do that and he was so excited he drove up from Texas to pick up the specimens himself because he just thought they were so precious. So, it's not just epidemiology. I think basic science as well, basic scientists as well who haven't done new adventitious because they do not know how to get them and we will be happy to provide them.

DR. LAUREN STREICHER:

If you have just tuned in, you are listening to *Advances in Women's Health* from ReachMD, The Channel for Medical Professionals. I am Dr. Lauren Streicher and I am speaking with Dr. Susan Love, The Clinical Professor of Surgery at the David Geffen School of Medicine

at UCLA. Today, we are discussing Dr. Love's breast research initiative. Her goal is to recruit one million women to actively participate in breast cancer prevention research.

You know, once we were talking a little bit about funding, the person who is funding this and are they are funding just the recruitment of these women or they are also funding the actual research projects?.

DR. SUSAN LOVE:

This is the collaboration with the Avon Foundation and so it's the Love/Avon Army of Women and they are funding just the pool of the army. Avon does fund research projects as well through their own RSPs and so that's another option, but the army itself doesn't fund a research. The army is this resource to help research get done.

DR. LAUREN STREICHER:

So for example, in addition to things we have talked about, will there be clinical trials if you are looking at prevention, is chemoprophylaxis of the risk individuals part of what you are going to be doing here?

DR. SUSAN LOVE:

We have an independent joint community. We have, you know, ACCR is our scientific collaborator and NBCC is our advocate collaborator and the Stern Committee decided that for the first year we would not do chemoprevention. However, because we wanted to focus on trying to get the scientists awake, but it doesn't mean that we won't do it in the future.

DR. LAUREN STREICHER:

Well it is a trick

DR. SUSAN LOVE:

That's right. I mean, the trick is, is where we feel is responsibility to the women we have recruited that to expose them to healthy women to drugs who really have to, that takes a little more thought, so we didn't want to start out with that.

DR. LAUREN STREICHER:

I would like to thank our guest, Dr. Love. This is a very exciting endeavor and the results will be eagerly anticipated by both the scientific and the nonscientific community.

I am Dr. Lauren Streicher. You have been listening to *Advances in Women's Health* from ReachMD, The Channel for Medical Professionals. Please visit our website at reachmd.com, which features our entire library to on-demand podcast or call us toll free with

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Thank you for listening to Advances in Women's Health, sponsored and brought by Eli Lilly with your host, Dr. Lauren Streicher. For more details on the interviews and conversations in this week show or to download this segment, please go to [reachmd.com/women's health](https://reachmd.com/women's-health).

DOCTOR:

So, Rachel.

RACHEL:

Hmm, hmm.

DOCTOR:

Now that you are past postmenopause and we have determined you have osteoporosis, I would like to start you on prescription only Evista (raloxifene hydrochloride) tablet.

RACHEL:

Why Evista?

DOCTOR:

Because it is the only medicine that reduces the risk of osteoporotic fractures and invasive breast cancer in women like you. It's important to note though that Evista does not treat breast cancer, prevent its return, or reduce the risk of all forms of breast cancer.

RACHEL:

Am I really at risk for invasive breast cancer?

DOCTOR:

Based on my risk assessment, you may be. Some risk factors for breast cancer include advancing age, family history, and personal history.

RACHEL:

So, even though no one in my family has ever had breast cancer, I am still at risk for other reasons including my advancing age?

DOCTOR:

Exactly, and I think the benefits outweigh the potential risks for you. It's the one medicine that treats osteoporosis and reduces the risk of invasive breast cancer in postmenopausal women with osteoporosis. Individual results might vary of course, but that's exciting news.

RACHEL:

Exciting! I have to take your word on that doctor?

DOCTOR:

Evista increases the risk of blood clots. It should not be used by women who have or have had blood clots in the legs, lungs, or eyes. Evista may increase the risk of dying from stroke in women at high risk for heart disease or stroke. Talk to your doctor about all your medical conditions, seek care immediately if you have leg pain or warmth; swelling of the legs, hands, or feet; chest pain; shortness of breath; or a sudden vision change. Do not use Evista if you are pregnant, nursing, or may become pregnant as it may cause fetal harm. Women with liver or kidney disease should use Evista with caution. Evista should not be taken with estrogens. Side effects may include hot flashes, leg cramps, and swelling. For more information about Evista, contact your Lily Sales representative, visit www.evista.com. See our ad in good housekeeping or call 1888-44Evista.